Staffing, Scheduling and Budgeting Process EP9

a. Provide an example, with supporting evidence, of a time when clinical nurses collaborated with an assistant vice president (AVP)/nurse director to evaluate data in order to address an identified unit-level staffing need.

AND

b. Provide one example, with supporting evidence, when nurses collaborated with an AVP/nurse director to evaluate data, in order to meet an operational need (not workforce related).

Example a: Identified Unit-level Staffing Need
The Children’s Emergency Department (CED) at WakeMed Health & Hospitals, which is the only pediatric emergency department in Wake County, provides care for approximately 44,000 children annually. The census fluctuates seasonally, with lower volumes in the summer and higher volumes in the winter. To ensure appropriate nurse-to-patient ratios in the winter, when volume and acuity are highest, all CED nursing positions must be filled. However, staff is often reduced due to lower volumes during the lower census summer months.

Two methods of reducing nurse staffing had historically been implemented in the summer, but both threatened the retention of nurses. Reducing the number of nurses scheduled during times of low volume forced them to expend earned paid days off (PDO) for hours not scheduled to work. A second method of reducing nurse staffing during times of low volume was to float CED nurses to other units in the WakeMed system. Floating proved a challenge, as nurses’ comfort, skills and competencies did not necessarily represent the competency required for those patient populations.

In February 2016, CED Clinical Nurse Veronica Patterson, BSN, RN approached interim CED Nurse Manager Edward Keating, BSN, RN, CPN, CEN about working as a travel nurse during the summer while retaining her CED position. This would reduce a nursing position during the low volume months and would decrease the amount of personal PDO that Patterson would have to expend, yet make her available during the busy winter months. (Evidence EP9a-1, Patterson Email)

Nursing Director and Clinical Nurse Collaboration
On February 9, 2016, Patterson met with Keating and Director of Emergency Services Chantal Howard, MSN, RN, CEN, NEA-BC to examine Patterson’s proposal of working as a travel nurse in the summer while returning to her same position and status with the CED during the other months. (Evidence EP9a-2, CED Summer Pilot Discussion Agenda/Minutes/Data) They reviewed CED’s historic Variable Cost Center Productivity Reports from FY 2012, FY 2013, FY 2014 and FY 2015, with a pattern emerging through their review of the data:

- FY 2012, pay periods 19 through 24 averaged a daily volume of 98 patients
FY 2013, pay periods 18 through 26 averaged a daily volume of 98 patients
FY 2014, pay periods 20 through 25 averaged a daily volume of 97 patients
FY2015, pay periods 19 through 25 averaged a daily volume 99 patients

For four consecutive fiscal years, the pay periods spanning June, July and August all averaged a daily volume of fewer than 100 patients. Patterson, Keating and Howard agreed that the months of June, July, and August were ideal for reducing the CED nursing staff and thus for Patterson’s proposed leave.

They reviewed the leave of absence policy, and Howard asked Patterson to identify every section of the policy as written that presented a roadblock to her proposed travel nursing. Patterson identified that personal leaves of absence did not protect established jobs at WakeMed. Further, Patterson identified a policy that required staff members on personal leave of absence to “use their PDO based upon their normal schedule and cannot ‘save’ or use in ‘partial increments.’” Patterson asked why the use of PDO at full-time equivalent (FTE) was required and suggested that WakeMed retaining the majority of her earned PDO would serve as an incentive to return to WakeMed at her current FTE status and position at the end of a personal leave.

Howard asked whether Patterson would need benefits through WakeMed or whether they would be provided by the travel nurse company. Patterson said that she preferred to maintain her WakeMed benefits, as in her previous experience travel nursing had not provided for benefits. Keating asked whether using small increments of PDO solely to pay for WakeMed benefits would be an acceptable solution. Patterson said she would be amenable, but Howard was unsure whether this would be acceptable per the policy as currently written. While Howard and Keating agreed that Patterson had identified a possible solution to the CED’s staffing issue, further investigation was needed at the administrative level to address the barriers presented by the current Leave of Absence policy. Howard directed Keating to send an email to management of the Payroll Department and/or the management of the Human Resources Department for answers regarding the Leave of Absence policy. (Evidence EP9a-3, HR and Payroll Emails)

Unit-level Staffing Solution
After months of administrative communication and negotiation, the Children’s Emergency Department Summer Leave Pilot was approved to proceed. On March 16, 2016, an agreement was drafted that required participants to sign acknowledgement of specified conditions, including PDO draft to pay for the continuation of WakeMed benefits and guaranteed return to the nurse’s established FTE and position at WakeMed. (Evidence EP9a-4, Summer Pilot) If a transition to family medical leave of absence was required during this leave pilot, the employee would file through WakeMed, and the leave pilot would not exceed 12 weeks. On May 10, 2016, Patterson was the first CED nurse to apply for the CED Summer Leave Pilot and was approved for the 12 weeks. An additional CED nurse was also approved under the same Summer Leave Pilot.
The Summer Leave Pilot proved successful when both nurses returned to the CED into their same full-time FTE positions in fall 2016. Further, CED nurse satisfaction remained high throughout the summer as the absence of these two nurses lessened the burden of flexing or floating. In addition, fiscal measures throughout the pay periods spanning June through August 2016 were closer to meeting the target than in previous years. The CED Summer Leave Pilot was again implemented in summer 2017 with the same level of participation and success.

The success of this innovative staffing solution resulting from the collaboration between clinical nurse Patterson and nurse director Howard led to its expansion, as WakeMed transitioned the Summer Leave Pilot into a system-wide offer for Summer Sabbaticals in 2018. (Evidence EP9a-5, Andrews Email to System)