



**BC NURSES'
UNION**

Standing up for health care



CARE MODEL CHANGES

*... on a collision course
with safe patient care*

***BCNU will strongly
oppose any care
model changes
that jeopardize
safe patient care.***

Across BC, health authorities are looking to save money and provide care in new ways. A favourite line they use is “right place, right time, right provider”. The problem is their definition of “right” is often wrong as it ignores evidence warning against replacing nurses with unregulated care aides or other providers. If safe patient care was really the goal, care aides and others would be added to existing teams.

“SAFEGUARD PATIENT CARE IN THE FACE OF CARE MODEL CHANGES”

Where is it happening already?

Island Health began rolling out major changes in hospitals in 2013 using what they call “Care Delivery Model Redesign” (CDMR). In Nanaimo, 26 nurses were replaced by care aides on medical and

surgical units. This cut over 48,000 hours of professional nursing care a year.

In two large hospitals in Victoria, up to 100 nurses are to be replaced by care aides. This will cut up to 187,000 hours of regulated nursing care annually.

Prior to 2013, health authorities systematically changed skill mix in residential care, resulting in many nurse displacements. They experimented with a variety of care models in hospitals and the community as well.

Numerous initiatives like bed mapping or collaborative care are being implemented which involve some degree of replacing regulated nurses with unregulated care providers.

BCNU opposes all changes that intensify already high nurse workloads and jeopardize safe patient care. We have been and will continue campaigning hard against these changes.

Speak to your steward or Regional Executive to learn what you can do to protect safe patient care.

WHAT ARE THE SIGNS THAT CARE DELIVERY WILL BE CHANGING?

Be on the watch for signs that management is considering replacing nurses. Be wary if you hear about any of the following activities:



Surveys asking you to identify what parts of your job do you think someone else could do.



Time and motion studies (also referred to as functional analysis) that have someone following you around with a stopwatch recording how long tasks take.



Lots of additional care aides being trained or hired.

If you see any of these signs, talk to your steward or a member of your Regional Executive.

Not all changes mean skill mix changes are imminent

In their quest to save costs and aim for quality improvements, organizations are grasping at innovations, some more acceptable than others.

New approaches such as Releasing Time to Care or Transforming Care at the Bedside can improve the practice environment and free up nurses' time for direct contact with patients but only if they are implemented properly. These models are only successful if they allow the actual care team to make decisions, including how the freed up time will be spent. They should not result in reductions in baseline nurse staffing levels.

48/6 on the other hand, is a provincially mandated care planning tool. While no nurse would question the value of a care plan, imposing the tool without taking into consideration the workload it creates is problematic.

New models of care make use of tools such as whiteboards, huddles or PDSA* cycles. None of these necessarily mean skill mix changes are coming, but if they appear, watch out for the signs noted below that warn of replacing nurses.

* Plan, Do, Study, Act

BCNU expects managers, health authorities and the government to respect nurses' professional judgment in determining the appropriate care for their patients, clients and residents.