IMPLEMENTATION PROCESS AND GUIDE FOR INTERIM PCAP

The Interim patient care assessment process ("Interim PCAP") will be implemented based on the attached Form, End of Shift Questions and the guide below, with implementation to occur within each unit/department/program after the Form, End of Shift Questions and guide have been provided to nurses on the unit/department/program.

Implementation will begin on December 14, 2020. The Employer will provide a minimum of two days' written notice to the designated Union representative in advance of implementing the Interim PCAP within a specific unit/department/program. Upon implementation of the Interim PCAP in each unit/department/program, the broad payment of the Working Short Premium ends for that unit/department/program and the Working Short Premium will be paid in accordance with Article 28.04; based on the outcome of the Interim PCAP.

Background: The Nurses' Provincial Collective Agreement calls for the implementation of a PCAP to determine nurse staffing needs on a shift-by-shift basis, and payment of a working short premium if replacement or additional nurses were necessary but could not be found (Articles 60(B)(2) and 28.04). The Interim PCAP is in place as the result of an arbitration award while development continues on a final PCAP for each area.

INTERIM PCAP FORM – FOR IN-CHARGE NURSE & MANAGER/DESIGNATE TO COMPLETE

The Interim PCAP Form is used to document the determination of nurse staffing needs on a shift-by-shift basis, as part of an Interim PCAP for units/departments/programs operated by the health authorities and Providence Health Care.

The Form documents the assessment of patient/resident/client care and staffing needs made by the in-charge nurse and manager/designate. All sections of the Form must be completed.

When assessing staffing needs, the in-charge nurse and manager/designate consider direct patient/resident/client care needs and staff scope and skill mix. The End-of-Shift questions completed by direct care nurses below are considered as part of this assessment. Within units/departments/programs where other informal and ongoing consultation with direct care nurses regularly takes place, it is expected to continue and be considered as part of the assessment.

Where applicable, mitigation strategies utilized to manage patient/resident/client care and reduce workload may be considered as part of this overall assessment, provided that they do not increase the workload of nurses (e.g. patient transfer, rescheduling/deferral, reprioritizing activities).

Replacement to Baseline

Question 1 provides for an assessment of whether replacement to "baseline" is needed. For the Interim PCAP, r**eplacement to baseline is mandatory unless the in-charge nurse and manager/designate agree that circumstances have significantly reduced the workload of nurses in the unit/program/department and patient/resident/client care needs can be met by the scheduled nurses.** If the in-charge nurse and manager/designate do not agree, the Employer is required to make all reasonable efforts to replace to baseline.

Baseline is: "the number of regular status nurses identified by job code on the unit, department or program master work schedule required per shift to meet planned, direct patient care needs" (Article 60, NBA Provincial Collective Agreement). Baseline does not include regular float/relief positions that fill in for baseline as needed, or scheduled workload that is above baseline.

For the Interim PCAP, replacement to baseline under Question 1 **must be by designation/job code** (LPN for LPN, RN/RPN for RN/RPN). Where efforts to fully replace to baseline by designation/job code are unsuccessful, the Working Short Premium is payable.

Example: There is a space on the form for the number of baseline nurses on the shift. In the example below, there are 3 baseline RNs and 2 baseline LPNs:

- Nurse A - Regular RN Position (baseline)
- Nurse B - Regular RN Position (baseline)
- Nurse C - Regular RN Position (baseline)
- Nurse D - Relief RN Position (fills in for baseline as needed)
- Nurse E – Scheduled RN workload (pre-booked for workload above baseline)
- Nurse F – Regular LPN Position (baseline)
- Nurse G – Regular LPN Position (baseline)
- Nurse H – Relief LPN Position (fills in for baseline as needed)

Question 1 on baseline replacement applies if the total number of nurses present on the shift is **below the baseline for either designation/job code** (i.e. less than 3 RNs and 2 LPNs present on shift).

- If the shift is **at or above the baseline number** (i.e. at least 3 RNs and at least 2 LPNs present on shift), replacement under Question 1 does not apply. Proceed to Questions 2 and 3 on workload.
- If a regular float/relief or scheduled workload RN is absent but the shift is **at or above the baseline number** (i.e. at least 3 RNs and at least 2 LPNs present on shift), replacement under Question 1 does not apply. Proceed to Questions 2 and 3 on workload.

Answer Question 2 on workload (whether direct care needs are as expected) for the shift.

Answer Question 3 on workload (nursing staff scope, competence and skill mix to meet direct care needs) for the shift.

Workload

Questions 2 and 3 document the joint assessment by the in-charge nurse and manager/designate of whether additional staffing is required to meet direct patient/resident/client care needs:

Question 2 assesses whether direct care needs are as expected. In answering this question, jointly consider whether: (a) the unit is over-census; and/or (b) the patient/resident/client are more acute, more complex, and/or more dependent than normal.

Question 3 assesses whether the existing nursing staff scope, competence and skill mix meet direct care needs.

Note: The assessments under Question 2 and Question 3 include other mitigation efforts to address the workload.

Where it is determined that additional nurse staffing is required, the in-charge nurse and manager/designate jointly determine the number and designation of additional nurse(s) required to meet direct patient/resident/client care needs for the shift. The Employer is required to make all reasonable efforts to call in the additional nurse(s) required. Where the Employer's efforts to bring in the identified nurse(s) are unsuccessful, the Working Short Premium applies.

In the rare instance of a disagreement between the in-charge nurse and manager/designate under Questions 2 and 3 about: (a) whether additional nurse staffing is required; or (b) the number and/or designation of additional nurses(s) required to meet direct patient/resident/client care needs for the shift, such disagreement should be recorded on the Form.

NOTE: Replacement of absent scheduled workload nurses is not automatically required nor necessarily “like for like” (LPN for LPN, RN/RPN for RN/RPN,) under Questions 2 and 3. The manager/designate and in-charge nurse will determine the appropriate designation required based on patient/resident/client direct care needs.

END-OF-SHIFT QUESTION(S) – DIRECT POINT-OF-CARE NURSES TO COMPLETE

Nurses answer and initial the end-of-shift question(s), exercising their professional judgement. This information is intended to assist the manager/designate and the in-charge nurse in the exercise of their professional judgement in determining whether patient/resident/client care needs can be met with the current staffing complement. The end-of-shift question(s) is not determinative of whether the Working Short Premium is applicable for the shift.

Point of care nurses are to continue to follow established processes to raise concerns regarding nurse staffing levels and/or patient/resident/client care needs with the nurse in charge and/or manager/designate throughout the shift.

Note: *The End of Shift Question(s) does not alter or replace any applicable policies, procedures or BCCNM standards that require nurses to report and/or document safety events or concerns.*