

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.

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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

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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.

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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

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Time

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



- Documentation
- Travel
- Meetings & inservices

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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.

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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?

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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.

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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

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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")

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Examples

Type	Hours	Weighted Value
Admission	2.5	2
Routine	1.25	1
Discharge	1.5	1.2
Recert/Resumption	2.5	2
Non-Billable	1.25	1
Supervisory	.625	.5

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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:
 $5 \text{ admissions} \times 2 \text{ workload units} = 10$
 $20 \text{ routine} \times 1 \text{ workload unit} = \underline{20}$
 30

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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)

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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.

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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?

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Productivity

Home Health Agency

Productivity Report

Week Ending _____

Type:	Admit	Visit	Disch avg	Recent Retum	SCLC	Non-BI	Sup Vis	Total Visits	VOLUME				TIME					
									Wkld Units	Standard	Volume Variance	Volume Percent	Standard Hours	Actual Hours	Time Variance	Time Percent		
Hours:	2.50	1.25	1.50	2.50	2.50	1.25	0.625											
Visits:	2.00	1.00	1.20	2.00	2.00	1.00	0.50											
NURSING FT Standard/Week - 20																		
RN FT	0	20	0	0	1	0	0	21	22.0	30.0	-8.0	73.3%	27.50	40.0	-12.50	68.8%		
RN FT	3	15	2	2	0	0	3	25	28.0	30.0	-1.1	96.3%	36.13	42.0	-5.88	86.0%		
RN FT	0	35	0	0	0	0	0	35	35.0	30.0	5.0	116.7%	43.75	44.0	-0.25	99.4%		
RN PT	4	0	0	2	0	0	0	7	14.0	15.0	-1.0	93.3%	17.50	30.0	-12.50	58.3%		
RN PT	5	0	0	0	0	0	0	5	10.0	10.0	0.0	100.0%	12.50	25.0	-12.50	50.0%		
TOTAL	13	70	2	4	1	0	3	93	109.9	115.0	-5.1	95.6%	137.38	181.00	-43.63	75.9%		

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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)

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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

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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

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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???

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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

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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

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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

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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

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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.



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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.

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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.



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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

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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.

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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!”

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Management

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



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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

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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.

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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!

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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 !!

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