STAFFING FOR MAXIMUM PRODUCTIVITY

Questions and Answers

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NAOHP standards for productivity: 92% compliance and above - need to re-evaluate staff and 89% and below - need to look at staffing role.

We are told to use RVUs. They don't work. What can we use?

The challenge is the RVUs are not pertinent to OHS, being able to tag the appropriate procedures and the visits. They don't provide the best approach to productivity. RVUs are predicated on the Medicare model for productivity. We strongly recommend the NAOHP productivity model that covers the insurance model as well as the retail model. Many programs use a straight compensation model with a base salary and incentive package for specific tasks.

What is the best staffing model?

We've seen a provider and two MAs for provider support and walk-ins, a clerical role and registration person and a supervisor. You need to review your State Practice Act to determine the specific roles and what they are able to do.

How do we get a staffing pool?

Some programs have a small pool that have been trained for the specific tasks of OHS. General staff are used for injury care,

but the retail business requires certification for PFT screening, audiological screenings, and urine drug screening. It's recommended you train about six MAs for the pool.

What measurement do we use for onsite service?

To measure the onsite productivity, look at time, diagnosis, walk-ins, and savings. For patients going outside the workplace, look at the number of visits for cost benefit and quality indicators for the general care provided. It depends on what services you provide and define the services with the employer before the services start. Challenges are predicated on volume, so employers with less than 500, customize high end service in a clinical setting outside the employer base.

What is the staffing model for wellness?

Some programs have wellness divisions. Others use NPs with CNAs to provide direct screening, exams, and health coaches to work with the employees for their "wellness plan."

How many ancillary staff do we need per provider?

We recommend two MAs, clerical staff, registration, and clinical managers. It depends on what services you offer. High end injury walk-ins may require the use of NPs/PAs for additional support. Staffing needs to facilitate patient's time in the clinic for 45 minutes.

With a mixed format of walk-in and scheduled appointments, is there any strategy that can be applied to assist in planning for appropriate staffing for a variable influx volume?

Programs need to look at the mix of patients coming into the clinic and evaluate the trends and staff accordingly. Your market drives staffing and the competencies for the services provided.

Is cross-training the best practice?

Yes, it is essential. All support staff for clinical and clerical staff are trained for all facets of the job tasks. It is important to train for costumer service models.

What staff mix can we use in an onsite clinic that has multiple soft tissue injuries?

The use of Athletic Trainers with a background in ergonomics has been very successful. The development of prior to work exercise and stretching programs decreases the injuries and improves employee productivity. Many programs have utilized this role for employee clinics for care for sudden development of pain and muscle soreness. The programs have realized decreased injuries for the early intervention of the aches and pains of the workers. ATCs have also been very useful in reviewing ergonomic work practices and developing prior to hire functional evaluations for employers. Additionally, post injury care is NOT an OSHA recordable, whereas the use of a physical therapist is OSHA recordable.

What is the future of the RN in the occ med clinic?

Care Management has expanded developing the RN role for the employer both in clinic as well as onsite. This expanded model uses the RN as a total care manager for all the health and wellness of the employees. Similar to the early employee health roles, this model provides education and OSHA information for worksite safety, provides health screenings and post-accident monitoring in the workplace, decreasing lost time. The role increases the employee productivities and the health of the employees through early disease identification and appropriate referral to care.

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Progressing with the ongoing changes, NAOHP remains the core development of occupational health, providing occupational health professionals and providers the education, training, and tools necessary to have a successful occupational health program.

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