**A. Principle:** Our goal is to promote comfort and safety for patients and staff through a “relationship-based” floating process between units.

- Two categories of floating are defined below to differentiate expectations between a nurse who is expected to remain on the floated unit for the duration of their shift (Full Shift RN) and the nurse who must be available to be called back to their primary unit at any time during the shift (Resource RN)

  o **Full Shift RN**
    - For a nurse floating to a floor where orientation has been completed, the nurse may be assigned to another RN to work as a team for a group of patients not to exceed the total number of patients they would have individually, or the Full Shift (float) RN would assume a patient assignment based on core staffing guidelines. 2E and 2W nurses are capable of assuming responsibility for a full patient assignment on either unit of general medical surgical patients. The floated RN may be assigned department specific specialties as their competencies allow.
    - When the floated RN is assigned to a core/unit-based RN, the “Care Team” created will be assigned a patient group based on core staffing guidelines, taking into consideration acuity and floated RN competencies. The core RN is in charge of the “Care Team” and will work collaboratively with the floated RN to decide together how the care will be divided to best serve patient care needs.
    - When floating mid-shift, it is the responsibility of the receiving Charge Nurse to negotiate time of arrival to assigned unit with the RN being floated or the sending unit’s Charge RN. The established time of arrival will be appropriate and realistic to allow the floated RN to safely and professionally hand off patient care to another RN and/or take a rest period if needed.

  o **Resource RN (from Birthplace, Emergency Department and ICU)**
    - Birthplace and ED Nurses are only used as Resource Nurses.
    - The first two ICU RNs that are floated are only used as Resource RNs so they may be immediately retrievable to ICU.
    - In the rare circumstance more than two ICU RNs are floated, the additional floated ICU RNs may take patient assignments on 2W with a 4:1 patient to RN ratio with a CNA assist or 3:1 ratio without a CNA assist. RNs will still follow the other guidelines under "Full Shift RN" category as applicable when at least two ICU resource RNs are without patient assignments and able to return to ICU when needed.

**DISCLAIMER:** (Reference ONA contract Article 5.5 (this guideline does not supersede Article 5.5)
ICU RNs may be floated to the Monitor Technician (MT) Role once they have been oriented. Monitor technician orientation and actual float hours will be tracked in the ICU MDO/FLOAT excel file along with other ICU RN floating assignments.

Non-ICU RNs that float to the MT role must have had one shift of MT orientation per year as well as passed a basic ECG rhythms test.

The Resource RN will float to a unit to assist other nurses with their patient assignment and must be able to leave the unit immediately if called back to their primary unit. Resource RN will not be assigned or responsible for a group of patients. The nurse may be assigned to another RN or as a floor resource. Duties will be directed by the Charge Nurse.

The nurse may also be considered as Hospital Resource Nurse, to assist on multiple units. In this case, the Administrative Supervisor on duty will direct the RN regarding which departments to report to and duties assigned.

Nurses will receive orientation as described below in section “B” and “C”.

Duties may include: Vital signs, baths, feeding patients as needed, ambulating patients, start IVs, assist with passing meds as appropriate, assist with transportation of patients, respond to call lights as appropriate, assist with orders as knowledge allows, assist with patient mobility as needed, assist with admits / discharges / transfers, assist with procedures as knowledge allows, other duties as assigned.

Floating Guidelines are as follows:

- A nurse will not be forced to float to another unit when a share-care, agency, traveler or other non-core staff RN (who has been oriented to float to the other unit) is working on the home unit (ONA Contract, Section 5).
- Floating determinations will be made at the bed board meetings where charge nurses and the administrative supervisor will collaborate to best determine needs.
- When unexpected changes occur, the House Supervisor RN shall collaborate with the sending and receiving Charge RNs regarding float status subject to the department restrictions and exceptions specified under Resource RNs.
- When the House Supervisor RN and Charge RNs are unable to reach a consensus on floating determinations, the unit manager(s) and/or administrator on call shall be consulted.

DISCLAIMER: (Reference ONA contract Article 5.5 (this guideline does not supersede Article 5.5)
o Staffing Requests & Documentation Forms are used to document staffing process variances and/or errors related to staffing. (Nursing Staffing Plan Policy 2017).

o Nurses from closed units may volunteer to be oriented to other units and will follow these guidelines. Such nurses will work with their respective managers to arrange for orientation for Full Shift RN or Resource RN assignment and obtain manager approval.

B. Orientation for “Full Shift RN” will include (in addition to the above):

- Charting system (as needed to support assignment).
- Admit/discharge process.
- Unit Based Competencies/Skills as applicable.

C. Orientation for “Resource RN” will include:

- Introduction to the team.
- Patient care expectations for your unit.
- Staff roles/assignments.
- Floor layout.
- Codes for med rooms, drawers and other environmental accesses.
- Location of equipment.