

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

SECTION 1: GENERAL INFORMATION

Name(s) of Employee(s) Reporting: (Please Print) Jane Smith and John Bread
 Employer: Health Clinic /Branch West Team/Area/Program: West Wing
 Date of Occurrence: 2/17/2017 Start Time: 0830 Duration Time: Entire Shift
 On Call/ Supervisor Polly Program Date/
 Hrs Wkd Ext. Hrs _____ (at time of occ.) Manager Time Submitted 2/17/2017

SECTION 2: 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: RN 5 RPN _____ Clerical Support 1 IT Support _____
 # Actual Staff: RN 3 RPN _____ Clerical Support 1 (4 hours) IT Support _____
 Junior Staff: Yes _____ No How many? _____
 RN Staff Overtime: Yes No _____ If yes, how many staff? 3 Total Hours 6
 Breaks: Meal Period: Missed _____ Late (1 1/2 hours) 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	<u>20 clients</u>	<u>30 clients</u>	<u>7 hours</u>	<u>10 hours</u>
Case Conferences / Team Meetings, etc.				
Documentation / Administration (i.e. phone, paperwork, supplies)				
Inservice / Education				
Travel (number of trips)				
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 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURRENCE

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Change in client acuity (psy/phy/soc) Provide details: _____ | <input checked="" type="checkbox"/> # of Admissions <u>10</u> | <input checked="" type="checkbox"/> Unanticipated Assignment /uncontrolled variables (specify) _____ |
| <input type="checkbox"/> Visitors/Family members | <input type="checkbox"/> # of Discharges _____ | <input type="checkbox"/> Incomplete Referral Information |
| <input type="checkbox"/> Bed Shortage (hosp./LTC) | <input type="checkbox"/> Safety in jeopardy (specify) _____ | <input type="checkbox"/> Other (specify) _____ |
| <input checked="" type="checkbox"/> Client census at time of occurrence <u>30</u> | <input type="checkbox"/> Lack of / malfunctioning equip.(specify) _____ | |
| <input checked="" type="checkbox"/> Non-Nursing Duties: (specify) <u>faxing, phone calls, bookings, organize client charts</u> | <input type="checkbox"/> Weather | |
| | <input type="checkbox"/> Travel / Distance | |

SECTION 4: DETAILS OF OCCURRENCE

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

Lack of staff and overbooked clinic visits.

Assessments and treatments were delayed because there is not enough staff available. Unable to document in a timely manner. Was told by management to leave documentation to the end because the flow of clients in and out of the clinic was the priority.

Had to do clerical duties, faxing, phone calls, organize client charts, etc. Clerk left 4 hours early and was not replaced.

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

SECTION 5: REMEDY

(A) At the time of the workload issue concerned, did you discuss the issue within the team/branch/program?

Yes No Provide Details:

The nurses discussed a strategy to try and manage the situation until the Manager was able to call in extra nurses for help.

Was it resolved? Yes No

(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 No

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

Yes No Provide Details:

Discussed with Manager. She told the nurses to delay anything that is not important to the end of the day, such as our documentation, breaks, etc. She said to reprioritize our work so that clients can get assessed and treated quickly because we were overbooked.

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

Yes No Provide Details:

The manager said the day went well and that she is proud of the nurses for doing a good job.

Was isolated incident it resolved? Yes No

If an ongoing problem, was entire issue resolved? Yes No

Were measures implemented to prevent re-occurrence? Yes No

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, RN, RPN, PHN, PSW, Clerk, etc.)	Amount of time staff Available	Orientation to Branch Requires Yes <input type="checkbox"/> No <input type="checkbox"/> 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:

- Inservice
- Change physical layout
- Caseload review for acuity/activity
- Equipment (Please specify) _____
- Other More RNs
- Orientation
- Float/casual pool
- ↑ RN/CM staffing
- ↑ Support staffing
- Review nurse/patient ratio
- Review policies & procedures
- Perform Workload Measurement Audit

SECTION 7: EMPLOYEE SIGNATURES

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

Signature: Jane Smith Signature: XXX
Signature: John Bread Date/time Submitted: 2/17/2017

SECTION 8: MANAGEMENT COMMENTS

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

I tried to call in staff but no one picked up the phone. Told staff to reprioritize their work.

Management Signature: Polly Program Manager Date: 2/28/2017

SECTION 9: RESOLUTION

Please provide details of resolution:

Attach on Letter of Understanding (LOU) resolution:

Date: [Click here to enter a date.](#)

Signatures: _____

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

**ONTARIO NURSES' ASSOCIATION (ONA)
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. 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 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 professional responsibility workload report form to the Employer-Association Committee within fifteen (15) calendar days of the alleged improper assignment. (SEE BLANK REPORT FORM ATTACHED TO THESE GUIDELINES.)
- 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.