

PRC

Professional Responsibility
PROCESS
(Best Practice)

2019



Professional Responsibility PROCESS

(Best Practice)

October 01, 2019

The following steps in the Professional Responsibility process have been identified by Alberta Health Services (AHS) 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 process and expectations of the Professional Responsibility Concern (PRC) process. This document is meant to clarify those expectations and develop a consistent approach. This document includes a joint statement from both AHS and UNA, which reinforces the commitment to ensure the PRC process is an effective, proactive, and collaborative mechanism to address patient care concerns (see page 1). This document also includes the shared vision and principles which should guide every step of the PRC process (see page 2).

This document and the associated resources were developed by the AHS and UNA PRC Forum (formerly Forum 19). If you have any questions about this document or about the PRC process, please contact the appropriate representative for your organization. For UNA, call 1-800-252-9394 and ask to speak to a PRC Advisor. For AHS, contact an AHS PRC Advisor through your HR Advisor.

NOTE: Italicised and bolded references the Collective Agreement

Abbreviations:

AHS: Alberta Health Services
HR: Human Resources
IAC: Independent Assessment Committee
OHS: Occupational Health and Safety
PRC: Professional Responsibility Concern
PRCF: Professional Responsibility Concern Form
PRCC: Professional Responsibility Concern Committee
RLS: Reporting and Learning System
UNA: United Nurses of Alberta
WHS: Workplace Health and Safety

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Date: June 15, 2017

To:

- AHS and UNA Representatives currently sitting on local Professional Responsibility Concern Committees
- Leadership representatives from both AHS and UNA
- AHS HR and LR Representatives and UNA LROs

From:

- Deb Gordon, AHS Vice President and Chief Health Operations Officer, Northern Alberta
- Brenda Huband, AHS Vice President and Chief Health Operations Officer, Central and Southern Alberta
- Heather Smith, President, United Nurses of Alberta

Re: AHS/UNA Professional Responsibility Process Improvements

Over the past year, representatives from AHS and UNA have been working together to identify opportunities to improve the effectiveness of the Professional Responsibility Concern (PRC) process. AHS 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. AHS and UNA also are committed to a shared vision - that the PRC process promotes safe, high quality patient care.

AHS 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.

Forum 19 representatives and the senior leadership of both AHS 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, with joint, in-person sessions to follow 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!

Signed for AHS: Deb Gordon 	Signed for AHS: Brenda Huband 	Signed for UNA: Heather Smith 
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Alberta Health Services (AHS) / United Nurses of Alberta (UNA) Professional Responsibility Concern Process

Vision

The AHS/UNA Professional Responsibility Concern (PRC) process promotes safe, high quality patient care.

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.
2. Both AHS 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. Full, consistent disclosure of **available** and **relevant** information by both parties 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 AHS 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**.
5. 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 of the UNA/AHS Collective Agreement* and the approach taken by both UNA and AHS 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 AHS identifying and engaging the appropriate individuals from their respective organizations to assist in problem-solving discussions.



GUIDELINES for PRC Resolution

- Article 36: Professional Responsibility is a problem-solving and resolution focused process (Appendix G).
- 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.
- The following pages outline the recommended approaches for each step in the PRC Process.

STEP 1: Identify PRC

- **36.01 (b): A concern of Employees or the Employer relative to patient/resident/client care.¹**
- 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 concerns that impact the ability to deliver safe, competent and ethical nursing care and for taking steps to address identified concerns 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) concerns 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 Workplace Health and Safety (WHS) policies and procedures. When a concern has both PRC and OHS dimensions, the concern may be pursued through both processes.
- **Note 2:** Throughout this document the term Manager includes any individual in an excluded management (non unionized) position such as a Supervisor, Unit Supervisor, Unit Manager, Patient Care 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.¹**
- The discussion with the Manager should ideally be done by the Employee identifying the concern. Depending on the nature of the concern, availability or comfort of the Employee, the meeting may be 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 concern to the attention of the Manager because of timing or to assist in the discussion with the Manager.

AHS 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 ideally occur in a timely manner, particularly if the concern is urgent.
- The Manager/Manager-On-Call should participate in a discussion with the Employee to ensure they understand the Employee's concern and take appropriate action in response to the concern.
 - If the discussion occurs with the Manager-On-Call, the Manager-On-Call should address the concern if it is of an urgent nature AND inform the Employee(s)' Supervisor/Manager via email, or in person, soon after the concern has occurred.
 - If the matter can wait until the direct Supervisor can discuss the concern, 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 frame.
 - Ideally the Employee(s) will be in attendance when the concern is discussed. However, if the concern is brought forward by the UNA Local, the Manager should proceed to have the discussion with the Local representative when appropriate to ensure the concern is not delayed and left unresolved too long.
- Filling out of the PRCF does not preclude resolving the concern at the Employee/Manager level which remains the preferred option for resolution.
- The Manager may involve Human Resources (HR) or other areas of the organization when appropriate or helpful in resolving the concern 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 concern, 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.

¹ 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

STEP 3a: Fill out PRCF

- If discussions between the Employee and the Manager do not resolve the concern, then the Employee should fill out a PRCF or an equivalent written description of the concern for discussion at the PRCC meeting.
- The Employee may fill out a paper PRCF or may fill out the PRCF electronically on the UNA app and online at dms.una.ca/forms/prc
 - Paper PRCF: the Employee should provide a copy to the Local, their Manager, and keep a copy for themselves.
 - 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.
- If the concern 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.
- If the same concern is observed by multiple Employees, they should 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 contents of the PRCF, and should not be pressured into signing it. A Group PRCF is recommended over each member filling out their own PRCF, as it is more efficient for the PRCC to discuss one PRCF versus multiple PRCFs about the exact same concern.
- *Appendix A: Professional Responsibility Concern Form (PRCF)*
- *Appendix B: Reporting a PRC Checklist*

AHS MANAGER(S)

STEP 3a: PRCF

- If discussions between the Employee and the Manager do not resolve the concern, then the Manager will receive a PRCF or an equivalent written description of the concern for discussion at the PRCC meeting.
- The Manager should proactively share the PRCF and background information with the management PRCC representatives and escalate within AHS as appropriate for information/action.
- The Manager may also identify a concern relative to patient care and provide a complete description of the concern, which could then be forwarded to the PRCC for discussion. In accordance with just culture principles, Employee names should not be included in the written description.

EMPLOYEE/UNA LOCAL

STEP 3b: Fill out Reporting and Learning System (RLS) report (Highly Recommended)

- A concern identified by an Employee may be reported through both the Professional Responsibility process and the RLS if it is related to patient safety.
- If an RLS is completed, the reference number can be included on the PRCF.

AHS MANAGER(S)

STEP 3b: RLS (Highly Recommended)

- The Manager should determine if there is an associated RLS aligning with the PRCF and consider if the PRC is part of a trend or extends beyond the unit/area where the PRC was identified.
- The Manager should review RLS reporting to identify concerns and trends that impact the ability to provide safe, competent patient care. This information may be used for:
 - proactively discussing identified concerns at staff meetings or with the PRCC,
 - quality improvement, including discussions with the Quality Council as applicable,
 - regular reporting as determined by the PRCC.

- The RLS is a voluntary system of internal reporting that plays an important role in supporting a culture of safety by ensuring that locally identified adverse events, close calls, and hazards are reviewed individually or in aggregate, and trended and shared for the purpose of organizational learning in order to constantly improve the quality and safety of patient care. RLS information can be found on AHS Insite.
- RLS is a system used by all AHS Employees to voluntarily report patient safety related concerns, whereas, the PRC process is only used by Employees who are covered by the AHS/UNA Collective Agreement and Managers.
- Both patient specific and system level (non-patient specific) hazards can be reported through the RLS system.
- A concern may have elements of both patient safety and Employee safety.
 - For patient safety concerns report through the PRC process and RLS.
 - For Employee safety concerns report through the UNA/AHS Collective Agreement (Article 34) OHS process and the AHS WHS (MySafetyNet) process.
- Concerns that should not be reported through RLS or PRC are: WHS concerns, lost property, performance concerns, and privacy breaches.

EMPLOYEE/UNA LOCAL

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

- A Local (UNA) PRCC representative will review the PRCF and follow up with the Employee who completed the PRCF, prior to the PRCC meeting, to consider the following:
 - Confirm the Employee had the required discussion with the Manager and the content and outcome of that discussion.
 - Is there any further information required for 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), if not already received. **36.01 (i): To prevent misunderstandings, and to ensure all issues are dealt with, answers must be communicated, in writing, to the Committee.**¹
 - Explore whether the Employee(s) should attend the PRCC meeting.

AHS MANAGER(S)

STEP 4a: Manager review and response to PRCF

- The Manager will work with the appropriate person(s) to investigate the concern, including the Employee who has reported the concern.
- The Manager should consider:
 - The specifics of the concern.
 - Whether there are additional opportunities for resolution. Document all attempts and outcomes of those potential resolutions.
 - If there is any other information that should be gathered prior to the discussion at the PRCC meeting.
 - Whether another discussion should occur with the Employee/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 which, along with the PRCF, will inform PRCC discussions (*Appendix C: PRC Response Form, Appendix D: Responding to a PRCF Checklist*).

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

STEP 4b: Preparation for the PRCC and Organizational Engagement

- UNA representatives, Employees, and Managers may have further discussions to explore the concern, 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.**¹ 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.
- AHS and UNA PRCC representatives should jointly determine if any guests will be invited to the PRCC meeting. If either AHS 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 AHS and UNA engage individuals from their respective organizations in problem-solving discussions as appropriate, prior to the concern 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 AHS Board.

¹ 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: Discussions at PRCC

- The primary purpose of the PRCC is to resolve concerns 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 concern(s) and make recommendations to the applicable parties. Effective concern resolution at this stage requires that PRCC representatives are respectful and collaborate with one another, complete preparations in advance of the meeting, and engage appropriate individuals in their respective organizations.
- In addition, the PRCC should have proactive discussions related to professional responsibility, e.g. reviewing trends, updates on organizational changes or activities that impact patient/resident/client care, and updates/monitoring of prior resolutions. Concerns can be added to the agenda even if they are not tied to a specific PRCC.
- **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 AHS. Alternate representatives may be designated from the same group.**¹ It is up to AHS site/program and UNA Local to identify their respective representatives for the PRCC. Note: An administrative person attending for the purposes of taking notes, a UNA Professional Responsibility Advisor, AHS HR Advisor, or invited guests are not considered to be 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.**¹
- **36.01 (c): A Chair shall be elected from amongst the PRCC.**¹ In practice, it is common for a PRCC to elect two co-chairs, one to represent the Local and one to represent AHS.
- **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.**¹ 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 continue proactively discussing concerns while keeping lines of communication open. Both parties reserve the right to ask for a meeting within 10 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.**¹ This is a shared responsibility by both parties and it will be up to each PRCC on how this will be done. It is recommended the draft minutes are circulated to committee members one week after the last PRCC meeting to ensure follow up of action items. Approved minutes should be shared with relevant stakeholders as determined by the PRCC. (*Appendix E: Minutes Template*)
- **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.**¹ The requirement to share relevant information applies to both parties and, wherever possible, it is recommended 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 concern(s) being discussed.
- **36.01 (h): During problem solving discussions, Committee members will collaborate on:**¹
 - 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. In terms of identifying the root cause(s) of the concern(s), one way to do this is to ask the question "Why?" five times. By repeatedly asking the question why you peel away the layers of symptoms which can lead to the root cause of a problem. In addition, brain storming multiple potential options for resolutions ensures that the discussions are delving deeper into the identified concern(s) and identifying the best option(s) for resolving the concern(s).
- 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.** 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 AHS 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.

¹ 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.¹**
- This step involves the PRCC engaging the appropriate senior leader in AHS in discussions related to resolving the concern before the concern is escalated to the CEO. Generally, the appropriate senior leader may be the Senior Operating Officer for the Site, or the Senior Program Officer. For the South, Central or North Zone, it may be the Chief Zone Officer. AHS will need to confirm the appropriate Senior Leader for each PRCC and concern. The goal is to ensure that all reasonable attempts at local resolution have been exhausted, prior to the concern being escalated to the CEO, or designate.
- When possible, both parties will prepare the necessary written background information to send to the Senior Leader and each other, at least one week in advance of the meeting. This may be jointly or individually submitted.
- It is recommended that the Senior Leader reply in writing to the Local following the meeting.
- 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.¹**
- At any step in the process, the parties may agree to voluntary mediation, which should occur in a timely manner.
- Each party will identify one (1) mediation appointee from each of their organizations. Ideally, these appointees will have mediation experience and no previous involvement with the concern. This will operate like the Dispute Resolution Advisory Committee (DRAC).
- If the concern is resolved, the mediators will draft a settlement agreement with the agreed upon actions, which will be signed by both parties.
- Mediation participants will include a maximum of four (4) people representing the Union and a maximum of four (4) people representing the Employer, including 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 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.¹**
- When possible, both parties will prepare the necessary written background information to send to the CEO and each other, at least one week in advance of the meeting. This may be jointly or individually submitted.
- Outcomes/resolutions should be communicated to all relevant individuals/parties.

EMPLOYEE/UNA LOCAL

- If the Local decides to advance the concern 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 CEO's written response to the Local should be shared with the PRCC, initiator(s) of the PRC, the applicable Manager(s), communicated at the next PRCC meeting, and documented in the PRCC minutes.

AHS MANAGER(S)

- If discussions with the Senior Leader do not resolve the concern(s), AHS PRCC representatives should brief upwards in the organization to ensure the CEO, or designate, is informed of the concern when they receive the request for a resolution meeting from the Local.
- The CEO should respond to the Local advising the name and contact information for the CEO, or designate, at this step of the process.
- The CEO, or designate, should copy the applicable Managers on the response to the Local.

¹ 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).¹*
- **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.*
- **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.*
- **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.*
- It is recommended both parties present all information collected as part of the information gathering, root cause analysis, and review of potential resolution options. Additionally, any actions taken to address the identified concern(s) should also be included. Ideally, information presented to the IAC should have been reviewed and discussed by both parties.

EMPLOYEE/UNA LOCAL	AHS MANAGER(S)
<ul style="list-style-type: none"> • Should the response of the CEO or designate not resolve the concern, the Local may request that the concern 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. 	<ul style="list-style-type: none"> • The CEO, in consultation with internal resources, will determine the nominee for AHS. • The PRCC and UNA's Director of Labour Relations should be informed of AHS intent to proceed to IAC.

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.¹*
- Meeting participants will include a maximum of four (4) people representing the Union (excluding the President of UNA) and four (4) people representing the Employer (excluding the CEO).
- It is recommended that both UNA and AHS include the Local PRCC Co-Chairs, who would have been involved in the concern from the beginning.
- Other potential attendees for AHS could include senior management representatives from the area(s), HR, Labour Relations, WHS, or representatives from other service areas.
- Other potential attendees for UNA could include the Professional Responsibility Advisor, Local President, and a member from the impacted area.

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 the necessary written background information to send to the Governing Board, and each other, at least 10 days in advance of the meeting. These may be jointly or individually submitted. It is recommended the description of the concern(s), and any information provided to the AHS Board, should have been shared previously.
- Outcomes/resolutions should be communicated to all relevant individuals/parties.

EMPLOYEE/UNA LOCAL	AHS MANAGER(S)
<ul style="list-style-type: none"> • If the Local decides to advance the concern to the Board, they shall inform the CEO of their intent and include the CEO on any communication to the Board. • UNA representatives should review information provided by AHS in advance of the Board meeting. • The Board's written response to the Local should be shared with the PRCC, initiator(s) of the PRC, the applicable Manager(s), and documented in the PRCC minutes. 	<ul style="list-style-type: none"> • If the concern is not resolved at the CEO level, the CEO should brief the Board. • The Local has the right to present to the entire governing Board. This cannot be delegated to a subcommittee of the Board, the CEO, or any other representative. • The Board may choose to hold a special meeting to hear the Local's presentation or may include the presentation on the agenda of a regular Board meeting. • AHS management representatives and Board members should review the information provided by UNA in advance of the Board meeting.

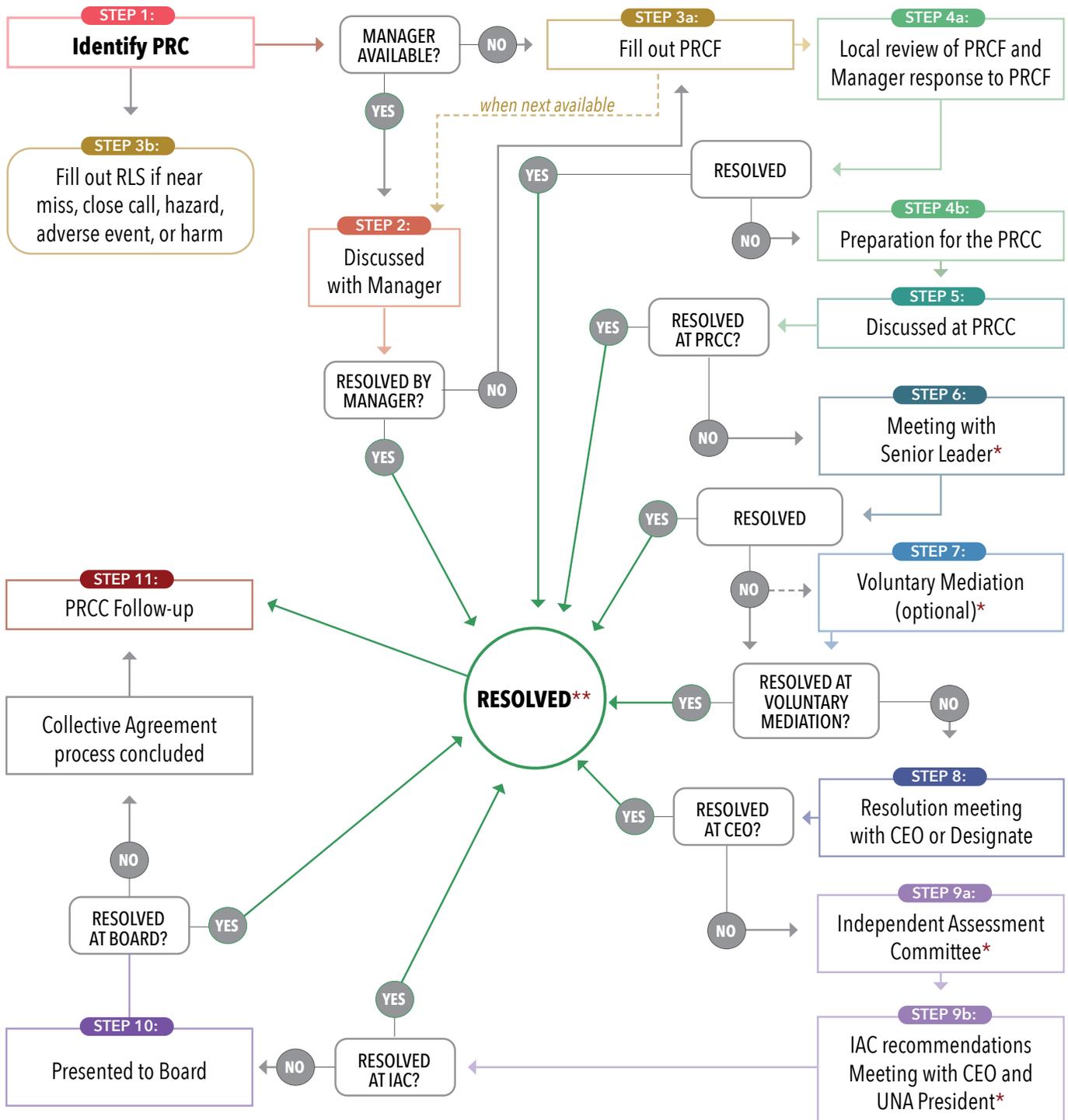
STEP 11: PRCC Follow-Up

- 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** have this discussion with your Manager or Manager-On-Call immediately.
- Fill out a Professional Responsibility Concern Form (PRCF)** as soon as possible. This can be done using a paper form or electronically.
- Individual or Group PRCF:** If the same concern is observed by multiple Employees, they should 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 contents of the PRCF, and should not be pressured into signing it. A Group PRCF is recommended over each member filling out their own PRCF, as it is more efficient for the Professional Responsibility Concern Committee to discuss one PRCF versus multiple PRCFs about the exact same concern.
- Paper PRCF:** Keep one copy for yourself, give one copy to your Local, and one copy to your Manager.
- Electronic PRCF:**
- | | |
|--|--|
| <input type="checkbox"/> Get the UNA app. Available for iOS and Android. Or enter online at https://dms.una.ab.ca/forms/prc . | <input type="checkbox"/> 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 PRC. |
| <input type="checkbox"/> Have your Employer name, Employee number, and home postal code ready. You will be asked to enter this information to validate who you are. | <input type="checkbox"/> Enter your Manager's email address to ensure they get a copy. A copy will automatically be emailed to the Local. |
- Manager/Manager on call contacted?** Yes or No. This should always be yes. If this is left blank, or marked as "No", then the PRCC will not be able to address the issue until you or your UNA Local has had an opportunity to have the required discussion with the most immediate supervisor/manager. If yes, complete the following:
- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Date | <input type="checkbox"/> Name of Manager on call contacted. Complete if you had to contact a Manager on call. |
| <input type="checkbox"/> Time | |
- Was staffing a factor?** Yes or No. If yes, complete the following:
- | | |
|---|----------------------------------|
| <input type="checkbox"/> Baseline staffing. Indicate the number of RN, RPN, LPN, and/or HCAs that are part of the normal baseline staffing. If you work in community, what is the normal number of staff working | in your office on any given day? |
| <input type="checkbox"/> Number of staff working. Indicate the actual number of RN, RPN, LPN and/or HCAs that were working. | |

Number of patients on unit. This question may not apply if you work in community or some other type of outpatient program.

Number of over-capacity patients on the unit.

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) without a patient assignment.

NOTE: If patient acuity was an issue, please describe this in detail under the "Detailed Description" portion of the PRCF.

Detailed Description of the Concern

Complete in a timely manner, as soon as possible after observing the concern.

Protect privacy! Do not use names of patients/residents/clients, staff, doctors, or others on the form.

Be specific. Provide specific, objective, and measurable details about the concern.

What action did you take? This is critical 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. did you notify a manager or manager/admin-on-call, call in extra staff, change the patient assignments, prioritize care, etc.?

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. E.g. were medications or assessments delayed? Were call bells not answered? Were other tasks delayed or not completed? Were any patients harmed through medication errors, falls, or other incidents?

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.

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.

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

Document Resolution. If your Manager resolved the concern after you discussed it with them, indicate the same somewhere on the form, what the resolution was, and the date it was resolved.

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

Manager Response to Professional Responsibility Concern

This form is to be completed by the most immediate supervisor in an excluded management position in response to a Professional Responsibility Concern (PRC).

Note: In this response, please do not use any patient identifiers.

Supervisor Name:	UNA PRC #:	Date:
	AHS # (if applicable):	Was a RLS completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Work site (Unit/Department):		Date of PRC Event:
What is the issue:		
Was the concern discussed with the manager prior to receipt of the PRCF? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the date in which this conversation occurred. Date:		
Summary of Pre-PRC Discussion(s):		
Is this an isolated or recurring/ongoing issue? <i>(Note approximate date issue brought to your attention, frequency, and brief overview of measures taken to address to date)</i>		

Was there an established procedure/process for dealing with this issue? Yes No

Summarize or attach applicable procedure/process.

What variables may have affected this situation?

Staffing Sick Calls Skill Mix LOA Workload

Other (Please specify): _____

Comments/Description:

Specific response or action plan that was taken to address the event/issue:

Distribution of Response:

Please send this written response to your PRC Committee Co-chairs and the Employee(s) who filed the concern as soon as possible:

_____ [@ahs.ca](mailto:)

_____ [@una.ab.ca](mailto:)

responding to a **PRCF** CHECKLIST



- Compile a response as soon as possible after receiving a Professional Responsibility Concern Form (PRCF).** You should be aware of the concern prior to receiving a form as the Employee or Union Local will have discussed it with you or the Manager-On-Call before submitting a PRCF.
- Ensure that you have discussed the concern with the Employee(s) who completed the PRCF,** or with other health care personnel related to the concern. If this did not occur prior to the Employee(s) filing the PRCF, have these discussions prior to completing the response in order to ensure that the response addresses the concern. **The use of a standardized template for a response, such as the Manager Response Form** found in the PRC Best Practices Handbook on insite, is recommended. Print or write legibly if using a paper form.
- Gather information, supporting data, and statistics** to help craft a detailed response.
- DO NOT use names** of patients / residents / clients, staff, doctors, or others, on the form.
- Detailed Response to the Concern**
 - Address the hazard or potential risk** to patients / residents / clients as identified by the employee(s) who completed the PRCF.
 - Provide measurable facts** and be as specific as possible.
 - Describe how the situation** may be mitigated in the future.
- RLS completed?**
 - If a RLS form was completed** (and this was indicated on the PRCF) acknowledge this in your response.
 - Review RLS reports** for similar trends. If such exist, please include in your response.
- Pulling it all Together**
 - Review the PRCF** to ensure all aspects of the form are being addressed as filed.
 - If not included on the PRCF, ask the Employee(s)** who completed the form for their thoughts on potential solutions. Where possible, gather multiple ideas.
 - Think outside the box** to identify other potential solutions to the concern and reference supporting data in your response.
 - When discussing the PRCF at the PRC Committee Meeting,** it is recommended practice to bring hard copies of supporting data, as well as invite any guests who may be able to speak to the concern(s) (e.g. Nutrition & Food Services, Protective Services).
 - AHS & UNA PRC Forum members** are available to assist you in responding to a PRCF or to attend PRC Committee Meetings upon request. A list of current members, including two dedicated AHS Labour Relations supports, can be found on Insite.



Alberta Health
Services



Professional Responsibility Concern Committee (PRCC)
Meeting Agenda/Minutes

DATE:

SITE/LOCATION:

ATTENDEES:

	DISCUSSION:	FOLLOW-UP & NEXT STEPS	LEAD(S):
1.0	Call to Order		
2.0	Approval of Minutes		
3.0	Additions to Agenda		
4.0	Standing Items		
	4.1 Management - Current Initiatives (Site or Organizational) (e.g. changes to model of care, quality reports, etc.)		
	4.2 UNA (e.g. report from UNA database)		
	4.3 Rumours		
	4.4 Trends		
	4.5 PRC Process Check-In		

5.0 PRCs

5.1 New PRCs (Appendix A: PRC Tracking Sheet - New and Active PRCs)

5.2 Monitoring/Evaluation updates from previous PRCs (See Appendix B: PRC Tracking Sheet - All Other Outstanding PRCs)

6.0 Meeting Recap and clarify key messages, next steps and responsibilities.

Appendix A: PRC Tracking Sheet – New and Active PRCs

ISSUE(S)	PRC(s) (attached)	RESPONSE FORM/LETTER (attached)	STATUS:			ACTION:				DISCUSSION:	FOLLOW-UP & NEXT STEPS	LEAD(S):			
			Resolved	Evaluation & Monitoring	Unresolved	Awaiting Response	Awaiting Information	Further Discussion	Required				Advanced		
Issue X	- File # (Unit) - Date												<ul style="list-style-type: none"> - Response received - Members not satisfied with response - Sue and Joe to review and provide update at next meeting 		
Issue Y	- File # (Unit) - Date												<ul style="list-style-type: none"> - Awaiting a response 		

Appendix B: PRC Tracking Sheet – All Other Outstanding PRCs

ISSUE(S)	PRC(s) (attached)	RESPONSE FORM/LETTER (attached)	STATUS:			ACTION:				DISCUSSION:	FOLLOW-UP & NEXT STEPS	LEAD(S):			
			Resolved	Evaluation & Monitoring	Unresolved	Awaiting Response	Awaiting Information	Further Discussion	Required				Advanced		
Issue X	- File # (Unit) - Date												<ul style="list-style-type: none"> - Response received - Members not satisfied with response - Sue and Joe to review and provide update at next meeting 		
Issue Y	- File # (Unit) - Date												<ul style="list-style-type: none"> - Awaiting a response 		



PRC FAQS

Frequently Asked Questions (FAQ) OVERVIEW

The following frequently asked questions (FAQs) regarding the Professional Responsibility Concern (PRC) Process were prepared by the AHS & UNA PRC Forum, that has been working collaboratively to develop resources to improve the effectiveness of the PRC process and Professional Responsibility Concern Committees (PRCC) around the province.

This is a resource for non-union exempt employees (NUEEs) who have United Nurses of Alberta (UNA) members working within their respective portfolios, UNA members / employees, and AHS & UNA PRCC representatives.

SECTION 1: AHS / UNA COLLECTIVE AGREEMENT (CA)

What is the PRC Process and how is it different than what was previously outlined in the AHS / UNA Collective Agreement?

The PRC process is outlined in Article 36: Professional Responsibility in the collective agreement (CA) between AHS and UNA. It is a joint reporting process for identifying, discussing, and resolving concerns related to patient/resident/client care including staffing concerns in a safe and collaborative environment.

In February, 2018, a new CA between AHS and UNA was ratified and contains new language under Article 36. This language changes the PRC process by introducing new avenues for resolving concerns:

- 1) Discussing unresolved concerns with the applicable senior leader (e.g. Senior Operating Officer, Senior Program Officer, or Chief Zone Officer).
- 2) Voluntary mediation with the assistance of representatives from the Union and Employer.

- 3) Review of unresolved concerns by an Independent Assessment Committee (IAC).
- 4) The option to grieve a failure to adhere or implement a written PRC resolution under Article 32: Dispute Resolution Process.

Prior to these changes coming into effect, a concern not resolved by the PRCC was to be referred directly to the Chief Executive Officer (CEO), or designate. The CEO/Designate would provide a written response in reply to the concern. If the concern remained unresolved, the Local could request to present the concern to the governing Board. The new process allows for an intermediary step with the applicable Senior Leader prior to involving the CEO as well as the new IAC step after referring to the CEO, but prior to escalating unresolved concerns to the governing Board. Additionally, Parties have the option to utilize an internal mediation process at any step in the process.

SECTION 2:

PRC BEST PRACTICE RESOURCES

How was information on this new process relayed to Managers and UNA members?

This information has been communicated in a number of ways.

UNA and AHS each held information sessions within their respective organizations shortly after ratification of the new Collective Agreement which contained information on all the changes to the Collective Agreement, including the PRC process.

UNA and AHS jointly created a reference guide for employees/UNA members, managers, and PRC Committee members entitled Professional Responsibility Process (Best Practice). This reference guide includes guidelines, tips, and templates to support participants throughout the PRC process in improving the effectiveness of the process as a whole.

These jointly developed resources were launched throughout November and December, 2018 with joint presentations across the province by United Nurses of Alberta President Heather Smith and Alberta Health Services Health Professions & Practice Vice-President Sean Chilton. In total, 27 sessions were attended by more than 1,000 union members and AHS managers. Entitled *Best Practice in PRC: Creating a Better Future*, the workshops emphasized the shared commitment of UNA and AHS to reset the culture around PRC in workplaces throughout Alberta.

Among the principles agreed to by both UNA and AHS, joint problem solving should occur through collaboration, in an environment of mutual respect, with the goal of resolving concerns as close to point of care as possible. The approach – set out in *Article 36, Professional Responsibility*, of the UNA/AHS Collective Agreement – also recognizes there must be full and consistent disclosure of available and relevant information. In addition, the parties agreed every step of the PRC process should occur within a just culture and adhere to professional standards.

Where can these resources be found?

The *Professional Responsibility Process (Best Practice) guide*, templates, and the *Best Practice in PRC: Creating a Better Future* presentation can be found on the UNA and AHS Web sites as follows:

UNA: <https://una.ca/memberresources/professionalresponsibility>

AHS: <https://insite.albertahealthservices.ca/main/assets/hr/tls-is-prc-best-practice-guide.pdf>

Is there a plan beyond these sessions to educate managers and members?

Both AHS and UNA recognize that ongoing education will be required. The parties are currently discussing how best to meet this need.

Is the video recording of the joint presentation available on Insite?

Yes, the video is available on Insite as well as UNA's website.

UNA: <https://una.ca/memberresources/professionalresponsibility>

AHS: <https://insite.albertahealthservices.ca/tools/is/Page23115.aspx>

Does the PRC Best Practice Document apply to non-AHS Locals?

Covenant Health is utilizing a similar document and process to the one AHS and UNA are. Lamont Health Care Centre, as well as The Bethany Group (Camrose), do not have this process formalized, but are welcome to use any tools or guides they may deem to be helpful.

What is a PRC Response Form and does it need to be completed for every PRCF that is completed?

There is a CA requirement under Article 36 for written responses to PRCs. AHS has developed a form, the PRC Response Form, to assist Managers in providing a written response to Employee(s) who submit PRCs. The PRC Response Form should be sent to the writer(s) of the PRCF and the co-chairs of the PRCC.

This form and a PRC Response Form Checklist can be found on Insite and UNA's website.

UNA: <https://una.ca/memberresources/professionalresponsibility>

AHS: <https://insite.albertahealthservices.ca/main/assets/frm/frm-21086.docx>

SECTION 3:

PRC PROCESS QUESTIONS

What is a PRC?

A PRC is a “concern of Employees or the Employer relative to patient/resident/client care”. Common examples of PRCs include concerns or discussions 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 concerns that impact the ability to deliver safe, competent and ethical nursing care and for taking steps to address identified concerns in a timely manner and to work collaboratively to improve patient care.

How do I report a PRC?

The first step is for the Employee or Local to discuss the concern with your immediate Supervisor/Manager/Manager-on-Call in a timely manner (i.e. as soon as possible during or following the concern). In most cases this discussion will 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 concern to the attention of the Manager because of timing or to assist in the discussion with the Manager.

Fill out a PRCF as soon as possible, provide as much detail as possible about the concern including recommendations to resolve the concern, and do not use the names of patients/residents/clients on the form.

You can fill out a paper PRCF or you may fill out the PRCF electronically on the UNA app and online at dms.una.ca/forms/prc

- **Paper PRCF:** provide a copy to your Local, your Manager, and keep a copy for yourself.
- **Electronic PRCF:** enter your Manager's email address to ensure they get a copy.

If the PRCF remains unresolved after discussing it with your Manager, the PRCF will be discussed at the joint UNA/Employer PRCC for your site/workplace.

For more tips on filling out a PRCF, please see the Reporting a PRC Checklist, within the Professional Responsibility Process (Best Practice) booklet or on Insite or UNA's website.

UNA: <https://una.ca/memberresources/professionalresponsibility>

AHS: <https://insite.albertahealthservices.ca/main/assets/tls/is/tls-is-prc-best-practice-guide.pdf>

Is it okay to fill out a Group PRCF?

If the same concern is observed by multiple Employees, they should 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 contents of the PRCF, and should not be pressured into signing it. A Group PRCF is recommended over each member filling out their own PRCF, as it is more efficient for the PRCC to discuss one PRCF versus multiple PRCFs about the exact same concern.

Do I have to discuss the PRC with my immediate Supervisor or Manager?

We strongly encourage that the first discussion should occur between the Employee identifying the concern and their immediate Supervisor or Manager, as close to the Employee identifying the concern as possible. This gives the Manager an opportunity to work with the Employee to try and resolve the PRC as soon as possible. However, depending on the nature of the concern, availability or comfort of the Employee, the meeting may be between the Employee and Manager, or between the UNA Local and Manager, or a meeting of the UNA Local, the Employee and Manager. Where the concern is specific to one unit or program, there must be a discussion with the most immediate supervisor/manager before the concern can be discussed at the PRCC.

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.

Is a signature from the applicable Manager on the PRCF required before submitting it?

No, a manager signature is not required. Once a form has been completed, and signed by the individual filling it out, it can be left for review by Management.

Are there any time frames associated with bringing PRC forward?

Although no formal time frames exist, filling out a PRC as close to the time in which the concern arose is recommended. This helps to ensure that the information being captured is as current and accurate as possible and that the concern, which may pose a risk to patients and staff, is resolved as soon as possible.

If the concern is resolved, should a PRCF still be filled out?

If the concern 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. The PRCF could be shared at the PRCC as a success story and for learning purposes.

If an Employee brings a concern to a Manager and the Employee believes the concern is resolved, does it also need to be resolved by UNA?

If the concern has not yet been discussed at the PRCC, the Employee has the ability to resolve the concern without further consultation with UNA representatives. The Employee can have the UNA Local take it to the PRCC for information, or can simply consider the concern resolved and take no further action.

Does the Employee have to sign off a PRC or agree with the resolution before the PRC can be considered resolved?

If the unresolved concern has been advanced to and discussed at the PRCC, it is up to the elected UNA PRCC representatives to determine if the concern is resolved, which may involve consultation and follow up with the Employee(s) who submitted the PRCF.

Does an Employee need the permission of their Manager to fill out a PRCF or what if there is a disagreement whether the form should be filled out?

Consensus is not required to fill out a PRC Form (PRCF). If an individual believes, based on their own professional judgment, that a PRCF should be filled out, they are encouraged and have the right to do so.

What happens to the RLS after you fill it out?

RLS reports are sent to the applicable manager for review and follow-up.

Why is MySafetyNet not on the algorithm?

The algorithm contained in the Professional Responsibility Process (Best Practice) document summarizes the steps within this process related to identifying and resolving patient safety concerns.

MySafetyNet is the Employer reporting system for workplace health and safety concerns (WHS), which is not part of the PRC process.

What is the difference between Occupational or Workplace Health & Safety Concerns (OHS or WHS) and PRCs?

OHS or WHS concerns focus on the safety of Employees whereas PRCs focus on the safety of patients.

A concern may have elements of both patient safety and Employee safety.

→ For patient safety concerns report through the PRC process and RLS.

→ For Employee safety concerns report through the UNA/AHS CA (Article 34) OHS process and the AHS WHS (MySafetyNet) process.

When a concern has both PRC and OHS dimensions, the concern may be pursued through both processes.

Why is there nothing on the PRCF that addresses acuity on the unit?

PRCs related to acuity should be described in the detailed description of the concern on the PRCF. Acuity is not specifically addressed on the form as not all PRC submissions will be directly related to this.

Why does the PRCF have an LPN designation at the bottom of the form?

In some organizations external to AHS, LPNs are UNA members. This form is meant to be used by those organizations as well as within AHS.

Can an LPN fill out a PRCF?

Although PRCFs are specific to UNA members, this form could be used by an LPN as a template to broach discussion with their manager(s).

LPNs employed by AHS have a process in their CA to raise concerns related to patient/resident/client care.

Do we need quorum for a PRCC meeting to proceed?

Article 36 specifies that a PRCC shall be established with up to four Employees elected by the Local and up to four representatives of AHS; however, it does not specify a set quorum for meetings to proceed. It is up to the AHS site/program and UNA Local to identify their respective representatives on the PRCC and to determine if they are comfortable proceeding in the event that some of the PRCC representatives are absent..

How often should a PRCC meet?

Article 36 specifies that the PRCC shall meet at least once a month, at a regularly appointed time. 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 continue proactively discussing concerns while keeping lines of communication open.

When should a PRCF be resolved?

This depends on the concern being raised as each situation may be different. There are no timelines on how quickly a PRCF must be considered resolved or when it should be advanced to the next step in the process for resolution. There are often complex problems requiring complex and creative solutions raised through the PRC process. It will require a collaborative and respectful approach by PRCC representatives to fully understand the concerns and identify appropriate solutions.

Article 36 specifies that during problem solving discussions PRCC members should jointly collaborate on:

- Defining the issue(s);
- Identifying root cause(s) of the issue(s);
- Gathering and reviewing relevant information;
- Generating potential options for resolution of the issue(s);
- Resolving the issue(s), where possible.

Appropriately defining the concern(s) and identifying the root cause(s) of the concern(s) will assist PRCC representatives in identifying options for resolution. The PRCC may decide to resolve a PRC pending evaluation and monitoring over a specified time period. In this case, it is recommended that the PRCC jointly identify an appropriate evaluation/monitoring period and then jointly review the status of the PRC concern at the conclusion of that time period to determine if the PRC can then be considered resolved.

The process includes a step that references a Senior Leader. Who is considered a Senior Leader?

It may vary from zone to zone, but could be an Area Director, Executive Director, or Senior Operating Officer. Managers will know who the applicable leader is within their areas and are the ones to move a PRCF up to this person.

How do you deal with a PRCF that may be related to a personality conflict?

PRCs should relate to concerns about patient/resident/client care and should not be an avenue to raise performance concerns about an individual. If the PRCC deems that the PRCF is related in part or entirely to a personality conflict, the PRCC should determine the appropriate mechanisms to deal with those concern(s) outside of the PRC process. The PRCC has the authority to close PRCs that are not appropriate for the PRC process. This should be communicated to the Employee(s) who submitted the PRC including the rationale for that decision.

Is there an ability to put each PRCC meeting minutes on Insite?

Although posting minutes on Insite is possible, PRCCs are currently encouraged to post minutes at a more local level. Each PRCC should determine how to best do that for their site/workplace.

How is tracking/trending happening?

UNA has a database where all PRCFs submitted electronically by UNA members or entered on behalf of UNA members by Local representatives are tracked. Trends and statistics can be pulled from this database by UNA Local representatives and shared at PRCCs as part of the UNA update section of the Agenda.

What mechanisms are in place to capture PRC information across zones in order to share information and learnings?

Although formal mechanisms are currently not in place to share PRC information across zones, AHS & UNA PRC Forum will discuss potential options for this as they continue their work.

This is a significant change to how our PRCC currently works. How do we make the shift?

Tensions surrounding this process are more prevalent in some areas than others. We know this culture change will take time, but where do we start?

Trying to first create a culture shift within PRCCs is a great place to start. Once the PRCC is functioning well, it should have a ripple effect outwards as the PRCC members can lead by example and champion the process.

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) 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 Locals 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 endeavor 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:
- (i) identifying root cause(s) of the issue(s);
 - (ii) gathering and reviewing relevant information;
 - (iii) generating potential options for resolution of the issue(s);
 - (iv) 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 chair person, 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.

