



## Self-assessment surveys – details & definitions

Completing the Paradigm self assessment surveys is the very first step in achieving the Paradigm Award. Only organizations who complete the self assessment surveys can be invited to formally apply for the award.

The self assessment surveys were designed by the award committee to ensure that organizational leaders have the opportunity to bridge vertical communications barriers to determine the actual state of labor efficiency prior to spending time pursuing the award.

The award requires a minimum of 4 key executives to complete 6 brief online surveys. These surveys are going to ask each executive to evaluate the organization's performance level in a total of 84 areas (an average of 14 areas per survey). Each area will require a single "point & click" selection (on a 5 point scale) and the average survey can be completed within 2 minutes once the executive has begun.

In order for this to be an efficient and time-sensitive process, it is important for the key executives to first print out the PDF version of this document and review each of the 84 areas with the appropriate staff responsible for their success. This "pre-discussion" of issues will allow each executive to accomplish 3 key tasks:

- Hear from the larger organization their views on the state of the union in each area
- Hear from the larger organization their views of opportunities that still exist for improvement in each area
- Discuss what steps the organization may still need to take to ensure optimal results in each area

Once these discussions are completed, the surveys are relatively easy to complete.

The remainder of this document is spent defining and describing each of the 6 Labor Competency Domains and the specifics of each item under the domains.





## Labor Competency Domain #1: Staffing (Recruiting)

Having enough of the right kind of staff is critical to ensuring labor efficiency. Filling critical vacancies quickly contributes greatly to reductions in both "premium compensation" and expensive agency, registry or contract staff use. Recognizing that "staff" can be defined more broadly than just "compensated staff" can also greatly assist an organization to reduce labor expense. In some of the most effective hospitals, nearly 10% of all productive labor is derived from volunteers. Using off-duty, retired or community minded experts (who are not employed) to provide valuable labor can drastically reduce labor use. Knowing that nurses, CFO's, rad techs, paramedics and even physicians are beginning to accelerate their retirement, an amazing amount of talented labor is available at the best possible price . . . none!

This section allows an organization to assess the level of performance it has achieved in developing "active" rather than "passive" recruiting strategies & techniques.

### Components of the staffing self assessment:

#### Pool Development

- *Optimized employee referral process:* The organization has become very interventional in actively (and in person) soliciting names of referrals from employees in "high-demand" positions
- *Reinvigorated employee alumni efforts:* The organization is reaching out through multiple mediums to former employees to invite them back to the organization.
- *Reactivated prior applicant pools:* The organization actively contacts qualified applicants who were not hired in the past.
- *Aggregated association memberships:* The organization has captured association member lists (including contact information) for "high-demand positions".
- *Aggregated school alumni lists:* The organization has captured the list (including contact information) of alumni from nursing, radiology, pharmacy & other schools within 100 miles.
- *Improved understanding of the VALUE that volunteers provide:* The organization has reached the awareness that for every employed professional, there are equally well trained people in the community (that are not employed by the hospital) who may be willing to volunteer their time and efforts.
- *Expand the role of volunteers to include "skilled" & "semi-skilled" roles:* The organization has identified all the areas, roles and duties that could be assigned to adequately qualified volunteers (including: sitters, transporters, equipment delivery, food delivery, etc . . .).

#### Pool Penetration

- *Created master pool lists for each position type:* The organization has aggregated all the names & contact information of identified candidates into single databases segregated by position type.
- *Developed contact strategies for pools:* The organization has made decisions about the "who", "how" & "with what message" of contacting each pool/pool segment of candidates.
- *Utilized creative strategies in contacting pools:* The organization is utilizing creative and novel strategies to attract candidates to the organization (IE; "lunches", hiring events, continuing education functions, give-aways, emails, personal phone calls, etc . . .).
- *Converted passive pools into active candidates:* The organization has successfully converted passive candidate pools into active applicants.
- *Changed Volunteer Recruitment from "Passive" to "Active":* The organization utilizes "outreach strategies" for volunteer recruitment, similar in effort and focus to staff recruiting.

#### Reporting & Performance

- *Improved reporting of recruiter productivity:* The organization's leaders receive detailed reports of recruiter productivity that include: hires vs. terms, FTE's of hires, retention rate of new hires, time-to-fill, positions still open - for each recruiter.
- *Increased overall hiring volumes:* The organization is tracking and through hiring (not just turnover reductions) has reduced: the number of FTE's of vacancy.
- *Reduced "time-to-fill" for in-demand positions:* The organization has reduced the time it takes to fill vacant "hard-to-find" positions.
- *Improved the % of productive labor derived from volunteers:* The organization has increased (and maintained) the % of productive labor derived through the expanded use of volunteers.



## Labor Competency Area #2 - Scheduling

Having enough of the right kind of staff working to meet volumes is critical to fostering labor efficiently. Far too often, hospitals are "surprised" by variations in volumes and acuity. Being able to accurately predict volume variability and ensuring that rosters reflect the appropriate levels of full-time and flexible staff are key to reducing labor expense (labor waste).

Another factor consistently discovered to "require" expensive staffing alternatives is an organizations inability to accurately "gross up" staff rosters to accommodate all the areas of non-productive load that burden healthcare. Healthcare is unique: it is the only industry where highly clinically-educated staff have direct personal access to physicians. The net result of this is higher than standard utilization of leaves, PTO, sick time and the education/orientation requirements of regulatory bodies. A failure to recognize ALL the causes of non-productive time can result in managers being "forced" to use overtime, agency and other "cost-plus" staffing to fill anticipatable gaps.

This section allows an organization to assess the level of performance is has achieved in understanding and overcoming the variables that impact "effective staff scheduling".

### Components of the scheduling self assessment:

#### Modeling

- *Staff schedules modeled against historical volumes:* Each department has modeled a minimum of two years of historical volumes.
- *Staff schedules modeled against non-productive load:* Each department has modeled its annual non-productive load including: PTO, vacations, education time, orientation time, sick time & leaves (both long term and intermittent).
- *New grids developed:* Staffing grids have been developed that reflect historical volumes and are "grossed up" for non-productive load.
- *Variances by shift & day of the week identified:* Historical modeling includes calculating variances by shift and day of the week for each month of the year (so you know what an evening shift in January looks like up to 12 months in advance).
- *Roster gaps identified:* Modeled volumes are compared to current staff roster to identify over or under staffing.
- *FT/PT roster gaps provided to recruiting:* Identified gaps in staffing (both FT and PT) have been provided to the recruiting team.

#### Reporting & Performance

- *Reduced number of "surprises" in volume variability:* Modeling of historical volumes has resulted in measurably clearer anticipation of changes in volume.
- *Reduced occurrences of "calling & canceling" staff:* Better anticipation of volume variances has resulted in measurably fewer incidents of last minute "calling" and "canceling" of staff.
- *Improved match between volume variability and roster makeup:* Modeling of historical volumes and inter-day volume variability has allowed the organization to gain a clearer understanding of the level of part-time & flexible workforce each department needs.

## Labor Competency Area #3 - Avoidable Days



When patients stay in hospitals longer than is medically necessary several derogatory consequences are felt:

- On volumes reimbursed on a "case rate" or DRG basis, unnecessary labor, supply and overhead expense erodes profitability
- Spot census is artificially heightened resulting in challenges to throughput, ED delays and expansion of risk (via sentinel events, infections, slips/falls, etc . . .)
- Overall length of stay is raised
- Potential "opportunity revenue" is lost (assuming that capacity challenges limit the ability to admit new patients)

This section allows an organization to assess the level of performance it has achieved in understanding and overcoming the variables that create, foster and enhance the effects of "avoidable days/delays".

### Components of the avoidable days self assessment:

#### Placement

- *Case management only offers placement choices that are truly available to each specific patient based on their ability to pay, type of payor, care needs, specialty bed needs, etc . . .*: CM/UM/Discharge planning staff members no longer offer patients the "choice" of sub-acute facilities that are unable to take them (due to insurance, financial conditions, bed availability or specialty care requirements).
- *Case management has evaluated and updated the true acceptance criteria of all rehab, LTC & SNF facilities in the community*: CM/UM/Discharge planning department has developed a system to track and update the conditions of acceptance of local sub-acute facilities.
- *Case management works with finance on placement issues derived from equipment deficiencies at receiving facilities (to allow for cost benefit assessment of buying the equipment for the patient vs. leaving the patient in a hospital bed)*: CM/UM/Discharge planning departments has weekly meetings with a senior finance/operations team member to ensure that patients don't remain in the hospital if it is becoming more financially efficient for the hospital to just buy specialty equipment/beds for the receiving sub-acute facility.
- *The organization has overcome any challenges in placing patients with derogatory payor types at their "wholly owned" facilities*: The hospital has crafted clear policies that ensure that their own sub-acute facilities accept the placement of ALL patients whose care requirements can be kept regardless of the payor class of the patient (both advantageous and derogatory).
- *Case management has completed all placement activities 12-24 hours prior to anticipated discharge*: CM/UM/Discharge planning team begins discharge planning activities upon admission and ensures that all pre-discharge requirements are met PRIOR to anticipated discharge date.

#### Organization of Care

- *Have improved alignment between employed physicians and organizational goals for LOS*: The organization has developed physician report cards that report geo-mean LOS by DRG, house mean LOS by DRG & physician mean LOS by DRG in order to begin to educate physicians on the impacts of their practice patterns on both patients and the organization.
- *Have created prioritization for pending tests/procedures for non-emergent patients*: Every ancillary department organizes non-emergent inpatient tests and procedures (including consults) from "closest to discharge" to "farthest from discharge" to ensure that discharge is not delayed pending test/procedure outcomes
- *Are managing needed tests/procedures to ensure completion 36 hours prior to anticipated discharge*: The organization has targeted an "anticipated discharge date" that is a minimum of 15% shorter than geo-mean (per DRG) and ensures that tests and procedures (including consults) are completed in advance of this "anticipated discharge date"
- *Have instituted a daily multi-disciplinary review of LOS outliers*: The organization gathers representatives from nursing, CM/UM/Discharge planning and key ancillary departments daily to review the care progression of patients near or at their "anticipated discharge date"
- *Have created a "SWAT" team (that includes employed physicians) for overcoming delays in discharge*: When necessary, the daily multi-disciplinary review team will escalate issues impacting the efficiency of care to a team of senior leaders who are empowered to make final decisions regarding care
- *Have developed clear "roles & responsibilities" for all participants in care (nursing, case management, employed physicians, attending's, ancillary providers, etc . . .)*: All departments involved in care are CLEAR on their role in ensuring efficient, quality care delivery organized around "anticipated discharge date" and changes in patient condition

#### Measurement

- *Are tracking patient outliers beyond 1 day variance from anticipated DRG based geo-mean LOS*: The organization actively tracks, reports on and targets intervention on patients whose LOS has exceeded 1 day beyond "anticipated discharge date"
- *Are tracking "causes" of delays in care/discharge in a minimum of 20 categories*: The organization tracks and reports weekly on "causes of delays in care" in discreet, actionable categories
- *Are measuring delays in care/discharge in hourly rather than "daily" increments*: The organization is measuring "hours" or "minutes" of delays in care rather than "days of LOS"

#### Reporting & Performance

- *Outlier reports are generated daily and report hours of delay in both care and discharge*:
- *# of outliers (patients staying beyond medical necessity) has been reduced by at least 50%*:
- *# of cumulative outlier days has been reduced by at least 70%*:
- *Avoidable days due to placement challenges has been reduced by at least 70%*:
- *Med/surge volumes have dropped due to increased discharges*:
- *Overall LOS has dropped*



#### Labor Competency Area #4 - Productivity

Many organizations (in a variety of industries) are challenged to bridge the paradigm between measuring productivity the "way everyone else measures it" and measuring productivity with the intent to actually understand and improve productivity. Productivity as a "cost measure" is only valid if the measure used incents the organization to change the way it operates. Doing the same work with fewer people IS NOT IMPROVING PRODUCTIVITY, it is in actuality merely INCREASING WORK BURDEN. "Changing what people do", IS improving productivity.

This section allows an organization to assess the level of performance it has achieved in understanding, measuring and improving productivity with the stated objective of reducing costs through the changing of processes so that less work is required to engender desired outcomes.

#### Components of the productivity self assessment:

##### Measurement

- *Have begun measuring hours of labor per volume:* The organization measures and tracks hours of labor per adjusted productive output (IE: worked nursing hours per adjusted patient day)
- *Have begun measuring "cost per hour of labor" per volume:* The organization has begun overlaying labor cost data to core productivity data making the final measure: cost-per-hour-of-worked-labor per adjusted productivity output) (IE: cost per worked nursing hour per adjusted patient day)
- *Flexing targets are based on customized volume measures:* The organization is using department based measures of work output (not just census, can include things like: # of billable procedures, # of scripts entered, square footage cleaned, etc . . .)
- *Volume measures are adjusted for work burden variances:* The organization has identified the unique factors of work burden for each department and uses them as a multiplier to adjusted productive output (IE: # of bed turns, # of admission, # of pharmacy consults, etc . . .)
- *Productivity is measured at least 3 times per day (not just on a midnight census):* The organization measures productivity by shift rather than once per day

##### Flexing

- *Support departments have begun flexing:* No explanation needed
- *Non-exempt staff are not being asked to flex:* No explanation needed
- *Flexing is managed to avoid PTO pool exhaustion:* The organization has recognized and developed policies to avoid exhausting staff PTO by properly rotating "who flexes, under what conditions & when"
- *Flexing policy is reasonable and allows for "productivity make-up" if target is missed:* The organization's flexing policy is broad enough to allow a department who misses a productivity target during a single shift or day to make it up during the pay period

##### Reporting & Performance

- *Shift by shift productivity reports are available for every department but only reported formally by pay period:* No explanation needed
- *Productivity variance reports have been created and are required:* No explanation needed
- *Cost of labor has been reduced through productivity:* The "cost per worked hour per adjusted productive output" has been measurably & sustainably reduced



## Labor Competency Area #5 - Process

When staff spend enormous amounts of time in unnecessary and duplicative activities labor waste occurs. Identifying, targeting and overcoming this waste is pivotal to reducing both the fixed and variable expenses that labor represents. The average nurse (survey of 12,381 RN's in 2008) spends over 90 minutes PER SHIFT in labor waste from just 2 sources:

- Hunting/shopping for needed equipment
- Completing redundant/obsolete paperwork

These two process challenges alone account for up to 15% of all nursing labor expense in some hospitals.

This section allows an organization to assess the level of performance it has achieved in identifying and remediating these pivotal and expensive process challenges.

### Components of the process self assessment:

#### Reduced redundancy in nursing paperwork

- *Have identified redundancies in current nursing paperwork & labor waste associated with redundancies:* The organization has completed a "field mapping" exercise that has identified duplicate forms and the duplicate fields of forms and has calculated the labor waste associated with the redundancies associated with their completion
- *Have optimized existing forms (electronic or paper) by reviewing each form for continued need, and organization & efficiency:*
- *Have automated top 3 paper forms for each area:* No explanation needed
- *Have created "auto-fill" scripts for top 3 forms for each area:* The organization has written software scripts that auto-fill the redundant fields from existing data for the top three used forms in each department

#### Reduced time spent "hunting for equipment"

- *Have identified top 4 pieces of "hunted for" equipment & labor waste associated with "hunting behavior":* Nurses frequently "hide" equipment they know they will need again. This forces other nurses to go "shopping" for equipment when they need it. This wastes labor and increases capital budget requirements (makes it seem as if the organization does not have "enough" of certain pieces of equipment). The organization has identified the top pieces of equipment that nurses consistently "shop" for and have calculated the labor and capital equipment waste associated with overcoming this challenge
- *Have developed a process for delivering needed equipment to the bedside:* No explanation needed
- *Have determined "who" should own equipment delivery function:* The organization has determined who should be responsible for delivering the top 4 pieces of equipment to nurses at the bedside (IE: transportation, bio-med, volunteers, etc . . .)
- *Have implemented "check in/check out" scanning technology:* The organization has developed a system (preferably software driven) that allows it to track WHERE each of the top 4 pieces of equipment are at any moment
- *Have developed rules, service agreements and process for 3 types of equipment delivery: routine, urgent & stat:* The organization has developed a process that identifies different levels of speed and urgency with which equipment is to be delivered

#### Improved role clarity & cooperation

- *Have identified "messiest hand-offs" & "other department's jobs completed by nurses":* The organization has surveyed the nursing and ancillary workforce and determine where/when the most wasteful "hand-offs" of patients occur within the facility. They have also established what additional yet unnecessary duties nurses have accumulated from other departments over the years
- *Have clarified roles and responsibilities at the point of patient hand-off:* The organization has identified methods of improving "messy hand-offs" and have developed policies & expectations and communicated them to all participants in the hand-off's
- *Have clarified roles and responsibilities of work not needing to be done by nursing (IE emptying trash, transporting patients, etc . . .):* The organization has identified duties often performed by nursing that belong in other departments and where/when possible have ensured that those duties are performed by a less expensive component of the workforce

#### Reporting & Performance

- *Have reduced "Time spent away from the bedside" from redundant paperwork by 50%:* No explanation needed
- *Have reduced "Time spent away from the bedside" from equipment hunting by 50%:* No explanation needed
- *Have improved hand-offs between departments:* No explanation needed
- *Are reporting paperwork and equipment hunting waste monthly by: "hours per department":* The organization is reporting monthly of the number of hours each inpatient nursing department (and other departments where germane) spends "shopping" for needed equipment



## Labor Competency Area #6 - Policy & Governance

Policies are designed to govern the minute-by-minute & hour-by-hour activities of hospital staff in a manner that (hopefully) incents and encourages behavior that aligns their activities to the best interest of patients and the larger organization they serve. When policies fail to keep up with changes in culture, behavior and environment they can actually provide negative incentives that undermine what is in the best interest of institutions and their customers. Furthermore, policies for whom measurement of compliance and governance are not pursued become nothing more than "guidelines" open to local interpretations.

This section allows an organization to assess the level of performance it has achieved in ensuring that its policies are crafted with an intentionality of purpose that accomplishes several things:

- Aligns staff behavior to organizational needs
- Measures compliance
- Provides education and corrective action escalations

### Components of the policy & governance self assessment:

#### Policy development

- *Optimized/created a "Flexing" policy that clarifies flexing guidelines for each department as volumes change:* The organization's flexing policy is broad enough to allow a department who misses a productivity target during a single shift or day to make it up during the pay period
- *Optimized/created a "Time & Attendance" policy that reduces waste associated with issues such as "punch & park":* The organization has reviewed its time & attendance policy to ensure that abusive behaviors and practices (such as: punching in a time clocks far distant from the department, failing to swipe to cover late arrivals, etc . . .) are measured, discouraged and punished accordingly
- *Optimized/created an "Agency use" policy that limits agency renewal when additional staff are hired:* The organization has created a policy that denies departments the ability to fill vacancies with new hires until agency staff have been replaced with core staff (new hires MUST be applied to agency reduction efforts BEFORE going to fill vacancies)
- *Optimized/created a "Scheduling policy" that ensures that; call & cancel, time-off & responding to call-outs & volume changes are optimized by "cost of each staff type" (IE agency, PD, registry, OT, etc . . .) rather than "ease of scheduling":* The organization has created/reviewed a house-wide (not just within nursing) policy that governs the behavior of department leaders responsible for staff scheduling. The policy includes rules of escalation when unexpected scheduling holes occur and the rules for "who to call/cancel in what order" to ensure that most costly staff are called last and canceled first
- *Optimized/created a "Budget Variance" policy that clearly defines "variance" and the procedures for remediation including seeking the assistance of senior leaders:* The organization has developed tools for bringing ever escalating assistance to the aid of managers who struggle to maintain budgetary compliance. It does not assume that managers know "how" to create budgetary compliance and does not punish their lack of knowledge of options & alternatives

#### Policy support

- *Sr Leadership has reviewed each policy to ensure it is designed in a manner that supports organizational goals and creates appropriate behavior incentives:*
- *Each policy includes an "escalation strategy" that defines a minimum of 3 steps of progressive response to non-compliance:* No explanation needed
- *Each policy includes compliance requirements for both managers and staff:* No explanation needed
- *Each policy's escalation strategy ends in termination within a fixed period of time should remediation not occur:* No explanation needed
- *Communications and training plan has been created for every policy change:* No explanation needed

#### Measurement & Reporting

- *Methods of measuring compliance to each policy have been created:* No explanation needed
- *Weekly reports of compliance are distributed:* No explanation needed