

National Institutes of Health  
Warren Grant Magnuson Clinical Center  
Nursing & Patient Care Services

Policy: Staffing for Patient Care

Nursing Staff within the Nursing and Patient Care Services will be assigned at the unit level according to patient needs; severity of disease condition, impairment or disability and matched with the knowledge, skills and abilities of the nursing personnel. Full-time equivalent (FTE) Registered Nurse positions are allocated to each patient care unit in sufficient numbers to assure provision of safe, professional nursing care on all shifts every day. FTE allocations are calculated on the basis of three eight-hour shifts per day. FTE allocations are reviewed annually, and as conditions change, and are based on projected nursing hours, patient day (inpatient), projected nursing requirements (outpatient), planned Average Daily Census, and benefit time. The Nurse Manager develops a master staffing plan based on allocated FTE and unit workload distribution. Nurse Managers are responsible 24/7 for staffing to assure safe patient care. At least two employees, one of whom is a RN or a physician must be on duty in each patient care unit when patients are present.

A Charge Nurse is responsible for assigning patient care and other related duties to nursing personnel. In the event that patient care needs exceed unit staff resources, staff may be reallocated from other areas to meet care priorities, ensure efficiency in utilization and support essential operations. The Central Staffing Office (CSO) assists in the assignment of the Supplemental Staff Float Pool and intradepartmental float nurses. Nurses are assigned patient care responsibilities consistent with documented clinical competence.

Purpose:

To describe efficient allocation of Nursing and Patient Care Services staff resources, in order to meet expected and unexpected or episodic patient care requirements and maintain essential unit operation.

Definition of Terms

Interdepartmental Float Nurse – a nurse who is moved from a home unit/clinic to another unit/clinic for a shift to support patient care needs within his or her area of competence.

Supplemental Staff – additional nursing personnel assigned to a unit/clinic on a daily or extended basis to support identified patient care needs.

- Float Pool Staff – N&PCS employees assigned to a central pool and used on various units. These staff members maintain a regular schedule, earn benefits, and are not subject to cancellation.
- Contract Nurses – a Non-Clinical Center employee who is scheduled for a specific period of time (1 day – 13 weeks), assigned to a specific area and employed by a contractor. Contract nurses working per diem may be subject to cancellation. Long term contract nurses (4-13 weeks) cannot be cancelled.



## Appendix 1:

### Guidelines for Obtaining Supplemental Staff

- I. Obtaining Supplemental Staff for single shift needs:
  1. Staffing needs will be assessed by the Nurse Manager, Administrative Coordinator or Charge Nurse. The Nurse Manager or Charge Nurse will communicate these needs to the CSO by telephone. The Staffing Assistant will enter the information on a spreadsheet for tracking purposes.
  2. The Staffing Assistant will call the requestor as soon as possible (a maximum time frame defined as within the prior shift) and inform the requestor of availability of Float Pool members and their competency set. If approved by the requestor, Float Pool staff will be assigned.
  3. If the Float Pool staff members who are available do not meet staffing needs, an intra-departmental float will be coordinated in collaboration with the Nurse Manager/Administrative Coordinator.
  4. Per Diem contract staff may be considered if prior authorization has been obtained through the Service Chief. (Critical Care only)
  
- II. Obtaining Internal Supplemental Staff for short-term assignments:
  1. Request for short term assignments are made by the Nurse Manager to the Service Chief.
  2. The Service Chief will contact the NM CSO to request short-term assignments
  3. The NM-CSO will review FP Staff availability.
  4. The NM-CSO will contact the FP pool member with their request.
  5. The NM-CSO will contact the unit NM with available staff. The unit NM will contact FP Staff member to discuss dates (hours & shifts) to be worked.
  
- III. Guidelines for Procurement of Contract Staff:
  1. If internal float nurses or Float Pool resources are not available or insufficient to meet the need, Contract Staff use may be approved. Use of contract staff requires pre-approval at the level of the Service Chiefs for single shifts (per diem), or at the level of the Chief, Nursing & Patient Care Services for short-term contract staff. The Service Chief will notify the CSO that a unit has been approved for use of contract staff specifying the duration of the staffing need and required competencies. The CSO will coordinate all contract requests.
  2. The Staffing Assistant will coordinate with all appropriate external Contract Providers. The Staffing Assistant will inform the provider of the request to include: unit, shift/hours needed, dates, competency requirements and any special skills noted on the request form. The NM (CSO) will explain the physical demands of the job and the environment.
  3. The contractor will be instructed to send all application and pertinent information to the CSO. The manager of CSO will review the submission. The Staffing Assistant will deliver the applicant package to the Nurse Manager the day it is received. The Nurse Manager will select the desired applicant and notify the CSO. The Staffing Assistant will contact the provider and coordinate an orientation date for the nurse to start. The Staffing Assistant will notify the Professional Practice Division of the contract nurse's name and start date and inform the Nurse Manager of the contract nurse's start date.

#### IV. Cancellation of Per Diem Contract Staff:

1. The Charge Nurse for each shift is responsible for assessing the need for contract staff for the subsequent shift and notifying the CSO if a cancellation of staff is needed. The assessment of need is reviewed by the Administrative Coordinator or the Nurse Manager. The Staffing Assistant is responsible for calling cancellations to the provider no later than two hours prior to the shift start and notifying the unit by telephone of the cancellation.
2. A log of all cancellations will be maintained in the CSO including time, date, Charge Nurse requesting cancellations and persons notified on the unit.

#### V. Reporting for Duty and Timekeeping:

1. All Float Pool staff report to the CSO office prior to the beginning of their shift to receive assignment.
2. All Float Pool staff will log in and out of ITAS. The CSO Nurse Manager will complete verification in ITAS of all Float Pool staff.
3. Inability to report for scheduled tour of duty must be reported by the employee according to timeframes set by current Nursing & Patient Care Services policies. (Reference NPC Policy: Notification of Illness).
4. Contract nurses will be required to have the Nurse Manager/designee initial time slips and return initialed time slips to the CSO. Contract nurses providing episodic 8-12 hour shift coverage are required to turn in initialed time slips at the end of each shift to the CSO. Contract staff on contract (4-13 weeks) are required to turn in initialed time slips at the end of each work week by Saturday to the CSO.
5. The CSO is responsible for entering initial contract staff information into ANSOS.

## Appendix 2:

### Guidelines for Orientation of Supplemental Staff

- I. All supplemental staff will complete a formal nursing department orientation. The length and content covered will depend on the type of Supplemental Staff. Float Pool staff also will be expected to complete a competency set in at least one of the following areas:

- Critical Care
- Pediatrics
- Med/Surg
- Oncology
- Behavioral Health

These competency sets are completed via assignment to rotation on all units included in the specialty area and collaboration with Nurse Manager and the Clinical Nurse Specialist to obtain validation and completion of paperwork. The worksheet is to be submitted to the CSO on completion.

#### II. Personnel Files:

Personnel files will be maintained in the CSO for all Supplemental staff. These files will contain:

- a. Current Nursing license validation or Nursing Assistant certification
- b. Current CPR certification
- c. Validation of TB and Hepatitis screening
- d. Copy of orientation validation
- e. Documentation of required annual competencies
- f. Copy of program of care competency validation for practice area
- g. Copies of clinical performance evaluations from recent work assignments if available.

## Appendix 3:

### Guidelines for the Utilization and Evaluation of Intradepartmental Float and Supplemental Staff

- I. When requested to float, the staff member (or Float Pool nurse) accepts the assignment and reports immediately to the nurse in charge on the unit to which he/she is reassigned.
- II. The Charge Nurse is responsible to:
  1. Show the intradepartmental float/supplemental staff member the physical layout of the unit (location of supplies, equipment, etc.).
  2. Review and orient the intradepartmental float/supplemental staff to unit/clinic specific expectations, including but not limited to:
    - a. Norms of unit such as breaks and meal times for patients and staff;
    - b. Location of O2 shut off valves;
    - c. Location of Disaster Plan book;
    - d. Fire and Safety issues specific to unit.
  3. Introduce the intradepartmental float/supplemental staff to staff present on the unit.
  4. Assign a unit “partner” who will serve as a resource and will assume responsibility for care requirements that may be beyond the scope of intradepartmental float/supplemental staffs’ competence.
  5. Develop the intradepartmental float/supplemental staff assignment based upon competencies, generic float expectations and the intradepartmental float/supplemental staff’ documented clinical competencies.
  6. Document the orientation and performance of the interdepartmental supplemental staff member.
- III. The Intradepartmental Float/Supplemental Staff is responsible to:
  1. Accurately assess their practice skills and communicate these to the Charge Nurse.
  2. Work with the unit “partner” and Charge Nurse to report problems, obtain assistance, direction and clarification.
  3. Contract staff will be required to have their time slip initiated by the NM/designee and submitted to the CSO. Nurses providing episodic 8-12 hour shift coverage will be required to turn in initialed time slips at the end of each shift. Contract staff (4-13) weeks will submit time slips at the end of each work week by Saturday to the CSO.