

Agreed Upon Provision

Proposal:

Add a Memorandum of Agreement as follows:

Memorandum of Agreement (2006-2010)

Re: Standards for Measuring Nurse Workload and Application of Nurse Staffing Plans in British Columbia

Context

It is agreed that nursing is a fundamental element of British Columbia's health care system. Patient safety and positive patient outcomes are dependent upon having appropriate staffing plans which provide reasonable workloads for nurses.

It is also recognized that nursing workload is a significant issue that needs to be addressed. The literature suggests that continual excessive workload can lead to an overly stressful work environment and may result in poor decision making by care givers, high staff turnover, recruitment problems, increased use of medical disability programs and absenteeism, and the need to pay overtime in order to fill the subsequent vacancies.

Variables which need to be considered in developing appropriate staffing plans include:

- C. Patient/resident/client clinical acuity;
 - Nature and complexity of care provided;
 - Functionality of the capital facility;
 - Location of facility or service;
 - Workforce Resources (FT/PT/Casual and scheduling options, etc).

It is understood that it is a vital task of the parties to provide quality patient care and optimize nurses' working conditions in order to ensure a robust public health care system for the people of B.C.

Implementing Appropriate Workload Measurement Tools and Nurse Staffing Plan Processes

The parties agree that workload measurement tools are a means to facilitate informed discussion and decision-making about safe workloads for nurses, rather than being an end in themselves. While workload measurement tools have undergone advances in recent years they are not yet fully developed outside of the acute care and residential care setting. Principles that should be met in determining appropriate workload measurement tools and nurse staffing plans should be:

- Evidence-based;
- Based on patient/resident/client needs, acuity and outcomes.

The Deputy Minister, Ministry of Health and the Health Authorities commit to cost share the implementation of a workload measurement system to facilitate workload measurement and staffing plan processes.

Provincial Nursing Workload Committee

Upon ratification of the Nurses' PCA, a joint Provincial Nursing Workload Committee (PNWC) shall be formed. The PNWC shall consist of three senior representatives from the Nurses' Bargaining Association and three senior representatives from the Health Authorities and will be chaired by the ADM – Clinical Innovation and Integration (Chief Nurse Executive). An NBA representative will be the vice-chair of the PNWC. The PNWC shall seek to develop consensus and provide advice to Leadership Council (LC) on which indicators within a workload measurement tool should be used within the healthcare system.

The PNWC may seek the advice of experts and or add other personnel in order to provide expertise and guidance. Such additions shall be by mutual agreement among the regular members of the PNWC. Specifically, the PNWC will recruit the assistance of clinical nurse researchers including, but not limited to, a researcher associated with the CHSRF research project on nurse staffing conducted through the University of Toronto, to assist with the development and/or selection of the indicators and the assessment phases.

The Ministry of Health will provide financial and resource support for the work of PNWC. The PNWC will report directly to LC.

The PNWC will convene within thirty (30) days of ratification of the Nurses' PCA and shall initially meet a minimum of once per month to seek to develop consensus on the workload measurement indicators and the selection of the initial areas where workload measurement tools and nurse staffing plan processes will be implemented. The PNWC will develop a timeline and target

goals for its activities at its initial meetings.

Local Nursing Workload Committees

Each Health Authority will form a Local Nursing Workload Committee (LNWC). The LNWC will consist of Health Authority (including CNO) and NBA representation and be chaired by a senior executive of the Health Authority. The Health Authorities will provide financial and resource support for the work of the LNWC. The LNWC will report to the Health Authority management and the PNWC. The mandate of the LNWC will be to advise Health Authority management and the PNWC on the appropriate implementation and tracking of the workload measurement indicators and staffing plan processes.

Immediate Response to Areas of Concern

The parties recognize that there are areas and/or units that have pressing workload concerns that need to be examined and addressed with necessary interventions in a timely manner. As a first step to inform its work and assist in resolving or ameliorating immediate workload concerns the PNWC will undertake a review of all outstanding Professional Responsibility Reports related to workload to be completed within three (3) months of ratification. Based on this review the PNWC may make recommendations to LC. Additionally, the PNWC will inform the LNWC of the identity of key areas or units of concern and potential strategies that may be undertaken.

The LNWC will develop specific strategies and interventions to address workload in the key areas or units identified by the PNWC. In addition, the LNWC is not precluded from identifying areas or units of concern and developing strategies and/or interventions on its own. Such strategies may include the use of a Strategic Workload Analysis Team (SWAT) in each Health Authority. The SWATs will be composed of a Senior Health Authority management representative and an NBA representative and will have a Health Authority Executive sponsor. The SWATs may utilize other personnel as required. A framework regarding the composition, role and function of SWATs is attached to this MOA.

Employer Objectives for Reasonable Workload

The following articulates the elements to be brought into consideration in assessing and responding to workload issues:

- The staffing level should be aligned with the mix of patients being served
- Appropriate relief should be allocated to account for vacancies due to vacation, union leave, leave of absence, etc
- There should be an appropriate surge capacity available to deal with changes in patient load and acuity over the course of time
- There should be accessible, empowered, skilled frontline leadership

- Other key resources which can assist in the management of workload and may need to be made available include:
 - a. Equipment
 - b. Clerical support
 - c. Allied health providers
 - d. Patient transport support
 - e. Information and communication technology

Implementation of Workload Measurement Indicators and Staffing Plan Processes

1. Acute Care and Residential Care

The implementation of workload measurement indicators and staffing plan processes will begin within six months of the PNWC first meeting and will be done in three phases:

Phase 1: The first phase of implementation will be for a minimum of four (4) agreed-upon areas, sites or locations (two (2) in acute care and two (2) in residential care) to apply and refine the workload measurement indicators, staffing plan processes and tracking of patient outcomes.
Timeframe – Start up within 6 months.

The LNWC will provide ongoing advice to the Health Authority operational leadership and the PNWC on the implementation of workload measurement indicators and staffing plan processes in the selected areas/sites/locations.

Phase 2: The second phase will be the evaluation of Phase 1. Such evaluation will include the assistance of clinical nurse researchers including, but not limited to, a researcher associated with the CHSRF research project on nurse staffing conducted through the University of Toronto.
Timeframe – To be determined by the PNWC.

Phase 3: The third phase will be the implementation of agreed-upon appropriate indicators, nurse staffing plans and tracking of patient outcomes on a province-wide basis.
Timeframe – To be determined by the PNWC.

2. Community and Mental Health

Phase 1: The first phase will be the development/refinement of workload indicators, staffing plan processes and tracking of patient

indicators.
Timeframe – One (1) year.

Phase 2: The second phase of implementation will be for a minimum of four (4) agreed-upon areas, sites or locations (two (2) in community and two (2) in mental health) to apply and refine the workload measurement indicators, staffing plan processes and tracking of patient outcomes.

The LNWC will provide ongoing advice to the Health Authority operational leadership and the PNWC on the implementation of workload measurement indicators and staffing plan processes in the selected areas/sites/locations.
Timeframe – Start-up within three (3) months of the completion of Phase 1.

Phase 3: The third phase will be the evaluation of Phase 2. Such evaluation will include the assistance of clinical nurse researchers including, but not limited to, a researcher associated with the CHSRF research_project on nurse staffing conducted through the University of Toronto_who will be involved at the beginning of Phase 1.
Timeframe – To be determined by the PNWC.

Workload Resolution Process

Any unresolved concerns regarding workload may be addressed through the Provincial Nursing Workload Committee.

This Memorandum of Agreement is in effect from April 1, 2006 to March 31, 2010.

All of which is agreed this day of March 2006.

Signed on behalf of the NBA:

Signed on behalf of HEABC:

Attachment to: MOA - Standards for Measuring Nurse Workload and Application of Nurse Staffing Plans in British Columbia

Strategic Workload Analysis Team (SWAT)

- Established at Health Authority level.
- Composition: NBA representative, Health Authority management representative. Team will have a Senior Health Authority Executive sponsor.
- Team will be funded by the Health Authority.
- Team may access expertise and/or resources (staff, equipment, expertise in hiring, recruitment, scheduling, environmental knowledge, clinical, professional practice, facility knowledge, etc) as appropriate.
- Factors that may be identified for SWAT response include:
 - Persistent overcapacity;
 - Vacancy rates;
 - Inability to maintain baseline staffing;
 - Closures of service;
 - Overtime;
 - Sick time;
 - Professional responsibility forms
 - Lack of access to vacation/leaves/breaks
- May need to limit number of units reviewed in order to maximize team effectiveness.
- The Team will develop recommendations and strategies and assist in their implementation.
- Recommendations and strategies will be focused on solutions that will have an immediate impact in the short term and are designed to show indicators of success within 6 months.
- Recommendations and strategies will include a wide variety of designs including Responsive Shift Scheduling, non-nursing duties, Innovation fund, etc.
- The Team will follow-up with an informal evaluation: Plan, Do, Study, Act – what worked, what didn't;

- The Team will communicate with the Local Nursing Workload Committee (LNWC) and share solutions with other Health Authority SWAT Teams.