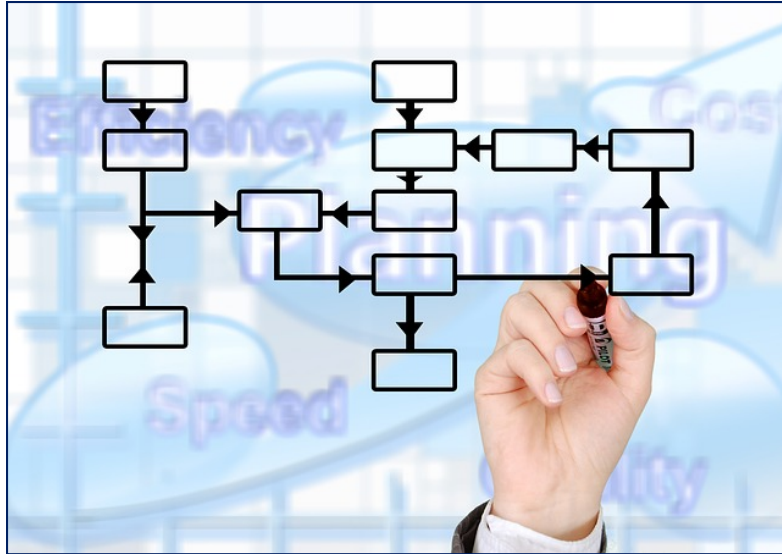


Estimate of the Situation

Critical Information for Critical Times, Edition of Wednesday, February 4, 2015



Staff Structure and Work Schedules

Virtually all U.S. hospitals operate with legacy staff structures and work schedules. For example, full-time employees are still scheduled to work 8-hour shifts in most non-nursing departments. Nursing departments introduced 12-hour shifts in critical care units during the 1980s as a recruitment tool during the nursing shortage. By now, the 12-hour shift is virtually universal in all nursing units.

The productivity impact of 12-hour nursing shifts was negative because shift assignments had nothing to do with the work flow on the unit and longer shifts

provided fewer opportunities to make shift change adjustments. Quality also suffered. University studies repeatedly show that nurses who work 12-hour shifts make errors at three times the rate of those who work 8-hour shifts. Selected mortality rates are also higher.

Emerging new utilization and reimbursement patterns require a complete rethinking of existing staff structures, scheduling practices, and the assumptions that drive them. Here are a few things to consider.

- Specifically identifiable work tasks should always be performed by people who are competent to perform them at the lowest labor cost while meeting the hospital's standard of quality. It is a management responsibility to assure that this occurs. That includes patient care management.
- Staff schedules should be determined by and adjusted to labor resource demand, not shift length. This requires mapping typical labor resource demand patterns throughout the day and quantifying the staff hours required to meet those demands.
- Any professional and technical work force's capacity for work is elastic to a certain extent. That is, people can and do work at above (or below) normal capacity for reasonable periods of time.
- Any department's work force should be structured to match the number of staff by skill set required to work at the mode of labor resource demand patterns, not the mean.
- Work force structure should match staff to labor resource demand patterns using the best possible mix of skill sets (job classes), full-time and part-time staff, and shift lengths (4 hours, 8 hours, 10 hours, etc.).
- Overspecialization is the enemy of organizational effectiveness. People who can perform multiple functions are more valuable to the hospital than those who can perform only one.

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