

SEARHC Searches for Hospital Staffing and Scheduling Software

Joy Blanchette, for HealthLeaders Media, October 30, 2007

By conventional standards in the healthcare industry today, SouthEast Alaska Regional Health Consortium (SEARHC) is not a large organization. Yet SEARHC has a large impact on the lives of the 25,000 people we serve annually. When it comes to healthcare IT, we do not want to compromise simply because of the size of our organization.

Established in 1975, SEARHC is a non-profit, tribal association of 18 Native communities and is one of the oldest Native-run health organizations in the nation. We are dedicated to serving the health needs of the Tlingit, Haida, Tsimshian and other Native people of Southeast Alaska. SEARHC operates Mt. Edgecumbe Hospital, a 27-bed general medical and surgical hospital in Sitka, and the Juneau Medical Center, a freestanding outpatient clinic. Both are former Indian Health Services facilities. In addition, we also run nine small clinics in remote villages, and Sitka SEARHC Community Health Services offers community-based health programs in the small towns and villages of Southeast Alaska.

Regardless of size, all hospitals need IT to help boost productivity. But it was no easy task to find an established vendor willing to provide a proven solution for a critical system we had to replace.

The Problem: Replacing a Homegrown System

SEARHC had relied on a homegrown, Lotus-based system for staffing and scheduling for many years. We utilized the system for scheduling the nursing staff, determining the acuity of patients in order to ensure appropriate staffing, maintaining nursing competency and data reporting. In 2006, the system was on the brink of collapse, and internal support was no longer available. We did not have a choice. Finding a replacement system was imperative.

My colleagues and I wanted a mature, feature-rich system from an established, national vendor with a long track record of product innovation and responsive support. The vendor and system search process quickly frustrated us. I contacted 15 vendors. Most were uninterested--put off by our size and location. They seemed to want to do business exclusively with mega-institutions in the healthcare industry. Most of the vendors did not even bother to return my calls or reply to my e-mails. Some did respond, but when I described our organization and software requirements, they told me that we could not afford their systems. Only three vendors were willing to demonstrate their staffing and scheduling systems for SEARHC.

Two of them, however, were unwilling to even consider any modifications to the software systems they were offering. We would have had to accept their standard software and adapt our staffing and scheduling standards and processes. Only one vendor was willing to engage in substantive discussions with us, explore our needs and determine how their product could be adapted to our environment.

SEARHC selected RES-Q® Labor Resource Management from RES-Q Healthcare Systems in Calabasas, Calif. The system produces clinically sound, skill-matched, financially optimized, and productive staffing in schedules that account for staff preferences. Its Patient Attribute Module provides an interactive acuity tool that enables nurses to capture each nursing intervention and key patient attribute by clicking on items in department-specific lists. Each intervention and attribute has a relative workload value assigned to it. As interventions and attributes are selected, the module calculates the acuity level or point value for each patient, by shift or on a daily basis. The system utilizes the resulting patient classifications as the basis for determining the correct mix of staff and skills required to provide the most appropriate patient care based on the intensity of patients' medical needs.

When we evaluated the three alternative systems, the RES-Q system was the most flexible and affordable. The other systems were not flexible. As noted, compounding this difficulty, the vendors displayed a take-it-or-leave-it attitude regarding features and functions. This was particularly problematic for patient acuity. With the other systems, we would have had to accept the vendors' standard, pre-loaded acuity measurement methodologies. In contrast, RES-Q was willing to incorporate our own acuity definitions and standards into the Patient Attribute Module, just as they do for their large hospital customers. That told my colleagues and me a great deal about the company's commitment to service and support. In addition, they offered suggestions for tailoring their standard process for implementation and training in order to reduce costs.

Implementation: Fast and Efficient

Implementation and training began in January 2007, and SEARHC went live with our new staffing and scheduling solution on February 1, 2007. RES-Q compressed its typical four-visit process into just two. Managers were trained during the first session, and staff received their training during the second.

What made the condensed process successful? First, the possibility that our homegrown scheduling application might suffer a catastrophic failure at any time was a strong incentive to move forward on a new system. The proverbial sword of Damocles hanging over our heads provided all the motivation we needed. Second, the SEARHC management team understood the seriousness of the problem, and we secured their buy-in. And customizations requested from the vendor were accomplished quickly.

SEARHC now has 65 registered users. The application is used to manage staffing and scheduling of 120 employees at Mt. Edgecumbe Hospital and the Juneau Medical Center.

Innovation: Going the Extra Mile

During the implementation process, we reviewed our home-grown acuity system with RES-Q. Together we came up with an innovative approach to use the software to help us simplify and automate our process.

We identified the standard interventions and services provided to the average patient in each department in order to establish a department-specific base level patient. By doing so, we were able to consolidate and reduce the number of service

attributes that would have to be reviewed during each shift by the staff nurses. We then incorporated additional interventions that are attributes of a more acute patient with greater staffing needs along with time requirements for each. The result is a tool that is faster and automatically calculates required staff hours per shift based on the services patients need and receive above the base level, as recorded by our nurses with the software.

Results: Six Months, Quick Improvements

SEARHC has achieved solid results in the six months since we implemented our new system for staffing and scheduling. The amount of time it takes nurse managers to set their units' schedules has been cut in half. And it previously took each charge nurse from 15 to 30 minutes per shift to apply the SEARHC acuity system. Now that it has been refined and automated, it takes just five minutes. That translates into total time savings of approximately 15 to 30 hours per week--time that now can be devoted to direct patient care.

Given the size of our hospital, the time savings are significant. Our nurse managers are able to spend more time actually managing instead of keeping track of paperwork. Plus, now they have real data on which to base their management decisions.

Our experience shows that smaller healthcare organizations can find robust systems from national vendors. The challenge is to persist in the search until you find one with the resources and stability of big vendor and the dedication and responsiveness of a small company.

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