



## Skill Mix Questionnaire

ONA GEL File #: \_\_\_\_\_ Grievor Name: \_\_\_\_\_  
Bargaining Unit  
Grievance #: \_\_\_\_\_ Employer: \_\_\_\_\_

### Introduction

The purpose of this questionnaire is to get facts to enable ONA to make an informed decision on the merits of filing a jurisdictional dispute before the Ontario Labour Relations Board (OLRB) and/or grievances and professional responsibility complaints.

The Bargaining Unit is to provide this questionnaire to ONA members at the time that an employer is seeking to replace RNs with RPNs in a nursing unit.

This questionnaire is meant to be completed by the Bargaining Unit and nurses on the affected units where an employer is seeking to replace RNs with RPNs. Noted below are a number of questions that deal with this situation. The reason for asking for this information is to assess the best way in which ONA can assist in resolving the issues.

Should a dispute proceed to the OLRB, it is necessary for the OLRB to hear about events at the time that the situation occurred. The OLRB will look at all the evidence put forward by ONA and the employer and determine whether there is a jurisdictional dispute.

It is up to ONA to convince the OLRB that there is a valid case for a jurisdictional dispute. The more information ONA gathers, the more likely we will be successful. We therefore need considerable help in gathering the evidence.

### **Complete a separate questionnaire per unit affected.**

1. Please identify the unit on which there has been skill mix changes (this covers both units on which RPNs or other allied health professionals are being introduced for the first time, and units where the percentage of RPNs or other allied health professionals is being increased).

Are there other units affected (please fill out separate questionnaires for each):

2. When is the change scheduled to occur?

When did it occur?

3. How was the Bargaining Unit informed of the skill mix change?

4. How were the RNs on the unit informed of the skill mix change?

5. What impact does the skill mix change have on the RN and RPN and their ability to meet College of Nurses of Ontario (CNO) standards?

6. Has there been any evaluation of the skill mix before or after the implementation/change of the RPN numbers in the unit?

☐ Yes ☐ No

7. Is there an accountability agreement (HAPS, LAPS, etc.) approved by the LHIN detailing the skill mix changes?
8. Briefly describe the unit: how many beds, the service, type of patients/clients/ residents and their typical acuity/complexity.
9. Describe historical staffing levels and scheduling on unit. If possible, attach a schedule from the period before the skill mix changes.
  - a. How many RN positions existed on the unit (full time, RPN and casual)?
  - b. How many RN vacancies were on the unit prior to the skill mix change?
  - c. Who worked the shifts from the vacant line? (i.e. part-time RNs, float pool RNs?)
  - d. How many total RN hours were scheduled each week?
  - e. How many total RPN hours were scheduled each week?
  - f. How many RNs are scheduled to work each shift (day, evening, night)?
  - g. Were there any RPNs working on the unit?  
☐ Yes ☐ No  
If so, how many in total worked on the unit? How many on each shift?  
\_\_\_\_\_
  - h. Were there unregulated workers (UCP) working on the unit providing hands on patient care?  
☐ Yes ☐ No  
If so, how many in total worked on the unit? How many on each shift?

10. Describe staffing levels and scheduling after the skill mix change. If possible, attach a schedule from the period after the skill mix change.

- a. How many RN positions exist on the unit (full time, RPT, and casual)?
- b. How many RN vacancies exist on the unit after the skill mix change?
- c. Who works the shifts from the vacant line? (i.e. part-time RNs, float pool RNs, RPNs?)
- d. How many total RN hours are scheduled each week?
- e. How many total RPN hours are scheduled each week?

How many total UCP hours are scheduled each week?

Do the UCP provide hands-on patient/client/resident care?

☐ Yes ☐ No

- f. How many RNs are scheduled to work each shift (day, evening, night)?
- g. How many RPNs working on the unit?
- h. How many RPNs are scheduled to work each shift (day, evening, night)?

How many UCPs working on the unit?

How many UCPs are scheduled to work each shift (day, evening, night)?



11. Were the RPNs placed into existing RN vacancies?

☐ Yes ☐ No

If no, please describe how the RPNs were added into the unit.

Were the UCPs placed into existing RN or RPN vacancies?

☐ Yes ☐ No

If no, please describe how the UCPs were added into the unit. Were RNs laid off?

a) Were RNs laid off?

☐ Yes ☐ No

b) Were positions eliminated on this unit?

☐ Yes ☐ No

If yes, please provide copy of notice of layoff/elimination

12. Describe the process by which the RPNs were hired onto the unit (posting, reassignment).  
If possible, please attach any related postings.

a. Did the employer specifically post for RPNs who have completed the two-year RPN program?

☐ Yes ☐ No

b. Were the RPNs who have been placed on the unit hired internally or externally?

☐ Yes ☐ No

c. What is their experience/educational background?

13. Were the RNs on the unit provided with any training, education or information regarding the scope and duties of RPNs and/or UCPs?

☐ Yes ☐ No

Please attach a copy of any documentation provided to the RNs.

14. Were the RNs on the unit provided with any training, education, or information on their responsibilities towards the RPNs and/or UCPs?

☐ Yes ☐ No

Who provided that education?

Please attach a copy of any documentation provided to the RNs.

15. Were policies/procedures updated to take into account the presence of RPNs and/or UCPs on the unit?

☐ Yes ☐ No

If so, do they contain role descriptions, limits on practice, instances requiring collaboration and consultation?

☐ Yes ☐ No

What practice supports are in place i.e. protocols, medical directives, plans of care, care maps/pathways, assessment tools, educational support through clinical nurse educators or others

\*Please provide copies of updated policies/procedures.

16. Were RNs and RPNs provided with a list detailing the tasks and duties to be performed by the RPNs?

☐ Yes ☐ No

If so, please provide a copy of the document.

17. Was any training or education provided to the RPNs?

☐ Yes ☐ No

18. What orientation was provided to the RPNs?

19. Are RPNs assigned patients/clients/residents?

☐ Yes ☐ No

If yes, how are patients/clients/residents assignments made? If there is a guide or a decision process for making the RN/RPN assignment, please attach the document.

Who makes the assignments?

Was education/training provided to the RNs and RPNs regarding how to apply the CNO Three Factor Framework in determining the assignment of the appropriate category of nurse?

☐ Yes ☐ No

20. If assignments are made by a Bargaining Unit member, was that member provided with any training, education, or instructions on making appropriate assignments for the RPN?

21. Are there any duties that are exclusively performed by RNs on the unit?

Have the duties exclusive to an RN changed since the skill mix change?

22. Have the duties and responsibilities of the RNs on the unit changed since the introduction of RPNs?

☐ Yes ☐ No

If so, please provide examples of the change.

23. What duties are performed by RPNs?

Have these duties changed since the skill mix change?

24. If an RPN needs assistance, to whom does she go?

What (additional) if any environmental supports were put in place to support the RPNs in practice?

Is there a formal process for transfer of care?

25. How are breaks covered?

Does a RPN ever cover breaks for a RN?

☐ Yes ☐ No

Does a RN ever cover breaks for the RPN?

☐ Yes ☐ No

Is there a time when the RPN is left in the unit on her own, if so who is available to provide immediate support?

26. Is the RPN, while she is on vacation, replaced with an RN or an RPN?

27. Are RPN sick calls replaced with an RN or an RPN?



28. Is an RPN ever used to replace RN vacation or absences due to sick leave?

☐ Yes ☐ No

### **Workload**

29. What impact has the skill mix change had on the RN workload?

30. Have any Professional Responsibility Workload Report forms been filed?

☐ Yes ☐ No

(a) Were there PRCs prior to the skill mix change?

☐ Yes ☐ No

(b) Do the PRCs differ in nature or volume since the change?

☐ Yes ☐ No

If so, please provide copies.

31. What impact has the skill mix change had on patients/clients/residents safety?

If there has been an impact, please provide examples.

How often is transfer of care occurring during a shift between an RN and an RPN? I.e. how often are patients being shifted back and forth?

Does this result in fragmentation of patient care?

☐ Yes ☐ No

In the event of a patient transfer from an RPN to an RN has this impacted on the RN workload and if so, how?

Have there been incidents where RPNs either failed to recognize signs and symptoms indicating a change in condition or acuity, or noted/documented such signs and symptoms but failed to recognize the change in condition or acuity?

☐ Yes ☐ No

Have there been incidents where RPNs failed to intervene or take appropriate action, and/or consult and collaborate with an RN when necessary?

☐ Yes ☐ No

Have there been any instances of negative patient outcomes in relation to the above, or the assignment of an inappropriate patient to an RPN?

☐ Yes ☐ No

32. Have there been any incident reports, near misses, critical incidents, medication errors to the hospital standardized mortality ratio?

Please request/provide copies of any of the above documents.

(a) Has there been a change in numbers of patients transferred to ICU?

(b) Has there been a change in number of calls to the RACE team?

Please provide details/documents

33. What Union represents the RPNs and how many RPNs are in that Bargaining Unit?