

BURNOUT SYNDROME¹

- >> Emotional exhaustion: Feeling emotionally drained and exhausted by one's work
- >> Depersonalization: Negative or very detached feelings toward clients or patients
- >> Reduced personal accomplishment: Evaluating oneself negatively and feeling unsatisfied with positive job performance and achievements

34% of HOSPITAL NURSES report BURNOUT,
 compared with **22 % of NURSES** working in other settings²

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Effectively Managing the Workforce for Success in Value-Based Healthcare

Description

Achieving the triple aim of healthcare requires an engaged clinical workforce that is optimally deployed to meet patient population requirements. With that, a “fourth aim” must be acknowledged – an aim that focuses on care for the care provider.³ Utilizing predictive models to match the true demand for care with an appropriate staff supply allows clinicians to have a stable schedule with fewer call-ins and cancellations, which demonstrates respect for their time and promotes work-life balance. Shift-based workforce deployment is enhanced by providing managers decision-support tools that proactively assess the quality and cost impacts of workforce management decisions.

Aim

Provide managers with comprehensive tools to support workforce management decisions that optimize care and employee engagement.

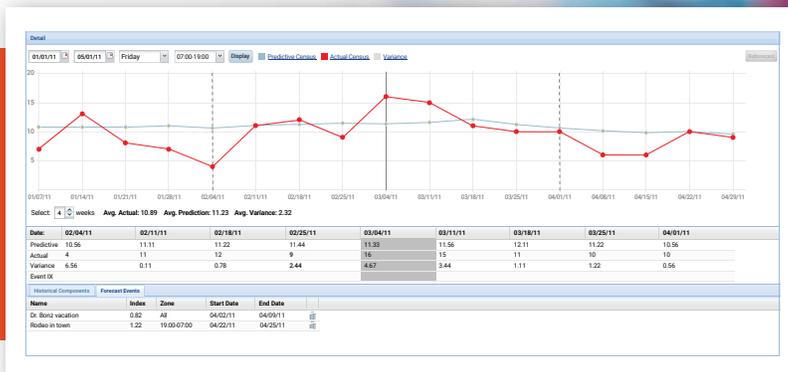
Actions taken

Strategic implementation of a comprehensive workforce management solution was undertaken, including time and attendance, staff scheduling, workload management, predictive census forecasting, mobile management, and text messaging. Change management strategies were employed to support new workforce management processes and end-user adoption of new technology.

Summary of results

Organizations have seen decreased administrative hours required for staff scheduling and increased employee engagement.⁵ Improved access to workforce data provides visibility into granular patient volumes and associated staff workload.⁶ By leveraging visibility, one organization realized a 6 percent reduction in annual nurse salaries by limiting overtime and balancing workload productivity.⁷

46% of U.S. Physicians
 experience **BURNOUT**⁴



Prior to use of predictive scheduling capabilities, this unit staffed to a static ADC of nine. Now, with forecasting capabilities, the predictive algorithm automatically plans a future schedule target that more closely aligns with actual census and demand for care. Result: Fewer late staff cancellations and less use of last-minute premium pay; overall better balance for employees.

¹Demmer, C. (2004). Burnout: The health care worker as survivor, Medscape News & Perspectives. Retrieved August 5, 2016, from <http://www.medscape.com/viewarticle/494355>
²Bodenheimer, T. & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine*, 12(6).
³Ibid.
⁴Ibid.
⁵Brennan, N.B. (2014). Better scheduling technology leads to better patient care. *Nursing Management*, 45(12), 23-24.
⁶Albright, B. (2016, February). Saving time, cost in the cloud. *Health IT Outcomes*. Retrieved July 12, 2016, from <http://www.healthitoutcomes.com/doc/saving-time-cost-in-the-cloud-0001>.
⁷Nguyen, A. (2015). Acuity-based staffing: Reducing costs, increasing quality. *Nursing Management*, 46(1), 35-39.



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