

ARTICLE 8 – FLOATING

- A. Competency/Qualification. - Registered nurses shall receive patient assignments commensurate with their skills and competencies. A Registered nurse will not be required to float to a patient assignment that requires specialty competence for which they are not qualified. If a Registered nurse determines that they are not qualified for a specific assignment, they should identify the reasons why and give them at the time of the request to the appropriate charge Registered nurse or appropriate supervisor/manager or designee for the record.
- B. Float Assignments. - Registered nurses shall be floated only to work environments for which they have been oriented. For purposes of this Section, “oriented” means that the Registered nurse has received basic information needed to work on the unit, such as unit layout, location of supplies, and essential work protocols. Orientation will occur before the Registered nurse assumes patient care duties. All Registered nurses floating will receive orientation or training appropriate to the assignment and will be assigned a resource person from the unit’s primary staff for clinical guidance as needed. In consultation with the Registered nurse, the manager will schedule orientation/training of a Registered nurse prior to floating. Length of orientation will be dependent on the nurse’s previous experience and familiarity to the nursing unit to which such nurse is being floated and patient population to which such nurse will be assigned.

Each unit will develop its own written orientation guidelines with Registered nurse input for Registered nurses who float into their unit. Such guidelines will be available for viewing on each unit. Such guidelines will include sufficient information to orient the Registered nurse on the unit.

C. Floating Requirements.

1. Registered nurses will not be required to float more than once per shift.

Deleted: This Section is effective upon ratification except for Sections three (3) through five (5) below which are effective the third (3rd) full schedule following ratification.†

Registered nurses will generally be floated on a rotational basis, unless the charge Registered nurse determines that the skill mix of the unit or the patient needs warrant a change in the rotation. The Medical Center will make a good-faith effort not to float a Registered nurse out of his/her unit when another nurse has floated into the unit on the same shift, unless such floating is required due to the expertise of the Registered nurse or in order to meet patient care needs.

2. Medical Center Floating Structure: Other than as set forth in C(2) above and in national, state and or/internal disaster/crisis situations (i.e., adverse weather conditions, pandemic) Registered nurses shall not be required to float outside their cluster. Cluster areas are defined as follows:
 - a. Acute Care (including CDU, Inpatient Behavioral Health, IMCU, and ED borders)
 - b. Critical Care
 - c. Emergency Services
 - d. Surgical Services (including IRU)
 - e. [Maternal Child Division](#)

Deleted: <#>Maternal Child Division Registered nurses shall only be required to float within their cluster or service line. Maternal Child Division Registered nurses who desire to float outside of their cluster may submit their name to a voluntary float list that shall be available to hospital leadership and charge nurses on each unit.

Deleted: <#> for a primary care assignment

Deleted: <#>more than seventy-two (72) hours per calendar year

Deleted: IRU,

Deleted: (including IMCU)

This Section excludes Registered nurses hired into the Medical/Surgical float pools.

Deleted: Critical Care and

3. Registered nurses may volunteer to float outside of their cluster.

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4. Unit-based RNs: Unit-based Registered nurses will only be required to float for RN assignments (e.g., modified assignments/flex RN/primary). Unit-based RNs may volunteer to work in non-RN assignments (e.g., monitor tech, safety attendant, sitter).

Deleted: <#>Critical Care Units: Critical Care units (ICU, NCCU, and CICU) Registered nurses shall only be required to float within the cluster for a pilot of six (6) scheduling periods. Following the pilot, key outcome metrics will be reviewed at Housewide Staffing Committee including but not limited to caregiver engagement, RN work satisfaction, closed to admission hours, first (1st) year and cumulative turnover, attendance, and RN vacancies (number, duration).