

NBA PROFESSIONAL RESPONSIBILITY FORM

In the interest of safe patient/client/resident care, and to reflect a strengthened professional practice commitment, the parties agree to a refreshed approach related to quality nursing practice. This approach will be built on trust and common goals and will enable nurses and the employer to engage in meaningful conversations around opportunities for improvement.

STEPS IN PROBLEM SOLVING PROCESS

59.01

- Discuss matter with excluded manager or excluded designate within 72hrs of concern; **include specific details pertaining to practice**
- Face to face is preferable but may also occur via telephone or email
- If resolution is not immediate, excluded manager will provide, within seven days of the discussion, a written response of actions to be taken

59.02

- If issue is not resolved to nurse (s)' satisfaction, submit Professional Responsibility (PR) form within seven days to the Professional Responsibility Committee (PRC)
- Nurse(s) retains original and forwards copy to excluded manager and Union steward; steward forwards to standing members of PRC

59.03-59.05

- Upon receipt of the PRF, the PRC will convene within 14 days
- The PRC will have 30 days to attempt to resolve the concern(s) and to submit a final written report to the nurse(s) and the Union

59.06

- If the Practice concern is not resolved at the PRC level, the Union may refer the matter to the Senior Review Committee (SRC) within seven days of receipt of the PRC final written report;
- Staffing focused PR forms submitted, and not resolved at the local manager/nurse level, will be referred to the PRC. If not resolved, the PRC may assign staffing issues to the NRC.
- The SRC will issue recommendations in a written report to the Union and the respective Health Authority/Providence Health Care within 60 days of referral
- Recommendations that are unanimous will be binding and will be implemented by the parties. Where the SRC is unable to make unanimous recommendations, a written report outlining the SRC's findings will be issued to the Union and the Health Authority/Providence Health Care. At that point, either party may refer the matter to the Nursing Policy Secretariat (NPS)

59.07 Applicable to Affiliate Employers other than Providence Health Care and Bishop of Victoria (St. Joseph's General Hospital)

- If the concern is not resolved to the Union's satisfaction, it may refer the matter to the Board of Directors within seven days of receipt of the PRC final written report. The Union may make a written submission and/or a verbal presentation
- The Board of Directors will review the submission and/or hear the verbal presentation at their next board meeting and shall respond to the Union with 14 days
- Where the issue is not resolved to the Union's satisfaction, either party may refer the matter to the contract holder and on to the NPS if it remains unresolved

TIPS

- Do not identify patients/clients/residents
- Report only facts about which you have first-hand knowledge
- If you need more space use additional pages and attach
- You may seek assistance from your steward or PR Representative to attend the discussion or to complete the PRF
- Ensure PRF authors' names and contact information are legible

PROFESSIONAL STANDARDS OF PRACTICE

College of Registered Nurses of British Columbia Professional Standards for Registered Nurses and Nurse Practitioners

STANDARD 1: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Maintains standards of nursing practice and professional conduct determined by CRNBC.

STANDARD 2: KNOWLEDGE-BASED PRACTICE

Consistently applies knowledge, skills and judgment in nursing practice.

STANDARD 3: CLIENT-FOCUSED PROVISION OF SERVICE

Provides nursing services and works with others to provide health care services in the best interest of clients.

STANDARD 4: ETHICAL PRACTICE

Understands, upholds and promotes the ethical standards of the nursing profession

Effective Date: November 2012

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<https://www.crnbc.ca/Standards/Lists/StandardResources/128ProfessionalStandards.pdf>

Registered Psychiatric Nurses of Canada (RPNC) Standards of Practice

RPNC STANDARD 1: THERAPEUTIC INTERPERSONAL RELATIONSHIPS

Registered Psychiatric Nurses establish professional, interpersonal, and therapeutic relationships with individual, groups, families, and communities.

RPNC STANDARD 2: APPLICATION AND INTEGRATION OF THEORY BASED KNOWLEDGE

Registered Psychiatric Nurses apply and integrate theory-based knowledge relevant to professional practice derived from Psychiatric nursing education and continued life-long learning.

RPNC STANDARD 3: PROFESSIONAL RESPONSIBILITY

Registered Psychiatric Nurses are accountable to the public for safe, competent, and ethical psychiatric nursing practice.

RPNC STANDARD 4: PROFESSIONAL ETHICS

Registered Psychiatric Nurses understand, promote, and uphold the ethical values of the profession.

<http://www.crpnc.ca/wp-content/uploads/2011/11/2011-12-02-CRPNBC-RPNC-SoP-amalgamation.pdf>

College of Licensed Practical Nurses of BC Professional Standards for Licensed Practical Nurses

Standard 1: Responsibility and Accountability

The licensed practical nurse maintains standards of nursing practice and professional conduct established by CLPNBC.

Standard 2: Competency-Based Practice

The licensed practical nurse applies appropriate knowledge, skills, judgment and attitudes consistently in nursing practice.

Standard 3: Client-Focused Provision of Service

The licensed practical nurse provides nursing services and works with others in the best interest of clients.

Standard 4: Ethical Practice

The licensed practical nurse understands, upholds and promotes the ethical standards of the nursing profession.

<https://www.clpnbc.org/Documents/Practice-Support-Documents/Professional-Standards-of-Practice-for-Licensed-Pr.aspx>

NBA PROFESSIONAL RESPONSIBILITY FORM

Conversation with Excluded Manager:

Excluded Manager's Name: Conversation Date:

Written response received from Excluded Manager: Date:

Matter not resolved to nurse's satisfaction; PRF submitted to PR Committee on (Date):

1. General Information:

Name(s):

Email / Phone #: Date of Incident :

Program / Service: Ward / Unit:

Facility / Agency:

Which union do you belong to (BCNU, HSA or Other)?

2. Summary of Practice Concern(s) and Contributing Factors:

*Describe the concern(s). Specify nursing care that could not be done. Explain actual or potential hazards or situations that resulted from the concern(s). Attach additional pages as required. Use **point form and avoid acronyms**.*

Attempted Remedy:

What corrective action was taken and by whom (e.g., you, CNL, CNE, PCC, Administrator on call, staffing)?

ACTION AND RESULT

TAKEN BY: NAME / POSITION

ACTION AND RESULT	TAKEN BY: NAME / POSITION

4. Employee Recommendation(s):

Summarize your suggestions for ways of resolving the concern(s) or preventing its recurrence. Prioritize your recommendations in order of relative importance (e.g., 1, 2, 3 - Be specific and think creatively). Attach additional pages as required.

Please keep original PRF and send copies to:

- Excluded Manager
- Union Steward
- PR Committee Chair

Additional Information