

IS IT MY TURN TO FLOAT ALREADY?

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PROBLEM:

Leadership Rounding identified floating of staff as a persistent cause of stress and job dissatisfaction

- Staff did not feel welcomed, appreciated or oriented to units as they floated
- Staff were not familiar with unit layouts or given resource buddies for assigned shifts. They felt stressed out (43% surveyed experienced significant or extreme stress when floating).
- Floating negatively impacts nurse satisfaction and contributes to nurse turnover

APPROACH:

Nursing set the universal expectation that all BUMC staff floated between units will be:

- Warmly welcomed
- Offered a unit template with unit specific standardized nursing care information
- Assigned a resource buddy

Intervention:

- All BUMC units educated and held accountable for compliance
- Floating staff monitored and tracked with unit compliance in providing unit specific template, unit map and buddy
- Nursing leadership focused on decreasing stress and provision of unit resources for float staff
- Nursing created a healthy competition in striving to achieve expected goals

EXAMPLE OF STANDARDIZED INFORMATION ON A UNIT SPECIFIC TEMPLATE

Buddy Notes:

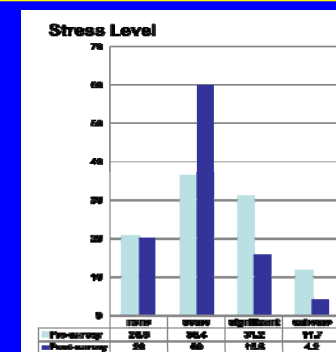
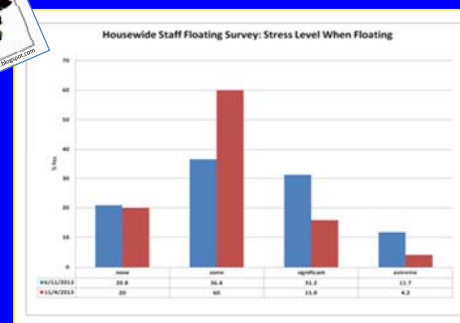
1. I float to the unit and report to the charge nurse. I am responsible for the unit's compliance with the standards of care. I am responsible for the unit's compliance with the standards of care. I am responsible for the unit's compliance with the standards of care.

- Unit compliance was tracked and reinforced
- Leadership was held accountable for enforcing floating expectations
- A healthy competition between units evolved



OUTCOMES:

- Validation of staff voices/concerns
- Improved staff perception of floating
 - An enhanced and healthier work environment
 - Standardization of floating expectations for all nursing staff
 - Significant stress levels associated with floating **decreased by 53%** (from 43-20%)
- Related benefits: ↑ Teamwork, ↑ Communication, ↑ Patient Care, ↑ Efficiency of People, Time and Resources



CONCLUSION:

Simple steps can be made in creating a new culture where floating between hospital units does not have to be "scary". This practice change is sustainable and impacts all areas of the circle of care—People, Finance, Quality and Service