

**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: extindicare Unit//Floor/Pod: 3/6 pods  
 # of Beds in Unit/Home: 320 Unit//Home Census this Shift: 324

Date of Occurrence: 14 | feb | 2017 | Time: 1200 7.5 hr. shift  11.25 hr. shift  Other: \_\_\_\_\_  
 Day Month Year

Is this a Specialty Unit? Yes  No

Name of Supervisor: DOC Mary Miller Date/ | 14 | feb | 2017  
 Time notified: 1300  
 Day Month Year

**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:

on the demetia unit there are ongoing concerns that the residents are increasingly getting agitated as there are two residents that do not like each other so when they are together in the lunch room they start to spit yell and pinch each other. over the last three weeks it has increasing getting worse.

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 4 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

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:

\_\_\_\_\_

Number of residents on infectious precautions 2 Type of Precautions: contact

# 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 RAIs & RAPs, # of palliative residents). Please specify:

\_\_\_\_\_

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

\_\_\_\_\_

**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.

\_\_\_\_\_

(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):**

\_\_\_\_\_

**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:

\_\_\_\_\_

**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:

\_\_\_\_\_

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).

\_\_\_\_\_

**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. \_\_\_\_\_

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

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

\_\_\_\_\_  
Dated: \_\_\_\_\_

- 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](http://www.cno.org).
- 6) Do not, under any circumstances, identify residents.