MANAGING PRODUCTIVITY OF HOMECARE STAFF

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Why Is Productivity So Hard To Manage??

• Because it involves people . . . and people like to be in control.

• Productivity management measures homecare staff actions and takes away some of their control.

• Part of the allure of working in the homecare industry is field staff’s flexibility to set their own schedules; you limit that flexibility somewhat when you impose productivity standards.
This Session Will

• Help you understand what “productivity” means

• Give you tools for measuring productivity of field staff and office staff

• Show you how to hold staff accountable to productivity guidelines

What Is Productivity?

• Productivity is a measurement of results.

• In homecare, one result might be the administration of a B-12 injection, or patients achieving the ability to dress themselves.

• For the homecare agency, it is necessary to achieve these results in a cost-effective way. So, we need to measure the results of the actions of the staff.

Measuring Productivity

• There are two components of productivity: time and volume.

Hospitals are discharging patients to homecare quicker and sicker.

. . . . BUT . . . .

Staff is expected to care for more patients (volume) in less time.
Time

Add to the time the staff spends actually in the home treating the patient:

– Documentation
– Travel
– Meetings & inservices

Time

• Let’s say you have Hard-Working Nurse A who averages 7 routine visits per day. Unfortunately, she spends an average of 1 hour in the home (patients love her – she’s so friendly!), plus 20 minutes drive time between visits, plus 30 minutes documenting each visit when she gets home.

• Nurse A has spent 12.5 hard hours for those 7 visits. If she works this pace for 5 days she has put in a 62.5 hour work week.

Time = Money

• Let’s say Nurse A makes $25 per hour. She has worked 40 hours of regular time ($1,000) plus 22.5 hours of overtime at $37.50 ($843.75).

• That’s $52.68 per visit before benefits.

• And how long will Nurse A be able to keep up this pace before she crashes and burns?
Volume

• Nurse A sees 7 patients a day because Nurse B, who is expected to make 5, can only make 3.

• Nurse B has patients who live in the boondocks, she doesn’t have a laptop, and she comes to the office to do her charting. She works 40 hours per week.

Volume = Money

• Nurse B also makes $25 per hour - $1,000 for the week.

• She has made 15 visits

• Her visit cost is averaging $66.67

You Can’t Manage What You Don’t Measure

• To put together a useful measurement tool, start with the basics:

  • What type of visit is it?
  • How much time should that visit take?
  • Add a factor for travel, documentation, meetings

  • Assign a value to each type of visit (“weighted visits”)
Examples

<table>
<thead>
<tr>
<th>Type</th>
<th>Hours</th>
<th>Weighted Value</th>
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<tbody>
<tr>
<td>Admission</td>
<td>2.5</td>
<td>2</td>
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<tr>
<td>Routine</td>
<td>1.25</td>
<td>1</td>
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<tr>
<td>Discharge</td>
<td>1.5</td>
<td>1.2</td>
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<td>Recert/Resumption</td>
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<tr>
<td>Supervisory</td>
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Volume

- Determine the number of workload units expected for each staff – this will be the standard. Set the standard for the week to allow for scheduling flexibility.
- For example, a standard of 30 units could be
  - 5 admissions and 20 routine visits:
    - 5 admissions x 2 workload units = 10
    - 20 routine x 1 workload unit = 20
    - 30

Measure and Evaluate

- When you have totaled the number of workload units for the week, compare it to the standard you have set.
- Enter the number of hours for the week
- Ask for explanation of variances
  (e.g. computer training took two days, snow storm caused reschedule to next week)
Measure and evaluate

• Look at both time and volume – someone who is producing a lot of workload units may be spending a lot of time. Remember hard-working Nurse A? Her average time per visit was 1.79 hours per visit. Nurse B spent 2.67 hours per visit.
• Our Super Star is Nurse C, who made 30 visits in her 40-hour week – 1.33 hours per visit.

Productivity by Discipline

➢ Set expectations for each discipline
   * How many weighted visits per week
   * How much time is standard for those visits
➢ Allow for office, education, meeting time
➢ Schedule for minimum travel time
➢ Account for variances – what is acceptable?

Productivity

<table>
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<th>Home Health Agency</th>
<th>Productivity Report</th>
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<td>Week Ending:</td>
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<tr>
<td>Hours: 2.50 1.25 1.50 2.50 2.50 1.25 0.625</td>
<td>Total Wkld Volume</td>
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<tr>
<td>Value: 2.00 1.00 1.20 2.00 2.00 1.00 0.50</td>
<td>Volume Standard</td>
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<tr>
<td>Actual Time:</td>
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<tr>
<td>Hours: 2.50 1.25 1.50 2.50 2.50 1.25 0.625</td>
<td>Percent</td>
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<tr>
<td>Value: 2.00 1.00 1.20 2.00 2.00 1.00 0.50</td>
<td>Variance</td>
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<td>FT Standard/week:</td>
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PRODUCTIVITY GUIDELINES

- A standard of 1.25 hours per routine visit would give you 45 minutes of patient time, 15 minutes for documentation, and 15 minutes drive time.

- If your standard is 25 routine visits per week, this gives you 8.75 hours in a 40-hour week for case conferences, meetings, and in-services: 40 hours less 31.25 hours visit time (1.25 hours x 25 visits).

Case Management

- Agencies with a good Case Management model in place have an easier time meeting productivity standards.
- The clinicians know their patients and therefore visits throughout the episode of care often decrease in time.
- Quality can remain high because the clinicians caring for Mr. Jones work together to provide care and enhance his outcomes.

Assisting Staff

- Often clinicians are shocked by the 1.25 hours per visit including pt time, documentation and travel—So Managers must assist them.
- Questions to ask:
  - Are they spending too much time in the patient’s house? Why? Are they trying to do too much on each visit.
  - Routine visits – longer than 45 minutes in patient’s house should be the exception.
Assisting Staff

• Gone are the Good Ole’ Days of Homecare
• Hanging Christmas lights
• Staying long to be companionship for pt
• Taking your time in the house

• DON’T be rushed – But really, what would you do in a patients house for more than 45 minutes on all visits???

Assisting Staff

• For staff members who consistently take over 45 minutes (and some Do take 90 minutes + for all visits )
• Supervisors need to make joint visits to see why
• Have discipline meetings where subject is what do we do in the patient’s home. Good peer pressure and guidance from those who are doing it correctly

Assisting Staff

• Documentation – Again, Cries of alarm when field staff are told guideline is 15 minutes
• This is for Routine Visit, so what would take longer than that............computer or paper can be done in that time
• If not , you will want to sit with that clinician when they document a routine visit to determine why its taking so long
Assisting Staff

- Travel Time
- When agencies utilize case management model and assign case load to a team, travel time can be kept to a minimum
- Scheduler works with clinicians on admits, hospitalizations, discharges to keep travel time down
- Review your territories often as referral trends change

Assisting Staff

- Keep reinforcing that Productivity Guidelines are just that......Guidelines!
- Start with the 1.25 hours for routine visit, then adjust per team, staff, etc
- Example: Clinician A has all patients in one building, vs. Clinician B, who is very rural – of course dramatic travel time difference SO Clinician A must have more patients in a caseload than Clinician B

OFFICE STAFF

- There is a variety of staff that typically works in a homecare office.
- Depending on the size of the agency, you might have nurses who are clinical supervisors, intake coordinators, quality improvement, education, utilization review, coders.
OFFICE STAFF

• While productivity standards are not easily assigned to all of these positions, some activities are measurable.
• For example, a utilization review nurse might be expected to obtain authorization for _____ patients per day.
• A coder might have a standard set for _____ charts per day.

OFFICE STAFF

• Clerical staff would include medical records, data entry, billing, cash posting, human resources, receptionist, scheduler.

• Observe the tasks performed by the staff and see what measurable goals you can set.

Clerical Productivity Standards

• Examples:
  • Number of referrals entered a day
  • Number of 485’s created a day
• How to develop these:
  – Time study of each clerical
  – Group into duties
  – Assign time to each duty that is realistic
Flexing Office Positions

• Agencies must look at “low census days” for office staff also, both clinical and clerical
• Unfair to field staff if they are “called off” and office staff are not – bad for morale
• Identify what Core Agency staff is:
  – Ex: 1 RN Supervisor, 1 Clerical Receptionist who does many office duties, 1 intake / auth/ coder, 1 biller.

Office Productivity

• Having productivity standards for all office positions, will assist Manager in ascertaining if too little or too much office staff.
• Able to go to the Boss and have quantifiable data to support your need for more office staff positions........instead of, “We’re so busy!”

Management

Although they typically work in the office, managers are not Typically assigned productivity standards . . . .
Because nobody knows what they do......
Management

• CAN set up Guidelines and Standards for the Tasks that are done-

• Examples:
  – 5 chart reviews to be done per month
  – Review of #___ OASIS daily
  – #___ joint visits with clinicians per quarter
  – Competency _____ staff per quarter
  – Give 1 inservice per quarter

Management

• Supervisors
• Assign Number of patients and staff a supervisor can manage
• Varies due to the set up in your agency and the duties that the supervisor has
• Ex: 1 supervisor manages 3 case management teams (12 clinicians). Each case management team has 25 patients, so supervisor oversees management to 75 patients.

Management

• Set Expectations for what you want the Supervisor to do!
• Quantify time for clinician support, case conference, QI, etc.
• Be specific in areas in which you can be
• If your supervisors are “putting out fires all day”, find out why and how to do away with the fires!
PRODUCTIVITY

• Set expectations for each discipline and position
• Schedule for minimum travel time
• Identify “stars” - recognize and reward them
• Utilize stars to mentor and educate under-performers

GET STAFF BUY-IN!!