

### Virtual Inpatient Rounds: COVID and Beyond

AMS continues to offer “Right Now” solutions to clients as they navigate ongoing workflow and workload changes due to the COVID pandemic. An example is the incorporation of inpatient virtual rounding visits (VRV). A few key facts:

- ♣ **Dedicated Positions:** To date, most hospitals do not have dedicated positions used to coordinate or to facilitate and maintain the technology required for inpatient VRV.
- ♣ **Unit-Based Staff:** Because of minimal inpatient VRV volumes at most facilities, many inpatient nursing unit’s staff have accommodated the required workload hours, including the required use of technology to assist with the virtual health visits, by training and using their unit-based staff to perform the work.
- ♣ **VRV Volume Increase:** Currently, many hospitals are designing approaches to deal with anticipated and already realized increases in VRV volume. These volumes are originating from and increasing from both ambulatory and inpatient settings.

Successful accounting of the workload and implementation support requires streamlined workflows combined with monitoring the following:

1. Total daily completed visits/Projected annual visit volume
2. Visit schedule and frequency (i.e., Mon-Fri, Sun-Sat or other)
3. Types of completed visits (consults, follow-ups, etc.)
4. Average minutes per visit by type of visit
5. Average staff time per visit by type of visit

#### Skill Sets and Training Considerations:

- ♣ **Provider Support Positions:** Telehealth positions designed and required to support the VRV process and should be charged to the provider’s practice cost center or their administrative cost center and not to the inpatient nursing units, or other nursing cost centers, such as the nurse float pool.

- ♣ **Staff Background:** The type of staff and training are directly related to the provider visit type, patient mix, and required level of patient interaction.
- ♣ **Clinical Background:** This role does not require a clinical background. It is important for staff to be trained on interacting appropriately with patients and to maintain confidentiality. Consider staffing these required hours with cost-effective and appropriate provider support staff, similar to how scribe positions are filled with medical students or interns.



### Monitoring Your FTEs is Critical!

Unmonitored full-time-equivalents (FTEs) can quickly lead to a costly problem. A good overall global indicator of whether your organization is suffering from unnecessarily increasing FTEs is to compare your total hospital FTEs to net patient revenue (NPR). When NPR volume decreases, your organization’s FTEs should flex down in response. Organizations can calculate how many hours are paid per \$1,000 NPR to monitor how productive their FTEs are performing. This is referred to as monitoring the paid hours per indicator (PHPI).

In theory, when NPR decreases with no corresponding decrease in FTEs, the PHPI will react by going up, revealing a decrease in productivity and increase in FTEs or an “FTE creep.” When FTE creep is suspected, it is important to implement an objective strategy to identify the specific departments where it is occurring. Monitoring your FTEs is critical!

AMS put together these **4 key recommendations** to help your organization avoid FTE creep at all costs:

1. **Rank** department labor dollars to total labor dollars and then focusing on cost centers with the highest labor costs.
2. **Select** key volume indicators for each department to monitor departments and look for FTE creep, focusing on labor costs from high to low.
3. **Establish** a benchmark PHPI as a productivity expectation for each department.
4. **Analyze** those departments further where the PHPI is higher than expected.

Unnecessarily increasing FTEs may lead to inappropriate and financially crippling staffing levels and jeopardize your organization’s financial viability. AMS can offer the right tools and benchmarks to ensure you are monitoring productivity effectively. Before you budget for the next fiscal year, contact AMS to obtain more information on how we can help you right-size your organization.

### AMS Stats & Facts: Human Resources Talent Acquisition

| Measure   | Data                      |
|---|---------------------------|
| Average Time to Fill <sup>1</sup>                                       | <b>49 days</b>            |
| Overall Average Turnover Rate <sup>1</sup>                              | <b>15%</b>                |
| Average Openings per Recruiter <sup>1</sup>                             | <b>50</b>                 |
| Part Time (PT) to Full Time (FT) Mix <sup>1</sup>                       | <b>28% PT</b>             |
| % Leaders Feel 'Cultural Fit' is Most Sought After Quality <sup>2</sup> | <b>69%</b>                |
| Best Months to Post Jobs <sup>3</sup>                                   | <b>January – February</b> |
| Worst Months to Post Jobs <sup>3</sup>                                  | <b>June - August</b>      |

<sup>1</sup>AMS Comparative Database; <sup>2</sup><https://www.mgma.com/data/data-stories/hiring-for-the-right-fit>; <sup>3</sup><https://careersidekick.com/the-two-best-and-worst-times-of-the-year-for-job-hunting>