

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.

☐ **Did you discuss the concerns with a Manager of Manager on Call?** Indicate whether you had a discussion with a Manager about the concerns.

☐ If no, specify the following:

☐ **Why not?**

☐ If yes, specify the following:

☐ **Name of the Manager**

☐ **Date of Discussion**

☐ **How did the discussion occur? In person, phone, or other.**

☐ **Did the discussion resolve any or all of the concerns? Yes, partial, or No.**

☐ If yes, specify What resolved the concerns?

☐ If partial or no, specify What remains unresolved?

☐ **Recommendations**

☐ **Identify what is needed to prevent** the concern(s) from occurring again?

☐ **Use professional and respectful language** to describe the recommendations.

☐ **Be as specific as possible.** E.g. add 4 hours of RN support to evening shift on Saturday and Sundays from 1900-2300.

☐ **Think outside the box** to identify all potential solutions to the concern(s).

☐ **Multiple recommendations are good.** These are typically complex concerns with complex solutions, don't be afraid to add more than one recommendation.

☐ **Contributing Factors**

☐ **Workload, Inadequate Staffing, and Other Inadequate Resources/Supports** are the three broad categories.

☐ **Select** any of the sub-categories listed under these main categories that you feel are contributing factors to the concern(s) you are raising. Check all that apply.

☐ **Click the definitions button** to reveal the definition for each category, if you are unsure of what a category is referring to.

☐ **Impact on Patients/Residents/Clients & Staff**

☐ **Note:** The information reported in this section **will not be shared** with your Manager/Employer as part of the PRCF you complete. It may be shared with your Employer as part of a summary report without any individually identifying information.

☐ **Select** the categories that describe the **impact** of the concerns on both patients/residents/clients and staff. Check all that apply.

☐ **Submitter Information**

☐ **Individual or Group.** Identify whether the PRCF is being submitted by one individual or a group of individuals. If the same concern is observed by multiple Employees, consider filling out a Group PRCF. Employees signing a Group PRCF must have reviewed the contents of the PRCF, have had the opportunity to provide input on the contents of the PRCF, and should not be pressured into adding their name.

- ☐ **Specify the Designation for the submitter(s).** RN, RPN, LPN, or Other. Only UNA duespayers/ members should add their name to the PRCF.
- ☐ **Enter your phone number and email address** so your Local can contact you to gather more information and update you on the status of your PRCF.
- ☐ **Add additional signatories** for a group PRCF.
- ☐ **Check Submit & Finalize** when you are finalizing the PRCF. Once the PRCF with this box is checked, you will no longer be able to make changes to it.
- ☐ **Be prepared to stay involved.** The Local or your Manager may ask you for more information on the concern or ask you to come to a PRCC to speak to your concern.