

**ONTARIO NURSES' ASSOCIATION (ONA)/HOSPITAL
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM**

Article 8 – Professional Responsibility provides a problem-solving process for nurses to address concerns relative to patient care. This form is intended to appropriately identify employee concerns relative to their workload issues in the context of their professional responsibility. These issues include but are not limited to gaps in continuity of care, balance of staff mix, access to contingency staff and appropriate number of nursing staff. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

SECTION 1: GENERAL INFORMATION

Name(s) of Employee(s) Reporting (Please Print)

Employer: _____ Unit/Area/Program: _____

Date of Occurrence: _____ Time: _____ 7.5 hr. shift 11.25 hr. shift Other _____

Name of Supervisor/Charge Nurse: _____ Date/ _____
Time notified: _____

Manager/Designate notified: _____ Date: _____ Time: _____

SECTION 2: 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 Staffing #: MD/NP _____ RN _____ RPN _____ Unit Clerk _____ Service Support _____
Actual Staffing #: MD/NP _____ RN _____ RPN _____ Unit Clerk _____ Service Support _____
Agency/Registry RN: Yes No How many? _____
Novice RN Staff on duty*: Yes No How many? _____
RN Staff Overtime: Yes No If yes, how many staff? _____

**As defined by your unit/area/program.*

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 Calls Vacancies Off Unit
Management Support available on site? Yes No

SECTION 3: PATIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE

Please check off the factor(s) you believe contributed to the workload issue and provide details:

- Rounds
- Consultation with MD/Delay _____
- Change in patient acuity _____ Telemedicine _____
- Normal number of beds on unit _____ Beds closed _____ Beds opened during tour _____
- Patient census at time of occurrence _____
- # of Admissions _____ # of Discharges _____ # of Transfers _____
- # of assigned patients _____
- Lack of/or equipment/malfunctioning equipment. Please specify: _____
- Visitors/Family Members. Please specify: _____
- Number of patients on infectious precautions _____
- Over Capacity Protocol. Please specify: _____

- Resources/Supplies _____
- Interdepartmental Challenges _____
- System Issues _____
- Exceptional Patient Factors (i.e., significant time and attention required to meet patient expectations). Please specify: _____
- Other (e.g., Non-nursing duties, student supervision, mentorship, etc.). Please specify: _____

SECTION 4: DETAILS OF OCCURRENCE

Provide a concise summary of the occurrence and how it impacted patient care: _____

Identify the Nursing Standard(s)/Practice Guidelines or hospital/unit policies that are believed to be at risk and why:

- Medication
- Documentation
- Professional Standards – Specify _____
- Therapeutic nurse/client relationship
- RN and RPN Practice, The Client, The Nurse and the Environment
- Working with Unregulated Care Providers (Check all that apply)
 - Personal Support Workers/Aides
 - Volunteers
 - Students
 - Physician Assistants
- Working in different roles
- Telepractice
- Consent
- Clinical pathways/medical directives
- Supporting Learners
- Disagreeing with the Plan of Care
- Guiding Decisions about End-of-Life Care
- Nurse Practitioner
- Employer policy – Specify _____ (include policy if able)
- Other _____

Why: _____

Is this an Isolated incident? Ongoing problem? (Check one)

SECTION 5: REMEDY

(A) At the time the workload issue occurs, discuss the issue within the unit/area/program to develop strategies to meet patient care needs. Provide details of how it was or was not resolved.

(B) Failing resolution at the time of the occurrence, seek assistance from an individual(s) who has responsibility for timely resolution of workload issues. Discussion details including name of individual(s):

Was it resolved? Yes No

SECTION 6: RECOMMENDATIONS

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

- In-service
- Orientation
- Review nurse/patient ratio

- Change unit layout
- Float/casual pool
- Review policies & procedures
- Change Start/Stop times of shift(s). Please specify: _____
- Review Workload Measurement Statistics
- Perform Workload Measurement Audit
- Adjust RN staffing
- Adjust support staffing
- Replace sick calls, vacation, paid holidays, other absences
- Equipment. Please specify: _____
- Other: _____

SECTION 7: EMPLOYEE SIGNATURES

Signature: _____	Date: _____	Phone #: _____	Personal Email: _____
Signature: _____	Date: _____	Phone #: _____	Personal Email: _____
Signature: _____	Date: _____	Phone #: _____	Personal Email: _____
Signature: _____	Date: _____	Phone #: _____	Personal Email: _____

Date Submitted: _____ Submitted to (Manager Name): _____

SECTION 8: MANAGEMENT COMMENTS

The manager (or designate) will provide a written response to the nurse(s) within 10 days of receipt of the form with a copy to the Bargaining Unit President as per Article 8.01 (a) iv). Please provide any information/comments in response to this report, including any actions taken to remedy the situation, where applicable. _____

Management Signature: _____ Date: _____

Date response to the employer: _____ Date response to the union: _____

SECTION 9: RECOMMENDATIONS OF HOSPITAL-ASSOCIATION COMMITTEE

The Hospital-Association Committee recommends the following in order to prevent similar occurrences:

Dated: _____

- Copies:
- (1) Manager
 - (2) Chief Nursing Officer (or designate)
 - (3) ONA Rep
 - (4) ONA Member
 - (5) ONA LRO

**ONTARIO NURSES' ASSOCIATION (ONA)/HOSPITAL
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM
GUIDELINES AND TIPS ON ITS USE**

The parties have agreed that patient care is enhanced if issues 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 their workload issues in the context of their professional responsibility. These issues include but are not limited to gaps in continuity of care, balance of staff mix, access to contingency staff and appropriate number of nursing staff. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

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. Using established lines of communication as identified by the hospital, seek immediate assistance from an individual(s) (e.g., team leader/charge nurse/manager /supervisor) who has responsibility for timely resolution of workload issues.
- 2) Failing resolution of the workload issue at the time of the occurrence or if the issue is ongoing, discuss the issue with the Manager (or designate) on the next day that both the employee and Manager (or designate) are working or within ten (10) calendar days, whichever is sooner, and complete the form. The Manager will provide a written response within ten (10) calendar days of the receipt of the form.
- 3) When meeting with the manager, you may request the assistance of a Union representative to support/assist you in the meeting. Every effort will be made to resolve the workload issues at the unit level. A Union representative shall be involved in any resolution discussions at the unit level. All discussions and action will be documented.
- 4) Failing resolution, submit the Professional Responsibility Workload Report Form to the Hospital-Association Committee within twenty (20) calendar days from the date of the Manager's response or when she or he ought to have responded under Article 8.01 (a) iv). (SEE BLANK REPORT FORM ATTACHED TO THESE GUIDELINES.)
- 5) As per Article 8, the Hospital-Association Committee shall hear and attempt to resolve the issue to the satisfaction of both parties and report the outcome to the nurse(s) using the Workload/Professional Responsibility Review Tool to develop joint recommendations. Any settlement/resolution under 8.01 (a) (iii) (iv) or (v) of the Collective Agreement will be signed by the parties.
- 6) Failing resolution of the issues through the development of joint recommendations it shall be forwarded to an Independent Assessment Committee as outlined in Article 8 of the Collective Agreement within the requisite number of days of the meeting in 4) above.
- 7) The Union and the Employer may mutually agree to extend the time limits for referral of the issue at any stage of this 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/practice/guidelines/hospital policies and procedures you believe to be at risk. College of Nurses Standards can be found at www.cno.org.
- 6) Do not, under any circumstances, identify patients.