

# SUPPORT STORIES FROM THE PRF PROCESS



*You may be wondering if the PRF process actually works. While every complaint may not accomplish all it set out to achieve, here are some examples from BCNU's experience that underscore the value of this new tool for LPNs.*

## **Creston Valley Hospital**

*Increase in staffing helps with workload issue*

**Problem:** numerous PRFs filed concerning inadequate staffing in relation to the number and acuity of patients. (16 beds)

**Remedy/Resolution:** proposal has been submitted by manager to the IHA for an increase in funded beds (16 to 22) with a corresponding staff increase of 1 RN on days, 1 LPN on nights, increased hours for dietary, housekeeping and pharmacy as well as 7 hour RN shift on the weekend days increased to 12 hours (08:00-20:00).

## **Yaletown House**

*LTC nurses ensure resident care improved*

**Problem:** inadequate staffing, only 1 RN on duty in a.m., unable to assist care aides in getting residents out of bed for breakfast, several residents forced to remain in bed until after breakfast rather than go to the dining room.

**Remedy/Resolution:** 4 hours care aide added to the morning, 7 days a week to enable RN to provide other nursing care.

## **Chemainus Health Care Centre**

*Protocol developed for patients with aggressive behaviour to ensure nurse safety*

**Problem:** several incidents of aggressive behaviour or escalating violence from patients and residents. Inadequate response from employer, policies not in place, staffing inadequate and physicians slow to return calls.

**Remedy/Resolution:** protocol developed to deal with aggressive or violent patients, nurses have the authority to call in workload to provide 1:1 care when they feel it is necessary, without pre-authorization, letter sent to physicians to improve response time to phone calls.

## **Eagle Ridge Hospital**

*Emergency Department's chronic backlog of admitted patients*

**Problem:** chronic backlog of admitted patients, one ventilated quadriplegic patient held in ER for four days, pain management for palliative patients kept in ER not optimal, excessive waits at triage and in waiting room.

**Remedy/Solution:** inservice to be provided to staff in care of chronic ventilated patients, ventilated patients will be transferred to appropriate unit with 24 hour respiratory care, two RNs receiving specialty training, additional unit clerk hours and LPN positions created, new 15 bed subacute unit opening in June.

*continued*

## Mills Memorial Hospital

*Influx of staffing helps to resolve excessive workload problems*

**Problem:** excessive workload; few staff to call in when needed; limited ongoing education, trained labour, and delivery nurses available for duty.

**Remedy/Resolution:** ER/acute-care RN float position created; recruitment of two labour and delivery room nurses; five vacancies to be filled by contract RNs; critical care float to be used exclusively in critical care areas; pediatric in-services to be scheduled while two other RNs take rural perinatal maternity course; LPN float position to be filled.

## Finnish Home

*Improved weekend staffing levels allow nurses to nurse*

**Problem:** weekend staffing levels had been reduced, nurses expected to call in staff, answer phones and troubleshoot equipment problems.

**Remedy/Resolution:** .6 RM position increased to 1.0 FTE to allow for same staffing Monday to Friday; .4 hour care aide position restored for mornings and evenings on weekends; LPN on duty weekend mornings; Director of Care to be called to resolve equipment problems; nurses have been directed to let answering machine pick up phone calls and return calls only when able.

