

WORKFORCE DEVELOPMENT

Staffing headaches

Two ways hospitals can prepare for flu season.

By Chris Fox



According to *flu.gov*, five to 20 percent of all U.S. residents get the flu each year. As there are an estimated 314 million people in the United States, that's roughly 47 million people. The flu, as we know, does not hit everywhere the same time. Some areas of the country can be hit hard while other areas experience much less impact, and this varies year-to-year.

With all of this uncertainty how can a hospital prepare? There are two ways.

1. Develop the right layering of staff to be able to adjust to spikes and dips in census.
2. Employ predictive analytics to develop a forecast of patient demand to create more accurate schedules.

Layering Staff

Core staff, those individuals who hold an ongoing FTE (full-time equivalent) commitment within a department, are the backbone of a hospital. How many core staff a unit needs to function efficiently varies from unit-to-unit. A fair amount of census analysis is required to discover the right size for each unit/department. The point is to hire the number of core staff needed

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to keep them working without the need for excessive floating or overtime (which can be staff dissatisfiers that will lead to turnover).

Contingency staff are the individuals

who flex their hours up and down to respond to fluctuations in census or fill in when core staff members are not available to work. There are as many as seven different types or layers of contingency staff that should be part of your resource mix, depending on the size of the hospital or health system. These can include:

- **Enterprise float pool:** For systems with two or more facilities within 30 minutes normal driving time, an enterprise float pool is a wise strategy. These individuals are highly skilled and extremely flexible, with the ability to work on various units in different facilities.

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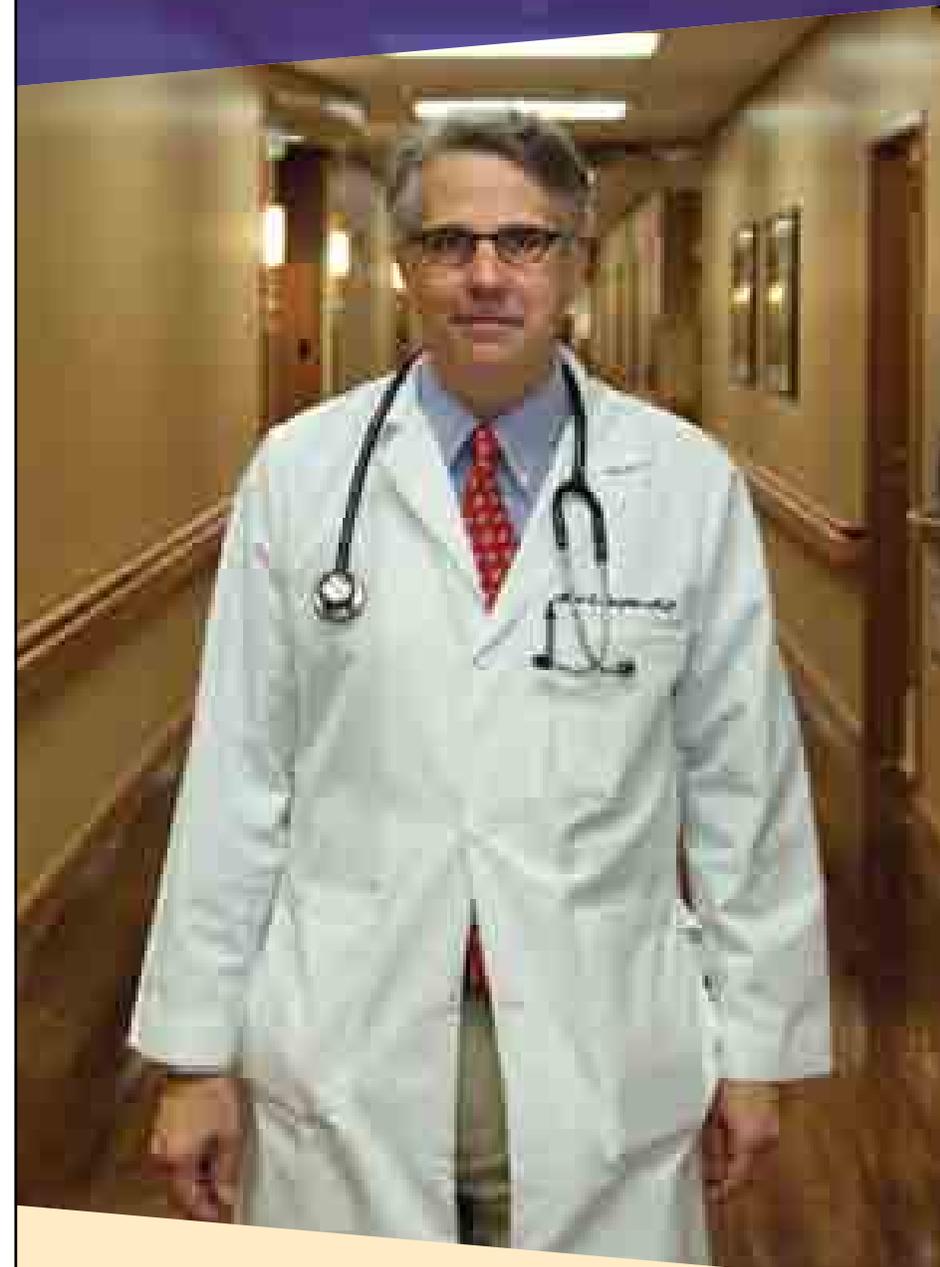
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Can PAs call Kentucky home?

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method to assure excellence in practice for physician-PA teams.

By design, physicians and PAs work together. This collaboration allows patients to have more interaction and exposure with healthcare providers and extends the reach of medical care to more people. The most effective PA laws are written in ways that allow flexibility for healthcare teams to determine how best to collaborate and meet their patients' needs.

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enhances the care that Kentucky patients receive. There are more than 93,000 PAs in the workforce today, and the profession will only continue to grow as more than 7,000 PAs graduate from 181 programs in the country every year.

Properly modernized practice laws that allow teams of physicians and PAs to determine the best care patients can receive are an excellent way to ensure our patients have access to the best care possible.

Virginia Valentin, PA-C, is president of the Kentucky Academy of Physician Assistants.

Staffing headaches

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- **Site-based scheduled float pool:** This small segment of nursing generalists typically carry an FTE and can function on a variety of units dependent on a facility's emerging needs.
- **Site-based PRN pool:** Typically, this is the largest segment of your contingency resources. These individuals work a fluctuating schedule based upon the match between your organization's needs and the individual's availability.
- **Unit-based PRN pool:** For heavily specialized units (e.g., neonatal and burn units) to be able to manage spikes in census or staff absences, they need a small number of PRN staff who can fill in. Unit-based PRN pool can do that.
- **Core staff in extra shifts and overtime:** While there is no getting around the use of overtime, it should be rarely used. Only employ during times of extraordinary need, like an intense flu season. In addition to being expensive, overutilization of overtime can lead to burnout and negatively affect morale and quality.
- **The "right" agency partnership:** Carefully choosing and nurturing relationships with one or two high-quality local agencies is a sensible strategy that could end up saving the day in times of high need. And, the right contract stipulations can prevent them from hiring away your staff.
- **Travelers:** When a comprehensive, multi-layered contingency plan is in place, carefully planned, well-timed traveler assignments can complete a contingency staffing strategy.

prediction of staffing needs.

Typically, hospital units staff to a budgeted average, and staffing plans are made against this average. However, as anyone who has worked on a unit knows, no day is average. That said, there are discernible patterns that can be uncovered and deciphered through the use of sophisticated mathematical modeling, even during flu season.

This insight helps better align staff schedules with the trends in patient volumes on a weekly and seasonal basis. For example, if a department typically experiences its peak volumes on Wednesdays and Thursdays, the number of staff on those days should be higher than the number of staff scheduled on the days with lower volumes. This would also apply seasonally; therefore, a Wednesday during flu season should have a higher number of staff than a Wednesday during other times of the year.

Using predictive analytics to forecast volume helps managers better align staff resources and eases the strains and anxiety managers often face in the few hours leading up to the shift. What is key to this is having the prediction more than thirty days in advance of the shift, when schedules are being built. The development of more accurate initial schedules creates a framework for better staffing throughout the schedule period.

An accurate forecast complemented by robust layers of contingency staffing to fill in the cracks caused by staff absences or spikes in census results in less overtime, less floating, and considerably less time spent by managers sorting through the chaos during the scheduling and staffing process throughout flu season.

Chris Fox is CEO of Avantas.

Forecasting Patient Demand

The key to this layering strategy's effectiveness is having an accurate