

Quality Moves from the Ivory Tower to the Hospital Floor with Patient Centric Workforce Models



The challenge for healthcare organizations rests in developing and implementing workforce management programs that will enable clinicians to truly focus on patient needs, not just in theory but in practice.

The poet Jorge Luis Borges once said, “All theories are legitimate, no matter. What matters is what you do with them.”¹ Certainly, the healthcare industry has had no trouble legitimizing the theory of patient-centered care. In fact, the theory has been widely accepted ever since the Institute of Medicine identified patient centeredness as a core component of quality care several years ago.²

Adopting a patient-centered approach makes sense in the current healthcare environment. By keenly focusing on patients, healthcare organizations can, in fact, improve outcomes, enhance the patient care experience and reduce costs, achieving the much coveted Triple Aim that has been identified as the specific success under emerging value based care models. As a result, leaders at healthcare organizations across the country are urging clinicians and others to pay close attention to identifying and meeting patient circumstances. And, these staff members typically are taking up the cause with plenty of enthusiasm, as the theory is an easy one to buy into.

There is a major snag, though. Progress often comes to a screeching halt as organizations struggle to determine exactly how to handle *what matters* most: Actually putting the theory in practice. Indeed, while the patient-centered care talk all falls into place nicely, the walk often trips up clinicians and other staff members. Consider the following scenario:

Nurse Jones arrives at work on a medical surgical unit. He finds out that he will be caring for four patients. Two are recovering from hip replacement surgery and two are diabetic and being discharged home in the morning. He quickly takes up the patient-centered care cause – and starts attending to each and every patient’s needs, providing the best care that he knows how. After a few hours on the job, he realizes that everything is going swimmingly – and he happily focuses on providing the best care to patients.

Nurse Smith arrives at work, also on a medical surgical unit. She finds out that she will be caring for four patients. One was just admitted to the unit from the operating room who had hip replacement surgery, two suffer from dementia and one is a newly diagnosed diabetic. She quickly takes up the patient centered care cause – and starts paying attention to each and every patient’s needs, providing the best care that she knows how. After a few hours on the job, though, she notices that she is working harder than the other nurses on the floor. She is running from patient to patient without catching a breath. She is questioning her ability to deal with the myriad problems that the patients are presenting. And, unfortunately, after just a couple of hours, she is no longer keenly focused on patient needs. No, instead she is tired and worn out and merely focused on getting through the shift and punching out at 11 p.m.

Such inequity often throws a wet blanket on any good intentions – and turns patient centered care into an easier-said-than-done proposition.

“What’s needed is a balanced workload. With a balanced workload, nurses can properly take care of their patients,” said Alan Bateman, healthcare industry strategy director at Infor. “Certainly, if you can balance the workload, it would promote better employee satisfaction, a better patient experience and better HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) outcomes.”

The challenge for healthcare organizations rests in developing and implementing workforce management programs that will enable clinicians to truly focus on patient needs, not just in theory but in practice. Effectively putting theory into play in the real world, however, requires operating from a workforce model that purposefully supports patient centered care, overcoming the challenges inherent in the contemporary healthcare labor market and increasingly relying on data analytics to gain insight into workforce challenges and solutions.

¹ Good Reads. Jorge Luis Borges. Accessed at: <http://www.goodreads.com/quotes/491234-all-theories-are-legitimate-no-matter-what-matters-is-what>

² Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington, DC: National Academies Press; 2001. Accessed at: <http://www.nationalacademies.org/hmd/Reports/2001/Crossing-the-Quality-Chasm-A-New-Health-System-for-the-21st-Century.aspx>

A patient centric workforce management model is intentionally designed to empower clinicians and other staff to put the patient at the epicenter of all activities. Such models are focused primarily on patient needs, not labor logistics.

A POWERFUL PARADIGM

Healthcare organizations should ensure that their workforce management model synchs with overall patient care goals. Unfortunately, many healthcare organizations currently are managing their workforces under outdated transactional models, which were primarily designed to keep tabs on labor, not patient care. Indeed, transactional workforce management systems typically focus on the processes of collecting time punches, paying employees, posting schedules, staffing an adequate number of employees for each shift and generating reports.

A patient centric workforce management model, on the other hand, is intentionally designed to empower clinicians and other staff to put the patient at the epicenter of all activities. Such models are focused primarily on patient needs, not labor logistics. As a result, strategies are designed with the patient experience as the guiding force. For example, these models recognize each patient has unique care needs and assigns teams of caregivers who have the specific skills and experience to meet those needs, thereby optimizing measurable clinical and operational outcomes. In addition, both direct and indirect patient care requirements are considered when assigning caregivers to particular patients. What’s more, patient centric models need to remain flexible and agile to accommodate constantly evolving patient needs.

“With a patient centric workforce management program, organizations are considering the needs of the individual patient on a holistic basis – not simply based on their diagnosis. Under this model, organizations can look at patients with the same diagnosis but acknowledge that one has a comorbidity that is going to require more time. In fact, with a patient centric system, organizations can pinpoint the amount of time that each patient is going to require,” said Danielle Miller, chief nursing officer, clinical applications at Infor.

For example, instead of viewing all patients with the same diagnosis as requiring the same care, the model acknowledges that patients with comorbidities and underlying conditions likely require additional nursing care (See chart). Just as physicians are embracing personalized medicine – where each patient receives unique care and designer drugs that specifically target their genetic makeup – healthcare organizations must assemble workforces that bring the exact experience, skills and attitudes that will meet each individual patient’s needs and preferences.

A COMPARISON OF PATIENT CARE NEEDS

		Intervention
		Progressive care
CARL JENNINGS Age: 78 Diagnosis: Pneumonia Comorbidity: Diabetes		
AARON SMITH Age: 78 Diagnosis: Pneumonia Comorbidity: Diabetes Underlying condition: Age-related dementia		
X	X	Shift/update assessment 4 or more active problems
X	X	Pain assessment
X	X	Plan/revise nursing care plan/critical path/discharge plan
X	X	Evaluation of patient’s response to care

A COMPARISON OF PATIENT CARE NEEDS

CARL JENNINGS	AARON SMITH	
X	X	Coordinating care and/or consulting activities
X	X	Reinforce teaching or emotional reassurance
X	X	Frequent reorientation
X	X	Therapeutic time
	X	Fall protocol (Morse Scale >60)
	X	Isolation precaution
X	X	Vital signs q 4 hours
	X	Neurological checks (in addition to routine check)
4 count	4 count	Blood glucose monitoring
X	X	Weight
X	X	Oral, sup, topical, gtts, pm 1-4 trips/ 24 hours
X	X	IVPB/IV push meds.lock maintenance 1-4 trips/24 hours
	1 count	Peripheral IV maintenance
X	X	Cough/deep breathe/IS with assist of nursing staff
X		Oxygen therapy/pulse oximetry
	X	Oxygen therapy/continuous pulse oximetry
4 count	4 count	Nebulizer treatments (by nursing staff)
1 count	1 count	Specimen collection (except blood)
1 count	3 count	Venipuncture
X		Feeds self with assistance
	X	Totally fed by personnel
	X	Additional dietary needs
X		Toilets with assist of one/measure output
	X	Toilets with assist of two/constant supervision
X	X	IVPB/IV push meds/lock maintenance 1-4 trips/24 hours

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-Chip Newton,
Senior Manager, Workforce
Strategy and Insights,
Deloitte Consulting LLP.

A COMPARISON OF PATIENT CARE NEEDS		
CARL JENNINGS	AARON SMITH	
	X	Bathes self with assistance
	X	Total bath by personnel
X		Transfer to and from chair with assistance of one
	X	Transfer to and from chair or ambulate with assistance of two or more
X	X	Indirect Care – Progressive Care
6.46 hours of care required	11.03 hours of care required	Aaron requires 4.57 more hours of care

Patient-centric models go beyond simply ensuring that workloads are equitable, though. With these models in place, organizations can confidently meet patient needs such as:

The right staff members are assigned to take care of each patient. Under the patient centric approach, organizations match patients with the skills, certifications and experience of the clinicians. For example, if the patient has cardiac health issues, the organization could provide a clinician that has a balloon pump certification. Or, if the patient has dementia, a caregiver who has shown empathy in dealing with such patients in the past would be assigned.

Teamwork is nurtured. Under the patient centric model, organizations acknowledge that the care experience is tied not just to the individuals tending to a patient but to how well they work together as a team. As such, the behavioral characteristics of team members also are considered.

"It's important to understand how well staff members will gel as a team. You've got to consider the behavioral characteristics of the individuals on the team. Teams operate better when they support things such as conversational turn-taking and the ability of individuals to show empathy and recognize differences in each other," said Marcus Mossberger, industry strategy director at Infor.

Customer service takes center stage. With a patient centric approach, customer service is an explicit goal, not an afterthought. Staff need to strive to make patients happy with the overall experience. Such patient satisfaction plays into an organization's ability to market its programs as consumers increasingly exercise their rights to choose providers and also has a direct impact on reimbursement under emerging value based models. "Healthcare organizations should consider adopting that same sort of consumer centric approach that is so common in retail organizations," said Chip Newton, Senior Manager, Workforce Strategy and Insights at Deloitte Consulting LLP. "Healthcare organizations can't just look at patient outcomes and an optimized schedule but must consider how patients felt about their experience when they were in the hospital.

Employees also are concerned about their lives outside of work – and want to ensure that they maintain a healthy work-life balance.

Did they feel like they were in the kind of family environment where people were being supportive and caring and answering questions in a way that didn't seem contrived? Was the nurse or support staff engaged? Did they get appropriate discharge instructions? Would they refer a family member to that hospital or system?" *The fact that many staff members affect the patient experience is acknowledged.* While clinical care is an important element of the patient experience, it is not the only factor. Therefore, organizations need to make sure that all staff members focus keenly on meeting patient needs. For example, maintenance should ensure that equipment is functioning properly, housekeeping staff need to make sure that the room is always kept clean and dietary staff should ensure that patients receive hot meals in a timely manner. What's more, it's not only important for these staff members to do their jobs properly, they should also engage with patients to further enhance the overall care experience.

"Hospital leaders have to understand that it is not only about the nurse and the physician. Everybody in the hospital at some point touches that patient – from the transporter to the valet to the registration clerk. And, they have to look at that in order to provide patients with the best experience," Miller said.

OTHER OBSTACLES

While it's important to empower employees by implementing a patient-centric workforce model, healthcare organizations also have to navigate the current realities of the labor market – many of which can quickly derail any plans of transforming theories into realities.

Anticipated workforce shortages, for example, could easily cripple all good patient centered workforce intentions. Unfortunately, the Bureau of Labor Statistics projects that 526,800 more nurses will be needed by 2022 — an increase of 19.4 percent from 2012 — to help keep up with patient growth and replace those who leave.³ And, by 2025 the nation will likely require as many as 90,000 more physicians, according to a study from the Association of American Medical Colleges.⁴

With these anticipated shortages looming, organizations should acknowledge that they might need to depend more on the contingent workforce in the future – especially as the gig economy continues to take hold. Indeed, organizations might have to develop a workforce that consists of just 50 or 60 percent full time workers, with the remainder derived from on-demand sources.

Not only do healthcare organizations need to recruit staff, they need to keep them engaged as well. In today's environment that means focusing keenly on what those entering the workforce – the Millennials – want to get out of their careers. Millennials represent over 35% of the workforce and they have very different expectations as it relates to when they work, how they work and *with whom* they work.⁵ Now employers should consider alternate schedules, schedule equilibrium and specific employee preferences.

For example, healthcare leaders should acknowledge that Millennials see the work experience as a social experience. "We're seeing that our clients' Millennial employees want a schedule that is with the people or team they are familiar with, who are their friends. So, they are expecting organizations to offer that type of transparency in their schedules," Newton said.

Employees also are concerned about their lives outside of work – and want to ensure that they maintain a healthy work-life balance. Most want to work a set schedule – which provides them with the ability to coordinate their family and social events. In addition, employees want the ability to request days off in advance – so they can attend concerts or special family events. While it's important for healthcare organizations to meet

³Bureau of Labor Statistics. Economic News Release. <http://www.bls.gov/news.release/ecopro.t08.htm>.

⁴Association of American Medical Colleges. Physician Shortages to Worsen Without Increases in Residency Training. www.aamc.org/download/150584/data/physician...

⁵*Global Human Capital Trends 2016*. Deloitte University Press. http://www2.deloitte.com/us/en/pages/human-capital/articles/introduction-human-capital-trends.html?id=us:2ps:3bi:confidence:eng:cons:031616:em:dup1179:ukKm87jl:881150717:11562510784:p:Human_Capital_Trends:Human_Capital_Trends_BMM:nb

Shifting to a patient-centric workforce management model while also effectively navigating the challenges inherent in the contemporary workforce is a tall order for healthcare organizations.

employees' needs and desires, they also have to watch costs. It's important to continually guard against leakage – the unintended or unexpected spending related to labor activity. Such unnecessary spending can occur when employees are “gaming” the system by rounding up their punch out times to pad their checks or adding hours just to ensure that they bring home overtime pay in a specific pay period. The spending could also be tied to organizational procedures. For example, managers might require workers to perform certain tasks right before the end of their shift, causing them to punch out late and accrue overtime pay.

EXTRA INSIGHTFUL

Shifting to a patient-centric workforce management model while also effectively navigating the challenges inherent in the contemporary workforce is a tall order for healthcare organizations. Data analytics, however, could provide the insight needed to proactively support the patient centric model and to meet challenges head on.

Indeed, the power of data analytics is gaining increased acceptance among leaders. Many organizations are finding that it is important to bring together human resources and business data to gain needed insights, according to *Global Human Capital Trends 2016*, a Deloitte survey of more than 7,000 business and HR leaders in 130 countries. In fact, 77 percent of respondents said that the “people analytics” trend is very important or important. In addition, 51 percent are currently using HR data to predict and improve workforce performance.⁴

Leveraging data could have a significant impact on healthcare organizations as they move toward patient-centric models. For example, organizations can use empirical, evidence-based data gathered from care interventions to establish detailed knowledge of exact patient care needs. Through such analysis, organizations can ensure that they have the right number of staff, with the right skills, at the right location, on the right shift, for specific patients at all times.

What's more, data analytics can help organizations identify the root causes of a variety of workforce issues including low productivity, poorly optimized schedules, employee turnover and excess overtime. For example, an analysis of data could reveal that patients frequently report dissatisfaction with the cleanliness of their rooms on Wednesday mornings. That might indicate there's a need for additional housekeeping staff on Tuesday nights.

Overall, analysis can help organizations make patient centric care a reality, not just an ivory tower notion. As a result, organizations can move from theorizing about how a focus on the patient could potentially help — and actually do what matters by putting the concepts into play and producing the improved quality, enhanced care experiences and lower costs needed to be able to succeed under value-based care. ■

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