

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 working ☐ 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

Process as outlined in Article 9.15 (b) – (d)

- Step 1** *Employee(s) are to raise their concern(s) with immediate supervisor within 48 hours of the occurrence.*
- Step 2:** *The supervisor is to provide a response within 5 working days.*
- Step 3** *If the supervisor's response is unsatisfactory, the employee(s) may submit* a Workload Complaint Form to the CNO within 48 hours, with a copy to the Union. A meeting with the CNO will be held within 30 days. A Union representative may attend this meeting.*
- Step 4** *The CNO is to provide a response within 15 days. A copy of the response will be sent to the Union, if applicable.*
- Step 5** *If the CNO's response is unsatisfactory, the employee(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 6** *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.*

This form may be submitted via email directly to your CNO. Additionally, please send a copy of this form to the Union office at scimino@cupe786.org