QUALITY RISK MANAGEMENT (QRM)
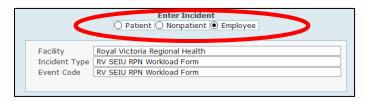## SEIU RPN Workload Form

Overview

This document provides instructions on how to enter a SEIU RPN Workload Form using the Incident Management System. This tip sheet is **supplemental** to the QRM Incident Management manual, located on the CARE4 website www.care-4.ca > Training > Resources > Administrative Training Materials > QRM.
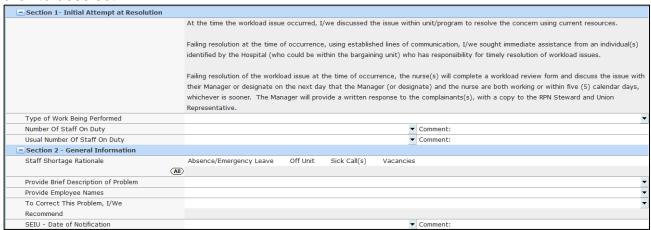
Incident Entry

From your home screen in Meditech click on the icon in the bottom right corner (triangle) or the cog in the top right corner and Report an Issue, choose "Incident". Click "Employee", choose the Incident Type "SEIU RPN Workload Form" the Event Code will automatically populate and the form will open.
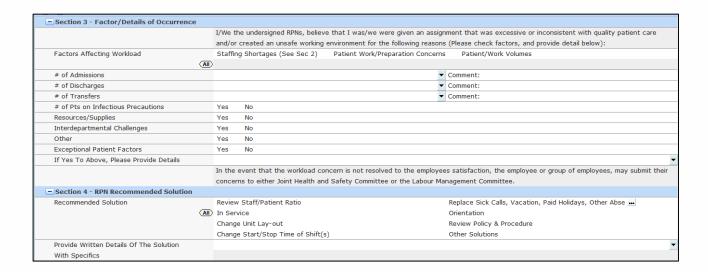
Enter Incident

○ Patient ○ Nonpatient ⦿ Employee

Facility	Royal Victoria Regional Health
Incident Type	RV SEIU RPN Workload Form
Event Code	RV SEIU RPN Workload Form

SEIU RPN Workload Form Sections

Submitter shall complete all 4 sections of the form, where applicable, prior to submission. Where there is a drop down arrow (or F9) open the comment section to type your summary. Otherwise selections are chosen by clicking on the response to select, double click to deselect.

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.
	Failing resolution at the time of occurrence, using established lines of communication, I/we sought immediate assistance from an individual(s) identified by the Hospital (who could be within the bargaining unit) who has responsibility for timely resolution of workload issues.
	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 complainants(s), with a copy to the RPN Steward and Union Representative.
Type of Work Being Performed	
Number Of Staff On Duty	▼ Comment:
Usual Number Of Staff On Duty	▼ Comment:
Section 2 - General Information	
Staff Shortage Rationale	Absence/Emergency Leave Off Unit Sick Call(s) Vacancies
	(All)
Provide Brief Description of Problem	▼
Provide Employee Names	▼
To Correct This Problem, I/We Recommend	▼
SEIU - Date of Notification	▼ Comment:

Note: "ALL" button beside the section selects all options listed.

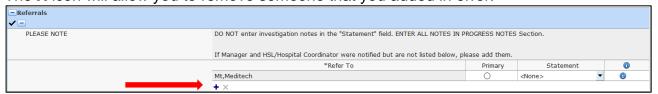| Section 3 - Factor/Details of Occurrence		
	I/We the undersigned RPNs, believe that I was/we were given an assignment that was excessive or inconsistent with quality patient care and/or created an unsafe working environment for the following reasons (Please check factors, and provide detail below):	
Factors Affecting Workload	Staffing Shortages (See Sec 2) Patient Work/Preparation Concerns Patient/Work Volumes	
	(All)	
# of Admissions	▾	Comment:
# of Discharges	▾	Comment:
# of Transfers	▾	Comment:
# of Pts on Infectious Precautions	Yes No	
Resources/Supplies	Yes No	
Interdepartmental Challenges	Yes No	
Other	Yes No	
Exceptional Patient Factors	Yes No	
If Yes To Above, Please Provide Details	▾	
	In the event that the workload concern is not resolved to the employees satisfaction, the employee or group of employees, may submit their concerns to either Joint Health and Safety Committee or the Labour Management Committee.	
Section 4 - RPN Recommended Solution		
Recommended Solution	Review Staff/Patient Ratio	Replace Sick Calls, Vacation, Paid Holidays, Other Abse ...
(All)	In Service	Orientation
	Change Unit Lay-out	Review Policy & Procedure
	Change Start/Stop Time of Shift(s)	Other Solutions
Provide Written Details Of The Solution With Specifics	▾	

Parties Notified

Using the drop down menu (or F9) choose the leader/individual you notified of the workload issue, prior to submitting the workload form. It is a mandatory field, you must populate this field in order for the form to be saved.

Parties Notified			
Please Note:	If HSL/Coordinator was notified, please add them in the REFERRALS section below.		
	*Contact Type	*Name	*Date/Time ⓘ
	▾		
	+ ×		

Referrals

Referrals will automatically populate based on location (e.g., unit/area/dept) and incident type. If you do not see your Manager/Leader listed, add them using the **+** button.
The **X** icon will allow you to remove someone that you added in error.

Referrals			
PLEASE NOTE	DO NOT enter investigation notes in the "Statement" field. ENTER ALL NOTES IN PROGRESS NOTES Section.		
	If Manager and HSL/Hospital Coordinator were notified but are not listed below, please add them.		
	*Refer To	Primary	Statement ⓘ
	Mt,Meditech	○	<None> ▾ ⓘ
	+ ×		

Filing Your Incident

When you have completed the form; file it by clicking SAVE. You will be prompted if any mandatory fields were missed. A pop up will display notifying you the incident has been filed; you will also receive an submission acknowledgement email with the incident details.

Attachments   Cancel Save   ? ⌲ 🖨 🔒 ✉

When your incident has been reviewed and completed by your Manager/Leader, you will be notified by email.