

# Solving the relief shift dilemma

By Keri Fraser

**H**ospitals and clinics have long been plagued with the challenge of last minute relief shift replacement.

The dangerous implications of failure to fill shifts can be illustrated in one of the daily dramas that unfold in the ER.

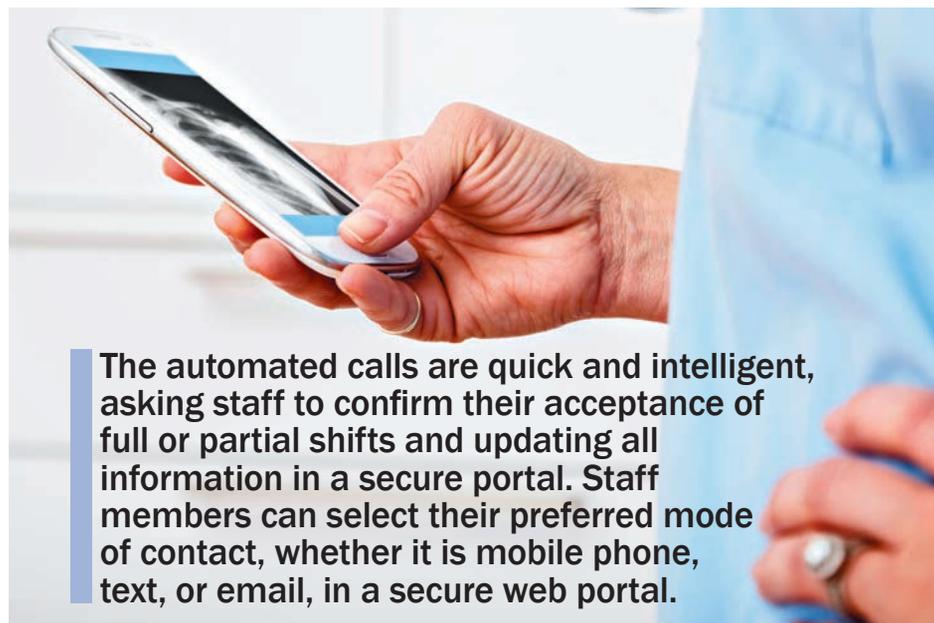
An elderly man is admitted to the ER for chest pain. He may be overreacting to a case of bad acid reflux- but he could also be experiencing the symptoms of an impending heart attack.

Unfortunately, an ER nurse called in sick at 5pm for her shift at 7pm and no relief nurse was found – so the elderly man waits, and every second of waiting is a direct result of the short staffed ER – that could be seconds too many if the man goes into cardiac arrest.

If the relief shift had been filled faster, the outcome of this man's ER visit could be much different.

When a nurse or staff member calls in sick, hospital units are at risk of being understaffed until a replacement nurse or staff member can be found to fill the shift. Many of us are familiar with this scenario when a nurse calls in sick just a few hours before they are scheduled to be on a ward. A scheduling agent then scrambles to fill the shift using complex scheduling software to create a list that adheres to collective bargaining agreement rules as well as seniority, priority and skill sets of nurses that could potentially fill the shift. Then the phone calls begin.

Scheduling agents currently must place a phone call to each eligible relief pool nurse in order of seniority making sequential phone calls one by one. Only when a "live" connection is made can an offer of a vacant shift be made to the relief nurse, otherwise messages are left and the scheduling agent moves on to the next relief pool nurse on the seniority list. Time is quickly passing as the ward prepares to be short staffed without a nurse to fill the shift. Only after working through the list



The automated calls are quick and intelligent, asking staff to confirm their acceptance of full or partial shifts and updating all information in a secure portal. Staff members can select their preferred mode of contact, whether it is mobile phone, text, or email, in a secure web portal.

and connecting with a relief nurse who accepts the shift can the scheduling software be updated and the unit manager alerted of the replacement.

This manual, sequential phone based process has long created some challenges for hospitals and clinics in both internal process and on the patient facing-side in an effort to ensure that patients are not at risk due to short staffing. Just a few of the challenges we face:

- Sometimes shifts don't get filled before the shift starts – this leaves units short staffed and ultimately can put patient safety at risk
- Wait times increase as fewer staff means fewer patients seen in a timely fashion
- Nurses at times grieve the relief shift process when they believe a shift has been improperly awarded or that they had not been given adequate notice
- The largely manual process is expensive to maintain.

Island Health puts patient safety and care first, and therefore sought out an innovative solution to address this manual process using an automated, interactive

voice, email, and text solution. Their vision was to streamline communications, reduce costs associated with tying up valuable time to make individual phone calls, and reach more candidate relief staff more quickly in order to fill shifts due to short-notice unplanned absence.

By integrating the existing staff scheduling software at Island Health with an interactive voice solution, ultimately relief shift calls could be automated and performed without delay. When scheduling agents are notified that a nurse or staff member will not be able to attend a shift, the agent will use the existing staff scheduling software to create an eligibility list based on seniority and collective bargaining rules. This relief pool list will be sent to the Auto Shift Callout Software and in real time, calls will be initiated to multiple nurses simultaneously along with a guaranteed minimum response time window. All calls will be tracked and documented with interactive responses recorded immediately. Once all relief pool staff have been contacted and the response time window has elapsed, the scheduling agent will then review the expressions of interest from responders, determine the successful nurse responder based on rules that apply to the position including seniority, send a message of award to that nurse, then record that the nurse has been awarded the shift in the staff scheduling software.

The automated calls are quick and intelligent, asking staff to confirm their acceptance of full or partial shifts and updating all information in a secure portal. Staff members can select their preferred mode of contact, whether it is mobile phone, text, or email, in a secure web portal. The system recommends shift award based on collective bargaining agreements and Island Health's business rules using pre-configured criteria embedded in Kronos' Workforce ESP.

Now with the new auto relief shift call out solution:

- Shifts can be filled more quickly, with the automated calls happening within minutes of the relief shift pool list being created. Reducing the likelihood of Units being short staffed, and patient care will remain a top priority.
- The software will track every call made with time and date stamp. Grievances will be minimized as the software follows every collective bargaining rule embedded in the existing staff scheduling software. This is a significant cost savings as grievances often result in financial penalties.
- The new process will reduce manual calls, and therefore reduce the time that scheduling agents need to spend filling shifts due to short-notice unplanned absence. Agents can therefore be deployed to work on higher value projects and finding relief for future unfilled shifts rather than short-notice relief shift calls.

"Island Health is committed to the delivery of outstanding patient and client care. The combined Vocantas and Kronos technology we are deploying will play a critical role going forward in raising the level of care we can deliver as we eliminate delays in filling shifts," says Shawn Robinson, Director Staff Scheduling, Vancouver Island Health Authority. "Now, calls to staff will be automated and performed concurrently, allowing us to connect with large pools of staff in just minutes. In the past, we manually called staff in a sequential format to try to fill relief shifts. The efficiencies created by this combined technology will ensure facilities have the right staff at the right time to deliver the outstanding care we are committed to." ■

Keri Fraser is the VP of Marketing and Business Development, Vocantas.

## 'House within a hospital'

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The facilities offer a comforting atmosphere, nourishment and rest, often needed by parents. Families do not focus on themselves when their child is sick; their concern is on their child only.

"It's very overwhelming to have a sick child that needs so much care," explains Jason Dunn, whose son was in hospital for several months after birth. "You don't want to leave but you know you have to because you have to sleep. At the end of the day, you're leaving your sick child in a bed and it rips your heart apart."

The House will provide families that time they need to reenergize, so that they can continue to be there for their child. Volunteers, donors and suppliers will assist with the operations of the House on a daily basis.

Ronald McDonald House Charities

Southwestern Ontario's Vision is "Giving sick children what they need most... their families" and their Mission, "To provide comforting and supportive services and programs for families of seriously ill children who require medical care." With those statements, the Windsor-Essex community is assured that the House, planned to open in the spring of 2016, will be just what the doctor ordered.

For further information contact the London, Ontario Ronald McDonald House Charities Southwestern Ontario office at RHMWindsor@rmhswoc.ca or 519-685-3232. ■

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