

Principles of Staffing and Scheduling – Quick Summary

Budget

- FTEs based on volume (census, cases) and NHPPD
- Productive: Direct, Indirect (meetings, classes), Non-Productive: PTO, JURY, Standby
- Staffing Pattern should not exceed budgeted DIRECT FTEs (do not staff for TOTAL FTEs)
- Variable Staffing plan exists
- Also budget for WEO and permanent off shifts
- 1.0 FTE = 40 hrs/wk or 2080 hrs/year 0.9 FTE = 36 hrs/wk

Types

- CYCLICAL (aka CORE, ROTATING) -- set pattern, know your days off, time to plan ahead for PTO, switches, very easy to manage, little time spent creating schedules
- SELF SCHEDULING -- requires enforcement of rules and polices to avoid 'selfish scheduling' but if done correctly, raises committment and teamwork, decreases absenteeism, and easy to manage as employees enter the schedule
- Combination -- enter patterns first (ie - WEO, school schedules, days someone always wants), then let staff self schedule the rest. PRNs and supplemental staff should always be scheduled LAST.

Evidence Based

- Automation allows for data collection -- data collection allows for reporting. You can NOT run report off of sheets of paper.
- Duke uses ActiveStaffer for automated scheduling, reporting, business analytics in conjunction with other electronic systems
- Evidence based staffing is better than opinion based staffing. If you have a gap in staffing/scheduling, go to the data. Look at attendance tracking, cancellations, compliance to staffing rules, overtime usage, supplemental staff usage, ratios, position management, license tracking, etc. AS RELATES TO quality of care indicators, patient satisfaction, staff satisfaction.

Best Practice

- Employees are scheduled to work to their FTE and/or work agreement.
- PTO, classes, meetings are scheduled according to budget.
- Charge RNs, orientation/preceptors scheduled.
- LOA anticipated, planned for, and covered.
- Facility and unit scheduling rules are enforced.
- Experience level diverse on each shift
- Seniroyty perks are affordable (ie -- if you are always understaffed on weekends, is it a good idea to exclude staff from working weekends?)
- No double backs, 16+ hour shifts, or extended work stretch (five 12 hours shifts or seven 8 hour shifts is max)
- OT < 3% and supplemental staff < 5%

SELF SCHEDULING BEST PRACTICES

Request Driven Scheduling: Employees indicate their desired schedule and someone tries to balance all the requests.

- More overtime
- More callouts
- More supplemental staff
- More work for schedulers

VERSUS

Self Scheduling: Employees participate in scheduling following a specific system and unit guidelines for signing up for shifts, which are then balanced by a governing group of employees.

- Increase staff satisfaction, increase commitment and teamwork
- Matches staff needs and individual preferences
- May decrease absenteeism
- Planning must be given to rules and policies
- If rules are followed – easy to manage in API
 - Staff go online to self schedule
 - Schedulers make few adjustments to balance

ONLY WORKS IF YOU HAVE RULES ABOUT...

- When does self schedule period open? (number of days before schedule begins)
- When does self schedule period close?
- Does the period open for all employees at the same time? Seniority, rotation groups, PRNs
- What is the weekend requirement?
- Is there a Monday/Friday requirement?
- What is the off shift requirement?
- What is the holiday requirement?
- What is the overtime allowed? Can staff self schedule overtime in API or should they volunteer to pick up extra in DukeShift?
- What is the appropriate work stretch for the unit?
- What shifts (activity codes) are allowed for self scheduling?
- Can staff self schedule into the Charge Nurse role?
- How are preceptors and orientees scheduled?
- What is the request process for indirect time (classes, projects) and PTO?
- Indirect time (ie, classes, project time)

WHAT ARE THE CONSEQUENCES FOR NOT FOLLOWING THE RULES? ARE THEY ENFORCED?