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Stepwise Success

Justifying Staff

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These days it's all about shortages. Shortages of techs, shortages of patients, and shortages of money. In small hospitals there are fewer of us working with fewer patients for less money. Those who are working are older than the average worker, are wondering who is replacing them, and are tired of hearing about doing more with less when new technology requires people to test, validate, and perform the assays. This is what I've been hearing for the last few years.

A few random thoughts on this.

A laboratory test menu is constantly in flux as tests are brought in house or sent out to reduce cost or improve quality, but what I hear now is, "If you send out that test can you reduce hours?" I find myself justifying what little staff I have more and more, and I suspect many managers would say the same thing.

Payroll is a huge portion of ongoing expenses, so that's understandable. I get that reducing expenses is crucial to managing a dwindling cash flow and can make or break a hospital in a competitive market. But the reality of managing laboratories is different from other departments.

Few benchmarks: there are benchmarking factors, but laboratories are so different in employee mix, services, and outreach that it's difficult to compare them in a meaningful way. I've been in labs with many phlebotomists, for example, and some where techs performed most of the phlebotomy. It all depends on how far away a phlebotomy station is, how versatile the information system is, and other factors. Equipment varies greatly from lab to lab, and not all instruments offer the same mix of quality and speed. "Efficiency" varies from lab to lab, often having little to do with the skill level of techs.

Make or buy issues: bringing in tests to justify staff is fine if it's cheaper to perform a test in house, but that can be a boondoggle if it requires new instrumentation, more maintenance, more training, and more competency. It's

been my experience in general that people are poor multitaskers. Asking people already doing multiple tasks to do one more creates a drag on overall efficiency and a chance to increase errors that will drag a system down even more.

A manager caught in a feeding frenzy of cost cutting has to recognize benchmarking and other comparisons for what they are: an attempt to manage expenses using verifiable data. That can be a smart idea in a big picture sense. But a manager also has to use dwindling resources with a mindset that these issues aren't going away, necessitating new ways of thinking about old problems. Our futures in this industry will likely be shaped by more than "make it or buy it," outsourcing, or cost cutting. We can only do so much of this, and in the meantime the demand for faster, better laboratory results is increasing. What we do has never been more important.

This could mean different workflow models, consolidated platforms, software AI, or something completely different. Whatever it turns out to be for our individual labs, it has to be invented under constant pressure to do more with less. Inventing new ways to produce better care may be the best way to justify staff we have.