Exemplary Professional Practice

Staffing and Scheduling Processes

EP9: Describe and demonstrate how direct-care nurses participate in staffing and scheduling processes.

Staffing

Staffing and scheduling is tailored to meet the needs of each unit. Determination of the overall staffing guidelines and plan for each unit is based on patient acuity, RNHPPD, standards from professional organizations, national benchmarks, (in particular, NDNQI and Solucient), unit geography, etc. Projections regarding volume growth, patient days, and projected staffing needs are forecasted on an annual basis and then become part of the YH budgeting process. In addition, senior nursing leadership, in collaboration with nurse recruitment, monitors estimations of staff retirements for upcoming years. The two links reference this data for 2010 and 2012. Age of RNs as of 9/12 and Age of RNs as of October 2010. Adjustments to the hiring process are approved so that over hiring (anticipatory hiring) based on the analysis of the projected number of staff retiring at one, three, and five years can occur to maintain adequate staffing levels. Staffing skill mix and continuity of care also play an integral role.

Each year, our nurse managers review the current staffing plan and prepare the next fiscal year’s staffing plan and table in collaboration with the direct care staff. Unit based staffing and scheduling committees/councils are included in the discussion regarding the staffing grids. Developing these useful templates is an opportunity for the NM as well the Clinical Directors to mentor and coach the staff about how the grids are developed. Financial and operational metrics are applied to the grids as identified below.

There are two separate binders that are prepared to house the staffing tables and grids from all units. One is placed in the VPPCS/CNO office and the other in the staffing office. Each unit has their unit-specific staffing plan for their reference on a daily basis for monitoring and ensuring adequate staffing for their patient population.

Each charge nurse also uses the staffing table to base staffing decisions for the shift. The staffing office reviews staffing throughout the day with the charge nurse and identifies the staffing need for the next four hour shift and reviews the remainder of the 24 hour period. The charge nurse communicates any patient need that is not reflected in the staffing guideline so at times there is a need to reduce staff or add staff based on the input provided by the charge nurse. The charge nurse may identify the need for resources in excess of the staffing table. This can be based on increased unit activity (anticipated admissions, transfers and discharges) or increased acuity such as the need for a 1:1 for a patient due to change in condition, and the need for sitters for behavioral health patients. When that occurs, the charge nurse may elect to purposefully staff the unit in excess of the staffing...
table. These staffing conversations, in concert with the Nurse Manager, are utilized as opportunities for role development and critical thinking.

Staffing plans are used to develop staffing guidelines, with staff input and recommendations. Skill mix considerations are always included, as well as patient needs by shift and day of the week. Staffing guidelines display the number for direct care staff for every potential patient census. The staffing guidelines align with the Solucient target with variation as the patient census changes.

There are also multiple policies in place that empower staff and clarify staffing practices for the direct care nurse throughout the hospital. Some of these include:

- **Principles of Nurse Staffing**
- **Nurse Staffing Plan**
- **Continuous Work Hours**
- **Attendance Policy**
- **Absenteeism Calls**
- **Cancellation Policy**
- **Holiday Policy**
- **PTO-Vacation policy – Weekend Policy**

An example of specific staff nurse development and involvement in the staffing plan is demonstrated in the exemplars below from Pediatrics, Surgery and Medicine.

**Pediatrics**

Pediatrics at YH has a patient census that fluctuates tremendously. Because Pediatric patients may be here for very short stays (same day surgery), it is often necessary to reduce RN hours to accommodate these variations in census. The Pediatric staffing plan is three nurses per shift for seven patients. The staffing plan reduces the number of nurses to two for 1-6 patients. Prior to reducing staff, patient characteristics including age and acuity are reviewed before placing staff on call. Because census is unpredictable, staff is not cancelled but is placed on call during this time.

**Reduction in Work Hours (On-Call)**

When Pediatrics needs to reduce hours due to low census, reduction in hours will occur in the following order:

1. Overtime- scheduled overtime (shift you’re working) ***
2. Volunteer (s)
3. Staff working to cover immediate unplanned absence of staff (staff illness, bereavement, etc)
4. Cross-trained staff scheduled to work
5. PRN staff working extra time
6. Part-time staff working pre-scheduled extra time
7. PRN staff (PRN 4’s and 3’s, then 2’s and 1’s)
8. Permanent staff (FT & PT) working their scheduled hours

**Considerations:**

1. The department's acuity or special staffing needs may change the order of call off.
2. A minimum of 4- hours count as a work reduction. Staff member may choose to be off for their entire shift (8 or 12 hours) or just the 4-hour minimum.

3. When a permanent staff member is placed on call, and is called into work after the shift has started, this counts as a work reduction (because the person would use PTO time to make up their lost time).

4. Review HR policy #ER-160 and Pediatric Staffing and Scheduling Guidelines

STCU

STCU is a self-governed unit which has a unique approach to staffing and scheduling. This group utilizes team leaders who, after gaining consensus within the unit, developed this strategy to address their staffing needs. Friday nights were a staffing problem because of high census and less than ideal staffing. Friday nights, in general, are a staffing issue and there are typically few available RNs to staff the unit. In contrast, Sunday nights have consistently lower census and this causes RNs to be placed on call. This caused significant frustration within the unit and the team brainstormed and decided to develop an on-call system that shifts staff from Sunday to Friday.

The unit decided to shift the weekend from Saturday/Sunday to Friday/Saturday to ensure an adequate number of staff on duty to care for their patient volume. Sundays are rotated equally. While not a perfect solution, this has led to high satisfaction and appropriate staffing to meet patient needs.

4SW

4SW is a large medical-surgical unit that also can provide care to higher acuity patient population (ventilator dependent, high-flow nasal oxygen). Utilizing the same clinical standards that drive staffing plans on other units, the staff developed a method to modify patient assignments based on acuity. In addition, the staff trialed a “free charge nurse” role (a charge nurse without a patient assignment) on the day shift, to help with workflow and provide additional clinical support. Because the unit is large, patients are historically assigned based on geography. Now nurses assign patients based on acuity and the complexity of care needed for patients. While demographics are still important, nurses may provide care in rooms across the hall from one another instead of right next to each other. This method ensures that staffing is appropriate to patient need.

Scheduling

As a component of our shared decision making environment, the majority of nursing units have a staff nurse led self-scheduling committee. The scheduling committee utilizes the staffing guidelines as a foundation for creating the unit’s schedule. Additionally, some units have developed scheduling guidelines that speak to skill mix, competency of nurses needed on the unit (e.g. open heart competent nurses on Tower 2 – open heart step-down unit), preceptors, experience of RNs needed (CNI, CNI or CNIII), charge nurses, etc. Some units have chosen to self-schedule by using a repeating matrix format, whereas other units heavily utilize a “request book”. All units have guidelines for the rotation of holidays, submitting requests for time off and of course, summer vacation.

When the schedule is being created by the direct care staff on the scheduling committee, there are a few policies they can reference that can assist with filling vacant shifts prior to posting the schedule. Then there are those policies that direct care staff and charge nurses can use for more immediate staffing needs. Many of these policies and guidelines are referenced and described below.
All of the staffing and scheduling policies and supplemental staffing programs are reviewed and revised by Leadership Council which had seven staff nurses as members.

The **Enhanced Short Term Agreement** program was developed with the input of direct care professional nurses because staff was working extra hours for external agencies and therefore were unavailable for YH when there were staffing needs. This proactive program benefits part time or PRN staff that have availability to work 40 hours/week for a period of 4 weeks or more. The direct care professional nurse is compensated at a higher rate of pay based on the number of additional hours they can provide above their budgeted hour allotment. This program incentivizes part time staff to work full time during periods of prolonged short staffing due to maternity leaves, medical leaves, vacancies or the surge in census in the winter months. Staff is eager to engage in this agreement when it is available.

The **Bonus Incentive** program provides a mechanism to pay an extra shift bonus which is used to recruit and schedule additional staff to work, when staffing levels are less than desired. Because of the expensive nature of this program, the clinical directors and VPPCS discuss the staff levels and make the decision for implementation on a unit by unit / situational basis. Once approved, charge nurses have the authority to offer the incentive bonus to their colleagues as an enticement to work an additional shift. This process aligns decision making and communication to alleviate nursing inconsistencies.

Based on clinical staff nurse feedback into scheduling, a multitude of flexible staffing options and scheduling options were created. One of these is the Tiered PRN and **Weekend Option program**. Each level of the PRN tier requires more hours, weekends and holidays worked, with the PRN RN receiving a successively higher salary. RNs who work night shift on every weekend receive the highest salary in this tiered program.

Clinical staff nurses have expressed a desire for more flexible hours as well. These hours allow 11a-11p, 7a-7p, 3p-3a shifts as well as 4, 8, 10 and 12 hour options. The YH **SS-001 staffing** and **SS-004 scheduling policies** guide our staffing and scheduling practices at YH.

Other policies that provide guidelines and expectations for scheduling to nurses throughout YH are the following:

- **Continuous Work Hours**
- **PTO – Vacation and Weekend Policy**
- **Holiday Policy**
- **In-House Registry**

Daily staffing can present a challenge during usual business conditions, so when YH experiences extreme weather conditions one might expect severe staffing challenges. Historically, in the case of a major snow storm, YH direct care professional nurses take the initiative to staff their unit with existing staff. The charge nurse coordinates and communicates with the current staff and determines who is willing to stay and cover until the next shift arrives. Depending on the extent of the storm, the charge nurse plans coverage for the next 36 - 48 hours or longer. Some staff agrees to work longer hours while others may want to rest for a few hours before beginning another shift. Many times staff who remains at home during this time frequently offers to relieve staff by working their next scheduled shift so these RNs have time off to rest. The charge nurse is the key individual who plans and coordinates the staffing in 2, 4, 8 and 10 shifts for all nursing staff on the unit during these severe
weather events. As a result, every unit shows unbelievable pride and passion to makes sure patients are cared for and staff does not work unhealthy hours.

The following examples represent how our direct care nurses participate in staffing and scheduling processes:

**OHICU**

The OHICU has a scheduling committee, responsible for developing each month’s RN staffing schedule. This committee is comprised of representatives from day shift and night shift who take turns completing the schedule. The committee receives four hours of paid time each month, to work on the schedule; the committee members rotate who will get this compensation each month, so that it is evenly distributed.

The following steps are followed by the committee to fill out the schedule:

- Fill in weekends and PTO/education requests on “skeleton.” Even out weekends.
- Post schedule to be filled in (occurs two months before the schedule is to be worked); post due date on white board.
- After due date (one week before it needs to be posted in ANSOS), make copy for reference to Fridays, extra weekends off, etc.
- Transfer to grid as staff originally signed up.
- Move staff as needed to even out required staff.
- Make sure staff have met Friday and evening shift requirements.
- Make sure all staff are working correct number of hours.
- Recount numbers.
- Submit to Mindy (nurse manager) for approval.
- Submit to Mel (administrative assistant) for placement in ANSOS.
- After returned, double check for accuracy
- Post schedule (usually 4 days after placed in ANSOS).
- Make OT list and post ASAP after schedule posted.
- Blank schedules are posted on the unit as described above for each RN to fill in his/her preferred schedule, with the following guidelines:
  - All D/E shift RNs must sign up for two evening shifts per matrix.
  - All FT staff members must work two Fridays; PT must work one Friday.
  - Staff may place a red “X” on days that they do not want to work—no more than three per matrix should be placed. If a RN has more than three “X’s” per matrix, they are not all guaranteed to be approved.
  - Each person is accountable to look at when other nurses have signed up to work and balance the schedule.
- Once the schedule is posted and switches need to be made, the following guidelines are utilized:
  - Any changes that staff members need to make after the schedule is posted are the responsibility of the needy person.
  - 1:1 switches that do not involve overtime or change in staffing numbers do not need approval. All other schedule changes must be approved by the committee and Mindy.
Staff may not find a PT/PRN person to work for them and take a PTO day (like paying for two people to work same slot).

The scheduling committee also handles the scheduling and allocation of vacation time. There is a red scheduling binder on the unit with a blank calendar for each month in which all vacation, conference (XP), and red “X” days must be documented by the requesting staff member. The committee utilizes this binder when filling out the “skeleton” schedule. The following guidelines are used to schedule vacation and education time:

- One person per shift (D/E/N) per week may schedule vacation.
- Prescheduled vacation time and conference time have priority over subsequently scheduled vacation or conference time (first come, first served).
- Conference attendance may be limited to one to three attendees per conference (not all from one shift) depending on staffing.
- XP time is limited to eight hours per day. A staff member who works 12-hour shifts will not be assured of four hours PTO to make up the rest of their hours for that day. They may need to work or take call for these four hours, during the week of the XP time.
- Vacation time may not necessarily be approved, if it falls over the same week as a major conference such as Trends or NTI.
- Holiday time takes priority over PTO time.
- During prime time (June 1-August 31), each staff member may take a total of two weeks worth of PTO time (depending on their FTE).

Staff sign up for their first-choice week by January 31, and requests should be dated in the red binder. The committee will meet in early February to approve vacations by seniority. Staff should sign up for their second preferred week by March 31; the committee will approve second-round vacations by seniority in early April. After the second round of approvals, remaining vacation time may be taken on a first come, first served basis.

As far back as 2005, OHICU made the decision to become a “closed unit” for staffing based on a staff vote. The main reason for this decision was the fact that OHICU nurses were floated to other units, yet they rarely received RNs from other units due to the specialized competencies required to care for our open heart patients. As a result of this decision, OHICU must rely on their own staff to meet scheduling requirements, and do not use agency to fill gaps. When there are “holes” in the schedule, an overtime list is posted with bonus offered as appropriate. If a “hole” is not filled or additional staff members are needed on a specific day due to high acuity, emergency surgeries, etc., then staff is called at home to see if they can work. All RNs understand that everyone needs to help out when able—no one likes to work short-staffed. There are also a few CCU nurses who work extra hours in OHICU who are cross-trained to take care of the more stable patients. So far this system has worked to meet our staffing needs and our targeted HPPD at the mean for NDNQI and the 50th percentile in Solucient.

**PACU**

The scheduling and leadership committees have done so much more than just assign a time for people to come to work. PACU has been challenged with retirements, transfers out of the unit and now transfers to the new WellSpan Surgery and Rehabilitation Hospital. Over the last year, that has equaled a turnover of greater than 1/3 of our staff. In an effort to keep the unit working as usual, PACU has
been forced to get creative with staffing and scheduling. The unit decided not to resort to using agency personnel which saves the unit money and guarantees that staff would not lose time to contracted agency. They have altered staffing often, on a weekly basis based on the available staff. Additionally, the members of the department have altered their hours, picked up time and overall have come together to make this transitional time as easy on everyone as possible. Regardless of personal feelings, people work hours they would rather not, work more days then they would prefer and give up free time and weekends to keep our unit running efficiently. Through all this, the nurses continue to work on employee moral and focusing on what changes can be made so that in the end, the unit comes out stronger and more efficient than when they started. Now more than ever, the PACU staff is focusing on decreasing nurse fatigue, working within their budget and remaining fiscally responsible. The process has been ever changing, ever challenging and rather rewarding. They have come together as a unit and like a family; they have had our ups and downs. But in the end, no one is without the knowledge that they have helped keep together the integrity of nursing under the strain of constant change. All this being said, it has been the decisions of the staff members that influence what is done. In the end, it was our unit, our decisions and our team working as one to get the job done.

**IV Team**

Scheduling is a great challenge for all nursing units and can be a stressful undertaking. It is imperative to have adequate staffing to assure optimal care to our patients. I have been on the IV team scheduling committee for at least ten years and it has been a challenge. We are a very small department consisting of 20 nurses with special skills and training to provide the entire hospital with a very important service. As a group, we need to have optimal teamwork to accomplish this goal. We have a very small PRN pool to pull from when we are short staffed. We have established a set of scheduling guidelines, tailored to our department, so that we can provide the best patient care possible. It is not always easy to maintain this goal; it sometimes requires us to refuse requests that cannot be honored. We recently revised our guidelines asking team members not to "pattern request" days off. It may not seem like a big deal to ask for the same day off each week, but it truly creates a problem for the flow of the schedule and can cause other team members to work extended stretches of time. We always have to think ahead and mentally plan for the "unexpected" events that occur in all of our lives and be ready to extend ourselves to accommodate these. If staff already works long stretches consisting of eight and twelve hour shifts, burnout can happen very quickly. We try very hard to accommodate all requests made because each team member has different life style needs. It is our duty as schedulers to review each request in a nonjudgmental manner, and respect every individual’s perspective. I feel all of the members of the IV team are proud of the special services that we provide to the hospital. Whether we have a full team or not - we still need to provide outstanding service to our patients. When we have "call offs" we do a great job of pulling together and working a little harder. This may require us to pick up extra duties, starting the next shifts work for them, or staying extra to help get work caught up. Scheduling for such a small group of nurses requires the scheduling committee to think “outside the box “ because things are not always black and white. We need to be able to negotiate for a "win- win". Working in a department that requires special training requires nurses that are aware of the unique needs of that department. You have to be flexible and willing to change your schedule, sometimes at a moments notice. We, as a team, have created unit specific guidelines that enable us to provide optimal care to our patients, meet the requirements of the hospital, as well as the needs of our teammates. ~ Denise Miller BSN, RN IV Team
Summary

Direct care nurses clearly have significant input into the development of staffing plans and apply their unit based staffing grids on a daily basis. These grids are “real time” tools that are part of the infrastructure of daily unit staffing decisions, made by the clinical direct care nurse and supported through the care delivery model with the work allocation and patient assignments which the direct care nurses are responsible for managing on a daily basis.

Additionally, there is a robust empowerment model related to self-scheduling models on the nursing units at YH. Although the self-scheduling committees are configured differently and may have different guidelines for operation, the involvement and leadership of the direct care nurses is embedded in the success of the YH scheduling processes and outcomes.