Safe Staffing for Patient Safety

The rationale and research behind Nurse-Patient Ratios and Dynamic Staffing Models

Presented by:
Linda Silas, Canadian Federation of Nurses Unions
Dr. Lois Berry, University of Saskatchewan
Amber Alecxe, PhD(c), Saskatchewan Union of Nurses
The Canadian Federation of Nurses Unions represents close to 200,000 nurses and student nurses.

We advance solutions to improve patient care, working conditions and our public health care system.
Panel outline

• Contextualizing the issue of safe staffing
  – Nursing Workload and Patient Care

• Overview of Research
  – Canadian and international lessons on the health and work of nurses and the impact on patient safety

• Nurse led initiative to address safe staffing
  – Research to Action: Improving Patient, Nursing and Organizational Outcomes Utilizing Formal Nurse-Patient Ratios
  – Nurse Patient Ratios and Dynamic Staffing Models (Saskatchewan Union of Nurses)

• Identifying common lessons and solutions
  – Investing in a culture of safety
  – Cost effectiveness research
Health care institutions are running over capacity

In a survey of 158 Canadian emergency department directors, 62% reported overcrowding as a major problem.

Overcrowded health systems lead to:

1) Dangerous levels of workload & inadequate nurse staffing

2) Compromised patient care
Nearly 25% of Canadian nurses wouldn't recommend their hospital

Burnout plagues about 40% of respondents, CBC survey suggests

By Amber Hildebrandt, CBC News
Posted: Apr 8, 2013 5:10 AM ET  Last Updated: Apr 8, 2013 11:31 AM ET

Fifth Estate Special Investigation: “Rate my hospital”
With more patients than ever, nurses are forced to make difficult choices about who receives care first. When it comes to safer care, the choice is clear: hire more nurses.
Need for concern

Absenteism due to illness or injury

An average of 18,900 Canadian nurses were absent from work every week due to illness or disability in 2012.

Rate of absenteism is nearly twice the rate of all other occupations, and the highest of any health care occupations.

Annual cost: $734.3 million.

(Informetrica Ltd for CFNU, 2013)

Psychological Injury and Burnout

A recent study of new nurses in Quebec found that 43% reported a high level of psychological distress.

(Lavoie-Tremblay, 2008)
Have my bed nurse you look terrible
Involved 10 leading nurse academics as well as nurse Union employees involved with front-line issues

**Takeaways:**

- Nurses need a process they can call their own.
- Nurses need a mechanism to say ‘enough is enough’ when workload reaches unsafe levels.
- Staffing needs to be based on evidence and professional judgment, not budgets
Improving patient outcomes and quality of care by addressing nursing workload

- This report originated as a response to increasing patient loads and overcapacity issues reported by nurses.
- Goal: Production of a policy document to be used with politicians and decision makers outlining the issues and possible solutions.
Nursing Workload and Patient Care

Understanding the Value of Nurses, the Effects of Excessive Workload, and How Nurse-Patient Ratios and Dynamic Staffing Models Can Help

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Overview of Research

Canadian and international lessons on the health and work of nurses and the impact on patient safety

Presented by:

Lois Berry, RN, PhD

University of Saskatchewan, College of Nursing
Between 2000 and 2006, ten major national reports were published in Canada, addressing Canada’s crisis in health human resource planning, with an urgent focus on issues within the nursing workforce

(CFHI, formerly Canadian Health Services Research Foundation, 2006).
“Research linking the impacts of nurse staffing with outcomes of care has literally exploded in the last fifteen years” (Clarke, 2008).

Two landmark studies paved the way:

Nursing workload impacts patients

Needleman et al, 2002:

- American study using administrative data from 799 hospitals in 11 states established clear relationships between nurse staffing and:

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Aiken et al, 2002

- A study of linked data from more than 10,000 nurses and more than 232,000 patients discharged from 168 Pennsylvania hospitals reported a relationship between nurse-to-patient ratios and preventable patient deaths.

- For every one surgical patient added to a nurse’s workload, the odds of a patient dying under the nurse’s care increased by 7%.

- Each additional patient per nurse was associated with a 23% increase in the chance of nurse burnout and a 15% increase in the chance of job dissatisfaction.
Over 100 subsequent studies have supported these findings.

Some Canadian studies:

- **Patient satisfaction/Patient experience.** Nurses are key players in the patient experience.

- A foundational study in health human resources in Canada in 2001 reported that nurses’ job satisfaction was the strongest predictor of patient satisfaction.

  (Baumann, et al., 2001)
Interruptions: Patients are at risk when nurses are frequently interrupted during the course of their work.

- 1/3 = interrupted patient care assessments
- 1/3 = interrupted documentation time,
- 19% occurred during preparation or administration of medications.
- 89% of the interruptions had potential to negatively impact patient safety by greatly increasing risk of medication errors,

(McGillis Hall, Pedersen, & Fairley, 2010).
Nosocomial infection:

A recent Canadian study found that higher nursing staffing levels predicted fewer occurrences of Methicillin resistant staphylococcus aureus (MRSA) infection.

(Manojlovich, Souraya, Covell, & Antonakos, 2011).
Some international studies:

An increased risk of death occurred in agencies that frequently staffed below the recommended standard.

A risk of increased mortality also occurred on units with high patient turnover.

(Needleman, Buerhaus, Pankratz, Leibson, & Stevens, 2011).

(Needleman, Buerhaus, Pankratz, Leibson, & Stevens, 2011).
Nursing overload: The impact on patients

Falls:

• A greater proportion of RNs relative to unlicensed assistive personnel was associated with fewer falls in medical-surgical and critical care units.

• Higher nursing care hours per patient per shift were significantly associated with a decreased likelihood of both falls and falls with injury.

• Increased falls were associated with increased acuity on medical-surgical units. A higher patient census was related to more falls in both step-down and medical-surgical units

(Patrician, et al., 2011)
Nursing workload impacts nurses

Research shows nursing overwork and poor work environments negatively impact nurses:

Burnout    Fatigue    Turnover    Absenteeism
“You can have the best educated and most experienced nurses in the world in place in a care setting, but spread them too thinly, put them in the wrong environments with poor relationships with health-care workers from other disciplines and without support from their managers and supervisors, and not only will you see problems with quality of care, but you will also watch the work take an unnecessary toll on those nurses’ physical and mental health”

(Clarke, 2011)
Each additional patient per nurse was associated with a 23% increase in the chance of nurse burnout and a 15% increase in the chance of job dissatisfaction (Aiken, Clarke, Sloane, Sochalski, & Hiber, 2002).

In a six-country study of almost 55,000 nurses, higher levels of burnout were associated with lower ratings of quality of care, independent of the nurses’ perceptions of their practice environment (Poghosyan, Clarke, & Finlayson, 2010).
Front-line nurses suffer burnout more than their colleagues. In a cross-sectional study of 95,499 US nurses, nurses in direct patient care were found to have significantly higher levels of dissatisfaction and burnout than nurses in other positions.

Patients in hospitals with high levels of nurse dissatisfaction and burnout reported lower levels of satisfaction with care

(Bauman et al., 2001; McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011).
Turnover

• A recent Canadian study on turnover found that the mean turnover rate in the 41 hospitals surveyed was 19.9%.

• Higher turnover was associated with lower job satisfaction.

• High levels of role ambiguity and role conflict were associated with mental health deterioration in the nurses in these agencies.

• Higher turnover rates and higher role ambiguity were associated with increased risk of error.

(O'Brien-Pallas, Tomblin Murphy, Shamian, & Hayes, 2010)
Estimated Costs of Turnover:

Recent studies report varying but consistently high costs for turnover:

- Average of $25,000 per nurse.  
  (O'Brien-Pallas, Tomblin Murphy, Shamian, & Hayes, 2010)
- Ranging between $21,514 to as high as $67,100 per nurse.  
  (Tschannen, Kalisch, & Lee, 2010)
- 1.3 times the salary of the departing nurse.  
  (Jones & Gates, 2007).
Fatigue

• 6,312 Canadian nurses surveyed in the CNA/RNAO study cited fatigue as a major negative influence on their engagement, decision making, creativity and problem-solving abilities, all essential aspects of safe patient care in today’s fast paced health care system.

(Canadian Nurses Association and Registered Nurses Association of Ontario, Nurse Fatigue and Patient Safety, 2010).
Fatigue

Nurses reported some causes of their fatigue:

• workload,
• working more than 12 hours in one shift,
• high patient acuity,
• little time for professional development and mentoring,
• a decline in organizational leadership and decision-making processes, and
• inadequate “recovery” time during and following work shifts

(CNA & RNAO, 2010)
How do we fix this?

We must look for models of assigning nurses’ work that address nurses workload and quality of work life, because we know that these things are associated with better patient care and outcomes.

Some potential models:

- Mandatory nurse patient ratios
- Dynamic, shared decision making models
Nurse Patient Ratios in Australia

- Significant decreases in nine nurse-sensitive outcomes were observed, including:
  - Death rates decreased 25% for all medical surgical patients,
  - Surgical patients experienced a 54% drop in central nervous system complications, and
  - A 37% decrease in ulcers, gastritis and upper gastrointestinal bleed rates.

(Twigg et al., 2011)
Mandatory Nurse-Patient Ratios in California:

• Aiken (2010) compared outcomes in California with two states that did not have mandated NP ratios.

• Results reported include:
  – Lower burnout,
  – Higher job satisfaction, and
  – Better quality of care.
Nurse led initiatives that address staffing

A review of Nurse Patient Ratios and Dynamic Staffing Models (Saskatchewan)

Presented by:

Amber Alecxe, PhD (c)

Saskatchewan Union of Nurses
Optimizing Nurse, Patient & Organizational Outcomes Utilizing Formal Nurse-Patient Ratios

Research to Action: Applied Workplace Solutions for Nurses
Ten provincial/territorial pilot projects that:

- Evaluate the impact of different strategies (pilot projects) on the retention and recruitment of nurses.
- Engage nurses, unions, employers, governments in collaborative partnerships.
- Develop resources that build capacity within the workplace.
- Share and transfer knowledge across jurisdictions and professions.
SK Project Objectives

1) Maximize patient outcomes including safety & satisfaction
2) Maximize nursing & organizational outcomes, including enhanced retention & recruitment of nurses.
3) Assess adequacy of daily staffing within a unit
4) Enable nurses to use professional judgment to help determine nurse-patient ratios
5) Provide opportunity for nurses to work at full competence/full scope
6) Improve the work environment to make SHR a “magnet” work environment
7) Create & test process for front-line nurses to develop & implement nurse-patient ratios
8) Establish mechanism ensuring nurse-patient ratio maintained & adjusted as required when patient needs/numbers change
9) Add to knowledge about impact of nurse-patient ratios
Health care has been traditionally based on habit, intuition or task-based acuity tools.

“These systems typically include an inventory of tasks and the necessary amount of time required by nurses to accomplish each task.” (Curley, 2007, p. 14)
Models of Care Delivery Should Reflect:

- Patient Need
- Complexity of care
- Nurse Characteristics
- Surge Capacity (ability to cope with changes in acuity/numbers)
The Synergy Model
Based upon the work of Martha Curley (1998):

Describes a patient-nurse relationship that acknowledges the primary importance of nursing care based on the needs of the patients and their families.

Recognizes that nursing is more than just tasks... context of nursing changes, the essence of nursing does not.

(Clifford, 2007. p. xxi)
BCNU Initiatives-Prov Nursing Workload Project

• Dr. Maura MacPhee as Academic Lead

• Developed “Toolkit”

Used Patient Characteristics to Assess and Respond to workload issues

• Collected patient data to help inform staffing decisions

• Began to develop guidelines around this decision making process
Patient Characteristics

- Stability
- Complexity
- Vulnerability
- Predictability
- Resiliency
- Participation in Care
- Participation in Decisions
- Resource Availability
Nurse Characteristics

- Clinical Judgment
- Clinical Inquiry
- Caring Practices
- Response to Diversity
- Advocacy
- Facilitation of Learning
- Collaboration
- Systems Thinking
• Adapted Patient Scoring Tool from BCNU work.
• Each patient scored every shift by RN/LPN caring for them.
• Patient scores used to calculate staffing needs & inform patient assignments.
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Support Staff:
Word Clerks:
Special Care Aides:
Client Aides:

Unit Activity:
Census:
Admissions:
Discharge:
Transfers:
Outreach/Code calls:
Deaths:

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Other:
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Scores Inform Staffing

- Patients with low scores have higher needs
- More Acuity-experienced RN care
- More complexity-takes more time
- More vulnerability-needs continual surveillance ("nurse vigilance")
- Lack of Capacity-needs collaborative team
Implementing Change

- Unit Over census/System pressures
- Increased acuity
- Understanding & buy-in
- Staff Turnover
- Development of Tools & processes
- “Team” fit into Project
- Staff availability
- Physical layout of unit/hospital
- Outbreaks (H1N1, VRE)
Implementing Change

Resources & methods needed for engagement in change processes

Factors impacting nursing work

➢ Unit’s Physical layout, equipment, support staff
➢ Changing patient population
➢ Invisible nursing work
➢ Need for workloads supporting nursing growth
Implementing Change
Impact on Patients

- Patient viewed holistically (Acuity & Capability)
- Quicker, more accurate assessment
- Assignments based on patient need
- Increased safety
- Appropriate care provider
- Improved communication
- Positive patient outcome trends noted
Impact on Nurses

• Common language
• Promoted critical thinking
• Visible process for identifying staffing needs
• Provided additional staff for patient volume/need
• RTA Clinical Resource Nurse
• Staff engagement in collaborative decision-making
• Staff involvement & growth
Identified terms & roles needing clarification

- Care planning, co-ordination of care, admission processes, Charge Nurse role

Model & processes for staffing decisions

- Holistic foundation for patient assessment & care planning, visible staffing decision making

Secondary improvements

- Permanent record of nurse/pt assignments
- Non-taped reports, walking rounds
Lasting Impacts & Lessons Learned

✓ Patient needs at the centre of care
✓ Evidence–based decision making
✓ Focus on sustainability
✓ Relationship building
✓ Tripartite Agreement
Identifying common lessons and solutions

Investing in a culture of safety

&

Cost effectiveness research

Presented by:

Linda Silas

Canadian Federation of Nurses Unions
Staffing solutions must support, empower and respect nurses by properly applying their expertise to the care environment.

**In addition, the focus needs to be on:**

- Engaging nurses unions and employers at a collaborative level.
- Allowing for unit level decision making & staffing based on patient care needs.
- Incorporating unique needs of patients and specialized skills of nurses.
- Including enforceable reporting mechanisms.
"You're not going to last long at this hospital if you don't watch it... you've stepped on a lot of toes!"
Foundations of Occupational Health & Safety:
Shared Responsibility

- Precautionary Principle
- Internal Responsibility Systems
- Hierarchy of Controls
In Summary: What we know

1) California and two Australian states that have legislated and collectively bargained nurse patient ratios experienced improvements in nurse sensitive outcomes.

Higher nurse patient ratios = lower mortality rates, CNS complications, ulcers and GI bleeds.

Shorter length of stay and readmissions.

2) Nurses & patients in British Columbia and Saskatchewan have reported better quality care when dynamic staffing models were introduced.

3) Return on Investment

Cost savings achieved as a result of increased nurse retention, and reductions in nurse absenteeism, burnout and turnover, reduced length of stay and readmissions.
Financial Implications of proper staffing

• A 2011 US study reported that at times when unit RN hours per patient day (RNHPDPD) were higher, the likelihood of a post-discharge ER visit was lower.

• At times when RN overtime (RNOT) was lower, the likelihood of a post-discharge ER visit was lower.

• When RN vacancies were higher, there was an increased potential for post-discharge ER visits.

• With respect to cost, the additional RN staffing costs were offset by the reduced costs of ER visits.

(Bobay & Weiss, 2011).
Productivity calculations:

- Financial benefit of saved lives per 1,000 hospitalized patients was 2.5 times higher than the increased cost of one additional RN FTE/patient day in ICUs, 1.8 times higher in surgical units, and 1.3 times higher in medical units.

- An increase by one RN FTE in ICUs in the US would save 327,390 years of life in men and 320,988 in women with a productivity benefit (present value of future earnings) of $4 billion to $5 billion.

- Productivity benefit from increased nurse staffing in surgical patients: $8 billion to $10 billion (Shamliyan, Kane, Mueller, Duvall & Wilt, 2009)
Solutions
Create systems that match patient needs to nurse staffing

• Nurse leaders and employers work together to develop dynamic staffing models.

• Share decision making, and create staffing processes that respond to the acuity and complexity of patients in all areas of care.
Enforce health system accountability for safe quality patient care

- Link institutional funding to improvements in patient outcomes and nursing indicators (ex. reductions in burnout and turnover).
- Standardize collection of health care data.
- Address governance issues staring at the front lines.
- Clarify roles, scopes of practice and eliminate substitution models which fragment care and are unsafe.
Replacement language & policies

• Diluting skill mix negatively impacts patient care

• Breakthroughs on workload language
  – Health employers required to backfill nurses on leave from scheduled shifts
    – Exceptions for extenuating circumstances
  – Replace “like with like”
    – Required to backfill positions with nurse of an equivalent classification
Conclusion

Nurses need:

• Processes they can call their own, and

• Mechanisms to say ‘enough is enough’ when workload reaches unsafe levels.

Most importantly, they need:

• Policies that are based on evidence and professional judgment, not budgets!
Conclusion

If you’re not at the table…

you’re on the menu!
Thank You!

Merci!
Join the discussion:

www.nursesunions.ca

Canadian Federation of Nurses Unions

Twitter@cfnu