



## WHAT IS THE CAMPAIGN TO ENFORCE THE STAFFING LANGUAGE ABOUT?

The campaign to enforce the staffing language is about collecting the evidence to build strong grievances that can go to arbitration if necessary.

The collective agreement language is strong and requires safer staffing.

But it is only strong if it is enforced. The onus is on the employees and the union to prove when the language is being breached if we want the Employers to comply.

That means we have to carefully document incidents where the obligations in the language are not met and take the best cases forward to arbitration.



### Additional Patient Demand

The parties agree that in instances where patient demand exceeds the normal capacity of a facility or a unit within a facility, the Employer will call in additional nurses as necessary to meet patient care needs. Patient care needs will be determined jointly by the manager and nurse in charge of the unit in question.

“Patient care needs” includes, but is not limited to, an assessment of number of patients, patient acuity, anticipated rate of patient turn-over, patient dependency and staff skill mix.

Additional nurses will be called in using the following:

- a) Casuals
- b) Regular part time
- c) Float pools
- d) Redeployment of other nurses if circumstances permit
- e) Regular full-time

#### 1. General Explanation of the “Additional Patient Demand” provision.

This provision requires the Employer to call in additional RN/RPNs to meet patient care needs where the demand exceeds the normal capacity.

#### 2. Does the “Additional Patient Demand” provision apply to LPNs?

No. This language only applies to RN/RPNs covered by the Nurses Bargaining Association Collective Agreement.

#### 3. What does “patient care needs” mean and how is it assessed?

“Patient care needs” includes, but is not limited to, an assessment of number of patients, patient acuity, anticipated rate of patient turn-over, patient dependency and staff skill mix.

This assessment is linked to workload. It means how many patients you have (or will have throughout the shift), how difficult each patient is to care for, and what level of help you will be able to anticipate from your colleagues.

- “Number of patients” means the total number of patients on the unit or ward where the absence has occurred.
- “Patient acuity” is a way of measuring the intensity of care required for a patient. There are many different models for measuring patient acuity. A relatively simple form for documenting patient acuity and to support grievances when nurses are not replaced is available.
- “Anticipated rate of patient turn over” means the number and frequency of being admitted and discharged throughout the shift.
- “Patient dependency” means the specific needs of each patient and how much nursing time they will require.
- “Staff skill mix” means the number of staff available, their qualifications and scope of practice, and their individual level of skill and experience.

Use the forms on the Member Portal to provide the information necessary to support a grievance based on failure to meet patient care needs.



## Additional Patient Demand

### **4. How do I know if “patient demand exceeds the normal capacity” in my facility or unit according to the “Additional Patient Demand” provision?**

The clearest example of patient demand exceeding normal capacity is where the number of patients is greater than the number of funded beds (the number of beds for which the unit is staffed).

In many areas, these are beds in hallways or in non-clinical areas such as break rooms.

“Patient demand” can include factors other than just patient numbers however. If your unit has the normal number of patients but the acuity level is significantly higher than normal, the Employer may be required to call in additional staff. These kinds of factors are harder to assess and prove though so it becomes especially important to document both the “normal” levels and the increased levels.

### **5. How many nurses does the Employer have to call in when it says “as necessary to meet patient care needs”?**

Patient care needs are determined jointly by the manager and the nurse in charge. A good guideline is to determine the normal ratio of patients to nurses (e.g. 4:1) and assume additional nurses need to be called in to meet the same level of care, e.g. 1 nurse for each additional 4 patients.

### **6. What happens if the nurse in charge and the manager don’t agree? Do they have to agree before additional nurses can be called in under the “Additional Patient Demand” provision?**

The language says that there is a requirement to call in additional nurses as necessary to meet patient care needs, determined jointly by the manager and the nurse in charge. If the nurse in charge and the manager don’t agree, a grievance would likely be decided based on the evidence about patient care needs.

However, there is also a labour principle called “work now grieve later” that means the manager can overrule the nurse in charge and the nurses must continue working and file a grievance later to get a remedy. They aren’t allowed to call in additional nurses on their own <sup>1</sup> or refuse to work.

### **7. My manager says they have no budget to hire any additional staff and I know that’s true. How does the “Additional Patient Demand” provision apply in this situation?**

Financial considerations are not part of the assessment of patient care needs. The Employer is responsible to find a way to staff to meet patient demand, the same as any other obligation under the collective agreement.

### **8. The nurse in charge on my unit always agrees with the manager even when we are working short and patient care needs are not being met? Is there anything we can do?**

The “Additional Patient Demand” provision makes it clear that the decision as to patient care needs is made by the manager and the nurse in charge. However, if you have good evidence that patient care needs are not being met, we would encourage the other nurses on the unit to still file grievance. These grievances may be more difficult, but they are important if in fact patient care needs are not being met.

### **9. The nurse in charge on my unit disagreed with the manager and she hasn’t been designated the nurse in charge since. Is there anything we can do about that?**

We should file grievance if the Employer changes their practice for designating the nurse in charge because of decisions she makes under this language.

The collective agreement does not require the Employer to designate the nurse in charge in any particular way and nurses have no collective agreement right to be designated in charge. That means that in order to be successful in a grievance, you will need to document what the practice was before, the situation where the nurse disagreed with the manager, and the evidence of the change in practice. The forms are designed to collect this information. [here]

### **10. Now that LPNs are in the Nurses’ Bargaining Association, can the Employer call in an LPN instead of an RN/RPN to meet patient care needs under the “Additional Patient Demand” provision?**

No. This collective agreement language currently only applies to RN/RPNs. The additional nurses called in under the provision must be covered by the same collective agreement.

<sup>1</sup> There are some circumstances where nurses can call in additional staff – see for example Article 59.13.



## Additional Patient Demand

**11. Which RN/RPNs should be called in under the “Additional Patient Demand” provision? Do they have to be in the order listed in the collective agreement?**

Nurses do not have to be called in the order listed in the collective agreement. This is just a list of options that must be used, if necessary, in order to find a replacement.

The list of options makes it clear that one of the options that must be considered if necessary is using existing staff on overtime.

**12. What if there are no casuals available to be called in under the “Additional Patient Demand” provision? How does the language apply in that situation?**

The language is mandatory and requires that nurses be called in as necessary to meet patient care needs. The Employer is required to find a way to do that.

The list of methods to use includes float positions and regular full-time at overtime. The Employer must use every method in order to ensure that replacement is found.

***These interpretations are provided on a without prejudice, errors and omissions basis to any position the BCNU or any Union in the Nurses’ Bargaining Association may take.***