

PRC

**Professional Responsibility**  
**PROCESS**  
(Best Practice)



The following steps in the Professional Responsibility Process have been identified by Covenant Health and United Nurses of Alberta (UNA) as representing best practices related to supporting safe, high-quality patient care in a just culture environment. A just culture improves safety of care and services as it encourages the reporting and discussion of adverse events, close calls, near misses and hazards. A just culture acknowledges error as fact, and does not punish individuals for system failures of which they have no control over but reinforces the need for professional accountability.

The Collective Agreement outlines the Professional Responsibility process. This document is meant to clarify the expectations and develop a consistent approach. This document includes a joint statement from both Covenant Health and UNA, which reinforces the commitment to ensure the Professional Responsibility Concern (PRC) process is an effective, proactive, and collaborative mechanism to address patient care issues (Appendix A: Joint Letter). This document also includes the shared vision and principles which should guide every step of the PRC process (See page 2).

#### Abbreviations:

**BN:** Briefing Notes

**HR:** Human Resources

**IAC:** Independent Assessment Committee

**OHS:** Occupational Health and Safety

**OHS&W:** Occupational Health Safety and Wellnes

**PRC:** Professional Responsibility Concern

**PRCF:** Professional Responsibility Concern Form

**PRCC:** Professional Responsibility Concern Committee

**RLS:** Reporting and Learning System

**UNA:** United Nurses of Alberta

**NOTE:** Italicised and bolded references the Collective Agreement

**NOTE:** An electronic PDF version of this document, including fillable/editable templates (Professional Responsibility Concern Form, PRC Committee Agenda/Minutes, PRC Response Form, CEO and Board Briefing Notes) are available at [www.una.ca](http://www.una.ca) or [www.compassionnet.ca](http://www.compassionnet.ca).



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**Date:** September 14, 2017

**To:**

- Covenant Health and UNA Representatives currently sitting on local Professional Responsibility Concern Committees
- Leadership representatives from both Covenant Health and UNA
- Covenant Health HR and LR Representatives and UNA LROs
- All Covenant Health RNs, RPNs and UNA Members

**From:**

- Sheli Murphy, SOO, Rural Health, Covenant Health
- Karen MacMillan, SOO, GNH, Covenant Health
- Janet Schimpf, SOO, MCH, Covenant Health
- Scott Baerg, SOO, Urban, Continuing Care and Addiction and Mental Health
- Heather Smith, President, United Nurses of Alberta

**Re: Covenant Health/UNA Professional Responsibility Process Improvements**

Over the past year, representatives from Covenant Health and UNA have been working together to identify opportunities to improve the effectiveness of the Professional Responsibility Concern (PRC) process. Covenant Health and UNA agree that the function of the PRC Committees (PRCC) is to examine issues and make recommendations regarding concerns identified by both the Employees and Managers relative to patient care. Covenant Health and UNA are also committed to a shared vision - that the PRC process promotes excellence in care at all stages of life, and caring for the whole person – body, mind and soul.

Covenant Health and UNA acknowledge that, in many places across the province, shifting the current PRCC operations to a more proactive and collaborative culture will be a significant change. In support of this change, a number of new resources have been developed to assist local PRCCs.

The Covenant Health/UNA Forum comprised of senior leadership from both Covenant Health and UNA are committed to supporting PRCC representatives across the province and ensuring that the PRCCs are an effective, proactive, collaborative mechanism to address patient care issues. In support of this, a joint presentation and new resources will become available over the next few months, followed by joint education sessions in the fall.

We are excited for the opportunities this represents for us to work together to improve the PRC process. We believe that our patients, employees and members will all benefit from moving to a more consistent, proactive and collaborative approach to our joint PRC process. We all have a responsibility to contribute to these improvements and we will all share the benefits.

**WATCH FOR INFORMATION REGARDING THE INTRODUCTION OF NEW PRC PROCESS RESOURCES AND JOINT PRESENTATION!**

## Covenant Health / United Nurses of Alberta (UNA) Professional Responsibility Concern Process

### Vision

The Covenant Health and UNA Professional Responsibility Concern (PRC) process promotes excellence in care at all stages of life, and caring for the whole person – body, mind and soul.

### Principles

1. Professional Responsibility Concern Committees (PRCCs) are joint committees focused on **joint problem-solving** through **collaboration** in an environment of **mutual respect** to resolve issues as close to the point of care as possible. Aligning with the principle of **Subsidiarity** – “Decisions...ought to be handled by the least centralized competent authority,<sup>2</sup>” so as close to the point of care as possible. Front line managers and UNA members should work to resolve issues (At times this may need to include additional resources, e.g. Local presidents, HR, etc). Issues should be elevated for review, learnings of others or if resolution is not achieved.
2. Both Covenant Health and UNA representatives have an obligation to establish, organize and participate in the PRCCs to maximize their effectiveness and to seek opportunities for resolution throughout the entire process.
3. Both parties commit to full, consistent disclosure of **available, relevant** information to support decision-making and enhanced learning.
4. Every step of this process should occur within a **just culture**, which is supported and actively fostered by both UNA members and all levels of Covenant Health management. A just culture improves **safety of care** and services as it encourages the reporting and discussion of adverse events, close calls, near misses and hazards. A just culture acknowledges error as fact, and does not punish individuals for system failures of which they have no control over but reinforces the need for **professional accountability**.<sup>1</sup>
5. **Professional Responsibility** - The PRC process is in alignment with the College and Association of Registered Nurses of Alberta (CARNA) Practice Standards for Regulated Members, the College of Registered Psychiatric Nurses of Alberta (CRPNA) Code of Ethics and Practice Standards, and the Canadian Nurses Association (CNA) Code of Ethics. All three documents emphasize the professional responsibility Registered Nurses (RN) or Registered Psychiatric Nurses (RPN) must demonstrate to ensure safe, competent, and ethical nursing care.
6. This process is also regulated by the steps outlined in *Article 36: Professional Responsibility* (Appendix H) of the **UNA/Covenant Health Collective Agreement** and the approach taken by both UNA and Covenant Health in addressing a Professional Responsibility Concern (PRC) should not violate the terms of this article.
7. **Organizational Engagement** should be considered in every step of the process. This involves both UNA and Covenant Health identifying and engaging the appropriate individuals from their respective organizations to assist in problem-solving discussions.

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<sup>1</sup>Covenant Health, *Building a Just Culture*, Corporate Policy & Procedure Manual – Policy no. III-35, September 13, 2011.

<sup>2</sup>Catholic Alliance of Canada, *Health Ethics Guide*, 3<sup>rd</sup> Ed, Appendix 1, Making Moral Judgements, p.116





# GUIDELINES for PRC Resolution

- Article 36: Professional Responsibility is a problem-solving and resolution focused process (Appendix H).
- Both parties should strive to seek resolution at every step of the process, regardless of the issue proceeding to the next step.
- Resolutions achieved at the Professional Responsibility Concern Committee (PRCC) level or higher should be made in writing. PRCC minutes, approved by both parties, would constitute a written resolution.
- Where the parties succeed in reaching a resolution of the issue(s), the agreement shall be confirmed in writing by the parties. If either party fails to implement or adhere to said resolution, the failure to adhere or implement shall be subject to the provisions of Article 32: Dispute Resolution Process.<sup>1</sup>

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Collective Agreement between Alberta Health Services, Covenant Health, Lamont Healthcare Centre, The Bethany Group (Camrose) and United Nurses of Alberta. April 1, 2017 – March 31, 2020.

## STEP 1: Identify Professional Responsibility Concern (PRC)

- **36.01 (b): A concern of Employees or the Employer relative to patient/resident/client care.**<sup>1</sup>
- Common examples of PRCs include concerns or discussion about: staffing or skill mix, workload/assignments, communication, equipment or technology, space or environment where care is to be delivered, policies and procedures, orientation and training.
- As professionals, everyone (Managers and Employees) is responsible for identifying issues that impact the ability to deliver safe, competent and ethical nursing care and for taking steps to address identified issues in a timely manner and to work collaboratively to improve patient care.
- The PRC process or staff meetings may be used to communicate future changes or events that will have an impact to patient care or to identify ideas for improving safe patient care.
- **Note 1:** Occupational Health and Safety (OHS) issues focus on the safety of a staff member whereas PRCs focus on the safety of patients. If the concern is focused solely on staff safety, the Employee or Employer should follow the OHS process as outlined in the Collective Agreement (Article 34) and the Employer's Occupational Health, Safety & Wellness (OHS&W) policies and procedures. When a situation has both PRC and OHS dimensions, **the concern MUST be reported** through the OHS&W number and may be reported through the PRC process.
- **Note 2:** Throughout this document the term Manager includes any individual in an excluded management (non-unionized) position such as a Supervisor, Unit Manager, Program Manager, Manager On-Call, Administrator On-Call, or others.

### EMPLOYEE/UNA LOCAL

## STEP 2: Discuss with Manager

- **36.01 (f): The Employee or Local shall discuss the issue with the most immediate supervisor in [a management] position before the matter is discussed at the Committee.**<sup>1</sup>
- The discussion with the Manager should ideally be done by the Employee identifying the issue but depending on the nature of the concern, availability or comfort of the Employee, the meeting may be just between the Employee and Manager or UNA Local and Manager, or a meeting of the UNA Local, the Employee and Manager.
- Discussion should occur in a timely manner, particularly if the concern is urgent. This may require calling a Manager on-call to discuss.
- In most cases this discussion should occur before a Professional Responsibility Concern Form (PRCF) is completed; however, the Employee or UNA Local may decide to fill out a form in advance of bringing the issue to the attention of the Manager because of timing or to assist in the discussion with the Manager.

### COVENANT HEALTH MANAGER(S)

## STEP 2: Discuss with Employee/Local

- Management will ensure that Employees are aware of appropriate notification and communication channels (who, where, when, how) to support timely discussions of PRCs.
- Discussion should occur in a timely manner, particularly if the concern is urgent.
- The Manager/Manager-on-call should take appropriate action in response to the concern.
- The Manager-on-call should deal with the issue if it is of an urgent nature AND inform the Employee(s)' supervisor/Manager via email or in person soon after the issue has occurred.
- If the matter can wait until the direct supervisor can discuss the issue, the meeting to discuss should be at a time that is appropriate for the Employee to attend, e.g. early morning before night shift leaves if the Employee is on nights. This should be done within a reasonable time.
- Ideally the Employee(s) will be in attendance when the issue is discussed, however, they may not be available and the Manager should proceed with the Local representative when appropriate and so the issue is not delayed and left unresolved too long.
- Filling out of the PRC form (PRCF) does not preclude resolving the issue at the Employee/Manager level and should be the preferred option for resolution.
- The Manager should involve Human Resources (HR) when appropriate or helpful in resolving the issue at hand.

- Discussions throughout the PRC process are to take place in a just culture environment where everyone feels safe, encouraged, and enabled to discuss patient care quality and patient safety concerns. Despite our collective best efforts, the potential for something to go wrong does exist. When that happens, Employee(s) and Manager(s) will be supported and treated with care, compassion, respect, and dignity. The Parties will work together to look at the circumstances and context of the situation, identify contributing factors, make appropriate process, system and/or organizational changes, and share our learning.
- Outcomes/resolutions should be communicated to all relevant individuals/parties.

<sup>1</sup> Collective Agreement between Alberta Health Services, Covenant Health, Lamont Healthcare Centre, The Bethany Group (Camrose) and United Nurses of Alberta. April 1, 2017 - March 31, 2020.

EMPLOYEE/UNA LOCAL	COVENANT HEALTH MANAGER(S)
<p><b>STEP 3a: Fill out Professional Responsibility Concern Form (PRCF)</b></p> <ul style="list-style-type: none"> <li>• If discussions between the Employee and the Manager do not resolve the issue, then the Employee should fill out a PRCF or an equivalent written description of the issue for discussion at the PRCC meeting.</li> <li>• The Employee may fill out a paper PRCF or may fill out the PRCF electronically on the UNA app and online at <a href="https://dms.una.ab.ca/forms/prc">dms.una.ab.ca/forms/prc</a></li> <li>• Paper PRCF: the Employee should provide a copy to the Local, their Manager, and keep a copy for themselves.</li> <li>• Electronic PRCF: the Employee should enter their Manager's email address to ensure they get a copy. A copy will automatically be emailed to the Local.</li> <li>• If the issue is resolved, but the Employee would still like a record of such, they can fill in the PRCF and forward it to the PRCC, but the form should include the resolution.</li> <li>• <i>Appendix A: Professional Responsibility Concern Form (PRCF)</i></li> <li>• <i>Appendix B: Reporting a PRC Checklist</i></li> </ul>	<p><b>STEP 3a: Professional Responsibility Concern Form (PRCF)</b></p> <ul style="list-style-type: none"> <li>• If discussions between the Employee and the Manager do not resolve the issue, then the Manager will receive a PRCF or an equivalent written description of the issue for discussions at the PRC Committee (PRCC).</li> <li>• The Manager should proactively share the PRCF and background regarding discussions with the Employee or Local with the Management PRCC representatives and escalate within Covenant Health as appropriate for information/action.</li> <li>• As well, the Manager may identify a PRC, complete a written description of this concern regarding patient/resident safety concern(s), which should then be forwarded to the PRCC for discussion. No names should be included in the written description.</li> </ul>
EMPLOYEE/UNA LOCAL	COVENANT HEALTH MANAGER(S)
<p><b>STEP 3b: Fill out RLS (Highly Recommended)</b></p> <ul style="list-style-type: none"> <li>• An incident identified by an Employee may be reported through both the Professional Responsibility Process and Reporting and Learning System (RLS) if it is related to patient safety.</li> <li>• If an RLS is completed, the reference number can be included on the PRCF.</li> </ul>	<p><b>STEP 3b: RLS (Highly Recommended)</b></p> <ul style="list-style-type: none"> <li>• The Manager should determine if there is an associated RLS aligning with the PRCF.</li> <li>• Review RLS reporting to identify issues appropriate for discussion with Employees or at the PRCC.</li> </ul>
<ul style="list-style-type: none"> <li>• RLS is a provincial system used by Covenant Health to allow voluntary reporting of patient safety related hazards, close call, near misses and adverse events (not intended as a substitute for a conversation with the Manager).</li> <li>• RLS is a system used by <u>all</u> Covenant Health Employees to report patient safety related incidents, whereas, the PRC process is only used by Employees covered under the UNA/Covenant Collective Agreement or Managers.</li> <li>• Both patient specific and system level (non-patient specific) hazards can be reported through the RLS system.</li> <li>• An incident may have elements of both patient safety and Employee safety. <ul style="list-style-type: none"> <li>• For patient safety concerns report through the PRC process and RLS.</li> <li>• For Employee safety concerns report through the UNA/Covenant Health Collective Agreement (Article 34) OHS process and the Covenant Health Employee Incident/Injury Reporting Line at (780)-342-8070 or Toll Free 1-877-342-8070.</li> </ul> </li> <li>• Issues that should not be reported through RLS or PRC are: OHS concerns, lost property, performance issues, and privacy breaches.</li> </ul>	

**STEP 4a:** Local review of PRCF and Manager response to PRCF

- A Local (UNA) PRCC representative will review the form and follow up with the Employee who completed the form prior to the PRCC meeting to review the following:
  - Did the Employee(s) have a discussion with the Manager and what was the content and outcome of that discussion?
  - Is there any other info that should be gathered prior to the discussion at the PRCC?
  - Evaluate whether another discussion should occur with the Manager prior to a discussion at the PRCC.
  - Request a written response from the Manager prior to the PRCC, using the PRC Response Form (Appendix C). **36.01 (i) To prevent misunderstandings and to ensure all issues are dealt with, answers must be communicated, in writing, to the Committee.**<sup>1</sup>
  - Explore whether the Employee(s) should attend the PRCC meeting.

**STEP 4a:** Manager review and response to PRCF

- The Manager will review the PRCF and look for any related RLS.
- The Manager will work with appropriate persons to investigate the concern including the Employee(s) who has reported the situation.
- The Manager to consider:
  - The specifics of the situation.
  - The Employee(s) response.
  - Exploring additional opportunity for resolution. Document all attempts and outcomes of those potential resolutions.
  - Deciding if there is any other information that should be gathered prior to the discussion at the PRCC meeting?
  - Evaluating whether another discussion should occur with the staff/Local representative prior to a discussion at the PRCC.
- If a PRCF is received, the Manager should provide a written response, using the PRC Response Form (Appendix C: PRC Response Form).
- *Appendix D: Tips for Managers Completing a Memo of Response/Resolution to a PRC*

- Outcomes/resolutions should be communicated to all relevant individuals/parties.
- If the issue is resolved at this step, proceed to Step 11 (PRCC Follow-Up).

**STEP 4b:** Preparation for the PRC Committee (PRCC)

- UNA representatives, Employees, and Managers may have further discussions to explore the issue, gather additional information, and seek resolution prior to the PRCC meeting.
- **36.01 (e): Agendas for each meeting will be circulated prior to each meeting.**<sup>1</sup> This is a shared responsibility between AHS and UNA and will be up to each PRCC to determine how this will be done, ensuring sufficient time is allotted for a fulsome discussion. It is recommended that the agenda be circulated at least 1 week in advance of the meeting. (Appendix E: Agenda Template.)
- Items can be added to the agenda that may not be linked to a specific PRCF.
- PRCs that have not been discussed with the Manager should not be included on the PRCC agenda until such discussion has occurred.
- It is recommended that PRCs resolved in the discussion stage prior to the PRCC meeting be identified on the agenda for discussion/information/learning purposes.
- Covenant Health and UNA PRCC representatives should jointly determine if any guests will be invited to the PRCC meeting. If either Covenant Health or UNA is bringing additional guests to the PRCC meeting, they will ensure the other party is informed prior to the meeting.
- To add clarity and be involved in the conversation and development of recommendations, the PRCC is strongly encouraged to invite the Employee who initiated the PRC and the applicable Manager.
- The requirement to share relevant information applies to both parties and, wherever possible, the parties should jointly identify the information that would support problem-focused discussion. This information should be circulated with the agenda for PRCC members to review.
- In addition to providing relevant information for the purposes of resolving specific concerns, the PRCC should also share information that allows for proactive discussions related to professional responsibility.
- It is recommended the PRCC representatives of both Covenant Health and UNA engage individuals from their respective organizations in problem-solving discussions as appropriate, prior to the issue being identified as unresolved and being forwarded to the next step.
- Ensure appropriate decision-makers are involved in the process as early as possible to facilitate early resolution and to ensure the parties are aware prior to a PRC being forwarded to the next level in the process. Although this is identified here in Step 4B, it applies throughout the process commencing with the initial filing of the PRC up to the potential presentation of a PRC to the Covenant Health Board

<sup>1</sup> Collective Agreement between Alberta Health Services, Covenant Health, Lamont Healthcare Centre, The Bethany Group (Camrose) and United Nurses of Alberta. April 1, 2017 - March 31, 2020.

## STEP 5: Discussed at Professional Responsibility Concern Committee (PRCC)

- The primary purpose of the PRCC is to resolve issues and to resolve the identified issues at the earliest opportunity. The discussions at the PRCC meeting are intended to identify actions that can be taken by either the Employee(s), Manager(s), or both to resolve the identified issue(s) and make recommendations to the applicable party.
- **36.01 (a): A PRCC shall be established with up to four (4) Employees elected by the Local and up to four (4) representatives of Covenant Health. Alternate representatives may be designated from the same group.**<sup>1</sup> It is up to each organization to identify their representatives for the PRCC. Note: If applicable, the UNA Professional Responsibility Advisor or administrative person attending the meeting for purposes of taking notes are not members of the PRCC.
- **36.01 (b): The functions of such PRCC are to examine and make recommendations regarding the concerns of the Employees or the Employer relative to patient/resident/client care including staffing issues.**<sup>1</sup>
- **36.01 (c): A Chair shall be elected from amongst the PRCC.**<sup>1</sup> In practice, it is common for a PRCC to elect two co-chairs, one to represent the Local and one to represent Covenant Health.
- **36.01 (d): The PRCC shall meet at least once a month at a regularly appointed time, and within 10 days of receiving a written description of the issue regarding patient/resident/client care.**<sup>1</sup> It is recommended that the parties make a commitment to meet monthly, even if there are no new PRCs. The meeting time can be used to proactively discuss concerns/issues and keeps lines of communication open. Both parties reserve the right to ask for a meeting within ten days of receiving a written description of the PRC.
- **36.01 (e): Minutes of each meeting will be kept. The minutes of the PRCC shall be approved by both parties prior to circulation. Unresolved items from previous meetings will be highlighted and reviewed.**<sup>1</sup> This is a shared responsibility by both parties and it will be up to each PRCC on how this will be done. Recommendation is that draft minutes are circulated 1 week after the meeting for all PRCC members to review and provide feedback in advance of the meeting to ensure follow up of action items.
- **36.01 (g): The parties will provide available relevant information to allow for meaningful discussion of the issues. The parties will endeavor to provide this information in a timely fashion. Wherever possible, this should be done in advance of the PRCC meeting, and in any event not later than 30 days from the original discussion of the particular issue(s) at the PRCC.**<sup>1</sup> The requirement to share relevant information applies to both parties, and wherever possible, it is recommended that the PRCC discuss and jointly identify the information that would support problem-solving focused discussion. The requested information should be readily available and relevant to the issue(s) being discussed; it is recommended that the PRCC jointly discuss the potential solutions in a collaborative, collegial manner.
- **36.01 (h): During problem solving discussions, Committee members will collaborate on:**<sup>1</sup>
  - I. **defining the issue(s);**
  - II. **identifying root cause(s) of the issue(s);**
  - III. **gathering and reviewing relevant information;**
  - IV. **generating potential options for resolution of the issue(s);**
  - V. **resolving the issue(s), where possible**
- It is recommended that the PRCC jointly discuss the potential solutions in a collaborative and respectful manner. These discussions are intended to focus on joint problem-solving. Utilize appropriate problem-solving processes to get to the best solution. This could include asking the question "Why?" five times, brainstorming, or applying LEAN to an issue.
- Approved minutes of the PRCC meeting are to be shared with each unit on site and held collated in a binder for both Managers and Employees.
- Any recommendations/resolutions resulting from the PRC of a given unit/area may be applied to other units/areas as deemed appropriate.
- **36.01(j): The committee may engage the support of additional subject matter experts to assist with the above discussions.**<sup>1</sup> The PRCC may engage the support of subject matter experts, or process experts, from within each of the organizations, or externally, as applicable. While UNA and Covenant Health will determine their own representation, it is important for the PRCC Co-chairs to discuss in advance of the meeting (as part of the joint creation of the agenda) who the respective representatives or experts will be.
- UNA/Local should inform Employee(s) who identified the PRC or completed a PRCF as to the outcome of the PRCC meeting.
- Outcomes/resolutions should be communicated to all relevant individuals/parties.

<sup>1</sup> Collective Agreement between Alberta Health Services, Covenant Health, Lamont Healthcare Centre, The Bethany Group (Camrose) and United Nurses of Alberta. April 1, 2017 - March 31, 2020.

## STEP 6: Meeting with Senior Leader

- **36.01 (k): The committee shall discuss unresolved issues with the applicable senior leader before the matter is referred to the Chief Executive Officer<sup>1</sup>**
- This step involves the PRCC engaging the appropriate senior leader in Covenant Health in discussions related to resolving the issue before the issue is escalated to the CEO. Covenant Health HR will inform the PRCC Co-Chairs, who the Senior Leader will be and where the hearing will be to have the discussion. The goal is to ensure that all reasonable attempts at local resolution have been exhausted, prior to the issue being escalated to the CEO, or designate.
- Outcomes/resolutions should be communicated to all relevant individuals/parties.

## STEP 7: Voluntary Mediation (Optional)

- **36.01 (l): The committee has the option of participating in voluntary mediation of the dispute with the assistance of representatives from within the Union and the Employer. Discussions at this stage are conducted on a without prejudice basis.<sup>1</sup>**
- This should be a joint decision of the PRCC to proceed with voluntary joint mediation, and if agreed upon, it should occur in a timely manner.
- Each party will identify one (1) mediation appointee from each of their organizations within seven (7) days. Ideally, these appointees will have a mediation experience and no previous involvement with the issue.
- If the issue is resolved, the mediators will draft a settlement agreement with the agreed upon actions, which will be signed by both parties.
- There will be a maximum of four (4) people representing the Union and a maximum of four (4) representing the Employer involved in the mediation. This should include the co-chairs of the PRCC. Other individuals may be invited to present as required but will not be part of the mediation.
- Outcomes/resolutions should be communicated to all relevant individuals/parties.

## STEP 8: Resolution Meeting with CEO/Designate and response

- **36.01 (m): Should an issue not be resolved by the PRCC, the issue shall be referred to the Chief Executive Officer (CEO), or designate. A resolution meeting between the Local and the CEO, or his or her designate(s), shall take place within 21 calendar days of the issue being referred to the CEO. The CEO or designate(s) shall reply in writing to the Local within seven (7) calendar days of the resolution meeting.<sup>1</sup>**
- When possible, both parties will prepare briefing notes (BN) to send to the CEO and each other at least one week in advance of the meeting (See Appendix F: CEO Briefing Note Template). These may be jointly or individually submitted. Each party should share their respective BNs with each other at the same time of sharing them with the CEO/Designate.
- Outcomes/resolutions should be communicated to all relevant individuals/parties including the Local, the applicable Manager, the applicable SOO and HR Client Partnerships.

### EMPLOYEE/UNA LOCAL

- If the Local decides to advance the issue to the CEO, they should inform the employer side of the PRCC of their intent and include them on any communication to the CEO.
- The written response to the Local should be shared with the PRCC, initiator(s) of the PRC, communicated at the next PRCC meeting, and documented in the PRCC minutes.

### COVENANT HEALTH MANAGER(S)

- The Covenant Health Management Chair of the PRCC will inform HR of the issue being advanced to the CEO.
- HR Client Partnerships will work with the CEO's office to schedule a meeting within the required timelines or requesting any necessary extensions and advise the Local of the meeting date and time. The Local will also be advised of whether the resolution meeting will occur with the CEO or with a designate and if so, who the designate will be.
- The Manager will provide a briefing note to their Senior Operating Officer and HR Client Partnerships within 7 days of the issue being advanced to the CEO.
- The Senior Operating Officer (or designate) and the HR Client Partnerships will brief the CEO or designate by sharing the individual or joint briefings from the Local and the Manager at least one week prior to the meeting. Where there are individual briefing notes, HR Client Partnerships will provide a copy to the Local at the time of sharing with the CEO/Designate.

<sup>1</sup> Collective Agreement between Alberta Health Services, Covenant Health, Lamont Healthcare Centre, The Bethany Group (Camrose) and United Nurses of Alberta. April 1, 2017 - March 31, 2020.



#### STEP 9a: Independent Assessment Committee (IAC)

- **36.01 (n):** *Should an issue remain unresolved following the CEO's written response, either parties' representative(s) on the Committee may refer the issue to an Independent Assessment Committee (IAC).<sup>1</sup>*
- **36.01 (o):** *The IAC shall consist of three persons, one to be nominated by the Local, one to be nominated by the Employer, and a chairperson, who shall be a person who is knowledgeable about health care delivery and familiar with current nursing practice.<sup>1</sup> The two nominees would decide on the chairperson.*
- **36.01 (p):** *Should the Local and the Employer fail to agree on a chairperson within 14 days of referral, either party may request the Director of Mediation Services for the Province of Alberta to appoint a chairperson. The fees and expenses of the chairperson shall be borne equally by the Union and the Employer.<sup>1</sup>*
- **36.01 (q):** *A meeting of the IAC to investigate the issue(s) and make recommendations shall be held within 60 days of the IAC's appointment unless a longer time period is mutually agreed upon. The recommendations of the IAC shall be provided to the Employer and the Local within 14 days of the meeting.<sup>1</sup>*
- It is recommended both parties present all information collected as part of the information gathering, results of the application of the problem-solving process utilized, and review potential resolution options. Additionally, any actions taken to address the identified issue(s) should also be included. Sharing of information between parties aligns with the goal of collaboration, openness, transparency, respect, and enhances joint ownership of the situation and potential solutions as identified in our principles regarding the PRC process

##### EMPLOYEE/UNA LOCAL

- Should the response of the CEO or designate not resolve the issue, the Local may request that the issue be advanced to an IAC. The Local president shall inform the UNA Director of Labour Relations of the request.
- The Director of Labour Relations will determine the nominee for UNA.
- The PRCC and CEO should be informed of UNA's intent to proceed to IAC

##### COVENANT HEALTH MANAGER(S)

- Co-Chair of the PRCC needs to discuss with Human Resources to determine the nominee for Covenant Health

#### STEP 9b: IAC Recommendations Meeting with CEO and President

- **36.01 (r):** *A meeting of the parties, including the CEO and the President of the Union, shall be held within 14 days of receipt of the recommendations to discuss the recommendations and develop an implementation plan for mutually agreed changes.<sup>1</sup>*

#### STEP 10: UNA Presentation to the Board and Written Response

- **36.01 (s):** *Should the issue(s) remain unresolved, the Local may request and shall have the right to present its concerns, together with the IAC recommendations, to the governing Board. The governing Board shall provide a written response accepting or rejecting the IAC recommendations or substituting its own recommendations for resolution of the issue(s) within 14 calendar days of the presentation by the Local.*
- When possible, both parties will prepare briefing notes (BN) to send to the Quality and Safety Committee of the Governing Board and each other at least one month in advance of the meeting (See Appendix G: Board Briefing Note Template). These may be jointly or individually submitted. Each party should share their respective BNs with each other at the same time of sharing them with the Governing Board.
- Outcomes/resolutions should be communicated to all relevant individuals/parties including the Local, the applicable Manager, the applicable SOO and HR Client Partners

##### EMPLOYEE/UNA LOCAL

- UNA representatives should review information provided by Covenant Health in advance of the Board meeting.
- The written response to the Local should be shared with the PRCC, initiator(s) of the PRC, communicated at the next PRCC meeting, and documented in the PRCC minutes.

##### COVENANT HEALTH MANAGER(S)

- The Manager will provide a revised briefing note (BN) to Director of Human Resources – Client Partnerships, the Senior Director, and the Senior Operating Officer, who will review and revise. The SOO will advance the BN to the office of the CEO, to be provided to the Governing Board.
- The BN will be shared with the PRCC by the Senior Director/ Site Administrator.

<sup>1</sup> Collective Agreement between Alberta Health Services, Covenant Health, Lamont Healthcare Centre, The Bethany Group (Camrose) and United Nurses of Alberta. April 1, 2017 – March 31, 2020.

#### STEP 11: Feedback provided to PRCC, Follow-Up and Learning Opportunities

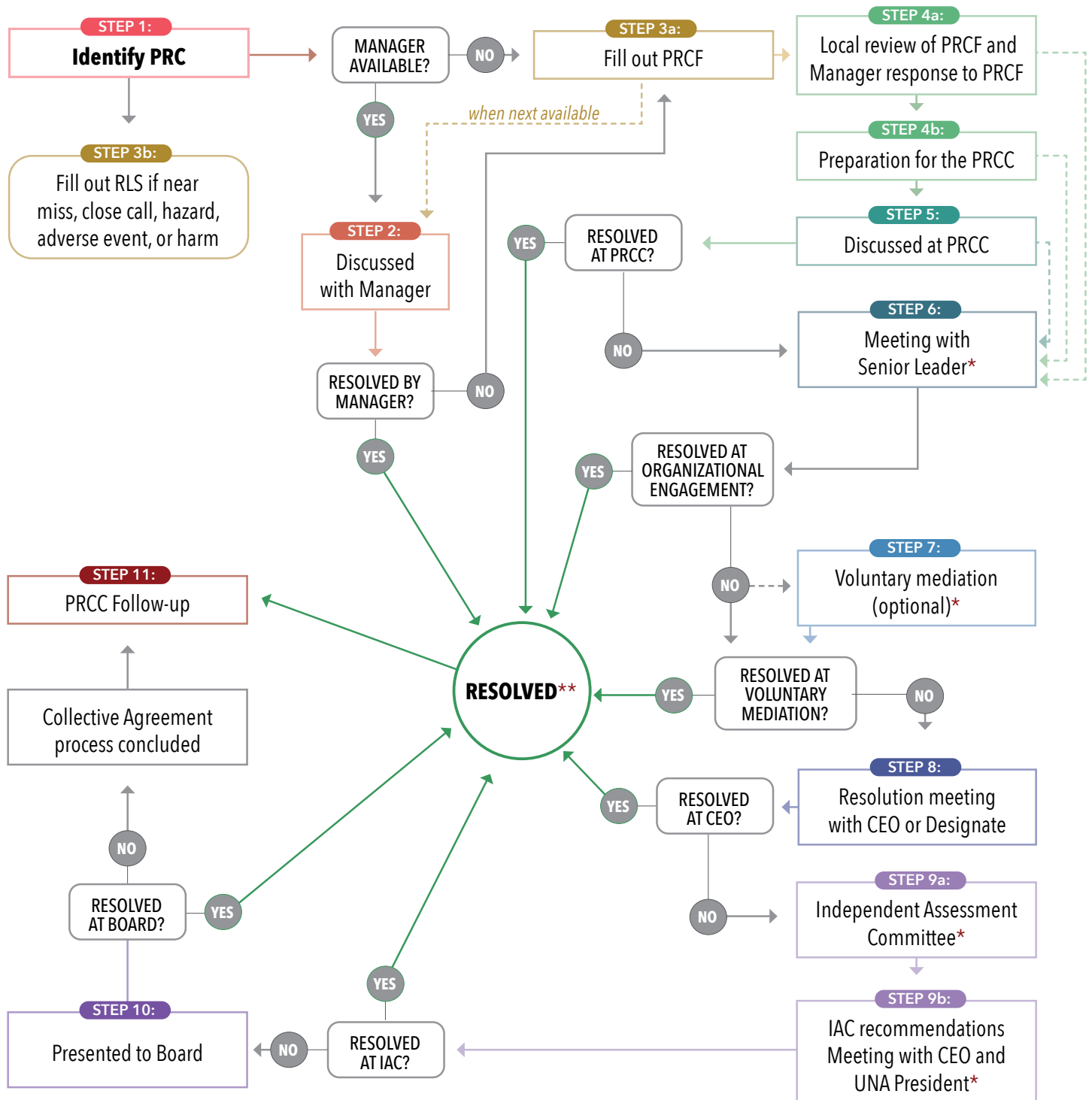
- The PRCC should review responses/communications received at any step in the process and should jointly develop and/or document:
  - If the concern(s) are resolved.
  - Any applicable implementation actions.
  - A plan to monitor changes (including identification of individuals accountable, timelines, expected outcomes and planned communications), if applicable.
- **36.01 (t): When the parties succeed in reaching a resolution of the issue(s), the agreement shall be confirmed in writing by the parties. If either party fails to implement or adhere to said resolution, the failure to adhere or implement shall be subject to the provisions of Article 32: Dispute Resolution Process.**
- As required by the grievance resolution process, the parties should meet and discuss the perceived failure to implement the agreed upon PRC resolution and attempt to reach resolution regarding adherence or implementation





# Professional Responsibility PROCESS

**PRC** – Professional Responsibility Concern  
**PRCF** – Professional Responsibility Concern Form  
**PRCC** – Professional Responsibility Concern Committee



\*New steps added in 2018 (Collective Agreement between Alberta Health Services, Covenant Health, Lamont Healthcare Centre, The Bethany Group (Camrose) and United Nurses of Alberta. April 1, 2017 – March 31, 2020.)

**\*\*36.01 (t):** When the parties succeed in reaching a resolution of the issue(s), the agreement shall be confirmed in writing by the parties. If either party fails to implement or adhere to said resolution, the failure to adhere or implement shall be subject to the provisions of Article 32: Dispute Resolution Process.





# reporting a PRC

## CHECKLIST



- ☐ **Discuss the concern with your immediate supervisor/Manager in a timely manner.** If you are uncomfortable or unable to have this discussion, your Local may assist you or have the discussion on your behalf. If the concern is urgent or an emergency, **you must** take all reasonable steps to address the concern immediately including escalating to the appropriate supports as necessary.
- ☐ **Fill out a Professional Responsibility Concern Form (PRCF)** as soon as possible via UNA's website.
- ☐ **Electronic PRCF:**
  - ☐ **Complete online** at <https://dms.una.ca/forms/prc>
  - ☐ **Have your Employer name, Employee number, and home postal code ready.** You will be asked to enter this information to validate who you are. You do not need a UNAnet account to submit a PRCF.
  - ☐ **Complete the following sections** on the PRCF.
- ☐ **General Information:**
  - ☐ **Update** your Employer, Local, and Worksite & Unit/Office/Program information if incomplete or incorrect.
  - ☐ **Enter your Manager's name and email address** to ensure they get a copy. A copy will automatically be emailed to your Local.
- ☐ **Details of Concerns:**
  - ☐ **When did the concerns occur?** If the issue is ongoing or has occurred over multiple shifts, identify the first shift you can remember where you identified the concern.
  - ☐ **Shift:** Specify whether the concern(s) occurred on day, evening, or night shift.
  - ☐ **Shift Length:** Specify the shift length you were working when the concern(s) occurred.
  - ☐ **Concern Type:** Identify whether this is an isolated concern or whether it is ongoing. If it is an ongoing concern, specify how long it has been ongoing.
  - ☐ **Is staffing a factor for the concerns?** Yes, Partial, or No. If yes or partial, complete the following:
    - ☐ **Baseline (Regular) staffing.** Indicate the number of RN/RPN, LPN, HCA, and any other designations, that are normally scheduled for the shift. If you work in community, what is the number of staff that are typically scheduled in your office on a given day/shift?
    - ☐ **Number of staff actually working.** Indicate the actual number of RN/RPN, LPN, HCAs, and any other designations that were working on the shift where the concern(s) occurred.
    - ☐ **Number of staff on overtime (OT).** Indicate the number of staff for each designation that were working OT on the shift where the concern(s) occurred.
    - ☐ **Number of beds (care spaces) on unit, Number of patients on unit, Number of overcapacity patients on unit.** These questions may not apply if you work in community or some other type of outpatient program. Select N/A if that is the case.

- ☐ **Number of patients/residents/clients assigned to you.** This question may not apply to you if you are working in a role (e.g. charge nurse/team lead) without a patient assignment. Select N/A if that is the case.
- ☐ **Number of clients on your caseload.** This question is for community nurses to complete who are assigned a caseload in their role. Select N/A if it doesn't apply to you.
- ☐ **Was mandatory OT utilized?** Select Yes if the Employer is requiring (mandating) any staff on the shift of concern to report to work when they are not scheduled to work. This could include being mandated to stay past their scheduled shift.
- ☐ **Staffing shortage due to.** Identify what caused the staffing shortage, if known.
- ☐ **Were attempts made to fill the staffing shortage?** Did anyone attempt to fill the staffing shortage?

☐ **Detailed Description of the Concern**

- ☐ **Protect privacy!** Do not use the names of patients/residents/clients, staff, doctors, or others on the form.
- ☐ **Use professional and respectful language** to describe the concern(s).
- ☐ **Be specific.** Provide specific and objective details about the concern(s).
- ☐ **Describe the potential or actual impact to the patient/resident/client.** In other words, describe the hazards, close calls, adverse events, or harm that existed for patients.

- ☐ **What actions or steps, if any, did you or others take to try to address the concern(s) and what was the time involved in taking these steps or actions?** This is important to describe, particularly if the concern was urgent or an emergency. Did you or your co-workers do anything to mitigate the potential hazard/risk/ to patients/residents/clients? E.g. notifying charge nurse/team lead, manager, physician for support; calling in extra staff; changing the patient/resident/client assignments; prioritizing care; missing breaks; staying late, etc.

☐ **RLS (or other incident report) completed?**

- ☐ **Indicate whether you filled out an RLS** or other incident report form on the same concern.
- ☐ **If yes, indicate the RLS/Incident Report #.** You are under no obligation to indicate whether you filled out a RLS on the PRCF.

☐ **Discussion with Manager**

- ☐ **You do not need the permission of a Manager** to fill out a PRCF and may fill it out prior to the discussion with a Manager.
- ☐ **The Collective Agreement stipulates that a discussion must occur** before the matter is discussed at the PRC Committee.
- ☐ **Discussion should ideally be done by the Employee(s) identifying the concern;** however, depending on the nature of the concern, availability or comfort of the Employee, the discussion may be between the Employee and Manager or UNA Local and Manager, or a discussion between the UNA Local, the Employee and Manager.
- ☐ **These discussions must take place within a just culture** where everyone feels safe, encouraged, and enabled to openly discuss patient care quality and safety concerns.

**DATE:**

**TO:** Individual(s) Completing the PRC  
United Nurses of Alberta – Local #  
United Nurses of Alberta Local Chair – Local #  
Covenant Health Senior Director of Operations (Urban)  
Covenant Health Site Administrator (Rural)

**FROM:** Manager

**RE:** Manager's response to PRC Form #\_\_\_\_ and RLS Form #\_\_\_\_

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Was this issue discussed with a Manager prior to a PRC being completed? Yes ☐ No ☐  
Has the issue been identified previously? Yes ☐ No ☐

**SUMMARY of the PRC:**

**FURTHER DETAILS FROM THE INVESTIGATION**

**RECOMMENDATION/ACTION TAKEN**

PRC Committee to complete:

- ☐ Resolved – no further action required  
☐ Unresolved – further action required, next steps identified

**NEXT STEPS:****MUTUALLY AGREED FOLLOW UP:**

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**ELEVATION OF ISSUE REQUIRED:**

Elevated to United Nurses of Alberta (Name) \_\_\_\_\_ Date \_\_\_\_\_

Elevated to Covenant Health Senior Leader (Name) \_\_\_\_\_ Date \_\_\_\_\_

Elevated to Joint (UNA/COV) Organization Engagement Committee \_\_Date\_\_\_\_\_

**Date next level hearing:****List of additional documents required:****RECOMMENDATION/ACTION TAKEN**

UNA/Covenant Senior Representatives to complete:

- ☐ Resolved – no further action required
- ☐ Unresolved – mutually agreed next steps:

# TIPS FOR MANAGERS COMPLETING A Memo of Response/Resolution to a PRC



## General

- Complete the response as soon as possible following resolution or partial resolution and share it widely with the people whom have reported the PRC and others that could benefit from the understanding of the resolution.
- Do not use names of patients/residents/staff within this memo.
- Ensure form numbers are captured on the opening fields and the RLS number.
- If an RLS is appropriate and one was not completed please make a late entry to the system, adding the RLS form # to the field on the response memo.
- Response memos should be provided to the PRC committee for tracking and learning.
- Please remember the goal is to resolve issues as close to the point of care as possible.
- Communicating those resolutions to the PRC committee will help inform others who may be having the same concerns.
- At all times, consider support from internal portfolios that might help in the resolution of issues at all points of discussion.

## Detail

- Please enter clear, concise details of the PRC, summarized from the PRC form AND the discussion with staff and UNA local to ensure fulsome of summary.
- Following discussions and investigation, provide information on the document in the 'Further details' form on the investigation – again in a clear, concise, objective manner.
- List all actions taken to resolve the issues to date AND any further recommendations for additional or future actions that could improve the safety and mitigate the repetition of a similar event.
- Follow up appropriately to ensure the actions were taken and sustained to ensure improvement.
- Employers and the United Nurses of Alberta have agreed that it is of mutual benefit to find resolutions to issues of concern including the safety and quality of Patient/Resident/Client care.
- PRC Committee Chairs
- Complete shaded area as to the issue being resolved.
- Complete the shaded area and the next steps when you were unable to resolve the issue and then capture when and how the mutually agreed follow up will occur.
- Track on agenda for next meeting.

## Elevation of Issues

- If issues are unable to be resolved send the completed document to the appropriate UNA Labor Relations Officer and the Covenant Health next level Senior Leader to ensure consistency in transfer of information upward.
- Ask for a date for discussion – HR can be instrumental in accommodating these meetings so please communicate with them to set up a meeting time and place that will ensure our contract timelines are met whenever possible.
- If the team/committee would like the Joint Organization Engagement committee to hear, please elevate the request and this documentation to Covenant Health HR and UNA.

## Communication from an Elevated Process

- Documentation of that resolution will be jointly provided by the UNA Rep and the Covenant Health Rep assigned for that follow up.
- Managers and Local presidents will ensure sharing of this level resolution will occur in a timely manner following the resolution hearing.
- The Senior Leader will ensure shaded area is completed and the response sent back to the PRC committee.

## Elevation to the CEO and Board

- All documents should accompany the briefing notes to the CEO or Board if that level of elevation is required.



Covenant  
Health



United Nurses of Alberta

Professional Responsibility Concern Committee (PRCC)

DATE:

SITE/LOCATION:

ATTENDEES:

## Meeting Agenda/Minutes

- 1.0 Call to Order
- 2.0 Approval of Minutes
- 3.0 Additions to Agenda
- 4.0 Update
  - 4.1 Management - Current Initiatives (Site or Organizational) (e.g. changes to care, quality reports, etc.)
  - 4.2 Update from UNA
  - 4.3 Rumours
- 5.0 Standing Items
  - 5.1 New PRCs
  - 5.2 Action/Monitoring/Evaluation updates from previous PRCs
  - 5.3 Trends\*\*
  - 5.4 PRC Process Check-In
- 6.0 Meeting Recap and clarify key messages, next steps and leads

ISSUE(S)	PRC(s) (attached)	RESPONSE FORM/LETTER (attached)	ACTION:					DISCUSSION:	FOLLOW-UP & NEXT STEPS	LEAD(S)
			Resolved	Unresolved	Awaiting Response	Awaiting Information	Further Discussion Required	Evaluation & Monitoring	Advanced	

Next Meeting:



## **PRC Escalation to CEO Joint Briefing Note**

### **UNA Position**

#### **I. ISSUE**

Provide a succinct description of the issue and the impact (e.g. capacity, access, quality, sustainability, financial) of the current situation.

#### **II. BACKGROUND**

Summarize relevant background.

Bullet points of chronology of events, decisions, barriers, and opportunities.

\*Any cost implications should be detailed in this section.

#### **III. ACTION Taken**

**State the specific action required of the individual to whom the briefing note is being directed to – decision? intervention? resources? support? other?**

#### **IV. KEY MESSAGES/CONCERNS**

#### **Prepared by**

Name

Position

Contact

## **COVENANT MANAGEMENT Update**

### **I. ISSUE**

Provide a succinct description of the issue and the impact (e.g. capacity, access, quality, sustainability, financial) of the current situation.

### **II. BACKGROUND**

Summarize relevant background.

Bullet points of chronology of events, decisions, barriers, and opportunities.

\*Any cost implications should be detailed in this section.

### **III. ACTION Taken**

**State the specific action required of the individual to whom the briefing note is being directed to – decision? intervention? resources? support? other?**

### **IV. KEY MESSAGES**

#### **Prepared by**

Name

Position

Contact

## **PRC Escalation to Quality and Safety Subcommittee of the Board of Directors Joint Briefing Note**

### **UNA Position**

#### **I. ISSUE**

Provide a succinct description of the issue and the impact (e.g. capacity, access, quality, sustainability, financial) of the current situation.

#### **II. BACKGROUND**

Summarize relevant background.

Bullet points of chronology of events, decisions, barriers, and opportunities.

\*Any cost implications should be detailed in this section.

#### **III. ACTION Taken**

**State the specific action required of the individual to whom the briefing note is being directed to – decision? intervention? resources? support? other?**

#### **IV. KEY MESSAGES/CONCERNS**

#### **Prepared by**

Name

Position

Contact

## **COVENANT MANAGEMENT Update**

### **I. ISSUE**

Provide a succinct description of the issue and the impact (e.g. capacity, access, quality, sustainability, financial) of the current situation.

### **II. BACKGROUND**

Summarize relevant background.

Bullet points of chronology of events, decisions, barriers, and opportunities.

\*Any cost implications should be detailed in this section.

### **III. ACTION Taken**

**State the specific action required of the individual to whom the briefing note is being directed to – decision? intervention? resources? support? other?**

### **IV. KEY MESSAGES**

#### **Prepared by**

Name

Position

Contact

## Article 36: Professional Responsibility

- 36.01 (a) A Professional Responsibility Committee (Committee) shall be established with up to four (4) Employees elected by the Local and up to four (4) representatives of the Employer. Alternate representatives may be designated from the same group.
- (b) The functions of such Committee are to examine and make recommendations regarding the concerns of Employees or the Employer relative to patient/resident/client care including staffing issues.
- (c) A Chair shall be elected from amongst the Committee. The Committee shall meet at least once a month at a regularly appointed time, and within 10 days of receiving a written description of the issue regarding patient/resident/client care.
- (d) A request to establish separate committees for each site or a grouping of sites shall not be unreasonably denied.
- (e) Agendas for each meeting will be circulated prior to each meeting. Minutes of each meeting will be kept. The minutes of the Committee shall be approved by both parties prior to circulation. Unresolved items from previous meetings will be highlighted and reviewed.
- (f) Where an issue is specific to one (1) unit or program, the Employee or Local shall discuss the issue with the most immediate supervisor in an excluded management position before the matter is discussed at the Committee.
- (g) The parties will provide available relevant information to allow for meaningful discussion of the issues. The parties will endeavour to provide this information in a timely fashion, and in any event not later than 30 days from the original discussion of the particular issue(s).
- (h) During problem solving discussions, Committee members will collaborate on:
- (a) defining the issue(s);
  - (b) identifying root cause(s) of the issue(s);
  - (c) gathering and reviewing relevant information;
  - (d) generating potential options for resolution of the issue(s);
  - (e) resolving the issue(s), where possible.
- (i) To prevent misunderstandings and to assure all issues are dealt with, answers must be communicated, in writing, to the Committee.
- (j) The committee may engage the support of additional subject matter experts to assist with the above discussions.
- (k) The Committee shall discuss unresolved issues with the applicable senior leader before the matter is referred to the Chief Executive Officer as provided for in (m) below.
- (l) The Committee has the option of participating in voluntary mediation of the dispute with the assistance of representatives from within the Union and the Employer. Discussions at this stage are conducted on a without prejudice basis.
- (m) Should an issue not be resolved by the Committee, the issue shall be referred to the Chief Executive Officer (CEO). A resolution meeting between the Local and the CEO, or designate(s), shall take place within 21 calendar days of the issue being referred to the CEO. The CEO or designate(s) shall reply in writing to the Local within seven (7) calendar days of the resolution meeting.
- (n) Should an issue remain unresolved following the CEO's written response, either parties' representative(s) on the Committee may refer the issue to an Independent Assessment Committee (IAC).
- (o) The IAC shall consist of three persons, one to be nominated by the Local, one to be nominated by the Employer, and a chairperson, who shall be a person who is knowledgeable about health care delivery and familiar with current nursing practice.

- (p) Should the Local and the Employer fail to agree on a chairperson within 14 days of referral, either party may request the Director of Mediation Services for the Province of Alberta to appoint a chairperson. The fees and expenses of the chairperson shall be borne equally by the Union and the Employer.
- (q) A meeting of the IAC to investigate the issue(s) and make recommendations shall be held within 60 days of the IAC's appointment unless a longer time period is mutually agreed upon. The recommendations of the IAC shall be provided to the Employer and the Local within 14 days of the meeting.
- (r) A meeting of the parties, including the CEO and the President of the Union, shall be held within 14 days of receipt of the recommendations to discuss the recommendations and develop an implementation plan for mutually agreed changes.
- (s) Should the issue(s) remain unresolved, the Local may request and shall have the right to present its concerns, together with the IAC recommendations, to the governing Board. The governing Board shall provide a written response accepting or rejecting the IAC recommendations or substituting its own recommendations for resolution of the issue(s) within 14 calendar days of the presentation by the Local.
- (t) Where the parties succeed in reaching a resolution of the issue(s), the agreement shall be confirmed in writing by the parties. If either party fails to implement or adhere to said resolution, the failure to adhere or implement shall be subject to the provisions of Article 32: Dispute Resolution Process.

36.02 An Employee attending Committee meetings shall be paid the Basic Rate of Pay for such attendance.





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[www.compassionnet.ca](http://www.compassionnet.ca)



United Nurses of Alberta

[www.una.ca](http://www.una.ca)