

Creating an Effective Workforce



Amidst changing trends in patient care delivery, it behooves healthcare providers to improve quality while also containing costs. A hospital's workforce is a key consideration in quality and cost analysis, so it's essential to have the proper mix of core and contingency staffing for more efficient work flow.

Nurses and other healthcare professionals are at the core of patient safety and satisfaction, according to Jackie Larson, senior vice president of Avantas, a company that provides expertise in healthcare labour management. "You have to know the right numbers of core staff and contingency staff so you can be ready to backfill when you need to," she said.

Getting the right mix also impacts staff satisfaction and retention. Core staff members typically do not like to work overtime when census in their unit is high or be called off when census is down. "Research consistently shows that scheduling issues are one of the leading causes of nurse dissatisfaction," Larson noted. Qualified contingency staff can be deployed when and where they are needed the most.

Avantas has developed the science of creating the right mix of core and contingency staff on a unit-to-unit level for provider organisations, according to Larson. The process includes analysis of patient volumes, acuity, behaviours and trends along with current staffing and future changes such as the building of a new wing, which might temporarily reduce and later increase the number of available beds. Historical data for patients and staffing, temperature data and seasonal variations such as the flu season are also considered.

From this analysis, an organisation can begin to develop a strategic workforce plan that can help leaders and managers understand how effectively they are using core staff and provide guidance for hiring and utilisation of contingent workers, said Larson.

The plan must account for the uniqueness of permanent core staff behaviours and dynamics to handle the workload. For example, a unit with a highly experienced staff might use a high amount of paid time off and need more contingency personnel to fill in.

Avantas has done a workforce analysis of core and contingency staff at the unit level for Penn State Hershey Medical Center. It found that some units, such as the heart and vascular ICU, required more core staff with the precise skills required to care for those patients.

A generalised static ratio for core and contingency staff cannot be declared for all hospitals because variables differ markedly from hospital to hospital, Larson added.

Source: [AMN Healthcare](#)
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