

MEMORANDUM OF UNDERSTANDING

PROCESS FOR ESTABLISHING, REVIEWING/AMENDING MINIMUM NURSING/PATIENT STAFF RATIOS

BETWEEN:

HIS MAJESTY THE KING IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA, as represented by the
Ministry of Health
(the “**Ministry**”)

AND:

NURSING BARGAINING ASSOCIATION (NBA)

(individually a “**party**” and collectively the “**parties**”)

WHEREAS:

The Ministry, working with the Nurses Bargaining Association (NBA), has agreed to provide annualized Ministry of Health policy funding, along with some 2022/23 year end one-time-only funding, as set out in a separate Transfer Agreement dated March 31, 2023, to support nursing in the Province of BC. In addition, the Ministry has committed to adopting minimum Nurse to Patient Ratios (NPR), as part of team-based care, across hospital-based care, long term and residential care, and community and non-hospital care.

The investments will be allocated and managed consistent with the following principles:

- Build on actions within the Provincial Health Human Resources Strategy.
- Align with ongoing work to advance effective team-based models of care.
- Use continuous improvement approaches to transfer knowledge quickly.
- Include LPN, RPN, and RN nursing designations.
- Will be implemented inclusive of hospital-based care, community & non-hospital-based care, and long-term care & residential care.

THEREFORE:

1. The parties will create an Executive Steering Committee comprised of senior leadership from the Ministry of Health, the NBA and Health Authority Leadership. The purpose of the Executive Steering Committee will be

to provide provincial recommendations to the Ministry on the multiple investments outlined within this agreement.

2. The Executive Steering Committee will make decisions by consensus and will be comprised of the following:
 - a. Deputy Minister of Health
 - b. One (1) senior representative from the Ministry
 - c. Director of Nursing Policy Secretariat
 - d. Chief Executive Officer, BCNU
 - e. President, BCNU
 - f. Two (2) senior Union representatives, as determined by the NBA
 - g. President and CEO, HEABC
 - h. Two (2) senior Health Authority representatives
 - i. Additional subject matter experts that the Steering Committee believes are needed.
3. In addition to the Executive Steering Committee the parties will establish one, or several, new joint working groups to further develop, implement and evaluate the investments.
4. A Secretariat will be established to support the work of the Executive Steering Committee.
5. The parties agree that the work of the Executive Steering Committee and Secretariat will be guided by the Nursing Workload Standards in British Columbia policy document (the "Policy"), excerpts of which are reproduced below:

MINIMUM NURSE TO PATIENT RATIOS

Hospital-Based Care

Objective 1: The Ministry, in consultation with the NBA, will validate, implement, and evaluate minimum nurse-to-patient ratios (exclusive of charge designations) in hospital-based care with a bed baseline of 10,000 beds.

The proposed nurse: patient ratios are as follows:

Minimum Nurse : Patient Ratio for Validation	Unit Types
1:1	Ventilated Critical Care
1:2	Non-Ventilated Critical Care; Mental Health High Dependency; High Acuity
1:3	Special Care
1:4	Inpatient
1:4	Palliative
1:5	Rehabilitation

AWHONN Standards	Maternity
To be developed	Outpatient Clinics, Day Programs, Ambulatory Services, Operating Rooms, Emergency Rooms

Objective 2: The Ministry, working with the NBA, will implement and evaluate an expanded direct care supervision (charge) model to support safe nursing practice.

Community and Non-hospital Care

Community and Non-hospital Care programs address disparities by ensuring equitable access to health care, promoting healthy behaviors, and reducing the need for emergency care and hospitalizations. Unlike hospital-based nurse to patient ratios, there is no recognized standard case management or workload tool to support proactive planning for nurse to client ratios within community and non-hospital care settings.

Objective: The Ministry, working with the NBA, will develop, implement, and evaluate a nurse-to-client case management ratio or workload tool to support a standardized staffing approach for community and non-hospital care services.

Long Term Care and Assisted Living

Long-term care services provide 24-hour professional supervision and care in a protective, supportive environment for people who have complex care needs and can no longer be cared for in their own homes. Assisted living is semi-independent housing, with hospitality and assisted living services, for adults who require some support with their day to day needs due to physical, health, or mental health challenges or while in recovery for substance use.

Objective: The Ministry, working with the NBA, will develop, implement, and evaluate a standardized staffing approach for clinical supports and supervision excluded from the hours of care per day.

Implementation of the Standards

Adopting NPR will occur within a mutually agreed upon plan, across hospital-based care, community and non-hospital-based care, and long term and assisted living settings. This work will require a phased approach, with the initial schedule including:

Upon ratification of a new collective agreement, the following NPR workshops will be completed, and an action plan will be recommended by the applicable working group:

- **Hospital Based Care – Inpatient** – within **120 days** of ratification.
- **Hospital Based Care – Emergency** – within **6 months** of ratification.
- **Long Term Care and Assisted Living – Clinical Supports** – within **9 months** of ratification.

- **Community and Non-hospital Based Care – Home Care Nursing Case Management** - within 1 year of ratification.

In addition to provincial validation, successful implementation of nursing workload standards relies on provincial coordination of:

- A national and international recruitment strategy.
- A Provincial retention strategy.
- Expanded education supports and opportunities.
- Strong and reliable allied health and support teams.

The Parties agree to work together on the above topics to ensure the success of implementing the NPR initiative.

The parties acknowledge the NPR Initiative will need to be reviewed and evolve through continuous PDSA cycles.

Any changes to this MOU will be made by mutual consent of the parties.

6. FUNDING

In addition to existing nurse staffing budgets in the health authorities, the following funding amounts will be made available by the Province to support the implementation of the minimum nurse-to-patient ratios.

- 2023/24 –\$200 M
- 2024/25 – \$250 M
- 2025/26 – \$300 M (ongoing)

The Province will provide a year-end annual accounting of the expenditure of funds in support of the implementation of the minimum nurse-to-patient ratios.

In the event that any of the above funds are not fully expended in support of the implementation of the minimum nurse staffing ratios within the applicable year, any remaining funds, will be mutually discussed within 90 days of the end of the year, and be used to specifically support nurses in that areas of recruitment, retention, mental wellness and/or utilized to augment the NBA Nurse Support Fund referenced in the Transfer Agreement.

7. DISPUTE RESOLUTION

Where there is a dispute between the Province and the NBA on the interpretation and application of this Memorandum, the parties agree to the following process:

Step 1: In the event the Executive Steering Committee cannot resolve the dispute, the Assistant Deputy Minister of the Health Sector Workforce and Beneficiary Services Division of the Ministry of Health (the “**ADM**”) and the Chief Negotiator of the NBA (the “**Chief Negotiator**”) will meet in good faith to attempt to resolve the dispute.

Step 2: Should the issue remain in dispute after Step 1, the Deputy Minister of Health and the Chief Negotiator will meet in good faith to attempt to resolve the dispute.

Step 3: Should the issue remain in dispute after Step 2, either party may refer the dispute for final resolution by arbitration pursuant to the Commercial Arbitration Act.


8. ANNUAL REVIEW:

The Parties will meet annually to review the MOU and where mutually agreeable make changes to it.

Dated this ____ day of _____, 2023



Jim Gould
Chief Negotiator
Nurses' Bargaining Association



Mark Armitage
Assistant Deputy Minister
Ministry of Health