

# Health Organization mNPR Joint Regional Implementation Committee (JRIC) Terms of Reference

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## BACKGROUND

The Nurses' Bargaining Association (NBA) and the Ministry of Health (the Ministry) entered into a Memorandum of Understanding (MoU) to develop and implement minimum Nurse-to-Patient ratios (mNPR) in British Columbia. The MoU was signed alongside the Provincial NBA Collective Agreement as part of the Shared Recovery Mandate on April 4, 2023.

To facilitate the implementation of mNPRs, a provincial Executive Steering Committee (ESC) comprised of representatives from the Ministry, the NBA, the Health Employers Association of BC, and Health Organizations will provide provincial oversight and direction to support regional planning, implementation, reporting, monitoring, and evaluation.

The ESC has endorsed the establishment of Joint Regional Implementation Committees (JRICs) in each Health Organization to enable the regional standardized implementation of mNPRs in BC.

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## PURPOSE

The purpose of the JRIC is to provide guidance, expert advice, and support the resolution of issues or barriers as the Health Organization develops and executes the implementation plan for each of the mNPR policy directives that are in scope within their respective regions.

The JRIC is a Health Organization and NBA joint committee. The Health Organization holds accountability for the implementation of the Ministry of Health's mNPR policy directives. The Health Organization and NBA are responsible for developing partnered approaches through the JRIC that support mNPR implementation in the region.

The JRIC members work collaboratively to:

1. Provide regional level guidance as the Health Organization carries out the steps outlined in the mNPR Implementation Instruction Manual and develops the implementation plan for each mNPR policy directive issued by the Ministry of Health. This includes strategic guidance on completion of provincial planning and reporting templates, staffing analysis, and planning the regional phasing and sequencing of implementation to meet the required mNPR. Relevant materials, data, and analyses contributing to mNPR implementation will be available to all JRIC members.
2. Identify barriers and risks impacting implementation at the Health Organization level and proposes and facilitates actions that enable problem-solving and mitigation of implementation risks and barriers.
3. Support regional change management, including shared communications, processes that foster the engagement of nursing staff and leaders and enable continuous improvement of the elements underlying quality practice environments that are influenced by mNPR.

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4. Receive and review implementation plan progress reports from the Health Organization's Executive Director (ED), mNPR Implementation, and engages in problem-solving and supports the resolution by the partners of identified implementation issues and barriers.
5. Identify the factors that enable successful implementation and continuous improvement and facilitate learning and spread between units and sites implementing mNPR.
6. Provide implementation progress reports including regional issues or barriers impacting implementation to the Health Organization's Senior Executive Team.
7. Provide implementation progress reports to the Ministry of Health for review, including issues or barriers impacting implementation.
8. Update ESC on implementation progress including issues impacting implementation.
9. Engage in developing continuous improvement processes, progress reporting, and escalating or resolving barriers to implementation.
10. Review and provide reports regarding implementation progress and evaluation metrics to the Ministry of Health's mNPR Project Office for review through the ESC.
11. Establish sub-committees or task groups to support advancement of focused work in a geographical area or program/network/care area.

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### MEMBERSHIP AND GOVERNANCE

#### Membership

JRICs will have six (6) **core members**, with equal representation from the NBA and the Health Organization. Membership for the Health Organization must include the Chief Nursing Officer, one (1) senior operational leader with a nursing background, and one (1) senior labour relations leader; and from the NBA, representation will include one (1) elected representative, one (1) senior labour relations leader, and one (1) other NBA representative.

The ED, mNPR Implementation will be an ex-officio member of the JRIC with responsibility to engage with the committee regarding the implementation plan, implementation progress, implementation quality improvement efforts, and to discuss implementation challenges.

Of the six (6) core members, two (2) members will be appointed as co-chairs (one (1) from NBA and (1) from the Health Organization). The NBA and Health Organizations will respectively submit names forward for their co-chair recommendations and the ESC will review the submissions and endorse the two co-chairs. The co-chairs will share responsibility for setting purposeful agendas for JRIC meetings and ensuring reporting obligations to the Ministry of Health and the ESC are met.

Delegates are permissible however must be mutually approved by the JRIC co-chairs in advance of the scheduled JRIC meeting. Delegates shall attend the scheduled JRIC meeting in the absence of a core member only and will not be permitted to attend JRIC meetings on an unauthorized basis.

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### **Governance**

ESC works with the Ministry of Health's mNPR Project Office to provide oversight to the JRICs to enable consistency and standardization of implementation, reporting, and evaluation.

### **Resolving Challenges**

An escalation process will provide a responsive pathway for the JRICs to seek provincial level support in resolving implementation challenges, removing barriers, resolving committee disputes that cannot be successfully resolved regionally. The mNPR centralized inbox will be used to receive escalation requests that will then be shared with the Provincial Chief Nursing Officer for preliminary review and triage, as appropriate (See Appendix B).

All issues will be collated, tracked, and trended to ensure matters in question receive due care and attention, are managed consistently, and communicated to all partners effectively.

### **Meeting Cadence**

JRIC meeting frequency and duration will be mutually agreed upon by the JRIC co-chairs, with the expectation that added front-end efforts are likely to support the launch of implementation.

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## **SECRETARIAT AND PROJECT MANAGEMENT SUPPORTS**

The Health Organization is responsible for identifying secretariat supports as needed to consistently record committee discussions, recommendations, and decisions.

The co-chairs shall commit to sharing the meeting materials at least two (2) business days in advance of the meeting and distribute meeting notes focused on action items in a timely manner upon meeting completion.

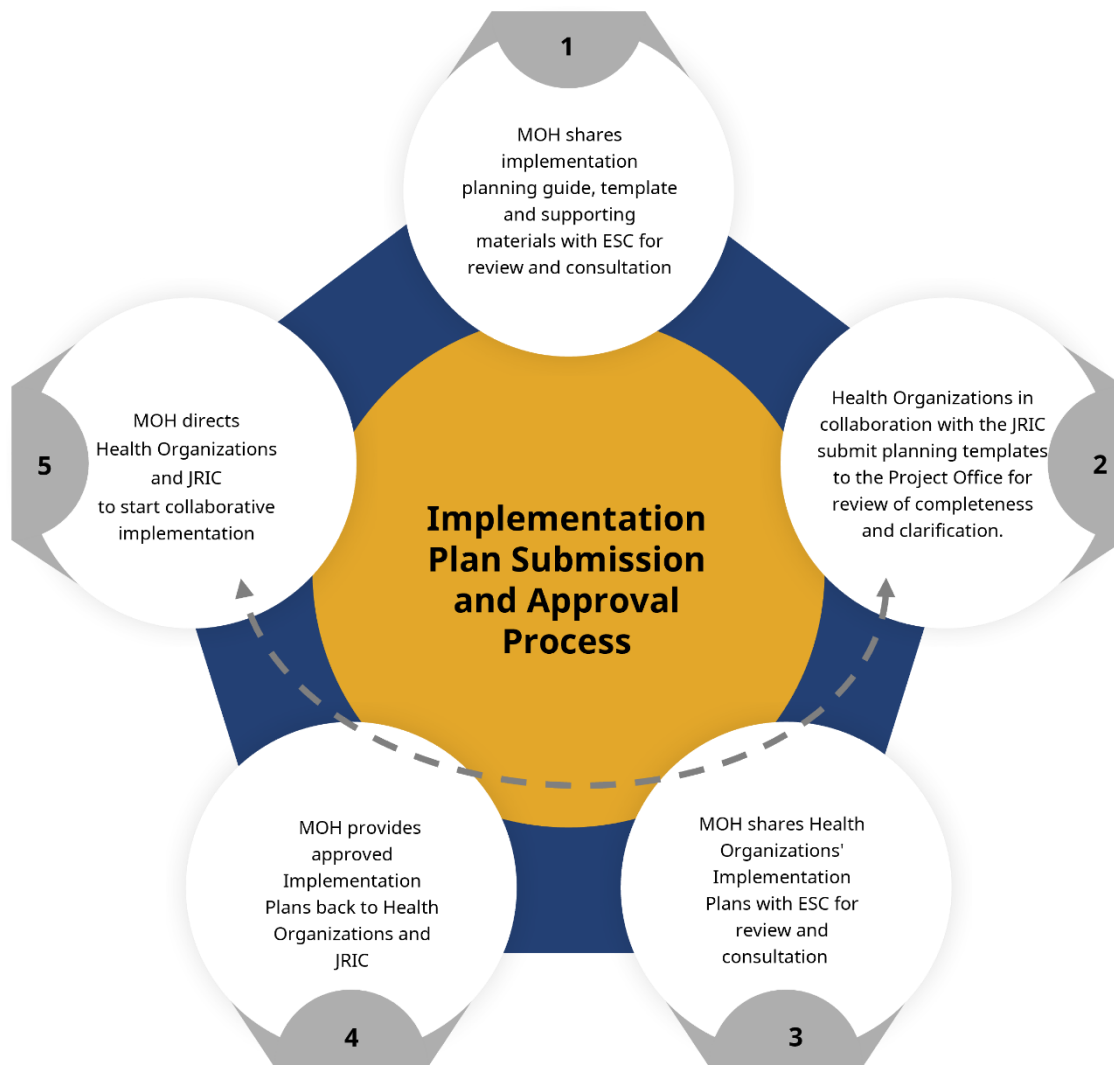
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## **AMENDMENTS**

Terms of Reference may be amended annually, or:

- As recommended to the ESC by the JRIC membership; or,
- As directed by the ESC.

Appendix A: Implementation Plan Submission and Approval Process



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## APPENDIX B – Escalation Process

