

Exemplary Professional Practice Source of Evidence - EP10

Nurses use trended data in the budgeting process, with clinical nurse input, to redistribute existing nursing resources or obtain additional nursing resources.

EP10: Provide two examples, with supporting evidence, from different practice settings where trended data was used during the budget process, with clinical nurse input, to assess actual-to-budget performance to redistribute existing nursing resources or to acquire additional nursing resources. Trended data must be presented.

Example a: Expansion of float pool and creation of Central Resource Office

In 2014 a productivity monitoring system, The *Truven Health ActionOI® Operational Performance Improvement* benchmark system was initiated throughout Capital Health including patient care areas within the nursing division. This was done by the executive team and outside consultants. A labor management report was generated monthly for Executives, Directors, Nurse Managers, and Assistant Nurse Managers to better manage their departments. Nurse Managers shared monthly results at staff meetings and solicited ideas to course correct as needed. This *Labor Management Report* used trended FTE utilization and overtime data which laid the foundation for expanding the float pool ([Attachment 1](#)).

On January 21, 2015 a work session was held to review productivity trends from the *Labor Management Reports* and engage manager and staff input on improving staffing and scheduling. The following areas were identified to improve productivity:

- Reduce overtime
 - Expand RN Float pool and develop Central Resource Office for coordination of scheduling and staffing
 - Reduce one to one sitters
 - Reduce ED holds
- ([Attachment 2](#))

In February 2015, a plan was initiated and an implementation team was identified ([Attachment 3](#)). The goals of the team included:

- Advance global staffing options
- Cover Leaves of Absence (LOA)
- Meet productivity targets
- Decrease overtime
- Eliminate the use of external agency nurses
- Increase flexibility for staffing
- Attract excellent staff to resource the float pools

The return on investment (ROI) was based on reducing 35 overtime FTEs by hiring float pool RNs at straight- time.

The Nurse Managers communicated the plan in their staff meetings to gain feedback from the clinical nurses and a letter was sent out to all RN staff explaining the new opportunity. The work team addressed all questions and feedback.

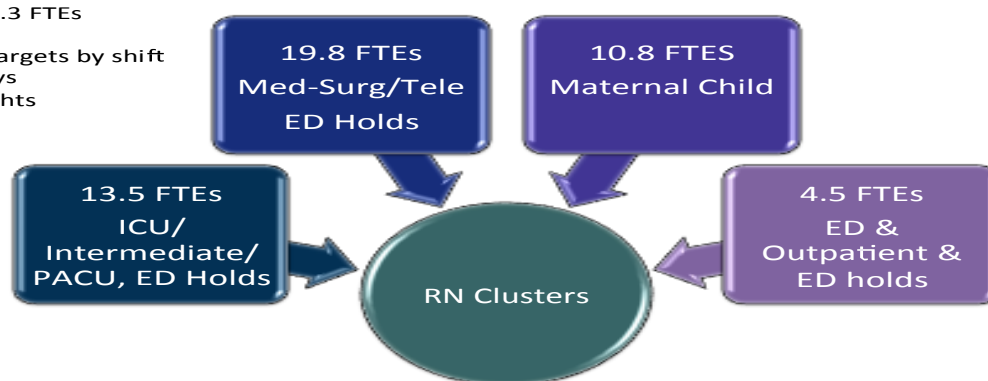
The CNO, and hired consultants, worked with finance to facilitate 48.3 RN FTEs being added to an RN float cost center based on the average number of RNs on leave of absence in each specialty. These numbers provided a starting number to work with and re-evaluation of the FTE need would be revisited in the budget process for 2016.

Capital Health RN FTE Needs By Specialty



Total 48.3 FTEs

Hiring Targets by shift
50% Days
50% Nights



1

The name of the float pool changed to the *RN Flexible Staffing Team (FST)* with new requirements and flexible staffing options. Internal and external recruitment was initiated. A *Central Resource Office* was also initiated to begin managing the global staffing and scheduling in collaboration with the unit nurse managers and house supervisors ([Attachment 4](#))

Staff nurse involvement in the planning and implementing of the flexible staffing team was imperative to design the program and assist with implementing the change. Because this was a new concept at Capital Health, there were many questions and concerns from the staff at large. The staff RN on the work team, Diane Patterson, was instrumental in researching other hospital models, working through staff concerns with FST requirements and addressing staff concerns of the pulling of unit staff vs FST.

In addition, the Assistant Nurse Manager group was targeted as a primary staff RN group to engage in implementation. Initially they had six concerns:

1. They are worried they are going to lose regular staff and then it will take too long to back fill the positions.
2. They were very upset about the pulling of regular staff from campus to campus without any orientation to the units or the hospital So they were

- asking if the Float Pool Staff would be the first to go between the campuses
3. They were concerned about how long the orientation was going to take and how these nurses were going to be able to function independently on their units.
 4. They thought the flexible staff should be cancelled before regular staff is cancelled.
 5. Salary issues came up.
 6. They feared losing experienced nurses because the pay rate is not competitive with other hospitals so they should look at compensating the nurses they already have instead of developing a new program that may fail down the road. They questioned the longevity of the program and if people will stay in the program after they spend the time to orient them.

On July 7, 2015, members of the team attended the ANM meeting to hear concerns first hand and incorporate feedback into the ongoing program implementation. Issues were resolved as evidence by the emails and unit minutes provided in the attachment ([Attachment 5](#)).

By December 2015, the flexible RN staff positions were approximately 60% filled. The Maternal Child and Medical-Surgical positions were being filled more easily than ED and Critical Care. Additional recruitment strategies were being implemented to address these RN FTE openings.

References

Mendez de Leon, D., & Klauzer Stroot, J. A. (2013). Using Nursing resource teams to improve quality of care. *Healthcare Financial Management Association (HFMA) Journal*, August, 2013. Retrieved from: <http://www.hfma.org/Content.aspx?id=18608>

Wopert, C. Mielnicki, M. Kiernan, H., & Kessler, A. (2015). An Innovative Approach to Optimize Staffing and Enhance Professional Growth. *Northwestern Memorial Hospital, Chicago, IL AONE Poster Session Annual Conference March 2015*.

Example b: Adjusted staffing requirements for Maternity Department

In October 2012, it was learned that a new obstetric practice bringing a projected 600 births per year was joining Capital Health that December. This information was communicated to the Maternal Child Health (MCH) leadership team ([Attachment 1](#)). Having learned of the news, Clinical Nurses skilled in Obstetrical Triage (OB Triage) Care and Maternal Child Health, nursing leadership, including the Director, Nurse

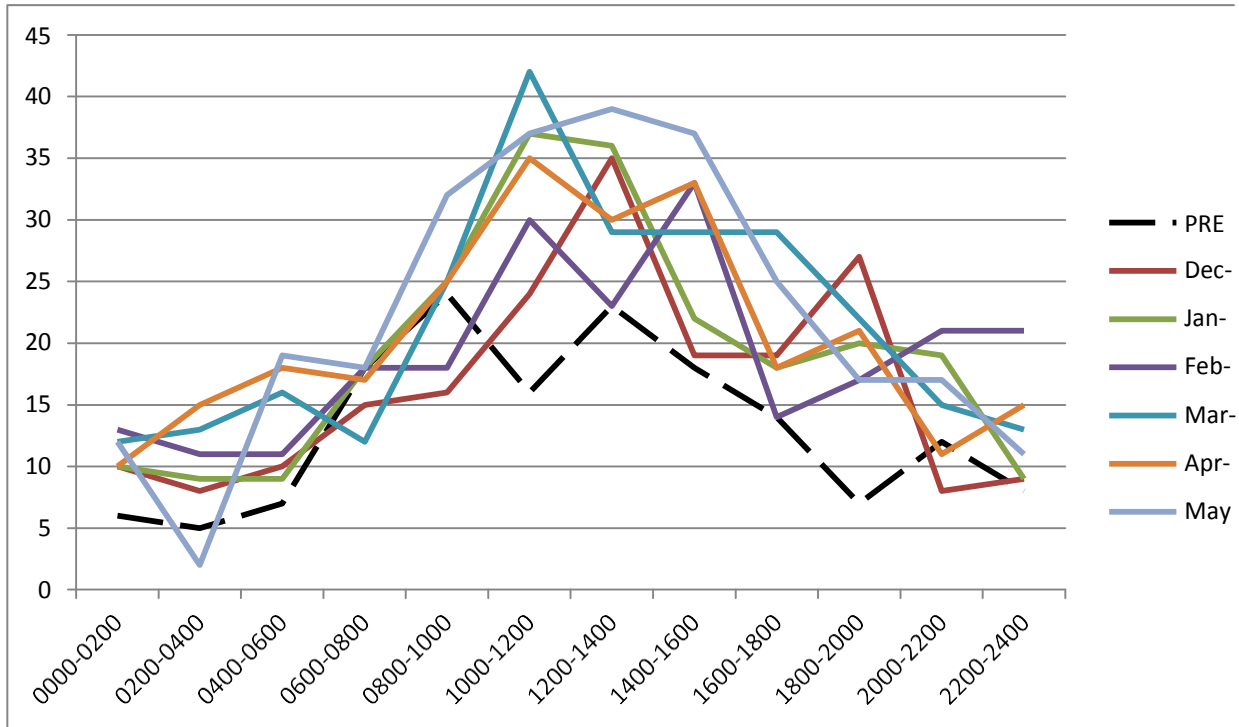
Managers, Assistant Nurse Manager, and two Perinatal Clinical Nurse Specialists (PCNS) recognized that the assimilation of the new practice would greatly impact the OB Triage throughput. At the same time, the OB Triage Clinical Nurses were vocal about the need for more nursing resources to absorb the volume in order to continue providing timely and safe care.

As a result, the Nursing Director requested that the two PCNS orient and cross train to the Direct Care Nurse's role in OB Triage which would enable OB Triage to flex up staffing, as needed, once the cross training was complete. This would only help the circumstances for the short term as the PCNSs had their own responsibilities and working in OB Triage could potentially impact their ability to get their own work done. As anticipated, after the two PCNSs completed cross training, they were able to help by working in OB Triage whenever possible. In addition, it allowed a second labor skilled RN to return to the Labor-Delivery-Recovery (LDR) to provide care when they needed additional resources ([Attachment 2](#)).

Knowing that this was only a short term solution, the decision was made to have one of the PCNSs begin tracking volume prior to (Pre-data: November, 2012) and post-arrival of the new obstetric practice. This PCNS examined the trended data during peak hours and documented monthly census totals to determine if there was a sustained, consistent increase in volume ([Attachment 3](#); Also see Graphs 1&2 and Tables 1&2 below).

The trended data revealed a consistent staffing need for a second RN in OB Triage during daytime hours from 0700-1900. As a result, administrative approval for the 2015 LDR budget allocated one additional RN full time equivalency (FTE) for OB Triage ([Attachment 4](#)). This was a long-awaited position approval as it had been two years since the staff made the original request. The Nurse Manager of LDR and OB Triage was excited to provide the newly approved staffing standard (gray line) for 2015 to the staff at the March 2015 staff meeting ([Attachment 5](#)).

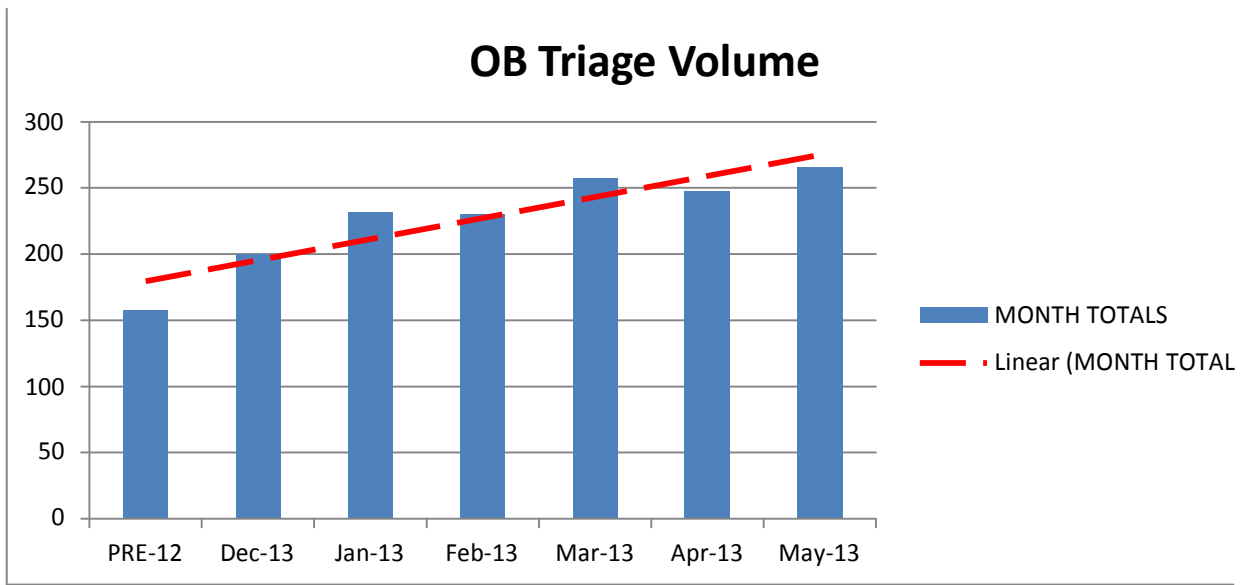
Peak Admission Census



Graph 1: OB Triage Data Report on Peak Admission Census Hours for November (Pre), 2012 through May, 2013

| Month | 0000 - 0200 | 0200- 0400 | 0400- 0600 | 0600- 0800 | 0800- 1000 | 1000- 1200 | 1200- 1400 | 1400- 1600 | 1600- 1800 | 1800- 2000 | 2000- 2200 | 2200 - 2400 |
|--------|-------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| Pre-12 | 6 | 5 | 7 | 18 | 24 | 16 | 23 | 18 | 14 | 7 | 12 | 8 |
| Dec-12 | 10 | 8 | 10 | 15 | 16 | 24 | 35 | 19 | 19 | 27 | 8 | 9 |
| Jan-13 | 10 | 9 | 9 | 18 | 25 | 37 | 36 | 22 | 18 | 20 | 19 | 9 |
| Feb-13 | 13 | 11 | 11 | 18 | 18 | 30 | 23 | 33 | 14 | 17 | 21 | 21 |
| Mar-13 | 12 | 13 | 16 | 12 | 25 | 42 | 29 | 29 | 29 | 22 | 15 | 13 |
| Apr-13 | 10 | 15 | 18 | 17 | 25 | 35 | 30 | 33 | 18 | 21 | 11 | 15 |
| May-13 | 12 | 2 | 19 | 18 | 32 | 37 | 39 | 37 | 25 | 17 | 17 | 11 |

Table 1 OB Triage Data Report on Peak Admission Census Hours for November(PRE), 2012 through May, 2013 Peak Hours Identified



Graph 2: OB Triage Monthly Patient Volume Increases

| Month | PRE-12 | Dec-13 | Jan-13 | Feb-13 | Mar-13 | Apr-13 |
|---------------|--------|--------|--------|--------|--------|--------|
| TOTALS | 158 | 200 | 232 | 230 | 257 | 248 |

Table 2: OB Triage Monthly Patient Volume Increases

Exemplary Professional Practice

Exhibits for SOE - EP10

[CLICK HERE TO RETURN TO NARRATIVE](#)

CAPITAL HEALTH Labor Management Report

December - 2014
31 Days in period
23 Weekdays in period

| Cost Ctr | COST CENTER AND LOCATION | | | Description | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th% | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs |
|----------|--------------------------|------|-------------------|--|--------------|----------------|---------------------------|---------------------|-----------------|---------------------|---------------------|-------------------|--------------|--------------------|
| | Site | DIV | Mgr | | | | | | | | | | | |
| 9245-10 | 10 | 1.10 | Ruthann Tobolski | Nursing Administration - RMC | 11.8 | 5,327 | Total Pt Days | 0.39 | 0.45 | -1.8 | -2.2 | 0.3% | 12.7 | 24.50 |
| 9245-50 | 50 | 1.10 | Ruthann Tobolski | Nursing Administration - Hopewell | 7.9 | 5,224 | Total Pt Days | 0.26 | 0.29 | -0.8 | -1.0 | | 10.0 | Incl Above |
| 9252-10 | 10 | 1.10 | Barb Grande | Nursing Informatics - RMC | 4.6 | 5,327 | Total Pt Days | 0.15 | 0.16 | -0.3 | -0.4 | | 6.0 | 11.60 |
| 9252-50 | 50 | 1.10 | Barb Grande | Nursing Informatics - Hopewell | 4.9 | 5,224 | Total Pt Days | 0.16 | 0.16 | 0.0 | 0.0 | | 5.6 | Incl Above |
| 6107-10 | 10 | 1.10 | | Nursing Research - RMC | | 5,327 | Total Pt Days | | | | | | | |
| 6107-50 | 50 | 1.10 | | Nursing Research - HPW | 0.5 | 5,224 | Total Pt Days | 0.01 | 0.01 | | | | 0.6 | 1.60 |
| 9251-10 | 10 | 1.10 | Katrina Sweeney | Dept of Clinical Education/Wound Care/Enterostomy Th | 9.9 | 10,551 | Combined Pt Days | 0.16 | 0.18 | -1.0 | -1.3 | | 13.1 | 15.22 |
| | | | | NURSING ADMIN | 39.6 | | | | | -3.9 | -4.9 | 0.1% | 48.0 | 52.92 |
| 6110-10 | 10 | 1.20 | Ruthann Tobolski | Nursing Floats (Non Nrsg) - RMC | 0.4 | 3,005 | RMC Pt Days | 0.02 | | 0.4 | 0.4 | | 7.4 | 52.26 |
| 6111-10 | 10 | 1.30 | Marian Moore | PRN Float Pool - RMC | | 402 | CC Pt Days | | | | | | | |
| 6106-10 | 10 | 1.30 | Ruthann Tobolski | Nursing Floats (Nurses Only) - RMC | | | | | | | | | | |
| 6142-10 | 10 | 1.20 | Dianne Cubberley | Cardiology Inpatient - RMC (2F) | 75.3 | 1,067 | Census | 12.23 | 12.0 | 1.4 | 1.5 | 9.1% | 79.6 | 69.60 |
| | | | | Cardiology Inpatient - RMC (2F) | | 175 | 1:1's | | 4.0 | -4.0 | -4.3 | | | |
| 6147-10 | 10 | 1.20 | Colleen Price | Critical Care ICU/CCU- RMC (TMICU, S3 | 44.8 | 402 | Census | 19.33 | 19.0 | 0.8 | 0.8 | 2.8% | 48.7 | 39.94 |
| | | | | Critical Care ICU/CCU- RMC (TMICU, S3 | | 63 | 1:1's | | 4.0 | -1.5 | -1.6 | | | |
| 6180-10 | 10 | 1.20 | Deb Lenart | Surgical Care Overflow - RMC | 0.2 | | Census | | | | | | 0.2 | |
| 6150-10 | 10 | 1.20 | Lynn Stollsteimer | Medical Care - RMC (OP2) | 32.1 | 583 | Census | 9.56 | 9.5 | 0.2 | 0.2 | 7.7% | 36.1 | 27.88 |
| | | | | Medical Care - RMC (OP2) | | 143 | 1:1's | | 4.0 | -3.3 | -3.7 | | | |
| 6159-10 | 10 | 1.20 | Deb Lenart | Surgical Care/Trauma Unit - RMC (Steen2) | 31.9 | 488 | Census | 11.32 | 10.3 | 2.9 | 3.1 | 8.7% | 34.0 | 26.44 |
| | | | | Surgical Care/Trauma Unit - RMC (Steen2) | | 107 | 1:1's | | 4.0 | -2.5 | -2.6 | | | |
| 6810-10 | 10 | 1.20 | Lisa McConlogue | Surge Overflow - RMC | 0.4 | | Census | | 13.4 | 0.4 | | | 0.4 | |
| | | | | Surge Overflow - RMC | | | 1:1's | | 4.0 | | | | | |
| 6816-10 | 10 | 1.20 | Lynn Stollsteimer | Med/Surg Unit (OP1) | 29.6 | 465 | Census | 11.02 | 9.5 | 4.1 | 4.6 | 12.8% | 33.4 | 23.68 |
| | | | | Med/Surg Unit (OP1) | | 119 | 1:1's | | 4.0 | -2.7 | -3.1 | | | |
| | | | | M/S REGIONAL | 214.6 | | | | | -3.9 | -4.7 | 8.0% | 239.8 | 239.80 |

CAPITAL HEALTH Labor Management Report

December - 2014
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23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. | Workload | Workload Unit | Actual Prod | Benchmark | Prod FTE Var | Paid FTE Var | % OT/AGENCY | Paid | Budgeted |
|--------------------------|------|------|----------------------|-------|----------|---------------------|-------------|-----------|--------------|--------------|-------------|-------|-----------|
| Cost Ctr | Site | DIV | Mgr | FTEs | Units | Description | Hrs/UOS | 50th% | 50th % | 50th % | HOURS | FTEs | 2014 FTEs |
| 6110-50 | 50 | 1.30 | Donna Gottschall | 1.8 | 3,227 | HPW Pt Days | 0.10 | | 1.8 | 1.8 | | 2.4 | 19.43 |
| 6111-50 | 50 | 1.30 | Marian Moore | 0.2 | 424 | CC Pt Days | 0.10 | | 0.2 | 0.2 | | 0.2 | |
| 6106-50 | 50 | 1.30 | Donna Gottschall | | | | | | | | | | |
| 6142-50 | 50 | 1.30 | Barbara Flood | 70.2 | 1,004 | Census | 12.12 | 12.0 | 0.7 | 0.8 | 7.0% | 77.0 | 65.96 |
| | | | | | 97 | 1:1's | | 4.0 | -2.2 | -2.5 | | | |
| 6147-50 | 50 | 1.30 | Alexandra McConville | 44.5 | 424 | Census | 18.17 | 19.0 | -2.0 | -2.2 | 8.7% | 48.4 | 43.14 |
| | | | | | 17 | 1:1's | | 4.0 | -0.4 | -0.4 | | | |
| 6150-50 | 50 | 1.30 | Donna Gottschall | 50.5 | 989 | Census | 8.86 | 9.5 | -3.7 | -4.1 | 5.5% | 55.7 | 49.88 |
| | | | | | 86 | 1:1's | | 4.0 | -2.0 | -2.2 | | | |
| 6180-50 | 50 | 1.30 | Cheryl Wiseman | 47.9 | 810 | Census | 10.26 | 10.3 | -0.2 | -0.2 | 8.1% | 52.7 | 45.24 |
| | | | | | 91 | 1:1's | | 4.0 | -2.1 | -2.3 | | | |
| 6189-50 | 50 | 1.30 | | | | Census | | 12.0 | | | | | 8.40 |
| 6810-50 | 50 | 1.30 | Pat Michael | 0.8 | | Census | | 13.4 | 0.8 | | 27.9% | 0.8 | |
| | | | | 216.0 | | | | | -9.0 | -11.0 | 7.3% | 237.2 | 232.05 |
| 6714-10 | 10 | 1.40 | Pat Michael | 0.8 | 1 | Visits | 142.19 | 142.2 | | | | 1.0 | 1.00 |
| | | | | 0.8 | | | | | | | | 1.0 | 1.00 |
| 6162-10 | 10 | 1.50 | Peter Morris | 33.7 | 549 | Census | 10.63 | 12.2 | -5.0 | -5.6 | 5.9% | 37.5 | 36.48 |
| 6931-10 | 10 | 1.50 | Jill Caludio | 33.9 | 230,450 | Payroll Dollars | 1.12 | 1.0 | 4.1 | 4.6 | 3.3% | 38.1 | 36.00 |
| 6932-10 | 10 | 1.50 | Jill Caludio | 5.0 | 26,315 | Payroll Dollars | 1.18 | 1.0 | 0.9 | 1.0 | 1.2% | 5.8 | 7.00 |
| | | | | 72.6 | | | | | 0.0 | 0.1 | 4.4% | 81.5 | 79.48 |
| 6143-10 | 10 | 1.55 | Jennifer James | 23.0 | 318 | Census | 12.52 | 12.7 | -0.3 | -0.3 | 7.5% | 23.6 | 16.90 |
| | | | | | 76 | 1:1's | | 4.0 | -1.8 | -1.8 | | | |
| 6144-10 | 10 | 1.55 | Ann Lando | 4.4 | 31 | Cal Days | 24.42 | 24.0 | 0.1 | 0.1 | | 9.0 | 5.00 |
| | | | | 3.0 | | Fixed Staffing of 3 | | | | | | | |
| 6145-50 | 50 | 1.55 | Jennifer James | 13.0 | 126 | Census | 17.91 | 13.5 | 3.2 | 3.4 | 3.9% | 13.9 | 23.20 |
| | | | | | 41 | 1:1's | | 4.0 | -0.9 | -1.0 | | | |
| 6146-10 | 10 | 1.55 | Kathleen Morris | 77.7 | 698 | Census | 19.30 | 18.9 | 1.6 | 1.8 | 7.3% | 87.2 | 71.76 |
| | | | | | 122 | 1:1's | | 4.0 | -2.8 | -3.2 | | | |
| 6146-50 | 50 | 1.55 | Jennifer James | | | Census | | 18.9 | | | | | 29.35 |
| | | | | | | 1:1's | | 4.0 | | | | | |
| | | | | 121.1 | | | | | -1.0 | -1.0 | 6.7% | 133.6 | 146.21 |

CAPITAL HEALTH Labor Management Report

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| Cost Ctr | COST CENTER AND LOCATION | | | Description | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th% | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs |
|----------|--------------------------|------|----------------------|--|--------------|----------------|---------------------------|---------------------|-----------------|---------------------|---------------------|-------------------|--------------|--------------------|
| | Site | DIV | Mgr | | | | | | | | | | | |
| 6251-10 | 10 | 1.56 | Marina Bograd | Respiratory Care - RMC | 32.6 | 10,227 | CATS | 0.55 | 0.60 | -2.8 | -3.3 | 0.1% | 38.2 | 30.20 |
| 6251-50 | 50 | 1.56 | Marie Lambert | Respiratory Care - Hopewell | 20.8 | 6,067 | CATS | 0.60 | 0.60 | -0.2 | -0.2 | 1.2% | 23.8 | 24.45 |
| | | | | RESPIRATORY BOTH SITES | 53.4 | | | | | -3.0 | -3.5 | 0.5% | 61.9 | 54.65 |
| 6116-10 | 10 | 1.60 | Diane Boka | LDRP - RMC | 18.1 | 77 | Census | 40.69 | Core Staffing | BM not applied | | 3.0% | 20.8 | 8.70 |
| 6120-10 | 10 | 1.60 | Diane Boka | Newborn Nursery - RMC | 0.1 | 31 | Census | 0.42 | Core Staffing | BM not applied | | | 0.4 | 1.55 |
| 6124-10 | 10 | 1.60 | Chris Saltzman | NICU - RMC - - moving to HW | 21.2 | 282 | Census | 13.04 | Core Staffing | BM not applied | | 3.1% | 23.6 | 6.50 |
| 6132-10 | 10 | 1.60 | Heather Keller | Pediatrics Trauma - Regional | 0.4 | 6 | Census | 10.56 | Core Staffing | BM not applied | | | 0.4 | |
| 6608-10 | 10 | 1.60 | Pam Graziadei | Ob-Gyn/Midwives/Physicians | 7.3 | 31 | Cal Days | 40.54 | Core Staffing | BM not applied | | | 8.6 | 7.50 |
| 6705-10 | 10 | 1.60 | Pam Graziadei | Healthstart Maternity - Mercer | 11.1 | 1,116 | Visits | 1.73 | 1.8 | -0.5 | -0.6 | 0.0% | 24.4 | 19.70 |
| | | 1.60 | Pam Graziadei | Healthstart Maternity - Mercer and OB Midwives | 8.4 | 31 | Cal Days | 46.97 | 48.0 | -0.2 | -0.2 | | | |
| 6114-50 | 50 | 1.60 | Chris Saltzman | Maternal Fetal Medicine - Hopewell | 11.3 | 1,100 | Visits/Procedures | 1.79 | 2.0 | -1.4 | -1.7 | 5.1% | 14.3 | 10.70 |
| 6116-50 | 50 | 1.60 | Diane Boka | LDR - Hopewell | 40.0 | 215 | Births | 32.29 | 31.0 | 1.6 | 1.8 | 2.6% | 44.9 | 53.24 |
| 6120-50 | 50 | 1.60 | Martha Goldman | Newborn Nursery - Hopewell | 12.4 | 458 | Census | 4.69 | 7.2 | -6.6 | -7.3 | 7.7% | 13.7 | 5.97 |
| 6117-50 | 50 | 1.60 | Martha Goldman | Antepartum/Postpartum - Hopewell | 29.6 | 515 | Census | 9.96 | 9.2 | 2.3 | 2.7 | 4.9% | 35.1 | 46.45 |
| 6118-50 | 50 | 1.60 | Martha Goldman | Lactation/Childbirth Ed - Hopewell | 3.2 | 215 | Births | 2.59 | 1.8 | 1.0 | 1.1 | | 3.6 | 2.50 |
| 6119-50 | 50 | 1.60 | Pam Graziadei | Maternal Fetal Med Phys-Hopewell | 2.0 | 1,100 | Visits/Procedures | 0.32 | 0.5 | -0.9 | -0.9 | | 2.0 | 2.00 |
| 6124-50 | 50 | 1.60 | Chris Saltzman | NICU - Hopewell | 18.1 | 205 | Census | 15.27 | 14.5 | 0.9 | 1.1 | 2.6% | 21.3 | 30.31 |
| 6132-50 | 50 | 1.60 | Heather Keller | Pediatrics - Hopewell | 12.5 | 184 | Census | 11.74 | 12.6 | -0.9 | -1.1 | 2.6% | 15.7 | 11.20 |
| 6608-50 | 50 | 1.60 | Pam Graziadei | OB-GYN/Midwives/Phys - Hopewell | 0.2 | 215 | Births | 0.18 | 1.7 | -1.9 | -1.9 | | 0.2 | 1.00 |
| 6622-50 | 50 | 1.60 | Pam Graziadei | Pediatric Hospitalists - Hopewell | 2.7 | 184 | Ped Pt Days | 2.56 | 2.5 | 0.1 | 0.1 | | 3.5 | 3.25 |
| 6907-50 | 50 | 1.60 | Pam Graziadei | Infant Follow-Up I - Hopewell | 3.1 | 179 | Births | 2.98 | 1.0 | 2.0 | 2.2 | 0.3% | 3.3 | 3.20 |
| | | | | WOMENS PEDS OB - TEMPORARILY BOTH SITES | 201.6 | | | | | -4.4 | -4.8 | 3.0% | 235.6 | 213.77 |
| 6801-10 | 10 | 1.70 | Phyllis O'Neill | Emergency Room - RMC | 85.7 | 4,403 | Visits | 3.38 | 3.5 | -3.2 | -3.4 | 9.0% | 92.2 | 83.59 |
| 6802-10 | 10 | 1.70 | Phyllis O'Neill | Boarder Hours | | 5,306 | Hours | | 0.2 | -6.1 | -6.6 | | | |
| 6809-10 | 10 | 1.72 | Deb Lenart | Observation Unit - RMC (min staff 12.6 after November) | 11.5 | 2,180 | Obs Hours | 0.91 | 0.5 | -1.1 | -1.1 | | 12.0 | |
| 6805-10 | 10 | 1.70 | Marian Moore | Trauma Support Services - RMC | 4.0 | 179 | Visits | 3.87 | 2.5 | 1.4 | 1.8 | 0.9% | 5.2 | 6.00 |
| | | | | EMERGENCY TRAUMA REGIONAL | 101.2 | | | | | -9.0 | -9.3 | 7.7% | 109.4 | 89.59 |
| 6801-50 | 50 | 1.72 | Phyllis O'Neill | Emergency Room - Hopewell | 49.0 | 2,835 | Visits | 3.00 | 3.0 | 0.0 | 0.0 | 9.0% | 52.5 | 43.73 |
| 6804-50 | 50 | 1.72 | Phyllis O'Neill | Boarder Hours | | 3,024 | Hours | | 0.2 | -3.5 | -3.7 | | | |
| 6802-50 | 50 | 1.72 | Phyllis O'Neill | Cast Room - Hopewell | | | Visits | | | | | | | |
| 6806-50 | 50 | 1.72 | Heather Keller | Pediatric ED - Hopewell | 19.2 | 1,619 | Visits | 2.06 | 3.0 | -8.8 | -9.9 | 5.3% | 21.7 | 21.70 |
| 6809-50 | 50 | 1.72 | Alexandra McConville | Observation Unit - Hopewell (min staff 12.6) | 12.7 | 2,638 | Obs Hours | 0.83 | 0.5 | 0.1 | 0.1 | 3.8% | 14.3 | 1.00 |
| | | | | EMERGENCY ADULTS AND PEDS HOPEWELL | 81.0 | | | | | -12.2 | -13.6 | 7.3% | 88.5 | 66.43 |

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| COST CENTER AND LOCATION | | | | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th % | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs |
|---|------|------|-------------------|---------------|----------------|---|---------------------|------------------|---------------------|---------------------|-------------------|---------------|--------------------|
| Cost Ctr | Site | DIV | Mgr | | | | | | | | | | |
| 6179-10 | 10 | 1.90 | Donna Talley | 2.9 | 71 | Gastro/Endoscopy - RMC | 7.01 | 4.0 | 1.2 | 1.6 | 4.6% | 3.7 | 4.28 |
| 6202-10 | 10 | 1.90 | Paul Poparad | 5.2 | 3,664 | Central Sterile Processing - RMC | 0.25 | 0.385 | -2.9 | -3.5 | 10.6% | 6.3 | 6.25 |
| 6320-10 | 10 | 1.90 | Martine Marsan | 1.0 | 845 | Pre-Admission Testing - RMC | 0.21 | Min Staff | 0.0 | 0.0 | 1.4% | 1.0 | 1.00 |
| 6330-10 | 10 | 1.90 | Donna Talley | | | Minor OR - RMC | | | | | | | |
| 6340-10 | 10 | 1.90 | Paul Poparad | 14.5 | 127 | Perioperative - RMC | 19.73 | 6.8 | 9.5 | 11.1 | 6.3% | 33.9 | 30.32 |
| | | | | 8.4 | 38 | Perioperative - RMC - Trauma Cases | 38.32 | 38.3 | | | | | |
| | | | | 6.0 | 39 | Perioperative - RMC - Neuro OR Cases | 26.7 | 10.5 | 3.6 | | | | |
| 6341-10 | 10 | 1.90 | Paul Poparad | 1.9 | 204 | Perioperative Administration - RMC | 1.58 | 2.6 | -1.2 | -1.7 | 11.0% | 2.7 | |
| 6360-10 | 10 | 1.90 | Donna Talley | 4.8 | 26 | PACU - RMC | 31.81 | Min Staff | -0.4 | -0.6 | 6.9% | 6.4 | 6.08 |
| 6380-10 | 10 | 1.90 | Donna Talley | 3.6 | 123 | Pre & Post - RMC | 5.14 | 6.5 | -1.0 | -1.1 | 3.2% | 4.2 | 7.44 |
| 6614-10 | 10 | 1.90 | Paul Poparad | 0.8 | 39.0 | Anesthesia Physicians - RMC (Neuro CRNAs) | 3.5 | 4.0 | -0.1 | -0.1 | | 0.9 | 6.10 |
| SURGERY REGIONAL | | | | 49.1 | | | | | 8.8 | 5.7 | 6.4% | 58.9 | 61.47 |
| 6179-50 | 50 | 1.91 | June Wyrwas | 7.3 | 285 | Gastro/Endoscopy - Hopewell | 4.44 | 4.0 | 0.7 | 1.0 | 2.5% | 9.6 | 11.07 |
| 6202-50 | 50 | 1.91 | Paul Poparad | 12.6 | 7,009 | Central Sterile Proc - Hopewell | 0.31 | 0.385 | -2.9 | -3.5 | 5.4% | 15.0 | 12.85 |
| 6320-50 | 50 | 1.91 | Martine Marsan | 6.4 | 1,272 | Pre-Admission Testing - Hopewell | 0.50 | 0.7 | -1.1 | -1.4 | 1.9% | 8.0 | 9.00 |
| 6331-50 | 50 | 1.91 | Michelle Santillo | 12.1 | 179 | Surgery Center Hopewell | 11.70 | 13.5 | -1.9 | -2.2 | 3.8% | 14.0 | 19.60 |
| 6340-50 | 50 | 1.91 | Michelle Santillo | 33.4 | 483 | Perioperative - Hopewell | 11.99 | 7.2 | 13.3 | 17.5 | 3.2% | 43.7 | 55.85 |
| 6341-50 | 50 | 1.91 | Paul Poparad | 8.7 | 662 | Perioperative Administration - HPW | 2.29 | 2.6 | -1.2 | -1.4 | 1.3% | 10.2 | |
| 6360-50 | 50 | 1.91 | June Wyrwas | 9.1 | 54 | PACU - Hopewell | 29.30 | 16.7 | 3.9 | 5.1 | 4.0% | 11.9 | 12.03 |
| 6380-50 | 50 | 1.91 | June Wyrwas | 14.9 | 473 | Pre & Post - Hopewell | 5.46 | 6.5 | -2.9 | -3.3 | 0.8% | 17.5 | 18.34 |
| SURGERY HOPEWELL | | | | 104.6 | | | | | 8.0 | 11.8 | 3.0% | 129.9 | 138.74 |
| 6165-10 | 10 | 1.94 | Linda Wood | 36.4 | 1,847 | Hemodialysis - RMC | 3.42 | 3.8 | -4.1 | -4.7 | 1.0% | 42.4 | 46.59 |
| 6166-10 | 10 | 1.94 | Linda Wood | 2.6 | 391 | Peritoneal Dialysis - RMC | 1.14 | 2.0 | -1.9 | -2.2 | | 3.0 | 2.56 |
| DIALYSIS | | | | 39.0 | | | | | -6.0 | -7.0 | 0.9% | 45.4 | 49.15 |
| 6152-10 | 10 | 1.97 | Rona Remstein | | | Infusion Unit - RMC | | | | | | | |
| 6156-10 | 10 | 1.97 | Rona Renstein | | See Hopewell | Radiation Oncology - RMC | | 2.0 | | | | | |
| 6156-50 | 50 | 1.97 | Rona Remstein | 13.1 | 912 | Radiation Oncology - Hopewell | 2.49 | 2.3 | 1.0 | 1.1 | | 15.0 | 14.90 |
| 6115-50 | 50 | 1.97 | Rona Remstein | 0.2 | 23 | Medical Genetics - Hopewell | 1.51 | 2.0 | -0.1 | -0.1 | | 0.2 | 0.40 |
| 6152-50 | 50 | 1.97 | Rona Remstein | 4.9 | 537 | Infusion Unit - Hopewell | 1.58 | 1.3 | 1.0 | 1.1 | | 5.5 | 5.00 |
| 6154-50 | 50 | 1.97 | Rona Remstein | 2.6 | 2,742 | Regional Cancer Center - Hopewell | 0.16 | 0.22 | -0.9 | -1.0 | | 3.0 | 3.00 |
| 6157-50 | 50 | 1.97 | Rona Remstein | 3.8 | 64 | Cyberknife | 10.20 | 8.4 | 0.7 | 0.8 | | 4.5 | 4.60 |
| 6163-10 | 10 | 1.97 | Rona Remstein | | | Cancer Registry - RMC | | 1.5 | | | | | |
| 6163-50 | 50 | 1.97 | Rona Remstein | 2.4 | 1,065 | Cancer Registry - Hopewell | 0.40 | 0.9 | -2.8 | -3.5 | | 3.1 | 3.00 |
| ONCOLOGY BOTH SITES | | | | 27.0 | | | | | -1.1 | -1.5 | | 31.3 | 30.90 |
| HOSPITAL - Patient Care Services | | | | 1321.5 | | | | | -36.8 | -43.8 | 5.4% | 1502.1 | 1456.16 |

CAPITAL HEALTH Labor Management Report

December - 2014
31 Days in period
23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. | Workload | Workload Unit | Actual Prod | Benchmark | Prod FTE Var | Paid FTE Var | % OT/AGENCY | Paid | Budgeted |
|--------------------------|------|------|----------------|-------|----------|---|-------------|-----------|--------------|--------------|-------------|-------|-----------|
| Cost Ctr | Site | DIV | Mgr | FTEs | Units | Description | Hrs/UOS | 50th% | 50th % | 50th % | HOURS | FTEs | 2014 FTEs |
| XXXX | | | Bart Gilbert | 9.0 | 900 | PM/Work Orders | 1.73 | 1.8 | -0.1 | -0.1 | | | |
| 7042-10 | 10 | 2.20 | Joe Donovan | 15.0 | 5,327 | Total Pt Days | 0.49 | 0.51 | -0.7 | -0.8 | 4.3% | 16.8 | 18.07 |
| 7042-50 | 50 | 2.20 | Joe Donovan | 10.3 | 5,224 | Total Pt Days | 0.34 | 0.38 | -1.1 | -1.3 | | 12.3 | 12.00 |
| 9205-10 | 10 | 2.20 | Joe Donovan | 7.8 | 9,650 | PO Line Items | 0.14 | 0.16 | -1.3 | -1.6 | | 9.3 | 11.01 |
| 9205-50 | 50 | 2.20 | Joe Donovan | 1.8 | 9,650 | PO Line Items | 0.03 | | 1.8 | 2.0 | | 2.0 | |
| 9220-10 | 10 | 2.20 | Bill Keefer | 3.3 | 10,551 | Combined Pt Days | 0.05 | 0.05 | | | | 4.0 | 4.00 |
| | | | | 47.2 | | PURCHASING AND PROPERTY MGMT | | | -1.4 | -1.8 | 1.7% | 44.3 | 45.08 |
| 7031-10 | 10 | 2.30 | Mike Henderson | 51.3 | 80,440 | Meal Equivalents | 0.11 | 0.12 | -3.4 | -3.7 | 3.9% | 47.7 | 46.05 |
| 7031-50 | 50 | 2.30 | Mike Henderson | 58.5 | 88,641 | Meal Equivalents | 0.11 | 0.12 | -1.8 | -2.0 | 2.7% | 55.5 | 52.50 |
| 7033-10 | 10 | 2.30 | Mike Henderson | 1.5 | 31 | Coverage Daily | 8.15 | 9.00 | -0.2 | -0.2 | | 2.2 | 2.09 |
| | | | | 111.2 | | FOOD AND NUTRITION | | | -5.4 | -6.0 | 3.2% | 105.4 | 100.64 |
| 6205-10 | 10 | 2.40 | Bob Muir | 11.1 | 3,902 | # Transports | 0.49 | 0.58 | -2.0 | -2.3 | 1.7% | 12.7 | 13.90 |
| 6205-50 | 50 | 2.40 | Bob Muir | 14.6 | 4,437 | # Transports | 0.57 | 0.58 | -0.3 | -0.3 | 0.8% | 15.7 | 14.60 |
| 7021-50 | 50 | 2.40 | Bob Muir | 2.1 | 115 | 1000 Distributed Lbs | 3.09 | 3.80 | -0.5 | -0.7 | | 2.9 | 3.02 |
| 7022-10 | 10 | 2.40 | Bob Muir | | | Bellevue Ave - Housekeeping | | | | | | | |
| 7023-10 | 10 | 2.40 | Bob Muir | 56.1 | 468 | 1000 SF Net | 20.77 | 22.2 | -3.9 | -4.4 | 3.7% | 64.0 | 61.50 |
| 7023-50 | 50 | 2.40 | Bob Muir | 60.8 | 715 | 1000 SF Net | 14.73 | 16.0 | -5.2 | -6.0 | 1.0% | 62.5 | 63.57 |
| | | | | 144.5 | | HOTEL SERVICES | | | -11.8 | -13.7 | 2.1% | 157.8 | 156.59 |
| 7010-10 | 10 | 2.11 | Paul Meyer | 4.3 | 23 | Weekdays | 32.29 | 30.0 | 0.3 | 0.3 | 3.5% | 4.7 | 4.20 |
| 7011-10 | 10 | 2.11 | Paul Meyer | 30.3 | 550 | 1000 SF Gross | 9.56 | 9.0 | 1.8 | 1.9 | 1.0% | 33.0 | 30.62 |
| 7011-50 | 50 | 2.11 | Paul Meyer | 26.8 | 725 | 1000 SF Gross | 6.40 | 6.5 | -0.4 | -0.5 | 1.5% | 29.9 | 26.51 |
| 7012-10 | 10 | 2.11 | Paul Meyer | 6.0 | 23 | Weekdays | 45.32 | 40.0 | 0.7 | 0.8 | 8.3% | 7.0 | 6.50 |
| | 50 | 2.11 | Paul Meyer | | 31 | Cal Days | | | | | | | |
| | | | | 67.4 | | SECURITY / MOTOR SERVICES | | | 2.4 | 2.7 | 2.0% | 74.7 | 67.83 |
| | | | | 403.6 | | HOSPITAL - Contracts and Support Services | | | -13.4 | -15.6 | 2.8% | 421.9 | 405.01 |

CAPITAL HEALTH

Labor Management Report

December - 2014
 31 Days in period
 23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. | Workload | Workload Unit | Actual Prod | Benchmark | Prod FTE Var | Paid FTE Var | % OT/AGENCY | Paid | Budgeted |
|--------------------------|------|------|---------------|-------|----------|---|-------------|-----------|--------------|--------------|-------------|-------|-----------|
| Cost Ctr | Site | DIV | Mgr | FTEs | Units | Description | Hrs/UOS | 50th% | 50th % | 50th % | HOURS | FTEs | 2014 FTEs |
| 7101-10 | 10 | 2.10 | Joe Lake | 14.7 | 550 | Maintenance - RMC | 4.27 | 3.9 | 1.2 | 1.4 | 3.1% | 17.1 | 17.60 |
| 7101-50 | 50 | 2.10 | Joe Lake | 15.8 | 924 | Maintenance - Hopewell | 2.74 | 3.1 | -1.9 | -2.4 | 1.1% | 19.4 | 19.14 |
| 7103-10 | 10 | 2.10 | Joe Lake | 4.5 | 31 | Building Operations - RMC | 25.37 | 24.0 | 0.2 | 0.3 | 4.7% | 5.4 | 5.26 |
| 7103-50 | 50 | 2.10 | Joe Lake | 4.6 | 31 | Operation of Plant - Hopewell | 25.48 | 24.0 | 0.3 | 0.3 | 5.7% | 5.3 | 5.46 |
| 7106-10 | 10 | 2.10 | Joe Lake | | 23 | Bellevue Ave - Maintenance | | 8.0 | | | | | 1.01 |
| 7107-10 | 10 | 2.10 | Joe Lake | | | Building Ops - Bellevue Ave | | | | | | | |
| | | | | 39.6 | | OPERATION OF PLANT | | | -0.2 | -0.4 | 2.8% | 47.2 | 48.47 |
| 6297-10 | 10 | 2.60 | Chester Lau | 24.3 | 216 | Pharmacy - RMC | 19.53 | 22.3 | -3.5 | -4.0 | 2.0% | 28.4 | 26.94 |
| 6297-50 | 50 | 2.60 | Chester Lau | 23.6 | 178 | Pharmacy - Hopewell | 22.96 | 22.3 | 0.7 | 0.8 | 0.5% | 26.5 | 28.59 |
| 6298-10 | 10 | 2.60 | Chester Lau | 7.1 | 3,893 | Employee Pharmacy - RMC | 0.31 | 0.3 | 0.8 | 0.9 | 3.1% | 8.2 | 10.00 |
| 6300-50 | 50 | 2.60 | Chester Lau | 0.6 | 532 | Satellite Pharmacy Hopewell - Infusion Unit | 0.20 | 0.5 | -0.9 | -0.9 | 2.3% | 0.6 | 3.13 |
| 6301-10 | 10 | 2.60 | Chester Lau | 2.0 | 13 | Pharmacy Residency Program | 26.67 | 26.7 | | | | 2.0 | 2.00 |
| | | | | 57.6 | | PHARMACY ALL SITES | | | -2.9 | -3.3 | 1.5% | 65.7 | 70.66 |
| 6261-10 | 10 | 2.70 | Joanie DuVall | 17.8 | 575 | Laboratory - RMC | 5.36 | 10.80 | -18.0 | -20.6 | 1.6% | 20.3 | 22.25 |
| 6262-10 | 10 | 2.70 | Joanie DuVall | 5.5 | 23 | Lab-Histology - RMC | 41.14 | 48.00 | -0.9 | -1.2 | 0.7% | 7.2 | 6.49 |
| 6264-10 | 10 | 2.70 | Joanie DuVall | 7.9 | 575 | Lab-Phlebotomy - RMC | 2.37 | | 7.9 | 9.3 | 11.2% | 9.3 | 7.75 |
| 6267-10 | 10 | 2.70 | Joanie DuVall | 3.5 | 34 | Lab-Transfusion Services-RMC | 17.84 | 13.50 | 0.9 | 1.4 | | 5.9 | 4.27 |
| 6270-10 | 10 | 2.70 | Joanie DuVall | 9.1 | 575 | Lab - Chematology - RMC | 2.75 | | 9.1 | 10.9 | 0.8% | 10.9 | 10.82 |
| 6261-50 | 50 | 2.70 | Joanie DuVall | 16.1 | 543.0 | Laboratory - Hopewell | 5.14 | 10.80 | -17.7 | -22.8 | 3.6% | 20.7 | 17.00 |
| 6262-50 | 50 | 2.70 | Joanie DuVall | 3.5 | 3.0 | Lab - Histology/Cytology - Hopewell | 204.57 | 48.00 | 2.7 | 2.9 | | 3.8 | 3.80 |
| 6264-50 | 50 | 2.70 | Joanie DuVall | 6.1 | 543.0 | Lab Phlebotomy - Hopewell | 1.96 | | 6.1 | 7.8 | 1.6% | 7.8 | 9.08 |
| 6264-70 | 70 | 5.20 | Joanie DuVall | 4.0 | 2,525 | Phlebotomy - Hamilton | 0.27 | 0.3 | 0.3 | 0.4 | 0.0% | 4.7 | 3.00 |
| 6265-50 | 50 | 2.70 | Joanie DuVall | 10.0 | 77.0 | Lab Microbiology - Hopewell | 22.45 | 19.80 | 1.2 | 1.4 | 0.1% | 11.4 | 9.91 |
| 6265-10 | 10 | 2.70 | Joanie DuVall | | 5.0 | Lab Microbiology - RMC | | 19.80 | | | | | |
| 6267-50 | 50 | 2.70 | Joanie DuVall | 3.9 | 40.0 | Lab Transfusion Serv - Hopewell | 16.68 | 13.50 | 0.7 | 0.8 | 0.9% | 4.4 | 4.65 |
| 6270-50 | 50 | 2.70 | Joanie DuVall | 7.2 | 543.0 | Lab - Chematology - Hopewell | 2.30 | | 7.2 | 8.1 | 0.6% | 8.1 | 9.00 |
| | | | | 94.5 | | LABORATORY ALL SITES | | | -0.6 | -1.5 | 2.2% | 114.5 | 108.02 |
| 6231-10 | 10 | 2.80 | Janice Pesco | 3.7 | 946 | Speech Inpatient - RMC | 0.68 | 0.72 | -0.2 | -0.2 | | 4.1 | 4.15 |
| 6231-50 | 50 | 2.80 | Janice Pesco | 1.5 | 249 | Speech Inpatient - Hopewell | 1.03 | 0.72 | 0.5 | 0.5 | | 1.6 | 2.34 |
| 6204-50 | 50 | 2.80 | Janice Pesco | | 10,551 | Safe Patient Handling - Mandated program | | | | | | | |
| 6234-10 | 10 | 2.80 | Janice Pesco | 3.7 | 2,228 | OT Inpatient - RMC | 0.29 | 0.58 | -3.7 | -4.3 | 4.8% | 4.2 | 5.42 |
| 6234-50 | 50 | 2.80 | Janice Pesco | 4.0 | 1,132 | OT Inpatient - Hopewell | 0.61 | 0.58 | 0.2 | 0.2 | 1.3% | 4.6 | 2.63 |
| 6237-10 | 10 | 2.80 | Janice Pesco | 17.4 | 4,305 | PT Inpatient - RMC | 0.70 | 0.75 | -1.3 | -1.4 | 3.4% | 19.4 | 16.85 |
| 6237-50 | 50 | 2.80 | Janice Pesco | 7.7 | 2,324 | PT Inpatient - Hopewell | 0.58 | 0.75 | -2.3 | -2.5 | 1.5% | 8.3 | 8.53 |
| 6245-50 | 50 | 2.80 | Janice Pesco | 0.5 | 8 | Balance Program | 10.29 | 1.25 | 0.4 | 0.4 | | 0.5 | 0.54 |
| 6239-10 | 10 | 2.80 | Janice Pesco | 6.7 | 2,317 | Corp Rehab Phys Therapy - RMC | 0.50 | 0.55 | -0.6 | -0.8 | 2.9% | 7.9 | 8.73 |
| 6240-10 | 10 | 2.80 | Janice Pesco | 2.5 | 728 | Corp Rehab Occup Therapy - RMC | 0.60 | 0.58 | 0.1 | 0.1 | 0.2% | 3.1 | 2.30 |
| 6246-50 | 50 | 2.80 | Janice Pesco | 0.5 | 41 | Speech OP Hopewell | 2.11 | 0.72 | 0.3 | 0.4 | | 0.7 | 0.64 |
| 6247-50 | 50 | 2.80 | Janice Pesco | 0.2 | 40 | OT O/P Hopewell | 0.68 | 0.58 | 0.0 | 0.0 | | 0.2 | |
| 6248-50 | 50 | 2.80 | Janice Pesco | 5.0 | 1,162 | PT O/P Hopewell | 0.75 | 0.75 | 0.0 | 0.0 | 3.1% | 6.2 | 4.68 |
| 9260-10 | 10 | 2.80 | Janice Pesco | 9.3 | 797 | Corporate Health - RMC | 2.02 | 1.40 | 2.8 | 3.3 | | 10.7 | 11.00 |
| | | | | 62.7 | | THERAPIES ALL SITES / CORPORATE HEALTH | | | -3.9 | -4.1 | 2.1% | 71.5 | 67.81 |

CAPITAL HEALTH

Labor Management Report

December - 2014
 31 Days in period
 23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th% | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs | |
|--------------------------|------|------|------------|---|----------------|---------------------------|---------------------|-----------------|---------------------|---------------------|-------------------|-------------|--------------------|--------------|
| Cost Ctr | Site | DIV | Mgr | | | | | | | | | | | Description |
| 6216-10 | 10 | 1.95 | Ray Gaiser | Interventional Radiology - RMC | 9.1 | 679 | Procedures | 2.33 | 3.1 | -3.0 | -3.7 | 3.1% | 11.1 | 10.35 |
| 6280-10 | 10 | 1.95 | Ray Gaiser | Vascular Lab - RMC | 5.2 | 580 | Procedures | 1.54 | 1.3 | 1.0 | 1.2 | 0.1% | 6.6 | 7.45 |
| 6280-70 | 70 | 5.20 | Ray Gaiser | Vascular Services - Hamilton | 0.5 | 59 | Tests | 1.55 | 1.6 | 0.0 | 0.0 | 0.3% | 0.5 | |
| 6282-10 | 10 | 1.95 | Ray Gaiser | Radiology Admin - RMC | 9.6 | 8,678 | All DI Procedures | 0.19 | 0.2 | -0.4 | -0.5 | 3.3% | 11.1 | |
| 6283-10 | 10 | 1.95 | Ray Gaiser | Radiology - RMC | 14.9 | 4,278 | Diag Procedures | 0.60 | 0.7 | -2.4 | -2.7 | 0.2% | 17.4 | 15.05 |
| 6283-70 | 70 | 5.20 | Ray Gaiser | Radiology - Hamilton | 1.3 | 267 | Procedures | 0.82 | 0.8 | 0.0 | 0.0 | | 1.5 | 1.42 |
| 6285-10 | 10 | 1.95 | Ray Gaiser | Nuclear Medicine - RMC | 3.7 | 233 | Procedures | 2.78 | 2.7 | 0.1 | 0.1 | 1.0% | 4.3 | 4.64 |
| 6291-10 | 10 | 1.95 | Ray Gaiser | CT - RMC | 12.8 | 2,488 | Procedures | 0.90 | 0.9 | -0.4 | -0.4 | 3.4% | 14.9 | 13.10 |
| 6292-10 | 10 | 1.95 | Ray Gaiser | Ultrasound - RMC | 2.9 | 383 | Procedures | 1.33 | 0.9 | 1.0 | 1.3 | 3.0% | 4.0 | 1.33 |
| 6292-70 | 70 | 5.20 | Ray Gaiser | Ultrasound - Hamilton | 1.2 | 187 | Tests | 1.13 | 0.9 | 0.3 | 0.3 | | 1.5 | 1.20 |
| 6293-10 | 10 | 1.96 | Ray Gaiser | Mammography - Regional | 0.5 | 119 | Procedures | 0.78 | 1.1 | -0.2 | -0.2 | | 0.5 | |
| 6293-70 | 70 | 5.20 | Ray Gaiser | Mammography - Hamilton | 2.4 | 251 | Encounters | 1.65 | 1.1 | 0.8 | 0.9 | | 2.8 | 3.50 |
| 6295-10 | 10 | 1.96 | Ray Gaiser | MRI - RMC | 6.8 | 498 | Procedures | 2.35 | 2.3 | 0.0 | 0.0 | 1.6% | 8.1 | 6.04 |
| | | | | RADIOLOGY AND CARDIOLOGY REGIONAL/HAMILTON | 71.0 | | | | | -3.3 | -3.6 | 1.9% | 84.3 | 64.08 |
| 6214-50 | 50 | 1.96 | Ray Gaiser | Cardiac Catheterization - Hopewell | 4.3 | 121 | Procedures | 6.15 | 3.2 | 2.1 | 2.7 | 0.8% | 5.6 | 6.35 |
| 6286-50 | 50 | 1.96 | Ray Gaiser | Interventional Radiology - Hopewell | 10.0 | 533 | Procedures | 3.24 | 3.1 | 0.4 | 0.5 | 3.1% | 11.7 | 11.26 |
| 6232-50 | 50 | 1.96 | Ray Gaiser | Diabetes Education - Hopewell | 1.0 | 1 | Encounters | 168.46 | 1.2 | 1.0 | 1.1 | | 1.1 | 1.48 |
| 6236-50 | 50 | 1.96 | Ray Gaiser | Hyperbaric Medicine - Hopewell | 0.3 | 51 | Encounters | 1.09 | 1.5 | -0.1 | -0.1 | | 0.3 | |
| 6238-50 | 50 | 1.96 | Ray Gaiser | Center for Wound Mgmt - Hopewell | 1.7 | 239 | Encounters | 1.20 | 1.8 | -0.8 | -1.0 | | 2.1 | 3.40 |
| 6280-50 | 50 | 1.96 | Ray Gaiser | Vascular Lab - Hopewell | 3.7 | 395 | Procedures | 1.62 | 1.3 | 0.8 | 1.0 | 1.7% | 4.4 | 3.86 |
| 6282-50 | 50 | 1.96 | Ray Gaiser | Radiology Admin - Hopewell | 7.7 | 7,662 | All DI Procedures | 0.17 | 0.2 | -0.3 | -0.3 | 0.6% | 8.9 | 14.34 |
| 6283-50 | 50 | 1.96 | Ray Gaiser | Radiology - Hopewell | 13.7 | 3,341 | Diag Procedures | 0.71 | 0.7 | 0.2 | 0.2 | 0.1% | 18.0 | 19.84 |
| 6283-50 | 50 | 1.96 | Ray Gaiser | Radiology - Hopewell - Surgery coverage 3.0 FTEs | 3.0 | 23 | Weekdays | 20.87 | 24.0 | -0.4 | -0.4 | | | |
| 6285-50 | 50 | 1.96 | Ray Gaiser | Nuclear Medicine - Hopewell | 5.2 | 329 | Procedures | 2.77 | 2.7 | 0.1 | 0.2 | 3.4% | 6.7 | 5.29 |
| 6287-50 | 50 | 1.96 | Ray Gaiser | PET - Hopewell | 0.9 | 53 | Procedures | 2.89 | 4.7 | -0.6 | -0.6 | 0.2% | 0.9 | 1.48 |
| 6291-50 | 50 | 1.96 | Ray Gaiser | CT - Hopewell | 8.9 | 1,621 | Procedures | 0.95 | 0.9 | 0.3 | 0.3 | 2.9% | 9.9 | 9.51 |
| 6292-50 | 50 | 1.96 | Ray Gaiser | Ultrasound - Hopewell (set to teaching to cover biopsies) | 5.9 | 722 | Procedures | 1.42 | 1.3 | 0.5 | 0.6 | 1.0% | 7.1 | 6.06 |
| 6293-50 | 50 | 1.96 | Ray Gaiser | Mammography - Hopewell | 3.2 | 531 | Procedures | 1.03 | 1.1 | -0.2 | -0.2 | | 3.7 | 3.55 |
| 6295-50 | 50 | 1.96 | Ray Gaiser | MRI - Hopewell (min staff set at 9.8) | 6.8 | 532 | Procedures | 2.23 | 2.3 | -3.0 | -3.4 | 0.9% | 7.8 | 6.64 |
| | | | | RADIOLOGY AND CARDIOLOGY HOPEWELL | 76.2 | | | | | 0.1 | 0.6 | 1.4% | 88.3 | 93.06 |

CAPITAL HEALTH

Labor Management Report

December - 2014
 31 Days in period
 23 Weekdays in period

| Cost Ctr | COST CENTER AND LOCATION | | | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th % | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs |
|----------|--------------------------|-------|----------------|------------|----------------|---|---------------------|------------------|---------------------|---------------------|-------------------|-----------|--------------------|
| 6211-10 | 10 | 2.90 | Rita Brooks | | 729 | Cardiology - RMC | 2.11 | 2.50 | -1.6 | -1.9 | 0.1% | 10.0 | 11.49 |
| 6211-50 | 50 | 2.90 | Rita Brooks | | 594 | Cardiology - Hopewell | 2.87 | 2.50 | 1.3 | 1.4 | 0.8% | 11.2 | 10.51 |
| 6211-70 | 70 | 5.20 | Rita Brooks | | 79 | Cardiology - Hamilton | 3.37 | 1.5 | 0.9 | 1.0 | | 1.8 | 1.50 |
| 6212-10 | 10 | 2.90 | Rita Brooks | | 52 | Pulmonary Function - RMC | 1.38 | 0.33 | 0.3 | 0.5 | | 0.6 | 0.90 |
| 6212-50 | 50 | 2.90 | Rita Brooks | | 160 | Pulmonary Function - Hopewell | 0.52 | 0.33 | 0.2 | 0.2 | | 0.5 | 0.08 |
| 6213-50 | 50 | 2.90 | Rita Brooks | | | Cardiopulm Rehab - Hopewell | | | | | | | |
| 6221-10 | 10 | 2.90 | Rita Brooks | | 233 | Neurophysiology - RMC Transcriptions and Director | 5.19 | 2.78 | 3.2 | 4.0 | 0.1% | 8.7 | 9.52 |
| 6221-50 | 50 | 2.90 | Rita Brooks | | 166 | Neurophysiology - Hopewell | 3.42 | 1.40 | 1.9 | 2.1 | 0.3% | 3.6 | 3.11 |
| 6225-10 | 10 | 2.90 | Rita Brooks | | 23 | Sleep Center - RMC | 7.56 | 5.00 | 0.3 | 0.3 | 6.1% | 1.0 | 0.35 |
| 6221-70 | 70 | 2.90 | Rita Brooks | | 12 | Neurophysiology - Hamilton | 1.72 | 1.40 | 0.0 | 0.0 | | 0.1 | 0.04 |
| 6212-70 | 70 | 2.90 | Rita Brooks | | | Pulmonary Function - Hamilton | | | | | | | 0.07 |
| 6225-70 | 70 | 2.90 | Rita Brooks | | 161 | Sleep Center - Hamilton | 10.68 | 12.4 | -1.6 | -2.0 | 1.0% | 12.6 | 15.13 |
| 6235-50 | 50 | 2.90 | Rita Brooks | | 150 | Audiology - Hopewell | 1.10 | 0.70 | 0.3 | 0.4 | | 1.0 | 1.03 |
| 8052-70 | 70 | 2.90 | Rita Brooks | | 687 | Comprehensive Sleep Associates | 2.00 | 2.15 | -0.6 | -0.7 | 0.5% | 9.3 | 7.82 |
| | | | | | | CARDIOLOGY/NEURO DIAG/PULMONARY | | | 4.6 | 5.4 | 0.6% | 60.4 | 61.55 |
| 6811-10 | 10 | 1.98 | Jim Boozan | | 1,988 | Emrg Med Serv -RMC | 4.65 | 4.6 | 0.5 | 0.6 | 2.5% | 60.3 | 52.45 |
| 6812-10 | 10 | 1.98 | Jim Boozan | | 1,609 | Emrg Med Serv - Educ | 0.39 | 0.30 | 0.8 | 1.0 | 2.6% | 4.6 | 5.00 |
| 6813-10 | 10 | 1.98 | Jim Boozan | | 1 | Emrg Med Serv - Comm (Pass thru until Jan 2015) | 965.79 | 965.8 | | | 4.9% | 6.3 | 9.20 |
| 6814-10 | 10 | 1.98 | Jim Boozan | | 136 | Emrg Med Serv - Robbinsville (Min Staff - 8.4) | 11.01 | 7.3 | 0.2 | 0.3 | 2.4% | 9.9 | 8.40 |
| 6815-10 | 10 | 1.98 | Jim Boozan | | 313 | Emrg Med Serv - Transp | 6.85 | 7.3 | -0.8 | -1.0 | 2.8% | 14.6 | 14.40 |
| 6818-10 | 10 | 1.98 | Jim Boozan | | 31 | Emergency Disaster Drill - RMC (pass thru) | 9.33 | 9.3 | | | | 1.7 | 0.25 |
| 6819-10 | 10 | 1.98 | Jim Boozan | | | EMS Outside transports | | 2.8 | | | | | 1.80 |
| 6821-10 | 10 | 1.70 | Jim Boozan | | | Disaster/Exceptional Events - RMC | | | | | | | |
| 6822-10 | 10 | 1.98 | Jim Boozan | | 105 | Emrg Med Serv - East Windsor (Min staff - 3.5) | 5.58 | 7.3 | -0.1 | -0.1 | 2.8% | 3.6 | 3.40 |
| 6817-50 | 50 | 1.98 | Jim Boozan | | 23 | Patient Transport Livery - Hopewell | 25.69 | 24.0 | 0.2 | 0.3 | 1.7% | 4.0 | 4.80 |
| 9210-50 | 50 | 3.60 | Frank Sprague | | 31 | Patient Logistics - Hopewell | 48.43 | 24.00 | 4.4 | 4.7 | 4.9% | 9.4 | 3.00 |
| | | | | | | EMS SERVICES/Pt LOGISTICS | | | 5.2 | 5.8 | 3.9% | 114.4 | 102.70 |
| | | | | | | HOSPITAL - Ancillary Diagnostics/PIT Ops | | | -3.7 | -4.4 | 1.8% | 606.5 | 581.48 |
| 9244-10 | 10 | 3.60 | VACANT | | 31 | Guest Relations - RMC | 27.73 | 29.00 | -0.2 | -0.3 | 0.1% | 6.9 | 11.50 |
| 9244-50 | 50 | 3.60 | VACANT | | 31 | Guest Relations - Hopewell | 45.55 | 40.40 | 0.9 | 1.0 | 0.3% | 8.6 | incl above |
| 9255-50 | 50 | 3.60 | VACANT | | 10,551 | Pastoral Care - Hopewell | 0.01 | 0.02 | -0.1 | -0.1 | | 1.0 | 1.00 |
| 6928-50 | 50 | 3.10 | VACANT | | 10,551 | Chaplaincy Residences | 0.03 | 0.03 | | | | 2.0 | 2.00 |
| 7037-10 | 10 | 12.00 | Nancy Goodwin | | 31 | Lantern Gift Shop - RMC | 9.61 | 6.0 | 0.6 | 0.7 | 4.2% | 2.0 | 2.00 |
| 7037-50 | 50 | 12.00 | Gail Goldstein | | 31 | Sunflower Gift Shop - Hopewell | 9.29 | 10.0 | -0.1 | -0.1 | | 1.7 | 2.00 |
| 7040-50 | 50 | 12.00 | Gail Goldstein | | 31 | Pitter-Patter Gift Shop - Hopewell | 6.71 | 8.5 | -0.3 | -0.3 | | 1.3 | 1.40 |
| 9213-50 | 50 | 12.00 | Nancy Goodwin | | 23 | Volunteer Services - Hopewell | 13.05 | 12.0 | 0.1 | 0.2 | | 2.0 | 2.00 |
| 9209-10 | 10 | 12.00 | Kian Seyed | | 10,551 | Management Engineering | 0.04 | 0.04 | | | | 3.0 | 2.00 |
| | | | | | | HOSPITAL - Guest Services / Admin | | | 0.9 | 0.9 | 0.4% | 28.4 | 23.90 |
| | | | | | | TOTALS HOSPITAL DIVISION | | | -53.0 | -62.8 | 4.1% | 2559.0 | 2466.55 |

CAPITAL HEALTH Labor Management Report

December - 2014
31 Days in period
23 Weekdays in period

| Cost Ctr | COST CENTER AND LOCATION | | | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th % | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs | |
|---|--------------------------|-------|----------------------|------------|--|---------------------------|---------------------|------------------|---------------------|---------------------|-------------------|-----------|--------------------|-------------|
| | Site | DIV | Mgr | | | | | | | | | | | Description |
| 6604-10 | 10 | 3.10 | Dr. Brown | 4.6 | 549 | Census | 1.46 | 1.6 | -0.4 | -0.7 | 0.1% | 7.2 | 5.50 | |
| 6605-10 | 10 | 3.10 | Dr. Hasan | 35.7 | 5,327 | Total Pt Days | 1.16 | 1.2 | | | | 40.2 | 40.35 | |
| 6609-10 | 10 | 3.10 | Dr. Hasan | 0.8 | | Visits | | 0.3 | | | | 1.0 | 1.00 | |
| 6148-10 | 10 | 13.00 | Suzanne Borgos | 1.0 | 172 | Visits | 1.04 | 0.8 | 0.3 | 0.3 | 4.5% | 1.2 | 1.00 | |
| 6628-10 | 10 | 13.00 | Suzanne Borgos | 13.9 | 1,412 | Neuro Days | 1.70 | 1.7 | | | | 14.7 | 12.00 | |
| 8040b-50 | 10 | 13.00 | Suzanne Borgos | 1.0 | 698 | Patient Days | 0.25 | 0.3 | 0.0 | 0.0 | | | | |
| 6636-50 | 50 | 1.72 | Dr. Codjoe | 10.5 | 2,638 | Obs Hours | 0.69 | 0.167 | 6.3 | 6.8 | | 11.2 | | |
| 6636-10 | 10 | 1.72 | Dr. Codjoe | | 2,180 | Obs Hours | | 0.167 | -4.2 | -4.2 | | 0.0 | | |
| 6610-10 | 10 | 2.70 | Dr. Fox | 1.0 | 111.0 | 1000 All Billed Tests | | 1.60 | -1.0 | | | 1.0 | 1.00 | |
| 6610-50 | 50 | 2.70 | Dr. Fox | 1.5 | See RMC 6610 above (must add together) | | | | | 1.5 | 2.0 | | 2.0 | 2.00 |
| 6158-10 | 10 | 13.00 | Suzanne Borgos | 19.2 | 1,412 | Neuro Days | 2.35 | 1.6 | 6.1 | 7.6 | 0.0% | 23.8 | 15.06 | |
| 6158-50 | 50 | 13.00 | Suzanne Borgos | | | Neuro Days | | 1.6 | | | | | | |
| 8040-50 | 50 | 13.00 | Don Damico | 36.2 | 2,008 | Visits/Procedures | 3.12 | 4.0 | -10.1 | -12.0 | 0.7% | 42.8 | 42.05 | |
| 8055-50 | 70 | 13.00 | Valerie Scannella_AW | 14.3 | 356 | Visits | 6.96 | 5.9 | 2.2 | 2.4 | | 16.0 | 23.72 | |
| 8061-50 | 50 | 13.00 | Valerie Scannella_AW | 8.0 | 460 | Visits | Mix | 1.6 | 2.8 | 3.4 | 0.1% | 9.9 | 9.62 | |
| | | | | | 27 | Tuma Procedures | Mix | 4.0 | | | | | | |
| | | | | | 26 | Allen Procedures | Mix | 2.5 | | | | | | |
| 8046-50 | 50 | 5.10 | Valerie Scannella_AW | 8.2 | 340 | Visits | 4.17 | 1.6 | 5.0 | 6.0 | 0.3% | 9.7 | 7.00 | |
| 8043-50 | 50 | 5.10 | Valerie Scannella_AW | | | Encounters | | 1.6 | | | | | 3.94 | |
| 8057-50 | 50 | 13.00 | Valerie Scannella_EH | 6.1 | 240 | Visits | Mix | 1.6 | -1.0 | -1.2 | | 7.3 | 10.00 | |
| | | | | | 131 | Procedures | Mix | 6.5 | | | | | | |
| 6611-10 | 10 | 3.10 | Pat Michael | 0.5 | 957 | Visits | 0.08 | 0.1 | | | | 0.5 | 1.10 | |
| 6612-10 | 10 | 3.10 | Dr. D'Amelio | 5.5 | 31 | Cal Days | 30.75 | 28.0 | 0.5 | 0.5 | | 5.8 | 6.30 | |
| 6618-10 | 10 | 3.10 | Dr. D'Amelio | 7.4 | 31 | Cal Days | 41.13 | 32.0 | 1.6 | 1.9 | | 8.7 | 6.30 | |
| 6166-50 | 50 | 3.10 | Dr. Dalsey | CONTRACTED | | | | | | | | | | |
| 6616-10 | 10 | 3.10 | Dr. Dalsey | 0.8 | 4,403 | Visits | 0.03 | 0.0 | | | | 1.0 | | |
| 6633-50 | 50 | 3.10 | Dr. Dalsey | 0.2 | 1 | Visits | 42.25 | 3.0 | 0.2 | 0.2 | | 0.2 | | |
| 6624-10 | 10 | 5.00 | CMO | 10.5 | 2,638 | Assigned Pt Days | 0.69 | 0.7 | | | 0.7% | 12.2 | 11.00 | |
| 6627-10 | 10 | 3.10 | Nancy Chylak | 0.8 | 48 | Active Residents | 2.89 | 2.9 | | | | 1.0 | 1.00 | |
| 6632-50 | 50 | 3.10 | Pat Michael | 5.5 | 31 | Cal Days | 30.78 | 30.8 | | | | 5.6 | 10.60 | |
| 6701-10 | 10 | 3.10 | Pat Michael | 8.7 | 1,083 | Visits | 1.39 | 1.6 | -1.3 | -1.7 | 0.6% | 11.3 | 13.25 | |
| 7201-50 | 50 | 3.10 | CMO | 1.0 | 10,551 | Combined Pt Days | 0.02 | 0.0 | 0.2 | 0.2 | | 1.0 | 0.80 | |
| CMG Physician Practices / Specialty/Contracts | | | | 202.7 | | | | | 8.6 | 11.6 | 0.2% | 235.3 | 224.59 | |

CAPITAL HEALTH

Labor Management Report

December - 2014
 31 Days in period
 23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. | Workload | Workload Unit | Actual Prod | Benchmark | Prod FTE Var | Paid FTE Var | % OT/AGENCY | Paid | Budgeted |
|---|------|------|----------------|--------------|----------|------------------|-------------|-----------|--------------|--------------|-------------|--------------|---------------|
| Cost Ctr | Site | DIV | Mgr | FTEs | Units | Description | Hrs/UOS | 50th% | 50th % | 50th % | HOURS | FTEs | 2014 FTEs |
| 8001-10 | 10 | 5.00 | Colleen Delso | 3.5 | 8,027 | Total Visits | 0.07 | 0.10 | -1.2 | -1.4 | 0.4% | 4.0 | 4.00 |
| 6299-70 | 70 | 5.10 | Colleen Delso | 7.4 | 544 | Visits | 2.36 | 1.9 | 1.4 | 1.8 | | 9.0 | 6.49 |
| 7011-70 | 70 | 5.10 | Colleen Delso | 3.0 | 71 | 1000 SF Gross | 7.32 | 7.0 | 0.1 | 0.1 | 0.2% | 3.3 | 3.09 |
| 8014-70 | 70 | 5.10 | Colleen Delso | 18.7 | 1,242 | Visits | 2.62 | 1.6 | 7.3 | 8.4 | 1.2% | 21.5 | 20.98 |
| 8031-10 | 10 | 5.10 | Colleen Delso | 0.9 | 43 | Visits | 3.62 | 1.6 | 0.5 | 0.6 | | 1.1 | 1.00 |
| 8032-10 | 10 | 5.10 | Colleen Delso | 7.8 | 432 | Visits | 3.13 | 1.6 | 3.8 | 4.3 | | 8.9 | 8.88 |
| 8036-50 | 50 | 5.10 | Colleen Delso | 12.4 | 897 | Visits | 2.39 | 1.6 | 4.1 | 5.3 | 0.2% | 16.0 | 9.70 |
| 8064-70 | 70 | 5.10 | Colleen Delso | 5.3 | 1,413 | Visits | 0.65 | 1.6 | -7.8 | -8.4 | 1.4% | 5.7 | 7.00 |
| 8038-10 | 10 | 5.10 | Colleen Delso | 10.5 | 1,020 | Visits | 1.79 | 1.6 | 1.1 | 1.4 | | 12.8 | 11.10 |
| 8047-10 | 10 | 5.10 | Colleen Delso | 11.7 | 843 | Visits | 2.41 | 1.6 | 3.9 | 4.5 | 0.4% | 13.5 | 9.63 |
| 8053-50 | 50 | 5.10 | Colleen Delso | 5.4 | 441 | Visits | 2.14 | 1.6 | 1.4 | 1.5 | 0.1% | 6.1 | 7.00 |
| 8054-70 | 70 | 5.10 | Colleen Delso | 2.2 | 135 | Visits | 2.85 | 1.6 | 1.0 | 1.0 | 1.8% | 2.3 | |
| 8058-50 | 50 | 5.10 | Colleen Delso | 4.1 | 116 | Visits | 6.16 | 1.6 | 3.1 | 3.6 | 0.1% | 4.9 | 15.30 |
| 8060-50 | 50 | 5.10 | Colleen Delso | 10.6 | 1,036 | Visits | 1.77 | 1.6 | 1.0 | 1.2 | 0.1% | 12.3 | 7.00 |
| | | | | 103.6 | | CMG Primary Care | | | 19.8 | 24.1 | 0.4% | 121.4 | 111.17 |
| MEDICAL SERVICES OPERATIONS | | | | 306.3 | | | | | 28.4 | 35.7 | 0.3% | 356.7 | 335.76 |
| 6939-10 | 10 | | Beth Mil | 2.4 | 12,585 | Payroll Dollars | 0.049 | 1.00 | | | 0.1% | 2.6 | |
| 6939-50 | 50 | | Beth Mil | 0.9 | 6,115 | Payroll Dollars | 0.044 | 1.00 | | | | 1.0 | |
| 9257-50 | 50 | 8.00 | Dr. Remstein | 3.6 | 10,551 | Total Pt Days | 0.06 | 0.04 | 0.9 | 1.2 | | 2.0 | 2.00 |
| 6155-10 | 10 | 3.10 | Dr. Remstein | 1.6 | 87 | Encounters | 3.24 | 3.6 | -0.2 | -0.2 | | 2.0 | 2.00 |
| ACCOUNTABLE CARE | | | | 8.5 | | | | | 0.8 | 1.0 | 0.0% | 7.6 | 4.00 |
| 9241-10 | 10 | 3.30 | Diane Moran | 15.5 | 5,327 | Total Pt Days | 0.50 | 0.45 | 1.6 | 2.0 | 0.4% | 18.4 | 19.50 |
| 9241-50 | 50 | 3.30 | Diane Moran | 13.1 | 5,224 | Total Pt Days | 0.43 | 0.45 | -0.5 | -0.6 | 1.3% | 15.7 | 14.50 |
| 9350-10 | 10 | 3.30 | Colleen Ford | 17.3 | 10,645 | Registrations | 0.28 | 0.27 | 1.0 | 1.3 | | 21.3 | 38.50 |
| 9350-50 | 50 | 3.30 | Colleen Ford | 17.2 | 12,313 | Registrations | 0.24 | 0.27 | -1.7 | -2.0 | 0.0% | 21.1 | incl above |
| 9351-10 | 10 | 3.30 | Colleen Ford | 5.8 | 2,110 | 20% Pt Days | 0.47 | 0.55 | -0.9 | -1.1 | 0.1% | 7.0 | 6.00 |
| CLINICAL QUALITY AND INFORMATION | | | | 68.8 | | | | | -0.4 | -0.5 | 0.3% | 83.6 | 78.50 |
| 9243-10 | 10 | 3.10 | Lynne Kluin | 5.8 | 10,551 | Combined Pt Days | 0.10 | 0.2 | -3.3 | -4.0 | 3.4% | 7.1 | 9.00 |
| 9247-10 | 10 | 3.10 | Lynne Kluin | 0.9 | 10,551 | Combined Pt Days | 0.01 | 0.0 | 0.3 | 0.3 | | 1.0 | 1.00 |
| 9242-10 | 10 | 3.70 | Debbie Sansone | 6.9 | 15,822 | Tot Adj Pt. Days | 0.08 | 0.08 | -0.6 | -0.7 | | 8.1 | 7.50 |
| 9239-10 | 10 | 3.10 | Debbie Sansone | 0.7 | 15,822 | Tot Adj Pt. Days | 0.01 | 0.01 | -0.2 | -0.3 | | 1.0 | 1.40 |
| QUALITY MGMT | | | | 14.3 | | | | | -3.8 | -4.7 | 1.4% | 17.2 | 18.90 |
| 9240-10 | 10 | 3.70 | Gail Johnson | 1.0 | 5,327 | Total Pt Days | 0.03 | 0.05 | -0.4 | -0.5 | | 1.0 | 3.00 |
| 9240-50 | 50 | 3.70 | Gail Johnson | 2.0 | 5,224 | Total Pt Days | 0.06 | 0.05 | 0.6 | 0.7 | | 2.3 | incl above |
| 9246-10 | 10 | 3.70 | Gail Johnson | 0.8 | 10,551 | Combined Pt Days | 0.01 | 0.02 | -0.2 | -0.2 | | 1.0 | 1.00 |
| REGULATORY AFFAIRS/INF CONTROL | | | | 3.7 | | | | | 0.0 | 0.0 | | 4.3 | 4.0 |
| MEDICAL SERVICES SUPPORT/OTHER | | | | 95.3 | | | | | -3.4 | -4.2 | 0.5% | 112.5 | 105.40 |
| TOTALS CMG/MED SERVICES | | | | 401.5 | | | | | 25.0 | 31.5 | 0.3% | 469.2 | 441.16 |

CAPITAL HEALTH

Labor Management Report

December - 2014
 31 Days in period
 23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. | Workload | Workload Unit | Actual Prod | Benchmark | Prod FTE Var | Paid FTE Var | % OT/AGENCY | Paid | Budgeted |
|------------------------------------|------|------|-------------------|--------------|----------|-----------------------|-------------|-----------|--------------|--------------|-------------|--------------|---------------|
| Cost Ctr | Site | DIV | Mgr | FTEs | Units | Description | Hrs/UOS | 50th% | 50th % | 50th % | HOURS | FTEs | 2014 FTEs |
| 7204-10 | 10 | 6.00 | Dennis Dooley | 0.0 | 5,327 | Total Pt Days | 0.00 | 0.00 | | | | 0.0 | |
| 7204-50 | 50 | 6.00 | Dennis Dooley | 0.0 | 5,224 | Total Pt Days | 0.00 | 0.0 | 0.0 | | | 0.0 | |
| 9211-50 | 50 | 6.00 | Dennis Dooley | 4.4 | 5,224 | Total Pt Days | 0.15 | 0.11 | 1.1 | 1.2 | | 5.0 | 4.00 |
| 7204-70 | 70 | 6.00 | Dennis Dooley | 0.8 | 23 | Weekdays | 6.03 | 6.0 | | | | 1.0 | 1.00 |
| 9215-10 | 10 | 6.00 | Dennis Dooley | 4.9 | 10,551 | Total Pt Days | 0.08 | 0.08 | | | | 4.8 | 5.00 |
| GOV'T COMMUNITY SERVICES | | | | 10.2 | | | | | 1.1 | 1.2 | | 10.9 | 10.00 |
| 7211-10 | 10 | 4.00 | Erica Moncrief | 0.7 | 23 | Weekdays | 5.28 | 6.0 | -0.1 | -0.1 | | 0.9 | 0.88 |
| 7211-50 | 50 | 4.00 | Erica Moncrief | 0.9 | 23 | Weekdays | 6.78 | 6.0 | 0.1 | 0.1 | | 1.0 | 1.00 |
| 7212-10 | 10 | 4.00 | Ken Szelliga | 1.6 | 10,551 | Combined Pt Days | 0.03 | 0.0 | | | 0.6% | 2.0 | 2.00 |
| 9231-10 | 10 | 4.00 | Judy Briel | 19.9 | 3,723 | Users | 1.12 | 2.3 | -25.3 | -31.0 | 0.8% | 23.2 | 41.70 |
| 9231-50 | 50 | 4.00 | Judy Briel | 23.5 | 3,723 | See 9231-10 | 1.09 | | 23.5 | 30.7 | | 19.7 | incl above |
| 9313-10 | 10 | 4.00 | Judy Briel | 1.2 | 3,723 | Pass Through Hours | 0.06 | 0.06 | | | 0.1% | 1.2 | incl above |
| 9232-10 | 10 | 4.00 | Judy Briel | 7.3 | 31 | Cal Days | 40.86 | 40.0 | 0.2 | 0.2 | 0.5% | 8.1 | 19.32 |
| 9232-50 | 50 | 4.00 | Judy Briel | 11.0 | 31 | Cal Days | 61.77 | 60.0 | 0.3 | 0.4 | 0.6% | 13.1 | incl above |
| TECHNOLOGY SERVICES | | | | 66.2 | | | | | -1.4 | 0.3 | 0.5% | 69.2 | 64.90 |
| 9212-10 | 10 | 7.00 | Suzanne Borgos | 1.9 | 10,551 | Total Pt Days | 0.03 | 0.032 | 0.0 | -0.1 | | 1.0 | 1.00 |
| STRATEGY AND PLANNING | | | | 1.9 | | | | | 0.0 | -0.1 | | 1.0 | 1.00 |
| 9305-10 | 10 | 9.10 | Melissa Cieslak | 8.8 | 22,958 | Total Registrations | 0.07 | 0.07 | 0.2 | 0.2 | | 9.8 | 9.00 |
| 9310-10 | 10 | 9.10 | Melissa Cieslak | 5.7 | 5,327 | Total Pt Days | 0.19 | 0.19 | 0.0 | 0.0 | 0.4% | 6.9 | 15.02 |
| 9310-50 | 50 | 9.10 | Melissa Cieslak | 4.5 | 5,224 | Total Pt Days | 0.15 | 0.19 | -1.1 | -1.4 | | 6.0 | incl above |
| FINANCE | | | | 19.0 | | | | | -0.9 | -1.2 | 0.1% | 22.7 | 24.02 |
| 8012-50 | 50 | 9.20 | Diane Castner | 19.4 | 22,958 | Total Registrations | 0.15 | 0.16 | -1.8 | -2.1 | 0.0% | 22.4 | 24.25 |
| 9320-10 | 10 | 9.20 | Debbie Visconti | 17.9 | 22,958 | Total Registrations | 0.14 | 0.13 | 0.7 | 0.8 | 0.7% | 22.0 | 42.92 |
| 9320-50 | 50 | 9.20 | Debbie Visconti | 17.0 | 22,958 | Total Registrations | 0.13 | 0.13 | -0.2 | -0.2 | 1.2% | 20.7 | incl above |
| 9330-10 | 10 | 9.20 | Beth Gerasimovicz | 21.9 | 10,645 | Registrations | 0.36 | 0.42 | -3.8 | -4.4 | 1.4% | 25.4 | 69.61 |
| 9330-70 | 70 | 5.20 | Beth Gerasimovicz | 2.6 | 1,019 | Registrations Hamiltc | 0.44 | 0.4 | 0.0 | 0.0 | | 3.0 | 4.35 |
| 9330-50 | 50 | 9.20 | Beth Gerasimovicz | 31.9 | 12,313 | Registrations | 0.45 | 0.42 | 2.0 | 2.3 | 2.9% | 36.5 | incl above |
| 9336-50 | 50 | 9.20 | Chris Ault | 7.8 | 4,235 | Calls | 0.32 | 0.13 | 4.6 | 4.6 | | 9.0 | |
| PATIENT ACCOUNTING / ACCESS | | | | 118.5 | | | | | 1.5 | 1.0 | 1.3% | 139.1 | 141.13 |
| FINANCIAL SERVICES | | | | 137.5 | | | | | 0.6 | -0.1 | 1.2% | 161.7 | 165.15 |

CAPITAL HEALTH Labor Management Report

December - 2014
31 Days in period
23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. | Workload | Workload Unit | Actual Prod | Benchmark | Prod FTE Var | Paid FTE Var | % OT/AGENCY | Paid | Budgeted |
|--|------|-------|-------------------|-------------------------------|---------------|--------------------------|-------------|-----------|--------------|--------------|-------------|---------------|----------------|
| Cost Ctr | Site | DIV | Mgr | FTEs | Units | Description | Hrs/UOS | 50th% | 50th % | 50th % | HOURS | FTEs | 2014 FTEs |
| 9203-10 | 10 | 10.00 | Alicia Carnot | 1.5 | 10,551 | Combined Pt Days | 0.02 | 0.035 | -0.6 | -0.8 | | 2.0 | 2.00 |
| 9503-10 | 10 | 10.00 | Alicia Carnot | 1.7 | 10,551 | Combined Pt Days | 0.03 | 0.03 | | | | 2.0 | 2.00 |
| 9206-10 | 10 | 10.00 | Alexander Gladney | 3.6 | 10,551 | Combined Pt Days | 0.06 | 0.060 | -0.1 | -0.1 | | 3.0 | 3.00 |
| 9207-10 | 10 | 10.00 | Steve Miller | 2.6 | 10,551 | Combined Pt Days | 0.04 | 0.045 | -0.1 | -0.1 | | 2.0 | 2.00 |
| LEGAL SERVICES | | | | 9.3 | | | | | -0.8 | -1.1 | 0.0% | 9.0 | 9.00 |
| 9201-10 | 10 | 12.00 | Al Maghazehe | 6.7 | 5,327 | Total Pt Days | 0.22 | 0.27 | -1.6 | -1.9 | 6.0% | 2.1 | 16.00 |
| 9208-50 | 50 | 12.00 | Larry DiSanto | 2.6 | 5,224 | Total Pt Days | 0.09 | 0.08 | 0.2 | 0.2 | 1.3% | 3.0 | 3.00 |
| CORPORATE/HOSPITAL ADMINISTRATION | | | | 9.3 | | | | | -1.4 | -1.7 | 3.2% | 5.2 | 19.00 |
| | 50 | 11.00 | Scott Clemenssen | | | New Employee Orientation | | | | | | | |
| 9221-10 | 10 | 11.00 | Scott Clemenssen | 4.1 | 4,000 | # Employees | 0.18 | 0.31 | -3.1 | -4.1 | | 4.0 | 13.50 |
| 9221-50 | 50 | 11.00 | Scott Clemenssen | 7.8 | 4,000 | # Employees | 0.34 | 0.15 | 4.4 | 5.4 | | 9.8 | incl above |
| 9222-50 | 50 | 11.00 | Scott Clemenssen | 6.2 | 4,000 | # Employees | 0.27 | 0.22 | 1.1 | 1.4 | | 7.5 | 7.50 |
| 9223-10 | 10 | 11.00 | Scott Clemenssen | 1.6 | 4,000 | # Employees | 0.07 | 0.07 | | | | 2.0 | 1.80 |
| HUMAN RESOURCES | | | | 19.6 | | | | | 2.4 | 2.7 | | 23.3 | 22.80 |
| TOTAL COPORATE SERVICES | | | | 254.1 | | | | | 0.4 | 1.3 | 0.9% | 280.3 | 291.85 |
| TOTALS ALL DIVISIONS | | | | PROD FTES >>> | 2925.7 | | | | -27.6 | -30.1 | 3.3% | 3308.5 | 3199.56 |

Note:

The following cost centers/departments have benchmarks set at a different percentile than 50th.
Pharmacy & Escort cost centers benchmarked at 25th percentile.
Primary care practices benchmarked at 75th percentile.
All finance cost centers incl. case management, HIM & CDI are set at 25th %ile.
LDRP @ RMC is on min staffing.
EMS at RMC is set at 25th %ile for a three month monitoring.

Nursing FTEs used for 1:1's 52.5

Minutes: Work Session on Staffing & Scheduling Improvements

1/21/15: 9am-2pm

Participants for Staffing and Scheduling Work Session

January 21 2015

| Leader | Position |
|--------------------------------|---|
| Laurie Shiparski | Consultant and Facilitator |
| Deb Lenart, RN | 2FS, Surgical Trauma RMC |
| Lynne Stollsteimer, RN | NM OP2, MS Oncology RMC |
| Diane Cubberley, RN | NM Tele AMU RMC |
| Pat Michael, RN | Div Director Pt Care Serv/Cinics |
| Barbara Flood, RN | NM 6m telemetry HW |
| Donna Gottschall, RN | 5 M Oncology HW |
| Cheryl Wiseman, RN | NM 4M Surgi HW |
| Alex McConville, RN | NM ICU/CCU & Observation HW |
| Ann Lando, RN | Director |
| Jen James, RN | Neuro intermediate |
| Kathleen Morris, RN | Neuro ICU NM, RMC |
| Regina Ciambrone, RN | Dir Emergency Services |
| Phyllis O'Neill, RN | NM RMC ED, RMC |
| Ruthann Tobolski, RN | Div Dir Renal,/Psych/Nrsg Finance/Respiratory |
| Colleen Price, RN | NM Trauma/Medical ICU/CCU RMC |
| Pam Graziadei, RN | Div Director Maternal Child |
| Lisa Mconologue, RN | Director Psych |
| Frank Sprague, RN | Logistics Manager |
| Kian Seyed & Linda Baxavaneous | Management engineering |

Hot Topics: Strategy Generation

5 Traveling Teams

1. Diane, Donna
2. Kathleen, Phyllis
3. Deb, Colleen, Barbara
4. Lynne, Alex, Linda
5. Kian, Cheryl, Jen

What Teams Do At The Station

1. Each team rotates through the Strategy Stations to have open dialogue about experiences and recommendations
2. All ideas welcome, focus on understanding it and brainstorming ideas
3. Host recaps ideas already recorded
4. Use the data at the station as needed
5. Host will record your ideas and recommendations



14

Group reports:

OVERTIME REDUCTION

- Issues Impacting Overtime
- LOA, workers comp, light duty
 - Vacancies not replaced
 - Call outs- staff perceive that there is no consequence for call outs – extra shift-call out within 48 hours
 - Vacations especially with 12 hour staff
 - Increased ADC
 - incidental overtime- charting etc- can get report by person per shift but not unit total
 - no breaks- excuses that blame the system
 - not enough float staff
 - foreign travel
 - floats working 8 hours
 - surge
 - no good way of knowing who is at max hours to cancel

- 1:1s rely on 2nd job code and overtime
- meetings unit and organizational
- trainings
- no relief in budget
- many staff stay due to staff not being organized
- smaller units- less resources
- no longer competitive to fill positions- increase rates to fill need, sign on bonus for critical needs
- share staff between campuses – no pre-assignment of floats – should go to areas of highest need
- staff burnout- small number of staff willing to do more hours
- Increase staff accountability staff coming in late
- FMLA policy – intermittent and long term
- Accountability of late policy
- Neuro staff needs to call supervisor to cover call outs
- Strategies
- Revision to call out policy to make strict for 12 hour employees
 - Monthly restrictions
 - Identify patterns and address
 - Hold staff accountable to the policy –including weekends fri-sat-sun
 - Need report to easily track
- Vacation Policy- uphold policy consistently
- Return date removed so 12 hour people can't work beginning to end of weeks- 2 weeks off
- Foreign travel restrictions – (time off frequency)
- Float pool
 - Increase 12 hour staff and eliminate 40 hour staff
 - Increase number of float pool RNs
 - Real time tracking of hours/week
 - Volunteer program for 1:1's or nursing students
- Developing more team work to accomplish tasks
- Efficiency for filling vacancies
 - Position control not matching positions
 - HR delays
- Mandated breaks with supervisor approval if no break
- No overtime with out approval of supervisor

FLOAT POOL ADVANCEMENT

- One management person over all floats
- Consistent expectations and outcomes, competencies, compliance with hours hired to work
Reports Needed
- HR report of float pool members inaccurate
- Regular report for PRNS, weekends, H, each month
- Need a report on what prns float to where

Change Requirements

- 8 hour shifts causing gaps at 3-7p – only hire 12 hour into the pool
- Increase unit based minimum to 48 hours per month
- Increase CCT/NA in float pool
- Increase number of level 1's 3 7a-7p and 2 7p-7a now?
- Eliminate LPNs from float pool
- All floats need to be tele and ACLS competent
- Moving forward here .9 recommended =Always have 3-7 low staffing due to ANM
- Add full time employees with benefits to cover the MLOAs
- Do we have right people in staffing office – not just a body
Other
- Move to one float pool and 1 large staffing service – electronic???
- RMC units – massive OT fatigue, refusing vacations- floating needs to be fair – neuro & ED
- Staffing – up to 4-6 hours a day to get staff
- Supervisors – call NM on weekends and middle of night to get staff in
- Daily staffing meeting
- Different practices across campuses
- 3 pulls to cover one slot – competency issues – MS only limits use and increases burden of covering units
- ADP and self scheduling
- Consider increasing unit based per diems including support staff

ED HOLDS & OBSERVATION PATIENTS

Holds

- Educate charge RN to be more proactive with MDs for discharge/downgrade
- Change priority of rounding; start on MS and work toward ICU
- Tools for staff to do their job efficiently with care of the holds
- Review inappropriate use of testing
- LOS dispo problem
- Better use of to their scope of practice – NP
- Change MD expectations
- Change surge page to doctors with a set time to arrive ro MD director of unit will determine discharges and downgrades
- Expectation of earlier rounds
- Address Stopped D/C based on family conversation
- Discharge lounge
- Admit to appropriate level of care; case manager ED
- Testing done 7 days aweek / results earlier
- Design ED overflow area for holds
- Better organization for nurses for holds
- Inpatient NM rounds on holds
- Designated admission nurse

- Integrated IT system
- ER holding float pool
- Better intensivist presence
- Stop admissions to inappropriate level of care
- Holds in ED neuro transfers cause Observation Patients
- Expand diagnosis; post ops that only stay overnight. TIA,
- Increase MD education on use of OBS
- Chart reviews and pointed MD education
- Case management
- Strong NPs not new inexperienced ones
- Monitor utilization and report results of utilization so that utilization can improve

1:1 REDUCTION/TELESITTER UTILIZATION

- Need a person to focus on follow up and planning of patients with high risk falls, restraints, 1:1's, and tele sitter utilization
- Review falls – should they have been on teleSitter
- Use of observation aides vs NAs and CCT – expand their role to provide some care and interact with patient
- All overdoses should not be placed on 1:1 for unintentional OD -get psych eval before 24 hours- get psych eval asap
- Need accurate data to go into the admin report
- Identify potential abuses of 1:1 assignments and address
- Monitor every 4 hours for appropriateness
- Observation aides need expanded role
- Do we need 1:1 when family is in the room – get families engaged
- More inservices on 1:1 and telesitter
- Make Lauries report available to staff for teleSitter and 1:1 – to see falls reduction and cost savings
- Clarify policy re: suicide vs non suicide overdoses
- Appropriate utilization of staff being pulled to cover 1:1 on other floors
- More training
- Use nursing students
- NA doing 1:1 care provide basic care – engage in feeding pt- reading to pt etc
- Service excellence expectations with sitters
- Outsource sitter coverage to avoid OT

Updated 9/28/15

Flexible Staffing Team Requirements

1. Weekend requirement is every other weekend, the same as all staff on units
2. Holiday requirements are the same as all staff . All regularly scheduled FT/PT employees must work either Christmas or New years (1500 on the eve through 2300 on the day) and 2 additional major holidays (Memorial Day, July 4th, Labor Day, Thanksgiving,) Perioperative holiday requirements- 1 Winter & 1 Summer – as needed either as working team or On Call depending on Campus assigned for holiday call.
3. On call required in Maternal child health and Perioperative areas only.

| | |
|--|---|
| MCH: 12 hours/4 weeks | |
| Perioperative areas: | |
| <u>F/T staff (.9, 1.0 FTE)</u> | <u>P/T Staff (.5 FTE)</u> |
| W/E call = 48 hours in 4 week schedule | W/E call = 48 hours in 4 week schedule |
| M-F call= 3-12hr call 7p-7a in 4 weeks | M-F call= 2-12 hr call 7p-7a in 4 week schedule |
4. Specialty Areas
 - Maternal Child Health**
Includes Hopewell Campus only. Requires selecting a minimum of 4 areas out of the following categories: L&D, Antepartum, Postpartum, Circulating/PACU, newborn, NICU level 2, NICU Level 3, Pediatrics, Pediatric Emergency Department
 - Emergency Department**
Includes: ED, ED Holds, and Observation on both campuses
 - Critical Care**
Includes: ICU/Intermediate/PACU, ED Holds both campuses
 - Medical Surgical**
Includes Med-Surg, Telemetry and ED holds. There is an option for cross training to observation or psychiatric units if desired and at the discretion of the nurse manager.
 - Perioperative**
Main operating rooms at RMC and Hopewell, and the Surgicenter
5. Scheduling – Flexible Staffing Team will submit scheduling requests to the CRO Nurse Manager who will work with FST to finalize schedules according to department needs. Every effort will be made to honor requests. The final schedule will be posted 2 weeks in advance. Daily assignment to units may either be on the day reporting to work or in advance to cover LOAs. If census is low full and part time FST will take turns being called off with all other staff on the units.
6. Flex Choice options

| Flex Choice | Availability | Shifts | Both Campuses | Pay | Benefits |
|-------------|--|-------------|---------------|--|----------|
| Option 1 | Part-time Minimum of 40 hours every 2 weeks | 4, 8, or 12 | X | Base pay plus FST differential of 5.00/hr, shift & certification differentials | X |
| Option 2 | Full Time .9 FTE Nights or Days | 12 hour | X | Base pay plus FST differential of 5.00/hr, shift & certification differentials | X |
| Option 3 | Per Diem Minimum 60 – 112 hours per 4 weeks | 4, 8, or 12 | X | Per current policy | none |

Emails documenting issues worked through with staff input regarding Flexible Staffing Team (FST)

1. Issue: Introducing initial Flexible Staffing requirements, working through staff concerns

From: Laurie Shiparski <laurie@edgeworkinst.com>
Subject: clarification on a flexible staff issue
Date: April 29, 2015 at 10:35:53 PM EDT
To: "Lenart, Deb" <DLenart@capitalhealth.org>, "Cubberley, Dianne" <DCubberley@capitalhealth.org>, "Gottschall, Donna" <DGottschall@capitalhealth.org>, "Borgstrom, Cindy" <CBorgstrom@capitalhealth.org>, "Tobolski, Ruthann" <Rtobolski@capitalhealth.org>, "Patterson, Diane" <DPatterson@capitalhealth.org>, "Flood, Barbara" <BFlood@capitalhealth.org>, "Ciambrone, Regina" <RCiambrone@capitalhealth.org>, "Lando, Ann" <ALando@capitalhealth.org>, "Moore, Marian" <MMoore@capitalhealth.org>, "Gaudreau, Sandy" <SGaudreau@capitalhealth.org>, "McConville, Alexandra" <AMcConville@capitalhealth.org>, Diane Boka <DBoka@capitalhealth.org>, "Martha Goldman" <MGoldman@capitalhealth.org>
Cc: "Horton, Eileen" <ehorton@capitalhealth.org>

Hello Everyone

After discussions at our work group meeting yesterday, and reviewing the staff feedback on requirements for flex RNs,
I want to try to clarify an issue before tomorrow's open house recruitment for flexible staffing team
When we offer positions to nurses for the flexible staffing team they can request to work a specific shift
When the term "preferences are not guaranteed " is used it refers to days off and scheduling requests in general just like all other units in the hospital
If a nurse wants to work full time nights or days He/She can be hired for that shift in the FST
If a nurse wants to work a combination of nights and days that too can be their shift designation
If we do not let them hire in on a designated shift or pattern of shifts we will not recruit
In the beginning here we have all shifts open, as we grow the group we will be posting open positions according to our needs
Remember we are balancing staffing needs and the personal needs of the RNs here
Sorry for any confusion
questions welcome

Laurie Shiparski

On Apr 30, 2015, at 9:30 AM, Patterson, Diane <DPatterson@capitalhealth.org> wrote:

That's the way I understood it but it was hard to convince others that was the intention. Getting a little push back from the regular staff about nurses doing the same work they're doing and getting \$4.00 more an hour. I explained it's a perk for their flexibility in going to different units and filling in where we need them. Some staff is upset they won't be getting their overtime. I don't have an answer for that, only that this saves money, time and energy in finding someone on a daily basis and it's a business venture that will solve some of our staffing issues.

Just want to make sure I'm answering the questions appropriately,

Thanks,

Diane Patterson, RNC-NIC, MSN
NICU Assistant Nurse Manager

From: Laurie Shiparski [mailto:Laurie@edgeworkinst.com] **Sent:** Thursday, April 30, 2015 11:45 AM **To:** Patterson, Diane **Subject:** Re: clarification on a flexible staff issue

thanks Diane

I appreciate your feedback - Eileen is behind it too

I just don't want the floats to feel like they have no control at all to plan thier lives
Certainly the people concerned would be welcome to apply- if it was that easy they already would have

Its never good when people count on overtime to supplement their salaries-its suppose to be used in times of need not seen as part of their stable income

thanks again
Laurie

From: "Patterson, Diane" <DPatterson@capitalhealth.org>
Subject: RE: clarification on a flexible staff issue
Date: May 4, 2015 at 10:37:08 AM EDT
To: Laurie Shiparski <Laurie@edgeworkinst.com>

Agree, thank you.
Diane Patterson, RNC-NIC, MSN

2. Issue: On Call Requirements for MCH FST

On May 22, 2015, at 1:14 PM, Patterson, Diane <DPatterson@capitalhealth.org>

wrote:

I had two really good nurses from Pediatrics who would have been excellent for the NICU not take a position because of the on-call commitment. Just so you know that's one of the reasons to put on your list of why nurses aren't filling the positions. •

Thanks,
Diane Patterson, RNC-NIC, MSN
NICU Assistant Nurse Manager

From: Laurie Shiparski <Laurie@edgeworkinst.com>
Subject: Re: FST
Date: May 22, 2015 at 3:45:33 PM EDT
To: "Patterson, Diane" <DPatterson@capitalhealth.org>

Ok. It's on the list for the work team

3. Issue- Engaging Assistant nurse managers in project

From: "Patterson, Diane" <DPatterson@capitalhealth.org>
Subject: RE: FST
Date: June 3, 2015 at 8:14:17 AM EDT
To: Laurie Shiparski <Laurie@edgeworkinst.com>At the Assistant Nurse Manager Meeting yesterday there was a lot of anger and confusion about the FST program. I did the best I could to answer questions but I thought it would be a good idea if you or Pat Michael could come to our next ANM meeting. I think it would make more of an impact. It would not be advantageous to start the program without the buy-in from the Assistant Nurse Manager Group. They are key stakeholders in staffing on the units and need to have a positive outlook for this program for it to be successful.

Our next meeting is July 7th, 2:00pm, at the Hopewell campus Garden Level Conference Room 1 and 2. Dawn Mormando and myself are the co-chairs.

Thanks,
Diane Patterson, RNC-NIC, MSN
NICU Assistant Nurse Manager

From: Laurie Shiparski [<mailto:Laurie@edgeworkinst.com>]
Sent: Wednesday, June 03, 2015 10:29 AM
To: Patterson, Diane
Subject: Re: FST

thank you so much Diane - I really appreciate it
we will plan for the ANM
the 4 hour Nurse manager session is next week - we will work out any outstanding issues

what were they most upset about ?
Laurie

On Jun 4, 2015, at 7:04 AM, Patterson, Diane <DPatterson@capitalhealth.org> wrote:

1. They are worried they are going to lose regular staff and then it will take too long to back fill the positions.
2. They were very upset about the pulling of regular staff from campus to campus without any orientation to the units or the hospital that has happened recently. So they were asking if the Float Pool Staff would be the first to go between the campuses.
3. They were concerned about how long the orientation was going to take and how these nurses were going to be able to function independently on their units.
4. They thought the flexible staff should be cancelled before regular staff is cancelled.
5. Of course, the raise and money issue came up.
6. They feared we are losing experienced nurses because the pay rate is not competitive with other hospitals so they should look at compensating the nurses they already have instead of developing a new program that may fail down the road. They questioned the longevity of the program and if people will stay in the program after they spend the time to orient them. I think the nurse manager session will help to alleviate some of their anxiety when the ANM's get the facts .

Just a few legitimate concerns,

Thanks,
Diane Patterson, RNC-NIC, MSN
NICU Assistant Nurse Manager

From: Laurie Shiparski <laurie@edgeworkinst.com>
Subject: Re: FST
Date: June 4, 2015 at 9:18:28 AM EDT
To: "Patterson, Diane" <DPatterson@capitalhealth.org>

thanks Diane - we will work through the issues
Is it ok if I share the list of issues with Eileen the CNO? I would like to make sure we can address the concerns

From: Laurie Shiparski [<mailto:Laurie@edgeworkinst.com>]
Sent: Wednesday, July 08, 2015 2:28 PM
To: Borgstrom, Cindy; Ciambrone, Regina; Boka, Diane; Cubberley, Dianne; Flood, Barbara; Gaudreau, Sandy; Gottschall, Donna; Lando, Ann; Laurie Shiparski; Lenart, Deb; McConville, Alexandra; Moore, Marian; Patterson, Diane; Tobolski, Ruthann; DiNatale, Carmela; Allen, Christina; Wolfson, JoAnn;

Goldman, Martha; Graziadei, Pam; Michael,
Pat;cprice@capitalhealth.com; kmorris@capitalhealth.com
Cc: Green, Marsha; Patterson, Michele; Sweeney, Katrina; Medina, Nereida;
Horton, Eileen
Subject: Revised talking points on CRO- please help distribute

Hi All

Our work team reviewed NM talking points document and I presented it to the PSO.

Here is the revised talking points for others including managers, assistant managers, charge nurses and staff

Please help me get this distributed

Pat Michael and I attended the assistant nurse manager meeting this week and handed this out there

the feedback was very good and they are going to help spread the word to staff

On Jul 9, 2015, at 10:39 AM, Patterson, Diane
<DPatterson@capitalhealth.org> wrote to Laurie Shiparski:

Thank you for coming to the ANM meeting. I think it went very well. They are getting used to the idea and seeing the benefits as we move forward. Should I forward the talking points to the Assistant Nurse Managers that were not present for the meeting?

Thanks Again,
Diane Patterson, RNC-NIC, MSN
NICU Assistant Nurse Manager

From: Laurie Shiparski [<mailto:Laurie@edgeworkinst.com>]
Sent: Thursday, July 09, 2015 11:12 AM
To: Patterson, Diane
Cc: Mormando, Dawn; Michael, Pat
Subject: Re: Revised talking points on CRO- please help distribute

Yes please do
laurie shiparski

4. Issue: Staff Nurse on work team assists with research of other hospitals with float pool program to help design the FST

On Jun 1, 2015, at 2:37 PM, Patterson, Diane <DPatterson@capitalhealth.org> emailed Laurie Shiparski results of her assignment from the work team:

St. Mary Medical Center, Langhorne

Tier 2 PRN Program

6 week schedules

4 shifts a month so 6 shifts in a 6 week schedule

1 extra scheduled day picked for on-call (12hours)

2 weekend shifts

1- winter, 1-summer holiday

Time and a half for being called in on on-call day

Nurse manager can offer time and half for a hard to staff day (circles it in red on her paper schedule)

\$39.50 day rate, \$43.00 weekend rate

They have a tier 3 program that is 2 days a week and 12 shifts in a 6 week schedule

Carolina Healthcare System

PRN Program

2-12 hour shifts every schedule (6 week schedules)

Last dibs after all full time people picked their shifts

No night or weekend requirements

No on-call

They picked one holiday a year to work and alternated one summer, one winter

All 12 hour shifts

After schedule was completed they could pick up extra shifts, work others on-call etc.

She's getting me the name of the computer program they used for scheduling.

Diane Patterson, RNC-NIC, MSN

NICU Assistant Nurse Manager

Capital Health Medical Center-Hopewell

Office # 609 537-7268

From: Laurie Shiparski [<mailto:Laurie@edgeworkinst.com>]

Sent: Tuesday, June 02, 2015 2:53 PM

To: Patterson, Diane

Subject: Re: FST

can I ask who you spoke to or how you got this information - I am adding that to my spread sheet

Laurie

From: "Patterson, Diane" <DPatterson@capitalhealth.org>

Subject: RE: FST

Date: June 3, 2015 at 8:14:17 AM EDT

To: Laurie Shiparski <Laurie@edgeworkinst.com>

Gina Affeldt is a staff nurse in the NICU works at St. Mary prn and Michelle Gorski is a staff nurse worked for Capital Health and moved to South Carolina and then moved back. She works in the NICU with me also.

From: Laurie Shiparski [mailto:Laurie@edgeworkinst.com]

Sent: Monday, June 01, 2015 5:56 PM

To: Patterson, Diane

Subject: Re: FST

Awesome!!! Thank you. We will review this information and discuss applications for our program in our work team.

Laurie

5. Issue - Pulling Staff ; Flexible Staffing Team and Regular Unit Staff

From: Patterson, Diane

Sent: Monday, July 20, 2015 8:34 AM

To: Lando, Ann

Cc: Michael, Pat; Laurie Shiparski

Subject: Pulling

Labor and Delivery had two questions about the FST nurses. Is the prn pulled to another unit first before the FST person? Is the prn cancelled first before the FST person? I said yes and yes but wanted to clarify that nothing has changed.

Thanks,

From: Lando, Ann

Sent: Monday, July 20, 2015 8:38 AM

To: Patterson, Diane

Cc: Michael, Pat; Laurie Shiparski

Subject: RE: Pulling

I agree with your decision FST staff are regularly scheduled staff so PRN always goes first

From: "Patterson, Diane" <DPatterson@capitalhealth.org>

Subject: RE: Pulling

Date: July 20, 2015 at 8:41:44 AM EDT

To: "Lando, Ann" <ALando@capitalhealth.org>

Cc: "Michael, Pat" <PMichael@capitalhealth.org>, Laurie Shiparski <Laurie@edgeworkinst.com>

Ok, thank you. Just wanted to clarify.

Diane Patterson, RNC-NIC, MS

In October 2015 Ann Lando, Director of the CRO and Flexible Staffing Team, attended unit staff meetings to communicate progress, answer questions and collect feedback from staff.

Staff Meeting NICU

Date-10/7/15

Attendance:

| | | | | | |
|---|---------------------|---|------------------|--|--|
| X | Ellen Kornfeld | | | | |
| X | Karen Ohler | X | Guest- Ann Lando | | |
| X | Sally Edwards | | | | |
| X | Jackie Hagen | | | | |
| X | Helen Varacallo | | | | |
| X | Marge Barber | X | Charles Gorman | | |
| X | Karen Ohler | X | Maria Stewart | | |
| X | Coryn Scaliti Henry | X | Diane Patterson | | |
| X | Donna Rubin | X | Chris Saltzman | | |
| X | | X | | | |

| Topic | Issue | Responsibility | Status |
|--|--|----------------|---|
| <p>Central Resource Office/ FST</p> | <p>Ann Lando attended this part of the meeting as the Director of Central Resource Office to answer staff questions.</p> <p><i>Is the flex pool staff allowed to give their availability or do they fill in the schedule holes after regular staff and PRN?</i></p> <p><u>The Flex pool staff fill in open time on the schedule after the full/part time staff without OT and before the PRN staff.</u></p> <p><i>What is the weekend commitment of the flex pool staff?</i></p> <p><u>For now the weekends start at 7pm on Fridays and end 7am Monday (this is currently being reviewed). They are required to do 4 weekend shifts/schedule.</u></p> <p><i>Can the flex staff be cancelled?</i></p> <p><u>They must rotate a cancel with the other staff members. They are the first to be pulled to other areas where they have a competency.</u></p> <p><u>The goal of the Central Resource Office is to improve staffing throughout the organization while reducing OT.</u></p> | | |
| <p>SACC news</p> | <p>*Shelly reported from SACC that the CNO is down to two candidates and the new CNO will be announced soon.</p> <p>*Magnet renewal is walking a fine line but we are working on the criteria.</p> <p>*Informatics has changed some items when ordering blood products, now you must enter the ordering physician not the attending physician. Blood transfusing education is due in Oct on Cornerstone.</p> <p>*Pharmacy is now linked with tele-tracking so they know when a patient is transferred.</p> <p>* JC readiness education can be found on the computer home page, please</p> | | <p>Margaret (Peg) Reiter was announced as the new</p> |

| | | | |
|---|---|--|-------------|
| <p>Unit Based Issues: PI for September</p> <p>CLABSI Mtg</p> <p>New nurses</p> <p>TJC mock survey</p> | <p>read the information so that you can be ready for the survey.</p> <p>Critical lab value forms were 100% Med education 70% Pain education 90%</p> <p>Pharmacy is working to get the TPN delivered earlier and having it run through the tubing before delivering to the unit. The doctors are standardizing the vitamin doses so the pharmacy can free up man power to prepare the TPN. We have also requested that meds such as calcium, indocin and lasix be mixed in the pharmacy.</p> <p>Respiratory, MD and nursing should be making rounds together on those patients requiring respiratory support. All ancillary units who assist with our patients, i.e. radiology, U/S etc will be donning yellow gowns as well as washing when they enter the unit to comply with our new CLABSI initiative. If there is an issue with someone, please let me know.</p> <p>Please welcome Katherine Spiroff and Jennie Smith, two new NICU nurses who should be starting in November. They will be working 36hr nights.</p> <p>The survey should be in mid- October so please remember :</p> <ul style="list-style-type: none"> • to wear your badges • check code carts • keep hallways free of equipment • make sure you charts are complete, sign first initial, last name and credentials • No food or drink other than water at the desk | | <p>CNO.</p> |
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| <p>Parent Education meeting</p> <p>Other issues</p> <p>Charge nurse</p> <p>Patient</p> | <ul style="list-style-type: none"> • No boxes in equipment room, nothing on shelves close to the ceiling <p>The first Tuesday of each month - 11 am Call in number in-house is 6800 and code is 281885, outside call (609)537-6800.</p> <p>The purpose of this group is to consolidate education and organize what and when items need to be accomplished instead of waiting until the last minute. Education will be organized in groups of red, yellow and green. More to come... An additional discharge teaching class will be offered.</p> <p>*Kangaroo care can still be provided even if when the infant is old enough and mature enough to be dressed. Parents have stated that nurses give different responses on kangaroo care.</p> <p>*Jackie Hagen has volunteered to research pain relief measures in the NICU across the board and what is used in other NICU's during eye exams</p> <p>*As the patient nears discharge, the HOB should not be elevated. Safe sleep practice will be added to the check list on the flow sheet.</p> <p>Please try to vary the assignments from shift to shift that help is taking.</p> <p>Please distribute the NICU patient survey to all parents before discharge.</p> | | |
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| Satisfaction Surveys | The box from RMC is in the RMD room on 1M and a new box has been ordered for 3I. Respectfully submitted, Chris | | |
|-----------------------------|--|--|--|

Next Meeting scheduled for Nov 4 Hopewell 1030 730

Call in info

Hopewell campus - x6800

From Outside - (609)537-6800

Toll Free - 1-888-935-7454

Conference PIN **752518** #for the 10:30am conference and **444383#f**

**CAPITAL HEALTH
MCH Leadership Minutes/Tracking Report
October 18, 2012**

Attendance :

| | Last Name, First Name, Credentials, Unit | | | | |
|----------|--|----------|------------------|----------|-------------------|
| X | Graziadei, Pamela, Divisional Director | E | Estlow, Margaret | E | Procaccini, Diane |
| X | Adamczyk, Karen | E | Goldman, Martha | X | Saltzman, Chris |
| X | Boka, Diane | X | Keller, Heather | | |
| X | Daly, Judi | X | Mahony, Jill | | |
| X | Donaldson, Kathy | X | Mormando, Dawn | | |
| E | Ennis, Jo-Ann | E | Nwosu, Regina | | |
| | | | | | |

Key:
Attendance: X = Present E = Excused Absence is left blank
Status: P = Pending R = Resolved A = Approved I = Informational E = Expired

Meeting called to order at 9:15 a.m. by Pamela Graziadei.

| Date | Items | Responsible | Description | Status |
|----------|---------------------------------------|--|--|--|
| 10/19/12 | Consolidation Update at RMC Maternity | P. Graziadei | Submitting Certificate of Need along with architectural plans as of 11/1/12. | p |
| | Center for Women's Health | P. Graziadei D. Mormando J. Mahony | <p>Pam & E. Horton met with 11 providers from Ct. for Women's Health from Langhorne, Pa.</p> <p>A tour will be planned for 45 staff members on 11/2^od at Hopewell. C. Saltzman & J. Ennis to help with tours.</p> <p>Deliveries at Hopewell should begin 12/1⁵_t.</p> <p>Scrubs, practice preference cards, etc. should be prepared for new OBGYNs.</p> <p>As Per L. Desantos, Complimentary Prenatal Massages presented to new moms through Childbirth classes.</p> <p>Advertisement to be drafted by PR for Courier Times in regard to Capital Health OBGYN Services and physicians available at Hopewell.</p> <p>New docs need access to OB Tracevue & Keane. See Leanna.</p> | <p>p</p> <p>p</p> <p>A</p> <p>P</p> <p>p</p> |

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| | CWG Docs | P. Graziadei | CWG need a new point person. Dr. K. Baldwin to be an interim point person for Nov. & Dec. Dr. L. Granderson should return in January. | A |
| | Pediatric Dept. | H. Keller | Junior League will be coming to Hopewell and decorate for Christmas on 12/2nd & 3rd. | |
| | Code Amber | | Began Sim-Junior training, 10 staff member including 2 doctors. | I |
| | | | Need for Autistic for staff. | P |
| | | | <u>11/15/12 – Thursday</u> | |
| | | | • Hopewell 6:30a - announced | |
| | | | • RMC 7p - announced | A |
| | | | <u>11/27/12 – Tuesday</u> | |
| | | | • RMC 6:30a - unannounced | |
| | | | • Hopewell 7p - unannounced | A |
| | | | Department Heads to man doors that are in proximity to their dept. Scenarios to be worked out. | P |
| | Code Pink | H. Keller | Latest Extramural Birth was on | I |
| | | | Reviewed Code Pink policy. Many changes were made: | I |
| | NICU | K. Adamczyk | Completed | I |

11:00 a.m.
 – November – 9:00 a.m. to 10:30 a.m. - MCH CR

Respectfully submitted,
 Pamela Graziadei, MSN, RN

Staff Meeting

Unit: Hopewell LDR

Date: January 22, 2014

Attendance: D. Boka BSN, RNC

| | | | | | |
|------|-----------------------------|------|-----------------------------|--|--|
| 1100 | D. Boka, NM presenting | 2000 | D. Boka, NM presenting | | |
| | E. Buck, Clinical Nurse | | T. Vigna, Clinical Nurse | | |
| | J. Stephens, Clinical Nurse | | S. Struk, Clinical Nurse | | |
| | P. Jones | | G. Fassler, Clinical Nurse | | |
| | S. Brosius, Clinical Nurse | | C. DeLosso, Clinical Nurse | | |
| | S. Bowen, Clinical Nurse | | E. Ratzlaff, Clinical Nurse | | |
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*Key: Present (P) , Absent (A) , Excused (E)

| <i>Issue</i> | <i>Responsibility</i> | <i>Intervention</i> | <i>Status</i> |
|--|--|---------------------|---------------|
| Previous Month's Minutes Approval | Staff- no changes | Approved | |
| Message from Eileen Horton | <p>Eileen was at Martha's staff meeting on 1/14 and gave an organizational update:</p> <ul style="list-style-type: none"> • Cash flow up in 2013 but on paper still not in the black due to depreciation • Consultants will remain here- consolidate services to conserve resources and money. SED closed in December which saves \$200,000/month in just utility costs. Next focus is consolidating Maternity services in 2014. Communication will be coming • Continue to flex staffing not only in Maternity but throughout the house. Neuro was used as an example • Leap Frog reviewed with "C" partly because we do not pay to participate which we are now doing to improve score as this | | |

| | | | |
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| | <p>is publicly reported information</p> <ul style="list-style-type: none"> • CH is ranked high by TJC which is important. Just received cert. in hip replacement and now working on knees. • Only certified chest pain center in region • Clinical ladder program ready for presentation to Eileen which will then go through various committees and HR for financial compensation approval • NI working on intranet nursing website. Each division will have webpage where each practice council will post • Eileen will be focusing on Patient Satisfaction for 2014 for Patient Services Division | | |
| Press Ganey/HCAHP | Press Ganey: Will post most recent survey in staff lounge | | |
| Regulatory-JC, CMS, Dept of Health | TJC : Disease specific for NICU up for recertification in 2014. Tracers are being done monthly for recert and housewide. Refer to checklist in daily for environmental and medical record readiness. | | |
| Infection Control | No update | | |
| IT/Teletracking, NTT(Keane) | <p>OBTV: Teletracking: Leslie Goldsmith: unable to make this months meeting- will come to February. Worked with Nancy P from NI for re-education materials for L&D teletracking. Keane/NTT: CPOE parallel study done at Hopewell last week.</p> <p>ASCOM Phones: everyone should be signing in every shift. Instructions are at the nurse's station. If you cannot sign in, please let me know so we can reset your password.</p> | <p>CPOE GO-Live 2/11 at 0800 both campuses</p> <p>Instructions in binder at nurse's station and posted in</p> | |

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| | <p>ADP: Everyone should be in the habit of reviewing your timecard. Please sign in the ADP system. You can also view your paystubs and year end statements online. Review details on CapitaLink under Payroll dept. See me for problems with access or questions.</p> <p>PERIOP: Documentation needs improvement!! Remember to add sleeves and document quantities.Most important to verify MR# and correct account number. May need to have refresher competency.</p> | break room | |
| UNIT PI | Kris Kostin has been sending me monthly stats which I post on the unit board in break room. I highlight any pressing comments. | | |
| SACC | Looking for someone to fill in for J. Short while she is on LOA. Meetings 3 rd Wednesday/month 1pm at Hopewell | | |
| OBPC | January's meeting was cancelled due to CPOE parallel study. Jen Short will be out on LOA. Looking for someone to fill in while she is out. | | |
| New Policy and Procedures | Working on care of the Telemetry OB Patient and Care of the PACU Pt. | | |
| Unit Based Issues: Dietary Supplies Equipment Housekeeping | <p>Continue to keep me informed of any problems with any departments so I can follow up</p> <p>Housekeeping: working with housekeeping regarding cleanliness of OR's.</p> <p>Supplies, Stocking: Everyone's responsibility to assign or check room's and OR's for outdated supplies and to make sure needed supplies are present. RN's can hold ORT's accountable for assigned tasks for shifts.</p> <p>Family Waiting Areas: Family waiting area by Dawn's office can be used for families for short term waiting. If family will be waiting long term, please direct to Pitter Patter waiting area with directions regarding phone. If problems arise with visitors off shift</p> | Pam G. & D. Boka met with E. Horton to revise L&D visitor policy to limit | |

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| | <p>please contact nursing supervisor for assistance.</p> | <p>visitors. Will involve providers and staff and present to Eileen. Signage being changed to prevent visitors from using areas within L&D for waiting.</p> | |
| Baby Friendly | <p>Mini Baby Fair at CWH 2/11 to educate their patients regarding BF practices and answer other questions.</p> | | |
| Budget/Finance | <p>Schedule: This schedule was extremely challenging with all the LOA's. 2014 budgets have not gone through final approval yet. No new positions are being approved. Despite continuous staff requests, there is no approval for 2 RNs in OB Triage at this time. Thank you to all for flexibility with staffing. Larry DiSanto sent out an email congratulating staff on working on minimizing OT to 1.84% as an organization recently—the lowest since 2008!!</p> <p>Attendance & Punctuality: Please remember after 5 late arrivals/call outs for full time employees or 3 for part time/PRN staff, disciplinary process will start with first written warning. These minutes will be considered all staffs verbal warning.</p> | | |
| Organizational Update | <p>See comments from Eileen</p> | | |
| Safety huddles/ OB Safety Mtg | <p>K. Donaldson is heading the OB Hemorrhage Simulation Committee which is meeting 1/21 from 12-1:30 HW LD conf room if anyone is interested in participating.</p> <p>Discussed stool that was purchased for shoulder dystocia- staff seemed to like it. Will order one for each room.</p> | | |

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| Kudos | Anita Wilczynski helped an elderly couple find their car in the parking lot and is receiving a healthcare hero award. | | |
| Around the table | <p>Discussion regarding visitor policy and problems with open visitation.- see comments above.</p> <p>Need more food for patients for off shifts- families take sandwiches and newly delivered moms are left without much to eat. Is there a way that nrsg supervisor can get some type of meal for patients off shifts?</p> <p>Triage is not being properly cleaned off shift- it is being “made clean” in teletracking but when RN checks, the room is not clean</p> | | |
| Reminder | <ul style="list-style-type: none"> • Please remember to notify NICU for c-sections so they can orient to catch. NICU will be cross training at Hopewell as well because their staff rotates between both campuses to get them cross trained asap. • Please be careful when sending specimens to blood bank. Eileen was extremely upset by amt of errors and is looking for f/u including disciplinary action. This is a patient safety issue. • Review your CPR, NRP and certification status. When you renew please send me a copy. • Anyone who received a gift card last year for Nurse’s Day for review for certification online class you are expected to have take your test and passed by May of this year. • Evaluations will be based on individual performance and unit based goals that were determined last year- teletracking, pt. satisfaction etc. more info to follow. | | |
| Miscellaneous | | | |

**Key: Status: P=Pending, R=Resolved, A=Approved, E= Expired, I=Informational, T=Tabled

Recorder: Diane Boka BSN RNC

From: Graziadei, Pam
Sent: Thursday, January 03, 2013 2:50 PM
To: Horton, Eileen
Subject: FW: OB Triage Throughput for November/December 2012

I do believe, Now, we are talking additional staff from 7 -7 in Triage.

This doesn't include any of the solo practitioners that send in their patients: O'Mara, Jones, Burbella, Loeb, Williams!!

From: Mahony, Jill
Sent: Thursday, January 03, 2013 11:41 AM
To: Graziadei, Pam; Goldman, Martha; Mormando, Dawn; Boka, Diane; Mormando, Dawn
Subject: OB Triage Throughput for November/December 2012

Hi-

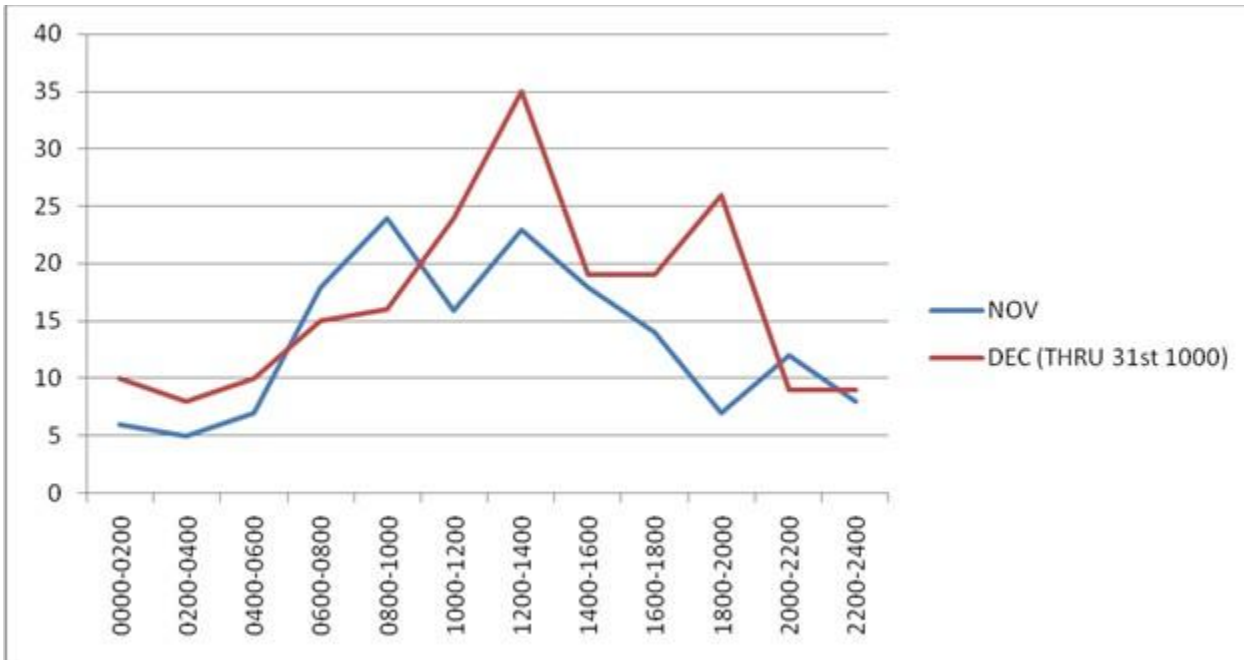
Here is the practices with the highest OBT Volume:

| | CWG | LOB | CWH |
|-----|-----|-----|-----|
| NOV | 69 | 41 | 3 |
| DEC | 67 | 40 | 52 |

Here is the OB Census Report for November/December:

| | 0000-0200 | 0200-0400 | 0600 | 0800 | 1000 | 1200 | 1400 | 1600 | 1800 | 0-2000 | 2000-2200 | 2200 |
|-----|-----------|-----------|------|------|------|------|------|------|------|--------|-----------|------|
| NOV | 6 | 5 | 7 | 18 | 24 | 16 | 23 | 18 | 14 | 1 | 12 | 2 |
| DEC | 10 | 8 | 10 | 15 | 16 | 24 | 35 | 19 | 19 | 26 | 9 | 2 |

Peak Hours



Jill Anne Mahony MSN, APN, C, RNC-OB
Perinatal Clinical Nurse Specialist
Capital Health Maternity Services
Beeper: (609) 633-4020
Phone: (609) 303-4372

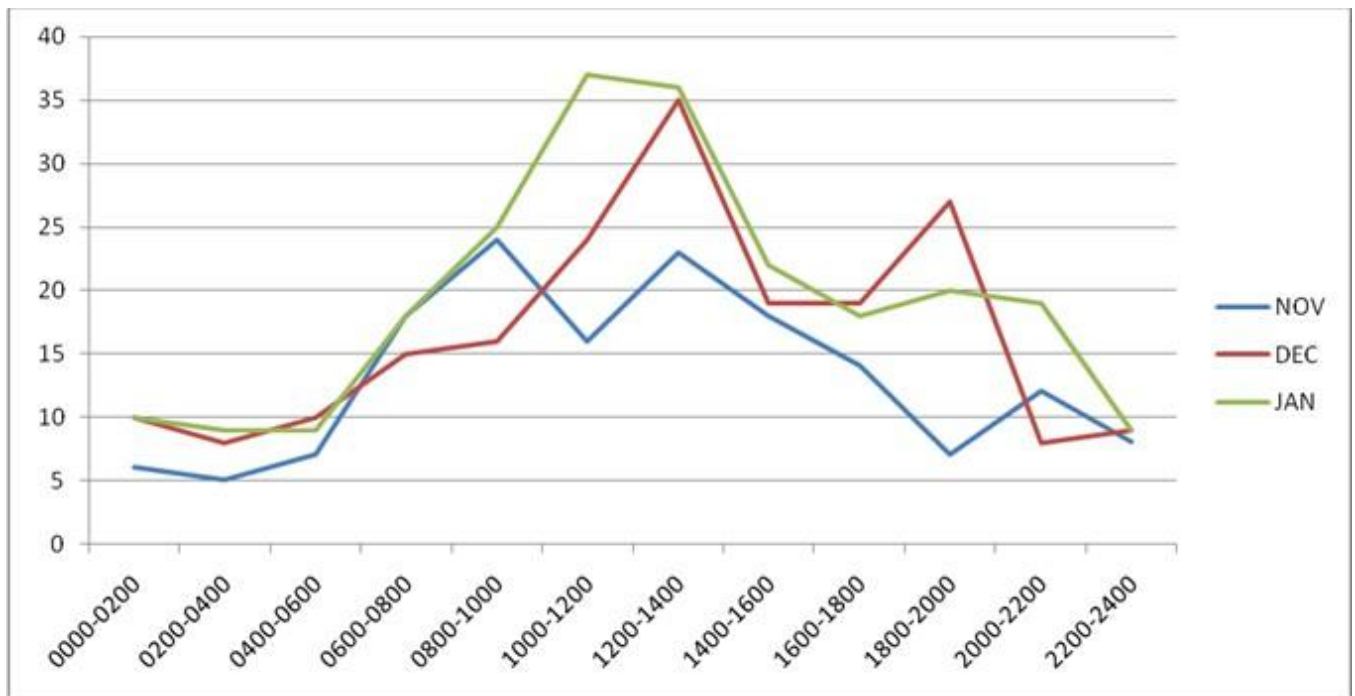
From: Graziadei, Pam
Sent: Monday, February 04, 2013 11:04 AM
To: Horton, Eileen
Subject: FW: OB Triage Throughput

From: Mahony, Jill
Sent: Monday, February 04, 2013 9:59 AM
To: Graziadei, Pam; Goldman, Martha; Boka, Diane; Mormando, Dawn; Donaldson, Katharine
Subject: OB Triage Throughput

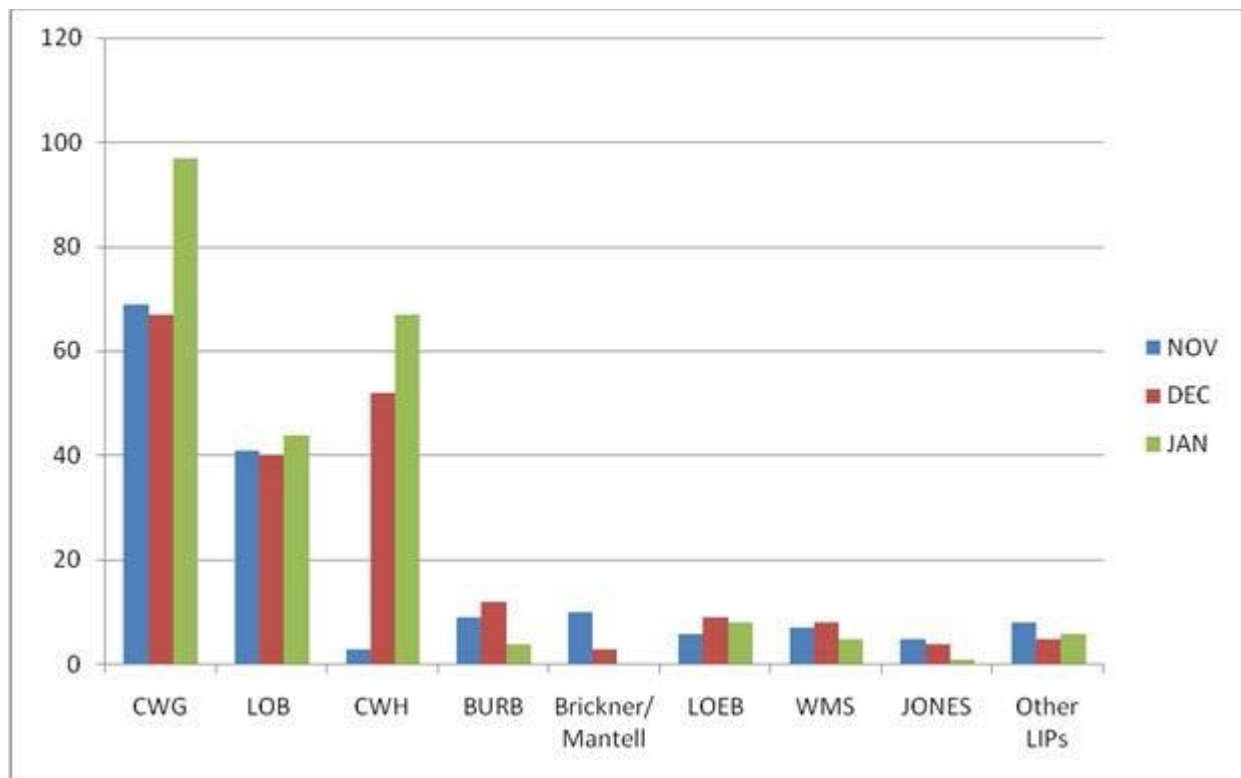
Hi, Pam-

Here is the January Report. You can see that the OBT numbers continue to climb.
 Do you want me to continue to do this?

| | 0000-0200 | 0200-0400 | 0400-0600 | 0600-0800 | 0800-1000 | 1000-1200 | 1200-1400 | 1400-1600 | 1600-1800 | 1800-2000 | 2000-2200 | 2200-2400 | MONTH TOTALS |
|-----|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------------|
| NOV | 6 | 5 | 7 | 18 | 24 | 16 | 23 | 18 | 14 | 7 | 12 | 8 | 158 |
| DEC | 10 | 8 | 10 | 15 | 16 | 24 | 35 | 19 | 19 | 27 | 8 | 9 | 200 |
| JAN | 10 | 9 | 9 | 18 | 25 | 37 | 36 | 22 | 18 | 20 | 19 | 9 | 232 |



| | CWG | LOB | CWH | BURB | Brickner/ Mantell | LOEB | WMS | JONES | Other LIPs | MONTH TOTALS |
|-----|-----|-----|-----|------|----------------------|------|-----|-------|---------------|-----------------|
| NOV | 69 | 41 | 3 | 9 | 10 | 6 | 7 | 5 | 8 | 158 |
| DEC | 67 | 40 | 52 | 12 | 3 | 9 | 8 | 4 | 5 | 200 |
| JAN | 97 | 44 | 67 | 4 | 0 | 8 | 5 | 1 | 6 | 232 |



*Jill Anne Mahony MSN, APN, C, RNC-OB
 Perinatal Clinical Nurse Specialist
 Capital Health Maternity Services
 Beeper: (609) 633-4020
 Phone: (609) 303-4372*

Staff Meeting

Unit: Hopewell L&D

Date: March 18, 2015

Attendance: D. Boka BSN, RNC

| | | | | | |
|------|----------------------------------|-----|--------------------------------|--|--|
| 11am | T. Porcelli, Clinical Nurse | 8pm | C. Ziegler, Clinical Nurse | | |
| | H. Leinheiser, Clinical Nurse | | L. Ratzlaff, Clinical Nurse | | |
| | S. Bowen, Clinical Nurse | | K. Meginley, Clinical Nurse | | |
| | K. Donaldson, PCNS | | B. Eingorn, Clinical Nurse | | |
| | B. Mizenko, Clinical Nurse | | A. Vaughn, Clinical Nurse | | |
| | J. Stines, Clinical Nurse | | M. Johnson, Clinical Nurse | | |
| | D. Mormando, ANM, Clinical Nurse | | P. Hendrickson, Clinical Nurse | | |
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*Key: Present (P), Absent (A), Excused (E)

| <i>Issue</i> | <i>Responsibility</i> | <i>Intervention</i> | <i>Status</i> |
|--|---|---------------------|---------------|
| Previous Month's Minutes Approval | Staff- no changes | Approved | |
| Message from Eileen Horton | Staff meeting today: Float Pool nurses- FT & PT positions for Maternity- more information to come 20% in volume seen and is anticipated to continue- reason for float pool presently. Looking for items that will make your job easier-missing meds an issue | | |

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| | <p>on med/surg units. Working on employee/pt satisfaction- more information to come</p> | | |
| Press Ganey/HCAHP | <p>Press Ganey: January 2015 Std Nurses: HW 92.9 RMC 100 Std Discharge: HW 90.1 RMC 100 Both above our targeted 2014 goals Great job!</p> | February numbers were not available at the time of the meeting | |
| Regulatory-JC, CMS, Dept of Health | <p>TJC : 2015 badges available if you do not have one please let me know. Joint Commission tracers are being performed monthly on each campus as they can come at any time for a visit. Look for Formalin competency coming soon to Cornerstone- RN's & ORT's expected to complete for yearly JC requirements</p> | D. Boka still has badges available | |
| Infection Control | + Quantiferon Gold- no extra PPE unless patient is symptomatic | | |
| IT/Teletracking, NTT(Keane) | <p>Teletracking: This year Martha & I are working on using teletracking for transfers rather than calling 3M multiple times for beds. This is what the system is to be used for!</p> <p>OB Triage: starting Monday 3/23 we will be using IM on Teletracking for triage numbers. This will decrease the amount of time it will take to get the patient into NTT so they will cross over into OBTV. They started a new process the same as the ED. IM the following information: Legal first and last name DOB Chief Complaint MD If you include triage room number, admissions can call directly into the patient for the needed additional information. Pending & Confirmed D/C We have been consistently at or above benchmark! Great job.</p> <p>OBTV: Leanna is sending out updates to the system directly to staff. Please provide feedback. New IM process will assist with speed of account numbers to STOP</p> | | |

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| | <p>quick admits!</p> <p>ASCOM Phones: everyone uses phones but everyone needs to sign into system every shift!! Please sign into the system to see if you still have access and for each shift.</p> | | |
| UNIT PI | <p>Meeting with K. Kostin & J. Short to review current PI data collectors and update PI results are posted on the bulletin board.</p> | | |
| SACC | <p>J. Short on LOA- no report</p> | | |
| OBPC | <p>Meets every 2nd Tuesday of the month. Need to have a new co-chair- anyone is invited to participate and chair the committee- would like a co-chair: one from L&D and one from AP/PP/NBN Beth Buck willing to be recorder for meeting minutes</p> | | |
| New Policy and Procedures | <p>3/23 we are starting a new shift huddle process calling in at 730p with NBN, AP/PP & NICU. Call in to a conference line and report will be similar to hospital safety call. This is at the suggestion of Kristen Linkewich and coordinated by Dawn Mormando & Diane Patterson. Peanut shaped birthing balls will be available for use for patients with epidurals. Education will also be available(laminated cards) Kathy Donaldson presented Stuffed Bears to give to patients who have experienced a loss & NICU babies less than 1500gms. Bears and log book in Staff Resource room along with colored ribbon. PP D/C folders are also in there for patients with loss. Also if you have a patient who's baby is born alive (but non-viable) the baby must be admitted and VS must be documented q30 mins until death. Also document time of death in OBTV.</p> | | |
| Unit Based Issues: Dietary Supplies Equipment Housekeeping | <p>Continue to keep me informed of any problems with any departments so I can follow up Floor tile project should be complete on L&D after PACU med room completed!!</p> | | |

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| | <p>Initiate OR team with one RN assigned to come in at 0500 Mon-Friday to admit patient then circulate. Patient to be admitted in PACU to free up triage space.</p> <p>ORT/PCA competency: all ORT/PCA will have to complete a competency with a RN signing them off. This includes baby baths and baby heel sticks for BS to start. All techs should also be drawing blood on adults as well.</p> | <p>Scheduled to start 4/6. Starting with Ang & Teresa- if you are interested, contact Diane</p> | |
| Baby Friendly | <p>Capital Health was recognized by DOH for best breastfeeding rates in the state! Celebration was held 3/10 & 3/12 .</p> | | |
| Budget/Finance | <p>After continuous LDR/OB Triage RNs' pleas for second RN staffing in OB Triage, the Grey Line was revised. Now 2 triage nurses will be scheduled daily 7a-11p in OB Triage.</p> | | |
| Organizational Update | <p>See Eileen's message.</p> | | |
| Safety huddles/ OB Safety Mtg | <p>Mock Codes are a requirement for 2015. Shift huddles for all Maternal Child health areas will start with a conference number used. Similar to Hospital daily safety call. Bedside Reporting will also be reintroduced in April</p> | | |
| Kudos | | | |
| Around the table | <p>Staff member asked: is med rec required in triage: YES! Staff issue: 3-11 security does not stop visitors about amount of visitors or check to see if patients have moved upstairs already.</p> <p>Staff member brought up about Code Pink- can they call to say delivered or undelivered</p> | <p>D. Boka will email manager of security to address Explained this would have to be addressed through committee for codes.</p> | |
| Reminder | <p>Evaluations: Dawn and I will be working on evaluations as they need to be completed by 3/31. IPADS: I have had numerous complaints about the use of IPads at the nurse's station. Please refrain from using these devices unless you are in the lounge on break. This has been a complaint before. DO NOT TEXT while in a patient room!</p> | | |

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| Miscellaneous | | | |
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Key: Status: P=Pending, R=Resolved, A=Approved, E= Expired, I=Informational, T=Tabled

Recorder: Diane Boka BSN RNC-OB

Exemplary Professional Practice

Exhibits for SOE - EP10

[CLICK HERE TO RETURN TO NARRATIVE](#)

CAPITAL HEALTH Labor Management Report

December - 2014
31 Days in period
23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th% | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs | |
|--------------------------|------|------|-------------------|--|----------------|---------------------------|---------------------|-----------------|---------------------|---------------------|-------------------|-------------|--------------------|---------------|
| Cost Ctr | Site | DIV | Mgr | Description | | | | | | | | | | |
| 9245-10 | 10 | 1.10 | Ruthann Tobolski | Nursing Administration - RMC | 11.8 | 5,327 | Total Pt Days | 0.39 | 0.45 | -1.8 | -2.2 | 0.3% | 12.7 | 24.50 |
| 9245-50 | 50 | 1.10 | Ruthann Tobolski | Nursing Administration - Hopewell | 7.9 | 5,224 | Total Pt Days | 0.26 | 0.29 | -0.8 | -1.0 | | 10.0 | Incl Above |
| 9252-10 | 10 | 1.10 | Barb Grande | Nursing Informatics - RMC | 4.6 | 5,327 | Total Pt Days | 0.15 | 0.16 | -0.3 | -0.4 | | 6.0 | 11.60 |
| 9252-50 | 50 | 1.10 | Barb Grande | Nursing Informatics - Hopewell | 4.9 | 5,224 | Total Pt Days | 0.16 | 0.16 | 0.0 | 0.0 | | 5.6 | Incl Above |
| 6107-10 | 10 | 1.10 | | Nursing Research - RMC | | 5,327 | Total Pt Days | | | | | | | |
| 6107-50 | 50 | 1.10 | | Nursing Research - HPW | 0.5 | 5,224 | Total Pt Days | 0.01 | 0.01 | | | | 0.6 | 1.60 |
| 9251-10 | 10 | 1.10 | Katrina Sweeney | Dept of Clinical Education/Wound Care/Enterostomy Th | 9.9 | 10,551 | Combined Pt Days | 0.16 | 0.18 | -1.0 | -1.3 | | 13.1 | 15.22 |
| | | | | NURSING ADMIN | 39.6 | | | | | -3.9 | -4.9 | 0.1% | 48.0 | 52.92 |
| 6110-10 | 10 | 1.20 | Ruthann Tobolski | Nursing Floats (Non Nrsg) - RMC | 0.4 | 3,005 | RMC Pt Days | 0.02 | | 0.4 | 0.4 | | 7.4 | 52.26 |
| 6111-10 | 10 | 1.30 | Marian Moore | PRN Float Pool - RMC | | 402 | CC Pt Days | | | | | | | |
| 6106-10 | 10 | 1.30 | Ruthann Tobolski | Nursing Floats (Nurses Only) - RMC | | | | | | | | | | |
| 6142-10 | 10 | 1.20 | Dianne Cubberley | Cardiology Inpatient - RMC (2F) | 75.3 | 1,067 | Census | 12.23 | 12.0 | 1.4 | 1.5 | 9.1% | 79.6 | 69.60 |
| | | | | Cardiology Inpatient - RMC (2F) | | 175 | 1:1's | | 4.0 | -4.0 | -4.3 | | | |
| 6147-10 | 10 | 1.20 | Colleen Price | Critical Care ICU/CCU- RMC (TMICU, S3 | 44.8 | 402 | Census | 19.33 | 19.0 | 0.8 | 0.8 | 2.8% | 48.7 | 39.94 |
| | | | | Critical Care ICU/CCU- RMC (TMICU, S3 | | 63 | 1:1's | | 4.0 | -1.5 | -1.6 | | | |
| 6180-10 | 10 | 1.20 | Deb Lenart | Surgical Care Overflow - RMC | 0.2 | | Census | | | | | | 0.2 | |
| 6150-10 | 10 | 1.20 | Lynn Stollsteimer | Medical Care - RMC (OP2) | 32.1 | 583 | Census | 9.56 | 9.5 | 0.2 | 0.2 | 7.7% | 36.1 | 27.88 |
| | | | | Medical Care - RMC (OP2) | | 143 | 1:1's | | 4.0 | -3.3 | -3.7 | | | |
| 6159-10 | 10 | 1.20 | Deb Lenart | Surgical Care/Trauma Unit - RMC (Steen2) | 31.9 | 488 | Census | 11.32 | 10.3 | 2.9 | 3.1 | 8.7% | 34.0 | 26.44 |
| | | | | Surgical Care/Trauma Unit - RMC (Steen2) | | 107 | 1:1's | | 4.0 | -2.5 | -2.6 | | | |
| 6810-10 | 10 | 1.20 | Lisa McConlogue | Surge Overflow - RMC | 0.4 | | Census | | 13.4 | 0.4 | | | 0.4 | |
| | | | | Surge Overflow - RMC | | | 1:1's | | 4.0 | | | | | |
| 6816-10 | 10 | 1.20 | Lynn Stollsteimer | Med/Surg Unit (OP1) | 29.6 | 465 | Census | 11.02 | 9.5 | 4.1 | 4.6 | 12.8% | 33.4 | 23.68 |
| | | | | Med/Surg Unit (OP1) | | 119 | 1:1's | | 4.0 | -2.7 | -3.1 | | | |
| | | | | M/S REGIONAL | 214.6 | | | | | -3.9 | -4.7 | 8.0% | 239.8 | 239.80 |

CAPITAL HEALTH Labor Management Report

December - 2014
31 Days in period
23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. | Workload | Workload Unit | Actual Prod | Benchmark | Prod FTE Var | Paid FTE Var | % OT/AGENCY | Paid | Budgeted |
|--------------------------|------|------|----------------------|-------|----------|---------------------------------------|-------------|-----------|--------------|--------------|-------------|-------|-----------|
| Cost Ctr | Site | DIV | Mgr | FTEs | Units | Description | Hrs/UOS | 50th% | 50th % | 50th % | HOURS | FTEs | 2014 FTEs |
| 6110-50 | 50 | 1.30 | Donna Gottschall | 1.8 | 3,227 | Nursing Floats (Non Nrsg) - HPW | 0.10 | | 1.8 | 1.8 | | 2.4 | 19.43 |
| 6111-50 | 50 | 1.30 | Marian Moore | 0.2 | 424 | PRN Float Pool - Hopewell | 0.10 | | 0.2 | 0.2 | | 0.2 | |
| 6106-50 | 50 | 1.30 | Donna Gottschall | | | Nursing Floats (Nurses Only) - HPW | | | | | | | |
| 6142-50 | 50 | 1.30 | Barbara Flood | 70.2 | 1,004 | Cardiology Inpatient - Hopewell (6M) | 12.12 | 12.0 | 0.7 | 0.8 | 7.0% | 77.0 | 65.96 |
| | | | | | 97 | Cardiology Inpatient - Hopewell (6M) | | 4.0 | -2.2 | -2.5 | | | |
| 6147-50 | 50 | 1.30 | Alexandra McConville | 44.5 | 424 | ICU/CCU - Hopewell | 18.17 | 19.0 | -2.0 | -2.2 | 8.7% | 48.4 | 43.14 |
| | | | | | 17 | ICU/CCU - Hopewell | | 4.0 | -0.4 | -0.4 | | | |
| 6150-50 | 50 | 1.30 | Donna Gottschall | 50.5 | 989 | Medical Care - Hopewell (5M) | 8.86 | 9.5 | -3.7 | -4.1 | 5.5% | 55.7 | 49.88 |
| | | | | | 86 | Medical Care - Hopewell (5M) | | 4.0 | -2.0 | -2.2 | | | |
| 6180-50 | 50 | 1.30 | Cheryl Wiseman | 47.9 | 810 | Surgical Care Unit - Hopewell (4M) | 10.26 | 10.3 | -0.2 | -0.2 | 8.1% | 52.7 | 45.24 |
| | | | | | 91 | Surgical Care Unit - Hopewell (4M) | | 4.0 | -2.1 | -2.3 | | | |
| 6189-50 | 50 | 1.30 | | | | M/S Telemetry (2M) | | 12.0 | | | | | 8.40 |
| 6810-50 | 50 | 1.30 | Pat Michael | 0.8 | | Surge Overflow - HPW | | 13.4 | 0.8 | | 27.9% | 0.8 | |
| | | | | 216.0 | | M/S HOPEWELL | | | -9.0 | -11.0 | 7.3% | 237.2 | 232.05 |
| 6714-10 | 10 | 1.40 | Pat Michael | 0.8 | 1 | ENLACE | 142.19 | 142.2 | | | | 1.0 | 1.00 |
| | | | | 0.8 | | M/S CLINICS HOPEWELL | | | | | | 1.0 | 1.00 |
| 6162-10 | 10 | 1.50 | Peter Morris | 33.7 | 549 | Mental Health Inpatient - RMC | 10.63 | 12.2 | -5.0 | -5.6 | 5.9% | 37.5 | 36.48 |
| 6931-10 | 10 | 1.50 | Jill Caludio | 33.9 | 230,450 | Mental Health - ED area screening | 1.12 | 1.0 | 4.1 | 4.6 | 3.3% | 38.1 | 36.00 |
| 6932-10 | 10 | 1.50 | Jill Caludio | 5.0 | 26,315 | Mental Health - Screening mobile | 1.18 | 1.0 | 0.9 | 1.0 | 1.2% | 5.8 | 7.00 |
| | | | | 72.6 | | BEHAVIORAL HEALTH REGIONAL | | | 0.0 | 0.1 | 4.4% | 81.5 | 79.48 |
| 6143-10 | 10 | 1.55 | Jennifer James | 23.0 | 318 | Neuro Telemetry 2N Telemetry | 12.52 | 12.7 | -0.3 | -0.3 | 7.5% | 23.6 | 16.90 |
| | | | | | 76 | Neuro Telemetry 2N Telemetry | | 4.0 | -1.8 | -1.8 | | | |
| 6144-10 | 10 | 1.55 | Ann Lando | 4.4 | 31 | Cerebrovascular Neuro Intervention | 24.42 | 24.0 | 0.1 | 0.1 | | 9.0 | 5.00 |
| | | | | 3.0 | | IOM Techs | | | | | | | |
| 6145-50 | 50 | 1.55 | Jennifer James | 13.0 | 126 | Neuro Intermediate Care - Hopewell 2I | 17.91 | 13.5 | 3.2 | 3.4 | 3.9% | 13.9 | 23.20 |
| | | | | | 41 | Neuro Intermediate Care - Hopewell 2I | | 4.0 | -0.9 | -1.0 | | | |
| 6146-10 | 10 | 1.55 | Kathleen Morris | 77.7 | 698 | Neuro ICU - RMC N/S (cc/ic) | 19.30 | 18.9 | 1.6 | 1.8 | 7.3% | 87.2 | 71.76 |
| | | | | | 122 | Neuro ICU - RMC N/S (cc/ic) | | 4.0 | -2.8 | -3.2 | | | |
| 6146-50 | 50 | 1.55 | Jennifer James | | | Neuro ICU - Hopewell | | 18.9 | | | | | 29.35 |
| | | | | | | Neuro ICU - Hopewell | | 4.0 | | | | | |
| | | | | 121.1 | | NEURO INPATIENT UNITS | | | -1.0 | -1.0 | 6.7% | 133.6 | 146.21 |

CAPITAL HEALTH

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 23 Weekdays in period

| Cost Ctr | COST CENTER AND LOCATION | | | Description | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th% | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs |
|----------|--------------------------|------|----------------------|--|--------------|----------------|---------------------------|---------------------|-----------------|---------------------|---------------------|-------------------|--------------|--------------------|
| | Site | DIV | Mgr | | | | | | | | | | | |
| 6251-10 | 10 | 1.56 | Marina Bograd | Respiratory Care - RMC | 32.6 | 10,227 | CATS | 0.55 | 0.60 | -2.8 | -3.3 | 0.1% | 38.2 | 30.20 |
| 6251-50 | 50 | 1.56 | Marie Lambert | Respiratory Care - Hopewell | 20.8 | 6,067 | CATS | 0.60 | 0.60 | -0.2 | -0.2 | 1.2% | 23.8 | 24.45 |
| | | | | RESPIRATORY BOTH SITES | 53.4 | | | | | -3.0 | -3.5 | 0.5% | 61.9 | 54.65 |
| 6116-10 | 10 | 1.60 | Diane Boka | LDRP - RMC | 18.1 | 77 | Census | 40.69 | Core Staffing | BM not applied | | 3.0% | 20.8 | 8.70 |
| 6120-10 | 10 | 1.60 | Diane Boka | Newborn Nursery - RMC | 0.1 | 31 | Census | 0.42 | Core Staffing | BM not applied | | | 0.4 | 1.55 |
| 6124-10 | 10 | 1.60 | Chris Saltzman | NICU - RMC - - moving to HW | 21.2 | 282 | Census | 13.04 | Core Staffing | BM not applied | | 3.1% | 23.6 | 6.50 |
| 6132-10 | 10 | 1.60 | Heather Keller | Pediatrics Trauma - Regional | 0.4 | 6 | Census | 10.56 | Core Staffing | BM not applied | | | 0.4 | |
| 6608-10 | 10 | 1.60 | Pam Graziadei | Ob-Gyn/Midwives/Physicians | 7.3 | 31 | Cal Days | 40.54 | Core Staffing | BM not applied | | | 8.6 | 7.50 |
| 6705-10 | 10 | 1.60 | Pam Graziadei | Healthstart Maternity - Mercer | 11.1 | 1,116 | Visits | 1.73 | 1.8 | -0.5 | -0.6 | 0.0% | 24.4 | 19.70 |
| | | 1.60 | Pam Graziadei | Healthstart Maternity - Mercer and OB Midwives | 8.4 | 31 | Cal Days | 46.97 | 48.0 | -0.2 | -0.2 | | | |
| 6114-50 | 50 | 1.60 | Chris Saltzman | Maternal Fetal Medicine - Hopewell | 11.3 | 1,100 | Visits/Procedures | 1.79 | 2.0 | -1.4 | -1.7 | 5.1% | 14.3 | 10.70 |
| 6116-50 | 50 | 1.60 | Diane Boka | LDR - Hopewell | 40.0 | 215 | Births | 32.29 | 31.0 | 1.6 | 1.8 | 2.6% | 44.9 | 53.24 |
| 6120-50 | 50 | 1.60 | Martha Goldman | Newborn Nursery - Hopewell | 12.4 | 458 | Census | 4.69 | 7.2 | -6.6 | -7.3 | 7.7% | 13.7 | 5.97 |
| 6117-50 | 50 | 1.60 | Martha Goldman | Antepartum/Postpartum - Hopewell | 29.6 | 515 | Census | 9.96 | 9.2 | 2.3 | 2.7 | 4.9% | 35.1 | 46.45 |
| 6118-50 | 50 | 1.60 | Martha Goldman | Lactation/Childbirth Ed - Hopewell | 3.2 | 215 | Births | 2.59 | 1.8 | 1.0 | 1.1 | | 3.6 | 2.50 |
| 6119-50 | 50 | 1.60 | Pam Graziadei | Maternal Fetal Med Phys-Hopewell | 2.0 | 1,100 | Visits/Procedures | 0.32 | 0.5 | -0.9 | -0.9 | | 2.0 | 2.00 |
| 6124-50 | 50 | 1.60 | Chris Saltzman | NICU - Hopewell | 18.1 | 205 | Census | 15.27 | 14.5 | 0.9 | 1.1 | 2.6% | 21.3 | 30.31 |
| 6132-50 | 50 | 1.60 | Heather Keller | Pediatrics - Hopewell | 12.5 | 184 | Census | 11.74 | 12.6 | -0.9 | -1.1 | 2.6% | 15.7 | 11.20 |
| 6608-50 | 50 | 1.60 | Pam Graziadei | OB-GYN/Midwives/Phys - Hopewell | 0.2 | 215 | Births | 0.18 | 1.7 | -1.9 | -1.9 | | 0.2 | 1.00 |
| 6622-50 | 50 | 1.60 | Pam Graziadei | Pediatric Hospitalists - Hopewell | 2.7 | 184 | Ped Pt Days | 2.56 | 2.5 | 0.1 | 0.1 | | 3.5 | 3.25 |
| 6907-50 | 50 | 1.60 | Pam Graziadei | Infant Follow-Up I - Hopewell | 3.1 | 179 | Births | 2.98 | 1.0 | 2.0 | 2.2 | 0.3% | 3.3 | 3.20 |
| | | | | WOMENS PEDS OB - TEMPORARILY BOTH SITES | 201.6 | | | | | -4.4 | -4.8 | 3.0% | 235.6 | 213.77 |
| 6801-10 | 10 | 1.70 | Phyllis O'Neill | Emergency Room - RMC | 85.7 | 4,403 | Visits | 3.38 | 3.5 | -3.2 | -3.4 | 9.0% | 92.2 | 83.59 |
| 6802-10 | 10 | 1.70 | Phyllis O'Neill | Boarder Hours | | 5,306 | Hours | | 0.2 | -6.1 | -6.6 | | | |
| 6809-10 | 10 | 1.72 | Deb Lenart | Observation Unit - RMC (min staff 12.6 after November) | 11.5 | 2,180 | Obs Hours | 0.91 | 0.5 | -1.1 | -1.1 | | 12.0 | |
| 6805-10 | 10 | 1.70 | Marian Moore | Trauma Support Services - RMC | 4.0 | 179 | Visits | 3.87 | 2.5 | 1.4 | 1.8 | 0.9% | 5.2 | 6.00 |
| | | | | EMERGENCY TRAUMA REGIONAL | 101.2 | | | | | -9.0 | -9.3 | 7.7% | 109.4 | 89.59 |
| 6801-50 | 50 | 1.72 | Phyllis O'Neill | Emergency Room - Hopewell | 49.0 | 2,835 | Visits | 3.00 | 3.0 | 0.0 | 0.0 | 9.0% | 52.5 | 43.73 |
| 6804-50 | 50 | 1.72 | Phyllis O'Neill | Boarder Hours | | 3,024 | Hours | | 0.2 | -3.5 | -3.7 | | | |
| 6802-50 | 50 | 1.72 | Phyllis O'Neill | Cast Room - Hopewell | | | Visits | | | | | | | |
| 6806-50 | 50 | 1.72 | Heather Keller | Pediatric ED - Hopewell | 19.2 | 1,619 | Visits | 2.06 | 3.0 | -8.8 | -9.9 | 5.3% | 21.7 | 21.70 |
| 6809-50 | 50 | 1.72 | Alexandra McConville | Observation Unit - Hopewell (min staff 12.6) | 12.7 | 2,638 | Obs Hours | 0.83 | 0.5 | 0.1 | 0.1 | 3.8% | 14.3 | 1.00 |
| | | | | EMERGENCY ADULTS AND PEDS HOPEWELL | 81.0 | | | | | -12.2 | -13.6 | 7.3% | 88.5 | 66.43 |

CAPITAL HEALTH

Labor Management Report

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 23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th% | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs |
|---|------|------|-------------------|---------------|----------------|---|---------------------|-----------------|---------------------|---------------------|-------------------|---------------|--------------------|
| Cost Ctr | Site | DIV | Mgr | | | | | | | | | | |
| 6179-10 | 10 | 1.90 | Donna Talley | 2.9 | 71 | Gastro/Endoscopy - RMC | 7.01 | 4.0 | 1.2 | 1.6 | 4.6% | 3.7 | 4.28 |
| 6202-10 | 10 | 1.90 | Paul Poparad | 5.2 | 3,664 | Central Sterile Processing - RMC | 0.25 | 0.385 | -2.9 | -3.5 | 10.6% | 6.3 | 6.25 |
| 6320-10 | 10 | 1.90 | Martine Marsan | 1.0 | 845 | Pre-Admission Testing - RMC | 0.21 | Min Staff | 0.0 | 0.0 | 1.4% | 1.0 | 1.00 |
| 6330-10 | 10 | 1.90 | Donna Talley | | | Minor OR - RMC | | | | | | | |
| 6340-10 | 10 | 1.90 | Paul Poparad | 14.5 | 127 | Perioperative - RMC | 19.73 | 6.8 | 9.5 | 11.1 | 6.3% | 33.9 | 30.32 |
| | | | | 8.4 | 38 | Perioperative - RMC - Trauma Cases | 38.32 | 38.3 | | | | | |
| | | | | 6.0 | 39 | Perioperative - RMC - Neuro OR Cases | 26.7 | 10.5 | 3.6 | | | | |
| 6341-10 | 10 | 1.90 | Paul Poparad | 1.9 | 204 | Perioperative Administration - RMC | 1.58 | 2.6 | -1.2 | -1.7 | 11.0% | 2.7 | |
| 6360-10 | 10 | 1.90 | Donna Talley | 4.8 | 26 | PACU - RMC | 31.81 | Min Staff | -0.4 | -0.6 | 6.9% | 6.4 | 6.08 |
| 6380-10 | 10 | 1.90 | Donna Talley | 3.6 | 123 | Pre & Post - RMC | 5.14 | 6.5 | -1.0 | -1.1 | 3.2% | 4.2 | 7.44 |
| 6614-10 | 10 | 1.90 | Paul Poparad | 0.8 | 39.0 | Anesthesia Physicians - RMC (Neuro CRNAs) | 3.5 | 4.0 | -0.1 | -0.1 | | 0.9 | 6.10 |
| SURGERY REGIONAL | | | | 49.1 | | | | | 8.8 | 5.7 | 6.4% | 58.9 | 61.47 |
| 6179-50 | 50 | 1.91 | June Wyrwas | 7.3 | 285 | Gastro/Endoscopy - Hopewell | 4.44 | 4.0 | 0.7 | 1.0 | 2.5% | 9.6 | 11.07 |
| 6202-50 | 50 | 1.91 | Paul Poparad | 12.6 | 7,009 | Central Sterile Proc - Hopewell | 0.31 | 0.385 | -2.9 | -3.5 | 5.4% | 15.0 | 12.85 |
| 6320-50 | 50 | 1.91 | Martine Marsan | 6.4 | 1,272 | Pre-Admission Testing - Hopewell | 0.50 | 0.7 | -1.1 | -1.4 | 1.9% | 8.0 | 9.00 |
| 6331-50 | 50 | 1.91 | Michelle Santillo | 12.1 | 179 | Surgery Center Hopewell | 11.70 | 13.5 | -1.9 | -2.2 | 3.8% | 14.0 | 19.60 |
| 6340-50 | 50 | 1.91 | Michelle Santillo | 33.4 | 483 | Perioperative - Hopewell | 11.99 | 7.2 | 13.3 | 17.5 | 3.2% | 43.7 | 55.85 |
| 6341-50 | 50 | 1.91 | Paul Poparad | 8.7 | 662 | Perioperative Administration - HPW | 2.29 | 2.6 | -1.2 | -1.4 | 1.3% | 10.2 | |
| 6360-50 | 50 | 1.91 | June Wyrwas | 9.1 | 54 | PACU - Hopewell | 29.30 | 16.7 | 3.9 | 5.1 | 4.0% | 11.9 | 12.03 |
| 6380-50 | 50 | 1.91 | June Wyrwas | 14.9 | 473 | Pre & Post - Hopewell | 5.46 | 6.5 | -2.9 | -3.3 | 0.8% | 17.5 | 18.34 |
| SURGERY HOPEWELL | | | | 104.6 | | | | | 8.0 | 11.8 | 3.0% | 129.9 | 138.74 |
| 6165-10 | 10 | 1.94 | Linda Wood | 36.4 | 1,847 | Hemodialysis - RMC | 3.42 | 3.8 | -4.1 | -4.7 | 1.0% | 42.4 | 46.59 |
| 6166-10 | 10 | 1.94 | Linda Wood | 2.6 | 391 | Peritoneal Dialysis - RMC | 1.14 | 2.0 | -1.9 | -2.2 | | 3.0 | 2.56 |
| DIALYSIS | | | | 39.0 | | | | | -6.0 | -7.0 | 0.9% | 45.4 | 49.15 |
| 6152-10 | 10 | 1.97 | Rona Remstein | | | Infusion Unit - RMC | | | | | | | |
| 6156-10 | 10 | 1.97 | Rona Renstein | | See Hopewell | Radiation Oncology - RMC | | 2.0 | | | | | |
| 6156-50 | 50 | 1.97 | Rona Remstein | 13.1 | 912 | Radiation Oncology - Hopewell | 2.49 | 2.3 | 1.0 | 1.1 | | 15.0 | 14.90 |
| 6115-50 | 50 | 1.97 | Rona Remstein | 0.2 | 23 | Medical Genetics - Hopewell | 1.51 | 2.0 | -0.1 | -0.1 | | 0.2 | 0.40 |
| 6152-50 | 50 | 1.97 | Rona Remstein | 4.9 | 537 | Infusion Unit - Hopewell | 1.58 | 1.3 | 1.0 | 1.1 | | 5.5 | 5.00 |
| 6154-50 | 50 | 1.97 | Rona Remstein | 2.6 | 2,742 | Regional Cancer Center - Hopewell | 0.16 | 0.22 | -0.9 | -1.0 | | 3.0 | 3.00 |
| 6157-50 | 50 | 1.97 | Rona Remstein | 3.8 | 64 | Cyberknife | 10.20 | 8.4 | 0.7 | 0.8 | | 4.5 | 4.60 |
| 6163-10 | 10 | 1.97 | Rona Remstein | | | Cancer Registry - RMC | | 1.5 | | | | | |
| 6163-50 | 50 | 1.97 | Rona Remstein | 2.4 | 1,065 | Cancer Registry - Hopewell | 0.40 | 0.9 | -2.8 | -3.5 | | 3.1 | 3.00 |
| ONCOLOGY BOTH SITES | | | | 27.0 | | | | | -1.1 | -1.5 | | 31.3 | 30.90 |
| HOSPITAL - Patient Care Services | | | | 1321.5 | | | | | -36.8 | -43.8 | 5.4% | 1502.1 | 1456.16 |

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23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. | Workload | Workload Unit | Actual Prod | Benchmark | Prod FTE Var | Paid FTE Var | % OT/AGENCY | Paid | Budgeted |
|--------------------------|------|------|----------------|-------|----------|---|-------------|-----------|--------------|--------------|-------------|-------|-----------|
| Cost Ctr | Site | DIV | Mgr | FTEs | Units | Description | Hrs/UOS | 50th% | 50th % | 50th % | HOURS | FTEs | 2014 FTEs |
| XXXX | | | Bart Gilbert | 9.0 | 900 | PM/Work Orders | 1.73 | 1.8 | -0.1 | -0.1 | | | |
| 7042-10 | 10 | 2.20 | Joe Donovan | 15.0 | 5,327 | Total Pt Days | 0.49 | 0.51 | -0.7 | -0.8 | 4.3% | 16.8 | 18.07 |
| 7042-50 | 50 | 2.20 | Joe Donovan | 10.3 | 5,224 | Total Pt Days | 0.34 | 0.38 | -1.1 | -1.3 | | 12.3 | 12.00 |
| 9205-10 | 10 | 2.20 | Joe Donovan | 7.8 | 9,650 | PO Line Items | 0.14 | 0.16 | -1.3 | -1.6 | | 9.3 | 11.01 |
| 9205-50 | 50 | 2.20 | Joe Donovan | 1.8 | 9,650 | PO Line Items | 0.03 | | 1.8 | 2.0 | | 2.0 | |
| 9220-10 | 10 | 2.20 | Bill Keefer | 3.3 | 10,551 | Combined Pt Days | 0.05 | 0.05 | | | | 4.0 | 4.00 |
| | | | | 47.2 | | PURCHASING AND PROPERTY MGMT | | | -1.4 | -1.8 | 1.7% | 44.3 | 45.08 |
| 7031-10 | 10 | 2.30 | Mike Henderson | 51.3 | 80,440 | Meal Equivalents | 0.11 | 0.12 | -3.4 | -3.7 | 3.9% | 47.7 | 46.05 |
| 7031-50 | 50 | 2.30 | Mike Henderson | 58.5 | 88,641 | Meal Equivalents | 0.11 | 0.12 | -1.8 | -2.0 | 2.7% | 55.5 | 52.50 |
| 7033-10 | 10 | 2.30 | Mike Henderson | 1.5 | 31 | Coverage Daily | 8.15 | 9.00 | -0.2 | -0.2 | | 2.2 | 2.09 |
| | | | | 111.2 | | FOOD AND NUTRITION | | | -5.4 | -6.0 | 3.2% | 105.4 | 100.64 |
| 6205-10 | 10 | 2.40 | Bob Muir | 11.1 | 3,902 | # Transports | 0.49 | 0.58 | -2.0 | -2.3 | 1.7% | 12.7 | 13.90 |
| 6205-50 | 50 | 2.40 | Bob Muir | 14.6 | 4,437 | # Transports | 0.57 | 0.58 | -0.3 | -0.3 | 0.8% | 15.7 | 14.60 |
| 7021-50 | 50 | 2.40 | Bob Muir | 2.1 | 115 | 1000 Distributed Lbs | 3.09 | 3.80 | -0.5 | -0.7 | | 2.9 | 3.02 |
| 7022-10 | 10 | 2.40 | Bob Muir | | | Bellevue Ave - Housekeeping | | | | | | | |
| 7023-10 | 10 | 2.40 | Bob Muir | 56.1 | 468 | 1000 SF Net | 20.77 | 22.2 | -3.9 | -4.4 | 3.7% | 64.0 | 61.50 |
| 7023-50 | 50 | 2.40 | Bob Muir | 60.8 | 715 | 1000 SF Net | 14.73 | 16.0 | -5.2 | -6.0 | 1.0% | 62.5 | 63.57 |
| | | | | 144.5 | | HOTEL SERVICES | | | -11.8 | -13.7 | 2.1% | 157.8 | 156.59 |
| 7010-10 | 10 | 2.11 | Paul Meyer | 4.3 | 23 | Weekdays | 32.29 | 30.0 | 0.3 | 0.3 | 3.5% | 4.7 | 4.20 |
| 7011-10 | 10 | 2.11 | Paul Meyer | 30.3 | 550 | 1000 SF Gross | 9.56 | 9.0 | 1.8 | 1.9 | 1.0% | 33.0 | 30.62 |
| 7011-50 | 50 | 2.11 | Paul Meyer | 26.8 | 725 | 1000 SF Gross | 6.40 | 6.5 | -0.4 | -0.5 | 1.5% | 29.9 | 26.51 |
| 7012-10 | 10 | 2.11 | Paul Meyer | 6.0 | 23 | Weekdays | 45.32 | 40.0 | 0.7 | 0.8 | 8.3% | 7.0 | 6.50 |
| | 50 | 2.11 | Paul Meyer | | 31 | Cal Days | | | | | | | |
| | | | | 67.4 | | SECURITY / MOTOR SERVICES | | | 2.4 | 2.7 | 2.0% | 74.7 | 67.83 |
| | | | | 403.6 | | HOSPITAL - Contracts and Support Services | | | -13.4 | -15.6 | 2.8% | 421.9 | 405.01 |

CAPITAL HEALTH

Labor Management Report

December - 2014
 31 Days in period
 23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th % | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs | |
|--------------------------|------|------|---------------|---|----------------|---------------------------|---------------------|------------------|---------------------|---------------------|-------------------|-------------|--------------------|---------------|
| Cost Ctr | Site | DIV | Mgr | | | | | | | | | | | Description |
| 7101-10 | 10 | 2.10 | Joe Lake | Maintenance - RMC | 14.7 | 550 | 1000 SF Gross | 4.27 | 3.9 | 1.2 | 1.4 | 3.1% | 17.1 | 17.60 |
| 7101-50 | 50 | 2.10 | Joe Lake | Maintenance - Hopewell | 15.8 | 924 | 1000 SF Gross | 2.74 | 3.1 | -1.9 | -2.4 | 1.1% | 19.4 | 19.14 |
| 7103-10 | 10 | 2.10 | Joe Lake | Building Operations - RMC | 4.5 | 31 | Calendar Day | 25.37 | 24.0 | 0.2 | 0.3 | 4.7% | 5.4 | 5.26 |
| 7103-50 | 50 | 2.10 | Joe Lake | Operation of Plant - Hopewell | 4.6 | 31 | Calendar Day | 25.48 | 24.0 | 0.3 | 0.3 | 5.7% | 5.3 | 5.46 |
| 7106-10 | 10 | 2.10 | Joe Lake | Bellevue Ave - Maintenance | | 23 | Weekdays | | 8.0 | | | | | 1.01 |
| 7107-10 | 10 | 2.10 | Joe Lake | Building Ops - Bellevue Ave | | | | | | | | | | |
| | | | | OPERATION OF PLANT | 39.6 | | | | | -0.2 | -0.4 | 2.8% | 47.2 | 48.47 |
| 6297-10 | 10 | 2.60 | Chester Lau | Pharmacy - RMC | 24.3 | 216 | 1000 Line Items | 19.53 | 22.3 | -3.5 | -4.0 | 2.0% | 28.4 | 26.94 |
| 6297-50 | 50 | 2.60 | Chester Lau | Pharmacy - Hopewell | 23.6 | 178 | 1000 Line Items | 22.96 | 22.3 | 0.7 | 0.8 | 0.5% | 26.5 | 28.59 |
| 6298-10 | 10 | 2.60 | Chester Lau | Employee Pharmacy - RMC | 7.1 | 3,893 | Scripts | 0.31 | 0.3 | 0.8 | 0.9 | 3.1% | 8.2 | 10.00 |
| 6300-50 | 50 | 2.60 | Chester Lau | Satellite Pharmacy Hopewell - Infusion Unit | 0.6 | 532 | Line Items | 0.20 | 0.5 | -0.9 | -0.9 | 2.3% | 0.6 | 3.13 |
| 6301-10 | 10 | 2.60 | Chester Lau | Pharmacy Residency Program | 2.0 | 13 | # Residents | 26.67 | 26.7 | | | | 2.0 | 2.00 |
| | | | | PHARMACY ALL SITES | 57.6 | | | | | -2.9 | -3.3 | 1.5% | 65.7 | 70.66 |
| 6261-10 | 10 | 2.70 | Joanie DuVall | Laboratory - RMC | 17.8 | 575 | 100 Billed Test | 5.36 | 10.80 | -18.0 | -20.6 | 1.6% | 20.3 | 22.25 |
| 6262-10 | 10 | 2.70 | Joanie DuVall | Lab-Histology - RMC | 5.5 | 23 | 100 Billed Test | 41.14 | 48.00 | -0.9 | -1.2 | 0.7% | 7.2 | 6.49 |
| 6264-10 | 10 | 2.70 | Joanie DuVall | Lab-Phlebotomy - RMC | 7.9 | 575 | 100 Billed Test | 2.37 | | 7.9 | 9.3 | 11.2% | 9.3 | 7.75 |
| 6267-10 | 10 | 2.70 | Joanie DuVall | Lab-Transfusion Services-RMC | 3.5 | 34 | 100 Billed Test | 17.84 | 13.50 | 0.9 | 1.4 | | 5.9 | 4.27 |
| 6270-10 | 10 | 2.70 | Joanie DuVall | Lab - Chematology - RMC | 9.1 | 575 | 100 Billed Test | 2.75 | | 9.1 | 10.9 | 0.8% | 10.9 | 10.82 |
| 6261-50 | 50 | 2.70 | Joanie DuVall | Laboratory - Hopewell | 16.1 | 543.0 | 100 Billed Test | 5.14 | 10.80 | -17.7 | -22.8 | 3.6% | 20.7 | 17.00 |
| 6262-50 | 50 | 2.70 | Joanie DuVall | Lab - Histology/Cytology - Hopewell | 3.5 | 3.0 | 100 Billed Test | 204.57 | 48.00 | 2.7 | 2.9 | | 3.8 | 3.80 |
| 6264-50 | 50 | 2.70 | Joanie DuVall | Lab Phlebotomy - Hopewell | 6.1 | 543.0 | 100 Billed Test | 1.96 | | 6.1 | 7.8 | 1.6% | 7.8 | 9.08 |
| 6264-70 | 70 | 5.20 | Joanie DuVall | Phlebotomy - Hamilton | 4.0 | 2,525 | # Draws | 0.27 | 0.3 | 0.3 | 0.4 | 0.0% | 4.7 | 3.00 |
| 6265-50 | 50 | 2.70 | Joanie DuVall | Lab Microbiology - Hopewell | 10.0 | 77.0 | 100 Billed Test | 22.45 | 19.80 | 1.2 | 1.4 | 0.1% | 11.4 | 9.91 |
| 6265-10 | 10 | 2.70 | Joanie DuVall | Lab Microbiology - RMC | | 5.0 | 100 Billed Test | | 19.80 | | | | | |
| 6267-50 | 50 | 2.70 | Joanie DuVall | Lab Transfusion Serv - Hopewell | 3.9 | 40.0 | 100 Billed Test | 16.68 | 13.50 | 0.7 | 0.8 | 0.9% | 4.4 | 4.65 |
| 6270-50 | 50 | 2.70 | Joanie DuVall | Lab - Chematology - Hopewell | 7.2 | 543.0 | 100 Billed Test | 2.30 | | 7.2 | 8.1 | 0.6% | 8.1 | 9.00 |
| | | | | LABORATORY ALL SITES | 94.5 | | | | | -0.6 | -1.5 | 2.2% | 114.5 | 108.02 |
| 6231-10 | 10 | 2.80 | Janice Pesco | Speech Inpatient - RMC | 3.7 | 946 | Treatments | 0.68 | 0.72 | -0.2 | -0.2 | | 4.1 | 4.15 |
| 6231-50 | 50 | 2.80 | Janice Pesco | Speech Inpatient - Hopewell | 1.5 | 249 | Treatments | 1.03 | 0.72 | 0.5 | 0.5 | | 1.6 | 2.34 |
| 6204-50 | 50 | 2.80 | Janice Pesco | Safe Patient Handling - Mandated program | | 10,551 | Combined Pt Days | | | | | | | |
| 6234-10 | 10 | 2.80 | Janice Pesco | OT Inpatient - RMC | 3.7 | 2,228 | Treatments | 0.29 | 0.58 | -3.7 | -4.3 | 4.8% | 4.2 | 5.42 |
| 6234-50 | 50 | 2.80 | Janice Pesco | OT Inpatient - Hopewell | 4.0 | 1,132 | Treatments | 0.61 | 0.58 | 0.2 | 0.2 | 1.3% | 4.6 | 2.63 |
| 6237-10 | 10 | 2.80 | Janice Pesco | PT Inpatient - RMC | 17.4 | 4,305 | Treatments | 0.70 | 0.75 | -1.3 | -1.4 | 3.4% | 19.4 | 16.85 |
| 6237-50 | 50 | 2.80 | Janice Pesco | PT Inpatient - Hopewell | 7.7 | 2,324 | Treatments | 0.58 | 0.75 | -2.3 | -2.5 | 1.5% | 8.3 | 8.53 |
| 6245-50 | 50 | 2.80 | Janice Pesco | Balance Program | 0.5 | 8 | Treatments | 10.29 | 1.25 | 0.4 | 0.4 | | 0.5 | 0.54 |
| 6239-10 | 10 | 2.80 | Janice Pesco | Corp Rehab Phys Therapy - RMC | 6.7 | 2,317 | Treatments | 0.50 | 0.55 | -0.6 | -0.8 | 2.9% | 7.9 | 8.73 |
| 6240-10 | 10 | 2.80 | Janice Pesco | Corp Rehab Occup Therapy - RMC | 2.5 | 728 | Treatments | 0.60 | 0.58 | 0.1 | 0.1 | 0.2% | 3.1 | 2.30 |
| 6246-50 | 50 | 2.80 | Janice Pesco | Speech OP Hopewell | 0.5 | 41 | Treatments | 2.11 | 0.72 | 0.3 | 0.4 | | 0.7 | 0.64 |
| 6247-50 | 50 | 2.80 | Janice Pesco | OT O/P Hopewell | 0.2 | 40 | Treatments | 0.68 | 0.58 | 0.0 | 0.0 | | 0.2 | |
| 6248-50 | 50 | 2.80 | Janice Pesco | PT O/P Hopewell | 5.0 | 1,162 | Treatments | 0.75 | 0.75 | 0.0 | 0.0 | 3.1% | 6.2 | 4.68 |
| 9260-10 | 10 | 2.80 | Janice Pesco | Corporate Health - RMC | 9.3 | 797 | # Visits | 2.02 | 1.40 | 2.8 | 3.3 | | 10.7 | 11.00 |
| | | | | THERAPIES ALL SITES / CORPORATE HEALTH | 62.7 | | | | | -3.9 | -4.1 | 2.1% | 71.5 | 67.81 |

CAPITAL HEALTH Labor Management Report

December - 2014
31 Days in period
23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th % | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs | |
|--------------------------|------|------|------------|---|----------------|---------------------------|---------------------|------------------|---------------------|---------------------|-------------------|-------------|--------------------|--------------|
| Cost Ctr | Site | DIV | Mgr | | | | | | | | | | | Description |
| 6216-10 | 10 | 1.95 | Ray Gaiser | Interventional Radiology - RMC | 9.1 | 679 | Procedures | 2.33 | 3.1 | -3.0 | -3.7 | 3.1% | 11.1 | 10.35 |
| 6280-10 | 10 | 1.95 | Ray Gaiser | Vascular Lab - RMC | 5.2 | 580 | Procedures | 1.54 | 1.3 | 1.0 | 1.2 | 0.1% | 6.6 | 7.45 |
| 6280-70 | 70 | 5.20 | Ray Gaiser | Vascular Services - Hamilton | 0.5 | 59 | Tests | 1.55 | 1.6 | 0.0 | 0.0 | 0.3% | 0.5 | |
| 6282-10 | 10 | 1.95 | Ray Gaiser | Radiology Admin - RMC | 9.6 | 8,678 | All DI Procedures | 0.19 | 0.2 | -0.4 | -0.5 | 3.3% | 11.1 | |
| 6283-10 | 10 | 1.95 | Ray Gaiser | Radiology - RMC | 14.9 | 4,278 | Diag Procedures | 0.60 | 0.7 | -2.4 | -2.7 | 0.2% | 17.4 | 15.05 |
| 6283-70 | 70 | 5.20 | Ray Gaiser | Radiology - Hamilton | 1.3 | 267 | Procedures | 0.82 | 0.8 | 0.0 | 0.0 | | 1.5 | 1.42 |
| 6285-10 | 10 | 1.95 | Ray Gaiser | Nuclear Medicine - RMC | 3.7 | 233 | Procedures | 2.78 | 2.7 | 0.1 | 0.1 | 1.0% | 4.3 | 4.64 |
| 6291-10 | 10 | 1.95 | Ray Gaiser | CT - RMC | 12.8 | 2,488 | Procedures | 0.90 | 0.9 | -0.4 | -0.4 | 3.4% | 14.9 | 13.10 |
| 6292-10 | 10 | 1.95 | Ray Gaiser | Ultrasound - RMC | 2.9 | 383 | Procedures | 1.33 | 0.9 | 1.0 | 1.3 | 3.0% | 4.0 | 1.33 |
| 6292-70 | 70 | 5.20 | Ray Gaiser | Ultrasound - Hamilton | 1.2 | 187 | Tests | 1.13 | 0.9 | 0.3 | 0.3 | | 1.5 | 1.20 |
| 6293-10 | 10 | 1.96 | Ray Gaiser | Mammography - Regional | 0.5 | 119 | Procedures | 0.78 | 1.1 | -0.2 | -0.2 | | 0.5 | |
| 6293-70 | 70 | 5.20 | Ray Gaiser | Mammography - Hamilton | 2.4 | 251 | Encounters | 1.65 | 1.1 | 0.8 | 0.9 | | 2.8 | 3.50 |
| 6295-10 | 10 | 1.96 | Ray Gaiser | MRI - RMC | 6.8 | 498 | Procedures | 2.35 | 2.3 | 0.0 | 0.0 | 1.6% | 8.1 | 6.04 |
| | | | | RADIOLOGY AND RADIOLOGY REGIONAL/HAMILTON | 71.0 | | | | | -3.3 | -3.6 | 1.9% | 84.3 | 64.08 |
| 6214-50 | 50 | 1.96 | Ray Gaiser | Cardiac Catheterization - Hopewell | 4.3 | 121 | Procedures | 6.15 | 3.2 | 2.1 | 2.7 | 0.8% | 5.6 | 6.35 |
| 6286-50 | 50 | 1.96 | Ray Gaiser | Interventional Radiology - Hopewell | 10.0 | 533 | Procedures | 3.24 | 3.1 | 0.4 | 0.5 | 3.1% | 11.7 | 11.26 |
| 6232-50 | 50 | 1.96 | Ray Gaiser | Diabetes Education - Hopewell | 1.0 | 1 | Encounters | 168.46 | 1.2 | 1.0 | 1.1 | | 1.1 | 1.48 |
| 6236-50 | 50 | 1.96 | Ray Gaiser | Hyperbaric Medicine - Hopewell | 0.3 | 51 | Encounters | 1.09 | 1.5 | -0.1 | -0.1 | | 0.3 | |
| 6238-50 | 50 | 1.96 | Ray Gaiser | Center for Wound Mgmt - Hopewell | 1.7 | 239 | Encounters | 1.20 | 1.8 | -0.8 | -1.0 | | 2.1 | 3.40 |
| 6280-50 | 50 | 1.96 | Ray Gaiser | Vascular Lab - Hopewell | 3.7 | 395 | Procedures | 1.62 | 1.3 | 0.8 | 1.0 | 1.7% | 4.4 | 3.86 |
| 6282-50 | 50 | 1.96 | Ray Gaiser | Radiology Admin - Hopewell | 7.7 | 7,662 | All DI Procedures | 0.17 | 0.2 | -0.3 | -0.3 | 0.6% | 8.9 | 14.34 |
| 6283-50 | 50 | 1.96 | Ray Gaiser | Radiology - Hopewell | 13.7 | 3,341 | Diag Procedures | 0.71 | 0.7 | 0.2 | 0.2 | 0.1% | 18.0 | 19.84 |
| 6283-50 | 50 | 1.96 | Ray Gaiser | Radiology - Hopewell - Surgery coverage 3.0 FTEs | 3.0 | 23 | Weekdays | 20.87 | 24.0 | -0.4 | -0.4 | | | |
| 6285-50 | 50 | 1.96 | Ray Gaiser | Nuclear Medicine - Hopewell | 5.2 | 329 | Procedures | 2.77 | 2.7 | 0.1 | 0.2 | 3.4% | 6.7 | 5.29 |
| 6287-50 | 50 | 1.96 | Ray Gaiser | PET - Hopewell | 0.9 | 53 | Procedures | 2.89 | 4.7 | -0.6 | -0.6 | 0.2% | 0.9 | 1.48 |
| 6291-50 | 50 | 1.96 | Ray Gaiser | CT - Hopewell | 8.9 | 1,621 | Procedures | 0.95 | 0.9 | 0.3 | 0.3 | 2.9% | 9.9 | 9.51 |
| 6292-50 | 50 | 1.96 | Ray Gaiser | Ultrasound - Hopewell (set to teaching to cover biopsies) | 5.9 | 722 | Procedures | 1.42 | 1.3 | 0.5 | 0.6 | 1.0% | 7.1 | 6.06 |
| 6293-50 | 50 | 1.96 | Ray Gaiser | Mammography - Hopewell | 3.2 | 531 | Procedures | 1.03 | 1.1 | -0.2 | -0.2 | | 3.7 | 3.55 |
| 6295-50 | 50 | 1.96 | Ray Gaiser | MRI - Hopewell (min staff set at 9.8) | 6.8 | 532 | Procedures | 2.23 | 2.3 | -3.0 | -3.4 | 0.9% | 7.8 | 6.64 |
| | | | | RADIOLOGY AND RADIOLOGY HOPEWELL | 76.2 | | | | | 0.1 | 0.6 | 1.4% | 88.3 | 93.06 |

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| COST CENTER AND LOCATION | | | | Prod. | Workload | Workload Unit | Actual Prod | Benchmark | Prod FTE Var | Paid FTE Var | % OT/AGENCY | Paid | Budgeted |
|--------------------------|------|-------|----------------|--------|----------|---|-------------|-----------|--------------|--------------|-------------|--------|------------|
| Cost Ctr | Site | DIV | Mgr | FTEs | Units | Description | Hrs/UOS | 50th % | 50th % | 50th % | HOURS | FTEs | 2014 FTEs |
| 6211-10 | 10 | 2.90 | Rita Brooks | 8.9 | 729 | Cardiology - RMC | 2.11 | 2.50 | -1.6 | -1.9 | 0.1% | 10.0 | 11.49 |
| 6211-50 | 50 | 2.90 | Rita Brooks | 9.8 | 594 | Cardiology - Hopewell | 2.87 | 2.50 | 1.3 | 1.4 | 0.8% | 11.2 | 10.51 |
| 6211-70 | 70 | 5.20 | Rita Brooks | 1.5 | 79 | Cardiology - Hamilton | 3.37 | 1.5 | 0.9 | 1.0 | | 1.8 | 1.50 |
| 6212-10 | 10 | 2.90 | Rita Brooks | 0.4 | 52 | Pulmonary Function - RMC | 1.38 | 0.33 | 0.3 | 0.5 | | 0.6 | 0.90 |
| 6212-50 | 50 | 2.90 | Rita Brooks | 0.5 | 160 | Pulmonary Function - Hopewell | 0.52 | 0.33 | 0.2 | 0.2 | | 0.5 | 0.08 |
| 6213-50 | 50 | 2.90 | Rita Brooks | | | Cardiopulm Rehab - Hopewell | | | | | | | |
| 6221-10 | 10 | 2.90 | Rita Brooks | 7.0 | 233 | Neurophysiology - RMC Transcriptions and Director | 5.19 | 2.78 | 3.2 | 4.0 | 0.1% | 8.7 | 9.52 |
| 6221-50 | 50 | 2.90 | Rita Brooks | 3.3 | 166 | Neurophysiology - Hopewell | 3.42 | 1.40 | 1.9 | 2.1 | 0.3% | 3.6 | 3.11 |
| 6225-10 | 10 | 2.90 | Rita Brooks | 1.0 | 23 | Sleep Center - RMC | 7.56 | 5.00 | 0.3 | 0.3 | 6.1% | 1.0 | 0.35 |
| 6221-70 | 70 | 2.90 | Rita Brooks | 0.1 | 12 | Neurophysiology - Hamilton | 1.72 | 1.40 | 0.0 | 0.0 | | 0.1 | 0.04 |
| 6212-70 | 70 | 2.90 | Rita Brooks | | | Volume added to HPW's Procedures | | | | | | | 0.07 |
| 6225-70 | 70 | 2.90 | Rita Brooks | 9.9 | 161 | Sleep Center - Hamilton | 10.68 | 12.4 | -1.6 | -2.0 | 1.0% | 12.6 | 15.13 |
| 6235-50 | 50 | 2.90 | Rita Brooks | 1.0 | 150 | Audiology - Hopewell | 1.10 | 0.70 | 0.3 | 0.4 | | 1.0 | 1.03 |
| 8052-70 | 70 | 2.90 | Rita Brooks | 8.2 | 687 | Comprehensive Sleep Associates | 2.00 | 2.15 | -0.6 | -0.7 | 0.5% | 9.3 | 7.82 |
| | | | | 51.6 | | CARDIOLOGY/NEURO DIAG/PULMONARY | | | 4.6 | 5.4 | 0.6% | 60.4 | 61.55 |
| 6811-10 | 10 | 1.98 | Jim Boozan | 53.3 | 1,988 | Emrg Med Serv -RMC | 4.65 | 4.6 | 0.5 | 0.6 | 2.5% | 60.3 | 52.45 |
| 6812-10 | 10 | 1.98 | Jim Boozan | 3.6 | 1,609 | Emrg Med Serv - Educ | 0.39 | 0.30 | 0.8 | 1.0 | 2.6% | 4.6 | 5.00 |
| 6813-10 | 10 | 1.98 | Jim Boozan | 5.6 | 1 | Emrg Med Serv - Comm (Pass thru until Jan 2015) | 965.79 | 965.8 | | | 4.9% | 6.3 | 9.20 |
| 6814-10 | 10 | 1.98 | Jim Boozan | 8.6 | 136 | Emrg Med Serv - Robbinsville (Min Staff - 8.4) | 11.01 | 7.3 | 0.2 | 0.3 | 2.4% | 9.9 | 8.40 |
| 6815-10 | 10 | 1.98 | Jim Boozan | 12.4 | 313 | Emrg Med Serv - Transp | 6.85 | 7.3 | -0.8 | -1.0 | 2.8% | 14.6 | 14.40 |
| 6818-10 | 10 | 1.98 | Jim Boozan | 1.7 | 31 | Emergency Disaster Drill - RMC (pass thru) | 9.33 | 9.3 | | | | 1.7 | 0.25 |
| 6819-10 | 10 | 1.98 | Jim Boozan | | | EMS Outside transports | | 2.8 | | | | | 1.80 |
| 6821-10 | 10 | 1.70 | Jim Boozan | | | Disaster/Exceptional Events - RMC | | | | | | | |
| 6822-10 | 10 | 1.98 | Jim Boozan | 3.4 | 105 | Emrg Med Serv - East Windsor (Min staff - 3.5) | 5.58 | 7.3 | -0.1 | -0.1 | 2.8% | 3.6 | 3.40 |
| 6817-50 | 50 | 1.98 | Jim Boozan | 3.4 | 23 | Patient Transport Livery - Hopewell | 25.69 | 24.0 | 0.2 | 0.3 | 1.7% | 4.0 | 4.80 |
| 9210-50 | 50 | 3.60 | Frank Sprague | 8.7 | 31 | Patient Logistics - Hopewell | 48.43 | 24.00 | 4.4 | 4.7 | 4.9% | 9.4 | 3.00 |
| | | | | 100.6 | | EMS SERVICES/Pt LOGISTICS | | | 5.2 | 5.8 | 3.9% | 114.4 | 102.70 |
| | | | | 520.5 | | HOSPITAL - Ancillary Diagnostics/PIT Ops | | | -3.7 | -4.4 | 1.8% | 606.5 | 581.48 |
| 9244-10 | 10 | 3.60 | VACANT | 5.0 | 31 | Guest Relations - RMC | 27.73 | 29.00 | -0.2 | -0.3 | 0.1% | 6.9 | 11.50 |
| 9244-50 | 50 | 3.60 | VACANT | 8.1 | 31 | Guest Relations - Hopewell | 45.55 | 40.40 | 0.9 | 1.0 | 0.3% | 8.6 | incl above |
| 9255-50 | 50 | 3.60 | VACANT | 0.8 | 10,551 | Pastoral Care - Hopewell | 0.01 | 0.02 | -0.1 | -0.1 | | 1.0 | 1.00 |
| 6928-50 | 50 | 3.10 | VACANT | 1.7 | 10,551 | Chaplaincy Residences | 0.03 | 0.03 | | | | 2.0 | 2.00 |
| 7037-10 | 10 | 12.00 | Nancy Goodwin | 1.7 | 31 | Lantern Gift Shop - RMC | 9.61 | 6.0 | 0.6 | 0.7 | 4.2% | 2.0 | 2.00 |
| 7037-50 | 50 | 12.00 | Gail Goldstein | 1.7 | 31 | Sunflower Gift Shop - Hopewell | 9.29 | 10.0 | -0.1 | -0.1 | | 1.7 | 2.00 |
| 7040-50 | 50 | 12.00 | Gail Goldstein | 1.2 | 31 | Pitter-Patter Gift Shop - Hopewell | 6.71 | 8.5 | -0.3 | -0.3 | | 1.3 | 1.40 |
| 9213-50 | 50 | 12.00 | Nancy Goodwin | 1.7 | 23 | Volunteer Services - Hopewell | 13.05 | 12.0 | 0.1 | 0.2 | | 2.0 | 2.00 |
| 9209-10 | 10 | 12.00 | Kian Seyed | 2.5 | 10,551 | Management Engineering | 0.04 | 0.04 | | | | 3.0 | 2.00 |
| | | | | 24.4 | | HOSPITAL - Guest Services / Admin | | | 0.9 | 0.9 | 0.4% | 28.4 | 23.90 |
| | | | | 2270.1 | | TOTALS HOSPITAL DIVISION | | | -53.0 | -62.8 | 4.1% | 2559.0 | 2466.55 |

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| Cost Ctr | COST CENTER AND LOCATION | | | Description | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th % | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs | |
|---|--------------------------|-------|----------------------|---|------------|--|---------------------------|---------------------|------------------|---------------------|---------------------|-------------------|-----------|--------------------|------|
| | Site | DIV | Mgr | | | | | | | | | | | | |
| 6604-10 | 10 | 3.10 | Dr. Brown | Psychiatric Physicians - RMC | 4.6 | 549 | Census | 1.46 | 1.6 | -0.4 | -0.7 | 0.1% | 7.2 | 5.50 | |
| 6605-10 | 10 | 3.10 | Dr. Hasan | Internal Medicine Residency Program | 35.7 | 5,327 | Total Pt Days | 1.16 | 1.2 | | | | 40.2 | 40.35 | |
| 6609-10 | 10 | 3.10 | Dr. Hasan | Family Practice Residency Program | 0.8 | | Visits | | 0.3 | | | | 1.0 | 1.00 | |
| 6148-10 | 10 | 13.00 | Suzanne Borgos | Stroke Center Prog - RMC | 1.0 | 172 | Visits | 1.04 | 0.8 | 0.3 | 0.3 | 4.5% | 1.2 | 1.00 | |
| 6628-10 | 10 | 13.00 | Suzanne Borgos | Neuro Physicians - RMC | 13.9 | 1,412 | Neuro Days | 1.70 | 1.7 | | | | 14.7 | 12.00 | |
| 8040b-50 | 10 | 13.00 | Suzanne Borgos | Neurointensivist (in 8040-50) | 1.0 | 698 | Patient Days | 0.25 | 0.3 | 0.0 | 0.0 | | | | |
| 6636-50 | 50 | 1.72 | Dr. Codjoe | Observation Unit - Hopewell Physicians (min staff 4.2) | 10.5 | 2,638 | Obs Hours | 0.69 | 0.167 | 6.3 | 6.8 | | 11.2 | | |
| 6636-10 | 10 | 1.72 | Dr. Codjoe | Observation Unit - RMC Physicians (min staff 4.2 after Nov) | | 2,180 | Obs Hours | | 0.167 | -4.2 | -4.2 | | 0.0 | | |
| 6610-10 | 10 | 2.70 | Dr. Fox | Pathology Physicians | 1.0 | 111.0 | 1000 All Billed Tests | | 1.60 | -1.0 | | | 1.0 | 1.00 | |
| 6610-50 | 50 | 2.70 | Dr. Fox | Pathology Physicians | 1.5 | See RMC 6610 above (must add together) | | | | | 1.5 | 2.0 | | 2.0 | 2.00 |
| 6158-10 | 10 | 13.00 | Suzanne Borgos | Neurosciences Inpatient PAs | 19.2 | 1,412 | Neuro Days | 2.35 | 1.6 | 6.1 | 7.6 | 0.0% | 23.8 | 15.06 | |
| 6158-50 | 50 | 13.00 | Suzanne Borgos | Neurosciences Inpatient PAs - Hopewell | | | Neuro Days | | 1.6 | | | | | | |
| 8040-50 | 50 | 13.00 | Don Damico | Capital Institute for Neuroscience | 36.2 | 2,008 | Visits/Procedures | 3.12 | 4.0 | -10.1 | -12.0 | 0.7% | 42.8 | 42.05 | |
| 8055-50 | 70 | 13.00 | Valerie Scannella_AW | CH Surgical Group | 14.3 | 356 | Visits | 6.96 | 5.9 | 2.2 | 2.4 | | 16.0 | 23.72 | |
| 8061-50 | 50 | 13.00 | Valerie Scannella_AW | Plastic Associates of NJ (Tuma, Allen, Aesthetician) | 8.0 | 460 | Visits | Mix | 1.6 | 2.8 | 3.4 | 0.1% | 9.9 | 9.62 | |
| | | | | | | 27 | Tuma Procedures | Mix | 4.0 | | | | | | |
| | | | | | | 26 | Allen Procedures | Mix | 2.5 | | | | | | |
| 8046-50 | 50 | 5.10 | Valerie Scannella_AW | Heart Care Specialists | 8.2 | 340 | Visits | 4.17 | 1.6 | 5.0 | 6.0 | 0.3% | 9.7 | 7.00 | |
| 8043-50 | 50 | 5.10 | Valerie Scannella_AW | CHealth Clinical Cardiology | | | Encounters | | 1.6 | | | | | 3.94 | |
| 8057-50 | 50 | 13.00 | Valerie Scannella_EH | Center for Digestive Health | 6.1 | 240 | Visits | Mix | 1.6 | -1.0 | -1.2 | | 7.3 | 10.00 | |
| | | | | | | 131 | Procedures | Mix | 6.5 | | | | | | |
| 6611-10 | 10 | 3.10 | Pat Michael | Clinic Physicians - RMC | 0.5 | 957 | Visits | 0.08 | 0.1 | | | | 0.5 | 1.10 | |
| 6612-10 | 10 | 3.10 | Dr. D'Amelio | Trauma Physicians - RMC | 5.5 | 31 | Cal Days | 30.75 | 28.0 | 0.5 | 0.5 | | 5.8 | 6.30 | |
| 6618-10 | 10 | 3.10 | Dr. D'Amelio | Surgical PAs - RMC Coverage 2/1/1 | 7.4 | 31 | Cal Days | 41.13 | 32.0 | 1.6 | 1.9 | | 8.7 | 6.30 | |
| 6166-50 | 50 | 3.10 | Dr. Dalsey | Emrg Room Physicians - Hopewell | DNTRACTED | | | | | | | | | | |
| 6616-10 | 10 | 3.10 | Dr. Dalsey | Emergency Room Physicians - RMC | 0.8 | 4,403 | Visits | 0.03 | 0.0 | | | | 1.0 | | |
| 6633-50 | 50 | 3.10 | Dr. Dalsey | Pediatric ER Physicians | 0.2 | 1 | Visits | 42.25 | 3.0 | 0.2 | 0.2 | | 0.2 | | |
| 6624-10 | 10 | 5.00 | CMO | Hospitalist - RMC | 10.5 | 2,638 | Assigned Pt Days | 0.69 | 0.7 | | | 0.7% | 12.2 | 11.00 | |
| 6627-10 | 10 | 3.10 | Nancy Chylak | Graduate Medical Education Admin | 0.8 | 48 | Active Residents | 2.89 | 2.9 | | | | 1.0 | 1.00 | |
| 6632-50 | 50 | 3.10 | Pat Michael | Surg Intensivists Prog - Hopewell Coverage 2/1 | 5.5 | 31 | Cal Days | 30.78 | 30.8 | | | | 5.6 | 10.60 | |
| 6701-10 | 10 | 3.10 | Pat Michael | Ambulatory Care/Clinic/Rx Assist Program | 8.7 | 1,083 | Visits | 1.39 | 1.6 | -1.3 | -1.7 | 0.6% | 11.3 | 13.25 | |
| 7201-50 | 50 | 3.10 | CMO | Clinical Research - Hopewell | 1.0 | 10,551 | Combined Pt Days | 0.02 | 0.0 | 0.2 | 0.2 | | 1.0 | 0.80 | |
| CMG Physician Practices / Specialty/Contracts | | | | | 202.7 | | | | | 8.6 | 11.6 | 0.2% | 235.3 | 224.59 | |

CAPITAL HEALTH

Labor Management Report

December - 2014
 31 Days in period
 23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th% | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs | |
|--------------------------|------|------|----------------|---|----------------|---------------------------|---------------------|-----------------|---------------------|---------------------|-------------------|-------------|--------------------|---------------|
| Cost Ctr | Site | DIV | Mgr | | | | | | | | | | | Description |
| 8001-10 | 10 | 5.00 | Colleen Delso | Practice Management-Admin | 3.5 | 8,027 | Total Visits | 0.07 | 0.10 | -1.2 | -1.4 | 0.4% | 4.0 | 4.00 |
| 6299-70 | 70 | 5.10 | Colleen Delso | CH Center for Women's Health | 7.4 | 544 | Visits | 2.36 | 1.9 | 1.4 | 1.8 | | 9.0 | 6.49 |
| 7011-70 | 70 | 5.10 | Colleen Delso | Security - Hamilton | 3.0 | 71 | 1000 SF Gross | 7.32 | 7.0 | 0.1 | 0.1 | 0.2% | 3.3 | 3.09 |
| 8014-70 | 70 | 5.10 | Colleen Delso | CH Primary Care Hamilton | 18.7 | 1,242 | Visits | 2.62 | 1.6 | 7.3 | 8.4 | 1.2% | 21.5 | 20.98 |
| 8031-10 | 10 | 5.10 | Colleen Delso | Capital Surgical Associates -RMC | 0.9 | 43 | Visits | 3.62 | 1.6 | 0.5 | 0.6 | | 1.1 | 1.00 |
| 8032-10 | 10 | 5.10 | Colleen Delso | Capital Endocrinology - Hamilton | 7.8 | 432 | Visits | 3.13 | 1.6 | 3.8 | 4.3 | | 8.9 | 8.88 |
| 8036-50 | 50 | 5.10 | Colleen Delso | CH Primary Care - Ewing | 12.4 | 897 | Visits | 2.39 | 1.6 | 4.1 | 5.3 | 0.2% | 16.0 | 9.70 |
| 8064-70 | 70 | 5.10 | Colleen Delso | Hamilton Walk - In | 5.3 | 1,413 | Visits | 0.65 | 1.6 | -7.8 | -8.4 | 1.4% | 5.7 | 7.00 |
| 8038-10 | 10 | 5.10 | Colleen Delso | CH Primary Care - Bordentown | 10.5 | 1,020 | Visits | 1.79 | 1.6 | 1.1 | 1.4 | | 12.8 | 11.10 |
| 8047-10 | 10 | 5.10 | Colleen Delso | CH Primary Care- Quakerbridge | 11.7 | 843 | Visits | 2.41 | 1.6 | 3.9 | 4.5 | 0.4% | 13.5 | 9.63 |
| 8053-50 | 50 | 5.10 | Colleen Delso | CH Primary Care - Lower Makefield | 5.4 | 441 | Visits | 2.14 | 1.6 | 1.4 | 1.5 | 0.1% | 6.1 | 7.00 |
| 8054-70 | 70 | 5.10 | Colleen Delso | CH Dr. Steven Levenberg | 2.2 | 135 | Visits | 2.85 | 1.6 | 1.0 | 1.0 | 1.8% | 2.3 | |
| 8058-50 | 50 | 5.10 | Colleen Delso | CH Primary Care - Princeton | 4.1 | 116 | Visits | 6.16 | 1.6 | 3.1 | 3.6 | 0.1% | 4.9 | 15.30 |
| 8060-50 | 50 | 5.10 | Colleen Delso | CH Primary Care-Mountainview | 10.6 | 1,036 | Visits | 1.77 | 1.6 | 1.0 | 1.2 | 0.1% | 12.3 | 7.00 |
| | | | | CMG Primary Care | 103.6 | | | | | 19.8 | 24.1 | 0.4% | 121.4 | 111.17 |
| | | | | MEDICAL SERVICES OPERATIONS | 306.3 | | | | | 28.4 | 35.7 | 0.3% | 356.7 | 335.76 |
| 6939-10 | 10 | | Beth Mil | DSRIP - RMC | 2.4 | 12,585 | Payroll Dollars | 0.049 | 1.00 | | | 0.1% | 2.6 | |
| 6939-50 | 50 | | Beth Mil | DSRIP - HPW | 0.9 | 6,115 | Payroll Dollars | 0.044 | 1.00 | | | | 1.0 | |
| 9257-50 | 50 | 8.00 | Dr. Remstein | Clinical Integration | 3.6 | 10,551 | Total Pt Days | 0.06 | 0.04 | 0.9 | 1.2 | | 2.0 | 2.00 |
| 6155-10 | 10 | 3.10 | Dr. Remstein | Pallative Care - RMC | 1.6 | 87 | Encounters | 3.24 | 3.6 | -0.2 | -0.2 | | 2.0 | 2.00 |
| | | | | ACCOUNTABLE CARE | 8.5 | | | | | 0.8 | 1.0 | 0.0% | 7.6 | 4.00 |
| 9241-10 | 10 | 3.30 | Diane Moran | Case Mgt - RMC | 15.5 | 5,327 | Total Pt Days | 0.50 | 0.45 | 1.6 | 2.0 | 0.4% | 18.4 | 19.50 |
| 9241-50 | 50 | 3.30 | Diane Moran | Case Mgmt - Hopewell | 13.1 | 5,224 | Total Pt Days | 0.43 | 0.45 | -0.5 | -0.6 | 1.3% | 15.7 | 14.50 |
| 9350-10 | 10 | 3.30 | Colleen Ford | Medical Records - RMC | 17.3 | 10,645 | Registrations | 0.28 | 0.27 | 1.0 | 1.3 | | 21.3 | 38.50 |
| 9350-50 | 50 | 3.30 | Colleen Ford | Medical Records - Hopewell | 17.2 | 12,313 | Registrations | 0.24 | 0.27 | -1.7 | -2.0 | 0.0% | 21.1 | incl above |
| 9351-10 | 10 | 3.30 | Colleen Ford | Clinical Documentation Improvement | 5.8 | 2,110 | 20% Pt Days | 0.47 | 0.55 | -0.9 | -1.1 | 0.1% | 7.0 | 6.00 |
| | | | | CLINICAL QUALITY AND INFORMATION | 68.8 | | | | | -0.4 | -0.5 | 0.3% | 83.6 | 78.50 |
| 9243-10 | 10 | 3.10 | Lynne Kluin | Med Staff Services - RMC | 5.8 | 10,551 | Combined Pt Days | 0.10 | 0.2 | -3.3 | -4.0 | 3.4% | 7.1 | 9.00 |
| 9247-10 | 10 | 3.10 | Lynne Kluin | Inst Review Board - RMC | 0.9 | 10,551 | Combined Pt Days | 0.01 | 0.0 | 0.3 | 0.3 | | 1.0 | 1.00 |
| 9242-10 | 10 | 3.70 | Debbie Sansone | Quality Mgt - Infection - Both Sites | 6.9 | 15,822 | Tot Adj Pt. Days | 0.08 | 0.08 | -0.6 | -0.7 | | 8.1 | 7.50 |
| 9239-10 | 10 | 3.10 | Debbie Sansone | Patient Safety | 0.7 | 15,822 | Tot Adj Pt. Days | 0.01 | 0.01 | -0.2 | -0.3 | | 1.0 | 1.40 |
| | | | | QUALITY MGMT | 14.3 | | | | | -3.8 | -4.7 | 1.4% | 17.2 | 18.90 |
| 9240-10 | 10 | 3.70 | Gail Johnson | Infection Prevention - RMC | 1.0 | 5,327 | Total Pt Days | 0.03 | 0.05 | -0.4 | -0.5 | | 1.0 | 3.00 |
| 9240-50 | 50 | 3.70 | Gail Johnson | Infection Prevention - Hopewell | 2.0 | 5,224 | Total Pt Days | 0.06 | 0.05 | 0.6 | 0.7 | | 2.3 | incl above |
| 9246-10 | 10 | 3.70 | Gail Johnson | Regulatory Affairs | 0.8 | 10,551 | Combined Pt Days | 0.01 | 0.02 | -0.2 | -0.2 | | 1.0 | 1.00 |
| | | | | REGULATORY AFFAIRS/INF CONTROL | 3.7 | | | | | 0.0 | 0.0 | | 4.3 | 4.0 |
| | | | | MEDICAL SERVICES SUPPORT/OTHER | 95.3 | | | | | -3.4 | -4.2 | 0.5% | 112.5 | 105.40 |
| | | | | TOTALS CMG/MED SERVICES | 401.5 | | | | | 25.0 | 31.5 | 0.3% | 469.2 | 441.16 |

CAPITAL HEALTH

Labor Management Report

December - 2014
 31 Days in period
 23 Weekdays in period

| Cost Ctr | COST CENTER AND LOCATION | | | Description | Prod. FTEs | Workload Units | Workload Unit Description | Actual Prod Hrs/UOS | Benchmark 50th % | Prod FTE Var 50th % | Paid FTE Var 50th % | % OT/AGENCY HOURS | Paid FTEs | Budgeted 2014 FTEs |
|------------------------------------|--------------------------|------|-------------------|---|--------------|----------------|---------------------------|---------------------|------------------|---------------------|---------------------|-------------------|--------------|--------------------|
| | Site | DIV | Mgr | | | | | | | | | | | |
| 7204-10 | 10 | 6.00 | Dennis Dooley | Community Education - RMC | 0.0 | 5,327 | Total Pt Days | 0.00 | 0.00 | | | | 0.0 | |
| 7204-50 | 50 | 6.00 | Dennis Dooley | Community Education - Hopewell | 0.0 | 5,224 | Total Pt Days | 0.00 | 0.0 | 0.0 | | | 0.0 | |
| 9211-50 | 50 | 6.00 | Dennis Dooley | Fund Development - Hopewell | 4.4 | 5,224 | Total Pt Days | 0.15 | 0.11 | 1.1 | 1.2 | | 5.0 | 4.00 |
| 7204-70 | 70 | 6.00 | Dennis Dooley | Community Education - Hamilton | 0.8 | 23 | Weekdays | 6.03 | 6.0 | | | | 1.0 | 1.00 |
| 9215-10 | 10 | 6.00 | Dennis Dooley | Public Relations - RMC | 4.9 | 10,551 | Total Pt Days | 0.08 | 0.08 | | | | 4.8 | 5.00 |
| GOV'T COMMUNITY SERVICES | | | | | 10.2 | | | | | 1.1 | 1.2 | | 10.9 | 10.00 |
| 7211-10 | 10 | 4.00 | Erica Moncrief | Library - RMC | 0.7 | 23 | Weekdays | 5.28 | 6.0 | -0.1 | -0.1 | | 0.9 | 0.88 |
| 7211-50 | 50 | 4.00 | Erica Moncrief | Library - Hopewell | 0.9 | 23 | Weekdays | 6.78 | 6.0 | 0.1 | 0.1 | | 1.0 | 1.00 |
| 7212-10 | 10 | 4.00 | Ken Szelliga | Media Resources - RMC | 1.6 | 10,551 | Combined Pt Days | 0.03 | 0.0 | | | 0.6% | 2.0 | 2.00 |
| 9231-10 | 10 | 4.00 | Judy Briel | Information Systems - RMC (BM for whole system) | 19.9 | 3,723 | Users | 1.12 | 2.3 | -25.3 | -31.0 | 0.8% | 23.2 | 41.70 |
| 9231-50 | 50 | 4.00 | Judy Briel | Information Systems | 23.5 | 3,723 | See 9231-10 | 1.09 | | 23.5 | 30.7 | | 19.7 | incl above |
| 9313-10 | 10 | 4.00 | Judy Briel | Keane Project Hours - Training for EHR NEW April 14 | 1.2 | 3,723 | Pass Through Hours | 0.06 | 0.06 | | | 0.1% | 1.2 | incl above |
| 9232-10 | 10 | 4.00 | Judy Briel | Switchboard - RMC | 7.3 | 31 | Cal Days | 40.86 | 40.0 | 0.2 | 0.2 | 0.5% | 8.1 | 19.32 |
| 9232-50 | 50 | 4.00 | Judy Briel | Switchboard - Hopewell | 11.0 | 31 | Cal Days | 61.77 | 60.0 | 0.3 | 0.4 | 0.6% | 13.1 | incl above |
| TECHNOLOGY SERVICES | | | | | 66.2 | | | | | -1.4 | 0.3 | 0.5% | 69.2 | 64.90 |
| 9212-10 | 10 | 7.00 | Suzanne Borgos | Planning - RMC | 1.9 | 10,551 | Total Pt Days | 0.03 | 0.032 | 0.0 | -0.1 | | 1.0 | 1.00 |
| STRATEGY AND PLANNING | | | | | 1.9 | | | | | 0.0 | -0.1 | | 1.0 | 1.00 |
| 9305-10 | 10 | 9.10 | Melissa Cieslak | Financial Services | 8.8 | 22,958 | Total Registrations | 0.07 | 0.07 | 0.2 | 0.2 | | 9.8 | 9.00 |
| 9310-10 | 10 | 9.10 | Melissa Cieslak | Accounting | 5.7 | 5,327 | Total Pt Days | 0.19 | 0.19 | 0.0 | 0.0 | 0.4% | 6.9 | 15.02 |
| 9310-50 | 50 | 9.10 | Melissa Cieslak | Accounting | 4.5 | 5,224 | Total Pt Days | 0.15 | 0.19 | -1.1 | -1.4 | | 6.0 | incl above |
| FINANCE | | | | | 19.0 | | | | | -0.9 | -1.2 | 0.1% | 22.7 | 24.02 |
| 8012-50 | 50 | 9.20 | Diane Castner | MSO/Centralized Billing | 19.4 | 22,958 | Total Registrations | 0.15 | 0.16 | -1.8 | -2.1 | 0.0% | 22.4 | 24.25 |
| 9320-10 | 10 | 9.20 | Debbie Visconti | AR Pat Billing/Credit | 17.9 | 22,958 | Total Registrations | 0.14 | 0.13 | 0.7 | 0.8 | 0.7% | 22.0 | 42.92 |
| 9320-50 | 50 | 9.20 | Debbie Visconti | AR Pat Billing/Credit | 17.0 | 22,958 | Total Registrations | 0.13 | 0.13 | -0.2 | -0.2 | 1.2% | 20.7 | incl above |
| 9330-10 | 10 | 9.20 | Beth Gerasimovicz | Health Access Services | 21.9 | 10,645 | Registrations | 0.36 | 0.42 | -3.8 | -4.4 | 1.4% | 25.4 | 69.61 |
| 9330-70 | 70 | 5.20 | Beth Gerasimovicz | Patient Access Serv - Hamilton | 2.6 | 1,019 | Registrations Hamilto | 0.44 | 0.4 | 0.0 | 0.0 | | 3.0 | 4.35 |
| 9330-50 | 50 | 9.20 | Beth Gerasimovicz | Health Access Services | 31.9 | 12,313 | Registrations | 0.45 | 0.42 | 2.0 | 2.3 | 2.9% | 36.5 | incl above |
| 9336-50 | 50 | 9.20 | Chris Ault | Central Scheduling | 7.8 | 4,235 | Calls | 0.32 | 0.13 | 4.6 | 4.6 | | 9.0 | |
| PATIENT ACCOUNTING / ACCESS | | | | | 118.5 | | | | | 1.5 | 1.0 | 1.3% | 139.1 | 141.13 |
| FINANCIAL SERVICES | | | | | 137.5 | | | | | 0.6 | -0.1 | 1.2% | 161.7 | 165.15 |

CAPITAL HEALTH Labor Management Report

December - 2014
31 Days in period
23 Weekdays in period

| COST CENTER AND LOCATION | | | | Prod. | Workload | Workload Unit | Actual Prod | Benchmark | Prod FTE Var | Paid FTE Var | % OT/AGENCY | Paid | Budgeted |
|--|------|-------|-------------------|-------------------------------|---------------|--------------------------|-------------|-----------|--------------|--------------|-------------|---------------|----------------|
| Cost Ctr | Site | DIV | Mgr | FTEs | Units | Description | Hrs/UOS | 50th% | 50th % | 50th % | HOURS | FTEs | 2014 FTEs |
| 9203-10 | 10 | 10.00 | Alicia Carnot | 1.5 | 10,551 | Combined Pt Days | 0.02 | 0.035 | -0.6 | -0.8 | | 2.0 | 2.00 |
| 9503-10 | 10 | 10.00 | Alicia Carnot | 1.7 | 10,551 | Combined Pt Days | 0.03 | 0.03 | | | | 2.0 | 2.00 |
| 9206-10 | 10 | 10.00 | Alexander Gladney | 3.6 | 10,551 | Combined Pt Days | 0.06 | 0.060 | -0.1 | -0.1 | | 3.0 | 3.00 |
| 9207-10 | 10 | 10.00 | Steve Miller | 2.6 | 10,551 | Combined Pt Days | 0.04 | 0.045 | -0.1 | -0.1 | | 2.0 | 2.00 |
| LEGAL SERVICES | | | | 9.3 | | | | | -0.8 | -1.1 | 0.0% | 9.0 | 9.00 |
| 9201-10 | 10 | 12.00 | Al Maghazehe | 6.7 | 5,327 | Total Pt Days | 0.22 | 0.27 | -1.6 | -1.9 | 6.0% | 2.1 | 16.00 |
| 9208-50 | 50 | 12.00 | Larry DiSanto | 2.6 | 5,224 | Total Pt Days | 0.09 | 0.08 | 0.2 | 0.2 | 1.3% | 3.0 | 3.00 |
| CORPORATE/HOSPITAL ADMINISTRATION | | | | 9.3 | | | | | -1.4 | -1.7 | 3.2% | 5.2 | 19.00 |
| | 50 | 11.00 | Scott Clemenssen | | | New Employee Orientation | | | | | | | |
| 9221-10 | 10 | 11.00 | Scott Clemenssen | 4.1 | 4,000 | # Employees | 0.18 | 0.31 | -3.1 | -4.1 | | 4.0 | 13.50 |
| 9221-50 | 50 | 11.00 | Scott Clemenssen | 7.8 | 4,000 | # Employees | 0.34 | 0.15 | 4.4 | 5.4 | | 9.8 | incl above |
| 9222-50 | 50 | 11.00 | Scott Clemenssen | 6.2 | 4,000 | # Employees | 0.27 | 0.22 | 1.1 | 1.4 | | 7.5 | 7.50 |
| 9223-10 | 10 | 11.00 | Scott Clemenssen | 1.6 | 4,000 | # Employees | 0.07 | 0.07 | | | | 2.0 | 1.80 |
| HUMAN RESOURCES | | | | 19.6 | | | | | 2.4 | 2.7 | | 23.3 | 22.80 |
| TOTAL COPORATE SERVICES | | | | 254.1 | | | | | 0.4 | 1.3 | 0.9% | 280.3 | 291.85 |
| TOTALS ALL DIVISIONS | | | | PROD FTEs >>> | 2925.7 | | | | -27.6 | -30.1 | 3.3% | 3308.5 | 3199.56 |

Note:
The following cost centers/departments have benchmarks set at a different percentile than 50th.
Pharmacy & Escort cost centers benchmarked at 25th percentile.
Primary care practices benchmarked at 75th percentile.
All finance cost centers incl. case management, HIM & CDI are set at 25th %ile.
LDRP @ RMC is on min staffing.
EMS at RMC is set at 25th %ile for a three month monitoring.

Nursing FTEs used for 1:1's 52.5

Minutes: Work Session on Staffing & Scheduling Improvements

1/21/15: 9am-2pm

Participants for Staffing and Scheduling Work Session

January 21 2015

| Leader | Position |
|--------------------------------|---|
| Laurie Shiparski | Consultant and Facilitator |
| Deb Lenart, RN | 2FS, Surgical Trauma RMC |
| Lynne Stollsteimer, RN | NM OP2, MS Oncology RMC |
| Diane Cubberley, RN | NM Tele AMU RMC |
| Pat Michael, RN | Div Director Pt Care Serv/Cinics |
| Barbara Flood, RN | NM 6m telemetry HW |
| Donna Gottschall, RN | 5 M Oncology HW |
| Cheryl Wiseman, RN | NM 4M Surgi HW |
| Alex McConville, RN | NM ICU/CCU & Observation HW |
| Ann Lando, RN | Director |
| Jen James, RN | Neuro intermediate |
| Kathleen Morris, RN | Neuro ICU NM, RMC |
| Regina Ciambrone, RN | Dir Emergency Services |
| Phyllis O'Neill, RN | NM RMC ED, RMC |
| Ruthann Tobolski, RN | Div Dir Renal,/Psych/Nrsg Finance/Respiratory |
| Colleen Price, RN | NM Trauma/Medical ICU/CCU RMC |
| Pam Graziadei, RN | Div Director Maternal Child |
| Lisa Mconologue, RN | Director Psych |
| Frank Sprague, RN | Logistics Manager |
| Kian Seyed & Linda Baxavaneous | Management engineering |

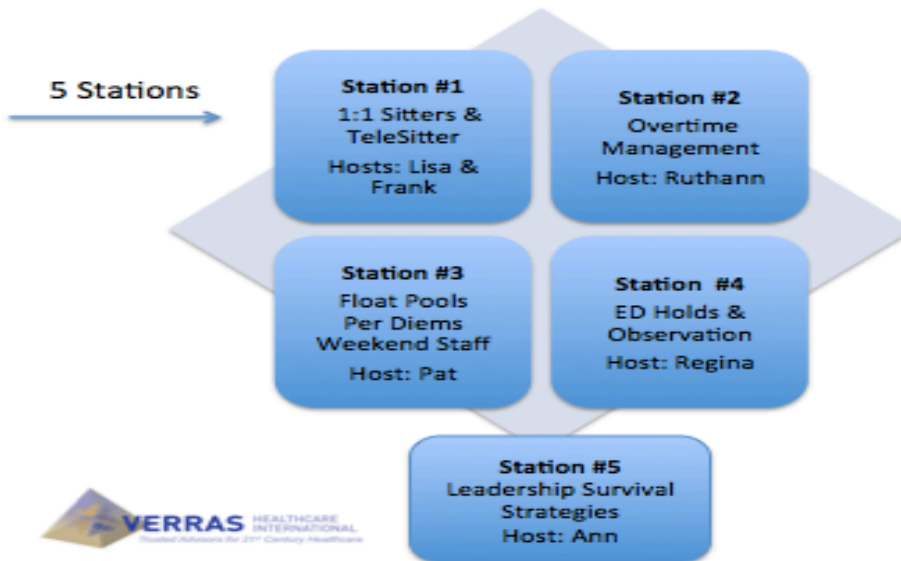
Hot Topics: Strategy Generation

5 Traveling Teams

1. Diane, Donna
2. Kathleen, Phyllis
3. Deb, Colleen, Barbara
4. Lynne, Alex, Linda
5. Kian, Cheryl, Jen

What Teams Do At The Station

1. Each team rotates through the Strategy Stations to have open dialogue about experiences and recommendations
2. All ideas welcome, focus on understanding it and brainstorming ideas
3. Host recaps ideas already recorded
4. Use the data at the station as needed
5. Host will record your ideas and recommendations



14

Group reports:

OVERTIME REDUCTION

Issues Impacting Overtime

- LOA, workers comp, light duty
- Vacancies not replaced
- Call outs- staff perceive that there is no consequence for call outs – extra shift-call out within 48 hours
- Vacations especially with 12 hour staff
- Increased ADC
- incidental overtime- charting etc- can get report by person per shift but not unit total
- no breaks- excuses that blame the system
- not enough float staff
- foreign travel
- floats working 8 hours
- surge
- no good way of knowing who is at max hours to cancel

- 1:1s rely on 2nd job code and overtime
- meetings unit and organizational
- trainings
- no relief in budget
- many staff stay due to staff not being organized
- smaller units- less resources
- no longer competitive to fill positions- increase rates to fill need, sign on bonus for critical needs
- share staff between campuses – no pre-assignment of floats – should go to areas of highest need
- staff burnout- small number of staff willing to do more hours
- Increase staff accountability staff coming in late
- FMLA policy – intermittent and long term
- Accountability of late policy
- Neuro staff needs to call supervisor to cover call outs
- Strategies
- Revision to call out policy to make strict for 12 hour employees
 - Monthly restrictions
 - Identify patterns and address
 - Hold staff accountable to the policy –including weekends fri-sat-sun
 - Need report to easily track
- Vacation Policy- uphold policy consistently
- Return date removed so 12 hour people can't work beginning to end of weeks- 2 weeks off
- Foreign travel restrictions – (time off frequency)
- Float pool
 - Increase 12 hour staff and eliminate 40 hour staff
 - Increase number of float pool RNs
 - Real time tracking of hours/week
 - Volunteer program for 1:1's or nursing students
- Developing more team work to accomplish tasks
- Efficiency for filling vacancies
 - Position control not matching positions
 - HR delays
- Mandated breaks with supervisor approval if no break
- No overtime with out approval of supervisor

FLOAT POOL ADVANCEMENT

- One management person over all floats
- Consistent expectations and outcomes, competencies, compliance with hours hired to work
- Reports Needed
- HR report of float pool members inaccurate
- Regular report for PRNS, weekends, H, each month
- Need a report on what prns float to where

Change Requirements

- 8 hour shifts causing gaps at 3-7p – only hire 12 hour into the pool
- Increase unit based minimum to 48 hours per month
- Increase CCT/NA in float pool
- Increase number of level 1's 3 7a-7p and 2 7p-7a now?
- Eliminate LPNs from float pool
- All floats need to be tele and ACLS competent
- Moving forward here .9 recommended =Always have 3-7 low staffing due to ANM
- Add full time employees with benefits to cover the MLOAs
- Do we have right people in staffing office – not just a body
Other
- Move to one float pool and 1 large staffing service – electronic???
- RMC units – massive OT fatigue, refusing vacations- floating needs to be fair – neuro & ED
- Staffing – up to 4-6 hours a day to get staff
- Supervisors – call NM on weekends and middle of night to get staff in
- Daily staffing meeting
- Different practices across campuses
- 3 pulls to cover one slot – competency issues – MS only limits use and increases burden of covering units
- ADP and self scheduling
- Consider increasing unit based per diems including support staff

ED HOLDS & OBSERVATION PATIENTS

Hold

- Educate charge RN to be more proactive with MDs for discharge/downgrade
- Change priority of rounding; start on MS and work toward ICU
- Tools for staff to do their job efficiently with care of the holds
- Review inappropriate use of testing
- LOS dispo problem
- Better use of to their scope of practice – NP
- Change MD expectations
- Change surge page to doctors with a set time to arrive ro MD director of unit will determine discharges and downgrades
- Expectation of earlier rounds
- Address Stopped D/C based on family conversation
- Discharge lounge
- Admit to appropriate level of care; case manager ED
- Testing done 7 days aweek / results earlier
- Design ED overflow area for holds
- Better organization for nurses for holds
- Inpatient NM rounds on holds
- Designated admission nurse

- Integrated IT system
- ER holding float pool
- Better intensivist presence
- Stop admissions to inappropriate level of care
- Holds in ED neuro transfers cause Observation Patients
- Expand diagnosis; post ops that only stay overnight. TIA,
- Increase MD education on use of OBS
- Chart reviews and pointed MD education
- Case management
- Strong NPs not new inexperienced ones
- Monitor utilization and report results of utilization so that utilization can improve

1:1 REDUCTION/TELESITTER UTILIZATION

- Need a person to focus on follow up and planning of patients with high risk falls , restraints, 1:1's , and tele sitter utilization
- Review falls – should they have been on teleSitter
- Use of observation aides vs NAs and CCT – expand their role to provide some care and interact with patient
- All overdoses should not be placed on 1:1 for unintentional OD -get psych eval before 24 hours- get psych eval asap
- Need accurate data to go into the admin report
- Identify potential abuses of 1:1 assignments and address
- Monitor every 4 hours for appropriateness
- Observation aides need expanded role
- Do we need 1:1 when family is in the room – get families engaged
- More inservices on 1:1 and telesitter
- Make Lauries report available to staff for teleSitter and 1:1 – to see falls reduction and cost savings
- Clarify policy re: suicide vs non suicide overdoses
- Appropriate utilization of staff being pulled to cover 1:1 on other floors
- More training
- Use nursing students
- NA doing 1:1 care provide basic care – engage in feeding pt- reading to pt etc
- Service excellence expectations with sitters
- Outsource sitter coverage to avoid OT



Flexible Staffing Team Requirements

1. Weekend requirement is every other weekend, the same as all staff on units
2. Holiday requirements are the same as all staff. All regularly scheduled FT/PT employees must work either Christmas or New years (1500 on the eve through 2300 on the day) and 2 additional major holidays (Memorial Day, July 4th, Labor Day, Thanksgiving.)
 Perioperative holiday requirements- 1 Winter & 1 Summer – as needed either as working team or On Call depending on Campus assigned for holiday call.
3. On call required in Maternal child health and Perioperative areas only.

| | |
|--|---|
| MCH: 12 hours/4 weeks | |
| Perioperative areas: | |
| <u>F/T staff (.9, 1.0 FTE)</u> | <u>P/T Staff (.5 FTE)</u> |
| W/E call = 48 hours in 4 week schedule | W/E call = 48 hours in 4 week schedule |
| M-F call= 3-12hr call 7p-7a in 4 weeks | M-F call= 2-12 hr call 7p-7a in 4 week schedule |
4. Specialty Areas

Maternal Child Health
 Includes Hopewell Campus only. Requires selecting a minimum of 4 areas out of the following categories: L&D, Antepartum, Postpartum, Circulating/PACU, newborn, NICU level 2, NICU Level 3, Pediatrics, Pediatric Emergency Department

Emergency Department
 Includes: ED, ED Holds, and Observation on both campuses

Critical Care
 Includes: ICU/Intermediate/PACU, ED Holds both campuses

Medical Surgical
 Includes Med-Surg, Telemetry and ED holds. There is an option for cross training to observation or psychiatric units if desired and at the discretion of the nurse manager.

Perioperative
 Main operating rooms at RMC and Hopewell, and the Surgicenter
5. Scheduling – Flexible Staffing Team will submit scheduling requests to the CRO Nurse Manager who will work with FST to finalize schedules according to department needs. Every effort will be made to honor requests. The final schedule will be posted 2 weeks in advance. Daily assignment to units may either be on the day reporting to work or in advance to cover LOAs. If census is low full and part time FST will take turns being called off with all other staff on the units.
6. Flex Choice options

| Flex Choice | Availability | Shifts | Both Campuses | Pay | Benefits |
|-------------|--|-------------|---------------|--|----------|
| Option 1 | Part-time Minimum of 40 hours every 2 weeks | 4, 8, or 12 | X | Base pay plus FST differential of 5.00/hr, shift & certification differentials | X |
| Option 2 | Full Time .9 FTE Nights or Days | 12 hour | X | Base pay plus FST differential of 5.00/hr, shift & certification differentials | X |
| Option 3 | Per Diem Minimum 60 – 112 hours per 4 weeks | 4, 8, or 12 | X | Per current policy | none |

Emails documenting issues worked through with staff input regarding Flexible Staffing Team (FST)

1. Issue: Introducing initial Flexible Staffing requirements, working through staff concerns

From: Laurie Shiparski <laurie@edgeworkinst.com>
Subject: clarification on a flexible staff issue
Date: April 29, 2015 at 10:35:53 PM EDT
To: "Lenart, Deb" <DLenart@capitalhealth.org>, "Cubberley, Dianne" <DCubberley@capitalhealth.org>, "Gottschall, Donna" <DGottschall@capitalhealth.org>, "Borgstrom, Cindy" <CBorgstrom@capitalhealth.org>, "Tobolski, Ruthann" <Rtobolski@capitalhealth.org>, "Patterson, Diane" <DPatterson@capitalhealth.org>, "Flood, Barbara" <BFlood@capitalhealth.org>, "Ciambone, Regina" <RCiambone@capitalhealth.org>, "Lando, Ann" <ALando@capitalhealth.org>, "Moore, Marian" <MMoore@capitalhealth.org>, "Gaudreau, Sandy" <SGaudreau@capitalhealth.org>, "McConville, Alexandra" <AMcConville@capitalhealth.org>, Diane Boka <DBoka@capitalhealth.org>, "Martha Goldman" <MGoldman@capitalhealth.org>
Cc: "Horton, Eileen" <ehorton@capitalhealth.org>

Hello Everyone

After discussions at our work group meeting yesterday, and reviewing the staff feedback on requirements for flex RNs,
I want to try to clarify an issue before tomorrow's open house recruitment for flexible staffing team
When we offer positions to nurses for the flexible staffing team they can request to work a specific shift
When the term "preferences are not guaranteed " is used it refers to days off and scheduling requests in general just like all other units in the hospital
If a nurse wants to work full time nights or days He/She can be hired for that shift in the FST
If a nurse wants to work a combination of nights and days that too can be their shift designation
If we do not let them hire in on a designated shift or pattern of shifts we will not recruit
In the beginning here we have all shifts open, as we grow the group we will be posting open positions according to our needs
Remember we are balancing staffing needs and the personal needs of the RNs here
Sorry for any confusion
questions welcome

Laurie Shiparski

On Apr 30, 2015, at 9:30 AM, Patterson, Diane <DPatterson@capitalhealth.org> wrote:

That's the way I understood it but it was hard to convince others that was the intention. Getting a little push back from the regular staff about nurses doing the same work they're doing and getting \$4.00 more an hour. I explained it's a perk for their flexibility in going to different units and filling in where we need them. Some staff is upset they won't be getting their overtime. I don't have an answer for that, only that this saves money, time and energy in finding someone on a daily basis and it's a business venture that will solve some of our staffing issues.

Just want to make sure I'm answering the questions appropriately,

Thanks,

Diane Patterson, RNC-NIC, MSN
NICU Assistant Nurse Manager

From: Laurie Shiparski [mailto:Laurie@edgeworkinst.com] **Sent:** Thursday, April 30, 2015 11:45 AM **To:** Patterson, Diane **Subject:** Re: clarification on a flexible staff issue

thanks Diane

I appreciate your feedback - Eileen is behind it too

I just don't want the floats to feel like they have no control at all to plan thier lives

Certainly the people concerned would be welcome to apply- if it was that easy they already would have

Its never good when people count on overtime to supplement their salaries- its suppose to be used in times of need not seen as part of their stable income

thanks again

Laurie

From: "Patterson, Diane" <DPatterson@capitalhealth.org>
Subject: RE: clarification on a flexible staff issue
Date: May 4, 2015 at 10:37:08 AM EDT
To: Laurie Shiparski <Laurie@edgeworkinst.com>

Agree, thank you.

Diane Patterson, RNC-NIC, MSN

2. Issue: On Call Requirements for MCH FST

On May 22, 2015, at 1:14 PM, Patterson, Diane <DPatterson@capitalhealth.org>

wrote:

I had two really good nurses from Pediatrics who would have been excellent for the NICU not take a position because of the on-call commitment. Just so you know that's one of the reasons to put on your list of why nurses aren't filling the positions. □

Thanks,
Diane Patterson, RNC-NIC, MSN
NICU Assistant Nurse Manager

From: Laurie Shiparski <Laurie@edgeworkinst.com>
Subject: Re: FST
Date: May 22, 2015 at 3:45:33 PM EDT
To: "Patterson, Diane" <DPatterson@capitalhealth.org>

Ok. It's on the list for the work team

3. Issue- Engaging Assistant nurse managers in project

From: "Patterson, Diane" <DPatterson@capitalhealth.org>
Subject: RE: FST
Date: June 3, 2015 at 8:14:17 AM EDT
To: Laurie Shiparski <Laurie@edgeworkinst.com>At the Assistant Nurse Manager Meeting yesterday there was a lot of anger and confusion about the FST program. I did the best I could to answer questions but I thought it would be a good idea if you or Pat Michael could come to our next ANM meeting. I think it would make more of an impact. It would not be advantageous to start the program without the buy-in from the Assistant Nurse Manager Group. They are key stakeholders in staffing on the units and need to have a positive outlook for this program for it to be successful.

Our next meeting is July 7th, 2:00pm, at the Hopewell campus Garden Level Conference Room 1 and 2. Dawn Mormando and myself are the co-chairs.

Thanks,
Diane Patterson, RNC-NIC, MSN
NICU Assistant Nurse Manager

From: Laurie Shiparski [<mailto:Laurie@edgeworkinst.com>]
Sent: Wednesday, June 03, 2015 10:29 AM
To: Patterson, Diane
Subject: Re: FST

thank you so much Diane - I really appreciate it
we will plan for the ANM
the 4 hour Nurse manager session is next week - we will work out any outstanding issues

what were they most upset about ?
Laurie

On Jun 4, 2015, at 7:04 AM, Patterson, Diane <DPatterson@capitalhealth.org> wrote:

1. They are worried they are going to lose regular staff and then it will take too long to back fill the positions.
2. They were very upset about the pulling of regular staff from campus to campus without any orientation to the units or the hospital that has happened recently. So they were asking if the Float Pool Staff would be the first to go between the campuses.
3. They were concerned about how long the orientation was going to take and how these nurses were going to be able to function independently on their units.
4. They thought the flexible staff should be cancelled before regular staff is cancelled.
5. Of course, the raise and money issue came up.
6. They feared we are losing experienced nurses because the pay rate is not competitive with other hospitals so they should look at compensating the nurses they already have instead of developing a new program that may fail down the road. They questioned the longevity of the program and if people will stay in the program after they spend the time to orient them. I think the nurse manager session will help to alleviate some of their anxiety when the ANM's get the facts .

Just a few legitimate concerns,

Thanks,
Diane Patterson, RNC-NIC, MSN
NICU Assistant Nurse Manager

From: Laurie Shiparski <laurie@edgeworkinst.com>
Subject: Re: FST
Date: June 4, 2015 at 9:18:28 AM EDT
To: "Patterson, Diane" <DPatterson@capitalhealth.org>

thanks Diane - we will work through the issues
Is it ok if I share the list of issues with Eileen the CNO? I would like to make sure we can address the concerns

From: Laurie Shiparski [<mailto:Laurie@edgeworkinst.com>]
Sent: Wednesday, July 08, 2015 2:28 PM
To: Borgstrom, Cindy; Ciambrone, Regina; Boka, Diane; Cubberley, Dianne; Flood, Barbara; Gaudreau, Sandy; Gottschall, Donna; Lando, Ann; Laurie Shiparski; Lenart, Deb; McConville, Alexandra; Moore, Marian; Patterson, Diane; Tobolski, Ruthann; DiNatale, Carmela; Allen, Christina; Wolfson, JoAnn;

Goldman, Martha; Graziadei, Pam; Michael,
Pat;cprice@capitalhealth.com; kmorris@capitalhealth.com
Cc: Green, Marsha; Patterson, Michele; Sweeney, Katrina; Medina, Nereida;
Horton, Eileen
Subject: Revised talking points on CRO- please help distribute

Hi All

Our work team reviewed NM talking points document and I presented it to the PSO.

Here is the revised talking points for others including managers, assistant managers, charge nurses and staff

Please help me get this distributed

Pat Michael and I attended the assistant nurse manager meeting this week and handed this out there

the feedback was very good and they are going to help spread the word to staff

On Jul 9, 2015, at 10:39 AM, Patterson, Diane
<DPatterson@capitalhealth.org> wrote to Laurie Shiparski:

Thank you for coming to the ANM meeting. I think it went very well. They are getting used to the idea and seeing the benefits as we move forward. Should I forward the talking points to the Assistant Nurse Managers that were not present for the meeting?

Thanks Again,
Diane Patterson, RNC-NIC, MSN
NICU Assistant Nurse Manager

From: Laurie Shiparski [<mailto:Laurie@edgeworkinst.com>]
Sent: Thursday, July 09, 2015 11:12 AM
To: Patterson, Diane
Cc: Mormando, Dawn; Michael, Pat
Subject: Re: Revised talking points on CRO- please help distribute

Yes please do
laurie shiparski

4. Issue: Staff Nurse on work team assists with research of other hospitals with float pool program to help design the FST

On Jun 1, 2015, at 2:37 PM, Patterson, Diane <DPatterson@capitalhealth.org> emailed Laurie Shiparski results of her assignment from the work team:

St. Mary Medical Center, Langhorne

Tier 2 PRN Program

6 week schedules

4 shifts a month so 6 shifts in a 6 week schedule

1 extra scheduled day picked for on-call (12hours)

2 weekend shifts

1- winter, 1-summer holiday

Time and a half for being called in on on-call day

Nurse manager can offer time and half for a hard to staff day (circles it in red on her paper schedule)

\$39.50 day rate, \$43.00 weekend rate

They have a tier 3 program that is 2 days a week and 12 shifts in a 6 week schedule

Carolina Healthcare System

PRN Program

2-12 hour shifts every schedule (6 week schedules)

Last dibs after all full time people picked their shifts

No night or weekend requirements

No on-call

They picked one holiday a year to work and alternated one summer, one winter

All 12 hour shifts

After schedule was completed they could pick up extra shifts, work others on-call etc.

She's getting me the name of the computer program they used for scheduling.

Diane Patterson, RNC-NIC, MSN

NICU Assistant Nurse Manager

Capital Health Medical Center-Hopewell

Office # 609 537-7268

From: Laurie Shiparski [<mailto:Laurie@edgeworkinst.com>]

Sent: Tuesday, June 02, 2015 2:53 PM

To: Patterson, Diane

Subject: Re: FST

can I ask who you spoke to or how you got this information - I am adding that to my spread sheet

Laurie

From: "Patterson, Diane" <DPatterson@capitalhealth.org>

Subject: RE: FST

Date: June 3, 2015 at 8:14:17 AM EDT

To: Laurie Shiparski <Laurie@edgeworkinst.com>

Gina Affeldt is a staff nurse in the NICU works at St. Mary prn and Michelle Gorski is a staff nurse worked for Capital Health and moved to South Carolina and then moved back. She works in the NICU with me also.

From: Laurie Shiparski [<mailto:Laurie@edgeworkinst.com>]

Sent: Monday, June 01, 2015 5:56 PM

To: Patterson, Diane

Subject: Re: FST

Awesome!!! Thank you. We will review this information and discuss applications for our program in our work team.

Laurie

5. Issue - Pulling Staff ; Flexible Staffing Team and Regular Unit Staff

From: Patterson, Diane

Sent: Monday, July 20, 2015 8:34 AM

To: Lando, Ann

Cc: Michael, Pat; Laurie Shiparski

Subject: Pulling

Labor and Delivery had two questions about the FST nurses. Is the prn pulled to another unit first before the FST person? Is the prn cancelled first before the FST person? I said yes and yes but wanted to clarify that nothing has changed.

Thanks,

From: Lando, Ann

Sent: Monday, July 20, 2015 8:38 AM

To: Patterson, Diane

Cc: Michael, Pat; Laurie Shiparski

Subject: RE: Pulling

I agree with your decision FST staff are regularly scheduled staff so PRN always goes first

From: "Patterson, Diane" <DPatterson@capitalhealth.org>

Subject: RE: Pulling

Date: July 20, 2015 at 8:41:44 AM EDT

To: "Lando, Ann" <ALando@capitalhealth.org>

Cc: "Michael, Pat" <PMichael@capitalhealth.org>, Laurie Shiparski <Laurie@edgeworkinst.com>

Ok, thank you. Just wanted to clarify.

Diane Patterson, RNC-NIC, MS

In October 2015 Ann Lando, Director of the CRO and Flexible Staffing Team, attended unit staff meetings to communicate progress, answer questions and collect feedback from staff.

Staff Meeting NICU

Date-10/7/15

Attendance:

| | | | | | |
|---|---------------------|---|------------------|--|--|
| X | Ellen Kornfeld | | | | |
| X | Karen Ohler | X | Guest- Ann Lando | | |
| X | Sally Edwards | | | | |
| X | Jackie Hagen | | | | |
| X | Helen Varacallo | | | | |
| X | Marge Barber | X | Charles Gorman | | |
| X | Karen Ohler | X | Maria Stewart | | |
| X | Coryn Scaliti Henry | X | Diane Patterson | | |
| X | Donna Rubin | X | Chris Saltzman | | |
| X | | X | | | |

| Topic | Issue | Responsibility | Status |
|--|--|-----------------------|---|
| <p>Central Resource Office/ FST</p> | <p>Ann Lando attended this part of the meeting as the Director of Central Resource Office to answer staff questions.</p> <p><i>Is the flex pool staff allowed to give their availability or do they fill in the schedule holes after regular staff and PRN?</i></p> <p><u>The Flex pool staff fill in open time on the schedule after the full/part time staff without OT and before the PRN staff.</u></p> <p><i>What is the weekend commitment of the flex pool staff?</i></p> <p><u>For now the weekends start at 7pm on Fridays and end 7am Monday (this is currently being reviewed). They are required to do 4 weekend shifts/schedule.</u></p> <p><i>Can the flex staff be cancelled?</i></p> <p><u>They must rotate a cancel with the other staff members. They are the first to be pulled to other areas where they have a competency.</u></p> <p>The goal of the Central Resource Office is to improve staffing throughout the organization while reducing OT.</p> | | |
| <p>SACC news</p> | <p>*Shelly reported from SACC that the CNO is down to two candidates and the new CNO will be announced soon.</p> <p>*Magnet renewal is walking a fine line but we are working on the criteria.</p> <p>*Informatics has changed some items when ordering blood products, now you must enter the ordering physician not the attending physician. Blood transfusing education is due in Oct on Cornerstone.</p> <p>*Pharmacy is now linked with tele-tracking so they know when a patient is transferred.</p> <p>* JC readiness education can be found on the computer home page, please</p> | | <p>Margaret (Peg) Reiter was announced as the new</p> |

| | | | |
|---|---|--|-------------|
| <p>Unit Based Issues: PI for September</p> <p>CLABSI Mtg</p> <p>New nurses</p> <p>TJC mock survey</p> | <p>read the information so that you can be ready for the survey.</p> <p>Critical lab value forms were 100% Med education 70% Pain education 90%</p> <p>Pharmacy is working to get the TPN delivered earlier and having it run through the tubing before delivering to the unit. The doctors are standardizing the vitamin doses so the pharmacy can free up man power to prepare the TPN. We have also requested that meds such as calcium, indocin and lasix be mixed in the pharmacy.</p> <p>Respiratory, MD and nursing should be making rounds together on those patients requiring respiratory support. All ancillary units who assist with our patients, i.e. radiology, U/S etc will be donning yellow gowns as well as washing when they enter the unit to comply with our new CLABSI initiative. If there is an issue with someone, please let me know.</p> <p>Please welcome Katherine Spiroff and Jennie Smith, two new NICU nurses who should be starting in November. They will be working 36hr nights.</p> <p>The survey should be in mid- October so please remember :</p> <ul style="list-style-type: none"> • to wear your badges • check code carts • keep hallways free of equipment • make sure you charts are complete, sign first initial, last name and credentials • No food or drink other than water at the desk | | <p>CNO.</p> |
|---|---|--|-------------|

| | | | |
|--|---|--|--|
| <p>Parent Education meeting</p> <p>Other issues</p> <p>Charge nurse</p> <p>Patient</p> | <ul style="list-style-type: none"> • No boxes in equipment room, nothing on shelves close to the ceiling <p>The first Tuesday of each month - 11 am Call in number in-house is 6800 and code is 281885, outside call (609)537-6800.</p> <p>The purpose of this group is to consolidate education and organize what and when items need to be accomplished instead of waiting until the last minute. Education will be organized in groups of red, yellow and green. More to come... An additional discharge teaching class will be offered.</p> <p>*Kangaroo care can still be provided even if when the infant is old enough and mature enough to be dressed. Parents have stated that nurses give different responses on kangaroo care.</p> <p>*Jackie Hagen has volunteered to research pain relief measures in the NICU across the board and what is used in other NICU's during eye exams</p> <p>*As the patient nears discharge, the HOB should not be elevated. Safe sleep practice will be added to the check list on the flow sheet.</p> <p>Please try to vary the assignments from shift to shift that help is taking.</p> <p>Please distribute the NICU patient survey to all parents before discharge.</p> | | |
|--|---|--|--|

| | | | |
|-----------------------------|--|--|--|
| Satisfaction Surveys | The box from RMC is in the RMD room on 1M and a new box has been ordered for 3I. Respectfully submitted, Chris | | |
|-----------------------------|--|--|--|

Next Meeting scheduled for Nov 4 Hopewell 1030 730

Call in info

Hopewell campus - x6800

From Outside - (609)537-6800

Toll Free - 1-888-935-7454

Conference PIN **752518** #for the 10:30am conference and **444383#** f

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**CAPITAL HEALTH
MCH Leadership Minutes/Tracking Report
October 18, 2012**

Attendance:

| | Last Name, First Name, Credentials, Unit | | | |
|---|--|---|------------------|---------------------|
| X | Graziadei, Pamela, Divisional Director | E | Estlow, Margaret | E Procaccini, Diane |
| X | Adamczyk, Karen | E | Goldman, Martha | X Saltzman, Chris |
| X | Boka, Diane | X | Keller, Heather | |
| X | Daly, Judi | X | Mahony, Jill | |
| X | Donaldson, Kathy | X | Mormando, Dawn | |
| E | Ennis, Jo-Ann | E | Nwosu, Regina | |
| | | | | |
| | | | | |
| | | | | |

Key:
Attendance: X = Present E = Excused Absence is left blank
Status: P = Pending R = Resolved A = Approved I = Informational E = Expired

Meeting called to order at 9:15 a.m. by Pamela Graziadei.

| Date | Issue | Responsibility | Intervention | Status |
|----------|---------------------------------------|----------------|--|--------|
| 10/19/12 | Consolidation Update at RMC Maternity | P. Graziadei | Submitting Certificate of Need along with architectural plans as of 11/1/12. | P |
| | Center for Women's Health | P. Graziadei | Pam & E. Horton met with 11 providers from Ct. for Women's Health from Langhorne, Pa. A tour will be planned for 45 staff members on 11/2 nd at Hopewell. C. Saltzman & J. Ennis to help with tours. Deliveries at Hopewell should begin 12/1 st . | I |
| | | D. Mormando | Scrubs, practice preference cards, etc. should be prepared for new OBGYNs. | I |
| | | | As Per L. DeSantos, Complimentary Prenatal Messages presented to new moms through Childbirth classes. | A |
| | | J. Mahony | Advertisement to be drafted by PR for Courier Times in regard to Capital Health OBGYN Services and physicians available at Hopewell. | P |
| | | | New docs need access to OB Tracevue & Keane. See Leanna. | P |

| | | | |
|--------------------|------------------------------|---|--|
| CWG Docs | P. Graziadei | CWG need a new point person. Dr. K. Baldwin to be an interim point person for Nov. & Dec. Dr. L. Granderson should return in January. | A |
| Pediatric Dept. | H. Keller | Junior League will be coming to Hopewell and decorate for Christmas on 12/2 nd & 3 rd . Began Sim-Junior training, 10 staff member including 2 doctors. Need for Autistic patient training for staff. | I I P |
| Code Amber | H. Keller | <u>11/15/12 – Thursday</u> <ul style="list-style-type: none"> Hopewell 6:30a - announced RMC 7p - announced <u>11/27/12 – Tuesday</u> <ul style="list-style-type: none"> RMC 6:30a - <u>un</u>announced Hopewell 7p - <u>un</u>announced Department Heads to man doors that are in proximity to their dept. Scenarios to be worked out. Latest Extramural Birth was on Sunday, 10/14 th . Reviewed Code Pink policy. Many changes were made. Completed Competency Days. | A A P I I I |
| Code Pink | H. Keller | | |
| NICU | K. Adamczyk | | |
| Meeting adjourned: | 11:00 a.m. | Recorder: K. Bayrasli | |
| Next Meeting: | Thursday – November 15, 2012 | 9:00 a.m. to 10:30 a.m. - MCH CR | |

Respectfully submitted,
Pamela Graziadei, MSN, RN

Staff Meeting

Unit: Hopewell LDR

Date: January 22, 2014

Attendance: D. Boka BSN, RNC

| | | | | | |
|------|-----------------------------|------|-----------------------------|--|--|
| 1100 | D. Boka, NM presenting | 2000 | D. Boka, NM presenting | | |
| | E. Buck, Clinical Nurse | | T. Vigna, Clinical Nurse | | |
| | J. Stephens, Clinical Nurse | | S. Struk, Clinical Nurse | | |
| | P. Jones | | G. Fassler, Clinical Nurse | | |
| | S. Brosius, Clinical Nurse | | C. DeLosso, Clinical Nurse | | |
| | S. Bowen, Clinical Nurse | | E. Ratzlaff, Clinical Nurse | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Key: Present (P) , Absent (A) , Excused (E)

| <i>Issue</i> | <i>Responsibility</i> | <i>Intervention</i> | <i>Status</i> |
|--|--|---------------------|---------------|
| Previous Month's Minutes Approval | Staff- no changes | Approved | |
| Message from Eileen Horton | <p>Eileen was at Martha's staff meeting on 1/14 and gave an organizational update:</p> <ul style="list-style-type: none"> • Cash flow up in 2013 but on paper still not in the black due to depreciation • Consultants will remain here- consolidate services to conserve resources and money. SED closed in December which saves \$200,000/month in just utility costs. Next focus is consolidating Maternity services in 2014. Communication will be coming • Continue to flex staffing not only in Maternity but throughout the house. Neuro was used as an example • Leap Frog reviewed with "C" partly because we do not pay to participate which we are now doing to improve score as this | | |

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|---|---|---|--|
| | <p>is publicly reported information</p> <ul style="list-style-type: none"> • CH is ranked high by TJC which is important. Just received cert. in hip replacement and now working on knees. • Only certified chest pain center in region • Clinical ladder program ready for presentation to Eileen which will then go through various committees and HR for financial compensation approval • NI working on intranet nursing website. Each division will have webpage where each practice council will post • Eileen will be focusing on Patient Satisfaction for 2014 for Patient Services Division | | |
| Press Ganey/HCAHP | Press Ganey: Will post most recent survey in staff lounge | | |
| Regulatory-JC, CMS, Dept of Health | TJC : Disease specific for NICU up for recertification in 2014. Tracers are being done monthly for recert and housewide. Refer to checklist in daily for environmental and medical record readiness. | | |
| Infection Control | No update | | |
| IT/Teletracking, NTT(Keane) | <p>OBTV: Teletracking: Leslie Goldsmith: unable to make this months meeting- will come to February. Worked with Nancy P from NI for re-education materials for L&D teletracking. Keane/NTT: CPOE parallel study done at Hopewell last week.</p> <p>ASCOM Phones: everyone should be signing in every shift. Instructions are at the nurse's station. If you cannot sign in, please let me know so we can reset your password.</p> | <p>CPOE GO-Live 2/11 at 0800 both campuses</p> <p>Instructions in binder at nurse's station and posted in</p> | |

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| | <p>ADP: Everyone should be in the habit of reviewing your timecard. Please sign in the ADP system. You can also view your paystubs and year end statements online. Review details on CapitaLink under Payroll dept. See me for problems with access or questions.</p> <p>PERIOP: Documentation needs improvement!! Remember to add sleeves and document quantities.Most important to verify MR# and correct account number. May need to have refresher competency.</p> | break room | |
| UNIT PI | Kris Kostin has been sending me monthly stats which I post on the unit board in break room. I highlight any pressing comments. | | |
| SACC | Looking for someone to fill in for J. Short while she is on LOA. Meetings 3 rd Wednesday/month 1pm at Hopewell | | |
| OBPC | January's meeting was cancelled due to CPOE parallel study. Jen Short will be out on LOA. Looking for someone to fill in while she is out. | | |
| New Policy and Procedures | Working on care of the Telemetry OB Patient and Care of the PACU Pt. | | |
| Unit Based Issues: Dietary Supplies Equipment Housekeeping | <p>Continue to keep me informed of any problems with any departments so I can follow up</p> <p>Housekeeping: working with housekeeping regarding cleanliness of OR's.</p> <p>Supplies, Stocking: Everyone's responsibility to assign or check room's and OR's for outdated supplies and to make sure needed supplies are present. RN's can hold ORT's accountable for assigned tasks for shifts.</p> <p>Family Waiting Areas: Family waiting area by Dawn's office can be used for families for short term waiting. If family will be waiting long term, please direct to Pitter Patter waiting area with directions regarding phone. If problems arise with visitors off shift</p> | Pam G. & D. Boka met with E. Horton to revise L&D visitor policy to limit | |

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| | <p>please contact nursing supervisor for assistance.</p> | <p>visitors. Will involve providers and staff and present to Eileen. Signage being changed to prevent visitors from using areas within L&D for waiting.</p> | |
| Baby Friendly | <p>Mini Baby Fair at CWH 2/11 to educate their patients regarding BF practices and answer other questions.</p> | | |
| Budget/Finance | <p>Schedule: This schedule was extremely challenging with all the LOA's. 2014 budgets have not gone through final approval yet. No new positions are being approved. Despite continuous staff requests, there is no approval for 2 RNs in OB Triage at this time. Thank you to all for flexibility with staffing. Larry DiSanto sent out an email congratulating staff on working on minimizing OT to 1.84% as an organization recently—the lowest since 2008!!</p> <p>Attendance & Punctuality: Please remember after 5 late arrivals/call outs for full time employees or 3 for part time/PRN staff, disciplinary process will start with first written warning. These minutes will be considered all staffs verbal warning.</p> | | |
| Organizational Update | <p>See comments from Eileen</p> | | |
| Safety huddles/ OB Safety Mtg | <p>K. Donaldson is heading the OB Hemorrhage Simulation Committee which is meeting 1/21 from 12-1:30 HW LD conf room if anyone is interested in participating.</p> <p>Discussed stool that was purchased for shoulder dystocia- staff seemed to like it. Will order one for each room.</p> | | |

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| Kudos | Anita Wilczynski helped an elderly couple find their car in the parking lot and is receiving a healthcare hero award. | | |
| Around the table | <p>Discussion regarding visitor policy and problems with open visitation.- see comments above.</p> <p>Need more food for patients for off shifts- families take sandwiches and newly delivered moms are left without much to eat. Is there a way that nrsg supervisor can get some type of meal for patients off shifts?</p> <p>Triage is not being properly cleaned off shift- it is being “made clean” in teletracking but when RN checks, the room is not clean</p> | | |
| Reminder | <ul style="list-style-type: none"> • Please remember to notify NICU for c-sections so they can orient to catch. NICU will be cross training at Hopewell as well because their staff rotates between both campuses to get them cross trained asap. • Please be careful when sending specimens to blood bank. Eileen was extremely upset by amt of errors and is looking for f/u including disciplinary action. This is a patient safety issue. • Review your CPR, NRP and certification status. When you renew please send me a copy. • Anyone who received a gift card last year for Nurse’s Day for review for certification online class you are expected to have take your test and passed by May of this year. • Evaluations will be based on individual performance and unit based goals that were determined last year- teletracking, pt. satisfaction etc. more info to follow. | | |
| Miscellaneous | | | |

**Key: Status: P=Pending, R=Resolved, A=Approved, E= Expired, I=Informational, T=Tabled

Recorder: Diane Boka BSN RNC



From: Graziadei, Pam
Sent: Thursday, January 03, 2013 2:50 PM
To: Horton, Eileen
Subject: FW: OB Triage Throughput for November/December 2012

I do believe, Now, we are talking additional staff from 7 -7 in Triage.

This doesn't include any of the solo practitioners that send in their patients: O'Mara, Jones, Burbella, Loeb, Williams!!

From: Mahony, Jill
Sent: Thursday, January 03, 2013 11:41 AM
To: Graziadei, Pam; Goldman, Martha; Mormando, Dawn; Boka, Diane; Mormando, Dawn
Subject: OB Triage Throughput for November/December 2012

Hi-

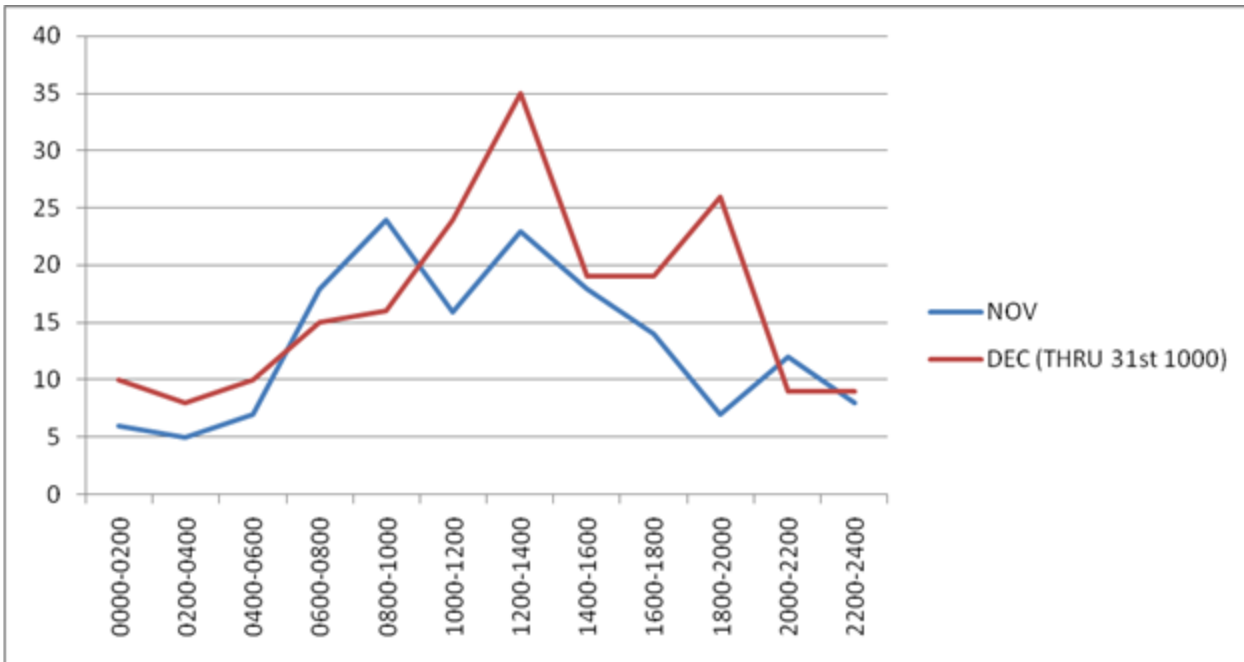
Here is the practices with the highest OBT Volume:

| | CWG | LOB | CWH |
|-----|-----|-----|-----|
| NOV | 69 | 41 | 3 |
| DEC | 67 | 40 | 52 |

Here is the OB Census Report for November/December:

| | 0000-0200 | 0200-0400 | 0400-0600 | 0600-0800 | 0800-1000 | 1000-1200 | 1200-1400 | 1400-1600 | 1600-1800 | 1800-2000 | 2000-2200 | 2200-2400 |
|-----|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| NOV | 6 | 5 | 7 | 18 | 24 | 16 | 23 | 18 | 14 | 7 | 12 | 2 |
| DEC | 10 | 8 | 10 | 15 | 16 | 24 | 35 | 19 | 19 | 26 | 9 | 2 |

Peak Hours



Jill Anne Mahony MSN, APN, C, RNC-OB
Perinatal Clinical Nurse Specialist
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Beeper: (609) 633-4020
Phone: (609) 303-4372

[CLICK HERE TO RETURN TO NARRATIVE](#)

From: Graziadei, Pam
Sent: Monday, February 04, 2013 11:04 AM
To: Horton, Eileen
Subject: FW: OB Triage Throughput

From: Mahony, Jill
Sent: Monday, February 04, 2013 9:59 AM
To: Graziadei, Pam; Goldman, Martha; Boka, Diane; Mormando, Dawn; Donaldson, Katharine
Subject: OB Triage Throughput

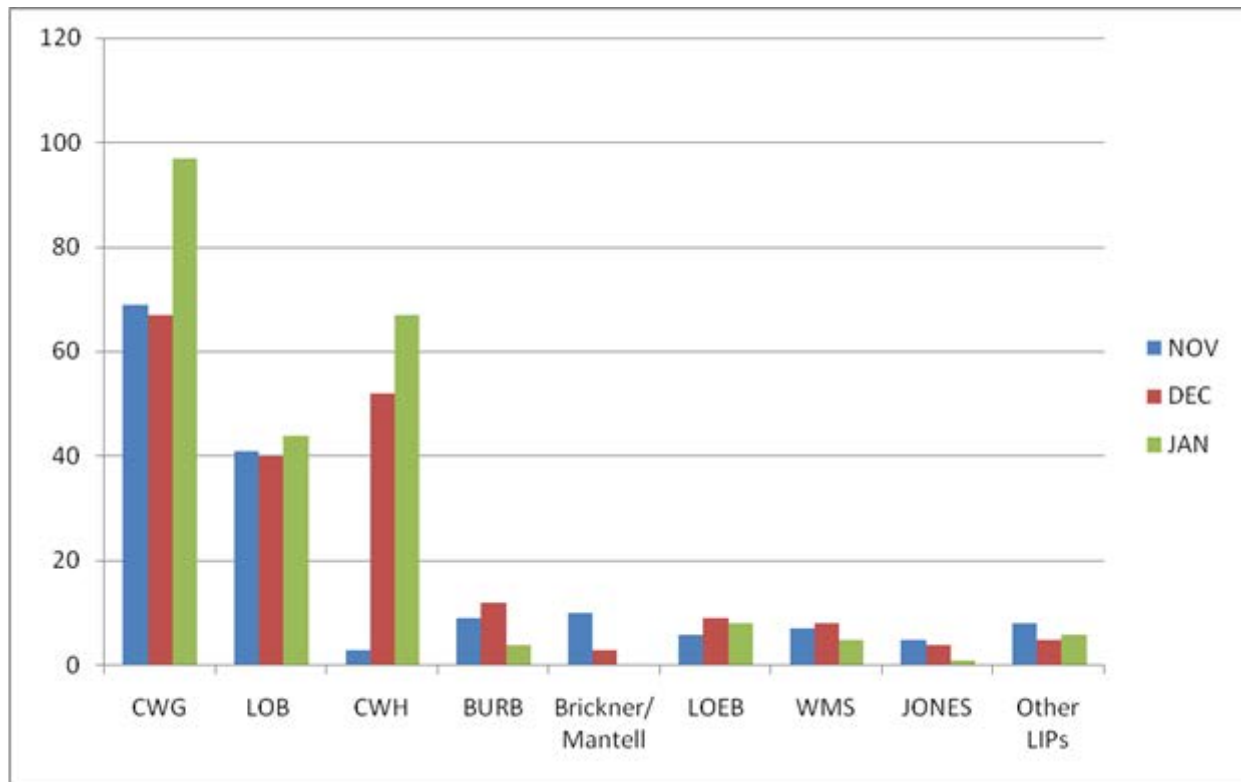
Hi, Pam-

Here is the January Report. You can see that the OBT numbers continue to climb. Do you want me to continue to do this?

| | 0000-0200 | 0200-0400 | 0400-0600 | 0600-0800 | 0800-1000 | 1000-1200 | 1200-1400 | 1400-1600 | 1600-1800 | 1800-2000 | 2000-2200 | 2200-2400 | <u>MONTH TOTALS</u> |
|-----|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------------|
| NOV | 6 | 5 | 7 | 18 | 24 | 16 | 23 | 18 | 14 | 7 | 12 | 8 | 158 |
| DEC | 10 | 8 | 10 | 15 | 16 | 24 | 35 | 19 | 19 | 27 | 8 | 9 | 200 |
| JAN | 10 | 9 | 9 | 18 | 25 | 37 | 36 | 22 | 18 | 20 | 19 | 9 | 232 |



| | CWG | LOB | CWH | BURB | Brickner/ Mantell | LOEB | WMS | JONES | Other LIPs | MONTH TOTALS |
|-----|-----|-----|-----|------|----------------------|------|-----|-------|---------------|-----------------|
| NOV | 69 | 41 | 3 | 9 | 10 | 6 | 7 | 5 | 8 | 158 |
| DEC | 67 | 40 | 52 | 12 | 3 | 9 | 8 | 4 | 5 | 200 |
| JAN | 97 | 44 | 67 | 4 | 0 | 8 | 5 | 1 | 6 | 232 |



*Jill Anne Mahony MSN, APN, C, RNC-OB
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 Phone: (609) 303-4372*



Staff Meeting

Unit: Hopewell L&D

Date: March 18, 2015

Attendance: D. Boka BSN, RNC

| | | | | | |
|------|----------------------------------|-----|--------------------------------|--|--|
| 11am | T. Porcelli, Clinical Nurse | 8pm | C. Ziegler, Clinical Nurse | | |
| | H. Leinheiser, Clinical Nurse | | L. Ratzlaff, Clinical Nurse | | |
| | S. Bowen, Clinical Nurse | | K. Meginley, Clinical Nurse | | |
| | K. Donaldson, PCNS | | B. Eingorn, Clinical Nurse | | |
| | B. Mizenko, Clinical Nurse | | A. Vaughn, Clinical Nurse | | |
| | J. Stines, Clinical Nurse | | M. Johnson, Clinical Nurse | | |
| | D. Mormando, ANM, Clinical Nurse | | P. Hendrickson, Clinical Nurse | | |
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*Key: Present (P), Absent (A), Excused (E)

| <i>Issue</i> | <i>Responsibility</i> | <i>Intervention</i> | <i>Status</i> |
|--|---|---------------------|---------------|
| Previous Month's Minutes Approval | Staff- no changes | Approved | |
| Message from Eileen Horton | Staff meeting today: Float Pool nurses- FT & PT positions for Maternity- more information to come 20% in volume seen and is anticipated to continue- reason for float pool presently. Looking for items that will make your job easier-missing meds an issue | | |

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| | <p>on med/surg units. Working on employee/pt satisfaction- more information to come</p> | | |
| Press Ganey/HCAHP | <p>Press Ganey: January 2015 Std Nurses: HW 92.9 RMC 100 Std Discharge: HW 90.1 RMC 100 Both above our targeted 2014 goals Great job!</p> | February numbers were not available at the time of the meeting | |
| Regulatory-JC, CMS, Dept of Health | <p>TJC : 2015 badges available if you do not have one please let me know. Joint Commission tracers are being performed monthly on each campus as they can come at any time for a visit. Look for Formalin competency coming soon to Cornerstone- RN's & ORT's expected to complete for yearly JC requirements</p> | D. Boka still has badges available | |
| Infection Control | + Quantiferon Gold- no extra PPE unless patient is symptomatic | | |
| IT/Teletracking, NTT(Keane) | <p>Teletracking: This year Martha & I are working on using teletracking for transfers rather than calling 3M multiple times for beds. This is what the system is to be used for!</p> <p>OB Triage: starting Monday 3/23 we will be using IM on Teletracking for triage numbers. This will decrease the amount of time it will take to get the patient into NTT so they will cross over into OBTV. They started a new process the same as the ED. IM the following information: Legal first and last name DOB Chief Complaint MD If you include triage room number, admissions can call directly into the patient for the needed additional information.</p> <p>Pending & Confirmed D/C We have been consistently at or above benchmark! Great job.</p> <p>OBTV: Leanna is sending out updates to the system directly to staff. Please provide feedback. New IM process will assist with speed of account numbers to STOP</p> | | |

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| | <p>quick admits!</p> <p>ASCOM Phones: everyone uses phones but everyone needs to sign into system every shift!! Please sign into the system to see if you still have access and for each shift.</p> | | |
| UNIT PI | <p>Meeting with K. Kostin & J. Short to review current PI data collectors and update PI results are posted on the bulletin board.</p> | | |
| SACC | <p>J. Short on LOA- no report</p> | | |
| OBPC | <p>Meets every 2nd Tuesday of the month. Need to have a new co-chair- anyone is invited to participate and chair the committee- would like a co-chair: one from L&D and one from AP/PP/NBN Beth Buck willing to be recorder for meeting minutes</p> | | |
| New Policy and Procedures | <p>3/23 we are starting a new shift huddle process calling in at 730p with NBN, AP/PP & NICU. Call in to a conference line and report will be similar to hospital safety call. This is at the suggestion of Kristen Linkewich and coordinated by Dawn Mormando & Diane Patterson. Peanut shaped birthing balls will be available for use for patients with epidurals. Education will also be available(laminated cards) Kathy Donaldson presented Stuffed Bears to give to patients who have experienced a loss & NICU babies less than 1500gms. Bears and log book in Staff Resource room along with colored ribbon. PP D/C folders are also in there for patients with loss. Also if you have a patient who's baby is born alive (but non-viable) the baby must be admitted and VS must be documented q30 mins until death. Also document time of death in OBTV.</p> | | |
| Unit Based Issues: Dietary Supplies Equipment Housekeeping | <p>Continue to keep me informed of any problems with any departments so I can follow up Floor tile project should be complete on L&D after PACU med room completed!!</p> | | |

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| | <p>Initiate OR team with one RN assigned to come in at 0500 Mon-Friday to admit patient then circulate. Patient to be admitted in PACU to free up triage space.</p> <p>ORT/PCA competency: all ORT/PCA will have to complete a competency with a RN signing them off. This includes baby baths and baby heel sticks for BS to start. All techs should also be drawing blood on adults as well.</p> | Scheduled to start 4/6. Starting with Ang & Teresa- if you are interested, contact Diane | |
| Baby Friendly | Capital Health was recognized by DOH for best breastfeeding rates in the state! Celebration was held 3/10 & 3/12 . | | |
| Budget/Finance | After continuous LDR/OB Triage RNs' pleas for second RN staffing in OB Triage, the Grey Line was revised. Now 2 triage nurses will be scheduled daily 7a-11p in OB Triage. | | |
| Organizational Update | See Eileen's message. | | |
| Safety huddles/ OB Safety Mtg | Mock Codes are a requirement for 2015. Shift huddles for all Maternal Child health areas will start with a conference number used. Similar to Hospital daily safety call. Bedside Reporting will also be reintroduced in April | | |
| Kudos | | | |
| Around the table | <p>Staff member asked: is med rec required in triage: YES!</p> <p>Staff issue: 3-11 security does not stop visitors about amount of visitors or check to see if patients have moved upstairs already.</p> <p>Staff member brought up about Code Pink- can they call to say delivered or undelivered</p> | D. Boka will email manager of security to address Explained this would have to be addressed through committee for codes. | |
| Reminder | <p>Evaluations: Dawn and I will be working on evaluations as they need to be completed by 3/31.</p> <p>IPADS: I have had numerous complaints about the use of iPads at the nurse's station. Please refrain from using these devices unless you are in the lounge on break. This has been a complaint before. DO NOT TEXT while in a patient room!</p> | | |

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|----------------------|--|--|--|
| Miscellaneous | | | |
|----------------------|--|--|--|

Key: Status: P=Pending, R=Resolved, A=Approved, E= Expired, I=Informational, T=Tabled

Recorder: Diane Boka BSN RNC-OB