Addressing management issues

Budgeting for phlebotomists

Q In preparing the lab budget for next year, we find our hospital is coming down hard on using staffing benchmarks and productivity ratios to determine how many FTEs will be approved for each department. For the lab, we look at hours worked per 100 billable tests. Our target is to maintain productivity levels of 22 worked hours per 100 billable tests. We have stayed on target; however, I am being told we need to cut back because the hospital’s overall ratio of FTEs to adjusted admission has crept up by 1.0 FTE over the past year.

Half of our workload is outpatient, and we do have a small lab-outreach program. Recently, our emergency room (ER) asked that we provide that department with phlebotomy services again. Four years ago, the ER nurses began doing their own blood collections, and the lab gave up four FTEs when that portion of phlebotomy was deployed. The lab provides a phlebotomy team that serves the rest of the hospital, except ICU, same-day surgery, and the newborn nursery. I am told we should not need more staff to cover ER blood collection, but I argued that we need at least part of the FTEs back that were given up.

There is a pneumatic tube system between the ER and lab, but there is no tube system between the lab and the rest of the inpatient units. Our phlebotomists also act as our front-end processors, answer all the phone calls to the lab, and perform courier duties to nursing homes and physician offices. Our LIS does not keep track of the number of venipunctures unless we charge for them— as we do for an outpatient. Should we charge the ER patients for each venipuncture? I do not know if the nurses have been doing that, but ER patients are considered outpatients. Can you give me some resources that define the proper use of productivity benchmarks for hospital laboratories, specifically in justifying phlebotomy labor? What is the best way to account for the phlebotomists’ time?

A Alton Sturtevant recommends, “Since you are being staffed based on productivity, you should devise a system to count each phlebotomy performed with your LIS. The old CAP workload standard for phlebotomy was about four to five per hour. This measurement was meant to capture all of the activities related to identifying the patient, collecting the specimen, labeling the tubes, preparing the specimen, and paperwork required to get the specimen into the testing process. I am not aware of current published standards for this service. You should do a literature search in hopes of finding standards. My short Internet search yielded thousands of related topics including professional associations and training programs.

“In addition, you should network with your fellow professionals as a means of finding more information relating to this situation. Based on your findings, you can make an educated assessment of your phlebotomy needs. Your estimate should take into account what the added labor would be for you to provide blood collections to the ER. This study will help your upper management make a more educated determination of labor needs.”

Larry Crolla asserts, “If you gave up not having the four phlebotomists because you did not have the ER to draw, and that is what is required to do the draws, then you must state your case in that way. I would ask why they think you do not need any of the four people you employed to do the job before. I would also ask you why you should be penalized for the inefficiency of other departments. You cannot have it both ways—that is, you cannot use tools that say this is the correct amount of labor and then trim past that point.”

Marti Bailey notes out, “We are in the same boat regarding tracking venipuncture volumes because, like you, we have statistics only for those we charge—and we do not charge inpatients. It should be possible for your LIS to report on venipuncture volumes based on inpatient blood-collection lists. Check with your LIS vendor regarding capability to report on the information you need. This may take some report writing expertise, but it should be do-able. If automated information is not an option, you could simply have your phlebotomists record a tally of their sticks each time they do inpatient rounds. They must be collecting from some type of work list and could record their tallies right on their list. You absolutely need to have inpatient blood-collection counts gathered in some manner on a regular basis, and you also need to find out the current venipuncture workload in the ER.

“Besides establishing your volumes, you need to conduct time studies to calculate the average time to perform a venipuncture. Using your total volume of venipunctures and the average time for each, you should be able to demonstrate how much downtime your staff currently has. There may be additional considerations, however, such as TAT. On early morning phlebotomy rounds, you may very well need to have additional staff working to collect..."
specimens from all patients within a time period that meets the needs of patients, nurses, and physicians. Thus, having your staff available for ER phlebotomies during inpatient phlebotomy rounds may require additional staffing, even if it turns out that overall your staff has downtime.

“The good and the bad of phlebotomy is that there is not much you can do to change the labor input — good because the labor requirement remains standard, but bad because there is little or nothing you can do to gain efficiencies other than reducing hours of availability or reducing the number of locations staffed.”

Ms. Bailey adds, “Based on your phlebotomy workload and average time per venipuncture, along with any special requirements that would increase staffing, you should be able to show how much available time, if any, your current staff has to assimilate the ER workload. If this does not provide the support you need to increase staffing or if your requests continue to be rejected, then I would consider reassigning some of the other tasks the phlebotomists are currently performing.

Perhaps there is secretarial staff that could support the phones and technical staff that could take on processing. If the phlebotomy staff is not actually collecting specimens at nursing homes, eliminating courier duties from their job responsibilities could stretch the staff. If these duties cannot be reassigned, then new positions may need to be requested. I only point out rearrangement of phlebotomists’ duties because sometimes there is resistance to adding positions of one type but not of another. As information, our ER nursing staff collects its own specimens and does charge for venipunctures.”

Bottom line. The panelists have offered several different approaches to this challenge. Choose the one you feel will work best at your hospital.

Salaried employee using a time clock

Q I have a problem that has been bothering me for some time, and I am hoping you can give some guidance. I am considered a salaried employee, but my manager has asked me to use the time clock to keep track of my hours. I am not late often — but when I am, my earned time off (ETO) is docked. If I work over eight hours, I do not earn any additional time off or money. The other salaried employees in the office are supervisors and are not required to use the clock. I asked my manager about this inconsistency, and she told me it would not be fair to the other hourly employees for me not to work a full day shift. My questions are: 1) Is it legal for my manager to require me to use the clock, and 2) is it legal for her to dock my ETO?

A Alton Sturtevant warns, “I feel that this is indeed a wage and hour issue. You are either a salaried exempt employee or an hourly non-exempt employee. I
am not aware of employers who would accept the behavior of your manager. Review the employee handbook for your institution. It should clearly define how exempt and non-exempt employees are to be treated. Review your job classification within your company to determine if you fall into the exempt or non-exempt category. If you determine that you are non-exempt, then you must comply with the timeclock rules and be paid for the hours that you work.

“Another concern that I have is based on your comments about your ETO being docked for those times when you do not work a full eight hours per day. Most companies require that you request time off and that you take it in pre-defined increments (i.e., one hour or more). In most cases, if you only worked seven hours and 45 minutes, you would be paid for those hours without docking your ETO. Your manager may be in violation of company policies with her handling of this instance also.”

Dr. Sturtevant adds, “If you find definitive answers to the questions that I have posed above, then discuss them with your manager, and let her know that she should follow the policies relating to them. Failing a successful outcome to the questions or discussion with your manager, then you should contact your Human Resources (HR) office for clarification and help with your dilemma.”

Marti Bailey cautions, “Your phrase ‘I am considered to be a salaried employee’ bothers me. Either you are staff exempt or staff non-exempt. Check with your HR department to find out which you are. It does not matter what your job title is. It only matters how you are classified for pay purposes. If you are truly staff exempt, then you should be held to the same standard as all other staff-exempt employees in regard to your paid hours and accounting for your time. If, on the other hand, you are non-exempt, then you should be clocking in and out, if this is the requirement for other non-exempt employees.

“Institutional pay policies would determine when and how you are docked for being late. As a non-exempt employee, your employer would be required to pay you overtime for working more than eight hours in a day, 40 hours in a week, depending upon your institution’s compensation policies. This sounds to me to be just another example of department managers who feel that they have total authority over their employees, and they could not be more wrong. They only have the authority invested in them by HR. Any time there are institutional policies, department managers are obligated to follow them. If there are issues regarding personnel for which no policy exists, it is the responsibility of the manager to work with HR for answers and decisions.”

**Bottom line.** Speak with an HR specialist in your institution about your concerns. Ask HR if you are an exempt or non-exempt employee. This answer from HR will determine how you should pursue this. □