PURPOSE: To identify the process by which Shore Health System (SHS) Department of Nursing employees will float between SHS nursing units and campuses.

This policy does not apply to the Surgical Services Department or the Department of Women’s and Children’s Health. Each of these Departments have separate internal floating agreements.

Individual nursing skill sets (competencies) will be considered when assigning nursing staff to units other than their normal unit of employment.

SCOPE: RN, LPN, Nursing Technician, Unit Secretary, Monitor Technician

POLICY:

1.0 Staffing requirements and availability of staff are identified by the Nursing Management team and the staffing office on an ongoing basis.

2.0 When the need to float core staff members from one unit to another is identified, staff will be floated within their level of competency.

2.1 Qualification codes, as entered into the computer scheduling system, will be utilized / reviewed to identify areas which the staff member is competent to independently work in those areas.

2.1.1 Staff members will accept full patient assignments in areas that they have identified qualification codes.
2.1.1 Managers will identify qualification codes with each employee during their annual performance appraisal. Any changes to qualification codes will be entered into the computer scheduling system.

2.1.2 When there is a need to float staff members to areas for which they do not have the identified qualification code.

2.1.2.1 The Charge Nurse on the receiving unit, in collaboration with the floated staff member, will consider the floated staff member’s competencies, skill sets, experience, licensure, familiarity with documentation methods (paper vs computer) as well as the patient care needs when making the patient care assignment.

2.1.2.2 Options to Consider Include

2.1.2.2.1 Partnering the floated RN with another RN on the receiving unit for which they jointly accept a larger patient care assignment.

2.1.2.2.2 Assign the floated RN to complete admission data bases in an effort to improve patient flow.

2.1.2.2.3 Perform identified procedures on the unit as directed by the charge nurse.

2.1.2.2.4 Nurses floated from areas responsible to respond to emergency codes (e.g. code blue, code light blue, medical emergency team, etc.) will not be assigned responsibility for a group of patients if staffing on the sending unit will not allow for additional patients to be accepted for admission.

2.2 The designated Charge Nurse of the sending unit will not be required to float during that shift. If the designated Charge Nurse prefers to float, another competent charge nurse must be assigned those duties.

3.0 Notification of the Need to Float

3.1 The Charge Nurse on the sending unit will be notified by Nursing Management or the Staffing Office of the need to float a staff member to another unit.
3.1.1 Whenever possible, 60 to 90 minutes notice of the need to float will be given in order to allow for appropriate planning of patient care activities.

3.1.2 The Charge Nurse on the sending unit is responsible to immediately and directly notify the staff member of the need to float.

3.1.3 The Charge Nurse on the sending unit will develop and implement a plan for patient re-assignment to the staff remaining on the sending unit.

3.1.4 The Charge Nurse will assure that the staff member identified to float is relieved of their current assignment within a timeframe which allows the floated staff member to arrive on the receiving unit at the beginning of the shift.

3.2 Staff members floating to another unit will make every effort to arrive on the designated unit at the beginning of the next shift.

3.2.1 Upon notification of the need to float to another area, the staff member will complete necessary patient care and documentation.

3.2.2 Provide a concise but thorough report to the staff member accepting responsibility for the care of these patients.

3.3 The floated staff member will report to the unit Charge Nurse on the receiving unit for the following:

3.3.1 Identification and introduction to a resource staff member that will be available to them during this shift to assist with unit processes, procedures or policies that the floated staff member may require assistance.

3.3.2 Acceptance of a patient care or unit assignment.

3.4 The Charge Nurse on the receiving unit will:

3.4.1 Greet the floated staff member upon arrival to the unit.

3.4.2 Introduce the floated staff member and the identified resource person.

3.4.3 Provide the floated staff member with their designated assignment.

3.4.4 Be available to the floated staff member during the shift as needed.

3.4.5 Designate a supervising RN for any LPN, Nursing Tech or Monitor Tech floating on the unit.
4.0 Supplemental Staff Employee Floating

4.1 Patient care assignments for floated supplemental staff employees will follow the same guidelines outlined as above.

5.0 Order of Floating Assignments

5.1 Agency / Travelers.

5.2 Supplemental Staff / Short-Term Contract Employees.

5.3 Full-Time, Part-Time, Unit Based Relief, and WEA employees.

5.4 Regular nursing staff may voluntarily float to the requesting unit ahead of Supplemental Staff.

5.5 A record of core staff floating patterns will be maintained by each unit in order to track frequency of individual and group floating. The charge nurse must be ready to give this information to the Administrative Supervisor when notified of a need for staff to float.

5.6 Individual unit-based Shared Leadership Teams may develop their own internal float selection criteria for FT/PT/WEA employees based on factors important to the unit-based teams such as seniority, shift rotation, etc.

5.6.1 These criteria must be supported by the Nurse Executive Team.

5.6.2 Any unit-based float criteria will be shared with the Administrative Supervisor Team and the Staffing Office.

5.6.2.1 Unit-based guidelines supported by the Nurse Executive Team will be on file in the Administrative Supervisors Office.

5.6.3 The unit-based internal float selection criteria may not be used to prevent all employees assigned to any particular shift from being floated. The unit-based guidelines must address this situation and provide a means of resolution for the issue.

6.0 Manager Notification

6.1 The Administrative Supervisor will notify the Nurse Manager of the sending unit regarding a floated employee at the last minute and the reason it was necessary.
FLOATING OF NURSING STAFF

7.0 Employee Transportation when Floated to the Opposite Campus

7.1 If a benefited employee has already arrived at his/her usual SHS campus and is then required to float to the opposite campus the employee will be reimbursed for mileage as stated in SHS Administrative Policy HR-28.

7.1.1 If the benefited employee does not have a personal vehicle available for use to drive to the opposite campus, alternate means of transportation will be arranged to the assignment and back.

7.1.1.1 A taxi voucher will be obtained from the Administrative Supervisor.

7.1.2 Employees notified of the need to report to alternate campus prior to arrival at their home campus are expected to make arrangements for transportation to the assigned hospital.

7.1.2.1 These employees are not eligible for mileage reimbursement as per SHS Administrative Policy HR-28.

7.1.2.2 If the employee has no transportation to the opposite campus they should communicate this fact to the Administrative Supervisor, Nurse Manager or Clinical Coordinator. If other transportation arrangements cannot be made, the employee should report to their usual campus of employ and alternate transportation, as stated above, will be utilized.

8.0 Staff Development Opportunities

8.1 Regularly employed FT/PT/WEA employees may utilize low-census shifts/partial shifts on their home unit to request orientation to a unit with identical or similar/overlapping skill sets with the approval of both Nurse Managers.

8.1.1 Nurses may have up to 8 hours orientation on a unit to which they have never worked and possess the competencies to independently function.

8.1.2 Nursing Techs and Unit Secretaries may have up to 4 hours of orientation on an alternate unit.

8.1.3 Utilize the skills checklist for documentation on orientation to the unit.

8.2 Programs will be developed to assist staff in learning to care for patients requiring unfamiliar skill sets. This will allow staff more opportunity to remain at their assigned campus or to maintain a scheduled number of hours. Requests for these programs can be made through the employee’s Nurse Manager.
9.0 Float Evaluation

9.1 A Nursing Float Evaluation form (NFE) should be completed by each employee required to float to another nursing unit. (See Appendix A).

9.1.1 A copy of the NFE should be sent to the float nurse/tech’s Nurse Manager.

9.1.2 The original NFE should be forwarded to the Director of Acute Care Services. The NFE will then be forwarded to the Chairperson of the Shared Leadership Global Team.

9.1.3 The Chairperson of the Shared Leadership Global Team or designee will correlate the data obtained from the NFE and report this data to the Shared Leadership Global Team at each meeting.

Reference: Relationship-Based Care: A Model Form for Transforming Practice, Mary Koloroulis, Editor, Creative Health Management, Inc., April 2005.