



Ministry of
Health

[NAME OF HEALTH ORGANIZATION]
MINIMUM NURSE-TO-PATIENT RATIO
IMPLEMENTATION PLANNING TEMPLATE
[RATIO CATEGORY]

For Health Organizations:

Submitted by: [Name]
[Title]
[Email/Phone Number]
Date Submitted: [MMM/DD/YYYY]
CEO Signature:

For Ministry of Health:

Approved on: [MMM/DD/YYYY]

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BACKGROUND

In 2023, the B.C. Ministry of Health (the Ministry) committed to implementing minimum Nurse-to-Patient Ratios (mNPRs) in hospital-based care, long-term care and assisted living, and community and non-hospital care settings in consultation with the Nurses’ Bargaining Association (NBA), Health Organizations¹, and the Health Employers Association of BC (HEABC).

A Memorandum of Understanding (MoU) was signed between the NBA and the Ministry of Health for mNPRs alongside the Provincial NBA Collective Agreement as part of the Shared Recovery Mandate on April 4, 2023. mNPRs are part of a larger nursing strategy developed to support nurse well-being, facilitate quality patient outcomes, and increase efficiency in the healthcare system in British Columbia. mNPRs are supported by a \$750 million investment over three years.

Achieving healthy workplace environments for nurses requires new strategies. Nurses play a critical role caring for patients and this quality care initiative demonstrates evidence-based outcomes from other jurisdictions. For example, Australia, California, and Oregon have found that mNPRs can improve quality of care, patient outcomes, patient and family experiences, working conditions, and job satisfaction.

The ratio represents a minimum number of nurses considered necessary to care for a number of patients in a particular healthcare setting. The ratio acts as a “minimum” i.e. “floor” to ensure safe staffing, not as a “maximum” i.e. “ceiling”. The Ministry recognizes that there may be some units currently working at ratio, above, or below ratio – and as a result, the Ministry is committed to learning from these environments by using a continuous improvement methodology that will be informed by nurses, patients, and allied health, among others.

While the timing for implementation within and across the Health Organizations may vary to some degree, the objectives will focus on nurses, patients, and the healthcare system.



PATIENTS

- Facilitates better outcomes
- Decreases hospital re-admissions
- Increases patient/family satisfaction



NURSES

- Increases retention
- Improves nurse satisfaction
- Decreases nurse injuries



HEALTHCARE SYSTEM

- Increases workforce sustainability
- Enhances capacity and efficiency
- Dedicated resources improve value

¹ Regional Health Authorities, Providence Health Care, and the Provincial Health Services Authority.

IMPLEMENTATION PLAN AND TEMPLATE

The Ministry, jointly working with NBA, has set out the following **principles**, which are supported by the MoU, to guide the allocation and management of the mNPR investment:

- Build on the actions of the Provincial Health Human Resource Strategy.
- Align with ongoing work to advance effective team-based models of care.
- Use continuous improvement approaches to transfer knowledge quickly; and,
- Include Licensed Practical Nurse (LPN), Registered Practical Nurse (RPN), and Registered Nurse (RN) nursing designations.
- Implemented in hospital-based care settings.

The above principles are strengthened by the below set of principle elements:

1. Safety
2. Transparency
3. Courage
4. Innovation
5. Accountability
6. Indigenous Health and Reconciliation
7. Diversity, Equity, Inclusion, Accessibility and Belonging
8. Collaboration

The Ministry is providing provincial policy direction on the hospital-based care settings ratios for Health Organization implementation. The policy direction will be operationalized at regional and local levels and will involve a planning and approval process. As subsequent ratios are developed, a similar planning and approval process will be followed.

The Health Organizations will use this implementation plan (the Plan) to request Ministry approval on the mNPR **implementation approach**. The Health Organizations will engage with the Joint Regional Implementation Committee (JRIC) while developing the Plan. The Plan will illustrate how the implementation approach meets the policy direction based on the approved results of the bed, unit, and staffing analysis specific to the hospital setting.

The Plans must contain **sufficient detail** to support the Ministry in evaluating and approving the plans in a standardized format. The Plans, in full or in part, may also be shared with partners internal and external to the Ministry, including senior executive committees and partners with strong interest and/or overlapping or shared mandates.

Plans should also consider possible impacts on other HOs through implementing mNPRs.

Thank you for your **commitment** to implementing mNPRs in BC.

Please submit the mNPR plan to hlth.nprsecretariat@gov.bc.ca

1. Implementation Overview

Executive Summary

Ministry Guidance

Provide a short summary that showcases the key features of the plan to implement mNPR at the regional, site, and unit level. The summary should outline the blueprint or 'storyline' of your implementation plan and include key information from each of the sections below.

250-500 words.

[TEXT]

Joint Regional Implementation Committee

Ministry Guidance

Per the Joint Regional Implementation Committee (JRIC) Terms of Reference (TOR), please list the names and/or positions from both the Health Organization and the NBA that will comprise the JRIC. Please refer to the JRIC TOR for more information.

150-250 words.

[TEXT]

2. Indigenous Health and Anti-Racism

Addressing Anti-Indigenous Specific Racism

Ministry Guidance

Please describe plans and efforts to dismantle harm to Indigenous peoples when accessing services at the Health Organization at the regional, unit, and site levels. Please highlight strategies such as education, training, etc., used to create and promote a safe environment that will provide the highest quality of culturally safe patient care.

200-400 words.

[TEXT]

3. Operational Considerations

Vacancies and mNPR Staffing Gap

Ministry Guidance

Please provide a table showing the estimate of current vacancies and staffing gap created through mNPR implementation planning. Please be sure to differentiate between existing vacancies and the results of the staffing gap once the ratios are applied. Please also include staffing requirements for new developments over the next five years in a separate column.

200-400 words.

[TEXT]

Implementation Approach

Ministry Guidance

Describe the proposed sequencing and phasing of the mNPR and charge nurse role in the Health Organization at the regional, unit, and site levels. Be sure to include a rationale for the proposed sequencing and include a projected implementation timeline. Be sure to include how you have engaged with the JRIC in the development of the sequencing and phasing plans.

250-500 words.

[TEXT]

Quality Practice and Learning Environments

Ministry Guidance

Describe what specific areas of quality practice and learning environments you anticipate mNPR strengthening and enabling. Describe any strategies the Health Organization intends to employ to achieve and maintain quality practice and learning environments.

150-250 words.

[TEXT]

4. Communications and Risk Management

Communications and Engagement

Ministry Guidance

Per the Health Organization engagements plans, please provide a high-level summary describing the approach to engaging with your staff using Ministry approved content and messaging.

Also, describe plans and efforts to collaborate and engage with partners and stakeholders beyond the JRIC including direct care nurses, and Indigenous Health and how that information will be used to strengthen mNPR planning and implementation at the regional and local levels.

250-400 words.

[TEXT]

Risk Management

Ministry Guidance

All projects contain risks and challenges that will need to be overcome for successful implementation. Using the likelihood and impact matrix with a 1 to 5 scoring please identify risks or challenges specific to mNPR implementation and offer potential mitigation strategies. Please also identify how probable the risk is and what projected impact it might have on operations. Describe how the JRIC has been engaged in identifying risks and discussing risk and mitigation strategies.

200 - 400 words.

Risk Description	Probability (High/Medium/Low)	Impact (High/Medium/Low)	Mitigation Strategy