

SAHTU HEALTH & SOCIAL SERVICES AUTHORITY
Policy

BOARD OPERATIONS

Adjustment of service levels due to reduced nursing staff

INDEX:	ADM.105
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POLICY:

In the event that full staffing is temporarily not possible in a community, service levels will be adjusted. In collaboration with the Regional Support Team, the community's Nurse in Charge (NIC) will adjust services according to the attached guidelines to minimize the impact on our clientele, and our personnel.

When any adjustment is made to Nursing Services, the Regional Team will ensure that the information is communicated to the community leadership as soon as possible – preferably **before** the adjustment is made.

PURPOSE:

Recognizing that it will not always be possible to have full staffing in all communities at all times, the Sahtu Health & Social Services Authority (SHSSA) must strike a balance which honours our commitment to providing **Excellent Health & Social Care**, while protecting the safety, health and well-being of our people.

REFERENCES:

Relevant GNWT Policies and guidelines, currently still in draft form.

Approved by: 
Chad Fehr, CEO



GUIDELINES FOR ADJUSTING NURSING SERVICES DUE TO REDUCED STAFFING

(Appendix 1 to Policy ADMxxx)

Duration of staff unavailability	Communities with a 3 nurse complement	Communities with a 2 nurse complement
Complement down by one nurse		
< 1 Day	<ul style="list-style-type: none"> Adjust services at the discretion of the NIC Adjust to limit impact on core program effectiveness. 	<ul style="list-style-type: none"> Adjust to meet Minimum Process Standards (see Appendix 2).
< 1 Week	<ul style="list-style-type: none"> Reorder or reschedule Public Health clinics. Adjust to meet Minimum Process Standards (see Appendix 2). 	<ul style="list-style-type: none"> Emergency services only. Support and lay personnel to assist in assuring Minimum Process Standards are met.
> 1 Week	<ul style="list-style-type: none"> Cancel or reschedule non-critical Public Health Programs. Monitor staff health & well-being: temporarily relocate staff from another centre for support. Consider Emergency Services only for respite. 	<ul style="list-style-type: none"> Emergency services only. Monitor staff health & well-being: temporarily relocate staff from another centre for support. Follow GNWT Policy for Closure of the Health Centre if necessary. Relocate the nurse to another community.
Complement down by two nurses		
< 1 Day	<ul style="list-style-type: none"> Adjust to meet Minimum Process Standards(see Appendix 2).. Regional team will advise community 	SEE BELOW
< 1 Week	<ul style="list-style-type: none"> Emergency services only. Support and lay personnel to assist in assuring Minimum Process Standards are met. 	
> 1 Week	<ul style="list-style-type: none"> Emergency services only. Monitor staff health & well-being: temporarily relocate staff from another centre for support. Follow GNWT Policy for Closure of the Health Centre if necessary. Relocate the nurse to another community. 	
No available nursing staff		
< 1 Day	<ul style="list-style-type: none"> Regional team will advise community. Support staff will make appointments for when a nurse arrives. Support and lay personnel to assist in assuring Minimum Process Standards are met to whatever extent possible. Emergencies to call an alternate Health Centre to arrange medevac. 	
< 1 Week	<ul style="list-style-type: none"> Regional team will advise community. Support staff will make appointments for when a nurse arrives. Support and lay personnel to assist in assuring Minimum Process Standards are met to whatever extent possible. Emergencies to call an alternate Health Centre to arrange medevac. Relocate a nurse from another community if possible. 	
> 1 Week	<ul style="list-style-type: none"> Regional team will advise community. Support staff will make appointments for when a nurse arrives. Support and lay personnel to assist in assuring Minimum Process Standards are met to whatever extent possible. Emergencies to call an alternate Health Centre to arrange medevac. Follow GNWT Policy for Closure of the Health Centre if necessary. 	



CORE COMMUNITY HEALTH NURSING PROGRAMS: MINIMUM PROCESS STANDARDS – ADJUSTED FOR REDUCED STAFFING

<p>Pre-natal Care By RN / NP / MD</p> <ul style="list-style-type: none"> Initial and ongoing pre-natal exams, including: <ul style="list-style-type: none"> ✓ Risk assessment ✓ Diabetic assessment ✓ Pre-natal blood work ✓ Obstetrical History ✓ Psychosocial assessment Maintain monitoring exams as indicated by risk assessment. 	<p>Maternal Health By CHR / PCCW and/or HSW</p> <ul style="list-style-type: none"> Home visit within one week of returning home. <p>By RN / NP / MD</p> <ul style="list-style-type: none"> Six week post-natal check up. 	<p>Infant Health (0 to 12 Months) By RN / NP</p> <ul style="list-style-type: none"> Visit within one week of returning home, including: <ul style="list-style-type: none"> ✓ Risk Assessment ✓ Physical Assessment ✓ Baseline growth & development data By CHR / PCCW and/or HSW <ul style="list-style-type: none"> Ongoing growth & development monitoring 	
<p>Child Health (1 to 5 Years) By RN / NP</p> <ul style="list-style-type: none"> Cursory physical assessment Immunizations as per NWT schedule <p>By CHR / PCCW and/or HSW</p> <ul style="list-style-type: none"> Growth & development monitoring Hearing & vision monitoring 	<p>School Health (5 to 15+ years) By RN / NP</p> <ul style="list-style-type: none"> Cursory physical assessment Continue immunizations as per NWT schedule <p>By CHR / PCCW</p> <ul style="list-style-type: none"> Resource / Liaison / Health Education & Promotion Hearing & vision screening Fluoride supplementation where applicable. 	<p>Adult Health By RN / NP / PHC</p> <ul style="list-style-type: none"> Urgent / emergent immunizations Annual flu clinics Health promotion and essential screening <p>By CHR / PCCW</p> <ul style="list-style-type: none"> Health promotion / education Non urgent screening 	
<p>Communicable Diseases By RN / NP / PHC</p> <ul style="list-style-type: none"> Mandated reporting of cases Contact tracing & liaison with Population Health <p>By CHR / CPPW</p> <ul style="list-style-type: none"> Assisting with supervision of TB med administration Teaching (Disease Prevention) 	<p>Health Promotion By CHR / PCCW / HPO</p> <ul style="list-style-type: none"> Public education (workshops, campaigns) Meetings with leadership Interagency collaboration Communication strategies 	<p>Chronic Care By RN / NP MD</p> <ul style="list-style-type: none"> Regular monitoring Respond to unstable conditions Assure medication distribution systems are not interrupted 	
<p>Treatment Services By RN / NP / MD</p> <ul style="list-style-type: none"> Appointments only. Defer non-urgent cases. Maintain Essential blood work and treatments Refer as necessary 			<p>Emergency Services By RN / NP / MD with support from qualified PCCT members.</p> <ul style="list-style-type: none"> Assessment and triage. Treatment within Scope of Practice Refer or Medevac as indicated.
<p>KEY TO ABBREVIATIONS</p> <p>RN / NP -Registered Nurse (CHN) / Nurse Practitioner</p> <p>MD -Physician</p> <p>CHR -Community Health Representative</p> <p>HSW -Home Support Worker</p> <p>PHC -(Regional) Public Health Coordinator</p> <p>HPO -(Regional) Health Promotion Officer</p> <p>PCCT -Primary Community Care Team</p> <p>PCCW -Primary Community Care Worker</p>			