

Professional Responsibility Concern REPORT FORM



Local File #:

Local #:

Employer:

Worksite (ward/unit/office):

When did the incident or issue occur?

Date Time Shift

Detailed Description of Incident/Issue *(Do not use names of patients, residents, clients, staff, doctors, or others):*

Purpose

Nurses are required by the standards of their professional licensing bodies to advocate for practice environments that have the organizational and human support systems, and the resources necessary for safe, competent, and ethical nursing care.

Employers and the United Nurses of Alberta have agreed that it is of mutual benefit to find resolutions to issues of concern including the safety and quality of patient/resident/client/care. Completing a Professional Responsibility Concern Report Form is a specific and safe mechanism for nurses to advocate for the safety of patients/residents/clients.

Instructions

1. Complete this form as soon as possible after observing conditions in which you believe the safety of patients/clients/residents may be at risk, or in situations where you believe administrative action needs to be taken to prevent risks to patients/residents/clients.
2. Do not use the names of patients, residents, clients, staff, doctors or others in completing this form.
3. This form does not replace the employer's incident report form or other reporting. Refer to the employers' policies to determine whether an incident report is required in this situation.
4. You do not have to obtain permission from a manager to complete this report of a Professional Responsibility Concern. However, it may be appropriate and advisable to inform a management representative of the conditions you are documenting in this form.
5. This form and the information contained in it is the property of the United Nurses of Alberta. The concerns documented in this form will be presented to the Professional Responsibility Committee or alternate in your worksite for resolution as provided in the Collective Agreement between UNA and the Employer.
6. Deliver or send the white copy of the PRC Report Form to the Local office of the United Nurses of Alberta in your worksite
7. Keep a copy for your personal records.

Was this concern reported to anyone? Yes No Why or Why not?

Recommendations (What is needed to prevent this incident or issue from occurring again?):

United Nurse of Alberta Provincial Office

700-11150 Jasper Avenue NW
Edmonton AB T5K 0C7
(780) 425-1025/1-800-252-9394
(780) 426-2093 (fax)
www.una.ab.ca nurses@una.ab.ca

Name (Printed)

E-Mail

Signature _____

Date Report Filed

Phone