SAMARITAN HEALTH SERVICES
Human Resources Policies and Procedures

INTER-FACILITY STAFFING PROGRAM
TRIAL

APPROVED:  SHERYL HELMS   DATE:  March 2, 2009

POLICY

Samaritan Health Services facilities will share staff between hospitals in order to meet
the staffing needs of each hospital, to assist employees in working their full FTE and to
offer available open shifts to those employees requesting to work above their FTE.
Inter-facility staffing is designed to meet patient care needs not met by the facility's
regular staff and should in no way reduce the number of regularly scheduled work of
each facility's scheduled employees. The work available may be pre-scheduled or
assigned on a daily basis.

Participation in the Inter-facility Staffing program is voluntary. If an employee is
approved to participate, she/he may sign up to work at any participating SHS facility.

The Inter-facility Staffing Coordinator will manage the program.

The trial period for utilization of this policy will be March 2009 to March 2010. Quarterly
review and evaluation will take place during the trial period.

DEFINITIONS

Home Department/ Home Facility –The SHS facility and department where the
employee holds a position.

Receiving Department/ Receiving Facility – The SHS facility where the participant works
through the Inter-facility Staffing Program.

Floater – Inter-facility Staffing participant

Inter-facility Staffing Program Agreement – Document signed by the employee and their
home department manager approving the employee for participation.

Inter-facility Staffing Coordinator - The person who will be responsible for administering
the IFP.
ORIENTATION / EVALUATIONS / MANDATORY EDUCATION / COMPETENCIES

The employee's home department / hospital will verify and maintain licensure and mandatory education/certification according to that facility's practice. Current licensure, CPR and certification(s) are maintained by the home facility.

Participants are required to meet certification requirements of the receiving department / facility.

The manager or designee of the receiving department will be responsible for completion of department and equipment orientation and review the clinical assignment prior to the start of a Floater's shift.

Floaters and the staff in each receiving facility are expected to fully meet the performance expectations related to professional conduct and communications fostering interactions of a mutually respectful manner. Participants who fail to maintain at least a "meets standards" level of performance will be removed from the Inter-facility Staffing Program.

Participants should complete a Float Shift survey on his/her shift at each receiving facility.

Receiving facilities will be required to complete a Float Shift survey on Floaters who work in their department(s) on his/her initial shift at each receiving facility.

Survey will be submitted to the Inter-facility Staffing Coordinator who will copy the home department manager.

Survey input will be incorporated into the participant's home department annual evaluation.

SCHEDULING / GRANTING / CANCELING

Inter-facility Float employees should always be used prior to hiring agency staff, assuming there are qualified float employees available.

If a participant commits to working an available shift or is pre-scheduled through the program, it is expected she/he will follow through with the commitment. A participant may cancel a shift without penalty if the cancellation occurs seventy-two hours or more in advance of the shift.

Scheduling of float shifts will be managed through the Vastech/Bid Wizard system. Pre-scheduling of volunteer floaters may occur in advance for known absences or vacant positions, or for longer than one day floats. Facility staffing offices will work closely with
the Inter-facility Coordinator to ensure advance placement of floaters into known vacancies, FMLAs, or vacation coverage.

For the normal development of scheduling periods, each home facility will fill shifts internally through their normal process until the point in the scheduling process when vacant shifts are available to any employee, usually two weeks ahead of the final posting of the schedule. At that point open shifts will be available to inter-facility floaters and visible on Vastech.

For short term staffing needs (24 hours or less in advance), a receiving facility may notify the Inter-facility Staffing Coordinator who will attempt to fill the need from floaters. An employee who has been cancelled or curtailed from a regularly scheduled shift may contact the Coordinator for last minute placement into a vacancy at another facility.

Floaters will be granted shifts on a first come first serve basis according to Bid Wizard, so long as the home facility staffing office has met home projected needs.

Appropriate assignments will be given to Floaters according to the receiving departments floating guidelines and a mentor will be assigned to each Floater.

Daily cancellations or curtailments shall occur according to the policy / contract of the receiving hospital.

Receiving facility will notify the Inter-facility Staffing Coordinator of cancellations or curtailments as soon as possible but at least two (2) hours prior to the start of the next shift (4 hours if the Floater is traveling between the coast and the valley). The Coordinator will need as much lead-time as possible to notify the floater in a timely manner.

Floaters will notify the Inter-facility Staffing Coordinator and the receiving hospital staffing office at least four (4) hours prior to the start of the assigned shift in case of illness or other emergency.

**COMPENSATION AND BENEFITS**

Participants working an inter-facility shift will be paid the same rate that they would have been paid if the shift were worked in their home facility. There will be no pay for un-worked hours.

Participants’ time and benefits will be processed by the home department Timekeeper and SHS payroll department with appropriate time being billed to the receiving facility.
Participants will clock in/out using KRONOS with the receiving facility's entity and department codes.

When floating to or from the coast mileage, lodging, and meals will be reimbursed according to SHS formulas. Mileage within the valley will not be reimbursed.

Mileage, lodging and meals will be managed in accordance with the SHS Travel Finance Policy. Float participants must submit the appropriate Finance Form to their home department manager for processing.

For the Association

For Samaritan Health Services

[Signatures]
Samaritan Inter-facility Staffing Agreement

I have requested to participate in the Samaritan Inter-facility Staffing program. I understand the following regarding my participation in this program:

➢ Initial probationary/introductory period is completed and there is no corrective action in place. A manager may review corrective action on an individual basis for participation.
➢ Attendance, core values and performance standards must be consistently met for all assignments.
➢ Regularly scheduled shifts must be worked at home facility.
➢ Though participation is voluntary, I will commit to work my agreed upon shifts consistently.
➢ A shift worked in another Samaritan facility through this program will be paid the same rate I would have been paid if the shift were worked on my home unit or facility.
➢ When reporting to work at a facility I will clock in/out using KRONOS procedures. I will identify the facility, department and my job class to ensure the appropriate allocation of hours worked.
➢ Participants agree to schedule no more than 108 hours per two week pay period without manager’s approval.
➢ Participant’s who agree to float between valley and coast and travel the night before a scheduled day shift must notify the receiving facility’s supervisor and provide their location and contact number.

My participation in Samaritan Inter-facility Staffing program may be discontinued if:
  o I choose to withdraw my consent in writing
  o I do not meet expectations in job performance at my home facility
  o I do not maintain these agreements
  o I cancel 3 or more shifts in a quarter with less than 72 hours notice.

I have read, accept and plan to follow the Samaritan Inter-facility Staffing Agreements.

Participant’s signature ___________________________  Title __________  Date __________

I approve this employee’s participation in the Samaritan Inter-facility Staffing program

Manager’s signature ___________________________  Title __________  Date __________

Personnel file copy _____  Employee copy _____  Manager’s copy _____
Date ________________ Signature ______________________

Certification requirements of the receiving facility:
Current licensure, CPR and certification(s) are maintained by the home base facility (see attached)

Other information you think would be helpful for scheduling purposes:

Are you willing to be called on short notice? Yes  No

Are you willing to be pre-scheduled? Yes  No

Available to work the following shift lengths:
Days  Nights  O2  O3  O4  O8  O12  O16  O24

Please provide the following:

Work area of preference: ________________________________

Specialties:

Outpatient/short stay surgery
PACU
Surgery
Nursery
Post Partum
Labor and delivery

Yrs of experience:

OTNCC/TEAM exp:

OALS/ENC exp:

OAR exp:

OACLS exp:

OCONA exp:

Other:

HOME NAME: ________________________________

HOME ADDRESS: ________________________________

EMAIL ADDRESS: ________________________________

PHONE: ________________________________

ADDRESS: ________________________________

Emp #  ________________________________ (MIL) ________________________________

NAME: ________________________________

Samaritan Interfacility Staffing
IFF Stats YTD (3/30/09-3/4/11)

All data pulled from Lawson staffing program.

**Enrollment by facility:**

GSRMC-14 RN's
SAGH-38 RN's
SNLH-12 RN's
SPCH-2 RN's
SLCH-10 RN's

Total: 76 RN's currently enrolled in inter-facility float pool

**Utilization if IFF staff by hospital:**

**GSRMC**

ED-Unknown
PCU-18 worked, 6 cx
WC -86 worked, 25 cx
3N MS-61 worked, 46 cx
2SW-15 worked, 11 cx
Total: 180 worked 88 cx

**SAGH**

ED-113 Worked, 2 cx
ICU/PCU-18 worked, 3 cx
WC 99 worked, 4 cx
MS 21 worked, 4 cx
Total: 251, 13 cx
SNLH
ED-39 worked
ICU-5 worked
WC-1 worked
MS-3 worked
Total: 48 worked

SPCH
ED-38 worked
ICU-0
WC-94 worked, 5 cx
MS-7 worked
Total: 139 worked, 5 cx

SLCH
ED-22 worked
ICU-0
WC-8
MS-0
Total: 30 worked

Collectively:
Total shifts worked: 600
Total shifts cancelled: 106
Inter-facility Float Nurse Survey---RN

1. I have worked shifts at the following facilities as part of the Inter-facility program:
   SAGH__  GSRMC__  SPCH__  SLCH__  SNLH__  Other___________

2. I have worked in the following clinical areas:
   MS___  OB___  CCU/ICU___  ED___  PCU___  Other__________

3. How would you rate your experience with your float shifts?
   Poor____  Fair_____  Good_______
   Comments:

4. How do you rate the ease of use of the Intragale web-based program for identifying and signing up for float shifts?
   Poor______  Fair_______  Good________
   Comments:

5. Do you have any other recommendations for improvement of the Inter-facility float program that you wish to share?
Inter-facility Float Nurse Survey---Manager

1. In which SHS do you work?
   SAGH___  GSRMC___  SPCH___  SLCH___  SNLH___  Other________

2. Which clinical area(s) do you manage?
   MS____  OB____  CCU/ICU____  ED____  PCU____  Other_______

3. How would you rate your experience with inter-facility float nurses?
   Poor_____  Fair_______  Good______

Comments:

4. How well do you rate the posting of open shifts and scheduling of float nurses using the Intragale web-based program?
   Poor_______  Fair________  Good________

Comments:

5. Do you have any other recommendations for improvement of the Inter-facility float program that you wish to share?
MEMORANDUM

TO: ALL SHS Registered Nurses

FROM: VPs of Patient Care Services
       Jan Nims, Melissa Swancutt, Wendie Wunderwald, Kathy Hale, Sharon Wilson

       ONA Representatives
       Christine Hauck, Louise Franklin, Debbie Snelling,

DATE: MAY 2010

SUBJECT: INTERFACILITY STAFFING PROGRAM REPORT

The SHS Inter-facility Staffing Program (IFF) was jointly created by the VPs of Patient Care Services and ONA Nurse Representatives and implemented in March 2009. One element of the trial project was periodic review. ONA and SHS have just concluded a one year review of the IFF and offer this report to you of our progress to date.

IFF has successfully met the goals of sharing RN’s between hospitals/clinics in order to meet the staffing needs of each hospital/clinic; assisting employees in working their full FTE, and expanding the opportunity to work available shifts to those employees who desire to work above their FTE.

- Number of RNs enrolled in the IFF Program 72
- RN enrollment by SHS Hospital
  - SAGH 34
  - GSRMC 11
  - SNLH 15
  - SLCH 11
  - SPCH 1

The above numbers do not include outside clinics or GSRMC ED shifts worked by IFF RNs.

SHS continues to use Bid Wizard Open Shift Manager, a Lawson feature to:

- Manage the open shifts available for advance filling as well as same day/ short notice open shifts
- Allow RNs to view the open shifts from home and then
- Allow RNs to bid on the shifts they wanted to work
During the summer of 2009 we hired Michelle McVey as an Applications Coordinator to assist the hospital staffing coordinators in ensuring that IFF shifts are visible and that the electronic bidding process works effectively.

**Open shifts and Allocation of IFF RNs:**

- Number of shifts IFF RNs were scheduled to work **526**
- Number of shifts IFF RNs actually worked **446**
- Number of IFF shifts cancelled due to low census **80** (13%)
- Number of IFF shifts self-cancelled and not replaced **1** (less than 1%)

**Departments with greatest need for staff during review period by SHS Hospital:**

- GSRMC 3rd Floor and Women’s Center
- SAGH Emergency Department and Women’s Center
- SLCH Emergency Department
- SNLH Emergency Department
- SPCH Emergency Department and Women’s Center

**IFF May 2010 (1 year) Evaluation Agreements and Clarifications**

- The very small number of shift evaluation forms returned by IFF RNs and Department Managers continues to be a concern. Evaluations that have been returned have been positive, but IFF participants and managers will be reminded of the importance of completing shift evaluations so that we can fairly assess the program.

- Attached you will find a two simple surveys, one for managers and one for IFF nurses. Please complete the surveys and return them as instructed. We really want your feedback.

**IFF Review Conclusion**

- The IFF Program continues to enable SHS to more proactively meet staffing needs internally with our own RN staff resulting in more wages and accrued benefits for participants and more predictable continuity of patient care for SHS hospitals.

- RN agency use remains much lower than 2008, resulting in financial savings to SHS and improved morale related to staffing.
• SHS VPs and ONA will continue to promote the program to encourage more RN participants.

• The Staffing Coordinators continue to work hard to make the IFF meet the needs of RNs and hospitals and we applaud their efforts and thank them very much.

**Hospital Staffing Coordinators:**

- SAGH      Jennifer Vig    phone # 812-4213
- SPCH      Ellen McKeeman  phone # 574-4737
- SLCH      Sherry Calahan  phone # 451-7590
- GSRMC     Tina Thurman    phone # 768-6052
- SNLH      Karrie Shattuck phone # 557-6461
- App Coord Michele McVey  phone # 768-6141
INTER-FACILITY FLOAT PROGRAM MEETING
August 13, 2009
10:00AM
Good Samaritan Regional Medical Center
Heart Center Board Room

Present from Samaritan: Patrice Boose, Kathy Hale, Melissa Swancutt, Christine Terpack, Jennifer Vig, and Sharon Wilson

Present from ONA: Sean Butler, Christine Hauck, Deb Snelling, and Geri Strickland

Call to Order & Announcements
Sharon Wilson called the meeting to order at 10:04AM.

Statistics
Membership in Program: Sharon distributed the SHS Inter-Facility Staffing Program Progress Report with year-to-date statistics from March 30, 2009- August 12, 2009. The go-live date for Inter-Facility Floating (IFF) was March 30, 2009. To-date there are 74 nurses enrolled in the program. Enrollment for each site is as follows:

- GSRMC 17
- SAGH 32
- SLCH 11
- SNLH 13
- SPCH 01

Shifts Open/Filled:
- Number of shifts IFF RNs were scheduled to work: 235
- Number of shifts IFF RNs actually worked: 203 (86%) 
- Number of shifts cancelled due to low census: 31 (13%)
- Number of shifts self-cancelled and not replaced: 1 (<1%)

Area(s) of Greatest Need per SHS site:
- GSRMC: 3N and Women’s Center
- SAGH: Emergency Department
- SLCH: Emergency Department
- SNLH: Emergency Department
- SPCH: Labor & Delivery and Emergency Department

*Need shifts at SHS clinics are not posted electronically on Open Shift Bid Wizard

Identified Concerns

1. EVALUATIONS: Although the policy strongly encourages evaluations by both the floating RN and the receiving manager, very few evaluations have been completed and returned to the staffing office. It was pointed out that most IFF participants are senior seasoned nurses, although some are newer nurses, and that they may not feel the need to complete an evaluation every time they work IFF shifts. Melissa shared that evaluations were designed to be a dual process for both manager and nurse because we need to evaluate what is working and what isn’t; if the floaters are being oriented and overseen appropriately, and whether the floaters have appropriate skill sets.

Pat recommended an evaluation of the policy as a whole be completed at six-months and again at the end of the first year in the program and a report given cut to nurses and other stakeholders.

OUTCOME: 1) RNs will be re-encouraged to complete the individual evaluation forms and submit them to their staffing offices. 2) The VPs of Patient Care Services will remind the managers of departments who are receiving floaters to complete the manager evaluation. 3) The result of this meeting will be written up and distributed to RNs and stakeholders.
2. UPDATE SKILLS; Kathy shared that some nurses want shifts in the Emergency Department (ED) to keep up their skill set at other hospitals and want to take them routinely even when open shifts at home should be filled first. Debbie added that there are benefits of being at your home location, familiarity with doctors/staff, nurse satisfaction, retention, professional growth, etc. Kathy stated occasional floating for skills update is fine but if it looks like a regular occurrence then they need to put in for a transfer. Pat recommended a different program be set up, if necessary for those nurses wanting to maintain or improve their skill set (in ED, ICU, etc). Christine Hauck recommended we monitor those nurses for the next quarter since there is a small handful that fit the category. The policy states “so long as the home facility staffing office has met home projected needs”.

OUTCOME ; The group recommended the current manager needs to look at the IFF information sheet and review his/her skills and then contact ED manager and ask “will you accept him/her”. The group agreed to monitor first and then make a decision if a separate program needs to be established. Melissa shared an example of a new grad that two managers disagreed on skill set and therefore opted not to use until the probationary period of six months was up. The group agreed that until a new graduate completes the six month introductory period it is up to the manager’s discretion to float new grads.

3. ALIGNING SCHEDULE POSTING AND BIDDING PERIODS AMONG ALL FIVE HOSPITALS. Jennifer shared a copy of the SHS IFF Schedules of Schedules for all facilities. Some hospitals post four weeks and others for six weeks. The scheduling periods are a consistent two pay period duration, but the pay periods are not consistent between hospitals. SAGH agreed to post six weeks on the next schedule instead of four, in order to line up with all the other hospitals whose schedules go until October 12. The group agreed to release schedules starting October 12th and then they will be aligned going forward. Christine Hauck will discuss the possibility of going to four week postings like the other hospitals with SLCH members. That change could be negotiated into the new contract, if agreeable. Sharon and Geri will draft a letter to the SAGH nurses stating the one-time scheduling change aforementioned.

**Policy Revisions**

1. Probationary
Sharon suggested the Agreement be revised to add date of hire after the second bulleted item so that we can verify the nurse has met their probationary period. The group agreed to the addition.

2. Revise the Agreement to add two lines for the manager and nurse to print and sign his/her name.
3. Jennifer recommended adding Staffing Office to the list of departments for distribution of the completed form. The group agreed.
4. A question was asked how long we should keep the Agreements if the nurse never participated but signed up. The group agreed to one year and will add language in the last paragraph of the Agreement. The group agreed that the staffing office can notify the manager. Jennifer will draft a letter that the staffing office can use to send to managers for IFF nurses that are removed for failure to work shifts.5. Examples of curtailments will be mentioned in both the Agreement and policy.

**Marketing**

**Joint Statement** (refer to notes in SHS/ONA Campaign)

**SHS/ONA Campaign for increased Participation**
The group discussed what information they would like to share with the nurses. The following below are some suggestions:

- How much it is saving Samaritan compared to agency dollars
- Statistics from Progress Report might generate interest
- List recommended changes approved from today’s meeting (i.e. schedule alignment, policy/agreement changes, etc)
- History of refinements (from paper to electronic)

Pat would also like to see the information shared with SHS Joint Managers and Executive Committee. Jennifer has a PowerPoint presentation from last May and will revise it with current information. Christine and Pat will work on verbiage for the nurses’ communication.
**Other Business**
Christine Hauck shared that Home Health/Hospice nurses are not currently enrolled in the program and that the manager, Deborah Adams, was unaware of the program. Letters were sent to Home Health/Hospice nurses when the program started and Christine shared that many are interested. Information was sent to Deborah Adams back in the planning stages of the program to clinic managers as well as Home Health/Hospice by each Vice President of Nursing. Pat will touch base with Deborah Adams.

The maximum hour limitation is 108 in a two-week pay period. Jennifer provided an example of a nurse close to 100 hours can not apply for a 12 hour shift because of the rules in the scheduling program. Jennifer said there are hard/soft rules that they can override if the nurse wants to work an 8 hour shift of that 12 hour opening. Jennifer will look into if the limit in the program can be set to 120 hours so the nurse can apply for the shift and then set up a flag when the nurse reaches 108. Concerns were shared about what if the nurse works over those 108 hours? HB2800 states no more than 16 hours in a 24 hour period. Kathy stated we follow past practice and look at performance and behavior. Sharon stated the sending and receiving manager should both be notified of the flag of hours. Jennifer will look into if the flags can be set up to both managers.

**Regular staff vs. IFF**
Melissa shared an example of "home" nurses attempting to bump an IFF nurses out of their assigned IFF shift. With those cases, the group agreed that once an IFF nurse is assigned a shift, she/he has "ownership" of that shift and cannot be bumped. Managers can encourage the home nurse to either sign up for extra shifts when they are posted internally, or consider participating in IFF.

**Casuals**
Christine Hauck shared an example of a Casual SLCH nurse picking up an IFF shift at SNLH. The shift was posted as “doubletime/overtime” in Bid Wizard so the nurse thought she would get that premium pay. Christine Hauck clarified that in terms of compensation, the contract follows the nurse. Sharon stated such comments, if necessary at all, need to be posted for internal SNLHemployees only, not IFF shifts. Pat will address this with Sheryl Helms and Jan Nims.

Melissa asked if there should be a meal/travel allotment for casual nurses in IFF? Jennifer will pull a report of how many casuals are being utilized in the program and email to the group.

**Adjourn**
The meeting adjourned at 11:55am.

**Next Meeting**
Because of vacation schedules, Christine Hauck would like to send information to the nurses before September 25th.

The next meeting will be scheduled in March, 2010. This will mark the one-year anniversary of the program. If issues arise before then, the group can meet on an ad-hoc basis. Jennifer will send quarterly statistics via email to the group in December.

Agenda items for the next meeting suggested were: Melissa suggested a state of union to managers so they know what their expectations are with evaluations. Christine Hauck recommended competencies skills be posted somewhere publically for nurses to look at when floating. Sharon will pursue with Kathy a list of competency skills for ICU, ED, etc for all facilities.

Respectfully Submitted,

Christine Terpack
Human Resources
Samaritan Health Services