

PROFESSIONAL RESPONSIBILITY "REPORT FORM" FOR ALL units except ER Guidelines and Usage Tips

NOTE: You MUST make copies of this form for yourself, chair of the Professional Responsibility Form (PRF) Committee / steward, supervisor and director / VP of nursing or use the original form.

In the interest of safe patient care and safe nursing practice, the parties agreed in Article 59 of the HEABC / BCNU Master Collective Agreement to a problem solving process to address employee concerns relative to patient care including:

- (a) nursing practice conditions
- (b) safety of patients and nurses
- (c) workload

STEPS IN PROBLEM SOLVING PROCESS

1. Discuss the matter with your immediate supervisor with the intent to resolve the problem. This should be done **AS SOON AS POSSIBLE** after you encounter the problem.
2. **IF A RESOLUTION IS NOT REACHED TO THE EMPLOYEE'S SATISFACTION**, then you may complete a Professional Responsibility Form with 7 calendar days of your discussion with your immediate supervisor.
3. Upon receipt of a Professional Responsibility Report Form, the Professional Responsibility Committee **MUST** meet within **14** calendar days.
4. **IF A RESOLUTION IS NOT REACHED TO THE EMPLOYEE'S SATISFACTION** within **7** calendar days of the last meeting of the committee, you may submit the concern in writing to the Hospital Administrator, the Head of Nursing, and the BCNU. The administrator and/or Head of Nursing or designate from nursing **SHALL** meet with the employee to discuss resolution of the concern and **SHALL** respond to the employee, in writing, within **7** calendar days of the meeting.
5. **IF A RESOLUTION IS NOT REACHED TO THE EMPLOYEE'S SATISFACTION**, you may make a written submission to the Board of Directors. All parties shall receive copies of submission and documentation provided to the Board.
6. The Board of Directors **SHALL** review the submission at their next regularly scheduled board meeting and **SHALL** respond in writing to the employee within **14** calendar days. Copies of the response are to be forwarded to BCNU, the Administrator and the Professional Responsibility Committee members.
7. **IF THE EMPLOYEE IS NOT SATISFIED** with the written response from the Board of Directors, you may make a verbal presentation to a committee of the Board for reconsideration. A further written submission may be presented in support. The Board of Directors **SHALL** respond in writing within **14** calendar days with copies forwarded to parties named in paragraph 6.

TIPS

1. Review the form before completing it so you have an idea of what kind of information is required.
2. Print legibly and press hard. You are making four copies, and they must be readable for all recipients.
3. Do not under any circumstances identify patients / residents.
4. As much as possible, you should report only facts about which you have first-hand knowledge. If you use second-hand or hearsay information, identify the source if permission is granted.
5. If you need more space, use additional forms and attach.
6. You may seek assistance from your steward in completing the form.

PROFESSIONAL RESPONSIBILITY REPORT FORM

Section 1: General Information

NOTE: YOU MUST PRESS THE "INSERT" KEY ON YOUR KEYBOARD BEFORE STARTING TO TYPE. THIS WILL HELP KEEP YOUR DOCUMENTATION WITHIN THE SPACE PROVIDED.

Name: _____ Position: _____ Phone: _____

Employee Agency / Facility: _____ Date of Report: _____

Ward / Unit: _____ Type of Service: _____ Manager's Name: _____

Section 2: Summary of Problem (Describe the nature of the problem. If the problem relates to staffing, include the number of patients and staff on the ward/unit at the time. Specify any planned nursing care that could not be done because of the problem. Explain any actual or potential hazards or situations that resulted from the problem).

Baseline staffing present?	No	Yes						
Replacement requested?	No	Yes	➡	Type:	RN	LPN	Aide	Unit Clerk
Replacement received?	No	Yes	➡	Type:	RN	LPN	Aide	Unit Clerk
Unit over-census?	No	Yes	➡	# of patients:				
Workload relief requested?	No	Yes	➡	Type:	RN	LPN	Aide	Unit Clerk
Workload relief received?	No	Yes	➡	Type:	LPN	Aide	Unit clerk	
Management advised?	No	Yes						

CRNBC Standards of Practice compromised:

- 1.1 accountable & responsible; 1.4 takes action re: safe, appropriate & ethical care
- 2.2 shares knowledge
- 3.1 collects information; 3.2 analyzes, uses info when making decisions; 3.4 develops plan of care; 3.5 sets priorities; 3.6 carries out interventions; 3.7 evaluates response; 3.8 documents timely
- 4.1 upholds values of CAN Code of Ethics (safe, competent, ethical care)
- 5.1 communicates, collaborates, consults; 5.2 assigns, delegates appropriately; 5.3 guides other team members; 5.4 advocates change to improve client care; 5.6 assists clients to learn
- 6.2 own level of competence; 6.4 maintains own well being

GIVE AN EXAMPLE OF THE OUTCOME OF THE ABOVE SITUATION:

Section 3: Contributing Factors (Summarize any special circumstances that contributed to the problem (e.g. malfunctioning equipment, non-routine procedures or orders).

Working short staffed?	No	Yes
RNs replaced by other health care workers?	No	Yes
Lack of available inpatient beds? (Over-census)	No	Yes
ALC patients in acute beds?	No	Yes
Workload staffing not supplied?	No	Yes
Not able to take breaks?	No	Yes
Working 15 minutes overtime consistently?	No	Yes

Section 4: Attempted Remedy (Specify what corrective action, if any, was taken and by whom).

In charge nurse/admin on call advised?	Yes	No
Response		
Staffing called?	Yes	No
Response		

Section 5: Employee Recommendation (Summarize your suggestions for ways of alleviating the problem or preventing its recurrence).
