

Cross Country Staffing Contract Amendment

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Why is DPH proposing amendment to Cross Country Staffing contract?

- Contingency plan to maintain California Title 22 mandated staffing ratios
- **Hiring permanent nurses and is a top priority at DPH**
- Given national RN hiring trends and local conditions, the proposed contract amendment will ensure DPH maintains staffing and provides quality patient care through June 30, 2024
 - Majority of spending for contract nursing will be for ZSFG
- Operationally, registry is an important tool to maintain service levels due to vacancies and leaves.
- Requested contract amendment includes:
 - Increase agreement amount by \$59,711,013 for total of \$85,639,013
 - Extend contract by two years to June 30, 2024

Proposed Contract Amendment to Cross Country Staffing

Approximately 50% of the requested increase is to adjust funding for period ending 6/30/22 due to the additional costs of COVID-19 and unanticipated rate increases.

	Contract Value	Time Period
Current Contract Budget	\$25,928,000	July 1, 2019 - June 30, 2022
Additional Funding Requested based on Actuals	26,843,637	July 1, 2019 - June 30, 2022
Subtotal	\$52,771,637	July 1, 2019 - June 30, 2022
Two-Year Contract Extension/ Funding Requested	\$32,867,375	July 1, 2022 - June 30, 2024
Total Request	\$85,639,012	July 1, 2019 - June 30, 2024

RN staffing summary at ZSFG and LHH

RN Summary	ZSFG FTEs	ZSFG Rate	LHH FTEs	LHH Rate
Total RN Position Authority	984.1	-	187.8	-
Filled RN	913.1	92.8%	168.3	89.6%
Total Vacancy RN**	71.1	7.2%	19.5	10.4%
RN Vacancy with candidate identified	33.4	3.4%	11.0	5.9%
RN Vacancy in candidate identification process	36.7	3.7%	8.5	4.5%
Total RN Vacation and Sick Utilization (includes leaves)	187.4	19.0%	34.4	18.3%
RN on Approved Leaves	116.6	11.8%	28.0	14.9%
Total Staffing Gap	258.5	26.3%	53.9	28.7%

**National vacancy rate is 9.9% for RNs according to Beckers, which is increase of 1.0% from prior year

Current vacancies at ZSFG and LHH

RN Summary	ZSFG FTEs	ZSFG Rate	LHH FTEs	LHH Rate
Total Vacancy RN	71.1	7.2%	19.5	10.4%
RN Vacancy with candidate identified*	33.4	3.4%	11.0	5.9%
Anticipated start date for identified RN candidates	8 starting 12/13/21; Remaining FTEs in 1/2022		7 starting 12/11/21; 4 starting 1/8/2022	
RN Vacancy in candidate identification process	36.7	3.7%	8.5	4.5%

*These newly hired RNs will need background check/finger printing clearance, medical screening clearance, New Employee Orientation and RN unit orientation/training.

Important to note:

- If RNs are promoted internally, that creates new vacancies for previous positions.
- While DPH is working hard on HR improvements, there will always be vacancies due to routine staff turnover

Additional staffing gaps at ZSFG and LHH due to employee leaves

RN Summary	ZSFG FTEs	ZSFG Rate	LHH FTEs	LHH Rate
RN Vacation and Sick Utilization (includes leaves)	187.4	19.0%	34.4	18.3%
RNs on Approved Leaves	116.6	11.8%	28.0	14.9%

- These vacancies cannot be filled with additional permanent civil service hires as current RNs are on vacation, sick, or approved leave.
- Nursing registries such as Cross Country allow DPH to cover these leaves yet maintain patient standard of care.

ZSFG Registry Usage in FTEs*

Registry Usage in FTEs by FY	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22 (to date)
Operations	.53 (1.75%)	22.07 (100%)	23.27 (100%)	25.53 (45.38%)	18.01 (55.38%)	17.23 (39.35%)
Move to New Hospital	29.61 (98.5%)	0.00	0.00	0.00	0.00	0.00
EPIC	0.00	0.00	0.00	11.60 (20.62%)	0.00	0.00
COVID	0.00	0.00	0.00	19.13 (34.00%)	14.51 (44.62%)	26.56 (60.66%)
TOTAL	30.13	22.07	23.27	56.26	32.52	43.78

*FTEs are estimated based on total hours of registry utilized and does not represent the number of unique staff members supported through the contract. Vacancies and leaves can vary and the actual number of registry staff utilized, if any, at any time will also vary.

Contract equates to permanent FTEs*

Proposed contract amendment includes funding to support additional RN FTEs in FY 22-23 and FY 23-24, which translates as follows:

	ZSFG	LHH
Regular RNs via Cross Country	Up to 45 FTEs	Up to 8 FTEs
Average Cross Country hourly rate	\$96	
Avg hourly rate for PCS 2320	\$114	
COVID Operations	Up to 22 FTEs	Up to 7 FTEs
COVID RN Rates vary by specialty	\$175-\$195	

*FTEs are estimated based on total hours of registry utilized and does not represent the number of unique staff members supported through the contract. Vacancies and leaves can vary and the actual number of registry staff utilized, if any, at any time will also vary.

Regional usage of nursing registries

- All major hospitals use registry to ensure safe staffing levels to ensure quality care and to adhere to regulatory standards.
- Query of 4 hospitals in region
- Average usage of nursing registries was 27.5% FTE among 4 regional hospitals
- ZSFG average usage of nursing registry is currently 10% FTE
- ZSFG nursing registry usage lower than peer hospitals in region

Improvements to RN hiring process

- Anticipated time to fill RN positions is approximately 45 days on average.
- For new grads and training programs, hiring can take up to 3 months.
 - This is especially true for specialty RN areas such as ER or ICU.
- DPH expedited RN hiring process for COVID-19 pandemic.
- DPH HR hosted 3 onboarding events to expedite the processing time which could normally take several weeks.

Issues related to hiring RNs outside of HR

Due to the COVID-19 pandemic, San Francisco is managing a nursing shortage, which is replicated nationwide, due to:

- RNs leaving the profession, including retirement, or leaving permanent jobs to work for Nurse Registries
- Nursing schools lost 6-12 months of clinical rotations due to hospitals' inability to accommodate students during the pandemic or the schools' inability to hire clinical instructors.
 - Consequence is an expected decline of nursing school graduates over the next 1-2 years, thereby reducing a major hiring pipeline
 - Together, DPH anticipates a significantly decreased applicant pool over the next 3 years.
- Additionally, due to stress caused by the pandemic, there has been a significant increase in extended leaves approved for existing nursing staff

Potential Impacts to Patient Care

- Inadequate nurse staffing may lead to
 - inability to maintain California Title 22 mandated staffing ratios
 - heavier patient assignments for nurses
 - inability to continue with current elective procedures and surgeries and other services
 - an increase Emergency Department diversion
 - inability to meet demand for COVID-19 testing and vaccination clinics

Closing

- The contract amendments are contingency plan to maintain California Title 22 mandated staffing ratios
- **Hiring permanent nurses is top priority**
- **Maintaining quality patient care also top priority**

Thank you. Any questions?