O'CONNOR HOSPITAL
NURSING DIVISION POLICY/PROCEDURE

Title: **Scheduling/Staffing Policy**	
Approved: Dawn Goeringer, RN, MSN Interim Chief Clinical Care Officer	**Effective Date:** 9/84 **Revised Date:** 7/05, 7/08, 6/14 **Reviewed Date:** **Originating Department:** Nursing Services **Distribution:** All Nursing Units
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Reviewed and approved by
Nursing Policy and Procedure Committee: 7/05, 7/08, 6/14

Policy Statement

The scheduling and staffing process is coordinated between the Clinical Manager and the Staffing Office. Time schedules are developed in advance to assure adequate qualified staff is available for patient care and to allow staff the opportunity to plan personal activity. The Scheduling/Staffing Policy will govern use of full-time, part-time, per diem and on-extra staff.

Policy Interpretation

Scheduling Process

1. The schedule is developed for a 6-week period of time and is due in the Staffing Office 21 days prior to the beginning of the next schedule for review. The final schedule is posted 14 days prior to the beginning of the next schedule. In Cardiac Cath Lab, Interventional Radiology, Nuclear Medicine, Radiation Therapy and Surgical Services, the schedule will not be due to the Staffing Office, but posting will still occur 14 days in advance.

2. Requests for PTO days off must be submitted in writing to the Clinical Manager of the service 30 days or per union contract prior to when the vacation is to begin. Requests must be made on the "Paid Time Off Authorization Form" for any days off other than those, which would be regularly scheduled, based on the associate's position status.

3. Changes to the final posted schedule may be made when a scheduled staff person exchanges scheduled days with another person of the same skill level in the same job classification (i.e. RN for RN) without incurring premium pay or when a manager approves exchanges between associates in different job classifications (i.e. LVN for RN). The replacement person may be regular full-time or part-time staff who will not incur overtime by working an extra day or extra shift. The "Schedule/Change Request Form" will be used and requires both associates' signatures as well as the approval of Clinical Manager. Schedule changes should be submitted to clinical manager no less than 48 hours prior to the start of requested shift exchange. Once approved, the schedule change form must be immediately submitted to staffing office.

4. Each manager is responsible to assure that a core number of personnel are scheduled prior to approving PTO requests and granting days off. Weekdays will be granted off according to the needs of each unit. No staff will be given set days off unless a special circumstance exists and is approved by the Clinical Manager. The Staffing Office will return schedules, which are not balanced appropriately, to the Clinical Manager.

Weekends

1. Definition of Weekend. A weekend means Saturday and Sunday, except in the case of a night shift it means Friday and Saturday.

2. Guarantee of weekends off. The Hospital shall grant each Regular Full-Time and Regular Part-Time Nurse every other weekend off. This provision may be waived on the written request of the individual Nurse. If the Employer requires such a Nurse to work more than every other weekend, the Nurse will receive time and one-half (1-1/2) for work performed on each succeeding weekend worked until granted a weekend off. For purposes of this paragraph, "work" means time actually worked by such Nurse.

   Rationale for written waivers may include but is not limited to:
   a. During vacation time for limited periods of time.

   b. Crisis due to unexpected circumstances, such as illness of key associate.

Shifts

1. Personnel are hired for one shift and are not ordinarily required to rotate. Even though every effort will be made by the Nursing Division to allow an associate to remain with the original shift assignment, an associate may be asked to work the day, evening, or night shift under the following circumstances.

   a. An individual requests such an arrangement.

   b. Crisis situations where a patient or patients is/are in jeopardy.

Vacations (PTO and Holiday Scheduling)

1. Nurses will submit their scheduled PTO requests, in writing, for the period from April 1 through March 31, in priority order, not later than the preceding February 1.

2. In granting scheduled PTO requests, the Hospital will not prohibit the taking of scheduled PTO basely solely on the season of the year. Requests for PTO will not be arbitrarily denied. PTO of longer than two (2) weeks may be approved by the Hospital provided there is adequate coverage to meet patient care needs. Two (2) Nurses per shift per unit per day shall be granted scheduled PTO at the same time. Exceptions may be granted provided there is sufficient staffing to meet patient care needs and upon mutual agreement between the Nurse and the manager.

3. In granting scheduled PTO requests, the Hospital will grant by seniority the highest (first) priority request for each Nurse prior to granting the next highest requests. The Hospital will then post a "Scheduled PTO" schedule by March 1.

4. Requests made after March 1 will be considered, and granted where appropriate on a first-come, first-served basis. Managers will respond to such requests within fourteen (14) days of their submission.

Holiday Requirement

1. Each Clinical Manager will cover his or her own unit to meet staffing guidelines. Attention will be given to provide a fair system.

2. Nursing personnel will work either Thanksgiving, Christmas, or New Years. Holiday shifts are defined as Thanksgiving, Christmas Eve, Christmas Day, New Years Eve, and New Years Day. For the evening shift, Christmas is either December 24 or 25, and New Years is December 31 or January 1. For the night shifts,

	Clinical Decision Unit (CDU) Ambulatory Surgery Unit (ASU) Float Pool Critical Care
b. Emergency Services	Emergency Services, Float Pool
c. Family Center I	L and D NICU Float Pool
d. Family Center II	

7. Floating outside a designated cluster is encouraged when staff is willing and possesses the necessary competency and experience and appropriate resource personnel are available.

8. The order of floating will be administered on the same basis as current Hospital practice.
9. Department/unit skill lists will be submitted to staffing and used as reference when floating staff.

10. Floating to More than One Unit/Department
No RN/CNA/CT will float to more than one (1) department or unit during a single shift, unless floating to multiple departments/units is a regular part of an associate's assignment.

Reduction of Staff

1. Associates who would like an extra day off more than 36 hours in advance of the shift may request a Paid Time Off Day (PTOD). To request a PTOD fill out a PTO request and submit it to the Staffing Office. These will be granted on a rotational basis based on unit staffing needs. These requests will be granted one hour before the start of the shift. PTOD's will be granted before HC's and ROS's.

2. When the patient census or anticipated workload within a division is reduced and PTOD requests do not reduce the work force sufficiently an HC followed by an ROS will be utilized.

   a. Hospital Convenience (HC) - 8 hours or less of a scheduled shift that is voluntarily taken off by the associate as time off with management approval to adjust staffing downward during low census. In times of low census staff may request an HC 36 hours or less prior to the shift. If HC's are not adequate to meet the decreased workload, every effort will be made, time permitting, to contact staff to volunteer for HC before assigning an ROS. Associates who utilize an HC may elect to utilize PTO at their discretion.

   b. Reduction of Staff (ROS) - All or part of a scheduled shift that is assigned by the department manager or designee as time off for a specific associate or associates in order to adjust staffing downward during low census. Associates who are assigned ROS may elect to utilize accrued PTO at their discretion.

3. Associates will be listed on departmental rotation lists by shift according to competency and experience. Rosters will include the names of each staff member who shares the same shift and classification within a department, as well as the temporary agency staff that have been block scheduled within the department. The roster will be used to determine which staff member will be assigned. ROS rosters will be kept in the Staffing Office and will be updated (through Optilink) on an ongoing basis.

4. On low census days, nurses will be notified a minimum of one (1) hour in advance of each shift for which an ROS is assigned. In the event such notice is not given, the affected staff member will receive a full shift of pay. Should the hospital make two (2) documented attempts to notify the staff member of a cancellation of shift but be unsuccessful in reaching the associate, she/he will be sent home and this pay provision will not apply. It will be the responsibility of the staff member to maintain a current telephone number listed with the Staffing Office

(or respective department for Surgical Services, Cath Lab, etc.). Failure to do so excuses the hospital from the notification requirement.

5. Should the census increase, status associates may be given the option to work prior to using registry, or per diem at straight time.

SEIU Associates:

1. Order of Call-off. Subject to patient care considerations and staffing needs, when it is necessary to cancel associates pursuant to this Article, the following procedure shall be followed, and the associate shall be called-off in the following order:
    1. Registry/Travelers,
    2. Associates receiving double time,
    3. Associates receiving overtime,
    4. Temporary associates,
    5. Per Diem associates,
    6. Part-time associates working shift over and above their regular schedule,
    7. Limited Part-time associates,
    8. Regular Full-time associates and Part-time associates working their regular schedule.

2. The Employer will accept volunteers for call-offs before any other associates, provided that such voluntary call-offs do not result in retaining an associate at premium pay who would have been called of if the Employer followed this list above, unless the Employer permits.

3. Within each category above, call-offs shall be by reverse order of seniority within a department provided that the remaining associates are qualified and able to perform the work. Call-offs shall occur 2 hours prior to the start of the shift.

4. As an alternative, if in a vote conducted by the Union, a majority of associates in that department so elect, daily cancellations shall be by rotation, reverse order of seniority. This information must be communicated in writing to the Staffing Office.

C.N.A. Associates:

1. Order of Call-off. Subject to patient care considerations and staffing needs, when it is necessary to cancel associates pursuant to this Article, the following procedure shall be followed, and the associate shall be called-off in the following order:
    1. Grant PTOD Requests in order of request (first come, first serve)
    2. Grant HC Requests in order of request (first come, first serve)
    3. Cancel Registry,
    4. Cancel Per Diem RN's at premium pay by rotation,
    5. Cancel Per Diem RNs at regular pay by rotation,
    6. Cancel full or part-time RNs working "on extra" at premium pay by rotation,
    7. Assign ROS to full and part time RNs by rotation according to the departmental shift roster.

    Regular Full-time associates and Part-time associates working their regular schedule.

2. The Employer will accept volunteers for call-offs before any other associates, provided that such voluntary call-offs do not result in retaining an associate at premium pay who would have been called of if the Employer followed this list above, unless the Employer permits.

3. Nurses will be notified a minimum of one (1) hour in advance of each shift for which an ROS is assigned.

Hours of Work and Overtime

A. HOURS

Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week. Staffing needs require variations in associates' starting and ending times and total hours worked each day or week. Supervisors will advise associates of their individual work schedules. The Employer will use all best efforts to post associate work schedules not later than fourteen (14) days in advance. Changes may be made with the mutual consent of the Employer and the associate.

B. OVERTIME

1. All overtime work must receive the supervisor's prior authorization. Unless overtime has been approved, overtime hours must not be worked. All overtime recorded on Kronos must be recorded on deviation log and be signed by the associate's immediate manager, the house supervisor, or manager's designee per department manager direction. Unapproved overtime will be paid by associates may be subject to disciplinary action. Overtime compensation is paid to all nonexempt associates in accordance with federal and state law. Overtime pay is based on actual hours worked. Paid or unpaid leaves of absence, or any other hours not actually worked, will not be considered hours worked for purposes of overtime calculations.

2. Associates may not remain at their workstations after the assignments/shift is completed without approval of the immediate manager or house supervisor.

3. The hospital shall give preference by offering any open extra shifts to RNs in the following order:
   C.N.A. contract:

   3.14 PRIORITY FOR SCHEDULING (per C.N.A. contract)
   The Hospital shall give preference by offering any open extra shifts to RN's in the following order:

   A. Part-time RN's to work up to full-time
   B. Per Diem RN's at straight-time rate
   C. Registry RN's (including contract/agency/traveler/block)
   D. Full or part-time RN's at premium pay
   E. Per Diem RN's at premium pay

   SEIU contract:

   1. Staff are called in the order of their seniority date for Short Call and are not called on a rotational.

Mandatory Overtime

The Employer and CNA recognize that mandatory overtime is not desirable and represents a burden on the employer. Acceptance of overtime, and shifts beyond the associate's schedule, shall be voluntary and in accordance with state law or regulations, except where patient care would be endangered by an internal or external emergency declared by state, local or federal government. An internal or external emergency, for the purposes of this section, is defined as an unexpected situation or sudden occurrence of a serious and urgent nature that demands immediate action.