Labor Management Essentials

Optimizing our staffing resources for value-driven care

November 2016







Overview

- Why Sustainable Labor Management Strategies?
- Labor Management & Strategy Team (LMST)
- Labor Request (Requisition) Approval Process
- Labor Request Approval Tools
- Leader Support & Resources
- Timeline





Why are we Talking about Labor Management Strategies?

Healthcare is changing

- Move to value-based care
- Declining reimbursements
- Transition from inpatient to ambulatory care

UVA's approach to Labor Management must change

- Flex budgeting with a focus on high quality (safe) care for our patients
- Having the right staff, for the right work, at the right time, in the right place...now and in the future
- Break down silos and look at positions from an organizational perspective





What changes are we making?

Establishment of a Labor Management & Strategy Team (LMST)

- Ensure staffing levels are supported by operational outcomes and the Flex Budget
- Ensure increased leadership knowledge and understanding of the departmental Flex Budget and team member productivity
- Increase workforce flexibility and encourage leaders to share resources or funding sources





LABOR MANAGEMENT & STRATEGY TEAM

- A new approach





Planning for Success

Labor Management & Strategy Team Focus

- UVA mission, values and work plan goals
- Ensure leaders have the tools and training to effectively manage their existing resources
- Optimization of the workforce through internal efficiencies
- Creation of a nimble and adaptive approach to staffing in response to current and anticipated national workforce shortages in key clinical, technical and leadership roles

Tackling labor management at the Medical Center level results in improved coordination of resources and proactive identification of workforce needs overall.







Labor Management & Strategy Team (LMST)

Members:

- Tina Mammone, Chief Nursing Officer
- Bill Fulkerson, Chief Operating Officer
- Nick Mendyka, Chief Financial Officer
- John Boswell, Chief Human Resources Officer





Requisition Approval Process



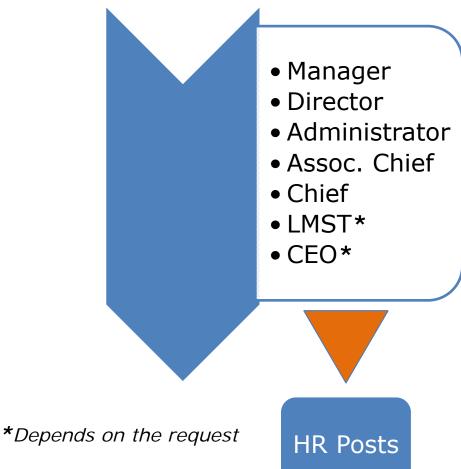




Requisition Approval Process

Current New









Requisition Approval Process

Why the increased number of approvals?

- Each level has a different perspective:
 - Managers: Single department
 - Directors: Multiple departments
 - Service Line Administrators/Associate Chiefs: Service Line
 - LMST: Medical Center

All perspectives are necessary to ensure we are living our values of Stewardship and Accountability in the current and future healthcare environment.





SUSTAINABLE LABOR MANAGEMENT STRATEGIES - TOOLS

- Flex Labor by Job Role Report
- Labor Request Approval Guidelines
- LMST Labor Request Template
- Request for New or Changed Positions/Role Audits





What terms do I need to understand to use Flex Labor reports?



Key Terms

- Unit of Service (UOS): A critical element for the Flex Labor report. It is a workload statistic used to measure how busy a department has been for a given time period. The type of UOS associated with the various departments are typically are as follows:
 - Inpatient department Patient Days w SS/PP. Patient days including short stay / post procedure patients. Based on beds occupied during the midnight census.
 - Procedural department Billed Procedures. A count of procedures recorded in the patient billing system for this department.
 - Clinic department Visits. A count of attended patient visits.
 - Administrative department Calendar Days. A simple statistic counting number of days in the calendar month or fiscal year.
- Total Worked FTE: Calculation of Full Time Equivalence (FTE) based on actual worked hours. Note does not include PTO.
- Actual: Actual amount of activity.
- Budget: Static budgeted amount of activity.
- Flex Adjustment Factor: Calculated as Actual UOS divided by Budgeted UOS. Used in Flex Budget calculation.
- **Flex Budget**: Budget that has been adjusted, either up or down, for changes in UOS. Uses the Flex Adjustment Factor ratio to adjust Budget up or down accordingly.
- Variance (Flex vs Act): Difference between Flex Budget and Actual. Note this information is the main point of reference for the position approval process and appears as highlighted columns on the report.
- Variable Roles: Group of job roles identified as being variable for "flexing" due to the Flex Adjustment Factor.
- Fixed Roles: Any job roles not identified as being Variable. These do not "flex".
- **Fiscal Month / YTD**: The fiscal year begins with July and ends with June.



What should I know about/how should I use the Flex Labor by Division Report ?

Fiscal Year to Date



1	Positive (black)
	variance indicates
	below budget.
	Possible factors:
	PTO usage, higher
	actual UOS than
	budgeted

			Aug-FY				AugYTI	
		To	tal Work	ed FTE		To	tal Worke	ed FTE
		Actual	Flex Budget	Variance [Flex vs Act]		Actual	Flex Budget	Variance [Flex vs Act]
Sample Admin Area 1	Variable Roles	230.74	257.43	1 26.68		232.26	255.06	1 22.80
	Fixed Roles	121.69	129.03	7.33		123.58	129.93	6.35
	Total	352.43	386.45	34.02		355.84	384.98	29.14
Sample Admin Area 2	Variable Roles	42.87	59.28	16.41		41.51	54.31	12.80
	Fixed Roles	31.64	31.31	2 (0.33)		30.35	31.31	0.96
	Total	74.51	90.59	16.08		71.86	85.62	13.76
Sample Admin Area 3	Fixed Roles	56.23	56.93	0.70		55.91	56.93	1.02
	Total	56.23	56.93	0.70	l	55.91	56.93	1.02
Sample Admin Area 4	Fixed Roles	17.63	19.07	1.44		16.66	19.07	2.41
	Total	17.63	19.07	1.44		16.66	19.07	2.41
Sample Division	Variable Roles	273.61	316.71	43.09		273.77	309.37	35.60
	Fixed Roles	227.19	236.34	9.14		226.50	237.24	10.74
	Total	500.80	553.05	52.23		500.27	546.61	46.34
				\				<u> </u>
				Variance				Variance

Fiscal Month

Negative (red) variance indicates over budget. Possible factors: Overtime, lower actual UOS than budgeted



What should I know about/how should I use the Flex Labor by Administrator (Admin) Report ?



Flex Labor by Job Role: Period Ending Aug-FY17 Example Administrative Area

					I	AugYTD:	17		Aug-FY17			AugYTD	17
						UOS		Т	otal Worked l	FTE	Total Worked FTE		
							Flex			Variance			Variance
							Adj	l		[Flex vs	ļ	Flex	[Flex vs
					Actual	Budget	Factor	-	Flex Budget			Budget*	Act]
	1 2XXX ICUD	ept PATIENT DAYS W. SS/P	95506 -	Patient Care Technician				2.81	3.38	0.57	2.74	3.35	0.61
			95710 -	Patient Care Assistant				1.04	1.72	0.68	0.95	1.71	0.75
		Job Roles 🔫	95773 -	Patient Companion				0.00	(0.01)	(0.01)	0.00	0.00	0.00
1	The department number	r,	95521 -	RN Clinician 1				1.69	7.85	6.17	1.50	7.80	6.29
	name, and UOS type.		95543 -	RN Clinician 2				56.13	60.64	2 4.50	53.98	60.19	2 6.21
			95557 -	RN Clinician 3				16.94	16.73	(0.21)	16.81	16.61	(0.21)
			95566 -	Registered Nurse-MC Pool				0.04	0.09	0.05	0.29	0.09	(0.20)
2	This RN Clinician 2 job ro	le has	95568 -	RN Clinician 4				0.72	0.56	(0.15)	0.77	0.56	(0.21)
	an August Variance of +4.5 and		95938 -	Registered Nurse-UB Pool				2.89	0.58	(2.31)	3.11	0.58	(2.53)
	August YTD of +6.21		Variab!	le Roles				82.27	91.55	9.28	80.16	90.88	10.72
			95722 -	Health Unit Coordinator				5.91	5.08	(0.83)	6.01	5.08	(0.92)
			95727 -	Administrative Assistant				0.79	0.92	0.13	0.88	0.92	0.04
3	This department has an A	August	95613 -	Nurse Manager				1.00	0.92	(0.08)	1.00	0.92	(0.08)
3	Variance of +9.26 and ar	_	10000000	Assistant Nurse Manager				1.02	1.83	0.81	0.87	1.83	0.97
	August YTD of +10.85		15.00000	Nursing Education Coord 2				0.96	0.90	(0.06)	0.77	0.90	0.13
			Fixed F					9.68	100.00		9.53	1	0.13
					2.420	2.400	*1.0124		1000			1 10 11 10	
	<u></u>		Dept T	otai	2,438	2,408	1.0124	91.94	101.20	9.26	89.69	100.54	10.85

^{* 2,438} divided by 2,408 = 1.0124. This department's budgeted FTE will flex up 1.24% for variable roles.



What are Flex Labor Reports and how do I access them?



- The Flex Labor Report is a tool to help you make informed business decisions and is the primary point of reference to support the position approval process.
- Typically the report is available by the 10th business day of the month and available at O:\SHARED\REPORTS\HyperionReports\Management_Reports.
- Email notifications are sent each month once the latest report is accessible.
- Note the subfolders for Fiscal Year and Period. Make sure you are referencing the most recent set of folders.



– Division Summary folder contains summary reports for each division. These reports give a high-level view of a division but do not provide job role / department information.



Service Line – Admin Area folder contains reports for each administrative area. Each report includes
 department / job role detail. These reports contain detail information including job role / department level





Future Management Reporting Enhancements



- Flex Medical Supply and Pharmaceuticals Report.
 - Budget will flex up/down for pharmaceutical and medical supply expenses only.
 - Utilizes same methodology (Flex Adjustment Factor) as Flex Labor Report.
 - Targeted release of January 2017.

Flex by Department - Medical Supply and Pharmaceuticals: Period Ending Sep-FY17 Sample Admin

		SepY	TD17		Sep-FY17				SepYTD17						
		U	os	Medical Supplies Exp			Pharmaceuti se			Medical Supplies Exp			Pharmaceutical Expense		
		Actual	Budget	Actual	Flex Budget	Variance	Actual	Flex Budget	V jance [Fle s Act]	Actual	Flex Budget	Variance [Flex vs Act]		Flex Budget	Variance [Flex vs Act]
2XXX Unit A	PATIENT DAYS W. SS/P	2,029		\$51,319			\$29	\$11			\$142,540				
2XXY Unit B	PATIENT DAYS W. SS/P	1,924	1,939	\$41,049	\$34)4	(\$ 045)	\$22	\$12	(\$10)	\$111,496	\$107,455	(\$4,041)	(\$33)	\$38	\$71
2XXZ ICU Unit	PATIENT DAYS W. SS/P	648	7.	\$2, 35	5/18	(217)		\$11	\$11	\$104,190	\$94,748	(\$9,442)	(\$4)	\$38	\$41
2YYY Procedural Lab	CASES	840	68-	\$967,	1,066,96	,895	\$0	\$10	\$10	\$2,897,964	\$3,433,723	\$535,759	\$0	\$33	\$33
Sample Admin				\$1,092,	175,357	\$82,742	\$51	\$44	(\$7)	\$3,256,541	\$3,778,466	\$521,926	\$8	\$144	\$135



Future Management Reporting Enhancements (Continued)



- Service Line Profit / Loss Report.
 - Summarized view of patient / cost data by service line
 - Current and prior fiscal year rolling months.
 - Targeted release of January 2017.



Who Should I Contact with Questions? Contact Your Finance Consultant



Finance Consultants	Supported Service Lines and Operating Areas							
Chris Branin cgb5r@virginia.edu	■ HIT ■ EPIC / PFA / PFB							
Keith Morris KAM5QQ@hscmail.mcc.v irginia.edu	 Perioperative QPI / Be Safe / Special Projects Patient Experience 	Supply ChainFacilities Planning & Management						
Kelly Bell kfb2m@virginia.edu (434) 924-5302	 Women's & Children's Medical Subspecialties: Allergy, Dermatology, Endocrinology, Family Medicine, General Medicine, ID/Travelers, Nephrology, Pulmonary, Trauma, Urology 	 Advanced Nursing Nursing Professional Development Services Care Management Labor and Physician Workforce 						
Nancy Blackburn nb6v@virginia.edu (434) 924-2714	 Musculoskeletal Neurosciences & Behavioral Health Clinical Ancillary: Radiology, Therapies 							
Kim Richardson kgv4x@virginia.edu (434) 924-5199	Heart & VascularTransplantOphthalmology	 Surgical subspecialties: Dentistry, ENT, General Surgery, Plastics, Urology HR, Marketing, GME, CEO 						
Stephanie Baker sab2wr@virginia.edu (434) 243-2717	OncologyDigestive HealthPalliative Care	 Post Acute: LTACH, Continuum Clinical Ancillary: Pharmacy, Labs 						
Jerry Huml gth6j@virginia.edu (434) 924-5659	Emergency DepartmentEmergency ManagementInfection Control	Patient & Guest ServicesEnvironment of Care						





Key Categories

1) Variable Positions

- Positions that fluctuate with work volume or units of service such as, patient days, calendar days, etc.
- Final approval may occur with either the Chief or LMST
- Examples include RNs, PCAs, Physical Therapist Clin 2

2) Fixed Positions

- Positions that are not influenced by work volume -
- All positions not identified as *Variable*
- Final approval by LMST
- Examples include Administrative Assistants, Software Systems Engineer, Nurse Practitioner, etc.

3) Management Positions

- All positions included in the "Management" job family
- Must be approved by Chief, LMST, <u>and CEO</u>





Key Categories4) Other

- Less common situations that require various levels of approval
- Because they are less common, managers often have questions about the approval process
- As a result, information on the approval process for these situations is provided in the LMST Guidelines Summary
- Some scenarios will require approval outside of Taleo (new forms will be introduced)

A few examples include:

- Change in job role resulting in a pay increase where the change is not part of an automatic career progression
- All Wage positions, including replacement, new or changes in status from Wage to Benefit or Benefit to Wage
- Change in classification from "fixed" to "flex" and vice versa





Review Leader Tool

Labor Management & Strategy Team Approval Guidelines

- Variable position requests
- Fixed position requests
- "Other" requests





KEY TALEO CHANGES







Taleo

Overview of Changes:

- Approval process
- Variance Targets
- Requisition Sample
- Traveler/Administrative Temp (non clinical) request





Key Taleo Changes

APPROVAL PROCESS







- All positions require all levels of management approval
- The approval process may vary, based on key factors
- Variable, Fixed and Management positions may have different criteria and potentially different final approvers





Key Taleo Changes – APPROVALS

Updated to reflect new approval process

CURRENT

NEW

- One level up + Chief
- Two approvers



- All levels in management chain*
- Could be up to five approvers

^{*} Levels include Department Manager, Director, Administrator, Associate Chief, Chief Note, not all departments have all levels in their management hierarchy





- Variable Positions:
 - Variable positions: <u>Meeting</u> Flex Variance targets:



- Variable Positions: <u>Not Meeting</u> Flex Variance targets:







- Fixed Positions:
 - All Requisitions



Management Positions:

- All positions in management job family
- Assistant Manager to Chief
- Replacement, New, Revision







- 1. Requisitions requiring only Chief approval:
 - Upon Chief approval, HR is notified via Taleo
 - HR posts the position
 - No delays

Note: Chiefs with potential final approval authority:

William Fulkerson, COO Trish Cluff, Chief Strategic Relations & Marketing

Tina Mammone, CNO Dr. Tracey Hoke, Chief Quality and PI

Nicholas Mendyka, CFO Mark Pulczinski, Chief Revenue Cycle

John Boswell, CHRO Dr. Chris Ghaemmaghami, CMO

Rick Skinner, CITO Douglas Lischke, Chief Accounting Officer – HS

Jeffrey Keller, CIO Charles Coder, Chief Financial Officer – JOC

Michelle Hereford, Chief Community Hospital and Post Acute Division



2. Requisitions Requiring LMST Approval – Timing/Process:

1.Tuesday COB

Chief completes approvals in Taleo

3. Thursday – Noon

Finance completes review of Flex Variance and sends to HR and LMST

5. Friday – 7:00 – 8:00 am

Mgr & Admin arrive and sign-in (labor requests reviewed in order of signin)

7. Monday – COB

HR posts positions















2. Wednesday - COB

HR prepares weekly LMST position review list and sends to Finance

4. Thursday - COB

Mgr & Admin notified to attend LMST between 7:00 and 8:00 on Friday

6. Friday – COB

HR enters LMST decisions into Taleo





3. Requisitions requiring CEO approval:

- Upon completion of LMST approval
- LMST Committee member reviews with CEO at their next scheduled 1:1 meeting
- Typically within one week of the LMST meeting
- Upon approval, HR will be notified via email and the position will be posted
- Note: for positions that report to other health system executives (Dr. Richard Shannon, Larry Fitzgerald), the LMST member will review the recommendation with them for final approval





Key Taleo Changes

FLEX VARIANCE







Key Taleo Changes – FLEX VARIANCE CURRENT NEW

- Fixed Positions:

Approval requires Variance of -1.0 or less



-Variable Positions:

Approval requires Variance of -1.0 or less

Variance Criteria:

Flexible Labor by Job Role Report:

- YTD for Job Role

-Variable Positions:

Approval requires variance to be -0.5 or less

-Fixed Positions:

Approval requires variance to be 0.0 or less

Variance Criteria:

Flexible Labor by Job Role Report:

- Month and Year-to-Date
- Job Role and Department







Key Taleo Changes

REQUISITION SAMPLE





Taleo – New Requisition

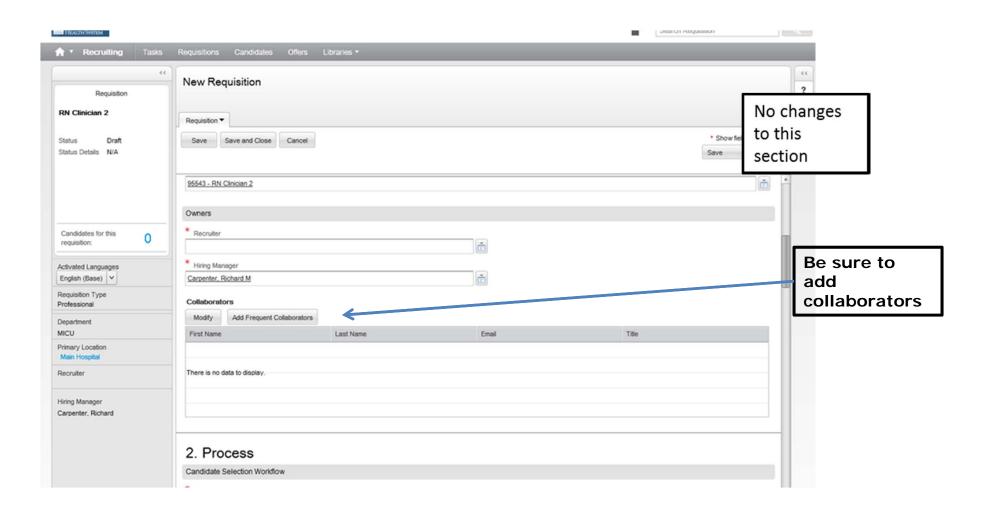


	New Requisition		
Requisition			
RN Clinician 2	Requisition ▼		
tatus Draft tatus Details N/A	Save Save and Close Cancel		* Show fields required to Save
	Requisition Structure		
	Identification		
Candidates for this equisition:	* Posting Title	Position Number	
ctivated Languages	RN Clinician 2		Ď
equisition Type rofessional	Christian		
epartment	Structure Edit		
rimary Location fain Hospital	Organization UVAHS UVA Health System		
ecruiter	UVAMC UVA Medical Center Level 3 AVP for Hospital & Clinics Ops	No additions to this	
iring Manager	Level 4 Patient Care Services Level 5 Adult Critical Care	section, some items	
arpenter, Richard	Primary Location	moved and some	
	State Virginia County Charlottesville City	removed to simplify.	
	City Charlottesville Work Location Main Hospital	removed to simplify.	
	Job Field		
	Category Registered Nurse		
	Department 2062000 - MICU		
	*		
	Job Code/Job Title (PeopleSoft) 95543 - RN Clinician 2		ň



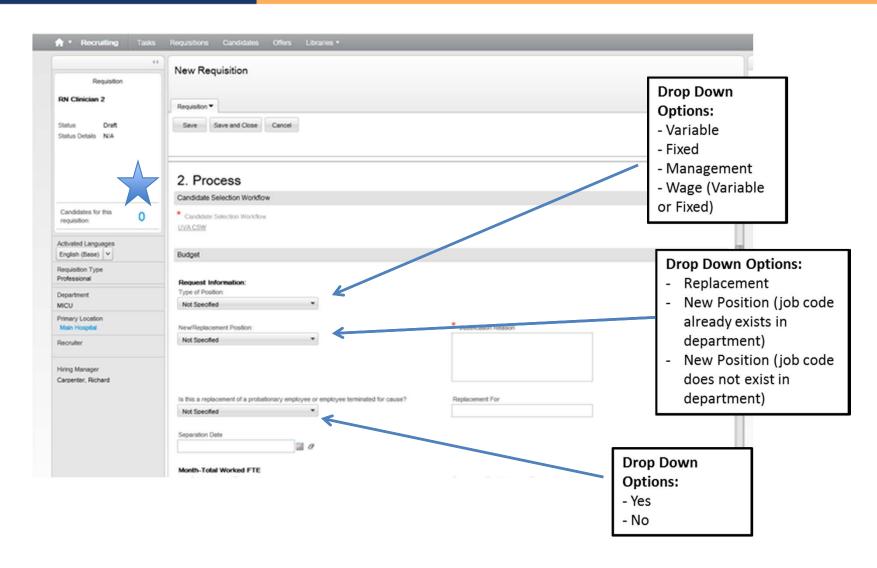
Taleo - New Requisition





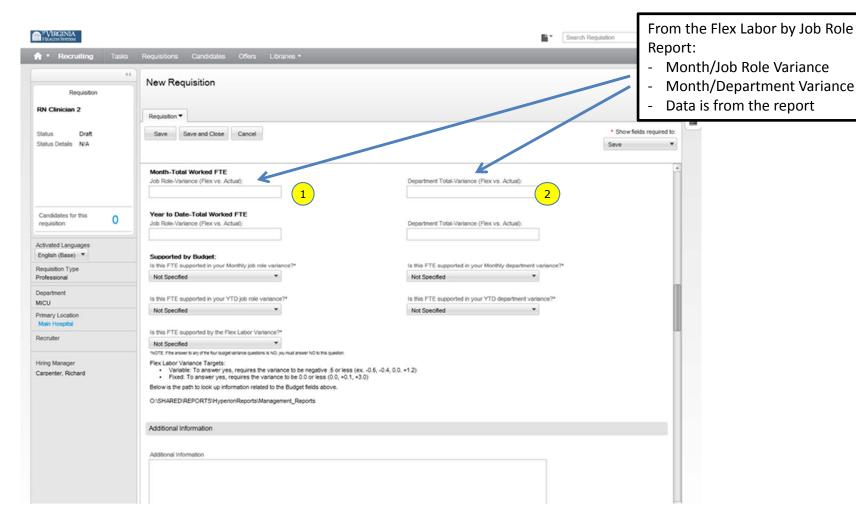
















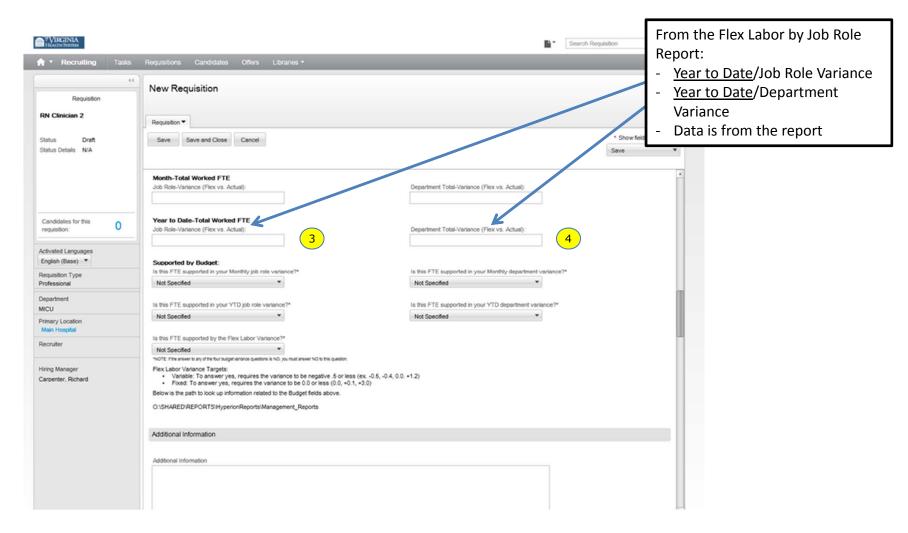
Flex Labor by Job Role: Period Ending Aug-FY17 Example Administrative Area

- Month
- Job Role

		1	AugYTD	17		Aug-FY17	1		AugYTD	17
			UOS		1	otal Worked	FTE	Total Worked FTE		
				Flex			Variance		_	Variance
		Actual	Budget	Adj Factor	Actual	Flex Budget	[Flex vs Act]	Actual	Flex Budget*	[Flex vs Act]
2XXX ICU Dept PATIENT DAYS W. SS/P	95506 - Patient Care Technician	Actual	Dauget		2.81	_		2.74	3.35	0.61
	95710 - Patient Care Assistant				1.04	1179475		1)5	1.75.66	0.75
	95773 - Patient Companion				0.00	1000	50000	0.00	0.00	3,33,1
	95521 - RN Clinician 1				1.69	1 20 30 40		1.50	7.80	6.29
	95543 - RN Clinician 2				56.13			53.98	11000	6.21
	95557 - RN Clinician 3				16.94	11/1/27/00		16.81	16.61	(0.21)
- Month	95566 - Registered Nurse-MC Pool				0.04	0.09		0.29	0.09	(0.20)
- Department	95568 - RN Clinician 4				0.72	0.56	(0.15)	0.77	0.56	(0.21)
	95938 - Registered Nurse-UB Pool				2.89	0.58		3.11	0.58	(2.53)
	Variable Roles				82.27	91.55	9.28	80.16	90.88	
	95722 - Health Unit Coordinator				5.91	5.08	(0.83)	6.01	5.08	(0.92)
	95727 - Administrative Assistant				0.79	0.92	0.13	0.88	0.92	0.04
	95613 - Nurse Manager				1.00	0.92	(0.08)	1.00	0.92	(0.08)
	96128 - Assistant Nurse Manager				1.02	1.83	0.81	0.87	1.83	0.97
	95641 - Nursing Education Coord 2				0.96	0.90	(0.06)	0.77	0.90	0.13
	Fixed Roles				9.68	9.65	(0.02)	9.53	9.65	0.13
	Dept Total	2,438	2,408	1.0124	91.94	101.20	9.26	2 69	100.54	10.85











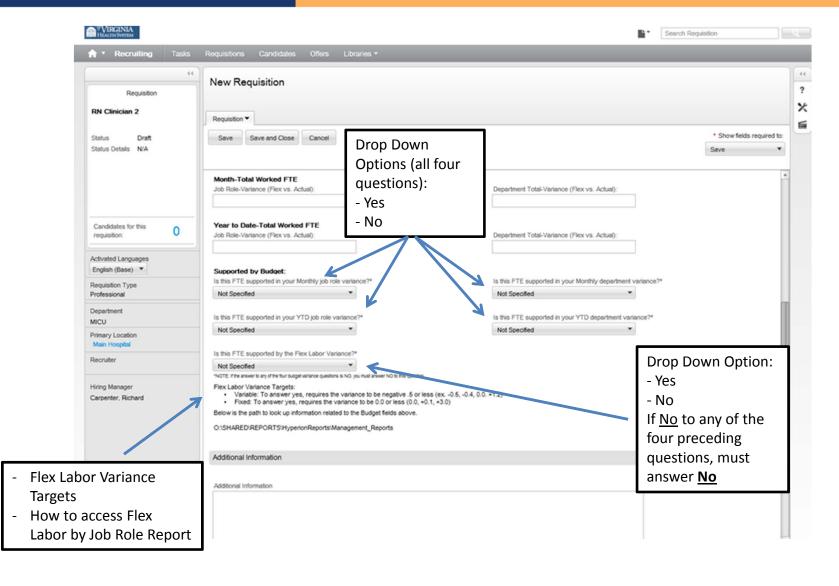
Flex Labor by Job Role: Period Ending Aug-FY17 Example Administrative Area - Year to Date

- Job Role

			1	AugYTD	17		Aug-FY17	Ĭ.		AugYTD	17	
				UOS		1	otal Worked	FTE	To	tal Worke	d FTE	
					Flex Adj			Variance [Flex vs		Flex	Variance [Flex vs	
			Actual	Budget	Factor	Actual	Flex Budget	Act]	Actual	Budget*	Act]	/
2XXX ICU Dept	PATIENT DAYS W. SS/P	95506 - Patient Care Technician				2.81	3.38	0.57	2.74	3.35	0.61	V
		95710 - Patient Care Assistant				1.04	1.72	0.68	0.95	1.71	0.75	3
		95773 - Patient Companion				0.00	(0.01)	(0.01)	0.00	0.00	0.00	
		95521 - RN Clinician 1				1.69	7.85	6.17	1.50	7.80	6.29	
		95543 - RN Clinician 2				56.13	60.64	4.50	53.98	60.19	6.21	
		95557 - RN Clinician 3				16.94	16.73	(0.21)	16.81	16.61	(0.21)	
		95566 - Registered Nurse-MC Pool				0.04	0.09	0.05	0.29	0.09	(0.20)	
		95568 - RN Clinician 4	- Ye	ear to	Date		6	(0.15)	0.77	0.56	(0.21)	
		95938 - Registered Nurse-UB Pool	- D	epart	ment		8	(2.31)	3.11	0.58	(2.53)	
		Variable Roles				82.27	91.55	9.28	80.16	90.88	10.72	
		95722 - Health Unit Coordinator				5.91	5.08	(0.83)	6.01	5.08	(0.92)	
		95727 - Administrative Assistant				0.79	0.92	0.13	0.88	0.92	0.04	
		95613 - Nurse Manager				1.00	0.92	(0.08)	1.00	0.92	(0.08)	
		96128 - Assistant Nurse Manager				1.02	1.83	0.81	0.87	1.83	0.97	
		95641 - Nursing Education Coord 2				0.96	0.90	(0.06)	0.77	0.90	0.13	
		Fixed Roles				9.68	9.65	(0.02)	9.53	9.65	0.13	_
		Dept Total	2,438	2,408	1.0124	91.94	101.20	9.26	89.69	100.54	10.85	4

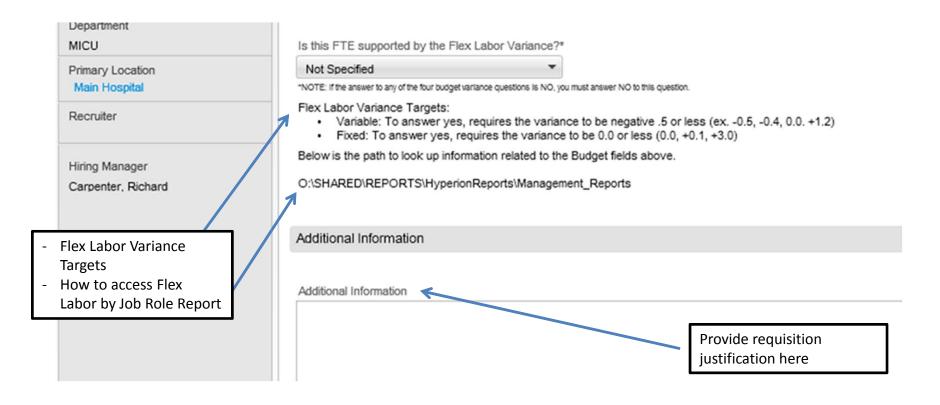
















University Yvirginia				Steven Snyder	Home Resources ▼ Sign
VIRGINIA HEALTH SYSTEM			ŵ	Search Candidate	Advanced Sea Search Querie
↑ Recruiting Tasks	Requisitions Candidates Offers Lib	raries *			
Requisition Requisition	New Requisition Requisition ▼				
	Save Save and Close Cancel				* Show fields required to:
Status Details N/A					Save ▼
	3. Job Information				
	Profile				
Candidates for this requisition:	* Employee Status		* Schedule Not Specified	•	
Activated Languages	requial		Not Specified		
English (Base)	* Shift		* Standard Hours		
Requisition Type Professional	Not Specified ▼		Not Specified	•	
Department Nerancy Neuro ICU	Hard to Fill? Not Specified		Active Recruiting? Not Specified		-
Primary Location Main Hospital					ш
Recruiter Snyder, Steven	Compensation				
	Pay Grade	Pay Basis Hourly	•		
	Currency US Dollar (USD)				
	Minimum Salary 25.8	Midpoint Salary 34.25		laximum Salary 2.7	
	Other				¥

No changes to this section

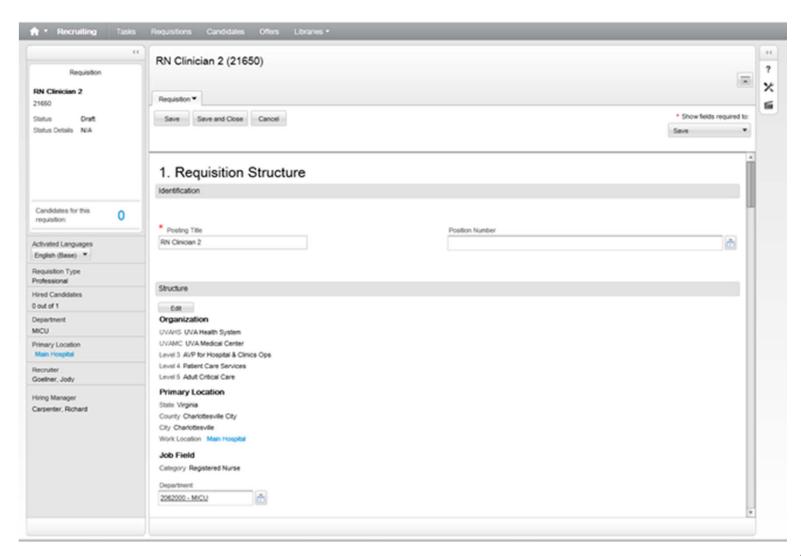




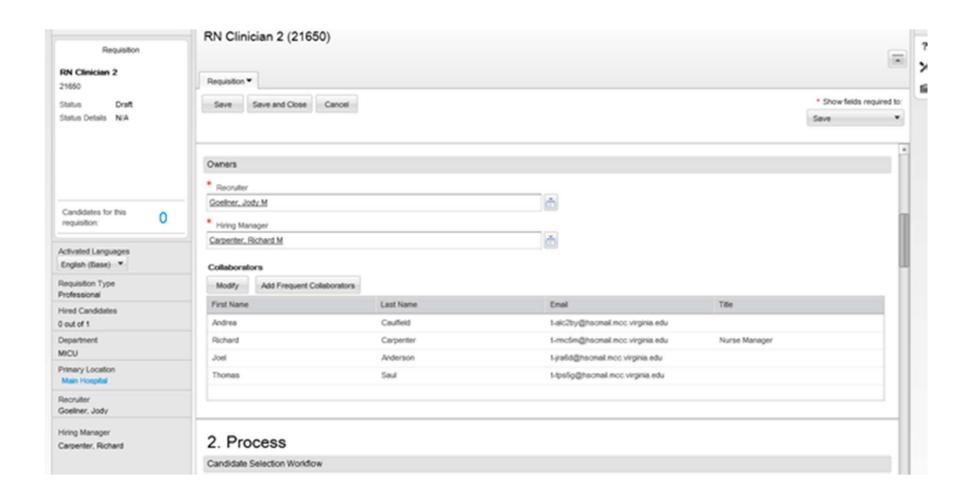
Key Taleo Changes



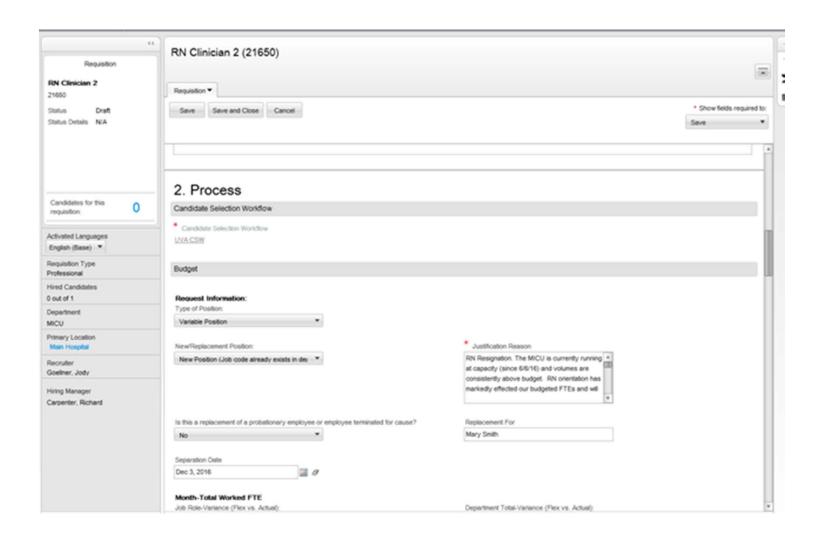




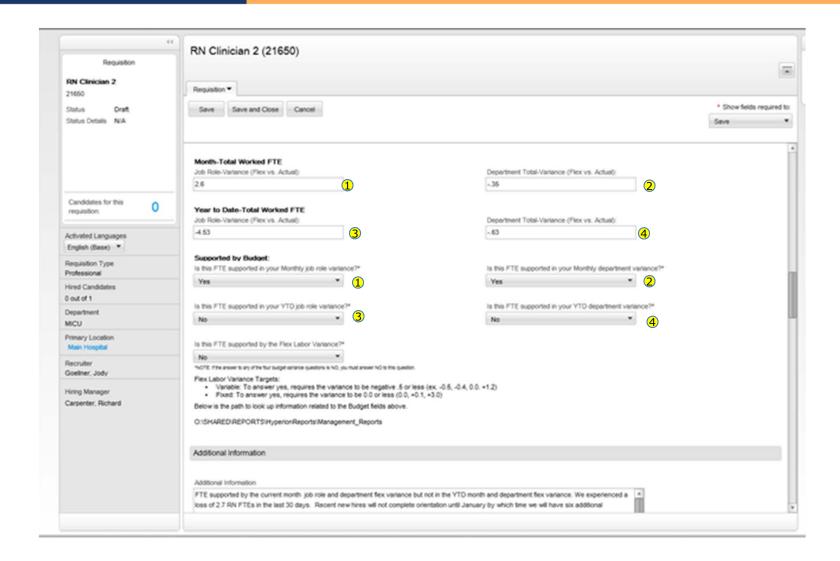




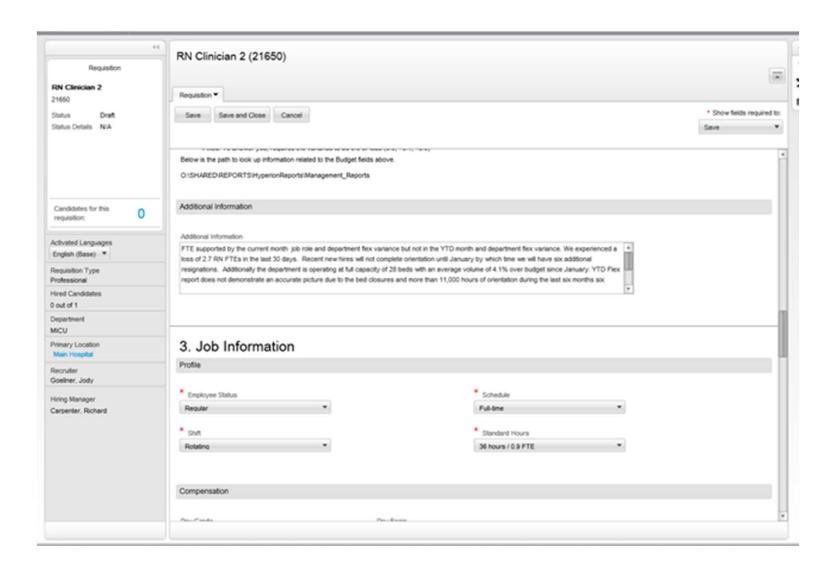
















Key takeaways:

Add Flex Labor Variance together for RN Clinical Ladder positions:

• RN Clin 1: 6.15

• RN Clin 2: 4.5

RN Clin 3: (2.20)

• Total: 8.45

Set Up Collaborators:

- Include everyone in approval hierarchy as a collaborator
- Allows them to see approval status in Taleo
- For assistance, talk to your Talent Acquisition Consultant

Approval/rejection notification:

- The system is unable to notify all approvers of the final decision
- Hiring Manager is notified in Taleo upon each level of approval and when a requisition is denied
- Hiring manager must notify the approval chain when a position has been approved or rejected





Key Taleo Changes

TRAVELERS AND AGENCY TEMP STAFF







Key Taleo Changes - TRAVELERS

CURRENT

NEW

Traveler request form submitted manually and routed through email



Traveler requests submitted through Taleo and approved by LMST





Key Taleo Changes – AGENCY TEMPS (non-clinical)

CURRENT

Email to Talent
Acquisition
indicating Chief
approval

NEW

Requests
submitted
through Taleo
and approved by
LMST







Travelers (clinical):

-RN, Histo Tech, Cath Lab Tech, etc.

Agency Temps (non clinical):

Administrative Assistant, Access Associate,
 Inventory Assistant, etc.

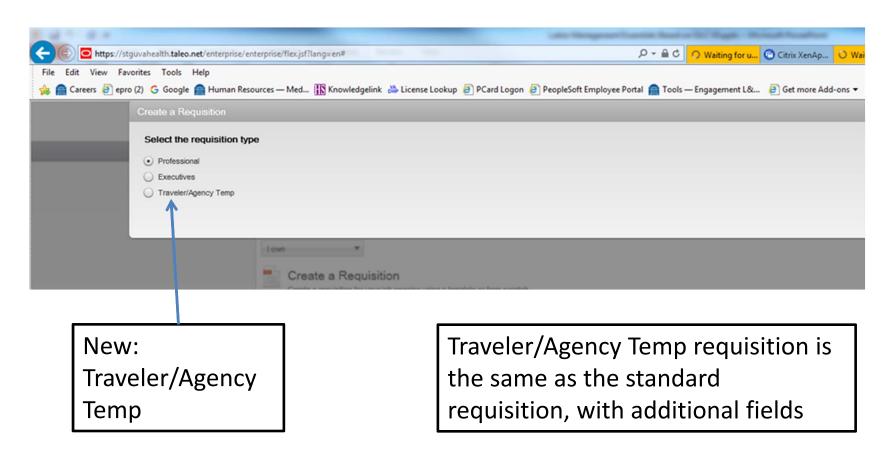
Approval Process:







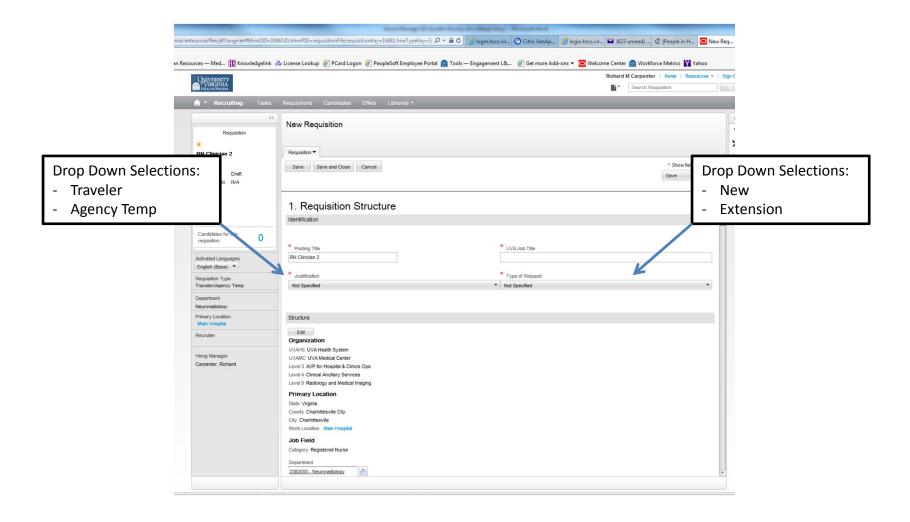
Traveler Request Form





Traveler Request Form

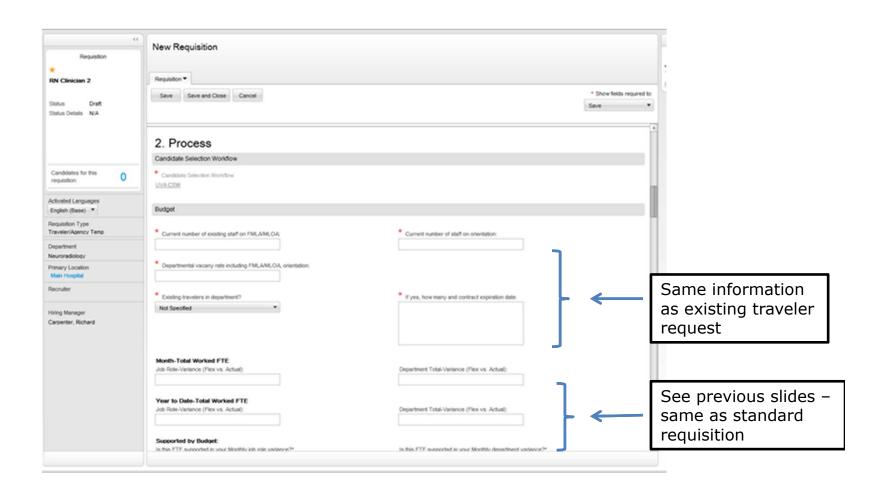






Traveler Request Form









Key Takeaways:

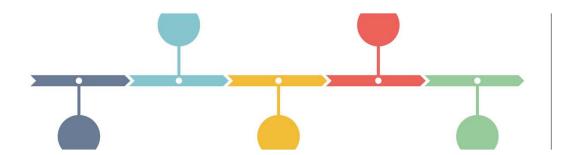
- Traveler requisition is the same as the standard requisition with additional fields specific to travelers
- All traveler and agency temps must go through this process





SUSTAINABLE LABOR MANAGEMENT STRATEGIES

- Preparing for the LMST Meeting







Preparing for LMST Meeting

- Hiring Manager and Service Line Administrator attend LMST
- Chief is optional
- Approximately 5 minutes to discuss the request
- Chief must have already approved
- Complete the template





Preparing for LMST Meeting

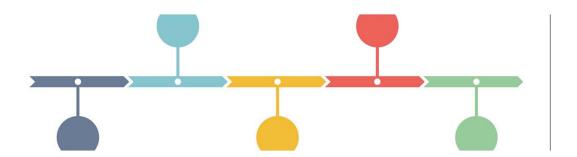
See Sample Template





SUSTAINABLE LABOR MANAGEMENT STRATEGIES

- Leader Support and Timeline







Manager Support Resources

On-line resources at:

Knowledge Link: HR\Leadership Tools\Labor Management O:\SHARED\REPORTS\HyperionReports\Management Reports

The following resources are available:

- General questions
 - Speak with your manager
- Flex Variance/Budget questions
 - Speak to your Finance Consultant
- Taleo/Process questions
 - Speak to your Talent Acquisition Consultant





Next Steps:

- Taleo changes effective November 21
- First LMST Meeting: December 2 (due to Thanksgiving holiday)
- A work in progress...anticipate some challenges and adjustments as we refine the process
- Ask questions!





QUESTIONS & DISCUSSION





Appendix





UNIVERSITY HAMINISTERM Requests for New or Changed Positions and Role Audits

Date of Request:		
Individual Requesting Review (Name and	Title):	
Staff/Management Position:	Staff Mana	gement
Type of Request (check more than one option if needed):	☐ Revisi ☐ Revisi a; ☐ Revie	ob Creation on of current role with market repricing on of current role without market repricing (Committee uproval not required) w of current team member (Role Audit) tam Member Name:
Current Job Title (if available):		
Number of FTEs impacted:		
Justification (Include Labor Standards and Variance, etc.)		
Is this a Fixed or Variable position?		
Dollar variance		
Is this covered within your budget? Include Budget and Fringe Information		
Reason & Justification for Request		
How are the specific job duties similar and different from current role(s) in the department or organization? What are those roles?		
How are the job requirements similar and different from current role(s) in the department or organization?		
Additional Information:		
Chief Approval:		

Required supporting documents:

- New/Revised Job Codes require submission of proposed job description.
- Creation of a Supervisor, Manager, Director, or above requires submission of current and proposed organizational chart.

Note that the leader or Chief submitting this request will be required to attend a scheduled RAC (Requisition Approval Committee) meeting to provide information and answer questions regarding this request unless the role currently exists and there is no change to the market placement.

All positions and upgrades must be approved by their respective Health System Executive.



Appendix



Template – LMST Position Request: <u>Position Exceeds Flex Variance Target</u> 11/14/16

1. Are you within your Flex Variance Target? (Y/N)

CORP. Revious	Current Month:	Year to Date:
Job Role		
Department		

- If No, list the Flex Variance(s) that exceed target?
- · If No, explain variance:
- Is it possible to absorb or reassign the workload to existing resources within the functional area or within another department? If no, please explain.
- Are there tasks or functions currently being performed that could be modified or discontinued?
- 4. Vacancy:
 - 1. Current vacant FTE for the job role (approved requisitions):
 - 2. FTE of traveler/temporary agency staff:
- 5. Overtime:
 - . What is your average overtime usage the last two pay periods for this job role?
 - · Will the position eliminate the need for overtime?
 - · What is your part-time and wage/pool staff utilization in last two pay periods?
 - . How many team members picked up extra shifts in the last two pay periods?
- 6. Is this request the result of an anticipated increase in work volume for your department?
 - · If yes, explain
 - Current volume:
 - · Forecasted volume:
 - · Reason for the change:
 - Anticipated duration of the volume increase?
 - · Comment:
- 7. Will this position result in additional revenue generation?
- 8. Additional Comments:



Appendix



Template – LMST Position Request:	Management Position
11/11/16	

	11/11/16
1.	Position is: New Replacement
	If New, explain why it is necessary:
	Comment:
2.	Is it possible to absorb or reassign the workload to existing resources within the functionarea or within another department? If \underline{no} , please explain.
3.	Describe the management structure of the department:
4.	How many direct reports does this manager have?
5.	Is it a "working manager" (Y/N)
	 What percentage of time is spent in non-management duties? Describe non-management duties:
6.	Could the position be filled at a different level (example, Director converted to a Manage
7.	Who does this position report to?