



Data, Culture, and Leadership

*Catalysts for Transformative Change in
Workforce Flexibility*



Speakers



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Agenda

- Challenges and goals
- Evaluation and solution
- Change management
- Results



Who has been called out for
high contingent labor costs?

Workforce challenges

High staffing
costs due to
agency
reliance


Struggles
with turnover
in targeted
areas

Need for
more
workforce
flexibility

Goals

 Reduce agency dependence

 Create internal staffing flexibility

 Provide travel-style flexibility and experiences within the organization

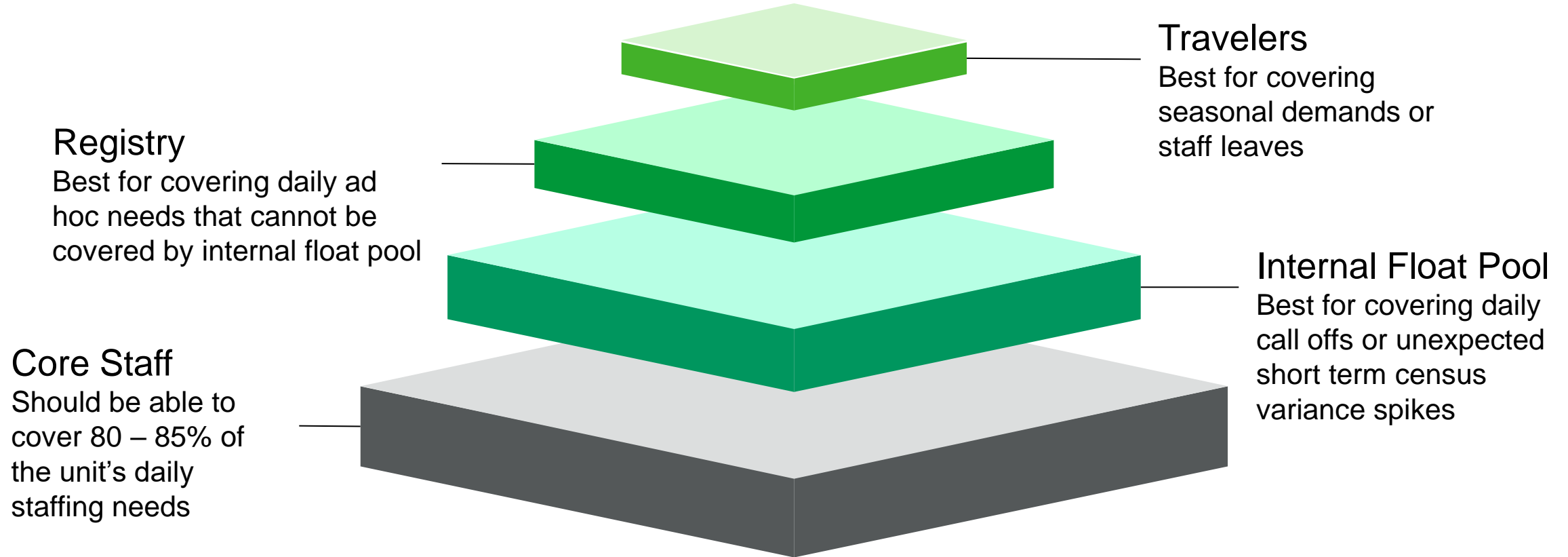
 Improve employee satisfaction and retention

 Optimize financial outcomes



How did we start working
toward achieving our goals?

A flexible workforce is made up of 4 layers





The Workforce Insights assessment has 4 objectives



Assess flexible workforce needs for each inpatient nursing unit



Evaluate house-wide strategic flexible workforce layer requirements



Develop a staffing to demand strategy

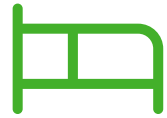


Quantify cost savings balancing core and contingent labor utilization

ProMedica's historical & current data was used in the assessment



Staffing Plan
For each inpatient nursing unit, the staffing matrix by census point



Census History
3-4 years inpatient daily census for each inpatient nursing unit

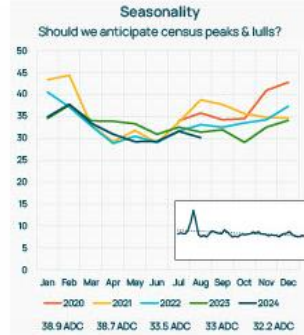


Budget Info
Productive FTE budget and current productivity data

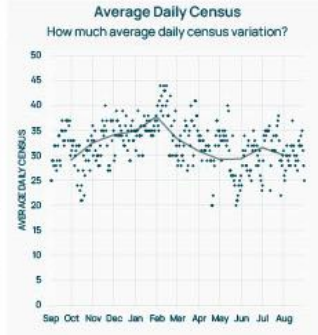


Sample Workforce Insights Dashboard

Quality Medical Center - QMC - Intensive Care Unit - 601001



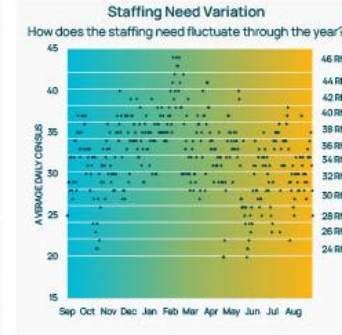
Graph above depicts the average daily census by month, year over year. This unit experiences some census seasonality in the winter months. The 5-year trend is shown in the inset graph.



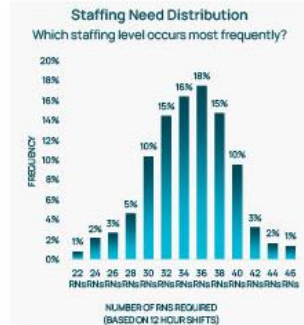
Graph above depicts the census variation around the monthly average for the most recent 12 months.



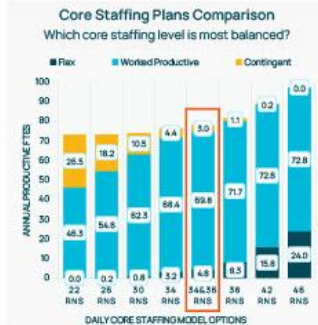
Graphs above show the census and staffing variation by weekday for the most recent 12 months.



Graph above depicts the historical census overlaid with RN staffing needs. Each band represents a different staffing level and shows how frequently staffing needs change across the year.



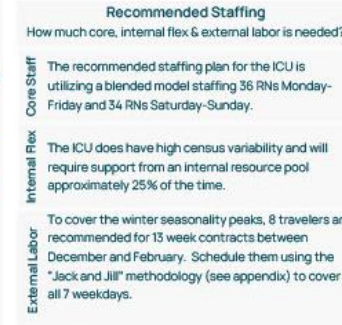
Graph above depicts the frequency each staffing level was required in the most recent 12 months.



Graph above depicts annual productive RNs based on different daily core staffing levels. Visual depicts how much flexing down and how much contingent staff are required.

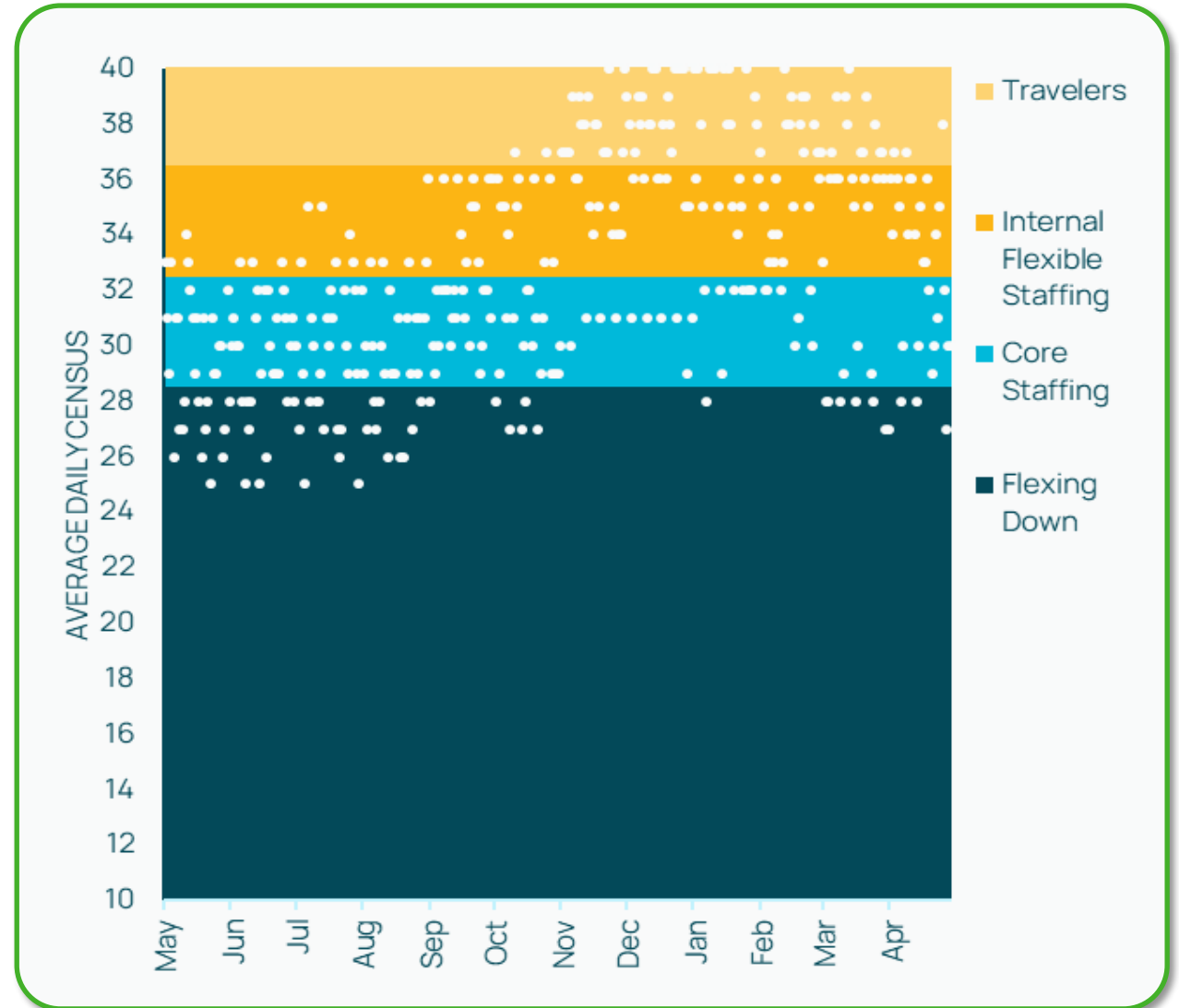


Graph above depicts the historical daily census against the recommended staffing model. The different color bands represent when the department is at core staffing, flexing down or using contingent labor.



Assess workforce layers by type & need

- What happens “most often”?
- How many additional FTEs are needed to staff to higher census & what workforce layer to use?
- How much flexing is required when census falls?



*Solution: Building
a systemwide
resource pool*

Consolidation of internal float pools

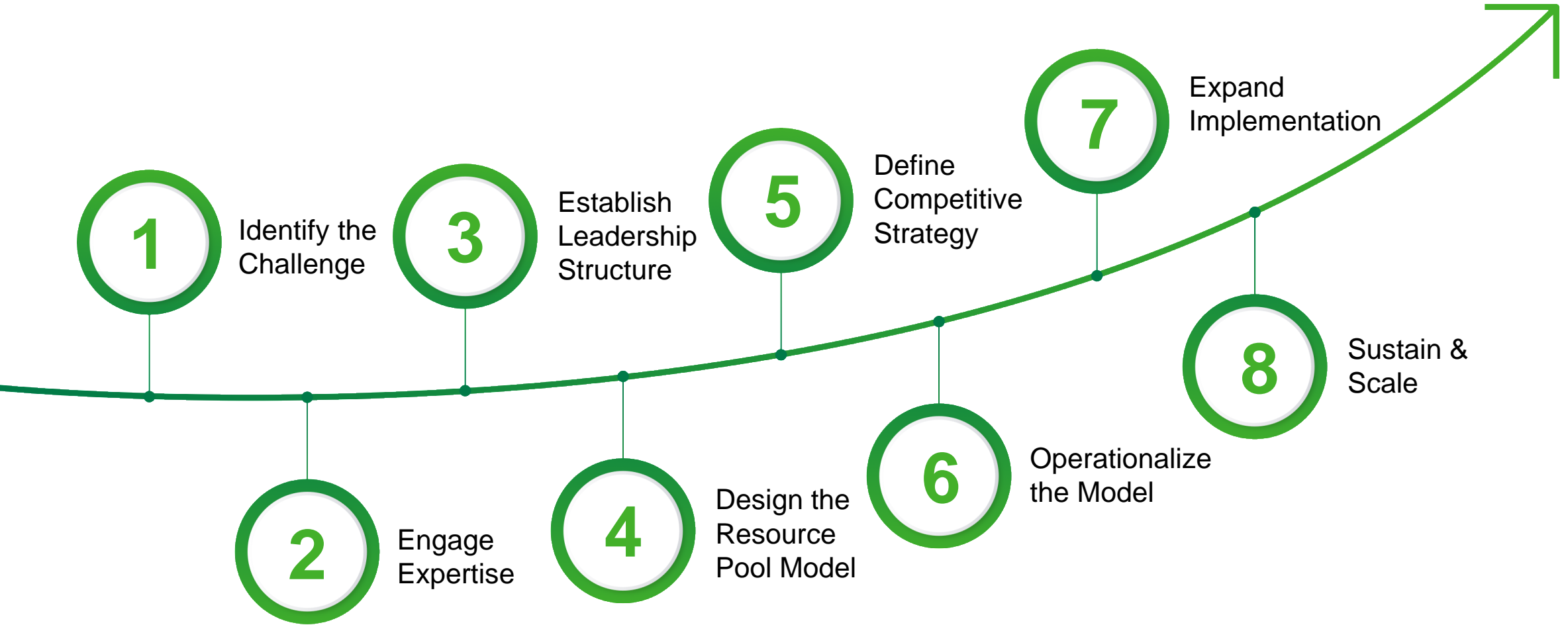
Size and skill set mix

Gradual implementation

Considerations for unionized hospitals

Managing change is not easy

Journey



Measurable results



**35 (at beginning of journey) to
120 (as of 1/2025)**

Growth of flexible resources



**32.44% (at beginning of journey) to
9.07% (6 months after implementation)**

Resource requests unfilled



198 FTEs

Reduction in agency use



Employee satisfaction and operational efficiency



Key Takeaways

- ✔ Data transparency drives better decision-making
- ✔ Change management is critical for success
- ✔ A well-managed resource pool:
 - Strengthens workforce flexibility
 - Enhances recruitment and retention
 - Provides high-quality care with good financial stewardship





Q&A





Thank You

