



WSNA and ISLAND HEALTH 2023-2026 CBA

POLICY EXPLAINER Floating

The 2023-2026 contract addresses changes and updates to the floating language.

Previous Language: Floating was formerly addressed in the low census language and the Letter of Understanding (LOU) on closed units. RNs usually floated instead of being low censused.

New Language: Floating is addressed in updated language in article 7.15 Floating. RNs will float according to patient needs throughout the hospital.

FAQs:

How will floating be assigned? Floating will be spread equitably among nurses in a given unit in accordance with the nurses' skills and abilities, the unit's operational needs, and patient care demands. Each department will keep their own float log and the number of hours floated will be entered by the RN for clear tracking purposes.

- Volunteers to float will be sought out first.
- Qualified agency and traveler nurses will float next.
- Qualified per diem nurses will be floated before regular full-time and part-time nurses.

How will floating assignments be determined? RNs will float when patient acuity, department census, and staffing calls for it. If there are any questions related to who is in line to float and where they'll be floating, the Charge Nurses and Coordinators from involved departments shall be consulted and make the decision. Charges and Coordinators may also contact the Director in real time to discuss floating assignments.

What duties will a nurse have when they float? Nurses should primarily perform tasks when floating away from their home unit. If a nurse is floated to a unit for which they have not met the established competencies, the nurse will perform tasks consistent with their skills, ability, and training. You should not be assigned a patient assignment as a float.

What if I need to return to my home unit? If your home department needs you while you're floating, the Charge Nurse from your home department will contact the Coordinator to discuss a possible return.

Will new grads be required to float? No. Nurses with less than one year of RN experience shall not be floated.

Will I have to float to the ICU? Whenever possible, the ICU will be staffed by core, "primary" ICU nurses, and Acute Care nurses cross-trained as "seconds" will provide support. Use of cross-trained Acute Care nurses will be by an equitable rotation for the purposes of floating into the ICU or being scheduled in the ICU. If you are asked to float to the ICU and have not met the established competencies for that department check in with the Charge Nurse or Coordinator managing your float so they can distribute tasks appropriately within the unit.

How will this change be monitored or managed? At each of the first three (3) conference committee meetings following implementation of the floating program as part of the 2023-2026 agreement, time will be set aside on the agenda to discuss the implementation process and address any issues that arise during the transition to floating.

Why is this change happening? At many other facilities, RNs float frequently and take on patient assignments that make them feel unsafe when they're working outside their home unit. When management proposed adding float language to the contract, the bargaining team used it as an opportunity: management could start a float program, but only if they included strict protections for RNs from the very start and committed to checking in with the staffing committee about how floating worked. We believe the language we bargained for in this contract is among the strongest in the state.