



Registered Nurses' Union
Newfoundland & Labrador

PROFESSIONAL PRACTICE TOOLKIT



TABLE OF CONTENTS

- Purpose of the Professional Practice Toolkit.....4
- Professional Practice Framework.....5

- CHAPTER 1: PROFESSIONAL ACCOUNTABILITY8**
 - Registered Nurses’ and Nurse Practitioners’ Duty to Identify and Address Unsafe or Unethical Concerns8
 - Examples of Professional Practice Concerns (Saskatchewan Union of Nurses, 2010)9
 - How to Recognize a Professional Practice Concern12
 - Understanding the Difference between Incident Reporting and Professional Practice Forms13

- CHAPTER 2: COMING FORWARD WITH A PROFESSIONAL PRACTICE CONCERN14**
 - 1. Verify the concern.14
 - 2. Take appropriate action.15
 - 3. Document the situation.15
 - 4. Follow Up15
 - Managing Internal Conflict in Unethical Situations16

- CHAPTER 3: DOCUMENTATION17**
 - Professional Practice Forms17
 - Professional Practice Documentation Considerations.....18
 - Identifying Compromised Standards of Practice19
 - What NOT to document.....20

- CHAPTER 4: THE PROFESSIONAL PRACTICES COMMITTEE21**
 - Using the Collective Agreement Language21
 - When the Concern is Not Resolved22

- CHAPTER 5: SUMMARY24**

- PROFESSIONAL PRACTICE TOOLS26**
 - Appendix A: Collective Agreement Language (July2019)27
 - Appendix B: Professional Practice Process Timelines30
 - Appendix C: Standards of Practice for Registered Nurses and Nurse Practitioners31
 - Appendix D: Canadian Nursing Association Code of Ethics for Registered Nurses (2017)32
 - Appendix E: Quiz: Do you have a professional practice concern?33
 - Appendix F: Indicators of a Professional Practice Concern.....34
 - Appendix G: Tips for Documenting Professional Practice Concerns35
 - Appendix H: General Documentation Tips38

Notes:

- The use of the term “patient” throughout this document refers to patients, clients or residents across all practice settings.
- The use of the term “collective agreement” throughout this document refers to the main Provincial Collective Agreement. For specific professional practice information, refer to the most current collective agreement or transition agreement that applies to your workplace.

Purpose of the Professional Practice Toolkit

This toolkit was developed to assist members facing professional practice situations that make it difficult to provide safe and quality care within their scope of practice. It will help members understand the professional practice process as outlined in the collective agreement and use it more effectively to address their concerns in the workplace.

This toolkit contains valuable information that will allow Registered Nurses' Union (RNU) members to:

1. Outline RNU's Professional Practice Framework and underlying principles.
2. Understand our members' duty to identify and address unsafe or unethical concerns.
3. Make the link between the College of Registered Nurses of Newfoundland and Labrador (CRNNL) Standards of Practice and the RNU professional practice process.
4. Define a professional practice concern.
5. Recognize a professional practice concern.
6. Outline the professional practice process according to the collective agreement.
7. Understand the role of a Professional Practices Committee (PPC) in addressing professional practice concerns.
8. Outline the steps to take when a PPC is not in place.
9. Apply principles to documenting professional practice concerns.
10. Have knowledge about professional practice resources and tools.

Professional Practice Framework

The leadership and staff of the RNU are committed to ensuring that the current professional practice process is understood by the membership and used effectively to address workplace concerns.

RNU is committed to the following framework:

- Provide professional practice resource material to the membership;
- Support members to continue to complete the professional practice forms, compile necessary information, and put forward recommendations as needed;
- Facilitate the process according to the collective agreement;
- Encourage members to utilize the process; and,
- Act as a liaison between member and employees in setting up a PPC, meetings, etc.

Underlying Principles

Adapted from British Columbia Nurses' Union "Professional Responsibility Forms Guiding Principles" (2013).

The following underlying principles of the professional practice framework may help guide your decision making when using the professional practice process.

1. **The professional practice process is a quality improvement and employee engagement tool.**

The process is based upon collaborative problem-solving and is designed to identify and resolve problems; it does not involve blame.

The process identifies challenges related to **workload, nursing practice conditions, patient safety and safety of registered nurses (RNs) and nurse practitioners (NPs)**. Members and supervisors/managers are on the same team!

- Members and supervisors/managers share the common interest of high quality, safe patient care.
- Members need to be supported to address their concerns.
- Supervisors/managers need information about the quality of the working environment.
- Using the process shows a member's engagement with the employer and should be viewed as a positive contribution to the workplace.

2. Respectful and genuine dialogue between a member and their supervisor/manager is the foundation of the process.

- RNU and the employer(s) support respectful, collaborative and transparent dialogue between members and managers.
- Members and/or supervisors/managers should not feel intimidated or threatened to engage in dialogue.
- Both RNU and the employer(s) are committed to supporting healthy relationship building at the local level.
- The process fosters solution-based teamwork and is a way of initiating a crucial conversation. It is a mechanism for a member to formally say, “I want to talk with you about...”.

3. All parties have a responsibility and accountability to the process.

RNU members and supervisors/managers both have the responsibility and accountability to model collaboration and cooperation throughout the process. A member putting their concern in writing should not feel threatened or intimidated. It is important for both parties to utilize the process as a method to solve problems collaboratively, rather than place any blame.

RNU members and their employer(s) should demonstrate responsibility for their actions by:

- Ensuring clarity on what the issues are;
- Committing to finding shared, realistic solutions to the identified issues;
- Being engaged and present in all stages of the process; and
- Following through on commitments made.

4. The most effective approach to resolution of professional practice concerns should be at the lowest level whenever possible.

Members of a unit/worksites/branch have the greatest understanding of the concern.

Conversation and problem-solving will be most effective when the people impacted are involved.

Realistic solutions are more likely to be identified, embraced and implemented when developed by those who understand the concern best.

However, a professional practice concern may not be resolved in the early stages of the process for a number of reasons including:

- Further investigation is required to understand the concern and look at root causes;
- Consultation with other parties is required to develop solutions fully; and
- Those involved do not have the organizational authority to influence the change needed.

Advancing a professional practice concern should never reflect negatively on any of the parties involved.

CHAPTER 1: PROFESSIONAL ACCOUNTABILITY

Registered Nurses' and Nurse Practitioners' Duty to Identify and Address Unsafe or Unethical Concerns

All RNs and NPs are licensed and regulated by the College of Registered Nurses of Newfoundland and Labrador (CRNNL). The CRNNL has the power to regulate the nursing profession through the Registered Nurses Act and the Standards of Practice for Registered Nurses and Nurse Practitioners. According to CRNNL, all RNs, including NPs, are responsible to know and understand their standards and how they apply to their practice. The standards outline the expected conduct or performance required of all registered nurses in all situations and in all practice areas. RNs and NPs are also expected to adhere to the Canadian Nurses Association (CNA) Code of Ethics, which outline moral and ethical principles of practice. Visit the CRNNL website for the full Registered Nurses Act and Standards of Practice.

Practicing in accordance with the Registered Nurses Act, Code of Ethics and Standards of Practice makes each RN and NP accountable to the public and provides a yardstick against which to measure the performance of nursing care. Often, members are faced with complex situations in which they feel challenged to meet the minimum standards of nursing practice. It can be a dilemma if the member is practicing according to their professional standards and ethics, but feels a lack of control over their work environment, or encounters an issue that is beyond the ability of an individual member to resolve.

It is the RN's/NP's duty to identify and address unsafe or unethical concerns, or issues that impact one's ability to practice professionally. It is a professional,

ethical and legal responsibility arising out of the member’s obligation to protect patients from harm and to uphold the integrity of the nursing profession. These standards and code of ethics are at the foundation of why members have the responsibility to address such situations. Some examples of applicable standards of practice and code of ethics statements that relate to professional practices can be found in the ‘Professional Practice Tools’ section (Appendix C).

Defining a Professional Practice Concern

The collective agreement states the intent of the PPC process is to discuss concerns related to patient care, workload, nursing practice and safety of patients and members. A professional practice concern can be any situation in the workplace that:

- Has or could place patients or members at risk;
- Interferes with the member’s ability to practice in accordance with their Standards of Practice, Code of Ethics, the Registered Nurse Act or other legislation, workplace policies, procedures or relevant standards or guidelines; and
- Is beyond the ability of an individual member to resolve.

Examples of Professional Practice Concerns

(Saskatchewan Union of Nurses, 2010)

There are several examples or indicators of professional practice issues. The “Indicators of a Professional Practice Concern” tool (Appendix F) may help you determine if you are experiencing a professional practice concern. You may use this tool to help articulate the problem and complete the professional practice form.

Let’s explore some common indicators in greater depth.

Staffing Levels

If you work a shift without enough staff to provide safe, proper and adequate nursing care, you must document the situation. In situations where client care requires the knowledge, skill or expertise of a RN or NP, then you should advocate for adequate coverage with replacement of like staff (i.e.. RN with RN). Likewise, having adequate support staff is an important factor in providing proper nursing care. Without adequate support staff, members may spend time carrying out non-nursing duties, which will take away from nursing care. Documenting staffing levels is especially important in areas where new models of care are being implemented, such as variations to the Ottawa Model of Nursing Care. Members should be cognizant of skill mix and the numbers of all staff in an area and advocate for more when necessary.

Communication

A professional practice issue can occur when communication fails or is not used effectively. For example, members should perform only the procedures and nursing work for which they feel competent or are certified to perform. In such situations, it is the member's responsibility to communicate this to the appropriate person. Using effective communication skills can enhance the problem-solving capacity at the lowest level, before it escalates up the organizational chain or hierarchy. Skills such as listening, being clear, remaining calm and using "I" statements are important techniques to incorporate when attempting to seek a resolution to a problem in the workplace. Be factual and clear about the problem at hand.

Education/Orientation

Situations may occur in which a member may not receive an appropriate orientation/education. The orientation period could be too short, unavailable or not have enough content depth. Members should receive an appropriate orientation to their work area which includes:

- General orientation for newly hired or transferred members ;
- Specific orientation programs for individual units (i.e.. critical care or labour/delivery);
- Float orientation;
- Orientation to new and existing equipment (i.e. IV pumps, lifts, monitors); and
- Current policies/procedures.

A professional practice concern can arise if a member feels they have not been provided with the proper orientation or workplace education, which could constitute a possible risk to patient safety. It is the member's responsibility in this situation to communicate the issue to the appropriate person.

Environment

Environment refers to the physical surroundings and/or inappropriate placement of the patient. Physical inadequacies in the environment may include inappropriate design to meet patient needs, inadequate security, noise level, renovations, etc. Inappropriate placement of patients may include an aggressive patient in a non-secure unit or a patient in the hallway who requires isolation. These situations pose risks to the safety and well-being of patients, members, staff and visitors.

Equipment and Supplies

This refers to any issues regarding equipment and supplies that effect patient care, including lack of, faulty or inappropriate equipment and supplies. For example, a professional practice concern may occur if there is an inadequate supply of pediatric blood pressure cuffs in a pediatric area or outdated glucose monitors that have not been calibrated. Often these situations can be resolved through simple conversation with your supervisor/manager.

Job Description/Duties

This can include a role that lacks a proper job description or one that does not clearly identify roles, responsibilities or duties of the RN, NP or other employees. An unclear job description can contribute to a professional practice concern.

Medications

This may be a situation where a member has concerns regarding inadequate or outdated medication and/or supplies. Other areas where a professional practice concern can occur are:

- Access to medications;
- Administration or dispensing;
- Pharmacy related;
- Processing orders; and
- Supply.

Non-Nursing Duties

Addressing non-nursing duties is an area that RNU has focused on in collaboration with employers and the provincial government. We recognize the performance of such non-nursing tasks can greatly impact the level of nursing care provided to patients. Performing non-nursing duties reduces the time members can dedicate to delivering nursing care. A professional practice concern can arise when the member is involved in non-nursing functions such as:

- Answering telephones;
- Porterage;
- Visitor inquiries;
- Ward/unit clerk duties; and
- Cleaning beds, removing meal trays, etc.

Policies and Procedures

It is the responsibility of the employer to ensure proper policies and procedures are in place that clearly outline expectations of RNs and NPs in their practice environment. For example, perhaps a RN can administer specific medications by IV push in the critical care area, but not in other practice areas. The member has the responsibility to be aware of such policies and practice accordingly. In situations where clear policies are lacking, it can be an opportunity for members to advocate for their development.

How to Recognize a Professional Practice Concern

Our research shows that many RNU members are aware of the professional practice definition, but lack confidence in identifying a problem when it occurs in the workplace. It is important to be able to recognize a concern when it occurs in order for the problem-solving process to be effective.

Assess your current comfort and knowledge level with the process. Personally reflect on the following questions:

- Do I know what a professional practice concern is?
- Am I aware of my professional, ethical and legal responsibilities to report unsafe/unethical situations?
- Have I read the professional practice language in my collective agreement (Appendix A)?
- Do I know where to get a professional practice form?
- Is there a PPC where I work? If so, who sits on the committee?
- Do I know when I should consult with a RNU representative, CRNNL or Canadian Nurses Protective Society (CNPS)?
- Do I take the time to document my concerns?
- Do I understand when to complete an employer incident report instead of, or in addition to, a professional practice form?
- Am I aware of the timelines for the process to address professional practice concerns as per the collective agreement (Appendix B)?

After reflecting on your own professional practice knowledge, you may feel better prepared to address unsafe or unethical situations. If you are unsure if the situation you are facing is a professional practice concern, try to objectively assess the situation using the tool: 'Quiz: Do you have a professional practice concern' (Appendix E).

Understanding the Difference between Incident Reporting and Professional Practice Forms

It is important to note that employers have an incident reporting mechanism in place to use when concerns or errors occur in the workplace. This is a separate process and is not the same as filing a professional practice report. Just as your employer requires you to formally report workplace incidents, your licensing body requires that you report unsafe or unethical issues. You can safely do this by engaging in the professional practice process. Please note, you may also have to document the concern using the incident or occurrence reporting system, or according to employer policies and guidelines.

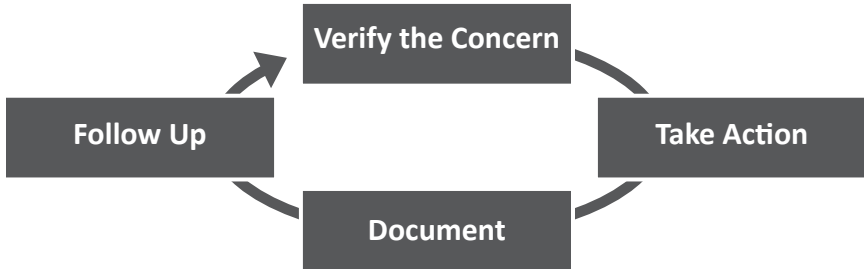
Example:

If a patient under your care has a fall, you must document the incident using the internal employer reporting mechanism. However, perhaps your unit was short staffed at the time and as a result you were unable to monitor your patients' appropriately. Use the "Indicators of a Professional Practice Concern" tool (Appendix F) to determine if staffing can indicate a potential professional practice concern and reflect on the CRNNL standards which guide your practice. If, in a scenario such as this, you find that you were unable to meet particular standards of practice, you must complete a professional practice form outlining your concern in addition to an employee incident report.

CHAPTER 2: COMING FORWARD WITH A PROFESSIONAL PRACTICE CONCERN

Now that you understand how to recognize a professional practice concern, the below diagram demonstrates a logical, step-by-step process you can follow to bring your concern forward.

Figure 1: Process for resolving a professional practice concern.



1. Verify the Concern

As outlined in the previous chapter, the first step is to verify that a professional practice concern exists. The quiz in Appendix E can help you determine if you have a professional practice concern. It is important to gather the facts, be objective and separate personal feelings from professional concerns. Sometimes it is beneficial to debrief with a colleague or your shop steward/branch executive member who can help you determine if the issue is a violation of the collective agreement, a professional practice concern or both.

2. Take Appropriate Action

Once you've determined there is a professional practice concern, you must take action. Your course of action will be determined by whether there is immediate, imminent or potential risk of harm. There may be situations where you will need to intervene immediately to address the concern and report the situation later or it may be something that is not urgent and can wait until the next day to contact your manager. Discussing the concern with your supervisor/manager encourages problem solving at the lowest level. Action may be taken as an individual or as a group. If no harm has occurred and you are able to successfully resolve the concern through a conversation with your manager, further action may not be necessary or required. Use your professional judgement.

3. Document the Situation

If you are unable to resolve the situation, you are obligated to document the concern using a professional practice form which helps you adhere to your CRNNL Standards of Practice. If necessary, seek assistance from your shop steward or branch executive member when preparing the documentation. Submit the completed form to your immediate supervisor within seven calendar days of identifying the concern. It may be helpful to keep copies of all subsequent written correspondence (i.e. letters or emails requesting meetings, etc).

Documenting the professional practice concern is outlined in more detail in Chapter 3.

4. Follow Up

The final step in the process is follow up. Our research has shown that members want to hear what happens to their form: What happened at the meeting? Was the concern resolved? Was it carried over to the next PPC meeting? Either way, members are interested in knowing the outcomes. It is important to note that having concerns identified and addressed in a timely manner is in the best interest of both the member and employer. Whether you are the individual who submitted the form, a branch executive or sit on the PPC committee, you should be aware of the timelines as outlined in the collective agreement (Appendix B)

You should use your professional judgement to continually assess whether the concern has been resolved or not, even if you submitted a form. For example, if you experience the same professional practice problem on your next shift, then you should begin the cycle again - verify the concern, take action, document your concern on a new form and follow up. Get in the habit of performing this assessment on every shift.

You should document each occurrence every time using a new form, regardless of whether you already submitted a form on the same concern. You must make the employer aware of the frequency and facts surrounding the situation. If you do not document the concern **every time** it occurs, the employer may incorrectly assume the problem no longer exists, or may underestimate its frequency and the resources required to resolve it.

Documenting can be time consuming, but you must be patient with the mechanisms that are in place to bring about the change you want to see. Documentation is the key ingredient to building the evidence that can enable this change to happen.

We encourage you to share your professional practice success stories with a branch volunteer or staff member at Provincial Office. Your actions can inspire change in other areas as well.

Managing Internal Conflict in Unethical Situations

College of Registered Nurses of Newfoundland and Labrador (2008)

Despite RNs' and NPs' duty to address professional practice concerns, you may experience internal conflict between doing what is right for the patient, not wanting to get involved or assuming someone else will take care of the situation.

The following practices may limit the sense of conflict a professional practice situation can bring:

- Focus on patient safety, not on laying blame;
- Objectively evaluate the situation, applying professional standards of practice;
- Adhere to ethical principles of fairness, dignity, respect and honesty;
- Maintain confidentiality, sharing information only as necessary; and
- Work as a team, seeking appropriate colleague and administrative support.

It is important to reflect on the concern and make an appropriate decision based on the objective information. If you are unsure, you can always debrief with a colleague, RNU volunteer or contact the RNU Provincial Office.

CHAPTER 3: DOCUMENTATION

Professional Practice Forms

Completing a professional practice form is a mechanism for members to advocate for the safety of patients. The purpose of the form is to document problems that cannot be resolved at the individual level and is forwarded to the PPC and the supervisor/manager. Completing a professional practice form is one of the key ways a member can improve working conditions.

Professional practice forms provide a mechanism to:

(Nova Scotia Nurses' Union, 2014)

- Identify situations that impact a member's ability to provide safe and quality care;
- Make recommendations to improve the quality of care;
- Motivate the employer to make the necessary changes;
- Prove that the member has met their professional standards of practice; and
- Prove the member informed the employer of the unsafe or unethical concerns.

Documenting new, ongoing and/or reoccurring concerns is a crucial piece in building the evidence required to effect change. Remember, if the concern keeps you from meeting the professional standards of practice **it is important to document each and every time it occurs.**

Our research has shown that members don't fill out forms due to lack of time or uncertainty about what information to include. Many give up on the process, leaving their concern undocumented or unresolved, which essentially removes the employer's responsibility to address workplace issues. **The importance of documentation cannot be understated.**

Documenting a professional practice concern is a professional obligation and should not be made part of your personal record. It should be used as a problem-solving strategy rather than viewed within a culture of blame. The collective agreement language serves to reassure members that the process is a safe, appropriate mechanism to address professional practice concerns and is not disciplinary in nature.

Is there a standardized form?

The development of a provincial professional practice form has been agreed to by employers and RNU. Once the form is developed, it will be distributed to all work areas. Whether using the provincial form (once it is available) or one that has been developed for your worksite, the important thing is to document your concern so it can be addressed. If you are unsure where to find a form, please ask a branch volunteer.

Professional Practice Documentation Considerations

Your documentation will include answers to these questions:

- What is the concern?
- Where did it happen?
- When did it happen?
- Who is involved?
- What was missed or delayed?
- How does it impact the patient?
- Why did it happen?
- How can the employer best address the concern?
- What standards of practice were compromised?

In the interest of safe client care and safe nursing practice, it is important to document workload, nursing practice conditions, and client and/or member safety concerns. See Appendix G for a detailed list of important professional practice considerations to reflect on when documenting a concern.

Identifying Compromised Standards of Practice

The Standards of Practice for Registered Nurses and Nurse Practitioners are very important tools in effective documentation of professional practice concerns. Think of it this way - if the standards of practice outline the expected conduct or performance required of RNs and NPs in all situations and practice areas, then you need to demonstrate how a professional practice concern may have impeded your ability to meet the expected level of performance. You need to paint the picture of how this impacts the patients in your care.

Example:

You had to take on an extra patient assignment today due to one RN sick call and everyone is working short staffed. Your morning medications were late for all your patients. This is a professional practice problem. How do we document the impact of being short staffed?

Let's look to the Standards of Practice for Registered Nurses and Nurse Practitioners.

Consider **Standard 1: Responsibility and Accountability**: "The registered nurse and nurse practitioner are responsible for practicing safely, competently, compassionately, and ethically and is accountable to the client, public, employer and the profession."

The following indicators may be met, unmet or at risk of being compromised in relation to the above situation.

The RN and NP:

- 1.2 practices in accordance with relevant legislation, standards, regulatory requirements and employer policies.
- 1.4 is accountable for nursing actions, decisions, and professional conduct;
- 1.6 recognizes and takes actions in situations where client safety is potentially or actually at risk.
- 1.7 reports concerns related to professional incompetence, professional misconduct, conduct unbecoming, and/or incapacity or unfitness, and complies with duty to report.

When documenting, you could use any one or all of these indicators under Standard 1. Therefore, an appropriate concern would be:

“Had extra patient due to being short staffed. At risk of not meeting Standard 1 (1.2) as medications were given late and not in accordance with employer medication administration policy”.

Documenting this statement clearly demonstrates how this professional practice concern impeded your ability to meet the expected level of performance. It paints the picture of how it impacts the patients in your care. You can look through the other standards of practice and pick any others that apply. Once you start using the standards in your professional practice documentation, it will become easier to apply them in certain situations and you won't have to look back at the standards as frequently.

Make Recommendations

Once the information is assessed, you may be in a position to advise what you want the employer to do to address the concern. Write down your ideas to rectify the situation. This demonstrates the problem-solving nature of the process and your willingness to collaborate with the employer to arrive at a solution. An example might be to hire one permanent full-time RN if the unit is frequently working short. Another example would be to extend portering service until midnight if you find RN are frequently tending to non-nursing duties between 1600 and midnight.

What NOT to Document

(Saskatchewan Union of Nurses, 2014)

- **Do not use the names of patients, staff or others in completing this form.**
- Details regarding the professional practice concern **should not** be noted or referenced in the patient record.
- Avoid emotions, dramatizations or sarcasm.
- Don't bring in past situations.
- Don't blame or disrespect others.
- Don't try to rationalize.

CHAPTER 4: THE PROFESSIONAL PRACTICES COMMITTEE

According to your collective agreement, if there is not a PPC in place in your worksite it is possible to work with your labour relations officer (LRO) and the employer to establish a committee. Contact your LRO who can make the request in writing to the employer.

If there is a committee in place in your work area, refer to the collective agreement language (Appendix A) for further direction.

Using the Collective Agreement Language

Composition of the Committee (see 48.01)

The committee shall be composed of three members designated by the union and three persons designated by the employer. You may ask an LRO to attend a meeting, or similarly, the employer may ask a person to attend. In such a situation, each party should notify the other seven calendar days in advance of the meeting.

TIP: Asking your LRO to attend a meeting may be a good option when issues are not getting resolved at the committee level, or for issues that are contentious. The LRO can play a role by having thorough knowledge of the collective agreement and nursing practice issues, and being supportive of members.

Meetings of the Committee (see 48.01 c)

The committee should meet at least once a month, or may meet at the request of the other party. A member who sits on the committee, performs any work required by the committee or who is called to appear before the committee, shall be released from duty without loss of pay or benefits.

Chair of the Meeting (see 48.01 d)

The committee meetings are chaired alternately by the employer and the union.

Minutes of Meeting (see 48.01 e)

The agenda for each meeting is circulated a minimum of seven calendar days prior to each meeting. Meeting minutes shall be prepared, approved and signed by an employer representative and the branch prior to circulation. The branch is responsible for ensuring that a copy is forwarded to union office.

TIP: Send the minutes to RNU Provincial Office by fax or scan to email.

Jurisdiction of the Committee (see 48.01 g)

The PPC meets in order to look at concerns that are usually outside the realm of a grievance. The committee investigates the documented professional practice concerns and makes recommendations to the union and to management with respect to its discussions and conclusions.

TIP: Remember that as per article 48.01 (h), members who have submitted a professional practice form should be updated on the status of their concern regardless of whether it has been resolved or not.

When the Concern is Not Resolved

This following collective agreement language outlines a process to resolve professional practice concerns. The timelines reinforce the importance of the PPC reporting back to members who submitted the concern. If timelines in clause 48.01 (h) are not adhered to, the member should follow up with the PPC or branch executive to see what progress has been made. If the concern has not been resolved, there are several clauses in the collective agreement that provide direction for how the PPC shall proceed. A quick guide to timelines can be found in Appendix B.

1. Invite a LRO or Provincial Executive Member

Article 48.01(b) states that, “An officer(s) or a representative(s) of the Union may attend meetings as a consultant”. The PPC may choose to contact a union representative and invite them to a meeting as a means to facilitate the problem-solving process with the employer. In some cases, it may be appropriate for a provincial executive member to attend the PPC meeting. Either way, if a RNU representative will be attending the meeting, you should notify the employer seven calendar days in advance. A member of the PPC or branch executive may contact RNU Provincial Office to discuss these options.

2. Involve the Appropriate Director and Chief Nursing Officer

When the concern is unresolvable at the PPC level, Article 48.01(h) states that “a report with a recommendation shall be forwarded by the PPC to the appropriate director and the Chief Nursing Officer.” The language states that the Chief Nursing Officer or designate shall respond in writing to the member who originally engaged in the professional practice process and to the PPC within thirty calendar days.

3. Invite the Chief Executive Officer and Board of Directors Member

Another option to address an unresolved issue is found in Article 48.01(i), which enables the PPC to “invite the Chief Executive Officer and one member of the Board of Directors to attend one meeting of the Professional Practices Committee on an annual basis to discuss concerns unresolved in the process in clause 48(i)”. Like the previous clause, this is an excellent opportunity to pursue the matter further and have the unresolved issue heard by others within the organization.

Continue to use the Process for Resolving a Professional Practice Concern

Sometimes it may feel as though the problem becomes stalled at a certain point along the way. If the concern is not resolved to your satisfaction, remember to continually assess the situation using the cyclical process. Use the tools that are available to you in this toolkit, and remember to engage with your RNU volunteer network or Provincial Office.

Document each occurrence every time using a new form, regardless of if you already submitted a form on the same issue. **The importance of documentation cannot be understated.**

CHAPTER 5: SUMMARY

A PPC is negotiated under the collective agreement as an avenue in which members can address professional practice concerns, protect patients, and advocate on their behalf.

Many members across the province have been able to successfully resolve their professional practice concern using the language in the collective agreement. Some of the positive outcomes we have seen as a result of successful resolution are:

- Increased staffing levels;
- Safer work places;
- Improved communication with employers;
- Improved quality of care; and
- More appropriate equipment and supplies.

Our members are dedicated to providing a safe, quality environment for their patients and advocating using the professional practice process is a crucial step in ensuring that happens. Documentation is the absolute key to success within the professional practice process. Use your knowledge of the professional practice process and, when appropriate, document each and every time a concern arises. Documenting new, ongoing and/or recurring concerns is a crucial piece in building the evidence required to effect change and improve your working conditions.

Members need and deserve practice environments that have the organizational and human support systems, and the resources necessary for safe, competent and ethical nursing care. A professional practice concern can occur when these things are ineffective or absent.

We encourage you to share success stories with RNU Provincial Office and your colleagues to show that the professional practice process works. The more the professional practice form is used to communicate unsafe workplace practices, the greater impact it will have to influence change. If you feel your work environment is preventing you from meeting your professional standards, engage in the professional practice process with your employer.

**PROFESSIONAL
PRACTICE TOOLS**

APPENDICES

APPENDIX A: COLLECTIVE AGREEMENT LANGUAGE (JULY 2019)

48.01 Professional Practices Committee

(a) Formation

Within sixty (60) calendar days of receipt of a written request from the Union or the Employer, the Employer and the branch shall form a Professional Practices Committee (PPC) in all places of employment employing six (6) or more employees, unless such a committee already exists and is functioning.

(b) Composition of the Committee

This Committee shall be composed of three (3) registered nurses designated by the branch and three (3) persons designated by the Employer. An officer(s) or a representative(s) of the Union may attend meetings as a consultant. The Employer may also appoint a person(s) as a consultant. Each party shall endeavour to notify the other, seven (7) calendar days in advance of the attendance of a consultant at the meeting.

(c) Meetings of the Committee

The Committee shall meet at the request of either one of the parties but in any case at least once a month, unless mutually agreed otherwise. Employees who sit on the Committee shall be released from duty without loss of remuneration to attend meetings of the Committee or to perform any work required by the Committee. No employee serving on the PPC or in meetings with their manager shall lose any salary or benefits. Employees required to appear before the Committee may do so without loss of remuneration. Employees attending a PPC meeting outside normal working hours shall be compensated with straight time pay or time off in lieu. Employees who are required to travel to attend these meetings will be compensated in accordance with the Employers travel policy.

(d) Chair of the Meeting

The meetings of the Committee shall be chaired alternately by the Employer's representative and the representative of the Branch.

(e) Minutes of Meeting

The Agenda for each meeting shall be circulated a minimum of seven (7) calendar days prior to each meeting. Minutes of each meeting shall be prepared, approved and signed by a representative of the Employer and the branch prior to circulation. The branch will be responsible for ensuring that a copy is forwarded to the Union.

(f) Jurisdiction of the Committee

The PPC shall meet in order to study any question that either of the parties may wish to discuss which is not properly the subject matter of a grievance. In workplaces where the parties have agreed to the establishment of joint committees to deal with professional practice/labour management issues, professional practice concerns shall be dealt with first where there are both professional practice and labour management issues on the agenda.

The committee shall review written concerns relative to patient/resident/client care including but not limited to:

- i. Safety of patient/clients/residents and registered nurses;
- ii. Quality practice environments;
- iii. Professional Standards of Practice and Code of Ethics; and
- iv. Workload where the registered nurse feels the patient load in the work area has exceeded what is believed to be safe patient care levels.

The PPC shall develop a procedure for investigating written concerns. The Committee may invite individuals to the meeting who will be able to assist in the investigation. The Committee shall make recommendations to the parties with respect to its discussion and conclusions. Records of written concerns shall be maintained separately in the PPC's files.

(g) Reporting Form

The Employer and Union shall agree upon a provincial reporting form for registering a written concern with the PPC.

(h) Process to Address Concerns

A Registered Nurse who has a concern related to Clause 48 (f) shall bring the matter to the attention of their immediate manager, or where appropriate, the manager's designate. If the matter is not satisfactorily resolved, the Registered Nurse may file a written Professional Practice Form (PPF). The PPF shall be submitted to the manager within seven (7) calendar days of the Registered Nurse identifying the concern.

The manager will provide a written response to the Registered Nurse within ten (10) calendar days of the form being received. A copy of the PPF containing the manager's response shall then be immediately forwarded to the PPC by the manager.

The PPC shall meet as soon as possible to resolve the concern. If resolved, the PPC shall provide a written response to the Registered Nurse within fourteen (14) calendar days of the meeting. If necessary, the PPC may engage the appropriate Director prior to providing a response.

Where the concern is not satisfactorily resolved at the PPC level, a report with a recommendation shall be forwarded by the PPC to the appropriate director and the Chief Nursing Officer. The Chief Nursing Officer/ designate shall provide a written response to the Registered Nurse and the PPC within thirty (30) calendar days.

- (i)** The PPC may invite the Chief Executive Officer and one member of the Board of Directors to attend one meeting of the Professional Practices Committee on an annual basis to discuss concerns unresolved in the process in Clause 48(i). At least one (1) months' notice shall be given and a mutually agreeable date and time shall be scheduled to accommodate the Chief Executive Officer and the Board representative.

APPENDIX B: PROFESSIONAL PRACTICE PROCESS TIMELINES



Registered Nurses' Union
Newfoundland & Labrador

Professional Practice Process Timelines



Have a discussion
regarding your
concern with your
manager.



Manager provides
written response
to member within
10 calendar days
and immediately
forwards to
Professional Practice
Committee (PPC).



Chief Nursing Officer
or designate provides
response to member
and PPC within 30
calendar days.



If unresolved,
complete
and submit a
professional
practice form to
your manager
within 7 calendar
days of identifying
the concern.



If resolved, the
PPC will provide
a response to the
member within
14 calendar days
of a meeting. If
unresolved, the PPC
will provide a report
to the director and
Chief Nursing Officer.



APPENDIX C:

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND NURSE PRACTITIONERS

According to the CRNNL (2014), “RNs are responsible and accountable to ensure their nursing practice is safe, competent, compassionate and ethical. Professional practice issues arise where an RN’s ability to provide care or services consistent with standards of practice, ethical codes, or policies is, or is potentially, compromised.”

The following standards illustrate the RNs and NPs professional, ethical, and legal duty to identify and address such concerns. In your documentation, it is important to identify which of the standards may have been compromised.

Please visit the **CRNNL website** if you wish to view the ***Standards of Practice for Registered Nurses and Nurse Practitioners*** in its entirety.

For example:

Standard 1: Responsibility and Accountability

The registered nurse and nurse practitioner:

- 1.6 recognizes and takes actions in situations where client safety is potentially or actually at risk;
- 1.7 reports concerns related to professional incompetence, professional misconduct, conduct unbecoming, and/or incapacity or unfitness, and complies with duty to report;

Standard 3: Client-Centered Practice

The registered nurse and nurse practitioner:

- 3.8 advocates for, and respects the clients’ dignity, right to informed decision-making, and informed consent.

APPENDIX D: CANADIAN NURSING ASSOCIATION CODE OF ETHICS FOR REGISTERED NURSES (2017)

The following statements outline the registered nurses' responsibility to report professional practice concerns.

Part 1: Nursing Values and Ethical Responsibilities

A. Providing Safe, Compassionate, Competent and Ethical Care

4. Nurses question, intervene, report and address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with their ability to provide safe, compassionate, competent and ethical care; and they support those who do the same.
7. When resources are not available to provide appropriate or safe care, nurses collaborate with others to adjust priorities and minimize harm. Nurses keep persons receiving care informed about potential and actual plans regarding the delivery of care. They inform employers about potential threats to the safety and quality of health care.

D. Honouring Dignity

13. Nurses treat each other, colleagues, students and other health-care providers in a respectful manner, recognizing the power differentials among formal leaders, colleagues and students. They work with others to honour dignity and resolve differences in a constructive way.

F. Promoting Justice

5. Nurses work collaboratively to develop a moral community. As part of this community, all nurses acknowledge their responsibility to contribute to positive and healthy practice environments. Nurses support a climate of trust that sponsors openness, encourages the act of questioning the status quo and supports those who speak out in good faith to address concerns (i.e., whistle-blowing). Nurses protect whistle-blowers who have provided reasonable grounds for their concerns).

APPENDIX E:

DO YOU HAVE A PROFESSIONAL PRACTICE CONCERN?

(Adapted from the Saskatchewan Registered Nurses' Association & College of Registered Nurses of Nova Scotia)

Be objective when answering the following questions:

- Yes No **1.** Is patient safety compromised because of heavy workloads or lack of staff?
-
- Yes No **2.** Does the concern present a risk to patients?
-
- Yes No **3.** Is patient safety compromised because staff does not have the adequate orientation, education, or experience to deal with the situation?
-
- Yes No **4.** Does the concern interfere with your individual level of competence?
-
- Yes No **5.** Does the lack of/absence of policies, procedures, or guidelines to provide direction for nursing practice contribute to the concern?
-
- Yes No **6.** Does the concern impact your ability to meet your CRNNL Standards for Practice or Canadian Nurses Association Code of Ethics for Registered Nurses?
-
- Yes No **7.** Is there conflict among professionals?
-
- Yes No **8.** Are there common factors associated with this concern (people/settings/situations)?
-
- Yes No **9.** Is there a lack of supplies or equipment?
-
- Yes No **10.** Do other RNs/NPs have similar concerns?
-
- Yes No **11.** Does the problem occur frequently?
-

Total YES answers

Total NO answers

If you answered YES to one or more of the questions, you may have a professional practice concern. You should proceed to use the Process for Resolving Professional Practice Issues in Chapter 2.

APPENDIX F: INDICATORS OF A PROFESSIONAL PRACTICE CONCERN

(Adapted from Nova Scotia Nurses' Union)

Use the checklist to recall various professional practice indicators that can impact the delivery of care.

STAFFING	EQUIPMENT & SUPPLIES	COMMUNICATION
<input type="checkbox"/> RN Staff	<input type="checkbox"/> Faulty	<input type="checkbox"/> Lack of Leadership & Support
<input type="checkbox"/> LPN Staff	<input type="checkbox"/> Training on New Equipment	<input type="checkbox"/> Policies & Procedures
<input type="checkbox"/> Physician Staff	<input type="checkbox"/> Insufficient/Lack of	<input type="checkbox"/> Charting/ Documentation System
<input type="checkbox"/> Other Staff	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Availability of Nursing Management on-call
<input type="checkbox"/> Policies & Procedures	<input type="checkbox"/> Not Appropriate	<input type="checkbox"/> Other
<input type="checkbox"/> Contingency Staffing	NON-NURSING FUNCTIONS	ENVIRONMENT
<input type="checkbox"/> Occupancy	<input type="checkbox"/> Answering Telephone	<input type="checkbox"/> Patient/Client/Resident Transfers
<input type="checkbox"/> Scheduling	<input type="checkbox"/> Maintenance/Housekeeping	<input type="checkbox"/> Cleanliness of Area
<input type="checkbox"/> Sick Calls	<input type="checkbox"/> Clerical Duties	<input type="checkbox"/> Construction/ Renovation
<input type="checkbox"/> Staff Not Replaced	<input type="checkbox"/> Calling in Nursing Staff	<input type="checkbox"/> Fire Alarm
<input type="checkbox"/> Workload	<input type="checkbox"/> Portering	<input type="checkbox"/> Noise Level
<input type="checkbox"/> Patient/Client/Resident Acuity & Complexity	EDUCATION / ORIENTATION	<input type="checkbox"/> Power/Plumbing/ Heating
<input type="checkbox"/> Agency Staff	<input type="checkbox"/> Access to Reference Material	<input type="checkbox"/> Physical Layout
<input type="checkbox"/> Skill Mix	<input type="checkbox"/> Agency Staff	<input type="checkbox"/> Placement of Patient/ Client/Resident Inappropriate
<input type="checkbox"/> Staff Training/ Education	<input type="checkbox"/> Novice Nurse Orientation	<input type="checkbox"/> Safety for Patient/ Client/Resident /Staff
<input type="checkbox"/> Continuity of Care	<input type="checkbox"/> Job Duties/Responsibilities	<input type="checkbox"/> Care Fragmentation
<input type="checkbox"/> Other	<input type="checkbox"/> Casual registered Nurses	<input type="checkbox"/> Influenza or Other Outbreak
	<input type="checkbox"/> Other	<input type="checkbox"/> Compliance Issues

APPENDIX G:

TIPS FOR DOCUMENTING PROFESSIONAL PRACTICE CONCERNS

In the interest of safe client care and safe nursing practice, it is important to document workload, nursing practice conditions, and client and/or member safety concerns. The following is a brief guide of professional practice considerations regardless of the practice setting.

Workload

- Staffing: were baseline staffing levels met? Consider level of experience, skill set mix, and familiarity with the area.
- Accurately describe the number of sick calls, leaves etc. that contributed to the need for replacement.
- How many patients in your assignment or caseload? How many home visits or clinics do you have? Assess acuity and status of patient assignments on an ongoing basis.
- Did the workload warrant extra staffing to support the acuity and intensity of the clientele? If so, was it received?
- Did you request and receive replacement “like – for – like” (i.e. RN for RN)? If not, what replacement was provided?
- Is there a sufficient casual pool? Are there any position vacancies?
- Indicate the number of admissions, discharges, and transfers to/from your caseload. If applicable, was the unit in overcapacity? By how many patients/ clients/ residents?
- Were you assigned additional duties over and above your normal caseload (i.e. were you in charge with an assignment)?
- Were you affected by the staffing complement: lack of specialty training; novice vs. expert; orientees; students; skill mix; floating?
- Were you able to complete all required documentation in a timely manner?
- What non-nursing duties were you required to perform?
- What other contributing factors impacted your work (i.e. referrals from outside agencies; urgent referrals; non-nursing staff, rounds, emergency situations, lack of support staff)?

Nursing Practice Conditions

- Reflect on patient acuity and intensity, the impact on your standards of nursing practice, and your ability to provide safe care.
- Are there current evidence-based policies and procedures to support your practice?
- Were you able to carry out your care plans? If not, what were you unable to complete and what were the implications for your patients and/or your practice.
- Did you have access to professional support, guidelines, and education?
- Did your assignment require care that exceeded your competencies, skills, training, or education?
- Were you able to provide the necessary education?
- Is RN/NP autonomy and empowerment in the workplace supported (i.e. opportunities for meaningful input)?
- Did organizational or institutional systems issues impact your ability to meet your standards of practice?

Patient and Member Safety

- Was there an injury or near miss (i.e. injury report)?
- What factors contributed to the incident (i.e. Inadequate or malfunctioning equipment)?
- Describe the environment/surroundings: What is the work environment like (i.e. presence of multiple family members or visitors, animals in the homecare setting, cluttered environment, location, weather conditions, travel, etc.)?
- Did you have adequate safety equipment?
- Did your caseload/ assignment include confused or aggressive clients?
- Have you experienced nurse fatigue resulting from: missed/late breaks, overtime, excessive on-call, etc.?
- Have you received safety training for new equipment or procedures?
- Are there security issues? Secured building? After hours visits or clinics? Adequate parking lot lighting? Inadequate security?

Review your professional standards of practice and identify the standards that have been compromised or not met. Identify them on your form.

- If the standards of practice outline the expected conduct or performance required of all registered nurses or nurse practitioners in all situations and in all practice areas, then you need to demonstrate how a professional practice concern may have impeded your ability to meet the expected level of performance.
- Review the standards and identify those that are applicable to the situation. Include them in your documentation.
- Capture how the concern impacted the level of care you were able to provide, or describe what nursing care you were expected to take, but were delayed in getting to, or missed.

Make Recommendations

- Identify resources that would have alleviated the situation.
- Be specific and creative.

APPENDIX H: GENERAL DOCUMENTATION TIPS

(Adapted from United Nurses of Alberta Professional Responsibility Concern Report Form & the BCNU Toolkit)

1. Review the form before completing it so you are familiar with the information that is required.
2. Complete the form as soon as possible after observing conditions in which you believe the safety of patients/clients/residents may be at risk.
3. Be objective and factual.
4. Identify the professional standards of practice you were unable to meet.
5. You do not need supervisor/manager permission to complete a professional practice form.
6. If you need more space use additional pages.
7. Accuracy is extremely important. The more accurate the documentation, the more credible your argument for change.
8. Discuss the form with your branch executive member or shop steward if you need support completing it.
9. As stated in Article 48.01 (h), submit the completed form to your immediate supervisor.
10. Be familiar with the process timelines as per the Collective Agreement.
11. Keep a copy for your personal records.
12. Stay in touch with your branch executive or PPC and follow up about your form and the resolutions you've suggested to resolve work place concerns as needed

RNUNL.ca

 RNUNL

 rnu_NL

 rnu_NL