

ESCALATING STAFFING ISSUES AT TE WHATU ORA

START

Is the shift currently safe?

Think about: staffing levels, patient acuity, care rationing, ability to take rest and meal breaks, skill mix.



Does the work area use the VIS/VRM system?



Continue working as normal – reassess and record workload data as needed.

Use the VIS traffic light alert system and the appropriate VRM Standard Operating Procedures (SOPs). Every work area should have a hard copy.

Change VIS colour as appropriate and request immediate support. Follow the SOPs.

Then assess using VIS again:

Did the VRM response resolve the unsafe situation?

Use the escalation pathway in the Te Whatu Ora/NZNO Collective Agreement (page 73).

Display short staffing information in the public space of your work area (see page 71 of the Collective Agreement). Notify management. Continue to change VIS colour as appropriate and follow SOP.

Did this trigger the required response?

Document the VRM response on shift notes (Trendcare and/or any other system you use)



FOLLOW UP

If the issue was the result of ongoing short staffing and/or you were forced to take additional workload, continue to work with your delegate, health and safety rep (HSR) and union organiser to utilise the tools provided in the Health and Safety at Work Act 2015.

Some of the tools available to us are:

- Cessation of unsafe work (a refusal to perform unsafe work)
- Health and Safety recommendations and Provisional Improvement Notices (PINs)
- Health and Safety strikes
- Support from Worksafe

Escalate under the Healthy Workplaces Agreement in the CA which says:

“The nurse or midwife will not be required to take additional workload until strategies have been implemented to address the immediate workload issues.”

Notify management collectively that you/your work area will not accept any additional work at this time.

Document, including incident reporting, and refer for further investigation and to the CCDM Council. Talk to your organiser.