

MARKET SUPPLEMENT PROGRAM

**Report of the Market Supplement Review
Committee**

Infection Control Practitioner

**Final Report
December 19, 2002**

OBJECTIVE

The objective of the Market Supplement Program is to ensure that Saskatchewan health care employers can attract and retain the employees required to provide appropriate health care services to the people of Saskatchewan.

This program is designed to address specific skill shortages by use of a temporary market supplement to attract and/or retain qualified employees. The program is designed to ensure that temporary market supplements respond to valid labour market criteria to address recruitment/retention pressures.

A market supplement will be an acceptable option only if:

- a) workplace initiatives have not addressed the skill shortage;
- b) labour market data supports a supplement; and,
- c) recruitment/retention is a problem, is affecting service delivery and is well documented.

This report deals with the Market Supplement Review Committee's analysis of the recruitment/retention pressures facing employers with respect to Infection Control Practitioners.

OVERVIEW

The Market Supplement Review Committee reviewed documentation included in the request for consideration of a market supplement for Infection Control Practitioner. The request for a market supplement resulted from the collective bargaining process between SAHO and HSAS which concluded on October 16, 2002, with the agreement being ratified November 21, 2002.

Responses were received from 4 Regional Health Authorities who employ staff in this specific classification. A written submission and a discussion with the Health Sciences Association of Saskatchewan was also considered for this report.

Role of an Infection Control Practitioner:

Infection Control Practitioners are members of the Health Sciences Association of Saskatchewan. Infection Control Practitioners are responsible for effective coordination of the Infection Control program to ensure a high quality of patient care. Specifics of the job include; developing and maintaining a system of identifying and reporting infections, investigating outbreaks of infections, and, developing and maintaining infection control policies and procedures by consulting with various disciplines and departments on infection control matters.

Information regarding budgeted positions and vacancies is provided in the following table:

Infection Control Practitioner – Table 1

Regional Health Authorities	Number of Budgeted Positions (As of Nov 1, 2002)		Number of Vacant Budgeted Positions (As of Nov 1, 2002)		% Vacancy	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Regina Qu'Appelle #4	3	1				
*Saskatoon #6	3	2		1		50%
Prairie North #10		1				
Five Hills #2		1				
TOTAL	6	5		1	0%	20%

*Saskatoon RHA also has a .65 temporary vacancy

ANALYSIS

The MSRC discussed the Labour Market Criteria as guided by the Provincial Market Supplement Program framework.

SERVICE DELIVERY IMPACTS: *(Employers were asked to provide information that addresses current service delivery impacts resulting from staff shortages, potential staff short term service delivery impacts, potential long term service delivery impacts and options for alternative service delivery models).*

Information and data was collected from 4 employers for the purpose of this report. Of the 4 employers, 2 have reported significant issues with service delivery and, 2 have reported no current problems.

There are a variety of issues being reported by the urban employers who are experiencing problems due to staff turnover. A lack of qualified/certified staff has created a gap in service where the full scope of Infection Control responsibilities and duties are unable to be carried out. Those unfulfilled duties include; the teaching and orientation of new procedures and methods, development of policies and procedures, evaluation of rising infection rates in some areas and procedures, development of corrective/alternative procedures to decrease infection rates, and appropriate follow up for patients when they leave acute care facilities.

If infection rates increase and are undetected, patient safety could be negatively effected. Any loss of staff could have tragic effects for these programs and hence the community at large.

Employers have stated that there is no alternate service delivery option at this time.

VACANCY RATE ANALYSIS: *(Employers were requested to provide information about the frequency and timing of vacancy occurrences {i.e., seasonal vacancies; do the vacancies always follow an event; etc.} and to identify trends that may affect recruitment/retention efforts).*

Wage disparities between Infection Control Practitioners and Registered Nurses as well as a national demand for Infection Control Practitioners, have made recruitment and retention of these professions very difficult. As seen in the *Turnover Rates* section, there has been a high turnover of these employees in at least 2 RHA's.

Currently, the provincial vacancy rate is very low, however, the 2 major employers have been unable to retain the employees in this classification. Because of the reasons mentioned above, the threat of losing these individuals is constant. There have been high vacancy rates during the past 2 years. One employer has had to replace all 3 full-time Infection Control Practitioners in the summer of 2002.

TURNOVER RATES: *(Employers were asked to provide local analysis of reasons for leaving and trends that may be emerging. They were also asked to provide annual turnover {loss of employees to other competitor employers} ratio to the existing staff complement {budgeted positions} in the given occupation.)*

This classification has experienced the following turnover rates;

Regina Qu'Appelle Health Authority #4 – 2000 – 1 position (33%).

2001 – 2 positions (66%); 1 left for B.C. and 1 for an Educator position at RGH.

2002 – 3 positions (100%); 1 left for RN position, 1 left for Educator position, 1 left for Sk. Health.

Saskatoon Health Authority #6 – 2001 – 1 position (33%); retirement.

- 2002 – 1 position (33%); left for nursing position.

Five Hills RHA #2 – In the past 3 years there have been 2 leaves of absence requiring temporary replacements. The employer has filled these temporary placements.

RECRUITMENT ISSUE ANALYSIS: *(Employers were asked to provide information such as length of recruitment times, training investments, licensing issues, supply and demand issues, etc., as well as information that would identify trends that may affect recruitment and/or retention efforts).*

A Certificate in Infection Control is required to perform the duties of the position of Infection Control Practitioner. Both of the major employers have been unsuccessful in recruiting qualified/certified candidates to the position therefore, they have developed an internal training program that will (over time) qualify the employee to perform the duties of the position. These employers have undertaken this training program to ensure that the Infection Control Program operates with qualified personnel. Employees are required to attend a 2 week training program in Toronto and write the national certification exam. Typically, this occupation attracts Registered Nurses to the training program, however because of historical wage disparities, many have returned to nursing positions.

Despite these efforts, the employees in these positions have been leaving for other Infection Control Practitioner positions in other provinces. Employers have had difficulty in providing appropriate levels of service because of having to continually recruit to vacant positions.

There has been a parity issue with respect to this classification. Leading up to this last round of negotiations with HSAS, Registered Nurses who have trained in this profession could earn more by returning to nursing positions within the scope of the Saskatchewan Union of Nurses.

Two employers have extensively attempted to recruit from other jurisdictions with no success. The employers have advertised in newspapers, the internet, trade journals and, attended various conferences in their recruiting efforts. They have also offered relocation expenses and training/professional allowances to lure candidates.

One employer has recently hired to this position starting incumbents at the top rate of pay.

Employers have also paid for the cost of training, examinations and the ongoing certification costs for the profession.

SALARY MARKET CONDITIONS: *(Employers were asked to identify situations where their salary levels are lower than other employers that they would expect to recruit employees from or other employers that recruit their employees. This may be local, provincial, regional, national or international depending on the occupation group and traditional recruitment relationships. Cost of living considerations may or may not be appropriate to factor into market salary comparisons).*

As stated in the Recruitment Issue Analysis section above, Infection Control Practitioners can earn more in other jurisdictions in Canada.

As a result of the recent SAHO/HSAS collective agreement, Infection Control Practitioners currently earn a similar wage rate as a Registered Nurse (level A) in the SAHO/SUN collective agreement i.e. Infection Control Practitioners are paid \$27.68/hour at top rate as of November 3, 2002, and, the SUN Registered Nurse (level A) rate of pay is \$27.62/hour at top rate as of November 1, 2002.

CONCLUSIONS & RECOMMENDATIONS:

Considering all the labour market criteria under the provincial framework, the Market Supplement Review Committee makes the following conclusions:

1. While there is 0% vacancy rate, there is a high rate of turnover of Infection Control Practitioners amongst the 2 major employers.
2. National recruiting efforts for Infection Control Practitioners has been very extensive however, unsuccessful for employers.
3. At the conclusion of the SAHO/HSAS Collective Bargaining process, the current wage rate of nurses in the SAHO/SUN collective agreement (Nurse A level) is comparable to the Infection Control Practitioner classification.
4. Service delivery is being significantly compromised as a result of constant turnover of staff. Employers are providing lengthy and costly internal training initiatives in order to certify employees as Infection Control Practitioners, only to have them resign from their positions because of non-competitive wages.
5. Infection Control Practitioners received a cumulative 6.35 per cent wage increase for the term of the agreement during recent HSAS collective bargaining.

Having reviewed the employer information and considering all the labour market criteria defined by the market supplement framework, the Market Supplement Review Committee recommends:

1. A temporary market supplement for the Infection Control Practitioner classification be implemented.

APPENDIX A

Market Supplement Consideration Request – Infection Control Practitioner

Employer Respondents

1. Regina Qu'Appelle Regional Health Authority #4
2. Saskatoon Regional Health Authority #6
3. Prairie North RHA #10
4. Five Hills RHA #2