

## **Inpatient Staffing / Scheduling Policy (A09)**

A. SUBJECT: Patient Care Services Inpatient Staffing/Scheduling

B. EFFECTIVE DATE: June 1, 2014

C. POLICY:

The purpose of this policy is to provide direction to Patient Care Services' managers as they work to provide safe, appropriate patient care coverage, taking into consideration patient census, patient care needs, the intensity of nursing care required, and nursing staff abilities and skills, while promoting a positive work-life balance for staff. This policy works in conjunction with all other Medical Center and Human Resources policies.

D. DEFINITIONS:

1. *Critical Staffing* - When additional resource(s) are required by a patient care area in order to provide safe, appropriate patient care to the patients on that unit. In order to be considered in critical staffing, all nurses (including the shift manager) must be assigned patients and be actively engaged in the provision of patient care.
2. *Hard-to-Staff Days* – Days that are not considered holidays in Human Resources Policy 401, but which are hard-to-staff. May include Christmas Eve (until 11:59 p.m.), Black Friday, New Year's Eve (until 11:59 p.m.), Fourth of July, Valentine's Day, etc.
3. *Holidays* - Shifts that align with Human Resources Policy 401 regarding holidays and holiday pay: "The Medical Center recognizes staff members' contributions who work on the holidays of Thanksgiving, Christmas and New Year's Day. For those employees who work on those holidays, they will receive, in addition to their regular pay, a premium equivalent to half-time pay for the hours worked during the 24 hour holiday that begins at midnight at the start of the holiday and ends at 11:59 p.m. on the holiday."
4. *Like Care Areas* -
  - Adult Acute Care: 3 Central, 3 East, 3 West, 5 Central, 5 West, 6 Central, 6 East, 6 West, 8 West, 8 West Stem Cell, Short Stay Unit
  - Adult Acute Care Heart: 4 Central, 4 East, 4 West
  - Adult Critical Care: CCU, MICU, NNICU, STBICU, TCVPO, and the Intermediate Units
  - Pediatric Critical Care: PICU, NICU
5. *Pattern* - A schedule that repeats every schedule period.
6. *Scheduling Priority* - The order in which employees submit their schedule requests.
7. *Self-Scheduling Methodology* - The process by which employees submit their schedule requests.

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8. *Staff Schedule* - A view of employee work obligations and scheduled time off.
9. *Summer Months* – Memorial Day through Labor Day
10. *Weekends* - Payroll has defined two options for weekends and the payment of the weekend premium:
  - i. Fri 2300-Sun 2259
  - ii. Sat 0700-Mon 0659
  - iii. Human Resources Policy 401: “Weekend premium applies to four or more consecutive hours worked during a 48 hour period on Saturday and Sunday, as designated by management.”
11. *Work Week* - Begins at 0000 on Sunday and ends at 2359 on Saturday.

## E. PROCEDURES

1. Schedule processing will follow the Dates of Action calendar:
  - The schedule opens to requests six weeks before the schedule period begins.
  - The schedule closes to requests four weeks before the schedule period begins.
  - The final schedule is posted for staff two weeks before the schedule period begins.
2. Full-time, benefited staff enter their requests first, followed by contract staff (if any), and unit-based wage staff. Signing up before the designated time is not permitted.

## F. RESPONSIBILITIES

1. Manager Responsibilities
  - Managers are responsible for working with the scheduler to create a balanced schedule that aligns with this policy, approving or denying requests for time off, and ensuring daily staffing needs are met in advance. Managers must do a final sign-off on the schedule before it is posted for staff.
  - The unit schedule will be made available to staff two weeks prior to the first day of the schedule period.
  - Core staffing numbers are expected to be in alignment with the unit’s budget for worked hours and patient days.
  - Managers will ensure sufficient staff have been scheduled on weekends, holidays, hard-to-staff days, and off hours, in order to provide the same level of patient care that is provided at all other times. They will also ensure that rotation for weekends, holidays, hard-to-staff days, and off hours is fair and equitable.
  - Managers will determine how many staff can be out at any given time. The general guideline is no more than 10% of workforce, by role.

- Managers will determine with their staff which days are considered hard-to-staff and how many of them must be worked each year.
- Managers will approve all non-patient-care time and the scheduler will ensure it is documented in the schedule.
- Managers will orient new staff to the scheduling process and all relevant scheduling policies, including this one.

## 2. Staff Responsibilities

- Staff are responsible for requesting work shifts that match their hired FTE. If the appropriate number of shifts has not been requested by the time the schedule closes, the manager and scheduler will add shifts for the employee based on unit need.
- Staff are responsible for entering all requests for time off.
- Staff should not pre-schedule themselves into overtime. Overtime may be available for shifts that fill holes in the schedule after all requests are made.
- Staff are responsible for meeting any patterned weekend work requirements and will be expected to make up hours missed due to unplanned absences or vacations. Shifts required to work will be chosen by the manager at their discretion.
- Staff are responsible for signing up for holidays to meet the holiday work requirement.
- Staff are responsible for signing up for hard-to-staff days to meet the work requirement established by their unit manager.
- Staff may request vacation a year or more in advance, but no later than one schedule period before the vacation. Vacation plans should not be made until the manager has approved the time off. Length of time approved for vacation during the summer months is based on FTE:
  - a. 0.9-1.0 FTE = 80 hours
  - b. 0.75-0.8 FTE = 60 hours
  - c. <0.75 FTE = 40 hours
- It is the responsibility of the employee to notify the manager and scheduler of necessary scheduling adjustments due to school as soon as possible.
- Staff are required to notify the unit's shift manager at least 2 hours prior to the beginning of their shift if they are unable to come to work for any reason.
- After the schedule is finalized, scheduled shifts become the responsibility of the employee. In the event that a scheduled shift is needed off, staff are responsible for finding coverage for the entire shift. Swapping shifts of even length is the preferred method for finding coverage.

### 3. Fluctuations in Staffing Needs

- i. **Cancelling Staff:** As patient census, patient care needs, and the intensity of nursing care required fluctuate, staffing numbers may need to be reduced. It is the responsibility of the shift manager to notify the Staffing Resource Office that they have an employee who can assist another area in a critical staffing situation (see Floating Policy). If there is no other need, staff should be cancelled in the following order:
  1. Staffing Resource Office staff in overtime
  2. Wage staff in overtime
  3. Staffing Resource Office staff on unit
  4. Classified staff in overtime
  5. Wage staff
  6. Flexed staff who have flexed above their minimum required hours
- ii. **Increasing Staff:** As patient census, patient care needs, and the intensity of nursing care required fluctuate, staffing numbers may need to be increased. The shift manager should take the following steps to meet staffing needs:
  1. Request a float from another unit, soliciting like care areas first (see Floating Policy).
  2. Flex up unit's flex staff (see Human Resources Policy 201, which outlines work requirements for flex staff).
  3. Offer additional, non-overtime hours to wage staff
  4. Request staff from the Staffing Resource Office (non-overtime)
  5. Offer classified staff overtime
  6. Offer wage staff overtime
  7. Request staff from the Staffing Resource Office (overtime)

Staffing decisions should be made at the discretion of the shift manager, manager, director, house supervisor, or administrator based on patient census, patient care needs, and the intensity of nursing care required. Guidelines cannot take into account all circumstances; the best decision should be made to maintain a safe environment of care.

### 4. Staffing:

- i. Staff work hours should be in accordance with Human Resources Policy 502: "Employees [...] shall not be scheduled for more than 60 hours per work week or more than 12 hours in a 24-hour period, without written permission from their Area Administrator." In addition, no staff can be pre-scheduled into more than 48 hours on consecutive days and no more than 60 hours in a seven-day period. All staff should have at least 10 hours off between shifts.
- ii. Staff may be required to rotate up to 50% of the schedule. Amount of rotation is determined by staffing needs. Every effort will be made to minimize rotation and distribute off-shifts evenly among rotating staff.

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## G. REFERENCES

American Nurse Association. (2005). Utilization Guide for the ANA Principles for Nurse Staffing. Silver Spring, MD. NurseBooks.org.

Fair Labor Standards Act, Federal Wage and Hour Law.

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Updated 7/2010, 7/2012, 6/2014