

Staffing Patterns and Workforce Strategies Used by CAHs

MUSKIE

Project was identified in Year 2



In year Two, we looked for reduced staffing and cross-training.

We found hospitals that maintain 24-hour nursing staff on unoccupied wards

Also found hospitals having difficulty recruiting and retaining nurses, etc.

Assumptions



Labor intensive services should provide more opportunities for cross-training

SNF/ICF

Assisted Living

Home Health

Swing Beds

Should also provide opportunity for greater staffing efficiency

Staffing Strategies



Cross training	206/388	53%
Health Careers Promotions	150/388	39%
Employee furloughs	31/385	8%

Barriers to Cross-Training

Limited clinical capacity	148/376	39%
State regulatory barriers	29/374	8%
Labor contracts	15/359	4%

Recruiting and Retaining Nurses and Other Professional Staff



Identified as a major problem	217/388	56%
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Offer on-site LPN/CNA training program	124/387	32%
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CAHs Offering Clinical Rotations for Students in Training at Other Institutions



LPN	173/385	45%
CNA	169/385	44%
Lab Tech	107/385	28%
Radiology	109/385	28%

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Efficiency: FTE per Weighted Occupied Bed



- Weighted by Outpatient Visits
- More efficient hospitals have < 12
- Less efficient hospitals have > 80
- No clear relationship between efficiency and service mix

Sum of following services

SNF/ICF

Assisted Living

Home Health

Swing Beds

The more services offered, the more likely to have on site training.

What are observable differences between efficient and inefficient hospitals?

Is CAH involvement in training programs more prevalent in some states? Are there best practices?

What are other replicable best practices for “growing your own” labor force?