**DISCLAIMER:** The following document references “health regions”. Given the amalgamation of the 12 health regions into a new single Provincial Health Authority, we recognize “health regions” will no longer exist.

At the time of publication, the structure of the new Provincial Health Authority, and subsequently how said structure will change the Nursing Advisory Process, was unknown. When those details become available, Locals and Nursing Advisory Committee Chairs will be notified and the Manual will be updated.
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**Section 4: Reference Material**

NOTE: The information provided in this manual references articles and Appendices in the SUN/SAHO Collective Agreement. Please refer to your Collective Agreement to review the articles noted in full context of the language.
SECTION 1: The Process

Process Highlights

Rooted in a foundation of transparency, accountability, respect and open communications, the new Joint Nursing Advisory Committee (NAC) Process is designed to take a proactive and collaborative approach to concerns regarding patient safety and safe nursing practice. Throughout development, the parties focused on setting goals and parameters to keep the NAC process moving forward in a timely, positive and productive manner.

Our shared goals in developing a new collaborative process focused on ensuring patient safety concerns; providing an environment to meet professional standards and allow for safe practice; fostering quality care improvements; and supporting decision-making based on evidence informed, best practices.

The methodology and principles behind the new process place emphasis on administrative fairness; supporting a non-judgemental and non-punitive method to raise and address concerns; providing a means for open communication; and ensuring a respectfully and mutually beneficial relationship.

A key tool for success built into the new process, will be the ability for registered nurses and nursing managers to engage in low-level discussions and two-way communications to resolve issues in real time based on the needs and acuity levels of the patients.

Focused on removing barriers to success within the process, the parties have developed a clear and concise algorithm to guide both registered nurses and nursing managers through the entire process. In addition, a newly re-designed SUN Work Situation Report (WSR) form has been developed to capture additional information required to guide evidence based practice and to track on-going issues to allow for a more collaborative, consistent and system-wide approach to on-going issues.

Uniform application of the process will be vital to ensuring issues are addressed in a timely, effective and proactive manner. To ensure an evidence-informed practice continues to guide the process from start to finish, a newly developed Management WSR Information Form has been designed to guarantee that a consistent approach, province wide, is taken when addressing WSRs.

The Executive Oversight Committee will play a key role in addressing trending or reoccurring and larger systemic issues, as they offer an additional level of support and provide guidance on the development, implementation, monitoring and continued evaluation of the Joint NAC process.

New to the NAC process, tracking trending issues is viewed as an effective and beneficial way for all parties to collect meaningful data, conduct proactive evidence-based planning and mitigate reoccurring issues. Unique or one-time occurrences resolved using low resolution approaches would not be considered trending issues and would not require a WSR to be completed. However, instances resolved through low level resolution yet reoccur at a predictable or high rate of frequency should be recorded on a WSR and marked as trending to be moved forward to the Executive Oversight Committee for review and recommendation.
2 | Low Level Resolution - What Is It & When Do We Use It?

The primary focus of the Joint NAC Process is to find appropriate resolution to patient safety and nursing practice concerns utilizing low level resolution actions and/or through discussions with the Manager/designate at the time of the incident.

As the initial step in the Joint NAC Process, understanding low level resolution and its limitations, are key.

What Is Low Level Resolution?

Low level resolution is an approach used to address common issues/concerns or solve problems in real-time, at the point of the incident, opposed to flagging the area of concern to be dealt with at a later time or refer to senior management.

Low level resolution is an approach that registered nurses take to address immediate issues on a daily basis through work reassignment or unit level huddles. Many units and Locals have effectively transferred this approach into their strategies for addressing professional practice issues as well. The Joint NAC Process, now formalizes this approach as part of the process as a means to establish a tangible, effective and solutions based process to resolving issues in real time.

Addressing issues in real-time, at the time of the incident, should result in more effective, timely – if not immediate – and less adversarial problem solving and therefore reduce the need for members to file WSRs. The exception being for those on-going incidents that fall under the category of trending, while the immediate issue maybe resolved, it should be documented as a means of achieving an effective and meaningful solution to those higher level, systemic issues.

Utilizing a low level resolution approach can:

- address issues in a timely manner and, in time, provide sustainable results based on evidence informed best practices;
- foster new relationships between SUN members and the Employer and strengthen or improve previous relationships;
- improve communication on the unit or in the facility/agency within the nursing team and with the Employer; and
- provide registered nurses with the opportunity and ability to be part of the solution, at the forefront of the issue.

Low level resolution is a collaborative method in which to provide short-term resolution to an issue in order to offer immediate (real-time) results to address patient safety or safe nursing practice concerns for a particular situation. Low level resolution approaches are not meant to be adversarial or to tackle larger systemic issues which require a long-term plan and appropriate costing.
What Does Low Level Resolution Look Like?

For each facility or agency, how you approach low level resolution will be unique based on how your unit/facility/agency operates, the structure of your nursing and/or healthcare team, the physical set up of your unit/facility/agency, how the nursing and/or healthcare team communicates with Management, and for some, even their geographical location(s) within the Health Region will play a factor in how a situation is approached.

A key component to utilizing low level resolution successfully, is open, honest and two-way communication. Taking a reasonable and collaborative approach to addressing issues will go a long way in reaching the shared goals of patient safety, safe practices, and quality patient care improvement in a productive and efficient manner.

Some examples of low level resolution approaches include, but are not limited to:

- At the time of the incident, gather the nursing team for a unit/department huddle to discuss the issue and develop an interim plan to address the problem presented at that moment.
- Discussing the issue with the Charge Nurse to find an appropriate and safe solution that meets the needs of the patient and the nursing team.
- Communicating with the RN manager/supervisor to identify the issue and present a possible solution to address the immediate need.
- Formulating a plan to re-prioritize workload, postpone tasks or call other units for assistance to provide short term relief.

On occasion, the more complex issues may not be able to be resolved utilizing unit based low level resolution and may require escalation within your organization, facility, or region. In such instances, low level resolution can continue through conversation with the Manager or On-Call Manager/designate for the unit/facility/agency.
The following is a flow chart which outlines each step of the agreed to process for the Joint Nursing Advisory Process.

Where an individual Employee or group of Employees have cause to believe that she or they are being asked to perform more work than is consistent with proper client care, or to perform work in violation of her professional responsibilities, she shall first discuss concerns with co-workers/team and In-Charge nurse on the unit*.

** Issue Resolved – no need to fill out WSR.**

Registered nurse notifies out-of-scope Manager or On-Call Manager/designate of situation for further discussion and timely resolution**.

** Issue Resolved – no need to fill out WSR.**

Issue not resolved and manager is informed that a WSR will be filled out.

WSR gets filed with the SUN Local and the Manager/designate. The SUN Local provides a copy to the Union**.

** Issue Resolved – WSR settled/resolved.**

Issue not resolved.

WSR is discussed at the Joint Nursing Advisory Committee Meeting with Employer.

** Abeyance pending further required information.**

Unresolved – Trending (Executive Oversight Committee) and/or Board Presentation. SUN to notify employer if proceeding to the Board (Article 57.10).

If Unresolved, SUN notifies employer if this issue proceeds to IAC per Article 57.14.

* 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]
Executive Oversight Committee

Appendix F of the SUN/SAHO Collective Agreement - page 179

It is important to recognize that not all issues may be resolved through low level resolution approaches and at times, the Joint Nursing Advisory Committee, will exhaust all options available to them in an effort to resolve issues concerning patient safety or safe nursing practice.

The Executive Oversight Committee exists to provide senior level support and oversight for the Joint Nursing Advisory Committees. The Executive Oversight Committee is to provide guidance on the development, implementation, monitoring and evaluation of the Joint NAC process. In addition, the Executive Oversight Committee shall assist in removing barriers to success.

There are (3) primary streams or mechanisms which warrant an issue being forwarded to the Executive Oversight Committee:

1) A trending issue.
2) The Joint NAC has exhausted all options in an attempt to resolve the issue.
3) Through the Joint NAC the parties agree to disagree on how to resolve an issue.

When referring an item to the Executive Oversight Committee, it is recommended the parties submit a joint referral, in writing, and shall include:

1. identification and analysis of the issue in the form of a Situation-Background-Assessment-Recommendations Tool (SBAR);
2. one recommendation from each party for resolve; and
3. the SBAR, supporting materials, information, data, etc., for review.

If there is no resolve following the Executive Oversight Committee’s recommendation, or resolution to the issue is beyond scope of the Executive Oversight Committee, then the issue can be referred to the Board of the Employer (Health Region) by either party.

*Please refer to the Executive Oversight Committee Terms of Reference posted to the Professional Practice section of SUN’s website, for additional information on preparing a referral to the Committee.*

Independent Assessment Committee

Under Article 57.14 of the SUN/SAHO Collective Agreement, SUN retains the ability to advance an issue to an Independent Assessment Committee, should the response from the Board of the Employer be unsatisfactory.
5 | Joint NAC Process Definitions

As presented in Appendix E of the SUN/SAHO Collective Agreement—page 178

**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 (2) 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 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 resolve. 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.
In the interest of patient safety and safe nursing practice, as per Articles 9.03, 56 and Appendix B of the SUN/SAHO Collective Bargaining Agreement, SUN and the Employer/SAHO, have agreed to a proactive process to low level resolution to address concerns raised which involve:

- Nursing Practice Concerns
- Safety of patients and registered nurses
- Workload/Staffing Levels/Patient Acuity
- Other factors which negatively affect patient care

1 | When In The Process Is A WSR Filed?

Knowing when to file a Work Situation Report (WSR) form is key to utilizing the process properly. The Algorithm Chart developed outlines the flow and steps of the Joint Nursing Advisory Process.

Under the Joint NAC Process, a WSR is completed for two (2) reasons:

1) An issue is not resolved at the facility/unit level through low level resolution action OR through discussions with the Manager/designate. OR

2) The issue is resolved through low level resolution or Manager/designate discussions BUT is an on-going or trending issue which happens at a somewhat high frequency or predictable rate.
Problem Solving Process

Understanding the right steps to take, what actions to engage in at which step, and when to complete a WSR under the Problem Solving Process can be confusing to members unfamiliar with the Joint NAC process.

When utilizing the Joint NAC Process, there are four (4) key steps in the Problem Solving Process for members to adhere to prior to the issue being addressed by the Joint NAC.

The following is a breakdown of those four (4) steps:

STEP 1: LOW LEVEL RESOLUTION

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

WHAT DOES THIS MEAN??
Low level resolution is intended to provide registered nurses with the ability to address concerns impacting patient safety and nursing practice in real-time.

Working with members of the nursing team and the In-Charge Nurse available at the time of the incident, registered nurses have the ability to determine reasonable solutions to meet patient needs.

If discussions at Step 1 do not result in effective resolution of the incident, members proceed to Step 2.

STEP 2: NOTIFICATION OF MANAGER OR DESIGNATE

IF THE ISSUE IS NOT RESOLVED:

The registered nurse notifies the Manager or On-Call Manager/designate of the situation for further discussion and timely resolution. Resolution may include attempting to find more staff subject to criteria as per Article 9.03.

9.03 If additional staff are necessary and no registered nurse management personnel are available, the registered nurse designated in charge shall have the authority to call such additional staff subject to criteria established by the Employer in consultation with the registered nurses in the work Unit. In the event the Employer has not established criteria, the registered nurse shall have the authority to call additional staff that in her professional opinion are necessary.
NOTE: If you require additional guidance or information regarding Article 9.03, please contact your Nurse Practice Officer (NPO).

WHAT DOES THIS MEAN??
Step 2 provides an additional opportunity to resolve issues in real-time. Registered nurses are required to discuss the issue with their Manager/designate either in person or via telephone conversation in an attempt to find a quick and effective resolution.

If, after the discussion, the issue is still unresolved or only partially resolved, a WSR should be filed. At this time, the member needs to advise the Manager/designate that a WSR will be filed.

If members are not able to communicate directly to a Manager/designate, a voice mail is left or an email sent identifying the issue, steps taken, and that a WSR will be filed.

STEP 3: WSR REPORT COMPLETED
The WSR gets filed with the SUN Local and the Manager/designate. The SUN Local provides the original copy to the Union.

WHEN FILLING OUT A WSR....
- Complete all applicable sections; provide additional detail when/where applicable.
- Maintain confidentiality of the issue by avoiding specific/personal details about a patient.
- Stick to the facts by presenting a neutral, fact based statement free of emotion or embellishment.
- Don’t forget to provide solutions to avoid the issue recurring in the future. (This piece is required.)
- Don’t forget to sign the form!
- It is the Member’s responsibility to provide the Manager/designate with a photocopy or emailed copy of the WSR.
- Don’t forget to keep a copy of the completed form for your records.

If members require additional support in completing a WSR, they are encouraged to speak to their Nurse Practice Officer (NPO).

STEP 4: MANAGER TO FOLLOW UP WITHIN 96 HOURS OF NOTICE
56.04 It is the Employer’s responsibility to follow up within 96 hours of notice. If not resolved, the WSR will be discussed at the Joint Nursing Advisory Committee meeting with the Employer.

Monitor and keep track of your Manager’s response(s) and timelines. If you are noticing a trend where the Manager is not responding within the 96 hour window, raise the issue at your next scheduled Joint NAC meeting.
What Is Trending? How Do We Recognize It?

The Joint Nursing Advisory (NAC) Process relies on the registered nurses’ responsibility to coordinate care using nursing knowledge, skills and judgement to troubleshoot issues which impact patient safety or safe nursing practice. It is through this assessment of the situation that a registered nurse will identify if an issue can be resolved through low level resolution actions, if the issue is a one-time occurrence, or if the issue is on-going or trending issue.

“Trending” is defined as instances resolved through low level resolution yet reoccur at a somewhat predictable or high rate of frequency; such instances should be recorded on a WSR and marked as trending. In such instances, the member(s) completes a WSR and marks the issue as trending and refers the issue to the Joint NAC and/or Executive Oversight Committee.

Unique or one-time occurrences resolved using low resolution (Step 1 or Step 2 of the process) would not be considered trending issues and filling out a WSR is not recommended.

Trending Themes

The field of healthcare can be overwhelming, chaotic and unpredictable at times which can make it difficult to determine what instances could be considered “trending”. The following is a list of concepts which could be considered as a “trending” issue. Please keep in mind this is not an exhaustive list; registered nurses should use their professional judgement to determine if an instance should be deemed as “trending”.

1 Maintenance of Baseline Staffing

- This theme would reflect situations where the patient compliment is normal; however, the unit/facility/agency is working short staffed or below baseline staffing.
- Working short staffed or below baseline could be a result of failure to replace for leaves of absence, vacation leaves, or short-calls (sick calls) to list a few examples.

2 Workload or Overcapacity

- This theme reflects situations were a unit/facility/agency has regular baseline staffing available but has more patients, or patients with higher acuity levels, then the nurses on shift can manage.
- A few examples would include, but not limited to, caring for patients in the waiting room or hallway, or inappropriate staff-mixes based on patient acuity, complexity and needs.

3 No Registered Nurse

- This theme captures situations where a unit/facility/agency does not have a registered nurse assigned, as part of the regular nursing compliment, to coordinate care, complete patient assessment and the assignment of care, and/or provide direct patient care.
Tracking Ongoing Issues
To assist Locals in keeping track of on-going issues on a unit or in the facility, SUN has developed an internal tracking form (for local use only). This document is intended to provided locals or members with a tool to document issues and keep a record of their status under the Joint NAC Problem Solving Process without unnecessarily using a WSR form.

4 | Supporting Members When Completing A WSR

It is understandable that situations which involve patient safety or safe practice concerns can become emotional or difficult to express.

When supporting members in dealing with an issue of patient safety or safe nursing practice, members should be reminded that they have a professional obligation to raise their concerns and to use their professional judgement, knowledge and skills to identify when to file a WSR and/or if the situation is a trending/on-going issue.

- **If a WSR is filed, as per Article 56.06 of the SUN/SAHO Collective Agreement, the Employer shall not penalize, harass, or discipline an Employee who submits a WSR. If members are encountering Employer resistance, or have concerns regarding Employer conduct, following the submission of a WSR, members should contact their Nurse Practice Officer (NPO).**

Effectively communicating the issue through the use of a WSR can become difficult when frustration, fear, passion and other strong emotions become involved. In order to avoid additional conflict, it is important to remind members to:

- Be **objective** and **factual**
- Focus on **seriousness** of situation
- Don’t embellish and dramatize – be **clear** and **concise** when providing a description
- Maintain confidentiality of the issue by avoiding specific/personal details about a patient.
- Provide recommendation on how to address the problem.

It is equally important to remind members to:

- Keep emotions, dramatization or sarcasm out of the documentation
- Don't blame or disrespect others
- Don’t try to rationalize

**TIP |**

Registered nurses should be completing a WSR as soon as possible. Registered nurses should use their discretion as to the most appropriate time to complete the form. It is acceptable to fill out a WSR during a break or at the end of a shift; it is not acceptable to do so in the middle of a crisis.
5 | Understanding & Completing A WSR Form

Understanding the overall process, is the first step. Understanding how to properly document concerns on a Work Situation Report (WSR) form, is the second and equally critical step in the process.

The following is a breakdown of the WSR form to assist in understanding the form and the goals and objectives of each section.

Tracking Number: This number is assigned by SUN Provincial and is unique to each WSR; this number is not Local specific. This number is to be referred to by the Local NAC, the Employer/Manager, and SUN Provincial; therefore, Locals are not to assign a different tracking number or alter the number assigned to the WSR; nor are they to photocopy blank forms to use as official WSRs. The tracking number is to be referenced in all formal correspondence, meeting agendas and minutes, etc. where the WSR/issue is being discussed.

Staffing Mix: Intended to provide a snapshot of what the staffing levels were for the particular situation. Include the baseline staff, staff present during shift, and what staff was required to meet the needs of the patient/client census.

Patient/Client Census: Intended to capture the number of patients/clients requiring care/affected during the incident. The top section reflects acute care situations; bottom section reflects home care/public health.

RN/RPN to Patient ratio: Please provide the number of patients the RNs are caring for or are overseeing the care for. (Example: 32 patients 4 RN/LPN teams. Ratio is 1:8, RN to patient)
STEP 1: Low Level Resolution

- This section provides a space to identify actions taken in an attempt to find a low level resolution.
- The check boxes provided are only suggestions; members should use the OTHER field if required.
- This is also where a member would identify if the issue was on-going or “trending”.
  - Trending is defined as “instances resolved through low level resolution yet reoccur at a predictable or high rate of frequency, should be recorded on a WSR and marked as “trending”. Unique or one-time occurrences resolved using low resolution would not be considered trending issues and do not require a WSR to be completed.

![STEP 1: DESCRIBE THE ACTIONS TAKEN FOR LOW LEVEL RESOLUTION]

STEP 2: Notification Of Manager

- This section is to identify the method in which the Manager or On-Call Manager/designate was contacted regarding the issue and their response. If the Unit has established criteria under Article 9.03 and said criteria was utilized to call in staff, it should be documented under Step 2.
- When identifying which staff was called in as per Article 9.03, members should identify the designation (RN, LPN, CCA, etc), not the individual’s names.

![STEP 2: NOTIFICATION OF MANAGER OR DESIGNATE]

Describing The Incident

- When a WSR is required, the member will be asked to answer a series of questions on the form by way of check boxes (see below). The questions are designed to focus on the environment and professional barriers, as well as factors that may have prohibited them from providing safe patient care or meeting their professional standards.
- Members should check all boxes that apply to the situation and only check off what is known to be factual.
- The check boxes provided are suggestions for the details to report. Where applicable, members should use the “additional details/other” fields provided.

### EXPLANATION OF WHAT MADE YOUR SHIFT UNSAFE? (choose all that apply and provide additional detail if required)

- Too many patients
- Wrong skill mix (i.e. need RN, LPN or 1:1)
- Inability to monitor, observe or check patient(s)
- Nursing code of ethics breached or risk of breach
- Physician related concerns
- Leaves not replaced
- Isolation precautions
- Supports not available (management, PT, SW, etc.)
- Additional details/other: (please specify below)
- High acuity
- Not enough qualified staff/Jr. Sr. mix
- Inadequate orientation/training/equipment
- Staff safety concerns
- Physical layout of facility/unit
- Non nursing duties
- Patient negative outcome, harm or incident
- Equipment/supply issues
- Workload

### NURSING STANDARDS AND FOUNDATIONAL COMPETENCIES BREACHED, NOT MAINTAINED OR POTENTIAL FOR?

- SRNA Standards
- CNA Code of Ethics
- National Standards
- RPNA Standards
- Employer/Region Policy
- 24 Hours RN/RPN Coverage

Please provide additional detail including the specific reference:

### HOW WAS THE UNSAFE SITUATION RECTIFIED? (choose all that apply and provide additional detail if required)

- It was not rectified
- Obtained correct skill mix of staff
- Closed the unit to admissions/bed closed
- Ongoing issue for further monitor (please explain below)
- Obtained correct number of staff
- Refused assignment/I was reassigned
- Provided the necessary training/preceptor
- Additional details/other: (please specify below)

### WHAT IMPACT DID THIS HAVE ON PATIENT CARE? (Choose all that apply and provide additional detail if required)

- Increased length of stay for patient(s)
- Negative outcome, harm or incident (i.e. fall, med error)
- Patient(s) left without being seen
- Delayed or cancelled treatment or programming
- Incomplete discharge planning/teaching
- Additional details/other: (please specify below)
- Inability to answer call lights
- Incomplete admissions
- Incomplete assessments
- Inadequate patient pain management
- Inability to give or receive report
- Inability to practice safe patient care

### ACTION TAKEN (choose all that apply and provide additional detail if required)

What action(s) did you take or will take, to continue to advocate for your patients?

- Repeated phone calls to Manager
- Worked shift without assistance
- Notify nurses on next shift
- Notify On-Call Manager
- Stop the line
- Additional details/other: (please specify below)
- Unit/bed closure
- Contacted SUN Provincial
- Contacted SRNA/RPNA/CNPS
- Notify Local
- Occurrence/Safety Report # ____________

Providing Additional Details/Commentary
• This section is the registered nurses’ opportunity to describe the situation in more detail or provide additional information not captured through the check boxes.

**BRIEFLY DESCRIBE THE INCIDENT**

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**Providing Solutions**

• Registered nurses completing a WSR are required to provide their suggested solutions to resolve the issue and to prevent future re-occurrences. The form may be considered incomplete if solutions are not provided.

• Solutions provided by bedside nursing staff are considered invaluable by the Local and Management and will aid in facilitating positive, solution focused discussions.

**HOW CAN THIS ISSUE BE RESOLVED IN THE FUTURE? (please provide details and examples of your solutions)**

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**Signatures**

• Signatures of the SUN members listed in the opening section of the form are required to complete the form. Contact information is required for follow up purposes.

**SIGNATURE OF NURSE(S)**

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Step 3: Completing/Filing The WSR

- Once completed, it is the Nurses’ responsibility to get copies of the form to the Local and the Manager/designate. The registered nurse may provide a photocopy or a scanned version emailed to the Manager/designate.

- Original form goes to the Local.
  - The Local takes a copy of the form for their records and sends the original copy to SUN Provincial.
  - The form may be emailed to SUN Provincial at WSR@sun-nurses.sk.ca or mailed to:
    - SUN Provincial
    - RE: Work Situation Report
    - 2330 2nd Avenue
    - Regina, SK S4R 1A6

- Members should keep a copy for their records.

---

Step 4: Notification Of Manager Or Designate

- This section of the form is **not the responsibility of the member or of the Local.**
- This section is **to be completed by the Manager/designate** within 96 hours of notice of the incident.
- It is the Manager/designate’s responsibility to provide SAHO with a copy of the completed WSR; it is not an expectation of the documenter or the Local.
- Under the direction of SAHO and utilizing the language provided in the Collective Agreement, a standard process and investigation form is to be used by the Employer/Manager when responding to a WSR. This standard process has been put in place to ensure a consistent approach to resolving issues.
6 | Seeing The Process In Action

To illustrate how the algorithm and steps in the problem-solving process are implemented, the following are a few sample scenarios and examples of key actions which could be taken utilizing the Joint NAC Process. NOTE: The following are examples of key actions and resolutions specific to the scenarios provided and are not intended to be used as a definitive or standard response. Each situation will be unique and would require a resolution specific to each situation.

Scenario #1

Medical Unit with baseline staff present. Despite having 2 new graduate registered nurses and assignments appropriately coordinated by charge nurse, 4 hours into shift, 2 patients start to deteriorate with increasing acuity, complexity and risk for negative outcome noted. There is a need for additional staff.

The charge RN calls the out-of-scope supervisor and describes the situation, identifying need for another RN. The out of scope supervisor says she will assess the other units and report back.

There happens to be a unit with a float RN. The unit is stable.

Examples of key actions to be taken:

- The charge RN discusses the possibility of changing assignments with other members of the nursing team.
- Given the current staffing there is an inability to safely adjust assignments to ensure patients have the appropriate care provider to meet the needs of the patients.
- Out of scope supervisor assesses the other units.
- As a unit has a float RN and the unit is stable, the float RN can safely be redeployed.
- The out of scope supervisor redeploy the float RN.
- The situation is resolved – no need to complete a WSR.

Result: Low Level Resolution is Achieved; no WSR is filed.
Scenario #2

Integrated Health Facility; 30 LTC, 8 acute and 2 ER
Day shift – 1 RN, 1 LPN and 3 CCAs; Baseline intact for this shift

Writer started the day shift with the night Continuing Care Aide (CCA) approaching me as soon as I entered the building asking me to please come assess an acute patient as she was having chest pain and the night RN was in ER with another chest pain. I quickly went to assess the patient not even knowing who the patient was or having report on her. I administered meds and did an ECG and VS. I then went to help the night RN in ER with the other patient with chest pain. The night RN stayed until 0900 to help prepare to transfer patient out. I started heparin infusion after giving the heparin bolus.

Meanwhile in our observation room I had a lady being observed, which I never had the chance to properly assess, and the other acute patient was not properly assessed either. At the same time, I was preparing to transfer the patient in ER out, a LTC patient who had a fall at 0600 and was brought to ER to be assessed by DR X. She needed several x-rays and the lab needed help transferring so I had EMS assist her with that. I asked the office to call in help for me and she was unsuccessful. There was no one.

I was in OPD for much of the day and had to call the LPN for several things to assist me. She completed a dressing change for me and also another in Out-Patient Department (OPD). Dr. X was seeing inpatients while I was still busy in ER and he gave orders for a pain medication for one of the acute patients which my co-worker completed, however they gave the wrong narcotic. I missed giving my other acute patient his diuretic at 1200 hours not even realizing it was due until I came across it at 1600. Incident reports filed for both errors. My patients were given minimum care and they noted how busy it was.

Examples of key actions for the nurse to take:

- Should have called on-sight manager.
- Was there any opportunity to reach a low level resolution?
- Should assess to determine which classification is required if additional staff is called in.

Examples of key actions for the manager to take:

- Was there a care coordinator that could have been utilized?
- Did they have the right transfer equipment?

Recommendation to reach resolution: Call in additional staff
Scenario #3

- Busy surgical unit.
- There are consistent predictable and unpredictable absences that are not replaced.
- As a result staff are consistently working overtime due to these absences.
- Staff have documented on Work Situation Reports, several of which have identified the issue as ‘trending’. The Joint Nursing Advisory Committee has met and agreed that the issue should be ‘trended’.
- Special meetings with staff and management related specifically to this issue have been held with several recommendations for resolve suggested.
- To date recommendations have not been implemented and issue continues.

Examples of key actions to be taken:

- Continue to document situation on WSRs.
- Investigate whether the Employer is requiring the nurse to work overtime, whether the nurse voluntarily stays or does the nurse feel that she would be in violation of her professional standards should she leave.
- Refer to Executive Oversight Committee for collaboration on low level resolution to avoid escalation to a Board Presentation and potential Independent Assessment Committee (IAC) review.

Result: On-going situation flagged for trending and review by Executive Oversight Committee
SECTION 3: The Local’s Role In The Joint NAC Process

1 | WSRs In Your Local

Due to the format and structure of the form, creating a form that produces carbon copy/quadruplicate copies was not possible. Therefore, the form requires members to photocopy and deliver a copy to their managers or scan (or take a photo of) the form and email the file directly to their Manager.

Members may also utilize a free scan app on their smartphones to make an electronic copy for their Manager.

Locals are encouraged to discuss with their Employer the method they prefer, and is available to the registered nurses, for providing copies of completed WSR forms.

Ordering WSRs For The Local

If Locals require additional copies of the WSR, they are asked to contact SUN Provincial.

As the primary focus of the Joint NAC Process is to resolve issues utilizing low level resolution methods, a limited number of WSRs are placed into circulation.

When ordering additional copies of the WSR, please identify the number of units or sites the order is for.

- Example: A Base Hospital requires an additional 120 WSRs for 20 units and extras for the Local.
- Example: A Public Health Local requires an additional 30 WSRs for 5 sites and extras for the Local.

Visit SUN’s website under Professional Practice to download a SAMPLE copy of the WSR or the SUN Publication Order Form.

Tip |

If Members are concerned about making an error in completing the form or are required to file the WSR form later and are worried they may forget the information, it is recommended they work from a SAMPLE copy of the form opposed to utilizing the official form. When they are ready to submit the WSR they can transfer the information over to an official form with an assigned tracking number. This will ensure Locals are utilizing the official form for active issues only.
On-line Accessibility

An on-line, electronic version of the WSR will be available starting in Spring 2017.

Following the launch of the electronic version, members should be encouraged to use the on-line form to reduce the need for a paper system and any potential accessibility issues.

The online form will automatically generate a tracking number and will simultaneously provide a copy to:

- The Member filing the WSR
- The Local
- The Manager
- SUN Provincial
- SAHO

NOTE: In order to ensure seamless distribution of the completed form, members will be required to enter their personal email address as well as the email address for the Manager/designate who is to receive the completed WSR. The email address for the Local will be automatically generated from SUN’s database.

Tracking Numbers

Each WSR has a unique tracking number, assigned by SUN Provincial. This number is for tracking the data, minutes, and resolutions once a WSR is filed with SUN Provincial and with the Employer. This tracking number is to be referenced in all documents referencing this file – committee notes, minutes, formal correspondence, etc.

The tracking number is not local specific, nor do Locals need to worry about filing WSRs in a sequential order.

Do Not assign a local tracking number, as this number will be referred to by the Joint NAC, the Employer and SUN Provincial.

Do Not make copies of blank WSR forms, as each tracking number will be specific to an active WSR. If you require additional WSRs please contact SUN Provincial in Regina.
Past Version Of WSRs

Unused copies of the old (pre-December 1, 2016) WSR should be destroyed to avoid any confusion.

Current/live/active WSRs filled under the old process (pre-December 1, 2016) are not to be disregarded. Ongoing issues should continue to be discussed at a Joint NAC meeting, in an effort to resolve the issues, utilizing the lens of the current Collective Agreement language, joint process and the collaborative problem solving process outlined in the SUN/SAHO Collective Agreement (page 177).

For further clarification or guidance, contact your Nurse Practice Officer (NPO).

TIP

Issues which have been unresolved for longer than two (2) years, unless identified as an on-going issue for which have on-going, consistent documentation to reflect the same, should be withdrawn from the NAC process. Without consistent documentation, the Local NAC lacks the ability to effectively address old WSRs.

On-going issues under the previous (pre-December 1, 2016) NAC process, should now begin to be addressed utilizing the tools for low level resolution and/or flagged as a trending issue at the appropriate stage.

2 | A WSR Has Been Filed – Now What?

Paper Forms

Once completed, it is the Member’s responsibility to get copies of the form to the Local and the Manager/designate. The Member should keep a copy for their records.

The original forms are to come to the Local where the Local takes a copy of the form for their records and sends the original copy to SUN Provincial (by mail to the Regina Office or email to WSR@sun-nurses.sk.ca).

There is an expectation that the Local NAC will investigate the situation, or follow up with the documenter as required, prior to the NAC meeting. Seeking additional information or clarification in advance of the Joint NAC meeting will allow for a more effective and efficient meeting, opposed to taking additional time when the documentation requires clarification.

Online Forms

Once the online WSRs form is implemented, copies of WSRs submitted through the web-based form will be simultaneously distributed to the member, the Local, the Manager (as identified) and SAHO.

In order to ensure seamless distribution of the completed form, members will be required to enter their personal email address as well as the email address for the Manager/designate who is to receive the completed WSR. The email address for the Local and SAHO, will be automatically generated from SUN’s database.
3 | Creating a Filing System

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

**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.

To assist Locals in keeping track of on-going issues on a unit or in the facility, SUN has developed an internal tracking form (for local use only). This document is intended to provide Locals or members with a tool to document issues and keep a record of their status under the new NAC process without unnecessarily using a WSR form.

To download a copy of the tracking form, visit the Professional Practice section of SUN’s website.

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

4 | Effective Communications

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.

**Establishing A Collaborative Working Environment**

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.

1. Everyone participates; no one dominates.
2. Try hard to understand the views of those with whom you disagree.
3. Keep discussions focused.
4. It is okay to have friendly disagreement.
5. No cell phones.
6. Ability to call a time out.
7. Be on time.
8. Quorum is at minimum two SUN members and two committee members representing management.
9. Structure of the Joint NAC must follow the parameters identified in the Collective Agreement.
10. 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
5 | Joint NAC Committee Meetings

Collaborative Problem Solving Process

In the event patient safety or safe nursing practice issues are not resolved utilizing low level resolution, or are on-going, trending issues, the matter will proceed to a Joint NAC meeting in an attempt to find resolution to the matter.

As per Article 57.02 of the SUN/SAHO Collective Agreement, 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 following goals, parameters/limitations and principles have been agreed to, in order to support a collaborative problem solving process (Appendix D of the SUN/SAHO Collective Agreement, page 177).

Goals of the Joint NAC will focus on achieving:
1. Patient Safety
2. Safe Practice
3. Quality Patient Care Improvement
4. Professional Standards
5. Evidence Informed Practice

The focus of the Joint NAC will be limited to the following parameters:
1. Consistency of Process
2. Lowest Level Resolve
3. Positive Resolution
4. Timeliness and Frequency of Meetings
5. Reason for Abeyance
6. Bring Forward Date

The parties will strive to meet the following principles:
1. Administrative Fairness
2. Natural Justice
3. Non-Judgmental and Non-Punitive
4. Open Communication
5. Respect for the Process
6. Transparency and Accountability
7. Respectful andMutually Beneficial Relationship
If you are experiencing roadblocks, a breakdown in communication, or an ineffective NAC processes, support to resume a collaborative process may be requested of the Executive Oversight Committee. Please call your Nursing Practice Officer (NPO) for assistance and guidance in making this request.

If at any point if you are unclear or uncomfortable with the issues/concerns being raised, contact SUN Provincial for assistance and guidance.

**TIP**

What does collaborative problem solving look like?

- Each person respectfully and briefly presents his/her understanding of the issue or of the decision that needs to be made.
- While each person is presenting this, the other people are listening, using active and reflective listening and respectfully asking clarifying questions.
- This discussion continues until each person is clear about each other's understanding of the issue and each person feels heard.
- The issue is defined specifically and as non-personally as possible.
- Each party presents possible solutions. (Optional) Criteria are defined that possible solutions must have in order to be successful.
- While this is occurring, the other people are ONLY listening, reflecting and asking clarifying questions.
- The solution with the most potential of working best, is selected to be implemented.
- If necessary, an action plan is developed (Who, What, When, Where, How, etc.)
- A date/time is scheduled for checking in.
Co-Chairing A Meeting

As per Article 57.04 of the SUN/SAHO Collective Agreement, “meetings will be jointly co-chaired by SUN and an Out-of-Scope Representative”. In other words, “jointly co-chaired” means to share or take on the duties of the chair together.

The vision of working jointly with the Employer as Co-Chairs will differ slightly from Local to Local. For some Joint Committees, the Co-Chairs may alternate duties from one meeting to the next; for other Committees, they may agree to a defined set of duties each is responsible for. The key will be to have early and ongoing discussions in this regard throughout your term.

The terms, conditions, and guidelines for the Joint NAC outlined in the language of the SUN/SAHO Collective Agreement dictate the parameters for each Joint NAC. 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.

In addition to determining the working relationship and responsibilities of the Joint NAC Co-Chairs; it is also important to set out the role of the Co-Chairs. The following are a few suggestions for such:

- To organize and communicate the dates and times of monthly meetings.
- To develop and circulate the agenda to all members of the Joint NAC.
- To develop ground rules for the parties to adhere to.
- To develop any necessary decision-making criteria to ensure a consistent approach.
- To take attendance at committee meetings.
- To take minutes as required and to circulate for review and approval at next Joint NAC.
- To ensure all speakers are heard and treated respectively during discussions.
- To encourage participation from all members of the Joint NAC.

**TIP**

It is recommended that for each Joint NAC meeting, the SUN Local NAC Chair develops the first draft of the agenda and provides to the Employer NAC Chair for additions. This will ensure the specific WSRs or items the Local NAC would like to address are not overlooked or dismissed before the Joint NAC meeting takes place.

**TIP**

It is important to identify, in advance of the meeting, who will be responsible for taking meeting minutes and subsequently responsible for ensuring the appropriate distribution of the minutes.

**TIP**

Keep a Speakers List to keep track of who would like to speak and when it is their turn. You may wish to add a time limit or a “second speaker” rule to the ground rules developed.
Tips on Conducting Effective Meetings

- Start and end on time.
- Be prepared.
- Keep the discussion on track.
- Ensure everyone has the opportunity to speak.
- Ensure that everyone is being respectful in their comments and actions.

Developing An Agenda

An effective agenda sets clear expectations for what needs to occur before and during a meeting. It helps team members prepare, allocates time wisely, quickly gets everyone on the same topic, and identifies when the discussion is complete. If problems still occur during the meeting, a well-designed agenda increases the team’s ability to effectively and quickly address them.

Prepare an agenda that lists the meeting time, date, location and items for consideration, and attach any materials needed for review by members.

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**Nursing Advisory Committee Meeting Agenda**

[EMPLOYER NAME] and SUN Local [XX]

[DATE]

Attendees: Employer: ______________________
SUN: __________________________
Chair: _______________________
Recorder: ______________________

1. Introductions
2. Call to order
3. Approval of agenda
4. Approval of minutes
5. Review of NAC process
6. First Meeting WSRs:
   6.1 – WSR # _____
   6.2 etc
7. Second Meeting WSRs:
   7.1 – WSR # _____
   7.2 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.”
Running A Meeting

The role of the Co-Chairs 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 Chair 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 31 for a sample agenda. Article 57.05 of the Collective Agreement states the agenda will be jointly developed and will be circulated five (5) 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 Chair 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 Chair calls for a motion to accept the minutes of the last meeting as read, circulated or as amended.
7. **Discussion of concerns WSRs brought 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. 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.
Taking Minutes

It is recommended that the parties determine who will be taking minutes in advance of each meeting.

Use your agenda to formulate an outline for the minutes template.

If you use a computer, make sure you have a backup method (e.g., paper and pen).

What to include in your minutes

• Write/complete the minutes as soon as possible after the meeting has taken place.
• Present the discussions neutrally, giving appropriate emphasis to arguments on all sides of the discussion.
  • Meeting date, time and location
  • Names of the committee or other group holding the meeting, the Co-Chairs, etc
  • List of those present, including guests in attendance, and any recorded regrets/absences
  • A record of formal motions and outcomes
• Clearly identify each document presented and discussed. If required, consult with the Chair on any issues that require clarification.

What not to include

• Avoid directly quoting individuals.
• Don’t include unsubstantiated or subjective information or opinions.
• While it is acceptable to identify individuals where they are acting in their business or professional capacity as an elected or appointed member or officer, such as presenting a report or other scheduled item, it is not recommended to identify individual participants together with their opinions. Use the passive voice to summarize the main points raised:
  o It was moved, seconded and carried that...
  o In the discussion about X the following points were raised...
  o Proponents of the resolution elaborated on the rationale and, in response to a question, gave assurances that...

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 for approval by the parties 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.
Joint Nursing Advisory (NAC) Terms Of Reference

The structure, purpose and parameters of the Joint NAC Committee are set out in Appendix C of the SUN/SAHO Collective Agreement (page 175). The following is a breakdown of those Terms of Reference.

Purpose:

The Joint Nursing Advisory Committee 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 the Collaborative Problem Solving Process document, the parties will work together to resolve issues of mutual concern to ensure patient safety.

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

- Members: (equal representation from both parties) (As per Article 57.03)
  a. SUN Representatives
     • Base Hospital: Six (6) members to be appointed by SUN.
     • Regional Hospital: Four (4) members to be appointed by SUN.
     • All other Facilities/Agencies: Two (2) members to be appointed by SUN.
     • Regional and/or Multi-Facility: One (1) member per Facility or Agency with a minimum of two (2) members appointed by SUN.
  b. Unit Level Manager(s) of the Units under discussion
  c. Out-of-Scope Representatives
  d. Resource Personnel, as determined by the parties.

It is recommended that you have at least 2 SUN NAC Committee members/representatives in attendance at each Joint NAC meeting. If a Committee member can’t attend, bring another SUN member to ensure more than one member is receiving the information.

- Meetings shall be scheduled at least once a month to discuss all WSRs, as per Article 57.09.

At your first or next Joint NAC meeting add future meeting dates to the agenda. Set a reoccurring monthly meeting. e.g. the Joint NAC will meet the 2nd Wednesday of every month from 1300 to 1500 hours.

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

At your first or next Joint NAC meeting determine how meetings will be co-chaired. e.g. SUN will chair every 2nd 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 (5) business days prior to each meeting, but this shall not restrict the right to raise issues without prior agenda notice, as per Article 57.05.

**TIP**  
At your first or next Joint NAC meeting establish a process, including who is responsible, for circulation the agenda.  e.g. The chairperson, the minute taker, etc.

• Minutes of committee meetings shall be recorded, circulated and approved at the next Joint NAC meeting, as per Article 57.06.

**TIP**  
At your first or next Joint NAC meeting establish who is responsible for recording and circulating the official minutes of the meeting.  e.g. minute taking may alternate between the parties, when the union chairs the employer is responsible for the minutes and vice versa.

• During the conduct of the meeting, the Joint NAC will adhere to the terms of the SUN-SAHO Collective Bargaining Agreement, and to the mutually agreed upon Collaborative Problem Solving Process for the meetings.

• The Joint NAC will be accountable to the Provincial SUN/SAHO NAC Executive Oversight Committee. The members of the Committee are accountable to SUN or the Regional Health Authority.

### 7 | Withdrawing A WSR

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.

In this event, Locals are advised to contact their Nurse Practice Officer (NPO) at SUN Provincial for further review, guidance and instruction.
There are three (3) primary streams or mechanisms to move issues up to the Executive Oversight Committee:

1) A trending issue.
2) The Joint NAC has exhausted all options in an attempt to resolve the issue.
3) Through the Joint NAC the parties agree to disagree on how to resolve an issue.

Prior to forwarding an item to the Executive Oversight Committee, Locals are encouraged to be in contact with SUN Provincial to determine if all possible options to find resolution have been exhausted and to prepare the matter for the next step.

When referring an item to the Executive Oversight Committee, it is recommended the parties submit a joint referral, in writing, and shall include:

1. identification and analysis of the issue in the form of a Situation-Background-Assessment-Recommendations Tool (SBAR);
2. one recommendation from each party for resolve; and
3. the SBAR, supporting materials, information, data, etc., for review.

If there is no resolve following the Executive Oversight Committee’s recommendation, or resolution to the issue is beyond scope of the Executive Oversight Committee, then the issue can be referred to the Board of the Employer (Health Region) by either party.

*Please refer to the Executive Oversight Committee Terms of Reference posted to the Professional Practice section of SUN’s website, for additional information on preparing a referral to the Committee.*
Taking The Matter To The Board

If there is no resolve following the Executive Oversight Committee’s recommendation, or resolution to the issue is beyond scope of the Executive Oversight Committee, then the issue can be referred to the Board of the Employer (Health Region) by either party.

As per Article 57.10, in the event the Joint NAC is unable to resolve an item after (2) 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.

Locals are advised that if they feel all avenues and options in an attempt to find a satisfactory resolution to a matter have been exhausted, they are advised to contact their Nurse Practice Officer (NPO) at SUN Provincial for further review, guidance and instruction.

Independent Assessment Committee

Under Article 57.14 of the SUN/SAHO Collective Agreement, SUN retains the ability to advance an issue to an Independent Assessment Committee, should the response from the Board of the Employer be unsatisfactory.
SECTION 4: Reference Materials

Sample copies of the following resources materials have been provided in this manual for your convenience.

The resource materials are available to download from our website under the Professional Practice section.

If you wish to order hard copies of any of the materials listed below, please contact SUN Provincial at sun.communications@sun-nurses.sk.ca or download a Publications Order Form, from our website.

- Sample WSR – available on website for printing (page 39)
- Sample Tracking form – available on website for printing (page 43)
- Sample Steps to Problem Solving poster (11 x 17 size paper) (page 44)
- Sample How to Complete a WSR Brochure for members – on website (legal size paper) (page 45)
- What is Trending? Info Sheet (page 47)
SAMPLE Work Situation Report Form

Work Situation Report
Guidelines for Use

In the interest of patient safety and safe nursing practice, as per Articles 9.03, 56 and Appendix B of the SUN/SAHO Collective Bargaining Agreement, SUN and the Employer/SAHO, have agreed to a proactive process to low level resolution to address concerns raised which involve:

- Nursing Practice Concerns
- Safety of patients and registered nurses
- Workload/Staffing Levels/Patient Acuity
- Other factors which negatively affect patient care

Steps in the Problem Solving Process – Article 56

STEP 1: LOW LEVEL RESOLUTION

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

STEP 2: NOTIFICATION OF MANAGER OR DESIGNATE

IF THE ISSUE IS NOT RESOLVED:

The registered nurse notifies the Manager or On-Call Manager/designate of the situation for further discussion and timely resolution. Resolution may include attempting to find more staff subject to criteria as per Article 9.03.

9.03 If additional staff are necessary and no registered nurse management personnel are available, the registered nurse designated in charge shall have the authority to call such additional staff subject to criteria established by the Employer in consultation with the registered nurses in the work Unit. In the event the Employer has not established criteria, the registered nurse shall have the authority to call additional staff that in her professional opinion are necessary.

NOTIFICATION: May include a face-to-face discussion or a telephone call.

- if the issue remains unresolved, a SUN Work Situation Report (WSR) is filled out; or
- 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.

STEP 3: WSR REPORT COMPLETED

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

STEP 4: MANAGER TO FOLLOW UP WITHIN 96 HOURS OF OCCURRENCE

56.04 It is the Employer’s responsibility to follow up within 96 hours of notice. If not resolved, the WSR will be discussed at the Joint Nursing Advisory Committee meeting with the Employer.
SAMPLE Work Situation Report Form

SUN Work Situation Report

WSR Tracking Number:

Employer: ______________ Facility: ______________ Local #: ______________

Unit/Agency: ______________ Date: ______________ Shift: ______________

Report Filed By: __________________________ Phone #: __________________________

Personal Email: __________________________

Names of other SUN Members involved:

__________________________

__________________________

__________________________

__________________________

NUMBER OF BASELINE STAFF FOR SHIFT:

RN: _______ RPN: _______ LPN: _______ Others: _______

PATIENT/CLIENT CENSUS:

# of Beds on Unit: __________________________

Overcapacity: __________________________

RN/RPN to Patient Ratio: __________________________

Number of staff on duty:

RN: _______ RPN: _______ LPN: _______ Others: _______

Planned Patient Hours: __________________________

Number of staff needed:

RN: _______ RPN: _______ LPN: _______ Others: _______

Actual Patient Hours: __________________________

Charge Nurse? □ Yes □ No  On Site Management? □ Yes □ No

If yes, does the Charge Nurse have a patient assignment? □ Yes □ No

STEP 1: DESCRIBE THE ACTIONS TAKEN FOR LOW LEVEL RESOLUTION

□ Department / Unit Huddle

□ Discussion with co-workers/Charge Nurse

□ Discussion with RN manager/supervisor

□ Workload discussion (Prioritizing workload, postponing tasks, calling other units for assistance, etc)

□ Other (please explain below):

Is this an ongoing issue or repeat incident that should be identified for trending purposes?

□ Yes □ No

STEP 2: NOTIFICATION OF MANAGER OR DESIGNATE

Manager Notified? □ Yes □ No  Is Manager an □ RN □ RPN

Method of communication: □ Face-to-face □ Telephone conversation □ Voice mail □ Email

Name of Manager Notified: __________________________

Response by Manager: __________________________

If a Manager or On-Call Manager/designate is NOT available, was staff called in as per Article 9.03?

□ Yes □ No

Was Call-In Criteria as per Article 9.03 used? □ Yes □ No  Who was called in? __________________________

DESCRIBING THE INCIDENT

• In the following section, please check off all applicable descriptors under each question; only check off what you know to be factual. If needed, please utilize the *additional details/other* fields.

• Where applicable, please include additional information in the space(s) provided.

• The following questions are designed to focus on the environment and professional barriers, and factors that may have prohibited you from providing safe patient care or meeting your professional standards.
SAMPLE Work Situation Report Form

EXPLANATION OF WHAT MADE YOUR SHIFT UNSAFE? (choose all that apply and provide additional detail if required)

- Too many patients
- Wrong skill mix (i.e. need RN, LPN or ?)
- Inability to monitor, observe or check patient(s)
- Nursing code of ethics breached or risk of breach
- Physician related concerns
- Leaves not replaced
- Isolation precautions
- Supports not available (management, PT, SW, etc.)
- Additional details/other: (please specify below)

- High acuity
- Not enough qualified staff/jr. Sr. mix
- Inadequate orientation/ training/ equipment
- Staff safety concerns
- Physical layout of facility/unit
- Non nursing duties
- Patient negative outcome, harm or incident
- Equipment/supply issues
- Workload

NURSING STANDARDS AND FOUNDATIONAL COMPETENCIES BREACHED, NOT MAINTAINED OR POTENTIAL FOR?

- SRNA Standards
- CNA Code of Ethics
- National Standards
- RPNAS Standards
- Employer/Region Policy
- 24 Hours RN/RPN Coverage
- OHS Legislation

Please provide additional detail including the specific reference:

HOW WAS THE UNSAFE SITUATION RECTIFIED? (choose all that apply and provide additional detail if required)

- It was not rectified
- Obtained correct skill mix of staff
- Closed the unit to admissions/bed closed
- Ongoing issue for further monitor (please explain below)

- Obtained correct number of staff
- Refused assignment/ I was reassigned
- Provided the necessary training/preceptor
- Additional details/other: (please specify below)

WHAT IMPACT DID THIS HAVE ON PATIENT CARE? (choose all that apply and provide additional detail if required)

- Increased length of stay for patient(s)
- Negative outcome, harm or incident (i.e. fall, med error)
- Patient(s) left without being seen
- Delayed or cancelled treatment or programming
- Incomplete discharge planning/teaching

- Inability to answer call lights
- Incomplete admissions
- Incomplete assessments
- Inadequate patient pain management
- Inability to give or receive report
- Inability to practice safe patient care

Additional details/other: (please specify below)

ACTION TAKEN (choose all that apply and provide additional detail if required)

- What action(s) did you take or will take, to continue to advocate for your patients?
  - Repeated phone calls to Manager
  - Worked shift without assistance
  - Notify nurses on next shift
  - Notify On-Call Manager
  - Stop the line

- Unit/bed closure
- Contacted SUN Provincial
- Contacted SRNA/RPNAS/ CNPS
- Notify Local
- Occurrence/Safety Report #

- Additional details/other: (please specify below)
SAMPLE Work Situation Report Form

WSR Tracking Number: ____________________________

BRIEFLY DESCRIBE THE INCIDENT

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


HOW CAN THIS ISSUE BE RESOLVED IN THE FUTURE? (please provide details and examples of your solutions)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SIGNATURE OF NURSE(S)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

STEP 3: WSR COMPLETED

☐ Copy sent to the Local (photo copy or scanned and emailed)  ☐ Copy to Manager (photo copy or scanned and emailed)

STEP 4: NOTIFICATION OF MANAGER OR DESIGNATE

Date + Time: ________________  Manager Name: __________________

How was the issue addressed:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Work Situation Report  |  Page 3 of 3
Below is an internal tracking form developed for Locals to track the status of patient safety and safe nursing practice concerns identified through the initial stages of the Joint Nursing Advisory (NAC) Process. Please note, this form is **not a formal document** and is not intended to be treated as such.

The following chart will assist Locals in flagging issues which may be considered to be “trending issues” and may be referred to the Executive Oversight Committee for further recommendation.

“Trending” is defined as instances resolved through low level resolution yet reoccur at a predictable or high rate of frequency; such instances should be recorded on a WSR and marked as trending. Unique or one-time occurrences resolved using low level resolution (Step 1 or Step 2 of the process) would not be considered trending issues and do not require a WSR to be completed.

<table>
<thead>
<tr>
<th>Date</th>
<th>Issue Identified</th>
<th>Status</th>
<th>WSR #</th>
<th>Manager Contacted</th>
<th>Trending?</th>
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Joint Nursing Advisory Process

Steps in the Problem Solving Process

STEP 1: LOW LEVEL RESOLUTION

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

WHAT DOES THIS MEAN??

Low level resolution is intended to provide registered nurses with the ability to address concerns impacting patient safety and nursing practice in real-time.

Working with members of the nursing team and In-Charge Nurse available at the time of the incident, you and your colleagues have the ability to determine reasonable solutions to meet patient needs.

If discussions at Step 1 do not result in effective resolution of the incident, proceed to Step 2.

STEP 2: NOTIFICATION OF MANAGER OR DESIGNEATE

IF THE ISSUE IS NOT RESOLVED:

The registered nurse notifies the Manager or On-Call Manager/designate of the situation for further discussion and timely resolution. Resolution may include attempting to find more staff subject to criteria as per Article 9.03.

9.03 If additional staff are necessary and no registered nurse management personnel are available, the registered nurse designated in charge shall have the authority to call such additional staff subject to criteria established by the Employer in consultation with the registered nurses in the work unit. In the event the Employer has not established criteria, the registered nurse shall have the authority to call additional staff that in her professional opinion are necessary.

WHAT DOES THIS MEAN??

Step 2 provides an additional opportunity to resolve issues in real-time. Registered nurses are required to discuss the issue with their Manager/designate either in person or via telephone conversation in an attempt to find a quick and effective resolution.

If, after the discussion, the issue is still unresolved or only partially resolved, a WSR should be filed. At this time, advise the Manager/designate that a WSR will be filed. NOTE: When notifying a Manager of an issue, you must give the Manager/designate a reasonable amount of time to attempt to resolve the issue - this will be unique for each situation.

If you are not able to communicate directly to a Manager/designate, a voice mail is left or an email will be sent identifying the issue, steps taken, and that a WSR will be filed.

STEP 3: WSR REPORT COMPLETED

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

WHEN FILLING OUT A WSR....

- Complete all applicable sections; provide additional detail when/where applicable.
- Don’t forget to provide solutions to avoid the issue recurring in the future. (This piece is required.)
- Don’t forget to sign the form!
- It is the Member’s responsibility to provide the Manager/designate with a photocopy or emailed copy of the WSR.
- Don’t forget to keep a copy of the completed form for your records.

STEP 4: MANAGER TO FOLLOW UP WITHIN 96 HOURS OF NOTICE

56.04 It is the Employer’s responsibility to follow up within 96 hours of notice. If not resolved, the WSR will be discussed at the Joint Nursing Advisory Committee meeting with the Employer.
**When Do You Fill Out A WSR?**

**Follow the Algorithm:**

1. **Issue Resolved - no need to fill out WSR.**
   - Registered nurse notifies Shift/Unit Manager or On-Call Manager designated by (SUN) to further discussion and timely resolution.
   - Issue resolved - no need to fill out WSR.
   - Issue resolved and manager is notified that a WSR will be filled out.
   - WSR fills the identified issue and the Manager/Designate. The SUN/SHO provides a copy to the Manager/Designate.

2. **Issue not resolved.**
   - Issue not resolved and manager is notified that a WSR will be filled out.
   - Issue not resolved - WSR not filled.
   - WSR is discussed of the Joint Nursing Advisory Committee Meeting with (SUN).
   - Issue resolved at the Joint Nursing Advisory Committee Meeting with (SUN).
   - Issue not resolved.

**Frequently Asked Questions**

1. **When do I fill out a WSR form?**
   - Using the algorithm provided in your Collective Agreement as a guide, a WSR Form is to be completed when resolution is not reached during Step 1 of the process using low level resolution actions or not resolved during Step 2 in discussion with a Manager/designate.
   - If the issue is not resolved or only partially resolved, a WSR should be filled out detailing the incident.

2. **When do I use “trending”?**
   - Unique or one-time occurrences resolved using low resolution approaches would not be considered trending issues and would not require a WSR to be completed.
   - However, instances resolved through low level resolution yet reoccur at a predictable or high rate of frequency should be recorded on a WSR and marked as trending to be moved forward to the Executive Oversight Committee for review and recommendation.

3. **When does the clock start for the 96 hours for the manager to follow-up?**
   - Under the Collective Agreement, the manager is responsible to follow-up on an issue within 96 hours of notification. The clock on the 96 hours starts following notification of the manager at Step 2 in the process and the issue left unresolved.
   - Upon notifying the manager, the registered nurse(s) must indicate they are filing a WSR for the unresolved issue for the 96 hour time line to begin.

4. **Who is responsible to send a copy of the WSR to the Manager or designate?**
   - It is the registered nurses’ responsibility to provide a copy of the completed WSR form to their Manager/designate. The form may be photocopied and delivered to the Manager/designate or scanned and emailed directly to the Manager/designate.
   - The original copy of the completed WSR is to be filed with the Local. It is the Local’s responsibility to then forward the WSR to SUN/Provincial.
Information Sheet - What Is Trending?

What Is Trending? How Do We Recognize It?

The Joint Nursing Advisory (NAC) Process relies on the registered nurses’ responsibility to coordinate care using nursing knowledge, skills and judgement to troubleshoot issues which impact patient safety or safe nursing practice. It is through this assessment of the situation that a registered nurse will identify if an issue can be resolved through low level resolution actions, if the issue is a one-time occurrence, or if the issue is on-going or trending issue.

“Trending” is defined as instances resolved through low level resolution yet reoccur at a predictable or high rate of frequency; such instances should be recorded on a WSR and marked as trending. Unique or one-time occurrences resolved using low resolution (Step 1 or Step 2 of the process) would not be considered trending issues and do not require a WSR to be completed.

Trending Themes

The field of healthcare can be overwhelming, chaotic and unpredictable at times which can make it difficult to determine what instances could be considered “trending”. The following is a list of concepts in which could be considered as a “trending” issue. Please keep in mind this is not an exhaustive list; registered nurses should use their professional judgement to determine if an instance should be deemed as “trending”.

1 Maintenance of Baseline Staffing
   - This theme would reflect situations where the patient compliment is normal; however, the unit/facility/agency is working short staffed or below baseline staffing.
   - Working short staffed or below baseline could be a result of failure to replace for leaves of absence, vacation leaves, or short-calls (sick calls) to list a few examples.

2 Workload or Overcapacity
   - This theme reflects situations were a unit/facility/agency has regular baseline staffing available but has more patients, or patients with higher acuity levels, then the nurses on shift can manage.
   - A few examples would include, but not limited to, caring for patients in the waiting room or hallway, or inappropriate staff-mixes based on patient acuity, complexity and needs.

3 No Registered Nurse
   - This theme captures situations where a unit/facility/agency does not have a registered nurse assigned, as part of the regular nursing compliment, to coordinate care, complete patient assessment and the assignment of care, and/or provide direct patient care.

If you have questions or concerns regarding potential trending issues or how to identify trending issues, contact SUN Provincial at 1-866-667-3294 or 306-665-2100.