

# Policy Considerations: Optimizing the Use of Staffing Agencies in the Health System

March 2025

## About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability, and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaborations with patients, essential care partners and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence.

HEC focuses on improving care of older adults, bringing care closer to home, and supporting the retention of the health workforce – with quality and safety embedded across all our efforts. We are committed to fostering inclusive, culturally safe and equitable care through engagement with different groups, including patients and essential care partners, First Nations, Métis and Inuit, healthcare workers and more.

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## Highlights

- Safe, high-quality care depends on having a stable, well-resourced workforce. Employers use a variety of approaches to attract and retain workers. These evolve over time as the sector's needs and the priorities and values of workers change.
  - Staffing agencies have been a part of Canadian healthcare for many years. Their use grew with the COVID-19 pandemic. This growth – and associated costs – have raised questions about financial sustainability, quality of care and impact on health human resources.
  - In June 2024, Healthcare Excellence Canada held a policy lab to explore how health systems can optimize the use of staffing agencies. The 56 people who attended brought a range of perspectives to the dialogue. There were patients, health care providers, staffing agencies, unions, employers, policy-makers and researchers.
  - Participants reviewed key evidence together. They considered data (e.g. agency staff costs, nursing vacancy rates, hours worked, and quality and safety), research, and results of key informant interviews. They then took part in a facilitated dialogue.
  - Context matters. Participants noted that specific situations and urgency of need affect use of staffing agencies. Factors include:
    - **Location**, e.g. rural, remote, northern areas; First Nations, Métis or Inuit communities; or areas near the U.S. border.
    - **Type of position**, e.g. a registered nurse in an intensive care unit, a nurse practitioner in a northern community or a personal support worker in a long-term care home.
    - **The employer's influence on local healthcare staffing.**
- Participants also validated and refined 14 policy options:

### Policy options for optimizing the use of staffing agencies

1. Establish vendors of record
2. Standardize agency rates
3. Limit agency rates
4. Cap hours purchased
5. Ban the use of staffing agencies
6. Create regional or health authority float pools
7. Use alternate staffing models (such as job-sharing or permanent part-time roles)
8. Require competency in delivering culturally safe care
9. Implement staff-to-patient ratios
10. Cap hours worked
11. Increase pay
12. Offer recruitment incentives in high-need areas
13. Use flexible scheduling models
14. Develop staffing structures that facilitate better work-life balance

## Executive Summary

Health service delivery organizations in Canadian provinces and territories have put policies and strategies in place to maintain and grow their health workforces. These strategies include recruiting health professionals trained in other countries, offering recruitment incentives for working in northern, rural, remote or underserved areas, adding more training seats for certain professions, expanding scopes of practice and making licensing processes easier. Despite these efforts, many regions still depend on staffing agencies to fill urgent and ongoing healthcare staffing needs.

Staffing agencies have been a part of the Canadian healthcare system for many years, particularly for northern, rural, remote areas and smaller facilities. These agencies are independent, for-profit companies that provide healthcare workers on a contract basis. Staffing agencies are often used by organizations when they face staffing shortages that can't be filled by casual workers, part-time staff or overtime. We heard that a main reason for using them is to ensure there are enough staff members to keep healthcare services running smoothly.

In northern, rural and remote communities, using staffing agencies can help keep care available closer to home. Larger centres might use agency staff to support critical services such as intensive care units. In long-term care (LTC) homes, hiring agency staff such as personal support workers (PSWs) can help meet care standards for residents.

Rising use and cost of agency staff have raised concerns about financial sustainability, quality of care and impact on health human resources (HHR). Data from 2020–21 to 2021–22 showed an 80 percent increase in non-physician purchased hospital service hours in provinces and territories that reported. In the years before that, purchased hours increased by 12 percent from 2018–19 to 2019–20 and another 17 percent from 2019–20 to 2020–21.<sup>1</sup> Looking at other data for purchased nursing inpatient services hours (including both unit-producing personnel and management and operational support personnel), there was a 76% increase from 1.69 million hours 2021-22 to 2.97 million hours in 2022-23 among provinces and territories that reported<sup>2</sup>.

In recent years, the use of agency staff has increased due to several factors. Ongoing staff shortages within the health system worsened during the COVID-19 pandemic. Working for a staffing agency can offer health providers higher wages, more flexibility, control over their schedule and opportunities to travel. The temporary nature of these jobs may help workers avoid chronic workplace stresses. However, being a contracted worker dependent on temporary assignments has trade-offs compared to direct employment with an organization, such as a regional health authority (RHA) or a healthcare facility. For example, not all staffing agencies offer workers extended health benefits, paid vacation or pensions.

Many employers and organizations, including those in the public sector, publicly-funded and private care providers (such as private LTC home operators) rely on staffing agencies. Agencies are used as a resource to fill urgent staffing needs and to backfill staff, allowing permanent staff to take leaves and vacations. This helps maintain service levels and prevents service closures due to staff shortages. While agencies can relieve staffing pressures, the dynamics from introduction of this type of staff can also create challenges in the workplace.

HEC organized a policy lab in June 2024, bringing together a diverse group of partners to share their perspectives. The goal of the policy lab was to draw upon the knowledge and lived experience of the participants. By working together and using evidence-informed processes, they came up with new policy ideas and strategies to consider use of staffing agencies in health systems across Canada. Participants were asked to consider the following policy questions:

1. What factors cause jurisdictions and employers to access staffing agencies?
2. What factors cause some healthcare professionals to want to work for an agency?
3. What are the impacts of using staffing agencies on value, quality and safety, and recruitment and retention?
4. What policy solutions would optimize the role of staffing agencies in the healthcare system?

Before the policy lab, a coast-to-coast-to-coast scan was conducted to gather evidence, identify key issues and review policy responses. To further explore the issues, 19 key informant interviews were conducted. Policy lab participants then validated and refined 14 policy options designed to address value, safety and quality, and recruitment and retention goals. Through discussions and activities, participants shared that the use of staffing agencies depends on the specific situation and the urgency of the need. These factors also play a role in staffing decisions:

- Location (rural, remote, northern, serving a First Nations, Métis or Inuit community or operating close to the U.S. border).
- The type of position. For example, registered nurse in an intensive care unit, nurse practitioner in a northern community or PSWs in a LTC home).
- The employer's ability to influence local healthcare staffing.

The policy options listed below offer a variety of policy choices, representing both short-term and longer-term approaches to health human resource management.

Value	Safety and Quality	Recruitment and Retention
<ol style="list-style-type: none"> <li>1. Establish vendors of record</li> <li>2. Standardize agency rates</li> <li>3. Limit agency rates</li> <li>4. Cap hours purchased</li> <li>5. Ban the use of staffing agencies</li> </ol>	<ol style="list-style-type: none"> <li>6. Create regional or health authority float pools</li> <li>7. Use alternate staffing models (such as job-sharing or permanent part-time roles)</li> <li>8. Require competency in delivering culturally safe care</li> <li>9. Implement staff-to-patient ratios</li> </ol>	<ol style="list-style-type: none"> <li>10. Cap hours worked</li> <li>11. Increase pay</li> <li>12. Offer recruitment incentives in high-need areas</li> <li>13. Use flexible scheduling models</li> <li>14. Develop staffing structures that facilitate better work-life balance</li> </ol>

Employers might benefit from a mix of strategies to optimize procurement, ensure value for money, increase transparency, provide safe, high-quality care and support workforce stability. A stable, well-resourced health workforce is key to delivering safe, high-quality care. Attracting and retaining healthcare workers may require changes to outdated systems and structures, focusing on priorities and values of the workforce. Employers can also use different strategies to ensure staffing agencies deliver value while maintaining safe and high-quality care.



## Introduction

Staffing agencies have been part of the Canadian healthcare system for many years, especially in northern, rural and remote areas, and smaller communities. These agencies provide staff for various nursing roles, plus personal support workers (PSWs), home care workers, technologists and others, through contracts with employers like public or private healthcare organizations. Agencies often send staff quickly or for longer-term contracts to areas facing staffing shortages. They may also provide staff with advanced skills or certifications that are hard to recruit.

It is important to define key concepts for this policy issue. First, for this policy lab and report, staffing agencies refer to independent, for-profit agencies, which are different from registered charities or non-profits. Second, discussions about the use and impact of agency staff focus on system-level dynamics, rather than the agency staff themselves.

### Key terms

**Staffing agency:** an independent, for-profit organization that recruits health professionals and healthcare providers and contracts them to employers.

**Agency staff:** Regulated and unregulated healthcare providers who are employed or contracted by a third party (for example, an agency), other than by the healthcare organization, to provide healthcare-related services for a temporary or time-limited period.<sup>i</sup>

For this report, the term ‘agency staff’ refers to a range of health professionals and support workers. This includes registered nurses, nurse practitioners, personal support workers, licensed or registered practical nurses, respiratory therapists, home care workers, social workers, mental health professionals, paramedics and others contracted through a staffing agency.

## Contextual data and evidence

Reliance on staffing agencies has increased since the COVID-19 pandemic, both in rural and larger urban facilities. In some sectors, agency staff now make up a larger share of total staffing than in previous years.<sup>3</sup> In 2021–2022, there was a 17 percent increase from the previous year in reported sick time and a 50 percent increase from the previous year in overtime hours for hospital inpatient units.<sup>4</sup> During the same period, the number of hours purchased from agencies by Canadian hospital inpatient units (excluding Quebec and Nunavut) rose 80 percent from the



previous year, from 850,000 hours to 1.5 million hours. In the years before that, hours purchased increased by 12 percent from 2018–19 to 2019–20 and by another 17 percent from 2019–20 to 2020–21.<sup>5</sup> Looking at other data for purchased nursing inpatient services hours (including both unit-producing personnel and management and operational support personnel), there was a 76% increase from 1.69 million hours 2021–22 to 2.97 million hours in 2022–23 among provinces and territories that reported<sup>6</sup>.

Although the total volume of hours purchased is small relative to total hours worked in hospital inpatient units, making up about 1 percent of all hours worked,<sup>7</sup> there can be impacts on costs, quality, safety and the workforce.

Looking at the available data across Canada, it's estimated that the cost of agency staffing rose from \$717.2 million in 2021–2022 to \$1.2 billion in 2022–2023. Projections for 2023–2024 are even higher at \$1.5 billion.<sup>8</sup> The data shows that these costs are rising faster than the number of hours purchased. This means that not only has the number of hours purchased increased, pushing costs up, but that the average cost per hour has also gone up.

Concerns about the financial sustainability of using agency staffing and the quality and safety of care are also important. After staying stable at 5.3 to 5.4 percent for several years, hospital harm rates increased to 6 percent in 2021–2022 and 2022–23 (or 1 in 17 hospital stays)<sup>9</sup>, along with higher rates of staff absenteeism, overtime and use of agency staff.

Agency staff are usually hired when staffing shortages can't be managed by using existing staff or overtime. They may be brought into environments where the existing teams are already dealing with staff shortages. Differences in training, onboarding and background checks provided by agencies can affect how well agency staff integrate into the workplace, which may require existing staff to help with orientation or supervision, either formally or informally.

Healthcare organizations vary in their capacity to verify the credentials of agency staff working in their facilities. While strong regulatory processes are in place to ensure agency staff are properly trained and equipped to provide care, their lack of familiarity with the work environment and patients can affect continuity of care. This can be especially concerning for LTC homes and other settings for older adults and those with thinking or memory challenges, where long-term relationships are crucial for quality care.

Safe care relies on staffing stability, integrated and trusting care teams, shared workplace knowledge, standardized orientation, psychological safety and continuity of care. High employee turnover or 'churn' can negatively impact patient safety.<sup>10</sup> Other studies show that employee engagement – mental, physical and emotional connection to work – is linked to better patient safety.<sup>11</sup>

Agency staff, like casual or part-time staff, gain proficiency and experience in a specific workplace in part based on the amount of time worked in that location. However, agency staff are contracted for temporary assignments, which can vary in length, although repeat assignments or more frequency shifts can be negotiated. Agency staff can receive orientation or training through their agency, but unlike direct employees, they aren't part of employee management, performance reviews, career development or corporate training programs. Like

new employees, it takes time for agency staff to learn workplace-specific knowledge and integrate with the team.

Preventing cultural harm is an important part of providing safe care. Racism, in any form – whether interpersonal, institutional or systemic – can lead to negative care experiences or discourage people from seeking care, result in poor outcomes and cause preventable deaths. Care providers who are integrated into communities they serve can help ensure continuity of care and improve cultural safety. However, because agency staff are temporary, they may not have an opportunity to participate in long-term efforts to improve their cultural competency. For example, they may not be able to take part in ongoing cultural competency training offered by an organization, which may include pre- and post-assessments or performance appraisals. These indicators, and others, form part of the Canadian Institute for Health Information's (CIHI) *Measuring Cultural Safety in Health Systems* framework.<sup>12</sup>

## Drivers of staffing agency use

The increase in the use and costs of agency staffing across Canada has been driven by several factors. These include ongoing staffing shortages, the appealing benefits of working for staffing agencies and an immediate need to fill staffing gaps while longer-term recruitment and retention strategies are put in place. These factors are explained in more detail below.

- **Ongoing staffing shortages.** According to data from CIHI and Statistics Canada, vacancies in regulated nursing professions (such as nurse practitioners, registered nurses, licensed or registered practical nurses and registered psychiatric nurses) have been increasing year over year since at least 2015.<sup>13</sup> In 2022–23 alone, nursing vacancies rose by 24 percent. In 2021, the nursing supply grew by only 2.4 percent.<sup>14</sup> Despite this growth, demand for nurses is outpacing supply.<sup>15,16</sup> These staffing challenges, along with rising sick time and overtime, have increased the need for staff from other sources. Some forecasts predict growing shortages of care providers, especially in the LTC sector,<sup>17</sup> which relies heavily on PSWs, licensed or registered practical nurses and registered nurses. In 2022–23, PSW job vacancies were the highest in this group, making up 26 percent of total job vacancies.<sup>18</sup> Additionally, policies promoting increased direct care, like staff-to-patient ratios combined with an aging population, may keep driving the demand for healthcare professionals to meet these standards.
- **Attractive features of working for a staffing agency.** Agencies may offer higher pay, flexible scheduling, more choice of assignments and opportunities for paid travel. Some Internationally Educated Nurses (IENs) describe choosing to work for agencies for higher take-home pay which may be used to support family in their home country, foregoing other benefits of permanent employment such as pensions. The temporary nature of assignments may reduce the risk of burnout for agency staff as they may not experience the same long-term stress as permanent staff in units with ongoing staffing challenges. Data tracking employment types in nursing shows an increase in nurses working for private agencies or as 'self-employed' – with a 6.1 percent increase in 2021 and 9.2 percent increase in 2022.<sup>19</sup>

- **Immediate need to source temporary staff.** Despite various initiatives to address staffing shortages in Canada (such as increasing nursing and medical school seats and [recruiting internationally](#)<sup>20</sup> immediate staffing needs still persist. Longer-term recruitment and retention strategies are also necessary.

## A framework for analyzing staffing agency use

Several interconnected factors – including value, safety and quality, and recruitment and retention – can be considered together to understand the drivers and impacts of using agency staffing in healthcare.



### Value

Value considerations link resources used throughout a patient's journey to the outcomes that matter most to them. Value can be influenced by benefits for costs, such as the rates paid by an employer or jurisdiction for staffing agency contracts. It can also reflect the worth of services included within a contract compared to rates paid, such as training, orientation or credential verification. Jurisdictions and health delivery organizations differ in their capacity to manage contracts, which can impact the value they can achieve. When evaluating whether using agency staff provides good value for money, contracting organizations can consider several factors:

- The risk of service disruption if agency staff are not contracted, such as closures, reduced services or the need for patients to travel for care and the resulting impacts on patients, residents, families and communities.
- The level of procurement and human resource capacity within the hiring organization, including whether services like credential verification and onboarding can be managed internally, whether timelines can be met and whether costs are comparable or lower. For example, total staffing-related costs such as management positions, travel expenses, extended health benefits or retirement savings programs, may be compared to the cost of agency staff contracts.

- Whether the agencies being considered charge based on market demand. Demand pricing can make it harder to compare rates and value. With more than 470 healthcare staffing agencies across Canada,<sup>21</sup> many operating in multiple provinces and territories, there can be significant differences in cost of services and related expenses like travel and mileage. There is also mixed regulatory oversight for the operation of healthcare staffing agencies and the quality of staff and services they provide. Some jurisdictional policies that establish vendor of record processes set standard rates or outline quality and safety requirements. For example, Ontario's *Employment Standards Act* requires temporary staffing agencies (and recruiters) to comply with licensed standards on how contract staff are treated,<sup>22</sup> and clients can only hire temporary staff from licensed agencies.
- The employer's ability to control or influence retention factors, such as wages, scheduling, collective agreements or staff-to-patient ratios.

Many media reports<sup>23</sup> and several provincial auditors<sup>24,25</sup> have raised concerns about the sustainability of using staffing agencies for ongoing operational staffing, especially in healthcare settings that heavily rely on agency staff to deliver care and have limited ability to negotiate contract rates due to high demand.

## Quality and safety

There is a link between patient safety and having enough appropriate staff.<sup>26</sup> Studies have shown that more registered nurses in acute care settings can reduce negative outcomes.<sup>27</sup> Also, having the right number of nurses is linked to better patient results.<sup>28</sup> Staffing agencies can help maintain or increase staffing levels, which can improve safety. However, because agency staff are temporary, it can be harder to ensure continuity of care, long-term professional development and integration into the care team.

A lack of familiarity with the local context and culture can also affect cultural safety. We heard that patients and community members can see agency staff as a group of people who don't gain a deep understanding or connection with the communities they work in. To address this challenge, some agencies use a region-based assignment system, which helps agency staff become more familiar with and better integrated into specific communities or settings.

From the care provider's perspective, staffing agencies may offer an employment option for those who feel excluded or unwelcomed in other facilities or teams or when workplaces do not provide a racism and discrimination-free environment.<sup>29</sup> Efforts to strengthen and sustain the health workforce include dismantling barriers in the health system and education, promoting self-determination, increasing support, equity, access and opportunities for First Nations, Métis and Inuit health practitioners. These strategies help create culturally safe environments for both healthcare providers and patients.<sup>30</sup>

## Recruitment and retention

The use of staffing agencies is often a response to staffing shortages. In 2021–22, overtime hours worked by nurses and other staff in hospital inpatient units were equivalent to 7,000 full-

time roles<sup>31</sup>. Recruiting and retaining healthcare professionals to fill these workforce gaps has been a top priority for many areas, even before the COVID-19 pandemic.

In addition to the perceived benefits of agency work, challenges in current employment models such as scheduling, collective agreements and wage disparities may discourage healthcare providers from working in the public sector or for employers who cannot offer preferred conditions. This is especially true when considering gender and age-related preferences for employment conditions. According to the Canadian Nurses Association, 91 percent of regulated nurses were female in 2021, with an average age of 41 to 44.<sup>32</sup> Traditional caregiving roles, such as caring for children or aging family members are often handled by women. Combining caregiving roles with working can require flexibility, which is why some prefer agency work. At the same time, healthcare providers who choose agency work to manage their caregiving responsibilities might give up benefits that come with permanent or public sector jobs, such as paid time off, pension and other benefits, which are not always offered by staffing agencies.

The presence of agency staff can also affect the morale of the permanent staff. While agency staff help fill staff shortages, permanent staff may take on extra responsibilities such as orienting agency staff, guiding them through the workplace and explaining organizational processes. The added responsibility, combined with the perception that agency staff earn higher wages, can lead to lower morale and increased burnout among permanent staff. Healthcare providers who choose agency work might give up benefits of permanent employment like pensions, retirement savings plans, extended health benefits and insurance and vacation pay in trade for greater schedule flexibility. These choices might reflect personal priorities or the need to balance other parts of their life.

Morale issues, burnout and chronic stress are key factors that lead health professionals to leave the profession or move toward agency work,<sup>33</sup> making it harder to maintain or restore adequate staffing levels. This may create a negative cycle of chronic staff shortages, increased overtime and heavy staff-to-patient ratios, leading to illness, burnout and stress. As a result, agency staff are brought in to fill gaps, but their presence doesn't typically address long-term staffing shortages.

When discussing the impacts of using staffing agencies, it's important to understand the differences between agency staff and a new employee in an organization, or those working in organizations with high turnover. Both types of workers might be unfamiliar with a workplace, need orientation and supervision and take time to integrate with their team. However, agency staff are not employees of the organization they are working for, such as a Regional Health Authority, Ministry of Health or LTC home. This difference in employment means there are often variations in areas like performance management, supervision and the investment in training and development, especially when the staff member is only expected to work for a short period, like a few weeks or months.

## Policy Lab Overview

Policy labs bring together a variety of interest-holders through structured, step-by-step sessions to address and inform specific policies or issues. These sessions combine research and evidence with input from the individuals, organizations and communities affected by the policy issue. For an overview of policy lab methods, refer to Appendix 1.

HEC organized a policy lab on June 20, 2024, in Ottawa, ON, to engage participants in discussing the role of staffing agencies in the Canadian healthcare system. The main goals of the policy lab were to deepen the understanding of the factors influencing the use of agency staff and validate effective policy solutions for optimizing the use of agency staffing.

The 56 policy lab participants represented a wide variety of perspectives from unions, staffing agencies, healthcare provider groups, Indigenous health organizations, academia, policymakers and patients. Participants came from all 13 jurisdictions.

Before attending the policy lab, participants reflected on the following **policy questions**:

1. What factors cause jurisdictions and employers to access staffing agencies?
2. What factors cause some healthcare professionals to want to work for an agency?
3. What are the impacts of using staffing agencies on value, quality and safety, and recruitment and retention?
4. What policy solutions would optimize the role of staffing agencies in the healthcare system?

An evidence scan and a review of provincial and territorial policies were completed to identify key issues and generate policy options. Additionally, 19 key informant interviews were held to gain a deeper understanding of the challenges surrounding this topic. Interviewees included representatives of provider organizations, unions, healthcare staffing agencies, policymakers, health system leaders and researchers.

## Balancing impacts: What we heard

Through policy lab dialogues and interviews, it became clear that organizations and jurisdictions have different drivers, goals, strategies and definitions of 'optimal use' of agency staff. Overall, these contextual factors result in various strategies and policy approaches for determining the optimal use of staffing agencies across Canada's provinces and territories. Potential reasons for differences in policy responses may include:

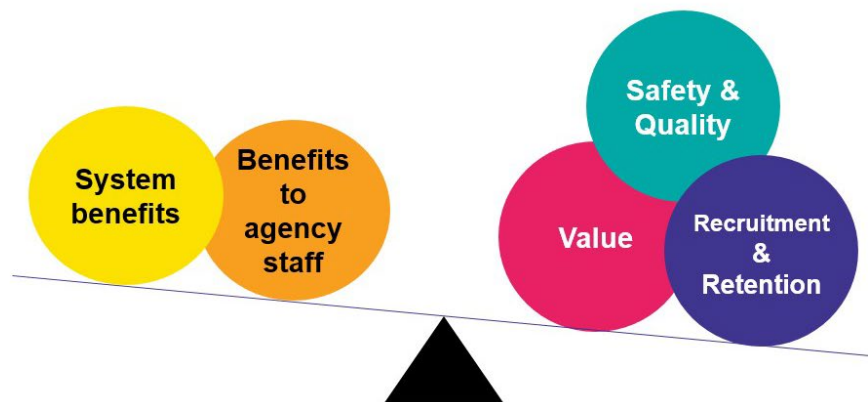
- Consideration of public perceptions which can impact policy decisions regarding agency staffing. The amount of media coverage and pressure from the public can push elected officials and ministries to take quicker action.
- The presence or status of ongoing HHR strategies which are expected to address concerns related to the cost or heavy reliance on staffing agencies.
- Policy decisions based on different goals. Some policies may aim to control agency use in

response to HHR challenges, while others may address the underlying HHR and workplace factors that lead to the reliance on agencies.

- Jurisdictional size and structures which can influence agency staff use. Some P-Ts limit agency staffing, but when it's used, it's typically for maintaining services or for securing specific skills.
- Proximity to international competition for the health workforce that can impact staffing. Agencies and the factors that make them appealing can help protect the overall Canadian health workforce and benefit employers. For organizations near the U.S. border, there is a risk that staff may be tempted to move to the United States.
- Risks to the ability to maintain services that might require decisions to use agency staff. This choice can help ensure services are provided and prevent significant impacts on patients and communities, especially those in remote areas who might otherwise need to travel for care.

Many participants noted that finding a balance between these areas of the framework is very challenging due to intense staffing pressures. Some participants from the LTC sector shared that many facilities are in a position of extreme staffing shortages. In these situations, accessing agency staff is essential to service delivery, and the immediate need to secure staffing can outweigh considerations of value or cost. This is particularly challenging for LTC homes when high demand for staff often leads to dynamic pricing, which can make costs unpredictable.

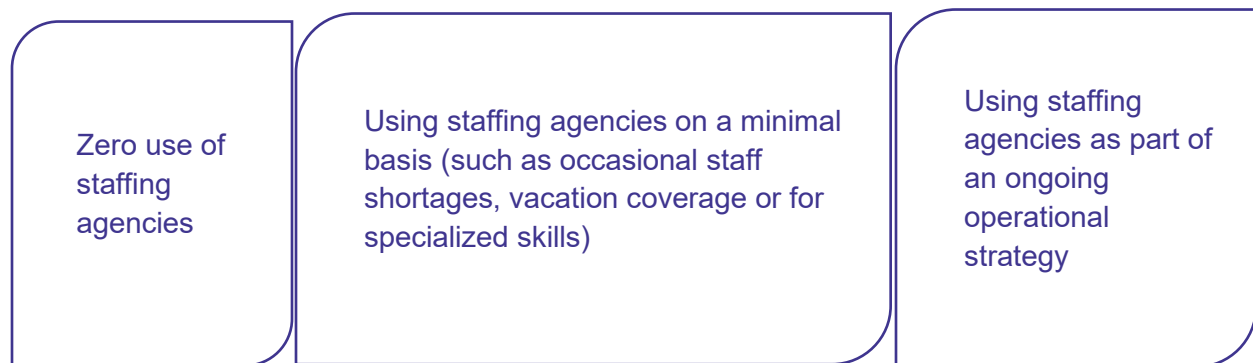
## Balancing impacts of accessing agency staff



Balancing elements of value, quality and safety, and recruitment and retention is difficult and requires clear priorities in both the short and long term. Also, looking at the use of staffing agencies can be done from a larger system perspective, such as by using healthcare improvement tools and principles that outline key factors to consider when making transformative changes.<sup>34</sup>



Jurisdictions and employers have different views on how and why agency staff might be used, with some aiming to eliminate their use completely, while others rely on them regularly and continuously.



Many jurisdictions that use various strategies to recruit and retain healthcare providers and support workers might still need agency staff to fill vacancies and maintain services.<sup>35</sup>

Regardless of how often agency staffing is used, policy lab participants suggested that employers might benefit from a combination of strategies to improve contract management. This helps to maximize value, increase transparency, ensure safe, high-quality care and support workforce stability. These strategies might include:

- Outlining the bundle of services included in the rate paid, such as credential verification, orientation and mechanisms to provide feedback to the agency on staff performance.
- Cultivating relationships with staffing agencies to achieve these goals. For example, collaborating to assign the same agency staff to the same facility, unit or community, when possible, to maintain continuity and improve familiarity, depth of orientation and relationships with the existing team. Longer assignments for agency staff can also reduce travel costs compared to multiple short-term assignments or shifts covered by different agency staff. Additionally, working with the agency and permanent staff to develop or improve orientation and resource materials can help integrate agency staff more effectively.
- Collecting data for shared understanding and learning. Organizations and jurisdictions can gather data to identify trends and understand the impact of using agency staff in their setting. This includes tracking the proportion of agency hours, changes in rates paid to agencies and shifts in the current workforce. By doing so, they can learn from others about practices that have helped stabilize the workforce while maximizing the value of agency staffing. Employers can also use this data to ensure alignment with their HHR goals.
- Some staffing agencies have large databases and platforms that can identify trends by sector, location or role. Strategically using this data might help improve the cost-effectiveness of agency staffing. The differences in agency use between acute care and LTC sectors might influence funding decisions and recruitment efforts. Policy lab participants highlighted that data collection and sharing could offer a better understanding of costs, value for money, trends among privately and publicly employed healthcare providers and agency



staff. It could also support predictive modeling and provide insights into HHR spending, the quality and safety of care and overall impact on the health workforce.

- Understanding both qualitatively and quantitatively the movement of healthcare professionals within and across jurisdictions is beneficial.<sup>36,37</sup> This can be measured through factors such as outflow<sup>38</sup> (not renewing licenses in the same jurisdiction as the previous year), attrition rates (leaving an employer or abandoning a training program before completion) and exit rates (such as retirement, migration to other jurisdictions or countries, leaving the profession or taking extended leave). These movements contribute to the costs employers face.<sup>39</sup> Surveys and reports examining the intent to leave the profession<sup>40,41,42,43</sup> suggest that these rates highlight the need for measures to retain healthcare providers by addressing their underlying concerns.<sup>44</sup>
- Evolving or modernizing long-standing structures and methods of organizing HHR might be based on expressed preferences and needs of the workforce, informed by data, quality improvement approaches and promising practices that maintain the quality and safety of care while advancing the Quintuple Aim.<sup>45</sup> Modernizing HHR planning might consider:
  - Priorities and needs from a gender-based perspective that consider both economic needs, caregiving responsibilities, and support in physical, mental and emotional health.
  - Priorities and needs from a cultural safety perspective, ensuring supportive and inclusive workplaces, including for healthcare providers with families in other countries.
- Leveraging technology where possible to increase flexibility in care delivery, such as through virtual care, hybrid roles or remote consultations and support.
- Partnering with healthcare provider unions to explore areas where increased flexibility can benefit public sector staff and improve ability to schedule and organize healthcare providers for service delivery.
- Cultivate engagement-capable environments<sup>46</sup> that support healthcare providers and teams to identify ideas for workplace improvements and collaborate on changes with health system leaders and patient partners.

HEC conducted a collective impact assessment review to identify six strategies for strengthening the health workforce:

## Six Strategies for Strengthening the Workforce

Evidence and insights from health leaders across the country highlight six strategies to support and retain the workforce, anchored in leadership, equity and patient safety.





**Fostering Physically Safe Work Environments.**

Providing appropriate and necessary Personal Protective Equipment (PPE), along with the implementation of reasonable policies, procedures and precautions that protect workers from physical harm.



**Enhancing Sustainable Staffing.**

Ensuring that tasks can be completed within regular working hours, minimizing excessive overtime, reducing administrative burden and aligning responsibilities within workers' qualifications and expertise.



**Building Flexible Work Structures.**

Offering consistent and manageable work schedules and allowing flexibility to help healthcare workers effectively balance their work and personal lives.



**Providing Equitable and Appropriate Compensation.**

Ensuring that compensation aligns to work expectations and adapt to changing economic conditions (e.g. cost of living increases).



**Ensuring Supportive and Inclusive Workplaces.**

Building psychologically safe workplaces that promote mental well-being by addressing racism and prejudice, enhancing trust in management, empowering workers through increased decision-making capabilities, and ensuring recognition their contributions.



**Supporting Career Advancement.**

Creating pathways for career advancement through comprehensive training and education programs, raising awareness of growth opportunities, and supporting workers with mentorship and sponsorship initiatives.

**How this was developed**

In March 2023, Healthcare Excellence Canada convened more than 50 health system leaders to explore coordinated actions to better support and retain Canada's health workforce. Participants included representatives from federal, provincial, and territorial governments, regional health authorities, professional associations, unions, frontline providers, pan-Canadian organizations, patient partners and researchers.

Through this roundtable and a review of more than 40 reports and strategies, including 270 activities aimed at retaining health workers, these six key strategies were identified.

Healthcare Excellence Canada is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



## Policy considerations: What we heard

The policy lab participants validated and refined 14 policy options identified through the evidence scan and key informant interviews. During the policy lab, participants discussed how realistic and impactful the options were, considering differences in context and sectors that might make certain options better suited for particular areas or regions.

The options are not mutually exclusive, and many policy lab participants shared examples where options were already in practice in their jurisdiction.

Although the options are presented according to the framework of value, quality and safety, and recruitment and retention, most of them impact more than one of the dimensions. See Appendix 2 for a summary of these options.

## Value-based policy considerations for optimal use of agency staffing

### 1. Establish a vendor of record

A vendor of record (VOR) approach involves a province, territory or employer issuing a request for proposals (RFP) to private staffing agencies, outlining specific criteria or standards, such as

maximum payment rates, service levels and elements included in the fees (such as orientation, training and credential verification). This approach can also outline protections for agency staff.

With a VOR approach, contract management controls can be put in place to meet the organization's needs while allowing for some flexibility with smaller, individual contracts. Participants indicated that this competitive process has the potential to deliver better value for money. Documenting safety and quality measures such as minimum experience requirements, advanced certifications or continuity of staff/assignments can improve patient care and foster better team-based care by ensuring both agency and permanent staff are well integrated.

For recruitment and retention, the VOR approach could include clauses that help recruit employees to organizations, such as removing waiting periods for an agency staff person to apply for public sector jobs. Agencies that participate in a VOR may also report on how they meet specific criteria.

The VOR approach is more feasible for jurisdictions or larger employers that already have an RFP or procurement process in place or are planning one. By creating partnerships with one or a few agencies, trust and communication can be improved, leading to better processes.

However, the VOR approach focuses on managing controllable aspects of hiring agency staff and does not directly address the underlying issues that cause staff shortages and reliance on agency workers. While a VOR approach offers benefits in terms of procurement and contract management, it can reduce flexibility and may not be a complete solution to the broader challenges facing the health workforce.

### **Strategy in practice: vendor of record**

[Indigenous Services Canada RFP process](#)

[Newfoundland & Labrador Health Services](#)

## **2. Standardize rates paid to agencies**

Standardizing rates paid to staffing agencies is another policy option under the value grouping, aiming to control costs by focusing on external factors. This approach is more specific and narrower than the VOR model. The goal is to minimize or eliminate the price variations that arise in a demand-based market, where some agencies charge a premium for urgent staffing or high-need areas.

Jurisdictions can standardize agency rates through several methods. This can be done within an individual contract with an agency, by coordinating across multiple entities in a region, province or territory, or through a comprehensive approach at the provincial-territorial (P-T) or RHA level. Standardizing rates helps provide predictability of anticipated agency costs and greater transparency.

Rates can be adjusted to account for travel and accommodation costs, especially in rural, remote or northern communities. Like the VOR approach, standard rates can be controlled through the contract management process and may be added during contract renewal or renegotiation. Larger organizations, RHAs or P-Ts that standardize rates can also provide an incentive to agencies to meet specific standards.

However, this approach may not work for smaller, independent organizations. For example, over 50 percent of LTC homes are privately owned, for-profit and non-profit entities<sup>47</sup> and these operators may individually contract with staffing agencies. As a result, they are more vulnerable to price variation, premiums and additional costs for northern, rural and remote locations.

Setting the right rate is an important consideration, as standard rates could influence collective bargaining processes or salary negotiations in public sector workplaces. If rates are too low, agencies might be discouraged from operating in certain regions, leading to fewer competitors in future procurement processes. Without enough flexibility to cover travel and accommodation for remote areas, standardizing rates might unintentionally hinder the ability to attract agencies and staff to these locations.

While standardizing rates seems like an effective way to managing costs, differences in rates across provinces and territories could drive the workforce to regions offering higher rates. It's important to distinguish between the rates paid to agencies and wages paid to staff, as the breakdown of wages within a rate isn't always published or comparable. This policy option doesn't address the underlying wage disparity issues that may drive staff to private sector work. As a result, rate standardization may be a short-term solution that could be combined with other strategies to improve employment conditions in healthcare.

An example of this approach is seen in Nunavut, where the Department of Health<sup>48</sup> has committed to developing a comprehensive contracting strategy for agency nurses and nurse practitioners. This strategy aims to manage costs effectively while considering other quality factors such as experience, training and continuity of care.

#### **Strategy in practice: standardize rates paid**

[Nunavut](#)

### **3. Cap rates paid to agencies**

Capping rates paid to staffing agencies can be a cost-control measure that can be negotiated either on a per-contract basis or on a larger scale, such as at the health authority level. This approach can also be implemented through a VOR system, using an RFP process. Capping rates provides a degree of certainty and may help avoid price fluctuations (dynamic pricing) or sudden increases in cost for a set period. By agreeing to a maximum rate or a range of rates, this policy approach addresses cost control while maintaining value.

However, risks still exist with capping rates, as the market-based dynamics of supply and demand can influence prices.

#### 4. Limit hours purchased from agencies

Limiting the number of hours an employer can purchase from a staffing agency is another cost-control policy approach, with an additional intent to incentivize recruitment of employees. In this approach, the funder, such as a provincial ministry, sets a directive to employers to reduce costs by minimizing the number of hours contracted through private staffing agencies.

While this can help control expenses, it carries risks. Limiting agency hours may lead to service disruptions or gaps in care if the employer is ultimately unable to meet staffing needs. Additionally, it could result in increased overtime for existing staff, potentially causing burnout, higher turnover or further strain on the workforce.

#### 5. Ban the use of staffing agencies

Some jurisdictions and organizations have called for a total ban on the use of staffing agencies within the health system, citing several reasons for their stance:

- **Cost concerns.** The use of staffing agencies can be seen as unsustainable, especially from a financial perspective.
- **Inefficiency.** While relying on contracts, the use of staffing agencies can be viewed as an inefficient use of public funds.
- **Public system improvements.** These organizations advocate for more financial and strategic investment improving working conditions within the public healthcare system instead of relying on staffing agencies.

In December 2023, Quebec enacted legislation addressing some of these concerns through [Bill 15, \*An Act to make the health and social services system more effective\*](#). This legislation created *Santé Québec*, regulated contracts with personnel placement agencies and established fines for non-compliance.

Key considerations for choosing a policy approach like this include:

- **Current dependency on agency staff.** Evaluating how dependent the healthcare system is on staffing agencies due to ongoing provider shortages.
- **Risk to critical services.** Assessing the risk that eliminating use of staffing agencies might impact the ability to maintain essential services or keep healthcare facilities open.
- **Impact on the workforce.** Reflecting on how eliminating staffing agencies might affect the broader healthcare workforce, some participants expressed concerns that removing this employment option could harm patient and resident care, particularly in sectors heavily reliant on agency staff. They argue that strengthening and stabilizing the health workforce should take precedence before considering a ban on staffing agencies.

**Strategy in practice: ban the use of staffing agencies**

[Quebec](#)

## Safety and quality-based policy considerations for optimal use of agency staffing

### 6. Create provincial-territorial or health authority float pools

Some jurisdictions have created internal float pools to address staffing needs, particularly in northern, rural or remote areas, as well as other regions with high demand. Float pools are a sub-group of employees who travel to areas of need. This policy approach considers both the factors driving the use of staffing agencies by employers and the appealing features of agency work for healthcare professionals.

Advantages of internal float pools, typically created within an existing employer such as an RHA, include:

- For staff:
  - Retaining union membership (if applicable).
  - Opportunities to travel and work in diverse areas within the organization.
  - Potentially more preferable and flexible schedules.
- For staff and patients:
  - Continuity in orientation, as float pool staff are employed by the same organization as the teams they are assigned to as support, leading to more consistent care and familiarity.
- For the employer:
  - Control over the wages paid to the staff, which may help to better manage costs.
  - Ability to more directly manage their workforce, for example, through orientation and training.
  - The ability to deploy staff to areas with greatest need, ensuring flexibility and responsiveness to staffing shortages.
- For both the employer and the employees:
  - The protective features of an employment relationship, such as benefits and job security, compared to the often less secure contracted relationship with staffing agencies.

Jurisdictions such as Manitoba, British Columbia and Alberta have implemented versions of internal float pool or 'travel nurse' programs within their Ministry of Health or RHAs (see Appendix 2 for more details).

However, this policy option may not be feasible for smaller jurisdictions that lack a sufficient HHR supply to create a float pool. Additionally, for specialized roles that are difficult to fill (such

as remote-certified nurses), relying on internal float pools may not meet staffing needs. One proposed solution to address this gap is a national licensing approach to increase the supply of mobile healthcare providers, allowing more staff to be deployed where needed.<sup>49</sup>

**Strategy in practice: create jurisdictional or health authority float pools**

[Manitoba](#)

[British Columbia](#)

[Alberta- North Zone Locum Program](#)

**7. Implement alternate staffing models (such as job-sharing or permanent part-time roles)**

One of the appealing features of working for a staffing agency is the increased choice and control over one's schedule. In many healthcare sector workplaces, the scheduling options currently in place may not always align with an individual's personal needs or preferences.

In the public sector and for some private employers, there may be some flexibility for casual or part-time positions. However, the extent of flexibility often depends on the care delivery requirements, and at times organizational or P-T policies and standards.

Some organizations can offer greater flexibility based on the type of care or service they provide. For instance, services that are delivered virtually or during regular weekday business hours tend to allow for more flexibility for staff in terms of scheduling.

In some regions, such as a Northern health service provider, creating permanent part-time roles has helped stabilize and retain staff by meeting the work-life balance and flexibility needs of their physician staff.<sup>50</sup> Other staffing models,<sup>51</sup> such as virtual on-call support and involving staff in designing rotational schedules, can further support staff satisfaction and improve recruitment and retention.

**Strategy in practice: implement alternate staffing models (such as job sharing and permanent part-time roles)**

[Ongomiizwin Health Services](#)

**8. Require competency to deliver culturally safe care**

Delivering culturally safe care is essential in respecting the identity and culture of individuals and communities. It is closely linked to patient safety, as policies and programs that address racism, discrimination and bias can help reduce harm in healthcare settings.



In 2022, the Yukon Registered Nurses Association introduced a cultural safety practice standard<sup>52</sup> requiring all nurse practitioners and registered nurses (including agency nurses) to complete mandatory education on First Nations culture. This standard also promotes a zero-tolerance policy for Indigenous-specific racism within nursing practice.

Culturally safe care is critical for patients, their families and caregivers, and they are the ones who define and determine whether their experiences are culturally safe.<sup>53</sup> It involves a continuous cycle of awareness, sensitivity and competence supported by ongoing self-reflection.<sup>54</sup>

For staffing agencies, it is important to prepare and orient temporary staff to the specific location, context and community where they will be assigned. Evaluating and requiring culturally safe competencies can be integrated into VOR and RFP processes. Many jurisdictions include a requirement in their contracts for agency staff to complete cultural safety training or orientation tailored to the community or setting where they will work.

**Strategy in practice: require competency to deliver culturally safe care**

[Yukon Registered Nurses Association](#)

## **Recruitment and retention-based policy considerations for optimal use of agency staffing**

### **9. Implement staff-to-patient ratios**

Safe staffing frameworks are policy options that establish sufficient or optimal staffing levels based on the specific unit or type of care being provided. One example of this strategy is setting staff-to-patient ratios, which determines a minimum number of staff members needed relative to the number of patients based on the care needed. U.S. research specific to nurses has shown that nurse-patient ratios can enhance both staff and patient safety, improve patient outcomes and contribute to better nurse retention when implemented.<sup>55</sup> Determining staff-to-patient ratios is context-specific. For example, there can be variation in the hours of care and skill mix needed in LTC settings due to the differences in needs across different homes.

Staff-to-patient ratios aim to create work environments where healthcare professionals can perform their duties at a manageable pace, ensuring safer care and supporting recruitment and retention efforts. However, due to the ongoing shortage of healthcare professionals across Canada, this may mean assessing the risks to patients, residents, families and caregivers if a service needs to be closed or restricted due to inadequate staffing. In some cases, hiring agency staff may help meet the required staffing levels needed to maintain required ratios.



### **Strategy in practice: implement staff-to-patient ratios**

[BC minimum nurse-to-patient ratios](#)

## **10. Cap hours worked**

One policy option that aims to prevent healthcare professionals from leaving the public sector for agency work is to limit the number of hours or days that a health professional can work at an agency while also employed in the public sector. In late 2023, Nova Scotia implemented a policy within government contracts that caps the amount of time a travel nurse could work in the province at 180 days. After exceeding this limit of 180 days, the nurse is required to wait one year before being eligible to work for an agency again in the province.<sup>56</sup> A similar policy restricts new nursing graduates from working for private agencies for one year after graduation. These policies aim to encourage nurses to stay within the public system.

This approach has multiple considerations. First, such policies can only apply to the jurisdiction implementing them, but several agencies operate across multiple provinces. A nurse based in Nova Scotia could potentially find work with an agency in another province if they are licensed there. Second, limiting employment opportunities in this way could disproportionately affect women, as many healthcare professionals in these roles identify as women.<sup>57,58</sup> This could have financial implications, as these professionals may rely on agency work to support themselves and their families. Lastly, a policy approach like this may drive staff to leave a jurisdiction entirely if they are unable to find the flexibility and schedule control they desire within the public sector.

### **Strategy in practice: cap hours worked**

[Nova Scotia](#)

## **11. Increase compensation**

Differences in compensation between employees and agency staff, whether perceived or actual, can impact workplace dynamics. Reports often highlight that agencies charge two to three times the hourly wages paid to public sector staff. However, comparing wages and agency rates directly is challenging, as agency fees also include other compensation costs, such as payroll processing or orientation expenses, as well as the cost of agency operations.

Some suggested that one way to improve employee retention might be to increase salaries to better align with those offered by agencies. Viability of this option can vary depending on the context. For example, Ontario's Bill 124, enacted in October 2019, limited wage increases for public sector workers, although the bill was repealed in 2023.<sup>59</sup> In other regions, like the Northwest Territories, unionized government employees from various sectors have a shared

collective agreement, which can link wage increases across different occupations. Despite this, there are still recruitment and retention incentives specifically targeted at healthcare professionals in these areas.<sup>60,61</sup>

## 12. Offer recruitment incentives in areas of need

Financial recruitment incentives can play a role in stabilizing the workforce, especially where data indicates consistent or increasing reliance on staffing agencies in a specific community, facility, unit or type of service. Various jurisdictions have implemented recruitment incentives, which can take multiple forms:

- **Incentives for rural and remote communities.** These are designed to attract healthcare workers to areas with staffing challenges due to geographic isolation or resource constraints.<sup>62,63</sup>
- **Provincial float pool incentives.** Offering financial or other rewards to encourage healthcare workers to join a provincial float pool, helping fill staffing gaps as needed across different locations.<sup>64</sup>
- **Incentives for difficult-to-fill urban vacancies.**<sup>65</sup> Targeted incentives for urban centres facing staffing shortages in specific areas.
- **Grants for bilingualism.**<sup>66</sup> Financial rewards or bonuses for healthcare professionals who meet bilingualism requirements, especially in regions with a high demand for bilingual services.
- **Incentives to relocate.**<sup>67</sup> Financial support for healthcare workers who move to a specific jurisdiction to fill urgent staffing needs.
- **One-time ‘thank you’ bonuses.**<sup>68</sup> Acknowledging and rewarding the work of healthcare professionals through bonuses, often as a way to retain staff during peak periods.
- **Reimbursement of licensing fees.**<sup>69</sup> Offering financial support for retired nurses and nurse practitioners who return to work by covering their licensing fees, making it easier for them to re-enter the workforce.

The *Nursing Retention Toolkit*<sup>70</sup> also suggests other types of incentives, such as:

- **Extending employee benefits to part-time employees.** This might attract more workers who need flexibility while ensuring they have access to essential benefits.
- **Shift premiums.** Offering higher pay for working difficult-to-fill shifts such as weekends or nights, in line with collective bargaining agreements and employers’ capacity to offer such premiums.

These incentives can help attract and retain healthcare professionals in settings where staffing shortages persist, offering both financial rewards and practical support.

**Strategy in practice: offer recruitment incentives in areas of need**

[Saskatchewan](#)

[Alberta Health Services](#)

[Newfoundland and Labrador](#)

### **13. Consider scheduling models that increase staff choice in scheduling**

Flexibility is one of the most sought-after features of employment for healthcare professionals, especially those who have transitioned from public sector roles to staffing agency. Many healthcare workers now prioritize schedules that support work-life balance, caregiving responsibilities and personal wellbeing. Others might prefer the predictability of 12-hour shifts or 3-week rotations, for example. To meet these varying needs, employers have come up with creative options that offer more choice and flexibility, while still meeting operational requirements and maintaining service quality.

One example is combining in-community work with virtual work for staff on rotational shifts in northern, rural or remote areas, allowing them to maintain full-time hours while balancing time spent both in and out of the community. For instance, Nunavut offers flexible job-sharing arrangement options.

**Strategy in practice: increase staff choice in scheduling**

[Nunavut](#)

### **14. Develop new, innovative staffing structures that facilitate better work-life balance**

Staffing agencies can offer features that attract today's workforce, though replicating them in the public sector can be challenging. This policy approach suggests creating or adding options that align with desired employment conditions.<sup>71</sup> The key is for health system funders, administrators, leaders, educators, employers and unions to understand what factors will make healthcare professions more appealing to current and future workers.

When thinking about value, quality and safety, and recruitment and retention, the ideal future workplace has many dimensions. Health professionals have said there is no single reason for deciding to join or stay in the health workforce. Compensation, work-life balance, flexible schedules and working conditions all play important roles in attracting and keeping staff. Currently, healthcare workers might have to trade scheduling flexibility for benefits, trying to find

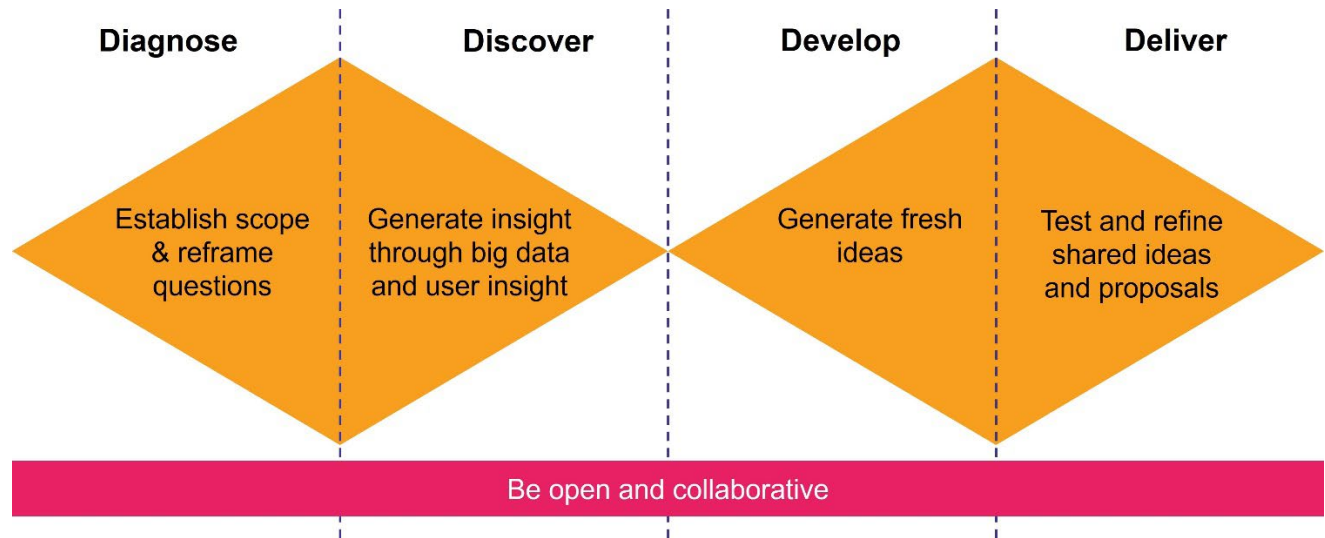
the right balance. For example, part-time roles often come with fewer or no benefits. While others wish they could work more hours or shifts. Some studies show that many part-time workers, especially in LTC, would prefer full-time jobs.<sup>72</sup>

Canadian research on what health workers want as well as other reports highlight features that might meet these needs.<sup>73,74,75</sup> In addition, improving work-life balance and job satisfaction has been linked to lower absenteeism, better teamwork and better patient care.

Stable, well-resourced health workforces are essential for delivering safe, high-quality care. Attracting and retaining the healthcare workers may mean making changes to outdated systems and structures and adapting to the evolving desires, needs and values of the workforce. This approach can be customized to meet the unique needs of both the workplace and the healthcare providers within it. At the same time, as changes are implemented, employers can use various strategies to ensure that the use of agency staff provides value while maintaining safe and high-quality care. Maintaining awareness of the effectiveness and impacts of various policy choices is important when implementing changes.

# Appendix 1

## Policy Lab Approach



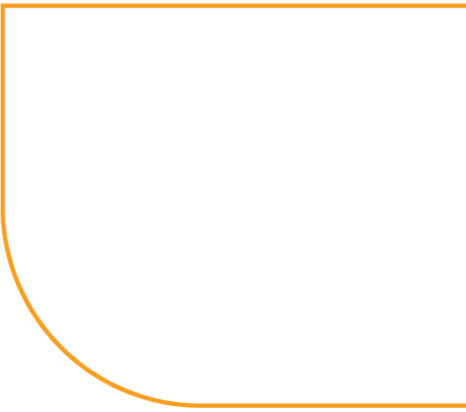
A policy lab is a collaborative, structured and facilitated co-design process that brings together diverse perspectives from various relevant partners. It focuses on engaging participants through a series of rapid and step-by-step exercises or sessions to address a specific policy topic or issue. The policy lab process integrates research and evidence with the insights of people, organizations and communities affected by the policy.

The goal of this policy lab was to integrate different partner perspectives, to review data and evidence, and to identify innovative policy strategies that could optimize the use of staffing agencies in health systems across Canada.

The policy lab uses a step-by-step process of 'divergent' and 'convergent' thinking (known as the double diamond) to gather varying priorities and viewpoints from participants. Through facilitated exercises, participants then converge on potential solutions or approaches that incorporate the collected data. This process leads to policy considerations informed by both research evidence and lived experience.

Policy labs help us to create better policy solutions by using a process of broadening and narrowing ideas. First, we gather a wide range of perspectives on a policy challenge. Then, we focus on finding practical solutions that benefit everyone involved. By using systemic design approach, policy labs tackle complex healthcare policy issues, while valuing and integrating the insights from those with lived experiences.

We bring together perspectives from a diverse group of partners and interest-holders and guide them through a series of rapid and repeated sessions. These sessions are designed to tackle challenges, and ultimately provide proposals that can be further improved.



## Appendix 2

### Policy Considerations Summary Chart

Option	Policy Option Aims	Examples
<b>Vendor of record</b>	This approach aims to control costs and contract conditions, as well as to deliver greater value for money.	<a href="#">Indigenous Services Canada RFP process</a> <a href="#">Newfoundland &amp; Labrador Health Services</a>
<b>Standardized rate paid to agencies</b>	This approach aims to minimize or eliminate price variations in a demand-based market, controlling costs and making them more predictable.	<a href="#">Nunavut</a>
<b>Limit rates paid</b>	This approach sets an upper limit on the amount that will be paid to agencies.	
<b>Cap hours purchased</b>	This approach caps the number of hours an employer may purchase from agencies, thereby helping to control costs.	
<b>Ban the use of staffing agencies</b>	This approach uses legislation and financial levers to limit or eliminate the use of staffing agencies.	<a href="#">Quebec</a>
<b>Create jurisdictional or health authority float pools</b>	This approach creates a mobile team of permanent employees who can be deployed to areas of need while offering some of the benefits of agency work, such as opportunities to travel, experience different areas of the organization and potentially have a more flexible schedule.	<a href="#">Manitoba</a> <a href="#">British Columbia</a> <a href="#">AB- North Zone</a> <a href="#">Locum Program</a>
<b>Implement alternate staffing models (such as job sharing or permanent part-time roles)</b>	This option allows staff who are drawn to the flexibility and choice of agency work, to enjoy those benefits while being employed within a health system or organization. This gives the jurisdiction or employer more control over wages, training and other factors.	<a href="#">Ongomiizwin Health Services</a>
<b>Require competency to deliver culturally safe care</b>	This approach requires that agency staff, as a part of their contracts, complete cultural safety training or orientation specific to the context in which they will be working.	<a href="#">Yukon Registered Nurses Association Cultural Safety Practice Standard</a>

Option	Policy Option Aims	Examples
<b>Implement staff-to-patient ratios</b>	Staff-to-patient ratios are designed to create better work environments for healthcare professionals, allowing them to practice their skills at a manageable level of intensity to provide safe care. This, in turn aims to support recruitment and retention in the public sector.	<a href="#">BC</a>
<b>Cap hours worked</b>	This approach limits the maximum number of hours staff can work for an agency before they face restrictions on working in the public system, discouraging them from working for agencies.	<a href="#">Nova Scotia</a>
<b>Increase compensation</b>	This approach aims to reduce the wage disparity between public and private sector employees and agency staff by increasing the salaries of public and private sector employees.	
<b>Offer recruitment incentives in areas of need</b>	Recruitment incentives are designed to attract healthcare professionals to areas of need	<a href="#">Saskatchewan</a> <a href="#">Alberta Health Services</a>
<b>Consider scheduling models that increase staff choice in scheduling</b>	Increasing autonomy, choice and flexibility in scheduling may help retain employees in healthcare organizations who might otherwise seek work with staffing agencies.	<a href="#">Nunavut</a>
<b>Develop new, innovative staffing structures that facilitate better work-life balance</b>	This approach aims to recruit and retain employees by offering a variety of incentives and options that support their work-life balance, such as childcare provisions.	



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