Evidence-Based Staffing and Scheduling: Workload and Assignment Approaches for Nurses

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Nursing is the backbone of healthcare provider organizations. In today’s hospitals and clinics, the satisfaction of the nursing staff drives the quality of care, the experience of the patient, and the resulting outcomes. In a value-based care environment, nursing satisfaction increasingly correlates to higher reimbursement. However, nurse managers are plagued by the challenges of staffing, including constant change and upheaval caused by mergers and acquisitions, unions, regulatory requirements, and the need to improve employee satisfaction. It’s no longer enough to meet staff-to-patient ratios. Schedules must be balanced to meet the acuity needs of the population as well as the preferences and skill sets of staff. With ever-narrowing labor budgets, there’s no room for over- or underscheduling. Given the current nursing shortage and high turnover rates, equitable scheduling, along with some flexibility in scheduling, could help improve job satisfaction. Innovation in staffing and scheduling is essential to a productive and successful nursing environment, with a nursing staff that drives excellence within the organization.

The following questions were posed by Infor Healthcare to Judy Hanover, research director for Provider IT Strategies at IDC Health Insights, on behalf of Infor’s customers.

Q. Why is it important to use an evidence-based approach for distributing nurses’ workload and staffing assignments?

A. Today, labor accounts for 60% of operating costs associated with delivering care in the hospital setting, and narrow profit margins mean that most hospitals are focused on reducing expenses. Evidence-based approaches are important for taking many variables into account when generating and fine-tuning schedules so that they meet budget requirements. Containing costs associated with over- and underscheduling, as well as agency costs, is critical. Evidence-based approaches help ensure that staffing is appropriate to acuity, nursing teams have the skills that are needed, and compliance with staff-to-patient ratios and union requirements is in place. Evidence-based schedules can also help balance workloads and assignments so that nursing teams have time to focus on the details that lead to good patient experiences and quality outcomes without going over budgets. Scheduling tools can also be used to optimize schedules while giving nurses more flexibility in scheduling, leading to higher job satisfaction and lower turnover. All of this comes together to result in strong nursing productivity, high-quality patient care, and a better experience for both staff and patients.
Q. **What does the ideal workload distribution and staffing assignment look like?**
A. The ideal workload distribution and staffing assignment is most likely to be achieved by using evidence-based tools that weigh multiple factors. Ideal schedules should be sensitive to acuity, equity, skills, and preferences as well as regulatory requirements. Acuity-based staff tools allow organizations to staff according to the predicted patient requirements and the severity of conditions to determine where specific skills are needed for a given shift while still staying within regulatory requirements. Staff assignments should also be as equitable as possible, by considering preferences and offering overtime opportunities fairly when necessary. Talent science is an important factor; schedulers should seek to understand the key skills, likes, and dislikes of employees and respect them when building schedules, assigning responsibilities intelligently. These attributes will allow a scheduling process that empowers nurses to grow and thrive while taking advantage of their skills and enthusiasm so that they can succeed in their chosen career path.

Q. **How do most hospitals approach workload distribution and staffing assignments?**
A. When building schedules, most hospitals consider mainly the staffing ratios required by regulatory authorities and unions. There is little regard to the clinical needs and specific skill requirements or to employee preferences, particularly when building long-term schedules. Some aspects of employee preference may be considered, but most conflicts are resolved at the last minute, leaving hospitals to rely on agency staff or last minute call-offs and call-ins to meet regulatory requirements for staffing ratios. The budget is an afterthought, with little visibility except retrospectively.

The manual scheduling approaches that most hospitals use today are obsolete. Hospitals are too big for managers to remember all the details, and they should be using scheduling technology to get the details and requirements right while also taking preferences and clinical needs into account.

Q. **What doesn’t work with the current approach?**
A. The current, manual approach to staffing does not allow all of the variables to be considered in today’s large hospitals. This approach does not consider the fit to acuity, need for patient continuity, and clinical needs of different departments. Manual approaches to shift and overtime allocation may not be perceived as equitable, causing unnecessary discord among staff. In short, manual approaches do not leverage technology to deliver the best experience possible for selecting, staffing, and scheduling nurses. At the same time, manual schedules need to be changed manually, which reduces flexibility for nurses because it is difficult for changes to be aligned with needs. Budgeting is also difficult because heavy use of agencies and overtime resulting from last-minute changes make budgeting for labor unpredictable.

Q. **What can hospitals do to make nurse staffing more efficient and help control labor costs?**
A. Nurse staffing will be more efficient when technology is used to take a balanced, evidence-based approach to scheduling, with organizations considering staff-to-patient ratios, union requirements, budgets, acuity, clinical needs, and staff preferences together. A long-term schedule is still a good idea because planning ahead will increase the likelihood of meeting budgets, preferences, and acuity needs, but online scheduling tools and flexibility to make automated changes will empower nurses while improving job satisfaction and reducing turnover. In short, automated scheduling tools can combine a number of factors to meet clinical and regulatory needs when staffing and at the same time improve nurse and patient satisfaction.
ABOUT THIS ANALYST

Judy Hanover provides research, market analysis, and consulting on healthcare information technology, strategy, and best practices for inpatient and ambulatory healthcare settings at IDC Health Insights. Her understanding of healthcare information technology is based on her experience working in the healthcare provider and payer vendor community, as well as her experience with healthcare IT end users.

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