

UNIT 47 PROPOSAL

Subject: RN FLOATING POLICY FOR DANBURY HOSPITAL

PURPOSE:

To provide patient care units with adequate resources in order to deliver competent and quality patient care.

POLICY:

The Department of Nursing, Nursing Managers and Registered Nurses work collaboratively within a shared governance model of practice to deliver the highest quality of patient care in accordance with the established policies, procedures, and standards of care. In order to accomplish this and provide adequate competent resources, it may be necessary to float ~~staff~~ **the RN** to a patient care unit outside of their **his/her** normally scheduled department. This policy addresses the responsibilities of the nursing management, the floating RN and the receiving unit's charge nurse.

PROCEDURE:

Competency

1. Floating *within* similar specialties and clinical clusters with **appropriate assignments for which they have demonstrated competency:**
 - a. Medical Surgical units - ~~12T Ortho/Neuro~~, **Medical/Surgical**, 11E Oncology, 11W OBV, 10W Medical, ~~8 BP Medical/Surgical~~ **Ortho/Neuro**, 9 T Medical, 8T Cardiac Telemetry, 7S Rehab,
 - b. Critical Care Units – ICU/CTICU, Rapid Response Team, Step Down Unit, Progressive Care
 - c. Women's and Children's – L&D, Maternity, NICU, Pediatric Unit
 - d. Perioperative Cluster – PACU, ASU, PAT, ENDOSCOPY, OR, MRI, IR Ridgefield Surgical Center (floating if appropriate based on skills).
 - e. Outpatient – Chemo infusion and Outpatient Infusion Center.
 - f. Behavioral health – 7W Inpatient Psych, CI, ECT

2. Floating *outside* of RN's specialty or clinical cluster:
 - a. Staff **RN** has designated tasks as defined in each unit / department based "Welcome to Our Unit Message".
 - b. Staff **RN** works in a partner relationship with the unit based RN to provide care to a group of patients but not be independently responsible for those patients.
 - c. **Staff RN** who has previously worked in a specialty area outside **his/her** current department and has demonstrated previous competencies may choose to become re-oriented and float to that specialty area or unit.
 - d. ~~Staff members who have not floated in greater than 5 years will be evaluated by their manager and the Education Council for cross training and/or care partner (helper) opportunities to specified departments.~~ **RN who has not floated in 10 years or greater, will be cross trained to specific departments. Pt assignment will be similar acuity as patients in his/her home unit.**
 - e. ~~Staff members who have not~~ **RN who has not** floated for an extended period of time but less than 10 years will be cross trained within **his/her** clinical cluster.
3. Floating for periods of less than an 8 hour shift:
 - a. Staff **RN** floating to another unit within their **his/her** clinical cluster for 4 Hour Shift Block during their **an 8 hour or 12 hour shift, will:**
 - i. ~~Are given the opportunity to take an assignment for only one of the 4 hour block.~~ **Float as a helper, assisting the unit based staff by performing the tasks designated on the unit's welcome message. Every effort will be made to adhere to this plan except in the event that patient safety could be critically compromised.**

- ii. Float in a partner relationship with the unit based RN to provide care to a group of patients but not be independently responsible for those patients.
- 4. Staff who float but may be called away if their home unit activity reaches a designated threshold.
 - a. Staff will float to the unit requiring assistance in either the capacity of a “helper” or partnering with another nurse as described in 3ai and 3aii.
 - b. Staff floating within their specialty or clinical cluster may be asked to assume a reduced assignment with back up from the unit based RN who will assume that assignment if the nurse is called back to her home unit.
- 5. Cross training and education for specialty units will be evaluated for feasibility, need and opportunity by the Education Council.

GUIDELINES:

1. Order of floating:

- A. Travellers float first based on their contract guidelines
- B. PRN staff
- C. RNs with control float (CF) hours:
 - I. Float days are not designated on the schedule
 - II. RN with CF hours will float first up to their designated float hours for the week then is placed in rotation with the rest of the staff.
- D. RNs working an extra shift

E. RNs without float hours

*Variations in float order may occur based on the competency needs of the home unit or the receiving unit. This will be assessed and determined through the collaboration of manager, ANM, AHM and charge nurse depending on the availability of each. **Every effort will be made not to float an RN without float hours for more than once a week.***

Each unit will have a Float Book documenting when/where each nurse last floated.

- I. The book will be maintained and **updated** by the staff.
- III. RNs without CF hours will float according to the rotation in the Float book.
- III. RNs with CF hours will float in rotation after their CF hours have been met

2. **Welcome to Our Unit Message**

- A. Each Unit Staffing Council **Based Staffing Committee** will have a “Welcome to Our Unit” Document for staff **RN** floating to that unit.
- B. The document template will be provided to all unit based staffing councils **committees** to add appropriate content.
- C. The council **committee** will forward **document** to the Staffing / **Rewards, Recognition, Retention Steering Committee Council** of Shared Governance when completed.
- D. The welcome documents will be available on the unit and on the intranet home page under Select a Department/ (dropdown) Nursing Department/ Shared Governance

3. **Receiving Unit Responsibilities**

- A. Manager, ANM and or Charge Nurse gets the name of the float RN from the Staffing Office or AHM.
- B. One or all of the above ascertains competence/skill level of the floating RN (if unknown to them) to determine an appropriate assignment.**
- C. Assignment is made and reviewed with the floating RN to ensure appropriateness based on competency/skill level.
- D. Welcome to the Unit Message is given to the floating RN and he/she is introduced to her/his resource RN for the shift.

4. **Manager and Staffing Office Responsibilities:**

- A. Manager, ANM or AHM ensures the staff is received appropriately and has an assignment that is appropriate for his/her skills.

- B. Staffing Office makes every effort in collaboration with the AHM to be as consistent as possible with assigning units.
- C. Staffing office communicates to the receiving unit, as early as possible, who will be floating to their department.

5. **Floating RN's Responsibilities:**

- A. Meet with the charge nurse to review assignment.
- B. Identify any patients that are potentially out of scope for their skill level.
- C. Review the "Welcome to the Unit Message". Ask for clarification if needed.
- D. Utilize unit resource when necessary.

6. **Double Shifts / Extra Shifts:**

- A. RNs working a double shift on their home unit have the option to continue their assignment on the unit where they volunteered to work double rather than float. This option is limited to one double shift per RN per week. ~~The limitations~~ **This** also applies to **RN** working a double shift which includes a shift prior to **his/her** regularly scheduled shift.
- B. RNs working an extra shift **will** float before the regularly scheduled RN
- C. RNs who volunteer to come in for an extra shift and make themselves available to go to other units are not considered in the float rotation for that shift.