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Strategies and Solutions for Healthcare Leaders

2013, June

IN THE BLACK

Data and analytics lead to a winning financial strategy in today's healthcare environment.

The Three-Legged Stool: Empowering Nurses with Data

Nursing is a care-based profession, but it is a metrics-based reality. Finance and nursing must work together to make sure that data is accessible and timely. By Christopher D. Fox

Imagine driving a car. Now, imagine doing so but only being able to navigate by looking into the rearview mirror. Sounds difficult, doesn't it? Now, imagine doing so with your eyes closed for blocks at a time. Do you think you'll end up where you planned?

This extreme analogy is essentially what it's like to be a nurse manager working with pay period productivity reporting. With per pay period productivity reporting, the only thing nurse managers can really do about missing their target is feel guilty. It's not fair to hold nurse managers accountable when they do not have timely, accessible and easy-to-understand data.

In the past, the general assumption was that nurses did not care about the numbers — they just cared about the patients. If that was ever entirely true, it certainly isn't any more. Nursing is a care-based profession, but it is a metrics-based reality. Proof of this is the hundred-plus nursing informatics positions on Career Builder.

Nursing today is synonymous with technology. Likewise, nursing and data go hand in hand. As software design has improved and the interfaces have become more intuitive, data can be put into the hands of front-line managers with much greater ease and timeliness.

THE THREE LEGS OF ACTIONABLE DATA

Without exception, all healthcare organizations are suffering to some extent with a lack of productivity. All of the variables that go into the overarching label of productivity can make pinpointing inefficiencies difficult. These inefficiencies can be nearly undetectable, or seem so insignificant that they rarely garner attention. However, what can appear as exceptions, when rolled up across the organization, can result in substantial opportunities to improve.

One example of this is FTE leakage. FTE leakage refers to the hours a staff member has not worked but should have based on their FTE commitment. For example, an RN with an FTE of 0.8 but only working 50 hours every 2 weeks results in FTE leakage of 14 hours (64-hour commitment – 50 hours worked). The average unit experiences 1.5 – 2 FTEs of leakage. FTE leakage results in shifts being worked by a more expensive form of contingency staff. Rolled up to the hospital or system level, that amounts to a tremendous and avoidable annual expense. The ability to clearly spot these occurrences and fix them is what "actionable data" is all about.

The three-legged stool of achieving actionable data is accessibility, comprehension and timeliness.

Data Must be Accessible. It does no good for finance, HR, etc., to be the keeper of data that another department, like nursing, can use to make adjustments that will benefit the organization. This is where the idea of transparency comes in. We refer to this as "a single version of the truth." It is important that all departments that need a certain type of data are able to access it. Generally, this data should be available centrally — in a dashboard, for instance.

Data Must be Easy to Comprehend. Once data is able to be accessed, it must be easy to decipher. Again, dashboards can be a great tool for this. Dashboards, if designed well, can display an enormous amount of data in an easy-to-understand, graphical format.

Data Must be Timely. The third leg of the stool is timeliness. If data isn't timely, it isn't all that actionable. Data must be in the hands of the people in the best position to make the necessary adjustments to achieve their organizational goals as soon as possible. With regard to ➔

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productivity data, "as soon as possible" is the next day. Managers must be able to see where they are and have a clear idea of what adjustments they can make to keep their units on track.

In many organizations, the finance department "owns" the productivity data, and the time needed to pull and analyze it turns what should be near real-time reporting into historical reporting. It may benefit future pay periods, but it will not help a unit make the adjustments necessary to hit their targets during the current pay period.

To be effective, finance and nursing must work together to make sure that data is accessible, easy to understand and timely. Further, because something is easy to understand does not mean it is understood and acted upon. Finance must work with nursing to ensure that nurses know what to do with the data they have access to. We refer to this as "bridging the gap."

"Gaps" occur naturally in organizations due to the mental, cultural and physical divides that separate one department from another. With different departments (finance, IT, HR, nursing) located on different floors, buildings, or even different campuses, the very design of health systems creates the opportunity for gaps. At work, just like in life, the key to being able to bridge the gap is the ability to find common ground.

Within every organization, there is a single commonality that should unite all departments. In healthcare, that commonality is the desire to provide excellent care. Every department has a role in this. For finance and nursing, that goal relies on the sharing of data, understanding what the data means and then acting on that data to improve outcomes. ⏹