

INTERIM PCAP FORM

Site/Unit: _____ Date: _____ Shift Time: _____

This Form documents the assessment of patient/resident/client care and staffing needs made by the in-charge nurse and manager/designate. All sections 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 are considered as part of this assessment. If other input is obtained through informal and ongoing consultation with direct care nurses, it is also considered.

Where applicable, mitigation strategies utilized to manage direct patient/resident/client care are 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).

STAFFING	BASELINE	CURRENT
RN/RPN		
LPN		
Health Care Assistants (HCA)		
CNC/ CNL/ PCC		
Other		

DIRECT CARE NURSE END-OF-SHIFT QUESTIONS

End-of-Shift Questions reviewed:

Yes No

ASSESSMENT QUESTIONS

QUESTION 1: IS THE CURRENT NURSE STAFFING (LPN, RN/RPN) ON THE UNIT/DEPARTMENT/PROGRAM AT BASELINE* AS DEFINED IN ARTICLE 60 OF THE COLLECTIVE AGREEMENT?

Yes No

If NO, the Employer must replace to Baseline** unless the in-charge nurse and manager/designate agree that circumstances have significantly reduced the workload of nurses in the area and unit 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. If they cannot replace to Baseline, they must pay the Working Short Premium.

QUESTION 2: ARE THE PATIENT/RESIDENT/CLIENT DIRECT CARE NEEDS AS EXPECTED FOR THE UNIT/DEPARTMENT/PROGRAM?

Yes No

In answering this question, the in-charge nurse and manager/designate will jointly consider whether:

- The unit/department/program is over census; and/or
- The patients/residents/clients are more acute, more complex, and/or more dependent than normal

QUESTION 3: DOES THE NURSING STAFF SCOPE, COMPETENCE AND SKILL MIX MEET PATIENT/RESIDENT/CLIENT DIRECT CARE NEEDS?

Yes No

If upon answering Questions 2 and 3, it is determined that direct patient/resident/client care needs exceed the existing nursing capacity on the unit/service, then the Employer is required to make all reasonable efforts to call in additional nurses as necessary to meet direct patient/resident/client care needs. ***

Additional Nursing Staff Required (by designation/job code), if applicable:

DESIGNATION/JOB CODE	NUMBER OF ADDITIONAL NURSES REQUIRED

The Working Short Premium applies if additional nursing staff was necessary to meet direct patient/resident/client care needs but could not be found.

AGREEMENT: DID THE IN-CHARGE NURSE AND MANAGER AGREE? If no, please provide details in the comments section below

YES NO

COMMENTS: *(Please do not include any unique patient/resident/client identifiers)*

WORKING SHORT PREMIUM APPLICABILITY

- Working Short Premium NOT APPLICABLE.
- Working Short Premium APPLICABLE
 - Working below baseline staff and replacement is necessary but could not be found.
 - Identified workload and additional staff necessary but could not be found.

Positions working short:

L3-RN/RPN	Ten (10) or fewer L3 nurses working this shift Eleven (11) or more L3 nurses working this shift
L1-LPN	Ten (10) or fewer L1 nurses working this shift Eleven (11) or more L1 nurses working this shift

Other**** (specify):

Start working short: (date/time): (mmm dd yyyy / HH:MM)

End working short: (date/time): (mmm dd yyyy / HH:MM)

LEADER NAMES (PRINT NAMES AND INITIAL)

Manager/Designate:

In-Charge Nurse:

**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, 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.*

*** 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.*

**** 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.*

***** L2 LPNs, and L4 & L5 RNs/RPNs who provide direct patient/resident/client care are eligible to receive the Working Short Premium.*