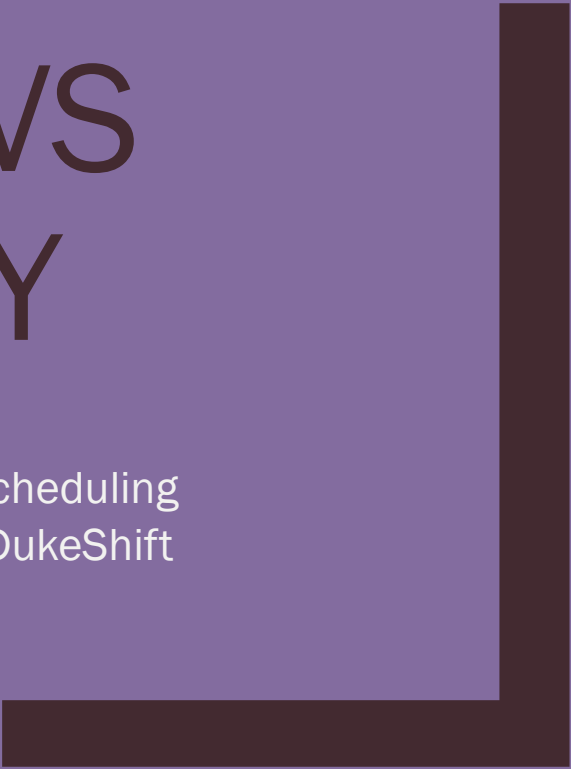




# DUKESHIFT VS SECONDARY

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## DukeShift Summary

- DukeShift allows Managers to post open shifts in the their schedule for ELIGIBLE and QUALIFIED staff to offer to work as an extra shift
- The Clinical Staffing Department also fills open shifts in DukeShift by preassigning ELIGIBLE and QUALIFIED float pool staff to the shifts

# DukeShift

vs

# Secondary

- The job code of a DukeShift must equal the job code of the employee's job code
- Employee receives regular rate of pay plus any shift incentive and overtime
- Employee swipes in and out for the shift in API – if in a different dept, uses float cost code
- Employee's manager is responsible for the time card accuracy, job performance, attendance tracking, license and competency upkeep,

- A separate hire, could be a different job code than primary job
- Rate of pay is determined by RR based on experience in the secondary job code
- Only OT is paid, no shift incentives, no staffing incentive
- Employees track time on a secondary time card in Duke@Work
- Secondary manager is responsible for time card accuracy and approves the secondary time card, job performance, attendance tracking, license and competency upkeep for the secondary job

# Even if staff are eligible and qualified, the hiring manager in the second department may not want to use DukeShift

- They may not want to deal with the DukeShift system, especially if not using it for anywhere else – clinics and procedural areas are most common for this
- They may not want to pay shift incentives for the extra help
- They may want to be able to track the time on the secondary time card themselves versus giving this oversight to the primary manager
- They may want to hire the employee into a set FTE commitment – there would be no commitment with DukeShift

While we do want to encourage managers to use DukeShift, when appropriate, so we can track how extra shifts are filled, managers are only mandated to use DukeShift if they want to receive Float Pool staff and for shifts that will pay Staffing Incentive.

# ELIGIBLE

- Has permission of home manager
  - *Up to manager to agree to monitor DS time on timecards*
  - *Manager knows if employee is suitable based on performance*
- Finished orientation
- No disciplinary action
- Job Codes Match
  - *Ensures that rate of pay is fair for the DukeShift*
  - *Ensures that person is qualified to perform the job duties for the DukeShift*
- Shift is awarded by alternate manager
- Can NOT work in Company 10 (PDC, School of Nursing, DCRI)
- Travelers can not use DukeShift. They can pick up extra shifts, but need to arrange that directly with the department, as appropriate.
- Exempt staff would not use DukeShift nor be Secondary – they have a separate pay process for extra work.

# QUALIFIED

- Is oriented to the hospital and scope of practice
  - *DRH NA doesn't generally pick up DS at RAL or DUH or clinics*
  - *Staff oriented to adult patients don't pick up shifts in PEDs, Critical Care don't go to Med/Surg, clinic staff don't go to other clinics or to hospital*
- Has required licenses
- Has computer and door access
- Would be floated to the area as part of daily staffing decisions

Most DukeShift are picked up on home units OR sister units in the same facility. Ie, an ICU RN can pick up on the other ICUs. An inpatient NA can pick up other NA shifts where they have age related competency.

## Secondary Staff – the secondary manager may want their secondary employee to use DukeShift for ease of API schedule management

- Secondary staff can use DukeShift in some cases
  - Their primary job code must exist in DukeShift
    - Not all job codes are in scope therefore not all employees upload into DukeShift from the HR system
  - The secondary manager must submit a request to activate the secondary employee
- Secondary staff can only pick up shifts in the departments where they have been set up as a secondary employee
- Secondary staff do not swipe into API – they record time on the secondary time card in Duke@Work
- Secondary staff will not receive incentive pay or shift incentives

Let's look at some examples

Is the person eligible and qualified to use DukeShift, or should they be Secondary?



An med/surg RN on unit A wants to pick up a shift on unit B, also a med/surg unit in the same facility





## An med/surg RN on unit A wants to pick up a shift on unit B, also a med/surg unit in the same facility

- Eligible: RN job codes are in scope of DukeShift, so as long as the primary manager requested their DukeShift account is activated, they are eligible
- Eligible: Same unit type, same facility means computer access, door access, etc are activated
- Qualified: Same competencies required for both units
- This employee can use DukeShift. This example is the main purpose of DukeShift.

A Patient Service Associate in the clinics has a NA listing and wants to pick up NA shifts in DukeShift



## A Patient Service Associate in the clinics has a NA listing and wants to pick up NA shifts in DukeShift

- NOT ELIGIBLE – job codes do not match
- NOT QUALIFIED – home manager is not tracking the NA license in the PSA role
- NOT QUALIFIED – needs to complete the NA competency based orientation and participate in annual skills reviews – these are not offered in the PSA role
- NOT QUALIFIED – PSA and NA computer access are not the same
- Rate of Pay not the same for both roles – years of experience in each role may be different
- Would not be floated to an NA as part of daily staffing decisions
- Needs to set up as a secondary employee

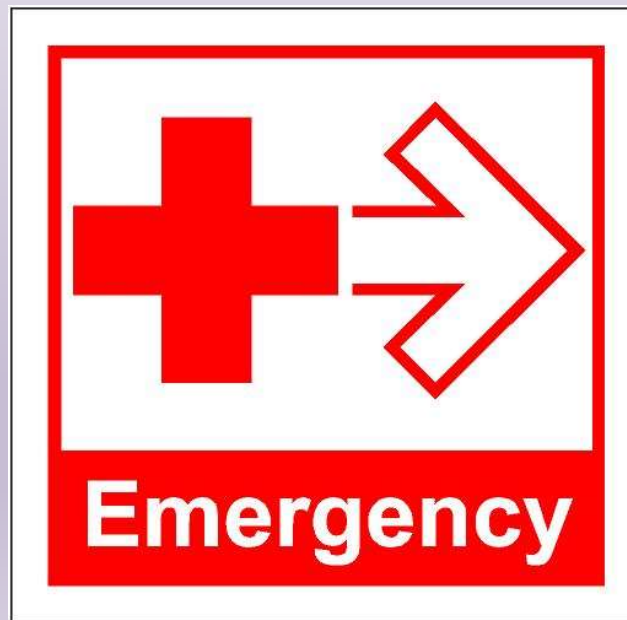
An inpatient RN wants to pick up extra shifts at DASC



# An inpatient RN wants to pick up extra shifts at DASC

- Not Qualified – has not been oriented to DASC
  - *If a former employee, the employee would still need to update annual competencies, which the secondary manager would manage NOT the primary manager*
- Not Qualified – does not have DASC computer or door access
- Would not be floated from DUH to DASC as part of daily staffing decisions
- Should be set up as secondary

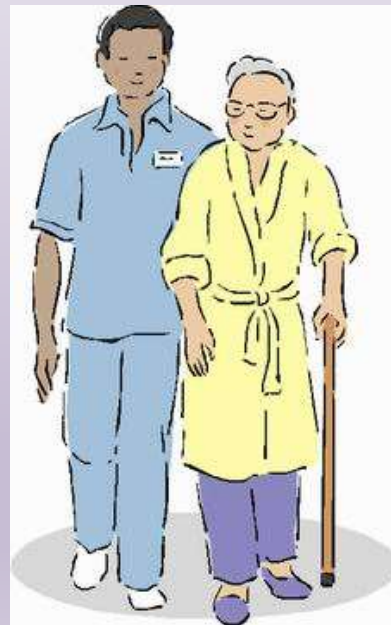
An RN transfers from Duke Raleigh ED to DUH ED and wants to pick up extra shifts in Raleigh ED



# An RN transfers from Duke Raleigh ED to DUH ED and wants to pick up extra shifts in Raleigh ED

- As long as they 1) have permissions of both managers and 2) Raleigh agrees to keep their needed computer and door access
- This is OK
- Competencies are the same
- Could work for other across hospital transfers, but not necessarily hospital to clinic and visa versa – would need to discuss

An MA in the PDC wants to pick up patient attendant shifts in the hospital





## An MA in the PDC wants to pick up sitter shifts in the hospital

- Not Eligible – works in PDC (company 10)
- Not Eligible – job codes do not match
- Not Qualified – oriented to clinics, not inpatient
- Not Qualified – does not have hospital computer or door access
- PDC employees must be secondary to work in the health system

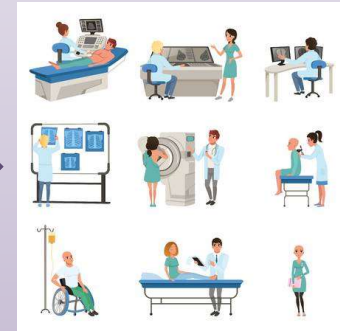
An inpatient employee transfers to the PDC and wants to pick up DukeShifts in their old department



An inpatient employee transfers to the PDC and wants to pick up DukeShifts in their old department

- Not Eligible – PDC Employees have to be SECONDARY
- PDC does not float to health system, and visa versa
- PDC employees must be secondary to work in the health system

# An RN in an OB/Gyn clinic wants to pick up DukeShifts in a oncology clinic



## An RN in a OB/Gyn clinic wants to pick up DukeShifts in an oncology clinic

- Not Qualified – competency based orientations are not the same
- Not Qualified – computer access not the same
- Not Qualified – door access may not be the same
- If there are clinics that float to each other, then they can pick up DukeShift with each other – sister clinics

A unit RN becomes an advanced practice RN, but is willing to help out on her old unit



# A unit RN becomes an advanced practice RN, but is willing to help out on her old unit

- Not eligible: advance practice RNs are exempt (monthly) staff
- Exempt staff are neither able to use DukeShift OR be set up as secondary
- Consult with your payroll liaison how you would pay someone who is not in exempt status to work on your unit

# Summary

- Most inpatient areas are very familiar and comfortable with DukeShift and use it for internal overtime with their home unit and sister units
- Many outpatient or procedural areas are not familiar or comfortable with DukeShift – if a manager does allow their staff to pick up DukeShifts off their home unit they are agreeing to manage the employee's performance in the other area as well, including managing their competencies for the other area
- Managers are not required to use DukeShift for non-Float Pool supplemental staff
- Staffing Incentive shifts are to be awarded via DukeShift
  - *If the person should be secondary vs using DukeShift, they do not qualify for staffing incentive for those shifts*
- Think of using DukeShift as volunteering for either OT on your home unit OR volunteering to float to a sister unit to perform your primary job functions
- If you wouldn't be floated there, you probably shouldn't pick up a DukeShift there
- DukeShift is not a department with a department manager – if a 'manager' is needed to request separate computer or door access to do additional training or orientation, it is better to be set up as Secondary
- This presentation is available online <https://finance.duke.edu/systems/work/api/dukeshift/managers>