Staffing Adequacy and Contract Staffing Analysis for Company X

Benchmarking Insights and Recommendation

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Author Note

These findings are based on data just for practice use.

DOC and SQL Questions below.

Executive Summary

In the first quarter of 2024, Company X embarked on a comprehensive evaluation of staffing adequacy across healthcare facilities. The primary objective of this analysis was to enhance its strategic positioning in providing healthcare staffing solutions. The report delves into the analysis of staffing trends, contract staffing utilization, and the prevalence of understaffing in nursing facilities. By identifying these areas, Company X aims to refine its efforts and differentiate itself from competitors by offering more effective and data-driven staffing solutions.

Brief Summary:

High Understaffing: States like Pennsylvania, Ohio, and Illinois have the highest levels of understaffing.

Contract Staffing Reliance: Facilities in these regions rely heavily on contract staffing, which is costly and unsustainable.

Recommendations: Company X should focus on offering long-term staffing solutions in these states to stabilize operations and improve care quality.

THE GOAL:

To identify staffing inadequacies and provide data-driven recommendations for Company X to target facilities in need of more stable staffing solutions.

Lets Start…

Introduction

Upon analyzing the dataset and examining the data, several opportunities emerged that could significantly enhance our sales strategies. However, selecting the most relevant data points for further analysis proved to be a complex challenge. The extensive data encompassing nursing homes across various states prompted me to revisit the initial question.

1   Which states should Company X prioritize for staffing solutions based on high contract staffing reliance?

I analyzed staffing data across all states, focusing on contract staffing ratios for particularly in Registered Nurse (RN), Licensed Practice Nurse (LPN's) and Certified Nursing Assistant (CNA) roles.

The data revealed states' reliance on temporary staffing. I ranked states by total contract ratio and identified the most reliant states. Vermont, Maine, and North Dakota have the highest contract ratios. Vermont has a staggering 30.54% reliance, followed by Maine at 19.50% and North Dakota at 18.91%. These states face significant challenges in building a stable workforce. High contract ratios indicate facilities struggle to hire permanent staff and use more expensive contract staff.
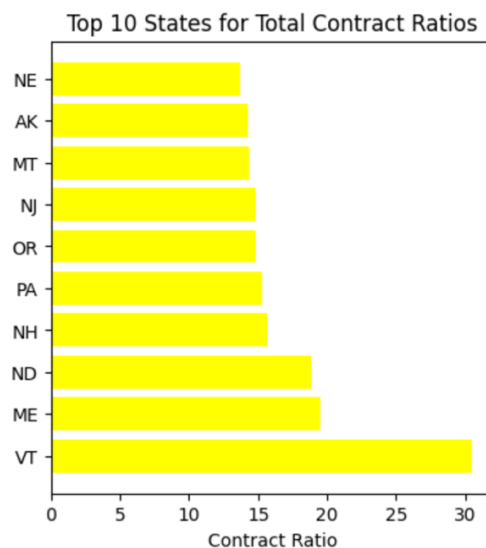
These states also represent potential pain points for facilities. They face operational inefficiencies due to high staff turnover, fluctuating quality of care, and increased labor costs. Additionally, I considered the possibility of generating a small graph depicting the states with the lowest contract ratios.
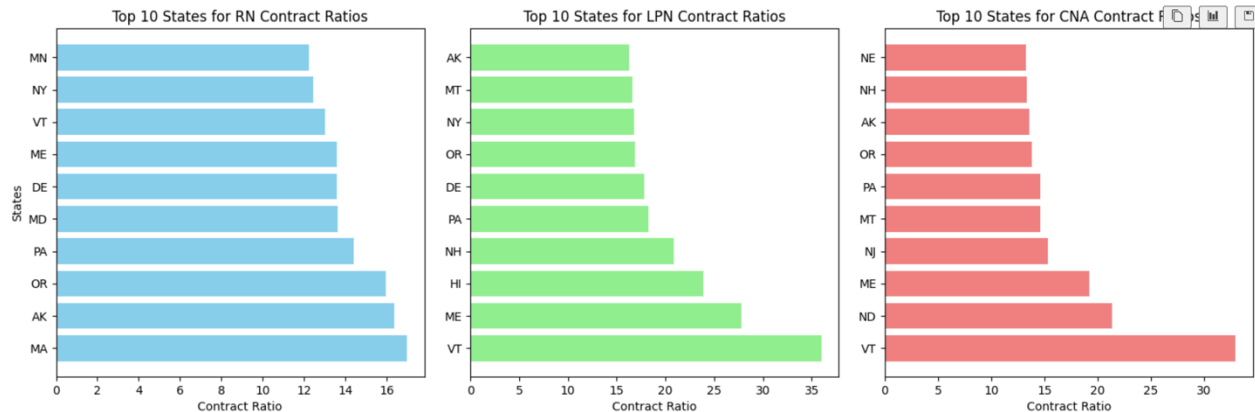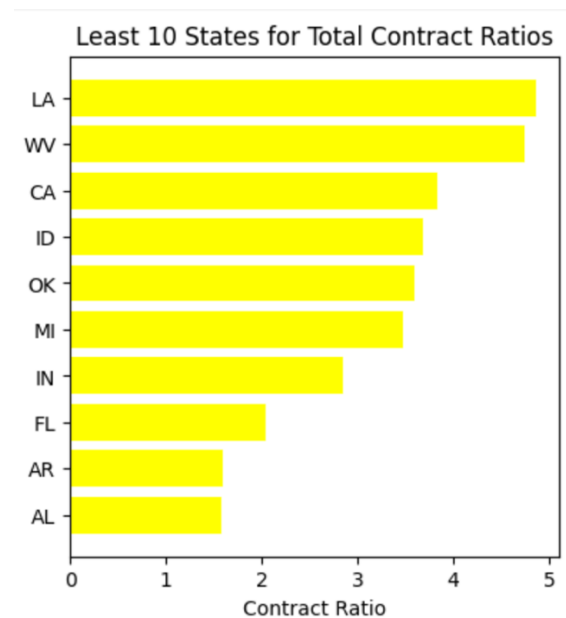
Recommendations

Prioritize Outreach to Vermont, Maine, and North Dakota and the other high contractual states

Facilities in these states should be top targets for the sales team. The high reliance on temporary staff suggests they are likely experiencing ongoing shortages in permanent staff. Company X's services, which offer long-term staffing solutions or temp-to-perm transitions, could address these challenges directly. Sales conversations should emphasize the financial strain of maintaining a high contract workforce.

Temporary staffing, while necessary in short-term crises, is more expensive in the long run compared to permanent hires. Company X can offer more stable, long-term staffing solutions, reducing turnover and saving on staffing costs. Facilities in these states likely struggle with the inconsistency that contract staff can sometimes bring, including gaps in patient care quality. The sales team can position Company X as a partner that can improve care consistency and operational efficiency by offering reliable, permanent staffing solutions.

WHY THIS IS IMPORTANT?

By focusing on states with the highest contract staffing ratios, Company X can target facilities that are most in need of support. These states represent both a **challenge** and an **opportunity**: the current heavy reliance on temporary staff indicates they are ripe for a solution that reduces costs, improves care, and stabilizes their workforce.

2. What Facilities and states Consistently Fall Below the Staffing Adequacy Benchmark, and How Can Company X Help Them Meet Industry Standards?

To answer this question, we examined the staffing adequacy across states and their facilities based on their total staff-to-resident ratio. Anything that fell below the industry-standard benchmark of a 3.8 staff-to-resident ratio were flagged as understaffed. These facilities may struggle to maintain operational efficiency, ensure high-quality care, and meet compliance standards due to insufficient staffing.

We specifically focused on those facilities with persistently low staffing levels across multiple quarters or those with an ongoing understaffed status, as these are the most likely to benefit from long-term staffing solutions.

The data revealed staggering results like majority of the states are marked as understaffed with only few of the exceptions of adequately staffed. Certain states like **Alaska** and **Cali** are performing well above

the staffing adequacy benchmark, while states like **Mississippi**, **Alabama**, and **Missouri** have several

facilities consistently falling below the benchmark.

Numerous facilities are struggling with **understaffing**, with ratios often below **2.75**. These facilities

typically rely heavily on contract workers, but the staffing remains inadequate. Facilities in **Missouri,**

Texas, and **Oklahoma** are among the worst performers.
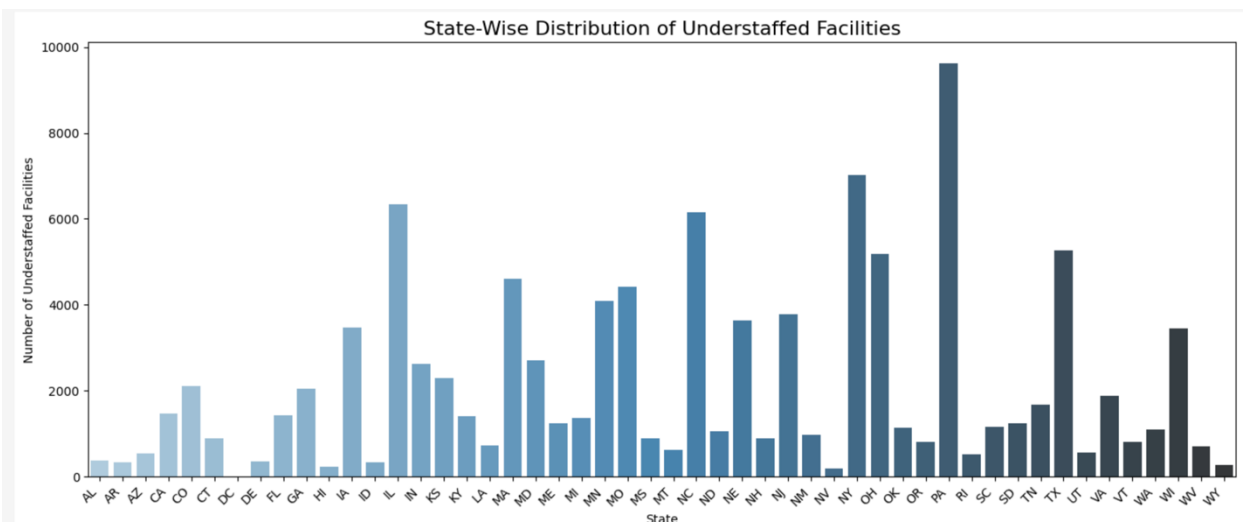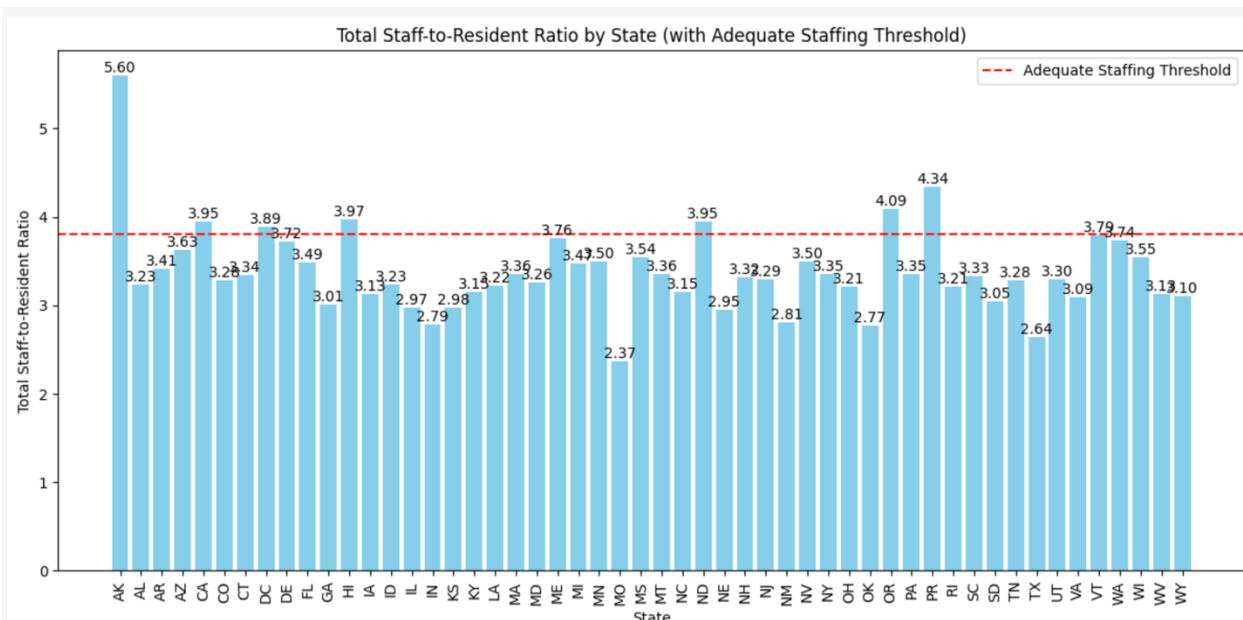
Recommendations for the Sales Team

Company X should focus on **Mississippi**, **Alabama**, and **Missouri**, where facilities are already

understaffed, and the **state average** also falls below the benchmark.

Offering **customized solutions** to facilities in these states will have a **high impact** as the state-wide

averages indicate that there is a systemic issue to address. Facilities in **Montana** and **Texas**, where

staffing ratios often fall below **2.5**, would benefit from **direct intervention**. Company X can offer **long-**

term staffing solutions to transition these facilities from **temporary contract staff** to more stable

permanent staffing.

Company X can use its **predictive analytics** to anticipate which facilities are at the **highest risk** of falling

below the staffing adequacy benchmark in the future.

By targeting these facilities and offering **proactive staffing strategies**, Company X can help these

facilities **avoid further declines** and improve their staff-to-resident ratios.

In states like **Maine, Delaware and Washington** where **state-wide averages** are high but certain

facilities are underperforming, Company X can offer **regional campaigns and Partnerships with States**

Struggling with Staffing Adequacy that provide support to both **strong performers** and **facilities in**

need.

3 Which facilities are the most understaffed and would benefit the most from Company X's staffing

services?

We focused on identifying the **most critically understaffed facilities** across the country by using two key

metrics:

Total Staff-to-Resident Ratio: Facilities were evaluated based on their overall **staffing ratios**. Facilities with ratios **below the industry threshold** of **3.8 staff members per resident** were flagged as **understaffed**.

Contract Staffing Dependency: We also examined facilities that are overly dependent on **temporary contract staffing**, particularly focusing on **RN, LPN, and CNA contract ratios**.

We identify the top 10 understaffed facilities based on contract staffing ratios for RNs, LPNs, and CNAs. These facilities over-reliance on temporary staffing, with many reaching 100% contract staffing in certain roles. This suggests they struggle with recruiting and retaining permanent staff of certain role, making them highly dependent on external solutions.

For instance, **First Coast Health and Rehabilitation Center and Lawrence County Manor** rely entirely on RN contract staff, while **Bronxcare Special Care Center and Morrison Nursing Home** show similar trends for CNA staff. This heavy reliance on contracted workers in critical care underscores the urgent need for stable, permanent staffing to ensure continuity and quality of care.

Top 10 Understaffed Facilities by Contract Ratio
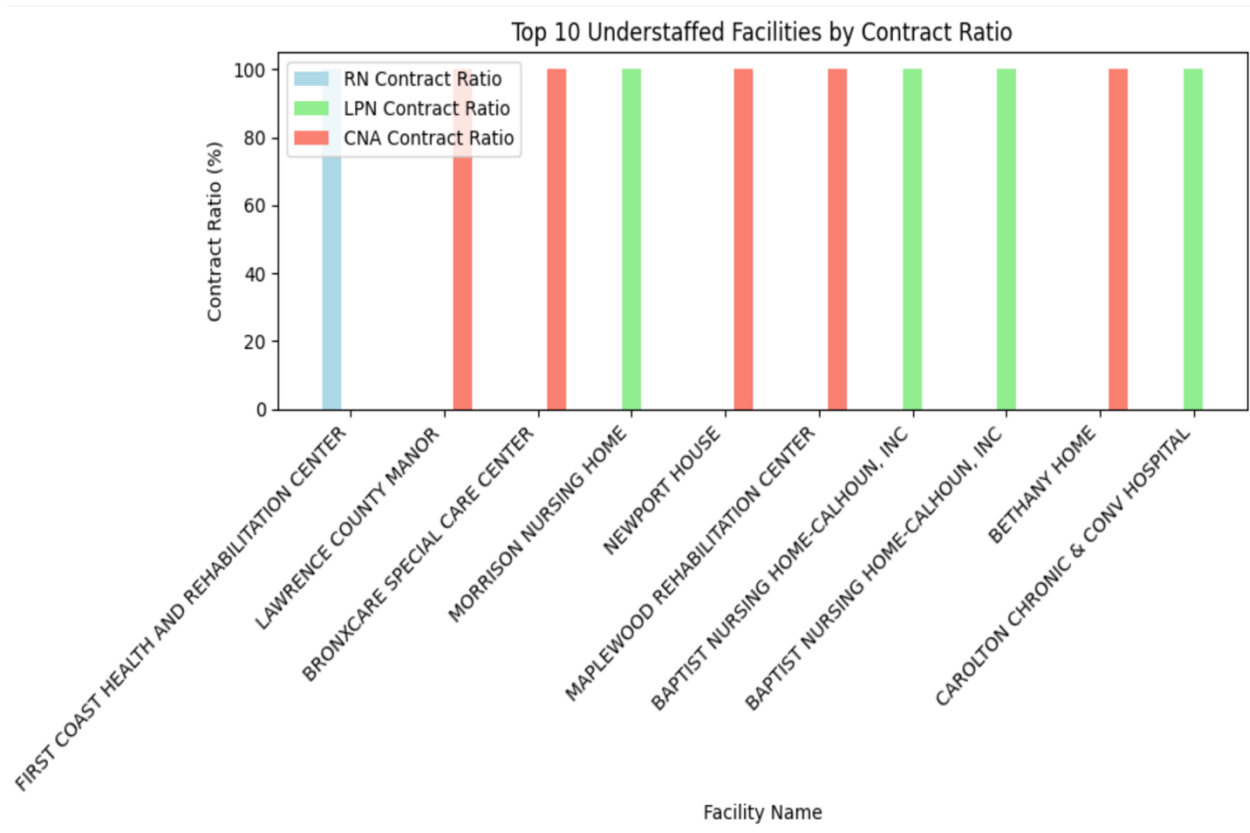
Recommendations for the team

Company X should focus on high-risk facilities like **First Coast Health and Rehabilitation Center** and

Lawrence County Manor, which have a 100% reliance on contract staff. Offering permanent staffing

solutions, especially for Registered Nurses (RNs) and Certified Nursing Assistants (CNAs), can reduce

costs, improve operational stability, and enhance patient care. By providing customized staffing

packages and highlighting the long-term benefits of permanent staff, Company X can build trust and

offer more balanced, efficient staffing solutions. Tailoring outreach to these facilities will help Company

X position itself as a valuable partner in addressing staffing inefficiencies.

Conclusion

Company X addresses critical staffing challenges across states and facilities, including reliance on contract staff and chronic understaffing. By targeting states with high contract staffing ratios, such as Vermont, Maine, and North Dakota, and consistently understaffed facilities, Company X can stabilize workforces, reduce costs, and improve care quality. Additionally, addressing facilities with high reliance on temporary contract staff but without immediate understaffing concerns offers opportunities for cost-effective permanent solutions. Through strategic partnerships and proactive recommendations, Company X becomes an invaluable partner for healthcare facilities nationwide, improving care delivery.