		<b>Last Approved Date:</b> 06/2019	
<b>Policy Title:</b> Staffing and Scheduling		Page 1 of 6	
<b>Departments:</b> Inpatient Nursing			
<b>Key Words:</b> Staffing, Scheduling <b>Staffing requirements, staffing, scheduling</b> <b>Staffing requirements, staffing, scheduling</b>	<b>Reference #</b> NA		

**I. PURPOSE:**

To provide guidelines for staff, managers, and the Staffing Office that facilitate adequate staffing levels in order to provide optimal patient care. Management reserves the right to determine appropriate staffing levels, shift and duty assignments. When a provision in this document differs from a union contract (CRONA or SEIU), the contract shall take precedence.

**II. POLICY:**

It is the policy of SHC to provide a process for staffing and scheduling for the Clinical Staff.


**III. PROCEDURE:**

**I. DAILY STAFFING**

**A. Daily Unit Staffing Requirements**

1. Units must communicate their staffing requirements to the Staffing Office or designee for all other areas in a timely manner. For In-Patient Units, Patients are to be classified and unit census must be communicated by established cut-off times. These times are:
  - a. 5 AM for 6:45 AM staffing
  - b. 1 PM for 2:45 PM staffing
  - c. 5 PM for 6:45PM staffing (*12-hour shifts only*)
  - d. 9 PM for 10:45PM staffing
2. Staffing requirements for In-Patient Units are reviewed and evaluated every 4 hours to meet changing patient care needs.
3. Changes in staffing requirements (i.e., an increase or decrease in patient census or acuity) must be communicated to the Staffing Office for In-Patient Units and designee for all other areas in real time as needed
4. Final unit staffing requirements are determined no later than 45 minutes prior to the shift start time.
5. The Staffing Office or designee makes every attempt to accommodate unexpected changes in staffing requirements that occur after 45 minutes prior to shift start time. In the event that these changes cannot be accommodated, the staffing plan in place 45 minutes prior to shift start time is implemented.

**B. Voluntary "A" (Wish List)**

		<b>Last Approved Date:</b> 06/2019	
<b>Policy Title:</b> Staffing and Scheduling		Page 2 of 6	
<b>Departments:</b> Inpatient Nursing			
<b>Key Words:</b> Staffing, Scheduling <b>Staffing requirements, staffing, scheduling</b> <b>Staffing requirements, staffing, scheduling</b>	<b>Reference #</b> NA		

1. The Staffing Coordinator, in conjunction with the Administrative Nursing Supervisor (ANS) for In-Patient Units or designee for all other areas, determines how many A-days to grant before the shift starts. This is evaluated every 4 hours. Exception: on the night shift, A-days are granted in four (4) and eight (8) hour blocks. Some staff may not be granted a day off until after they are at work to ensure that all sick calls and clinical needs are covered. (See A-day policy)


**C. Overtime-In-Patient Units only**

1. Staff are expected to inform the RSN/PCM/APCM two (2) hours prior to the end of the shift if overtime is anticipated to be greater than 15 minutes. This advance notice allows the RSN/PCM/APCM time to provide assistance to get the staff member relief in order to leave by the end of the regular scheduled shift and thus, avoid overtime. However, unforeseen circumstances occurring late in the shift may prevent this notification from happening and each situation is reviewed on a case by case basis.

**II. SCHEDULING**

**A. Schedule Requests**

1. Every reasonable attempt will be made to grant staff their requested days off. Priority for scheduling will be done according to the following:
  1. Pre-approved vacation
  2. Pre-approved education days
  3. Skill mix need/specialty roles
  4. Seniority
  5. Isolated Regular, PTO, or Education days off.
2. Decisions are made based on skill mix need and seniority.
3. Staff are asked to limit their requested days off (Red days/night) to 5 days per schedule (not including their regularly scheduled weekends off or pre-approved vacation/pre- approved education days).
4. Day shift weekends: Your designated weekend to work is Saturday/Sunday, Monday through Friday is considered open for regularly scheduled shifts.

		<b>Last Approved Date:</b> 06/2019	
<b>Policy Title:</b> Staffing and Scheduling		Page 3 of 6	
<b>Departments:</b> Inpatient Nursing			
<b>Key Words:</b> Staffing, Scheduling <b>Staffing requirements, staffing, scheduling</b> <b>Staffing requirements, staffing, scheduling</b>	<b>Reference #</b> NA		

5. Night shift weekends: Staff may request Friday/Saturday, Friday/Sunday, or Saturday/Sunday; however, this is subject to unit need and manager approval. To change the designated weekend pattern, requests must be made in writing to Nursing Administration.
6. Night shift weekends: If your designated weekend to work is Friday/Saturday, Sunday through Thursday is considered open for regularly scheduled weeknight shifts. If your designated weekend to work is Saturday/Sunday, Monday through Friday is considered open for regularly scheduled weeknight shifts.
7. Staff should take note of the cut off dates for schedule planning. Late requests or emails to the manager/scheduler will not be accepted or considered. Once the schedule is posted, it is considered final. Requested schedule changes must be approved by the PCM or an APCM.


**B. Rotations/Weekends:**

1. Staff are expected to be available to work their pre-assigned weekends and shift rotations.
2. Requests to be off on regular weekend will be handled as such:
  - a. Request in API – A unit manager will need to consider skill mix and seniority before making a decision.
  - b. The person must ask another staff member to trade weekend assignments. This request must be entered into API at least 3 days prior to the trade clearly indicating the names and dates of individuals involved. A unit manager must approve.

**C. 12/8 Hour Shift Patterns**

1. Nurses may volunteer to work in designated 12-hour shift positions to cover leaves of absence, PTO, vacations, etc., for a defined time period. Nurses who wish to work in designated 12-hour shift positions in the situations described above are paid as 12-hour nurses in accordance with the conditions of the SHC/CRONA Agreement governing 12- hour shifts.

**D. Working Over Commitment**

		<b>Last Approved Date:</b> 06/2019	
<b>Policy Title:</b> Staffing and Scheduling		Page 4 of 6	
<b>Departments:</b> Inpatient Nursing			
<b>Key Words:</b> Staffing, Scheduling <b>Staffing requirements, staffing, scheduling</b> <b>Staffing requirements, staffing, scheduling</b>	<b>Reference #</b> NA		


1. Staff can work over their commitment:
  - a. When needed to provide minimum coverage for the unit's schedule.
  - b. When asked by other staff members to work for them unless it incurs overtime.
2. When the unit is overstaffed, staff are cancelled according to the following order:
  - a. Voluntary request
  - b. Traveler scheduled to work
  - c. Relief staff working over commitment
  - d. Regular staff working over commitment
  - e. Relief staff
  - f. Regular staff, based on inverse seniority and by hours of cancellation per the pay period.
    - a. Exceptions may be made by PCM, ANS, or designee if needed for skill mix.

#### **E. Regular Staff Working Outside Closed Unit or Region**

1. Any qualified nurse who is willing to work outside their designated region shall notify their manager and/or for In-patient Units, the Staffing Office. The receiving unit will provide an assignment consistent with the competence and skill of the nurse.
2. Regular staff have priority over relief staff anywhere in the house when they are competent and oriented to work in the area.
3. Staff cross-trained and willing to work outside their region are given preference in floating when their home unit is plus staff.

#### **F. Relief Staff**

1. Scheduling Relief:
  - a. Relief staff will be scheduled to meet a unit's baseline staffing level.
  - b. Relief staff are only pre-assigned for the float region/unit to which they are hired, unless the relief staff person indicates differently (in writing) with PCM approval.
  - c. The PCM of home unit has first priority in scheduling Relief Nurse.
  - d. Relief staff float where needed for patient care needs with consideration to contractual agreements and hospital policies.
2. Use by Commitment:
  - a. Every effort will be made to call Relief nurses for duty as far in advance as

		<b>Last Approved Date:</b> 06/2019	
<b>Policy Title:</b> Staffing and Scheduling		Page 5 of 6	
<b>Departments:</b> Inpatient Nursing			
<b>Key Words:</b> Staffing, Scheduling <b>Staffing requirements, staffing, scheduling</b> <b>Staffing requirements, staffing, scheduling</b>	<b>Reference #</b> NA		

possible, however, since staffing needs change unexpectedly, a Relief nurse may be requested to work on short notice.

- b. For daily staffing, relief are called by commitment within their floating region by the Staffing Office for In-Patient units or designee for other areas.
- c. Cancellation is based on reverse order of relief commitment (A through D) to the extent practicable. See the *SHC/CRONA Agreement*.

**IV. COMPLIANCE:**

- A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at SHC are responsible for ensuring that individuals comply with this policy.
- B. Violations of this policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to the hospital. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

**V. RELATED DOCUMENTS / PROCEDURES:**


- A. N/A

**VI. APPENDICES:**

- A. N/A

**VII. DOCUMENT INFORMATION:**

- A. Legal References / Regulatory Requirements:
  - 1. Enter document information. One item per bullet.
- B. Author/Original Date:
  - 1. Salem Paschal, Manager, Nursing Administration, 08/16
  - 2. Suzanne Harris, Employee Labor Relations, 08/16
- C. Gatekeeper of Original Document:
  - 1. Salem Paschal, Manager, Nursing Administration
- D. Distribution and Training Requirements:

		<b>Last Approved Date:</b> 06/2019	
<b>Policy Title:</b> Staffing and Scheduling		Page 6 of 6	
<b>Departments:</b> Inpatient Nursing			
<b>Key Words:</b> Staffing, Scheduling <b>Staffing requirements, staffing, scheduling</b> <b>Staffing requirements, staffing, scheduling</b>	<b>Reference #</b> NA		

1. New documents or any revised documents will be distributed to Department Manual holders. The department/unit/clinic manager will be responsible for communicating this information to the applicable workforce members.
- E. Review and Renewal Requirements:
1. This policy will be reviewed and/or revised every three years or as required by change of law or practice.
- F. Review and Revision History:
1. Julie Tisnado, ACNO, Ambulatory Care 08/16, 06/19
  2. Gretchen Brown, Interim Associate Chief Nursing Officer, 08/16
  3. Wendy Foad, Interim Vice President of Patient Care Services & Chief Nursing Officer
- G. Approvals:
- |           |  |
|-----------|--|
| Previous: | 12/84, 04/88, 03/98, 06/91, 07/94, 12/00, 10/02, 02/04, 10/06, 02/04, 10/06, 07/07, 08/08, 02/09, 04/11, 01/16 |
| Current:  | 08/16, 05/19   |
| 05/19     | Julie Tisnado, ACNO, Ambulatory Care, Gretchen Brown, ACNO, Technology, Innovation Efficiency Services         |
| 06/19     | Dale Beatty, VP of Patient Care Services, Chief Nursing Officer  |

*“This document is intended for use by staff of Stanford Health Care.  
No representations or warranties are made for outside use.  
Not for outside reproduction or publication without permission.” V05.17*