

## 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:

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**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?

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No      Why not? \_\_\_\_\_

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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?

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No      Why not? \_\_\_\_\_

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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?

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No      Why not? \_\_\_\_\_

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#### **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: \_\_\_\_\_

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Number of beds. Provide details: \_\_\_\_\_

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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**

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**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.