Clinical Effort Standards

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Background and Process

- Faculty report inequity within and among Departments
- CES Workgroup created recommendations to Physician-In-Chief and Provost on how to create a standardized process for determining transparent, equitable clinical capacity and productivity metrics across the institution
- Dept. Chairs created expectations in conjunction with Section Chiefs to be able to personalize at a local level
- PIC and Provost reviewed the standards across departments to ensure standards are equitable

Rationale

- Accurately measure the time you spend on clinical activities
- Local level management of productivity expectations (set by department)
  - Can be section or subsection specific
- Set fair expectations across similar faculty effort
- Serve as good stewards of our effort resources
- Provide clear productivity expectations
- Support appropriate staffing to meet budgetary & clinical volume expectations
  - Provides justification/data for additional resources when necessary
  - Long term goal is to meet the staffing needs of the department or section

What Are Clinical Effort Standards?

- Clinical Effort Standards is a 3 part process that allows leadership to understand and manage clinical staffing
  - **Part 1**: What counts as clinical activity?
  - **Part 2**: How much time is available on an annual basis? (Capacity measured in unit time)
  - **Part 3**: What is expected during that time? (Productivity measured in activity per unit time)

Activity = Capacity x Productivity

What counts as clinical activity?

- Each department chair identifies local clinical activity; examples include:
  - Physician interpretation
  - Biopsies (if applicable)
  - Consults
- Division reviews to ensure clinical activity is consistently defined across departments and is in alignment with institutional guidelines
- CES Institutional Workgroup: Multidisciplinary conferences added as a clinical activity, *not* non-clinical time

What is clinical capacity?

- Clinical capacity is the number of days a faculty member is available to produce clinical activity
- Annual number of business days minus PTO annual accrual (individual)
- If you take more (or less) than what you've accrued for the year due to banked PTO, your expected work time is adjusted accordingly
- After PTO is deducted the work time is then split according to the declared effort
- Extramural leave, by definition, is used for the purpose of academic/professional activities. Therefore, it is taken out of non-clinical time.

PTO Factored Into Minimum Target

	PTO "Off the top"			
Work days in FY15	252	252	252	252
PTO accrual	21.5	23.5	25.5	28.5
Clinical Effort	70%	70%	70%	70%
Days in Clinic	161.4	160.0	158.6	156.5
EML (Extramural)	20	20	20	20
Days in Acad/Admin Non EML	49.2	48.6	48.0	47.1

Calculating Clinical Capacity

Variables/Inputs	Value
Total Working Days Annually ("TWD")	250
FYXX Accrued PTO (days)	26
Declared Clinical Effort (percent)	0.7
Extramural Leave (days)	30

	Annual Breakdown
Days Available	224
Clinic Days	156.8
Non-Clinical Days	67.2
Actual Clinical Percent Effort	0.7
Actual Non-Clinical Percent Effort	0.3

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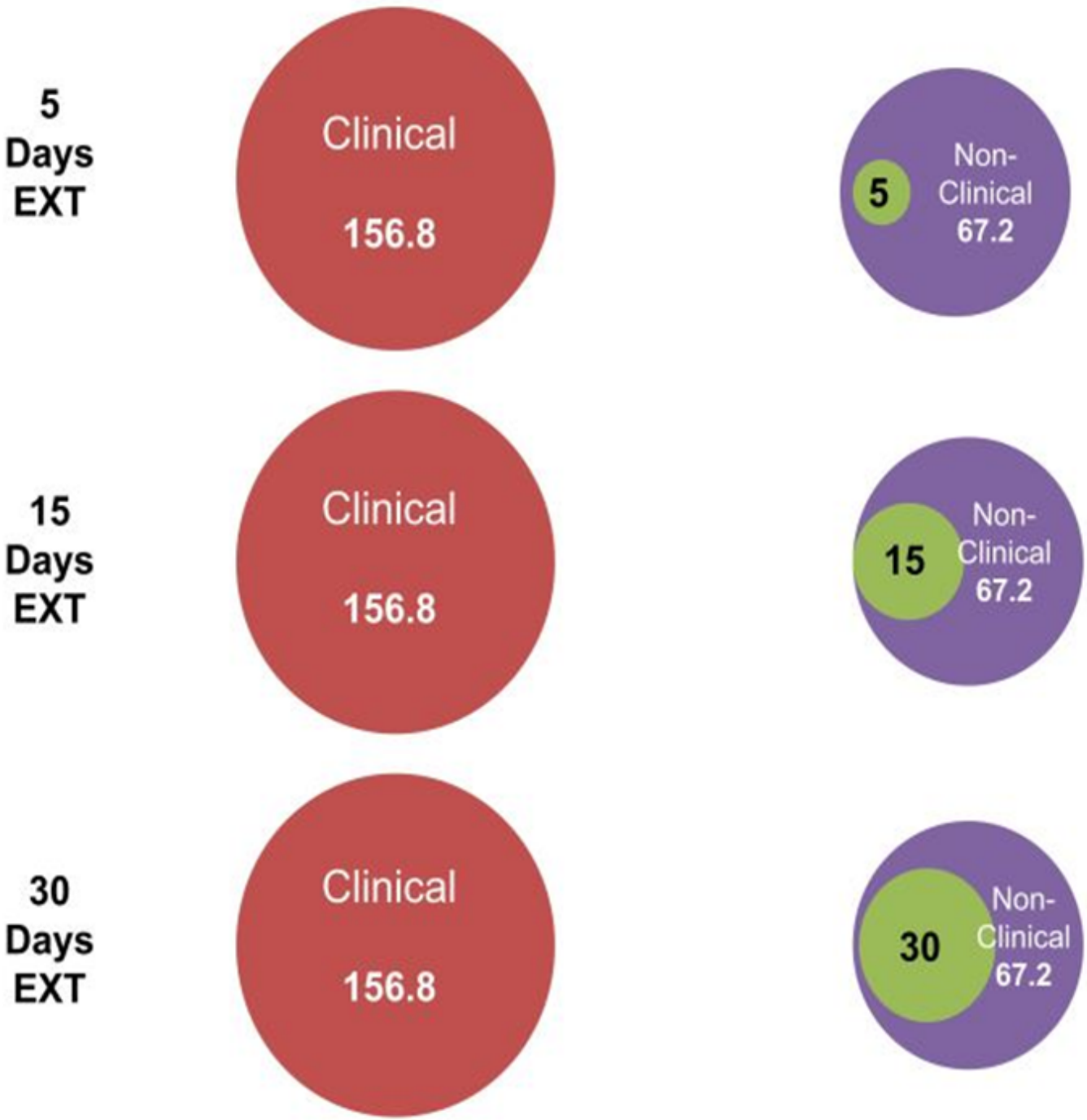
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Effort Analysis

Examining Extramural Leave & Percent Clinical Effort

Variables/Inputs	Value
Total Working Days Annually ("TWD")*	230
Declared Clinical Effort (percent)	0.7
Extramural Leave (days)	30

	Model 1: Extramural Leave Taken from Non-Clinical Days	Model 1 Formulas	Model 2: Extramural Leave Taken From Total Days	Model 2 Formulas	Difference (M1 - M2)
Days Available	230	Total Working Days only	200	Total Working Days - Extramural Leave	***30***
Clinical Days	161	Days Available x % Clinical Effort	140	Days Available x % Clinical Effort	***21***
*Non-Clinical Days***	69	Days Available x % Non-Clinical Effort	60	Days Available x % Non-ClinicalEffort	***9***
Actual Clinical Percent Effort	0.70	Model 1 Clinical Days / Model 1 Days Available	0.61	Model 2 Clinical Days / Model 1 Days Available	***0.09***
Actual Non-Clinical Percent Effort	0.30	Model 1 Non-Clinical Days / Model 1 Days Available	0.39	Model 2 Non-Clinical Days + EL / Model 1 Days Available	***-0.09***

* Accounts for Institutional Paid Holidays and PTO (average)
**Non-Clinical Days Breakdown:
Model 1 - Extramural Leave + Non-Clinical Time
Model 2 - Non-Clinical Time Only

CES Management w/Scheduling Systems

Information provided to faculty at the start of the FY:

Variables/Inputs	Value
Total Working Days Annually ("TWD")	253
FYXX Accrued PTO (days)	23.5
Declared Clinical Effort (percent)	0.7
Extramural Leave (days)	30
	Annual Breakdown
Days Available	230
Clinic Days	160
Non-Clinical Days	68
Days Converted into 1/2 day Shifts	321
Actual Clinical Percent Effort	0.7
Actual Non-Clinical Percent Effort	0.3

Report provided to each faculty throughout the FY:

	Non-Clinical	Clinical Actual	Clinical Target	Deviation
September 2016	19.00	21.62	26.78	-5.15
October 2016	17.00	25.25	26.78	-1.52
November 2016	8.00	30.50	26.78	3.73
December 2016	15.00	24.38	26.78	-2.40
January 2017	11.00	30.00	26.78	3.23
February 2017	5.00	31.88	26.78	5.10
March 2017	9.00	33.62	26.78	6.85
April 2017	12.00	27.00	26.78	0.23
May 2017	14.00	27.62	26.78	0.85
June 2017	1.00	31.50	26.78	4.73
July 2017	16.00	21.12	26.78	-5.65
August 2017	14.00	24.75	26.58	-1.83
Totals	141.00	329.25	321.11	8.14

Staffing Example

Name	*Clinical Actual	Total for Range Clinical Target	Deviation
Faculty 1	338.75	321.30	17.45
Faculty 2	321.38	321.30	0.08
Faculty 3	306.75	275.40	31.35
Faculty 4	203.63	136.50	67.13
Faculty 5	201.63	174.80	26.82
Faculty 6	289.13	277.80	11.33
Faculty 7	301.38	283.80	17.58
Faculty 8	324.25	310.10	14.15
Total Section			**185.87**

Actual Effort vs. Declared Effort Variability

- Clinical and non-clinical effort week-to-week may shift based on staffing availability
  - Vacations
  - Meetings
  - Emergencies (Hurricanes, Floods, etc.)
- Annually, clinical effort may not match declared effort exactly
  - Unexpected workload
  - Unexpected position vacancies
  - Unexpected extended leave
- Our commitment is to closely match actual effort to declared effort over time; therefore, an *accurate* staffing model is critical

FAQs: Under Part 2, do I have to "make up" clinical time when I travel?

- By having annualized expectations, you have a clear minimum target at the beginning of the year for what to achieve across all 12 months
- Therefore, there is no "making up" time; your target number of assignments is an annual goal
  - Weekly or bi-weekly schedule will not always be an accurate reflection of your annual percent effort
  - Some weeks may have more or less clinical assignments than others; goal is to meet annual number

FAQS: Under Part 3, once I reach my target, does this mean I no longer need to work clinical assignments?

- The targets are set as a minimum number to help us understand our minimum staffing needs
- Targets may change over the course of the year due to unexpected circumstances
- Ultimately, continuity of patient care is our number one priority and requires dynamic management of daily targets
- Performing above the target provides value to our patients and will be recognized in many ways – including in the faculty evaluations.

FAQs: How are effort levels set/adjusted?

- Total faculty percent clinical effort and productivity expectations must be managed to meet coverage and activity needs; therefore, changes to one faculty member's annual clinical effort level means one or more other faculty members may need to be adjusted accordingly in the fiscal year.
- Individual faculty percent effort is determined by Dept. Chair and approved by Division Head. Any changes to percent clinical effort throughout the year must also be approved by the Division Head.
- If you feel your performance warrants a change in effort, this should be discussed with your section chief or department chair

FAQs: Institutional Implementation – Are Others Doing This?

- This is an institutional initiative. All departments across the organization submitted clinical effort standard templates to the Physician-in-Chief
- Although Divisions may have different, locally-relevant expectations, all are expected to implement clinical effort standards
- It's the right thing to do
  - Provide adequate clinical coverage for our patients
  - Provide fairness across faculty service
  - Be good stewards of resources
  - Provide adequate resources/staffing for our faculty

Annual Responsibilities of Leadership

Section Chiefs or Department Chair

- Review clinical activity list
  - Do activities need to be adjusted? Added? Removed?
  - Adjust accordingly; submit to Department Chair
- Review productivity metrics
  - Are current productivity metrics still appropriate?
  - Submit adjustments/edits to Department Chair

Annual Responsibilities of Leadership

Section Chiefs or Department Chair

- Review percent effort levels for each faculty member
  - Does the percent effort assigned to each faculty member aggregate to meet coverage and activity needs?
  - Does an individual faculty member warrant adjustment based on clinical and non-clinical activities?
  - Discuss and adjust
    - With individual faculty member
    - With Department Chair
  - Individual adjustments to percent effort levels can be done mid-year; this must be approved by the Department Chair and Division Head
- Communication
  - Clearly communicate any changes to clinical effort standards at the beginning of the fiscal year (relevant to section)

Annual Responsibilities of Leadership

Department Chairs

- Review submitted edits to clinical activity list(s)
  - Do these activities need to be consistently adjusted across the department?
- Approve productivity metrics
  - Do these productivity metrics need to be consistently adjusted across the department?
- Discuss and adjust:
  - Individual changes in percent effort allocation
  - Confirm that percent effort aggregates to departmental coverage and activity needs; submit to Division Head
- Communication
  - Clearly communicate any changes to clinical effort standards at the beginning of the fiscal year (relevant to department)

Annual Responsibilities of Leadership

Division Head

- Review clinical activity lists at a divisional level
  - Do any of the altered activities apply to other departments in the division?
  - Adjust accordingly; ensure consistency across departments
- Final signature on percent effort levels
- Submit position requests (new or replacement) based on CES as appropriate
  - Completion of CES process must precede annual position requests