

INDEPENDENT ASSESSMENT COMMITTEE REPORT SUMMARY

Employer: Lakeridge Health Oshawa, Emergency Department (Oshawa Site)

Board: Chair: Leslie Vincent; ONA Nominee: Cindy Gabrielli; Employer Nominee: Susan Woollard

Decision Date: May 4, 2013

Professional Practice Specialist: Mariana Markovic

The Decision

The final report of the Independent Assessment Committee (IAC) for Lakeridge Health and the Ontario Nurses' Association is unanimously supported by the panel members.

The letter accompanying the report summarizes the process undertaken through an Independent Assessment Committee to provide a unique opportunity for discussion and dialogue between all the parties regarding the complex issues and conditions that underlie a Professional Workload Complaint.

The professional responsibility workload concerns of registered nurses (RNs) working at the Lakeridge Health Oshawa Emergency Department (ED) presented before the IAC related to:

1. **Staffing:** Inadequate RN staff numbers per shift, working short-staffed on a consistent basis.
2. **Nurse-patient ratio:** Inadequate patient-nurse ratios for the volume of visits to the ED and time requirements to provide care for the type of complexity and acuity of patient care needs in the ED.
3. **Equipment:** A lack of consistency in supplies and volume of supplies for the ED patient care nursing needs on shift-to-shift basis.
4. **Security:** A lack of a consistent level of hands-on security support for managing the violent patients and family members and the potential of physical harm to ED staff members and other patients and visitors.
5. **Registered practical nurses (RPNs) in the emergency department:** The absence of role and scope definition of RPN practice in the ED and the lack of supervision and assessment of the RPN function/work in the ED.
6. **Professional practice:** Grossly outdated and very high in number of medical directives in use; lack of unit education support for nursing staff to maintain updated practices, and lack of education support for new learners, preceptors and mentors in the unit; lack of clear communication processes for information and education sharing; and lack of accountability recognition for nursing care delivery in the program.
7. **EMS Offload:** Inconsistency and lack of clearly defined responsibilities/accountabilities for patient care assignments of EMS offload patients, the RN assigned EMS triage responsibility is consistently pulled due to staffing shortage leaving the Charge Nurse most responsible to triage EMS patients (inconsistent with the EMS funding model).
8. **Charge Nurse:** Lack of consistency in practice between the nurses taking charge role; and lack of program and management support for the charge nurse role.

9. **Triage:** Second RN at triage is often pulled due to staff shortage or to relieve for breaks in other areas of the ED. Canadian Triage and Acuity Scale (CTAS) guidelines (modifiers) not rolled out to all RN staff; very limited number of ED RNs have triage skills at present.
10. **Culture and Environment:** The impact of negative culture of the ED environment relating and extending to communication, relationships, support and learning the day-to-day work of the RN members.

The Employer submission narrowed the scope of the IAC to the use of the RPNs in the Emergency Department. To this end, the Employer requested participation from the CUPE bargaining unit (who represent RPNs at Lakeridge) and from representatives of the RPNAO at the IAC.

The IAC report upholds the IAC's jurisdiction related to whether registered nurses are being requested and/or required to assume more work than is consistent with the provision of proper patient care. Furthermore, it states that workload is influenced by both direct factors (e.g. nurse-patient ratio, patient acuity/complexity of care requirements, patient volume) and indirect factors (e.g. roles and responsibilities of other care providers, physical environment or practice, standards of practice, and systems of care). **The IAC report makes reference the 1986 arbitration between Brantford General Hospital and ONA noting that, while the IAC report is not binding on the parties, the report carries considerable weight and is accepted by the parties as a method of obtaining a final dispute resolution in these difficult areas.**

Of additional interest is the IAC decision to uphold ONA's position to maintain representation at the hearing be restricted to representatives from ONA and LHO. The letter from the IAC Chair is included in the report to address the Employer's request/intent to invite representation by CUPE and/or RPNAO to the IAC hearing.

Two additional events of interest to the process took place at the time of the hearing. One is the communication between the IAC Chair (on behalf of the IAC) and the Employer's legal counsel (Shane Smith) on the rationale for the Employer release of data relating to the sick time and the overtime worked in the ED. The IAC panel request was made for the purpose of staffing analysis and staffing budget recommendations and the Employer refused. This is documented in the report. The second is the attempt by the Employer's legal counsel to block ONA (staff) by way of a written confidentiality agreement ("gag" order) from disseminating and discussing the findings of any information on the tour of the ED and the IAC proceedings. This is not mentioned in the report itself.

The Independent Assessment Committee has made 68 recommendations in the following areas:

- Human resource planning and nurse staffing (9).
- Registered nurse and registered practical nurse practice in the Emergency Department (7).
- Professional practice (18) – (i. shared governance (4); ii. medical directives (4); iii. education (8), iv. collaborative practice within the inter-professional team (2).
- Emergency Department care model (30) – (i. model of care (5); ii. triage and Emergency Medical Services (EMS) offload (5); iii. patient flow and bed management (6); iv. security (8); v. role of the charge nurse in the Emergency Department (3); vi. equipment (3).

- Unit culture, morale and communication (4).

The members of the Independent Assessment Committee unanimously support all recommendations in the report.

The detailed 68 recommendations are in subgroups, as follows:

Human Resource Planning and Nurse Staffing (9):

1. The Hospital should employ a more systematic human resource planning methodology and evaluate on a regular basis (minimum of twice a year) the adequacy of the number of full- and part-time registered nurses and registered practical nurses in the ED to meet the regularly planned staffing levels utilizing the forecasting tool published in the Building Capacity in Nursing Human Resource Planning.
2. The Hospital must ensure that there are adequate staffing complement of full- and part-time registered nurses in the ED to meet the established staffing levels of the unit including predictable replacement requirements such as vacation, statutory holidays, maternity leaves and sick time.
3. The Hospital must ensure the ED is staffed to the planned levels (i.e. as stated on the daily staffing sheet) on a consistent basis.
4. The Hospital and the Association must ensure that part-time staff in the ED is meeting their part-time commitment in terms of hours per week and number of weekends.
5. The Hospital must ensure that all shifts in the ED are filled when the schedules are posted.
6. The Hospital should establish a mechanism to identify future staffing gaps in the ED and establish an objective measure of staffing gaps by regularly monitoring the actual gap between desired and actual staffing.
7. The Hospital should utilize the float pool for unplanned staffing needs and absences rather than filling vacant lines in the ED schedule.
8. The Hospital must monitor the ability to increase staffing when required.
9. The Hospital must ensure it has sufficient staffing to be able to respond to requirements to increase staff at short notice due to volume and/or acuity issues. A written guideline for charge nurses to guide decision-making for increasing and/or decreasing staff due to patient volume and/or acuity should be developed, implemented and evaluated. This guideline may include specific triggers to assist in decision making. The guideline should be developed with the input of management and ED nursing staff.

Registered Nurse and Registered Practical Nurse Practice in the Emergency Department (7):

1. The Hospital must do a thorough re-evaluation of the appropriateness of the role of the RPN in the ED using an evidence-based approach. The RPN/RN Utilization Toolkit developed as part of the 2009 Ministry of Health and Long-Term Care Nursing Secretariat Health Human Resource Project is recommended.
2. The Hospital should provide additional education to RNs and RPNs on the application of the Three Factor Framework in the ED with particular focus on effective consultation and collaboration in practice.
3. The Hospital should implement and re-educate all nursing staff on the Emergency Program Transfer of Care and Accountability Policy and Procedures that was approved in January 2013. The Hospital should develop methods to monitor the quality of the consultation and collaboration between nurses and the appropriate assignment of patients to RPNs.
4. Registered Nurses should only replace Registered Nurses on the posted or daily schedule. If an RPN cannot be replaced with an RPN, an RN should be utilized.
5. The Hospital should not utilize RPNs in areas other than Treatment and Medical Observation.
6. The Hospital should consider the use of an all-RN model in the Treatment area. This would allow for more staffing flexibility between the Treatment and the Assessment areas. If RPNs are maintained in Treatment, a collaborative care model is seen as more appropriate with the RPN working as a care partner with an RN and therefore in a less autonomous role.
7. Continue with the use of one (1) RPN per shift in the Medical Observation area where there are more stable patients.

Professional Practice (18): (i. Shared Governance (4); ii. Medical Directives (4); iii. Education (8), iv. Collaborative Practice within the Inter-Professional Team (2);

i. Shared Governance (4)

1. Implement a Unit-based Shared Governance Council that is co-chaired by a front-line nurse and a member of the leadership team by the fall of 2013.
2. Develop terms of reference for the Unit Council which include a reporting structure to the Emergency Department Program Council.
3. Evaluate the effectiveness of the Unit-based Shared Governance Council annually (attendance, participation, resolution of issues, outcome measurements).

4. The Hospital should facilitate attendance of staff at the council meetings and provide remuneration for time at unit council meetings.

ii. Medical Directives (4)

1. The Hospital must complete the updating of all medical directives by end of June, 2013 and approval by the Medical Advisory Committee by September 2013.
2. The education and implementation of the revised Medical Directives should include a formal education session for all nurses.
3. The Hospital should develop an appropriate method to evaluate the appropriate use of medical directives.
4. The registered nurses in the ED should utilize medical directives in all of the ED zones as appropriate and as required to support patient care.

iii. Education (8)

1. The Patient Care Specialist (PCS) role must focus on education and be relieved of other duties such as patient flow responsibilities and management coverage.
2. Create an annual education plan. Communicate and post the plan for staff.
3. Develop and implement a learning needs assessment for nursing staff in the ED. Conduct the needs assessment a minimum of every two years.
4. The Hospital should continue to offer two paid education days for the nurses per the Collective Agreement. It is important for the hospital to endeavour to provide the time required for the nurses to attend. The Hospital and the Association should collaborate on a mechanism to support nurses to attend education and professional development opportunities.
5. Nurses who are preceptors should be supported to attend a preceptor workshop.
6. Ensure that nurses on orientation have the opportunity to complete their hospital and unit orientation as planned without interruption. The orientation needs to be consistently supported through consultation between the orientee, mentor and PCS.
7. Nurses on orientation should complete their full orientation prior to receiving an independent patient assignment.
8. The Hospital should assess the workload of all nurses whose clients are cared for by learners and make ongoing workload adjustments so that nurses are available to support and communicate with learners.

iv. Collaborative Practice within the Inter-Professional Team (2)

1. Any disruptive behaviour of physicians in the Emergency Department must be effectively addressed by physician and hospital leadership. The College of Physicians and Surgeons of Ontario publication on Managing Disruptive Physician Behavior is an excellent resource for hospitals.
2. Continue to schedule regular EDIT meetings and facilitate the attendance of committee members.

Emergency Department Care Model (30); (i. Model of Care (5); ii. Triage and Emergency Medical Services (EMS) Offload (5); iii. Patient Flow and Bed Management (6); iv. Security (8); v. Role of the Charge Nurse in the Emergency Department (3); vi. Equipment (3)

i. Model of Care (5)

1. Evaluate the effectiveness of the new Hub and Spoke Model of Care and determine next steps in improving and sustaining this model of care.
2. Engage the ED staff in the evaluation process through the EDIT and staff meetings.
3. Utilize a variety of outcome measures in evaluating the model of care including measures of quality and efficiency, patient satisfaction and staff satisfaction.
4. Educate all staff on the transfer of accountability policy and monitor the consistent use of the policy within the ED.
5. In keeping with the Transfer of Care and Accountability Policy and Procedures, the transferring and receiving RNs and /or RPNs should consistently consult regarding the needs of the patient for an RN or RPN at the time of transfer.

ii. Triage and Emergency Medical Services (EMS) Offload (5)

1. Ensure consistent coverage at triage as per the schedule in the unit assignment.
2. The nursing staff and management should collaborate in determining what volume and acuity factors and associated trigger points should be utilized to determine when staffing should be increased at triage.
3. The EMS Offload Nurse role should also include triage of EMS patients which would relieve the present role of the EMS Triage Nurse. The hours currently allocated to the EMS Triage Nurse must be reallocated to another zone in the ED.
4. Triage education must be ongoing and rolled out effectively in relation to changes in triage guidelines (modifiers). To ensure adequate triage coverage, identification of new triage nurses should be done regularly.
5. Optimize visualization of the waiting room by removing the wooden slats and replacing them with a clear material.

iii. Patient Flow and Bed Management (6)

1. A communication strategy should be developed to raise the awareness for front-line staff of the initiatives to support patient flow and improve wait times.
2. Update the policy on Bed Level Crisis Response (2003) to reflect the current work, targets and activities that the Hospital has undertaken. The policy should address the corporate needs that include their Regional repatriation agreements for stroke, cardiac and cancer patients etc. Completion of the Hospital Bed Management Policy (which currently in draft) will supplement the Bed Level Crisis Response. These policies will both require education to all levels of management and front-line staff to ensure awareness and understanding. An effective roll-out plan should be established to ensure defined thresholds are followed, monitored and evaluated. They must be vetted through key stakeholder groups and supported by all levels of management.
3. A dashboard (DART) with real-time information should be communicated broadly a minimum of three times a day to all relevant departments, physician leaders, senior leadership, directors and managers. This information will guide the organization to follow the new bed management policy which is currently being finalized by the Hospital.
4. There should be clear expectations for all programs and services in their role to facilitate patient flow. Programs and services need to be held accountable to adhere to the organization's bed management and policies.
5. Bed meetings should be held seven (7) days a week at least once per day with a trigger to identify a need for a second bed meeting. Daily plans from the bed meeting need to reach the ED charge nurse consistently to allow improved ED patient placement and flow.
6. Executive team continues to work with external agencies, LHIN and MOHLTC to advocate for resources to support a system approach to improving ALC beds. It is recognized that this is a very complex issue that takes changes in legislation, innovative approaches, reallocation of resources and other solutions that take time and political will.

iv. Security (8)

1. A high-risk security officer should be visible at triage and in the waiting room seven (7) days a week, twenty-four (24) hours per day. A permanent desk to support security presence at the entrance to the main ED doors would heighten the protection for staff, patients and visitors.
2. The security officers who are in the triage area, waiting room and internal area of the main ED should all be high risk security officers who can respond to the heightened need of any concerning behaviors. The lower level of security officers should be minimized and utilized for the constant observation role.
3. Implement consistent personnel in the HRO position in order to support improved communication, relationships, expectations and a team approach to security management and crisis management.

4. Review policies on annual basis as related to workplace violence and harassment. Consider having an ED nurse become a member of the corporate Joint Health and Safety Committee.
5. All security alarm systems should be tested on a weekly basis (Triage nurses should be aware this is being done in their area as an added safety measure).
6. The ED leadership team responds to security issues in a timely manner. The organization review the current *Better System* reporting algorithm to ensure information does get to the manager for review and a response to the staff involved.
7. Ensure that access to the department from either outside or within the hospital is restricted.
8. Utilize the RNAO Best Practice Guideline, Preventing and Managing Violence in the Workplace.

v. Role of the Charge Nurse in the Emergency Department (3)

1. The assignment of staff nurses to Charge Nurse role should rotate through a group of qualified nurses and be seen as a professional development opportunity.
2. All nurses who act as charge nurse should be scheduled to attend a Charge Nurse Workshop and have access to other leadership development opportunities.
3. Establish a schedule of regular meetings (3 to 4 times a year) between Charge Nurses, Operations and the Clinical Manager by the fall of 2013 to support team development as well as role development of Charge Nurses, and discussion of relevant issues such as patient flow, decision-making and surge staffing.

vi. Equipment (3)

1. Continue the work on standardization of supply and laundry carts throughout the ED. Continue to engage the staff in the ongoing evaluation of stocking processes and frequency.
2. Establish a second trauma zone standardized supply cart.
3. The Hospital to ensure the ED has sufficient number of infusion pumps.

Unit Culture, Morale and Communication (4):

1. The Hospital and nursing staff in the ED should review the following RNAO best practice guidelines and implement the appropriate recommendations within the guidelines for the express purpose of improving unit morale, communication, conflict resolution and unit culture.
 - RNAO Best Practice Guidelines Healthy Work Environment; Workplace Health, Safety and Well-being of the Nurse.

- Collaborative Practice Among Nursing Teams.
 - Professionalism in Nursing.
2. The management and staff of the ED should work together to review the methods and avenues of communication including but not limited to:
 - a) Reinstating regular staff meetings.
 - b) Establishing a “what you need to know board”.
 3. The Hospital should support a retreat for all ED staff with a clear purpose and expected outcomes in order to support team building and mutual goal setting. It is recommended that a facilitator who is external to the department be utilized for the retreat. Nursing staff who attend the retreat should be remunerated for their time.