


 Stanford Children's Health 	Approval Date: March 2018	Last Revision Date: March 2018
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I. POLICY STATEMENT

To provide criteria that will determine which patient care staff will float.

II. PROCESS

A. Considerations

1. **Acute Care Region**

a. Open region

Patient care staff are required to float within the region to cover staffing shortages.

b. Units within acute care region;

PCU160, PCU200, PCU300, PCU400, Acute Care Float Team, and Bass Float Team, general pediatric overflow units.

Exception: Staff may be required to float to PICU, CVICU or PACU to care for general care pediatric patients.

2. **Critical Care Region**

a. Closed region

Patient care staff are not required to float outside of their home unit. Patient care staff may volunteer to float, based on their experience, competency and unit needs.

b. Units within critical care region

NICU, PICN, SCN at Sequoia, PICU, PACU, CVICU.

Exceptions: CVICU floats to PICU.

3. **Perinatal Region**

a. Closed region





Patient care staff are not required to float outside of region.

4. **Traveler staff** hired into any unit are required to float based on their experience, competency, unit needs and agency contract.





B. FLOATING

1. **Mandatory Floating**





a. When competence and skill level of the patient care staff available for a mandatory float assignment are determined to be equivalent with respect to the float assignment, seniority and the number of float assignments in the current quarter will be factored into the selection of the nurse designated for the float assignment. The calendar quarter consists of (three (3) schedule periods, Jan/Feb/Mar, Apr/May/June, July/Aug/Sept. Oct/Nov/Dec includes 4-schedule periods. It is the Resource Nurse's responsibility to determine whose turn it is to float off the unit. New hires will not be required to float until all core competencies have been validated.

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- (1) Inexperienced or new graduate RN staff will not be required to float for 6 months after the completion of the New Graduate Residency program. Each unit will document on its staffing grids/lists when the New Graduate nurse has completed her/his competencies and is available to float. Competencies will be sent to the units to which staff is floated by the manager or CNS of the nurse's home unit.
 - (2) Patient Care Managers may extend the six (6) month time period referenced above if all core competencies have not been met within the time frame specified. It is the responsibility of the patient care manager to inform the unit resource nurses when new hires have met the core competencies and are able to float.
- b. Priority of Floating
- (1) Registry
 - (2) Travelers (Regardless of hiring region provided they meet core competency standards for the region that they are floating to).*
 - (3) Relief Staff working 'Overscheduled Commitment' (OSC).
 - (4) Regular staff working OSC
 - (5) Relief staff (regularly scheduled shift)
 - (a) For Bass Center, Relief Bass Float Team will float before Relief PCU160 staff.
 - (6) Core staff (regularly scheduled shift) including but not limited to specialty roles (as long as another person is available to fill that specialty role).
 - (a) For Bass Center, Core Bass Float Team will float before Core PCU160 staff.
- *Travelers will be floated to cover a staffing shortage before Absent Days are given on their pre-assigned unit.
 **When there is more than one nurse in the above categories, the nurse with the fewest number of float assignments in the current quarter, will be floated. If the number of float assignments in the quarter is equal, then the nurse with the least seniority would float.
- c. Multiple Overstaffed Units
- (1) When more than one unit is overstaffed, the following applies:
 - (2) Each unit determines its staff member who would take the float assignment.
 - (3) Out of turn floating can occur if the RN next to float is needed on the unit for skill mix or patient acuity.
 - (4) The RSN will compare the number of float assignments in the current quarter of the staff member from each unit.

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- (a) The staff member with the fewest number of float assignments in the current quarter will float.
 - (b) If the float assignments are equal, the staff member with the least seniority will float.
 - d. Staff working 12 hour shifts, can be floated in four (4) or eight (8) or twelve (12) hour blocks, but cannot be floated in three consecutive four (4) hour blocks.
 - e. Each floating block equals one occurrence.
2. Cross-trained Staff (All Units)
 - a. Nurses who are cross-trained to units outside of their region are the first to float off the home unit to the cross-trained unit (i.e., ICN to PCU200 or PCU300: or PCU200 to ICN).
 - (1) Prior to being cross-trained, the RN will sign a cross-training contract that defines the floating expectations.
 - (2) The cross-training contract will be reviewed and renewed annually.
 - b. Staff nurses, who are pre-scheduled into their cross-trained unit, will not be floated to units where they have not been cross-trained.
 - c. If needed, and the home unit can release the staff nurses, cross-trained nursing staff will be expected to float a maximum of two (2) occurrences per pay period to their cross-trained unit.
3. Special Considerations
 - a. Each unit is responsible for maintaining a float list. Staff are responsible for confirming the accuracy of their float hours.
 - b. Mandatory floating will not be used to give voluntary absent time off in another unit.
 - c. The staff nurse who floats off her/his home unit will work under the direct supervision of the resource nurse of the unit to which she/he has floated.
 - d. The float nurse may not provide unit-specific patient care skills, unless she/he has completed the unit specific competency requirements for that unit.
 - e. Unit closures - See Temporary Unit Closure Procedure for Acute Care Region Nursing Staff.
4. Critical Staffing Shortage
 - a. In the event of a critical staffing shortage, patient care staff will be required to float. Prior to declaring a critical staffing shortage, the following categories of staff must be utilized first.
 - (1) Available travelers
 - (2) Existing cross trained staff
 - (3) Volunteers, including OSC/SNC
 - (4) In-house and on-call nursing leadership team (manager, assistant manager(s) and clinical nurse specialist(s) will participate in problem-

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- solving activities on the critically short-staffed unit which may include taking patient care assignments.
- b. If patient care needs cannot be met with the above categories of staff, the following then occurs:
- (1) The Patient Care Director (PCD) or designee of the affected unit declares and simultaneously notifies CRONA of the critical staffing shortage.
 - (2) Any available absent days in the region are temporarily placed on hold.
 - (3) Patient care staff will be mandatorily floated according to the floating policy guidelines.
 - (4) Absent days will be released when it is determined that staffing needs have been met.
 - (5) All critical staffing shortage events will be reviewed and analyzed in the Nurse Practice Committee.

III. DOCUMENT INFORMATION

A. References

Reference	Level of Evidence	Review Date
CRONA Collective Bargaining Agreement		

B. Author/Original Date

Staffing Office Implementation Team, 6/94

C. Distribution and Training Requirements

This policy resides in the Patient Care Manual of Lucile Packard Children's Hospital Stanford.

D. Review and Renewal Requirements

This policy will be reviewed and/or revised every three years or as required by change of law or practice.

E. Review and Revision History

5/95, 10/95, 1/01, 2/05, 7/08, 8/09, 10/15

Nurse Practice Committee, 8/09, 1/12

F. Approvals

Policy Review Committee, 8/09, 4/12, 10/15, 3/18

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