A single vendor management system

HOSPITAL LOOKS TO STREAMLINE AGENCY EMPLOYMENT STAFFING

Every day, the thousands of full-time employees who provide care to UCH patients are joined by large numbers of agency-contracted providers who help fill open shifts on both a short- and long-term basis.

Managing contract employees is a big job; currently UCH uses more than two dozen agencies to fill its staffing needs. To streamline the task, UCH will place management of its employees under a single vendor, beginning June 29.

The hospital expects to save time and labor costs by using Favorite Healthcare Staffing, Inc. as its sole manager of contract clinicians. Favorite provides an on-site staffing manager – available on a round-the-clock basis – as a single point of contact. The manager, Gretchen Copenhaver, came on June 9.

Centralized agency management. Favorite will act as the hospital’s primary agency contractor, and manage all its subcontractors. “We will no longer have to juggle contacts with 26 different agencies,” says Human Resources employment manager Mame Fuhrman.

A vastly simplified payroll process promises to be one immediate benefit, Fuhrman notes. “We used to have to handle paychecks for 26 different vendors,” she says. Now, Favorite will accept billing for all contract employees – regardless of the subcontracting agency – through the Kronos time system, and distribute paychecks.

The hospital also wants Favorite to help increase the ratio of per-diem to traveling nurse contracts. The number of nurse agency hours and FTEs for travelers have exceeded those for per-diems by roughly three-to-one for close to a year. UCH would like to see the ratio at two-to-one.

“Per-diem staff don’t tie us into long-term contract rates,” Fuhrman states, “while traveling nurse contracts run a minimum of 13 weeks.”
Benefits from better technology. Resource Office director Deb DeVine, RN, MS, believes the hospital will benefit from the improved technology Favorite offers. For example, she says, the Resource Office has been responsible for receiving staffing requests, routing them through an agency, and handling and tracking all the responses.

Managers will now use Favorite’s Web portal to enter their staffing needs and review information on potential candidates supplied by contracting agencies. The site will also “warehouse” employee profiles – experience, certifications and the like – so managers can easily reference them on subsequent job requests.

“There will be no more faxing and e-mails of profiles to the Resource Office, which then had to keep track of all of them,” DeVine says.

DeVine says the contract with Favorite also offers improved workforce management tools. “It gives managers the ability to generate reports that will help them manage staffing trends and predict their future needs. That improves staff utilization,” she asserts. “Managers can predict holes in their schedule, and attempt to fill them with staff first, before using the agency.”

Favorite screens recruits to ensure they are properly credentialed and immunized and can produce verification of licensure – a Joint Commission requirement. “We audit them anyway, because they are working in our house,” Fuhrman says. “But as the contractor, [Favorite] has to audit all its subcontractors.”

Policy improvement, not policy change. Both Fuhrman and DeVine emphasize that the hospital is not aiming to increase its agency activity; rather, it is trying to manage it more efficiently.

“We’re not trying to grow use of it,” Fuhrman says. “We want to use it for true needs, like filling Family Medical Leave Act vacancies, buying time for hard-to-fill positions and managing sick call. Our first call will always be in-house, but the reality is we will never have enough people to cover it all. We have to utilize every resource there is.”

The hospital also needs solid agency help, Fuhrman adds, because of the lag time in filling positions. “It takes three to six months to fill a neuro ICU nursing spot,” she points out. “We are ensuring that [Favorite] subcontracts through agencies that specialize in that area, as well as the OR, NICU and others.”

Adds DeVine, “When we are staffed to capacity, we have to have help to fill in the gaps. The new arrangement will help manage the day-to-day workings of the hospital.”