

CREATING A SAFE PRACTICE ENVIRONMENT: ELIMINATION OF MANDATORY OVERTIME IN THE PACU

Jackie Miller MSN, RN, NE-BC
Catawba Valley Medical Center, Hickory North Carolina



SITUATION

For units such as the post anesthesia care unit (PACU), being on call has historically been part of the job. Staffing to cover units after regular hours has long been a challenge for managers. Assigning call to staff who have already worked their 8-, 10-, or 12-hour day has been the norm to ensure coverage for after hour emergencies. Research is now showing the effects of working extended shifts to be a major safety concern for both the patient and the employee.

BACKGROUND

Prior to October, 2011 call in the PACU was as follows:

- Monday-Thursday: 2 RNs on-call from 3pm-7am; 2 RNs on-call for 64 hours, paid for 40 hrs.
- Friday night call rotated among day shift Nurses; began after working their normal shift.
 - Average on-call hours for a nurse working on Friday night was 6.74 in addition to his/her 8-, 10-, or 12- hour shift.
- Week-end call: 2 RNs scheduled from Saturday 7am-Monday 7am.
 - On-call 48 hours, paid for 36 hours with the next week off.

On extremely busy weekends there was potential to work 48 consecutive hours, as a relief measure a back up team was put on call for Saturday night.

- Back-up team was available 11pm-7am, paid on-call pay and overtime for actual time worked.

ASSESSMENT

Safety: Extended work shifts and shift work have adverse effects on patient outcomes and increase health care errors and patient injuries.

Cost: Extended shifts also prove to be costly to a facility; compensation for required overtime as well as serious patient-care errors made due to worker fatigue.

RECOMMENDATION

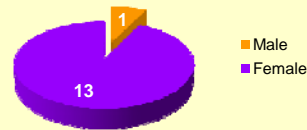
Implement a call schedule utilizing two alternating teams that cover call from 5pm-7am for 7 days for a total of 102 hours (week-ends begin @ 3pm). The team paid for 80 hours (1.0 FTE) with the next 7 days off.

This schedule will not only save money, but prevent nurses from working excessive hours.

DEMOGRAPHICS



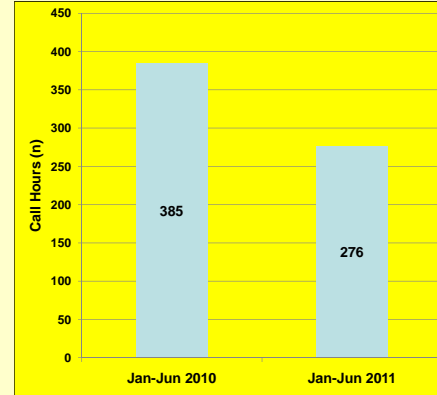
Gender Distribution



PACU Staff Tenure

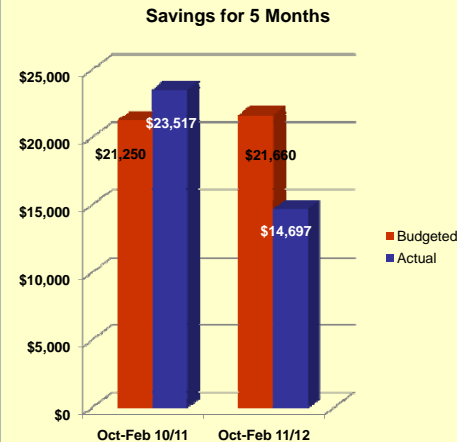
Years	n	%
0-5	5	36
6-10	4	30
11-15	2	14
16-20	0	0
21-25	1	7
26-30	2	14

Baseline & Implementation Data



28% Reduction in call hours

Cost Analysis



\$8,820 Actual savings

PACU Staff Comments

• "Allowed me to sleep better at night, make plans to do things in the evenings, and reduced the amount of joint discomfort I experience due to arthritis."

• "Thank you for discussing and making changes in a "sacred cow" system...your proactive approach has been remarkable and has made a positive impact on our unit."

• "Plenty of time for sleep."

• "Coming back for evening call is better than coming back after working 12 hrs."

• "The schedule has provided me with long periods for rest and family time"

• "My health and attitude is better."

• "Greater schedule flexibility."

• "Able to spend more time at home."

• "Not having to be on call all night is great."

• "I don't dread week-end call."



ACKNOWLEDGEMENTS

• The presenter would like to thank the nurses from the post anesthesia care unit at CVMC for their involvement and continued patience during the implementation of the new call schedule.

• Also thanks to Phyllis Johnston, Director of Human Resources for her direction during establishment of the new schedule.

CONTACT INFORMATION

Jackie Miller MSN, RN, NE-BC
Director DS/PACU/PAT
Catawba Valley Medical Center
Hickory, NC 28601
jmiller@catawbavalleymc.org