

No.	Challenge	LTC Business Issue	Potential Solution	WorkForce Modeling™, powered by Adaptive Programming Value Points
1	Labor cost is too high.	Revenue is capped by regulations in addition to being burdened with cost.	Increase efficiencies and reduce cost per treatment and patient care activity.	Decrease expenses by: <ul style="list-style-type: none"> • Reduce net labor costs. • Align the right skills to tasks during the best time of day.
2	Over-time costs are too high.	There isn't enough staff to cover shifts.	Either find more staff or find a new way to meet staffing needs..	Reduce overtime cost by increasing (or realigning) regular pay hours to cover staffing needs.
3	Agency costs are too high.	Have to use agency labor to fill gaps in the schedule.	Minimize the number of times needed to use agency labor.	Reduce Agency costs by better aligning preferred staff hours and implementing flexible shifts to cover staffing needs.
4	Employee satisfaction is too low.	Rigid and redundant schedules don't accommodate staff's personal needs.	Empower the employees to be involved in the solution.	Increase revenue by increasing the rate of positive outcomes and morale from multiple staffing options. Increased morale heightens attention to business and patient care.
5	Qualified employee turnover is too high (retention).	Employees are not satisfied with their schedules and efficiencies in their care giving.	Provide employees the schedules they prefer more often.	Reduce & avoid cost by decreasing the rate of turnover. Assign the right employee skill to the right task at the best time.
6	Employee no-show or severe late-show is too high.	Employees are not satisfied with their schedule and work environment.	Give employees schedules they want more often. Increase morale and efficiencies.	Reduce & avoid cost by decreasing the rate of no-show/late-show when staff has more options for choice of schedules. Motivate morale by increasing attention to staff's personal lives and work place efficiencies.
7	Need adequate staff for proper coverage.	Burning out staff motivates risk for patients not receiving adequate attention.	Better distribute staff (load-balance) to cover demand.	Increase revenue potential by increasing the rate of positive outcomes. Reduce potential risks of staff performing tasks they are not qualified to manage.
8	Manual scheduling takes too much time and resources.	Manual scheduling is complex and takes up managers' time and resources.	Need tools to help manage staffing process to discover new efficiencies.	Free up managerial time to focus on business and mentoring. Reduce and avoid cost of new managers by reducing menial task burnout.
9	Manual scheduling is errorprone.	It is a very complex process that distracts managers.	Need tools to better manage skill allocation process.	Reduce labor cost and staff discontent (and patient impatience) by eliminating scheduling errors.
10	Hard to quantify true demand created by patient care giving needs.	There is no adequate link between clinical and HR systems.	Need integrated scheduling solution to address demand.	Reduce expenses by reducing net labor cost per patient care event. Increase revenue potential by increasing the rate of positive outcomes.
11	Need a better way to control staffing-related costs (bottom up).	Managers are unable to see where or why costs are incurred at the unit or floor level.	Need more visibility into costs to support good staffing decisions.	Support executive insight to manage costs KPIs and increase transparency via Internetenabled dashboard.

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12	Lack proactive (vs. reactive) access to labor efficiency data to make informed decisions (top down).	Unable to view where or why labor costs are incurred at the unit or floor level; scalable across multiple units.	Need visibility into labor costs to support good operational decisions.	Reduce expenses by reducing net labor costs. Increase potential revenue by enhancing the rate of positive outcomes scalable from a single unit to multiple units (best practices).
13	Need to give a better schedule and options to employees, especially to <u>retain expertise and mentoring</u> from loyal experienced employees.	Employees are dissatisfied with choices of work time because rigid schedules interfere with personal lives.	Need a way to accommodate employee preferences in the schedule.	Reduce cost of employee attrition. Change “must have” scheduling to best preference scheduling to promote fairness. Provide ability for senior employees to work flex time at critical points of the day in order for them to work with and guide younger nurses.
14	Need to know who to hire for new skills and where to allocate these resources.	The cost of a bad hire is high when skills don't match the need.	Need tools to help determine the best skill set needs.	Reduce cost of employee attrition. Match skills and costs to patient demand curves within mix of current workforce for better efficiencies.
15	Need to identify at-risk employees. Those who are becoming, or could become, dissatisfied.	The cost of replacing key employees is high.	Discover methods to flag employee at risk factors.	Reduce cost of employee attrition by providing scalable key performance indexes for employee satisfaction using scheduling as an indicator.
16	Need to know the “ideal best” schedule for each unit without compromising corporate policies or performance best practices.	Local managers need the ability to optimize staff for each unit based on unique requirements.	Provide a flexible solution that can accommodate a wide variety of business environments.	Reduce cost by reducing net labor cost. Enable managers to quickly align skill sets to care giving demand without compromising corporate financial disciplines or operational rules.
17	Employees want schedules to be more fair and impartial.	Employees quit if they feel they are not being treated fairly.	Managers need an objective way to produce schedules.	Reduce cost by reducing the rate of employee attrition. Move rigid or bid-based schedules to preference based scheduling.
18	Long Term Care facilities must meet mandated staffing levels.	LTC facilities could get penalized and compromised if less than minimal staffing occasions are frequent	Managers need a way to ensure and plan for minimum staffing requirements.	Reduce the cost of penalties and operating distractions. Deploy ‘what if’ strategic operational planning capabilities at unit level.
19	It takes too long to train a new employee, or manager to do scheduling.	Training employees is a very complex process. Many new hires do not have employee logistics as a core competency.	Provide a simple to use process for managing, scheduling and other related business processes.	Reduce labor costs and scheduling complications by increasing scheduling effectiveness. Reduce hours needed for scheduling to allow managers more time to focus on care giving and attention to important business operational tasks.

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20	There is a need to better utilize part-time staff.	Traditionally, LTC facilities are short of nurses that are available at the required times.	Better align parttime staff to sync up with current workforce and care giving demands.	Increase revenue by increasing the rate of positive outcomes per patient care event. Enable managers to make the best choices for aligning part time skills and costs to strengthen current workforce capability to meet care giving demands.
21	There is a need to better create and monitor a budget for staffing.	There are many elements to staff planning (e.g.: overtime) that are difficult to predict.	Provide a flexible system to predict an accurate staffing forecast.	Reduce operating expenses by reducing the delta and cost of the variance between forecast and actual staffing costs.
22	How can Long Term Care facilities improve quality of care?	Poor quality of care is expensive. Employee focus and attention to patient care are critical results of better attitudes among staff.	Managers must discover new ways to better utilize workforce resources to optimize quality of care.	Reduce net labor cost per patient care event. Better align the right skills to care giving demand curves at the unit or floor level scalable within corporate operational and financial standards.
23	Long Term Care facilities should always seek to improve patient satisfaction?	Referrals are a major source of new business and better reports.	Managers and staff to improve the consistencies of positive patient experiences.	Increase LTC facility revenue by increasing the rate of referrals. Optimal staffing that employees are satisfied with will reduce operational distractions and improve morale.
24	Managers struggle to meet their operational-financial goals and objectives.	Labor costs and efficiencies are unpredictable especially with high turnover and lack of qualified staff availability.	Managers need flexible ways to create an accurate staffing forecast that takes into account employee preferences and staffing costs to demand curves.	Reduce net labor cost per patient care event. Managers can use WorkForce Modeling tools to conduct “what-if” planning to discover new approaches to handling time off, vacations, increase-or-decrease patient demands, etc. Enable managers to do what makes sense for their units while keeping in line with overall corporate quarterly best practices for operations and financial planning.
25	Corporate operations need better margins on LTC facility services.	Cost per treatment is high and unpredictable while abilities to increase charges are many times capped.	Managers need controls on costs and expense of skills Vs. productivity.	Reduce net labor cost and increase productivity per patient care giving event will support better margins on services.
26	Unit and floor managers including corporate executives need to understand how to profitably scale business growth.	Opening a new unit or adding capacity increases labor cost and control problems that can be distractive.	Managers need new ways to create accurate staffing forecast that takes into account skills to demand curves.	Reduce net labor cost per treatment. Managers can conduct “what-if” planning to discover new scalable approaches that make sense to aligning individual unit costs with skill set deployment to meet demands.
27	Some Long Term Care facilities or units may need to handle more patients with limited staff.	There is a need to discover flexibility in available staff, or part time staff, to support patient needs.	Managers need better insight and controls on skill allocation costs.	Reduce net labor costs. Redefine how skills or temporary labor (e.g.: floating), are deployed to support patient demand rather than spending too much time on low care and administrative tasks.

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28	Highly paid/trained employees need to focus on strategic work with limited distractions.	Skilled labor traditionally spends too much time on non productive or low skilled care which increases cost & dissatisfaction..	Managers need a better way to match patient needs with the right efficient caregiver skills.	<p>Increase productivity: easy to use tools to validate and define productivity levels for Medicare reporting.</p> <p>Motivate key employee satisfaction by properly aligning their experience with the right tasks.</p>
29	Corporate has little-to-no control into the staffing operations and time sensitive productivity performance indexes in the field.	<p>Many LTC facilities use manual staffing process or after-the-fact reporting systems.</p> <p>Corporate is unable to provide timely support.</p>	Corporate executives need an enterprise system that provides proactive visibility before operations are compromised.	EmLogis' on-line scheduling dashboards provide managers at all levels to view facilities' workforce models—or drill down to specific shift activity at designated locations.
30	<p>Corporate staffing and operational standards are too restrictive, vague or unrealistic (at the field level). Many times these rigid processes distract business managers from doing their jobs to find new ways to:</p> <ul style="list-style-type: none"> • Increase productivity • Improve efficiencies • Enhance staff satisfaction 	<p>Traditionally, administrative managers don't take into account the realities of covering patient needs in a given shift.</p> <p>Therefore, managers often deviate from operational standards in order to provide what they feel are proper levels of patient care based on number of staff available.</p>	Managers need tools that allow them to understand how to best match skills with demand while keeping flexibilities within corporate key performance indexes. Or, at the very least, allow managers to quickly understand how deviations will affect their business.... in real time.	<p>Reduce net labor cost per patient care event.</p> <p>Enable management to have accurate real time information on how their choices or approvals for skill set alignment (swapping, time off, vacations, firings, etc.) effects their day to day operations for weekly, monthly and quarterly productivity forecasting of the business, staff attitudes and management of patient care.</p>
31	Long Term Care facilities traditionally have very little budgets to buy tools to improve operational processes.	LTC facilities generally spend every dime they have on providing good outcomes to patients.	LTC facilities need to find a way to fund tools through real, measurable cost savings.	<p>Reduce measurable labor cost without sacrificing productivity or staff satisfaction</p> <p>Deploy Software-as-a-Service solutions that are scalable from a single unit to enterprise – wide capabilities.</p>
32	LTC facilities need to be able to capture the additional revenue available through Medicare (enhanced care).	LTC facilities are hard pressed to have a consistent and objective reporting program.	LTC facilities need a way to optimize the effort of treating a given patient to ensuring good outcomes.	Increase revenue by increasing Medicare payout per patient. This can be accomplished by deploying a consistent system that validates productivity based on cost per skill allocation that matches care giving demand and regulations.
33	<p>LTC operations need to accurately value their:</p> <ul style="list-style-type: none"> • potential acquisitions • new skill hires • work schedules <p>... to meet projected business and patient care giving demands.</p>	Labor costs and efficiencies that relate to profitable productivity are essential in planning acquisitions, new skill set shifts or patient care giving processes.	Long Term Care organizations' M & A planners need methods that are reality based to accurately forecast and control labor costs and qualified staff retention.	<p>Reduce operating cost by reducing the delta and cost of the variance between forecast and actual staffing cost.</p> <p>Retain key staff of acquired unit with fair and preferred staffing capabilities that align workforce skills with the best job function per patient care demand.</p> <p>Managers are able to understand what productivity and efficiency compromises are best within a specific time frame of activity. This would include a clear understanding of how allocation of contract, part time, floating personnel, etc. works with regular staffing resources.</p>