### Strategic Alignment: Quality, People, Finance

**Aim Statement:** We aim to standardize the nurse role (RNs, LPNs, MOAs, CMAs) in the 57 MUHC clinics. By July 1, 2015, we will implement use of the Clinic Technical Skills Permissions List (CTSPL) in the Rigorous Requisition Group (RRG) process for hiring decisions. This process focuses on determining the appropriate staffing based on actual nursing staff tasks performed in the clinics.

**Specific Measures:**

- Change in staffing mix over time
- Change in staffing cost over time

**Plan**

- Development of the CTSPL
- Revision of existing MUHC clinic policies to be consistent with state licensure requirements, job descriptions and the CTSPL
- Incorporate the CTSPL into the RRG process
- Develop roll-out and communication plan for use of CTSPL as a resource in our 57 clinics
- Work with HR to evaluate supply of CMA candidates
- Work with clinic leaders to prepare for implementation of CTSPL-based hiring process

**Do**

- Validation of CTSPL through evaluation of LPN and CMA education related to clinical skills
- Review of CTSPL by clinic supervisors/charge nurses and focus group of nurses
- Seek approval of CTSPL with stakeholders – Executive Committee of the Medical Staff (ECOMS), Chief Nurse Executive, managers and medical directors
- Develop roll-out and communication plan for use of CTSPL as a resource in our 57 clinics
- Work with HR to evaluate supply of CMA candidates
- Work with clinic leaders to prepare for implementation of CTSPL-based hiring process

**Study**

- Out of the 57 clinics, 10 Clinics are represented on this team focusing on the tasks done in that clinic
- Steps 1-3: Validate the CTSPL and ensure organizational agreement on quality and consistency.
- Step 4: Review and update policies to allow CTSPL to be used.
- Step 5: Pilot test CTSPL in the clinics represented on this team.

**Act**

- Use of the CTSPL did show changes in staffing mix and reduction in staff costs for the study clinics. The CTSPL will be a useful tool for all clinics in determining the appropriate nursing staff when there is a new or open nursing position.

**Graphics / Data**

1. Potential Causes: Inefficient Utilization of Nursing Staff
2. Gap Analysis Process
3. How are we currently staffed in our clinics?
4. Total # clinical staff in MUHC clinics = 281 (includes MOs & FFCs)
   - RNs: 83, LPNs: 181, CAs: 2, MOAs: 15
   - Hourly Wage Rate: RN $19.00 - $30.24, LPN $14.76 - $22.16, CA $12.22 - $17.10, MOA $10.64 - $14.88
   - CTSPL Projected: Change in staffing mix over time (in supervision/charge nurse role) and reduction in staffing cost over time (in LPN role)
4. Comparison of Current State versus CTSPL Projection
5. Graphics / Data
6. Specific Measures: Change in staffing mix over time, Change in staffing cost over time

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**Table: Staffing Comparison**

<table>
<thead>
<tr>
<th></th>
<th>Current State</th>
<th>CTSPL Projection</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff (in # of FTE)</strong></td>
<td>#</td>
<td>#</td>
<td>Type of FTE</td>
</tr>
<tr>
<td>RN</td>
<td>20.25</td>
<td>11.45</td>
<td>-8.8</td>
</tr>
<tr>
<td>LPN</td>
<td>51.75</td>
<td>47.55</td>
<td>-4.2</td>
</tr>
<tr>
<td>CMA</td>
<td>3</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>MOA</td>
<td>6</td>
<td>4</td>
<td>-2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>81</td>
<td>81</td>
<td>0</td>
</tr>
</tbody>
</table>