The business model of most long-term acute care hospitals should ease staffing – yet many LTACHs continue to struggle with turnover, employee engagement, overtime, agency use, and more. Only the right modern staffing strategy and functionality can enable them to maximize their market advantage. Here’s how.

Long-Term Acute Care Hospitals (LTACHs) have a notable (though tightening) advantage over most healthcare facilities.

The typical LTACH business model should, under optimal circumstances, make it a snap to match staffing needs to demand and, consequently, increase profitability and provide better service by ensuring the right workers are available at the right time.

Say that a referral hospital calls and says, “I have a patient who needs your services; can you admit them?” The LTACH can then determine if the patient is a good fit.

That means LTACHs have foresight into their future patient volume, often days in advance, that other health care providers (like short-term acute hospitals) can only dream of.

Further, if your organization can exercise control over admissions times and patient volume, you also generally control discharges; altogether, LTACHs should be enjoying near-total control over your workforce needs. Yet this rarely seems to happen.

In fact, LTACHs often face staffing issues just as serious as those afflicting other providers and suffer the same familiar consequences: turnover, overtime, expensive agency use, and more.

Specifically, consequences can be high workforce attrition, loss of consumer confidence and quality ratings, liability issues, costs due to on-job injuries and patient accidents caused by overworked, inappropriate, or poorly trained staff. It can also mean higher operating costs if scheduling agency nurses or contract workers are used more, or if overtime is used excessively to supplement normal full-time staff.

All of that can be avoided with staffing protocols and technology that offers the right functionality; as the American Hospital Association says, “You can combine flexible technology with engaged employees and create the work of the future.” This is one way, according to their “Workforce 2015: Strategy Trumps Shortage” report, to deal with tight and problematic staffing. Manual processes and Excel spreadsheets can’t solve this problem.

This paper will tell you what can.
Automate: If LTACHs did nothing other than automate their staffing, they’d still reap immediate benefits.

LTACHs don’t have thousands of employees or beds – a smaller size is usually a defining feature – but they have many different types of workers, including nurses, nursing assistants, therapists, and more; perhaps working across multiple locations.

All of those workers makes scheduling complex, and the immediate and most impactful result of automation is reduced time spent preparing manual schedules.

This is partly why clinical managers spend up to 70% of their time coping with common staffing problems, according to Beckers Hospital Review. Automating that activity has been found to generate “a time savings of 7-15 hours per manager per pay period.”

The gains are so dramatic because modern staffing platforms (unlike Excel or, worse, pen-and-paper schedules) can track and intelligently incorporate scheduling rules and requirements no matter how extensive or labyrinthine.

For example: you might want a nurse with a specific skill set required by a patient on that shift, but only if patient acuity matches a predetermined value, and if that nurse has not worked overtime in the past two weeks. Scheduling rules can become quite complex, but an automated staffing platform can tell you exactly who qualifies in just seconds and then offer single-click adjustment and approval.

From there, automation underpins another powerful capability: predictive forecasting.

With automated schedules that incorporate future patient census, you can accurately predict staffing needs before you end up paying a premium. For example, if you know next week you’re getting 3 more patients, then you know you’re going to need another staff member in advance.

Sophisticated predictive staffing forecasts have been found to be at least 20% more effective than just using historical averages alone.

![Figure 1. Predictive forecasting -- the future laid out at a glance.](image-url)
Share: Create a common pool of workers that can be easily shared between locations and facilities.

So now you know, in advance, how many people in what roles you will need before you need them. In other words, automation frees LTACHs to find the best staffing resources – the right number, the right people – for their needs in upcoming shifts. But what if your usual staff are all on overtime, and you want to pay $40 an hour rather than $60, as a traditional approach (figure 2) might require. Easy: draw workers from one or more nearby facilities (figure 3).

The right system can track the resources available to all facilities within a geographic region. For example, any major metro area in US will likely host three or more sister LTACHs; when one’s census is high and another is low, the system should be able to communicate and distribute workers from a common pool.

With the right technology, staffing managers can log in and see other staff at other facilities – and whether or not they’re being used or going idle.

The idea is deceptively simple. Organizations log into their staffing platform and pull up a list of all employees who match their patient census and acuity needs for the shift under consideration, instead of just the employees who commonly work at one location. Simple, but it requires managers to base staffing decisions off of real-time data stored in a reliable, shared repository.

A mobile workforce program that connects all locations can optimize staff productivity, standardize best practices, drive down labor costs and improve recruitment/retention.
Using a common pool of workers across locations drives down labor costs and better meets patient needs. For one thing, it frees LTACHs from reliance on either overtime or agency staffing; in fact, it allows LTACHs to act as their own agency by accessing a large, multi-facility pool of contingent workers, making it easier to reduce use of overtime or supplemental workers — excess use of which increases personnel cost per patient per day, according to The Journal of Nursing Care Quality.

Creating a central staffing repository has an added benefit: greater transparency and scheduling flexibility.

**Open**: Make your workforce scheduling system more flexible and transparent.

Turnover in health care is at epidemic proportions: 40.6% turnover rates for direct care workers, versus 15.7% average for all industries; with the ensuing recruitment costs, which the American Nurses Association estimates to be 1.1 to 1.6 times the annual salary for a registered nurse, which equates to $60 to $90K per nurse!

According to CareerBuilder, nearly half (43%) of new hires are actually attracted by the ability to work flexible schedules, which is something a good workforce management platform will make possible.

This is a generational trend, so it’s just going to get stronger: according to the American Hospital Association, a significant portion of younger workers (37% of those under age 50) identify “flexible scheduling” as a very important factor. Two-thirds indicated they weren’t willing to work longer hours, even for more pay.

Eric Gilpin, President of CareerBuilder Healthcare notes, “In certain areas … demand for high quality candidates is higher than the available supply, forcing health care employers to rethink how they retain top employees along with attracting new, highly qualified workers.”

![Figure 4. Facility-specific and organization-wide views of available staff who meet pre-requisites for the shift](image-url)
Benefit: Maximize your scheduling system with a program design that incorporates best practices.

The strategic objective of any scheduling system is to provide each patient with the best care by allocating staff to the right place, at the right time, every time. Your goals for it shouldn’t stop there, however: the average LTACH’s scheduling system can – and should – do so much more: decrease communication time with staff, remove employment dis-satisfiers, cultivate and retain an outstanding reputation for the brand, and so on.

To achieve such value-adds requires a program design that maximizes the scheduling platform’s potential.

1. Start by establishing compensation, work agreements, marketing, recruitment and on-boarding programs to support each location in attracting and retaining talent. These efforts may vary across locations.

2. Standardize scheduling practices to make it easier to utilize a mobile resource pool.

3. Standardization should be followed by centralization. Design and implement a central staffing office to support every location and centrally manage resources.

4. Further centralize by adopting a smart scheduling tool – integrated across all locations – to deploy, share and manage resources. Make sure the tool incorporates standardized practices and extends to all employees, not just nurses.

5. Finally, customize reporting and analytics in the tool to monitor key performance indicators, such as labor spend, hours, utilization, open needs, and future resource planning across all the locations.

Figure 4. With a smart platform and the right process, your scheduling solution can generate multi-layered benefits.
The Bottom Line: Scheduling health care in the 21st century is all about strategy plus technology.

The American Hospital Association puts it bluntly: “Attempting to make old staffing models work with fewer staff leads to employee burnout, increased frustration, and high vacancy rates.”

Instead, the right staffing platform and strategy can transition your organization from old models to a new protocol that frees you from manually managing workload and staffing.

Forward-looking tools can give you tomorrow’s capabilities today: automation (to add free hours of time each day); predictive analytics (to produce more accurate schedules); shared resources (to reduce or eliminate over-spending); and more flexible scheduling (to attract and retain today’s workers).

About the Authors

We are a people, process, technology consulting firm blending Strategy and Technology. For the past 11 years we have conducted more than 4000 engagements for more than 1500 clients nationwide. We help with workforce optimization solutions to enhance your clinical workforce strategy related to recruitment, deployment, retention and technology. We understand that a more engaged and adaptable workforce to fluctuate with volume changes, the ability to automate your scheduling process and sharing resources throughout the entire system is desired. The need for a larger resource pool, analytic software, real time information and the ability to better manage/communicate with staff around workforce needs is paramount to continued success. Hallmark is here to assist. Visit www.hallmarkhealthcareit.com, www.einsteinii.com, or email info@hallmarkhealthcareit.com

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References


