

# IMRU LSSGB Project - Decreasing Cost of Overtime

STATUS  
Completed

PROJECT START DATE  
8/24/2016



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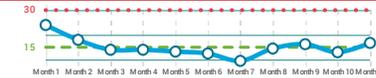
## PROJECT VISION

Overtime can financially drain the units budget. Last fiscal year, IMRU accrued an average of 30 hours of overtime a month. In July of 2017, even though the unit is well staffed, IMRU accrued 57 hours of overtime a month.

Overtime should be a rare occurrence. Nurses and HCA's work 36 hours a week and are paid overtime if they work more than 40 hours a week. That means the nurses and HCA's that are accruing overtime are working an extra four hours a week and accruing overtime based off of meeting and late outs.

## GOALS & MONITORING

- 1 Improve cost outcome by reducing monthly overtime in Nursing RN's and HCA's on IMRU from 30 hours to 15 hours by 12/31/2016



- 2 Maintain service by not reducing HCAHPS score in RN communication in inpatients on IMRU from 72 % always



## BASELINE ANALYSIS & INVESTIGATION

### To examine & document the baseline state we used:

- Categorical brainstorming /fishbone diagram which showed causes for overtime (see attached).
- Process map which showed where delays are occurring that create the need for overtime (see attached).
- Voice of the customer analysis which showed where overtime is coming from by talking with the RN's and HCA's about what they know about our overtime problem and what is causing it.

### To analyze the baseline state data we used:

- Descriptive statistics which showed an analysis of RN and HCA overtime hours for FY 2016.

### Summary

## IMPROVEMENT DESIGN & IMPLEMENTATION

### Design

In September, re-designed the bedside report process to include the patient. Additionally, the nurses started using a BSR tool in EPIC.

In October, redesigned the beginning of shift mandatory meeting, called Safety Brief. Nurses would read the mandatory information, instead of waiting to be read the information. They then would sign a roll, stating they read the information.

In November, optimized the charge nurse assignment sheet so that when they made assignments they would know how many nurses an off-going nurse and HCA had to give report to. Additionally, the report sheet would tally the major tasks of each patient so that the assignments would be balanced and fair.

Throughout, administration has continued to aggressively fill all empty RN and HCA spots so that the unit would not have to rely on resource nursing.

### To communicate the improved design we used:

- Education, internal: Used Pulse to inform staff and notified everyone in staff meetings
- Communication campaign: put of fliers on the wall with the go live date and reminders about the new process

### To support the improved process we designed the following forcing functions into the workflow:

- Sign-in Sheet (Manual Tool): Nurses and CNA's are required to sign in after reading the safety review
- Flier, pulse and staff meeting reminders (Visual Reminder): Remind staff about the process

### To track progress and reflect on effectiveness of the improvement the team used:

- Monthly Overtime Report: provides the manager with overtime data
- Monthly Bedside Report in Epic: shows whether or not nursing is following the correct steps in bedside reporting