

ONTARIO NURSES' ASSOCIATION

Professional Practice Concerns and Professional Responsibility Complaints

A Guide for ONA Members

October 2010



The Ontario Nurses' Association (ONA) is the Union representing 55,000 registered nurses and allied health professionals and more than 12,000 students working in hospitals, long-term care facilities, public health, the community, clinics and industry.

Ontario Nurses' Association © 2010

PROFESSIONAL PRACTICE CONCERNS

TABLE OF CONTENTS

OBJECTIVES OF THIS GUIDE	3
ONA Provincial Professional Practice Teleconnects	3
Increased Education and Member Resources.....	3
Professional Practice Section of ONA's Website	4
PROFESSIONAL PRACTICE CONCERNS	5
PRC Process Versus Grievance Process.....	7
ONA PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM	8
Electronic Workload Report Forms	9
PROFESSIONAL RESPONSIBILITY COMPLAINT PROCESS: AN OVERVIEW	10
Professional Practice Concerns	10
Compliance	10
Steps to Resolving Professional Practice Concerns	10
The Role of Members	12
Filing a Professional Responsibility Complaint	13
THE FORMAL PROFESSIONAL RESPONSIBILITY COMPLAINT: THE ROLE OF NURSES AND MEMBERS OF THE REGULATED HEALTH PROFESSIONS	14
The Role of the Bargaining Unit President	14
The Independent Assessment Committee	15
The Independent Assessment Committee Hearing	15
The Independent Assessment Committee Report	16
APPENDIX A	
Documentation	18
APPENDIX B	
ONA Professional Responsibility Workload Report Form Hospital Decision Tree.....	20
APPENDIX C	
Complaints /Concerns/ Indicator Form	22
APPENDIX D	
PRWRF – Hospital Sector / Homes	23
APPENDIX E	
PRWRF – Community Sector.....	27
APPENDIX F	
PRWRF – Community Care Access Centres (CCAC) (Electronic).....	31
APPENDIX G	
PRWRF – Public Health Units (PHU) (Electronic)	36

Objectives of the Guide

The *Guide to Professional Practice Concerns and Professional Responsibility Complaints* has been prepared to assist Ontario Nurses' Association (ONA) members facing situations that make it difficult, if not impossible, to provide safe and quality patient care within their scope of practice. Even if this does not describe your current work situation, this guide contains important information that every ONA member should know and understand.

In this guide, you will find information on resolving professional practice concerns and the professional responsibility process, which can lead to a Professional Responsibility Complaint (PRC). It describes every step in the process, from recognizing a problem on your unit/area/program, to filing a PRC, and the roles of everyone involved. It also includes samples of the ONA Professional Responsibility Workload Report Forms (PRWRF) and tips for completing the form correctly.

Remember, to consult with your Labour Relations Officer (LRO) whenever workload issues or practice concerns arise. Professional Practice Specialists (PPS), who are based in the Toronto office, are available to help. You can access a PPS through your LRO.

There are also many tools and programs provided by ONA to educate yourself regarding PRCs. The following initiatives have been undertaken to assist membership in addressing the workload and professional practice concerns existing at their workplace.

ONA Provincial Professional Practice Teleconnects

These quarterly teleconnects are designed to address hot topics and issues in professional practice and to assist members and ONA leaders in strategy development. These sessions are of particular interest to ONA's Bargaining Unit Workload and Professional Responsibility Representatives, Bargaining Unit Presidents and Local Coordinators.

These one-hour teleconferences begin with a presentation from ONA's PPSs followed by a question and answer session. Members are able to register for each session by sending an e-mail to RegisterProfessionalPractice@ona.org. PowerPoint slides of the presentation are e-mailed to registrants prior to the teleconnect. The presentation and related materials, including the question and answer session, are posted on ONA's website at www.ona.org following the teleconnect.

Increased Education and Member Resources

ONA's Provincial Education Coordination Team (PECT) delivers full-day and half-day workshops on professional responsibility complaints, in addition to a one-hour lecturette. ONA's PPSs have also developed and delivered education on "RN/RPN Scope of Practice: Managing Issues at the Bargaining Unit Level." In many cases the education has resulted in a dramatic increase in member utilization of the workload reporting process.

In June 2010, ONA launched the eLearning platform, accessed through the ONA website. The inaugural program is the hospital-focused education module on completing the PRWRF. This is an adjunct to the more formal Professional Responsibility Concerns workshops delivered by PECT, which show members how to complete the PRWRF at their own speed and at no cost to the Local. PECT is working on the development of similar programs for the other sectors.

PPSs developed a Decision Tree (see Appendix B) to assist members in navigating through the PRC process. The Decision Tree for the hospital sector has been translated and provided to membership. Decision Trees for ONA's other sectors are currently in development.

Professional Practice Section of ONA's Website

ONA's website contains many resources to assist you in addressing professional practice issues. These resources include:

- PowerPoint presentations and Question and Answer documents from the Professional Practice Teleconnects.
- Professional Practice Workload Report Forms and Decision Trees.
- Research studies supporting the utilization of Registered Nurses (RNs).
- Professional Responsibility "Keep It Simply Succinct" (KISS) document.

Professional Practice Concerns

Over the past several years, the spotlight has been on professional practice concerns. It is very difficult to provide safe, ethical and quality nursing care when experiencing issues related to professional practice, patient acuity, fluctuating workloads, fluctuating staffing and patient and staff safety.

RNs and Registered Practical Nurses (RPNs) are accountable for their own decisions and actions. The goal of nursing care and services (professional practice) is the best possible outcome for clients, with no unnecessary exposure to risk or harm.

The College of Nurses of Ontario (CNO) has Standards of Practice that registrants are expected to meet in order to provide safe, ethical and quality patient care within their scope of practice. If nurses cannot meet these standards due to a shortage of staff, wrong category of caregiver, nurse-to-patient ratio, etc., it is up to individual nurses to report these concerns to the employer and attempt to resolve the issues. The CNO standards are often developed or revised in response to the demands nurses experience in the workplace.

Every nurse (RN/RPN, union/non-union, etc.) in Ontario is required by their professional standards to report professional practice concerns to the employer and attempt to resolve them. ONA has developed a PRC process to assist members through the stressful ordeal of resolving professional practice concerns.

Most collective agreements to which ONA is a party contain a professional responsibility clause. The inclusion of this clause first occurred in 1977 in an ONA-hospital collective agreement. ONA had long recognized the need for the clause and had attempted to negotiate it with the employers.

Nurses were facing workload assignments that were so excessive, it was impossible to provide the quality of care required of them. The employers' attitude was too often summarized by "you'll have to cope" or "do the best you can."

Nurses needed a means whereby they could exercise their professional judgment in assessing the workload assigned to them. Experience had shown that the grievance procedure could not be successfully used. In one case, for example, nurses in an intensive care unit refused to accept another critically ill patient into the unit because, in their judgment, to do so would jeopardize the patients already under their care. They were disciplined for this refusal and grieved the discipline on the basis that it was unjust, i.e. it was unjust for the employer to discipline professionals for responsibly exercising their professional judgment.

The grievance failed because the legal and historical framework of collective bargaining, the principles by which arbitrators had been governed, and the collective agreement did not address these circumstances. Therefore, this arbitration board felt that there was no basis upon which it could find in favour of the nurses. This case, along with other documentation gathered by nurses, demonstrated an important need for a process that nurses could use to document their nursing practice and workload concerns to their employer, thus exercising their professional responsibility.

Members within ONA Bargaining Units now have access to such a process. The importance of this development, both for individual nurses and for the nursing profession, cannot be overstated.

Nurses, by using the professional responsibility clause, can take steps to correct situations of excessive workload and practice concerns.

The wording of the professional responsibility clause is not identical in all collective agreements, but some criteria are common to all of them. Please consult your collective agreement for the specific language of your professional responsibility clause.

An example of these are:

- If a member or group of members have cause to believe that s/he or they are being asked to perform more work than is consistent with proper patient, client or resident care:
 - S/he or they can complain in writing to the Labour-Management* Committee (or to the committee which fulfils this function).
*this may be Employer-Association Committee, Hospital-Association Committee, Association-Agency Committee, Nurse-Management Committee, Union-Management Committee, etc,
 - The committee meets to discuss (within the agreed to time frames) and hopefully resolve the complaint.
 - ONA's Labour Relations Officer (LRO) meets with the committee and the employer to assist in dispute resolution.
 - Failing resolution, an ONA PPS meets with the committee and the employer to assist in dispute resolution.
 - Failing resolution, the intervention of an external expert panel is available (Independent Assessment Committee [IAC]). In most cases, this panel is composed of a Chair chosen from a list in the collective agreement, one nominee chosen by ONA and one nominee chosen by the employer.
 - The third party investigates the complaint.
 - The third party issues its recommendations to resolve the complaint.
- Members without a professional responsibility clause can still use the PRC process, but there is no third party involvement. ONA LROs and PPSs are available to help resolve the issue with the employer.
- This process should not be confused with the grievance procedure. The two processes are quite distinct, even though both lead to third-party intervention in the resolution of disputes. See the chart on the next page for a description of how the processes differ.

PRC Process Versus Grievance Process

PROCESS	PRC	GRIEVANCE
Basis of dispute	Professional practice concern	Labour relations issue
Committee to which the dispute is referred	Labour–Management Committee	Grievance Committee
Credentials third parties must have	Independent Assessment Committee	Arbitration
Enforcement of the third party’s decision	Recommendations – voluntary compliance	Binding – enforced by the courts

The result of a PRC is that the third party (IAC) issues recommendations, which are neither final and binding, nor enforceable. Instead, the recommendations may be implemented as a result of:

- Voluntary compliance.
- Release of the recommendations to the governing body of the employing agency (to the Board of Governors of a hospital, for example).
- Release of the recommendations to the general public through the media.

Even though grievances and PRCs are different, one absolute similarity exists: The resources of ONA, including the services of its staff, will assist members of Bargaining Units in using either process.

The ONA Professional Responsibility Workload Report Form

In 2002, the Ontario Hospital Association (OHA) and ONA revised the notification of the improper work assignment form. The new form for hospital members is called the ONA Professional Responsibility Workload Report Form (PRWPF)

The ONA PRWPF is used for any situation that creates an unsafe and/or unprofessional practice or setting. Examples include: inadequate/inappropriate staff and/or skill mix for acuity; delay in assessment treatment or medication; non-nursing duties and/or lack of staff support; any workload, employer practice, policy or situation that is detrimental to patient/client/resident care and/or safety; new patients admitted to unit with inadequate staff; staff not given adequate orientation and/or mentorship in area assigned; lack of adequate equipment or supplies. Further examples of issues that can be documented on the PRWRF can be found in Appendix C.

An example of a **workload** issue is when a member in her/his professional judgment is concerned that because of insufficient staffing on a specific shift, she/he is unable to complete or adequately perform all of her/his assigned tasks within the hours of the shift. The insufficient staffing results in compromising patient care (e.g. medications not given on time, treatments not done).

An example of a **competency** concern is when an employer hires an unregulated care provider to feed patients in the Intensive Care Unit (ICU). The member is concerned the unregulated care provider does not have adequate training or an adequate level of competency to determine that the ICU patient was not swallowing properly. According to CNO, the RN in ICU has a responsibility to provide either direct or indirect supervision of this care provider (*CNO Working with Unregulated Care Providers, 2009*). The RN in this situation must intervene to ensure patient safety. The RN must inform the employer of this competency issue. The ONA PRWRF is written proof that the nurse did report this patient safety concern to the employer. The RN's failure to report this to the employer is professional misconduct, as stated in Schedule 2 to the *Regulated Health Professions Act, 1991*, and regulation 51(1) of the *Nursing Act, 1991*, CNO Professional Conduct: Professional Misconduct, paragraph 25 (i).

An example of a concern involving **procedure** is when the employer announces that within the next two months, the RN staffing on the night shift in a large nursing home will be reduced to one. Several of the RNs in the facility are concerned that this change will compromise patient safety on nights. The RNs want to make recommendations concerning this policy. They realize that CNO standards require them to provide feedback on policies and procedures that affect patient care. By completing the ONA PRWRF, RNs are providing written proof of compliance with the CNO standards because they are advocating for improvements in the delivery of resident care.

At times there may be some reluctance on the part of members to use an ONA PRWRF. In many cases, the member may not be aware of the form. However, even if the member is aware of the form, there appears to be a fear of reprisal from management and that by complaining, it will appear that s/he is not a good employee. There is also the view that the form will not change anything or there is no time to fill it in and provide the necessary documentation.

With respect to the fear of reprisals, the member needs to be reminded the PRWRF is a negotiated provision of most collective agreements. The employer has agreed to incorporate this document and the professional responsibility clause in the collective agreement.

Therefore, any reprisals against the member for exercising her/his rights under the collective agreement should be reported immediately to the union, both at the Bargaining Unit level and to the LRO so the appropriate action against the employer can be taken.

What are the reasons for completing the ONA PRWRF? The forms provide a:

- Mechanism to identify situations that impact a members ability to provide safe quality client/patient/resident care.
- Mechanism to make recommendations to improve the quality of client/patient/resident care.
- Mechanism to motivate the employer to make the necessary changes.
- Protection for the individual nurse (it is the nurse's professional responsibility to report incidents of unsafe client/patient/resident care to his/her supervisor) and shifts the accountability back to the administrative nurses and employer leadership.

Unless members inform the employer of care concerns by filling out the ONA PRWRF, the employer will assume patient care is satisfactory and/or that members are willing to tolerate the high-risk work environment. Past history has proven that completed PRWRFs can result in an increase in registered and support staff, changes in policy and procedures, additional equipment and many other workplace improvements. ONA's PPSs use the completed PRWRF to track trends and nursing concerns, assist in lobbying CNO regarding the need for change or development of new standards, and help ONA's bargaining teams in identifying professional issues.

The ONA PRWRF protects the individual member by providing:

- Written proof that registered staff (RNs and RPNs) have met their CNO Professional *Standards (Revised, 2002) and Ethics, 2009*.
- Written proof the registered staff informed the employer of unsafe patient care concerns. This ensures that in the event of an incident, accountability and legal liability shifts to the employer and away from the member if s/he can prove the employer was informed of the unsafe situation and elected to do nothing about it.
- A mechanism to hold the registered nurse administrator accountable to their standards, (i.e. CNO's Professional Standards as defined for nurses in an administrative role).

Remember, completion of the ONA PRWRF is not a "nice-to-do" activity; rather it is a "need-to-do." ONA members need to provide this written proof of compliance with CNO Standards.

Electronic Workload Report Forms

At the request of the Community Care Access Centre (CCAC) Network and with its assistance, ONA developed a PRWRF specific to CCACs (see Appendix F). The electronic form was released in October 2009, along with a guide to the process, which will assist our CCAC members in completing the forms and utilizing the process.

Similarly, in January 2010 ONA released an electronic form and guide for the Public Health sector, which was developed with the assistance of the Public Health Network (see Appendix G). Both the CCAC and Public Health forms and guides can be found on ONA's website.

The workload report forms used in the Hospital and Nursing Home sectors (see Appendix D) are contained in their respective central collective agreements and will be the subject of negotiations in 2011.

Professional Responsibility Process: An Overview

Professional Practice Concerns

Professional practice concerns often arise when members are regularly asked to perform more work than is consistent with proper patient care and/or members experience ongoing difficulties in ensuring proper patient care.

Compliance

Compliance means nurses and or members covered by the *Regulated Health Professions Act* (RHPA) are expected to identify and attempt to resolve professional practice concerns.

Steps to Resolving Professional Practice Concerns

Validation

Identify the practice standards that are not being met:

- Are there written agency standards/policies/procedures and practice guidelines?
- Are they consistent with provincial standards and regulations?
- Are there written statements from the profession, such as CNO, the Registered Nurses' Association of Ontario (RNAO), etc.
- Identify the impact on patients and/or family members.
- What are the actual or potential effects on patient care; for example was nursing care late, delayed or not delivered at all?
- Are patients at risk if the situation is not corrected?
- How often and under what circumstances does the situation occur?
- Do others have similar concerns?

Seek peer consultation and support. Contact your Bargaining Unit President/ONA representative.

Communication

Communicate the concern:

- Use channels of communication established by your agency/ONA.
- Begin by contacting the person to whom you report (verbal).
- Describe the situation of concern, including the standards not being met and the effect on patients.
- Be specific and factual, avoiding assumptions.
- Maintain confidentiality.
- Make sure all relevant information is provided.

Document the concern

- Use the form specifically provided for this purpose by ONA.
- Date the document and indicate the name and title of the person to whom you are sending the documentation.

- Make a general opening statement, such as “I am reporting the following professional practice concern...or practice concerns experienced on.....” Then describe the concern, including the following information:
 - Date(s), time(s) and unit/location(s) of events.
 - Who was involved, including staff and patients? **Do not use patient names**, just identifiers, i.e. patient 1 or X.
 - What happened or what could have happened? Indicate **which standards of practice are not being met** and how this affected or could have affected patients.
 - What, if anything, you did about the situation? What are your recommendations to solve the problem?
 - Indicate you would like a response to your concern, specifying a date. Set a reasonable timeframe (i.e. 14 days), taking into consideration the urgency of your concern and other pertinent factors. Follow collective agreement timelines if there is a professional responsibility clause.
 - Your name.

Keep a copy for your records. Send a copy to your supervisor. Send a copy to your Bargaining Unit President.

If you do not receive a response by the specified date, inform the Bargaining Unit President. S/he will follow up on what progress is being made. If the concern is not being addressed, s/he will advise the employer of the need to have a Labour-Management Committee meeting to discuss professional practice concerns.

Resolution

Work toward a resolution at your work site:

- Be prepared to discuss your concerns as part of the resolution process at the Labour-Management Committee meeting.
- Be open-minded. Your main objective is to ensure safe, competent care.
- Be prepared to work collaboratively with your employer to resolve the situation or reach the best possible solution. This may involve some compromise, as long as standards/patient safety are not jeopardized and there is no violation of the collective agreement. The goal is to ensure a quality practice environment.
- Describe the situation clearly, completely, objectively and in a respectful manner.
- Be prepared to state that your concerns are not being addressed in a satisfactory manner, if this is your belief.
- Be prepared to carry your concerns further and to state your rationale for doing so.
- Consult with your Bargaining Unit President and LRO and proceed with their direction and support.

It is important to encourage members to begin validating and communicating professional practice concerns whenever situations occur that interfere with proper patient care. By identifying and bringing practice/workload concerns to the attention of the employer, members ensure they are dealt with in a timely fashion and provide evidence of patient care issues needing resolution.

The documentation must be sufficient to demonstrate that a practice/workload concerns exist and affect the level of patient care. For specific guidelines on the principles and process of documentation, see Appendix A.

Once the documentation has been gathered, it may become the basis for the formal PRC, which consists of three parts:

1. The ONA PRWRF.
2. Supporting documentation and/or covering letter.
3. Recommendations for change, which will resolve the complaint.

The ONA PRWRF is not in itself a PRC, but a documented paper trail to communicate professional practice concerns.

It is intended to assist members with a method of identifying and bringing practice/workload concerns to the attention of the employer in a documented format. This will ensure they can be addressed in an effective manner. It also serves as a history for a potential PRC. The form indicates which individuals (i.e. supervisor) are to receive copies.

A copy(ies) of the completed form should be given to the Bargaining Unit President.

Further steps cannot be taken without this information.

The Role of Members

In order to forward practice/workload concerns discussed to the Labour-Management Committee, the member(s) must notify and provide a written copy of practice/workload concerns to the Bargaining Unit President or her/his delegate who will present the concerns to the committee.

The Role of Bargaining Unit President

- Assists the members in compiling necessary information related to practice/workload concerns.
- Compile information relating to practice/workload concerns.
- Ensure recommendations reflect the solutions to the problems identified by the members, having obtained input and review from both the LRO and PPS.
- Complete a letter indicating the members have workload concerns they wish addressed at the Labour-Management Committee.
- Act as a liaison between the members and employer in setting up meetings, etc.
- Is the spokesperson for the members at the Labour-Management Committee meeting.
- Keep the LRO informed.

While the Bargaining Unit President involved is responsible for these duties, they may be delegated to a floor representative or other Bargaining Unit officer when appropriate.

At the Labour-Management Committee meeting, the employer must be informed that if the situation is not satisfactorily resolved, the union may file a PRC.

Minutes must be kept and must reflect the conversation. Minutes should be signed by both parties. However, if you do not agree with what the minutes say, indicate your concern at the next meeting and do not sign the disputed minutes. If you have a point that you believe may be misinterpreted, write it out beforehand and ask that it be attached to the minutes.

Any members of the affected unit/floor/program should be allowed and encouraged to attend the Labour-Management meetings to discuss their concerns with the employer. The employer must be informed of this prior to the meeting. This meeting is expected to be conducted in a spirit of mutual

concern for patient care issues. Members should not fear reprisals or intimidation in exercising their professional rights and duties.

Filing a PRC

If the employer's response to the members' concerns is unsatisfactory, the Bargaining Unit President should inform the LRO. The members are now in a position to consider filing a formal PRC. The wording of professional responsibility clauses can vary greatly.

There is usually a timeframe spelled out in the clause that must be followed, unless it is altered by mutual agreement. Involvement in further resolution attempts by the LRO is necessary. When all resolution attempts have failed, the LRO sends a covering pre-complaint letter to management, which includes a notification that the LRO may wish to involve a PPS.

The Formal PRC: The Role of Nurses and Members of the Regulated Health Professions

Where an unsatisfactory response or no resolution to concerns discussed at a Labour-Management Committee meeting occurs, members may make the decision to compile formal written proof illustrating the workload problems and recommendations to resolve the complaint. This:

- Provides written proof of professional responsibility workload concerns.
- Determines recommendations necessary to resolve the problems identified in the workload complaint.
- Keeps the Bargaining Unit President informed of their plans to proceed and any other situations as they occur in relation to the complaint.

All members on the unit **may** also be requested to sign a covering letter written by the Bargaining Unit President.

The Role of the Bargaining Unit President

The role of the Bargaining Unit President is to:

- Assist the members to compile necessary information and develop recommendations related to workload problems.
- Ensure recommendations reflect the solution to the problems identified by members. Review the recommendations with the LRO, who may involve the PPS.
- Ensure timelines for the complaint are met (within 15 days of the last occurrence, or as stated in your collective agreement). The Bargaining Unit President or appropriate person informs the employer in writing of the Bargaining Unit's request for a Labour-Management Committee meeting to discuss the workload complaint, indicating the LRO will be in attendance.
- Act as liaison between member and management in setting up a meeting, etc. LRO involvement is required at this meeting, therefore, it is mandatory that s/he is kept well-informed to allow time to deal with necessary paperwork, etc..
- Encourage members to attend a Labour-Management Committee meeting to discuss the complaint.

While the Bargaining Unit President is responsible for the above duties, they may be delegated to an ONA representative or another officer when appropriate.

Continue to submit PRWRFs to the Labour-Management Committee.

Most professional responsibility clauses require the committee to meet to discuss the complaint within a specific number of days. This meeting is in addition to the regularly scheduled meeting of the committee. **Minutes must be taken.**

At this meeting, the management representatives may have questions regarding the PRWRF submitted. Therefore, it is a good practice to have the complainants present, particularly if members who regularly sit on the joint committee are unfamiliar with the work area where the complaint has arisen.

The employer may also be prepared to offer suggestions to solve the complaint. If a solution is offered, it should not be accepted at the meeting. Rather, make note of the employer's offer and state that the union will respond to it within a day or two. This will give the members involved an opportunity to discuss the employer's offer among themselves, and to consult with the Bargaining Unit executive and LRO.

If the employer's offer is accepted and it is implemented within a reasonable period of time; a Memorandum of Settlement must be drafted by the LRO. Upon signing of the Memorandum by the Bargaining Unit President, LRO, PPS and Employer, the process has reached resolution. If there is no resolution, the LRO will send a pre-complaint letter to the employer and involve the PPS. The PPS will meet with the members on the unit, the Bargaining Unit President and the LRO before meeting with the employer.

If there is no resolution, the PPS will consult with the members and the LRO. The PPS may decide to extend the timelines and have further discussions with the employer. Alternatively, the PPS **may** decide to proceed with a formal PRC and convene an IAC. Check your collective agreement to see what specific provisions it contains. Your LRO will ensure the process is followed correctly.

During this period, ongoing documentation of professional responsibility concerns is necessary.

The IAC

Your collective agreement's PRC may provide for the appointment of an IAC (or a single nurse assessor) to resolve PRCs that are not resolved at the Labour-Management Committee level.

The members of the IAC must be independent of the parties involved in the dispute. Assessment committees consist of three nurses/allied health professionals, one union nominee, one employer nominee and one who serves as chairperson of the committee. The chairperson is selected from a list of names that may be appended to your collective agreement. These nurses/allied health professionals have agreed to sit as chairpersons when they are available to do so, and both the Union and the employer have accepted their names during contract negotiations.

The PRC becomes the basis for a more extensive document called a "brief" and an exhibit book, which are given to members of the IAC. The chair has the right to request an exchange of briefs prior to the actual dates of the hearing.

The brief may also contain background information on the agency (e.g. its size and location), a description of the unit, floor, ward involved, a floor plan, job descriptions, an outline of the patient classification system (if there is one), agency policies, minutes of the Labour-Management Committee meeting where the complaint was discussed and any other material of which the committee should be aware. The brief is assembled and presented by the PPS, who has access to other ONA staff resource persons.

The IAC Hearing

The chairperson of the IAC is responsible for making arrangements for the hearing. S/he will usually request the employer's permission to have the committee visit the area where the complaint arose and to use a meeting room within the agency for the hearing. If permission is denied, or if no space is available, the chairperson will make other arrangements (i.e. booking a meeting space in a nearby hotel). After consultation with everyone concerned, the chairperson informs the Union and the agency of the date(s) of the hearing.

Since these hearings may continue into the evening hours, make sure all your people attending reserve the entire time outlined by the chairperson.

All members of the joint Labour-Management will attend the hearing, as will your LRO and nurses who brought forward the complaint. The employer may also bring whomever they wish. Usually, the nursing director, the Human Resource Director and the nurse manager from the area involved attend. Sometimes the employer's legal counsel is also present.

The Process of the Hearing

A typical format is as follows:

- The chairperson calls the hearing to order and explains how the hearing will proceed.
- The Union presents its submission. The PPS acts as spokesperson.
- The IAC members and employer ask questions based on the Union's presentation.
- The employer presents its submission.
- The IAC members and the Union ask questions or there may be a need for the Union to present more information as rebuttal to the employer's arguments.

The hearing is quite informal. It is not bound to any particular format, and not subject to the "rules" by which arbitration hearings are conducted. The employer does have the right, however, to object at the hearing if timelines have been missed or if there are problems with the evidence presented. The IAC deals with any such objections at the time they are brought forward.

After the hearing, the IAC meets to discuss the evidence and the hearing and to make a preliminary determination of its recommendations.

The committee may make whatever recommendations it sees fit. They are bound by neither the Union's recommended solutions nor those of the employer. They may (and often do) make recommendations that neither party had considered.

The IAC Report

After the hearing, the IAC writes its report. Committee members usually consult during this process, and the chairperson writes the report.

Once the report is finished, copies are sent to the employer and the Union. Also, according to Board policy, copies of the report are sent to the following organizations: (the lists below need updating)

- **Hospital sector:** Director of the Community Hospital Branch in the provincial Ministry of Health and Long-Term Care (MOHLTC) or the Ministry's Director of the Teaching and Specialty Hospitals Branch.
- **Nursing Homes for the Aged, Public Health, Community Care Access Centres, Home Care Units, Clinics and Industry:** Nursing consultants of the appropriate provincial ministry.
- The executive director of the CNO.

The LRO and PPS, in consultation with the Bargaining Unit President, will arrange to meet with representatives of the employer to discuss implementation of the report. The employer may decide to voluntarily implement the recommendations. If so, and the implementation occurs, no further

action is required. If not, the Union will continue to request that implementation occurs, or may take one (or all) of the following steps:

- Release the report to the agency's executive director (or to whomever sits at the top of the agency's administrative structure), along with a request for implementation.
- Release the report and request for implementation to the agency's governing body, for example, the Board of Governors of a hospital.
- Forward the report to the appropriate provincial ministry, for example, the Minister of Health, with a request for action.

If all these steps fail, ONA will discuss with members the possibility of a community action campaign. The main component of this campaign is a press conference where the report is released to the media by the ONA Provincial President.

This campaign only proceeds once the Bargaining Unit members have agreed to it and the Bargaining Unit President agrees to be the spokesperson for media.

APPENDIX A

DOCUMENTATION

Documentation is written proof of facts and events. Documentation is necessary whenever the union decides to recommend to the employer a change occurs in the workplace. This is true whether dealing with negotiations, grievances, health and safety issues, or with concerns that are brought before the Labour-Management Committee.

Recommendations for change must be based on an accurate assessment of current practices and a demonstration, through facts, that the employer's current practice requires revision.

What should nurses include when gathering documentation about a concern? This depends on the type of concern, but some principles apply in all cases. Generally, documentation should include the answers to these questions:

WHAT is the problem?
WHERE did it happen?
WHEN did it happen?
WHO is involved?
WHY did it happen?

After gathering this information in writing from the members involved, the union is in a position to answer the last question, which is: "What do the members **WANT** the employer to do to rectify the problem or address the concern?" For example, at the Labour-Management Committee, everything from employee parking to patient care equipment to workload may be discussed. In each case, documentation that demonstrates the nature and extent of the problem must be gathered to support a recommendation for change.

Suppose that in your health care agency members have a problem with a workload assignment that is too heavy to ensure proper patient/resident/client care. This is a matter that the Labour-Management Committee may address.

What should members write down about their workload to prove their concern is valid? At the end of each tour of duty, each member should record the following:

- Her/his direct patient/resident/client care assignment, including for each:
 - Diagnosis.
 - Treatments/medication/monitoring required.
 - Any other information about the care received, which affects the length of time needed for care, such as age, mental/emotional state and attitude, etc.

- Other duties performed during the tour which, depending upon the agency, may include:
 - Care planning.
 - Dietary.
 - Housekeeping.
 - Porterage.
 - Paperwork.
 - Orientation.
 - In-service.

- Referral forms.
- Travel time.
- Meetings.
- Supervision of other staff.
- Answering the telephone.

In other words, include anything that takes time. Also include duties that would have been performed had time permitted, and duties that were delayed.

For each shift, a record should be kept of the amount of staff. Be sure to include all staff: RNs, RPNs, clerical help, porters, orderlies and aides.

Also record whether the staff is oriented to the job they are doing during that particular shift.

When noting support staff, remember to mention how much of their time is available. Is this staff assigned to one area or is their time shared?

Also record for each shift the request(s) made for additional staff. To whom was each request directed? What was the response?

**** Remember: Never use patients' names in documentation. Assign each patient a number to protect confidentiality.***

At all times during documentation, keep in mind:

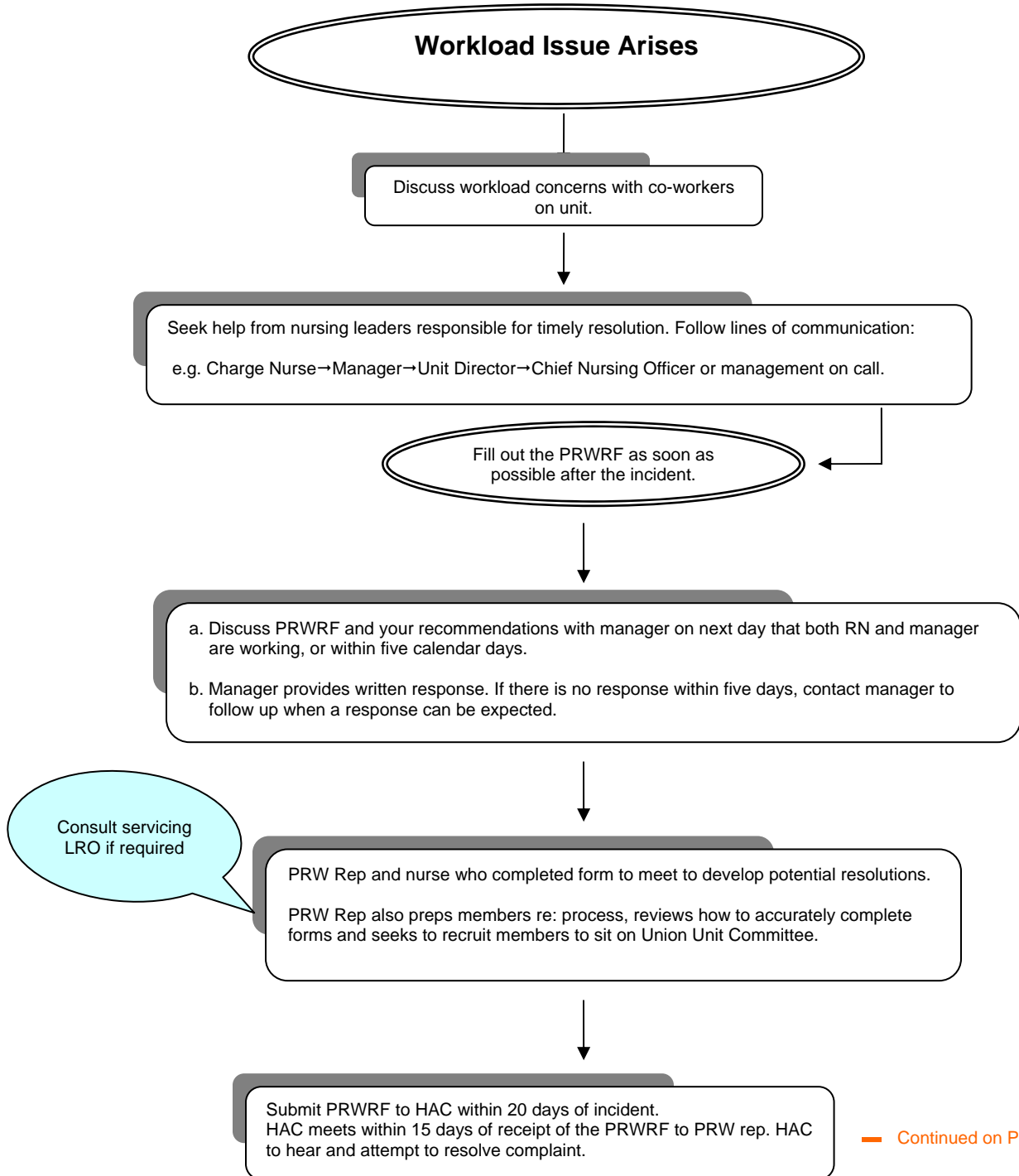
- **Accuracy** is extremely important. The more accurate the documentation, the more credible your argument for change.
- Only accepted health care terminology should be used. Do not use terms that are exclusive to your agency. Someone unfamiliar with your agency may not understand your particular jargon. For the same reason, use acronyms only when you are absolutely sure they will be understood.

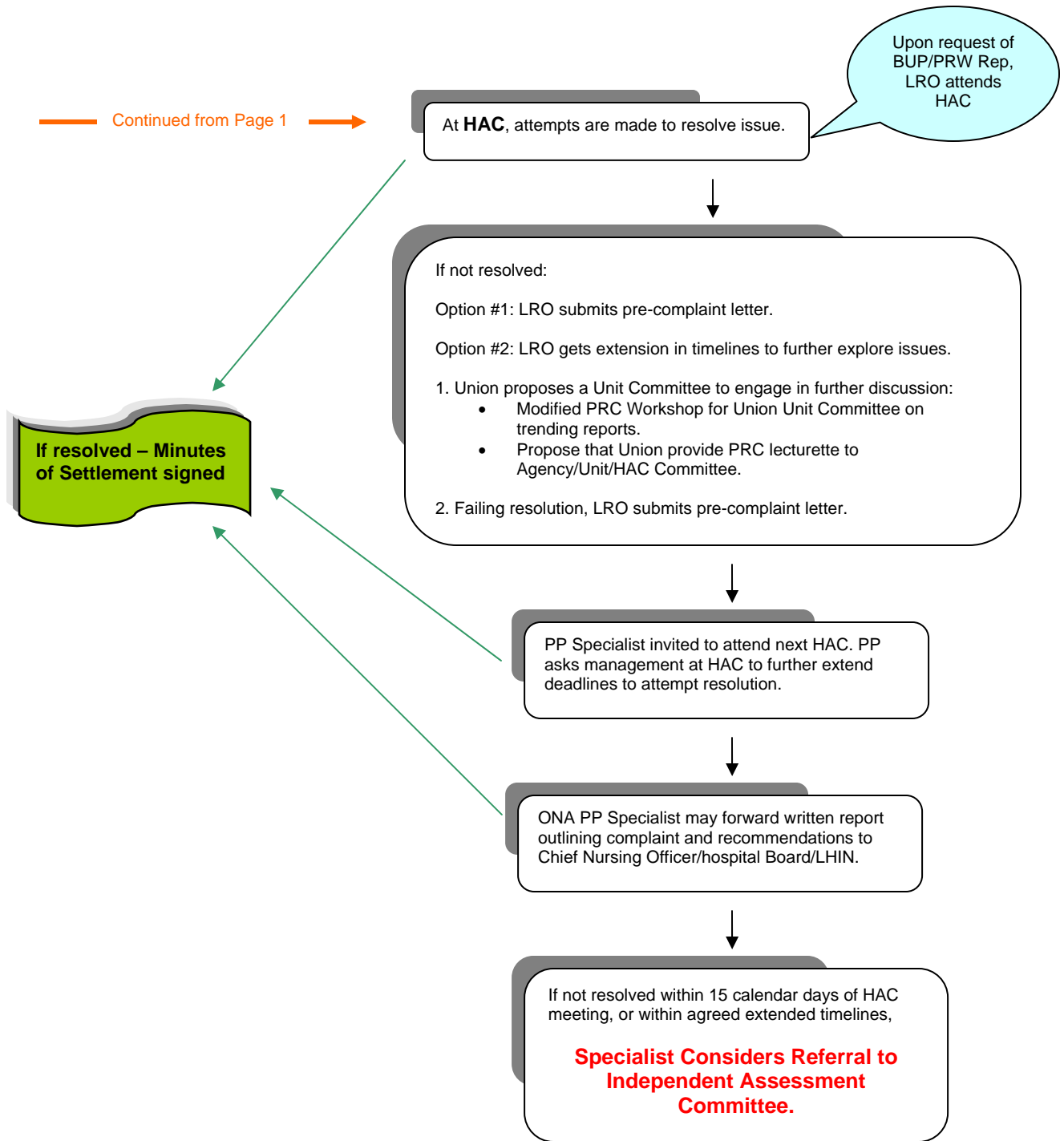
The right to bring forward concerns is written into each collective agreement. The Ontario *Labour Relations Act* protects anyone who exercises a right under a collective agreement from any interference, threat or discipline.

Before the Labour-Management Committee, both the employer and the Union have an opportunity to demonstrate their commitment to the delivery of the best possible care for patients, clients or residents and also their concern for the providers of that care. Use the committee to address day-to-day concerns in a positive way.

APPENDIX B

ONA PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM HOSPITAL DECISION TREE





APPENDIX C

PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS/INDICATORS

COMMUNICATION	EQUIPMENT & SUPPLIES	POLICIES AND PROCEDURES
<input type="checkbox"/> Lack of Leadership & Support	<input type="checkbox"/> Faulty	<input type="checkbox"/> Abuse
<input type="checkbox"/> Policies & Procedures	<input type="checkbox"/> Inservice of New Equipment	<input type="checkbox"/> Administrative
<input type="checkbox"/> Patient Factors/Complexity	<input type="checkbox"/> Insufficient/Lack of	<input type="checkbox"/> Computers
<input type="checkbox"/> Charting/Documentation System	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Equipment
<input type="checkbox"/> Other	<input type="checkbox"/> Not Appropriate	<input type="checkbox"/> Nursing Practices
	<input type="checkbox"/> Workload	<input type="checkbox"/> Patient Classification Systems
		<input type="checkbox"/> Admission / Discharge
EDUCATION / ORIENTATION	JOB DESCRIPTIONS DUTIES	<input type="checkbox"/> Clinical Pathways/Medical Directives
<input type="checkbox"/> Access to Reference Material	<input type="checkbox"/> Charge Nurse	
<input type="checkbox"/> Ambulance	<input type="checkbox"/> RPNs	STAFFING LEVELS
<input type="checkbox"/> Equipment	<input type="checkbox"/> Clerical	<input type="checkbox"/> 24 Hour RN Coverage
<input type="checkbox"/> Inservice	<input type="checkbox"/> Porters	<input type="checkbox"/> RPN Coverage
<input type="checkbox"/> Job Duties/Responsibilities		<input type="checkbox"/> Ambulance
<input type="checkbox"/> Nursing Skills RPN	MEDICATION / POLICY	<input type="checkbox"/> Auxiliary Staff
<input type="checkbox"/> Physical Layout for Model of Care	<input type="checkbox"/> Access to	<input type="checkbox"/> Baseline
<input type="checkbox"/> Policies & Procedures	<input type="checkbox"/> Administration of	<input type="checkbox"/> Bed Utilization (over capacity)
<input type="checkbox"/> Float Pool Nurses	<input type="checkbox"/> Dispensing	<input type="checkbox"/> Break Relief
<input type="checkbox"/> Other	<input type="checkbox"/> Pharmacy Related	<input type="checkbox"/> Communication with Mgt.
	<input type="checkbox"/> Processing Orders	<input type="checkbox"/> Experienced Staff/Jr/Sr Mix
ENVIRONMENT	<input type="checkbox"/> Supply Inadequate/Outdated	<input type="checkbox"/> Float Pool Nurses
<input type="checkbox"/> Alarm Systems	<input type="checkbox"/> Other	<input type="checkbox"/> Non-Nursing Functions
<input type="checkbox"/> Cleanliness of Unit	NON-NURSING FUNCTIONS	<input type="checkbox"/> Patient Mix/Acuity
<input type="checkbox"/> Construction/Renovation	<input type="checkbox"/> Answering Telephone	<input type="checkbox"/> Physician Related
<input type="checkbox"/> Dietary Needs	<input type="checkbox"/> Porterage	<input type="checkbox"/> Scheduling
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Visitor Inquiries	<input type="checkbox"/> Staff Not Replaced
<input type="checkbox"/> Noise Level	<input type="checkbox"/> Ward/Unit Clerk	<input type="checkbox"/> Ward/Unit Clerk
<input type="checkbox"/> Power, Plumbing & Heating	<input type="checkbox"/> Other	<input type="checkbox"/> Weekend coverage
<input type="checkbox"/> Physical Layout		<input type="checkbox"/> Workload
<input type="checkbox"/> Placement of Client-Inappropriate	PHYSICIAN RELATED	<input type="checkbox"/> Patient Factors/Complexity
<input type="checkbox"/> Safety for Clients/Staff	<input type="checkbox"/> Availability/Off hours rounds	<input type="checkbox"/> Care Fragmentation
<input type="checkbox"/> Care Fragmentation	<input type="checkbox"/> Client Safety	<input type="checkbox"/> Model of Care (Pod Nursing)
<input type="checkbox"/> Over-capacity	<input type="checkbox"/> Inappropriate Behaviour	<input type="checkbox"/> Other

APPENDIX D

ONA - PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM (HOSPITAL/HOMES)



ONA PROFESSIONAL RESPONSIBILITY - WORKLOAD REPORT FORM GUIDELINES AND TIPS ON ITS USE

The parties have agreed that patient care is enhanced if concerns relating to professional practice, patient acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. The Collective Agreement provides a problem solving process for nurses to address concerns relative to patient care. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

THE FOLLOWING IS A SUMMARY OF THE PROBLEM SOLVING PROCESS AS OUTLINED IN THE COLLECTIVE AGREEMENT. PRIOR TO SUBMITTING THE WORKLOAD REPORT FORM, PLEASE FOLLOW ALL STEPS AS OUTLINED IN THE COLLECTIVE AGREEMENT.

STEPS IN PROBLEM SOLVING PROCESS

- 1) **At the time the workload issue occurs**, discuss the matter within the Unit/Area/Program to develop strategies to meet patient care needs using current resources. If necessary, using established lines of communication, seek immediate assistance from an individual identified by the Employer (e.g. team leader/charge nurse/co-ordinator/supervisor) who has responsibility for timely resolution of workload issues.
- 2) Failing resolution of the workload issue at the time of the occurrence, discuss the issue with your Manager (or designate) on the Manager's or designate's next working day.
- 3) If no satisfactory resolution is reached during steps (1) and (2) above, then you may submit a professional responsibility workload report form to the Employer-Association Committee within fifteen (15) calendar days of the alleged improper assignment. (SEE REVERSE SIDE.)
- 4) As per the Collective Agreement, the Employer-Association Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties.
- 5) If the issue is not resolved at the meeting in (4) above, the form may be forwarded to an Independent Assessment Committee within the requisite number of days of the meeting in (4) above, as outlined in your Collective Agreement.
- 6) The Association and the Employer may mutually agree to extend the time limits for referral of the complaint at any stage of the complaint procedure.

TIPS FOR COMPLETING THE FORM

- 1) Review the form before completing it so you have an idea of what kind of information is required.
- 2) Print legibly and firmly as you are making multiple copies.
- 3) Use complete words as much as possible. Avoid abbreviations.
- 4) As much as possible, you should report only facts about which you have first-hand knowledge. If you use second-hand or hearsay information, identify the source if permission is granted.
- 5) Identify the CNO standards of practice/policies and procedures you feel you were unable to meet.
- 6) Do not, under any circumstances, identify patients/residents.





LIGNES DIRECTRICES ET CONSEILS POUR LE FORMULAIRE DE RAPPORT DE LA SURCHARGE DE TRAVAIL - RESPONSABILITÉ PROFESSIONNELLE A.I.I.O.

Les parties conviennent que les soins aux patients se trouvent améliorés lorsque les problèmes concernant la pratique professionnelle, l'état de santé des patients, les fluctuations de la charge de travail et des effectifs sont solutionnés de manière prompte et efficace. La convention collective fournit aux infirmières une méthode de résolution de problème en permettant un dialogue sur la question de la qualité des soins prodigués aux patients / résidents. Ce formulaire de rapport sert d'outil de documentation en facilitant la discussion et encourageant une méthode active de résolution.

CE QUI SUIT EST UN SOMMAIRE DE LA MÉTHODE DE RÉOLUTION DE PROBLÈME TELLE QUE DÉCRITE DANS LA CONVENTION COLLECTIVE. AVANT DE SOUMETTRE LE FORMULAIRE DE RAPPORT SUR LA SURCHARGE DE TRAVAIL, VEUILLEZ SUIVRE TOUTES LES ÉTAPES CONFORMÉMENT À LA CONVENTION COLLECTIVE.

ÉTAPES À SUIVRE POUR LA MÉTHODE DE RÉOLUTION DE PROBLÈME

- 1) **Au moment de l'occurrence de la surcharge de travail**, discutez-en parmi vos pairs de l'Unité/ du Service/ du Programme afin de réévaluer les tâches et les effectifs présents pour répondre aux exigences de soins à prodiguer. Si nécessaire, prévenez immédiatement votre gestionnaire responsable présent en l'informant de la situation et des besoins requis pour solutionner la problématique de façon prompte et efficace.
- 2) Advenant l'échec d'un règlement à l'étape 1, abordez la question avec votre directrice des soins (ou autre personne désignée à cette fonction) dès son retour au travail.
- 3) Si les étapes (1) et (2) ci-dessus ne sont pas corrigées à votre satisfaction, vous pouvez soumettre le formulaire de rapport de la surcharge de travail au comité Patronal/ Syndical dans les quinze (15) jours civils suivant la date de l'événement conflictuel. (VERSO)
- 4) Conformément à la convention collective, le comité Patronal/ Syndical révisera la plainte et tentera de solutionner la situation.
- 5) À défaut de résoudre la plainte lors de la réunion du comité (4) ci-dessus, le formulaire peut être acheminé à un comité d'évaluation indépendant en autant que les délais requis pour l'envoi soit respectés selon les termes prescrit par la convention collective.
- 6) Les parties Patronale et Syndical peuvent convenir mutuellement de prolonger les délais d'envoi de la plainte à toutes les étapes de la méthode de résolution de problème.

CONSEILS POUR COMPLÉTER CE FORMULAIRE

- 1) Révisez le formulaire avant de le compléter afin de vous aider à identifier la nature de l'information requise.
- 2) Écrivez lisiblement et en appuyant fermement afin d'obtenir des copies de bonnes qualités.
- 3) Employez des mots complets autant que possible. Évitez les abréviations.
- 4) Rapportez les faits dont vous avez été témoin. Si vous fournissez de l'information venant d'une autre personne ou divulguée par ouï-dire, identifiez votre source en autant que la personne soit consentante.
- 5) Identifiez les normes de pratique, les politiques et procédures de l'Ordre des infirmiers et infirmières de l'Ontario qui, à votre avis, n'ont pas été respecté dû à la surcharge de travail.
- 6) Respectez la confidentialité, n'identifiez ni les patients, ni les résidents.





ONTARIO NURSES' ASSOCIATION ASSOCIATION DES INFIRMIERS ET INFIRMIÈRES DE L'ONTARIO



PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM / FORMULAIRE DE RAPPORT DE LA RESPONSABILITÉ PROFESSIONNELLE SUR LA SURCHARGE DE TRAVAIL

(Please Print / Lettres Moulées S.V.P)

SECTION 1: GENERAL INFORMATION / GÉNÉRALITÉS

Name(s) of Employee(s) Reporting / Nom(s) des Employé(e)(s): _____

Employer: _____ Unit/Area/Program: _____
 Employeur: _____ Unité/Service/Secteur: _____

Date of Occurrence: _____ Time: _____ 7.5 Hr. Shift 11.25 Hr. Shift
 Date de l'Évènement: _____ Heure: _____ Quart de 7,5 hre Quart de 11,25 hre

Name of Supervisor: _____ Date/Time Submitted: _____
 Nom du Surveillant: _____ Date et heure de soumission: _____

SECTION 2: DETAILS OF OCCURRENCE / DÉTAILS DE L'ÉVÈNEMENT

Provide a concise summary of the occurrence / Faites une brève description de la situation: _____

Check One / Cochez une seule case: Is this an isolated incident? / Est-ce un incident isolé? An ongoing problem? / Une situation perpétuelle?

SECTION 3: WORKING CONDITIONS / CONDITIONS DE TRAVAIL

In order to effectively resolve workload issues, please provide details about the working conditions **at the time of occurrence** by providing the following information:
 Pour régler efficacement les questions concernant la surcharge de travail, veuillez fournir les détails sur les conditions de travail **au moment de l'évènement** avec les informations suivantes:

# Regular Staff / # Effectif permanent:	<input type="checkbox"/> RN / I.A.	<input type="checkbox"/> RPN / IAA	<input type="checkbox"/> Unit Clerk / Commis d'unité	<input type="checkbox"/> Service Support / Personnel de soutien
# Actual Staff / # Effectif réel:	<input type="checkbox"/> RN / I.A.	<input type="checkbox"/> RPN / IAA	<input type="checkbox"/> Unit Clerk / Commis d'unité	<input type="checkbox"/> Service Support / Personnel de soutien
Agency / Registry RN / I.A. d'agence-registre:	<input type="checkbox"/> Yes / Oui	<input type="checkbox"/> No / Non	<input type="checkbox"/> How many? / Combien? _____	
Junior Staff* / Effectif junior*:	<input type="checkbox"/> Yes / Oui	<input type="checkbox"/> No / Non	<input type="checkbox"/> How many? / Combien? _____	
RN Staff Overtime / Effectif I.A. Hr Supp.:	<input type="checkbox"/> Yes / Oui	<input type="checkbox"/> No / Non	<input type="checkbox"/> If yes, how many staff? / Si oui, combien de personnel? _____	Total Hours / Hres totales _____

* as defined by your unit/area/program / *selon la définition de votre unité/service/secteur.

If there was a shortage of staff at the time of the occurrence, (including support staff) please check one or all of the following that apply:
 S'il y avait une pénurie de personnel au moment de l'évènement, (y compris personnel de soutien) veuillez cocher les case qui s'appliquent à la situation:

Absence/Emergency Leave / Absence/Congé d'urgence Sick Call(s) / Maladie(s) Vacancies / Postes vacants

SECTION 4: PATIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE / FACTEURS SUR LES SOINS AUX PATIENTS QUI ONT CONTRIBUÉ À L'ÉVÈNEMENT

Please check off the factor(s) you believe contributed to the workload issue: / Veuillez cocher le(s) facteur(s) qui, selon vous, ont contribué à la question de surcharge de travail:

Change in patient acuity. Provide details: _____
 Changement de l'état de santé des patients. Expliquez: _____

Shortage of beds / Manque de lits Patient census at time of occurrence: _____
 Recensement des patients au moment de l'évènement: _____

Number of Admissions: _____ Number of Discharges / Nombre de congés: _____
 Nombre d'admissions: _____

Lack of equipment/malfunctioning equipment. Please specify: _____
 Manque d'équipement / équipement défectueux. Veuillez préciser: _____

Visitors/Family Members / Visiteurs/Membre de famille

Non-nursing Duties: (Please Specify) / Tâches non liés aux soins infirmiers: (Veuillez préciser)

Other: (Please specify) / Autre: (Veuillez préciser)

SECTION 5: REMEDY /RÈGLEMENT

- (A) At the time the workload issue occurred, did you discuss the issue within the unit/area/program? Yes / Oui No / Non
 Au moment où la question de la surcharge de travail s'est présentée, en avez-vous discuté au sein de l'unité/du service/du programme?

Provide Details / Expliquez: _____

Was it resolved? / A-t-elle été résolue? Yes / Oui No / Non

- (B) Failing resolution at the time of the occurrence, did you seek assistance from the person designated by the employer as having responsibility for timely resolution of workload issues? Yes / Oui No / Non
 Advenant l'incapacité à régler la situation présente de la surcharge de travail, avez-vous cherché l'aide de votre supérieur immédiat pour une solution rapide de la questions?

Provide Details / Expliquez: _____

Was it resolved? / A-t-elle été résolue? Yes / Oui No / Non

- (C) Did you discuss the issue with your manager (or designate) on her/his next working day? Yes / Oui No / Non
 Avez-vous discuté de la question avec votre directrice (ou désignée) lors de son retour au travail?

Provide Details / Expliquez: _____

Was it resolved? / A-t-elle été résolue? Yes / Oui No / Non

SECTION 6: RECOMMENDATIONS / RECOMMANDATIONS

Please check-off one or all of the areas you believe should be addressed in order to prevent similar occurrences:
 Veuillez cocher les cases ci-dessous que vous croyez qu'il faut aborder pour empêcher la répétition de ces événements:

- Inservice / Perfectionnement prof. Orientation / Orientation Review nurse/patient ratio / Revisez le rapport infirmière/patient
 Change unit lay-out/Changez la disposition de l'unité Float/casual pool / Groupe occasionnel/volant Review policies & procédures / Revisez politiques et procédures
 Change Start/Stop times of shift(s). Please specify:
 Changement d'heure d'entrée/de fin de quart de travail. Veuillez préciser: _____
 Review Workload Measurement Statistics Perform Workload Measurement Audit
 Revisez les statistiques de mesure de la charge de travail Exécutez une vérification de l'outil de mesure de la charge de travail
 Adjust RN staffing Adjust support staffing Replace sick calls
 Ajustez les effectifs d'I.A. Ajustez les effectifs en personnel de soutien Remplacez les personnes absentes à cause de maladie
 Equipment (Please specify): / Équipement (Veuillez préciser): _____
 Other: / Autre: _____

SECTION 7: MANAGEMENT COMMENTS / COMMENTAIRES DE LA DIRECTION

Please provide any information/comments in response to this report, including any actions taken to remedy the situation, where applicable:
 Veuillez fournir toutes les informations et commentaires en réponse à ce rapport, y compris toute action prise pour corriger la situation, si applicable:

Management Signature: / Signature de la direction: _____ Date/Date: _____

SECTION 8: EMPLOYEE SIGNATURES / SIGNATURES DES EMPLOYÉES

I/We do not believe the response adequately addresses our concerns. I/We therefore request these concerns be forwarded to the Employer-Association Committee in accordance with the collective agreement.
 Je crois/Nous croyons que les mesures prises sont insuffisantes pour régler la situation. Je demande/Nous demandons donc que la question soit portée devant le comité Patronal/Syndical en conformité avec la convention collective.

Signature: / Signature: _____ Phone No.: / N° de tél: _____

Signature: / Signature: _____ Phone No.: / N° de tél: _____

Signature: / Signature: _____ Phone No.: / N° de tél: _____

Date Submitted: / Date de soumission: _____

APPENDIX E



ONNA COMMUNITY PROFESSIONAL RESPONSIBILITY – WORKLOAD REPORT FORM GUIDELINES AND TIPS ON ITS USE

Client care is enhanced if concerns relating to professional practice, patient acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach. ONNA may use this information for statistical purposes and noting trends across the province.

THE FOLLOWING IS A SUMMARY OF THE PROBLEM SOLVING PROCESS. PRIOR TO SUBMITTING THE WORKLOAD REPORT FORM, PLEASE FOLLOW ALL STEPS AS OUTLINED IN CNO STANDARDS AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

STEPS IN PROBLEM SOLVING PROCESS

- 1) **At the time the workload issue occurs**, discuss the matter within the Team/Branch//Program to develop strategies to meet client care needs using current resources. If necessary, using established lines of communication, seek immediate assistance from an individual identified by the Employer (e.g. team leader/charge nurse/supervisor) who has responsibility for timely resolution of workload issues.
- 2) Failing resolution of the workload issue at the time of the occurrence, discuss the issue with your Manager (or designate) on the Manager's or designate's next working day.
- 3) If no satisfactory resolution is reached during steps (1) and (2) above, then you may submit a community professional responsibility workload report form to the Employer-Association Committee within fifteen (15) calendar days of the alleged improper assignment. (SEE REVERSE SIDE.)
- 4) The Employer-Association Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties.
- 5) If the issue is not resolved at the meeting in (4) above, the LRO and/or Professional Practice Specialist shall meet with Management and attempt to resolve the complaint.
- 6) The form may be forwarded to an independent assessment committee within the requisite number of days of the meeting in (5) above, **if outlined in your collective agreement.**
- 7) The Association and the Employer may mutually agree to extend the time limits for referral of the complaint at any stage of the complaint procedure.

TIPS FOR COMPLETING THE FORM

- 1) Review the form before completing it so you have an idea of what kind of information is required.
- 2) Print legibly and firmly as you are making multiple copies.
- 3) Use complete words as much as possible. Avoid abbreviations.
- 4) Report only facts about which you have first-hand knowledge. If you use second-hand or hearsay information, identify the source if permission is granted.
- 5) Identify the PROF/CNO standards of practice/policies and procedures you feel you were unable to meet.
- 6) Do not, under any circumstances, identify clients/residents.



AIIO – FORMULAIRE DE DÉCLARATION DE LA CHARGE DE TRAVAIL DES RESPONSABILITÉS PROFESSIONNELLES COMMUNAUTAIRES DIRECTIVES ET CONSEILS D'USAGE

Les soins prodigués aux clients s'améliorent lorsque les problèmes relatifs aux méthodes professionnelles, à l'acuité des patients, aux variations des charges de travail et aux changements relatifs aux effectifs sont résolus efficacement au moment opportun. Ce formulaire de déclaration constitue un outil pour la documentation afin de faciliter le dialogue et promouvoir une approche de résolution de problèmes. L'AIIO peut utiliser ces renseignements en vue de les inclure dans des statistiques et des rapports sur les tendances à l'échelle de la province.

LES POINTS SUIVANTS FONT ÉTAT DU PROCESSUS DE RÉOLUTION DE PROBLÈMES. AVANT DE SOUMETTRE LE FORMULAIRE DE DÉCLARATION DE LA CHARGE DE TRAVAIL, VEUILLEZ SUIVRE TOUTES LES ÉTAPES TELLES QUE STIPULÉES DANS LES NORMES OIIO ET/OU PAR LES CONVENTIONS COLLECTIVES.

ÉTAPES DU PROCESSUS DE RÉOLUTION DE PROBLÈMES

- 1) **Au moment où le problème résultant de la charge de travail survient**, discutez du problème au sein de l'équipe/du service/du programme pour développer des stratégies, visant à répondre aux besoins des soins des clients, en vous servant des ressources actuelles. Si nécessaire, en respectant les voies de communication établies, demandez sans attendre l'assistance de la personne nommée par l'employeur (par ex. la chef d'équipe, l'infirmière responsable, la superviseure) qui a la responsabilité de résoudre les problèmes relatifs aux charges de travail.
- 2) Si le problème n'est pas résolu au moment où il survient, parlez-en avec votre directrice (ou responsable) dès son retour au travail.
- 3) Si aucune résolution ne survient suite aux étapes (1) et (2) ci-dessus, alors vous pouvez soumettre un formulaire de déclaration de la charge de travail des responsabilités professionnelles communautaires au Comité patronal dans les (15) jours civils qui suivent la présumée tâche à la source du conflit. (VERSO)
- 4) Le Comité patronal doit entendre la plainte et tenter de trouver une solution satisfaisante pour les deux parties.
- 5) Si le problème n'est pas résolu lors de la réunion mentionnée dans le point (4) ci-dessus, l'ART et/ou le spécialiste en méthodes professionnelles doit rencontrer la direction et tenter de résoudre la plainte.
- 6) Le formulaire peut être également transmis à un comité d'évaluation indépendant dans la période prescrite suivant la réunion mentionnée dans le point (5) ci-dessus, **si cela est stipulé par votre convention collective.**
- 7) Le comité et l'employeur peuvent décider d'un commun accord de la date limite de renvoi de la plainte à tout moment durant le processus de traitement de la plainte.

CONSEILS POUR REMPLIR LE FORMULAIRE

- 1) Lisez le formulaire avant de le remplir afin d'avoir une idée des renseignements à fournir.
- 2) Écrivez lisiblement en appuyant bien afin que l'impression se fasse sur les différentes copies.
- 3) Utilisez des mots entiers en évitant les abréviations.
- 4) Ne parlez que des faits auxquels vous avez assisté personnellement. Si vous citez des renseignements fondés sur des oui-dire, identifiez la source dans la mesure où la permission vous en est donnée.
- 5) Identifiez les procédures, politiques, normes de pratique du Comité patronal/OIIO que vous n'avez pas été en mesure de suivre.
- 6) Ne citez, en aucun cas, le nom des clients ou des résidents.

**COMMUNITY PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM /
FORMULAIRE DE DÉCLARATION DE CHARGE DE TRAVAIL DES RESPONSABILITÉS PROFESSIONNELLES COMMUNAUTAIRES**

(Please Print / Veuillez écrire en lettre moulées)

SECTION 1: GENERAL INFORMATION / RENSEIGNEMENTS GÉNÉRAUX

Name(s) Of Employee(s) Reporting:
Nom(s) de l'employé(e)/des employé(e)s faisant le rapport : _____

Employer: _____ /Branch _____ Team/Area/Program: _____
Employeur : _____ /Service _____ Équipe/Zone/Programme : _____

Date Of Occurrence: _____ Start Time: _____ Duration Time: _____
Date de l'évènement : _____ Heure du début : _____ Durée : _____

Hrs Wkd _____ On Call/Ext. Hrs _____ Supervisor(at time of occ.) _____ Date/Time Submitted: _____
Hrs fin de sem. _____ Hrs sur appel/suppl. _____ Superviseur (sur place.) _____ Date/heure de la soumission : _____

SECTION 2: DETAILS OF OCCURRENCE / RENSEIGNEMENTS SUR L'ÉVÈNEMENT

Provide a concise summary of how the occurrence affected your practice/workload:
Fournir un résumé détaillé de la manière dont l'évènement a affecté vos activités/votre charge de travail : _____

Check one: / Coché UNE seule réponse : Is this an isolated incident? / S'agit-il d'un cas isolé ? An ongoing problem? / D'un problème récurrent ?

**SECTION 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURRENCE /
SOINS DES CLIENTS ET AUTRES FACTEURS AYANT CONTRIBUÉ À L'ÉVÈNEMENT**

Please check off the factor(s) you believe contributed to the workload issue:
Veuillez cocher le(s) facteur(s) qui selon vous a/ont contribué aux problèmes relatifs aux charges de travail :

<input type="checkbox"/> Change in client acuity (psy/phy/soc) Provide details: Changement dans l'acuité du client (psy/phy/soc.) Fournir des renseignements :	<input type="checkbox"/> Safety in jeopardy (specify) / Sécurité en jeu (spécifier) _____
<input type="checkbox"/> Visitors/Family members / Visiteurs/membres de familles	<input type="checkbox"/> Lack of / malfunctioning equip.(specify) Manque/défaillance d'équipement (spécifier) _____
<input type="checkbox"/> Bed Shortage (hosp./LIC) / Manque de lits (hóp./SLD)	<input type="checkbox"/> Weather / Conditions météorologiques
<input type="checkbox"/> Client census at time of occurrence / Nbre de clients au moment de l'évènement	<input type="checkbox"/> Travel/Distance / Déplacement/distance
<input type="checkbox"/> Non-Nursing Duties: (specify) Tâches non spécifiques aux infirmières : (spécifier) _____	<input type="checkbox"/> Unanticipated Assignment / uncontrolled variables (specify) Affectation non anticipée / changements incontrôlés (spécifier)
<input type="checkbox"/> # of Admissions / Nbre d'admissions _____	<input type="checkbox"/> Incomplete Referral Information / Renseignements sur le patient incomplets
<input type="checkbox"/> # of Discharges / Nbre de sorties _____	<input type="checkbox"/> Other (specify) / Autre (spécifier) _____

SECTION 4: STAFFING/WORKING CONDITIONS / DOTATION EN PERSONNEL/CONDITIONS DE TRAVAIL

In order to effectively resolve workload issues, please provide details about the working conditions **at the time of occurrence** by providing the following information:
Afin de résoudre les problèmes relatifs aux charges de travail, veuillez fournir des détails sur les conditions de travail **au moment de l'évènement** en fournissant les renseignements suivants :

# Regular Staff: / # Personnel régulier :	<input type="checkbox"/> RN / Inf. aut.	<input type="checkbox"/> RPN / inf. aux. aut.	<input type="checkbox"/> Clerical Support / Personnel de bureau	<input type="checkbox"/> IT Support / Soutien informatique
# Actual Staff: / # Personnel actuel :	<input type="checkbox"/> RN / Inf. aut.	<input type="checkbox"/> RPN / inf. aux. aut.	<input type="checkbox"/> Clerical Support / Personnel de bureau	<input type="checkbox"/> IT Support / Soutien informatique
Junior Staff / Personnel subalterne :	<input type="checkbox"/> Yes / Oui	<input type="checkbox"/> No / Non	<input type="checkbox"/> How many? / Combien ? _____	
RN Staff Overtime: / Inf. aut. en temps sup. :	<input type="checkbox"/> Yes / Oui	<input type="checkbox"/> No / Non	<input type="checkbox"/> If yes, how many staff? Si oui, combien ? _____	Total Hours / Nbre d'heures _____

Breaks: / Pauses : Meal Period: / Pause-repas : Missed / ratée _____ Late / en retard _____ Taken / prise _____
Rest Period: / Temps de repos : Missed / ratée _____ Late / en retard _____ Taken / prise _____

At the time of the occurrence, the planned workload was: Au moment de l'évènement, la charge de travail prévue était telle :	# Planned # Prévu(e)s	Actual # # Actuel(le)s	Time Planned Temps prévu à cet effet	Actual Time Durée actuelle
Home Visits/ School Visits/ Clinics Visites à domicile/ visites à l'école / cliniques				
Case Conferences/Team Meetings etc. Conférence de cas /réunions d'équipes, etc.				
Documentation/ Administration (i.e. phone, paperwork, supplies) Documentation/ Administration (ex. téléphone, travail administratif, approvisionnement)				
Inservice / Education En service / formation				
Travel (number of trips) Déplacements (nombre de déplacements)				
Other (i.e. giving a presentation etc.) Autre (ex. exposé à faire)				

If there was a shortage of staff at the time of the occurrence, (including support staff) please check one or all of the following that apply:
S'il y a eu un manque de personnel au moment de l'évènement, (dont le personnel de soutien) veuillez cocher la/les réponse(s) nécessaires :

<input type="checkbox"/> Absence/Emergency Leave Absence/congé d'urgence	<input type="checkbox"/> Sick Call(s) Congé(s) maladie(s)	<input type="checkbox"/> Vacancies Vacances
---	--	--

SECTION 5: REMEDY / SOLUTION

(A) At the time the workload issue occurred, did you discuss the issue within the team/branch/program? Yes / Oui No / Non
 Au moment où le problème est survenu en raison de la charge de travail, en avez-vous discuté avec l'équipe/le service/le programme ?
 Provide Details: / Fournir des renseignements : _____

Was it resolved? / Est-ce que le problème a été résolu ? Yes / Oui No / Non

(B) Failing resolution at the time of the occurrence, did you seek assistance from the person designated by the employer as having responsibility for timely resolution of workload issues? Yes / Oui No / Non
 Ne trouvant pas de solution lors de l'évènement, avez-vous cherché de l'aide auprès de la personne désignée par l'employeur ayant la responsabilité de régler les problèmes relatifs aux charges de travail ?

Did the designated person with whom you discussed the occurrence provide guidance? Yes / Oui No / Non
 Est-ce que la personne responsable avec qui vous avez discuté du problème vous a orienté conséquemment ?

Provide Details: / Fournir des renseignements : _____

Was it resolved? / Le problème a-t-il été résolu ? Yes / Oui No / Non

(C) Did you discuss the issue with your manager (or designate) on her/his next working day? Yes / Oui No / Non
 Avez-vous discuté du problème avec votre superviseur(e) (ou responsable) au moment de son retour au travail ?

Provide Details: / Fournir des renseignements : _____

Was isolated incident resolved? / Est-ce que le cas isolé a été résolu ? Yes / Oui No / Non

If an ongoing problem, was entire issue resolved? Yes / Oui No / Non
 S'il s'agissait d'un problème récurrent, a-t-il été résolu ?

Were measures implemented to prevent re-occurrence? Yes / Oui No / Non
 Est-ce que des mesures ont été prises pour éviter que cela se reproduise ?

Provide Details: / Fournir des renseignements : _____

If staff made available, please identify the number of staff provided, their category and the amount of time they were available for:
 Si du personnel a été assigné, veuillez identifier le nombre de personnes assignées, leurs catégories et le nombre d'heures pendant lesquelles ils étaient disponibles :

Category (CM, RN, RPN, PHN, PSW, Clerk etc.) Catégories (RC, inf. aut., inf. aux. aut., ISP, Prép. aux serv. de sout., Commis, etc.)	Amount of time Staff available / Durée de disponibilité du personnel	Orientation to Branch Required / Orientation à un service requis <input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non State Orientation time (min/hrs) / Stipuler le temps de réorientation (min. /hres)

SECTION 6: RECOMMENDATIONS / RECOMMANDATIONS

Please check-off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:
 Veuillez cocher le ou les points ci-dessous qui, selon vous, devraient être pris en considération afin d'éviter de tels problèmes.

- Inservice / Personnel en service
- Change physical lay-out / Changement de la répartition des employés
- Caseload review for acuity/activity / Révision du nbre de cas pour l'acuité/l'activité
- Orientation / Orientation
- Float/casual pool / Personnel mobile/occasionnel
- ↑ RN/CM staffing / ↑ inf. aut. /RC
- ↑ support staffing / ↑ personnel de soutien
- Review nurse/patient ratio / Révision du nbre de patients par inf.
- Review policies & procedures / Révision des politiques et procédures
- Perform Workload Measurement Audit / Évaluations des charges de travail

Equipment (Please specify) / Équipement (veuillez spécifier) _____

Other: / Autre : _____

SECTION 7: EMPLOYEE SIGNATURES / SIGNATURES DES EMPLOYÉ(E)S

I/We request these concerns be forwarded to the Employer-Association Committee.
 Je/nous demandons à ce que ces préoccupations soient soumises au Comité de l'association patronale.

Signature: / Signature : _____ Phone No.: / N° de tél : _____

Signature: / Signature : _____ Phone No.: / N° de tél : _____

Signature: / Signature : _____ Phone No.: / N° de tél : _____

Date/time Submitted: / Date/heure de la soumission : _____

SECTION 8: MANAGEMENT COMMENTS / COMMENTAIRES DE LA DIRECTION

Please provide any information/comments in response to this report, including any actions taken to remedy the situation, where applicable.
 Veuillez fournir des renseignements/commentaires sur ce rapport, en incluant les mesures qui ont été prises pour remédier à la situation, le cas échéant.

Management Signature / Signature de la direction _____ Date: / Date : _____

APPENDIX F

ONTARIO NURSES ASSOCIATION (ONA) COMMUNITY CARE ACCESS CENTRE (CCAC) PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM

GUIDELINES AND TIPS ON ITS USE

Client care is enhanced if concerns relating to professional practice, client acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. This report form provides a tool for documentation to facilitate discussion and to promote a problem solving approach. ONA may use this information for statistical purposes and noting trends across the province.

THE FOLLOWING IS A SUMMARY OF THE PROBLEM SOLVING PROCESS. PRIOR TO SUBMITTING THE WORKLOAD REPORT FORM, PLEASE FOLLOW ALL STEPS AS OUTLINED IN YOUR PROFESSIONAL STANDARDS (e.g. CNO) AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

STEPS IN PROBLEM SOLVING PROCESS

1. **At the time the workload issue occurs**, discuss the matter within the Team/Site/Program to develop strategies to meet client care needs using current resources. If necessary, using established lines of communication, seek immediate assistance from an individual identified by the Employer (e.g. supervisor) who has responsibility for timely resolution of workload issues.
2. Failing resolution of the workload issue at the time of the occurrence, discuss the issue with your Manager (or designate) on the Manager's or designate's next working day.
3. If no satisfactory resolution is reached during steps (1) and (2) above, then you may submit a CCAC professional responsibility workload report form to the Employer-Union Committee within the number of days provided in your collective agreement of the alleged improper assignment. (See reverse side)
4. The Employer-Union Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties.
5. If the issue is not resolved at the meeting in (4) above, the LRO and/or Professional Practice Specialist shall meet with Management and attempt to resolve the complaint.
6. The form may be forwarded to an independent assessment committee within the requisite number of days of the meeting in (5) above, **if outlined in your collective agreement**.
7. The Union and the Employer may mutually agree to extend the time limits for referral of the complaint at any stage of the complaint procedure.

TIPS FOR COMPLETING THE FORM

1. Review the form before completing it so you have an idea of what kind of information is required.
2. All dates required need to be in the following format : dd/mm/yyyy
3. If using the electronic form, wherever the form requires descriptions, the grey field will expand as you type. Print legibly if using the hard copy of this form.
4. Use complete words as much as possible – avoid abbreviations.
5. Report only facts about which you have first-hand knowledge. If you use second-hand or hearsay information, identify the source if permission is granted.
6. Identify the Professional Standards of practice/policies and procedures you feel you were unable to meet.
7. Do not, under any circumstances, identify clients.

**ONA CCAC
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM**

SECTION 1: GENERAL INFORMATION

Name(s) Of Employee(s) Reporting: _____

Employer: _____

Site: _____

Team/Area/Program: _____

Date of Occurrence: _____

Start Time: _____

Duration Time: _____

(dd/mm/yyyy)

Hours Worked: _____ On Call/Ext. Hrs _____ Supervisor at time of Occurrence: _____

Date submitted (dd/mm/yyyy): _____ Time Submitted: _____

SECTION 2: DETAILS OF OCCURENCE

Provide a concise summary of how the occurrence affected your practice/workload:

Check one: Is this an isolated incident? An ongoing problem?

SECTION 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURENCE

<input type="checkbox"/> Change in Client Acuity. Provide details:	<input type="checkbox"/> Safety in Jeopardy. Please specify:
<input type="checkbox"/> # Family members	<input type="checkbox"/> Bed shortage (Hosp./LTC)
<input type="checkbox"/> Clients assigned at time of occurrence:	<input type="checkbox"/> Lack of /malfunctioning equip. Details:
<input type="checkbox"/> Non-nursing duties. Specify:	<input type="checkbox"/> Weather / Conditions
<input type="checkbox"/> # of new clients to be assessed:	<input type="checkbox"/> Travel / Distance
<input type="checkbox"/> # of transfers from service:	<input type="checkbox"/> Unanticipated Assignment / Uncontrolled variables: Pls. Specify:
<input type="checkbox"/> RAI assessments to be completed	<input type="checkbox"/> Other (specify):

SECTION 4: STAFFING/WORKING CONDITIONS

In order to effectively resolve workload issues, please provide details about the working conditions at the time of occurrence by providing the following information:

Regular staff: Case Manager Other Clerical support IT Support
 # Actual Staff: Case Manager Other Clerical support IT Support
 Inexperienced Staff: Yes No How many?
 Staff Overtime: Yes No If yes, how many staff? Total Hours
 Breaks: Meal Period: Missed Late Taken
 Rest Period: Missed Late Taken

At the time of the occurrence, the planned workload was:	# Planned	# Actual	Time Planned	Actual Time
Home Visits/School Visits/Clinics/Telephone calls/Hospitals, etc				
Case conferences/Team meetings, etc				
Documentation/ Administration (i.e. Phone, paperwork, supplies)				
Inservice Education				
Travel (number of trips)				
Number of Clients Assessed				
Other (i.e. giving a presentation, etc)				

If there was a shortage of staff at the time of the occurrence, (including support staff) please check one or all of the following that apply:

Absence/Emergency Leave Sick Call(s) Vacancies

SECTION 5: REMEDY/ SOLUTION

(A) At the time the workload issue occurred, did you discuss the issue within the team/ site/ program?

Yes No Date (dd/mm/yyyy)

Provide details:

Was it resolved? Yes No Date (dd/mm/yyyy)

(B) Failing resolution at the time of occurrence, did you seek assistance from the person (identify) designated by the employer as having responsibility for timely resolution of workload issues?

Yes No Date (dd/mm/yyyy)

Did the designated person with whom you discussed the occurrence provide guidance?

Yes No Date (dd/mm/yyyy)

Provide details:

Was it resolved? Yes No Date (dd/mm/yyyy)

(C) Did you discuss the issue with your manager (or designate) on her/his next working day?

Yes No Date (dd/mm/yyyy)

Provide details - (include names):

Was isolated incident resolved? Yes No Date (dd/mm/yyyy)

If an ongoing problem, was the entire issue resolved? Yes No Date (dd/mm/yyyy)

Were measures implemented to prevent re-occurrence? Yes No Date (dd/mm/yyyy)

Provide details:

If staff made available, please identify the number of staff provided, their category and the amount of time they were available for:

Category (CM, Clerical, Team Assistant, etc)	Amount of time Staff Available	Orientation to Site reqd.: Yes/ No. State orientation time (min/hrs)

SECTION 6: RECOMMENDATIONS

Please check-off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:

<input type="checkbox"/> Inservice	<input type="checkbox"/> ↑ CM Staffing
<input type="checkbox"/> Change Physical layout	<input type="checkbox"/> ↑ Support staffing
<input type="checkbox"/> Caseload Review for acuity/activity	<input type="checkbox"/> Review CM:Client ratio
<input type="checkbox"/> Orientation	<input type="checkbox"/> Review policies and procedures
<input type="checkbox"/> Part-time pool	<input type="checkbox"/> Perform Workload Measurement Audit
<input type="checkbox"/> Professional Standards	

Equipment: please specify: Other: please specify:

SECTION 7: EMPLOYEE SIGNATURES

I / We request these concerns be forwarded to the Employer-Union Committee.

Signature:

Phone No:

Signature:

Phone No:

Signature:

Phone No:

Signature:

Phone No:

Date Submitted: (dd/mm/yyyy) Time :

SECTION 8: MANAGEMENT COMMENTS

Please provide any information /comments in response to this report, including any actions taken to remedy the situation, where applicable.

Management Signature:

Date: (dd/mm/yyyy)

SECTION 9: RESOLUTION / OUTCOME

Please provide details of resolution:

Attach on Letter of Understanding (LOU) resolution:

Date: (dd/mm/yyyy):

Signatures:

APPENDIX G

ONTARIO NURSES ASSOCIATION (ONA) PUBLIC HEALTH UNIT (PHU) PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM

GUIDELINES AND TIPS ON ITS USE

Client care is enhanced if concerns relating to professional practice, client acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. This report form provides a tool for documentation to facilitate discussion and to promote a problem solving approach. ONA may use this information for statistical purposes and noting trends across the province.

THE FOLLOWING IS A SUMMARY OF THE PROBLEM SOLVING PROCESS. PRIOR TO SUBMITTING THE WORKLOAD REPORT FORM, PLEASE FOLLOW ALL STEPS AS OUTLINED IN YOUR PROFESSIONAL STANDARDS (e.g. CNO) AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

STEPS IN PROBLEM SOLVING PROCESS

1. **At the time the workload issue occurs**, discuss the matter within the Team/Site/Program to develop strategies to meet client care needs using current resources. If necessary, using established lines of communication, seek immediate assistance from an individual identified by the Employer (e.g. supervisor) who has responsibility for timely resolution of workload issues.
2. Failing resolution of the workload issue at the time of the occurrence, discuss the issue with your Manager (or designate) on the Manager's or designate's next working day.
3. If no satisfactory resolution is reached during steps (1) and (2) above, then you may submit a PHU professional responsibility workload report form to the Employer within the number of days provided in your collective agreement of the alleged improper assignment. (See reverse side)
4. The Employer and Union need to meet to attempt to resolve the complaint to the satisfaction of both parties.
5. If the issue is not resolved at the meeting in (4) above, the LRO and/or Professional Practice Specialist shall meet with Management and attempt to resolve the complaint.
6. **If outlined in your collective agreement**, the form may be forwarded to an independent assessment committee within the requisite number of days of the meeting in (5) above and/or a grievance filed, if appropriate.
7. The Union and the Employer may mutually agree to extend the time limits for referral of the complaint at any stage of the complaint procedure.

TIPS FOR COMPLETING THE FORM

1. Review the form before completing it so you have an idea of what kind of information is required.
2. All dates required need to be in the following format: dd/mm/yyyy
3. If using the electronic form, wherever the form requires descriptions, the grey field will expand as you type. Print legibly if using the hard copy of this form. Keep a copy for your files.
4. Use complete words as much as possible – avoid abbreviations.
5. Report only facts about which you have first-hand knowledge. If you use second-hand or hearsay information, identify the source if permission is granted.
6. Identify the Professional Standards of practice/policies and procedures you feel you were unable to meet.
7. Do not, under any circumstances, identify clients.
8. **Copy and/or email completed forms to your Bargaining Unit President, Employer, LRO and keep a copy for your records.**

**ONA PHU
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM**

SECTION 1: GENERAL INFORMATION

ONA/ Local File #

Name(s) Of Employee(s) Reporting: _____

Employer: _____

Site: _____

Team/Area/Program: _____

Date of Occurrence: _____

Start Time: _____

Duration Time: _____

(dd/mm/yyyy)

Hours Worked: _____ On Call/Ext. Hrs _____ Supervisor at time of Occurrence: _____

Date submitted (dd/mm/yyyy): _____

Time Submitted: _____

SECTION 2: DETAILS OF OCCURENCE

Provide a concise summary of how the occurrence affected your practice/workload:

Check one: Is this an isolated incident? An ongoing problem?

SECTION 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURENCE

<input type="checkbox"/> Change in Client/ Family needs. Provide details:	<input type="checkbox"/> Safety in Jeopardy. Please specify:
<input type="checkbox"/> # Family members	<input type="checkbox"/> Lack of /malfunctioning equip. Details:
<input type="checkbox"/> Clients assigned at time of occurrence:	<input type="checkbox"/> Weather / Conditions
<input type="checkbox"/> Non-nursing duties. Specify:	<input type="checkbox"/> Travel / Distance
<input type="checkbox"/> Ontario Public Health Standards not met	<input type="checkbox"/> Outbreak/ Presentation cancelled:
<input type="checkbox"/> # of new clients to be assessed	<input type="checkbox"/> # of transfers from service:
<input type="checkbox"/> Unanticipated Assignment /Uncontrolled variables: Pls. specify:	
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> # of discharges from program

SECTION 4: STAFFING/WORKING CONDITIONS

In order to effectively resolve workload issues, please provide details about the working conditions at the time of occurrence by providing the following information:

Regular staff: PHN RN NP Other Clerical support IT Support
 # Actual Staff: PHN RN NP Other Clerical support IT Support
 Inexperienced Staff: Yes No How many?
 Staff Overtime: Yes No If yes, how many staff? Total Hours
 Breaks: Meal Period: Missed Late Taken
 Rest Period: Missed Late Taken

At the time of the occurrence, the planned workload was:	# Planned	# Actual	Time Planned	Actual Time
Home Visits/School Visits/Clinics/Telephone calls/Hospitals, etc				
Public Meetings/Team meetings/office work, etc				
Documentation/ Administration (i.e. Phone, paperwork, supplies)				
Inservice Education/Presentations				
Travel (number of trips)				
Number of Clients Assessed				
Other (i.e. giving a presentation, etc)				

If there was a shortage of staff at the time of the occurrence, (including support staff) please check one or all of the following that apply:

Absence/Emergency Leave Sick Call(s) Vacancies

SECTION 5: REMEDY/ SOLUTION

(A) At the time the workload issue occurred, did you discuss the issue within the team/ site/ program?

Yes No Date (dd/mm/yyyy)

Provide details:

Was it resolved? Yes No Date (dd/mm/yyyy)

(C) Failing resolution at the time of occurrence, did you seek assistance from the person (identify) designated by the employer as having responsibility for timely resolution of workload issues?

Yes No Date (dd/mm/yyyy)

Did the designated person with whom you discussed the occurrence provide guidance?

Yes No Date (dd/mm/yyyy)

Provide details:

Was it resolved? Yes No Date (dd/mm/yyyy)

(C) Did you discuss the issue with your manager (or designate) on her/his next working day?

Yes No Date (dd/mm/yyyy)

Provide details - (include names):

Was isolated incident resolved? Yes No Date (dd/mm/yyyy)

If an ongoing problem, was the entire issue resolved? Yes No Date (dd/mm/yyyy)

Were measures implemented to prevent re-occurrence? Yes No Date (dd/mm/yyyy)

Provide details:

If staff made available, please identify the number of staff provided, their category and the amount of time they were available for:

Category (PHN, RN, NP, Clerical, etc)	Amount of time Staff Available	Orientation to Site reqd.: Yes/ No. State orientation time (min/hrs)

SECTION 6: RECOMMENDATIONS

Please check-off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:

- | | |
|---|---|
| <input type="checkbox"/> Inservice | <input type="checkbox"/> ↑ PHN Staffing |
| <input type="checkbox"/> Change Physical layout | <input type="checkbox"/> ↑ Support staffing |
| <input type="checkbox"/> Caseload Review for client/ family needs | <input type="checkbox"/> Review PHN:Client ratio |
| <input type="checkbox"/> Orientation | <input type="checkbox"/> Review policies and procedures |
| <input type="checkbox"/> Part-time pool | <input type="checkbox"/> Perform Workload Measurement Audit |
| <input type="checkbox"/> Professional Standards | <input type="checkbox"/> ↑ RN Staffing |
| <input type="checkbox"/> Review RN:Client ratio | |

Equipment: please specify:

Other: please specify:

SECTION 7: EMPLOYEE SIGNATURES

I / We request these concerns be forwarded to the Employer-Union Committee.

Signature: Phone No:

Signature: Phone No:

Signature: Phone No:

Signature: Phone No:

Date Submitted: (dd/mm/yyyy) Time :

SECTION 8: MANAGEMENT COMMENTS : Please provide any information in response to this report, including any actions taken to remedy the situation, where applicable.

Management Signature: Date: (dd/mm/yyyy)

SECTION 9: RESOLUTION / OUTCOME

Please provide details of resolution:

Attach on Letter of Understanding (LOU) resolution:

Date: (dd/mm/yyyy):

Signatures:

cc: ONA LRO, Bargaining Unit President, Employer and keep copy for self.

Notes