**NURSE REP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_**

**PLEASE RETURN FORM BY FRI, OCT 13, 2023 TO: ROOM H214, SCAN OR FAX 9-416-480-6867 FROM INSIDE SUNNYBROOK OR 416-480-6868 FROM AN OUTSIDE FAX.**

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| **PROBLEMS** | **INFORMATION** |
| 1. **Scheduling Concerns**

- e.g. are schedules posted on time- Are STAT and vacation requests being granted- How many vacant positions (mat leaves, sick leaves, unfilled FT lines- Are overtime shifts distributed correctly | **PLEASE PROVIDE DETAILS (NAMES, DATES)** |
| 1. **Workload Issues**
* Have there been workload complaints in the past 3 months?
* Is there a common cause?
* Are there problems which nurses have not filled out Workload Complaints for?
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| 1. **Health and Safety**

- Have there been injuries? - Any equipment concerns?- Do you have staff on accommodated or modified work? Is it impacting other staff?- Any violence issues? |  |
| 1. **Professional Issues**

- Availability of in-service, access for all staff- Unit nursing practice council – are issues being discussed? |  |
| 1. **Human Rights**

- Harassment issues- Interpersonal conflicts- Bullying |  |
| 1. **Miscellaneous**
	* Have you nursed patients in the hallway lately?
	* Did you fill out a workload complaint?
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**IF ADDITIONAL SPACE IS REQUIRED, ATTACH EXTRA PAGES AS NEEDED**