

# ONA WINS



SUMMARY OF ANOTHER SUCCESS AS YOUR UNION STRIVES TO IMPROVE YOUR WORKING CONDITIONS

## The Number of Hospital Beds Available is a Complex Issue: Appropriate RN Staffing and Support Levels Are Required

### Workplace/Department

Kingston General Hospital, Pediatric Unit

### Background

The number of beds in a hospital is frequently used to measure the capacity in a hospital. Yet, a hospital bed is much more complex than a piece of furniture in which a patient recovers. A hospital bed must also most importantly have:

- trained Registered Nurses (RN) and other allied health-care professionals on hand to care for the patient.
- support staff including porters, housekeepers and technicians.
- access to equipment such as X-rays.
- medicine on hand for the patient, and much more.

So, counting the number of beds in a hospital is a complex issue that involves many factors.

### The Issue

At Kingston General Hospital, the inpatient Pediatric Unit consisted of 14 funded beds (funded means that there is appropriate space and staffing) and nine unfunded and unstaffed overflow beds. These nine overflow beds were available and open to pediatric admissions despite the lack of immediately available RN staffing and other resources. Included in the 14-bed unit was a four-bed Pediatric Critical Care Unit (PCCU), which was difficult to staff when any of the nine overflow beds were open. The staffing model is an all-RN staff.

### How ONA Helped

Over several months, ONA members and local leaders consistently documented and completed Professional Responsibility Workload Report Forms (PRWRF) that identified:

- Insufficient base RN staffing to respond to increases in patient acuity, complexity or occupancy.
- The lack of sufficient surge plans to address overcapacity.
- The lack of admission criteria for pediatric and PCCU beds.
- Insufficient training and education for chemotherapy administration/
- Unsafe nurse-to-patient ratios; and
- Incidents of delayed nursing care, documentation, medication administration and assessment.

The employer and the Union agreed to use the assistance of a mediator to resolve these issues. The mediator's decision is binding, meaning that the decision is final and is to be implemented by both parties.

## **The Results**

Significant achievements were awarded including:

- RN staffing will be increased by 11.25 hours/day from Monday to Friday.
- The nine overflow beds will be closed permanently.
- The PCCU will be reduced to two beds. The PCCU will be staffed with a 1:1 nurse-to-patient ratio until workplace construction of the new PCCU beds is complete.
- ONA representatives and front-line RNs will participate in working groups to develop a surge plan specific to pediatrics, admission and discharge criteria for pediatrics and PCCU, and staffing guidelines including the elements that would guide the requirement for additional RN resources.

## **Significance**

Instead of going through a costly and time-consuming Independent Assessment Committee, the parties agreed to use a mediator, whose decision is binding. This could be a reasonable alternative in future for resolving disputes.

ONA members, Local leaders and ONA staff all worked together to provide important details and documentation to present to the mediator.

This is a major success for RN staffing and patient care for some of the youngest and most vulnerable patients in eastern Ontario.

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