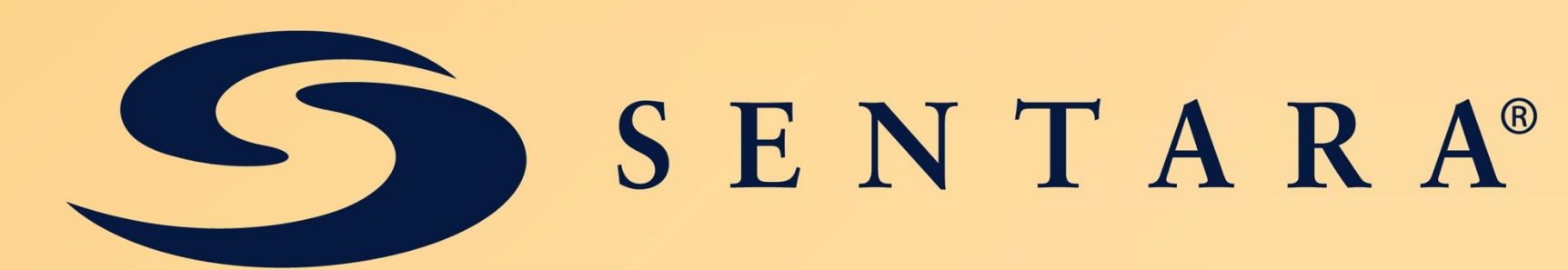




sentara nurse

Sentara System-wide Resource Pool Nursing Support A Call for Action: Creating an Environment of Health and Healing

Sentara SSRP Core Team



BACKGROUND

This document outlines the project framework for the implementation of a Sentara System-wide Resource Pool (SSRP) at Sentara Healthcare. With a mission to maintain a “state of readiness” to provide uncompromising, exceptional, and safe patient care, Sentara Healthcare aims to ensure efficient use of available resources across the system. SSRP will support hospitals within the system address fluctuations in staffing need without having to pay exhausted staff nurses expensive overtime or rely on temporary help that is not integrated into the organizational culture.

Prior to the establishment of the SSRP, there was no systemwide resource pool nursing support for Sentara Hospitals. This lack of standardization resulted in excess cost of clinical staff, lack of available resources and increased turnover rates.

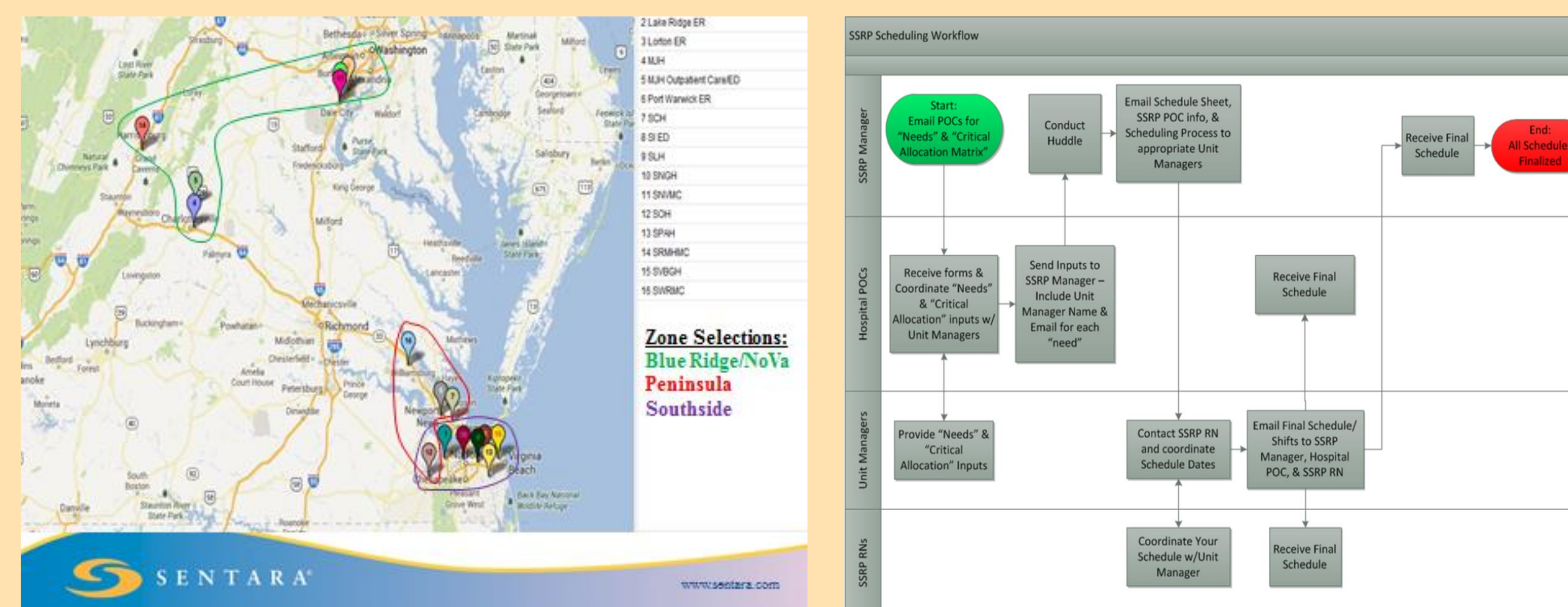
Sentara followed best practice by designing, piloting and now fully establishing a resource pool across the system. The SSRP has resulted in lower support costs, increased staff availability, supplemental surge capability during high-demand seasons (e.g., flu season), decreased overtime, and increased employee satisfaction.

OBJECTIVES

- Develop a robust, best practice, systemwide resource pool to provide staffing support to all Sentara hospitals to include the Hampton Roads, Northern Virginia and Blue Ridge regions.
- Phase I of the project currently supports critical care, intermediate care and medical/surgical inpatient nursing units as well as hospital-based and free-standing emergency departments.
- Expand Phase I to support O.R./Surgical Services, Women and Children Services, and Behavioral Health in 2015-2016.

METHODS

- Assess the current requirements, barriers, and processes, including rough estimate of "available funding".
- Evaluate and analyze industry practices & benchmark – to include private industry, Department of Defense, etc.
- Create a core team consisting of representatives from each hospital, human resources, process improvement lead and the nurse executive sponsor.
- Present feasibility study and proposal to Sentara Leadership.
- Create registered nurse job description with specification and work contract.
- Coordinate with human resources in hiring process.
- Create an orientation and onboarding checklist to prepare SSRP nurses to work at all Sentara Hospitals.
- Include tiered pay model to allow RNs to select 1, 2 or 3 “regions” of hospitals to support (initially used during Pilot phase).
- Use best practice approach for hospital staffing needs collection and allocation matrix (e.g., time to deploy, # available at any given time in the pool, cost, etc.).
- Design a centralized staffing management tool to optimize resource allocation.



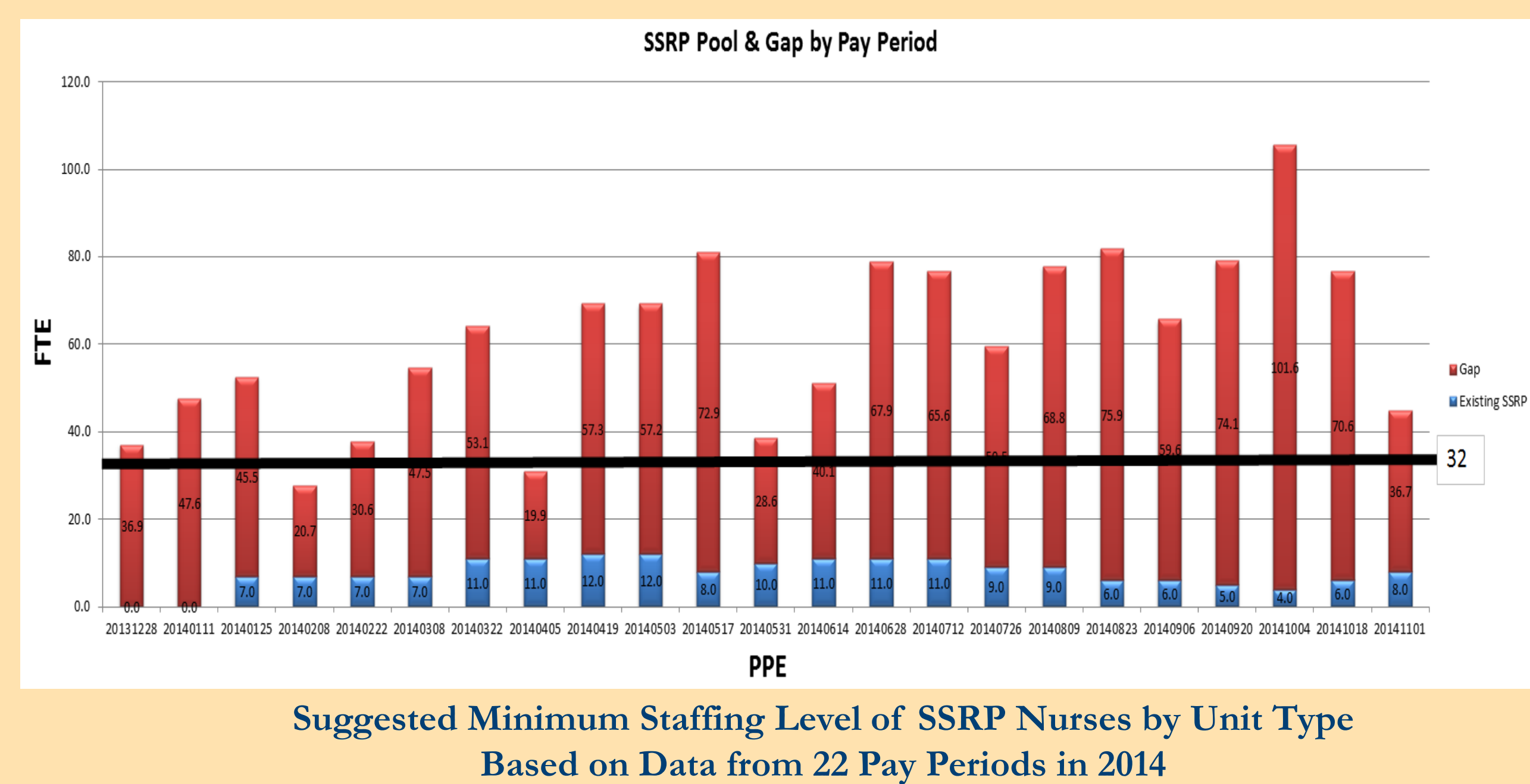
Sentara Hospitals Zone Locations

SSRP Centralized Staffing Management Workflow

OUTCOMES

Cost Avoidance (SSRP vice Ext Tvlr):	System
Cost / Hour Savings Using SSRP RNs	\$ 4.4
Cost Savings (avoidance) in 2014 (Jan-July)	\$ 92,730

- Tiered pay model based on zone selection was revised to require all RNs to support all Sentara hospitals. This is now a “home location” pay rate schedule based on zones needing more support.
- Return on Investment (ROI) indicated varied yet consistent cost savings were realized by using SSRP RNs. The program supported the system with 14,818 RN labor hours in the Hampton Roads hospitals; 3,529 RN labor hours in the Blue Ridge hospitals; and 3,299 RN labor hours in Northern Virginia, for a total of 21,645 labor hours over the five quarter program period. If SSRP RNs had been used versus hired External Traveling RNs for another 35, 211 labor hours of support, a total cost avoidance of \$92,730.00 could have been realized.
- Value on Investment (VOI) is clear – patient safety is enhanced by using internal, Sentara RNs. The SSRP has resulted in lower support costs, increased staff availability, supplemental surge capability during high-demand seasons (e.g., flu season), decreased overtime and increased employee satisfaction.
- Decision made late December 2014 to make the SSRP an official “program” versus pilot.
- Gap analysis between actual SSRP worked FTE provided and actual FTE needed indicates the program needs 32 nurses to support the minimum demands of the hospitals.



Suggested Minimum Staffing Level of SSRP Nurses by Unit Type
Based on Data from 22 Pay Periods in 2014

Unit Type	Current # SSRP Nurses	Suggested # SSRP Nurses	Additional # Suggested SSRP Nurses
CC	7	8	1
ED	5	9	4
Int	4	5	1
M/S	4	10	6
Total	20	32	12

NEXT STEPS

- Internal, systemwide resource management in a healthcare setting provides stability, safety, and enhances standardized healthcare practices across facilities
- A full-time Director has being hired to focus on hiring, resource allocation, education management, and personnel management of the pool.
- Expand the SSRP from 20 to 32 nurse pool to support Critical Care, Intermediate Care, Medical/Surgical and Emergency Room needs in 2015
- Expand SSRP Phase I to support O.R./Surgical Services, Women and Children Services, and Behavioral Health in 2015-2016.
- Begin Phase II to support other Sentara divisions/facilities.

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