

SHARP HEALTHCARE MEETS NURSING CHALLENGES

CASE STUDY

Sharp HealthCare
San Diego, California

Sharp HealthCare's more than 13,000 employees serve the residents of San Diego and surrounding communities with four acute care hospitals, three specialty hospitals and a full spectrum of other facilities and services.

Challenge:

In just the first eight months of FY 2005, three skilled nursing units at Sharp HealthCare experienced an unprecedented rate of voluntary termination by long-term LVNs – 167 percent higher than the entire previous year. This posed a threat to patient safety and would cost over \$300,000. The director of the skilled nursing units knew Sharp needed to increase staff, but had no metrics to justify such a request.

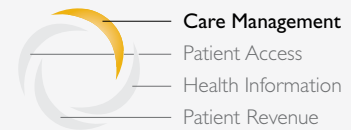
Solution:

Sharp HealthCare's first step was to determine why LVNs were leaving. Exit interviews revealed the problem was a low level of staff satisfaction. The cause? Patients' acuities on admission had become higher. This meant an increased need for medication administration and dressing changes over extended lengths of stay. And physicians were rounding on these units with greater frequency, resulting in increased physician orders and an additional increase in nurse workload.

Sharp HealthCare used data generated by the AcuityPlus software to prove that the skilled nursing units needed additional staff.

The hospitals had been using the QuadraMed AcuityPlus™ Acuity, Productivity and Benchmarking System for several years. But the skilled nursing units had not. AcuityPlus allowed other departments to effectively allocate nursing staff, appropriately utilize RNs by understanding the complexity of patients, and generate information for budgeting and strategic planning. It also enabled unit-to-unit and facility-to-facility benchmarking, and provided information necessary to comply with external regulatory requirements.

QuadraMed Care-Based Revenue Cycle Solutions



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The director of skilled nursing met with Sharp HealthCare's AcuityPlus Coordinator and learned the coordinator had completed an acuity assessment of the skilled nursing units in 2004, and repeated the assessment in 2005. A comparison of the two verified what the departing LVNs reported: in one year, the patient population had changed from lower acuity to higher acuity, though complexity remained unchanged. The AcuityPlus software quantified the increased hours of care required to meet the needs of the new patient population related to ADLs, cognitive functioning, isolation, medication management and wound management.

Results:

Sharp HealthCare used data generated by the AcuityPlus system to prove that the skilled nursing units needed additional staff. The system also provided data that identified the skill level and shift requirements. With this justification in hand, the skilled nursing units' request for an additional LVN for the 11:00 a.m. to 7:00 p.m. shift was approved. Today, the skilled nursing units use AcuityPlus daily to track changes in the acuity and complexity of the patient population and adjust staff levels accordingly. Using AcuityPlus, Sharp HealthCare enhanced patient safety and quality of care, as well as staff satisfaction in its skilled nursing units.

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