ID#: ________________ (a)
(for internal use only)

Professional Responsibility Tracking Form

SECTION 1: Initial Attempt at Resolution

At the time the workload issue occurred, I/we discussed the issue within unit/program to resolve the concern using current resources.

Name of person spoken to:

Date: Time:

Failing resolution at the time of occurrence, using established lines of communication, I/we sought immediate assistance from an individual(s) identified by the workplace (who could be within the bargaining unit) who has responsibility for timely resolution of workload issues.

Name of person spoken to:

Date: Time:

I/ We do not agree with the resolution of my/our concern.

Name: Signature: ______________________________

Name: Signature: ______________________________

Name: Signature: ______________________________

Failing resolution of the workload issue at the time of occurrence, the nurse (s) will complete a workload review form and discuss the issue with their Manager or designate on the next day that the Manager (or designate) and the nurse are both working or within five (5) calendar days, whichever is sooner. The manager will provide a written response to the complainant(s), with a copy to the RPN Steward and Union Representative.

SECTION 2: General Information

Date of Occurrence: Time of Occurrence:

Date form submitted to Employer: Department/ unit:

Site/ Location:

SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 1 CANADA

P 905-695-1767 TF 1-800-267-SEIU F 905-695-1768
125 Mural Street, Richmond Hill, Ontario L4B 1M4

SEIUHEALTHCARE.CA

SEIU Healthcare

If there was a shortage of staff at the time of the occurrence please check one or all of the following that apply:

Absence

Sick Calls

Vacancies

Off Unit

Which classifications are vacant and/or absent:

SECTION 3: Factors/ Details of Occurrence

I/ We the undersigned RPNs, believe that I was/we were given an assignment that was excessive or inconsistent with quality patient care and/or created an unsafe working environment for the following reasons. (Please check factors, and provide detail below):

Staffing Shortages (see section 2)

Patient/ Work Preparation Concerns

Patient/ Work Volume

Details of occurrence. RPNs must provide written details of the occurrence with specifics for each check box identified as a factor:

Admissions: # Discharges: # Transfers: #

Number of patients in isolation:

Resources/ Supplies:

Interdepartmental Challenges:

Exceptional Patient Factors (i.e. significant time and attention required to meet patient needs/ expectations):

Other:

SEIU Healthcare

SECTION4: RPN Recommended Solution

RPN must provide written details of the solution with specifics for each check box identified:

Review Staff/ Patient Ratio

In Service

Change Unit lay-out

Change Start/ Stop times of shift(s)

Replace sick calls, vacation, paid holidays, other absences

Orientation

Review policies and procedures

Other solutions:

Provide details of the identified checkbox(es):

Signature of Employees & Printed Names:

Name: Signature:____

Name: Signature:____

Name: Signature:____

SECTION 5: Manager or Designates Response

SEIU Healthcare

Please share the contact information for the manager/nurse leader who should receive this workload review form:

Email Address: ______________________________

Department/Unit: ______________________________

Workplace/Site/Location: ______________________________

SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 1 CANADA

P 905-695-1767 **TF** 1-800-267-SEIU **F** 905-695-1768

125 Mural Street, Richmond Hill, Ontario L4B 1M4

SEIUHEALTHCARE.CA