

April 2018

**HEABC NBA
PR Process
Manager/Employer
Toolkit**

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2016 Collective Bargaining in the Health Sector

Renewal of the 2012-2014 Nurses Bargaining

Association

NBA Collective Agreement

ARTICLE 59 - PROFESSIONAL RESPONSIBILITY CLAUSE

Amend the collective agreement, by creating the following:

In the interest of safe patient/client/resident care, and to reflect a strengthened professional practice commitment, the parties agree to a refreshed approach related to quality nursing practice. This approach will be built on trust and common goals and will enable nurses and the employer to engage in meaningful conversations around opportunities for improvement.

In order to facilitate this collaborative relationship, the Union and Employer agree to deliver PRF education to participants as determined by the parties. This education will be based on a mutually agreed curriculum and co-facilitated by the Employer and the Union.

The following problem solving process will address nursing practice conditions and the safety of patients/residents/clients and nurses.

The parties agree that if a PRF is submitted that focuses on a staffing issue, it will be referred to the Nurse Staffing Secretariat.

Communication between the Employer and the nurse(s) with respect to the status of their issue will occur regardless of the process followed.

In the interest of achieving collaborative solutions in a timely and orderly fashion, the parties will make every effort to consolidate related Professional Responsibility Forms (PRF).

59.01 Within 72 hours of identifying a concern, the nurse(s) will discuss the matter with their excluded manager or excluded designate with the objective of resolving the concern. This discussion must include specific details as it pertains to practice. The preferred method for this discussion is face to face, but may also take place via other means (e.g. email or telephone) when necessary. The nurse(s) may be accompanied/supported by an experienced PRF representative or a steward. When the concern is not immediately resolved, the excluded manager or excluded designate will provide the nurse(s) with a written response of actions to be taken within seven (7) days of the discussion.

59.02 If the matter is not resolved to the nurse(s)' satisfaction within seven (7) calendar days of receipt of the written response, the nurse(s) may submit the PRF to the Professional Responsibility Committee ("PRC"). The nurse(s) retains the original and forwards copies to her

excluded manager or excluded designate and the Union steward, who will ensure that the standing members of the PRC receive copies.

59.03 A PRC shall be established with each Employer as defined in Article 1.02. The parties will operate in accordance with the mutually agreed to Terms of Reference and Guiding Principles.

Composition of the PRC:

(A) Standing Members:

- (1) one member appointed by the NBA
- (2) one member appointed by the Employer

(B) Ad Hoc Members:

- (1) the nurse(s) with the concern
- (2) a PRF representative or a Union steward
- (3) the immediate supervisor
- (4) the excluded manager or excluded designate of the unit

59.04 The Standing Members of the PRC shall request and be given access to documents and data necessary to assist in satisfactory resolution of the nurse(s)' concerns.

59.05 A meeting of the PRC shall be held within fourteen (14) calendar days of receipt of the PRF. The PRC will have thirty (3) days following the meeting to attempt to resolve the identified concern(s) and to submit a final written report to the nurse(s) and the Union identifying the actions to be taken and the timeline for implementation. In the event that not all Ad Hoc Members can attend the meeting, the Standing Members will determine if the meeting can proceed with only the available members, making all reasonable efforts to ensure at least one PRF author is present.

All efforts will be made to schedule member(s)' attendance at the PRC/SRC on a scheduled shift to ensure that a member does not lose pay to attend and in the event that this cannot be done, the member will be compensated at straight time.

Where multiple employees are a party to the PRF(s), the Standing Members of the PRC/SRC will limit the number of attendees to a reasonable level. The authors will determine who will attend and speak on their behalf.

Action items that are jointly agreed to by the PRC shall be communicated in writing to the PRF author(s), their excluded manager or excluded designate and any other persons whose involvement is required to implement the action items. The PRC will also identify a timeframe for reviewing the action items, which may vary depending on their nature.

59.06 **Applicable to Health Authorities, Providence Health Care and Bishop of Victoria (St. Joseph's General Hospital)**

- (a) A Senior Review Committee (SRC) shall be established at each Health Authority/Providence Health Care consisting of the Health Authority's/Providence Health Care's Chief Operating Officer (or functional equivalent) or the Chief Nursing Officer (or functional equivalent), and one senior representative appointed by the Union.
- (b) If the concerns(s) is not resolved at the PRC level or the identified actions are not taken, the Union may refer the matter to the SRC within seven (7) calendar days of receipt of the PRC final written report or of the failure to implement the report. All referrals to the SRC will be accompanied by correspondence that explains the Union's rationale for referral.

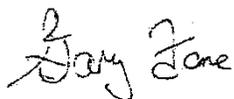
- (c) The SRC will review the matter, including having access to data and documents as necessary, and will issue recommendations in a written report to the Union and the respective Health Authority/Providence Health Care/Bishop of Victoria (St. Joseph's General Hospital) Chief Executive Officers within 60 days of referral.
- (d) Prior to any referral to the Provincial Nursing Secretariat (PNS), either party shall notify the CEO of their intent to make a referral. Within 14 days of receiving the notification, the CEO will acknowledge receipt and communicate any resolve to the parties. Where the matter is resolved at this level, it shall not be referred to the PNS.
- (e) Recommendations that are unanimous will be binding and will be implemented by the parties. The SRC will specify a timeframe for reviewing binding recommendations to ensure that they are implemented as intended. If it is determined during this review that progress is not being made, either party may refer the binding recommendations to the PNS.
- (f) Where the SRC is unable to make unanimous recommendations, a written report outlining the SRC's findings will be issued to the Union and the Health Authority/Providence Health Care. At that point, either party may refer the matter to the PNS.

59.07 Applicable to Affiliate Employers other than Providence Health Care and Bishop of Victoria (St. Joseph's General Hospital)

- (a) If the concern(s) is not resolved to the Union's satisfaction, it may refer the matter to the Board of Directors (or functional equivalent) within seven (7) calendar days of receipt of the PRC final written report. The Union may make a written submission and/or a verbal presentation. All parties shall receive copies of any submission or documentation that may be provided to the Board.
- (b) The Board of Directors (or functional equivalent) will review the submission and/or hear the verbal presentation at their next regularly scheduled board meeting and shall respond in writing to the Union within fourteen (14) calendar days. Copies of the response shall be forwarded to the Union, the Administrator and the PRC Members.
- (c) Where the Board of Directors (or functional equivalent) has not resolved the issue to the Union's satisfaction, either party may refer the matter to the contract holder. Within 14 days of receiving the referral, the contract holder will acknowledge receipt and communicate any resolve to the parties. Where the matter is not resolved at this level, either party may refer the matter to the PNS.

~~59.08 If additional staff are immediately necessary due to emergent circumstances wither within a particular shift or for the next shift, and no management personnel are on the premises or otherwise immediately accessible to the employee in person or by telephone, the nurse who has been designated in charge shall have the authority to call in additional staff pursuant to any policies in place respecting such call-ins for specific work units. For such call-ins, call in by seniority pursuant to Article 11.04 shall not apply.~~

Agreed to this day of _____, 2016



Nurses' Bargaining Association



Health Employers Association of BC

British Columbia Nurses Union

GUIDING PRINCIPLES

PROFESSIONAL RESPONSIBILITY PROCESS

1. The Professional Responsibility (PR) process is about quality improvement and employee engagement.

The PR language of Article 59 states:

In the interest of safe patient/client/resident care, and to reflect a strengthened professional practice commitment, the parties agree to a refreshed approach related to quality nursing practice. This approach will be built on trust and common goals and will enable nurses and the employer to engage in meaningful conversations around opportunities for improvement.

The process is designed to identify problems, but it does not involve blame.

The PR clause provides a mechanism for nurses to raise concerns related to their practice.

When raising concern(s) nurses will have the opportunity to describe the events or circumstances that contributed to the concern. Events or circumstance may include, but are not limited to:

- Policies and procedures
- Workload
- Staffing
- Communication

Nurses and management should never feel intimidated or threatened by engaging in the PR process, rather it is viewed as a positive contribution.

Nurses and managers are on the same team!

- Nurses and Managers share the common interest of high quality, safe patient care.
- Managers need information about the workplace environment and nurses need support to address their concerns.
- PRFs foster solution-based teamwork.

2. Respectful and genuine dialogue between nurses and their managers is the foundation of the PR process.

The NBA and Health Authorities support respectful, collaborative, and transparent dialogue between nurses and managers.

Circumstances where managers and/or nurses feel intimidated or threatened to engage in dialogue are serious and require immediate supportive action.

Both the NBA and the Health Authorities are committed to supporting and sustaining healthy relationships at the local level.

3. All parties have responsibility and accountability to the PR Process

The parties will respectfully use the PR clause for problem solving related to practice concerns.

This means that NBA members and managers both have the responsibility and accountability to model collaboration and cooperation throughout the process.

All parties will accept responsibility through:

- Clearly stating the practice concern(s)
- Committing to explore shared solutions
- Being engaged in all stages of the process and;
- Following through on commitments made.

Fundamental to this principle is ensuring that all managers and NBA members are informed about their responsibilities in the process.

4. The most effective approach to resolution of the practice concerns should be at the local level whenever possible.

Local stakeholders understand local systems the best.

If shared solutions can be identified, embraced and implemented at the local level; they are more likely to succeed.

A practice concern may not be resolved at the early stages of the PR process for a number of reasons including:

- Further investigation is required to understand the issue;
- Consultation with other parties is required to develop solutions fully and fully understand the implications
- Those involved at the first steps do not have the organizational authority to influence the change needed

Advancing the practice concern does not reflect negatively on any of the parties involved.

PROFESSIONAL RESPONSIBILITY (PR) PROCESS SIMPLIFIED

The NBA actively encourages LPNs, RNs and RPNs to report professional issues in response to patient safety and nursing practice conditions.

Step 1
59.01

Within 72 hours of issue/concern, have discussion with Excluded Manager or Excluded Designate. Include specific details pertaining to practice.

If not resolved to nurse's satisfaction

Within seven days, Excluded Manager or Excluded Designate provides written response.

If not resolved to nurse's satisfaction

Issue resolved, recorded and communicated to all parties

Step 2
59.02

Within seven calendar days of written response, fill out a PR form cc: BCNU Steward and Excluded Manager. Steward will forward to Professional Responsibility Committee (PRC) Co-chairs.

59.03 -
59.05

Attend PRC within 14 days. The PRC will have 30 days to submit a final written report including action items and timelines.

Not Resolved?

Issue resolved, recorded and communicated to all parties

Step 3
59.06

Union MAY refer PRFs related to professional practice issues to the Senior Review Committee (SRC) within 7 days.

Staffing Issues

*Some PRFs may involve dual streams for separate issues

SRC has 60 days to issue recommendations to Union and Health Authority. Unanimous recommendations are binding and will specify a timeframe for review.

If it is determined during this review that progress is not being made, either party may refer the binding recommendations to the Nursing Policy Secretariat (NPS).

Nurse Relations Committee (NRC)

Not Resolved?

Where the SRC is unable to make unanimous recommendations, a written report outlining the SRC's findings will be issued to the Union and the Health Authority/Providence Health Care. At that point, either party may refer the matter to the NPS.

Nurse Staffing Secretariat (NSS)

Not Resolved?

Prior to any referral to the NPS, either party shall notify the CEO of their intent to make a referral.

Within 14 days of receiving notification, the CEO will acknowledge receipt and communicate any resolution to the parties.

Not Resolved?

Nurse Staffing Secretariat Steering Committee (NSC)

Not Resolved?

Nursing Policy Secretariat (NPS)

Staffing Oversight Arbitration(SOA)

PROFESSIONAL RESPONSIBILITY (PR) PROCESS SIMPLIFIED - AFFILIATES

The NBA actively encourages LPNs, RNs and RPNs to report professional issues in response to patient safety and nursing practice conditions.

Step 1
59.01

Within 72 hours of issue/concern, have discussion with Excluded Manager or Excluded Designate. Include specific details pertaining to practice.

If not resolved to nurse's satisfaction



Within seven days, Excluded Manager or Excluded Designate provides written response.

If not resolved to nurse's satisfaction

Issue resolved, recorded and communicated to all parties



Step 2
59.02

Within seven calendar days of written response, fill out a PR form cc: BCNU Steward and Excluded Manager. Steward will forward to Professional Responsibility Committee (PRC) Co-chairs.



59.03 -
59.05

Attend PRC within 14 days. The PRC will have 30 days to submit a final written report including action items and timelines.

Not Resolved?

Issue resolved, recorded and communicated to all parties



Step 3
59.07

If the concerns are not resolved to the Union's satisfaction, it may refer the matter to the Board of Directors within 7 days of receipt of the PRC final written report. The Union may make a written submission and/or a verbal presentation. All parties shall receive copies of any submission or documentation that may be provided to the Board.



The Board will review the submission and/or hear the verbal presentation at their next regularly scheduled board meeting and shall respond in writing to the Union within 14 days. Copies of the response shall be forwarded to the Union, the Administrator and the PRC Members.



Where the Board has not resolved the issue to the Union's satisfaction, either party may refer the matter to the contract holder. Within 14 days of receiving the referral, the contract holder will acknowledge receipt and communicate any resolve to the parties. Where the matter is not resolved at this level either party may refer the matter to the NPS.

“FOLLOW UP TO INITIAL CONVERSATION”

Email Template (59.01)

(Today's date)

Dear **Staff member(s)**,

Thank you for bringing forward your nurse practice concern(s) on **(date)**. What I heard you say (*articulate what you heard the issue to be that is practice focused and the reason(s) they gave as to why the nurse was unable to meet his/her practice standard*).

We discussed the following (*recommendations the nurse brought forward and anything that you may have suggested*). It is my understanding that we agreed to (*outline what you think was agreed to*) and that we will follow up on this issue on/after **(date)** to ensure that the outcomes we expect are occurring. At this time, my understanding is that we are in agreement with the proposed action(s) outlined above and the timelines associated with it/them.

ALTERNATE:

We discussed the following (*recommendations the nurse brought forward and anything that you may have suggested*). As we are unable to implement the ideas brought forward, I encourage you to file a Professional Responsibility form so that the Professional Responsibility Committee can hear the issue(s) and help us find a solution.

Please do not hesitate to connect with me if at any time you have questions about the activities/actions we discussed.

Thank you again for bringing this issue to my attention and for your insights and suggestions on how to address your concerns collaboratively.

Sincerely,
XXXX

and insert your signature line

TIPS

1. If the staff member is unable to identify a practice concern but feels staffing/workload are an issue, advise them to follow the grievance procedure (they can speak to their steward on how to do that). There must be a practice issue identified in order to follow the PR process.
2. Any nurse signing a PR form must be able to articulate how their own practice was impacted at the time. If they are unable to do that, thank them for supporting their colleague but advise they cannot enter into the PR process on this particular issue.

NBA PROFESSIONAL RESPONSIBILITY FORM

In the interest of safe patient/client/resident care, and to reflect a strengthened professional practice commitment, the parties agree to a refreshed approach related to quality nursing practice. This approach will be built on trust and common goals and will enable nurses and the employer to engage in meaningful conversations around opportunities for improvement.

STEPS IN PROBLEM SOLVING PROCESS

59.01

- Discuss matter with excluded manager or excluded designate within 72hrs of concern; **include specific details pertaining to practice**
- Face to face is preferable but may also occur via telephone or email
- If resolution is not immediate, excluded manager will provide, within seven days of the discussion, a written response of actions to be taken

59.02

- If issue is not resolved to nurse (s)' satisfaction, submit Professional Responsibility (PR) form within seven days to the Professional Responsibility Committee (PRC)
- Nurse(s) retains original and forwards copy to excluded manager and Union steward; steward forwards to standing members of PRC

59.03-59.05

- Upon receipt of the PRF, the PRC will convene within 14 days
- The PRC will have 30 days to attempt to resolve the concern(s) and to submit a final written report to the nurse(s) and the Union

59.06

- If the Practice concern is not resolved at the PRC level, the Union may refer the matter to the Senior Review Committee (SRC) within seven days of receipt of the PRC final written report;
- Staffing focused PR forms submitted, and not resolved at the local manager/nurse level, will be referred to the PRC. If not resolved, the PRC may assign staffing issues to the NRC.
- The SRC will issue recommendations in a written report to the Union and the respective Health Authority/Providence Health Care within 60 days of referral
- Recommendations that are unanimous will be binding and will be implemented by the parties. Where the SRC is unable to make unanimous recommendations, a written report outlining the SRC's findings will be issued to the Union and the Health Authority/Providence Health Care. At that point, either party may refer the matter to the Nursing Policy Secretariat (NPS)

59.07 Applicable to Affiliate Employers other than Providence Health Care and Bishop of Victoria (St. Joseph's General Hospital)

- If the concern is not resolved to the Union's satisfaction, it may refer the matter to the Board of Directors within seven days of receipt of the PRC final written report. The Union may make a written submission and/or a verbal presentation
- The Board of Directors will review the submission and/or hear the verbal presentation at their next board meeting and shall respond to the Union with 14 days
- Where the issue is not resolved to the Union's satisfaction, either party may refer the matter to the contract holder and on to the NPS if it remains unresolved

TIPS

- Do not identify patients/clients/residents
- Report only facts about which you have first-hand knowledge
- If you need more space use additional pages and attach
- You may seek assistance from your steward or PR Representative to attend the discussion or to complete the PRF
- Ensure PRF authors' names and contact information are legible

PROFESSIONAL STANDARDS OF PRACTICE

College of Registered Nurses of British Columbia

RNs

STANDARD 1: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Maintains standards of nursing practice and professional conduct determined by CRNBC.

STANDARD 2: KNOWLEDGE-BASED PRACTICE

Consistently applies knowledge, skills and judgment in nursing practice.

STANDARD 3: CLIENT-FOCUSED PROVISION OF SERVICE

Provides nursing services and works with others to provide health care services in the best interest of clients.

STANDARD 4: ETHICAL PRACTICE

Understands, upholds and promotes the ethical standards of the nursing profession

<https://www.crnbc.ca/Standards/Lists/StandardResources/128ProfessionalStandards.pdf>

Registered Psychiatric Nurses of Canada (RPNC) Standards of Practice

RPNs

RPNC STANDARD 1: THERAPEUTIC INTERPERSONAL RELATIONSHIPS

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

RPNC 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.

RPNC STANDARD 3: PROFESSIONAL RESPONSIBILITY

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

RPNC STANDARD 4: PROFESSIONAL ETHICS

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

<http://www.crpnc.ca/wp-content/uploads/2011/11/2011-12-02-CRPNBC-RPNC-SoP-amalgamation.pdf>

College of Licensed Practical Nurses of BC

LPNs

STANDARD 1: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

The licensed practical nurse maintains standards of nursing practice and professional conduct established by CLPNBC.

STANDARD 2: KNOWLEDGE-BASED PRACTICE

The licensed practical nurse applies appropriate knowledge, skills, judgment and attitudes consistently in nursing practice.

STANDARD 3: CLIENT-FOCUSED PROVISION OF SERVICE

The licensed practical nurse provides nursing services and works with others in the best interest of clients.

STANDARD 4: ETHICAL PRACTICE

The licensed practical nurse understands, upholds and promotes the ethical standards of the nursing profession.

<https://www.clpnbc.org/Documents/Practice-Support-Documents/Professional-Standards-of-Practice-for-Licensed-Pr.aspx>

NBA PROFESSIONAL RESPONSIBILITY FORM

Conversation with Excluded Manager:

Excluded Manager's Name: Conversation Date:

Written response received from Excluded Manager: Date:

Matter not resolved to nurse's satisfaction; PRF submitted to PR Committee on (Date):

1. General Information:

Name(s):

Email / Phone #: Date of Incident:

Program / Service: Ward / Work Loc:

Facility / Agency:

Which union do you belong to (BCNU, HSA or Other)?

2. Summary of Practice Concern(s) and Contributing Factors:

Describe the concern(s). Specify nursing care that could not be done. Explain actual or potential hazards or situations that resulted from the concern(s). Attach additional pages as required. Use point form and avoid acronyms.

Attempted Remedy:

What corrective action was taken and by whom (e.g., you, CNL, CNE, PCC, Administrator on call, staffing)?

ACTION AND RESULT	TAKEN BY: NAME / POSITION

4. Employee Recommendation(s):

Summarize your suggestions for ways of resolving the concern(s) or preventing its recurrence. Prioritize your recommendations in order of relative importance (e.g., 1, 2, 3 - Be specific and think creatively). Attach additional pages as required.

Please keep original PRF and send copies to:

- Excluded Manager
- Union Steward
- PR Committee Chair

Additional Information

A large, empty rectangular box with a thin black border, intended for providing additional information.

TIPS FOR RESPONDING TO A PR FORM

Included/Unionized Leaders

- While you cannot accept the PR issue, if staff come to you with a concern, address any patient or staff safety issues immediately. If an immediate risk is not present or the event is being reported to you within 72 hours, help the nurse(s) define exactly what the practice issue is and whether or not it needs to go through the PR process, the grievance process, or if this is simply a conversation that ought to occur in the workplace to verbalize issues/concerns, clarify what the unit leadership/staff can/should do, and how things will be communicated to other team members. Not all issues need to be formalized through the PR processes.
- If the nurse feels this is a practice issue, refer the nurse(s) to the manager for the initial conversation. If the “home” manager is away, the covering manager must step in to have the discussion and follow the steps of the PR process until she/he can hand over the PR process back to the home manager.

Excluded Leadership

- Make every effort to meet with the nurse(s) face-to-face to hear their concerns. Stay curious and listen. Work with them to follow through their ideas to determine if the issue can be addressed by current guidelines, policies, practices, communication, role clarity of team members, changes to assignments, standard operating procedures etc. Not all issues require more staff and if they do, it may not be a nurse that’s needed.
- Remember a face-to-face conversation is the preferred method to bring concerns forward. Recognize it is sometimes hard for staff to approach someone they feel has a position of power. Telephone or email conversations may be an alternative if face-to-face is hard to arrange within the 72 hour window.
- You may redirect any written PR form that staff submits to you back to the author if they have not made an effort to have the discussion with you first. The first step is the conversation and you have

7 days in which to formally write back with your understanding of the issue and the actions you both discussed to address the concerns.

- If the nurse is unable to articulate the practice concern, or brings this to your attention after 72 hours of the event, you may refuse to accept this as a professional responsibility issue; however, you are encouraged to listen to the concern and make all reasonable attempts to address the issues.
- Nurses are responsible to take any PR concerns to their manager. If the manager is away, the nurse is expected to go to the covering manager who must follow the PR process until the “home” manager returns.
- Ensure you communicate regularly and clearly to the entire team about the issues and actions brought forward through the PR process. Nurses have the right to bring forward issues and file a PR form if the issue is not resolved to their satisfaction. If the issue is coming from more than one author, keeping the entire team in the loop may decrease multiple PRFs of the same issue. This will help you to focus on the ones you have received and are working on versus being pulled way to have the same conversations with multiple team members while the issue is being worked on.
- Ask for any data or information you may need to understand the issues brought forward. If you require validation or information about your staffing (OT, sick, relief not found, etc.) contact **your HRC or the Managing Consultant, HR Consulting Services (put your HA/PHC specific info here)** as their information is considered the “source of truth”. Tell people that you are seeking the information as part of the PR process and give them a date by which you need the information.
- Only the author is able to escalate their practice issue forward. Stewards are in place to support the nurse with the process, not drive it themselves.
- If you are feeling that the process is not collaborative or that elements of the process path / guiding principles are not being followed, please speak with the site steward. If that is insufficient to resolve the concerns you have, advise both your HR Manager as well as the Chief Nursing Officer.

TERMS OF REFERENCE

PROFESSIONAL RESPONSIBILITY COMMITTEES

PURPOSE

In the interest of safe patient/client/resident care, and to reflect a strengthened professional practice commitment, the parties agree to a refreshed approach related to quality nursing practice. This approach will be built on trust and common goals and will enable nurses and the employer to engage in meaningful conversations around opportunities for improvement.

MEMBERSHIP

Composition of the Committee

Standing Members (Co-Chairs):

- One member appointed by the NBA (e.g. by local steward(s) or nurses)
- One member appointed by the Employer

Ad Hoc members:

- The nurse(s) with the concern
- A PR representative or a Union steward
- The immediate supervisor
- The excluded manager or excluded designate of the unit

- ★ Guests or additional participants must be approved by both Co-Chairs
- ★ In the interest of timely resolution of professional practice issues, an alternate for each Standing Member will be designated in advance and will attend on their behalf as required

A meeting of the committee shall be held within 14 days of receipt of the PR form (Article 59.05).

All efforts will be made to schedule member(s) attendance at the PRC on a scheduled shift to ensure that a member does not lose pay to attend and in the event that this cannot be done, the member will be compensated at straight time.

ROLES

General Overview

Committee Co-Chairs:

- Are equal and neutral parties who ensure thorough exploration of the issues
- Ensure an action oriented focus is used
- Ensure that processes are fair and respectful
- Identify an alternate for themselves
- Set meeting dates and coordinate notification of participants
- Adopt Terms of Reference and PR Guiding Principles
- Develop climate goals for meeting
- Ensure that the ad hoc members understand their roles and responsibilities
- Document minutes from the meeting
- Complete the PRC final report for unresolved PR issues
- Complete the “NRC Transfer Document” and send to the Health Authority NRC co-chairs
- Complete the “SRC Consideration Transfer to Union Document” and send to the Union

PR Form Author(s):

- Presents the issues
- Proposes solutions
- Considers and provides feedback on manager’s suggestions

Excluded Manager and Immediate Supervisor:

- Listens and provides feedback to concerns and issues
- Engages in dialogue and problem-solving

PR Representative or Union Steward:

- Assists in representing the member’s interests by offering support and guidance
- Follows up with PR form author(s) prior to 30 days to determine any outstanding, unresolved actions/issues

As per Article 59.05

Action items that are jointly agreed to by the PRC shall be communicated in writing to the PR form author(s), their excluded manager or excluded designate and any other persons whose involvement is required to implement the action items. The PRC will also identify a timeframe for reviewing the action items which may vary, depending on their nature.

CHAIR

The Chair of the PRC will alternate between the two Co-Chairs

MEETING PROTOCOL

1. Agenda items will be prepared by the Co-Chairs
2. The agenda will be circulated in advance of the meeting to all parties
3. All participants are expected to adhere to the PR Guiding Principles and come prepared in the spirit of collaboration to review and seek solutions for the outstanding items listed on the PR form
4. Meetings will begin with the Co-Chairs explaining the meeting process to attendees and setting the tone for the meeting
5. All parties are encouraged to provide any relevant documentation or collaborative materials which may help the PRC appreciate and understand the major issues and recommendations related to the PR forms prior to the meeting date

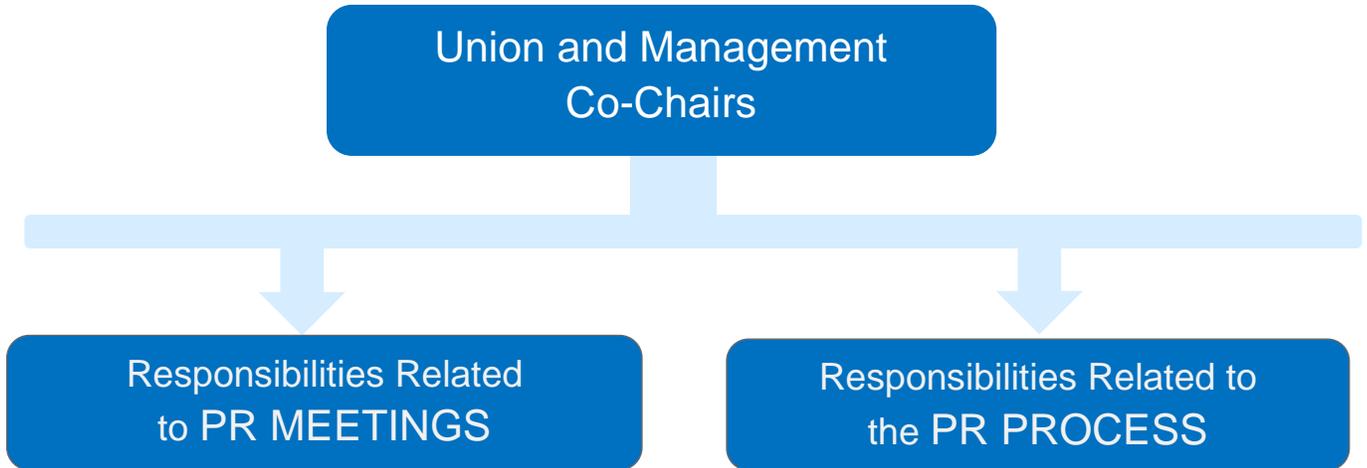
PR PROCESS TIPS

Article 59.02 – Copies of the PR form are sent by the union steward to:

- PRC Co-Chairs

★ Steward to forward a copy to the Union's head office

ROLES and RESPONSIBILITIES



<ul style="list-style-type: none"> • Adhere to the negotiated Terms of Reference and Guiding Principles. Chair the PR Committee meetings, develop the agenda and ensure all the progress of the actions is communicated to all stakeholders. • Ensure issues and all recommendations offered are explored thoroughly and in a respectful manner: <ul style="list-style-type: none"> ➤ Ask probing questions ➤ Seek information ➤ Listen and remain neutral ➤ Review data and documents. • Keep the dialogue focused on issues, not on the people involved. <p>Ensure all participants have equal opportunity to speak.</p> <ul style="list-style-type: none"> • Produce and distribute a document that highlights the discussion and includes an action plan with timelines and the person responsible. • Ensure timely final reports/responses are received by the nurse(s) submitting the PRF and the excluded manager/designate manager. 	<p>Establish and communicate local PR processes including:</p> <ul style="list-style-type: none"> • Which people in the worksite need a copy of a PRF when it is submitted? How will they get it? • Decide who will contact the nurses and managers to book the PR Committee meetings? • Ensure all participants know they must come to the meeting prepared to speak to their issue(s) and be part of the action planning. How will the action plan be communicated? Shared? • Monitor PR form progress/status. Attempt to resolve concern(s) within 30 days. • Complete a final report indicating status of actions or advancement to the nurse(s), excluded manager, and the Union. • Complete the “NRC Transfer Document” and send to the Health Authority NRC co-chairs. • Complete the “SRC Consideration Transfer to Union Document” and send to the Union.
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Professional Responsibility Committee (PRC) Meeting

Location: Facility and Unit, Meeting Room

Date:

Time:

Program/service:

Attendees:

	NBA PRC Co-Chair		Employer PRC Co-Chair		

Item	Discussion	Actions agreed upon	Timeline and person responsible for implementation	Progress to date (30 day review)	Issue Resolved
1. INTRODUCTIONS					
	<ul style="list-style-type: none"> A round table introduction session 				
2. PRC MEETING PREAMBLE					
	<ul style="list-style-type: none"> Review the TORs and the Guiding Principles Set up ground rules Review the agenda Clarify the practice issue(s) being presented from the author if required 				
3. PR FORM(s) REVIEW					
	<ul style="list-style-type: none"> Date of incident of each PR Form and unit/service/program 				

4. PR FORM(s) RECOMMENDATIONS - DISCUSSION					
<ul style="list-style-type: none"> List only one of the nurses' recommendations in each box 	<ul style="list-style-type: none"> Record only key issues: NOT verbatim notes Be succinct 	Any agreement through consensus here: Any employer concerns here:			
5. SUMMARY AND RECOMMENDATIONS					
	<ul style="list-style-type: none"> List issue discussed One per box 	List actions agreed upon here	Who will do what by when?	When will you review and how? (30 day review)	

Summary update at 30 days:

Submitted by:

Employer Co-Chair

NBA Co-Chair

Date

PRC Final Report and Chronology of Events

This report is completed by the PRC Co-Chairs for unresolved PR issues being advanced to:

- The Union for SRC consideration and/or
- Transfer from the local PRC to the NRC

Worksite:

Unit: Choose an item.

PR form author(s):

Click here to enter text.

Date of incident:

Click here to enter a date.

Date nurse reported incident to manager:

Click here to enter a date.

Date of conversation with manager:

Click here to enter a date.

Date written report received by nurse(s):

Click here to enter a date.

Date of PR committee meeting:

Click here to enter a date.

Present for the NBA at PR Committee meeting:

Click here to enter text.

Present for Employer at PR Committee meeting:

Click here to enter text.

Summary of Issue(s):

Click here to enter text.

List of mutually agreed upon actions to be taken (must include timelines and the individual responsible for each action):

Click here to enter text.

List which actions have been completed, which have not been completed within the agreed timelines and which issues or concerns cannot be resolved:

[Click here to enter text.](#)

Explain why resolution was not possible at the local PRC:

[Click here to enter text.](#)

Date minutes, final report and author(s)' final recommendations reviewed with PR form author(s):

[Click here to enter a date.](#)

Final recommendations of the PR form author(s):

[Click here to enter text.](#)

Forms

HEABC NBA
PROFESSIONAL RESPONSIBILITY PROCESS
MANAGER / EMPLOYER TOOLKIT



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