

Did they respond? Yes No Did they resolve the issue? Yes No

Charge nurses (CN) are not held accountable for the actions of others, they are accountable for their actions in relation to others ("Nurse in Charge", CNO Communique, Sept. 2002).

Were you working in a Charge Nurse Leadership Role? Yes No

i) Assigning:

Could you assign staff according to their abilities? Yes No
Did you have time to determine what staff was most likely to need your help? Yes No
Did you have time to provide necessary support and supervision? Yes No

ii) Communication:

Could you regularly check in with staff during the shift to identify the need for support? Yes No
Are there clear roles and responsibilities? Yes No
Are there decision trees, current care plans etc. to assist the CN to quickly identify problems, decide on follow-up action, and who will take that action based on the roles and responsibilities? Yes No
Have you notified compliance? Yes No

iii) Leadership/Supervision:

Were you given enough time, opportunity, tools and resources to properly supervise? Yes No
Did you need to stop an unsafe situation? Yes No
If yes, did this include intervening or taking over the care of a resident? Yes No

On this shift, leadership was demonstrated in the following ways: (Check all that apply)

- Facilitating Role model/mentor Advocating/promoting quality care
- Resource person Problem solver Team collaborator

SECTION 4: NURSE/RESIDENT/ENVIRONMENT CARE FACTORS CONTRIBUTING TO THE CONCERN/ISSUE

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

- Change in resident acuity/incidents e.g. falls. Provide details:
1 new admission that needed full assessment and develop plan of care . 1 client returned that needed to be assesses
- Number of residents on infectious precautions 4 Type of Precautions: contact
- # of Admissions 1 # of Deaths 0 # of Transfers to Hospital one return
- Lack of/or equipment/malfunctioning equipment. Please specify:

- Visitors/Family Members Lack of resources/supplies Home in outbreak
- Communication/Process Issues Home in enhanced compliance monitoring
- Drs. Days Non-Nursing Duties. Please specify:
doctor in the house
- Other (i.e. Physician/Nurse Practitioner unavailable, # of RAIs & RAPs, # of palliative residents). Please specify:

- Exceptional Resident Factors (i.e. significant amount of time required to meet residents' needs/expectations). Please specify:

new admission and assessment of the client that returned from hospital from the fall the night before

SECTION 5: REMEDY

(A) Discuss the concern/issue within the unit/area/home at the time the concern/issue occurs. Provide details of how it was or was not resolved.

unable to replace sick call worked short1 RPN able to call in PSW but was just off orientation and not familiar with the routine of the unit. buddied the PSW up with another PSW to help out. 1 RN took responsibility of the Pod 1 replacing the RPN and did med pass and dressing changes. delayed review of the residents plan of care that were to be done on that day. 1 residents baths was delayed until evenings. unable to do rounds of the home in a timely manner. and assessments of the 1 palliative care patient on Pod 2 , family support and update for the resident return from the hospital. delay in reviewing blood work with the Dr.

(B) Failing resolution at the time of the concern/issue, seek assistance from the person designated by the employer as having responsibility for a timely resolution. **Continue to move up the management ladder for a timely resolution. Provide details including name(s) of individual(s):**

called DOC on call no resolution at the time

SECTION 6: RECOMMENDATIONS

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

- Inservice
- Orientation
- Change unit layout
- Float/casual pool
- Adjust RN staffing
- Adjust support staffing
- Input into how compliance recommendations are implemented
- Replace sick calls/LOAs, etc.
- Change Start/Stop times of shift(s). Please specify:

 Equipment/Supplies. Please specify:

 Other. Please specify:

SECTION 7: EMPLOYEE SIGNATURES

Signature: _____ Phone # / Personal E-mail: _____

Signature: _____ Phone # / Personal E-mail: _____

Signature: _____ Phone # / Personal E-mail: _____

Signature: _____ Phone # / Personal E-mail: _____

Date _____

Submitted: July 25, 2017

SECTION 8: MANAGEMENT COMMENTS

Did you discuss the issues with your employee/nurse on his/her next working day?

Yes No If yes, date: July 27, 2017

Provide details:

Met with the RN and the BUP. DOC will review staff plan for replacement of RN, RPN and PSW .. identify on staffing sheets new employees so that the CN is aware and able to provide support and assign with support staff

Please provide a written response with information/comments in response to this report, including any actions taken to remedy the situations, where applicable and provide a copy to the nurse(s), Bargaining Unit President and Labour Relations Officer (LRO).

DOC will provide the results of the review of the staffing plan at the next Labour management meeting on Aug 12.2017

SECTION 9: RESOLUTION

Is the issue resolved? Yes No

If yes, how is it resolved?

_____ If no, please provide the date in which you forwarded this to Labour-Management. aug 12, 2017

SECTION 10: RECOMMENDATIONS OF UNION MANAGEMENT-COMMITTEE (LABOUR-MANAGEMENT)

The Union-Management Committee recommends the following in order to prevent similar occurrences:

labour management meeting on Aug 12, 2017 DOC provided the staffing review results will add additional 1 PSW on the master rotation daily for replacement of last minute sick calls and workload, will monitor where this PSW is replaced and why in 1 month. CN will have a list of all new employees and their mandatory training status

Dated: aug 17, 2017

- Copies: (1) Manager
(2) ONA Rep
(3) Director of Care (or designate)
(4) ONA Member
(5) LRO

**ONA/LONG-TERM CARE PROFESSIONAL RESPONSIBILITY - WORKLOAD REPORT FORM
GUIDELINES AND TIPS ON ITS USE**

The parties have agreed that resident care is enhanced if concerns relating to professional practice, resident 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 resident care. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

PRIOR TO SUBMITTING THE WORKLOAD REPORT FORM PLEASE FOLLOW THE PROBLEM SOLVING PROCESS BELOW AND AS OUTLINED IN THE COLLECTIVE AGREEMENT ARTICLE 19 FOR NURSING HOMES OR AS IDENTIFIED IN YOUR COLLECTIVE AGREEMENT.

PROBLEM SOLVING PROCESS

- 1) At the time the workload issue occurs, discuss the matter within the Unit/Floor to develop strategies to meet resident care needs using current resources. Using established lines of communication, seek immediate assistance from an individual identified by the Employer (e.g. Charge Nurse/Assistant Director of Care/Director of Care/Administrator) who has responsibility for timely resolution of workload issues.
- 2) Failing resolution of the workload at the time of the occurrence, **complete** the form. **Some** Collective Agreements require the nurse to discuss the issue with the Manager (or designate) on the next day that both the Employee and Manager (or designate) are working or within the time frame stated in the Collective Agreement, **however** in the absence of this language, it is recommended and a good practice to discuss the concern with your Manager.
- 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. The Bargaining Unit Representative shall be involved in any resolution discussions at the unit level. All discussions and action will be documented.
- 4) The Nursing Home Professional Responsibility Clause assumes the Nursing Leader consulted in Steps 1 & 2 would be the same person consulted in the above Step 3 and therefore the Nursing Home Step 2 is: Failing resolution, **submit** the Professional Responsibility Workload Report Form to the Union-Management Committee within 20 calendar days from the alleged improper assignment. The Union-Management Committee will meet within 20 days of the filing of the complaint to attempt to resolve the complaint to the satisfaction of both parties. This is Step 3 in most of the other Collective Agreements. Please check your own Collective Agreement for accurate timelines. (SEE BLANK REPORT FORM ATTACHED TO THESE GUIDELINES.)
- 5) Prior to the complaint being forwarded to the Independent Assessment Committee (IAC), the Union may forward a written report outlining the complaint and recommendations to the Director of Resident Care and/or the Administrator.
- 6) If the issue remains unresolved it shall be forwarded to an IAC as outlined in the Collective Agreement within the requisite number of days of the meeting in 3) above.
- 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.
- 8) Any settlement arrived at under the Professional Responsibility Clause of the Collective Agreement shall be signed by the parties.

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) College of Nurses of Ontario (CNO) Standards/Practice Guidelines/Long-Term Care policies and procedures you believe to be at risk. The CNO can be found at www.cno.org.
- 6) Do not, under any circumstances, identify residents.