# Centralizing Healthcare Scheduling and Staffing

## How to accomplish what is right for your organization

Staffing and scheduling solutions are vital tools that enable healthcare organizations to plan and manage resources day to day, shift to shift, and for the future.

What topics and questions are our customers sharing that should be considered when creating your ideal model? Below are key considerations, brought to you by the UKG™ Clinician Council.

### Setting the vision

*What is your organization aiming to achieve? Is the plan to be fully centralized and will your process design achieve your organization's aims?*

- What is the staffing and scheduling vision?
- How much change can the organization tolerate?
- Are you thinking of centralizing the full model or just in some aspects of the operation or in certain locations?
- Will you pilot this approach in certain areas of your organization as a starting point?
  - Is there an appetite for standardizing processes?
  - What is the purpose of centralization for your organization, and is there a financial goal to be met?

### What are the most important governance and operational issues to consider?

*Consider the development and execution of a collaborative leadership team of operations, information technology, human resources, and finance to organize your centralized approach and to develop the operating policies and procedures:*

- How do you engage input from all stakeholders and offer flexibility and transparency for the processes as they are executed?
- Will those in the centralized scheduling and staffing (CSS) roles oversee staffing and scheduling for multiple sites and settings of care?
- What is managed centrally by CSS, and what is managed at the department/unit level? What are these individual roles, and who has the authority to make CSS decisions (i.e., manager/director/coordinator/house supervisors/hospital operations administrators)?
  - Should you consider clusters or specialties such as critical care, medical/surgical, and women and children?
  - What roles and workforce will be included for CSS: RN, LPN, MA, CNA, health unit coordinators, multiskilled technicians, contract labor, or per diem staff?
  - What will the hours of operation be, and how are decisions made when those responsible for CSS are not available?

### About the UKG Clinician Council

The 25 UKG clinicians serve as trusted partners with customers and collaborate to:

- Discuss and disseminate the most pressing industry trends and identify how UKG solutions can best support our customers
- Collaborate across all aspects of UKG business functions
- Provide UKG customers with field-based methods, evidence to support practices, and innovative considerations to improve their workforce processes

# Key Considerations

## What are the most important technology requirements?

*Continue to review the vision and operational outcomes desired in order to determine the most important technology functions and solutions. What can be leveraged across your technologies?*

- Will you leverage technology for labor forecasting, workload measurement/acuity, or demand for care?
- Will you offer housewide visibility access to this information via personal mobile devices?
- How will you use communication capabilities to share decisions internally and externally and to most efficiently coordinate daily needs and staff?
- Will SMS texts be utilized to communicate with individuals to fill shifts in real time?

## What are the data and information that must be shared organizationally to support decision making?

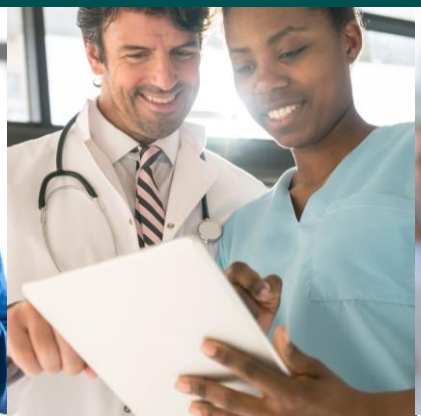
*Consider the full capability of your existing technologies and the essential data and information that can be leveraged across technologies. What are the specific actions and decisions that are needed at each level of staff and manager and in your design? Do they have real-time access to this data?*

- What element of workforce optimization are YOU looking for — overtime, visibility of nonproductive hours, absenteeism, enhanced quality, enhanced caregiver and employee engagement, adherence and frequency of nurse floating, and/or adherence to all fair, equitable scheduling rules?
- What are the data and information that you want to share organizationally? Are you planning to offer a housewide view, nearly real-time visibility, access to volume drivers, proactive surveillance of volume, and operational reporting?
- What foundational data as benchmarks will YOU need to report on — unit budgets, traveler or contract labor spend, staffing plans/ratios to state mandates or budgeted numbers, ready access and review of skills and certifications/competencies, licensure, and internal skills that can affect scheduling (i.e., cross-trained detail, charge nurse trained)?










# Additional Resources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## Authors


- Gerald Connors, MS, RN, LHRM
  Healthcare account executive
- Samantha Glennon, MSN, RN, NEA-BC
  Regional nurse executive
- Ashley Kamla, MBA, RN
  Solutions consultant