



# PATIENT CARE SERVICES ADMINISTRATIVE POLICY AND PROCEDURE

**SECTION # 200**

**POLICY # 206**

Page 1 of 2

<b>TITLE: SCHEDULE CHANGES, STAFFING</b>		
Date Effective: 8/88	Date Reviewed/Revised: 7/11	Revision # 6
<b>Originating Signature:</b>  Ceonne Houston-Raasikh, RN, MSN, NEA-BC Sr. Director of Patient Care Services		<b>Approving Signature:</b>  Beverly Quaye Ed.D., RN,FACHE VP Patient Care Services
Reference/Key Words:		

## SECTION 1. PURPOSE

- 1.1 To establish a procedure for requesting a time schedule change.

## SECTION 2. POLICY

- 2.1 Normal schedule requests will be made at least three weeks in advance.
- 2.2 All time schedule changes are to be requested by completing the "Schedule Change Request Form".
- 2.3 Once the time schedule is posted, changes will only be made by mutual agreement between the Clinical Director/Designate and Associate.
- 2.4 Schedule changes will not be accepted later than twenty-four (24) hours prior to the beginning of the designated shift, unless emergency conditions dictate otherwise.

## SECTION 3. RESPONSIBILITY

- 3.1 All Patient Care Services Associates must:
  - 3.1.1 Complete the Schedule Change Request Form.
  - 3.1.2 Obtain one of the Unit Manager/Assistant Unit Manager/Designate approval.

**TITLE: SCHEDULE CHANGES, STAFFING**

- 3.2 The Unit Manager/Assistant Unit Manager/Designate is responsible for approving the schedule change and assuring adequate staffing coverage for the change.
- 3.3 The Unit Manager/Assistant Unit Manager/Designate is responsible for making the schedule changes on the master schedule and in Optilink.

**SECTION 4. PROCEDURE**

- 4.1 The Associate requesting a schedule change will complete the required "Schedule Change Request Form".
- 4.2 The Associate will provide the completed form to the Unit Manager/Assistant Unit Manager/Designate for approval.
  - 4.2.1 All schedule changes must be even changes with Associates with equal or greater competency and qualifications.
- 4.3 Upon determining the appropriateness of the request, and the adequacy of coverage, the Unit Manager/Assistant Unit Manager/Designate will sign the request.
- 4.4 The Unit Manager/Assistant Unit Manager/Designate will review the adequacy of coverage and make the necessary changes on the master schedule an in Optilink.
- 4.5 The Unit Manager/Assistant Unit Manager/Designate is responsible for making the appropriate changes to the unit schedule.