Workforce Management’s Significant Role in Patient Care
As the healthcare industry shifts focus from volume to value, standardization is needed to accurately benchmark labor resource utilization. This is the premise of a survey conducted by HealthLeaders Media and sponsored by Kronos. What constitutes direct patient care? Hands-on patient assessment, administering medications, and performing procedures clearly top the list. But can other activities be considered direct care too—even those not conducted in a patient’s presence?

The query of healthcare professionals, including senior, clinical, operations, and other leaders, revealed general unanimity in their definition of “direct patient care actions,” with 95% of respondents indicating hands-on patient assessment falls into this category. In addition 94% stated that administering medications, 87% believed that performing procedures and 86% indicated that patient education fell in this category.

The survey also asked what respondents considered “indirect patient care actions.” Seventy percent said time associated with care delivery not in the patient’s presence is an indirect care action. Other responses included in this grouping were coordinating care with other disciplines or departments (66%), documenting care (63%), and scheduling procedures (62%).

Finally, respondents—50% of whom were from hospitals, 19% from health systems, and 12% from physician organizations, plus a small mix of others from ancillary care/health plan providers—were asked what they considered “non-patient care actions,” defined as neither direct nor indirect care. Thirty percent said creating

---

**Direct Patient Care Actions** | Which of the following actions are considered *direct* patient care in your organization?

- Hands-on patient assessment: 95%
- Administering medications: 94%
- Providing therapy interventions: 92%
- Performing procedures: 87%
- Patient education: 86%
- Assisting with daily living activities: 83%
- Time spent physically present with the patient: 82%
- Care plan implementation: 53%
- Documenting care: 37%
- Coordinating care with other disciplines or departments: 36%
- Time associated with care delivery not in the patient’s presence: 29%
- Scheduling procedures: 14%
- Ordering medical supplies: 9%

*Base = 119*
scheduling procedures falls into this category. Eleven percent named time associated with care delivery not in the patient’s presence, while 8% cited documenting care and 6% cited coordinating care with other disciplines or departments.

**Survey Takeaways**

While all clinical leader respondents viewed patient education as a direct patient care activity, only 79% of C-level respondents agreed—a surprising result. “I believe that everyone needs to see the role that education plays in providing patient care and ensuring good outcomes, which will ultimately lead to better value,” says Susan Reese, chief nurse executive/director of healthcare practice with Kronos, a workforce management solutions vendor.

For instance, patients who return to the hospital within a 30-day time frame for “preventable” reasons can adversely impact future financial performance through reimbursement rate penalties for hospitals. “To keep this from happening, providers may benefit by spending more time educating the patient so they are able to go home fully equipped to care for themselves and not be readmitted with the same problem,” Reese states. “This impacts both the patient experience and the bottom line.”

There is also a discrepancy in how leadership views time spent documenting care. In acute care, a large portion of nurses’ and even physicians’ time is spent on documentation, but only one-third of all respondents viewed this as direct patient care. “The discrepancy is
in the time spent with documentation and its ultimate impact on the patient,” Reese says. “There is no standard across the industry, but clearly some think it does relate to direct patient care.”

Coordination of care with other departments was also underappreciated by many healthcare leaders, according to Reese. “Only one-third of respondents saw [care coordination] as direct patient care, which is surprising. Today, patient care is all about coordination of care between multiple disciplines in hopes of providing better value for patients,” she states. “Many caregivers are involved in the patient experience, including physicians, nurses, case workers, physical therapists, and others who come together to make care coordination possible and ultimately optimize clinical and financial outcomes.”

The Lifeblood of Productivity, Quality Care, and Patient Satisfaction

Healthcare is a service industry, and labor is its largest expense. In order to reduce its costs, the industry must find ways to better manage them while still providing the best care possible. Workforce management solutions play a critical role in ensuring this balance.

“The survey reveals that the industry still does not fully grasp workforce management,” says Gerry Connors, a clinical strategist for Kronos. “When providers attempt to use

Non-patient Care Actions | Which of the following actions are considered neither direct nor indirect care but are categorized separately as non-patient care in your organization?

<table>
<thead>
<tr>
<th>Action</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating staff assignment to patients</td>
<td>38%</td>
</tr>
<tr>
<td>Scheduling procedures</td>
<td>30%</td>
</tr>
<tr>
<td>Time associated with care delivery not in the patient’s presence</td>
<td>11%</td>
</tr>
<tr>
<td>Documenting care</td>
<td>8%</td>
</tr>
<tr>
<td>Coordinating care with other disciplines or departments</td>
<td>6%</td>
</tr>
<tr>
<td>Care plan implementation</td>
<td>3%</td>
</tr>
<tr>
<td>Patient education</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base = 119
make quicker, more precise decisions,” notes Connors. The technology takes into account factors such as admissions, discharges, transfers, and turnover rates in real time. Staffing managers who ask themselves, “Do I have the information to define the workload represented by these patients? Does the skill mix of my RNs on the floor at any given time meet the needs of the patients? Is there a clear understanding of everyone’s role?” are afforded clear answers with workforce management solutions.

“How Providers Can Move Forward

With quality-of-care initiatives taking center stage, the healthcare industry is now a value-based system: Patient outcomes truly impact the bottom line. Workforce analytics provide a strong labor expense picture—one of the most controllable in healthcare. The ability for providers to analyze their labor utilization and spend by the day, week, month, and beyond is incredibly important.

While those polled in the survey had differing views on what constitutes direct, indirect, and non-patient care, it’s clear that healthcare activities requiring an appropriate number of staffing resources, whether clinical or administrative, have a significant impact on the patient experience. And while workload measurement is an evolving science, companies such as Kronos are continually developing more advanced analytics and acuity tools that will help healthcare organizations gain a better grasp of their workload demands, therefore enabling them to allocate resources in a manner that optimizes clinical and financial outcomes.