



Nursing Department Scheduling and Staffing Guidelines

Purpose

To provide a systematic method for scheduling and staffing so there are sufficient resources to meet patient care needs.

It is the policy of this facility that the department manager is responsible for oversight and publishing a schedule for staff a minimum of ten days prior to the start of the schedule period. In addition, adjustments to the schedule will be based on patient needs and available staff on a day-to-day, shift to shift basis.

*Note: This policy is in addition to Collective Bargaining agreements (CBA) and staffing ratios set forth by the Hospital Staffing Committee (pursuant to [RCW 70.41.420](#)). Union Contract agreements and agreed upon Nurse Staffing Ratios supersede this policy when applicable.

Policy

I. Monthly Schedules

- A. Departmental FTEs are determined in coordination with finance. The following are taken into consideration:
 - a) Department staffing ratios.
 - b) Average daily census, including observation stays.
 - c) Daily and seasonal admission trends.
- B. MGH provides 24-hour nursing coverage (See Plan for Providing Care). See Collective Bargaining Agreements (CBA) for length of shift, and work week details.
- C. Inpatient units (Birth Center, ICU, MSP) are divided into two shifts, 7a-1930 dayshift and 1900-0730 nightshift.
- D. Some departments may stagger shifts to provide nursing during typical surge times (ex. ED incorporates a 12 hour mid-shift).
- E. The Staffing Office (SO) will maintain adequate staffing templates for all nursing departments based on minimum staffing needs with the exception of Surgical



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Services. Surgical Service leadership is responsible for creating and maintaining their schedules.

1. Only employees in the Staffing /House Supervisors department and/or department leadership may make changes to the electronic schedule.
 2. See specific CBA for details on holiday schedules, weekend schedules, education, and vacation request timelines.
- F. All education provided by the Mason Health education department must also be requested through the electronic education management system (LMS system) and a request for education time off in the timecard system.
- G. The schedule remains in a 'draft' state until 10 days prior to the beginning of the scheduled work period at which time the schedule will be 'final' and changes to an employee's schedule can only be made by mutual consent.
1. The unit leadership is responsible for ensuring appropriate skill mix and approval of all schedule templates.
 2. Unit leaders are expected to collaborate with the SO prior to finalizing schedules.
 3. Unit leadership will strive to provide a consistent rotation for staff convenience, but schedules are flexible and may be subject to change to meet patient care needs, vacation requests and other leaves, and appropriate staffing and skill mix. The hospital retains the right to change such a work schedule to provide safe and effective staffing as set forth in the CBA and in accordance with safe staffing ratios developed by the Hospital Staffing Committee.
 4. Unit leadership will be responsible for reviewing rotations periodically and adjust as needed for coverage needs and hospital operations.
 5. Unit leadership may change assignments for charge nurse and preceptor role based on the unit skill mix on a day-to-day basis, unless prescheduled.
 6. Unit leaders are responsible for final approval of all leave/education requests.
 7. Per diem employees must submit their available shifts by the 9th of the month for the next scheduling period.
 8. Available open **shifts** prior to the final schedule will be electronically sent out at the following frequency. Pursuant to RCW 49.28.140, overtime is strictly voluntary and refusal is not grounds for discrimination, dismissal, discharge, penalties, threats of discipline, or adverse employment decisions.
 - i. 'First Draft'- by the 10th of every month
 - ii. 'Second Draft'- by the 15th of every month



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- iii. All requests for extra shifts must be made by the 18th of the month.
 - iv. Weekly Urgent Needs
9. It is the responsibility of the employee to review the final schedule each month and report to work accordingly.
- II. Daily Staffing
- A. The house supervisors are responsible for assessing the staffing needs of each unit in collaboration with the Charge RN and managers on the individual units on an ongoing basis.
 1. The House Supervisors have a global understanding of the needs of the hospital. The Unit Charge Nurses understand the needs of their units. Collaboration is key to ensuring safe staffing levels to meet the needs of our patients.
 2. The SO will review the schedules every Monday for the upcoming week and proactively fill any staffing needs based on census. This shall continue daily until all needs are met.
 - i. See section 10.4 Staffing Needs of the nursing contract.
 - ii. See section 9.4 of the AFSME NAC contract.
 - B. The House Supervisors will provide each nursing unit with a staffing sheet at least one hour prior to the start of the oncoming shift so patient assignments and meal/rest breaks can be scheduled for the next shift.
- III. Schedule Changes
- A. Changes to a final schedule may only be done by mutual consent between the employee and unit leadership.
 - B. Employees may **‘swap shifts’** if the following conditions apply:
 1. Skill and ability is equivalent
 - i. Overtime and additional premium pay is not accrued.
 - ii. Manager/Director has approved.
 - iii. The request is given at least 48 hours in advance.
 2. It is the responsibility of the employee to find their own coverage for time off requests made after the schedule is posted following the steps indicated in II b. above.
- III. Low Census- On Call (excludes Surgical Services)
- A. Low Census/On Call pay is given to those employees required to take on call due to low patient census.



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B. Staff on a low census/on call status must have a working phone and answer calls from the hospital in a timely manner.

C. Low Census/On Call pay cannot be taken when an employee is:

1. Out with an illness. If an employee is on call and calls in, it is an unexpected absence.
2. On a leave of absence
3. Not able to report to work when called back within specified timeframe.

D. ICU, ED, MSP, and BC staff must report to work within 30 minutes or less of being 'called back' unless prior arrangements have been made with unit leadership. A copy of the arrangement must be communicated from the unit leader to the HS/SO.

E. Employees are responsible for entering/communicating if they would like to use Earned Time for low census. If the preference is not communicated, the staffing office/unit leader will not assign ET for those hours.

V. Unexpected Absence

A. See CBAs for specific time frame details.

1. To ensure adequate staffing- staff must contact the House Supervisor directly, as soon as possible but at least 1.5 hours prior to the start of their shift if they will be absent from work. The **House Supervisor** may be contacted by either the operator at 360-426-1611 or direct line at **360-427-3636**.

B. The House Supervisor/SO is responsible for finding adequate staffing for unexpected absence coverage but may delegate this task when appropriate.

C. See Attendance policy for further guidelines.

VI. Mandatory Meal and Rest Breaks- see meal and rest break policy

VII. General Information

A. To ensure safe staffing and to facilitate employees maintaining a work-life balance- every effort shall be made to ensure no more than 4 twelve-hour shifts in a row, and no more than a 16-hour shift if worked by each employee.

1. Exceptions may be made in emergent situations (inadequate/unsafe staffing ratios according to the various professional association recommendations) and individual department staffing matrix.



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2. Unforeseeable emergent circumstances includes:

- i. any unforeseen declared national, state, or municipal emergency.
 - ii. Health care facility disaster plan is activated; or

 - iii. any unforeseen disaster or other catastrophic event which substantially affects or increases the need for health care services
- B. Pursuant to RCW 49.28.140, an employee working overtime who works 12+ consecutive hours must be provided with the option to have at least 8 consecutive hours of uninterrupted time off following the 12+ hours worked. See CBAs.
- i. Mandatory prescheduled on-call time may not be used as an exception to the mandatory OT prohibition:
 - ii. In lieu of scheduling employees to work regularly scheduled shifts when a staffing plan indicates the need for a scheduled shift
 - iii. To address regular changes in patient census or acuity or expected increases in the number of employees not reporting for predetermined scheduled shifts
 - iv. When the call begins at a time when the duration of [a non-emergent scheduled] procedure is expected to exceed the employee regular scheduled hours of work, except for the case of [a procedure where], in the judgment of the provider responsible for the procedure, a delay would cause a worse clinical outcome.

VI. Employee request for information from Staffing

- A. A written request for the specific documents must be submitted along with a clearly specified timeframe for completion to the Human Resources department.

- B. The purpose of the request should be noted.

- C. Release of information from the staffing office will only occur after appropriate documentation has been obtained.

VII. Unsafe Staffing Complaint

- A. Defined as when a hospital violates its own approved staffing plan, leading to situations where patient care is jeopardized. This includes but is not limited to:



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1. When nurse to patient ratios exceed the plan's limits,
 2. Nurses are forced to work overtime
 3. Multiple breaks are missed due to census/visits
 4. Support staff and equipment are insufficient for the assigned workload.
- B. Staff must complete a Staffing issue form MGH 1692 and submit it to their unit leader or HS.
- C. Staff have the opportunity to present at the next Hospital Staffing Committee meeting.
- D. The committee is obligated to review and provide feedback to the member with the complaint.
- E. See Hospital Staffing Committee Charter. Note the charter is considered a policy/procedure and any violations are treated as a policy violation and subject to discipline, including up to termination.

References:

Washington State Hospital Staffing E2SSB 5236. RCW 70.41, 43.70, 49.12, 49.28.

Available at:

<https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/hospitals/hospital-staffing#:~:text=In%202023%2C%20the%20legislature%20passed%20E2SSB%205236%20%28PDF%29,%28L%26I%29%20that%20will%20be%20implemented%20over%20several%20years.>

Mason Health Hospital Staffing Committee Charter available in MCN Policies and Procedures manual.