New on-call plan helps to stabilize the staff and budget

A heavy call schedule at one community hospital was driving the perioperative staff away and raising concerns about patient safety because of staff fatigue. With a staff turnover rate of 40% in 2007, the perioperative management team knew changes were needed.

Since then, a new staffing model has almost eliminated call for most OR staff. Staff turnover fell to less than 1% in 2011. Staff and physician satisfaction are up, patient safety has improved, and personnel costs are down.

The call situation reflects how attitudes on work-life balance have changed.

“When I came to the OR 36 years ago, it was understood that call would be part of my schedule,” says Don Altgilbers, RN, RNFA, CNOR, patient care supervisor, OR/CVOR at Blessing Hospital in Quincy, Illinois.

“I would work 8 hours, be on call for 16 hours, and then return at 7 am to work 8 more hours. However, people in the workforce today aren’t willing to obligate that much time to work. They will give you 8 or 12 hours, and then they want to live their lives.”

A Level II trauma center, Blessing has 9 ORs and open-heart rooms. Its closest competitors for Level II trauma care are more than 100 miles away in Springfield, Illinois, and St Louis.

Why were staff leaving?
To help address the turnover problem, a consultant was brought in to review the department’s organizational structure and seek options to stabilize personnel. As part of the project, the staff were surveyed about why they were leaving. Two major complaints:

• They were tired of working 14 days straight because of weekend call.
• They were tired of working past their shift plus being called in during the night and having to return to work at 7 am.

“Staff dissatisfaction was mostly driven by overtime and no control of that overtime,” says Lori Fecht, RN, RNFA, CNOR. The OR was also exceeding its personnel budget.

After an analysis, a 2-phase plan to revamp call was introduced:

Phase 1: First call was eliminated on Monday through Friday.
Phase 2: Weekend call was eliminated by developing 2 weekend teams.

Now the regular staff take only backup call from 7 pm to 11 pm during the week.

“We wanted to make sure we had an extra crew available from 7 pm to 11 pm because that is when a lot of our emergencies come in,” says Fecht, who was director of perioperative services when the model was adopted.

Flip shift for call
A flip-shift plan was added to eliminate first call during the week, Altgilbers explains. The flip shift alternates staffing by 2 teams, with 1 nurse and 1 surgical technologist (ST) per team.
During one week, one team works 7 am to 3:30 pm, and the other team is on first call from 7 pm to 7 am. The next week, they flip times.

The flip-shift staff are paid for 40 hours. On the week they take call, they work between 35% and 55% of the on-call time.

The flip shift allows for regular staffing of the OR from 7 am to 7 pm with 8- and 12-hour shifts. If cases are performed after 7 pm, the flip-shift team comes in and takes over. The OR staff then take backup call from 7 pm to 11 pm.

“For after 11 pm, if a second team is needed, we start a calling tree and find someone,” he says.

**Weekend call**

An initial plan to revise weekend call adopted in 2009 was modified in 2011, Altgilbers notes.

Under the initial plan, 1 team with an RN and ST was responsible for call from 7 am Saturday to 7 am Monday and worked Saturday and Sunday from 7 am to 7 pm.

The OR staff took backup call, except for Saturday and Sunday from 7 pm to 11 pm when they were on first call.

“We did this for a year, and found it was too much for one weekend team,” he says.

In January 2011, 2 weekend teams were put in place with a plan similar to the flip shift. One team works from 7 am to 7 pm and takes backup call from 7 pm to 7 am. The other team is on first call from 7 am to 7 am. The next weekend, the teams flip times.

The weekend teams are paid for 36 hours, which is considered full time, and they have 4 weekends off a year.

Weekend team members must have 2 to 3 years of OR experience.

“We have OR staff waiting in line to be on the weekend teams,” says Altgilbers. “It works great for parents with young children and employees who are going back to school.”

**Satisfaction shoots up**

In 2006 and 2007, independent surveys showed staff satisfaction at around 58%. In 2010, staff satisfaction rose to 86%.

Though physicians weren’t surveyed, they were interviewed and gave feedback over a hotline set up for them to voice concerns.

Now when staff are surveyed about what they are happy with, they say it is the flip shift and weekend crews.

“Eliminating first call has addressed the fatigue factor, which improves patient safety,” says Altgilbers.

It has also helped to stabilize the salary budget. Before the flip shift was introduced, overtime was causing OR salaries to be more than 11% over budget.

**Accurate scheduling key**

“Once staffing stabilized, we knew we had to look at the surgical schedule and make sure the times were right for scheduled cases. We couldn’t have the schedule run over all the time and be successful with one team after 7 pm,” says Fecht.

Much work and data analysis were done to improve scheduling accuracy and block time allocations through meetings with physicians, team leaders, directors, and supervisors. As a result, run-over cases have dropped dramatically, Fecht says.
A more staff-friendly call plan and a more predictable surgical schedule have created a perioperative department that is not only a better place to work for physicians and staff but also a safer environment for patients.

—Judith M. Mathias, MA, RN