
The MGH Department of Nursing Direct Care Staffing Guidelines (attachment EP 9.a) summarizes the many factors involved in decisions that ensure effective staffing. As stated in that document, “Staffing levels are based on volume and acuity of patients (nursing workload) and factored for distribution of workload over various time periods, experience and mix of staff, and logistical and support issues.” To accomplish this, units most often create a schedule based on budgeted staffing targets which represent an average or expected workload. Strategies, such as those outlined in EP 11, are then used to augment or modify staffing on shifts when the actual workload is higher or lower than predicted.

Direct care staff scheduling occurs at the unit level and is operationalized in a variety of ways. On all units, there are mechanisms to assure that staff have input into creation of the schedule, while ensuring that there are adequate numbers of direct care staff to meet patient needs. This involves posting a schedule template well in advance of the time period. Staff members are given a defined period of time to submit a desired work schedule including days they wish not to be scheduled. The schedules requested by staff are expected to follow unit-based standards for off-shift rotation, holiday and weekend commitments.

Most Nursing Directors have designated Staff Nurses who then revise the schedule to assure adequate coverage on a day-to-day and shift-to-shift basis. This revision is based on predetermined scheduling targets (i.e., the number of staff to be scheduled for each shift) including an appreciation of the staff abilities (e.g., experience and procedural competency) and personal preferences (e.g., days worked in a row, rotation schedules). In addition, attention is given to the special scheduling needs for employees in orientation, approved educational days, planned vacations, compliance with policies (e.g., special weekend premium commitment), and equity among staff working together on a unit. Over the past two years there has also been a focus on reasonable scheduled shift length and total number of hours worked per week.

The Nursing Director has the final responsibility for approving and posting the time plan. The schedule is entered into OneStaff®, the Department of Nursing’s payroll system, and posted in hard copy at least two weeks prior to the first workday. Once the final schedule is posted, Staff Nurses are able to negotiate “even switches” with each other as long as the guidelines outlined above are followed. Other changes to the posted schedule must be approved by the Nursing Director, who is often involved in negotiating staff schedule changes to both meet the personal needs of staff as well as assure adequate shift coverage for patient care.

Every unit is unique and staffing needs vary with the unit environment, size, patient acuity, and expected workload. The following four examples, provided by MGH Nursing Directors, provide insight into Staff Nurse involvement in the various unit practices for development of unit schedules and fair and equitable processes that impact the daily work schedule.

**Labor and Delivery Unit (Blake 14)**

A set of scheduling guidelines has been developed by the staff and unit leadership on the Labor and Delivery Unit (Blake 14). The guidelines were revised most recently in June of 2011, based on feedback from staff, while also considering the needs of the unit and the patient population. During the revisions, efforts were made to maintain flexibility in scheduling, something that is known to be highly valued by Staff Nurses. The guidelines include the following basic model for staff “self-scheduling”, overseen by staff time planners and formally approved by the Nursing Director.
Self Scheduling Guidelines:
Schedules will be emailed monthly to the staff. Staff will have a skeleton schedule in one-staff, entered by the time planners. The staff will be responsible for adjusting the numbers to meet the needs of the unit, until the lock out date. After the lock out date, the time planners will balance the numbers to meet the appropriate staffing guidelines for the unit.

Optimal numbers of RNs needed per shift are as follows:

<table>
<thead>
<tr>
<th>Day</th>
<th>Shift</th>
<th>RNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>7A - 7P</td>
<td>13</td>
</tr>
<tr>
<td>Tuesday - Friday</td>
<td>7A - 7P</td>
<td>12</td>
</tr>
<tr>
<td>Saturday/Sunday</td>
<td>7A - 7P</td>
<td>11</td>
</tr>
<tr>
<td>Saturday/Sunday</td>
<td>7P - 7A</td>
<td>11</td>
</tr>
</tbody>
</table>

Additional unit guidelines around time off and scheduling expectations are described in the remainder of the Labor and Delivery Unit (Blake 14) unit guidelines included as attachment EP 9.b.

One of the unit’s Staff Nurses shared her perceptions regarding the benefits of the self-scheduling model:

> Self-scheduling allows the nurses autonomy regarding their schedules. Initially a skeleton schedule made by each nurse is presented. The nurses then have 2 weeks to move themselves to not only staff the unit according to staffing guidelines, but also adjust their schedule to accommodate personal needs. A switch can always be made once the time plan is posted to further tweak their schedule to meet their personal needs.

> We have a day-shift nurse and a night-shift nurse who are the "time planners". By doing so, each shift’s needs are represented. The time plan is seen as being done by a peer so that each nurse feels personally supported when it comes to their schedule.

> Overall, self scheduling is a positive aspect of our scheduling process.

*Suzanne Botelho, RN*

**Medical Intensive Care Unit (Blake 7)**

The staff of the Medical Intensive Care Unit (Blake 7) utilizes a “Staffing and Scheduling Committee” to create schedules that include input from Staff Nurses. The committee is comprised of the Nursing Director and five Staff Nurses who assume leadership roles for the various components of time planning; 1) Staff Scheduler and Chairperson, 2) Staff Scheduler and Payroll, 3) Payroll and Summer Vacation Coordinator, 4) Vacation Time and Summer Vacation Coordinator, and 5) Perks Program Coordinator. An additional 10 Staff Nurses serve as advisors. In March of 2012, the MICU held a meeting of the Staffing and Scheduling Committee inviting all who were interested in participating; as a result, five additional Staff Nurses were appointed as advisors.

Staff nurses in the MICU enter their requests for time off into a unit “Wish List” which is then used by the schedulers as they develop the schedule. In addition, they developed an innovative “Perks Program” to guide scheduling decisions and reward unit seniority. The program was developed based on a point system, with one point awarded after each full year of employment on the unit, up to a total of ten. Various components of preferred schedules (i.e., “perks”) were assigned a point value based on consensus of the Staffing and Scheduling Committee members.

Every Staff Nurse is able to use any combination of their available perk points to request desired time off, essentially rewarding staff for their seniority. During the March, 2012, meeting, the staff involved expanded the previous list of nine Perks to 22 Perks, which includes set work schedules, set days off during the week, permanent shift schedules, two weeks of summer vacation
and a variety of specific days off that are desirable to staff. Attachment EP 9.c contains a list of the various perks, their assigned point value and how often Staff Nurses can request a specific preferred schedule during the year.

**Post Anesthesia Care Units (White 3, Ellison 3, Lunder 2, 3,4)**

In August 2011, the Lunder Building opened and the Post Anesthesia Care Units (PACUs) expanded from three to five individual units: Ellison 3 PACU, White 3 PACU, Lunder 2 PACU, Lunder 3 PACU, and Lunder 4 PACU. The physical space changes meant that there would need to be staffing changes to units in order to manage workload in all areas, including "merging" two separate staffs (Ellison 3 PACU and White 3 PACU) and the hiring/addition of new personnel. As the staffing and scheduling guidelines for the two units differed, the Nursing Director and Staff Nurses identified a need to create new guidelines that were fair and consistent for all.

The Nursing Director invited all staff who had an interest to participate in a task force that was co-chaired by a Clinical Nurse Manager and a Staff Nurse Time Planner. Each of the five units had representation on the task force; specialty programs such as the Pediatric PACU area, the Electroconvulsive Therapy (ECT) procedure area, and the preoperative Regional Block Program were also represented. Guidelines were developed by the staff involved (attachment EP 9.d) and were communicated to staff. The guidelines continue to be discussed during unit staff meetings to assure they remain appropriate for patient care needs and equitable for staff. For example, in June 2012, staff voiced a concern to the Nursing Director regarding the scheduling for Prime Time Vacation weeks. In view of this, the Nursing Director has asked the Task Force to reconvene to review and possibly edit the current guidelines.

**Surgical Intensive Care Unit (Blake 12)**

In December of 2011, a new Surgical Intensive Care Unit (ICU) was opened in a previously vacated ICU space on Blake 12. This new unit required approximately six months of planning, including recruitment of staff and a specialized training program. The Staff Nurses that were hired were a blend of experienced MGH employees and newly-hired employees. In preparing for the unit operations, the Nursing Director recognized the opportunity to work with the unit’s Staff Nurses, in advance of the unit opening, to develop unit systems, including those to be used for scheduling. In November, 2011, the Nursing Director held a retreat for all staff which included work groups charged with identifying best practices and making recommendations for the development of staff schedules, patient assignments, and unit processes such as nurse-to-nurse report. Direction was provided for Staff Nurses to work within the groups, to come to consensus, and make recommendations in regards to these initial processes while recognizing that the processes may be modified over time to respond to changing unit and staff needs. The primary goals were to create scheduling and operational guidelines that were fair and equitable for staff, ensure seamless, day-to-day unit functioning and support patient safety.

Five workgroups were formed and charged with developing guidelines for:

- Time plan creation, including self-scheduling, off-shift and weekend rotation and management of special scheduling requests.
- Submitting vacation requests.
- Work assignments for holidays and plans for downsizing staff when census allows.
- Staff Nurse-to-Staff Nurse sign-off, report and admission documentation.
- Staff Nurse and Patient Care Unit assignments and break schedules.
The members of the work groups and the specific questions to be answered are included as attachment EP 9.e. Ground rules were established in advance and groups met for a two-hour period to complete the work. The Nursing Director and the unit Staff Nurses came together after the workgroup sessions to share recommendations.

All work groups completed their assignments and generated recommendations which became the initial established practices for the unit. The outcome of the work group that created the recommendations for time plan creation and self-scheduling is included in attachment EP 9.f. A Staff Nurse involved offered the following comments about the process:

*Being able to be a part of the decision-making process is a very empowering feeling for me. By establishing the guidelines as a group we own them, and I feel more invested in making sure they are adhered to and followed. And being one of the time planners, it’s nice to have rules that we all agreed to - no one can say "Why are we doing it that way?"

* Sian Jones, R.N.
TITLE: DIRECT CARE STAFFING GUIDELINES

Identification of required direct care staffing occurs at three levels: long-term projections for the fiscal year, near-term scheduling for successive four-week cycles, and daily staffing for shift-to-shift requirements. Staffing levels are based on volume and acuity of patients (nursing workload) and factored for distribution of workload over various time periods, experience and mix of staff, and logistical and support issues.

Staffing Budget

Staffing projections and total budgeted full-time equivalent (FTE) requirements are developed in conjunction with the overall organizational budgeting process. Workload is based on anticipated volume (admissions, length of stay and procedure volume as projected by physician chiefs and senior management) and, for the relevant inpatient units, current acuity (as measured through the patient classification system). Staffing budgets are developed at the unit level using average daily workload and staffing to project annual FTE requirements. Key target ratios such as hours per unit of work, staff mix and nonproductive factors are identified using current and historical data and are negotiated within the leadership staff – Nursing Directors, Associate Chief Nurses and the Chief Nurse. Operational support staff within Patient Care Services provides support in the analysis and interpretation of data and in the development of the detailed budget.

Periodic Scheduling

Throughout the year, schedules are developed and produced in four-week cycles using the online scheduling system. Among the patient care units, there is a variety of scheduling models tailored to the needs of the individual unit’s patients and staff. Within the parameters of relevant regulatory requirements and organizational personnel policies, individual units set their own criteria for scheduling – shift designations and lengths, schedule and shift rotation patterns and priorities for paid and unpaid time off. Staff participates in the scheduling process, identifying their preferences and requests and, on many units, preparing the schedule according to established guidelines and under the overall direction of the Nursing Director. The core schedule is based on overall budget projections adjusted for predictable variations in workload, for example, weekday to weekend differences or seasonal fluctuations, as identified through analysis of trended unit-specific data. The exempt status of the professional staff provides a level of flexibility that allows for maximum consideration of staff needs and preferences in providing for appropriate resources to meet patients’ needs for nursing care. Scheduling for nonexempt staff, while more restricted in terms of flexibility, also considers staff needs and preferences in determining appropriate schedules to meet patient and unit need.

Daily Staffing

Day-to-day and shift-to-shift staffing decisions are made by the Nursing Directors or registered nurse delegate. Staffing decisions and patient care assignments are based on patient needs – current volume, turnover and projected admissions, patient acuity and nursing care requirements – and staff requirements.
Attachment EP 9.a continued

– skill and experience levels, work schedules and availability, minimum staffing requirements and reasonableness. In the event that additional staff are needed for a particular shift, there are multiple options available to the manager or, in the absence of the manager, to the registered nurse delegate:

◆ negotiating changes in scheduled time among the unit staff
◆ utilizing staff from the Central Resource Team (CRT) for temporary fluctuations in unit workload
◆ accessing per diem shifts, straight time hours beyond standard hours or overtime hours by unit staff
◆ calling in staff scheduled on stand-by.

In some circumstances it is also possible to coordinate with the Admitting Department regarding the placement of patients so that a unit that is staffed adequately for existing patient workload will not be overburdened with the admission of additional patients for whom appropriate staffing is not available.

Decisions about downsizing assure that the remaining staff can meet current and anticipated patient care needs, that the appropriate mix of staff is available, and that minimum staffing requirements (that is, at least two registered nurses, regardless of the patient census) are met. If workload is less than anticipated and downsizing becomes an option, the manager or responsible registered nurse can cancel any scheduled overtime hours, per diem shifts or straight time hours beyond standard hours. For exempt staff, flexible scheduling also provides for negotiated schedule changes. For all staff, there is also the option of cross covering on another unit if the individual is competent in that area or of taking paid time off.

Registered nurses who are responsible for making staffing decisions have the support of on-site Clinical Supervisors or Clinical Service Coordinators, Nursing Directors who have 24-hour responsibility and, if necessary, the Associate Chief Nurses and the Chief Nurse who are also available to the staff at all times.


Approved: Senior Nursing Executives 08/26/02
Reviewed and approved: Nursing Executive Operations 08/03
Reviewed and approved: Nursing Executive Operations 08/06
Reviewed and approved: Nursing Executive Operations 05/09
Reviewed and approved: Nursing Executive Operations 03/12
Labor and Delivery Unit (Blake 14) Scheduling Guidelines

Scheduling Requests:
- Please limit your requests (“R”s) to important dates. Each staff member may put a total of 6 “R”s per each 4-week time plan. All attempts will be made to honor your requests. Depending on the number of requests on a particular day and the unit need, some requests may not be guaranteed. FYI: If you want to request a certain shift on a certain day (for example you can only do a small D or a small N on a certain day, put that shift with an R in the same block d/R) and it won’t be counted as an “R” for the 4 weeks but will communicate what time you can do on a certain day. It will be reflected on the request sheets on a double line for your schedule. (I’m not sure that we need this in the guidelines. People let us know that they don’t want to work.)

- All staff are required to schedule themselves for at least 1 Friday day shift per each 4-week time plan with permanent night staff being the exception.

- All non-special weekend staff are required to schedule themselves for 3 weekend shifts per 4-week time plan. Final scheduled weekend hours for non-442 staff may be less than that based on unit need. Weekend staffing is good due to 442 staff, so if you would rather NOT work on the weekends, please write your weekend request in RED ink, which will let the time planners know that if the numbers are good, you would be the first to come off your weekend shifts when the time planners are working on the time.

- No scheduling changes are to be made in the same week unless approved by the Nursing Director.

- Special weekend staff should review the hospital’s 442 guidelines and follow them. They are required to work a minimum of 2 – 12-hour shifts on 2 weekends out of every 4 weekends. Your “weekend on” should consist of 2 consecutive 12-hr shifts, with doing a Friday ‘N’ with Sunday ‘D’ being the exception. “Switching off” of one of your weekend shifts may only be done after approval from the Nursing Director. With the exception of illness, only 3 times/year can an employee be
Labor and Delivery Unit (Blake 14) Scheduling Guidelines (continued)

exempt from fulfilling your 442 weekend commitment, and only with manager approval. For example, if you are taking a vacation one month, you can work 2 weekends in a row to have 2 off, OR you can get approval for this to be one of your exemptions from your 442 requirement, and therefore work one less weekend in this month. The 442 pay will not be given if you do not meet the requirements offered to 442 staff. If you are unable to meet your commitment, please email your Nursing Director prior to the schedule going out.

Earned Time Guidelines

ET will be granted based on seniority using ET grids. The grids will be posted 3 times per year. The dates that each ET grid will be collected will be clearly posted in the schedule book. For each grid, you may request up to 2x your standard hours at a time. Please clearly note which hours of ET are your 1st week choice and which are your 2nd. You can break up your hours any way you would like (a 36-hour employee can take all 36 hours in one week or 12 hours in 3 separate weeks for your “1st” choice). After the grid is collected, ET will be approved based on seniority. First-week choices will be looked at and approved before 2nd week choices are approved. People who are denied their 1st choice will be granted another week before people get their second choice. Staff can only request 12 hours of ET time the week of Christmas due to the high volume of requests that week.

Per-Diem Guidelines

Per-diem staff are required to work enough hours to maintain competency. The number of hours are determined by the Nursing Director and are individualized based on a number of factors. It is the responsibility of the per diem RN to meet this commitment each month. If the per-diem RN is unable to meet their requirement, they should notify the Nursing Director. Per-diem requests will be addressed only after all hourly staff requests are entered. Per diem staff can notify time planners with their availability, and are then expected to verify the shifts they have/have not been scheduled for once the schedule is out.
Labor and Delivery Unit (Blake 14) Scheduling Guidelines (continued)

Educational Conference Time
Educational conference time is approved at the discretion of the Nursing Director. The number of staff able to attend education days will depend on unit needs. Please request an educational day with a % sign on the schedule.

Sick Time
After 3 occurrences within a 6-month time a meeting with the Nursing Director will be required. This applies to both full-time and part-time staff.

Off Shift Requirements
Staff is expected to schedule themselves for 25% off shift. This may be adjusted based on unit needs. Process for Rotating to Nights:

   Staff hired after 1/1/2000 will continue to be rotated as per above guidelines. If the need exists for adequate staffing of the unit, staff hired before 1/1/2000 will get one night shift per time plan according to seniority. More than one night shift will not be assigned unless everyone has at least one. Please write the preferred night shift in red if you would like to be taken off and the numbers permit. Please refer to the self-scheduling guidelines to adjust your requests to meet the unit needs.

Please make sure you are meeting your weekend/off-shift requirements after adjusting your time. Please schedule yourself for at least 1 shift of the weekend surrounding your holiday. Then look at the numbers as per guidelines to determine need.
Medical Intensive Care Unit (Blake 7) Scheduling Perks Program

Perks, their point values and the number of perks that can be distributed per year include:

- Year-round Set Schedule (4 points) – at discretion of ND in conjunction with schedulers
- Set Days Off (1 point per day) – at discretion of ND in conjunction with schedulers
- Yearly Major Holiday Commitment Day Before Off (2 points) - 12
- Yearly Major Holiday Commitment Day Of Off (2 points) - 12
- Fewer Weekend Hours (3 points) - 2
- Permanent Days (3 points) - 7
- Permanent Nights (3 points) - 14
- Majority Days (2 points) - 5
- Majority Nights (2 points) - 5
- New Years Off Every Other Year (1 point) - 12
- 4th of July Off Every Other Year (1 point) - 12
- Memorial Day/Labor Day W/E Off (2 point) - 12
- Memorial Day/Labor Day W/E Off With 12 hours vacation (3 points)
- Two Weeks Summer Vacation (2 points) - 1
- Extra Week Vacation Other Than Summer (2 points) - 4
- 1st Pick Summer Vacation Lottery (1 point) - 1
- 8 or 12 hours Vacation Major Holiday Week (1 point) - 6
- Ability to Make Requests Major Holiday Week (2 points) - 2
- No Friday Off-Shift (1 point) - 1
- Easter Off (1 point) - 12
- Mother’s Day Off (1 point) - 12
- Father’s Day Off (1 point) - 12

Perks distribution will be reviewed at the end of each calendar year for the upcoming year. Exceptions to the Scheduling Perks Program are at the discretion of the Nursing Director.
Post Anesthesia Care (PACU)
Staffing and Scheduling Guidelines

A. Time Plan:

1. The schedule consists of a four-week time plan.
2. A blank four-week time plan is placed in the time book for staff to write their requests.
3. The new completed time plan for each unit is placed in the time book by the beginning of the third week of the current time plan.

B. Time Requests:

1. Staff will write ALL requests on the blank four-week time plan – please do not send requests via email to the time planner
2. Requests must be written in RED and should be kept to a maximum of 4 per time plan. This enables the time planner to meet the needs of all staff.
3. Every effort is made to accommodate requests, however requests are not guaranteed.
4. The time planner strives to equitably give Fridays off amongst all staff. Only one Friday per time plan may be requested in RED. The exception to this rule is vacation time
5. Scheduling request deadlines need to be adhered to. Requests submitted after the deadline may not be able to be granted.

C. Weekends:

1. Most weekend shifts are covered by permanent weekend staff.
2. If a weekend shift needs to be covered, the shift(s) is/are placed on the top of the blank time plan in the Ellison PACU. Staff members may fill in the open weekend shifts.
3. An email will also be sent out to all staff listing open weekend shift coverage needs. If coverage is not obtained, staff will be assigned fairly.
4. If a staff member wants to work a weekend shift, please make a notation on your request sheet noting the day and shift available to work.

Staff interested in a consistent weekend shift will need to communicate this to the time planner. A wait list will be kept for this request.

D. Earned Time:

1. Non-Prime Time ET Requests:

Non prime time ET requests can be submitted to the time planner at anytime. There is no need to wait until the request sheet becomes available for that timeframe. Your request will be approved based on available hours that week.
2. **Prime Time ET Requests:**

   **Prime Time** is defined as:

   - February school vacation week,
   - April school vacation week,
   - Summer weeks between June 15th thru September 15th,
   - Thanksgiving week
   - Christmas week
   - The week between Christmas and New Years

1. Staff may request **two** weeks of prime time per year
   - Label weeks as choice one, two

2. Prime time requests are due by the last week in December of the prior year

3. Approval of prime time requests will be posted in each PACU’s time book by the second week in March

4. After the approved prime time is posted any changes may only be made with the approval of the PACU Clinical Managers or Nursing Director

5. All staff, if requested, will receive one week of vacation in the Summer

6. After all first week requests are granted then second week requests will be granted based upon PACU seniority

**E. Holidays (not including Thanksgiving, Christmas, and New Years):**

1. The Ellison PACU is staffed for the holidays. All PACU staff may request to work a holiday.
2. Should too many staff request to work the holiday then the previous years’ holiday staffing will be reviewed and taken into consideration.
3. MGH holidays are noted on the MGH calendars in each PACU’s time book

**F. Major Holidays (Thanksgiving, Christmas, New Years):**

1. Holiday staffing is dependent upon the OR schedule and the day of week upon which the holiday falls. Shifts will be 8 hours
2. For the major holiday assignments staff will be placed into one of three groups – (A, B, C). You will stay in that group for your PACU tenure.
3. The groups and order for commitment are as follows:

   - **A**-Thanksgiving
   - **B**- Christmas
   - **C**-New Years

   Your holiday group will follow along the calendar year order of Thanksgiving, Christmas and New Years. If you are scheduled to work Thanksgiving one year, the next year will be Christmas and the following
year will be New Years. This rotation should make it easier to plan for the following year.

**G. Process for Holiday Scheduling:**

1. Each holiday will have a sign-up sheet designating the number of staff needed per shift. It is posted in the Ellison PACU time book at least one month prior to the holiday. This sheet will be reviewed and final assignments done. Staffing needs will be filled using history lists of the last time you worked the holiday, or the number of times you have worked that particular holiday.

**H. Downsizing Staffing (non-Holiday):**

1. Each PACU team is responsible for maintaining a Non – Holiday Time Off Book.
2. Staff must have available ET in order to be considered for time off.
3. Time off is first offered to the staff member who has the oldest date for receiving time off.
4. Exempt status nurses (RN’s working 20 hours or above) that are given time off:
   - If less than 1 hour, ET not charged
   - If 1 hour or more, ET is charged or comp time to be owed to unit (must be made up within 4 weeks).
5. The Resource Nurse will document staff time off on the payroll sheet and the time plan.

**I. Holiday Downsizing:**

1. A separate Holiday Time Off Book will be kept in the Ellison PACU.
2. Staff must have available ET in order to be considered for time off.
3. Downsizing will be done by “lottery” and will be rotated fairly amongst scheduled staff.
4. Holiday downsizing dates are:
   - Thanksgiving: prior Tuesday at 11 p.m. to Saturday morning
   - Christmas/New Years: Dec. 20th - January 3rd

**J. PACU Attendance / Sick Time:**

1. If you are unable to come to work then a call must be made to the Resource Nurse on your unit. **Do not leave a message with the OA.**
2. Please contact the unit as soon as possible to allow time to find a replacement. (at least 2 hours prior to day shifts, and 4 hours prior to off-shifts)
3. It is the responsibility of the Resource Nurse to notify the Triage Nurse of the sick call. The Triage Nurse will note the sick call on the “Sick Call List” located in the Triage Book.

**K. Time Switches:**

1. Time changes must be approved by the Team Leader. Team Leaders will document these changes on the time plan and daily assignment sheets, if already
made out. When staff make a scheduling change they need to make sure this change is reflected on the appropriate weekly payroll sheet.

2. Registered nurses have a professional exempt status which allows you to work long weeks/short weeks as well as, carry hours over from one week to the next. In order to protect this status, all time MUST balance out within a four week period and cannot carry over into the next time plan.

L. **Breaks, Lunches /Dinners:**

1. The time allowed for breaks and meals, according to the length of the shift, is as follows:

   - 8 hour shift: 15 minute break and 30 minute lunch
   - 10 hours shift: 15 minute break and 30 minute lunch
   - 12 hour shift: 15 minute break, 30 minute lunch, 15 minute break

   Breaks and lunches can be combined to support unit activity at the discretion of the Resource Nurse.

M. **Payroll Sheets:**

1. Information on the payroll sheets are generated from the 4-week time plan. It is the individual staff’s responsibility to update the payroll sheet with any scheduling changes.

2. The Resource Nurses in each PACU will document sick calls and ET, associated with downsizing, on the staff member’s payroll sheet.

N. **Education Time for Nurses:**

1. All nurses are expected to obtain and maintain PALS and ACLS certification. Certification and recertification classes are counted as educational days. Attaining the necessary CEUs for other certifications are the staff’s responsibility.

2. The unit can support up to 2 educational days per year, per staff member. If staffing permits then additional educational days may be granted.

3. If you would like to attend an educational class, please email Judy for approval before signing up for the class.
Surgical Intensive Care Unit (Blake 12) Workgroups

Group 1: Work assignments for holidays and plan for downsizing staff when census allows.

Group Members:
1. Adrienne Anderson, RN
2. Katherine Pyrek, RN
3. Christie Majorcha, RN
4. Danielle Dumas, RN
5. Kristen Mahoney, RN
6. Emily Pelletier, RN
7. Courtney Patterson, RN
8. Lisa Pallidino, RN
9. Melissa DePalo, RN
10. Abigail Johansan

Recommendations must be developed for time plan issues related to holiday scheduling, including:
1. Major and minor holidays
2. Other non-hospital holidays will be considered holidays requiring special time plan guidelines (Mother's Day, Father's Day, Easter, etc)
3. If holidays will be grouped together. If so, how.
4. The time frame in which a “holiday” begins and ends with regards to scheduling practices.
5. Is this the same for all holidays or are some (Christmas, New Year’s July 4th) different?
6. Weekend commitment if holiday falls on a weekend.
7. Weekend commitment if holiday falls on a Friday or Monday.
8. If there will be an automatic holiday rotation (i.e. every other year you work the opposite group of holidays).

Recommendations must be developed for a process to downsizing staff when census allows.
1. The system for offering time off during the “Blake 12 ICU holiday” time frame.
2. If time off on a major holiday is equal to time off on a minor holiday?
3. The system for tracking who is given time off.
4. The interval for time offered off (4-, 8-, or 12-hour intervals). Is this the same for all shifts?
**Group 2: Guidelines for Submitting Vacation Requests.**

Group Members:
1. Laurie Carlson, RN
2. Jorge Alzate, RN
3. Solomon Mugarti, RN
4. Beth Mershon, RN
5. Kristin Spriggs, RN
6. April Kaufman, RN
7. Ashley Dichappari, RN
8. Jillian Caulfield, RN
9. Sian Jones, RN

Guidelines for discussion: The goal is for everyone to get a summer vacation if they want one. For each week in the summer (dates to be determined), 160 hours of vacation time are available for requests.

Recommendations must be developed for vacation requests. Note: vacations are extended periods of time; another group is developing a recommendation for scheduling requests that involve a day off.

1. How far in advance can someone request vacation time? Is this different for summer vs. non-summer months?
2. Is this different for summer vacations?
3. Can a vacation be requested if it involves a holiday that is part of your holiday commitment?
4. If multiple people want the same time off and they all can’t be accommodated, how will this be resolved?
5. Should staff submit multiple summer requests (i.e. first, second, and third choices) to increase flexibility?
6. Should “special circumstances” influence the selection of popular weeks in the summer (i.e. weddings, family vacations, etc.)?
Attachment EP 9.e continued

Group 3: Develop guidelines for developing the time plan creation, including self-scheduling, off-shift and weekend rotation and special scheduling requests

Group Members:
1. Christa Carrig, RN
2. Kimberly Carter, RN
3. Kathryn Nieves, RN
4. Allyson Mendoza, RN
5. Adrienne Diamond, RN
6. Aliza Wolfe, RN
7. Taina Perez, RN
8. Brittany Sheehan, RN
9. Molly Murphy, RN

Recommendations must be developed process for the following aspects related to developing the time plan:

1) How will requests for time off be submitted?
2) What constitutes a “request”? Are requests handled differently if the request is for “next Monday off” (i.e. one request) vs “I need every Monday off” (i.e. four requests)?
3) How many requests can each individual ask for in one time plan period?
4) What is the commitment to off-shift rotation? Is there a minimum/maximum?
5) What is the commitment to weekend rotation? Is there a minimum/maximum?
6) What constitutes “a weekend?” Identify start time and end time.
7) How many hours constitute filling a weekend requirement?
8) What is the process for filling holes in the schedule/redistributing staff prior to publishing the finished time plan?
Attachment EP 9.e continued

Groups 4: Unit Operations Guidelines Development - Staff Nurse-to-Staff Nurse sign-off, report and admission documentation

Group Members:
1. Joanna Johnston, RN
2. Bogumila Finnerty, RN
3. Emily Foy, RN
4. Amanda Boudreau, RN
5. Stephanie Defoe, RN
6. Lisa Cassidy, RN
7. Nicole Rudzinski, RN
8. Laura Lux, RN
9. Lauren Sohinki, RN
10. Megan Tompkins, RN

Recommendations must be developed for guidelines for nurse to nurse sign-off/report.

1. How is end of shift report given?
2. Is report scripted or individually determined?
3. What do you need to review during report? As an example:
   a. Check waveforms
   b. Review drips/fluids
   c. Dataset, problem/intervention sheet
   d. CAS, PAML, EMAR, POE
4. Where will report occur?
5. What is the role of the resource nurse during report?

Recommendations must be developed for guidelines for admission documentation.

1. Who is responsible for completion of admission paperwork?
   a. Dataset
   b. Problem/intervention sheet
   c. Progress note
   d. Review CAS, PAML
2. What constitutes the completion of admission paperwork?
3. How will you track what has been/still needs to be done?
Attachment EP 9.e continued

**Group 5: Unit Operations Guidelines Development - Staff Nurse and Patient Care Unit assignments and break schedules.**

Group Members:
1. Darren LeBlanc, RN
2. Melissa Flaherty, RN
3. Muy-Eng Chaing, RN
4. Kimberly Flynn, RN
5. Kelli McLoughlin, RN
6. Elizabeth Hennessy, RN
7. Suzanne Blacker, RN
8. Heather Carpentier, RN
9. Natacha Nortelus, RN

Recommendations must be developed for guidelines for determining Staff Nurse PCA assignments and lunch/break schedule.

1. Who is responsible for making up the patient assignments?
2. When will shift assignments be decided?
3. What factors contribute to how assignments are made up? For example:
   a. Acuity
   b. Orientation of new staff
   c. Previous shift assignment
   d. Other
4. Are staff allowed to switch assignments/negotiate with each other for changes?
5. How will PCA workload be decided/assigned? For example:
6. Do they have a patient assignment?
7. Are the assigned to assist a specific number of nurses?
8. Are they assigned to cover a specific area of the unit?
9. Will they be assigned specific tasks per shift?
10. Who is responsible for their supervision?
11. Are breaks/lunches at pre-determined set times? If so, what are they?
12. Are the lengths of the breaks/lunches the same for 8- and 12-hour shifts?
13. How will nurses cover patients during breaks/lunch?
Surgical Intensive Care Unit (Blake 12) Initial Guidelines for Staff Nurse Schedules

**Group 3: Time Plan Guidelines**

*Facilitator: Lin-Ti Chang*

<table>
<thead>
<tr>
<th>Members</th>
<th>Team Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Carrig, Christa</td>
<td>* Index card at the beginning to Time Planner with preferences, which may not always be granted*</td>
</tr>
<tr>
<td>2. Diamond, Adrianne</td>
<td></td>
</tr>
<tr>
<td>3. Flynn, Kimberly</td>
<td></td>
</tr>
<tr>
<td>4. Lancaster, Lori</td>
<td>1st draft include &quot;wish list&quot; to fill in day, eve, night shift requests.</td>
</tr>
<tr>
<td>5. Mendonza, Allyson</td>
<td>2nd draft include changes made by the Time Planner.</td>
</tr>
<tr>
<td>6. Murphy, Molly</td>
<td>Final draft (can make switches between staff).</td>
</tr>
<tr>
<td>7. Nieves, Kathryn</td>
<td></td>
</tr>
<tr>
<td>8. Perez, Taina</td>
<td>Request(s)</td>
</tr>
<tr>
<td>9. Saraceno, Kirk</td>
<td>Unlimited other than between Memorial Day to Labor Day are limited to maximum two requests per week.</td>
</tr>
<tr>
<td>10. Sheehan, Brittany</td>
<td>Use capital &quot;R&quot; on days you &quot;NEED&quot; off.</td>
</tr>
<tr>
<td>11. Wolfe, Aliza</td>
<td>Use symbol ØN = no Night or ØD = no Day.</td>
</tr>
</tbody>
</table>

**Weekends**

- Nights = Fri, Sat & Sun, 1900 hr to 0700 hr (7:00 PM to 7:00 AM).
- Days = Sat & Sun 0700 hr to 1900 hr (7:00 AM to 7:00 PM).
- Goal = 48-hours in 6-weeks (no maximum hours).

**Off Shift**

- Based on wish list.
- Nights to days, NO "FAKE" day off (e.g., work Monday night shift and scheduled Wednesday day shift).
- Two days between night & day shift switches.
- 2-weeks "off shift" (if you prefer days or nights), no more than 4-weeks in 6-weeks time plan.