ORs modifying on-call practices to recruit and retain nursing staff

On-call requirements in perioperative services can be a barrier to recruiting younger RNs and in retaining older nurses. Covering the daily surgical schedule with fatigued staff who have worked during the night can be a safety issue or a staffing issue if the call team is too tired to work the next day.

In the OR Manager succession planning survey (December 2012 issue), OR managers and directors said call is one of their biggest obstacles in recruitment of perioperative nurses.

Hospitals are exploring and adopting call alternatives to help their staff members with better work-life balance and to retain their experienced nurses.

OR Manager spoke with surgical services managers at 5 hospitals to find out how they are managing this perennial challenge.

Staff embrace alternative call
Some of HCA Healthcare’s facilities began instituting dedicated call teams nearly 10 years ago. The teams are on call Monday through Friday from 3 pm to 7 am and are typically guaranteed 40 hours of pay per week regardless of how many hours they work.

“This relieves day shift staff from working on call during the night and still having to work the next day,” says Stephanie S. Davis, MSHA, RN, CNOR.

Because the call team reduces some of the overtime paid to regular staff, the return on investment is usually a wash, notes Davis, who is vice president of surgical services operations and service line group for HCA.

OR staff at one HCA facility, TriStar Hendersonville Medical Center, Hendersonville, Tennessee, are “ecstatic that they no longer have to take call during the week,” says Holly Smithey, BHA, RN, director of surgical services.

The 148-bed facility, which is in a competitive health care market about 25 miles north of Nashville, has 8 ORs.

Regular staff have staggered schedules so that some work until 5 pm and some until 7 pm to match the surgical volume.

“We try to avoid having the call team, which starts work at 3 pm, relieve on elective, scheduled cases. We want them to handle the add-on cases,” notes Smithey.

Patient safety issue
“For me, it’s a patient safety issue,” says Smithey. Regular staff are scheduled to work Monday through Friday. Previously, when they had to work until midnight on call or had to come back during the night, there was a struggle to have enough staff the following day if they went home. If staff who had been on call stayed, there was concern that their lack of sleep could contribute to an error.

Smithey says when budgets are tightened, and she’s challenged to defend the call team and its value to the facility, she uses the patient safety issue as the lead of the discussion.

“I think any of us, given the option, would choose to have a well-rested team for our surgery versus a team that has been here 16 hours,” she says.
Win-win for call team, staff, and surgeons
The call team members love their jobs, and the staff loves having the call team. “It’s a win-win,” says Smithey.

The current team members are all male and enjoy being home during the day. Two are stay-at-home dads.

“They love working together and have a lot of synergy,” she says.

The team consists of 1 RN and 2 RN first assistants (RNFAs). The first assistants can scrub or first assist, which adds flexibility. The OR also sends a first assistant to obstetrics when there is a stat cesarean section.

Occasionally, call team members volunteer to work during the day to keep their skills up on some elective procedures that they don’t often see in the evening. They also help the regular staff, who are assigned to weekend call, when someone needs to give away their call. Staff take call only every eighth weekend.

Another positive aspect of the call team is they are motivated to start cases promptly and to be efficient because when the case is done, they can go home.
From a surgeon satisfaction standpoint, “it’s huge,” says Smithey. “Surgeons know if they have an after-hours case they will be working with an experienced group who are going be as ready as they are and as motivated as they are to get the patient in the OR, get the surgery started, and get the surgery completed so they can all go home.”

A recruitment and retention tool
Before introducing a call-team system at St Vincent Carmel Hospital, Carmel, Indiana, the hospital was having trouble hiring OR staff, says Lu McKee, RN, director of surgical services.

“The system has been a huge help for recruitment and retention,” she says.

St Vincent is a 100-bed hospital with 10 ORs in a competitive market 10 miles north of Indianapolis.

During the week, 2 RNs take call from 7 pm to 7 am, Monday through Friday. Their positions are salaried, and they typically work about 10 hours a week.

OR staff still take backup call from 3 to 7 pm or 5 to 8 pm about once every 2 weeks.

On weekends, 1 RN works in the OR from 7 am to 7 pm, Saturday and Sunday, and then takes call from 7 pm to 7 am. That RN is paid hourly weekend-option time plus benefits.

There also is a group of 4 surgical technologists (STs) and RNs who rotate weekend call. They are paid normal time plus a stipend for weekends.

“These are people who want to take call; staff who don’t want to take call don’t do this,” says McKee.

The system, which has been in place nearly 8 years, also has increased surgeon satisfaction because surgeons say they no longer hear complaints from staff who don’t want to be there, says McKee. “The new system makes everyone happy. Our staff turnover is minimal.”

12-hour night shift replaces call
UMC Mountainside Hospital, Montclair, New Jersey, added a 12-hour (7 pm to 7:30 am) night shift to replace call. The night shift consists of 2 teams, an RN and an ST, on 3 nights each, Sunday through Friday night.

The regular staff still cover weekend call (Saturday 7 am through Sunday 7 pm), though the hospital is considering having a scheduled team and an on-call team for Saturdays.

The night-shift team finishes cases, does emergency cases, tests autoclaves, and puts supplies away from the previous day. They also pick cases for the next day and set up
and open the first cases of the day when the patients arrive.

“This saves time in getting the first patient into the OR. We haven’t had a nursing delay in getting the first case started in a long time,” says Pat Cavalcante, BS, RN, CNOR, director of surgical services.

UMC is a 320-bed hospital with 7 ORs plus an ambulatory surgery and minor procedure room. Because patient volume is growing, Cavalcante says the hospital is recruiting another full-time 3-to-11 pm team, which will provide 2 teams until 11 pm Monday through Friday.

“The night shift has been cost-effective for us because we do a lot of cases at night, and the call teams were paid time-and-a-half,” says Cavalcante.

Resort area has seasonal call needs
Tahoe Forest Health System, Truckee, California, is a 25-bed, 4-OR critical access hospital with an unusually busy schedule because it is in a resort area.

The hospital receives a lot of patients with ski injuries in the winter and patients with other types of injuries in the summer. Because of these additional patients, the after-hours schedule during peak seasons is especially busy, which is fatiguing for the staff, says Linda Harman, BSN, RN, CNOR, director of surgical services.

OR staff include 12 RNs and 2 STs. Elective cases are scheduled from 7:30 am to 5:30 pm.

Any cases running over or add-ons were performed by the staff on call. As a result, staff were working long hours and had to return the next morning for their usual shift.

To compound the call problem, 4 part-time RN staff members plus the OR manager are RNFA s who had to provide 24/7 RNFA coverage. This left them with limited availability to take regular call.

Now, during winter and summer, 2 staff members are designated to be the “on-call team” from 5 pm to 7 am Monday through Friday. The team is paid for 40 hours but usually works about 20 hours.

“This was not done to save money but to address the fact that staff were fatigued,” notes Harman.

Call-back (time-and-a-half) and stand-by (one-third time) pay have decreased with the call team, but Harman says it is difficult to measure the savings because of the difficulty in determining what the cost of call-back pay would have been if they did not have the call team.

No call for per-diem nurses
At Providence St Peter Hospital, an 11-OR community hospital in Olympia, Washington, the RNs voted to exclude per-diem nurses from call, says Lorna Eberle, BSN, RN, CNOR, director of perioperative services.

“We had nurses who wanted to cut back on their hours. They said they would go per diem if they didn’t have to take call,” says Eberle. The RNs are unionized and voted to make that happen.

A number of nurses who are close to retirement will probably stay on now as per-diem staff because they won’t have to take call, she says. No other staff are exempt from call.

Holiday call scheduling has been turned over to the staff.

“We let them decide how to cover holiday call, whether in 4-hour or 8-hour shifts, or whatever they decide. They do a fabulous job,” she says.

—Judith M. Mathias, MA, RN