

Overcapacity Protocol Policy

Approved by Council January 24, 2007



Background

Overcapacity protocols (OCPs) have been mandated by the Ministry of Health and are being developed and put in place by health authorities across BC. As well, the BC Medical Association has developed and adopted a position statement on OCP. (November 2006)

In many facilities OCPs are called different things and may be named as; a decongest policy, a policy on over census, Code Gridlock, "activity surges", Code Purple etc.

The intent of an OCP is to offload admitted patients from the emergency room (ER) to wards and other areas of the hospital when regular in-patient beds are not available and when ERs reach gridlock conditions. Patients are moved from the ER to other areas regardless of staffing levels, patient acuity or occupancy rates.

Most BC hospitals frequently operate at unsustainable occupancy rates of higher than 90% or more, a level at which according to research, results in regular bed shortages, overcrowding and the associated risks to patients.

The BCNU Council recognizes the dilemma OCP creates for nurses and the impact it has on the safety of patients. Research also indicates that hospital and ER overcrowding is associated with increased mortality.

The development of these policies have been a direct result of the government's initiative to close facilities, reduce in-patient acute care beds and shift beds from long-term care to assisted living. This has resulted in chronic backlogs of admitted and ALC patients in the ER, limited bed capacity on the units, in LTC and on-going over census problems.

Attempting to relieve the pressure in ERs by implementing OCPs has caused a dilemma for nurses caring for patients on stretchers in hallways and other inappropriate locations.

Key Issues

Some of the key issues that impact nurses' ability to practice safely who are affected by OCPs both in ERs and on units across the province are as follow:

- Lack of clearly defined OCP policies and consistent implementation processes
- Nurses being forced to take patients regardless of workload, staffing and appropriate supports for patients
- Poor communication between ERs and wards
- Lack of nursing leadership and advocacy when OCP policies are enforced inappropriately or not working
- Limited nurse representation on OCP committees to define what type of patients with what type of supports would be appropriate for OCP
- Nurses' cultural milieu of "normalizing the abnormal"
- Staffing mix that includes new RNs, seasoned RNs, float staff and undergrads
- Increased violence in the workplace, injuries and potential medical errors
- Lack of support staff such as porters and unit clerks
- Limited flexibility in the system to use closed unfunded beds or to redesign potential spaces for bed utilization

BCNU position statement on OCP

BCNU opposes hallway nursing and will continue to lobby government and key decision-makers for changes to current OCP initiatives.

BCNU recognizes that all nurses in acute care facilities are negatively impacted by OCP policies regardless of their place of work or status. As such, BCNU believes that it is the joint responsibility of all nurses to work together in collaboration and cooperation to address the issues that have resulted due to OCP and to work together to develop concrete actions that will improve patient care and nurse safety through local, regional and provincial initiatives.

BCNU believes that OCP is not the answer to systemic problems in the health care system that are impacting the ability of nurses in acute care facilities to maintain their standards of practice and ensure patient, public and nurse safety. OCP policies have a detrimental impact on patients throughout their hospital journey from admission to discharge.

BCNU maintains that clinical nursing leaders should be involved in the implementation of any OCP (24/7) in order to ensure that there is a comprehensive nursing perspective in decision-making. BCNU will advocate for frontline nurse input into determining policy. Specifically, which patients can be safely cared for and with what appropriate supports in order for all nurses to meet their professional standards.

BCNU will encourage and educate nurses to continue to file PRFs, grievances, incident reports, etc. when patient and nurse safety is at risk due to OCP. As well, BCNU believes that it is important to routinely gather statistics that may assist in discussions to mitigate the impact of OCP such as call for workload, extra support staff, etc. This should include but not be limited to overtime, sick time, over census data and WCB claim information.