Guidelines for Shift by Shift Staffing (Inpatient)

Contents

Purpose

To ensure optimum staffing levels across the Hospital/ service/ unit/ ward, a partnership needs to occur between the CNM/ Nurse in Charge/, nursing staff throughout the hospital, Duty Nurse Managers/CTC's/NC's and Cluster/service Nursing Director.

Scope/Audience

Nursing/Midwifery staff within CDHB

Associated documents

Nurse in Charge Policy

CDHB Deployment of Nursing Staff Policy

Safe staffing policy (in development)

Guidelines for the NIC/MIC

- Upon notification of a sick call the Line Manager / Nurse in Charge (in hours) will assess the staffing needs for the area, and replacement staff sought, as required. Any difficulties encountered will be discussed with the Director of Nursing/ ND/ or after hours CTC or Duty Nurse Manager as appropriate to the service/cluster area

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- All requests in regards to rosters (excess or staff shortages) are to be identified as early as possible.
- Every effort needs to be made to cover the request from within the Ward/Unit/Department/Service Area
- If there are a large number of requests and there appears to be difficulty filling them, the Wards/Unit/Department/Service will be notified as early as possible by the //Rosters Office /Duty Nurse Manager (after hours) to allow the ward to consider other options.
- CNM/CM/ Discuss the problem with the rest of the staff to allow them an opportunity to assist with ideas or if after afters NIC/DNM/CTC help with the workload to free up the time of the Nurse in Charge/DNM to focus on the problem.
- Nurse in Charge /DNM /CTC should consult with the Nurse in Charge of ward/unit/s across the floor or within the cluster/service to consider the possibility of sharing a nurse across the floor/cluster/service.

Responsibilities of the Nurse Manager / Rosters Office (in hours) /Duty Nurse Manager/CTC (out of hours)

- Clinical /Charge Nurse Manager, Roster Office or after hours NIC/CTC/Duty Nurse Managers will prioritise the requests across the Hospital.
- The Duty Nurse Managers /Roster Office /DNM/CTC will look at all areas across the Hospital, considering patient numbers, dependency and staffing skill mix. Based on this information, they will distribute staff or may ask that nurses move to another area.
- It may be possible to consider moving patients who require one on one specials into HDU areas or into a shared special situation
- Consider the possibility of staff already on duty working extra hours as needed and/or a nurse from the next shift coming in early.
- Across all areas/units/wards/service/cluster CNM Duty Nurse Managers / CTCs to consider deployment of staff e.g. Theatre and Recovery Nurses who may be able to help in the Wards for short period of time if acute theatres are quiet.
- Consider a Hospital Aid to assist if nurses are unavailable.
- Consult with Nursing Directors and/or Director of Nursing Services when staffing difficulties are apparent.
- If all of the above options have been considered and there are still not enough staff to cover, the following should be considered:
- Prioritise workload

- Work as a team to support junior staff and maximise efficiencies.
- Duty Nurse Managers/ CTC will ensure that other wards across the floor/cluster/service/hospital are aware of an area with staff shortages and if any unexpected downtime occurs, short term help will be offered.

Measurement and Evaluation

Staff staffing meetings

Incident management system

Policy Owner	Nursing Vol D review Group
Policy Authoriser	Executive Director of Nursing
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