The Role of Scheduling in Creating Healthy Workplaces

Roxanne Harms
Principal & Senior Consultant
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Blinding Flash of the Obvious!

The work schedule is a VERY important part of an employee’s life. It is the connection between the employee’s personal life and work life.
Who is Workforce Edge?

- Specialist consulting practice that focuses solely on workforce deployment and staff scheduling practices in healthcare
- We are software / vendor agnostic – we help you design how you want to deploy your workforce and then we help you get there
- BC-based company, now expanded to other Canadian provinces, as well as in three states of Australia
- We eat, breathe, and sleep workforce deployment and staff scheduling, so that you don’t have to 😊
The Role of Scheduling in Creating Healthy Workplaces – Session Outline

1. The link between scheduling and employee satisfaction / retention
2. What about the global economic crisis?
3. What are the “long term solutions?”
4. The strategy and tactics of staffing a health care organization
5. Organizational capabilities for Responsive Scheduling / Workforce Deployment
6. Innovations from abroad
Research around the world consistently tells us that staff scheduling has an influence on satisfaction and retention...

“...roster design and planning activities have a direct impact upon ... service delivery, resource utilization and nurse retention.” Silvestro and Silvestro, Health Services Management Research 21: 93–105. 2008

“Not working preferred shifts was the second major dissatisfier” Journal of Health Economics 2001. NHS Survey of 9,625 RNs and LPNs.

“The more stable the work schedule, the less work-related stress, the lower anticipated turnover, the higher group cohesion, and the higher work satisfaction.” J Nurs Adm. 2001 Apr; 31(4):210-6; Shrader, Broome, Broome, West, Nash

“Extrinsic work values such as, job security, salary, fringe benefits, and work schedules, are also considered to be important in job satisfaction.” Factors Affecting Job Satisfaction in the Registered Nurse, Kettle, J. University of Arizona College of Nursing

Quarterly US-wide survey by “NurseFinder” indicates that 51% of respondents report “Scheduling Options” to be a major factor affecting nurse retention

In a study of job satisfaction among nurses in rural Saskatchewan, 4 variables (up-to-date equipment and supplies, satisfaction with scheduling and shifts, lower psychological job demands, and home community satisfaction) explained 33% of the variance in satisfaction. Western Journal of Nursing Research, Vol. 30, No. 7, 785-800 (2008)
List of Staff Scheduling Processes

- New Rotation Development Process
- Implementation of New or Changed Rotation
- Managing Shifts in Vacant Lines
- Removing Employee from Rotation Line
- Assigning Employee to Rotation Line
- Annual Vacation Planning
- Annual Vacation Relief Booking
- Vacation Change Requests
- Planned Leave Requests
- Leave Cancellation Requests
- Return to Work After Extended Leave
- Graduated Return to Work After Injury
- Ongoing Advance Relief Booking
- Shift Swapping
- Short Notice Leave Requests
- Unanticipated Leave
- Short Notice Relief Booking
- Workload Increase / Workload Decrease
- Missed Meal Breaks, End of Shift OT, etc.

Volumes of interactions with employees

For every 10,000 FTE’s in your organization, you have up to **1,000,000 schedule changes** to process each year, most involving an interaction with an employee.

The changes generate **300,000-400,000 shifts** that require filling each year (doesn’t include shifts from vacant positions).

Filling these shifts requires well over **1,000,000 conversations with employees**. This estimate is conservative.
Economic Downturn: The Silver Lining?

“Across the country, family doctors are postponing plans to retire, or working more hours to fill shortages in small communities while waiting for their investments to rebound – an unexpected silver lining... for areas with crippling doctor shortages.”

Globe & Mail April 21/09

Last year in the US, there was a net increase of 113,000 nurses in the workforce, the largest increase since 2002 – US Census Bureau.

“The job market is more competitive in some regions because of temporary changes in the supply and demand for nurses,” she said... working nurses are picking up more hours or putting off retirement to compensate for lost income... Some retired nurses are returning to work.” Fay Raines, Ph.D., R.N., president of the American Association of Colleges of Nursing

In Florida, 81% of RN’s were working >36 hours a week in 2008, higher than the previous several years running.
Last year in the US, there was a net increase of 113,000 nurses in the workforce, the largest increase since 2002, and most of the added nurses were over 50 years old – US Census Bureau.

The economic incentive that has swollen the nursing workforce during the recession seems certain to evaporate when the economy rebounds, throwing the health-care system deeper than ever into the crisis. Those who put off retirement are expected to leave the profession in droves, along with those who returned to work to stave off economic distress. Washington Post April 5, 2009

“...news reports that some nurses are having trouble finding work is creating the false impression that the nationwide nursing shortage is over, which may prompt students to think twice about careers in nursing and generate complacency about what experts say is a looming crisis.” The Robert Wood Johnson Foundation

http://www.rwjf.org

So while the recession may temporarily ease nursing shortages in some areas, “the reality is that this is going to happen,” Susan Bakewell-Sachs, R.N., Ph.D., P.N.P-B.C., dean of the school of nursing at the College of New Jersey
How many RNs do we need? How many do we have?

Close to 217,000 RNs were delivering care in Canada in 2007. But Canada needed more – 11,000 full-time equivalent (FTE) RNs – to meet health-care needs.

If the health needs of Canadians continue to change according to past trends, and if no new policies are implemented, this report shows that Canada will be short almost 60,000 FTE RNs by 2022.

Projected RN Shortage
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What if the economic downturn causes the gap to level off for a period, and then an economic recovery coincides with much bigger numbers of nurses being at or past retirement age???
No time to waste...

“In any case, this easing of the nursing shortage will help a strained health care system, and it would be wise for government and industry leaders to use the time to devise some long-term solutions for the nursing shortage.”

*Economic Woes Are Easing the Nursing Shortage*, Healthy InSite, May 7, 2008
What are these “long term solutions?”

- **Build**
  - Attract people to the professions
  - Ensure adequate training capacity

- **Attract**
  - New Grad programs
  - Recruitment & attraction strategies

- **Utilize Well**
  - Full scope of practice
  - Care model / service delivery redesign
  - Maximize workforce contribution (hrs/person)
  - Accurate deployment (scheduling)

- **Retain**
  - Leadership
  - Professional development
  - Quality practice environment
  - Schedules to suit workforce segments
  - Accurate, transparent scheduling processes

What are these “long term solutions?”

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Responsive Scheduling

**EMPLOYER DRIVEN**
- Rotation and shift structure static and dictated by management
- Inflexible policies and non-transparent processes for schedule changes

**EMPLOYEE DRIVEN**
- Staff make schedule changes independently, based on personal needs
- Lines wholly based on personal preferences of individual employees, without regard to baseline requirements

**BALANCE BETWEEN EMPLOYEE NEEDS AND OPERATIONAL REQUIREMENTS**
- Flexible, transparent schedule change processes which observe operational requirements
- Master rotations based on unit population profiling, or self-scheduling based on clear guidelines

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The Strategy and Tactics of Responsive Scheduling (or Workforce Deployment)

- **Develop workforce segments to respond to service needs**
- **Develop rotations structured for flexibility and best coverage**
- **Active monitoring & improvements of Staffing Model**

**Advance Schedule Management**
- **Advance leave planning**
- **Projection of upcoming needs**
- **Supply planning & recruitment**
- **Earliest replacement of leaves**

**Ongoing Schedule Management**
- **Final checks & authorization of employee timesheets**
- **Fill shifts as soon as known**
- **Respond to absences & arising needs**

**Timekeeping**
An Actionable Framework

- Innovative thinking & robust change management
- Workforce Deployment Maturity Model
- Staffing Model
- Processes & Standards
- Governance
- Advisory & Specialty Services
- Shared Service
- Enabling Technology

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## Workforce Deployment Maturity Assessment: How mature are your organization’s capabilities?

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<th>Assessment Elements</th>
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<th>Current State Description</th>
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<th>Elements of Workforce Deployment Maturity</th>
<th>Leading Practice</th>
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<td>Staffing Model</td>
<td>Workforce supply is organized to respond to differing levels of predictability and aggregation; deployment constructs are appropriate to needs, e.g. rotation coverage and structure, span of pools, use of permanent relievers</td>
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<td>Governance</td>
<td>Accountability for workforce deployment practices is clearly defined, and reports through a single point person at Executive level; accountabilities for executing, measuring, and enforcing are defined; Service Level Agreements, and KPI’s are in place</td>
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<td>Advisors and Specialty Services</td>
<td>Specialist resources provide support to operational management on processes, collective agreement interpretation, and workforce analytics to support continuous improvement of staffing models; specialists develop and manage teams of employees to provide relief services</td>
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<td>Shared Services</td>
<td>Shared support resources are used, enabling economies of scale, transactional efficiency, extended hours of service, and development of strong competencies</td>
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<td>Processes &amp; Standards</td>
<td>Standards &amp; processes in place organization-wide for consistent application of collective agreements, building staffing models, developing/implementing rotations, developing/managing shared workforce segments, advance schedule mgmt, daily staffing, and timekeeping</td>
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<td>Enabling Technology</td>
<td>Technology in place across the organization and fully integrated with HR/payroll; includes tools for planning staffing models, projecting upcoming needs, managing and costing master rotations, leave management, casual pool management, shift filling, timekeeping, and employee self-serve</td>
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Recognition of the importance of Staff Scheduling is Growing…

“It is contended here that the impact of rostering practices on ward and ultimately hospital performance has hitherto been underestimated, and that the strategic dimension of roster planning is commonly overlooked. There is a widespread assumption that rostering is an operational, rather than a strategic issue, which is rather analogous to the traditional Western approach to quality management. A key message from the now well-established Total Quality Management literature ... is that senior management’s recognition of the strategic role of quality management is critical to product and service competitiveness. Similarly, there is a need to recognize that hospital performance relies critically on the competence and effectiveness of roster planning activities, and that these activities are therefore of strategic importance.”

Silvestro and Silvestro, “Towards a model of Strategic Roster Planning and Control: an empirical study of nurse rostering practices in the UK National Health Service,” Health Services Management Research, 2008
Innovation from Down Under...
Rural Health Bank Pilot Project

by: Karla Bramley
Manager of CasConnect
The Rural Health Bank Pilot is funded by Department of Human Services as a two year pilot; to be evaluated in April 2010

The Primary Aim of the Pilot is to provide a centralized organization to coordinate the placement and professional development of nurses who provide relief services

Some of the main objectives are to:
- Promote and support the mobilisation of relief staff
- Improve the working lives and employment choices for health workers who provide relief services
- Reduce clinical and other risks that are typically associated with the recruitment and placement of relief staff

Service specifications:
- Recruitment of relief staff, organizing orientation and buddy shifts, booking staff to work shifts, agency brokerage and management
- Service is initially for nursing staff; following evaluation, rural bank will consider expanding to allied health, domestic staff, and technicians
Text Messages
Sent to bank members
Findings and feedback to date…

- Health Services that are signing up are realizing the need and importance of streamlining other staff scheduling processes.
- Each Health Service’s processes are different, which affects the way that they engage with CasConnect.
- Strong leadership is required within the Health Services that sign up, or processes will not be followed.
- Feedback from bank members (relief staff) is positive; text messages are GREATLY preferred over phone calls.
- There is no correlation between the age of a bank member, and their ability to use the internet and/or text messaging.
- Managing change and inconsistent customer processes have been the biggest challenges.
- **Centralised Staffing Service for 15,000 employee health authority (rollout in progress)**
  - Work with managers to determine correct staffing levels and relief needs (STAFFING MODEL)
  - Build master rotations
  - Backfill all empty shifts, from annual leave to sick calls (SHARED SERVICE)
  - Project relief needs for each program area, and recruit & manage relief staff (casual and permanent)
  - Dedicated Director reports to Executive HR Leader (ACCOUNTABILITY)

- **Use web-based “rostering system”**
  - Employees access from home to view available shifts and indicate their interest
  - Piloting an upgrade that sends shifts out by SMS:
    1. Display employees that meet selection criteria (various combinations of Casual and PT)
    2. Select one or all employees displayed then click on ‘SMS notify’
    3. Message sent to employees with details of shift, requesting them to reply "Yes" to accept
    4. Employees who want the shift reply, and if they are successful will get a return SMS confirming the booking.

- **Have achieved an increase of 7 worked hours per casual employee per pay period**
- **Developing a pool of locum doctors to backfill for vacant doctor positions and doctors on leave**
- **Hunter New England Staffing Service leading the way in pandemic planning for NSW Health**
Questions / Discussion?

- I can be reached at 250-868-6005 or roxanne.harms@workforce-edge.com
- Read about our work at www.workforce-edge.com