

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.

PROBLEMS	INFORMATION
<p>1. Scheduling Concerns</p> <ul style="list-style-type: none">- 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	<p>PLEASE PROVIDE DETAILS (NAMES, DATES)</p>
<p>2. Workload Issues</p> <ul style="list-style-type: none">- 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?	

<p>3. Health and Safety</p> <ul style="list-style-type: none">- Have there been injuries?- Any equipment concerns?- Do you have staff on accommodated or modified work? Is it impacting other staff?- Any violence issues?	
<p>4. Professional Issues</p> <ul style="list-style-type: none">- Availability of in-service, access for all staff- Unit nursing practice council – are issues being discussed?	
<p>5. Human Rights</p> <ul style="list-style-type: none">- Harassment issues- Interpersonal conflicts- Bullying	
<p>6. Miscellaneous</p> <ul style="list-style-type: none">- Have you nursed patients in the hallway lately?- Did you fill out a workload complaint?	

IF ADDITIONAL SPACE IS REQUIRED, ATTACH EXTRA PAGES AS NEEDED