

CUPE RPN WORKLOAD COMPLAINT FORM

Process: Please read before completing the form

Step 1 *At the time the workload issue occurs, seek immediate assistance from the Team Leader. If the Team Leader's response is unsatisfactory, seek immediate assistance from the Patient Care Manager or After Hours Supervisor.*

*****Please note that if Step 1 has not been completed the complaint form will not be addressed at step 2**

Step 2 *If the workload issue is not resolved at the time it occurs (at step 1), RPN's are to complete the attached RPN Workload Complaint Form and email it to their Patient Care Manager within 48 hours.*

Step 3 *A meeting will be scheduled and the Patient Care Manager is to provide a response within 5 working days.*

Step 4 *If the Patient Care Manager response is unsatisfactory, the RPN(s) may submit the RPN Workload Complaint Form to the Chief Nursing Executive (Sonya Canzian – CanzianS@smh.ca) within 48 hours, with a copy to the Union (CUPE Local 5441 – support@cupe5441.ca).*

A meeting with the CNE will be scheduled within 30 days. A Union representative may attend this meeting.

Step 5 *The CNE is to provide a response within 15 days. A copy of the response will be sent to the Union, if applicable.*

Step 6 *If the CNE's response is unsatisfactory, the RPN(s) may request a meeting with the CEO (or designate) within 48 hours. This meeting is to be held within 30 days. A Union representative may attend this meeting.*

Step 7 *The CEO (or designate) will provide a written response within 15 days. A copy of the response will be sent to the Union, if applicable.*

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CUPE RPN WORKLOAD COMPLAINT FORM

RPNs are required to complete all of SECTION 1 through 6 of this form prior to submitting it to the Chief Nursing Officer.

SECTION 1: INFORMATION

Name(s) Of Employee(s) Reporting:	
Employer:	Unit/Program:
Date of Occurrence:	Time: <input type="checkbox"/> 7.5 Hr Shift <input type="checkbox"/> 11.25Hr Shift
Name of Supervisor:	Date/Time Submitted:

SECTION 2: DETAILS OF OCCURRENCE

Provide a concise summary of the occurrence:

Check one: Is this an isolated incident? An ongoing problem?

SECTION 3: INITIAL ATTEMPT AT RESOLUTION

At the time the workload issue occurred, did you discuss the issue within the unit/area/program?

Yes What was the outcome of the discussion and what solutions were identified?

No Why not?

Failing resolution at the time of occurrence, did you seek assistance from a person designated by the employer as responsible for a timely resolution of workload issues?

Yes What was the outcome of the discussion and what solutions were identified?

No Why not?

Did you discuss the issue with your immediate supervisor (i.e unit manager or designate) within 48 hours of the occurrence?

Yes What was the outcome of the discussion and what solutions were identified?

No Why not?

SECTION 4: WORKING CONDITIONS/CONTRIBUTING FACTORS

In order to effectively resolve workload issues, please provide details about the working conditions at the time of occurrence by providing the following information:

of scheduled staff RPN ____ RN ____ Unit Clerk ____ Service Support ____

of staff worked RPN ____ RN ____ Unit Clerk ____ Service Support ____

of agency staff Yes How many? ____ No

of RPNs on overtime Yes How many? ____ No

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

Absence/Emergency leave Sick call(s) Vacancies

Please check off the factor(s) you believe contributed to the workload issue:

Change in patient acuity. Provide details:

Number of beds. Provide details:

Number of Admissions. Provide details:

Number of Discharges. Provide details

Other. Please specify and provide details:

SECTION 5: RPN RECOMMENDED SOLUTIONS

Please check-off one or all of the areas you believe should be addressed in order to prevent similar occurrences:

- | | |
|---|---|
| <input type="checkbox"/> In-service | <input type="checkbox"/> Orientation |
| <input type="checkbox"/> Review nurse/patient ratio | <input type="checkbox"/> Review policy/procedures |
| <input type="checkbox"/> Float/casual pool | <input type="checkbox"/> Adjust supporting staff |
| <input type="checkbox"/> Adjust RPN staff | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Replace sick calls, vacations, paid holidays or other absences | |

Provide details for each checked box above:

Other solutions:

SECTION 6: Employee Signatures

Signature _____

Phone # _____

Signature _____

Phone # _____

Signature _____

Phone # _____

Date submitted: _____

SECTION 7: MANAGEMENT COMMENTS

Please provide information/comments in this response, including any actions taken to remedy the situation.