

RN Overtime Reduction

CCHCS LEAN SIX SIGMA PROGRAM

GREEN BELT | [REDACTED], CEO, KERN VALLEY STATE PRISON

Project Background

- CEO expected overtime to significantly reduce after training and implementation of Cerner. Review of Monthly Budget, MIRS, Position Management Report, Statewide Suicide Watch Rollup, did not show the expected reduction in overtime.
- Excess overtime costs, staff burnout, and conflicting and inconsistent decision making by SRN IIs were the main drivers to undertaking project.

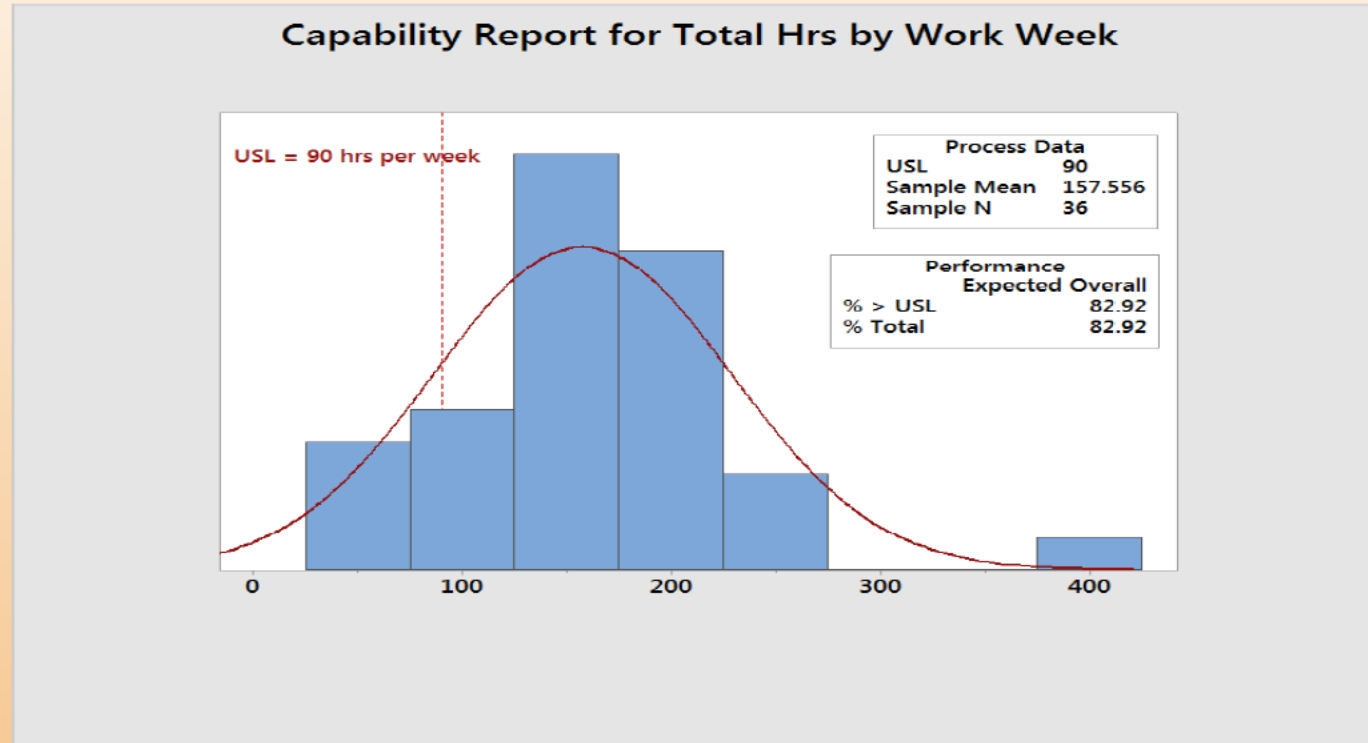
Project Charter

- Problem Statement: KVSP nursing department was incurring approximately \$100,000 per month in RN overtime.
- Project Objective: To identify root causes of RN overtime, and decrease unnecessary overtime.
- Primary Metric: Total RN overtime hours per week.

Team Members

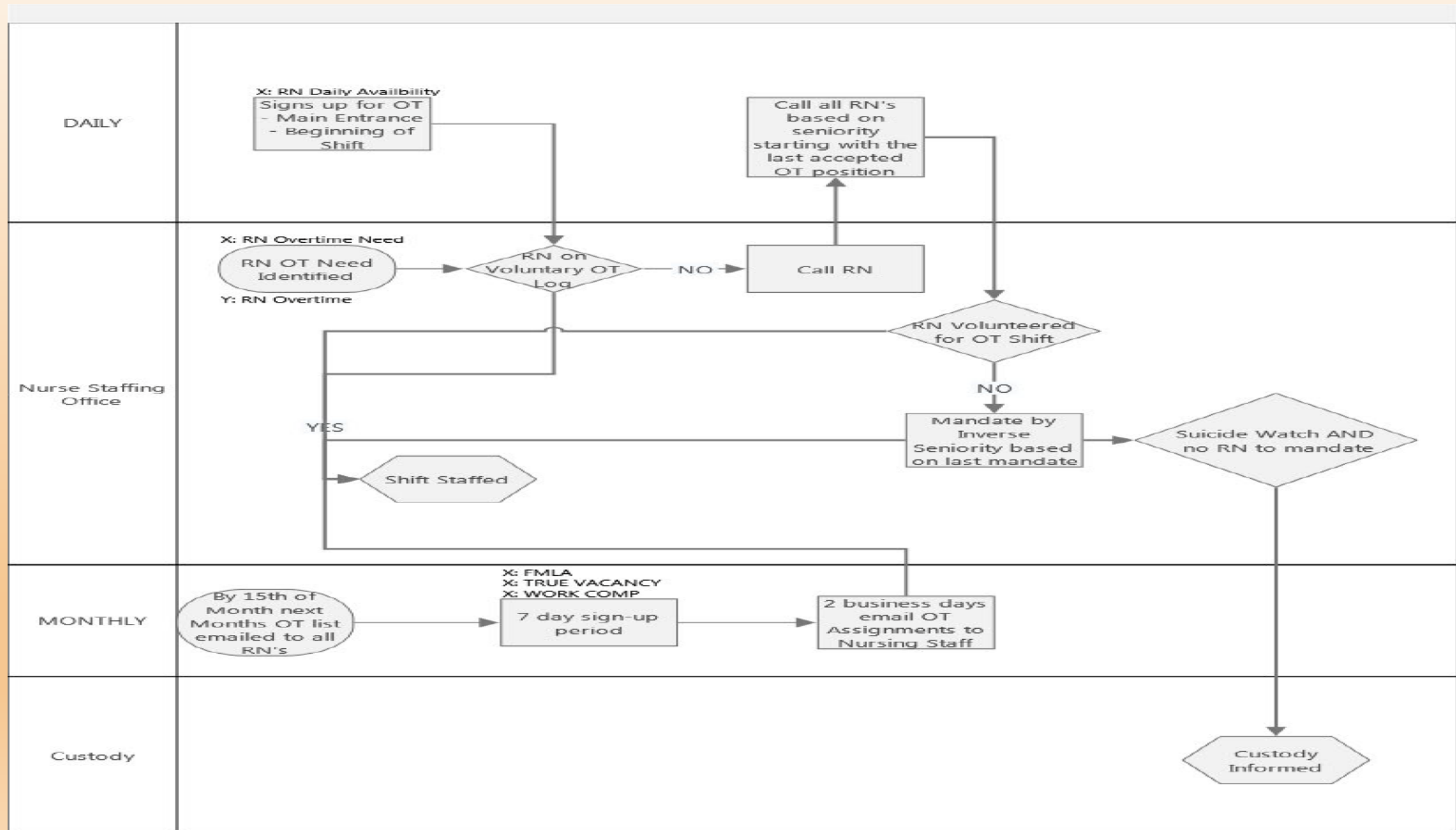
- Champion: [REDACTED], Chief Nurse Executive
- Process Owner: [REDACTED], Director of Nurses
- Executive Sponsor: [REDACTED], Regional Hiring Executive
- Team Members:
 - [REDACTED], SRN II
 - [REDACTED], SRN II
 - [REDACTED], RN
 - [REDACTED], CHSA II

Baseline Capability/Performance



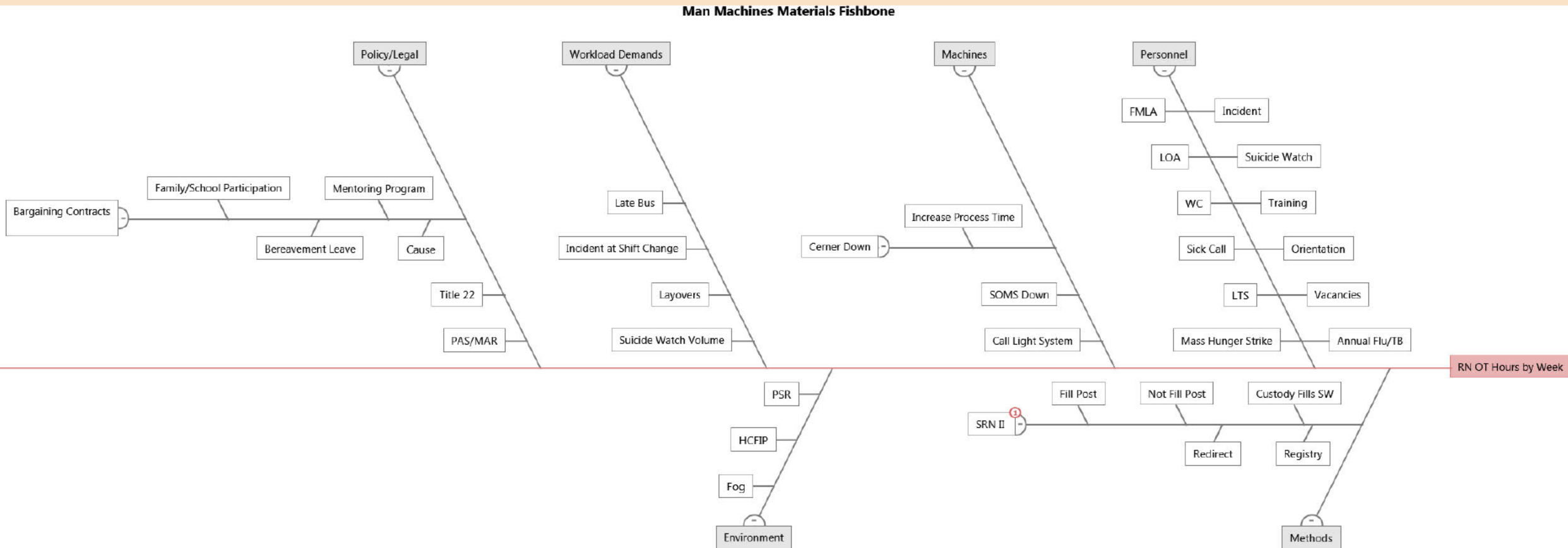
- Significant variation in weekly RN overtime
- Reached goal of <90 overtime hours per week 17%

Initial Process Map



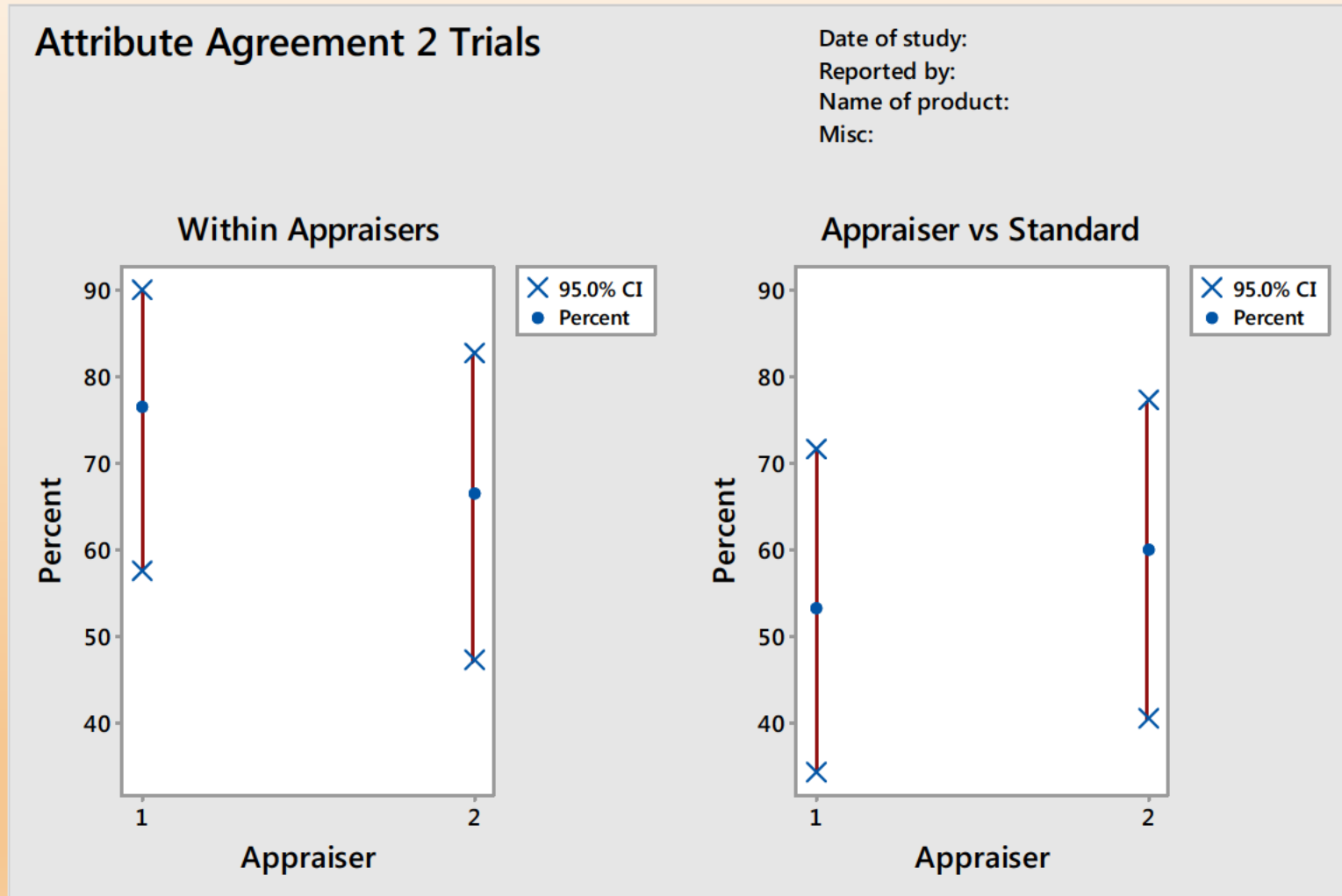
Brainstorming Using Fishbone

- Determined that some inputs such as workload demands, environment, and machines were unavoidable causes of overtime. These resulted in minimal overtime hours (.50 to 2.0), as compared to full shifts.



Measurement System Analysis

- Selected 30 RN overtime examples; 14 fill, 16 not fill. Two trials, with two appraisers deciding fill/not fill.
- With standard 36%
With self SRN A-76%
SRN B- 66%, With each other 36%



Failure Modes and Effects Analysis (FMEA) Findings

- Lack of conducting timely interviews to fill true vacancies
- Not preparing for known cyclical suicide watch needs by ensuring a pool of lower cost Registry CNAs
- Lack of knowledge or use of Title 22 Staffing Requirements, resulting in significantly exceeding needed Nursing hours based on CTC census
- Varying interpretations of Bargaining Unit 17 Contract

Key Findings 1

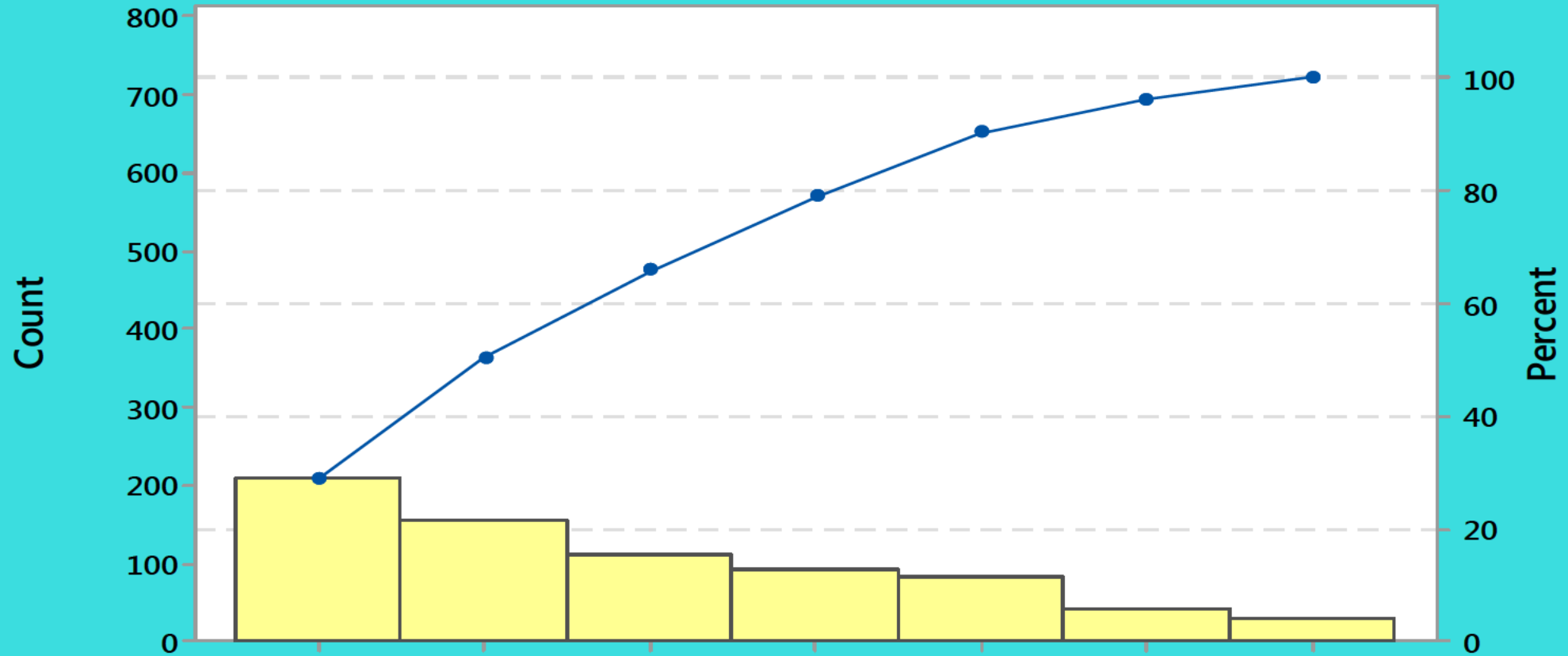
- Utilized PMR (Position Management Report) and Personnel data.

Did not hold interviews, or hire timely for RN vacancies

<u>Month</u>	<u>Interview Held</u>	<u>Hires</u>
July	None	<u>None</u>
August	None	<u>None</u>
September	09/20/2017	1
October	None	1
November	None	4
December	12/07/2017	None
January	01/25/2018	None
February	None	<u>None</u>

Key Findings 2

Pareto Chart of RN OT Shifts by Area



Area	SW	CTC	TTA	RR	MHCB	O	Other
Count	208	155	111	94	82	42	29
Percent	28.8	21.5	15.4	13.0	11.4	5.8	4.0
Cum %	28.8	50.3	65.7	78.8	90.2	96.0	100.0

Key Findings 3

- Exceeded Title 22 required Nursing Hours by not utilizing Daily Census Report.

<u>Date</u>	<u># of Beds Occupied</u>	<u>OT Hours Exceeding Requirements</u>
March 8, 2018	14	8
March 11, 2018	11	8
March 15, 2018	13	8
March 27, 2018	14	8
March 28, 2018	13	16

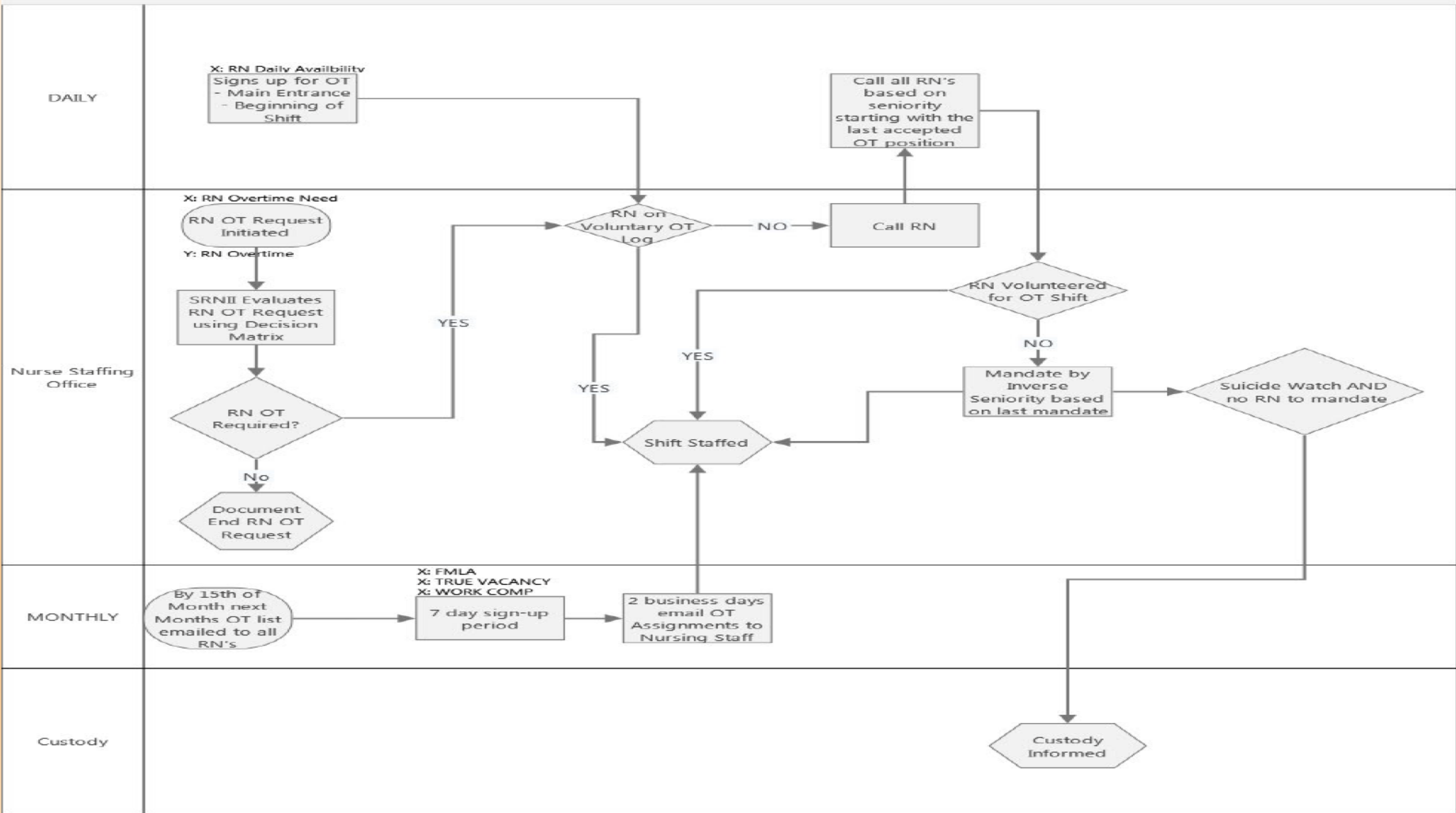
Critical X's

- RN True Vacancies
- Suicide Watch
- Daily CTC Census not considered / Title 22 requirements
- SRN II variation in interpretation of BU contract

Improvements

- Work in progress:
 - Create Decision matrix
 - Add preference column to Overtime Sign Up sheet
 - Cross-train OTs on robo-calling RNs for voluntary overtime, as appropriate for OT classification
 - Change “Just fill it” mentality
 - Hold monthly interviews, adhere to 10 day hiring policy
 - Registry needs communicated to Mgmt Solutions

Updated Process Map

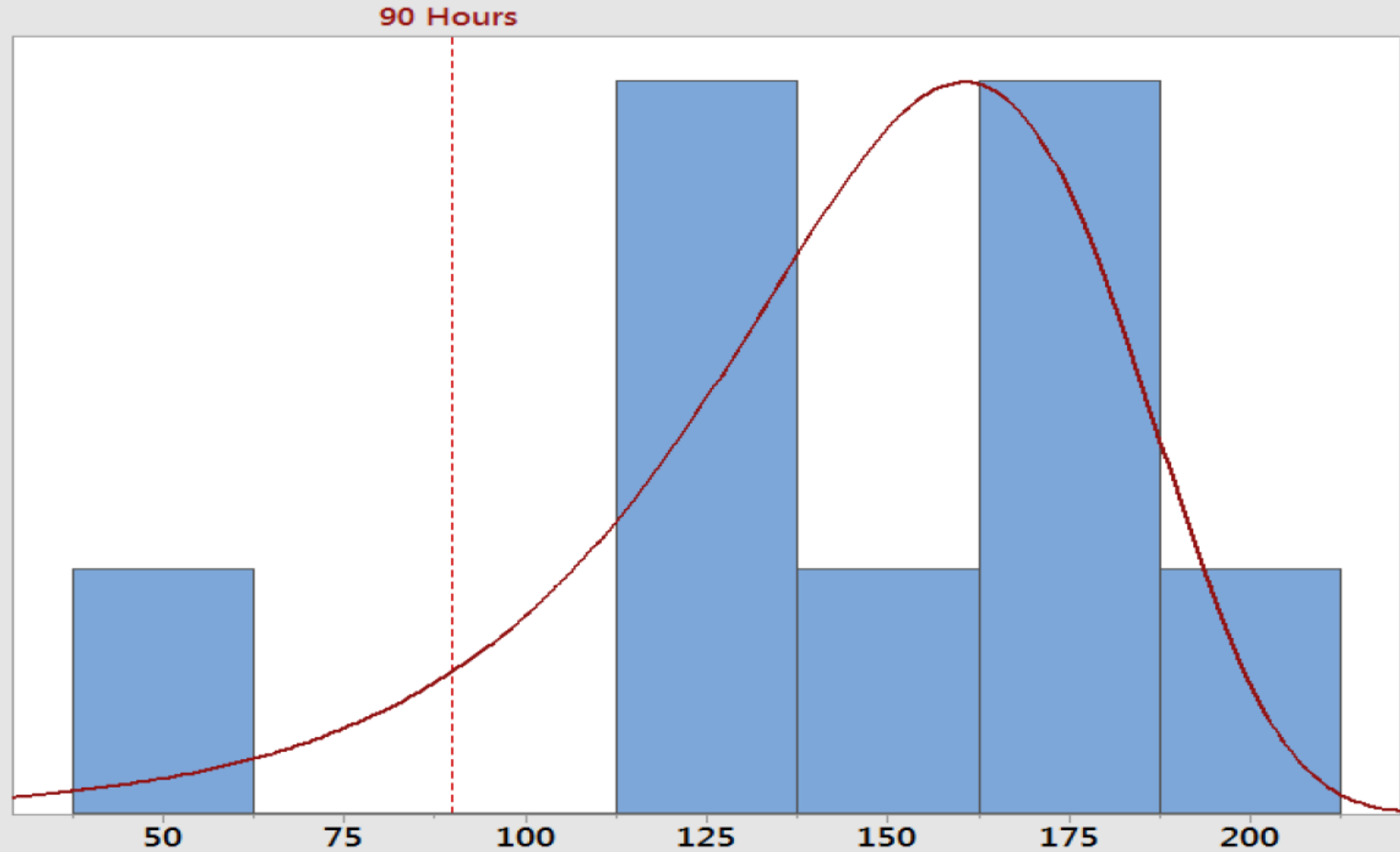


Updated Capability/Performance Analysis

Process Capability Report for Total Hours Calculations Based on Weibull Distribution Model

Process Data	
USL	90
Sample Mean	143.5
Sample N	9

Observed Performance	
% > USL	88.89
% Total	88.89



Control Plan

- Monthly monitoring of RN Overtime by week utilizing Telestaf Reports
- Audits by Continuous Improvement Team
 - Monthly Interviews Held
 - 10 day hiring policy adherence
 - Registry resources utilized for cyclical suicide watch needs
 - Any out of control points on I Chart



A3 Performance Tracker

General Information:

Project Title: RN Overtime Reduction
Agency/Department: CDCR CCHCS
Division/District/Office: Kern Valley State Prison
Champion/Process Owner: [REDACTED] Chief Nurse Executive
Green Belt: [REDACTED] Chief Executive Officer
Executive Sponsor: [REDACTED] Regional Hiring Executive
Date: June 15, 2018

Problem Statement:

KVSP nursing department was incurring approximately \$100,000 per month in RN overtime.

Primary Metric:

Total RN overtime hours per week

Goal:

<90 RN overtime hours per week

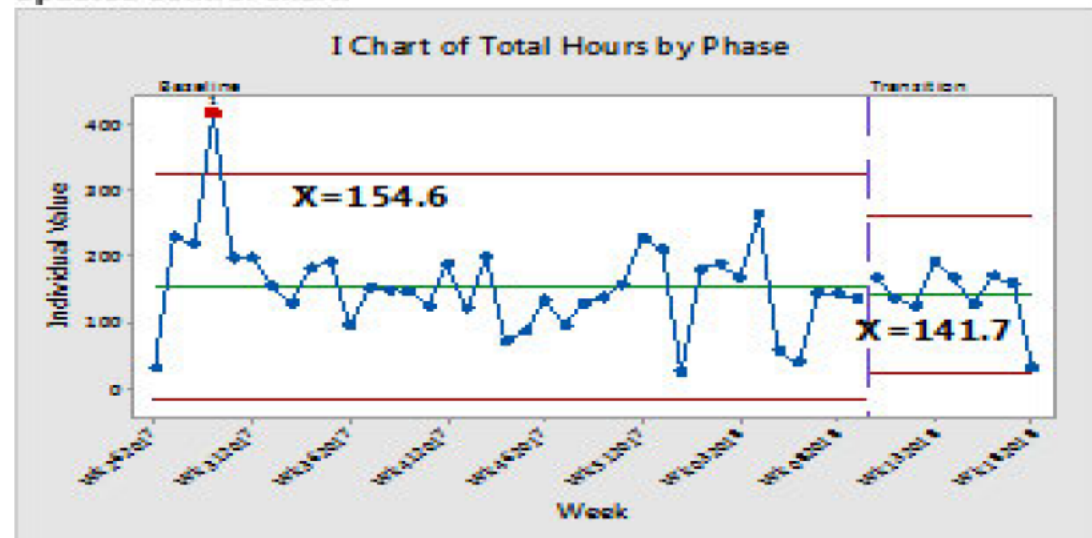
Root Causes (Critical X's):

- True vacancies
- No pool of registry CNAs
- Lack of knowledge and/or compliance with Title 22 staffing requirements
- Varying interpretation of Bargaining Union contract

Solution Implementation Tracking:

item	status
Creation of Decision Making Matrix	July 2018
Training on Matrix	July 2018
Conduct Attribute Agreement to validate Matrix	August 2018
Implementing Matrix	September 2018
Hold RN Interviews monthly	June 2018
Ensure pool of Registry CNAs	June 2018

Updated Control Chart:



Project Impacts

- Standard work would result in consistent decision making
- Reduction in RN overtime expenditures
- Non-value added tasks removed from SRN IIs
- Improved morale of SRN IIs
- Baseline showed 154 Overtime hours per week; if goal of <90 per week is achieved this would result in approximately \$4,800 reduction in overtime costs per week. This equates to \$250,000 annually.

Project Summary and Lessons Learned

- Lack of standardization for overtime hiring has numerous negative impacts.
- Absolute need for a decision making matrix.
- Varying interpretations of BU Contracts at all levels of the organization.
- There is a potential for significant cost savings at KVSP; as well as statewide.

Green Belt Contact Information

- [REDACTED]
- Chief Executive Officer, Kern Valley State Prison
- [REDACTED]
- [REDACTED]