ONA/LONG-TERM CARE PROFESSIONAL RESPONSIBILITY WORKLOAD (PRW) REPORT FORM

The Professional Responsibility Clause in the Collective Agreement is a problem solving-process for nurses to address nursing practice and workload concerns relative to resident care/outcomes and safety. The PRW report form is a documentation tool that can facilitate and promote a problem-solving approach.

SECTION 1: GENERAL INFORMATION

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

Employer: ___________ Unit/Floor/Pod: ___________
# of Beds in Unit/Home: _______ Unit/Home Census this Shift: _______

Date of Occurrence: 30 Day June 2017 Time: 1000 7.5 hr. shift ☐ 11.25 hr. shift ☒ Other: _______

Is this a Specialty Unit? Yes ☐ No ☒

Name of Supervisor: DOC Mary Miller Time notified: ___________

SECTION 2: DETAILS OF OCCURRENCE

Provide details of how the residents well being was potentially or actually compromised. Please identify the Nursing Standard(s)/Practice Guidelines/Best Practices or employer policy that are believed to be at risk:

I am in charge of the Skin and wound program for the home, there is lack of supplies on each POD. RPNs are not follow protocol due to lack of training and being rushed. residents are not being reassessed properly and there lack of documentation and communication to the RN in charge of the Program updating care plans and updating family members.

Is this an:
Isolated incident? ☐ Ongoing problem? ☒ (when in outbreak) ☐ (Check one)

SECTION 3: 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 #: RN 2 RPN 6 PSW 12 Clerks & Other _______
Actual Staffing #: RN 2 RPN 6 PSW 12 Clerks & Other _______

Agency/Registry RN: Yes ☒ No ☐ And how many? _______

Junior Staff*: Yes ☒ No ☐ And how many? RN ______ RPN 2 PSW ______ Temp RNs _______

RN Staff Overtime: Yes ☐ No ☒ If yes, how many staff? ______ Total Hours: _______

*as defined by your unit/floor/pod

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 ☐

Management Support available on site? Yes ☒ No ☐

On Standby? Yes ☐ No ☒ On Call? Yes ☒ No ☒

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

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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:
  - Family member concerned about bandage on mother hip which was loose and dirty aske CN when it had been changed last and how the wound was doing. When CN went to assess the residents hip dressing, the wrong dressing was on it the hip and it looked like it had not been changed in a few days as it was practically falling off. There was reddness noted around the wound with purulent drainage.

- Number of residents on infectious precautions ______ Type of Precautions: ______
- # of Admissions _____ # of Deaths _____ # of Transfers to Hospital _____
- 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:
  ______

- Other (i.e. Physician/Nurse Practitioner unavailable, # of RAIas & RAPs, # of palliative residents). Please specify:
  ______

- Exceptional Resident Factors (i.e. significant amount of time required to meet residents’ needs/expectations). Please specify:
  - Resident experiencing pain on transfer back into bed when EN was in to evaluate the dressing apon families

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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.

RPN and RN repositioned resident and examined the dressing and wound, cleaned the wound and replaced the dressing to the right type according to the policy. When reviewing the care plan there was no note documented on the chart since initial assessment. Rn and RPN updated the chart and reassured family all intervention going forward.

(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):

this is an ongoing problem and needs extra time added into the program to get the RPN trained appropriately to the Policy and procedures of the Skin and Wound care program, develeop a process for each unit to have all supplies available for all dressing changes on their units, need to do a chart audit on all residents that have wounds to see that all care plan are updated accordingly.

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  ☐ Review nurse/resident ratio
☐ Change unit layout  ☐ Float/casual pool  ☐ Review policies & procedures
☒ Adjust RN staffing  ☐ Adjust support staffing  ☐ Replace sick calls/LOAs, etc.
☐ Input into how compliance recommendations are implemented
☐ Change Start/Stop times of shift(s). Please specify:

☐ Equipment/Supplies. Please specify:

☒ Other. Please specify:

adjust the RN in charge of the Skin and wound program by increasing her hours for a period of time to get everyone up to speed on the policy and procedures of the home.

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: ___________________________

SECTION 8: MANAGEMENT COMMENTS

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

Yes ☒ No ☐ If yes, date: ___________________________

Provide details:

DOC felt it did not need extra additional hours added to the schedule for the nurse who was in charge.

Please provide a written response with information/comments in response to this report, including any actions requested.

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taken to remedy the situations, where applicable and provide a copy to the nurse(s), Bargaining Unit President and Labour Relations Officer (LRO).

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:
DOC will consult with the RN in charge of the skin and wound program and set up a special meeting to see the where the problems are with supplies, documentation, training.

Dated: Aug 12, 2017

Copies: (1) Manager
(2) ONA Rep
(3) Director of Care (or designate)
(4) ONA Member
(5) LRO
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](http://www.cno.org).

6) Do not, under any circumstances, identify residents.

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