

## COOs Optimize Health Workforce Deployment:

### A Key to Sustainable Access and System Capacity

Any discussion involving capacity, and access to care should acknowledge that when budgets are exceeded, and/or capacity shrinks, services are cut. Revenues go down. Patients and providers are simply disappointed and lose trust.

Therefore, the **planning, scheduling, and deployment of health human resources** cannot remain a neglected variable in the strategies regarding capacity. This contribution refers to issues of access and demonstrates a link to how **health workforce deployment (HWD) methods can help**.

Any approach to drive system capacity must also support employee resiliency to **best ensure the availability of resources**. If COO's do not focus on securing the right skill, in the right place, at the right time - novel solutions to improve access to care for our communities can quickly become irrelevant.

“More”  
resources  
are not the  
only solution



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When formulating strategies to enhance access and to maximize capacity, it is commonly assumed that the necessary resources, equipped with the appropriate skills, will be available. To those ends, workforce planning forecasts the supply of providers to deliver health services. Recent models are focused on the “optimization” of activities, re-allocations of skill and mix, and task-shifting.

Despite these grand day-to-day plans - we don't always achieve the right skill in the right place at the right time. We need to start getting smarter with the resources that we do have. And, at the same time, ensure we support the frontline in their resilience.

To get there, requires an **optimization of the operational methodologies for HWD**. That means taking your internal planning, operational scheduling, and deployment seriously in the race to health achieve greater system stability, better flow, and, ultimately, stronger attraction and retention.



**Nearly 70% of healthcare budgets fund the workforce**, and total spend is an aggregate of deployment decisions made shift by shift across an organization. Many organizations cannot operate in a deficit, and therefore services are cut when budgets are not met. Achieving more effective utilization is critical to support access to care.

## Where should health systems focus to stabilize access to care and maximize their capacity?

Health systems should aim to be proactive and get ahead of the curve through their HWD methods.

The following section discusses four target areas where health systems should focus to reduce workforce utilization waste and sustain service delivery. These approaches support employees in their resiliency so that they can continue to provide excellence in care while feeling valued and safe.



Step # 1

## Operationalize balanced, long-range schedules

A first step is **balancing the staffing baseline** and ensuring it is widely communicated and understood. The baseline defines the required number of staff per shift per day for a given unit and occupation type, ensuring the optimized requirements for the delivery of patient care.

Baselines should be a **function** of the intended model of care and also be informed by **numerous data points in** order to take advantage of any cyclical or predictable spikes, or dips, in acuity, census, driving required smart and safe staffing levels.

Step #2

## Improve the capacity of part-time &amp; relief workforces

Relief needs are often predictable and can be covered in advance at straight time. Leaders should recognize that having employees pre-scheduled and “standing by” can be **less costly than trying to fill shifts at the last moment**. Part-time employees and casual/relief staff are often shuffled to fill gaps, and their utilization reflects a second-class status with limited or no predictability. When a workforce can move into regular positions from contingency, and rely on a master schedule, those positions who now have a stable set of shifts, may be able to provide extra backfill capacity.

### Step #3 Engineering flexibility into your business processes

An employee's schedule is the **interface between work and home**. Business processes maintain the schedule and can sustain bespoke change to ensure employees maintain some flexibility. With the right business processes in place, partnered with a high-quality, long-range schedule, an **increase in flexibility** is inevitable. It is important to ensure that employee requests (such as swaps or PTO requests) are answered as soon as possible and that those decisions are transparent.

A quick decision and explanation of the rationale when requests must be denied, returns agency to the employee, who can then confirm their plans or make alternate arrangements. When staff are consistently uncertain of hearing back and/or receiving approval, they may simply stop asking. As trust breaks down, employees may choose not to enter their availability or are 'forced' to call sick.

### Step #4 Clean data, daily

For analytics and reporting to be meaningful, they must be based on accurate, real-time data. Substantial faith has been vested by healthcare in artificial intelligence (AI) solutions, and applications have delivered tremendous innovation.

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Yet, the data and any predictive analytics or automation achieved is only as good as the quality of the input. Standardized practices drive accuracy in data imported/entered, which is required for effective decisions. If leaders cannot trust the data they see, “work-arounds” develop and decisions are made based on inaccurate information; no better than a hunch. Having precise data enables an organization to:

- schedule open shifts well in advance,
- minimize coding errors and other risks,
- reduce payroll mistakes, and
- make informed decisions for frontline staff during uncertain times

## How can Health Leaders Move Forward?

To achieve improvements in access to care and to increase your capacity to provide services, we need to endow strategic value on the optimization of HWD methods. A good starting point is establishing transparent collaborations with labor, and demonstrating a commitment from senior leadership to improve practices.

Scheduling committees, professional associations, and unions can be strategic partners in the transition from the current state to an optimized future. Clear processes developed in a collaborative manner across stakeholders have the potential to contribute to increases in well-being, quality, equity, and financial performance for all.

Need help assessing your current health workforce deployment strategy and implementing change? The experts at Workforce Edge have over two decades of experience in healthcare supporting clinical and non-clinical operational leaders with workforce optimization.

**Interested? Send an email to [info@workforce-edge.com](mailto:info@workforce-edge.com).**

**Your staff will thank you!**



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