Questions/comments from Float Pool Nurses about the Reorganization Proposal

1) What is your view on how the decision will be made as to which 4 units the nurses orient to in the Med-Surg or Critical Care “Super Pools”? Do you propose that it will be the nurse’s choice or management’s? We aren't going to talk about Critical Care right now, because it is under construction. UD is easy – everyone orients to everything except RIC, and 4 positions are earmarked to orient to RIC. These positions have been designed so that they will have seven day per week coverage. RB Med Surg is a bit more complicated, and the decision of who will orient where will be part nurse/part management. We will keep track of how many FTEs are oriented to each unit, and have designed positions for 7 day per week coverage. As the positions get filled there will be fewer choices for nurses.

2) How will the Women’s Services Complex float needs be met in the proposed “Super Pool”? Mom/Baby and Pediatrics have been added to the RB Med/Surg Super Pool. Labor and Delivery staffing will be covered by the Women’s complex with a little back up from OR as happens currently. NICU support will come from the Women’s complex.

3) What is the timeline for the creation of the Critical Care Super Pool?
   a. We would like to discuss how this group will work with the Critical Care House Float unit being developed.
   b. We would like to discuss what opportunities there are for current float pool nurses that are interested in the Critical Care Super Pool?

   The timeline for the Critical Care Super Pool (CCSP) is still under development. The relationship to the CCHF unit is also under development. Current qualified SHMC nurses may apply for the CCSP when positions become available.

4) What about other units that are not on the proposed Super Pool list that the Float Pool currently supports? How will they be staffed for sick calls, PTO, etc? Units that we don’t see on the list that currently utilize Float Pool nurses are IV Therapy/PICC; Critical Care House Floats, and CDU. And, other units have expressed the need for Float Pool assistance such as the Outpatient Endo Clinic don’t seem to be included in the plans.

   Current float pool nurses who are oriented to these units can continue to provide support until all the Super Pool “homes” are determined for each area.

5) How does your proposal address the concerns raised regarding weekend nurse staffing coverage? This is one of the reasons for so many part time positions in the proposal. These nurses are working weekends and will help to minimize the shortages we have experienced on weekends – and allow nurses to get a weekend off from time to time!

6) How will this reorganization impact the LPNs? We have saved positions for our current LPNs in the Super Pool.

7) We saw a new shift created on the position control – 1100-1900. How does that shift work in units that don’t currently have those hours? Please give us more information about your plans for those positions. This is new! We have a large amount of patient turnover (admissions/discharges) during these hours on all of the Med/Surg inpatient nursing units. We are staffing according to the patients in bed plus known admissions in
four hour increments. However, many patients come that are “unknown” and with this plan we have nurses who can help the units during these critical hours, so units can safely take admissions before their discharges have left. This position can also back up the few 1100-1900 positions we have in house.

8) Has the list of units that nurses are oriented to gone out to the unit? Have you received feedback about inaccuracies? The float pool members were asked to update the units they are oriented to, and using this information the lists were updated for Staffing.

9) Elizabeth (Beth) Harvey is listed as night shift but she works evening shift (this change occurred over a year ago) – corrected now. It’s our understanding that several nurses on the current float pool list are leaving the unit prior to the reorganization – (we’d like to go over that data at our next meeting to make sure we all have the same understanding) – they will leave at the beginning of cycle 3.

10) Do you have current data on the utilization of per diem nurses in the float pool?
   a. How many shifts have the per diems worked in the last 6 months? Year?
   b. What is the evidence that you utilized to increase the number of per diem positions from 4 to 18 in the new Super Pool? This is part of the flexible staffing plan – the Advisory Board recommends 20% per diem staff. Float pool staff should be back-filled when taking time off in the same way that unit staff is. Per Diem nurses also protect FTE nurses from bearing the burden of low census.
   c. What impact do you perceive this large increase in per diem nurses to have on the amount of work available for per diem nurses? This is difficult to predict and will depend on PTO and FML patterns as well as patient census. There are peak needs for high patient census and vacations.

11) There’s a large increase in the number of part-time positions in the proposed Float Pool. For example, we see the number of .5 FTE positions increasing from 7 to 23. Is there any indication that there are nurses that desire a .5 FTE? We have concerns for potential high turnover of nurses that take these positions but prefer more hours. Part of the flexible staffing plan is to hire part time nurses who are willing to “flex up.” For instance one of those 20 hour per week nurses might be willing to work 28 or 32 hours per week during high census and then go back down to 20 hours per week during low census.
   a. And, we have concerns with the large numbers of per diem nurses and part time nurses being able to keep up their skills to the level expected in 4 units. Do you have ideas about this? This is one of the reasons for dropping from 5 required units to 4 units.

12) What is management’s plan for how “bidding” would occur in the reorganization? Since nurses are oriented to many more than 4 units (most above the required 5 units) and many are oriented to positions at each campus what are your thoughts about bidding? Bidding usually happens in order of seniority – the rest we will work with you on.

13) How many nurses have left the float pool in the last year? 23
   a. For another unit/internal SHMC transfer? 16
   b. Left Sacred Heart? 7

14) We have concerns about the short time frames proposed for orientation- 2/3 shifts for current nurses on the 4 units, especially if you want the type of skills and competencies
proposed. How does this compare to the current orientation given to Float Pool RNs? The super pool orientation plan is equal to or greater than the current orientation plan. The document you received does not have all the contingencies, and orientation will be adjusted to meet individual nurses’ needs.

15) From our review of the data provided so far, we see that there are 28 nurses in the unit currently with more than one year of experience (we also believe several of those nurses are leaving the float pool prior to the reorganization) and 20 nurses with less than one year at Sacred Heart. We have concerns regarding the large number of new nurses and the orientation proposal. Experienced nurses are hired when available. “New” nurses will receive more orientation time.

16) Who would be responsible for the Float Pool RNs education? Our team thinks it would be important to have a specific educator work with the Float Pool staff rather than trying to coordinate with multiple educators. This is difficult, because a single educator can’t be the expert on everything. We also would like to discuss ideas on how the nurses would keep up on changes in unit protocols, mandatory trainings and competencies. We would love to hear your ideas!

17) How does the proposed Super Float Pool fit into the plan to orient nurses to float to units in their clusters? We understand that some units are requiring nurses to begin orientation to all units in their clusters. Please explain how this work connects with the Super Float Pool? Over the course of time, some FTEs from the units will not be replaced and those FTEs will be hired into the Super Pool. When this is accomplished, unit nurses will not have much opportunity to float or receive low census because they will be needed on their home units.

18) What cost savings do you anticipate on increasing the size of the Float Pool rather than relying on unit nurses to pick up extra shifts – many at premium pay? Our primary goal is to provide safe staffing for our patients and our nurses. When the Super Pool is fully operational; premium pay plays a very minor role in our surge plan.

19) Can you provide data that’s reference in the Advisory Board presentation labeled “Key Formula Inputs?” Have you determined the new staffing cores for all of the units? Yes, 12 months of data were pulled from Centricity in 4 hours increments to determine the cores. Have you determined the “mean census of the two lowest volume months” for each unit? Yes. What about the “Target Staffing Ratio?” Are there plans to change the PI or nurse/patient ratios as part of the “Staffing Re-set?” No.