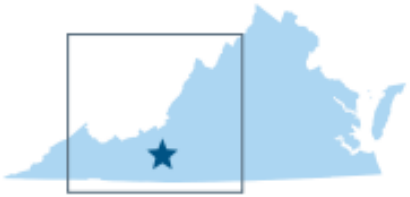
VIRGINIA-DC HFMA 2025 FALL CONFERENCE

From Accountability to Achievement: Enhancing Productivity

At a Glance – Carilion Clinic

Our Service Area

Carilion Clinic serves an approximately 20-county region in central and southwestern Virginia and southern West Virginia.



Our Mission

Improve the health of the communities we serve.

Our Vision

We are committed to a common purpose of better patient care, better community health and lower cost.

By the Numbers

- **7** hospitals
- **14,569** employees
- **1,041** Licensed beds
- **$2.9 billion** total revenue

Our Clinicians

- **862** physicians
- **542** advanced practice providers
- **86** specialties
- **295** practice sites

Caring for Our Community

- **1.8M** practice visits
- **48,160** admissions
- **174K** emergency department visits
- **54,201** surgeries

Educating for our Future

- **336** residents and fellows
- **30** residency and fellowship programs

VTC Virginia Tech Carilion School of Medicine

RUC RADFORD UNIVERSITY CARILION

At a Glance - HealthTrust Workforce Solutions

🎯 Focuses on improving **employee satisfaction**, **patient satisfaction**, and **workforce efficiency**

🤝 Serves as a **trusted advisor** on enterprise-wide workforce strategies and assessments

📊 **Largest provider** of healthcare managed staffing program solutions in the U.S.

👨‍⚕️ **7th largest provider** of clinical and non-clinical healthcare staffing and recruiting services

🎓 Innovates in **educational services** to help address the nursing shortage

💼 Offers access to **200,000+ jobs** at top-performing hospitals across the country

🌟 Empowers thousands of clinicians annually to deliver **exceptional patient care**

🔗 More info available at: healthtrustpg.com/workforce

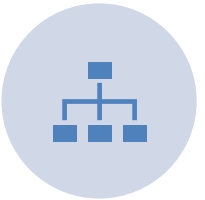
True or False

- Multitasking makes you more efficient
- Coffee is the ultimate productivity booster
- Longer hours always mean better results
- Getting to work early improves productivity

Learning Objectives

Identify the factors that prompted the pursuit of greater efficiency

Examine the tools, technologies, and process changes



Learn how workforce engagement, training and change management were handled

Identify the KPIs used to measure labor efficiency & productivity gains

Understand the common obstacles faced during the journey

Implementation Team

Executive sponsor – Operations EVP

Led by operations with support from Finance, HR & IS, Project Mgmt

HWS

Several leaders with previous experience using the tool

HealthTrust Tools

- Productivity PLUS
- Flexible Position Control
- Staffing Grids
- Facility (Staff) Scheduler
- PLUS Benchmarking
- Labor Productivity Assessments
- Management Engineer Consulting

Engagement and Training

Engagement	Target calculation, volume (UOS) defined, weights Targets - actual historical performance
Training	General sessions “assigned” to all leaders VPs then middle management HWS led supported by VP champion, nursing, finance Team-specific training
3-phased approach	The Basics: Productivity 101 – level set Productivity PLUS Flexible Position Control

The Basics: Productivity 101

Unit One: *Overview of the Productivity Process*

Unit Two: *Using the Language of Productivity*

Unit Three: *Setting Standards for Productivity*

Unit Four: *Staffing Flexibility & Core Staffing*

Unit Five: *Introduction to PLUS*

The Tools

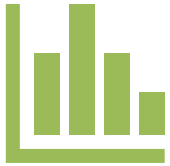
Productivity PLUS (PLUS)

- Daily feed
- Automated & auditable
- Linked to billed services – motivation to drop charges timely

Flexible Position Control (FPC)

- Hiring and staffing plan
- Based on historical actual or budget
- Includes open positions
- Datapoint in Workday job requisitioning process

Productivity PLUS



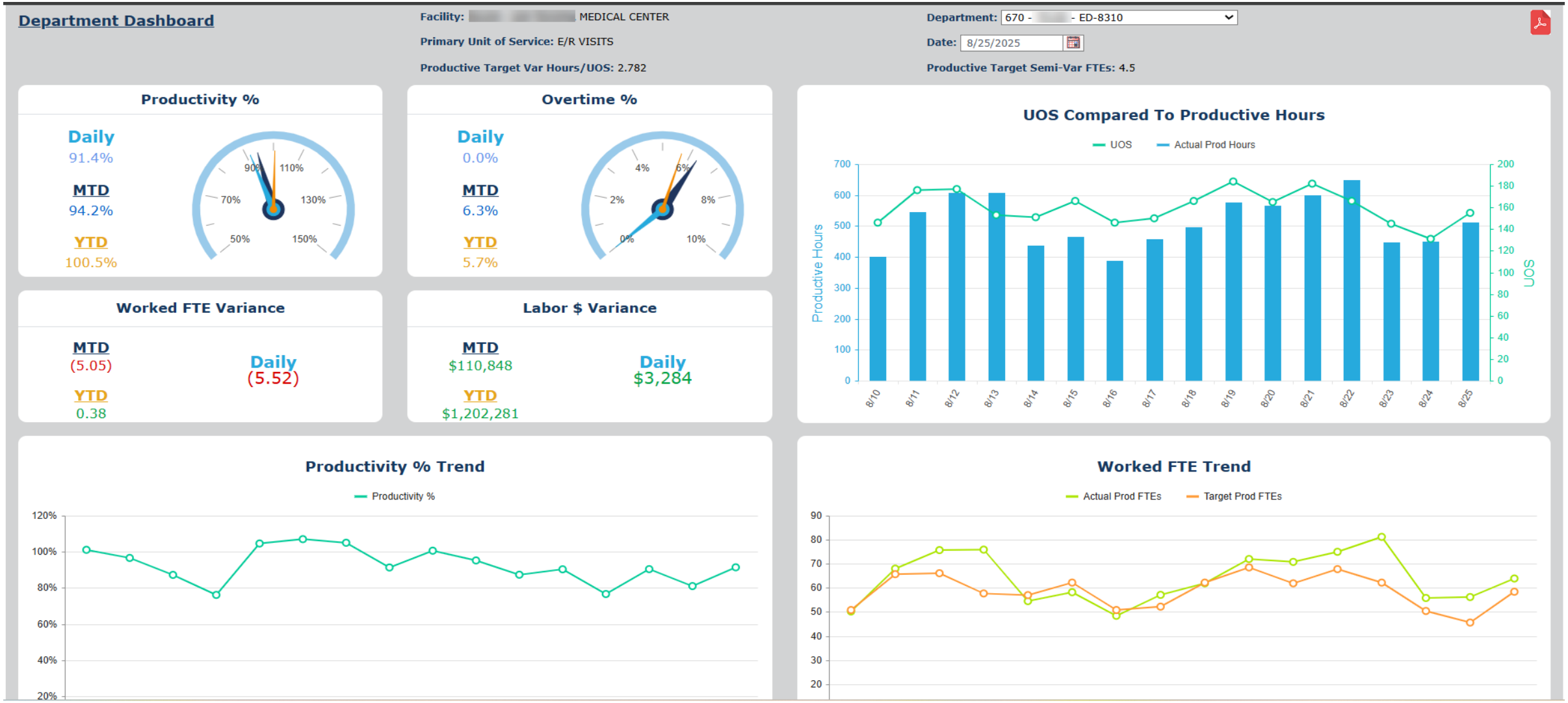
Reporting by Department & Facility

***Daily*, Bi-Weekly, Monthly, YTD**

Trend various time spans

Daily Dashboards

Dashboards- Market, facility, department



CarilionClinic

What is *Flexible* Position Control?

Flexible Position Control

FPC ensures the best match of staff to patient volume

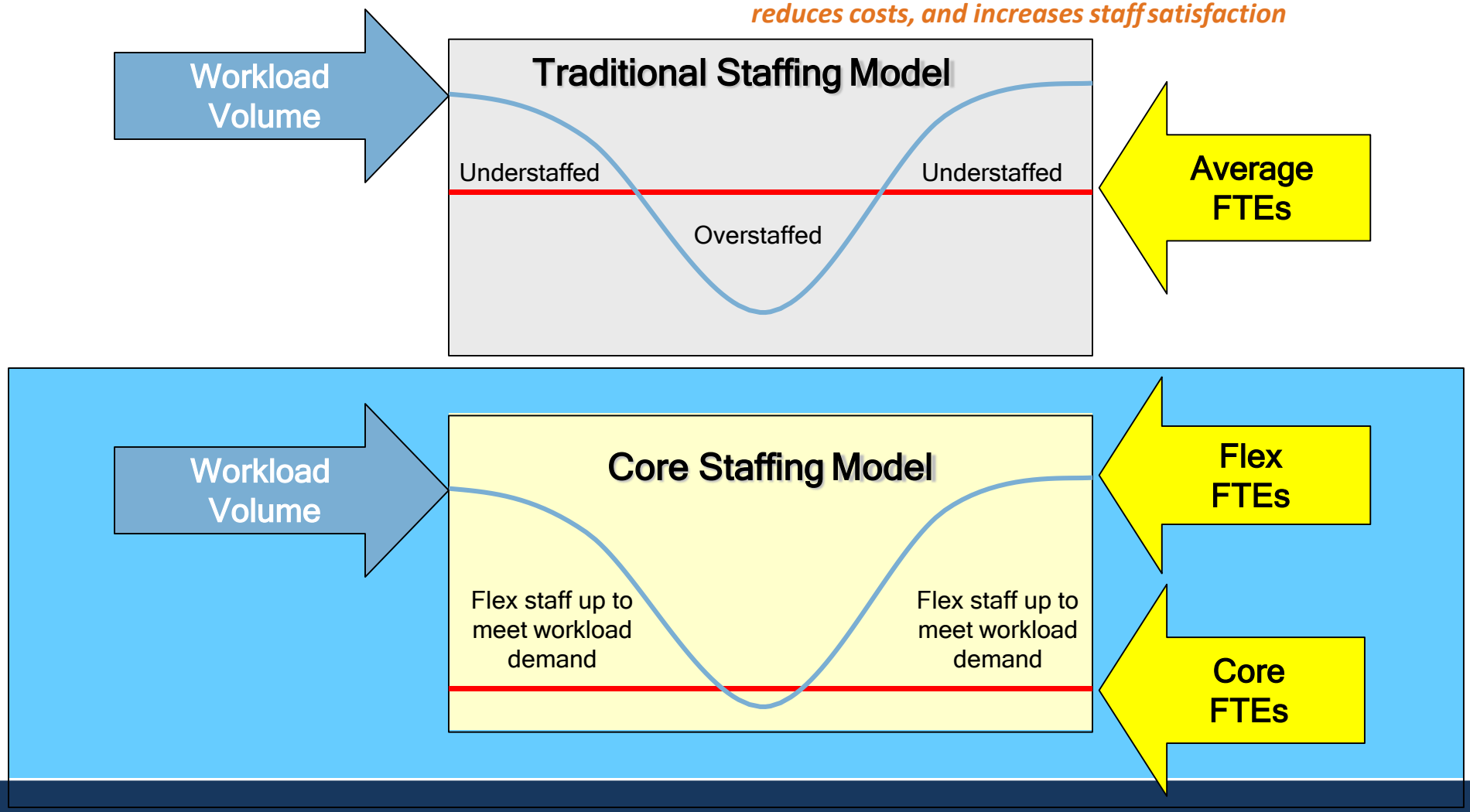
Full-time, part-time, per diem, overtime, temporary, and/or contract labor, are all included, by skill and by shift, in order to deliver consistent, high quality patient care

The FPC Plan identifies all positions required by a department during low, average, and peak patient volumes

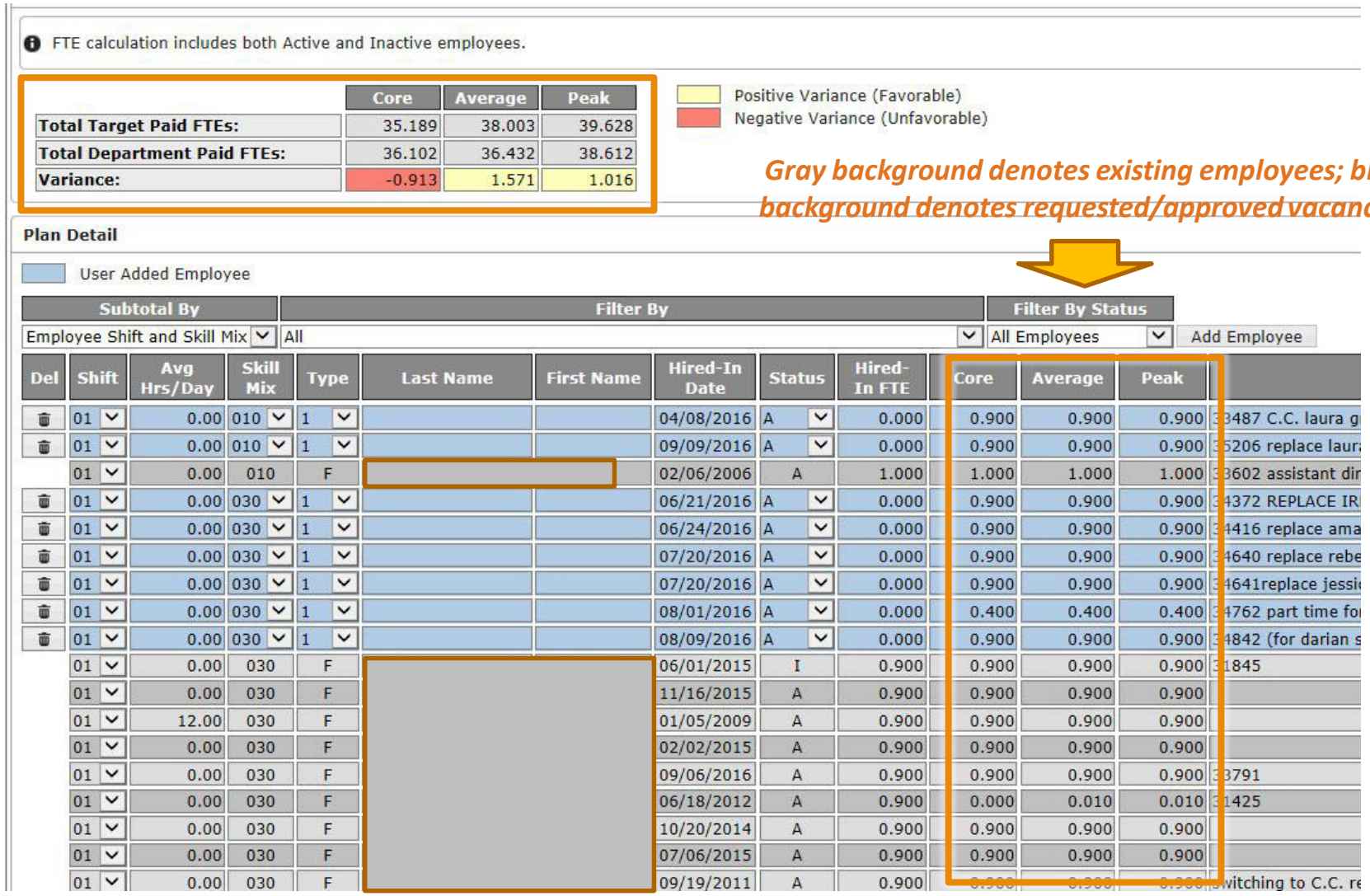
Each department has its own FPC Plan, based on that department's own labor budget and actual volume trends

FPC Concept

ensures optimal patient care by maintaining proper staffing at all volume levels, reduces costs, and increases staff satisfaction



FPC Example



FTE calculation includes both Active and Inactive employees.

	Core	Average	Peak
Total Target Paid FTEs:	35.189	38.003	39.628
Total Department Paid FTEs:	36.102	36.432	38.612
Variance:	-0.913	1.571	1.016

Positive Variance (Favorable)
Negative Variance (Unfavorable)

Gray background denotes existing employees; blue background denotes requested/approved vacancies

Plan Detail

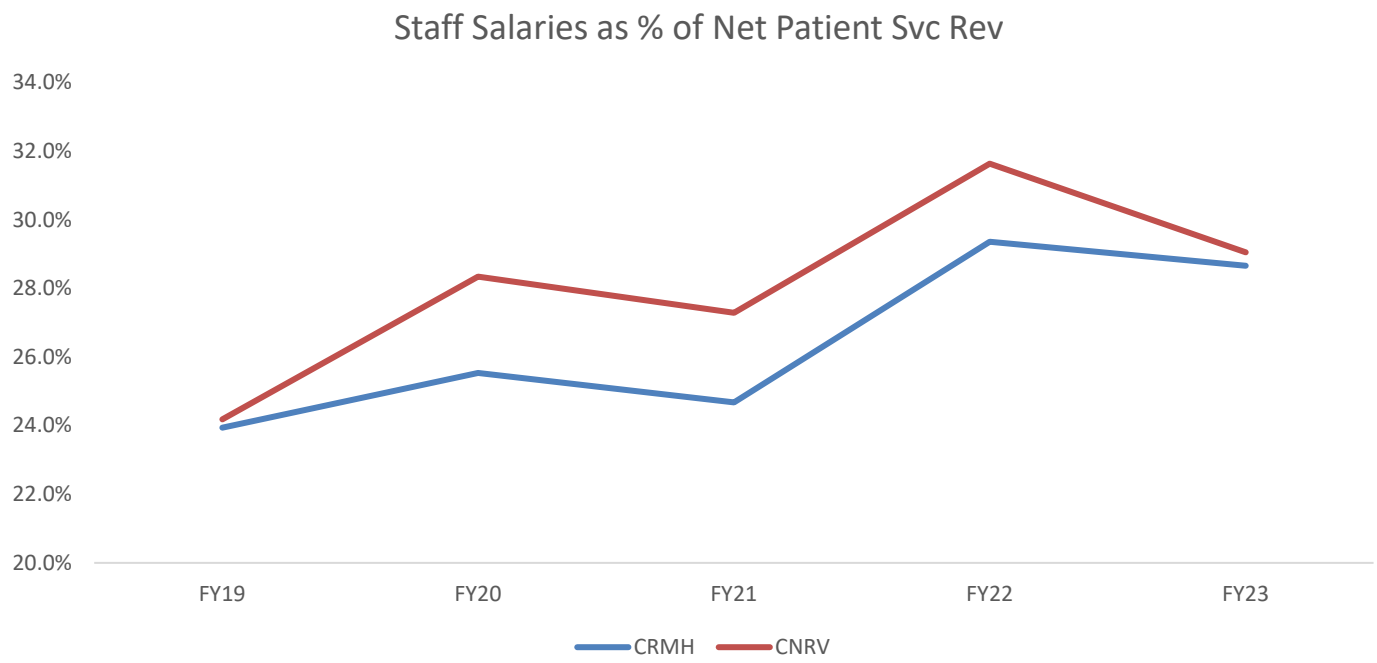
User Added Employee

Subtotal By: Employee Shift and Skill Mix | Filter By: All | Filter By Status: All Employees | Add Employee

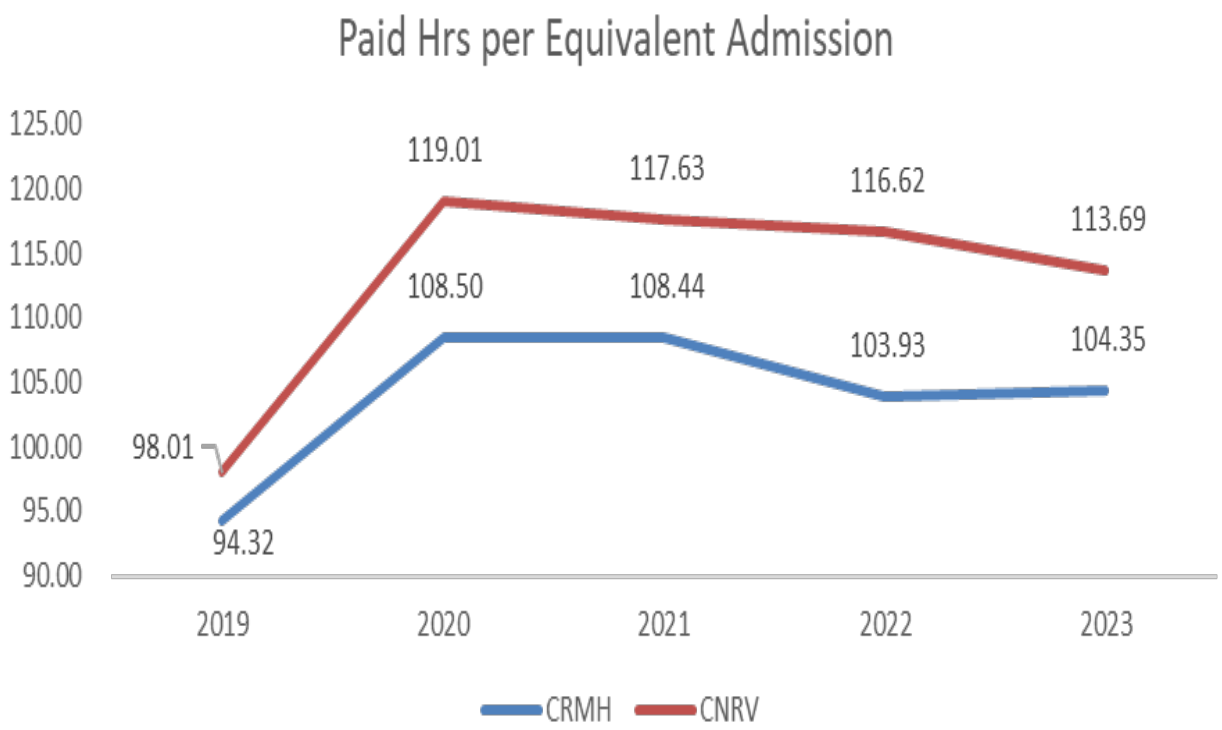
Del	Shift	Avg Hrs/Day	Skill Mix	Type	Last Name	First Name	Hired-In Date	Status	Hired-In FTE	Core	Average	Peak	
	01	0.00	010	1			04/08/2016	A	0.000	0.900	0.900	0.900	3487 C.C. laura g
	01	0.00	010	1			09/09/2016	A	0.000	0.900	0.900	0.900	5206 replace laur
	01	0.00	010	F			02/06/2006	A	1.000	1.000	1.000	1.000	3602 assistant dir
	01	0.00	030	1			06/21/2016	A	0.000	0.900	0.900	0.900	4372 REPLACE IR
	01	0.00	030	1			06/24/2016	A	0.000	0.900	0.900	0.900	4416 replace ama
	01	0.00	030	1			07/20/2016	A	0.000	0.900	0.900	0.900	4640 replace rebe
	01	0.00	030	1			07/20/2016	A	0.000	0.900	0.900	0.900	4641replace jessi
	01	0.00	030	1			08/01/2016	A	0.000	0.400	0.400	0.400	4762 part time fo
	01	0.00	030	1			08/09/2016	A	0.000	0.900	0.900	0.900	4842 (for darian s
	01	0.00	030	F			06/01/2015	I	0.900	0.900	0.900	0.900	1845
	01	0.00	030	F			11/16/2015	A	0.900	0.900	0.900	0.900	
	01	12.00	030	F			01/05/2009	A	0.900	0.900	0.900	0.900	
	01	0.00	030	F			02/02/2015	A	0.900	0.900	0.900	0.900	
	01	0.00	030	F			09/06/2016	A	0.900	0.900	0.900	0.900	3791
	01	0.00	030	F			06/18/2012	A	0.900	0.000	0.010	0.010	1425
	01	0.00	030	F			10/20/2014	A	0.900	0.900	0.900	0.900	
	01	0.00	030	F			07/06/2015	A	0.900	0.900	0.900	0.900	
	01	0.00	030	F			09/19/2011	A	0.900	0.900	0.900	0.900	witching to C.C. re

Why – Sustainability Imperative

- Pandemic – low engagement, lack of discipline & accountability
- Inconsistent utilization of existing tools – improved efficiencies in pockets
- Speaking different languages
- Growth in staff salaries as % of net revenue



Scope



Started at our 2 largest facilities – CRMH & CNRV

- Greatest opportunities
- Paid hours per equivalent admission coming down but well above pre-pandemic levels
- Most variable operation

Did not include physician practices (fixed model)

Long term plan to implement at remaining hospitals

Process Changes

- 100% automated units of service
- Clean up job postings
- One posting for each position
- Timely edits to time and attendance
- Incorporate into regular monthly operating reviews
- VP approval of staffing plans

Obstacles

- Labor & productivity acumen at various levels
- Degrees of engagement
- External benchmarks for ancillary areas
- Competing for resources tied up with ERP implementation

Fostering Engagement and Utilization

Engagement of Leaders with previous experience

Superusers team

Nursing & procedure areas

Small group sessions, Productivity 101 using the tool

Re-education of leaders on basics – units of service, productive targets

Incorporation of tool

Productivity trends

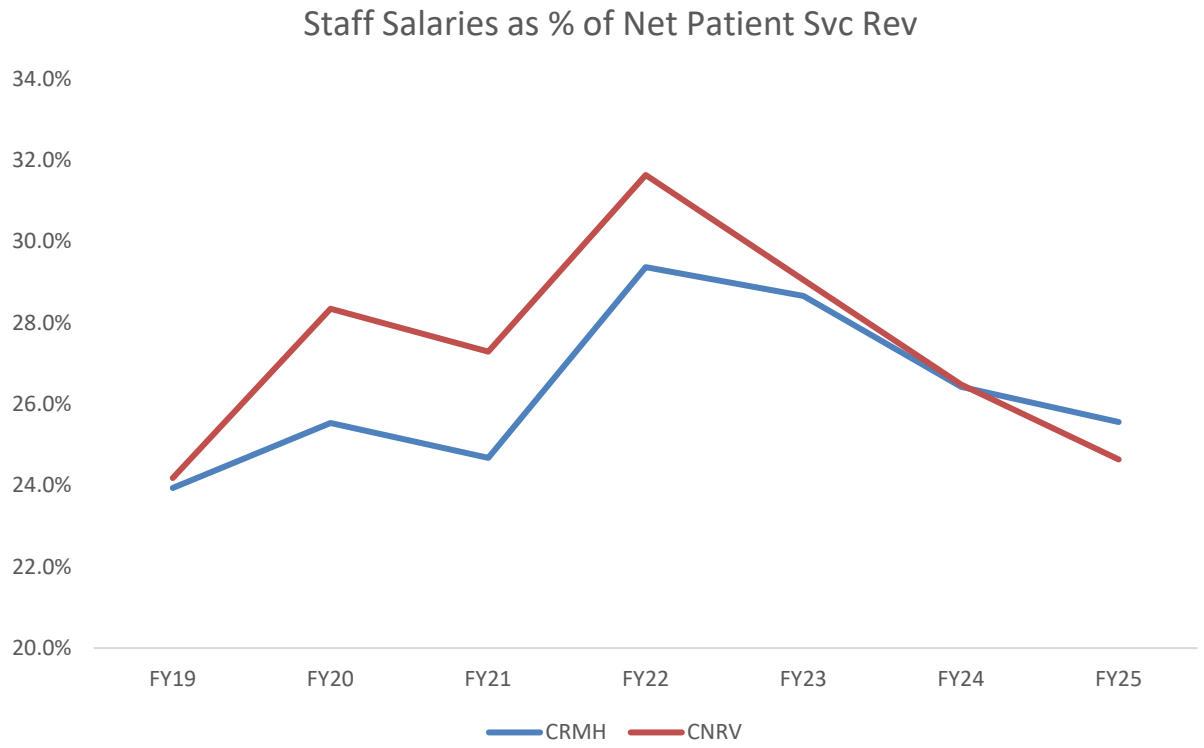
Flexible Position Control

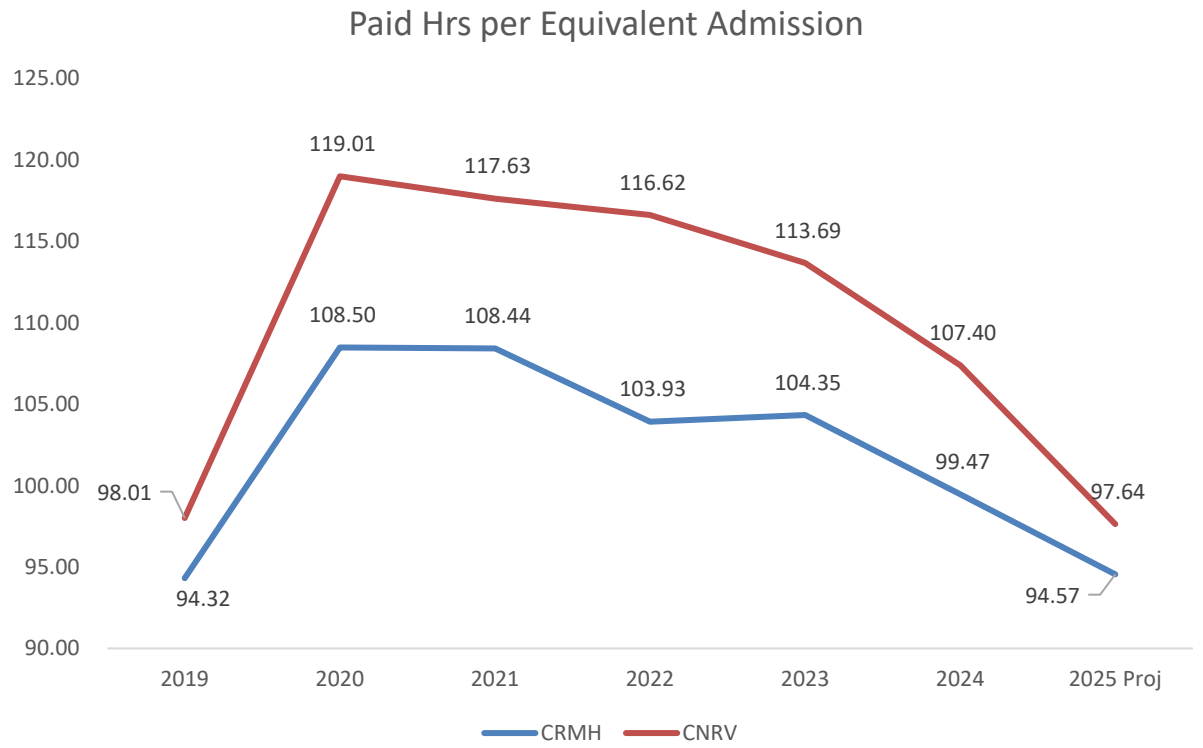
Hiring to average and not core

Ease of transition to utilizing the tool and viewing productivity

Allows adjustment of targets with variations in historical data and growing census

Results





- Both facilities showing marked improvement FY24 to FY25
- CRMH $14M (3%), CNRV $6M (7%)

- Both facilities improved in FY25 with CRMH close to and CNRV falling below pre-pandemic levels
- CRMH improved efficiency by 260 FTEs (5%) and CNRV 100 FTEs (9%)

Lessons Learned

- Led by operations
- Clarify scope
- Who should receive training?
- Training on units of service definitions
- Celebrate wins
- Expectations

What Next?

1. Rebuild PLUS/FPC using new ERP & upgraded time/attendance systems
2. Expand to remaining hospitals
3. Refine units of service to pull from alternative sources
4. Incorporate internal/external benchmarks for target calculations
5. Incorporate the tool into performance improvement goals & strategies
6. Enhance discipline & accountability

What About AI?

My boss said, “Work smarter, not harder.” So I delegated my task to ChatGPT and took a nap.

Thank you!