

Policy Title: Floating Policy

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Departments: Inpatient Nursing**I. PURPOSE:**

The purpose of this policy is to assure maximum utilization of nursing skills and expertise, floating is primarily within designated regions/areas where patient populations require similar nursing skills. 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 Stanford Health Care (SHC) to provide a process for floating staff from one department to another throughout the inpatient units.

III. DEFINITIONS:

- A. Acuity Adaptable Unit (AAU): A unit where both general care and intermediate level patient care are combined.
- B. Float-In Only Units: A unit where outside staff may float into the unit, but the regular staff do not float out to non-home units.
- C. Closed Units: Units where floating is done on a volunteer basis. If surplus staff are unwilling to take an absent (A) day or PTO day, they are given an alternate assignment.

IV. PROVISIONS:

- A. Float Regions
 - 1. Inpatient Regions
 - a. Acuity Adaptable Units: B1/C1/G2S, B2, B3, C2, C3, D-Ground, D2, D3, E-Ground, E1, E3, F-Ground, F3, G1, H1 J5, J6, J7, K5, K6, K7, L5, L6, L7, M5, M6, M7, ACA Inpatient Areas (areas authorized for temporary patient holding)
 - b. Intensive Care Units: D1, J2, J4, K4, L4, M4
 - 2. Float-In Only Units
 - a. G2P
 - b. SHC Sequoia
 - i. Only Float Pool staff will be floated to cover staffing shortages on this unit
 - 3. Closed Units
 - a. Transfer Center, Dialysis, Emergency Department, Life Flight, and Procedural Areas, H2, Workforce Health & Wellness (WHW)
- B. Orientation
 - 1. All Registered Nurses (RN)s, Nurse Assistants (NA's), Medical Assistants (MA's, i.e., Patient Care Coordinators), and Unit Secretaries (US's) are provided with an orientation that enables them to competently care for patients within their designated float region. Orientation, including unit routines and specific safety and emergency procedures, is provided to staff members when they work on a unit for the first time.



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2. New hire nurses may float with their Preceptor during their Orientation. However, once they have completed it, they will be exempt from floating for a defined period:
 - a. New Graduate Nurse-6 months
 - b. New Hire Experienced Nurse- 2 months
 - c. Travel Nurse-3 twelve-hour shifts
- C. Unit Staff Guidelines-Floating within Designated Region
 1. Nursing Staff are hired with the understanding that they must float within designated regions. Except in the case of unforeseeable circumstances resulting in critical patient care needs, a nurse is not floated outside their designated region in the absence of their commitment to do so.
 2. If a unit is over staffed and a nurse(s) must float, the Resource nurse will determine, based on individual unit procedures, who will be reassigned. Each unit will keep a logbook which indicates name and date of last float for easy reference. If two or more nurses must float and they have the same date of last float, inverse seniority will determine who to float.
 - a. Units will exempt employees with 30 years or more seniority from floating, if operationally feasible.
 3. Once a staff member has been floated to another unit, they:
 - a. Will remain on that unit if not needed back in home unit
 - b. Will return to their home unit if needed in home unit
 - c. Will float to another unit that is short staff
 4. A regular staff RN may agree to float in place of a relief nurse in order to maintain continuity of care in certain situations.
 5. Nurse's will float in the following order:
 - a. Voluntary request
 - b. Relief staff over commitment
 - c. Regular staff over commitment
 - d. Registry
 - e. Travelers (Regardless of hiring region provided they meet core competency standards for the region that they are floating to).
 - f. Relief Staff
 - g. Regular staff including but not limited to specialty roles (as long as another staff is able to fill that specialty role).
 6. NAs and USs float to all units except Life Flight and Dialysis. They can be floated to closed staffing units if an appropriate assignment is available (e.g., 1:1 NA coverage).
 7. Nursing Assistants, Medical Assistants, and Unit Secretaries will float in the following order:
 - a. Volunteers (by seniority order)
 - b. Registry Staff
 - c. Relief Staff
 - d. Temporary and Fixed Term employees

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- e. Regular Staff
 - f. *Staffing needs are determined every 4 hours and may require floating in 4-hour blocks. To minimize disruption of workflow and facilitate continuity of patient care, reasonable efforts are made to avoid floating/changing assignments of a clinical nurse/nursing assistant/USA/MAs more than once in an 8 or 12-hour shift. Exceptions may be made based on specific skill needs, patient acuity and census or to meet state mandated ratios.*
- D. Inpatient Unit Staffing Guidelines-Floating Outside of Designated Region
1. The Staffing Office Leadership in conjunction with the Administrative Nursing Supervisor (ANS) has the authority to float any unit-based or relief staff outside of their designated regions in the event of a critical shortage in order to maintain standards of safe care to all patients within the institution. Process for Declaring a Critical Staffing Shortage (Appendix A).
 2. Staff who float outside of their designated region will always work under the direct supervision of an RN who has demonstrated competence in caring for patients customarily assigned to that unit.
 3. Nurses who volunteer to go to a “Float in Only Unit” will be given preference for assignments provided that the assignment is consistent with their competence and skill level including but not limited to such factors as education, experience, and any specialty/cross training as assessed by their Patient Care Manager (PCM).
 4. If a nurse asserts in good faith that they are not qualified to handle the assignment, they may request that the assignment be continued only until a qualified nurse is available and assigned. When the qualified nurse is available and assigned, the nurse may be excused from the remainder of the assignment and given absent time.
 5. Emergency Department (ED) Staffing Guidelines – Inpatient Staff Floating to the ED Region
 - a. ED Leadership will declare critical shortage following the Critical Shortage Algorithm
- E. Float Pool Staff Guidelines
1. Float Pool Staff will be assigned based on the needs of the organization determined by the PCM.
 2. If pre-assigned, Float Pool staff will be considered part of the home unit during that shift, including consideration for A Days.
 3. If no longer needed on that unit, Float Pool staff will be reassigned before core staff of the home unit.
 4. Nurses assigned to the float pool shall be considered to be assigned to the Main medical center campus, except for those float pool nurses who have been assigned in writing to another work location on a regular and ongoing basis. The AAU Float Pool staff may float to any unit defined within the inpatient region.
 5. Critical Care Float Pool staff may float out of the critical care region voluntarily if the region is overstaffed, and no regular or float staff want an Absent Day (A Day). If there are no volunteers, they will be cancelled mandatorily and may choose to use their PTO/ATO/No Pay.

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F. Relief Staff Guidelines

1. The PCM who supervises the relief nurse has priority to preschedule. Relief staff may be pre-assigned to another unit if not needed on their home unit and the home PCM approves.
2. Prescheduled relief staff can be floated within the region if needed, as determined by the Staffing Office Leadership. However, unassigned relief personnel should be used to balance daily staffing in the region before reassigning prescheduled relief staff. Relief staff will float within their designated region. If their region is not short staffed and no staffing need exists, they will be canceled or given an alternate assignment for a minimum of four hours. If the alternate assignment is not accepted the relief person will be canceled.
3. The PCM/Assistant Patient Care Manager (APCM) or delegate will determine which relief person floats based on skill need and subsequently whose turn it is to float.
4. If all units within the region are staffed according to nursing workload acuity score classification/matrix, every effort will be made to cancel relief staff as soon as possible prior to the shift, at least no later than one hour before the shift starts.

V. FLOATING to DIFFERENT WORK LOCATIONS

- A. Outpatient floating regions that include locations outside of the Main Medical Center to and from which nurses may be floated:
 1. Ambulatory Care Clinics: Palo Alto, Newark, RWC
 2. Ambulatory Surgery Centers: Byers, OSC (Redwood City), South Bay Cancer Center.
 3. Outpatient Infusion Centers: ITA Palo Alto, Cancer Center South Bay, Redwood City (SMOC)
 4. Cancer Center Palo Alto: ITA Palo Alto, Palo Alto Level 1 Area Clinic
 5. Cancer Center South Bay: Cancer Center South Bay ITA, Cancer Center South Bay Level 1 Area Clinic
 6. Apheresis- Float out only: ITA Palo Alto Level 1 Area Clinic
 7. Radiation Therapy: AMC, South Bay Cancer Center
 8. Radiology: Palo Alto (Main Hospital), Redwood City, Sherman Ave, Blake Wilbur, Neuroscience Center, AMC, Cancer Center South Bay
- B. The need for floating in the Outpatient setting may be determined the day before or based on established daily staffing practices.
- C. When a nurse who is regularly assigned to a location(s) is floated to another location to which the nurse is not regularly assigned to work, the staffer or designee must seek volunteers and will make every effort to provide a minimum of two hours' notice.
- D. Nurses will float in the following order:
 - a. Voluntary request
 - b. Relief staff over commitment
 - c. Regular staff over commitment
 - d. Registry
 - e. Travelers (Regardless of hiring region provided they meet core competency standards)

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- for the region that they are floating to).
 - f. Relief Staff
 - g. Regular staff including but not limited to specialty roles (as long as another person is able to fill that specialty role).
- E. Except in cases of critical staffing shortages, a nurse shall not be floated to a different work location more than one time per shift and will not be required to return to the original location within that shift.
- F. A nurse in a position that has multiple location assignments may not be regularly assigned to work in a location farther than 35 miles from the nurse’s primary work location to which she/he is assigned, absent the nurse agreements to such assignments. A nurse’s primary work location is that location at which a nurse works more of their time than at any other location.
- G. Nurses assigned to locations other than the main medical center campus may be assigned to multiple locations. Such nurses who travel to or between regularly assigned locations are not deemed to be “floating”, unless a nurse is assigned to travel to such a location on a day on which, or at a time at which, the nurse was not otherwise scheduled to work at that location.
- H. Nurses may be entitled to paid travel time and reimbursement for mileage, pursuant to applicable law.

VI. COMPLIANCE:

- A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at Stanford Health Care (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 SHC policy. Violations will be investigated to determine the nature, extent, and potential risk to SHC. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

VII. RELATED DOCUMENTS / PROCEDURES:


- A. [Staffing and Scheduling](#)

VIII. APPENDICES:

- A. Appendix A: Algorithm for Declaring a Critical Staffing Shortage

IX. DOCUMENT INFORMATION:

- A. Legal References / Regulatory Requirements:
 - 1. NA
- B. Original Document:
 - 1. Author/Date: Unknown, 02/1978

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- C. Stored In: Patient Care Manual
- D. 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.
- E. Review and Revision History:
 - 1. 04/2017 Julie Tisnado, ACNO, Ambulatory Care
 - 2. 7/2019 Sharon Hampton, ACNO, Inpatient Care; Julie Tisnado, ACNO, Ambulatory Care
 - 3. 10/2021 Salem Paschal RN, Director Clinical Support, Clinical Patient Access; Julie Tisnado RN, Associate Chief Nurse Officer, Ambulatory Care; Sharon Hampton RN, Associate Chief Nurse Officer, Inpatient Care
 - 4. 09/2023 Elisa Nguyen, Associate Chief Nursing Officer, Inpatient ACNO; Salem Paschal RN, Director, Clinical Inpatient Access; Kevin Tsui RN, Director of Strategic Initiatives, Patient Care Services; Nancy Kaira Rn, Patient Care Manager, Float Pool
 - 5. 12/2023 Suzanne Harris Director, Employee & Labor Relations
 - 6. 04/2024 Salem Paschal RN, Director, Clinical Inpatient Access; Kevin Tsui RN, Director of Strategic Initiatives; Nancy Kairia RN, Manager, Float Pool
- F. Approvals:
 - 1. 2/80, 11/82, 11/83, 10/06, 2/79, 11/81, 2/85, 4/88, 6/91, 8/93, 7/94, 1/95, 3/98, 12/00, 10/02, 2/04, 11/05, 7/07, 11/07, 4/08, 11/10, 8/13, 7/16, 4/17, 7/19
 - 2. 07/2019 Salem Paschal, PCM, Clinical Inpatient Access; Rudolph Arthofer; Dale Beatty, VP, CNO
 - 3. 12/2021 Julie Tisnado RN, Associate Chief Nurse Officer, Ambulatory Services; Barbara Mayer RN, Executive Director, Professional Practice and Clinical Improvement; Dale Beatty RN, Vice President and Chief Nurse Officer
 - 1. 01/2024 Patricia Britt DNP, RN, CNS, NEA-BC, Associate Chief Nurse Officer, Ambulatory, Professional Practice, & Clinical Improvement; Dale Beatty RN, Vice President and Chief Nurse Officer
 - 2. 08/2024 Tricia Britt, DNP, RN, Vice President and Chief Nursing Officer, Ambulatory and Nursing Practice; Dale Beatty, DNP, RN, Senior Vice President and Chief Nursing Executive, Patient Care Services

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Appendix A:

Algorithm for Declaring a Critical Staffing Shortage

1. The Resource Nurse (RSN) will notify the Staffing Office or designee that the unit/area is understaffed.
2. The Staffing Office or designee will determine if there are surplus staff available in the appropriate region to float.
3. The Resource Nurse will ask staff to work overtime if able.
4. The Staffing Office and/or RSN will call staff at home for Short Notice Call (SNC).
5. The Staffer will offer extra Nursing Assistants if available to offset RN need if appropriate.
6. The Resource Nurse will notify the On-Call Manager of staffing needs and confirm that all alternatives above have been explored. If possible, the PCM/APCM will come in to assist as needed.
7. If all alternatives have been exhausted and the staffing issue is unresolved, then a “Critical Staffing Shortage” will be called by the staffing office in consultation with Staffing Office Leadership.
8. If the staffing issue is still unresolved, the Staffing Office Leadership will consult with Inpatient Nursing Leadership. Accordingly, CRONA will be notified by the Staffing Office Leadership or their designee within 24 hours by contacting CRONA accordingly.