

## Staffing shortages and other staffing issues

Key quotes from Deloitte's *PPH Budget Right Sizing Report of Findings, Draft, March 10, 2006\**

General comments and program area	St Joseph's Healthcare - Hamilton	Royal Ottawa Health Care Group -Brockville	St Joseph's Healthcare-London	Providence Continuing Care Centre
General comments	<p>“Clinical leadership recruitment continues to present a challenge. ...” (p. 20)</p>	<p>“Overall BPH has experienced qualified staff shortages. More specifically when the STU within the St. Lawrence Valley Correctional and Treatment Centre began recruitment efforts in FY04. This resulted in an increase I use of less academically qualified and credentialed staff.” (p. 39)</p> <p>“The pending reduction of programs at the Brockville site associated with Tier 2 divestment has been a challenge for BPH's RN recruitment and retention efforts. This situation is further compounded with the uncertainty regarding the timing of this major change. ... BPH has shifted its staffing mix to increase the compliments of RPNs to RNs; the end result being a declining labour cost model.” (p. 47)</p>	<p>“A major focus for the balance of FY04 was related to ‘right-sizing’ the organization and the budgets. This initiative entailed identifying the actual bedded and non-bedded components and the corresponding staffing models to further develop specialized services.” (p. 56)</p>	<p>“Internal to PCCC human resources and staffing has been the primary challenge during the initial years post divestment. ...Shortages in the RN and RPN classification have made it difficult to maintain an adequate pool of part-time and casual staff. ... Costs and resources associated with defending hiring decisions in arbitration continue to be high, as are the costs of defending management decisions for non R &amp; S activities. The historical labour relations climate continues to produce significant grievance activity compared to the other PCCC sites. (MHS grievance rate is ten times higher than other PCCC sites.) (p. 81)</p> <p>“Going forward, PCCC continues to face 3 key challenges: recruitment of psychiatrists and other</p>

\*Submitted to the Ministry of Health and Long-Term Care. Obtained by OPSEU through FIPPA.

Chart prepared by OPSEU's Campaigns Unit, October 2006

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				<p>clinical personnel .... High labour relations costs due to union; and limited access to suitable community care resources.” (p. 89)</p> <p>“Harmonization of salaries and benefits between the sites of PCCC has not been fully implemented at this time.” (p. 89)</p>
Acquired Brain Injury				
Community Liaison Program				
Geriatric Psychiatry	<p>“Another challenge being faced by this program is a constant struggle to staff its units. As the acuity of this patient population increases and is compounded by co-morbid medical issues, the ability to care for these patients is increasingly difficult for an aging workforce.” (p. 23)</p>	<p>“...the fact that geriatric psychiatry is not viewed to be ‘glamorous’ with the mental health sector. As a result, it is an industry-wide fact that recruiting and staffing in this area is notoriously difficult. The result being a less than ideal staff skill mix being put to use at BPH.” (p. 46)</p>		<p>“As well, there have some [sic] challenges in recruiting experienced staff.” (p. 83)</p>
Forensic Program		<p>“The staff shortage that resulted from the opening of the STU required a shift in the use of staff depending on availability ...” (p. 41)</p>	<p>“Through attrition, seven nursing positions were realized resulting in no layoff; reduced staffing in medium secure area at the end of FY05” ( p. 59) The</p>	<p>“To date the staff mix has not changed since divestment. Most of the increased costs have come as a result of RN and RPN relief costs due to an</p>

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			report noted earlier that "admissions increased significantly last year to 135% of SLA target". (p. 59.)	increasing need to manage patients who require seclusion and close observation care levels." (p. 84)
Schizophrenia Program			"With this shift in model, the program has had to lay off RPNs." (p. 69)	
Mood Disorders	"...SJHH will have to continue to try and resolve is current staffing challenges. Experienced staff is aging and the ability to recruit experienced new hires is increasingly difficult. As a result new hires have been less experienced and have required greater support in orienting them to working in this program ..." (p. 26)			
Dual Diagnosis		"The staff shortage that resulted from the opening of the STU required a shift in the use of staff depending on availability." (p. 42)		
Acute services		Elmgrove Acute: "Overall, understaffed by 3		

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		psychiatrists related to the uncertainty of unit associated with Tier 2 divestment ... Struggling with RN:RPN ratio; often working with less RNs." (p. 43)		
Rehabilitation		"Originally a 48 bed unit; due to staffing issues the unit has been reduced to 26 beds. ... Current staffing mix is not ideal due to RN staffing shortage." (p. 43)		
Concurrent Disorder			"Program is only operating at 50 per cent capacity due to limited psychiatrist availability." (p. 56)	
Development Behaviour Management				
Specialized Adult				
Adult and other Long-Term Care				"Specifically challenges exist with respect to the following areas: ... ongoing inability to recruit for vacant Psychiatrist and staff positions." (p. 88)