

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