

Work Instruction	Document Number W10118	Revision H
	File: CHC example for pt acuity and staffing requirements.doc	
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Guidelines for Floating Staff (SCMC - Bend)

PURPOSE/SCOPE: To provide optimal care for patients and to provide guidelines for floating or sharing of staff.

REFERENCE DOCUMENTS:

Professional Agreement between Oregon Nurses Association and Cascade Healthcare Community, Inc., dba St. Charles Medical Center – Bend

DEFINITIONS:

Floating of staff is assigning a unit staff member to another unit to cover patient care needs.

REQUIREMENTS:

ORS (Oregon Revised Statutes) 441.162 and 441.166

OAR (Oregon Administrative Rules) 333-500-0057, 333-510-0002, 333-510-0030, 333-510-0045, 333-510-046, and 333-510-0047

INSTRUCTIONS:

1. When needing extra caregivers on any unit, the following steps will be followed:
 - A. Assign qualified caregivers from the float pool and the relief pool when available.
 - B. Refer to W09048, Staff Call-Offs and Call-Off Script for order of floating, which parallels order of call-offs.
 - C. General units with extra caregivers, will float that caregiver to another nursing unit or a specialty unit if caregiver is oriented to that unit.
 - D. Float unit-based relief caregivers by date, from a unit which has more staff than needed.
 - E. Float regular caregivers from a unit which has extra staff on a rotation basis, by dates of last episode of floating or HR.
 - F. Assign caregivers (i.e. FBC staff), who have not been oriented to assist in patient care. Non-oriented caregivers will only be asked to do tasks (basic nursing care), which they are competent to do. They will work under the direct supervision of a qualified RN. Use F10039, Unit Orientation Checklist for People Floated to Units for Which they are not Regular Staff.

2. Floating out specialty unit staff:
 - A. If requested, specialty unit caregivers will float to another unit.
 - B. Specialty unit RN's are assigned as part of a team, working under the supervision of a RN who is qualified for that unit. They cannot serve as a Primary Nurse nor take a full patient assignment on that unit.

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- C. The home unit's Charge Nurse/Supervisor/Manager, in collaboration with the House Supervisor, will make the decision if a caregiver must be available to return to their unit. Specialty units or the House Supervisor will communicate this staffing decision to the home unit's on-coming Charge Nurse. The House Supervisor must communicate to the receiving unit the need for this caregiver to be available to return to the home unit. Agreements from the previous shift will be honored by the on-coming Charge Nurse and House Supervisor. Replacement caregivers will be provided through the staffing office if possible.
- D. If a specialty unit nurse is to be available to return to their unit as needed, their assignment outside the unit must reflect this.
- E. FBC caregivers who must remain available to return to their unit may not take care of infectious patients, per ACOG and AWHONN nursing practice guidelines.
- F. Caregivers who have floated to another unit will not be expected to do procedures to which they have not been oriented. Examples of appropriate assignments for FBC RNs would be to the Surgical Unit to care for Endometriosis patients. The FBC nurse must work under the direct supervision of a RN in a team assignment. The FBC RN should review her assignment with the RN.
- G. Staff who will float with some regularity (Critical Care/Specialty Floats) will be provided one or two days of orientation to the general medical-surgical units. A one-day re-orientation may be requested by RNs who have not floated to a unit for 6 months or more and feel the need for updating skills. The time for orientation will be assigned to the caregiver's home unit.
- H. Caregivers who will rarely float out of their own units will not be oriented to the general units. They will be assigned only as supplemental staff.
- I. Certified Nursing Assistants can be floated from their home unit to another without orientation. Their task lists are consistent in most areas. Use F10039 to document orientation to the receiving unit, if they have not worked there in the past six months. The Charge Nurse on the receiving unit should review the task list for that unit to assure the CNA understands expectations.
- J. Any regular part time or full time caregivers who have been requested by the hospital to work extra hours or shifts will not be floated to another unit unless they are agreeable to this. Caregivers who have scheduled themselves to work an extra shift may be asked to float to another unit if their unit does not need them and there are urgent staffing needs in another area.
- L. Nurses who have been hired as relief for one department only may be required to float to another unit, but RNs will not be asked to carry an independent patient assignment (i.e., will not be primary nurse or care managers). They will be assigned as described in H, above.
- M. Intensive Care RN's will not be required to float outside of Critical Care Services. They may float to other units on a volunteer basis. The ICU RN will float to IMCU if the ICU is overstaffed, and the RN can be pulled back if necessary to admit patients to the ICU. The IMCU RN will not be expected to float to Medical/Surgical units to allow ICU RNs to work on IMCU except in situations

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where patient safety may be at risk as determined by the House Supervisor.
IMCU RNs will float to Medical/Surgical units as needed.

3. Stand-by Personnel

- A. Caregivers who are on standby for one unit cannot be called in to work for another unit.
- B. In general, standby caregivers should not be called in to work on their own unit while regular caregivers are pulled to work elsewhere. They are on standby only in case of a need for their own units.
- C. In an urgent staffing situation, the standby person may get called in while a regular caregiver is floated.
 1. The House Supervisor, the unit Manager or designee, or the Staffing Analyst will contact the leadership person on call for that unit and the standby nurse and notify them of the urgent staffing situation which is necessitating floating that individual or another individual on their unit.
 2. If the Manager or designee is not in the hospital, the House Supervisor will notify the Manager or designee as soon as possible of the urgent staffing situation.
 3. The decision to float the standby person or another individual on their unit, and the communication that occurred related to that will be documented as a memo in OneStaff by the House Supervisor or Staffing Analyst.

4. Preparation of caregivers who are assigned to a unit to which they are not oriented:

- A. If the floated caregiver has never worked on the unit, the House Supervisor or Staffing Analyst will escort or insure that the caregiver is taken to the unit and introduced to the Charge Nurse.
- B. The caregiver will be given a Unit orientation introduction checklist for people floated to units for which they are not regular staff, F10039, to take with them to their assignment.
- C. The floated caregiver will complete the unit introduction checklist with a designated caregiver from the assigned unit.
- D. The completed check list will be returned to the Charge Nurse on the unit where the caregiver is floated. After reviewing, the Charge Nurse will send the completed checklist to the staffing office.

QUALITY RECORD

Quality Record	Location Kept	Filing Order	Duration Kept	Disposition	Comments
Unit Orientation Checklist, F10039	Staffing Office	By date	6 months	purged	
OneStaff database	Staffing Office	By date or by caregiver	current data minimum of two years, archives indefinitely		

CHANGE HISTORY

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Date	Revision	Comments
3/5/03	E	Received from Carol Velasquez; sent on approval route
6/28/05	F	Clarified process, identified correlation to call-offs process
6/29/05	F	Received from Carol Velasquez; sent on approval route
1/6/07	G	Updated job titles
1/8/07	G	Received from Carol Velasquez; sent on approval route
1/14/08	H	Updated job titles and revised according to ICU/IMCU floating parameters.
1/14/08	H	Received from Carol Velasquez; sent on approval route