# **Healthcare Overview**



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## **Healthcare Vertical Overview Agenda**

Defining the Vertical Current Market and Key Players Critical Business Issues and WFG!

**Additional Resources** 

**Solutions** 

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### **Healthcare Overview**

Non-Acute: Clinical Acute Care: Hospitals & Health Systems

Long Term Care

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## **Key Players in Healthcare**



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# **Key Terms in Healthcare**

- CMS
- Payor, Payor Mix
- Medicare/Medicaid
- HPPD, RPPD, DPPD
- Budgets, Targets
- Acuity
- Census, Volume
- ADT
- Magnet

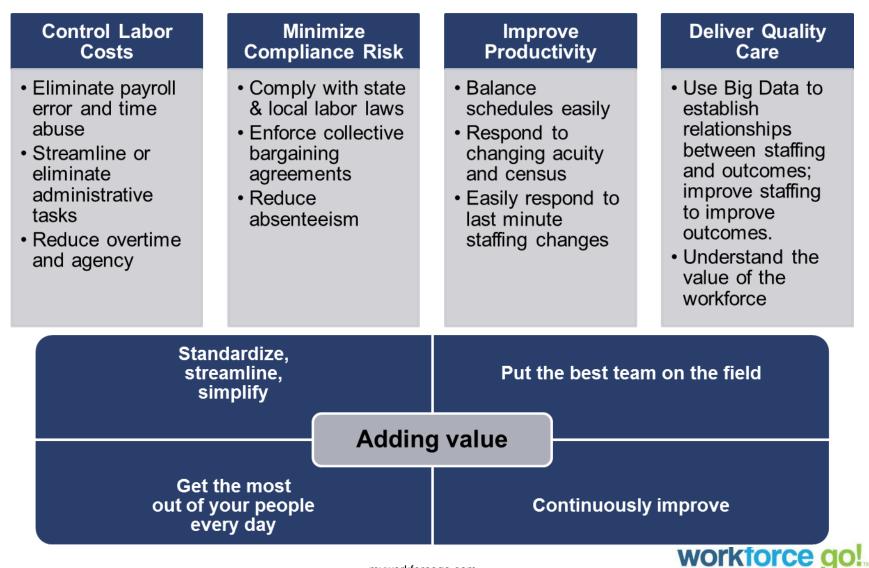
- Supplemental Labor
- Float Pool
- Joint Commission
- Productivity
- Quality of Care
- NDNQI
- Outcomes



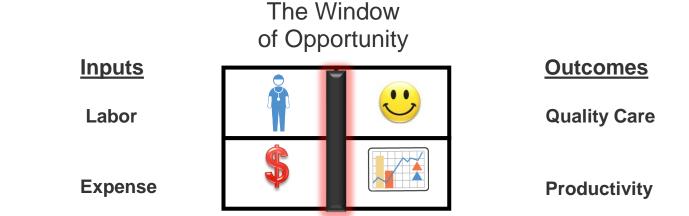
## "Magnet" & Workforce Management Technology

	"Force"	Proof Point		Technology					
			T&A	Scheduler	Absence Mgmt	HR & Payroll	Hiring	Analytics	
#1	Quality of Leadership	Data-driven decision-making							
#2	Org Structure	Shared decision-making							
#3	Management Style	Work-Life balance							
#4	Personnel Policies & Programs	Equitable practices							
#5	Professional Models of Care	Flexing labor to workload							
#6	Quality of Care	Appropriate allocation staff							
#7	Quality Improvement	Data-driven decision-making							
#8	Consult/Resources	Shared decision-making							
#9	Autonomy	Self-service							
#10	Community involvement	Activity tracking							
#11	Nurses as Teachers	Root cause analysis							
#12	Image of Nursing	Manage their practice							
#13	Interdisciplinary relations	Allocation of resources		$\mathbf{H}$					
#14	Professional Development	Activity tracking		$\mathbf{H}$					

# **Critical Business Issues**



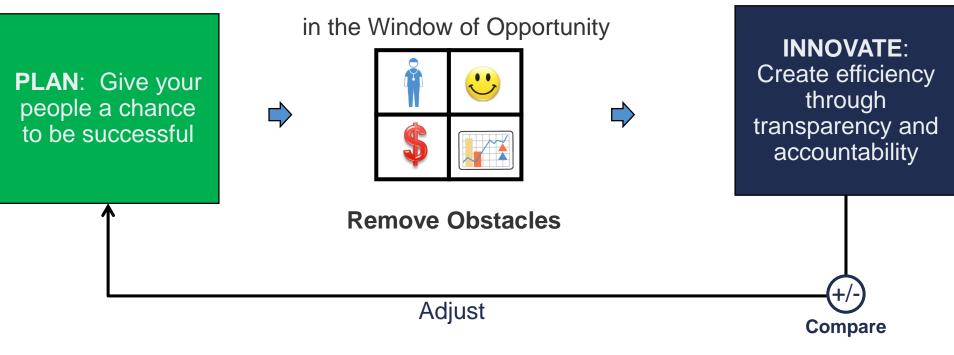
## Value Is Created in the Moment When Your Workforce Delivers Care



Obstacles to delivering quality care and controlling costs						
Non value add work	Do people struggle with labor intensive, manual processes?					
Unfair/inequitable policy enforcement	Are policies uniformly applied? Does the workforce feel that it is being treated fairly? Can you audit compliance to prove fairness?					
Misaligned staff to patient care	Does understaffing lead to quality care and morale issues? Does overstaffing lead to wasted labor expense? Agency & OT use?					
Inability to react	Do you have the tools and information to react to changing conditions?					
Lack visibility	Can you measure productivity for all departments; direct labor and indirect labor? Can you measure incidents and outcomes and establish cause and effect?					
Lack control	Are people delivering the right outcomes? Can you properly adjust to budgets?					
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# A New Way To Think About Workforce Management

#### **EXECUTE**



#### AUTOMATE: Streamline, Standardize, Simplify



Unburden the workforce. Position them for success. Measure, control, continuously improve



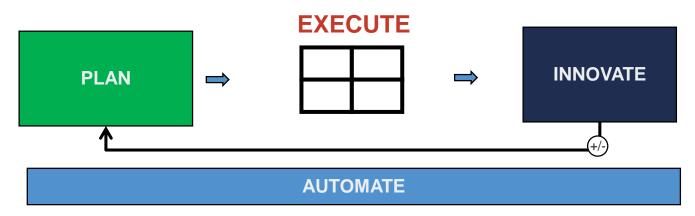
### **Hospitals & Health Systems**

With our technology, we can help control labor costs, minimize compliance risk, improve workforce productivity, and deliver quality, cost-effective care by providing:

- Advanced staffing and scheduling helps to balance workforce management across your entire organization
- Instant visibility with labor analytics controls labor costs and allows organizations to make fact-based decisions
- Mobile management supports paperless workflow and employee self-service for your on-the-go workforce
- The groundbreaking Kronos InTouch®, the innovative time clock built for today's modern workforce reshapes how you manage and engage your employees



### **Use Workforce Management to Eliminate Obstacles**



### Eliminate Obstacles to efficiency, transparency & quality care

Automate	Streamline, simplify, standardize processes	Eliminate non value added work
Automate	Centralize, enforce, automate policies	Create a fair and equitable environment
Plan	Put the right person in the right place at the right time	Staff to historical volumes. Plan to budget effectively. Eliminate wasteful premium pay.
Execute	Provide easy to use tools and information	Staff to changes in patient workload.
Execute	Capture workforce related information and make it visible	Link the workforce to what they do. Track productivity and staff assignments
Innovate	See how labor impacts your mission	Continuously improve. Eliminate waste. Improve care.

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# **Customer Stories**



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## **Automate Workforce Management**

Industry )	<ul> <li>Hospitals and Health Systems</li> <li>Regional Medical Center</li> </ul>
Size	<ul><li>1,000 Employees</li><li>172 Beds</li></ul>

#### Before

- Labor-intensive, manual processes for time and attendance, scheduling and staffing
  - Numerous paper-based HR inefficiencies
- Complex Federal and State labor and wage labor law requirements, ~10% of employee population on leave
  - Lacked visibility to manage workforce
     productivity

#### **Results Achieved**

- Increased efficiency 2.3%, saved over \$1M in labor cost
  - Accurately matching staffing to census enhancing quality care
  - Saved \$70k annually through accurate management of leave balances
  - HR / Payroll efficiencies saved 1.5 FTEs

#### After

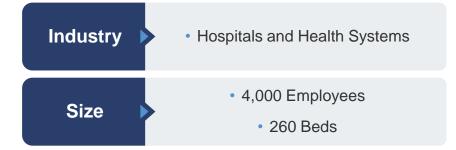
- Automated scheduling and staffing empowers managers with real-time data to control costs and employees with self-service
- Increased scheduling efficiency by 4x

• Consistent application of leave. **Reduced** leave related tasks from 30% to 10% of time

 Proactive monitoring of labor expenses and workforce's productivity



# **Increased Staff Satisfaction**



#### **Results Achieved**

- **30% decrease in overtime** and **\$1.6 million** savings by eliminating agency staffing expense
- Efficiency allows nurse leaders to focus on primary mission of caring for patients
- 7-point annual increase in NDNQI nursing satisfaction survey

#### After

- Automated, system-wide centralized staffing
   and scheduling system
- Employee self scheduling empowers nurses to create work-life balance and pick up extra shifts
  - Real-time **whole-house staffing visibility** allows for quicker respond to fluctuating patient



#### Before

- Inefficient, decentralized and labor-intensive scheduling process
- **Manual scheduling** posed challenges to its relationship-based care delivery model
- Frequent use of agency staff compromised care and cost 2,000 hours monthly

### What Other Healthcare Organizations Have Realized

### Visibility to productivity daily

**\$34M** 1<sup>st</sup> year savings Improved productivity, reduced OT and agency use

### **More informed decisions**

**\$10.2M** 1<sup>st</sup> year savings

Gained visibility to labor variances, avoided them in the future

### **Creating the right schedule the first time**

\$2.3M 1st year savings

Reduced OT based on efficient schedules

