

Floating Guidelines

Applicable Campus: Salem Hospital

Department Name: Nursing - Staffing

Final Approval: March 2009 **Effective:** April 2009

Next Review Date: April 2011

List all stakeholder(s) and dates of approval:

Stakeholder Name(s): Housewide Staffing Council	Date: 12/08/08	Reviewed <input checked="" type="checkbox"/>	Revised <input type="checkbox"/>	
Stakeholder Name(s): Practice Council	Date: 02/24/09	Reviewed <input checked="" type="checkbox"/>	Revised <input type="checkbox"/>	
Stakeholder Name(s): Clinical Operations	Date: 03/02/09	Reviewed <input checked="" type="checkbox"/>	Revised <input type="checkbox"/>	
Stakeholder Name(s):	Date:	Reviewed <input type="checkbox"/>	Revised <input type="checkbox"/>	
Stakeholder Name(s):	Date:	Reviewed <input type="checkbox"/>	Revised <input type="checkbox"/>	

Describe briefly the most recent revision made to this policy, procedure or protocol & why:

Revisions made to update information.

Purpose/Policy Statement:

All nurses are accountable and have ownership for their own practices. Individual nurses have different levels of skill and knowledge; however, despite these differences, when individual nurses receive assignments within their scope of practice, with the right kind and level of supervision and assistance, float experiences can be very positive. Registered Nurses who float to other units should be mindful and only accept patient care assignments that they can perform competently, even though they should have the ability to perform basic care. The floating nurse and the charge nurse will negotiate these assignments.

Definitions:

- **Floating Cluster** – clusters generally follow division guidelines, with some exceptions; all RNs are required to float within their designated clusters
- **Staffing Alert** – may be initiated during a critical staffing shortage, as a temporary measure, at the discretion of the NAC or Manager of Nursing Resources and Staffing, when staffing levels are below recommended levels on two or more units per cluster
- **Licensed Staff Member** – an employee who is licensed to provide nursing care; it is required that one licensed staff member remains on every open unit
- **Helping Hands** – task-based assignment(s)

POLICY CONTENT

It is the policy of Salem Hospital that all nursing division RNs are required to float within their Floating Clusters. Each Floating Cluster takes into account the required skill mix and knowledge.

STEPS / KEY POINTS (Procedures)

I. General Guidelines

A. Nursing Divisions are defined as follows:

Critical Care Cluster	Med-Surg Cluster	Women-Children Services Cluster	Psych Cluster
PCU, IMCU**	5 NE	Peds	Psych
	5 NW		
ICU (CVCU**)	6 NW	NICU	
ED	5 South	L&D	
6 NE (NTCU**)	6 South	MBU	
MSFP*, CVCU*	MSFP	WCSFP	

* Excluding ICU Level of Care

** Effective May 2009

- B. Exceptions to this are outlined below:
 1. Assistant Nurse Managers are not required to float, but are encouraged to do so if home unit activities do not require their presence.
 2. Nurses assigned to a charge nurse role for a shift are excluded from floating for that shift.
 3. Employees with 25 years or more of nursing experience at Salem Hospital are not required to float, but may be asked to do so by the Nurse Manager or NAC to meet staffing needs.
 4. Med-Surg and Critical Care CNAs will float to any area to which they are requested, and be expected to perform their usual work assignment; Med-Surg and Critical Care Unit Clerks will only float to Med-Surg, Critical Care and Psych clusters; Women-Children Services Unit Clerks, and CNAs will only float as assigned in the Women-Children Services Cluster.
 5. If a Staffing Alert exists, all staff may be required to float outside their Floating Cluster.
 6. Staff who has been oriented, and who is competent to work in any of the Cluster units, including ED, may expect to receive a typical assignment.
 7. Staff may be assigned as helping hands, if there is a possibility that they will be required to return to their home units on an urgent basis.
- C. Every nursing unit will have and maintain float rotations; the Staffing Office will have stand-by and call-off information:
 1. The Nurse Manager will determine when new employees are added to the floating list; this decision will be based on an assessment of the new employees' readiness to float.
 2. Preceptors will float to other units; they will take their orientees with them.
 3. Nurse Managers and NACs may mandate an out-of-turn float.
 4. Staff placed on stand-by will be available to float within their Floating Cluster; attempts will be made to place staff in their home units when they are called in.
 5. Travelers will be the first to float.
 6. The MSFP/WCS float pool staff will be rotated through a stand-by and call-off rotation.
 7. Unscheduled staff will be included on the float rotation and stand-by lists, and take turns like scheduled staff.
 8. Staff names are moved to the bottom of the Unit Floating Rotation List when:
 - a. Floating for 4 hours or more to another unit; or
 - b. Regularly scheduled staff is called in to work for at least 4 hours of an extra shift.
 9. Staff scheduled on stand-by or called-off before the start of their shift will be placed at the bottom of the respective list.
- D. Extra shifts and overtime:
 1. When staff is called to work an extra shift, it must be made clear as to whether the coverage is needed for the home unit, or another unit; the extra shift staff will be placed in the unit of greatest need.
 2. Staff working OT shifts to meet core staffing is not required to float; if not needed on their home units, they will be given the choice of whether to float to a unit of need or to have the shift cancelled.

II. Standards of Practice

- A. Floats should arrive in a timely manner, with a professional attitude and prepared to discuss their skills/patient assignment competency level.
- B. The charge nurse will greet the float and assure them that s/he will be available for guidance and support throughout the shift.
 1. The charge nurse assigns the float staff; this may entail a change of regular assignment for unit staff.
 2. The charge nurse's assessment of the float's skill and competency level should include clinical skills specific to the patient population**; initiate discussion of the float's competencies, determine an assignment within the individual's competencies, review staff routines and assign a Care Partner.
 3. The Care Partner's responsibilities include orientation to the unit, care for patients during meals and breaks, and serving as clinical resource specific to the specialty care.
- C. Charge nurses should make all efforts to keep a twelve-hour float assignment the same for the entire twelve hours, providing continuity of care.
- D. A survey about the float experience is available and should be completed and returned to the Nurse Manager.
 1. The Nurse Manager will review the surveys, investigate any issues, and provide feedback to the float.
 2. The Nurse Manager will forward the completed survey to the Housewide Staffing Council for trending.

III. Staffing Alert

- A. When a Staffing Alert is initiated staff may be required to float outside their normal Floating Clusters.
 1. Staff shall be advised of the Staffing Alert at the time they are assigned to float; and
 2. Continue to work within their scope of practice, identifying their skills/knowledge/comfort level.

- B. Initiation of a Staffing Alert will take into account skill mix, census, and patient acuity.
1. The NAC (or Staffing Office Manager) may initiate a staffing alert and may consult with the area Nursing Director.
 2. An Alert *may* be initiated following these staffing guidelines for each cluster:
 - a. **Medical-Surgical Cluster** (numbers exclude the charge nurse):

UNIT	DAY	NOC
5 South	1:4	1:5
5 NW	1:4	1:5
6 South	1:4	1:5
6 NW	1:4	1:5
5 NE	1:4	1:5
 - b. **Critical Care Cluster** (numbers exclude the charge nurse):

UNIT	SHIFT	Licensed Staff:Patient Ratio
ICU	All Shifts	1:2
PCU	All Shifts	1:3
6 NE	All Shifts	1:4

NOTE: ED will float as helping hands and may be called back to home, as requested by the charge nurse through the staffing office.
 - c. **Women-Children Services Cluster** (numbers exclude the charge nurse):

UNIT	Staffing Ratios
Pediatrics & NICU	Based on patient acuity
Mother/Baby	Based on patient acuity (1:3-4 couplets)
Labor & Delivery	Based on patient acuity

NOTE: L&D will float as helping hands within WCS.

Equipment/Supplies (If Applicable):
n/a

Form Name & Number or Attachment Name (If Applicable):
Attachment A - Float Experience Survey

Author Position:
Manager of Nursing Resources & Staffing

Review/Revision Authority (Position Not Individual Name):
Housewide Staffing Council, VP of Patient Care Services

Expert Consultant Position/s (Not Individual Name/s):
n/a

References (Required for Clinical Documents):
n/a

Is there a Regulatory Requirement? Yes No
If yes, insert requirement information here: HB2800

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n/a

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Policy, Procedure or Protocol Cross Reference Information:
Staffing and Scheduling Guidelines, PTO Guidelines