Managers look at call innovations to help staff with work-life balance

As surgical services leaders think about attracting and keeping a new generation of staff, work-life balance is coming into sharper focus. In surgical services, work-life balance tends to center on call. Staff need to be available 24/7 for emergencies. Yet younger staff are not as likely to accept call as a way of life, and mature staff are looking for a life free of call.

In an economic downturn, staff may be less likely to object to call. But in the long run, managers are planning for how to make surgery attractive to a new generation of RNs and surgical technologists.

Work-life balance was highlighted in a 2008 survey of women in health care by consultants in the Studer Group (www.studergroup.com). The online survey, with respondents from a variety of disciplines, found even though 75% would choose a health care career again, less than half (47%) were satisfied or very satisfied with their work-life balance.

Close to half (45%) said their work caused a conflict with family at least once a week, while only 6% said the reverse was true.

Like other employee satisfaction studies, the survey found employees’ relationships with their supervisors are critical.

“Of all the things that lend themselves to strong work-life balance, it’s the relationship between the supervisor and employee that matters most,” said the Studer Group’s COO, Debbie Ritchie, in a web presentation. OR Manager talked with perioperative managers who have taken steps to help staffs keep their lives in balance.

Core call team
A core call team helps relieve the call burden on perioperative staff at Lehigh Valley Hospital, a Level 1 trauma center with 23 ORs in Allentown, Pennsylvania. The 12-member team provides backup for the 24-hour staffing required for a trauma center. The hospital is not unionized.

“Prior to the call team, we rotated the whole staff through call,” which was a dissatisfier, says Tammy Straub, RN, MSN, CNOR, CRNP, administrator of perioperative services.

Now the core call team takes all call from 11 pm Sunday through 11 pm Friday. The core call team has accomplished these objectives:

• enabled the hospital to recruit staff who live beyond the 30-minute response time for call
• aided retention of mature staff who no longer wish to take call
• avoided the problem of staff on call who work late into the night and are scheduled to work the next shift
• reduced staff turnover and eliminated use of agency personnel, part of the hospital’s effort to achieve Magnet status for nursing excellence.

Bonus for call
Core call team members sign a contract to take a minimum amount of call in a 12-week quarter. They receive a bonus if they take at least 200 hours of call during a quarter. Of these, 40 hours must be weekend call (11 pm Friday to 11 pm Sunday). Core call team members can opt out for a quarter if they can find a temporary replacement.

For those who take 200 to 224 hours of call in a quarter, the bonus is $1,200; for
300 to 325 hours of call, the bonus is $1,931. The cardiothoracic core call team, an additional team covering for all cardiac emergencies 24/7, receives a higher rate because it has fewer members who take more call.

Core call teams receive the same hourly pay as the rest of the staff plus 1 hour of pay for every 8 hours of call. If they work more than 40 hours a week, they are paid time and a half.

Staff must apply to join the core call team.

“We post these like we would any other job,” Straub says. Members must have a minimum of 1 year of OR experience. The team reflects the OR’s skill mix of 70% RNs and 30% surgical technologists (STs).

Team members must meet core competencies for trauma surgery and common emergency procedures. They are responsible for keeping up their skills, which are monitored by the perioperative educator.

“If they need a review on craniotomy, for example, they will say to the coordinator, ‘I need to scrub or circulate on one of those cases.’ Then we check them off on the competency checklist,” says Straub.

Getting staff buy-in

What entices staff to join a core call team?

Straub points to 2 factors—the bonus incentive and the team’s autonomy.

The core call team operates autonomously with management oversight. It has its own team leader, selects its own members, develops its own policies and procedures, and handles its own scheduling. If a team member calls in sick, the team is responsible for covering for that person.

Straub thinks the team enjoys its independence. “You feel you have some control over your life,” she notes. “This works great for people who have children in college and those who are the sole support for their household. It allows them to expand their income.”

At the beginning, there was turnover on the call teams. But she says, “Now there is a waiting list to join.”

Straub says her division justified the program by pointing out the costs of turnover and agency personnel and the benefits of being able to recruit staff who live more than 30 minutes away. Though the bonuses may seem costly, she believes the impact on recruitment and retention outweighs the cost. The call teams plus other strategies have helped reduce Lehigh Valley’s ORs’ vacancy rate to 1.3% and the turnover rate to 4.7% for the last half of 2008.

‘Safety pay’ after call

“Safety pay” at Northwestern Memorial Medical Center in Chicago helps to make specialty call more staff friendly. The Level 1 trauma center has 52 ORs in 3 pavilions. Emergency cases are managed in one area of the facility.

Safety pay addresses the issue of on-call staff who work late into the night and are scheduled to work the next shift. This is not only a dissatisfier but also a patient safety issue because fatigue is associated with errors.

The hospital has both specialty and general call teams. Two team members are on call for 3 specialty teams: general/trauma, cardiac, and transplant surgery. One team member is on call for neurosurgical, eye, and spine procedures, notes Karen Anderson, RN, MSN, MBA, CNOR, director of surgical services. To comply with trauma regulations, 3 staff members are always in-house.

In some cases, staff would take benefit time off to rest after a call stint, using either sick time, which was not excused, or vacation time.

“The staff were really caught in the middle,” Anderson notes.

Safety pay objectives

With support from the chief nurse executive, Michelle Janney, RN, PhD, NEA-BC, Anderson worked with the human resources department to develop a plan to accomplish 3 objectives:

1. Define eligibility for safety call pay. To be eligible, a staff member must either be scheduled for 60 hours of call in 6 weeks or pick up the equivalent amount of call.

2. Define the payment benefit.

3. Design the process and training for implementation.

With the plan in place, there was support but no resistance from the staff. The call teams were fired up about the new benefit. The education of the staff, and especially the anesthesiologists, was key to getting them on board.

“Safety pay” was introduced on a new team last fall. The other teams will be added later this year.

Staffelle: Northwestern Memorial Medical Center in Chicago

OR Manager
Vol. 25 No. 2
February 2009
2. Standardize the policy for time off after call.
3. Support the staff so they don’t have to use benefit time for this purpose.
   
   Under the new plan, staff who work late on call and are not already scheduled for at least 8 hours off before their next shift receive “safety pay.” This is a flat rate per hour that is about 40% of their regular hourly rate and covers the number of hours of the person’s next shift.
   
   “This is like vacation. It is totally free of responsibility,” Anderson notes.
   
   Safety pay is available only if a person is scheduled to work the next shift with less than 8 hours off. For example, a nurse on the cardiac team who is on call is called in and works until 12 midnight. She is scheduled to report at 6 am for a 12-hour shift. Instead of reporting at 6 am, she is entitled to 12 hours off on safety pay. She does not have to use paid time off for this purpose and continues to accumulate benefit time while on safety pay. When leaving at midnight, the nurse tells the charge nurse she will not be in at 6 am and signs out in the payroll book.
   
   To cover for that nurse, managers may assign a clinical coordinator who does not usually have clinical duties, pull a nurse who is paired with an orientee (which they try not to do), or call someone in.
   
   The safety-pay plan took “a lot of planning and partnership with HR,” Anderson notes, which she credits for their support.
   
   In another call innovation, by a vote of the staff, OR staff with 20 or more years of OR experience at the hospital do not have to take call. Anderson also tries to accommodate staff requests to adjust shifts to school and family needs.
   
   “If a person wants to go part time, we will let them and fill the other part of the shift,” she says. “We try to accommodate requests 95% of the time.”

A small hospital’s program

Flexibility, cross-training, and an emphasis on education help Roper St Francis Health in Charleston, South Carolina, meet staffs’ needs for work-life balance. The 200-bed hospital has 10 ORs.

“These are things that don’t break the bank but make a difference to the staff,” says Alisa Shackelford, RN, MBA, MA, CCRN, manager of the preoperative and postoperative areas.

- **Support for education.** Examples are funding for certification review and certification exams, tuition reimbursement, travel and mileage, paid time to attend Magnet hospital meetings, and support for attending educational conferences.

- **Staff recognition.** Staff who make an extra effort, such as taking an extra shift, are rewarded with in-house meal tickets. As a morale booster, the department also throws pizza parties and can arrange with the volunteer department to use the hospital’s popcorn machine.

- **Self-scheduling.** Staff arrange their own schedule within guidelines. They know which shifts have to be covered. Staff scheduling coordinators make sure shifts are covered, with oversight by managers. High-performing staff assist with payroll by making sure time commitments are met and benefit time is accounted for.

Night nurse relieves PACU call

Hiring a full-time nurse on nights has been a big staff satisfier for the postanesthesia care unit (PACU).

“The position was created because in a PACU with night call, staff who take call have to come back to work the next day,” Shackelford explains. The night nurse, who transferred from the emergency department, works Monday through Thursday, 10 pm to 7 am, decreasing PACU call during the week.

To meet American Society of PeriAnesthesia Nurses (ASPAN) standards, which require 2 nurses for Phase 1 recovery, the night nurse is backed by the OR nurse. The night nurse has also cross-trained to assist in the OR as second circulator. When volume is low, she picks supplies for the next day and performs routine environmental and equipment inspections. She also opens the preoperative unit at 5 am for the early-arriving patients.

“She was originally oriented to the PACU, then to the preop area. Then she started to cross-train to the OR,” Shackelford explains, adding that the night nurse’s crit-
ical thinking and time management skills have made her an asset. A similar position is being created for the evening shift, and this person will also cross-train to the OR.

Despite the economic downturn, long-term trends indicate call innovations and other work-life balance strategies will be essential to keep highly skilled mature staff and to attract younger people to the field.

— Pat Patterson