

## APPENDIX "N"

### PROFESSIONAL RESPONSIBILITY GUIDELINES AND FORM

#### GENERAL INFORMATION:

This **Professional Responsibility Guidelines and Form** was developed jointly by Representatives of the PEI Nurses' Union and The Employer. The **Professional Responsibility Guidelines and Form** represents a Provincial standard, and will be utilized by all worksites/work units where PEI Nurses' Union members are employed, (as indicated in Article 37.4 of the present Collective Agreement) and, therefore, this for is not to be changed by any one individual, or organization.

#### GUIDELINES FOR USE:

The **Professional Responsibility Guidelines and Form** is a form to be used to document concerns about patient / client care in the workplace. It does not replace the worksite/work unit's Provincial Safety Management Systems.

The purpose of the **Professional Responsibility Guidelines and Form** is to:

- 1) provide an avenue whereby the Registered Nurse can document and bring concerns to the Employer's attention for appropriate action; and
- 2) provide a formal record of concerns about specific problems for future verification, if necessary.

#### POINTS TO REMEMBER:

1. Complete legibly.
2. The form is to be completed by the person(s) involved. DO NOT complete a record for someone else.
3. DO NOT identify patients/clients or professionals involved in the incident being described.
4. The report form should be completed and submitted as soon as possible after the situation.
5. As much as possible, report only the facts about which you have first-hand knowledge. If more space is required, please add additional page(s).
6. The Registered Nurse completing the form must provide a copy of the **Professional Responsibility Form** to Nursing Management and the Local President or designate.

**PEINU**  
**Professional Responsibility Form**

WORKSITE: \_\_\_\_\_

(1) NAME: \_\_\_\_\_ DATE: (YYYY/MM/DD): \_\_\_\_\_

WORKSITE/UNIT: \_\_\_\_\_ SHIFT/TIME OF OCCURRENCE: \_\_\_\_\_

(2) STAFFING (NUMBERS) SCHEDULED: \_\_\_\_\_ THIS SHIFT: \_\_\_\_\_

RNs \_\_\_\_\_

LPNs \_\_\_\_\_

OTHER: \_\_\_\_\_

(3) NUMBER OF PATIENTS ON UNIT: \_\_\_\_\_

Isolations: \_\_\_\_\_ Constant Cares/  
Levels of Observation: \_\_\_\_\_

Admissions: \_\_\_\_\_ Discharges: \_\_\_\_\_

(4) DESCRIBE WORKLOAD SITUATION, INCLUDING ACUITY OF PATIENTS AND ANY CONTRIBUTING FACTORS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) DETAIL ACTIONS YOU TOOK IN RESPONSE TO THE WORKLOAD SITUATION TO ADDRESS PATIENT NEEDS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(6) NAME OF MANAGER/SUPERVISOR/DESIGNATE CONTACTED: \_\_\_\_\_ 106

TIME CONTACTED: \_\_\_\_\_

(7) DESCRIBE ACTION/RESPONSE GIVEN BY MANAGER/SUPERVISOR/DESIGNATE:

\_\_\_\_\_  
\_\_\_\_\_

(8) WHAT OTHER OPTIONS MIGHT HAVE BEEN CONSIDERED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

MANAGER/SUPERVISOR/DESIGNATE RESPONSE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date (YYYY/MM/DD) & Time of Submission      Signature of Registered Nurse

\_\_\_\_\_  
Date (YYYY/MM/DD) & Time of Receipt      Signature of Nursing Management

**COPIES TO:**  
PEINU REPRESENTATIVE, EMPLOYER, REGISTERED NURSE

(9) For Professional Practices Committee Use Only

Report reviewed by Committee: \_\_\_\_\_  
Date

Employee(s) notified of recommendations: \_\_\_\_\_  
Date

\_\_\_\_\_  
Local President /  
Worksite Representative

\_\_\_\_\_  
Director of Nursing /  
Designate