

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:

- In-service
- Orientation
- Review nurse/patient ratio
- Review policy/procedures
- Float/casual pool
- Adjust supporting staff
- Adjust RPN staff
- Equipment
- 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 Vice President Sam Forsyth sforsyth@cupe786.org