EP10
Nurses use trended data in the budget process, with clinical nurse input to redistribute existing nursing resources or obtain additional nursing resources.

Provide two examples, with supporting evidence, from different practice settings where trended data was used during the budget process, with clinical nurse input to assess actual-to-budget performance to redistribute existing nursing resources or to acquire additional nursing resources. Trended data must be presented.

Example #1
Redistribution of Existing Nursing Resources: Infusion Center

In September 2012 (Fiscal Year 2013) the Center for Cancer Prevention and Treatment’s (CCPT) Infusion Center noticed a 20% drop in volume, attributed mostly to the departure of a key physician and a change in contracting. As a result of lower patient volumes, staff was using Hospital Requested Time Off (HRTO) and Paid Time Off (PTO) hours at a higher than expected rate and the Infusion Centers Productivity rate was significantly higher than budgeted.

**EP10.1.1 Infusion Center Hospital Requested Time Off (HRTO) FY 2011**

Pam Hockett, MSN, RN, OCN, Executive Director of The Center for Cancer Prevention and Treatment (CCPT), utilized this trended data to assess the Infusion Center’s actual to budgeted performance current staffing, volume, mix of patients and length of time needed for procedures. While current staffing included seven nurses working 12-hour shifts, Pam’s analysis showed that the center’s volume supported a 10-hour a day center.

**EP10.1.2 Infusion Center Assessment of Actual to Budget Performance**

**Trended data**
Further analysis showed that the center’s acuity model was based on the inpatient acuity model. Staffing needed to match an outpatient acuity model, which is based on time and turnover. Pam worked with Rebecca Carigma, BSN, RN, CN II from Radiation Oncology to interview staff about work flow processes and patient flow. Pam and Rebecca reviewed the results of the interviews and an article published by the Association of Community Cancer Centers November/December 2009, “The Right Nurse Staffing Model.” Pam then used this data to develop a new acuity model that addressed the unique needs of the Infusion Center.

**Clinical nurse input**
Pam developed a plan that would change the Infusion Center’s hours from 7 a.m. - 7 p.m. to 7 a.m. - 5 p.m. and met with clinical nurses for input on a new staffing model. She also provided the clinical nurses an opportunity to vote on 8-hour or 10-hour shifts. On September 12, 2012 this plan was presented to the Infusion Center clinical nurses who unanimously chose the 10-hour shift option.
EP10.1.3 Meeting Attendance Record

EP10.1.4 Staff Nurse Votes

This still left Pam with the problem of having too many RNs within the Infusion Center for the decreased volume of patients. Pam examined the position control for the CCPT and identified two open positions in the Cancer Research Department. She made these open positions known to Infusion Center RNs. Two nurses expressed interest in the positions and both had the required competencies. Pam was able to reallocate these clinical nurses to the Cancer Center Research Department. This redistribution of resources, along with the redistribution of infusion RN hours, improved staffing and eliminated the problem of nurses having to use their PTO when too many nurses were scheduled.

Using trended data and clinical nurse input, Pam was able to redistribute and reallocate nursing resources while maintaining the quality and flexibility of the Infusion Center to serve the needs of the community. Pam used the trended data to project the center’s future needs in preparation for the Fiscal Year 2014 budgeting process, which began in December 2013.

Example #2
Acquire Additional Nursing Resources: Medical Telemetry

Each nursing unit is responsible for managing their productivity, with the goal of achieving 100% for each pay period. Productivity reports are sent to each nursing manager every two weeks for review and analysis. There are many factors that contribute to nursing units’ productivity, including patient volume, acuity, overtime, use of patient safety attendants, staffing matrixes, and availability of staff, to name a few. Nurse managers are responsible for understanding these factors, analyzing what is occurring, and working with their nursing staff to achieve safe staffing levels while being fiscally responsible.

Trended data
In reviewing the 2014 trended productivity data for Medical Telemetry, it was clear to nurse manager Kim Rossillo, BSN, RN, PCCN, that her unit was consistently trending under in productivity. In analyzing the data, Kim saw many contributing factors. Her use of overtime and registry usage was higher than anticipated. This was related to a higher than projected RN turnover that had been previously forecasted for that budget year. Medical Telemetry is frequently the entry unit for staff interested in critical care, so higher-than-expected transfers sometimes impact this unit. This trended data from July 2014 to February 2015 showed a 14% turnover rate for the Medical Telemetry RNs. This was higher than what had been budgeted, all contributing to the negative variance in productivity for her unit.

EP10.2.1 Kronos Productivity Reports 2014 Medical Telemetry
EP10.2.2 Attrition Rates Nursing FY 2015

Clinical nurse input
Throughout the year, clinical nurses had posed questions to nursing leadership regarding budgeting around break and lunch relief hours. One such question came up in an April 2014 meeting of the Nursing Advisory Council that CNO Katie Skelton, MBA, RN, NEA-BC, facilitates monthly with frontline clinical nurses. The question came up in the open forum section of the meeting where staff can bring up any concern or issue that they want the CNO to know about or look into. Staff felt there was inconsistency in how different nursing units staffed break and lunch relief hours. Katie responded that all nursing units have these hours built into their budget models, with hours depending on size of unit and practice patterns. Katie heard the concern around inconsistency of use of these hours. She pledged to look into how these hours were being budgeted.

EP10.2.3 Nursing Advisory Council Meeting Minutes - April 2014

In budget planning for the next fiscal year, Katie met with Carmen Ferrell, RN MSN, CCRN, the Executive Director of Nursing Operations, Clinical Outcomes and Clinical Information Systems. She asked Carmen to review all inpatient nursing unit budgets to ensure that each unit had adequate nursing care hours as well as dedicated lunch and break relief hours. Carmen reviewed the methodology that finance had used and identified a gap in their formula that actually short changed the lunch and break relief resource. Based on this assessment, Carmen recommended to the Executive Management Team that additional break hours be added to specific units where this gap had been identified. This resulted in an approval of an additional 3600 clinical nurse hours into the Medical Telemetry 2015 staffing budget.

EP10.2.4 Assumptions for FY 16 Nursing Budgets

With the additional resources secured for Medical Telemetry in the FY16 budget, the unit is now meeting its productivity goals and supporting lunch and break relief on a more consistent basis. The first three pay periods of the fiscal year show Medical Telemetry achieving its targets as well as providing more consistent support for relief.

EP10.2.5 Nursing Productivity FY16 Medical Telemetry

The use of trended data (productivity and RN turnover rates), along with clinical nurse input via direct contact with the CNO, resulted in an increase in nursing resources for the Medical Telemetry unit.

Return to EP home page