

Work Instruction	Document Number W09048	Revision K
	File: W09048.doc	
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Staff Call-Offs on Patient Care Units and Hospital Request (HR) Call-Off Script – SCMC – Bend

PURPOSE/SCOPE: When workloads determine a need for less staff than are scheduled on the operational schedule, individuals will be called off in a structured manner by the Staffing Office. Records will be maintained through One-Staff of dates and numbers of hours caregivers have been called off.

REFERENCE DOCUMENT:

DEFINITIONS:

HR: Hospital Request Off is the reduction of scheduled hours for a caregiver. For purposes of tracking turns on the nursing units, a caregiver must be called off for 4 hours or more to count as a turn. A regular part-time or full-time caregiver will not suffer any loss of benefits accrued due to being called off. On-call caregivers and regular part-time caregivers working extra shifts do not receive/accrue HR benefits when they are called off.

ETO: Earned time off

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

ONA Contract – 11.11
AFSCME Contract

INSTRUCTIONS

1. Call off Agency/Registry staff first. Agency staff must be called off at least 2 hours prior to shift start time. If the caregiver will be traveling to Central Oregon, it is important to call off at least 4 hours in advance if possible. HR is done by contacting the Agency for which the caregiver works.
2. Call off anyone who would be working overtime or premium shifts, unless that needed skill is not replaceable by remaining staff. The staffing analyst can do this by viewing anyone who is listed extra in One-Staff to see total number of hours and premium shift codes. **Exception:** If a nurse works an extra shift which results in a break of ten hours or less before his/her next regularly scheduled shift (which now results in premium pay), the nurse will not be called off from that regularly scheduled shift out of date rotation unless the nurse requests to be off.

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3. Call off regular, part-time, full-time, or relief caregivers who have requested/volunteered to be off.
4. Travel caregivers have specific guidelines in their individual contracts whether or how frequently they can be called off or rescheduled, and how their pay periods and overtime fall. Travelers should be called off prior to any scheduled caregiver (full-time, part-time, or relief) who is not in overtime or premium status. If traveler cannot be rescheduled and it appears they will be called off, contact leadership person on call for the affected department, so they may decide whether to keep traveler and to assign a regular caregiver to other project work.
5. Call off any Shared Nursing Pool nurses.
6. Call off any part-time or full-time caregiver working above their positioned hours.
7. Call off scheduled relief caregivers, on a rotational basis by dates as documented in One-Staff.
8. Call off regular full-time and part-time nurses on a rotational basis by dates as documented in One-Staff, providing the caregivers remaining on the unit have the necessary qualifications to perform the work to be done.
9. Access dates of all call-offs (HR = hospital requested off) for caregivers who are scheduled on the particular unit which is overstaffed. This may be accomplished in two ways:
 - A. Run a report in One-Staff under STAFFER REPORT WRITER for the particular unit. (See Staffing policy "Access to HR Report in One-Staff.") This query takes 8 to 15 minutes to run. Monthly printouts of the HR Report are kept in the Staffing Office Shift Report book.
 - B. Look up each caregiver scheduled in One-Staff under STAFFER, View/Alter Individual Staffing. This will show you the days and the number of hours individuals have been HR'ed.
9. Call off the person with the oldest call-off date per skill level. This includes Charge Nurses, if there is a qualified person for replacement. NOTE: 12-hour caregiver's call-off dates may indicate 4, 8, or 12 hours. Unit-based policy determines how these hours relate to 8-hour shifts. Call off 12-hour shift caregivers for a specific amount of time (all 12 hours, for 8-hour segment if day shift or 4-hour segment if night shift). You may ask them to return to work for a later segment of their shift, and they will not be HR'ed for that period of time. (e.g., in calling off a 0700-1900 caregiver, you could request them to stay home for the first eight hours and to return for the last four hours)

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- 10.** Before calling off any regular part-time or full-time caregiver, determine if any other unit can utilize this person and his/her specific skills. Any available work should be offered when the person is contacted regarding call-off. If caregivers are to be floated, follow the same order as used for call-offs above. If they are qualified and signed up for the Shared Nursing Pool, they may be offered work under that agreement at the Redmond campus if it is available.
- 11.** The hospital will make a reasonable effort to notify the caregiver by telephone not to report to work two (2) hours prior to the scheduled shift start time.
- 12.** When an individual is called off, document the HR in One-Staff under STAFFER. The program will require documentation of the number of hours the caregiver is being called off. Ask the caregiver if he or she wishes to take ETO to cover the HR time. The caregiver is to document the ETO request for HR day on a supplemental record. If ETO is requested, a “?” is also placed for that day to track the HR. For caregivers floated to another unit, put a “~” in One-Staff to track that the HR was for floating.
- 13.** A caregiver may be placed on standby for their HR turn. In One-Staff, place “h” for HR and “g” for standby. The caregiver will accrue benefits as well as receive standby pay. If a caregiver is called back to work, only the unworked standby hours count for HR turn and HR benefits.
- 14.** When calling off Floats of any skill level, check the call-off dates of all individuals scheduled for that date on the units where the float is qualified to work. If the float has had a more recent call-off date, he or she may replace the similarly qualified person on the unit (A Float would not replace a CCU RN with CCU Level III skills, if Level III skills are required for patients the Float would be assigned).
- 15.** Be sure the Float does not replace a specialty qualified person (such as primary mental health) unless he/she has the same qualification. Be sure there are no relief people working when regularly scheduled staff are being called off (e.g., a Float RN may be qualified to work in FBC or ER when a relief person has been placed there).
- 16.** If more Critical Care/Specialty Floats are scheduled than are needed in the areas for which they are qualified, and there is a need in Med-Surg, Rehab, or FBC, the Float will be floated to one of the lower acuity units prior to a regular full-time or part-time Critical Care RN. Floating to less acute units will be done on a rotational basis, within the Critical Care/Specialty Float Pool, by dates. As with any Critical Care nurse, if they float to one of these less acute areas, they

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will not be expected to manage a team of patients, and they will be partnered with an RN who is qualified for that unit.

17. When staffing needs change after call-offs, begin calling back the HR'ed caregivers by calling the one with the most recent call-off date first. If unable to reach, leave a message and go on to the next call-off date. Continue until someone responds and commits to coming back in. If unable to get a person who was called off for that particular shift, call any positioned caregiver qualified to work in that unit who has been HR'ed. If no positioned caregivers respond, call in a relief caregiver.
18. When call-offs need to occur during a shift due to census changes, the Charge Nurse is responsible to communicate with the staffing office before the caregiver is HR'ed to assure all other areas are properly staffed. The Caregiver writes the HR on the daily staffing sheet and the number of hours the person was HR'ed, along with information regarding whether they want to use ETO or not. The staffing office then puts that information into One-Staff the following day.
19. If a caregiver comes to work because the hospital has not notified the caregiver of HR 2 hours prior to shift start, the caregiver may go home without pay, or choose to work a minimum of 4 hours (RNs may elect to work up to ½ of their scheduled shift, up to 6 hours) wherever needed. If the caregiver is assigned outside their home unit, they will receive a HR turn for the 4 hours worked. All caregivers who are sent home after the minimum 4 hours will receive HR credit for the remainder of their scheduled shift.

Hospital Request (HR) Call-Off Script

INSTRUCTIONS: Utilize appropriate selection, based on circumstances, from this script when contacting caregivers regarding (HR) call-off.

1. "We do not need you for this shift, as your unit has a low census, and the other units are also well staffed. I'm not putting you on standby, but do you wish to be called if your unit becomes busy during the shift? If you wish to be called, we will call you one time." **(Choice)**
2. "We do not need you in your unit, but we need you to work in unit X today." **(No Choice, based on hospital wide needs)**
3. "We do not need you in your unit, but there are opportunities to work on unit X. Would you prefer to take the day off or work on unit X? If you take the day off would you like the opportunity to come back to work if your unit becomes busy (specify this is not standby)? If you wish to be called, we will call you one time." **(Choice)**

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4. “We do not need you for your shift (define hours to nurse), and we have no other units which need additional help. However, I would like to place you on standby during those hours of your regular shift, because with the low census in your unit it would be easy to get into an unsafe staffing situation if we got several admits.”
(Choice)

5. **(Applies to 12 hour shifts only)** “We do not need you for the first 4/8 hours of your shift, but we will need you to work the second portion of your shift, define hours to caregiver.” Give explanation of the need. (This is a last resort and is only to be used when all other options have been tried for coverage of patient care needs - include an explanation that everything else has been tried). **Note: For 12 hour RNs, call-off before their scheduled shift is limited to the full shift or the first four hours. Twelve hour day shift nurses placed on low census for their full shift may be required to be on standby for the last four hours of their shift, and in many units, this is preferred to calling off for the entire shift.**

If staffing needs in a unit cannot be met and there is a qualified nurse assigned in another area, that nurse may be floated to the first unit (hospital request) and be credited as taking a turn of HR (hospital request). This should be done when all efforts to staff the first unit have been made and the unit from which the qualified employee is being pulled can be safely staffed.

Patient Care Continuity during HRs:

If a nurse had been floated to another unit and has a patient assignment, and a staffing need arises in the nurse’s original unit, this need will be addressed as follows (staffing analyst should check with floor where nurse is working to see if nurse is still in a patient assignment):

If another oriented nurse can be found to go to the unit with the staffing need, he/she will be assigned there and the floated nurse will remain with his/her current assignment (It is helpful to review with the Charge Nurse the qualifications of nurse being sent to meet staffing need).

If a non-oriented nurse is the only resource available, then the non-oriented nurse will replace the nurse who floated out, and that nurse will return to his/her unit.

If a nurse is HR’ed from the home unit, but does not have a specified patient assignment (i.e. 2nd float), and a staffing need arises in the home unit, the nurse who was HR’ed and is floating will be moved back to the home unit, and someone else will be called to replace the float assignment.

If a nurse has been HR’ed for the first part of the shift and has been asked to work the 2nd portion of the shift, but there are not enough patients in the home unit to accommodate this nurse, the nurse will be floated to another unit in order not to interrupt the continuity of assignments in the home unit.

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**When House Supervisor/Staffing Analyst notifies caregiver of HR, ask caregiver if they wish to use ETO. Designate HR or HR with ETO appropriately in One-Staff.

QUALITY RECORD

Quality Record	Location Kept	Filing Order	Duration Kept	Disposition	Comments
One-Staff Data Base	network	Caregiver DCPOS number	Current files maintained 3 years, older records archived permanently		

CHANGE HISTORY

Date	Revision	Comments
3/26/03	H	Received from Carol V; sent on approval route
6/10/05	I	Updated to clarify Bend only document, to reflect call off order per current contract and to clarify expectations related to travelers.
6/13/05	I	Received from Carol Velasquez; sent on approval route
1/8/07	J	Received from Carol Velasquez; sent on approval route
8/25/07	K	Added Shared Nursing Pool into call-off order and added exception to call-off of premium pay RNs
8/27/07	K	Received from Carol Velasquez; sent on approval route