

## Centralizing the Staffing Function

### ***“Are Your Managers Spending 30%-50% Of Their Time Balancing Schedules?”***

Constant reorganizations and changes in hospital leadership often times results in unit managers relying upon themselves to ensure that schedules are continually balanced shift to shift. With the best self-scheduling practice model in place, unit managers are still accountable to fill holes created by vacations, leaves of absence, worker’s compensation and sick calls. (These scheduling voids are piled on top of the already posted vacant positions staff nurses and travelers are covering.) ***It is not unusual for managers to spend 30% to 50% of their time each day ensuring staffing schedules are balanced.***

Hospital leadership questions why managers are “burned out” and dissatisfied with their positions. They wonder where the disconnect lies in staff nurses not wishing to consider a career in management. Human Resources is questioned why internal staff nurses are not applying for management positions, and why high dollar advertising is yielding limited response. With questions and fingers pointing in all directions, where do some ***real*** answers lie?

The solution or “theme” to these issues and questions is found in getting back to the basics of pro-active scheduling and staffing by developing a centralized Staffing Office designed to support the self-scheduling model while eliminating the administrative tasks from managers.

An overview of this model includes the following actions/steps.

- Identifying all tasks and functions that can be supported from a centralized Staffing Office.
- Developing workflow processes and procedures based upon findings from the above step.
- Definition for the number of days per week and the number of hours that the Staffing Department will support operations.
- Defining new Staffing Office positions including duties and responsibilities based upon the new workflow processes and hours of operation.
- Analyzing deficit demand at the unit level from the prior and current year. (This includes all vacation, sick time, worker’s compensation and Leave of Absence taken by budgeted staff nurses.)
- Based upon the FTE monthly deficit demand, developing and posting vacancies for an internal resource pool. (Include full time and part time positions in the mix.)
- Transferring unit based per diems to the Staffing Office for more efficient and flexible scheduling.
- Posting schedules four weeks in advance on all units. (Sample process is included below.)
  - Each unit would have a week to fill out the schedule and submit to the Staffing Office.
  - Developing and implementing a policy/process for staff nurses to express availability to work more hours. (This is in addition to scheduled FTE hours.)
  - Staffing Office receives unit schedules and fills vacancies with internal resource pool nurses.
  - Per-diems are scheduled to work the resulting scheduling holes.
  - Nurses expressing availability are scheduled.
  - By the time the schedule is two weeks out, staff nurses, resource pool nurses, and per diems know their schedules.
  - Two weeks out, selected (contracted) local registries have ability to fill vacant shifts. Contracting strategy should be such where a designated number of registry nurses are “committed” each day to fill scheduling voids
  - Sick calls are directed to the Staffing Office.
  - Vacations and time off are coordinated through the Staffing Office.
  - Travelers are procured pro-actively by the Staffing Office to ensure that adequate and competent nurse staff planning is achieved and maintained.

Conducting assessments and developing some thoughtful planning around the points above will result in empowering the Staffing Office to become a more customer focused department while eliminating the administrative tasks of scheduling from managers. This “win-win” approach will allow managers to spend more time developing and retaining staff. And hopefully, down the road, the increased manager visibility will have a positive impact on staff nurses causing them to consider professional advancement into management.

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