



After the Pandemic:

# How Demand-Driven Employee Scheduling Can Help Your Healthcare Organization Stay Resilient

When the COVID-19 pandemic hit, most routine workforce management processes were essentially thrown out the window. The challenges that were known, but pushed aside – excessive overtime, staff shortages, burnout – have exacerbated in the new dynamic punctuated by the ever-rising number of new cases. However, the promise of a vaccine has given the whole world a chance of light at the end of the tunnel, including exhausted healthcare professionals.

As the pandemic eases, organizations are looking to rebuild the processes that have proven critical for achieving high productivity without stretching staff beyond capacity and risking quality of care.



**19%**

Only 19% of U.S. citizens claim to be “very satisfied” with the quality of medical care



Optimizing employee scheduling is a clear target for improving operational efficiency and helping to re-establish financial stability. Accurate, conflict-free, and demand-based rosters provide high-yield benefits for the entire team: from the manager who would get more time to deal with pressing business issues to the technicians who would find a stronger sense of stability and ownership of their time.

Unfortunately, most medical professionals in charge of scheduling can't afford the luxury of dedicating time each week to creating schedules from scratch, especially if they're using antiquated manual tools like spreadsheets or whiteboards.

**18%** 

Physicians state that **18%** of their work today **could be automated**

- They need visibility into up-to-date details on their staff's availability and qualifications.
- They should have insight about current patients' needs and anticipated demand, which is particularly challenging for wards dealing with unplanned admissions.
- Finally, they must be aware of the strict labor and staffing regulations for their institution.

This is not to say that taking time to optimize schedules is not well worth the effort – quite the contrary – but because it's so labor-intensive, it drops on the list of priorities.

Instead, schedulers opt for using the same schedules week after week, adjusting them the best that they can before distributing them to the staff. They also often rely on using average demand to determine staffing requirements.

Making the schedules public inevitably unearths more updates submitted through phone calls, text messages and even casual breakroom conversations, so last-minute schedule changes become the only factor of stability the staff can count on.

**30%** 

About **30%** of total US health expenditures per year are **wasted on unnecessary care**, exceeding \$1 trillion annually

**2 Hrs.** 

For every hour of face time with patients, physicians spend nearly **2 additional hours on documentation and desk work**

This highly manual approach barely worked before the pandemic.

Today, management needs to understand that more sustainable standards and procedures have to be put in place for their organization to stay resilient.



### Recycling schedules creates a waste of time and labor

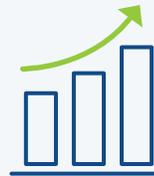
To tighten the ship, healthcare organizations are going to have to take extra care of labor costs which make up the largest chunk of their expenses. This also refers to minimizing compliance risks related to staff scheduling. Managers need to be able to account for rules on overtime, meal and rest breaks, time off between shifts, staffing ratios and more. Recycling schedules may seem like a safe way to go, but with the unavoidable changes after publishing, managers need to put in extra time to ensure their rosters are still compliant.

### Some BIG Numbers



**\$53-122 Bil.**

is the forecasted hospital **revenue loss** in 2021



**\$280-550 Bil.**

in opportunity within healthcare delivery by 2028 is achievable through **productivity gains**

Using average demand for planning staffing requirements doesn't reflect the dynamic nature of your organization and can even lead to understaffing. Although a lower baseline staffing may cost less on paper, it doesn't account for staff burnout and possibly poorer patient outcomes.



When baseline nurse staffing is set to meet the average demand, **1 in 3 patient shifts were understaffed by more than 15%**

## How Can TCP's Humanity Scheduling Support Your Organization?

As a cloud-based employee scheduling platform, TCP's Humanity Scheduling software is a systematic way to introduce efficiency, customization and flexibility to your staffing.

- 1 Automatically fill schedules by matching the right person with the right shift, taking into account your business rules and employee preferences
- 2 Enable your staff to check their schedule, trade shifts, and update their availability from their mobile device
- 3 Tie in your existing HCM solution with Humanity so no employee data slips through the cracks

One of the features that separates Humanity from the competition is its ability to build schedules that are driven by demand. **Demand-Driven Scheduling** is a positive game-changer that enables you to integrate your demand data with your scheduling process.

### Versatile Rule Builder

To transform your data to functional staffing rules, Demand-Driven Scheduling uses a robust rule builder. Any data or policy can be used as a foundation upon which you can create your schedules: from rostering limitations to doctor-patient ratios, to patient arrival patterns on a seasonal, daily and even hourly basis.

### Auto-Scheduling Flow

Once the staffing rules are set, all you need to do is initiate auto-scheduling tools that will create and assign shifts for you. These powerful tools will automatically take into account not only the demand-based rules, but also your staff's availability, seniority, overtime risks and any other significant regulations.

### Staffing Level Graph

If you need to fine tune your schedule manually, you'll be able to review how your staffing requirements change in real time, as you adjust the shifts across multiple positions and locations. Avoiding staffing gaps has never been this easy.



## What Data Can We Transform to Staffing Rules?



Census data



Labor law regulations



Patient acuity and dependency



Historical trends and patterns



Capacity



Staff members' availability, qualifications and skills



Staffing and safety protocols



Staffing ratios



### Empower Your Organization in the Aftermath of the Pandemic

Accelerate your recovery by rebuilding and strengthening the foundations of your workforce management. Dynamic and flexible shift scheduling is one of the first steps you can take to boost efficiency and employee satisfaction at the same time, which can lead to better patient outcomes and a stronger bottom line.

Sources: [gallup.com](https://www.gallup.com), [deloitte.com](https://www.deloitte.com), [acpjournals.org](https://www.acpjournals.org), [mckinsey.com](https://www.mckinsey.com), [aha.org](https://www.aha.org) and [qualitysafety.bmj.com](https://www.qualitysafety.bmj.com)



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