



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	May 21, 2015
SUBJECT/REPORT NO:	Public Health Nurse Staffing - BOH12033(a) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Dorothy Barr (905) 546-2424, Ext. 4888
SUBMITTED BY: SIGNATURE:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department

Council Direction:

In December 2012, the following recommendation was approved: "That the Board of Health authorize and direct the Medical Officer of Health to increase the complement of permanent Public Health Nurses by up to 6.0 FTE to be funded within the existing budget."

Information:

It has not been possible to fulfil the recommendation approved in 2012. Instead staffing objectives have been achieved using other approaches.

In Public Health Services (PHS), a single job description encompasses the work of approximately 170 Public Health Nurses (PHNs). Within this job description, PHNs hold highly varied assignments, ranging from clinic services to home visiting to policy development. While it is uncommon for PHNs to leave employment with PHS, there is a high level of mobility due to maternity leaves and transfers between assignments. This mobility contributes to reduced service while positions are posted and filled, and new PHNs are oriented and trained. It can take up to a year for a PHN to be fully trained for a new assignment.

Maternity leaves and other temporary vacancies are generally filled by PHNs in temporary positions. PHNs in temporary positions express a strong preference for permanent positions and at times change assignments to achieve permanent positions, even when that involves leaving preferred assignments. It was anticipated that PHN

moves and associated understaffing could be reduced by establishing additional permanent PHN positions above the approved complement.

A memorandum of understanding with the Ontario Nurses' Association (ONA) was required to proceed with overcomplement permanent positions. Despite prolonged efforts, it has not proven possible to develop a memorandum of understanding acceptable to both ONA and the Employer.

As the PHS division with the highest number of PHNs, the Family Health Division experiences the challenges related to PHN mobility most acutely. It was planned to pilot overcomplement permanent PHN positions in the Family Health Division. However, despite the lack of overcomplement permanent positions, PHN staffing levels across the Family Health Division are now better maintained and service impacts have been reduced. The main factor has been more accurate forecasting and mitigation of projected variances, including consideration of trends in recent years. Additional factors include increasing specialization within programs, recruitment of candidates well suited to specific assignments, and training and support to help ensure that PHNs feel competent and comfortable in their assignments. Managers of PHNs across the Family Health Division expend considerable effort managing PHN staffing. Their efforts are improving stability in PHN staffing and protecting the capacity to provide service.

No further attempts will be made to develop a memorandum of understanding with ONA regarding permanent overcomplement positions at this time. The 1.5 FTE permanent overcomplement PHN positions in the School Program remain in place in keeping with a long standing Letter of Understanding with ONA.