

Article 59

Article 59 - Professional Responsibility Clause

Related Articles: 9, 32.03, 32.06, MOA (2006-2010) Standards for Measuring Nurse Workload and Application of Nurse Staffing Measurement Systems in BC, MOU Addressing Workplace Violence and Respect in the Health Workplace

Interpretation Guidelines:

The PRF is an effective way to document problems, concerns, incidents. A pile of PRFs on an issue gets management's attention!

PRF is a problem-solving process involving nurses, nursing management and non-nursing management designed to encourage a cooperative approach to finding solutions.

The PRF process provides individual frontline nurses with a mechanism to get management to listen to their concerns. In some situations it can strengthen the ability of nursing managers to advocate for needed staff resources, educational support, new policies etc.

The PRF process is recognized by the Collective Agreement. Employers/managers are required to engage in the process and address issues. If Employers fail to participate in the PRF process, nurses can file grievances about the abuse of the process and/or refer the matter directly to the assessment committee or board as applicable.

1. Article 59 is in addition to the Grievance procedure at Article 9 and the Workload provision at Article 32.06. The two processes can take place at the same time.
2. Safety concerns can also be dealt with at the same time by the Joint Occupational Safety and Health Committee (JOSH) and/or using the new language negotiated in 2006 dealing with violence in the workplace that includes the creation of Regional sub-committees.

Preamble

The focus of the PRF process as set out in Article 59 is:

"The interests of safe, patient/client/resident care and safe nursing practice".

Article 59 sets out a process where an individual nurse or a group of nurses can bring forward issues to the Employer with the objective of implementing solutions to problems related to nursing practice conditions; safety of patients/clients/residents and nurses; and workload.

Article 59

1. The process is designed to facilitate settlement of concerns at the earliest possible stage at the local level.
2. PRFs are an excellent way to document nursing concerns, and to provide concrete evidence of threats to safety and workload.
3. "Safe patient/client/resident care" and "safe nursing practice" are broad general statements that include nursing practice conditions, safety of patients/clients/residents and employees, and workload issues.

For example:

- a nursing assignment beyond the individual's competency (e.g. the assignment of an employee without critical care experience or training to ICU to care for a patient with a complex set of problems);
 - inconsistency in practice between similar units;
 - problems related to violence in the workplace;
 - concerns relative to workload and staffing problems; and
 - concerns regarding safety of employees working in the community.
4. **The Standards for Registered Nursing Practice in British Columbia** provides further information about safety to practice issues. The PRF process and the CRNBC Practice consultation can be used concurrently.

The employee's role:

The employee needs to be willing to take action themselves by:

- Raising their concern with their immediate supervisor in person or by phone and following up with an email or fax to leave a clear paper trail);
- Filling out a PRF if the issue is not addressed;
- Providing the PRF to their local Steward as soon as possible.

The Steward's role:

Is to assist the employee:

- At their request when they talk with their supervisor;
- Helping the employee fill out the PRF;
- Ensuring that the PRF is taken to the PRF Committee and that the employee(s) is supported during the problem solving process;
- Helping to organize a PRF campaign if there is an ongoing serious problem in the work area;
- Helping to move the PRF through the process, if necessary.

Article 59

The Union office role:

Is to assist the Stewards by:

- Logging all PRF copies sent to the office by the Stewards;
- Reporting the successes of the PRF initiatives;
- Providing staff resources to organize PRF campaigns at worksites where the employees and Stewards identify a need;
- Having a staff person dedicated as a resource to Stewards dealing with PRFs;
- Making proposals in bargaining to help make the PRF an even more effective problem-solving tool;
- Ensuring that management and the Health Authorities deal with the professional concerns of nurses;
- Letting the government and the public know what nurses are concerned about and what changes are needed;
- Using information from the PRF process to support bargaining proposals.

2006: New PRF Process for Worksites Directly Owned and Operated by the Health Authorities, Providence Health and St. Joseph's General Hospital in Comox

New language was negotiated to make the PRF process more effective. In this new process where the issue has not been resolved at the earlier stages, the presentation to the Health Authority Board of Directors has been replaced by an Assessment Committee made up of:

- RN/RPN chosen by the Union,
- RN/RPN chosen by the Employer and,
- RN/RPN Chair mutually agreed to by both parties who is someone who is well-respected in the nursing profession and knowledgeable about the area of concern (Note: the Union and Employer will need to agree on a list of names for the Chair that will be circulated).

The Assessment Committee:

- has the authority to conduct a review into the issue,
- is empowered to investigate and make findings, and
- issue non-binding recommendations.

Outside legal counsel will not be used to represent any party in the Assessment Committee review process.

Each party will be responsible for the cost of its own nominee and share the cost of the Chair and any other expenses incurred by the Assessment Committee in the performance of their responsibilities.

A report of the findings and non-binding recommendations is to be provided to the parties within 30 days following completion of the review and copied to the Health Authority Board of Directors.

Article 59

If the recommendations are not responded to with a satisfactory implementation plan within 14 days of receipt of the report (or longer time that would require mutual agreement) then the report is sent to the Provincial Nursing Workload Committee (PNWC) for review and action.

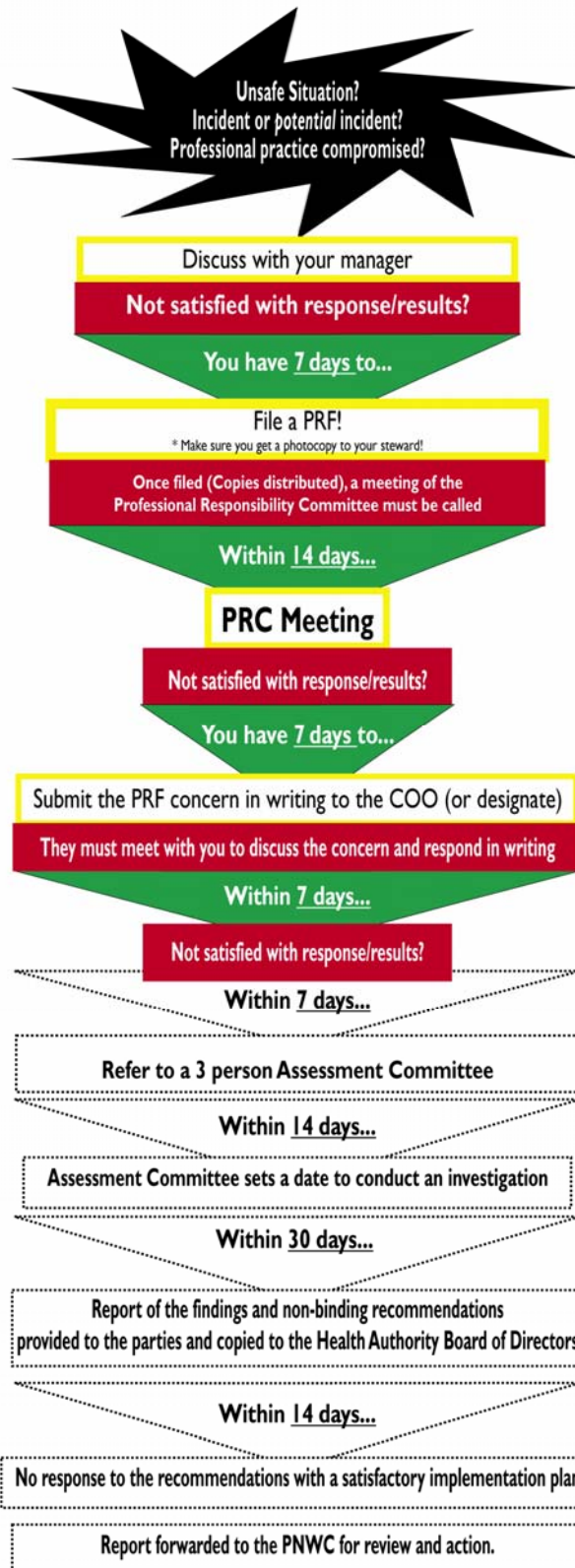
The PNWC is a new committee negotiated in 2006 that is jointly chaired by the Chief Nurse Executive for the province and the President of BCNU and is made up of the Chief Nursing Officers from the six Health Authorities and senior representatives of BCNU to coordinate a response to workload concerns.

Please see Interpretation Guidelines on the MOA (2006-2010) Standards for Measuring Nurse Workload and Application of Nurse Staffing Measurement Systems in BC in the Tools Section for more information.

Note: A PRF Checklist to assist in advancing your PRF can be found in the Tools Section.

What are the 'NEW STEPS' in the PRF process?

NEW STEPS in BLACK dotted boxes at bottom



Article 59

The following guidelines apply at all worksites including affiliates. However the provision dealing with presentations to the Board does not apply to the worksites directly owned and operated by the Six Health Authorities, Providence Health Care and St. Joseph's Hospital in Comox that are covered by the 2006 PCA amendments discussed on the previous pages.

Article 59.01

1. The employee is first required to discuss the matter with his/her immediate supervisor.
2. A steward can represent the employee, at the employee's request.

Article 59.02

1. If the employee is not satisfied after the discussion with the immediate supervisor, the employee should then complete a Professional Responsibility Report Form (PRF).
2. This form must be completed within seven (7) days of the discussion with the supervisor.
3. Copies should be provided to a Union Steward, the employee's immediate supervisor, and the Chair of the Professional Responsibility Committee.
4. It is the responsibility of the Steward to make sure that a copy of the form is immediately forwarded to their LRO by email, fax or mail. (Stewards at various worksites have different processes in place to ensure that PRF's are copied to all the pertinent parties).
5. The format and content of the form was determined by an arbitration decision that established the form as it is now. [see Arbitration Award: *HLRA and BCNU*, December 5, 1989 (Kinzie)].

Article 59.03

1. The Employer (as defined by Article 1.02) is required to establish a Professional Responsibility Committee.
2. There are two (2) Standing Members of the Committee:
 - one (1) appointed by the Union
 - one (1) appointed by the Employer
3. There are four (4) Ad Hoc members of the Committee that deal with each specific issue brought forward:
 - The employee with the concern
 - A Union Steward
 - The immediate supervisor
 - The excluded manager

Article 59

Article 59.04 Committee alternates between the Union and Employer every six (6) months.

Article 59.05

1. **The Chair of the Professional Responsibility Committee must call a meeting within 14 days of receipt of the Professional Responsibility Form.** This means the four Ad Hoc members must be available on short notice.
2. Usually the Professional Responsibility Committees do not have regular meetings that are pre-scheduled on an ongoing basis. However **Stewards at the local worksite, particularly where it's a large worksite, can decide to have regularly scheduled meetings** (See example of the Terms of Reference that the Children's and Women's PRF Committee have developed after the section Additional References for this Article).

Article 59.06

The Professional Responsibility Committee is authorized to have access to all Nursing Department policy and procedure manuals necessary to assist in satisfactory resolution of the employee's concerns. (This includes workload measurement manuals.)

Article 59.07

1. The Professional Responsibility Committee may meet more than once to resolve a particular issue.
2. The employee has seven (7) days after the last meeting of the Committee to advance the concern to the Administrator and/or the Head of Nursing and the Union.
3. The Administrator and/or the Head of Nursing is/are required to meet with the employee to discuss resolution of the concern.
4. The employee may be represented by a Steward.
5. The Administrator and/or the Head of Nursing is/are required to respond in writing to the employee within seven (7) calendar days of the meeting.

Article 59.08

1. **If resolution to the employee's satisfaction has not been reached, the employee may make a written submission to the Board of Directors (or functional equivalent).**
2. All parties shall receive copies of the submission and any documentation provided to the Board.

Article 59

Article 59.09

1. **The Board is required** to review the submission at their next regularly scheduled meeting and respond, in writing, to the employee within a further fourteen (14) calendar days.
2. The Board is not required to take any specific action with respect to the employee's concern, only to consider and respond.
3. Copies of the Board's response must be forwarded to the Union, the Administrator, and the Chair of the Professional responsibility Committee.

Article 59.10

1. **If the employee is not satisfied with the Board's response**, he/she can request an appointment and make a verbal submission to a Committee of the Board for reconsideration. He/she can also make a further written submission in support of his/her verbal submission.
2. The verbal presentation is made at a special meeting of the Committee of the Board.
3. The employee may be represented by a steward, the Professional Responsibility Officer or an LRO if he/she chooses.

Article 59.11

1. The Board is required to respond, in writing, to the employee within a further fourteen (14) calendar days of their next regularly scheduled Board meeting.
2. Copies of the response are to be forwarded to the Union, the Administrator, and the Chair of the Professional responsibility Committee.

The steps that will continue to apply to nurses working for the affiliates are set out in graph form on the following page.

	Discussion with Immediate Supervisor		
Satisfied with Results	Not Satisfied with Results ↓	↓	_____ Discussion Date
	(7 Days)		
	Fill out PRF cc: Supervisor, Head of Nursing, Chair of PRC ↓	↓	_____ Submitted PRF Date
	(14 Days)		
	PRC Meeting ↓	↓	_____ PRC Meeting Date
Satisfied with Results	Not Satisfied with Results ↓	↓	
	(7 Days)		
	Report to Hospital Administrator, Head of Nursing, BCNU ↓	↓	_____ Report to Admin Date
	Administrator and/or Head of Nursing/designate meet with nurse to discuss resolution of concern ↓	↓	_____ Admin/Nurse Meeting Date
	(7 Days)		
	Written Response ↓	↓	_____ Response Date
Satisfied with Results	Not Satisfied with Results ↓	↓	
	Written Submission to the Board of Directors (copies to all parties) ↓	↓	
	Board of Directors will review Submission at next Board Meeting ↓	↓	_____ Board Meeting Date
	(14 Days)		
Satisfied with Results	Written response to nurse cc: BCNU, Administrator, PRC Members ↓	↓	_____ Board Committee Review
	Not Satisfied with Results ↓	↓	
	Verbal presentation & written submission to a committee of the Board ↓	↓	_____ Presentation Date
	Discussion at next Board of Directors meeting ↓	↓	_____ Next Board Meeting Date
	(14 Days)		
	Written response to nurse, BCNU, the administrator and PRC		_____ Written Review

The interpretations in this manual are provided on a *without prejudice, errors and omissions basis* to any position Unions in the Nurses' Association of Bargaining Agents may take in any arbitral proceeding or any other forum.

Article 59

Article 59.12

Nurses designated in-charge, pursuant to Article 30, have the authority, where management personnel are not immediately available on the premises or by phone, to call in additional staff in emergent circumstances either within the shift or for the next shift.

Management is required to:

- set out specific policies specifying the requirements that apply before additional staff can be called in under Article 59.02;
- set out the definition of the term "immediately available" in the policy (i.e. will call back within 10 minutes);
- ensure that all nurses are familiar with the policy on call-in of additional staff; and
- provide the name and number (e.g. pager, home phone number, cell phone number, etc) of the management person who is to be "immediately available" for calls on each shift to the in-charge nurse, prior to each shift.

Summary of Contract Language Relevant to PRF Concerns in the Provincial Collective Agreement

Article 59 - Professional Responsibility Clause

In the interest of safe patient/client/resident care and safe nursing practice, the parties agree to the following problem solving process to address employee concerns relative to patient/resident/client care including:

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

Article 32.06 Workload

An employee who believes that her/his workload is unsafe or consistently excessive shall discuss the problem with her/his immediate supervisor. If the problem is not resolved in this discussion, the employee may seek a remedy by means of the grievance procedure. If the matter is not resolved in the grievance procedure, it may be referred to troubleshooter who shall:

- (a) investigate the difference;
- (b) define the issue in the difference; and
- (c) make written recommendations to resolve the differences.

New in 2006: There are extensive additional provisions dealing with Workload. Please see interpretation guidelines on Workload in the Tools Section of this manual.

Article 59

Article 59.12 Calling in Additional Staff

"If additional staff are immediately necessary due to emergent circumstances either within a particular shift or for the next shift, and no management personnel are on the premises or otherwise immediately accessible to the employee in person or by telephone, the Registered Nurse or Registered Psychiatric Nurse who has been designated in charge shall have the authority to call in additional staff, pursuant to any policies in place respecting such call-ins for specific work units. For such call-ins, call in by seniority pursuant to Article 11.04 shall not apply."

Article 27.03 Employee Right to Decline Overtime

General Rights

The Employer may request an employee to work a reasonable amount of overtime. Should the employee believe that the Employer is requesting the employee to work more than a reasonable amount of overtime, then the employee may decline to work the additional overtime, except in emergency conditions, without being subject to disciplinary action.

Applying the Professional Standards for Registered Nurses and Nurse Practitioners

Note: The ongoing role of the new colleges for Registered Nurses and Registered Psychiatric Nurses in assisting nurses with professional practice problems is not clear at the moment.

RNs have a responsibility to inform the employer when unable to meet standards.

Employers are responsible for ensuring that:

- ◆ action is taken to examine situations and resolve problems once they have been informed about them
- ◆ there is a sufficient number of competent nursing staff;
- ◆ there are adequate resources and support services so that registered nurses are able to meet the Professional Standards for Registered Nurses and Nurse Practitioners.

If an RN uses the standards to document where she has been unable to practice up to the standards on the PRF then the RNs/RPNs can write a letter to the CRNBC/CRPNBC (whichever is applicable) for assistance using the PRF as documentation.

CRNBC/CRPNBC can use this information to contact the organization for an Agency Consultation. This has been effective in bringing more attention to the practice issues!

Applying the Standards of Practice is helpful because it draws managements' attention to the problem from a professional as well as a labour relations point of view.

Article 59

Employee Standing Member (Chair)

1. Calls a meeting promptly when a PRF is submitted (within 14 days of receipt of PRF)
2. Sets the agenda
3. Circulates PRF complaint
4. Chairs the PRC committee
5. Ensures concrete and thorough analysis of the problem
6. Produces good minutes which document the discussion and action of the meeting
7. Ensures timely reports are received by the nurse submitting the PRF
8. Provides reports to the members at all bargaining unit meetings.

BCNU Steward

1. Promotes the documentation of workload, patient and nurse safety and nursing practice concerns on PRF/workload worksheets
2. Accompanies the nurse when speaking to the supervisor about the problem. Some nurses have experienced management intimidation "if you cannot cope with the workload maybe you should find another job."
3. Assists RNs to complete the PRF. The steward keeps a photocopy of the completed form on file.
4. Files an accompanying grievance if possible. Should the PRF process not resolve the workload problem, a grievance which is not resolved at step 3 can be taken to Troubleshooter.
5. Assists the nurse in documenting the problem with supporting documents including work schedules, patient acuity levels, standards being broken, policies not followed, etc.
6. Attends PR committee with RN to present PRF
7. Keeps LROs updated
8. Tracks progress of PRF's through the system
9. Posts PRC minutes on BCNU bulletin board
10. Attends all meetings with the nurse to present PRF
11. Puts unresolved issues on the agenda for the next meeting by making this request in writing to the chairperson of the Board.
12. You do not require permission of the PR committee's management representatives to advance an issue to the Board of Directors. Take the initiative whenever an item has been unresolved after the meeting with the Administrator.
13. Makes personal presentations to the Board in conjunction with a written submission.
14. Calls LRO if assistance is required from the provincial office.

Article 59

Professional Responsibility Committee

The committee consists of six members. They include:

Standing Members

Employee

BCNU recommends a steward or a nurse who is respected by peers and has high standards of nursing practice. This position is appointed by employees. The Standing Member is the chair for six months on a rotation basis with the Employer Standing Member.

Employer

Appointed by employer, alternates the chair with the employee standing member every six months.

Ad Hoc Members

RN with concern

BCNU recommends that as many RN's as possible sign the PRF and attend the meetings! The nurse(s) own the concern.

BCNU steward

The steward guides the nurses through the PRF stages and assists in clear documentation.

Immediate supervisor

Excluded supervisor of the unit

Sometimes, **who** is the **immediate supervisor**, will need clarification. In larger facilities it may be an in-charge nurse or team leader. In smaller facilities there may not be an immediate supervisor. If you have doubts, clarify who it might be with your Labour Relations Officer and then discuss the issue at the Union/Management meeting.

The PRF committee should have a clear understanding of its purpose and the seriousness of its mandate. The following is a model terms of reference for committee members.

Article 59

Sample

Terms of Reference

Purpose:

To provide a forum for problem solving when a BCNU member has a patient care or nursing practice concern that has not been successfully resolved between the member and his/her immediate supervisor.

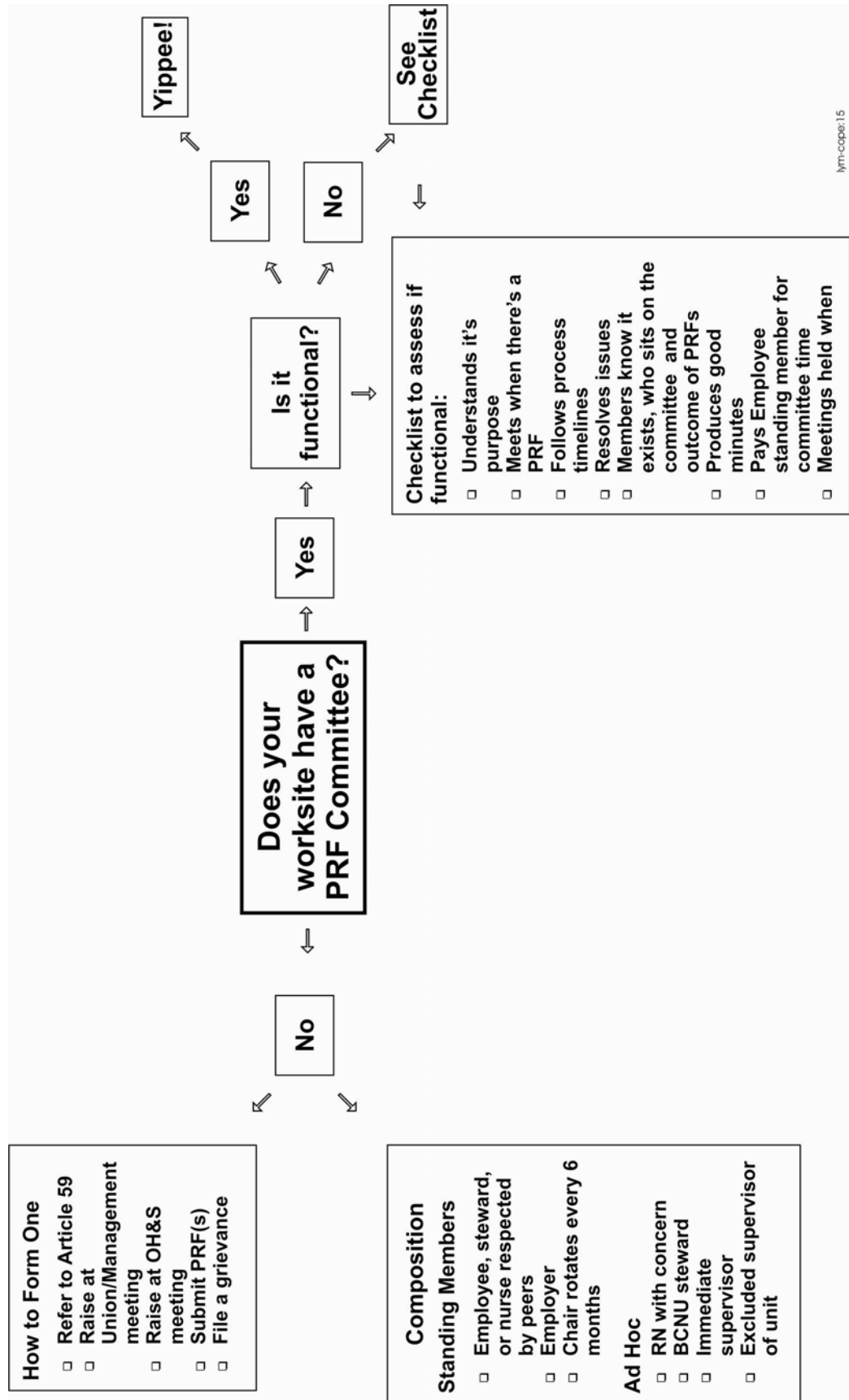
Functions:

1. To convene within 14 calendar days of receipt of a Professional Responsibility Report Form
2. To gather and review all information pertinent to the concern identified on the form. (This process may include interviews, review of policies and procedures, workload management information, etc.)
3. To write a report, including recommendations, following the review of information within 7 days of meeting at point 1.
4. To submit a copy of the report to the BCNU member initiating the Professional Responsibility Report form to her immediate supervisor, the Director of Nursing and the steward coordinator.
5. To keep records of all deliberations of the committee, including minutes of meetings and those in attendance, synopsis of interviews held during investigation, and reports and recommendations.

Reimbursement

The PR Committee is mandated by the contract and as such the employee standing member and the steward should be paid for time sitting on this committee. Every effort should be made for meetings to be arranged when the RN with the concern is working so that she can also attend on paid time.

It is a management responsibility to ensure PRF forms are available for members. However, you can receive PRFs from the Union Office by requesting them from your Labour Relations Officer's secretary.



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Article 59

Additional References:

Available from the BCNU Office:

BCNU has material that can be obtained through the Professional Responsibility Officer. BCNU also has resources to assist employees and stewards in developing campaigns to address safety, practice issues and workload.

Copies of the Standards for Registered Nursing Practice in British Columbia are available from the College of Registered Nurses of British Columbia (CRNBC) [formerly the RNABC].

CRNBC (RNABC) Practice Consultants and Regional Nursing Practice Advisors can also be of assistance and can be reached through the CRNBC (RNABC) office.

Arbitration Awards:

HLRA and BCNU, December 5, 1989 (Kinzie) - set out the content and format of the Professional Responsibility Form (PRF).

HEABC (Fernie District Hospital) and BCNU, February 28, 2001 [Taylor] - the Union won this grievance which dealt with the failure of the Employer to provide a third RN on the night shift consistent with a resolution to a PRF complaint where Employer originally agreed 3 RNs were needed to provide a safe level of staffing.

An example of Terms of Reference for a PRC

Basic Steward Manual



**CHILDREN'S & WOMEN'S HEALTH
CENTRE OF BRITISH COLUMBIA**
An agency of the Provincial Health Services Authority (PHSA)

Professional Responsibility Committee

TERMS OF REFERENCE

The C&W Professional Responsibility Committee functions according to Article 1.02 in the Provincial Collective Agreement between the Health Employers Association of BC and the Nurses' Bargaining Association.

Purpose:

The purpose of the Professional Responsibility Committee (PRF Committee) is to hear and attempt to resolve employee concerns related to patient care that are not resolved in discussions with the nurses' immediate supervisor, including:

1. nursing practice conditions
2. safety of patients
3. workload

Membership:

The PRF Committee is made up of the following members:

- Standing members:
 - One person appointed by the employees (BCNU)★
 - One appointed by the Employer (C&W)★
- Ad Hoc members:
 - The nurse with the concern
 - A Union Steward
 - The Immediate Supervisor of the nurse (Clinical Nurse Coordinator, Program Coordinator)
 - The Immediate Excluded Manager with accountability for the area where the nurse is employed (Program Director, Program Manager)
- Guests or additional participants must be approved by the Chairs (outside of the Terms of Reference)

★In the interests of timely resolution of professional practice issues, an alternate for each Standing Member will also be named and will attend on their behalf as required

Chair:

The Chair of the PRF Committee will alternate between the two standing members on a six-month term.

Meeting protocol:

1. Meetings of the PRF Committee will be held on the 4th Monday of each month and at the call of the Chair (when the 4th Monday is a stat holiday, meeting will be held on the Tuesday after the stat).
2. Agenda items will be prepared by the sitting Chair.
3. Meeting Notes will be taken and distributed to members by the standing member of the Committee not in the Chair position within one week of the meeting date to allow members time to review and adhere to the timelines set out in the collective agreement.
4. To facilitate timely resolution of concerns, to the extent possible, PRF Hearings will be scheduled to occur within the established meeting times. Where the established schedule is not amenable to the nurse, extraordinary meetings may be scheduled at times agreeable to the Committee Members and the nurse in question.
5. If the issue is resolved to the employees satisfaction the PRF Committee will forward a copy of the agreed resolution to all members of the Committee.
6. If the issue is not resolved, the nurse may proceed as per the terms in the Collective Agreement – article 59.07.

July 2004

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