

Article 60 (B) (2) – Patient Care Staffing Assessment Process

Contract Language

Workforce adjustments are necessary to address immediate (short-term) staffing requirements. Staffing requirements are determined by patient care needs and staff scope and skill mix.

The NBA and Health Authorities/PHC, through the strategic nurse staffing committee (SNSC), will develop a collaborative process for local level managers and in-charge nurses to determine staffing requirements that address short term patient care needs.

The local processes will:

1. Provide point-of-care, real-time decision making that utilizes nurses’ professional judgement;
2. Be responsive, clear, concise, objective; and
3. Ensure the outcome is documented.

Joint Interpretation

The Parties agree that short term staffing decisions are best made at the local level, utilizing the professional judgement of nurses. The Parties have agreed to develop Patient Care Needs Assessment processes, supported by appropriate tool(s) and documentation, to be utilized jointly by charge nurses and managers in collaboratively determining short term staffing requirements.

While these specific tools can be helpful in identifying replacement needs, the intention of the Parties is more comprehensive – to collaboratively determine the total staffing complement needed to meet existing and anticipated patient care needs in the short term. The tool(s) are intended to support that collaborative decision-making process. The Health Authorities/PHC will consult with the union on the process and tools, through their SNSC.

A collaborative patient care needs assessment process:

1. Supports the assessment of patient care needs and staffing requirements on a shift by shift basis.
2. Provides the ability to rapidly assess patient care needs at any point in a shift, as needs change.
3. Requires a collaborative discussion and decision making between the manager (or designate) and the in-charge nurse, supported by the appropriate assessment tool(s).
4. Considers all patients on the unit/program.
5. Utilizes the professional judgement of the manager and nurse, rather than arbitrary cut-offs.
6. Integrates pre-established staffing guidelines for the routine, regular functioning of the unit.
7. Integrates unit/department/program considerations (e.g., skill mix and experience of staff, anticipated patient turnover, patient census).
8. Considers workload factors other than simply the number and complexity of patients on the unit.

Joint Interpretation (continued)

A patient care needs assessment tool:

1. Provides a framework for collaborative decision making, including providing guidance for immediate staffing adjustments on a unit over the span of a shift length and would be utilized as the conditions change during the shift / in preparation for known care needs in the upcoming shift.
2. Provides clear definitions of the measures included (e.g., acuity and complexity).
3. Includes criteria that are clearly reflective of the defined measures and that provide a clear picture of patient care needs.
4. Supports identification of a clear understanding of the required staffing compliment, at the beginning of and during any given shift, to meet the identified patient care needs.
5. Integrates comprehensive point-of-care nursing assessment of each patient's care needs, inclusive of physical, emotional, spiritual, socioeconomic, dependency, family supports and other relevant needs.
6. Supports alignment to other tools such as CTAS, Palliative Performance Scale but does not replace these resources for patient assessment and assignment of staff as appropriate.