WORKLOAD MANAGER- OPTILINK

KRONOS®

Agenda

- Review the foundations of Workload Manager (Optilink)
- Provide a hands-on introduction/review to the program's features

Why Optilink?

- Omits paper assignment sheets
- Identifies patient, staff assignment, and unit acuities
- Assists in continuity of care
- Supports equitable assignments
- Documenting regulatory compliance
  - Historical record
  - Patient-to-staff ratios and assignments
  - Unit and patient notes
- Optilink interfaces with Kronos Scheduler and Epic for acuity scoring and census data

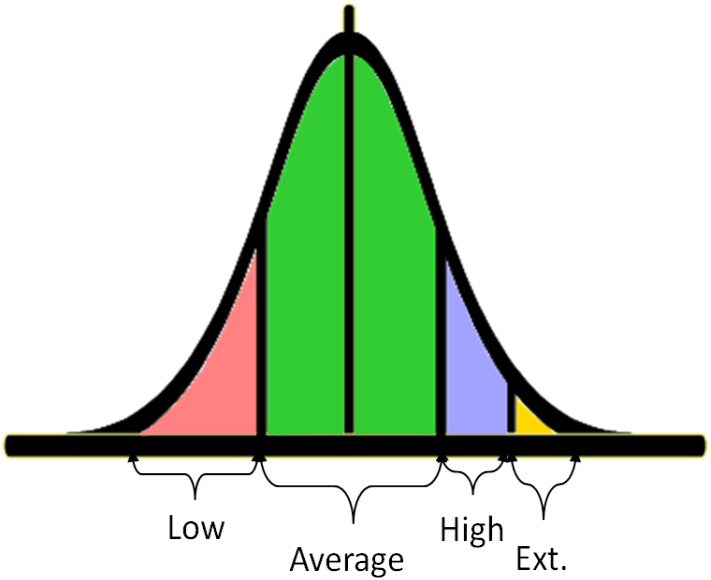
Patient Acuities

- Acuity levels are set to conform to each unit's standards
- Patients are classified as one of four acuities:

- Orders, medications, lines, drains, wounds, baths, activities, and more are all taken into consideration to determine how much work each patient may need from direct providers
- Managers or Nursing Supervisors can adjust patient acuities (lasts for 24 hours)

Recording Patient Acuities

- Acuities will vary from one shift to another and day to day
- Over time, a normal distribution of acuities should be seen on a unit:



Low	16 %
Average	66 %
High	16 %
Extreme	2 %

What is an “Average” Patient?

7.4 HPPD

1. Isolation: contact
2. Medication and/or treatments q 2-4 hrs.
3. D/C or xfer: routine
4. Stable admission

Medical

7.3 HPPD

1. Resources: 61-120 min. and/or 1 RN; 1 CST
2. Stable patient: routine OR procedure

Surgical

8 HPPD

1. Resources: 61-120 min. and/or 1 RN; 1 CST
2. Stable patient: routine OR procedure

Telemetry

2.2 HPPD

1. Orthopedic pt: req. nurse to apply splint
2. Procedure: simple
3. Teaching req. < 30 minutes

Emergency

12.5 HPPD

1. Altered mental status
2. Intra Aortic Balloon pump
3. Unstable patient: spinal cord injury

ICU

Increased Resource Needs – "High" Patients

KRONOS

8.25 HPPD

1. ADLs: max assist
2. D/C instructions: complex
3. Family dynamics: complex
4. Seizure monitoring

Medical

7.4 HPPD

1. Active bleeding req. 2 units of blood
2. Hemodynamically unstable
3. Unstable patient: morbid obesity

Surgical

9 HPPD

1. 1:1 supervision
2. Education: complex
3. Fall risk: climbs out of bed
4. Seizure monitoring: high risk

Telemetry

2.75 HPPD

1. D/C instructions: complex
2. Orthopedic patient: traction required
3. Suspected or known abuse

Emergency

24 HPPD

1. Immediate post op open heart
2. IVH ≥ grade 3
3. Pharmacological paralytics
4. Status epileticus

ICU

Decreased Resource Needs – "Low" Patients

KRONOS

6.4 HPPD

1. Ambulation: independent
2. IV medications ≤ 2 per shift
3. Waiting for discharge or transfer

Medical

6.4 HPPD

1. Waiting for discharge or transfer
2. Resource requirements < 60 min. and/or 1 RN; 1 CST

Surgical

7.2 HPPD

1. ADLs: independent
2. Medication admin. IM/PO only
3. Sleeps or rests the entire tour, routine visual checks

Telemetry

1.75 HPPD

1. AMA
2. Cast removal
3. Medical screenings: non-emergent
4. Suture removal

Emergency

8.25 HPPD

1. Stable admission
2. Stable patient: no arrhythmias
3. Transfer to lower level of care

ICU

Increased Resource Needs – "Extreme" Patients

12 HPPD

1. 1:1 supervision
2. Allergic reactions with resp. distress
3. Code Blue
4. Psychologically unstable

Medical

12 HPPD

1. Malignant hyperthermia
2. Multi-system failure
3. Resource requirements: 121-240 min. and/or 2 RNs; 1 CST

Surgical

12 HPPD

1. Unstable patient: interventions q 15-30 min.
2. Unstable patient: requiring xfer to higher level of care

Telemetry

3.25 HPPD

1. Admission waiting > 4 hrs for ICU bed
2. Code Blue
3. Multiple trauma injuries

Emergency

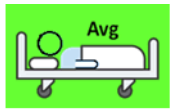
36 HPPD

1. Code Blue
2. Unstable patient: life-threatening condition
3. Unstable patient: requires 2:1 RNs

ICU

Supporting Equitable Assignments

- Each acuity level has an associated numeric value



1

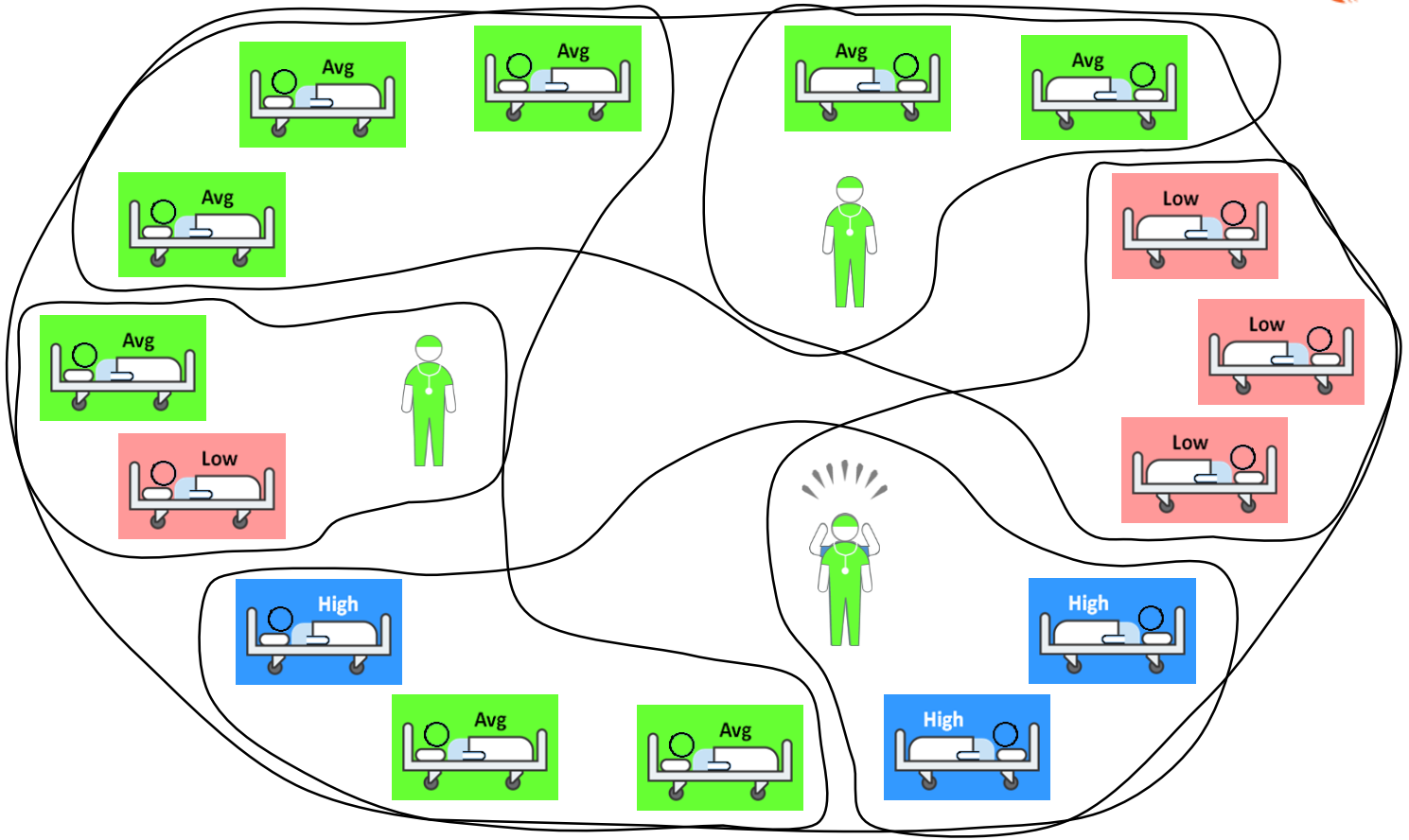
1.25

.83

1.6

- Acuity weighting can be used to create balanced assignments, with the Charge RN taking into consideration staff experience and skill set

Balancing Assignments Among Staff



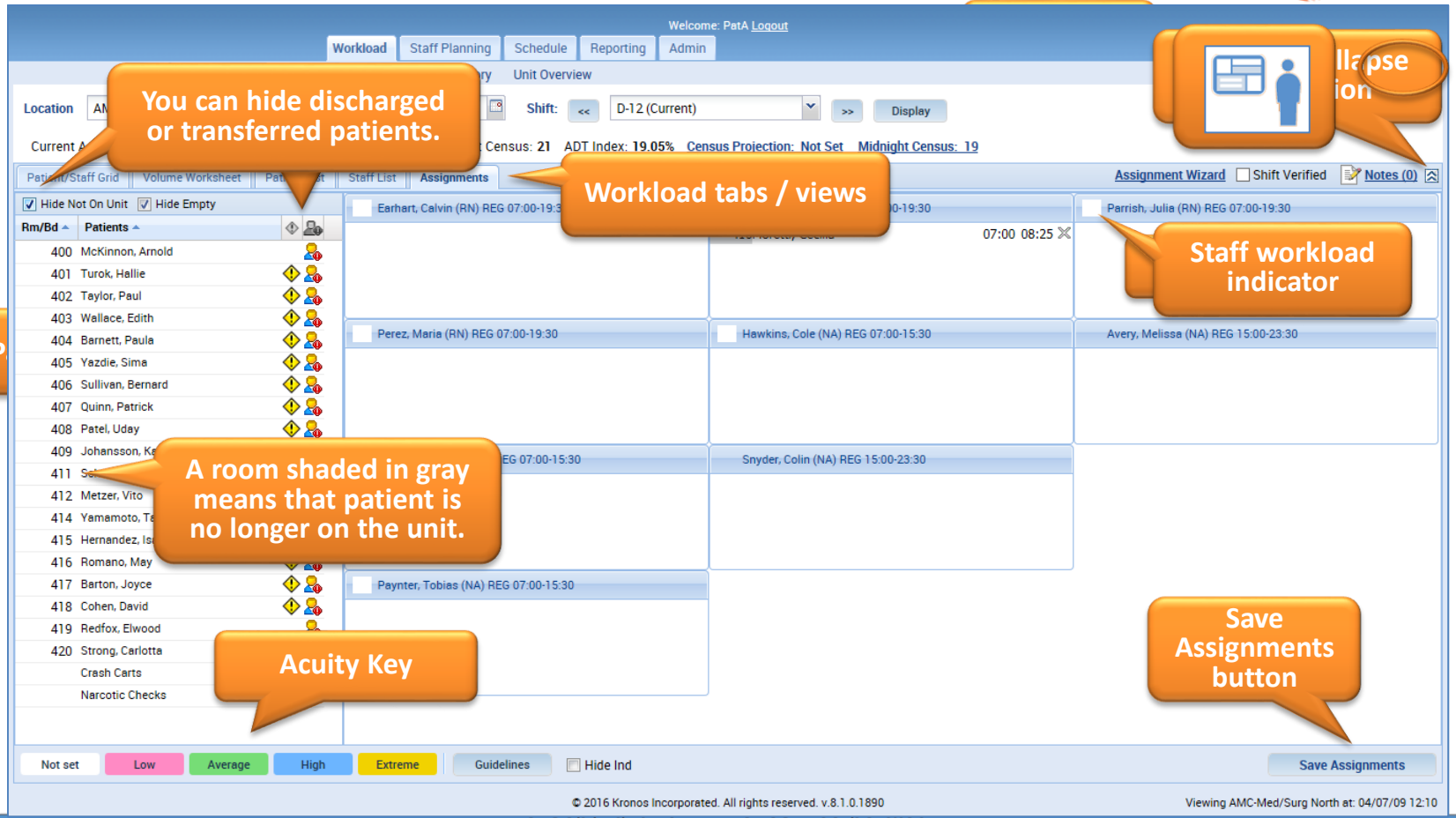
Aligning Resources to Acuity-Adjusted Demands

Acuity Index	x	Actual Census	=	Acuity Adjusted Census
1.07	x	15	=	16

Census Range	05-RN	15-NA	20-US
1 – 10	2		
11 – 15	3		1
16 – 18	3	1	1
18 – 20	3	2	1
20 – 22	4	1	1

- Acuity weighting and staffing projections can also assist in aligning resources to meet patient demand

The “Assignments” Tab

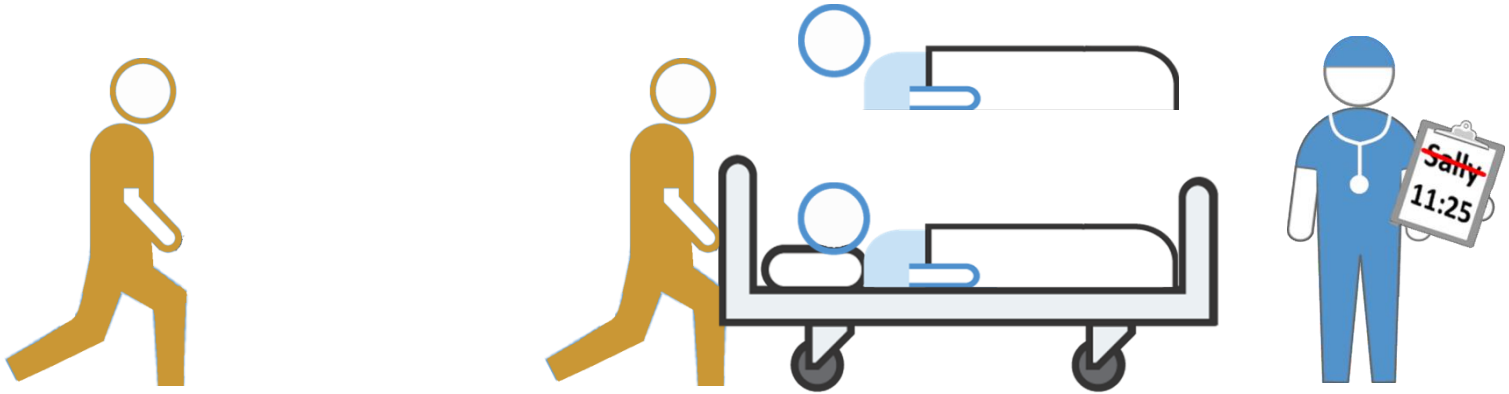


Assignment Wizard

- There are 2 types of wizards:
  - Continuity of Care- identifies assignments that have previously existed between patients still on the unit and staff members scheduled to work on current shift
  - Optimization- considers geography and equitably assigns patients based on acuity and staff members present for the entire shift
- These can only be run at the beginning of a shift (7a and 7p)
- These are suggested assignments and does not replace professional judgement
- Both wizards can be run at the same time

Assignment Start and End Times

- Optilink will start assignments as soon as possible and maintain assignments as long as possible
- Optilink will adjust the assignment times to match the patient's stay:
  - The assignment will start when the patient is admitted to the unit
  - The assignment will end when the patient leaves the unit

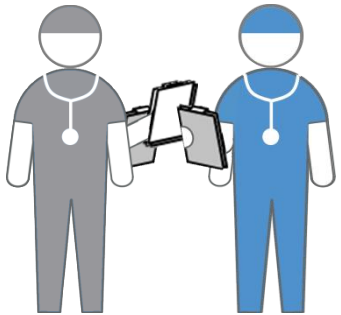


Transferring Assignments Mid-Shift

Sometimes you need to move an assignment from one nurse to another, when both nurses are still on the unit

10:45

07:00 **19:30**

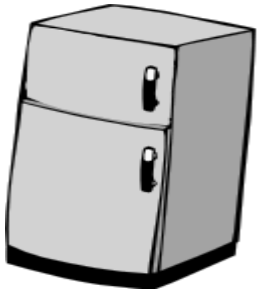


Transferring Assignments Mid-Shift

- Transferring assignments is a three-step process:
  1. Mark the end time on the first assignment
  2. Assign the patient to the second staff member (this must be done from the patient panel list)
  3. Adjust the start time on the second assignment
- You can also pre-assign empty beds to plan for an expected admission

Assigning Tasks and Recording Staff Coverage

- Task assignments helps the Charge RN communicate responsibility to staff members for items they may be accountable for during a shift (i.e. check fridge or code cart check)



- Assigning staff coverage allows the Charge RN to plan for breaks or times the nurse may be off the unit for class

Notes

- There are two types of notes:
  - Patient notes (last for one shift)- “patient prefers door closed”
  - Unit/shift notes (last for 24 hours)- “rooms 1 and 2 are closed for cleaning” – important to check the box for Staffing Office to see
- Notes are saved with your log-in ID and a date and time entry stamp
- Notes cannot be edited or deleted. If you make a mistake on a note, make a corrective entry. Notes are discoverable 

Tags

- There are two types of tags:
  - Patient tags: draw attention to specific condition or status (i.e. DNR or name alert), these can be set to show for a shift or entire stay
  - Staff tags: used for informational purposes (i.e. charge nurse or SACO)

Projected Census and Reconciling Data

- It is important to enter a projected census for the next shift, this helps capture admissions, discharges and transfers
- Charge nurses need to reconcile data in Optilinks by confirming assignments, projected census, etc is verified
  - This is a simple check box and can also be used as an audit tool for managers

Questions?

Please remember Optilink is a tool and does not replace good communication

Reviewed 5/2021