



HSA Professional Responsibility Form Checklist

Purpose

In the interest of safe patient/client/resident care and safe nursing practice, the parties agree in **Article 59 of the NBA Collective Agreement** to a problem solving process to address nurse concerns relative to patient/resident/client care including: nursing practice conditions; safety of patients/clients/residents and nurses; workload. This checklist is to be used as a guide to assist Health Sciences Association of British Columbia (HSA) members to effectively and correctly utilize the PRF process.

The Professional Responsibility Reporting Process – a checklist

- 1. Document your concern on a PRF and use it as a resource for your next step.
- 2. Discuss the matter with your excluded manager or designate.
- 3. Record your conversation with the manager using the space provided on the PRF.
- 4. A written response from the excluded manager or designate must be provided within **72 hours**. Enquire about a response if you have not received one.

This step is a simple discussion with the objective of resolving the concern and must occur within **72 hours** of identifying the issue.

Not satisfied? No response?

- 5. Complete a Professional Responsibility Form
- 6. Review your PRF with your steward(s).
- 7. Submit a copy of the PRF to your excluded manager/designate within **7 days** of the written response. Keep the original.
- 8. Forward copies to the Chair of the PRF Committee, and your HSA Union Steward(s).

You will find a PRF on HSA's website at hsabc.org/rpns

If the issue is relevant to OH&S it is imperative that you inform your OH&S steward. They can help with the process.

- 9. Upon receipt of a Professional Responsibility Report Form, the Professional Responsibility Committee must meet within 14 calendar days. Enquire with your steward about this meeting.
- 10. The PRF Committee then has 30 days following this meeting to attempt to resolve the concerns and to submit a final written report to the nurse(s) and the HSA identifying the resolution and the timeline. **Ask for a response (ask your steward about it) after 30 days.**

For Health Authorities, Providence Health Care, and St. Joseph's General Hospital:

If a resolution is not reached to the Union's satisfaction, the HSA may refer the matter to the Senior Review Committee within 7 days of receiving the PRF Committee report or of the failure to implement the report.

For Affiliate Employers other than Providence Health Care and St. Joseph's General Hospital:

If a resolution is not reached to the Union's satisfaction, the HSA may refer the matter to the Board of Directors verbally or in writing within 7 days of receiving the final report of the PRF Committee. All parties shall receive copies of submission and documentation provided to the Board. The Board of Directors or functional equivalent shall review the submission at their next regularly scheduled board meeting and shall respond in writing to the Union in writing within 14 calendar days. Copies of the response are to be forwarded to the HSA, the Administrator and the Professional Responsibility Committee members.



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Form Tips:

1. Review the form before completing it so you have an idea of what kind of information is required.
2. Fill in online or print the form and write legibly. You need four completed copies.
3. Do not under any circumstances identify patients / residents.
4. Report only facts about which you have first-hand knowledge. If you use second-hand or hearsay information, identify the source if permission is granted.
5. If you need more space attach additional pages.
6. Prior to submitting the PRF, ask your steward to review it.
7. When writing your remedy specify what corrective action would remedy the situation. If the situation was addressed, describe what action was taken and by whom, and if there are any ongoing concerns.

Describe the nature of the problem. If the problem relates to staffing, include the number of patients and staff on the ward / unit at the time. Specify any planned nursing care that could not be done because of the problem. Explain any actual or potential hazards or situations that resulted from the problem.

Baseline staffing present: Yes No

Replacement requested: Yes No RPN RN LPN Aide Unit Clerk

Replacement Received: Yes No RPN RN LPN Aide Unit Clerk

Unit over-census: Yes No Number:

Patients requiring secure rooms/1:1 Number:

Workload staff requested: Yes No RPN RN LPN Aide Unit Clerk

Workload staff received: Yes No RPN RN LPN Aide Unit Clerk

Summarize any special circumstances that contributed to the problem. For example, malfunctioning equipment, non-routine procedures or orders.

Staffing

- Working short staffed
- Workload staffing not supplied
- Nurse: patient ratio inadequate
- RPNs replaced by other healthcare workers
- RPNs reassigned
- Inappropriate staffing mix

Breaks/Scheduling

- Unable to take breaks
- Frequently working overtime

Beds/Rooms

- Lack of available inpatient psych beds
- Lack of secure rooms
- Inappropriate patient mix

Resources

- Lack of appropriate policies
- Admission of off-service patients
- Security inadequate
- Lack of community resources



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(APPROVED May 2010 by the Board of the College of Registered Psychiatric Nurses of BC for use by CRPNBC Registrants)

See CRPNBC Professional Standards:

http://www.crpnb.ca/wp-content/uploads/2011/02/2010_Code_Standards.pdf

1. STANDARD 1: THERAPEUTIC INTERPERSONAL RELATIONSHIPS

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

Indicators:

A Registered Psychiatric Nurse: Acts as role model for positive professional, interpersonal, and therapeutic relationships. Uses professional judgment and practices with personal integrity to initiate, maintain, and terminate professional, interpersonal, and therapeutic relationships. Consistently applies processes of self-awareness within professional practice. Collaborates and advocates with individuals, families, groups, and communities. Creates therapeutic environments in diverse practice settings. Creates partnerships in professional, interpersonal, and therapeutic relationships. Recognizes and addresses power imbalances in professional, interpersonal, and therapeutic relationships.

2. STANDARD 2: APPLICATION AND INTEGRATION OF THEORY-BASED KNOWLEDGE

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

Indicators:

A Registered Psychiatric Nurse: Uses theory-based knowledge in psychiatric nursing practice. Synthesizes and applies recognized theories or frameworks to engage in innovative problem solving. Provides theoretical and/or evidence-based rationale for psychiatric nursing practice. Applies theory to psychiatric nursing decisions and interventions. Applies theory-based knowledge, skill, and judgment to assess, plan, implement, and evaluate the practice of psychiatric nursing. Applies critical thinking in the problem solving process. Applies communication theory to ensure effective verbal and written communication. Applies documentation principles to ensure effective written communication. Remains current in knowledge relevant to the professional practice setting. Engages in life-long learning.

3. STANDARD 3: PROFESSIONAL RESPONSIBILITY

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

Indicators:

A Registered Psychiatric Nurse: Practices in accordance with the Code of Ethics, Standards of Psychiatric Nursing Practice, and relevant legislation. Assumes responsibility and accountability for own practice. Recognizes personal and professional limitations and consults and refers appropriately. Creates and maintains professional boundaries. Integrates cultural safety into psychiatric nursing practice. Recognizes and reports unprofessional and/or unethical conduct. Assumes responsibility and accountability for continuing competence.

4. STANDARD 4: PROFESSIONAL ETHICS

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

Indicators:

A Registered Psychiatric Nurse: Practices and conducts one's self in a manner that reflects positively on the profession. Promotes and adheres to the professional Code of Ethics. Uses ethical principles to guide psychiatric nursing practice. Applies the elements of confidentiality and consent in psychiatric nursing practice. Recognizes the power imbalance in the therapeutic relationship and mitigates the risks of exploiting that power. Supports the rights of clients to make informed decisions. Maintains boundaries between professional and personal relationships.