



# STANTON TERRITORIAL HEALTH AUTHORITY

## POLICY/PROCEDURE

<b>CATEGORY:</b>	Human Resources	<b>PAGE NUMBER:</b>	1 of 4
<b>SUBJECT:</b>	Professional Practice Issues Reporting Form (PIRF)	<b>DISTRIBUTION:</b>	Hospital Wide Manuals
<b>CURRENT EFFECTIVE DATE:</b>	May 2015	<b>NEXT REVIEW DATE:</b>	May 2018

The Professional Practice Issues Reporting Form (PIRF) provides staff with a forum to report practice issues which significantly impact their profession. Issues reported should not be the subject matter of a grievance which would be dealt with through the process outlined in the Collective Agreement.

### SPECIAL POINTS

The issue identified may be resolved at the division/program level; however, the completed form must be forwarded to the Joint Consultation Committee (JCC).

**Practice Issues** - If uncertain whether an issue is appropriate for completion of a PPIRF please contact a member of the JCC or your manager.

### DEFINITIONS

**Professional Practice Issues:** Issues felt to impact an employee's ability to provide quality care, violate professional standards or adversely affect quality of work life. Examples of a professional practice issue include but are not limited to:

- **Availability of resources to support patient care and services:** situations where staff are unable to access personnel on a regular basis to carry out delegated interventions or to assist with procedures which require two persons;
- **Equipment:** outdated, unreliable equipment with a lot of downtime for repairs impacting consistency and overall quality of care.
- **Safety of Patients:** circumstances in the practice setting that adversely affect patient care/safety;
- **Safety of Staff:** interactions that staff experience which violate personal or professional integrity and/or may cause harm;

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- **Staffing levels:** situations where staffing levels are decreased due to unplanned leave and the remaining staff are unable to cope with workload and provide safe care;
- **Workload:** consistently having to work overtime to complete patient care and services or not permitted to work overtime, therefore, patient care needs and/or services are not met;

**PROCEDURE**

1. The employee identifies a professional practice issue and documents on the PPIRF, ensuring sufficient detail is documented. The form must be given to the employee's supervisor/manager.
2. The manager reviews the PPIRF and meets with the employee. The manager's action shall be documented on this form which is then submitted within one week of receipt to the co-chairs of the Joint Consultation Committee.
3. The co-chairs of JCC meet within one (1) week of receiving the PPIRF to determine if the reported concern falls within the above issues list. If the co-chairs require more details, the form will be returned to the employee and supervisor/manager for clarification.
4. If deemed necessary by the co-chairs, the PPIRF is reviewed by the JCC at the next scheduled meeting and recommendations are documented on the form by the co-chairs.
5. The original PPIRF is filed with the recorder for the JCC. A copy goes to the supervisor/manager for the final follow up meeting with the initiating employee.
6. The Director from the affected area will submit a report to the JCC after the final follow up meeting.


**DOCUMENTATION**

Professional Practice Issues Reporting Form (PPIRF) — Appendix A

Reviewed and approved by:

 **MAY - 7 2015**  
Chairperson, CPAC (sign & date)

Reviewed and approved by:

 **MAY - 7 2015**  
Chief Executive Officer (sign & date)

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**Appendix A**

Professional Practice Issues Reporting Form (PPIRF)

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**APPENDIX A**

**PROFESSIONAL ISSUES REPORTING FORM  
REPORT TO BE COMPLETED WITHIN 24 HOURS OF SITUATION AND SUBMITTED TO A MANAGER**

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit/Program \_\_\_\_\_

# Staff on Shift:	Identify staff working:	PCC:
Situation:		
Employee recommendation to alleviate or prevent recurrence:		
Name (please print):		Signature:
Supervisor/Manager Notified:		Time & Date Notified:
Discussion with Employee:		Time & Date of Discussion:
Action taken by Manager:		
Name (please print):		Signature:
Director Review:		Time & Date of Review:
Name (please print):		Signature:
All reports must go to the Co-Chairs of the Joint Consultation Committee for review and recommendation		
Joint Consultation Committee Co-Chairs Recommendation:		
Signature:		Signature:
Date:		Date:
Date of Manager Final Follow up with Employee:		
Manager signature:		
Employee signature:		