



NURSING ADVISORY COMMITTEE LOCAL CHAIRPERSON TOOLKIT

February 2025

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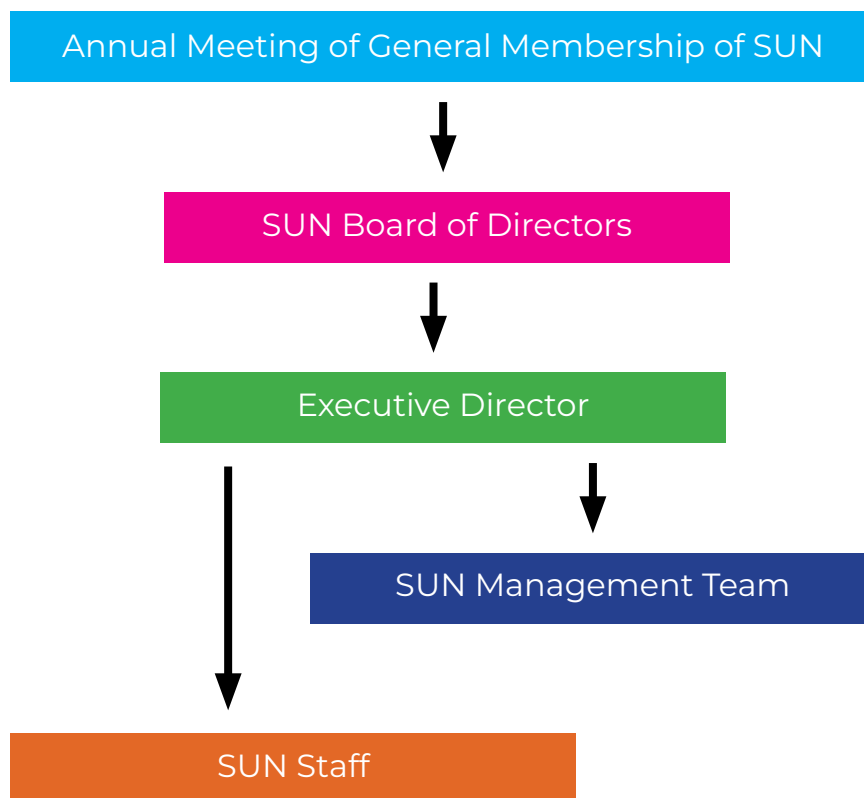
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MEMBER DRIVEN, MEMBER FOCUSED

At the foundation of SUN are the members – Registered Nurses, Registered Psychiatric Nurses and Nurse Practitioners employed in a variety of settings throughout the province. As the governing body of the Union, each year at the Annual Meeting members establish all policies, rules and regulations that bind members, Chartered Locals, Committees, and Directors of the Union. It is the input given during the Annual Meeting which provides the Board of Directors and staff with the direction required to implement the strategic focus of the Union for the following year.

Each year, during a Local Annual Meeting, the members elect their Local Executive, as well as establish the governing bylaws and policies for their Local. The Local Executive plays a vital role as the first point of contact for members when they have questions or concerns or require support in addressing professional or workplace issues.

SUN ORGANIZATIONAL CHART



DEFINING THE ROLES OF LEADERS

At the core of SUN's strength is our elected leadership — it is their compassion for others, the dedication to protecting the professional and workplace rights of the members, and their commitment to ensuring the safety of patients, that makes our union strong.

How do we make our union stronger? We unite and we conquer.

At each level of leadership, we each take on key components of providing member and union support and guidance. But with so many moving parts, it can be difficult to know whose job it is to take on which role. The following is a brief overview of key roles Locals, the Board of Directors and SUN Staff play in addressing member concerns.

LOCAL EXECUTIVE

- Welcomes new members into SUN.
- Administers the affairs of the Locals.
- First point of contact for member concerns.
- Conducts investigation into concerns raised by members.
- Conducts initial, informal meetings with Employer to resolve issues.
- Works with SUN Staff to escalate member concerns at appropriate stages.

BOARD OF DIRECTORS

- Responsible for the governance and finances of the Union.
- Sets the strategic direction of the Union on an annual basis.
- Sets key bargaining priorities for contract negotiations.
- Provides support and guidance to Locals regarding day-to-day functions of the Local.
- Maintains communication with the Locals to whom they represent.

SUN STAFF

- Provides guidance to Locals regarding nursing concerns and day-to-day functions of the Local.
- Supports Locals in escalating members concerns at the appropriate stages.
- Represents and protects the best interests and rights of members, with the Employer, at the appropriate stages.

LOCALS: PROTECTING THE INTERESTS & RIGHTS OF MEMBERS

LOCAL EXECUTIVE ROLES

The primary role of the Local is to provide member support. The Local Executive is also charged with the authority to administer the affairs of the Local and establish policies regarding the administration of the Local (as per Local Bylaws and the SUN Constitution and Bylaws). In addition, the Local is the first point of contact and support for their members.

The composition of each Local Executive is outlined in the Local Bylaws (Local Bylaw 6.01). Typically, executive roles include president, vice-president, Local SUN District Council (SDC) representative(s), treasurer, secretary, and other committee chairpersons as required for the Local. In addition, depending on the structure of your Local, the Local NAC chairperson and OH&S representatives may also be considered active members of your Local Executive.

In smaller locals, it is common for roles to be combined such as a secretary-treasurer or president and Local NAC chairperson. **NOTE:** *The role of president and treasurer, as per Canadian Revenue Agency (CRA) regulations, cannot not be combined.* The following is a guideline for determining the primary role of each position:

PRESIDENT

- Chairpersons all meetings of the Local, enforces SUN's Constitution, Provincial and Local Bylaws, and policies, rules and regulations enacted by the Union and the Local. (See Appendix VI)
- Primary role is to provide members with advice about workplace issues and problems, to represent members' best interests when meeting with the Employer, and to supply information and answer questions about SUN.
- Responsible for conducting the initial investigation regarding member concerns/ issues, and/or referring and escalating labour relations and practice concerns to SUN Staff as appropriate for support and guidance.
- Actively participates in low-level resolution meetings to address member concerns.
- Link between SUN Provincial and members in the Local.

VICE PRESIDENT

- Assists the president in carrying out their duties and performs them in their absence.

TREASURER

- Responsible for all the financial affairs of the Local, which includes ensuring the Local has a bank account, depositing cheques, ensuring proper signing authority is in place, payment of approved bills, and recording all transactions.
- Provide financial reports at all Local meetings.
- Maintain financial records for seven years.
- Track and submit local and provincial forms (union leaves, expense claim forms, etc).

SECRETARY

- Creates agendas in concert with the Local Executive. See Appendix VI for tips on creating an effective agenda.
- Keeps minutes of all meetings of the Local. See Appendix VI for components of effective minutes.
- Handles the correspondence of the president and executive, keeps the locals mailing list up to date and maintains contact with the SUN offices.
- Submits Local Bylaws to SUN Provincial.

LOCAL SDC REPRESENTATIVE

- Attends regional SDC meetings.
- Establishes and maintains communication between Local and regional SDC.
- Represents local member concerns at regional SDC meetings.

Depending on your Local structure, the following positions are not necessarily members of the Local Executive. However, these roles are vital to protect the interests and rights of members.

LOCAL NAC CHAIRPERSON

- Actively participates in low-level resolution meetings to address professional practice concerns.
- Actively participates in initial NAC meetings with the Employer.
- Upon receipt of WSRs from members:
 - investigates the WSRs,
 - ensures the employer has received a copy,
 - submits a copy to SUN Provincial,
 - coordinates NAC meetings,
 - ensures minutes are taken and submitted to SUN Provincial, and
 - maintains a record of the disposition of the WSRs.
- Collaborates with SUN Provincial in the escalation of WSRs via the NAC Process within the Collective Agreement.

OCCUPATIONAL HEALTH AND SAFETY (OH&S) REPRESENTATIVE

- Represents nursing at facility OH&S meetings.
- Participates in regional OH&S committees.
- Identifies and controls safety hazards.
- Communicates OH&S concerns raised at the Local to SUN Provincial.
- Participates in facility OH&S investigations.
- Promotes OH&S education and knowledge in the workplace.
- Maintains OH&S records and meeting minutes.

EXECUTIVE DUTIES

Within the role of the Local Executive there are a number of duties. To work effectively and efficiently, a Local Executive should divide the duties amongst their elected members, where appropriate. The following is a list of duties for which the Local Executive is responsible:

MEMBER SUPPORT

- Welcome new members.
- Escalate member concerns as appropriate.
- Accessible to members.
- Listen to member concerns.
- Initial meetings with management.
- Initial grievance investigations.
- Directs members with benefits, Long Term Disability (LTD), or WCB claims/forms to contact SUN Provincial.

ADMINISTRATION

- Review membership lists with SUN Provincial.
- Update Local Executive changes with SUN Provincial and Employer.
- Submit Local Bylaws annually to SUN Provincial.
- Take Local meeting minutes.
- Ensure Local election happens annually and follows process outlined in Local Bylaws.
- Track and maintain records for Local union leave forms and expense forms.
- Track and maintain records for provincial union leave forms and expense forms and submit to the provincial office.
- Authorize Local union leaves.
- Conduct frequent audits of Local dues reports from Employer.

FINANCES

- Maintain Local financial records.
- Conduct a yearly audit of the Local's financial records.

COMMUNICATION

- Notify members of upcoming meetings and/or elections.
- Notify members of upcoming employer meetings.
- Provide members with agenda for upcoming meetings.
- Communicate employer information with members.
- Communicate concerns/issues to other levels of union.
- Share provincial communication with members.
- Meet with Local members to discuss resolutions submitted to Provincial Annual Meeting.
- Share Local concerns with SDC/BOD/ Staff as appropriate.

CONTRACT COMPLIANCE/LABOUR RELATIONS

- Ensure contract compliance in workplace.
- Review changes to employer policies for appropriateness.
- Review new employer policies for appropriateness.
- Review posting notifications for appropriateness.
- Review successful applicant notifications for appropriateness.
- Communicate posting concerns to SUN Provincial.
- Communicate technological changes to SUN Provincial.
- Communicate return for service agreements to SUN Provincial.

- Communicate layoff notices to SUN Provincial.
- Maintain records of consecutive weekend waivers.
- Maintain records of standby waiver.

NURSING ADVISORY PROCESS

- Submit WSRs to SUN Provincial.
- Submit NAC meeting minutes to SUN Provincial.
- Track and maintain records for WSRs filed, including meeting minutes.
- Initial Nursing Advisory Meetings.
- Escalate WSRs via NAC process.

OH&S

- Maintain OH&S records and meeting minutes.

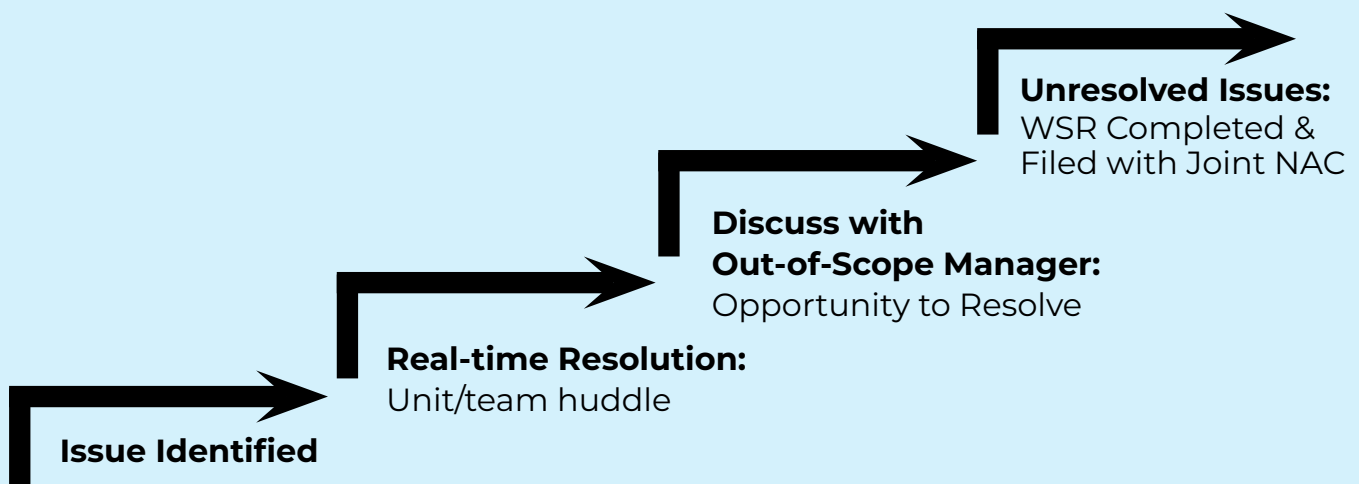
TIP:

WHEN YOUR LOCAL EXECUTIVE CHANGES

Whether it be following an election or when someone vacates a position, you are obligated to advise the following groups of changes to the Local Executive:

- Your members
- Your Employer
- Your bank to update/change the signing authorities for the local finances
- SUN Provincial – visit the LEADERSHIP section of the SUN website for a handy online form

PATHWAY TO LOW-LEVEL RESOLUTION



JOINT NURSING ADVISORY COMMITTEE PROCESS

Rooted in a foundation of transparency, accountability, respect and open communications, the Joint Nursing Advisory Committee (NAC) process is a SUN initiated and driven process, designed to take a proactive and collaborative approach to concerns regarding patient safety and safe nursing practice.

A key tool for success built into the process is the ability for registered nurses and nursing managers to engage in low-level discussions and two-way communications to resolve professional practice issues, and workload or patient/staff safety concerns in real time.

The role of the Joint NAC is to review, resolve and/or make recommendations regarding WSRs which are not resolved at the unit level. The terms, conditions, and guidelines for the Joint NAC are outlined in the Collective Agreement. It will be up to each Local and their Joint NAC, in concert with SUN Provincial, to discuss how the parties will meet those terms.

JOINT COMMITTEE STRUCTURE

As per the Collective Agreement, the Joint NAC will consist of equal representation from each party (Employer and Union). Members of the Joint NAC will include:

- SUN Members
- Unit Level Manager(s) of the Units under discussion
- Out-of-Scope Representatives
- Resource Personnel, as determined by the parties

There should be a minimum of two SUN members, including the Local NAC Chairperson, in attendance at each meeting. Recommended numbers, based on facility/agency type, include:

- **Base Hospital:** Six members to be appointed by SUN.
- **Regional Hospital:** Four members to be appointed by SUN.
- **All other Facilities/Agencies:** Two members to be appointed by SUN.
- **Regional and/or Multi-Facility:** One member per Facility or Agency with a minimum of two members appointed by SUN.

ROLE OF THE LOCAL NAC CHAIRPERSON

The Local NAC Chairperson is the local expert on completion of WSRs and the NAC process. You play a key role in educating, guiding, and ensuring that the collective agreement articles and processes are followed. The desired outcome is to find reasonable and appropriate solutions to ensure safe, competent, and high-quality registered nursing practice.

The role the Local NAC Chairperson includes, but is **not limited to:**

- Ensuring members know how to contact their NAC Chairperson/Representative.
- Ensuring members have access to Work Situation Report (WSR) forms.
- Ensuring members utilize low-level resolution to address issues in real time.

- Update member(s) regarding the status of their WSR and its progress through NAC.
- Providing original (paper) copy of WSR to SUN Provincial in a timely manner for issues and data to be captured and monitored.
- Establishing a filing and/or records management system for WSRs (paper and electronic files).
- Conducting follow up investigation to collect facts and details to further inform the matter and support resolving the issue at the Joint NAC meeting.
- Consulting with Nurse Practice Officer (NPO) at SUN Provincial, as needed, to determine best course of action.
- Co-chairing Joint NAC meetings with the Employer designate. (See Appendix VI for tips on co-chairing a meeting.)
- Ensuring an action plan or “next steps” have been documented and completed to reach timely resolution.
- Updating Local President/Executive on NAC activity – they may be able to provide you with additional information, guidance or assistance in addressing issues.
- Referring WSRs/issues to NPO when process has been exhausted or issues are of a significant or critical matter.
- Taking an active role in presenting issues to Executive Oversight Committee or Saskatchewan Health Authority Board of Directors.
- Assisting the NPO, when and where required, in preparation of an Independent Assessment Committee (IAC) presentation.

TEAM APPROACH

Similar to how Local Executives are advised to function, the Local NAC Chairperson is strongly encouraged to adopt a team approach to address member concerns raised through the NAC process, in a timely manner.

To work effectively and efficiently, Local NAC Chairpersons for large or multi-site locals, should consider calling on their Local Executive or recruiting members to assist them at appropriate stages in the process. For example, the Local NAC Chairperson may enlist the assistance of Unit or Site Representatives to help with the collecting and forwarding original Work Situation Reports (WSRs) to SUN Provincial, taking minutes during a Joint NAC meeting and forwarding a copy to SUN Provincial, or conducting the background investigation required when preparing for a Joint NAC meeting.

It is important to remember that you are not alone. This can be an overwhelming list of duties for one person; but if you divide the work into smaller tasks, the job becomes less daunting.

MEMBER CONCERNS: IDENTIFYING THE ISSUE

From time to time, members will raise questions, concerns and/or complaints regarding the workplace, professional practice and/or their rights under the Collective Agreement. Depending on the issue, it is the Local Executive, NAC Chairperson or Occupational Health & Safety (OH&S) Representative's job to investigate, assess and determine the best course of action to address the issue raised.

Not every issue raised will be a violation of the members rights, the Collective Agreement or professional practice standards; deciphering a complaint from a violation can be difficult. No matter the case, the first step is to listen to the member's concerns and conduct a fact-finding investigation into the issue raised, to determine the best course of action to be taken.

Understanding the types of concerns raised, will assist you identifying and assessing the issue.

<u>PROFESSIONAL PRACTICE</u> <i>Formally addressed through Nursing Advisory Process</i>	• Nursing practice concerns. • Safety of patients and registered nurses. • Workload/staffing levels/patient acuity. • Other factors which negatively affect patient care.
<u>LABOUR RELATIONS</u> <i>Formally addressed through Grievance Process</i>	• Breach of Collective Agreement. • Violation of member's rights. • Breach or change in application of Employer policy/procedure
<u>OCCUPATIONAL HEALTH & SAFETY</u> <i>Formally addressed through OH&S Process</i>	• Actions or incidents which impact the health, safety, and welfare of an employee or group of employees. • Hazards include, but not limited to, chemicals, physical hazards, biological agents, psychological fallout, ergonomical issues and/or accidents.

Issues which have a **labour relations** component or have the potential to develop a labour relations component at any time, should be brought to the attention of the Local President for further assessment and investigation.

PARALLEL COURSE OF ACTION

Depending on the situation, an incident may require one, two or all three processes being triggered in an effort to adequately address the matter.

PROFESSIONAL PRACTICE OR WORKLOAD?

At any given time, there will be a variety of issues raised through the Joint NAC process. In order to effectively address the concerns raised, it will be key to recognize the difference between a professional practice issue and workload concern.

Simply put, a professional practice issue or workload concern can be defined as when a nurse or nursing team is:

- asked to perform more work than is consistent with proper client care (in terms of safety for the nurse(s) and clients, competence and quality evidence-based care) OR
- asked to perform work that violates professional responsibilities as a registered nurse.

PROFESSIONAL PRACTICE ISSUES

The most obvious professional practice issue is not being able to uphold professional standards, competencies or code of ethics, policy/procedure/work standard or OH&S legislation. For example, think about your inability to complete all the steps in the nursing process, teaching, communication and other areas that arise in your own personal experiences past or present – these situations would qualify as a professional practice issue.

WORKLOAD CONCERNS

Workload concerns can stem from a number of factors:

- Were there too many patients for the staff on shift?
- Was baseline staffing not met or appropriate for the clients being cared for?
- What was the acuity and complexity of clients?
- Was the Junior/Senior mix or overall skill mix appropriate?
- Was there a lack of appropriate supports and/or resources?
- Was the unit in overcapacity?

All of these workload factors directly impact the ability to provide safe, competent and high-quality care.

There is a great deal of overlap between the two types of concerns, as increased workload directly affects a nurse's ability to meet their professional responsibilities and puts their ability to provide safe patient care at risk. It is through the Joint NAC process that the root cause of the issue can be uncovered and adequately addressed to bring out long-term solutions.

PROFESSIONAL PRACTICE AND WORKLOAD ISSUES, CONCERNS AND SITUATIONS

COMMUNICATION

- Chain of Command – Communication Responsiveness
- Documentation System
- Lack of Leadership & Support
- Lack of Communication (i.e.: scheduling, physician, interdepartmental, interfacility, security, police, EMS)
- Nursing Communication
- Patient* or Family Complaints/Concerns
- Professional Boundaries

MEDICATION

- Availability of Medications
- Delay in Obtaining Medication(s)
- Pharmacy Related
- Concerns with medication policy/procedures
- Access to product monographs
- Processing of MD/NP Orders

PROFESSIONAL & REGULATORY REQUIREMENTS

- Legislation (i.e.: OH&S)
- RPNAS Standards
- RPNAS Entry Level Competencies
- CRNS Standards & Entry Level Competencies - RN
- CRNS Standards & Entry Level Competencies – NP
- Code of Ethics
- Specialty Organization Professional Standards
- Policy/Procedure/Protocol or Work Standard in conflict with Professional/Regulatory Standards

EDUCATION / ORIENTATION / INSERVICE

- Access to Resource Information/Educator
- Inadequate Orientation/Training
- Access to Inservice/Training
- Lack of Education/Orientation/Inservice
- New Skills/Certifications
- Off service patients
- Lack of Casual Staff
- Floating
- Unclear Job Descriptions/Duties

NON-NURSING DUTIES

- Answering Telephones
- Dietary Fulfillment
- Housekeeping/Cleaning
- Scheduling/Calling In Staff
- Supplies/Equipment
- Transporting/Portering
- Facility Maintenance
- Management Duties/Responsibilities

SAFE STAFFING

- 24-hour RN/RPN Coverage
- Baseline Staffing not Met
- Coordination of Care
- Floating
- High-Acuity Patients
- Inability to Monitor, Observe or Check patients
- Inappropriate Assignment of Care
- Junior/Senior Mix
- Lack of Sufficient Support Staff (i.e.: Unit Clerk)
- Model of Care
- Nurse Fatigue/Missed Breaks

- Overcapacity for Scheduled Staff/ Available Beds
- Staff not Replaced
- Too Many Patients
- Workload
- Wrong Skill Mix
- Supports not Available (i.e.: PT, SW)
- Access to EMS

ENVIRONMENT

- Alarm Systems
- Broken/Faulty Equipment
- Cleanliness of Environment
- Construction/Renovation
- WHIMIS - access to MSDS sheets/ mislabelled chemicals
- Inadequate or Missing Equipment &/ or Supplies
- Inadequate Training/Inservice/ Education
- Physical Layout
- Power/Plumbing/Heating

POLICY, PROCEDURE, PROTOCOL, WORK STANDARD

- Access to Resource Information
- Lack of Education/Training
- Violation or Breach of Human Resources Policy/Procedure
- Violation or Breach of Nursing Clinical Policy/Procedure/Protocol or Work Standard
- Violation or Breach of Standards, Competencies and/or Code of Ethics

SAFETY

- Environmental Issues (i.e.: sharps, safety equip, secure areas)
- Inappropriate placement of Patient*
- Patient* Adverse Event Harm (actual or potential)
- Safety & Security of Environment
- Staff Safety – Incident/Injury/Accident
- Facility or ward outbreaks
- Physician Related (i.e.: availability, overbooking)
- Bullying/Harassment
- Violence (actual or potential)•

*Patient, Resident or Client

Compiled from: New Brunswick Nurses Union, Ontario Nurses Association, Saskatchewan Union of Nurses resources

WSR: WHAT IS IT & WHY DO WE NEED IT?

WHAT IS A WORK SITUATION REPORT (WSR)?

A Work Situation Report (WSR) is a SUN document developed to be key documentation of a patient safety and/or nursing practice issue/concern raised and the steps taken to reach low-level resolution.

Most importantly, and vital to the Nursing Advisory process, a WSR in its simplest form is a communication tool for the nurse, manager, and Joint NAC to track and monitor professional practice issues and workload concerns.

A WSR is not an incident report – rather, a document that provides evidence of issues/concerns in the work environment which are making it difficult for registered nurses to provide quality care and uphold their professional responsibilities, in real time.

Consistent use of the WSR provides management with the evidence and documentation they require to escalate the matter within their own internal channels, in an effort to resolve the issues identified by the frontline nurses.

WHY IS A WSR IMPORTANT?

Registered nurses have the professional responsibility and accountability to ensure the delivery of safe, high-quality care. Completing and submitting a WSR to the Joint NAC process provides registered nurses with:

- Documentation they attempted to address concerns impacting their ability to provide safe, high-quality and ethical care;
- Evidence of issues and concerns in the work environment making it difficult to achieve or maintain professional standards of care; and,
- If required, evidence of documentation and management notification of an issue to protect their license.

The nursing saying “if it is not charted, it was not done” holds true for the Joint NAC process and WSRs as well.

By not raising nursing practice, workload or patient safety concerns/issues, nurses are giving the impression that they accept the unsafe or unethical situations. By tolerating such situations, nurses are telling the Employer they accept the situation and are able to uphold our professional responsibilities and accountabilities – even if this is not the case.

By remaining silent and not activating the Joint NAC process by filing a WSR, nurses are allowing a precedent to be set, which makes it difficult to undo the wrongs and create positive change in the future. Without documentation at the unit or Local level, SUN Provincial is unable to assist Locals in advocating for a resolution or change.

It is important to note that the Collective Agreement states “the Employer shall not penalize, harass or discipline an Employee who submits a WSR, and a Union representative shall, at the Employee’s request, be present during discussions with the Employee regarding the WSR.”

WHERE DO MEMBERS FIND WSRS?

Paper copies of the WSR should be available to all members on the unit(s). If the Local requires additional copies, please complete and submit the online “Publications Order Form” found under the LEADERSHIP section of the website.

The **electronic version** of the form can be found on our website:

www.sun-nurses.sk.ca/wsr-form

The online WSR is connected to SUN's Membership Database; therefore, a SUN account and log-in are required to access the form.

- To create a SUN account, members need to enter four pieces of information, which must match the data in our database in order to verify membership.
 - First name
 - Last name
 - Email address
 - SUN ID #
 - If the above criteria do not match, members should contact SUN's Database Administrator in the Regina Office to update their information.
- If members already have an account, they only need their SUN ID# and the password they created.

WHAT IS A SUN ID # AND WHERE DO MEMBERS FIND IT?

When SUN members join the union, they are provided with a unique identifier. This SUN ID # is specific to them and to SUN's membership database.

Utilizing the ID # is crucial as it connects the member to their personal member profile in our database, including their contact, employment and local information needed to complete the online WSR.

Many members confuse this number with their CRNS/RPNAS registration number or their employee number and receive an error message when trying to access the online WSR.

Members can locate their SUN ID # on their membership card and are encouraged to save a photo on their smartphone or write the number and save it somewhere that is easily accessible.

If they **do not have access to their membership card, members should contact SUN's Database Administrator** at database@sun-nurses.sk.ca or call the Regina Office at 800- 667-7060 – their local number or facility will be required to locate their member profile.

A WSR IS FILED – WHAT DO YOU DO?

STEP 1: MEMBER SUBMITS WSR

Once a WSR has been filed, following up with the member will be key to ensuring vital steps in the process have not been overlooked. This process will be the same regardless of how the WSR was submitted – paper or electronic (PDF) form. Follow up questions to ask the member include, but are not limited to:

- Has the member taken the appropriate steps?
 - Was there an attempt to find resolution at the Unit level (Article 56.03(a) - Step 1 of the process)?
 - Has the member properly notified the Manager or designate (Article 56.03(b) - Step 2 of the process)?
 - » Was the method of communication documented?
 - ▶ Face-to-face conversation? Email or text message?
 - ▶ Phone call? Voicemail?
 - Was the Manager or designate provided adequate time to resolve the matter before the WSR was filed?
- Have all the right people received a copy of the WSR?
 - Electronic (PDF) Copy:
 - » Was the correct email address entered into the form (if known)?
 - ▶ If not, are you able to forward the PDF to the correct email address?
 - Paper Copy:
 - » Was the WSR given directly to the Manager?
 - ▶ Hand delivered paper copy? Left in mailbox?
 - ▶ Scanned/emailed? Faxed? Interoffice/region mail?

STEP 2: FILE WSR WITH SUN PROVINCIAL

When an electronic (PDF) copy of a WSR is submitted, the Local NAC Chairperson is responsible for forwarding the PDF to any unit/Local representatives responsible for follow up. NOTE: Local NAC Chairpersons should follow the Local defined process for sharing electronic WSRs. The Nurse Practice Officer (NPO) assigned to your Local will automatically receive a copy of the electronic WSR when it is submitted.

When a paper copy of the WSR is submitted, it is the member's responsibility to:

- Provide the Local NAC Chairperson with the **original** WSR form
- Provide a **copy** of the WSR to the manager or designate
- Keep a **copy** for their own records

As the Local NAC Chairperson, it is your responsibility to:

- Keep a copy of the WSR(s) for the local files
- File the original WSR with SUN Provincial

NOTE: It is recommended that you **file paper copies of the WSR(s) with SUN Provincial within 14 days of receipt**, so they may be assessed and tracked in the provincial database. In the interest of time, you may scan the WSR(s) and email the file to wsr@sun-nurses.sk.ca

In the subject line include your Local # as well as local/facility and/or unit name (if applicable).

COMPLETING A WSR

- Low-level resolution should be attempted prior to filing of WSR (Article 56.03(a)).
- The manager or designate is to be notified (face-to-face or phone call) at the time of the issue for further discussion and given an opportunity to resolve the matter. (Article 56.03 (b)).
 - If no manager or designate is available, a voicemail will be left or an email will be sent. (Article 56.03 (b)(ii))
- Ensure steps taken for low-level resolution are documented.

TIP:

- Remember, if actions are not documented, they are considered “not done”.
 - Complete all areas, check boxes, and narrative boxes as relevant to your situation.
 - WSR should clearly outline all critical elements of the event.
 - Avoid emotional or personal commentary. Be objective, specific and factual.
 - Avoid including any patient identifiable information. HIPA and Employer privacy policies must be maintained at all times.
 - Document the impact on patient safety and inability to maintain professional standards and competencies.
 - Provide recommendations on how to resolve the issue.
-

KEEPING LOCAL FILES

It is recommended that current/active WSR files are kept in an organized and easy to follow system.

If Locals require additional support and/or guidance in developing a filing system, please contact your Nurse Practice Officer (NPO).

TIP:

For larger Locals, consider organizing your WSRs by department or area.

Create binders, or a similar system, for ACTIVE, RESOLVED and WITHDRAWN files and organize/move accordingly.

Develop an electronic filing system to track all WSRs received online, as well as their status – ACTIVE, RESOLVED and WITHDRAWN.

STEP 3: INVESTIGATE THE ISSUE

In preparation for a Joint NAC meeting, where the matter will be formally raised, it is important that you have reviewed the issue with the member to seek additional clarification regarding the context in which the situation occurred.

Speaking with the member is a great opportunity to reinforce any gaps you identified when reviewing the WSR, next steps and communications plan. Examples of gaps in completing WSRs, include but are not limited to:

- methods of contacting/engaging with manager or designate;
- improvements to completing WSRs objectively and factually;
- reinforcing patient safety, risks, professional responsibilities that are actually or potentially breached.

The information gathered during your conversations with the member(s) will assist you in determining the best course of action to be taken, structuring your presentation to the Employer regarding the issue, preparing responses to Employer statements/positions and develop recommendations for resolution.

During this initial fact-finding stage, it is crucial to confirm a **significant attempt at low-level resolution was made** by the member(s).

It is also important to stress that **HIPA must be maintained at all times** during your conversations and documentation of the issue. Remind the member to avoid providing patient specific information.

Information to consider during initial investigation:

- Name of members involved and contact information
- Member status, Worksite and/or unit
- Date, day of the week, time and shift affected
- Issue presented/identified
- Management representatives involved

- Policies
- Past practices
- Patient impact
- Breach of standards, etc
- Is this a trending or reoccurring issue?
- Relevant forms (leave requests, overtime request forms, WSRs, etc.)
- Relevant documentation (emails, assignments/roster, communication book, unit meeting minutes, etc.)
- Casual call-in logs
- Shift information such as notice of shift cancelation, scheduling of shift
- Evidence corroborating members concerns
- Should an OH&S Report been filed?
- Should an Incident Report been filed?
- Notes from follow up/investigation with members
- Relevant previously settled disputes/WSRs
- Resolution sought by member

The above list is not an exhaustive list, nor would it apply to every scenario. To assist you in your investigation, a collection form has been developed for your convenience. (Appendix III – WSR Investigation Sheet)

If at any time during your investigation, you believe or suspect there has been a violation of the member's rights, a breach of the Collective Agreement, breach or change in application of Employer policy/procedure, or a health and safety violation, **notify the Local President or OH&S Representative immediately** for further investigation.

STEP 4: SCHEDULE JOINT NURSING ADVISORY COMMITTEE (NAC) MEETING

Joint NAC meetings will take place at least once a month unless the parties mutually agree there are no agenda items. If either party cancels or postpones a scheduled meeting, a clear rationale should be provided, especially if there are outstanding WSR(s) to address.

Joint NAC meetings will be **jointly co-chaired** by SUN and an Out-of-Scope Representative. As co-chairpersons, you will jointly prepare an agenda of items, including a list of WSRs, to be **circulated to all members of the Joint NAC at least five business days prior** to each meeting.

Documented and unresolved issues (WSRs) are to be discussed at a **minimum of two Joint NAC meetings** in an effort to find resolution. WSRs resolved prior to the Joint NAC meeting shall be brought forward to the Joint NAC meeting for information purposes and documented in the minutes. **Ensure any cancellations of meetings are documented in writing and retained for your records in case meeting attendance becomes a pattern or problem in working with the Employer.**

STEP 5: CONDUCT JOINT NURSING ADVISORY COMMITTEE (NAC) MEETING

The Joint NAC is intended to be a collaborative problem-solving mechanism involving SUN members and the Employer working together to resolve professional practice, workload or patient safety concerns raised by registered nurses. Refer to the Collective Agreement for the Joint NAC Terms of Reference.

As the Local NAC co-chairperson, you will play an active role in conducting these meetings by ensuring discussions remain collaborative and solution-focused. Refer to Appendix VI for a list of resources and tips to support you in co-chairing a meeting.

During the Joint NAC meeting all unresolved WSRs should be discussed and documented within the meeting minutes. Meeting minutes should include the status of each WSR (resolved, abeyance, withdrawn, etc.) and/or the agreed to “next steps” or action plan for reaching a resolution. (see Appendix V for status definitions.)

TIP:

During the meeting, keep a “To Do List” (or action plan) for each WSR discussed to track Local responsibilities between meetings.

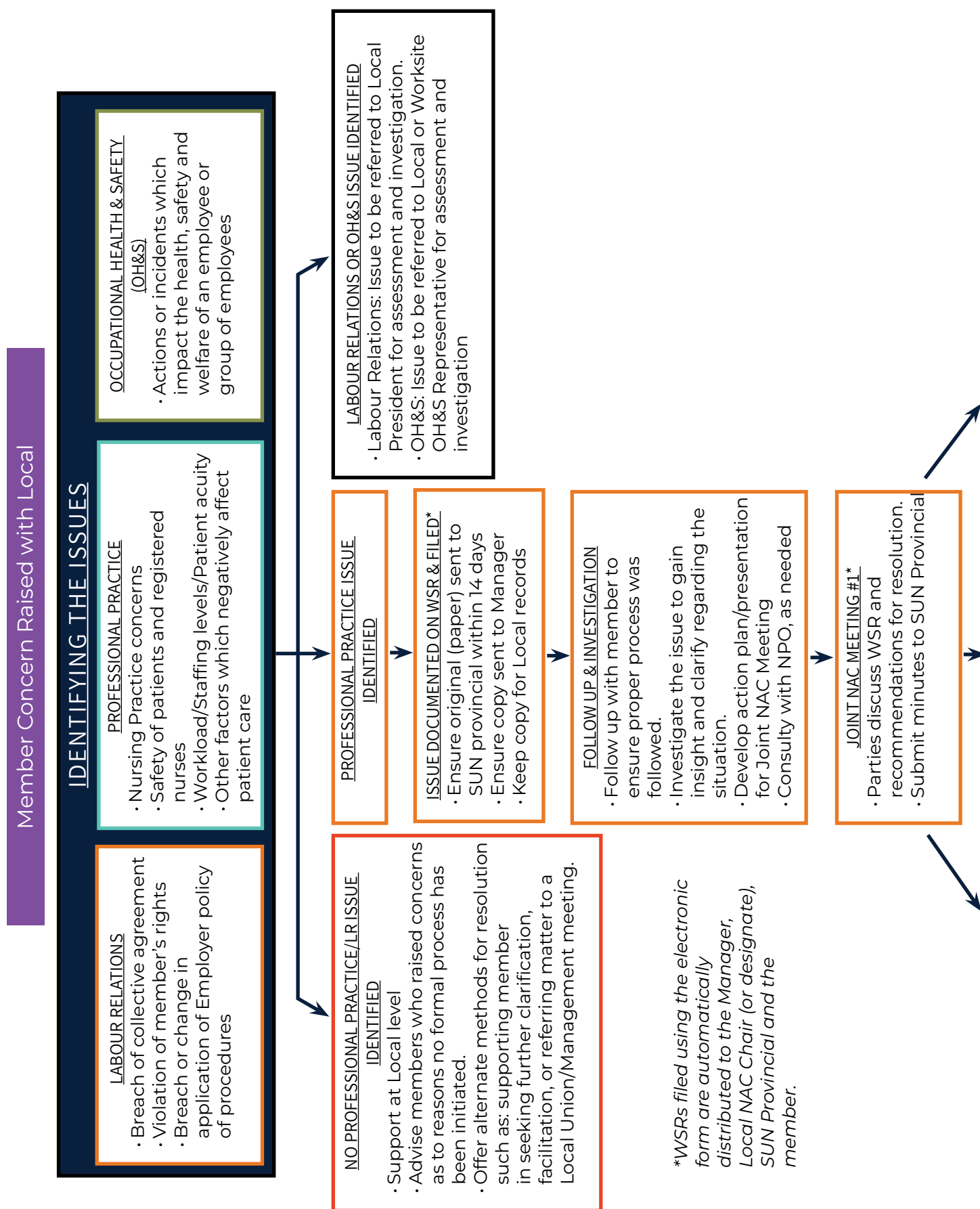
Following the meeting, send SUN Provincial a copy of the meeting minutes for review. Remember, if at any time during your preparation for a Joint NAC meeting you have questions or require guidance, your NPO is available to provide you with the assistance needed.

MEETING WITH THE EMPLOYER

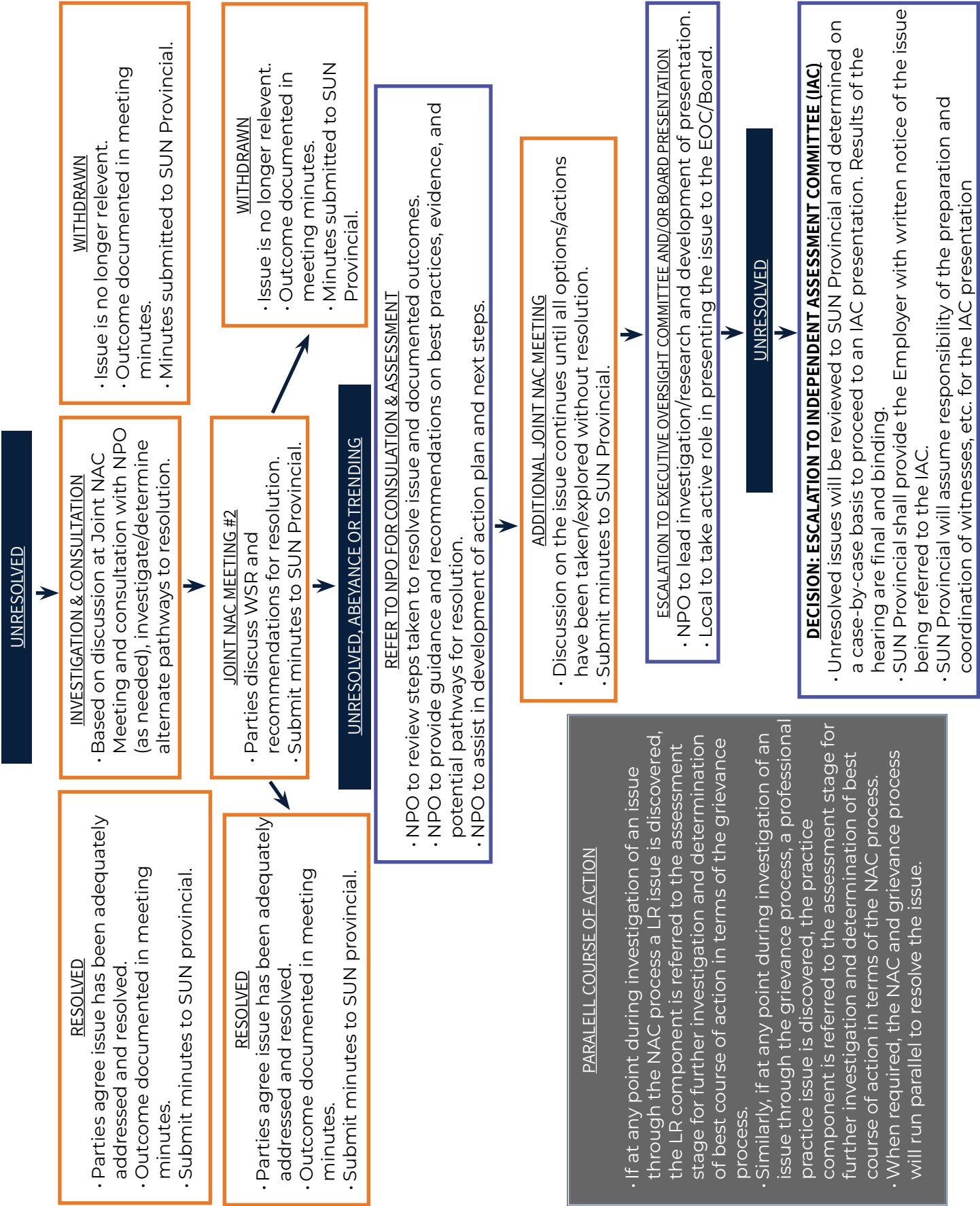
TIP:

- Stay calm and avoid personalizing the issue.
- Take notes during the conversation.
- Identify the facts of the situation as determined by your investigation.
- Listen to the Employer’s position, ask questions to seek clarification as needed,
- If necessary, caucus with your member(s) to discuss the Employer’s position and/or possible resolution.
- Remember: you do not have to agree to anything presented during the meeting. You can reserve the right to step away from the meeting to seek guidance from your NPO and respond later.

ADDRESSING MEMBER CONCERNS: FLOW CHART FOR



SUN'S NAC PROCESS



CONSULTING WITH YOUR NURSE PRACTICE OFFICER

While representing members and working to resolve concerns, the duties, role or abilities of the Local NAC Chairperson may be exceeded. In these instances, a Nurse Practice Officer (NPO) would take a more active role in the Joint NAC process.

WHAT IS A NURSE PRACTICE OFFICER (NPO) & WHAT DO THEY DO?

SUN's Professional Practice team consists of five NPOs and one Professional Practice Development Officer, who are well versed in nursing standards and competencies, best practices, code of ethics, and healthcare research and evidence. Together they bring a wealth of knowledge, expertise and clinical experience to the practice team, creating a strong support system for Locals and their members.

NPOs are individually assigned to a group of Locals to provide direct support and guidance to the Local NAC Chairperson throughout the NAC process.

HOW CAN AN NPO HELP?

NPOs are available to provide Local NAC Chairpersons with assistance and guidance:

- Setting up Local Nursing Advisory Committees
- Consultation during the investigation stage
- In preparation for Joint NAC meetings
- With research on best practices and evidence to support recommendations to resolve issues

When appropriate, NPOs will take an active role in escalating an issue at the Joint NAC level, to the Executive Oversight Committee (EOC) or Saskatchewan Health Authority (SHA) Board of Directors, or to an Independent Assessment Committee (IAC).

WHO IS YOUR NPO?

The Servicing Assignments for the Nurse Practice Officers can be found on the SUN web site under Member Resources - ERO/NPO Assignments.

WHEN TO CONSULT WITH AN NPO

NPOs are available to provide the Local NAC Chairperson with advice and assistance. Depending on the issue or the experience level of the Local NAC Chairperson, Locals may require the support of the NPO at different stages and to varying degrees.

Key times to consult with your NPO, include but are not limited to:

- WSR is unresolved
 - NPO is available, as needed, for consultation on best practices and research, as well as guidance on further investigation and next steps.
 - NPO is available for ongoing planning to address or develop action plan.

- WSR has exhausted the process
 - All possible options or actions have been explored without reaching resolution
 - NPO to take active role in escalating issue to EOC or SHA Board level
 - NPO leads investigation, research and development of presentation
 - ▶ Local NAC Chairperson takes active role in presenting issue to EOC or SHA Board of Directors.

REFERRAL OF WSR FILES TO AN NPO

While working to resolve concerns, the duties, roles or abilities of the Local NAC Chairperson may be exceeded, or the Joint NAC process may be exhausted. In these cases, the file would be referred to your NPO for further review and assessment.

Prior to referring WSR files to SUN Provincial, it is important to discuss the matter with your NPO to ensure all avenues for resolution have been explored.

The following list has been developed to assist Local Chairpersons in referring WSR(s) file to their NPO. (See Appendix IV - Local Escalation Referral Checklist.)

Provide all pertinent information available including, but not limited to, the following:

- WSR Fact Sheet
- NAC meeting minutes
- Local meeting minutes
- Policies
- Rotations
- Notes from follow up/investigation with members
- Employer documents
- Relevant previously settled disputes
- Professional association communication
- Incident reporting forms, work situation reports
- Other relevant legislation or statutes
- Any other relevant information gathered through Local investigation

APPENDIX

APPENDIX 1: WORK SITUATION REPORT (WSR) FREQUENTLY ASKED QUESTIONS

WATCH: For a walk through of the WSR and additional tips for completing, check out SUN's learning modules available on SUN's website (sun-nurses.sk.ca) under Members Resources - Professional Practice.

QUESTION 1: WHEN SHOULD A WSR BE COMPLETED?

Answer: Through the collaborative Joint Nursing Advisory Process, before submitting a WSR, members must utilize low-level resolution to address the issue in real-time. Communication between yourself, your colleagues, and your Manager/designate will be key in finding low-level resolution.

The following steps are to be followed prior to submitting a WSR:

- Identify the concern, situation, or issue that is unsafe, limiting your ability to provide quality care, or why you are unable to meet your professional responsibilities and accountabilities.
- Try and find a solution with your colleagues on shift and Charge Nurse.
- If unable to find a solution, contact your Manager/designate to try and find a solution.
- If unresolved after a reasonable amount of time, notify your Manager that a WSR will be completed.
- Complete and submit a WSR (online or paper).

The following are a few reminders to assist you in completing a WSR:

- Be an advocate and leader in your professional practice.
- Be professional, objective, factual, and concise. Avoid abbreviations & jargon.
- Avoid personal commentary, performance management, or personal issues.
- Maintain privacy & confidentiality. All information should be de-identified, containing no patient information or names.
- Know your professional regulatory standards, competencies, and code of ethics.
- Be familiar with your organizational policy, procedures, work standards, and processes applicable to your practice and environment.
- **NOTE:** WSRs should not be completed on work time.

QUESTION 2: WHAT DO I NEED TO KNOW ABOUT USING THE ONLINE WORK SITUATION REPORT (WSR) FORM?

Answer: The following are a few tips and recommendations for using the online WSR.

WHAT YOU NEED TO DO

- **Remember, the Nursing Advisory Process steps must be followed using low-level resolution:**
 - Identify the concern, situation, or issue that is unsafe, limiting your ability to provide quality care, or why you are unable to meet your professional responsibilities and accountabilities.
 - Try and find a solution with your colleagues on shift and Charge Nurse.
 - If unable to find a solution, contact your Manager/designate to try and find a solution.
 - If unresolved after a reasonable amount of time, notify your Manager that a WSR will be completed.
 - Complete and submit an Online WSR form.

ACCESSING THE ONLINE FORM

- Online WSR is accessible from main menu on SUN's website (sun-nurses.sk.ca).
- A SUN account is required to access the form.
- To create an account, you will need to enter the following criteria:
 - First Name
 - Last Name
 - Email Address
 - SUN ID # from your Membership Card
- To log into your account you will require your SUN ID # and password.
- If you are having difficulty with the online form or do not know your SUN ID #, contact SUN's Database Administrator by email database@sun-nurses.sk.ca or phone toll-free 1-800-667-7060
- **TIP:** Locate and confirm your Manager's email address prior to logging into the WSR form.
- **TIP:** If you are unable to access the online form, complete and submit a paper WSR.

COMPLETING THE ONLINE FORM

- Online WSR is the preferred method to submit your practice concerns.
- The online WSR and paper form are identical in terms of questions and process. A PDF copy of the form will be simultaneously delivered to yourself, your Manager, Local, and SUN Provincial when you click submit.
- The Nursing Advisory Process, including utilizing low-level resolution, must be followed.

- Fill out a WSR as close to real-time as possible when your concern was not resolved with your Manager/designate. Do not complete a WSR on work time.
- Be clear and concise when providing descriptions; avoid abbreviations and jargon.
- Complete all sections and information on the form relevant to your situation.
- A minimum of one checkbox is required in each section for the online form to process.
- Focus on how your concern impacted performing your minimum regulatory and employer responsibilities and accountabilities.
- Focus on how your concern impacted patient*/staff safety, staffing, workload, and caused risk.
- Describe what occurred, why it occurred, what the impact was on providing care, and how you were unable to uphold your professional responsibilities and accountabilities.
- Describe what steps you took to limit risk and ensure safe, quality care to your best ability.
- Provide recommendations that are specific, reasonable, and appropriate to your situation.
- If there are other SUN Members involved in the same situation, complete one WSR and include their names on the form with their permission.
- Fill out a WSR every time there is a professional practice, workload and/or staffing issue that is not resolved through low-level resolution.
- Expect a call/email from your Local NAC Chairperson and contact from your Manager to collect additional information in preparation for review at the Joint Nursing Advisory Committee meeting.

**The term "patient" is used to reflect patient, client or resident*

QUESTION 3: WHAT DO I NEED TO KNOW ABOUT USING THE PAPER WORK SITUATION REPORT (WSR) FORM?

Answer: The following are a few general tips and recommendations for completing the paper version of the WSR.

WHAT YOU NEED TO DO

- **Remember, the Nursing Advisory Process steps must be followed using low-level resolution:**
 - Identify the concern, situation, or issue that is unsafe, limiting your ability to provide quality care, or why you are unable to meet your professional responsibilities and accountabilities.
 - Try and find a solution with your colleagues on shift and Charge Nurse.
 - If unable to find a solution, contact your Manager/designate to try and find a solution.
- If unresolved after a reasonable amount of time, notify your Manager that a WSR will be completed

- Complete and submit an Online WSR form.
- Complete all areas and sections of the WSR form, sign, and date.
- Include names & signature of other SUN Members completing the form.

SUBMITTING YOUR WORK SITUATION REPORT

- Keep a copy of the WSR.
- Provide a copy of the WSR to your Manager.
- Send the original WSR to your Local, who will keep a copy and send the original to your Nurse Practice Officer (NPO) at SUN Provincial.

ACCESSING THE PAPER FORM

- Copies of the current four-page WSR form are available on your unit/ facility.
- If forms are not available, please speak to your Local Nursing Advisory Committee (NAC) Chairperson or Local President.

COMPLETING THE PAPER FORM

- The online and paper WSR forms are identical in terms of questions and process.
- The Nursing Advisory Process, including utilizing low-level resolution, must be followed.
- Fill out a WSR as close to the incident as possible when your concern was not resolved with your Manager/designate. Do not complete a WSR on work time.
- Be clear and concise when providing descriptions; avoid abbreviations and jargon.
- Complete all sections and information on the form relevant to your situation. A minimum of one checkbox is required in each section.
- Focus on how your concern impacted performing your minimum regulatory and employer responsibilities and accountabilities.
- Focus on how your concern impacted patient*/staff safety, staffing, workload, and caused risk.
- Describe what occurred, why it occurred, what the impact was on providing care, and how you were unable to uphold your professional responsibilities and accountabilities.
- Describe what steps you took to limit risk and ensure safe, quality care to your best ability.
- Provide recommendations that are specific, reasonable, and appropriate to your situation.
- If there are other SUN Members involved in the same situation, complete one WSR and include their names with their permission on the form. Each SUN member should sign the last page of the form.
- Fill out a WSR every time there is a professional practice, workload, and/or staffing issue that is not resolved through low-level resolution.
- Expect a call/email from your Local NAC Chair and contact from your Manager to collect additional information in preparation for review at the Joint Nursing Advisory Committee meeting.

**The term "patient" is used to reflect patient, client or resident*

QUESTION 4: I'M HAVING TROUBLE ACCESSING THE ONLINE WORK SITUATION REPORT (WSR) FORM - WHAT DO I DO?

Answer: The following are a few general troubleshooting tips for common issues with the online WSR.

ACCESSING THE ONLINE FORM

- The online WSR is accessible from main menu on SUN's website (sun-nurses.sk.ca).
- A SUN account is required to access the form.
 - To log into your account you will require your SUN ID # and password.
- Don't have a SUN account?
 - To create an account, you will need to enter the following criteria:
 - » First Name
 - » Last Name
 - » Email Address
 - » SUN ID # from your Membership Card
 - NOTE: In order to create an account, the above criteria must match the information SUN has on file in our Membership Database.
- If you are having difficulty with the online form or do not know your SUN ID #, contact SUN's Database Administrator:
 - Email: database@sun-nurses.sk.ca | Toll-free: 1-800-667-7060
- **TIP:** If you are unable to access the online form, complete and submit a paper WSR.

COMPLETING THE ONLINE FORM

- Before you start an online WSR, you will need your:
 - SUN ID #
 - Password for SUN Online Account
 - Manager's Email Address
- Form won't submit? Double check you have met the following criteria:
 - Minimum of one check box marked in each section.
 - All required fields are completed.
 - Valid email address entered for Manager.

COMMON TECHNICAL ISSUES

Creating an Account

- Information entered does not match SUN Database:
 - Spelling of Name
 - Email Address on File
- Log-In Error
 - SUN ID # does not match SUN Database
 - Password does not match SUN Database

System Update/Maintenance

- SUN Provincial may be conducting an update or maintenance limiting access

Power Outage

- In the event of a power outage in Regina access may not be possible

DO YOU HAVE QUESTIONS OR NEED HELP?

For assistance with technical issues, please contact:

- SUN Database Administrator
 - Toll-free: 1-800-667-7060 OR email database@sun-nurses.sk.ca
 - Hours of Operation: Monday-Friday, 08:00-16:00
- After Hours:
 - Complete a Paper Work Situation Report (WSR)
 - Contact SUN Database Administrator via email; You will be contacted during regular business hours

APPENDIX II: FACT FINDING — TIPS FOR TALKING WITH MEMBERS

If the speaker is a “Compulsive Talker”: You will need to phrase your questions in such a way that will limit the range of responses. Avoid questions that allow the speaker to launch in a lengthy monologue – in this case, use close-ended questions. There may be a time when you ask the speaker to refocus their attention on the main issue – a good way to do this without alienating them in the process is to say “That’s very interesting and I would like to hear more about it if time permits, yet there are points we need to cover if we’re both to profit from our interview. Do you mind if we come back to this and move into the area of ____?”

What about the non-talker?: Use open-ended questions and short probes such as “tell me more,” “Oh?,” “Could you clarify this for me?,” “I’m not sure I follow you there”, “That’s interesting – what makes you feel that way?” Non-talkers may be lacking confidence or experiencing anxiety. If you detect this in the early stages of the interview, spend more time building rapport. Stories about similar experiences or backgrounds between the two of you may help. If you detect nervousness, start your interview with relatively easy questions.

If the person is hostile:

- Your initial response to anger should be one of calm neutrality yet sincere interest.
- Allow the person to speak, register a complaint, etc. uninterrupted.
- Follow up by repeating the facts as you heard them, asking for clarification and probing.
- After you have listened to the facts, do not be afraid to confront the viewpoints if they are founded on incomplete or distorted information.
- Remember, the anger may be directed at you or at someone else. If the anger is directed at you, avoid becoming defensive. After the person has calmed down, strive to understand the nature of the anger or complaint – restate to get clarification.
- If the anger is focused towards you, you may be able to either:
 - See his/her point of view and rectify your own behaviour, or,
 - Provide him/her with your own interpretation and intent of the behaviour.
- Help the person to see the conflict is not between the two of you, but rather between two points of view regarding a specific action or behaviour. An area of objectivity may develop where actions are divorced from personalities. Rational discussion can then replace the emotional exchange.
- If the member’s anger is directed at someone else, remain calm and probe for understanding and clarity. The greatest pitfall during this kind of interview is to “line up” on the side of the person to whom the anger is directed, especially if the anger is directed at a fellow union member.

If, during your conversation, you both agree on the interpretation of the events, determine what you believe should be done about the problem in the short and long term. Determine the next steps and how you plan to address or escalate the situation.

APPENDIX III: WORK SITUATION REPORT (WSR) INVESTIGATION SHEET

APPENDIX IV: LOCAL ESCALATION REFERRAL CHECKLIST

 SASKATCHEWAN UNION OF NURSES		WSR Investigation Sheet		WSR #: _____
LOCAL INFORMATION				
Facility/Agency Name _____		Local # _____		
Prepared By _____		Position _____		
Contact Information	Phone # _____	Email _____		
OUT-OF-SCOPE MANAGER/SUPERVISOR				
Name (Last, First) _____		Designation _____		
Title _____		Phone _____		
Email _____				
FACTS OF THE ISSUES				
1. Unit/Department		2. Shift Details		
		Date (DD/MM/YY) _____		
		Day of the Week _____		
		Shift _____		
3. Issue as Identified by Member				
Is this a trending issue? ☐ Yes ☐ No If yes, please identify: ☐ Systemic issue ☐ Reoccurring at unit level				
4. Discussion with Member				
Date & Time _____				
5. Witness Discussions				
Witness _____		Date & Time _____		
Notes _____				
Witness _____		Date & Time _____		
Notes _____				

FACTS OF THE ISSUE (continued)**6. Root Cause of Issue****7. Impact on Safety/Risk of Harm** (check all that apply)

Patient Safety Actual ☐ Potential ☐
Nurse Safety Actual ☐ Potential ☐

ISSUE TYPE/VIOLATION

- ☐ Reoccurring Event
☐ Breach of Professional Standards/Competencies
 Concept/Competency Impacted _____
☐ Breach of Employer Policies/Procedures/Work Standards
- ☐ Breach of Code of Ethics
☐ Other: _____

SUPPORTING DOCUMENTS *Collect and attach relevant information*

- ☐ Employer Policies
☐ Employer Communication
☐ Communication with Professional Association
- ☐ Shift Schedule/Master Rotation
☐ Other: _____

POTENTIAL RESOLUTION IDENTIFIED BY MEMBER**LOCAL PRESIDENT/EXECUTIVE COMMUNICATION**

Date _____ Time _____
Discussion &
Next Steps

Method ☐ Phone call ☐ Face-to-face ☐ E-mail

CONSULTATION WITH NURSE PRACTICE OFFICER (NPO)

Date _____ Time _____
Discussion &
Next Steps

Method ☐ Phone call ☐ Face-to-face ☐ E-mail

FOLLOW UP WITH MEMBER

Date _____ Time _____
Discussion &
Next Steps

Method ☐ Phone call ☐ Face-to-face ☐ E-mail

DOWNLOAD AVAILABLE

Visit the LEADERSHIP section of the website to print copies of the WSR Investigation Sheet

APPENDIX V: WORK SITUATION REPORT (WSR) STATUS DEFINITIONS



SUN LOCAL ESCALATION REFERRAL CHECKLIST

- ❖ Complete all sections of this form.
- ❖ Collect applicable information before submitting it to your NPO.
- ❖ Retain copies of all supporting information and/or documentation for your Local files.
- ❖ Do not retain or send patient identifiable information with your submission.
- ❖ Following review by your NPO, a meeting will be scheduled to proceed with escalation.

Date of Referral: _____ Referred By: _____

Referral to Nurse Practice Officer (NPO):

- | | |
|--|--|
| ☐ Jessica Brown, RN (Regina) | ☐ Kirsten Pollon, RN, BScN MN (Saskatoon) |
| ☐ Edward LeBlanc, RN (Regina) | ☐ Sara Gerhardt, RN, BScN (Saskatoon) |
| ☐ Kathryn Merk, RN BSN (Regina) | ☐ Carrie Simpson, RN BScN (Saskatoon) |

BACKGROUND INFORMATION

Employer: _____	Facility: _____
Local Name: _____	Local ID#: _____
Unit(s): _____	
Unit Manager(s): _____	Director: _____
Local President: _____	NAC Chair: _____
SUN Board of Directors Representative: _____	

Name of Unit Representatives Participating in Submission & Presentation:

Unit Rep #1: _____	Unit Rep #2: _____
Email: _____	Email: _____
Telephone: _____	Telephone: _____

WORK SITUATION REPORT (WSR) ESCALATION VERIFICATION

Have the WSR(s) been reviewed and/or discussed with your NPO?

- ☐ Yes Date: _____
- ☐ No Please contact your NPO

Has the Local President been advised of the intended WSR escalation?

- ☐ Yes Date: _____
- ☐ No Please contact your Local President

Have all WSRs been presented/discussed at a minimum of two Joint NAC Meetings?

- ☐ Yes WSR Date Range: _____
- ☐ No Please contact your NPO to discuss next steps

Have you created an initial SBAR Report?

- ☐ Yes Begin collecting actionable items for submission listed on the next page
- ☐ No Please contact your NPO

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LOCAL ACTIONABLE ITEMS FOR SUBMISSION

- ☐ Draft SBAR Report
- ☐ Copy of WSRs
- ☐ Copy of WSR Investigation Forms *(if applicable)*
- ☐ Joint NAC Minutes & Supporting Documentation
- ☐ Action Plans & Outcomes
- ☐ Copy of Local Emails/Communication/Information
- ☐ Relevant Employer Policies/Procedures/Work Standards
- ☐ Master Schedules/Rotations (past/current/proposed)
- ☐ Witness Investigation Interview Notes *(if applicable)*
- ☐ Professional/Regulatory Communication
- ☐ Professional Association Position Statements/Standards/Best Practices *(if applicable)*
- ☐ Copy of Incident Reporting Forms (de-identified) *(if applicable)*
- ☐ Acuity Measurement Tool(s), Reports, Outcomes
- ☐ Other Information/Supporting Documentation *(please specify)*
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____

Data & Statistics *(if applicable)*

- ❖ *This information may have been provided or obtained as a part of the review, analysis, or evaluation to find solutions at the Local or Joint NAC meeting(s).*

- ☐ Census/Capacity Data
- ☐ Admission/Discharge Data
- ☐ Readmission/Length of Stay
- ☐ Unit Performance/Outcomes Measures
- ☐ Occurrence Report Summaries *(i.e.: falls, medication, incidents)*
- ☐ Vacancies
- ☐ Junior/Senior Skill Mix
- ☐ Churn
- ☐ Sick Time Usage
- ☐ Overtime
- ☐ Unit/Network Level Data Collection *(please specify)*
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____

☐ Other Data/Statistics *(please specify)*

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____



[DOWNLOAD AVAILABLE](#)

Visit the LEADERSHIP section of the website to print copies of the Local Escalation Referral Checklist

Discussions during a Joint NAC meeting will determine the status of each WSR. The status of each WSR should be clearly documented within the meeting minutes. The following WSR status definitions can be found in the Collective Agreement.

RESOLVED:

The matter is considered resolved when both parties agree to a mutually acceptable solution to the documented issue(s). The solution to the documented issue(s) shall be recorded in the Joint NAC minutes.

UNRESOLVED:

In the event that an item(s) remains unresolved after two meetings of the committee unless mutually agreed otherwise, either party may request and shall have the right to present the item(s) to the Board of the Employer.

TRENDING:

Trending is the collection and analysis of shared data for the purpose of resolving WSR issues. When larger systemic issues are identified within a WSR, for which the parties are unable to reach a resolution, these issues will come off the active agenda and move to Trending. These Trending issues will be collaboratively discussed with the Executive Oversight Committee for potential resolution. Issues remaining unresolved shall be returned to the Joint NAC with recommendations for further discussion and to proceed through the process.

ABEYANCE:

Matters that need further investigation or information will be held until a mutually agreed upon date. Ensure that this is reflected in the minutes as well as the reason why the abeyance is occurring. All items in abeyance remain on the active agenda.

WITHDRAWN:

A WSR may be withdrawn when an issue is no longer relevant. When a WSR is withdrawn, the minutes should reflect that it has been withdrawn.

- If throughout the course of discussions at the Local NAC level or with the broader Joint NAC, a matter is deemed to be no longer relevant or has been resolved through a different mechanism/WSR on file, the WSR in question may be withdrawn from the process.

APPENDIX VI: RUNNING A JOINT NAC MEETING

As per the Joint Nursing Advisory (NAC) Terms of Reference, **meetings shall be scheduled at least once per month** to discuss all WSRs.

Meetings will be jointly co-chaired by SUN and the out-of-scope representative. At your first or next meeting as co-chairperson, determine how meetings will be co-chaired .

TIP:

At your first or next Joint NAC meeting determine how meetings will be co-chaired. For example, SUN will chair every second meeting or other options that are agreeable to both parties.

An agenda of items, including a list of WSRs, shall be circulated to all members of the Joint NAC at **least five business days prior** to each meeting, but this shall not restrict the right to raise issues without prior agenda notice.

TIP:

At your first or next Joint NAC meeting establish a process, including who is responsible, for circulation the agenda. For example, the chairperson, the minute taker, etc.

Minutes of committee meetings shall be recorded, circulated and approved at the next Joint NAC meeting.

TIP:

At your first or next Joint NAC meeting establish who is responsible for recording and circulating the official minutes of the meeting. For example, minute taking may alternate between the parties. When the Union chairs the Employer is responsible for the minutes and vice versa.

Before adjourning, the date, time and location of the next Joint NAC meeting should be confirmed and/or scheduled.

CHAIR THE MEETING

The role of the Chairperson is not to do all the talking, but to ensure the discussion is on track and that everyone who wants to speak has a chance to do so. The Chairperson also ensures the minutes, motions and recommendations are recorded.

Some steps to follow when running a meeting:

- 1. Determine the purpose of the meeting.**
- 2. Develop an agenda and post a meeting notice.** The meeting notice should clearly state the date, time and location of the meeting (see page 39 for a sample agenda). The Collective Agreement states the agenda will be jointly developed and will be circulated five business days prior to the meeting. You may want to include an anticipated time of adjournment.
- 3. Arrive early** and get yourself organized.
- 4. Start the meeting on time** by saying, "I call this meeting to order."
- 5. Adoption of the agenda.** This is a chance for others to add topics to the agenda. The Chairperson calls for a motion to accept the agenda as presented or as amended.
- 6. Reading and adoption of the minutes of the last meeting.** Ask if there are any errors or omissions. Again, the Chairperson calls for a motion to accept the minutes of the last meeting as read, circulated or as amended.
- 7. Discussion and documentation of WSRs forward to the Committee.** Discussions relating to the outcome and progress of issues raised through the filing of a WSR and/or progress made regarding WSRs raised at the previous meeting. Next steps/action items or recommendations providing direction should be made and recorded in the minutes.
- 8. Next meeting.** If not already scheduled, the next meeting date, time and location should be set before the current meeting adjourns.
- 9. Adjournment.** It is a good practice to set an agreed-upon time to end the meeting. Adjourn at or before then. Members will be encouraged to attend future meetings when they know they are well organized and efficiently chaired. A motion is required to adjourn a meeting.

CREATING AN AGENDA

An effective agenda sets clear expectations for what needs to occur before and during a meeting. It helps team members and management prepare, allocates time wisely, quickly gets everyone on the same topic, and identifies when the discussion is complete.

Components of an effective agenda:

- Meeting time and date
- Meeting location
- Local name and number, facility name
- Meeting participants
- Additions or deletions from agenda
- Approval of agenda
- Additions or deletions from previous minutes
- Approval of previous minutes
- Materials required for review
- Next meeting date

Nursing Advisory Committee Meeting Agenda

[EMPLOYER NAME] and SUN Local [XX]

[DATE]

Attendees: _____

Employer: _____

SUN: _____

Chairperson: _____

Recorder: _____

1. Introductions
2. Call to order
3. Approval of agenda
4. Approval of minutes
5. Review of NAC process
6. First Meeting WSRs:
 - WSR # _____
 - Etc.
7. Second Meeting WSRs:
 - » WSR # _____
 - » Etc.
8. Next meeting date and time
9. Adjournment

TIPS FOR DEVELOPING AN AGENDA

- Seek input from your Local NAC members.
- Estimate a realistic amount of time for each topic.
- Propose a process for addressing each agenda item.
- Identify who is responsible for leading each topic.
- Make the first topic “review and modify agenda as needed.”

TAKING MINUTES

Minutes reflect the dialogue that occurred during a meeting and are a tool to ensure action items are followed up on. It is recommended meeting minutes follow the outline created by the agenda. It must be determined at the beginning of the meeting who is assuming responsibility to take and circulate official meeting minutes.

Discussion in the minutes should be broadly documented, whereas verbatim documentation is required for recording motions or resolutions. The mover and seconder of any motions or resolutions must be recorded, as must the outcome of any vote.

COMPONENTS OF EFFECTIVE MINUTES

- Meeting time and date
- Time meeting called to order
- Meeting location
- Local name and number, facility name
- Meeting participants
- Additions or deletions from the agenda
- Motion to adopt the agenda
- Additions or deletions from previous minutes
- Motion to adopt previous minutes
- Materials discussed
- Action items and responsible party
- Next meeting date
- Time meeting adjourned

NOTES VS MEETING MINUTES

Meeting minutes capture the essential information of a meeting. The name of the meeting, the date, who was present, who was absent, start and end times, motions made, who seconded them, the outcome of the motion, action items, and a brief description of the discussion. Minutes will be shared and be subject to approval by the parties in attendance at the next meeting.

Notes are your expanded version of what occurred at the meeting. These written records are used by you to help you remember the discussion and by others to gain a better understanding of what was discussed, important quotes, the tone, etc.

APPENDIX VII: ESTABLISHING A COLLABORATIVE WORKING ENVIRONMENT

Ensuring there is open, honest, and transparent two-way communication between the Employer, the registered nurses and amongst the Joint NAC will be key to fostering a strong, positive and productive Joint NAC process.

The Joint NAC Process is intended to be a collaborative approach to problem-solving, involving SUN members and management working together. Using the goals, parameters and principles outlined in Appendix “D” of the SUN/SAHO Collective Agreement, the Joint NAC will work together to resolve issues of mutual concern to ensure patient safety.

Moving to a collaborative problem-solving environment may take some time. Setting some ground rules at your first or next meeting which describe what the expectations are for the Joint Committee will help build a focused and effective Committee.

The best ground rules come from the members of the Committee as they will meet the particular needs and challenges of the Joint Committee. Once ground rules are established, Committee members should agree to abide by them, enforce them and refine them when necessary.

Here are some sample ground rules to help you get started.

- Everyone participates; no one dominates.
- Try hard to understand the views of those with whom you disagree.
- Keep discussions focused.
- It is okay to have a friendly disagreement.
- No cell phones.
- Ability to call a time out.
- Be on time.
- Quorum is at minimum two SUN members and two committee members representing management.
- The structure of the Joint NAC must follow the parameters identified in the Collective Agreement.
- Equal representation of SUN members and management is an expectation.

CONFLICT RESOLUTION

Conflict occurs when there is an increased level of emotion attached to the discussion. Here are some tips to consider when you react or someone else reacts negatively to a statement that is made:

- Respond with a thoughtful question.
- Paraphrase back what you heard.
- Count to ten.
- Try to understand why the statement evokes such a strong reaction.
- Try not to use negative body language, facial expression or sounds.
- Try to keep an even tone.
- Request a short break.

APPENDIX VIII: COLLECTIVE AGREEMENT — ARTICLES 56 & 57

ARTICLE 56 - NURSING PRACTICE

56.01 The Employer shall provide a working environment consistent with nursing standards, practices and procedures.

56.02 The Employer shall have in place nursing policies and procedures which are consistent with the professional associations standards of practice and legislation that applies to Registered Nurses and Registered Psychiatric Nurses. Where educational needs arise from new nursing practices or procedures, the employer shall provide such education during Employees regular hours of work.

56.03 (a) Where an individual Employee or group of Employees have cause to believe that they are being asked to perform more work than is consistent with proper client care, **or to perform work in violation** of their professional responsibilities, **they shall first discuss concerns with co-workers/team and In-Charge nurse on the unit, as provided in the Algorithm Chart for the Joint NAC Process (Appendix B).**

(b) If the issue is not resolved, the registered nurse will notify the out-of-scope Manager or On-Call Manager/designate of the situation for further discussion and timely resolution. Notification may include a face-to-face discussion or a telephone call.

(i) If the issue remains unresolved, a SUN Work Situation Report (WSR) will be filled out; or

(ii) If no Manager or On-Call Manager/designate is available, a voice message will be left or email will be sent and a WSR filled out.

(c) The WSR gets filed with the Local and the Manager/designate. The Local provides a copy to the Union.

56.04 It is the Employer's responsibility to follow up within 96 hours of notice under 56.03(b). If not resolved, the WSR will be discussed at the Joint Nursing Advisory Committee Meeting with the Employer.

56.05 Professional Standards

Employers will endeavour to provide necessary staffing to ensure safe care. If and when, in the professional opinion of the Registered Nurse or Registered Psychiatric Nurse at the point of care, there is insufficient staffing to provide safe, competent nursing care, the RN or RPN has an obligation to immediately report the situation to a Supervisor.

If the Employer agrees with the opinion of the Employee(s), the Employer shall endeavour to either provide the necessary staffing to ensure safe competent care, or if possible, transfer the client to a care area where safe nursing care can be provided.

If the Employer disagrees with the opinion of the Employee(s) or is unable to provide the necessary staffing to ensure safe, competent care, or transfer the client, an expedited alternative to a formal **WSR** shall be implemented as follows:

The Employee(s) and the Supervisor shall immediately identify options for resolving the issue, attempt to reach a consensus and implement the agreed upon measures without undue delay.

Where a consensus cannot be reached between the Employee(s) and the Supervisor on a preferred course of action, or where resolution is unavailable at the unit level, the employee may provide a written statement within 24 hours, to the supervisor, identifying which professional standard has not been met in his/her professional opinion. The Supervisor shall provide a written response to the employee(s) within 24 hours of receiving the written statement regarding that determination and outlining care delivery directives regarding the reported concerns.

In the event the Supervisor is unavailable, the Employer designate shall provide interim direction to the Employee(s) to be effective until the Supervisor can provide written direction at the earliest opportunity.

56.06 The Employer shall not penalize, harass or discipline an Employee who submits a **WSR**, and a Union representative shall, at the Employee's request, be present during discussions with the Employee regarding **the WSR**.

56.07 If a nursing professional association wishes to audit the nursing practice environment at the operations of an Employer, the Employer shall disclose the information relevant to the nursing issues to be reviewed.

ARTICLE 57 - NURSING ADVISORY COMMITTEE

57.01 At either party's request a Joint Nursing Advisory Committee (NAC) in each Facility/ Agency shall be established to review and make recommendations relative to client care including staffing for nursing practice based on client needs and other matters of mutual concern. A Regional and/or multi facility **Joint NAC** shall be implemented upon mutual agreement of the parties. It is understood that matters expressly provided for in the Collective Agreement shall not be deemed appropriate subjects for discussion by the Committee.

57.02 The Joint NAC is intended to be a collaborative problem solving mechanism involving SUN members and management working together. Using the goals, parameters and principles outlined in the Collaborative Problem Solving Process document, as per Appendix D, the parties will work together to resolve issues of mutual concern to ensure patient safety and registered nurse safe practices.

The Joint NAC will review, resolve and/or make recommendations regarding WSRs which are not resolved at the unit level.

57.03 The Joint NAC shall be comprised of equal representation as appointed by the parties and shall include:

(a) SUN Representatives

- (i) Base Hospital: Six members to be appointed by SUN.
- (ii) Regional Hospital: Four members to be appointed by SUN.
- (iii) All other Facilities/Agencies: Two members to be appointed by SUN.
- (iv) Regional and/or Multi-Facility: One member per facility or agency with a minimum of two members appointed by SUN.

(b) Unit Level Manager(s) of the units under discussion

(c) Other Out-of-Scope Representatives

(d) Resource Personnel, as determined by the parties

57.04 Meetings will be jointly co-chaired by SUN and an Out-of-Scope Representative. These positions should be for a one year term.

57.05 A jointly prepared agenda of items, including a list of WSRs, shall be circulated to all members of the Joint NAC at least five business days prior to each meeting, but this shall not restrict the right to raise issues without prior agenda notice.

57.06 Minutes of committee meetings shall be **recorded**, circulated and approved at the next Joint NAC meeting.

57.07 Joint NAC meetings will adhere to the terms of the SUN-SAHO Collective Bargaining Agreement, and to the mutually agreed upon reference documents (Algorithm Chart for the Joint NAC Process [Appendix IX], Joint NAC Terms of Reference [Appendix C], Collaborative Problem Solving Process for Joint NAC [Appendix D], Joint NAC Process Definitions [Appendix E] and Terms of Reference for the Provincial SUN-SAHO NAC Executive Oversight Committee [Appendix F]) for the meetings.

57.08 Unresolved, **Trending** or **items in Abeyance** shall be reviewed as provided in the **NAC Process Definitions, Appendix E.**

57.09 Meetings shall be scheduled **at least once a month unless the co-chairs mutually agree there are no agenda items.** A WSR that was submitted and resolved prior to the date of the committee meeting shall be filed with the Joint NAC for information purposes.

57.10 In the event **the Joint NAC is unable to resolve** an item after two meetings, unless mutually agreed otherwise, either party may request and shall have the right to present the item(s) to the Board of the Employer.

The Board of the Employer shall meet within 60 days of receipt of the notification unless mutually agreed otherwise.

57.11 The Board of the Employer shall reply to the **Joint NAC** in writing within thirty 30 days **of the meeting**, specifying the action(s) it is prepared to take in respect of the item(s) referred to it.

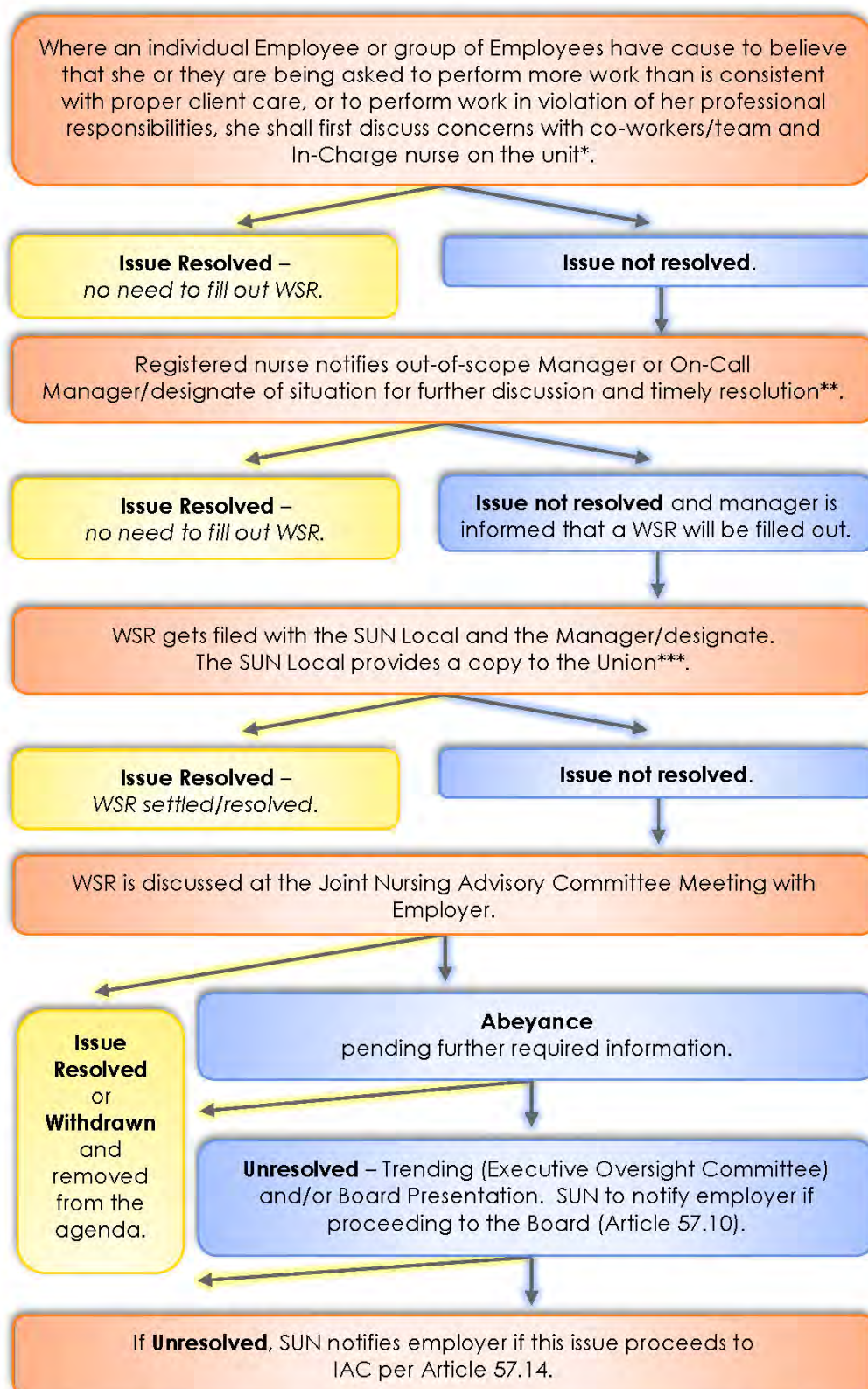
57.12 Employee(s) who are required as per **Article 57.03**, to attend Joint NAC meetings and/or meetings of the Board shall be released from duty with no loss of pay.
Employees who are not scheduled shall be paid at regular time to attend Joint NAC meetings and/or meetings of the Board.

Recognizing patient need as the primary consideration, SUN committee members, as above, who are participating in Joint NAC meetings and/or meetings of the Board may be replaced.

57.13 Committee members shall have access to all relevant policies, procedures, data and information affecting nursing practice and shall consider relevant research to guide decision making.

57.14 Where in the opinion of SUN, the reply from the Board of the Employer is unsatisfactory, the items related to work load may be referred by SUN to an Independent Assessment Committee (IAC) within 15 days of the reply of the Board.

APPENDIX IX: ALGORITHM CHART FOR THE JOINT NURSING ADVISORY PROCESS



* The proactive process to resolution should include department/unit huddle, key discussions with coworkers, addressing staff shortages/workload issues with management. Resolution may include attempting to find more staff subject to criteria as per Article 9.03.

** Notification may include a face-to-face discussion or a telephone call. If no Manager or On-Call Manager/designate is available, a voice message is left or email will be sent and a WSR filled out.

*** It is the manager's responsibility to follow up within 96 hours of notice under Article 56.03(c). (Article 56.04)

