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**Contact for further information:**

“Our hospital has 8 hour shifts only. We are thinking about converting to 12 hour shifts. Is anyone willing to share how they did this in their facility and what type of rotations you offer?.” (sent on August 27, 2020)

**Date of Summary:** September 19, 2020

**Abbreviated Question:**

Policy/Procedure  Practice  Program Info  Committee Structure info  Role  Students

Model/Structure  Care Delivery  Collaboration  Regulation/Legislation  Pt. Safety

Quality/Outcome/Indicator  PP Culture/Leadership  Other:

**Keyword(s):**

| **Responder Info** |  | **Attachment(s)** |
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| Kelly Christoff, RN, MScN, CNCC(C)  Professional Practice  Chatham-Kent Health Alliance  T: 519.352.6400 x [6592]  www.ckha.on.ca | We followed the local ONA contract regarding suggesting changes to the schedule (I think in our local contract 70% of nurses have to vote to change the schedule)  “Continental” (2 weeks days/ 2 weeks nights – 6 week rotation with a “Week 6” – be “off” either WED or THURS (and then most staff use a stat for the other day so they get one week off every 6 weeks – sweet!)  DDNN (4 on; 5 off) – just have to make sure you have 9 staff – it’s a 9 week rotation – if you have 9 people doing the rotation, you will have 2 staff on each shift)  As far as implementing – our local contract stated that you had to plan for a 60 day lead time.  We also have had a few units with a combination of DDNN and continental. For the DDNN if you don’t have groups of 9; you end up with a lot of part coverage on the weekends which you then fill with part time hours and can be challenging trying to not schedule the PT too many weekend shifts  I just found this as I was looking some DDNN info for one of my manager friends and thought it was really good explanation |  |
| Mary-Lou Albers RN, BScN  Professional Practice and Education Coordinator  Listowel and Wingham Hospitals Alliance  www.lwha.ca  519-291-3125 ext 5374 | In the ER we do a waterfall rotation (DDNN 5 days off, repeat) with 12 hour nights. All but one line are fulltime. The only line that is part time, is also waterfall and ensures work for our part time and casual staff. We staff with 2 RN’s per shift.  In the Inpatient unit when we converted it to 12 hour waterfall shifts we still had to keep an 8 hour day shift and 8 hour evening because we are a small hospital and only have 1 RN and 1 RPN in nights. A full 12 hour waterfall would not work for this unit with the amount of fulltime staff we have. So we have 2 lines called ‘hybrids’ where they have 8 hour and 12 hour shifts built into their master to cover the gaps. I remember making this schedule about 8 years ago and it being a bit of a puzzle to put together. We had a 6 month trial and then the union groups voted on it.  I hope this is helpful |  |
| **Sue Bow**  **Critical Care Educator**  **Pembroke Regional Hospital**  **613-732-2811 Ext 6644** | Last year our ER/ICU transitioned to all 12hr shifts. Until that time we had a mixture- some rotations were 8/12 some all 8, some all 12. The union has a procedure outlined in the contract on how to proceed. I am referring here to ONA- I am not sure about other unions. Our 12 hr rotations are a 12 hr 2D2N schedule. This type of schedule does mean staff work extra weekend or part weekends and they do not get overtime for those ( that is because you can’t do the 2d2n without it happening). The staff does have to vote on whether they want to proceed and it must be a greater than 50% in favour to proceed. In principle the vote takes place before the schedules are created as you could take a great deal of effort creating a schedule and then have the vote fail. OR at least I know that is what we did. When the vote passed, schedules were created ( management did one, staff did one) and then a vote was held as to which schedule they wanted. Specific lines are then chosen by seniority. We also have lines on our schedule that are “no master”- this means a staff member may be PT or FT but will not have a set schedule- only the number of shifts are determined ( 0.5 FTE /1FTE etc). Staffing when they do the 6 week schedule will then plot in shifts. These lines are helpful to cover vacation/mat leaves/stats etc.  Again, I would suggest you consult your bargaining union president and reach out to them- they will assist.  Hope this helps. |  |
| **Corinne Savignac, R.N., BScN,**  **Nurse Clinician General Internal Medicine**  **705-523-7100**  **Extension 3315**  **Health Sciences North | Horizon Santé-Nord**  **41 Ramsey Lake Road**  **Sudbury, Ontario P3E 5J1**  **E-mail: csavignac@hsnsudbury.ca** | Our medical, surgical and critical care units have been 12 hours shifts since before I started in 1994 – each department uses a variety of rotations, some use a generic rotation (which is on 3 off 2 on 2 off 3 etc with stretches off every so many weeks based on the # of full time staff that you have); some use a 2 Day 2 Night rotation and some use a combination of each. I do believe the staff need to vote on which rotation they would prefer when given the option of what each would look like (your union and HR should be able to give you some assistance on the rules around how to make this happen). Depends on who you talk to which rotation they prefer – some prefer the generic one and others prefer the 2 Day/2 Night one but they don’t like having to work so many split weekends in a row. I am not sure if we have anyone here who will remember when our mental health unit went from 8 hour tours to 12 hours around 2003 (I tried one of the managers but she is not in her office). |  |