

PRC

Professional Responsibility
PROCESS
(Best Practice)

The following steps in the Professional Responsibility Process have been identified by Covenant Health 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 Professional Responsibility process. This document is meant to clarify the expectations and develop a consistent approach. This document includes a joint statement from both Covenant Health and UNA, which reinforces the commitment to ensure the Professional Responsibility Concern (PRC) process is an effective, proactive, and collaborative mechanism to address patient care issues (Appendix A: Joint Letter). This document also includes the shared vision and principles which should guide every step of the PRC process (See page 2).

Abbreviations:

BN: Briefing Notes

IAC: Independent Assessment Committee

PRC: Professional Responsibility Concern

PRCF: Professional Responsibility Concern Form

PRCC: Professional Responsibility Concern Committee

RLS: Reporting and Learning System

UNA: United Nurses of Alberta

NOTE: Italicised and bolded references the Collective Agreement

NOTE: An electronic PDF version of this document, including fillable/editable templates (Professional Responsibility Concern Form, PRC Committee Agenda/Minutes, PRC Response Form, CEO and Board Briefing Notes) are available at www.una.ab.ca or www.compassionnet.ca.

Covenant Health / United Nurses of Alberta (UNA) Professional Responsibility Concern Process

Vision

The Covenant Health and UNA Professional Responsibility Concern (PRC) process promotes excellence in care at all stages of life, and caring for the whole person – body, mind and soul.

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. Aligning with the principle of **Subsidiarity** – “Decisions...ought to be handled by the least centralized competent authority,²” so as close to the point of care as possible. Front line managers and UNA members should work to resolve issues (At times this may need to include additional resources, e.g. Local presidents, HR, etc). Issues should be elevated for review, learnings of others or if resolution is not achieved.
2. Both Covenant Health 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. Both parties commit to full, consistent disclosure of **available, relevant** information 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 Covenant Health 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**.¹
5. **Professional Responsibility** - 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* (Appendix H) of the **UNA/Covenant Health Collective Agreement** and the approach taken by both UNA and Covenant Health 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 Covenant Health identifying and engaging the appropriate individuals from their respective organizations to assist in problem-solving discussions.

¹Covenant Health, *Building a Just Culture*, Corporate Policy & Procedure Manual – Policy no. III-35, September 13, 2011.

²Catholic Alliance of Canada, *Health Ethics Guide, 3rd Ed*, Appendix 1, Making Moral Judgements, p.116



GUIDELINES for PRC Resolution

- Article 36: Professional Responsibility is a problem-solving and resolution focused process (Appendix H).
- 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.
- 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.¹

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 1: Identify Professional Responsibility Concern (PRC)

- **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.
- Everyone (Managers and Employees) should be continually scanning the work environment for anything that impacts the ability to deliver safe, competent, and ethical nursing care and taking steps to address those impingements.
- Managers, Charge Nurses, other Registered Nurses (RN)/Registered Psychiatric Nurses (RPN) should take proactive steps to identify safety issues and resolve them in a timely manner.
- The PRC process or staff meeting should be used to communicate future changes or events that will have an impact to patient care. Involving Employees in changes helps foster a collaborative environment.

EMPLOYEE/UNA LOCAL

STEP 2: Discuss with Manager

- **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 issue but depending on the nature of the concern, availability or comfort of the Employee, the meeting may be just 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 issue to the attention of the Manager because of timing or to assist in the discussion with the Manager.

COVENANT HEALTH 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 occur in a timely manner, particularly if the concern is urgent.
- The Manager/Manager-on-call should take appropriate action in response to the concern.
- The Manager-on-call should deal with the issue if it is of an urgent nature AND inform the Employee(s)' supervisor/Manager via email or in person soon after the issue has occurred.
- If the matter can wait until the direct supervisor can discuss the issue, 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.
- Ideally the Employee(s) will be in attendance when the issue is discussed, however, they may not be available and the Manager should proceed with the Local representative when appropriate and so the issue is not delayed and left unresolved too long.
- Filling out of the PRC form (PRCF) does not preclude resolving the issue at the Employee/Manager level and should be the preferred option for resolution.
- The Manager should involve Human Resources (HR) when appropriate or helpful in resolving the issue at hand.

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
<p>STEP 3a: Fill out Professional Responsibility Concern Form (PRCF)</p> <ul style="list-style-type: none"> • If discussions between the Employee and the Manager do not resolve the issue, then the Employee should fill out a PRCF or an equivalent written description of the issue for discussions at the PRC Committee (PRCC). • A copy of the PRCF will be provided to the Manager and to the Local. • If the issue 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. • <i>Appendix B: Professional Responsibility Concern Form (PRCF)</i> • <i>Appendix C: Tips for Filling out a PRCF</i>

COVENANT HEALTH MANAGER(S)
<p>STEP 3a: Professional Responsibility Concern Form (PRCF)</p> <ul style="list-style-type: none"> • If discussions between the Employee and the Manager do not resolve the issue, then the Manager will receive a PRCF or an equivalent written description of the issue for discussions at the PRC Committee (PRCC). • The Manager should proactively share the PRCF and background regarding discussions with the Employee or Local with the Management PRCC representatives and escalate within Covenant Health as appropriate for information/action. • As well, the Manager may identify a PRC, complete a written description of this concern regarding patient/resident safety concern(s), which should then be forwarded to the PRCC for discussion. No names should be included in the written description.

EMPLOYEE/UNA LOCAL
<p>STEP 3b: Fill out RLS (Highly Recommended)</p> <ul style="list-style-type: none"> • An incident identified by an Employee may be reported through both the Professional Responsibility Process and Reporting and Learning System (RLS) if it is related to patient safety. • If an RLS is completed, the reference number can be included on the PRCF.

COVENANT HEALTH MANAGER(S)
<p>STEP 3b: RLS (Highly Recommended)</p> <ul style="list-style-type: none"> • The Manager should determine if there is an associated RLS aligning with the PRCF. • Review RLS reporting to identify issues appropriate for discussion with Employees or at the PRCC.

<ul style="list-style-type: none"> • RLS is a provincial system used by Covenant Health to allow voluntary reporting of patient safety related hazards, close call, near misses and adverse events (not intended as a substitute for a conversation with the Manager). • RLS is a system used by <u>all</u> Covenant Health Employees to report patient safety related incidents, whereas, the PRC process is only used by Employees covered under the UNA/Covenant Collective Agreement or Managers. • Issues that shouldn't be reported through RLS or PRC are: Occupational Health and Safety (OHS) concerns, lost property, performance issues, privacy breaches. However, an incident may have both elements of patient safety and Employee safety in which case it may be appropriate to report through the PRC process and RLS for the patient safety component and through the OH&S process for Employee safety concerns. • Both patient specific and system level (non-patient specific) hazards can be reported through the RLS system.

EMPLOYEE/UNA LOCAL

STEP 4a: Reviewed by Local Rep

- A Local (UNA) PRCC representative will review the form and follow up with the Employee who completed the form prior to the PRCC meeting to review the following:
- Did the Employee(s) have a discussion with the Manager and what was the content and outcome of that discussion?
- Is there any other info that should be gathered prior to the 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 D). **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.

COVENANT HEALTH MANAGER(S)

STEP 4a: Reviewed by Manager and discussed with the Employee and/or Local Rep

- The Manager will review the PRCF and look for any related RLS.
- The Manager will work with appropriate persons to investigate the concern including the Employee(s) who has reported the situation.
- The Manager to consider:
 - The specifics of the situation.
 - The Employee(s) response.
 - Exploring additional opportunity for resolution. Document all attempts and outcomes of those potential resolutions.
 - Deciding if there is any other information that should be gathered prior to the discussion at the PRCC meeting?
 - Evaluating whether another discussion should occur with the staff/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 (Appendix D: PRC Response Form).

STEP 4b: Preparation for the PRC Committee (PRCC)

- UNA representatives, Employees, and Managers may have further discussions to explore the issue, gather additional info, and seek resolution prior to the PRCC meeting.
- **Agendas for each meeting will be circulated prior to each meeting.**¹ This is a shared responsibility between Covenant Health and UNA and will be up to each PRCC to determine how this will be done. Recommendation is that the agenda should be circulated at least 1 week in advance of the meeting. (See Appendix E: Agenda Template.)
- It is recommended that PRCs that were resolved in the discussion stage prior to the PRCC meeting still be identified on the agenda for discussion/information/learning purposes.
- Both the Employer and UNA should determine if any guests should be invited to the PRCC meeting as appropriate and ensure the other party is informed prior to the PRCC meeting. (See Step 6: Organizational Engagement).
- The PRCC is strongly encouraged to invite the Employee who initiated the PRC and the appropriate Manager to attend the portion of the PRCC meeting where their issue is discussed, to add clarity and be involved in the conversation and development of recommendations.
- The requirement to share relevant information applies to both parties, and wherever possible, jointly identify the information that would support problem-focused discussion. This information should be pre-circulated with the agenda so people have time to review.
- If a trend is identified, consider educational requirements and support from other departments (e.g. HR, PRC Advisor).
- **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**

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: Discussed at Professional Responsibility Concern Committee (PRCC)

- The primary purpose of the PRCC is to resolve issues and to resolve the identified issues 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 issue(s) and make recommendations to the applicable party.
- **A PRCC shall be established with up to four (4) Employees elected by the Local and up to four (4) representatives of Covenant Health. Alternate representatives may be designated from the same group.**¹ It is up to each organization to identify their representatives for the PRCC. Note: If applicable, the UNA Professional Responsibility Advisor or administrative person attending the meeting for purposes of taking notes are not members of the PRCC.
- **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
- **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 Covenant Health.
- **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 proactively discuss concerns/issues and keeps lines of communication open. Both parties reserve the right to ask for a meeting within ten days of receiving a written description of the PRC.
- **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. Recommendation is that draft minutes are circulated 1 week after the meeting for all PRCC members to review and provide feedback in advance of the meeting to ensure follow up of action items.
- **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 that 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 issue(s) being discussed; it is recommended that the PRCC jointly discuss the potential solutions in a collaborative, collegial manner.
- **During problem solving discussions, Committee members will collaborate on:**¹
 - 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**
- Approved minutes of the PRCC meeting are to be shared with each unit on site and held collated in a binder for both Managers and Employees.
- Any recommendations/resolutions resulting from the PRCC of a given unit/area may be applied to other units/areas, as deemed appropriate.
- UNA/Local should inform Employee(s) who identified the PRC or completed a PRCF of the outcome of the PRCC meeting.

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 6a: Organizational Engagement

- It is recommended that the PRCC representatives of both Covenant Health and UNA engage individuals from their respective organizations in problem-solving discussions as appropriate, prior to the issue being identified as unresolved and forwarded to the next step.
- ***The committee may engage the support of additional subject matter experts to assist with the above discussions.***¹ Examples of this may include engaging UNA's Professional Responsibility Advisors or Covenant Health Human Resources.

STEP 6b: Meeting with Senior Leader

- ***The committee shall discuss unresolved issues with the applicable senior leader before the matter is referred to the Chief Executive Officer.***¹
- The Co-Chairs of the PRCC should jointly determine who the applicable senior leader is.

STEP 7: Voluntary Mediation (Optional)

- ***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
- This should be a joint decision of the PRCC to proceed with voluntary joint mediation, and if agreed upon, it should occur in a timely manner.
- Each party will identify one (1) mediation appointee from each of their organizations within seven (7) days. Ideally, these appointees will have a mediation experience and no previous involvement with the issue.
- If the issue is resolved, the mediators will draft a settlement agreement with the agreed upon actions, which will be signed by both parties.
- There will be a maximum of four (4) people representing the Union and a maximum of four (4) representing the Employer involved in the mediation. This should include the co-chairs of the PRCC. Other individuals may be invited to present as required but will not be part of the mediation.

STEP 8: Resolution Meeting with CEO/Designate and response

- ***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 his or her 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 briefing notes (BN) to send to the CEO and each other at least one week in advance of the meeting (See Appendix F: CEO Briefing Note Template). These may be jointly or individually submitted. Each party should share their respective BNs with each other at the same time of sharing them with the CEO/Designate.

EMPLOYEE/UNA LOCAL

- If the Local decides to advance the issue 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 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.

COVENANT HEALTH MANAGER(S)

- The Manager will provide a briefing note to Director of Human Resources – Client Partnerships, prior to it being advanced to the CEO.

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)

- *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*
- *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.¹ The two nominees would decide on the chairperson.*
- *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.¹*
- *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.¹*

EMPLOYEE/UNA LOCAL	COVENANT HEALTH MANAGER(S)
<ul style="list-style-type: none"> • Co-Chair of the PRCC needs to discuss with UNA Provincial Office to determine the nominee for UNA 	<ul style="list-style-type: none"> • Co-Chair of the PRCC needs to discuss with Human Resources to determine the nominee for Covenant Health

STEP 9b: IAC Recommendations Meeting with CEO and President

- *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*

STEP 10: UNA Presentation to the Board and Written Response

- *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 briefing notes (BN) to send to the Quality and Safety Committee of the Governing Board and each other at least one month in advance of the meeting (See Appendix G: Board Briefing Note Template). These may be jointly or individually submitted. Each party should share their respective BNs with each other at the same time of sharing them with the Governing Board.

EMPLOYEE/UNA LOCAL	COVENANT HEALTH MANAGER(S)
<ul style="list-style-type: none"> • If the Local decides to advance the issue to the Board, they should inform the Employer side of the PRCC of their intent and include them on any communication to the Board. • The 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"> • The Manager will provide a revised briefing note (BN) to Director of Human Resources – Client Partnerships, the Senior Director, and the Senior Operating Officer, who will review and revise. The SOO will advance the BN to the office of the CEO, to be provided to the Governing Board. • The BN will be shared with the PRCC by the Senior Director/Site Administrator.

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.

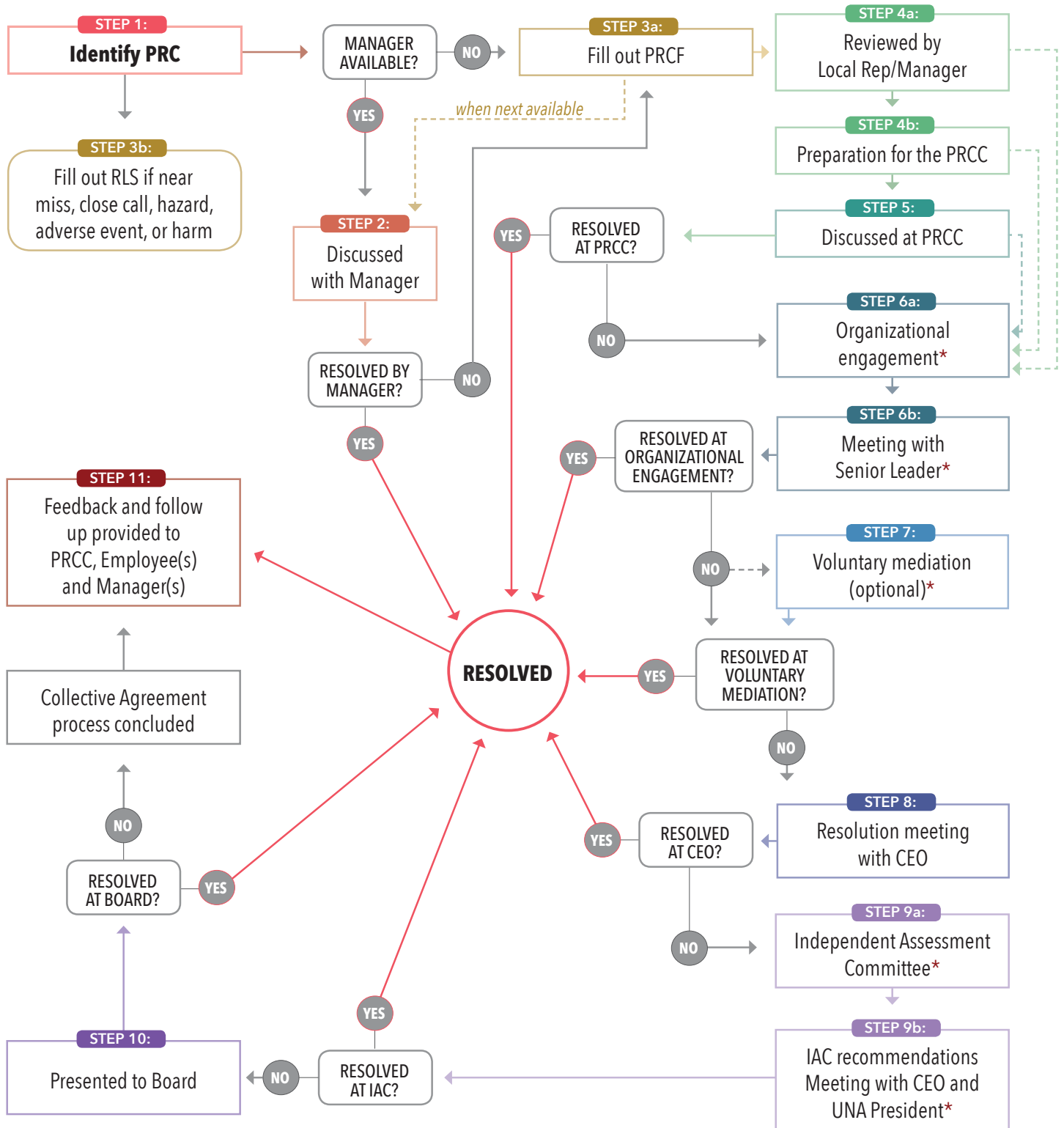
STEP 11: Feedback provided to PRCC, Follow-Up and Learning Opportunities

- For Steps 2 and 3, the Manager will communicate any resolution or responses to the Unit and/or PRCC as appropriate.
- For Steps 4 to 10, written responses/agreements at any step including through Voluntary Mediation, CEO, IAC, and Board, as applicable, should be shared with the PRCC.
- Any additional communication to the CEO or Board from UNA should also be shared with the applicable Manager and with the PRCC. The alternative is also recommended as best practice – any information subsequently shared by Management with the CEO or Board should also be provided to the PRCC.
- The PRCC should review the responses/resolutions received from Voluntary Mediation, IAC, CEO, or Board, as applicable, and should:
 - Communicate the outcomes of the meetings.
 - If the issue is being advanced to the next step in the process, confirm that this is occurring and when.
 - Presentation of the issue to the Board and the Board response completes the matter from a PRC process perspective, i.e. there are no further steps in Article 36 of the Collective Agreement (Appendix H), unless there is a breach of a written agreement which could be pursued through Article 32.
- When closure of the PRC is confirmed, the PRCC will jointly develop and/or document:
 - Any applicable implementation actions.
 - A plan to monitor changes (including identification of individuals accountable, timelines, expected outcomes and planned communications).



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.)

April 2018





Date: September 14, 2017

To:

- Covenant Health and UNA Representatives currently sitting on local Professional Responsibility Concern Committees
- Leadership representatives from both Covenant Health and UNA
- Covenant Health HR and LR Representatives and UNA LROs
- All Covenant Health RNs, RPNs and UNA Members

From:

- Sheli Murphy, SOO, Rural Health, Covenant Health
- Karen MacMillan, SOO, GNH, Covenant Health
- Janet Schimpf, SOO, MCH, Covenant Health
- Scott Baerg, SOO, Urban, Continuing Care and Addiction and Mental Health
- Heather Smith, President, United Nurses of Alberta

Re: Covenant Health/UNA Professional Responsibility Process Improvements

Over the past year, representatives from Covenant Health and UNA have been working together to identify opportunities to improve the effectiveness of the Professional Responsibility Concern (PRC) process. Covenant Health 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. Covenant Health and UNA are also committed to a shared vision - that the PRC process promotes excellence in care at all stages of life, and caring for the whole person – body, mind and soul.

Covenant Health 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.

The Covenant Health/UNA Forum comprised of senior leadership from both Covenant Health 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, followed by joint education sessions 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!



TIPS FOR COMPLETING A Professional Responsibility Concern Form (PRCF)

General

- Complete the form as soon as possible after observation.
- Print or write legibly if using a paper form.
- Complete all the fields on the form that you have information for.
- Electronic submission of the form is available on the UNA app (available for iOS and Android) and online at dms.una.ab.ca/forms/prc
- DO NOT use names of patients/residents/clients on the form.
- Discuss the issue with your immediate Manager, Supervisor, or Manager on call as soon as possible after the observation. Provide them with a copy of the PRCF if it has been completed.

Detailed Description of the Incident/Issue

- Provide measureable facts and be as specific as possible.
- Describe the hazard or potential risk to patients/residents/clients (e.g. were assessments or medications delayed or were you not able to adhere to the standard of care because of workload).
- Describe anything you or your co-workers did to mitigate the potential hazard/risk to patients/resident/clients.

RLS (or other incident report) completed?

- Indicate whether you filled out a RLS or other incident report form on the same issue.
- RLS is a voluntary reporting system.
- You are under no obligation to indicate whether you filled out a RLS report on the PRCF.

Recommendations

- Number your recommendations in order of priority.
- 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 of the box to identify all potential solutions to issue. Purpose: Nurses are required by the standards of their professional licensing bodies to advocate for practice environments that have the organizational and human support systems, and the resources necessary for safe, competent, and ethical nursing care.
- Employers and the United Nurses of Alberta have agreed that it is of mutual benefit to find resolutions to issues of concern including the safety and quality of Patient/Resident/Client care.

DATE:

TO: Individual(s) Completing the PRC
United Nurses of Alberta – Local #
United Nurses of Alberta Local Chair – Local #
Covenant Health Senior Director of Operations (Urban)
Covenant Health Site Administrator (Rural)

FROM: Manager

RE: Manager's response to PRC Form # _____ and RLS Form # _____

Was this issue discussed with a Manager prior to a PRC being completed? Yes No
Has the issue been identified previously? Yes No

SUMMARY of the PRC:

FURTHER DETAILS FROM THE INVESTIGATION

RECOMMENDATION/ACTION TAKEN

PRC Committee to complete:

- Resolved – no further action required
- Unresolved – further action required, next steps identified

NEXT STEPS:

MUTUALLY AGREED FOLLOW UP:

ELEVATION OF ISSUE REQUIRED:

Elevated to United Nurses of Alberta (Name) _____ Date _____

Elevated to Covenant Health Senior Leader (Name) _____ Date _____

Elevated to Joint (UNA/COV) Organization Engagement Committee __Date_____

Date next level hearing:

List of additional documents required:

RECOMMENDATION/ACTION TAKEN

UNA/Covenant Senior Representatives to complete:

- Resolved – no further action required
- Unresolved – mutually agreed next steps:

SITE: _____ DATE: _____

Professional Responsibility Committee Meeting Agenda

- 1.0 Call to Order
- 2.0 Approval of Minutes
- 3.0 Additions to Agenda
- 4.0 Update
 - 4.1 Management - Current Initiatives (Site of Organizational) (e.g. changes to care, quality reports, etc.)
 - 4.2 Update from UNA
- 5.0 Standing Items
 - 5.1 New PRCs
 - 5.2 Action/Evaluation updates from previous PRCs
 - 5.3 Trends**
 - 5.4 Check in regarding progress of 'new approach'
- 6.0 Meeting Recap and clarify key messages, next steps and leads

PRC File Number	PRC (attached)	Response Letter (attached)	Action:					Follow-Up	Lead
			Awaiting Response	* Resolved	Unresolved	Escalated	Memo/Info Circulated		
• File # (Unit/Program) Date							Discussion:	Comments: e.g. escalated to whom/date	Name
• File # (Unit) Date							• Response received • Members not satisfied with response <ul style="list-style-type: none"> • Sue and Joe to review and provide update at next meeting 	•	•
• File # (Unit) Date							• Awaiting a response	•	•
Next Meeting:							• Awaiting a meeting – schedule for Date	•	•

*Resolved issues should be removed from the Action items.

**Trends of issues should be discussed annually (should be tracked by type, volume and units).

PRC Escalation to CEO Joint Briefing Note

UNA Position

I. ISSUE

Provide a succinct description of the issue and the impact (e.g. capacity, access, quality, sustainability, financial) of the current situation.

II. BACKGROUND

Summarize relevant background.

Bullet points of chronology of events, decisions, barriers, and opportunities.

*Any cost implications should be detailed in this section.

III. ACTION Taken

State the specific action required of the individual to whom the briefing note is being directed to – decision? intervention? resources? support? other?

IV. KEY MESSAGES/CONCERNS

Prepared by

Name
Position
Contact

COVENANT MANAGEMENT Update

I. ISSUE

Provide a succinct description of the issue and the impact (e.g. capacity, access, quality, sustainability, financial) of the current situation.

II. BACKGROUND

Summarize relevant background.

Bullet points of chronology of events, decisions, barriers, and opportunities.

*Any cost implications should be detailed in this section.

III. ACTION Taken

State the specific action required of the individual to whom the briefing note is being directed to – decision? intervention? resources? support? other?

IV. KEY MESSAGES

Prepared by

Name
Position
Contact

PRC Escalation to Quality and Safety Subcommittee of the Board of Directors Joint Briefing Note

UNA Position

I. ISSUE

Provide a succinct description of the issue and the impact (e.g. capacity, access, quality, sustainability, financial) of the current situation.

II. BACKGROUND

Summarize relevant background.

Bullet points of chronology of events, decisions, barriers, and opportunities.

*Any cost implications should be detailed in this section.

III. ACTION Taken

State the specific action required of the individual to whom the briefing note is being directed to – decision? intervention? resources? support? other?

IV. KEY MESSAGES/CONCERNS

Prepared by

Name
Position
Contact

COVENANT MANAGEMENT Update

I. ISSUE

Provide a succinct description of the issue and the impact (e.g. capacity, access, quality, sustainability, financial) of the current situation.

II. BACKGROUND

Summarize relevant background.

Bullet points of chronology of events, decisions, barriers, and opportunities.

*Any cost implications should be detailed in this section.

III. ACTION Taken

State the specific action required of the individual to whom the briefing note is being directed to – decision? intervention? resources? support? other?

IV. KEY MESSAGES

Prepared by

Name
Position
Contact

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) A 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 Local 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 endeavour 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:
- (a) defining the issue(s);
 - (b) identifying root cause(s) of the issue(s);
 - (c) gathering and reviewing relevant information;
 - (d) generating potential options for resolution of the issue(s);
 - (e) 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 chairperson, 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.

36.02 An Employee attending Committee meetings shall be paid the Basic Rate of Pay for such attendance.



**Covenant
Health**

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