

**JOINT CONFERENCE EPSU / HOSPEEM
ON ADDRESSING PSYCHO-SOCIAL RISKS AND STRESS AT WORK
HELSINKI, 10 NOVEMBER 2015**

Presentation of trade union practices (CFDT Health and Social Services Sector) : risk assessment & primary prevention of psychosocial risks and stress in the context of the restructuration of an institution of the CAPIO Group in Bayonne (France)



1 PRESENTATION OF THE PROJECT

1-a Capiro Group

Capiro is a Swedish group with a European dimension which manages over 100 health care institutions and employs more than 12 000 employees in Sweden, Norway, Germany and France (Annual Report Capiro 2014¹). Capiro has taken the initiative to create a European Works Council in 2006². It is the second biggest private healthcare group in France with 23 clinics. Capiro France organises its activities on a regional level around the cities of Toulouse, Lyon and Bayonne.



Comment: Capiro's medical strategy³ aims to promote innovative treatment methods. The enhanced rehabilitation after surgery⁴, initiated in the Nordic countries in the 1990s, allows the patient to quickly recover its functional capacity after surgery, reducing in this way the length of hospital stays or allowing the patient to benefit from outpatient treatment.

¹ <http://www.capiro.fr/wp-content/uploads/2014/05/CAPIO-Rapport-Annuel-2014-fran%C3%A7ais.pdf>
<http://mb.cision.com/Main/277/9806895/402936.pdf>

² <http://capio.com/en/corporate-governance/european-works-council/>

³ <http://www.capiro.fr/medecine-moderne/recuperation-rapide-apres-chirurgie/>

⁴ http://www.has-sante.fr/portail/upload/docs/application/pdf/2014-09/note_de_cadrage_programme_rehabilitation_rapide.pdf

1-b “BELHARRA” PROJECT

The “Belharra Project” covers the merging of three Capiro clinics in Bayonne⁵. On the territory of Bayonne (Pyrenées-Atlantiques, Aquitaine region), Capiro has been implementing the project “BELHARRA” since 2009: a merger of the clinics of Lafourcade, Paulmy and Saint- Etienne. A forth clinic, Lafargue, had already been transferred on Lafourcade clinic in 2012.

The Belharra project is part of the medical group strategy especially for out-patient care: 6 rooms for obstetrics, 14 rooms for surgery, 3 rooms for endoscopy, an outpatient sector fully integrated into the technical surgery platform (This ambulatory surgery unit⁶ welcomes the patient from Monday to Friday from 7:00 to 20:00.)

Comment: The construction works began in 2012 for an opening in August 2015. The project responds to the rationalisation of the care provision as requested by the relevant health authorities⁷ and to the strategic objective of Capiro: Operating many technical platforms but offering restricted accommodation capacities also in outpatient care by organizing efficiently the flow of patients.



⁵ <http://clinique-belharra.capiro.fr/>

⁶ http://www.has-sante.fr/portail/upload/docs/application/pdf/2012-04/la_chirurgie_ambulatoire_en_12_questions.pdf

⁷ http://www.has-sante.fr/portail/jcms/c_1337911/fr/recommandations-organisationnelles-de-la-chirurgie-ambulatoire-outils-et-guide

2 THE MERGING PROJECT AND THE PREVENTION OF PROFESSIONAL RISKS

Employees agree that the opening of a new clinic is an opportunity become essential under the age of some buildings while considering that this move will be accompanied by a redefinition of their position or their service, and that this reorganization will impact their daily work; and thus the health and safety of employees.

This merging of clinics will involve:

- a significant evolution of the organisation of activities and the work organisation of the teams.
- support measures particularly in view of the preservation of the physical and mental health of workers.

What is special about this project is its anticipation: important work around this consolidation took place before the move to the new clinic.

2-a Workers' participation

The consultative committee for hygiene, safety and working conditions⁸ (acronym in French: CHSCT) for the three institutions (Lafourcade 200 employees, Paulmy 103 employees, Saint-Etienne 220 employees) are consulted on the project. **CFDT is in the majority in all committees and the only union, all staff representatives are CFDT.**

Employee participation and involvement of staff representatives will become the pillar for the development of risk prevention through:

- Exemption for 6 full-times were granted to staff representatives to support the study of Syndex: enabling staff representatives to genuinely be involved in order to better prepare the transfer (and work regularly with the expertise that the consultative committee will use.)
- A steering committee (with staff representative) was set up and 23 working groups (by services and specialties) to implement together the personal of the three clinics.
- Many tours of the new clinic before opening

The challenge of reorganizing three clinics in one is and will be to work together tomorrow the people who yesterday were invested in structures and organizations sometimes very different.

Discussions of all stakeholders (management, executives, trade union, employees) will help improve the project and facilitate collective ownership.

⁸ Set up in all establishments employing at least 50 employees, the CHSCT's mission is to contribute to protecting the health and safety of employees and improving working conditions. Comprising staff representatives, the CHSCT has a number of means to carry out its mission (information, use of an approved expert ...) and the staff representatives have hours they can use for their work ("credit hours") and a protection against dismissal: <http://www.travailler-mieux.gouv.fr/Synthese-sur-le-comite-d-hygiene.html>

Staff representatives



Colleagues of Cfdt Santé Sociaux Section of Bayonne

The commitment of management and of the whole hierarchy to this organisational change is also a major element of success. Despite the lack of time, it was proposed to each senior officer to have less workload in order to spend more time on the project.

The director of the Aquitaine region who leads the project, Nicolas Bobet, speaks about collaborative work of quality:

"Negotiation is a reality for Capiro Bayonne: we regularly sign agreements. On the BELHARRA project, we signed a framework agreement involving the assignment of 6 full-time workers during three months and the shortening of the period for consultation. This has allowed the staff representatives to obtain in-detail knowledge of the BELHARRA Project, knowing that no information & consultation had been done with the staff representatives (works council⁹, consultative committee for hygiene, safety and working conditions and the Central Works Council¹⁰) before the one related to the relocation in early 2015.

All this has allowed us to highlight in a joint and "consensual" way:

- elements to improve (organisation of personnel and of the infrastructure)*
- an agreement for an assessment of issues that needed to be addressed (bio cleaning of common areas, night staff during emergencies, for instance)*
- the definition of indicators to monitor the different recommendations and to implement corrective measures, where necessary.*

This was accompanied by the signature of an agreement aiming to maintain all mandates of elected staff until spring 2016. The goal is that staff representatives can follow the project's, it's evaluation. "

⁹ EC: works council

¹⁰ CCE Central Works Council. Labour Code: "In companies with separate institutions, it is established works councils and central works council. The central works council exercises the economic functions relating to the general operation of the company. It is obligatorily informed and consulted on all important economic and financial projects for the company. "

2-b Expertise of Syndex

As the project means a major change of working conditions for all employees to be relocated in the new structure , **the three consultative committees for hygiene, safety and working conditions decided in February 2015 to fall back on the expertise and knowledge of consultants** (foreseen by the Labour Code in France) to establish a diagnosis of planned changes and evaluate their possible impact on working conditions and health of employees. Syndex¹¹, after two months of work, will report in early May 2015 a few months before the move to early August

Syndex assists staff representative and their organisations as part of their economic functions and as part of their missions related to health and safety and working conditions. This joint support was also used in the context of this reorganisation of clinics.

The objectives in view of Syndex' expertise in the context of the project BELHARRA is to "analyse the current work situation as well as the merger project in order to establish a diagnosis of planned changes and in order to assess their possible impact on working conditions and employee's health. The expertise should help the consultative committee for hygiene, safety and working conditions to come forward with proposals on the prevention of professional risks and to improve the working conditions."

Syndex has become a national and European network contributing to the social dialogue in France and Europe and by allowing labor unions, Works councils and consultative committees for health and safety at work to understand all relevant aspects of a company.

The director of the Aquitaine region who leads the project, Nicolas Bobet , has considered the Syndex report of being of very good quality. It provides a basis of reflection on the assessment for a joint work.

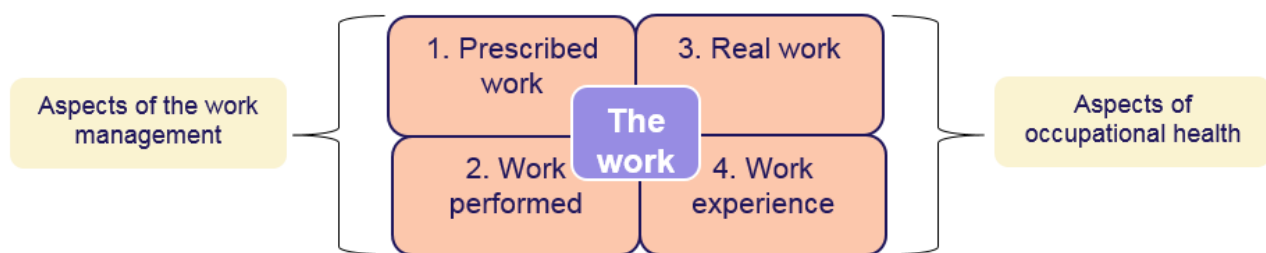
The consultative committee for hygiene, safety and working conditions has effectively positioned itself in a role of co-construction with management. The resources allowed to colleagues have been one of the key success factors of this joint work even if the consultation of the staff representatives of the consultative committee for hygiene, safety and working conditions could have been done earlier and particularly when designing the project.

The method of assessment:

An assessment of the risks is an essential prerequisite for any prevention approach.

The relevance of the risk assessment is largely based on the consideration of the concrete work situations revealed by the field workers' experience and knowledge of risks.

¹¹ <http://www.syndex.fr/>



1 Prescribed work by employer: work formally asked for, organised and controlled.

2 Work performed: describes the result of the work

3 Real work: what one achieves, what one cannot do, what is done not to do something else, what we are asked to do, tests, errors.

4 Work experience: what happens when working, but also before or after work. This type of work includes the conditions of the realisation of the work, its social image, its objective status, what workers do of their job and the interpretation they make of their work

These different concepts allow to comprehend the concrete and visible elements of the work, but also the subjective and invisible elements that influence the health at work.

2-c An assessment work for a primary prevention

The work of Syndex and of the staff representatives focused essentially on the assessment of the potential effects of the merger on the health of the personnel.

Starting with the necessities of the work situation allowed to put forward proposals particularly dealing with psycho-social risks and stress. The recommendations of the staff representatives and of Syndex concerned the primary prevention.

Primary prevention directly addresses the causes of PSRS@W with the aim to eliminate or reduce sources of tensions stemming from the work organisation in order to reduce negative impacts on physical and psychological health of employees.

2-d The question of workload as a psycho-social risk and stress factor

If you want to make a difference, you need influence.

The combination of rhythm and working hours can constitute a psycho-social risk –and in particular stress – for the workers.

*"An excessive work intensity generates both physical and mental suffering through chronic stress , as well as occupational accidents."*¹²

¹² Evaluer les facteurs de risques psychosociaux l'outil RPS-DU de l'INRS (Institut national de recherche et de sécurité. », ED 6140, février 2013

The issues of workload and of its assessment are the guidance thread of the expertise.

The field observations, enquiries and research have allowed to establish the multi-factorial nature of the workload that has an impact on health.

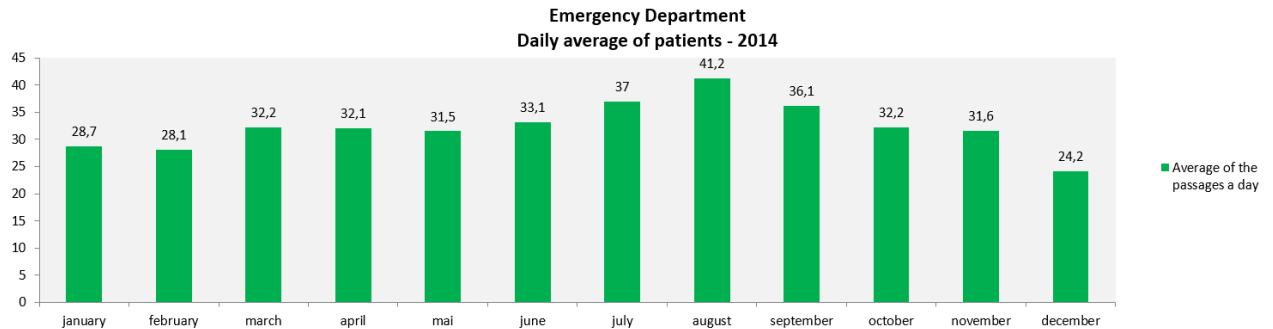
We have selected three elements:

- **the pace of the work**
- **staff resources: workforce and staff-patient-ratios**
- **management of patient flows and work organisation**

3 EMERGENCY SERVICES: VARIABILITY OF WORKLOAD AND WORK RHYTHM OF NURSES

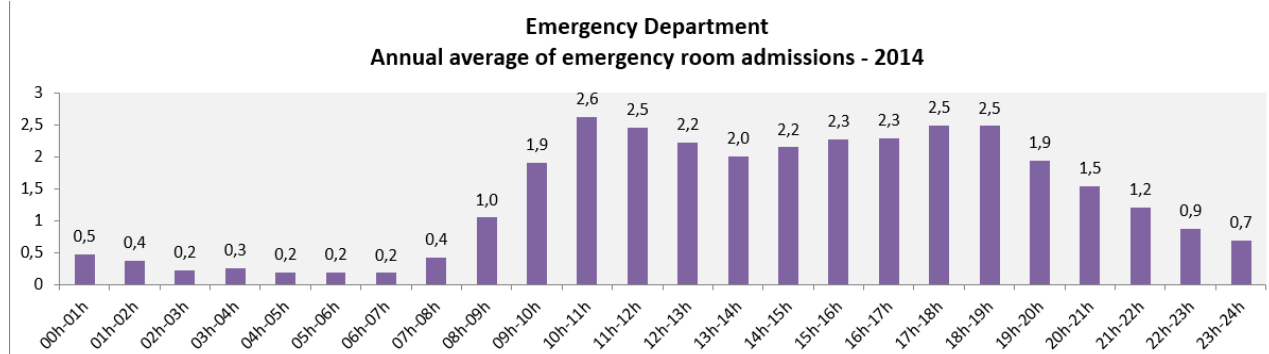
Of the three clinics, only the Saint Etienne one has an emergency service unit. An emergency doctor and two nurses are present during regular working hours. At night a nurse and an emergency doctor are present for a total of 9 places.

The year 2014 saw 11 817 emergency room admissions (average number of patients per day)



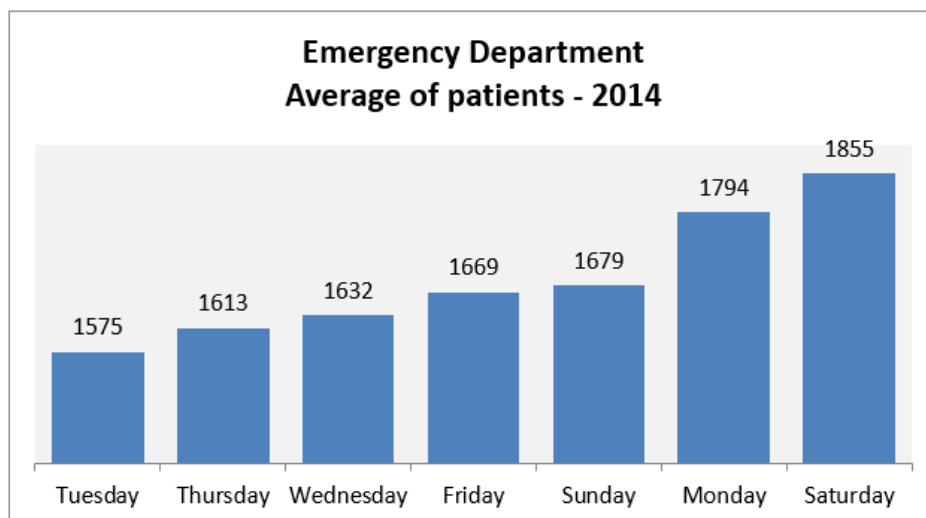
We observe a variability of the activities with peaks during the summer months and towards the end of the year, something to be expected in a tourist region.

Distribution of emergency room admissions over a period of 24 hours (



If the peak is between 9 am and 8 pm, the activity continues in a significant way until midnight. It then declines to reach its minimum between 2 am and 7 am.

Distribution of emergency passages by day



The busiest days are Saturdays, Sundays, and Mondays, which also corresponds to the rhythm of working staff.

Recommandations:

- to assess and register the Emergency Department Visits in order to initiate at prolonged opening hours by adding additional resources mainly operational during the first part of the night.
- opt for a work rhythm on Friday, Saturday, Sunday that allows:
 - better work-life-balance / family life by offering an effective weekend of rest
 - better match between the work rhythm and the workload
- Being vigilant on the activity which will require adaptations following its evolution.

4 CONTINUOUS CARE UNIT : IRREGULARITY OF WORK LOAD AND STAFF PATIENT RATIOS

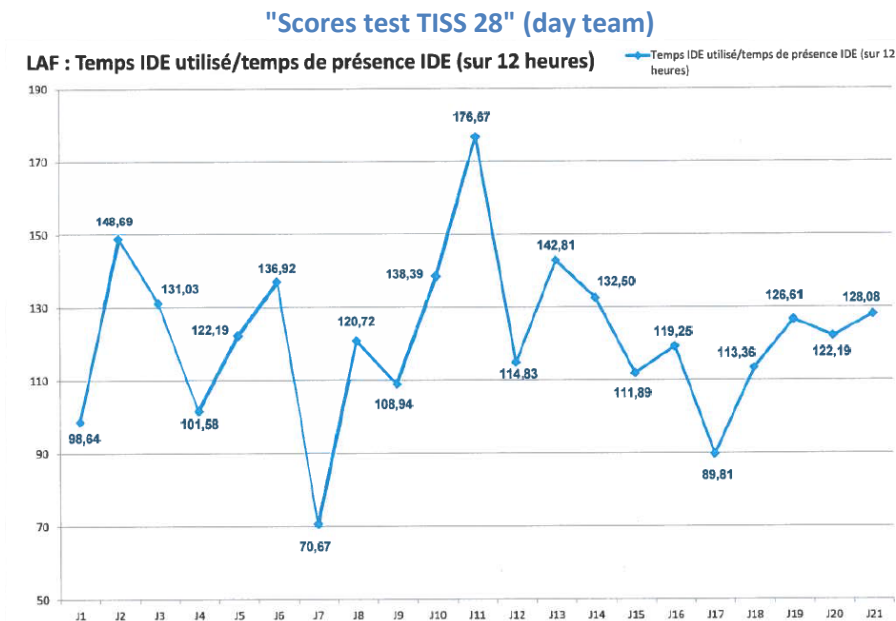
The Continuous Care Units of the Saint Etienne and Lafourcade clinics treat and take care of patients whose condition is considered to be too severe or unstable to allow a return to a classical inpatient unit. These units are an intermediate between intensive care and conventional care units.

The Continuous care unit of Lafourcade has 6 beds and works with a team of one nurse and one health care assistant. A nurse is never alone with the patients.

The Continuous care unit of Saint Etienne has 12 beds and also works with a team of one nurse and a health care assistant at day and at night.

The issue of workload was measured over a period of 21 days. The method used was that of the TISS 28 score¹³ based on actual interventions encoded.

***Comment:** Note that the underestimation of the workload by this method does not assess indirect care (neither the relational care nor the administrative tasks)*



There is an irregular distribution of the workload but we can consider that any day with a score of above 130% is a particularly busy day in nursing care (not including administrative tasks and relational care.)

The professionals of this service find all that the patient can switch very quickly, unpredictably and that this requires responsiveness and availability difficult to anticipate.

In the future, the Continuous care unit of the Belharra clinic will have a capacity of 18 beds with an operating three teams, each team composed of a nurse and a health care assistant during day time. At night, we've got 3 nurses and 2 health care assistants.

¹³ Therapeutic Intervention Scoring System-28

Which means for 18 beds a staff-patient ratio of one team of nurse and a health care assistant for 6 patients during day time. However the night, the workload seems too great in view of the presence of only two health care assistant.

This concern is mainly related to the fear of making an error and of not working in a safe way. This concern is important and has a strong impact on health.

Recommendations

➤ Review the staffing levels at night. The staff-patient-ratios in the Continuous care unit are not imposed by regulation as they would be in an intensive care unit (the minimum staffing level set in the legislation provides for 2 nurses for 5 patients and 1 health care assistant for 4 patients) Some Regional Health Authorities recommend the presence of "1 nurse for 6 beds and 1 health care assistant for 6 beds."

Discussion and agreement is the first time the essential workforce calibration on Belharra between stakeholders, that is to say between the administrative and financial management, the medical community involved and caregivers involved.

This work has reduced the risk RPS as originally management had planned, instead of three, two nurses and two nursing auxiliaries for the night.

5 SURGICAL OUTPATIENT UNIT (UCA): EVOLUTION OF WORKLOAD, OF STAFFING AND OF THE WORK ORGANISATION

The ambulatory activity is carried out for a period of less than 24 hours in services that close at night as well as on Saturdays, Sundays and bank holidays. The outpatient medicine & surgery activity exists in all three clinics. The study has focused on the outpatient surgical activity in particular.

Turnover with regard to the places in outpatient care

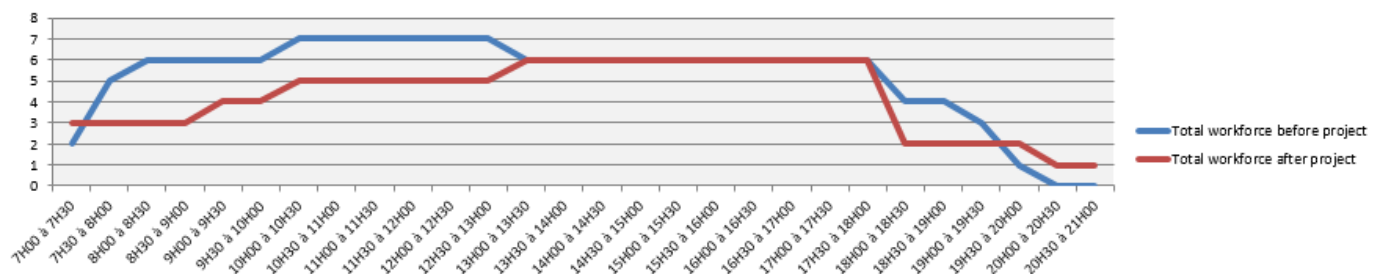
Year	déc-09	déc-10	déc-11	déc-12	déc-13	déc-14
Number of patients in Ambulatory surgery	12082	13827	13994	13365	13125	13321
Turnover rate of patients, per day	1,11	1,29	1,48	1,65	1,59	1,6

The trend is an increase of the turnover on out-patient care places, reflecting the use that can be made of one place by 1, 2 or 3 different patients on the same day (across a period of 12 hours).

Staff resources available for the out-patient surgical care:

A comparison was made between staff resources before and after the move and merger

Total workforce of nurses, before and after project
Exemple of Monday



The comparison in terms of actual "targeted" staff present during a "regular" Monday indicates a decrease in the morning, then a same amount of resources and then a decline from 17.30 onwards.

5-a Reorganisation of the outpatient activity towards a "lean structure" in order to respond to the changes due to the merger

Previously, a nurse could take care of the same patient before and after the operating theatre. The content of the work of a nurse during a working day ranged from the patient's registration over her/his installation in the hospital room, exchanges with the family, control of the administrative documents, care and postoperative management to the release management for a patient.

In the new system, there will be 3 different functions for this outpatient surgical activity:

- reception function
- preparation function for the operating theater
- long outpatient care for patients who require nursing supervision after leaving the operating room

Comment: A nurse will assume one of the three functions during one day. Rotations of the functions are foreseen every two weeks. The work will be more standardized, with a set of tasks to be done depending on the function occupied. The model is one of the management of industrial processes, based on the assumption that " outpatient surgery is a concept emphasising a patient-centered workflow management, as it's not the concrete intervention that is ambulatory, but the patient".

5-b Recommendations

- Organise team meetings to accompany the change of the work organization , particularly with regard to what this entails when it comes to questions of coordination and cooperation in the context of the management of the patient(s flows)
- review the change process in order to limit the effect of the standardisation of work
- increase the frequency of job rotations (every two weeks.)

6 CONCLUSIONS

Staff representatives of the CFDT Union retain from the work done as summarised above the importance of the involvement of the workers and the building on their experience on the ground. The practical aspects has well contributed to the expert knowledge and experience of Syndex. Team work was a key element. Starting as a cooperation of the three consultative committee for hygiene, safety and working conditions of the different clinic teams, it then also included the managers. The heads of the departments concerned gave their opinion and feedback on the part of the project report concerning themselves and their teams in the presence of the director of the clinics and of the staff representatives of the consultative committee for hygiene, safety and working conditions.

The experience from the example presented shows to act on the health and safety of workers in the framework of primary prevention, assessment of workload is a key element of the process and the collective dimension involving all stakeholders is also crucial.

The work is not finished, the move of institutions and merger took place early in August 2015. The consultative committee for hygiene, safety and working conditions had planned control visits with the aim to pursue the necessary adjustments.

