# Professional Practice Teleconnect
# "Skill Mix Change"

December 7, 2009

| Questions/ Comments | Answers/ Suggestions |
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| The Ottawa Hospital has been introducing Registered Practical Nurses (RPNs) over the last few years by attrition. They are being placed on heavy medical wards – one RPN per shift. Patients may be relatively stable, but the patient's condition then changes – which means RPNs are getting frequent assignment changes. | This is an example of the "fragmented care" that can occur when patients are being transferred from RPNs to RNs as their condition changes. Research shows there are better health outcomes when there is "continuity of care" and not fragmentation.<br><br>We recommend you continue to try to get nurses to fill out workload forms and argue the CNO practice standards. Continue to send out local newsletters to keep members informed, and also raise the issue at Hospital-Association meetings.<br><br>Where RPNs are replacing RN positions and working beyond their scope of practice, grievances should be filed related to a violation of Article 10.12 of the hospital collective agreement. Please see the memo to Bargaining Unit Presidents dated January 21, 2010 regarding labour relations strategies to address RN/RPN Scope Issues in all sectors. |
| Regarding the Charge Nurse's responsibility for the assignment of nurses (taking into account the College of Nurses of Ontario's [CNO's] Three Factor Framework- patient complexity, work environment and collaborative resource supports available) – is ONA trying to enforce this? We have acting Charge Nurses who just want to get through the shift. | ONA's Professional Practice Specialists are looking at providing an education session with Charge Nurses at the Niagara Health System in the new year.<br><br>It is important that Charge Nurses understand their role and responsibilities as leaders of the nursing team. This includes making the appropriate assignments based on the nurse's level of knowledge and skill. This issue will be discussed in greater detail at the March Provincial Coordinators Meeting (PCM) Education session. |
| Members have been filling out workload forms at Niagara Health System – showing for years that there are workload issues and what the trends are – people don't want to fill out forms. | We are currently looking at next steps with your hospital. In 2009, ONA took the workload concerns to an Independent Assessment Committee (IAC) hearing. When the Committee's recommendations were not fully implemented, we conducted a media campaign. We have also had numerous meetings with the hospital's administration to try to address our concerns.<br><br>We also asked for then Minister of Health and Long-Term Care (MOHLTC) David Caplan to appoint an Investigator under the *Public Hospitals Act*. After lobbying the MOHLTC, we finally received a response from new Minister Deb Mathews indicating the decision to appoint an Investigator |

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| | should be made by the Local Health Integration Network (LHIN). We have challenged this response and believe the MOHLTC does have the power under the *Public Hospitals Act* to grant our request. In the meantime, ONA staff and Bargaining Unit leadership are assessing our next steps in this matter.<br><br>It is important members continue to fill out Professional Responsibility Workload Report Forms as this remains our best vehicle to address workload concerns. It also serves to protect the individual nurse in meeting her/his accountabilities to the CNO.<br><br>ONA has developed an E-Learning module to assist members with the Professional Responsibility Complaint (PRC) process in the hospital sector. We are currently developing similar modules for our other sectors. |
| What do we consider to be novice and expert?<br>We are finding that our Hospital (Humber River Regional) is hiring Supernumerary New Grads into positions in specialty areas. | Supernumerary positions cannot be placed in to specialty areas without the agreement of the Union (see the Letter of Understanding in the hospital collective agreement). If your employer is violating this provision, contact your Labour Relations Officer (LRO) regarding the possibility of filing grievances.<br><br>ONA does not have an official position on "novice and expert," but we have an Independent Assessment Committee (IAC) report for an Emergency Room that said a nurse is considered "junior" until she or he has two years on that unit. In other non-specialty units, the rule is likely one year. |
| In long-term care, there is only one Registered Nurse (RN) per shift and the person is responsible for everything. They are considered "supervisors" but can't discipline. There are many unregulated providers. | We have been told by the government there is no move to regulate Personal Support Workers (PSWs) at this point.<br><br>To address your workload concerns, we recommend filling out a workload report form to protect yourself and let your employer know you can't meet your CNO standards. |
| We have all RNs at one site but other site has a mix of RNs and RPNs. RNs are being asked to teach them and sign off on their skills. CNO standards say they are a resource. | You need a defined learning plan and monitoring before you sign off on anything. The employer is obligated to provide this.<br><br>CNO Practice Guideline Authorizing Mechanisms provide a decision tree to assist nurses in determining their competency and safety in teaching procedures to others.<br><br>ONA is currently looking at the labour relations implications of having to provide orientation or sign off for RPNs who have taken work that was formerly performed by an RN. |

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| Hamilton Health Sciences has brought RPNs in, and used the CNO's Three Factor Framework. The RPNs have been skilled up to point where they are functioning as well as a novice RN. | Regarding labour relations, ONA has filed grievances with respect to RPNs performing RN work. We have also filed a jurisdictional dispute against the employer and made an application under the *Public Sector Labour Relations Transition Act (PSLRTA)*.<br><br>We are currently looking at how best to capture the number of times a patient is changing hands between care providers to demonstrate the fragmentation of care that can occur when RPNs are assigned patients who then become less "stable and predictable."<br><br>We will also want demonstrate if the reduction in RNs has negative patient outcomes, including increased length of stay. These strategies will be discussed in greater detail at the March PCM Education session. |
| Every day Sunnybrook Hospital is in overcapacity situation – we are filing workload complaints and grievances. The employer is trying to have RPNs circulate independently in the Operating Room – any advice? | When asked, the advice received from CNO was that the RPN curriculum focuses on a scrub nurse role. Therefore, RPNs are not to work independently in a circulating role. They can only be assigned a secondary circulating role if there is an RN circulating in the room at all times. |
| The "Ottawa Model of Care" was purchased at London Health Sciences Centre. Should we start to file grievances re the environment? Could we have info re what a strong case might look like? | We need strong fact scenarios to take to arbitration to test our collective agreement language. Speak to your LRO, as we want to be strategic regarding which case to take forward.<br><br>This issue is to be discussed at the All-Sector Strategic Bargaining Project Team (ASSBPT).<br><br>Also, the March PCM Education session will address the strategies and tools available to deal with labour relations issues arising out of RN/RPN scope of practice issues. |