**Background:**

Historically during the winter there is a higher rate of surgical cancellation, staff sickness and increased demand of intensive care bed usage. With these facts in mind we set about putting in place a mechanism that would help to alleviate these problems. Auckland ICU implemented an on-call roster system three years ago and shared their experience with us. Wellington ICU introduced a trial of a modified system to meet our requirements in June 2007.

**Aims and Objectives:**

- Reduction in cardiothoracic cancellations
- Increase staff satisfaction with pay equity for all staff
- Reduction of workload of Associate Charge Nurse Manager trying to recruit staff for overtime shifts
- Reduced intrusion into staff lives by constant calling for work
- Workforce planning and effective use of available resources.
- Recruitment and retention of staff by increasing morale and support
- Greater flexibility within the roster to maximise use of resources only have staff at work when we needed them
- Reduction in sick leave

**Method:**

Date of trial period June 4th 2007 – Jan 31st 2008

A skeleton roster offering a maximum of 2 x 12hr day and 2 x 12hr night shifts was developed for the trial period, a total of 1920 shifts. This number was the predicted amount of shifts required to further resource the ICU roster to meet elective demand, staff sickness and recruitment shortfall.

Where good roster numbers were available and elective demand was down, fewer on call shifts were required. Consequently only 581 on call shifts were offered.

Of the shifts offered 164 were taken up by the staff, of these 164 shifts nurses were called back on 122 occasions. This totalled 1168 hrs for the trial period. A ratio of 9.5 nursing hours per 12hr shift

**Measures:**

In order to evaluate the on call trial period, acute admission rate, median occupancy, elective cancellation rate and patient hours were compared with data from the previous the five years. The cost of overtime compared to the new on call system was also compared.

Despite a busy winter the nursing roster coped with record admission rates and patient hours. It was unclear however if there was a positive impact on the elective cancellation rate. 40% of all the trial period cancellations occurred during two separate weeks where high acuity and ICU exit block were particularly high.

**Conclusion:**

The response to the trial has been universally positive. A cost comparison with the previous system showed a benefit to this system. The rosters ability to cope with record admissions and increased patient throughput were markers of its success. Day to day flexibility and the capacity to address unpredicted staffing issues were also positives. It has been decided to continue with the on call roster.

**Further Evaluation:**

ICU plans to continue evaluating this initiative. Although the on call roster may not be wholly responsible for this increased activity, further examination of morale and turnover may offer further evidence to support this initiative.