

Nurse and Staff Scheduling: Tightening Up the Ship?

Stacilee Whiting and Jared Peterson

With the current nursing shortage, tight budgets and minimum staffing requirements, some providers say their staff and nurse scheduling technology is helping them run a tight ship. KLAS recently conducted a study of staff and nurse scheduling products in an effort to determine vendor and product performance. (Vendors and products included in the study are listed in the sidebar.) Study participants' responses offer insight into overall vendor performance, each vendor's value proposition and providers' real-life experiences with the software.

Overall Vendor Performance

Overall, every vendor of staff and nurse scheduling technology scored higher than the average of all HIT products studied by KLAS – this is unusual and a positive indication of the service providers are receiving. In addition, a full 93% of users said they would buy their solution again – significantly higher than the average of 86% for all HIT users.

There are some areas in which the vendors are falling short, on average, – most notably in working with other third-party products. In fact, two vendors received their lowest scores in the study on third-party integration. However, one vendor, API, managed to score higher than the average for all HIT products

on this factor (7.3 versus the HIT overall average of 7.0), and another, Per-Se, tied the HIT average at 7.0.

One respondent stated, “We are having some problems in an interface between [our scheduling system] and another third party. Interfaces are not very straightforward. This is my biggest issue with [our scheduling system] right now.”

For those trying to run a tight ship, clearly, integration can be a large, hidden iceberg. However, it is important to research differences in vendor delivery since, according to KLAS's study, some vendors do help with integration to a certain extent. One lucky provider stated, “The [vendor's] technical team was very knowledgeable in helping us with our interfaces to [other vendors].”

Examining vendor delivery and performance differences is always telling. For example, among the vendors, there are distinct differences in performance factors such as quality of interface services (with the highest vendor score at 7.7 out of 9 versus the lowest vendor score at 6.7), proactive service (7.4 compared with 6.7), contracting experience (7.6 compared with 6.6) and timely enhancement releases (100% on time with one vendor compared with another at 75%). As always, choosing the right “crew” for your needs takes some time and research.

Value Proposition

In an effort to compare quality, cost, performance and other factors, KLAS often explores the value proposition of each vendor offering. KLAS arrives at the value proposition score by evaluating each vendor's ranking for the following indicators: implementation within budget/cost, interfaces met deadlines, money's worth, product quality, response times and "worth the effort." Points are assigned by ranking per value indicator (two points for first place, one point for second).

In addition, value-related business indicators ("avoids nickel-and-diming" and "support costs as expected") are factored in. Business indicators are yes/no responses and (for value proposition scoring) are calculated in the following manner: 100% positive response = 4 points; 90–99% = 3 points; 80–89% = 2 points; 50–79% = 1 point; 0–49% = 0 points. The maximum possible value proposition score is 20 points, and the average score for vendors of staff and nurse scheduling technology was 10.25.

The acquired Total Care ESP for Kronos rated highest in value proposition, with a score of 12 out of 20. Following close behind were API and Per-Se, both with scores of 10. Generally, one would hope for a better result from value proposition scoring, yet these results underscore the need for diligent research before making a purchase decision. Since providers must run a financially tight ship, using value proposition–related information is crucial.

Providers' Real-Life Experiences

Of course, one cannot neglect the day-to-day outcomes and experience in using each vendor's product. In each study KLAS conducts, participants are asked to comment in greater detail on the vendor and product in question, in an effort to single out glitches for which providers can watch.

Nurse and staff scheduling products on the whole fell short of the average percent of positive commentary for all HIT products in KLAS studies. On average, an HIT product or vendor receives 62% positive commentary and 38% negative. Nurse and staff

scheduling products received a slightly lower positive commentary (60%) and a slightly higher negative commentary (40%). This illustrates that while the overall *indicator* ratings of staff and nurse scheduling products are better than usual, real-life usage has its difficulties and glitches.

One such glitch is the sales and contracting process. By far, sales and contracting issues garnered the highest amount of negative feedback. In fact, only 14% of comments related to sales and contracting were positive. The remaining 86% were negative. (It should be noted that a large portion of contractual/sales comments came from users of one product in particular, though other users were also dissatisfied.)

One provider explained, "I experienced some stumbling blocks with the contract negotiations in this product. We went through three sales individuals before I finally got someone who could get the contract done. Overall, we arrived at a price with which I was happy, and the project got under way."

Contractual problems are compounded by less proactive sales representatives. According to another provider, "The sales people need to contact us with new products and/or product enhancements. They are not very proactive. I had to contact them and do all the leg work, which might cost them a customer due to time constraints and cost." One might conclude that running a tight ship requires a tight watch on vendors during the sales/contracting process.

Conversely, the factor with the highest amount of positive commentary was "relationship," perhaps indicating that once the sales and contracting process finishes, vendors are more pleasant to work with. Seventy-three percent of respondents who commented on their vendor-client relationship were happy with it.

Summary

Overall, the staff and nurse scheduling products consistently scored above average in the KLAS 40 indicator measuring tool and lower than average in percent of positive commentary. Providers report common problems with the sales/contracting process and integration with third-party products. For providers looking to run a tighter ship, due diligence should be paid to these issues, along with the organization's top priorities and the vendors' ability to deliver on those priorities.

Acknowledgement

All data are derived from 2007 KLAS Enterprises, LLC. 2006. *Staff and Nurse Scheduling*. Orem, UT: Author.

About the Authors

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Study Participants

Ninety-six users from information technology, office and nursing rated their current nurse and staff scheduling solution. Six products were evaluated, with four receiving a sufficient number of evaluations to qualify for main body inclusion: API Active Staffer, AtStaff, Kronos Total Care ESP,* and ANSOS One Staff.

*It should be noted that the Kronos Total Care ESP was acquired by Kronos and is not their current go-forward solution. Their current flagship product is Workforce Scheduler.

ABOUT KLAS

KLAS, founded in 1996, is the only research and consulting firm specializing in monitoring and reporting the performance of healthcare's information technology (HIT) vendors and products. Our senior management staff and advisory board average 25 years of healthcare information technology experience.

How We Serve the Healthcare Industry: KLAS, in concert with thousands of healthcare executives, CIOs, directors, managers and clinicians, has created a dynamic database of information about the performance of HIT vendors. The KLAS database represents the opinions of healthcare executives, managers and clinicians from over 4,500 hospitals and 2,500 clinics on more than 750 different products. The information is continually refreshed with new performance evaluations and interviews daily. The KLAS database is dynamically and effectively used by:

- Healthcare organizations, to align expectations with a vendor's actual performance, to assist in strategic planning and contract negotiations and to validate decision processes

- Vendors, to monitor their performance in comparison with competitors
- Consultants, for current performance information on a specific company or product
- Healthcare investment firms, to evaluate publicly traded HIT company performance and trends or the competition for a new entrant.

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Adoption of Information Technology in Primary Care Physician Offices in Alberta and Denmark, Part 2: A Novel Comparison Methodology

Part 1 evaluated the current state, driving forces and general health system factors that have impacted two culturally and historically different medical jurisdictions – Denmark, a member of the European Union, and Alberta, Canada. Part 2 follows on from the previous article on the history of medical computing in Alberta and Denmark. It provides background to the driving forces for automation in primary care physician offices in Denmark and Alberta. It also summarizes the functionality of EMRs in both jurisdictions and compares the status of primary care physician office computing in Alberta to that in Denmark.

Case Study

Recognizing the Importance of Proactive Reporting at a Large Urban Teaching Hospital

Hannah Louie and Anita Tefpers

Incident reporting focuses on correcting system and process issues after an incident has occurred. By comparison, near-miss reporting is a means of proactively reporting events that could have resulted in an incident but did not because of timely intervention. Near-miss reporting allows organizations to identify and remedy potential incidents before harm befalls any patients. Recognizing the value of near-miss reporting, University Health Network (UHN) implemented a recogni-

tion program to encourage individuals to report near misses. Since the program's implementation in May 2006, near-miss reporting at UHN has increased 38% compared with the same time the previous year.

White Paper

High Performance Improves Access to Care for Patients

To help the Ministry of Health and Long-Term Care (MOHLTC) and Cancer Care Ontario meet its commitment to the Ontario public, Accenture was selected in August 2005 as the provider to develop the Wait Time Information System. Accenture was also selected in May 2006 as the provider to implement it in approximately 50 hospitals.

The single provincial Wait Time Information System collects information which, in the case of surgery, tracks the time from when patients and surgeons decide that surgery is required to the time the procedure occurs, and the medical priority for the procedure. The data is collected directly from the surgeons' offices and provides tools to surgeons to help track and manage their patient lists.

For the first time in Ontario, physicians, clinical leaders, hospitals, the MOHLTC and the public at larger, now have access to standard, complete, near real-time data to inform decision-making and improve patients' access to services throughout the province.