

Engaging Department Leaders to Measure and Improve Productivity

Cheri Benander



Cheri Benander has 30+ years' experience in healthcare that includes clinical, administrative, compliance, consulting, and educational roles across multiple healthcare settings. As a consultant, Cheri has worked collaboratively with leaders to improve productivity, time management, and leadership skills. She has assisted organizations with the implementation and review of compliance programs and conducts mock surveys.

**Cheri Benander, MSN, RN, CHC, C-
NHCE**
Clinical & Compliance Consultant
Cheri.benander@health-tech.us
307-202-0315

John Freeman



John Freeman serves as Associate Vice President (AVP) of HealthTech Management Services where he provides ongoing consultation to hospital CFOs. Freeman has more than 30 years' experience in healthcare financial management. Freeman earned his Master's degree in Business Administration from Berry College and a Bachelor's degree in Business Administration and Accounting from Kennesaw College. He is also a Certified Public Accountant.

John Freeman, CPA, MBA
Associate Vice President
John.Freeman@health-tech.us
615-584-6309

Carolyn St.Charles



Carolyn St. Charles is the Chief Clinical Officer for HealthTech. Carolyn has extensive experience working with rural hospitals to develop and strengthen Swing Bed programs. St. Charles earned a master's degree in Business Administration from the Foster School of Business at the University of Washington and a bachelor's degree in Nursing from Northern Arizona University.

Carolyn St.Charles, MBA, BSN, RN
Chief Clinical Officer
Carolyn.stcharles@health-tech.us
360.584.9868

About HealthTech



HealthTech has been supporting community hospitals for over 50 years. We are focused on improving financial, operational and clinical performance, while increasing patient and community engagement.

Nationwide Client Base



HealthTech provides award-winning hospital management, and consulting services to over 100 community, district, non-profit, and critical access hospitals across the country.

Preferred vendor for

- California Critical Access Hospital Network
- Western Healthcare Alliance

Consulting Support to:

Illinois Critical Access Hospital Network

Montana Flex Program

Member of Vizient Group Purchasing Organization

HealthTech Education Courses Information at www.health-tech.us

Swing Bed Basic Certification Course

Swing Bed Advanced Certification Course

Transitional Care Management

Behavioral Health Integration

Lean Practitioner

Advance Care Planning

Annual Wellness Visit



Objectives

1. Identify at least two (2) reasons for measuring productivity
2. Identify at least two (2) ways to analyze productivity data
3. Identify at least (2) ways for engaging department managers

What is Productivity? Why is it Important?

Definition

In short, productivity measures the efficiency in which you can produce different outputs.

Productivity indicates how efficiently you can turn your inputs — materials, time, people, and any other resource — into a final result, typically a product or service. The fewer resources you use, the more productive you are, and vice versa

SO YES – WE KNOW

That sounds like manufacturing and not healthcare -- But the principle is the same

Inputs: Worked Hours

Outputs: Patient Days – or – Visits – or - Procedures -- ETC.

Measures of Productivity in Healthcare

Worked Hours Per Unit of Service

Med-Surg, ICU.....	Worked Hours Per Patient Day
Labor & Delivery.....	Worked Hours Per Delivery
Housekeeping.....	Worked Hours Per Square Feet
General Accounting.....	Worked Hours Per Net Revenue
Home Health.....	Worked Hours Per Visit
Surgery.....	Worked Hours Per Surgery Minutes
Human Resources.....	Worked Hours Per Paid FTEs
Medical Imaging.....	Worked Hours Per Procedure
Medical Clinic.....	Worked Hours Per Visit

Worked Hours

Worked Hours are a subset of total hours

Total Worked Hours include:

- ✓ Actual hours worked
- ✓ Registry/Contract labor
- ✓ Hours "Called Back" to work
- ✓ Education and Orientation
(in most hospitals)
- ✓ Overtime (yes, it counts!)

Total Worked Hours DO NOT include:

- ✓ On-call hours
- ✓ Vacation
- ✓ Sick Leave
- ✓ Holiday (if not working)

Variance

Variance is the difference between the actual productivity and the target set by the organization.

Actual Worked Hours Per Patient Day = 12.4

Target Worked Hours Per Patient Day = 12.0

Variance = 0.4 Worked Hours Per Patient Day

Volume = 20 patients

0.4 Worked Hours X 20 Patients = 8.0 worked hours or 0.2 Worked FTEs

Importance of Measuring Productivity

1. Track progress towards goals
2. Identify areas where time and resources can be optimized
3. Identify areas that may need additional support or resources
4. Identify the need for operational changes such as adding employees or equipment to meet demand

Source: Adapted from [Why Measure Productivity](#) by Richard Hudson

Improving Productivity Its About Systems Not People

What We Say to Department Managers

You are over budget.
You will need to cut staff.

We are getting patient complaints that they can't make an appointment to (see a doctor or have a mammogram or have a MRI or get a PT appointment). We need to see more patients.

We are spending too much money on training.
We need to decrease education hours.

We don't need to staff 24 hours in (Admitting, RT, Lab), nursing can pick up any work after hours.

We are transferring patients because of lack of nurses.
We should be able to care for more patients with the nurses we have.

Your department has too much overtime – you need to control staff overtime better.

These are ALL System Issues NOT (usually) People Issues

You are over budget.
You will need to cut staff.

We are getting patient complaints that they can't make an appointment to (see a doctor or have a mammogram or have a MRI or get a PT appointment). We need to see more patients.

We are spending too much money on training.
We need to decrease education hours.

We don't need to staff 24 hours in (Admitting, RT, Lab), nursing can pick up any work after hours.

We are transferring patients because of lack of nurses.
We should be able to care for more patients with the nurses we have.

Your department has too much overtime – you need to control staff overtime better.

System Issues – Not People Issues

1) People work in complex organizations defined by interdependencies among people

2) Interdependencies have the greatest effect on productivity

Productivity is About Your Systems, Not Your People: Daniel Markovitz, January 05, 2021, Harvard Business Review

94% of most problems and possibilities for improvement belong to the system, not the individuals

Out of Crisis: Edward Deming

Interdependency is ESPECIALLY True in Healthcare

Examples of Interdependency that Impact Productivity

1. Response time to ER by Lab
2. Response time to ER by Radiology
3. Time for EVS to clean room after discharge
4. Nursing pre-medicating patients prior to Physical Therapy
5. Nursing getting patients out of bed prior to Physical Therapy
6. Lack of staffing in ICU or Med-Surg so patients held in the ED – or – transferred
7. Availability of pharmacy – lab – radiology – respiratory therapy - discharge planning – social work - ETC. after hours and weekends
8. Missing supplies on nursing units
9. Missing medications on nursing units
10. Lack of organization of supplies / materials, etc. - DIFFICULT and TIME CONSUMING

AND MANY OTHERS

Response(s) to Requests to Improve Productivity

NOT HELPFUL - REACTIVE

- 1) I quit
- 2) I can't do anything about it – so I guess I'll just be over budget
- 3) I am going to have to work more hours as staff
- 4) The target wasn't set right in the first place
- 5) It's not my fault, it's [redacted] department's fault, they never do their job and we have to pick up the pieces
- 6) We can't hire staff because HR is too slow in onboarding and we lose new hires

HELPFUL - PROACTIVE

- 1) I think we could be more efficient if we improved communication with [redacted] department. I'll set up a time to work with them.
- 2) We have hired 4 new nurse residents that we hadn't planned for. We will be back at our budgeted productivity in three (3) months and will have eliminated registry which will offset the cost of the nurse residency program.

Responsibility

Even though there is a high degree of interdependence – that doesn't mean that managers shouldn't be responsible for:

- 1) Monitoring Productivity
- 2) Looking for ways to improve productivity
- 3) Submitting variance reports if needed
- 4) Developing strategies for improvement within their department and with other departments

Strategies for Improving Productivity

Strategy 1: Tiered Huddles

Huddle 1: Front Line Staff

Huddle 2: Supervisors / Directors

Huddle 3: Executive Team

Why it works

1. Escalates decisions when needed
2. Improves linkages between executives and staff
3. Reduces number of scattershot emails about problems

Productivity is About Your Systems, Not Your People: Daniel Markovitz, January 05, 2021, Harvard Business Review

Strategy 2: Make Work Visible

Use task boards to make work visible that includes who is handling the task and status

Why it works

1. Eliminates CHECK emails
2. Enables a more equitable distribution of work

Make downtime visible. Implement predictable time off from emails or uninterrupted work blocks.

Why it works

Eliminates constant interruptions and allows focus on work.

Multi-tasking is highly over-rated

Strategy 3: Define the “Bat Signal”

Identify reliable way of communicating both urgent and non-urgent issues. For example text or phone call for URGENT issues (not e-mail)

Why it works

1. Decreases endless scrolling thru e-mails in case something was “missed”

Strategy 4: Align Responsibility with Authority

Give staff responsible for tasks and the authority to deliver results

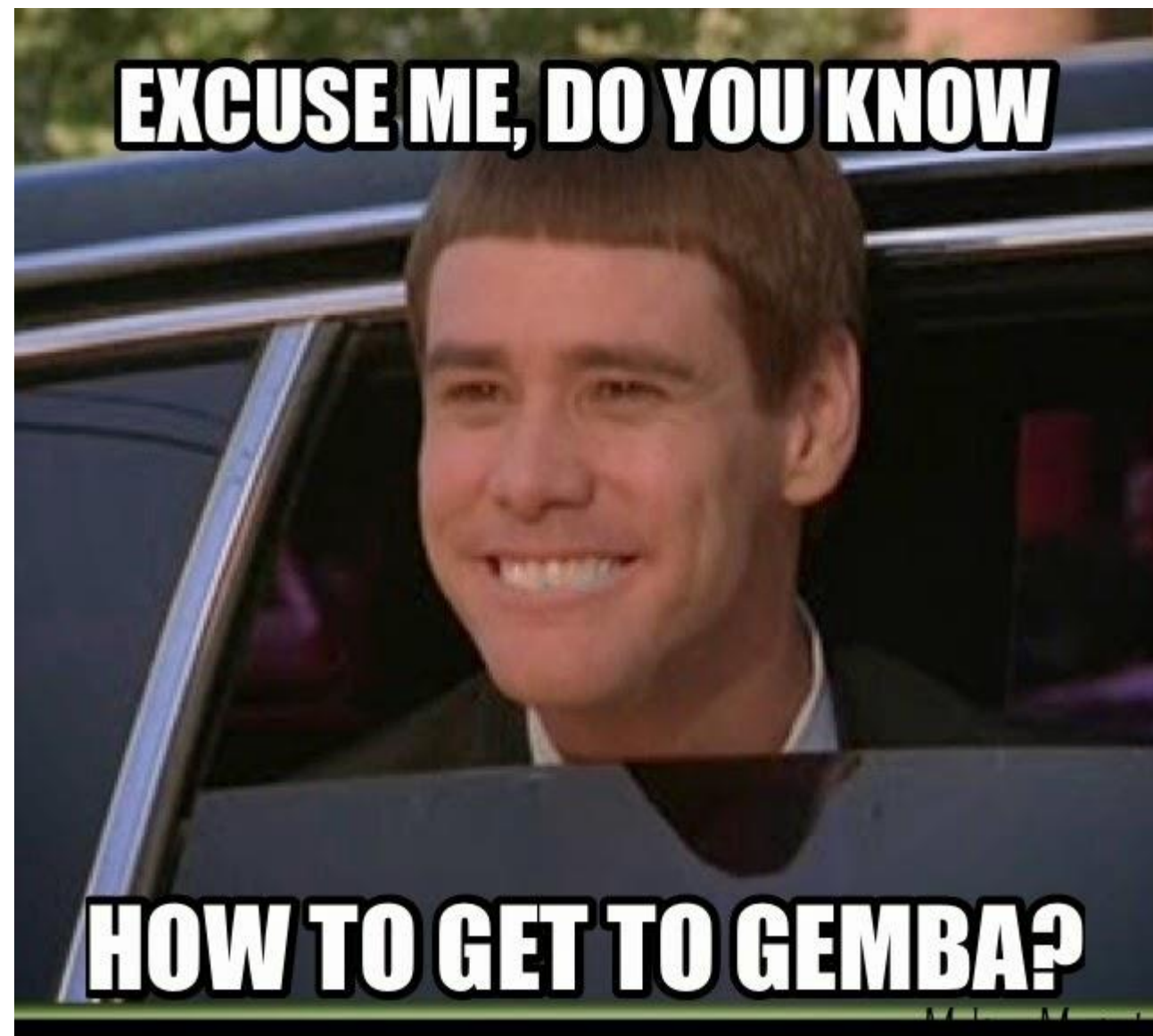
Why it works

1. Decreases time spent on e-mails, meetings, presentations
2. Increases accountability

Productivity is About Your Systems, Not Your People: Daniel Markovitz, January 05, 2021, Harvard Business Review

Strategy 5: Educate Managers and staff to use Analytic Tools --- Go to GEMBA

Go to *Gemba* means to **go and see what is really happening** rather than talk about it, read about it, or try to recall it from memory



The CEO of Lufthansa Airlines worked as a flight attendant on a round-trip between Germany and the Middle East, serving passengers onboard the German airline.

CEO Jens Ritter detailed his experiences in a recent LinkedIn post:

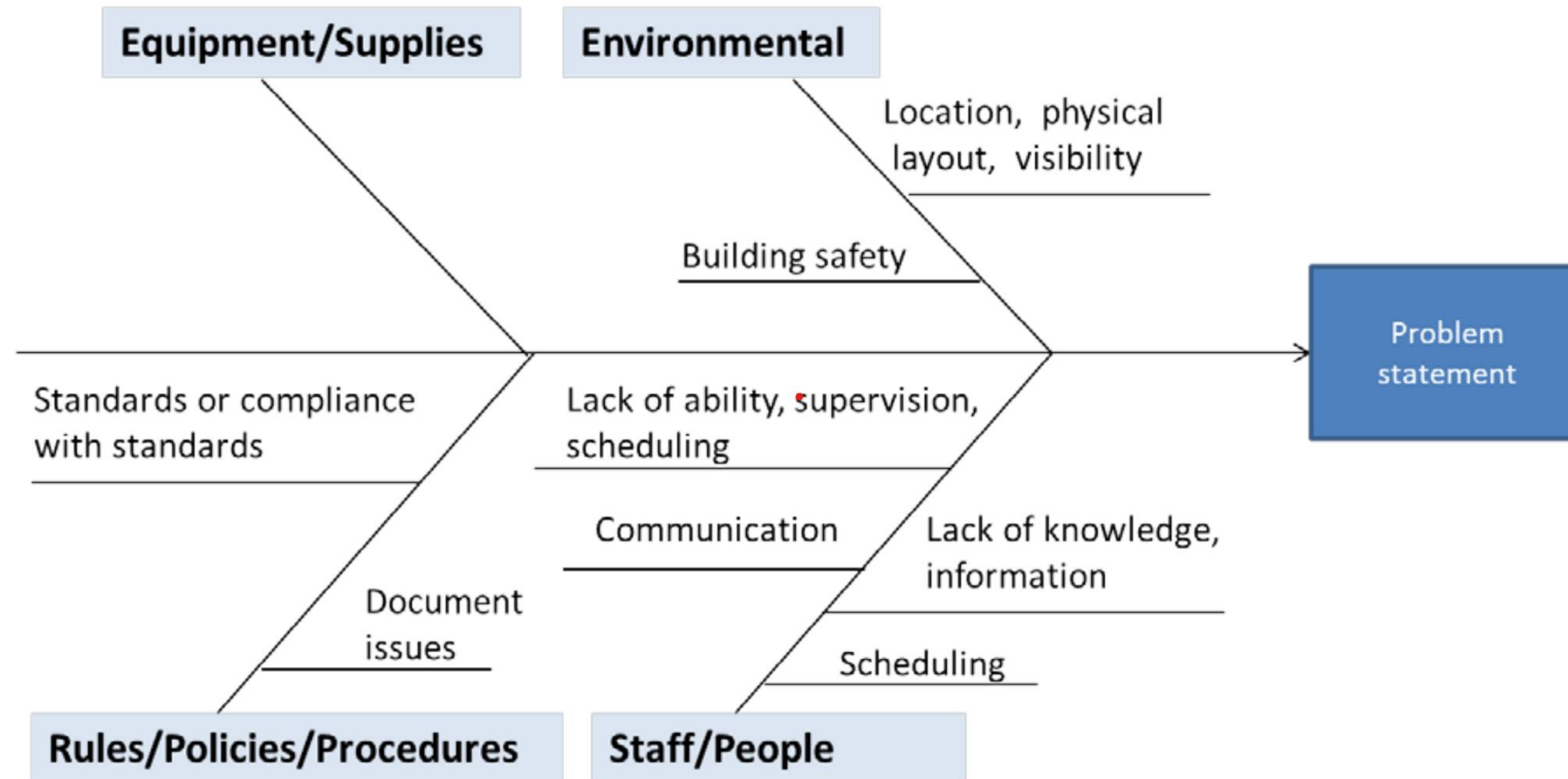
"Sometimes, you need to change perspectives in order to gain new insights".

Strategy 5: Educate Managers to use Analytic Tools --- 5 WHY ANALYSIS

Problem statement	One sentence description of event or problem
Why? →	
Why? →	..
Why? →	
Why? →	
Why? →	
Root Cause(s)	<ol style="list-style-type: none"> 1. 2. 3. <p>To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?</p>

Source: CMS.GOV

Strategy 5: Educate Managers to use Analytic Tools --- Fishbone Diagram



Source: CMS.GOV

Strategy 5: Educate Managers to use Analytic Tools --- Failure Mode and Effects Analysis

Steps	Explanation
1. Select a process to analyze	Choose a process that is known to be problematic in your facility or one that is known to be problematic in many facilities.
2. Charter and select team facilitator and team members	Leadership should provide a project charter to launch the team. The facilitator is appointed by leadership. Team members are people who are directly involved in the process to be analyzed.
3. Describe the process	Clearly define the process steps so that everyone on the team knows what is being analyzed.
4. Identify what could go wrong during each step of the process	Here is where the people directly involved in the process describe the problems that can or do occur.
5. Pick which problems to work on eliminating	The focus of improvements will be on those problems that happen quite often and/or or have a significant impact on resident safety when they do occasionally occur.
6. Design and implement changes to reduce or prevent problems	The team determines how best to change the process to reduce the risk of residents being harmed.
7. Measure the success of process changes	Like all improvement projects, the success of improvement actions is evaluated.

Strategy 6: Implement 5S

- Seiri: sorting out or straightening up.
- Seiton: putting things in order or systematic arrangement.
- Seiso: clear up or clean the workplace.
- Seiketsu : personal cleanliness or standardization.
- Shitsuke: discipline or sustain

BEFORE



AFTER



Strategy 7: Streamline Documentation

An article in the Journal of Biomedical Semantics published in Sept 2020 found that up to 35% (with an average of 19%) of nurses' working time is spent on care documentation.

Ask these questions:

1. Why are we documenting this?
2. Do we need to document this as often (i.e., every day or every hour or twice per day)?
3. Are there things that we should be documenting that we aren't?
4. Are we documenting the same thing in multiple places?
5. Is there an easier way?

Engage IT and Informatics nurses to develop documentation templates.

Strategy 8: Standardize Order Sets and Develop Protocols

Insulin Protocol
Medication Titration
CIWA Scale
Chest Pain Protocol
Stroke Protocol
Sepsis Protocol
ETC.

**Protocols not only save time but
ensures standardization
– and –
reduces errors**

Strategy 9: Work to Top of License With Caution

If some of a **physician's work** can be safely handed off to **NPs and PAs**, can some of the NPs and PAs work be handed off to registered nurses (RNs)?

If some of a **NP or PA's** work can be safely handed off to **RNs**, can some of the RN's work be handed off to licensed vocational nurses or medical assistants?

And if some of the **RNs** job can safely be handed off to licensed vocational nurses (**LVN**) or **medical assistants (MA)**—can some of their work be handed off to community health workers or, even, lay people with no medical training?

Source: Forbes, April 2022

Strategy 9: Work to the Top of License With Caution

Organizations and advocates who push for new roles in patient care should be **hyper-vigilant** to ensure that—in the rush to lower the cost of care and allow people to practice at the “*top of their license*”—**we are not irreparably degrading the quality of care through a cascade of false equivalences across professional lines.**

To the extent possible, there should be clear boundaries delineating what level and type of care is appropriate for an individual to provide depending on their level of training.

Because these boundaries are so difficult to define, there should be **clear systematic supervision protocols through which patients are seen by and presented to more experienced, more highly-trained clinicians at every step of the clinical process (not just by chart review) to ensure that clinical situations are appropriately sized up at the outset.**

Source: Forbes, April 2022

Strategy 10: Use Technology

1. Virtual Nursing

You might be asking: why do we need “virtual” nurses when we don’t even have enough physical nurses at the bedside? That’s exactly why we **do** need them.

Virtual RNs can support the team at the bedside to alleviate the workload and provide greater satisfaction for both the patients and the nursing staff.

We are all aware of the current and future staffing challenges in healthcare, and this is one way to address it.

It also provides opportunities for nurses that are not wanting to leave the workforce but have years of great experience and knowledge to continue their career in a less physical role.

Jennifer Ball RN, BSN, MBA

Director of Virtual Care

Published in American Nurses Association

2. Tele-Medicine including Tele-Psychiatry, Tele-Stroke, Tele-Hospitalist, Tele-Trauma

Strategies for Engaging Managers And Improving Productivity

Strategy 1: Educate About Productivity

1. How to interpret Productivity Metrics
 - Worked Hours Per Patient Day
 - Worked Hours Per Visit
 - Worked Hours Per Procedure
2. Difference in Worked Hours and Paid Hours
3. Factors that Impact Productivity
4. How to use analytic tools

Strategy 2: Set Realistic Targets

To set realistic targets – it is critical to understand the work being done including barriers and constraints in that department

1. If you have minimum staffing in a department – even though the volume does not always support the number of staff – the staffing target may be higher
2. If one department picks up work of another department after-hours – the staffing target may be higher
3. If you lose a staff member – overtime may be higher until that staff can be replaced
4. If you have problems transferring patients out of the ER and/or a high number of patients needing 1 – 1 care or observation - the staffing target may be higher

Strategy 3: Update Targets

If there is a significant change in work – or – a new process – or a new procedure UPDATE targets,
Don't wait until the end of the budget year.

Productivity is a ratio of worked hours to volume or unit of service --- and as such usually accommodates for increased volume.

However, significant changes such as the addition of robotic surgery are usually not accounted for.

Strategy 4: Recognize that some problems may not have an immediate solution

1. Staffing Shortages
2. Staff Turnover
3. State mandated staffing ratios

Strategy 5: Invest in LEAN

Five LEAN Principles

1. **Value:** defining what the customer needs and wants for a specific product or service.
2. **Value stream:** mapping the steps and processes involved in creating and delivering value to the customer.
3. **Flow:** creating a smooth and uninterrupted flow of value from the beginning to the end of the value stream.
4. **Pull:** using a demand-driven system that only produces what the customer pulls or requests.
5. **Perfection:** pursuing continuous improvement and eliminating waste and inefficiencies in the value stream.

“IF IT DOESN'T ADD VALUE, IT'S WASTE.”

- Henry Ford

“WASTE IS OFTEN DISGUISED AS USEFUL WORK.”

- Hiroyuki Hirano

“ACTIVITY THAT ADDS COST BUT NOT VALUE.”

- Taiichi Ohno

Strategy 6: Educate About Working as a Team

1. Constructive communication
2. Collaboration
3. Consciousness
4. Inclusion
5. Accountability
6. Justification with explanation
7. Transparency
8. Public knowledge of objectives
9. Talk things out – understand each other's culture
10. Appropriate work distribution

Source: 10 Principles of Effective Teamwork: Devin Mack, February 21, 2019

Strategy 7: Involve the Staff / Providers Doing the Work

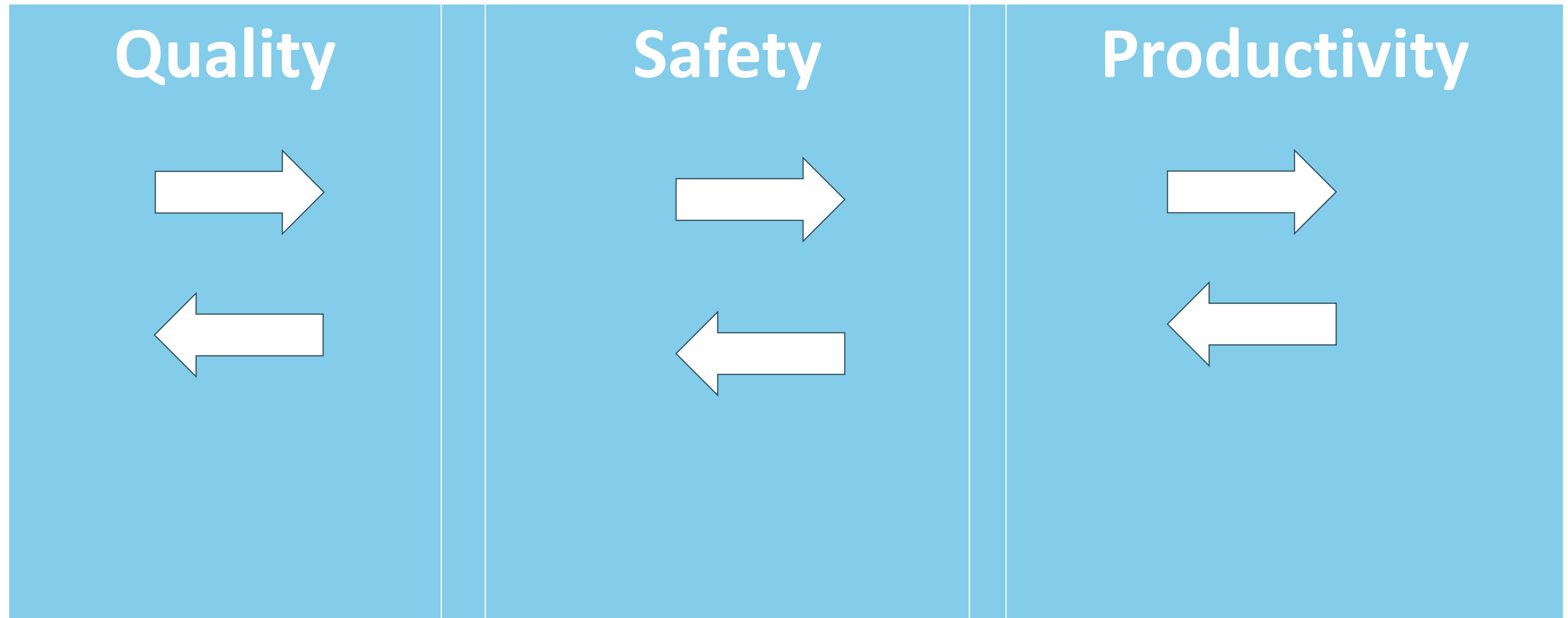
Although a manager understands how their department works – it is critical in developing solutions that the staff who do the work are actively involved!

And this includes Providers!

Strategy 8: Make Time for Teams to Work Together & Develop Solutions



Strategy 9: Understand that Quality – Safety – Productivity are Inter-related



Strategy 10: Celebrate

According to research from Gallup, employees who receive regular recognition and praise:

- Increase their own productivity
- Increase engagement among their coworkers
- Are more likely to stay with the organization longer
- Receive higher loyalty and satisfaction scores from customers

“The larger the monetary reward, the poorer the performance – money doesn’t motivate us, at all, instead emotions do.”

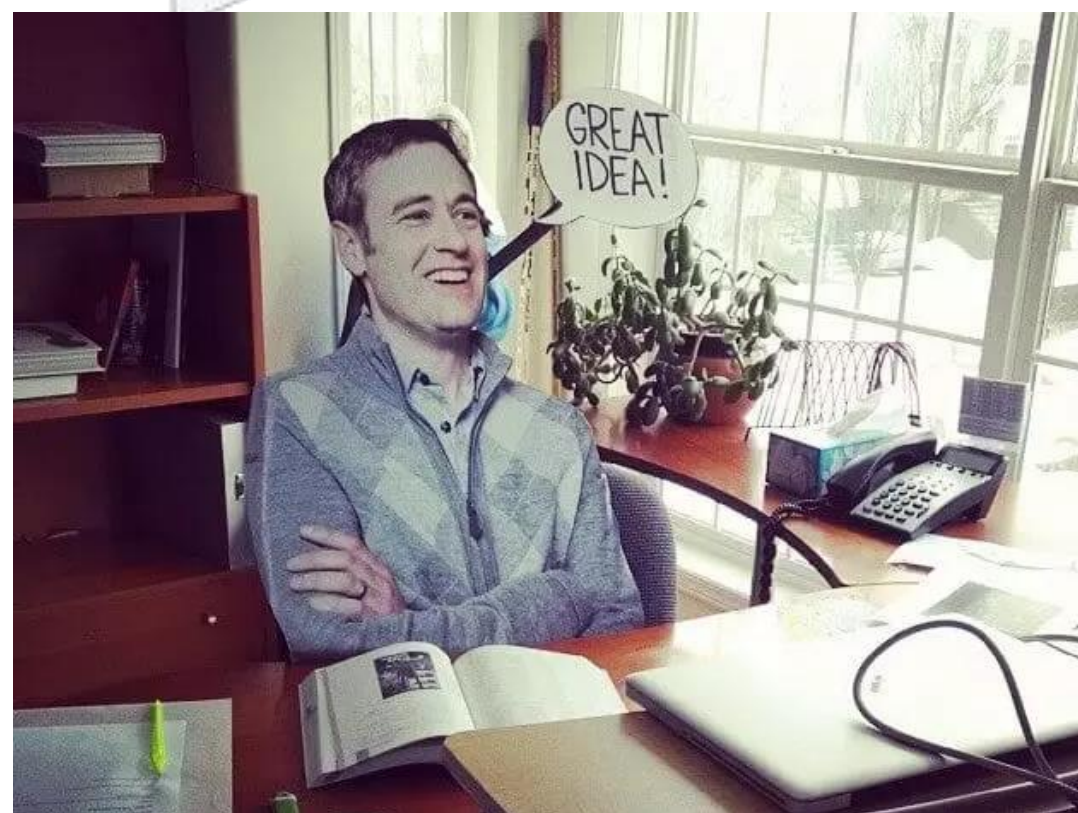
Dan Pink

“Positive emotions (like joy and happiness) broaden our scope of thinking and creativity, and allows us to build new skills. Negative emotions do the opposite.”

Barbara Fredrickson’s Broaden

Celebrate Meeting Goals - AND – Working Together

Don't forget providers



Optimum Productivity Toolkit™

Optimum Productivity Toolkit™

FTE Trending

HealthTech
Solutions for Healthcare Professionals

OPTIMUM
PRODUCTIVITY TOOLKIT

[User Account](#) [Help](#)

[Dashboard](#) [Report](#) [Data Entry](#) [Settings](#)

Fiscal Year Begin: 1/1/2022 Pay Period: 1 - 1/9/2022 To: 26 - 12/25/2022

[Refresh](#)

FTE's Trending



Executive Summary

	12/25/2022	YTD
Total Paid FTE's	321.72	312.25
Total Worked FTE's - Actual	293.58	286.19
Total Worked FTE's - Target	325.54	333.75
FTE's Favorable (Unfavorable) to Target	31.96	47.56
Impact on Bottom line Favorable (Unfavorable)	\$119,162	\$3,910,661
Worked to Paid Ratio - Actual	91.25%	91.66%
Worked to Paid Ratio - Target	90.00%	90.00%
Overtime as a % of Worked Hours - Actual	5.86%	6.11%
Overtime as a % of Worked Hours - Target	5.00%	5.00%

Optimum Productivity Toolkit™

Pay Period Report

Pay Period: 12/25/2022 - 12/25/2022			Hours per Stat			Worked FTE's					Payroll		
Dep Num	Rollup Category 1	Unit of Measure	Stats	Hrs/Stat or FTE-Actual	Hospital Target	Hospital Variance	Actual	Hospital Target	Hospital Variance	Over Time	Paid FTE's	Work To Paid Ratio	Expense/Stat
	Imaging												
7150	CT Scanning	Worked hours per procedure	239.0	1.93	1.15	(0.78)	5.75	3.44	(2.32)	25.67%	6.49	88.64%	\$100.95
7145	Mammography	Worked hours per procedure	86.0	0.71	1.00	0.29	0.77	1.08	0.31	0.00%	0.77	100.00%	\$53.42
7160	MRI	Worked hours per procedure	69.0	1.05	1.50	0.45	0.90	1.29	0.39	5.79%	1.00	90.02%	\$63.61
7162	Nuclear Med	Worked hours per procedure	18.0	5.04	1.50	(3.54)	1.13	0.34	(0.80)	4.13%	1.23	91.90%	\$305.43
7140	Radiology	Worked hours per procedure	573.0	0.41	0.90	0.49	2.95	6.45	3.49	1.59%	3.15	93.66%	\$13.71
7141	Radiology-Kearny	Worked hours per procedure	19.0	3.07	2.00	(1.07)	0.73	0.47	(0.25)	0.00%	0.78	93.57%	\$90.79
	Sub-Total Imaging						15.43	15.86	0.43	11.61%	16.72	92.30%	\$709.10
	Pharmacy												
7176	Kearny Pharmacy	Worked Hours/Dose	1,086.0	0.18	0.15	(0.03)	2.43	2.04	(0.40)	11.68%	2.73	89.03%	\$4.92
7170	Pharmacy	Worked Hours/Dose	23,541.0	0.03	0.05	0.02	8.28	14.71	6.43	5.55%	9.91	83.56%	\$1.45
7175	Pharmacy-Retail	Worked Hours/Prescription	1,287.0	0.21	0.15	(0.06)	3.43	2.41	(1.02)	1.00%	3.93	87.29%	\$12.54
	Surgical Services												
7269	Cath Lab	Worked Hours/Billable Procedure	57.3	3.54	7.40	3.86	2.54	5.30	2.76	0.00%	2.89	87.88%	\$180.29
7050	Central Sterile Processing	Worked hours per case	84.0	0.82	1.50	0.68	0.86	1.58	0.71	5.71%	1.04	83.13%	\$24.30
7030	Outpatient Services	Worked Hours/Procedure	106.0	1.13	2.70	1.57	1.50	3.58	2.08	0.00%	1.80	83.33%	\$106.27
7027	Recovery Room	Worked hours per visit	84.0	1.02	1.77	0.75	1.07	1.86	0.79	10.53%	1.17	91.46%	\$55.68
7020	Surgery	Worked hours per surgery minute with the first	7,634.0	0.07	0.10	0.03	6.39	9.54	3.15	14.44%	7.15	89.37%	\$3.59
7022	Wound Center	Worked Hours/Visit	103.0	1.00	1.50	0.50	1.28	1.93	0.65	4.15%	1.28	100.00%	\$38.79
	Sub-Total Surgical Services						13.64	23.79	10.14	8.34%	15.33	89.01%	\$408.92
	Therapy												
7200	Physical Therapy	Worked Hours / Billed 15- Minute Increments	1,042.0	0.48	0.45	(0.03)	6.21	5.86	(0.35)	0.25%	6.59	94.19%	\$27.06
	Sub-Total Therapy						6.21	5.86	(0.35)	0.25%	6.59	94.19%	\$27.06
	Total						293.58	325.54	31.96	5.86%	321.72	91.25%	\$12,862.69

Optimum Productivity Toolkit™

Department Report

Cardiopulmonary	YTD	12/25/22	12/11/22	11/27/22	11/13/22	10/30/22	10/16/22	10/02/22
Regular Work Hours	11,020.92	507.17	530.75	485.00	468.75	461.00	414.75	460.75
Overtime Work Hours	280.63	14.66	5.75	13.25	13.50	23.68	27.25	10.00
Contract Hours	1,185.00							
Total Paid Hours to Employees	12,330.06	591.83	564.50	574.25	498.25	484.68	528.00	470.75
Total Paid \$\$'s for Period	\$641,218.49	\$27,999.78	\$25,581.48	\$26,756.28	\$24,051.44	\$23,873.03	\$25,594.47	\$22,204.82
Paid FTE's	6.50	7.40	7.06	7.18	6.23	6.06	6.60	5.88
Worked FTE's	6.00	6.52	6.71	6.23	6.03	6.06	5.53	5.88
Hospital Target Worked FTE's	2.56	2.48	3.96	3.75	1.88	3.64	1.45	1.88
FTE's Favorable (Unfavorable) to Hospital's target for PP	(3.45)	(4.04)	(2.74)	(2.48)	(4.15)	(2.41)	(4.08)	(4.00)
Hours Favorable (Unfavorable) to Hospital's target for PP	(7,168.75)	(323.53)	(219.40)	(198.55)	(332.25)	(193.08)	(326.20)	(320.15)
Labor Costs Favorable (Unfavorable) to Hospital's target for PP*	(\$338,645.58)	(\$15,306.37)	(\$9,942.56)	(\$9,251.13)	(\$16,038.32)	(\$9,510.20)	(\$15,812.34)	(\$15,101.16)
Cardiopulmonary								
Statistical Basis:								
<i>Worked hours per procedure</i>								
Regular Work Hours	11,020.92	507.17	530.75	485.00	468.75	461.00	414.75	460.75
Overtime Work Hours	280.63	14.66	5.75	13.25	13.50	23.68	27.25	10.00
Contract Hours	1,185.00							
Total Paid Hours to Employees	12,330.06	591.83	564.50	574.25	498.25	484.68	528.00	470.75
Total Paid \$\$'s for Period	\$641,218.49	\$27,999.78	\$25,581.48	\$26,756.28	\$24,051.44	\$23,873.03	\$25,594.47	\$22,204.82
Average Hourly Rate (AHR)	\$47.52	\$47.31	\$45.32	\$46.59	\$48.27	\$49.26	\$48.47	\$47.17
Productivity Units	17,726.00	661.00	1,057.00	999.00	500.00	972.00	386.00	502.00
Average Units / Day	48.70	47.21	75.50	71.36	35.71	69.43	27.57	35.86
Worked Hours/Unit	0.78	0.79	0.51	0.50	0.96	0.50	1.15	0.94
Hospital Target Worked Hours/ Unit	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30
Paid FTE's	6.50	7.40	7.06	7.18	6.23	6.06	6.60	5.88
Worked FTE's	6.00	6.52	6.71	6.23	6.03	6.06	5.53	5.88
Hospital Target Worked FTE's	2.56	2.48	3.96	3.75	1.88	3.64	1.45	1.88
FTE's Favorable (Unfavorable) to Hospital's target for PP	(3.45)	(4.04)	(2.74)	(2.48)	(4.15)	(2.41)	(4.08)	(4.00)
Hours Favorable (Unfavorable) to Hospital's target for PP	(7,168.75)	(323.53)	(219.40)	(198.55)	(332.25)	(193.08)	(326.20)	(320.15)
Labor Costs Favorable (Unfavorable) to Hospital's target for PP*	(\$338,645.58)	(\$15,306.37)	(\$9,942.56)	(\$9,251.13)	(\$16,038.32)	(\$9,510.20)	(\$15,812.34)	(\$15,101.16)

Optimum Productivity Toolkit™ Manual

Optimum Productivity Toolkit™ Manual has definitions and recommended targets for **120** departments / sub-departments.

Most departments in a community hospital are included.

The manual is updated annually.



Optimum Productivity Toolkit™

Manual – Department Specific

DIETARY

TARGET

0.22 worked hours per meal

Definition:

Dietary staff are responsible for the procurement, storage, preparation, and delivery of food and nourishment to patients or residents. Dietary staff are also responsible for preparing meals for meetings and special events.

A registered dietitian is responsible for completing a comprehensive assessment of at-risk inpatients, swing bed patients, and long term care residents. The registered dietitian is responsible for the diet manual and ensuring that recipes are in place and are followed. The registered dietitian participates as a member of the multi-disciplinary team and is strongly encouraged to participate as a member of the P&T Committee.

A consulting dietitian may delegate some responsibilities to a certified dietary manager or nutritional aide in smaller facilities after appropriate training. The consulting dietitian retains responsibility for oversight and direction of patient and resident nutritional needs.

Standard Unit of Measure:

The unit of measure is the number of meals. Include meals for meetings and meals provided to external sites such as senior centers or meals on wheels.

The dietician is included in the FTE count.

When calculating patient meals, count only regularly scheduled meals. Sum the total meals served to patients or residents. Convert snacks and supplements served between scheduled meals to meals utilizing the Medicare cost report methodology.

To calculate cafeteria meals, either an actual count or a calculation of total meals is acceptable. To calculate meals, use the total cafeteria revenue divided by the average charge for a cafeteria meal.

Optimum Productivity Toolkit™

Implementation Phases

Phase 1: Review of current staffing and productivity data

Phase 2: Development of unit of service and volume for each department

Phase 3: Implementation of the Optimum Productivity System

Phase 4: Education

Phase 5: Development of department targets

Phase 6: Ongoing support

Phases 1 – 5 typically take approximately four (4) to six (6) months

If you would like a proposal for Optimum Productivity™ – or – a review of staffing – or – training on using LEAN tools Please contact us



Carolyn St.Charles, MBA, BSN, RN
Chief Clinical Officer
Carolyn.stcharles@health-tech.us
360.584.9868



Cheri Benander, MSN, RN, CHC, C-NHCE
Clinical & Compliance Consultant
Cheri.benander@health-tech.us
307-202-0315



John Freeman, CPA, MBA
Associate Vice President
John.Freeman@health-tech.us
615-584-6309

Questions

