Workforce Cost Efficiency Dashboard (2009–2013)
Prepared for: Hospital Finance & Operations Leadership

This dashboard provides a comprehensive view of staffing efficiency trends across California hospitals from 2009 to 2013. It evaluates total productive hours, labor cost, and average cost per adjusted patient day across clinical and administrative roles. The goal was to identify cost drivers, assess workforce allocation, and uncover opportunities to improve operational efficiency.

Key Insights:

- **Registered Nurses and Daily Cost Centers** accounted for the majority of productive hours, reinforcing their critical role in inpatient operations.
- **Administrative Services, Clerical Staff, and Contracted Roles** contributed significantly to total labor cost with lower relative productivity.
- **Average cost per adjusted patient day rose by over 70%**, peaking in 2013, despite relatively flat productivity growth, indicating worsening efficiency.
- **Aides, Technicians, and Support Staff** showed stable productivity trends but received disproportionate labor spend in some years.

Strategic Recommendations:

1. **Reallocate Administrative Staffing**
    - Conduct a workload analysis to consolidate underutilized clerical and supervisory roles.
    - Consider cross-training support staff to reduce department silos and improve flexibility.
2. **Optimize Contracted Labor Use**
    - Reduce dependency on high-cost contract nurses and support roles by building internal staffing pools or float teams.
    - Evaluate the ROI of contracted vs. in-house roles based on productivity contribution.

3. **Invest in Task Automation**

    - Digitize repetitive workflows (e.g., scheduling, reporting, billing) to reduce overhead labor costs in fiscal and admin services.

    - Reinvest savings into frontline staffing or patient care programs.

4. **Performance-Based Staffing Models**

    - Tie staffing levels to service line productivity or patient acuity scores rather than fixed FTE allocations.

    - Pilot predictive scheduling tools to align hours worked with forecasted patient demand.