

Issue 1 March 2, 2004

Throughout BC, nurses are advocating for patient and nurse safety by filing PRFs

Victoria General Hospital

Safety improved on 4B South

Problem: Patient (HIV and Hepatitis positive) with altered level of consciousness responding to attempts to draw blood with flailing arms. Lab Tech, RN and security unable to hold patient. Blood work essential to decide treatment. Four point restraints necessary but none available.

Process: 1 PRF filed; 3 RNs collaborated on PRF. Resolved at the committee level.

Remedy/Resolution: Nurses requested unit specific restraints for each Medical/Surgical unit at the hospital (ten sets in total) to be kept on each unit rather than have security house them.

At committee, nurses were asked to revisit the total number of restraints required; figure was revised to eight sets without jeopardizing patient or staff safety. Once restraints purchased security and nurses will devise a system for safe storage on the units and a process for use. Nurses will not attempt to apply the restraints without security.

Powell River General Hospital

Float positions restored

Problem: Loss of two float positions led to a jump in overtime, sick time and no back-up for RNs in the ICU and Emergency Department. Nurses couldn't get vacation and 4 RNs resigned.

Process: ICU and ER nurses filed 7 PRFs and gathered data proving that the 2 float positions were cost-effective. Resolved after meeting with management.

Remedy/Resolution: Two float positions re-instated.

Campbell River Hospital

Safer staffing in Maternity

Problem: 1 RN pulled from extremely busy maternity/med-surg ward (without notifying charge nurse) to assist in Labour and Delivery when a difficult birth required 3 RNs. Ward RN did not have required skills for LDR and ward was left very short-staffed; maternity and nursery patients not checked.

Process: 2 PRFs filed. Resolved at first PRF committee meeting.

Remedy/Resolution: Nurse managers will consult with charge nurse before re-deploying staff; orientation expanded so ward staff oriented to med-surg, post-partum and nursery.

Vancouver Community Health Unit files first PRF

RIVA region executive member, Marcia Sanford reports that after 15 PRF-free years at a Vancouver Health Unit (home care) a PRF was filed in February over workload. Problems arose as a result of the implementation of a new computer program. RNs have been asked to complete their clinical work at the same time as trying to monitor new electronic referrals, a task that could more appropriately be carried out by support staff.