

Work Instruction	Document Number W09077	Revision F
	File: CHC example for relief nurses.doc	
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Relief Nursing Staff

PURPOSE/SCOPE:

SCMC maintains relief staff to provide staffing in nursing departments due to increased census, illness, leaves of absence, and other unexpected staffing needs by:

- A. Maintaining high quality patient care by utilizing trained, oriented SCMC employees.
- B. Providing appropriate skill mix for nursing units.
- C. Meeting the needs of certain nursing employees for flexible hours and shifts, thereby maximizing recruitment opportunities and reducing turnover.
- D. Reducing the need for temporary nursing employees from outside agencies and controlling payroll costs.

REFERENCE DOCUMENTS:

Professional Agreement between SCMC and Oregon Nurses Association; Agreement between SCMC and AFSCME/Oregon Licensed Practical Nurses Assoc. Inc., Local 3400

DEFINITIONS:

- A. Relief Staff: Non-positioned staff who are employed at SCMC to cover high-census, ETO, LOA, and any other supplemental staffing needs on nursing units.

REQUIREMENTS: (Any City, County, State, and/or Federal requirements.)

INSTRUCTIONS

1. Relief staff may be hired into Patient Care Support Services, or may be hired directly into a nursing or appropriate specialty unit. Relief staff include: RNs, LPNs, CNAs, and Unit Secretaries.
2. Relief staff will attend cluster meetings for the unit to which they are hired. They will be required to meet relief work requirements. Relief staff hired by Medical Services, Ortho/Neuro, Rehab and Surgical Specialty clusters will be called off by turn with all other qualified relief staff. Relief staff may be floated to another unit if they are qualified to work and are needed on the other unit.
3. Relief staff are hired as positions are available.
4. Relief staff are utilized as needed on a shift by shift basis. Relief staff are assigned to work only in patient care areas for which they are qualified and oriented. Relief staff that normally work in specialty units will be asked to work outside of their normal unit when a staffing need exists. They will not be assigned to work independently if they have not been oriented to the assigned unit, but will perform basic nursing care duties under the direct supervision of a RN who is qualified for that unit.
5. SCMC does not guarantee a specified number of hours or shifts.

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6. When relief staff are scheduled and census is low, relief staff is HR'd before positioned staff (as per hospital policy). Relief staff will be used in lieu of positioned employees only when skill level warrants. HRs will be shared among relief staff in order to evenly distribute HRs. Relief staff will be notified two (2) hours prior to shift start for HRs.
7. Relief staff will participate in and be paid for attending mandatory inservice programs, staff meetings, and committee work as requested.
8. Patient Care Support Services will maintain a master list (in the OneStaff data base), including: Names of relief staff; shifts he or she works, and areas of orientation (qualifications).
9. Relief staff is responsible for scheduling to work a minimum of 36 hours per 4-week schedule period. This is; 40 hours for 8-hour shifts, and a minimum of 3 shifts or 36 hours for 12-hour shifts. Relief staff will schedule their availability with the Staffing Office on a weekly basis, or per their management team, and once scheduled are committed to those shifts.
10. Relief staff will schedule to work every third weekend. Relief staff will meet the weekend requirement outlined below:
 - Day Shift: Saturday and Sunday 0700-1530
 - PM Shift: May meet the weekend requirement by working either Friday Saturday 1500-2330, or Saturday and Sunday 1500-2330
 - Night Shift: Friday and Saturday 2300-0730
 - 12-hour Shifts Saturday and Sunday for dayshift
Friday and Saturday for nightshift for nights
11. Wages and benefits will be applied as per hospital policy and contracts as appropriate.
12. Relief staff must schedule to work at least one holiday (from New Year's Eve, New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas, and Christmas Eve). The holiday will be scheduled by the Hospital with input from staff, but they will not be required to repeatedly work the same holiday. Time-and-one-half for holidays worked will be paid according to policy.
13. Shift flexibility for relief staff is needed to ensure quality patient care on a 24-hour basis. Employees may be hired to a combination of shifts depending on the staffing needs. Generally, new RN, LPN, and CNA employees will be asked to work the night shift as their primary shift for a minimum of one year after employment. All staff who have worked a minimum of one year and have chosen to make day shift their primary shift must work one-fourth of their monthly shifts on either night shift or PM shift.
14. Relief staff who will not be available to work for three (3) weeks or more must submit notification (on an ETO form) to the Staffing Office for approval of their time off. Approval for time off will not generally be granted for periods exceeding three (3) months. Extended time off (more than three weeks, as per ETO policy) during the summer months will not generally be granted.

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15. If relief staff are not available for 45 consecutive days without appropriate notification and approval, or fail to meet their scheduling commitment for six (6) weeks, they will be subject to progressive corrective action, up to and including termination.
16. Transfers from positioned to relief status is accomplished by submitting a transfer request to Human Resources and obtaining approval by the appropriate leader/manager.
17. Relief staff members must work a minimum of 300 hours before their introductory period is completed.

QUALITY RECORD

Quality Record	Location Kept	Filing Order	Duration Kept	Disposition	Comments
OneStaff data base	Staffing Office	On-call	Forever		

CHANGE HISTORY

Date	Revision	Comments
10/14/99	A	Initial release
5/30/00	Ad1	received from Lyn Bogie
6/16/00	B	Released
10/20/00	Bd1	received from Lyn Bogie
11/21/00	C	Released
1/16/03	D	Updated rev level to match MC and removed ISO and JCAHO requirements.
3/1/03	E	Received from Linda Tenbrink; sent on approval route
9/14/05	F	Received from Linda Tenbrink; sent on approval route