vectorvms

Scaling Success:
How One Large Healthcare Provider Streamlined Contingent Workforce Management With VectorVMS

With a diverse workforce to manage, one large healthcare provider faced the challenge of decentralized staffing and turned to VectorVMS to transform its contingent workforce management processes. Discover how this solution brought greater control, compliance, and efficiency.

THE CHALLENGE

Before implementing VectorVMS, this provider managed contingent labor on a decentralized basis. Each hospital maintained its own agency contracts and managed staffing independently. This fragmented approach made it challenging to standardize costs, ensure compliance, and achieve efficiency across the organization.

The urgent staffing demands caused by the pandemic only underscored these issues. As each hospital scrambled to meet staffing needs, the system's team faced a significantly increased volume of work, handling everything from contract negotiations to rate adjustments across multiple agencies. They also relied heavily on spreadsheets and shared email inboxes for tasks such as assignment tracking and time validation.

Recognizing the need for a streamlined, technology-based solution, healthcare provider's leadership began searching for a vendor management system (VMS) that could centralize contingent labor management, offer real-time insights, and reduce the administrative burden on their team.

THE SOLUTION

The implementation began with a pilot across seven hospital locations. The healthcare system's team worked closely with VectorVMS to create requisition classes, credentialing lists, and detailed configuration files tailored to its specific needs.

Key components of the solution included:

- **Integration with the Contingent Worker system:**
  VectorVMS seamlessly synchronized with the Contingent Worker system, automatically creating profiles and regulating access based on contract status.

- **Enhanced timekeeping and payroll integration:**
  VectorVMS enabled automatic time card creation, along with a two-step approval process which reduced manual errors and expedited payroll processing.

The phased rollout continued over four or five phases, with 20 to 30 hospitals added in each phase. By the end of 2022, the VectorVMS platform was fully implemented across all hospitals, and training was provided.

THE RESULTS

With VectorVMS fully implemented, the healthcare system realized significant improvements across various aspects of its contingent labor program:

- **Immediate efficiency gains:** Automating administrative tasks—such as contract creation, time card verification, and invoicing—significantly reduced the workload of provider's internal team. Payment turnaround time dropped to under 20 days, positioning the system among the fastest payers in the healthcare industry.

- **Greater visibility and better-informed decision-making:** VectorVMS provided real-time visibility into contingent staffing levels, agency performance, and financial metrics. Weekly and bi-weekly reports allowed operational leaders to monitor staffing trends and adjust contingent labor usage as needed. This data-driven approach empowered the healthcare system to align staffing with patient volume, ensuring resource allocation was both cost-effective and responsive to demand.

- **Enhanced compliance and credentialing:** Integration with the provider's existing Contingent Worker system enabled access to hospital systems, ensuring up-to-date contracts, and effectively supporting compliance. The credentialing feature within VectorVMS allowed for document storage and retrieval, streamlining the process and making credential verification more efficient.

- **Cost control and better vendor partnerships:** By reducing reliance on agency labor, the system successfully controlled costs despite a rising demand for healthcare staff. In fact, they quickly reduced and maintained utilized levels lower than its pre-pandemic norms. Additionally, the KPIs captured by the VMS allow for biannual evaluations to maintain and optimize agency partnerships.