Professional Practice Concerns and Professional Responsibility Complaints

A Guide for ONA Members

OCTOBER 2019
The Ontario Nurses’ Association (ONA) is the union representing
65,000 registered nurses and health-care professionals,
as well as more than 18,000 nursing student affiliates,
providing care in hospitals, long-term care facilities,
public health, the community, clinics and industry.

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TABLE OF CONTENTS

ONA VISION STATEMENT .................................................................................................................. 1
ONA MISSION STATEMENT .............................................................................................................. 1
ONA STATEMENT OF BELIEFS ...................................................................................................... 1
PURPOSE OF THE GUIDE ............................................................................................................... 2
ONA PROVINCIAL PROFESSIONAL PRACTICE TELECONNECTS .................................................. 2
ADDITIONAL EDUCATION AND MEMBER RESOURCES .............................................................. 2
PROFESSIONAL PRACTICE SECTION OF ONA’S WEBSITE ......................................................... 3
PROFESSIONAL PRACTICE CONCERNS ...................................................................................... 4
THE IAC HEARING ...................................................................................................................... 20
THE INDEPENDENT ASSESSMENT COMMITTEE (IAC) .................................................................. 20
THE ROLE OF THE WORKLOAD AND PROFESSIONAL RESPONSIBILITY REPRESENTATIVE ........... 18
FILING A PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM (PRWRF) .................. 17
THE FORMAL PROFESSIONAL RESPONSIBILITY COMPLAINT (PRC): THE ROLE OF NURSES AND MEMBERS OF THE REGULATED HEALTH PROFESSIONS ......................................................... 18
THE ROLE OF THE WORKLOAD AND PROFESSIONAL RESPONSIBILITY REPRESENTATIVE .......... 18
THE ROLE OF THE BARGAINING UNIT PRESIDENT ....................................................................... 19
THE IAC HEARING ...................................................................................................................... 20
THE PROCESS OF THE HEARING .................................................................................................. 20
THE IAC REPORT ......................................................................................................................... 21
APPENDIX A – DOCUMENTATION .............................................................................................. 23
APPENDIX B – PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS/INDICATORS ........... 26
APPENDIX C – WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL ............................ 27
APPENDIX D – SAMPLE – WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL ............. 35
APPENDIX E – ONA/HOSPITAL PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM .......................... 43
APPENDIX F – SAMPLE – ONA/HOSPITAL PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM ............................................................................................................................... 47
APPENDIX G – ONA PROFESSIONAL RESPONSIBILITY DECISION TREE – A STRATEGY FOR RESOLVING HOSPITAL WORKLOAD COMPLAINTS ........................................................................ 51
APPENDIX H – ONA/LONG-TERM CARE (LTC) PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM ......................................................................................................................... 53
APPENDIX I – SAMPLE – ONA/LONG-TERM CARE (LTC) PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM ......................................................................................................................... 60
APPENDIX J – PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS/INDICATORS FOR LTC .................................................. 65
APPENDIX K – ONA PROFESSIONAL RESPONSIBILITY DECISION TREE – A STRATEGY FOR RESOLVING WORKLOAD COMPLAINTS IN LONG-TERM CARE ........................................................................ 66
APPENDIX L – ONA/COMMUNITY PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM .......... 68
APPENDIX M – SAMPLE – ONA/COMMUNITY PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM .... 72
ONA MISSION STATEMENT

The Ontario Nurses' Association is a proactive union committed to improving the economic welfare and quality of work-life for our members, to enable them to provide high-quality health care.

ONA VISION STATEMENT


ONA STATEMENT OF BELIEFS

The Ontario Nurses' Association believes that it is the right of all of its members to work in a healthy and safe work environment. It further believes in the pursuit of the highest degree of physical, mental and social well-being of workers in all occupations. As one of the largest health-care unions in the province and in the country, ONA believes it is part of its mandate to exercise a strong leadership role in achieving progressively greater gains in the field of occupational health and safety.
Purpose of the Guide

The Professional Practice Concerns and Professional Responsibility Complaints: A Guide for ONA Members has been prepared to assist you as an Ontario Nurses’ Association (ONA) member who may face workload and practice situations that make it difficult, if not impossible, to provide safe, ethical and quality patient/client/resident care within your scope of practice. Even if this does not describe your current work situation, this guide contains important information that every ONA member should know and understand.

In this guide, you will find information on resolving professional practice concerns and the professional responsibility process, which can lead to a Professional Responsibility Complaint (PRC). It describes every step in the process, from recognizing an issue/problem on your unit/area/program, to filing a PRC, up to and including an Independent Assessment Committee (IAC) hearing (where available in your collective agreement) and the roles of everyone involved. It also includes samples of the ONA Professional Responsibility Workload Report Forms (PRWRFs) and tips for completing the form correctly (members without a professional responsibility clause can still use the PRC process, but there is no third-party involvement).

Remember to consult with your Labour Relations Officer whenever workload issues or practice concerns arise. Professional Practice Specialists (PPS) are available to help. You can access a PPS through your Labour Relations Officer.

There are also many tools and programs provided by ONA to educate yourself regarding PRCs. The following initiatives have been undertaken to assist membership in addressing the workload and professional practice concerns existing at their workplace.

Note:
The use of the terms “nurse” and “College of Nurses” in this guide may also be read to include other allied health-care professionals and their appropriate regulatory college.

ONA Provincial Professional Practice Teleconnects

These quarterly teleconnects address hot topics and issues in professional practice and assist members and ONA leaders in strategy development. These sessions are of particular interest to ONA’s Bargaining Unit Workload and Professional Responsibility Representatives, Unit Representatives and Bargaining Unit Presidents. All members are welcome.

These one-hour teleconferences begin with a presentation from ONA’s PPS followed by a question-and-answer session. Members are able to register for each session by sending an email to RegisterProfessionalPractice@ona.org. PowerPoint slides of the presentation are emailed to registrants prior to the teleconnect. The presentation and related materials, including the question-and-answer session, are posted on ONA’s website at www.ona.org on the executive section following the teleconnect.

Additional Education and Member Resources

ONA’s Membership Education and Events Team (MEE Team) delivers full-day and half-day workshops as well as one-hour lecturelettes on professional responsibility complaints. The MEE Team also develops and delivers education on “RN/RPN Scope of Practice.” In many cases, the education has resulted in a dramatic increase in member utilization of the workload reporting process.
In 2010, ONA launched the eLearning platform which is accessed through the ONA website (http://elearning.ona.org). The inaugural program was the hospital-focused education module on completing the PRWRF.

ONA has expanded the Professional Responsibility Workload Reporting eLearning programs to include all sectors in which our members work. eLearning is an adjunct to the more formal Professional Responsibility Concerns workshops delivered by MEE Team, which show members how to complete the PRWRF at their own speed and at no cost to the Local.

Professional practice-related education sessions available on ONA’s eLearning platform include:

- Professional Responsibility Workload Reporting Process – Allied Health Sector.
- Professional Responsibility Workload Reporting Form – Public Health Sector.
- Professional Responsibility Workload Reporting Form – Homes Sector.
- Professional Responsibility Workload Reporting Form – Community Care Access Centre/Local Health Integration Network.
- Professional Responsibility Workload Reporting Form – Hospital Sector.
- ONA Professional Practice (video lecturette).
- RN/RPN Scope of Practice and the CNO Three-Factor Framework (video lecturette).

This free education is available 24/7 to ONA members and Canadian Nursing Students’ Association (CNSA) students. The advantage of accessing this education is that it can be completed at your own pace and at times that are convenient for you.

ONA’s Professional Practice Specialists have developed Decision Trees (see Appendices G, K, N, R, and U in this document) to assist members in navigating through the PRC process. The Hospital Decision Tree has been translated into French and is available to membership.

**Professional Practice Section of ONA’s Website**

Members may access many professional practice resources on ONA's website at www.ona.org/pp including Professional Practice Workload Report Forms, Decision Trees, Independent Assessment Committee reports and much more.
Professional Practice Concerns

Over the past several years, the spotlight on professional practice and the reporting of professional practice concerns has increased significantly. Our members struggle with employer cutbacks, replacement of RNs with other health-care providers, and decisions that impact their ability to provide safe, ethical and quality patient/client/resident care.

When faced with issues related to professional practice, patient acuity, fluctuating workloads, fluctuating staffing and patient and staff safety, it is very difficult to provide safe, ethical and quality nursing care.

Registered Nurses (RNs), Nurse Practitioners (NPs), Registered Practical Nurses (RPNs) and Regulated Health-care Professionals are accountable for their own decisions and actions. The goal of nursing care and services (professional practice) is the best possible outcome for patients, with no unnecessary exposure to risk or harm.

The College of Nurses of Ontario (CNO) has Standards of Practice that registrants are expected to meet in order to provide safe, ethical and quality patient care within their scope of practice.

If nurses cannot meet these standards due to a shortage of staff, wrong category of care provider, nurse-to-patient/client/resident ratio, etc., it is up to individual nurses to report these concerns to the employer and attempt to resolve the issues. The CNO Standards and Practice Guidelines are often developed or revised in response to the demands nurses experience in the workplace.

In Ontario, every nurse (RN/RNEC [Registered Nurse in Extended Class]/RPN, union/non-union, etc.) is required by their professional standards to report professional practice and patient/client/resident care concerns to the employer and attempt to resolve them.

Other regulatory bodies may have similar obligations and provisions regarding the reporting of professional practice concerns. ONA has developed the PRC process to assist members through the stressful ordeal of resolving professional practice concerns.

Most collective agreements in which ONA is a party contain a professional responsibility clause. Hospital collective agreements between ONA and the Ontario Hospital Association (OHA) first contained a Professional Responsibility Complaint (PRC) provision following the Burkett interest arbitration board decision in 1977.

The arbitration board recognized “the concern by the nurses that their professional integrity be safeguarded…the interrelationship of staffing, workload and professional responsibility gives rise to a complex problem which raises questions of life and death.”

The Board subsequently awarded language that provided a process such that should the parties be unable to resolve PRCs “through the vehicle of the union-management committee, the Board has established an independent committee with authority to assess the merits of a complaint and report to the parties.”

Prior to this collective agreement language, nurses were facing workload assignments that were so excessive, it was impossible to provide the quality of care required of them. The employers’ attitude was too often summarized by “you’ll have to cope” or “do the best you can.”

Nurses needed a way in which they could exercise their professional judgment in assessing the workload assigned to them. Experience had shown that the grievance procedure could not be successfully used.
In the case that gave ONA the PRC clause, for example, nurses in an Intensive Care Unit refused to accept another critically ill patient into the unit because, in their judgment, to do so would jeopardize the patients already under their care. They were disciplined for this refusal and grieved the discipline on the basis that it was unjust, i.e. it was unjust for the employer to discipline professionals for responsibly exercising their professional judgment.

The grievance failed because the legal and historical framework of collective bargaining, the principles by which arbitrators had been governed, and the collective agreement did not address these circumstances.

Therefore, this arbitration board felt that there was no basis upon which it could find in favour of the nurses. This case, along with other documentation gathered by nurses, demonstrated an important need for a process that nurses could use to document their nursing practice and workload concerns to their employer, thus exercising their professional responsibility.

Because of the Burkett Hospital Labour Disputes Arbitration Act (HLDAAH) award, members within ONA Bargaining Units now have access to such a process. The importance of this development, both for individual nurses and for the nursing profession, cannot be overstated.

Nurses, by using the professional responsibility clause, can take steps to correct situations of excessive workload and practice concerns.

Note: The wording of the professional responsibility clause is not identical in all collective agreements, but some criteria are common to all of them. Please consult your collective agreement for the specific language of your professional responsibility clause.

Examples of such clauses are:

The parties agree that patient 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 provision is intended to appropriately address employee concerns relative to their workload issues in the context of their professional responsibility. In particular, the parties encourage nurses to raise any issues that negatively impact their workload or patient care, including but not limited to:

- Gaps in continuity of care.
- Balance of staff mix.
- Access to contingency staff.
- Appropriate number of nursing staff.

In the event that the employer assigns a number of patients or a workload to an individual nurse or group of nurses such that they have cause to believe that they are being asked to perform more work than is consistent with proper patient, client or resident care, they shall:

- At the time the workload issue occurs, discuss the issue within the unit/program to develop strategies to meet patient care needs using current resources. Initiate the workload form at this time.
- Members should also seek help from the manager or designate responsible for timely resolution. Follow lines of communication, e.g. Charge Nurse/Team Leader, to communicate with the Manager and/or the Director and/or the designated manager-on-call.
If the issue is unresolved, members may escalate up the chain of command. Finish filling out the form as resolved or unresolved.

Failing resolution at the time of occurrence, discuss the issue with their manager (within the agreed-to timelines). Discussions and actions should be formally documented and any resolutions achieved must be signed by all parties. Members can request Union representation to be present at this meeting. The manager provides a written response (within the agreed-to timelines).

If unresolved, the Bargaining Unit President will submit the PRWRF to the Labour-Management* Committee within the agreed-to timelines (or to the committee which fulfils this function. *This may be the Hospital-Association Committee, Employer-Association Committee, Association-Agency Committee, Nurse-Management Committee, Union-Management Committee, etc.).

The committee meets to discuss (within the agreed-to timeframes) and hopefully resolves the complaint.

Some collective agreements provide for a Workload/Professional Responsibility Review Tool to be used by the Labour-Management Committee to develop joint recommendations for resolution.

ONA’s Labour Relations Officer meets with the committee and the employer to assist in dispute resolution.

Failing resolution, an ONA PPS meets with the committee and the employer to assist in dispute resolution.

Failing resolution, the intervention of an external expert panel is available (Independent Assessment Committee). In most cases, this panel is composed of a Chair chosen from a list in the collective agreement, one nominee chosen by ONA and one nominee chosen by the employer.

The third-party investigates the complaint.

The third-party issues its recommendations to resolve the complaint.

- Members without a professional responsibility clause can still use the PRC process, but there is no third-party involvement. ONA Labour Relations Officers and PPS are available to help resolve the issue with the employer.

- This process should not be confused with the grievance procedure. The two processes are quite distinct, even though both lead to third-party intervention in the resolution of disputes. See the chart (page 7) for a description of how the processes differ.
### Professional Responsibility Workload Report (PRWR) Process versus Grievance Process

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<th>PROCESS</th>
<th>PRWR</th>
<th>GRIEVANCE</th>
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<tbody>
<tr>
<td>Where issues are heard</td>
<td>Labour-Management Committee.</td>
<td>Grievance Committee.</td>
</tr>
<tr>
<td>Who hears issue</td>
<td>Independent Assessment Committee.*</td>
<td>Arbitrator.</td>
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</tbody>
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*There are variances in some collective agreements including, in some sectors, that the PRC may follow other avenues such as the grievance process, or in Public Health Units, the Board of Health may hear the concerns. Please refer to your collective agreement language for the process that applies.

The result of a PRC is that the third-party (IAC) issues recommendations, which are neither final and binding, nor enforceable. Instead, the recommendations may be implemented as a result of:

- Voluntary compliance.
- Release of the recommendations to the governing body of the employing agency (to the Board of Governors of a hospital, for example).
- Release of the recommendations to the general public through the media.

Even though grievances and PRCs are different, one absolute similarity exists: The resources of ONA, including the services of its staff, will assist members of Bargaining Units in using either process.
The ONA Professional Responsibility Workload Report Form

In 2002, the Ontario Hospital Association (OHA) and ONA revised the notification of the improper work assignment form. The form for hospital members is called the ONA/Hospital Professional Responsibility Workload Report Form (PRWRF). This joint document is agreed to by both parties, with a commitment to use it in processing professional responsibility concerns.

During 2010-2012, forms and decisions trees for all other sectors were developed and are available to ONA members. In 2014, the ONA Hospital Central Collective Agreement included changes to Article 8 and the process, including a new Workload/Professional Responsibility Review Tool. The PRWRF was amended to reflect the changes in language and process.

The ONA PRC process and PRWRF are intended to appropriately address employee concerns relative to their workload issues in the context of their professional responsibility. In particular, nurses are encouraged to raise any issues that negatively impact their workload or patient care, including but not limited to:

- Gaps in continuity of care.
- Balance of staff mix.
- Access to contingency staff.
- Appropriate number of nursing staff.

Examples include: inadequate/inappropriate staff and/or skill mix for acuity; transferring of patients back and forth between categories of nurse; any delayed, incomplete or missed assessment, treatment or medications; non-nursing duties and/or lack of support staff; any workload, employer practice, policy or situation that is detrimental to patient/client/resident care and/or safety; new patients admitted to unit with inadequate staff; staff not given adequate orientation and/or mentorship in area assigned; lack of adequate equipment or supplies.

Further examples of issues that can be documented on the PRWRF can be found in Appendices F, I, M, P, S, and V. In addition to providing reference of workload or practice issues, the concerns indicator document is a useful tool and can be used by members when they are encountering workload issues on a busy shift. The concerns indicator could be used as a tick sheet to identify the workload issues being experienced during the shift, and then be referred to at a later time when completing the PRWRF.

An example of a workload issue is when a member, in their professional judgment, is concerned that because of insufficient staffing on a specific shift, they are unable to complete or adequately perform all of their assigned tasks in a timely manner or within the hours of the shift. The insufficient staffing results in compromising patient care (e.g. medications not given on time, patient assessments or treatments delayed or not done).

An example of a competency concern is when an employer hires an unregulated care provider to feed patients in the Intensive Care Unit (ICU). The member is concerned the unregulated care provider does not have adequate training or an adequate level of competency to determine that the ICU patient was not swallowing properly.

According to the College of Nurses of Ontario (CNO), the RN in the ICU has a responsibility to provide either direct or indirect supervision of this care provider (CNO Working with Unregulated Care Providers, Updated 2013). The RN in this situation must intervene to ensure patient safety. The RN must inform the employer of this competency issue.
The ONA PRWRF is written proof that the nurse did report this patient safety concern to the employer. The RN’s failure to report this to the employer is professional misconduct, as stated in Schedule 2 of the Regulated Health Professions Act, 1991, regulation 51(1) of the Nursing Act, 1991, and the CNO Reference Document Professional Conduct: Professional Misconduct, paragraph 25 (i).

An example of a concern involving procedure is when the employer announces that within the next two months, the RN staffing on the night shift in a large nursing home will be reduced to one. Several of the RNs in the facility are concerned that this change will compromise resident safety on nights. The RNs want to make recommendations concerning this policy. They realize that CNO standards require them to provide feedback on policies and procedures that affect resident care. By completing the ONA PRWRF, RNs are providing written proof of compliance with the CNO standards because they are advocating for improvements in the delivery of resident care.

At times, there may be some reluctance on the part of members to use an ONA PRWRF. In many cases, the member may not be aware of the form. However, even if the member is aware of the form, some members may be afraid of reprisal from management and that by raising the issue/complaining, it will appear that they are not a good employee. There is also a perception that the form will not change anything or there is no time to fill it in and provide the necessary documentation.

With respect to the fear of reprisals, the member needs to be reminded that the PRWRF is a negotiated provision of most collective agreements. The employer has agreed to incorporate this document and the professional responsibility clause in the collective agreement.

In 2014, the parties added a new Note to the Hospital Central Collective Agreement at the end of Article 8, confirming that the provisions of Article 3 (Relationship) apply to conduct pursuant to this provision (no discrimination or harassment). This language was negotiated following ONA’s experience using Article 8, where some ONA members were harassed by hospital management and effectively silenced. This new language provides ONA members with protection against this type of management behaviour.

Therefore, any reprisals against the member for exercising their rights under the collective agreement should be reported immediately to the Union, both at the Bargaining Unit level and to the Labour Relations Officer, so the appropriate action against the employer can be taken.

What are the reasons for completing the ONA PRWRF? The forms provide a:

- Mechanism to identify situations that impact a member’s ability to provide safe, quality client/patient/resident care.
- Mechanism to make recommendations to improve the quality of client/patient/resident care.
- Mechanism to motivate the employer to make the necessary changes.
- Protection for the individual nurse (it is the nurse’s professional responsibility to report incidents of unsafe client/patient/resident care to their supervisor) and shifts the accountability for resolution back to the management nurses and Chief Nursing Executive (CNE), related to their obligations set out by the College of Nurses of Ontario as administrative nurses.

Unless members inform the employer of care concerns by filling out the PRWRF, the employer will assume patient care is satisfactory and/or that members are willing to tolerate the high-risk work environment. Past history has proven that completed PRWRFs can result in an increase in registered and support staff, changes in policy and procedures, additional equipment and many other workplace improvements. ONA’s PPS use the completed PRWRF to track trends and nursing concerns, assist in lobbying the CNO regarding the need for change or in the development of new standards, and help ONA’s bargaining teams in identifying professional issues.
The ONA PRWRF protects the individual member by providing:

- Written proof that registered staff (RNs, RNECs, RPNs and other regulated health-care professionals) have met their CNO Professional Standards (Revised, 2002) and Ethics, 2009.
- Written proof the registered staff informed the employer of unsafe patient/client/resident care concerns. This ensures that in the event of an incident, accountability and legal liability shifts to the employer, administrative nurses and the Chief Nursing Executive and away from the member if they can prove the employer was informed of the unsafe situation and elected to do nothing about it.
- A mechanism to hold the Registered Nurse administrator accountable to their standards, (i.e. CNO’s Professional Standards as defined for nurses in an administrative role).

Remember, completion of the ONA PRWRF is not a “nice-to-do” activity; rather, it is a “need-to-do.” ONA members need to provide this written proof of compliance with CNO Standards.

**LHIN/CCAC Workload Report Forms**

In 2017, the Ministry of Health and Long-Term Care introduced the Excellent Care for All Act. Part of the implementation of this Act involved changing the administrative names of the Community Care Access Centres (CCACs) to Local Health Integration Networks (LHIN).

Within this guide are LHIN Workload Report Forms. On the ONA website, the CCAC Workload Report Forms are available for members. The forms cannot be formally updated to LHINs until the next round of bargaining is complete and a settlement is reached. **However, you are still able to use either the LHIN or CCAC workload report forms to document your concerns.**

**Electronic Workload Report Forms**

At the request of the Local Health Integration Network (LHIN) ONA network and, with its assistance, ONA developed a PRWRF specific to LHINs (see Appendix O). The electronic form was released in October 2009, along with a guide to the process, which will assist our LHIN members in completing the forms and utilizing the process.

Similarly, in January 2010, ONA released an electronic form and guide for the Public Health Sector, which was developed with the assistance of the Public Health Network (see Appendix R). An electronic form and guide for Community (see Appendix L) was also released for members in the Clinic and Industry sectors. In addition, with the assistance of our NP members, ONA was able to develop the ONA Nurse Practitioner (NP) electronic form and guide (see Appendix V).

The workload report forms used in the Hospital and some Long-Term Care/Nursing Home sectors (see Appendices E & H) are contained in their respective collective agreements. Individual local parties can agree to use the electronic version of the form as well. This agreement usually becomes part of the collective agreement.

All sectors, subject to the parties’ agreement, can use the electronic report form. Electronic versions of all the PRWRFs are currently available and can be found on ONA’s website at [www.ona.org/pp](http://www.ona.org/pp).
In 2014, the Workload/Professional Responsibility Review Tool (Appendix C) was added to the Hospital Central Collective Agreement as part of the PRC process. This new evidence-based tool is completed jointly by the Union and the hospital at the Hospital-Association Committee (HAC) level.

The tool is used to collect data that is specific to the workload issue(s) being addressed and is intended to enable examination and support analysis of the underlying concerns.

Data collected in the tool is both quantitative and qualitative. Quantitative data will be drawn from existing hospital reports from current decision support systems. Completion of the tool requires the hospital to provide quantitative data such as full-time equivalent (FTEs), vacancies, overtime, sick time, turnover rates, etc. and access to information documented on incident reports specific to or related to members' workload concerns. Qualitative data will be derived through focus group discussions using probing questions referenced in the Workload/Professional Responsibility Review Tool.

Data collected using this tool and submissions on the Professional Responsibility Workload Report Form (PRWRF) and any other relevant information will form the basis for examination and analysis of the issue(s) being addressed. Data analysis includes the identification of gaps, trends, patterns and themes.

Joint recommendations will be formulated collaboratively based on the findings from the data analysis.

These recommendations will be used to develop an action plan (Appendix Y) that reflects mutually agreed-upon tactics, timelines and most responsible person.

Failing the formation of joint recommendations to resolve the workload and practice concerns, the PRC is referred to an Independent Assessment Committee (IAC).
Professional Responsibility Process: An Overview

Professional Practice Concerns

Professional practice concerns often arise when members are regularly asked to perform more work than is consistent with proper patient/client/resident care and/or members experience ongoing difficulties in ensuring proper patient care.

Compliance

Compliance means nurses and/or members covered by the Regulated Health Professions Act (RHPA) are expected to identify and attempt to resolve professional practice concerns.

Steps to Resolving Professional Practice Concerns

Validation

Identify the practice standards that are not being met:

- Are there written agency standards/policies/procedures and practice guidelines?
- Are they consistent with provincial standards and regulations?
- Are there written statements from the profession, such as the CNO, the Canadian Nurses Association (CNA), Registered Nurses’ Association of Ontario (RNAO) or specialty standards such as Operating Room Nurses Association of Canada etc.? For example, "Appropriate staffing is not dependent merely upon the numbers of nurses providing care on a clinical ward, but involves having nurses with the right skill, experience, education, working within the right type of staffing model and the right mix of other health-care providers," (Canadian Health Services Research Foundation, 2006).
- Identify the impact on patients and/or family members.
- What are the actual or potential effects on patient/client/resident care? For example, was nursing care incomplete, delayed or missed and not delivered at all?
- Are patients at risk if the situation is not corrected?
- How often and under what circumstances does the situation occur?
- Do others have similar concerns?

Seek peer consultation and support. Contact your Bargaining Unit President/ONA representative.

Communication

Communicate the concern:

- Use channels of communication established by your agency/ONA.
- Begin by contacting the person to whom you report (verbal).
- Describe the situation of concern, including the standards not being met and the effect on patients/clients/residents.
- Be specific and factual, avoiding assumptions.
- Maintain confidentiality.
• Make sure all relevant information is provided.
• This is a problem-solving process between members and management.

Document the Concern

• Use the form specifically provided for this purpose by ONA.
• Complete the ONA PRWRF as soon as possible after the workload or practice concern occurs. Date the document and indicate the name and title of the person to whom you are sending the documentation.
• Provide details of the situation, including the impact to patient/client/resident care and the nursing standards and organization policies that were at risk or affected. Describe the concern including the following information:
  o Date(s), time(s) and unit/location(s) of events.
  o Who was involved, including staff and patients? Do not use patient names or other information that could potentially identify the patient such as contact information, birth date, etc. Use anonymous references such as patient #1 or #2 and include other factors that assist in describing the workload issue, e.g. diagnosis, or time. Do not photocopy any employer or patient records; use only your own notes. Employer/patient records are the property of the employer and are subject to confidentiality policies.
  o What happened or what could have happened? Indicate what aspects of care were delayed, incomplete or missed along with which standards of practice (see references under Appendix A p. 23-25) are not being met, and how this affected or could have affected patients.
  o What, if anything, did you do about the situation? What are your recommendations to solve the problem?
  o Sign the form.
  o Submit the PRWRF as described below.

Keep a legible copy for your records. Send a copy to your manager/supervisor. Send a copy to the Chief Nursing Executive/Director of Resident Care or designate. Send a copy to your Bargaining Unit President and to your Labour Relations Officer.

Discussion with Manager

• Failing resolution of the workload issue at the time of occurrence, discuss the issue with your manager or designate on the next working day on which you and your manager are both working, or within 10 calendar days, whichever is sooner (or as stated in your collective agreement).
• When meeting with your manager, you may request a Union representative to support or assist you at the meeting.
• If more than one person has completed the PRWRF, meeting together with the manager to discuss your concerns and potential solutions may facilitate communication and ensure that all points are remembered.
• Every effort should be made to resolve the issue at the unit level.
• The manager should provide a written response to the PRWRF with 10 days or as within the timeframe identified in your collective agreement.
If you do not receive a response by the specified date, inform your Bargaining Unit President. They will follow up on what progress is being made. If the concern is not being addressed, they will advise the employer of the need to have a Labour-Management Committee meeting to discuss professional practice concerns.

Resolution

Work toward a resolution at your work site:

- Be prepared to discuss your concerns as part of the resolution process at the Labour-Management Committee meeting.
- Be open-minded. Your main objective is to ensure safe, competent care.
- Be prepared to work collaboratively with your employer to resolve the situation or reach the best possible solution. This may involve some compromise, as long as standards/patient safety are not jeopardized and there is no violation of the collective agreement. The goal is to ensure a quality practice environment.
- Describe the situation clearly, completely, objectively and in a respectful manner.
- Use the Workload/Professional Responsibility Review Tool, if applicable, in your collective agreement.
- Be prepared to state that your concerns are not being addressed in a satisfactory manner, if this is your belief.
- Be prepared to carry your concerns further and to state your rationale for doing so.
- Consult with your Bargaining Unit President and Labour Relations Officer and proceed with their direction and support.

It is important to encourage members to begin validating and communicating professional practice concerns whenever situations occur that interfere with proper patient care. By identifying and bringing practice/workload concerns to the attention of the employer, members ensure they are dealt with in a timely fashion and provide evidence of patient/client/resident care issues needing resolution.

The documentation must be sufficient to demonstrate that a practice/workload concern exists and affects the level of patient/client/resident care. For specific guidelines on the principles and process of documentation, see Appendix A.

Once the documentation has been gathered, it may become the basis for the formal PRC, which consists of three parts:

1. The ONA PRWRF.
2. Supporting documentation (including the Workload/Professional Responsibility Review Tool, if applicable) and/or covering letter.
3. Recommendations for change, which will resolve the complaint.

The ONA PRWRF is not in itself a PRC, but a documented paper trail to communicate professional practice concerns.

It is intended to assist members with a method of identifying and bringing practice/workload concerns to the attention of the employer in a documented format. This will ensure they can be addressed in an effective manner. It also serves as a history for a potential PRC. The form indicates which individuals (i.e. supervisor) are to receive copies.
A copy(ies) of the completed form should be given to the Bargaining Unit President. Further steps cannot be taken without this information.

The Role of Members

Report and document practice and workload concerns, to the manager or designates and through the chain of command, whenever issues arise. Ideally the issues will be resolved at the time or during the shift where they are occurring, ensuring improved patient/resident/client outcomes. Failing resolution at the time of the issue, discuss the concern with your manager, usually within 10 days of the occurrence or as soon as possible after the incident.

Document the practice or workload concern on the form provided by ONA, as soon as possible after the occurrence. Unresolved issues will be forwarded for discussion to the Labour-Management Committee. In order to forward practice/workload concerns to the Committee the member(s) must notify and provide a written copy of the PRWRF describing the practice/workload concerns to the Workload and Professional Responsibility Representative, Bargaining Unit President or their delegate, who will present the concerns to the committee. Members need to be prepared to meet with the Workload and Professional Responsibility Representative, Bargaining Unit President or their delegate to review the PRWRF and should be prepared to attend the meeting where the PRWRF will be discussed.

The Workload Professional Responsibility Committee

Constitutionally: By-Law VII 6:

A Bargaining Unit shall have a representative and shall endeavor to have a committee to support such representation for the following:

The committee’s functions are:

- To assist and support members in addressing their workload and professional concerns.
- In conjunction with the Bargaining Unit President, ensure Professional Responsibility Complaints (PRCs) are processed in a timely and effective manner.

Each member of the Committee should be familiar with:

- The current collective agreement.
- The professional responsibility workload reporting process for the individual Bargaining Unit.
- CNO’s Professional Standards, Practice Standards and Practice Guidelines.
- Relevant employer policies.
- Any applicable specialty standards i.e. CTAS Guidelines, OPANA Standards etc.
- Any relevant legislation. i.e. the Long-Term Care Homes Act 2007, Excellent Care for All Act, 2010.
-ONA eLearning Modules for Professional Responsibility.

The Role of the Workload and Professional Responsibility Representative

The Workload and Professional Responsibility Representative assists and supports members in addressing their workload and professional practice concerns. In conjunction with the Bargaining
Unit President, they ensure Professional Responsibility Complaints (PRCs) are processed in a timely and effective manner. They also:

- Assist the members in compiling necessary information related to practice/workload concerns.
- Ensure members are aware of the benefits of completing the PRWRF.
- Guide and assist members to complete the PRWRF, and may provide informal education related to completing the PRWRF.
- Coach and support members related to speaking to their manager about their workload and practice concerns. May attend meetings with a member and manager, if requested by the member.
- Compile PRWRFs and review concerns, and review stages of progress and information regarding the practice/workload concerns.
- Complete the Professional Responsibility Workload Report Form Tracking Sheet for Leaders (Appendix X).
- Meet with members prior to the Labour-Management Committee meeting to review the PRWRFs and discuss the concerns and develop strategies for resolution.
- Ensure that recommendations reflect the solutions to the problems identified by the members, using data and CNO standards. This may require obtaining input and review from both the Labour Relations Officer and PPS.
- Prepare the action plan to take concerns forward to Labour-Management Committee.
- In conjunction with the Bargaining Unit President, liaise with the members and the employer in setting up meetings, etc.
- Keep accurate minutes of the prep and Labour-Management Committee meetings.
- In conjunction with the Bargaining Unit President, may be the spokesperson for members at the Labour-Management Committee meeting.
- Submit PRWRFs to the Labour Relations Officer on a regular basis (i.e. bi-weekly or monthly) to keep the Labour Relations Officer informed and aware of the issues and trends.

While the Bargaining Unit President must be involved, the Workload and Professional Responsibility Representative is responsible for these duties. Some responsibilities may be delegated to a floor representative or other Bargaining Unit officer when appropriate.

Completing and maintaining the tracking tool is one of these responsibilities. The objective of this document is to track the issues/concerns and identifies themes reported on the PRWRFs. This tool can be used when meeting with your employer and following up with members with potential resolutions. Failing resolution, the Labour Relations Officer, when requesting a consult with a Professional Practice Specialist, will include the tracking tool and this will provide the Professional Practice Specialist an overview of the issues/concerns and themes and will be beneficial to the Professional Practice Specialist when developing recommendations for potential resolutions.

At the Labour-Management Committee meeting, the employer must be informed that if the situation is not satisfactorily resolved, the Union may file a PRC.

Minutes must be kept and must reflect the discussion. Minutes should be signed by both parties. However, if you do not agree with what the minutes say, indicate your concern at the next meeting and do not sign the disputed minutes. If you have a point that you believe may be misinterpreted, write it out beforehand and ask that it be attached to the minutes.
Any members of the affected unit/floor/program should be allowed and encouraged to attend the Labour-Management meetings to discuss their concerns with the employer. The employer must be informed of this prior to the meeting. This meeting is expected to be conducted in a spirit of mutual concern for patient/client/resident care issues.

Members should not fear reprisals or intimidation in exercising their professional rights and duties. **Follow up with members of the affected unit if they are not in attendance to report the actions and outcomes of the meeting.**

**The Role of the Bargaining Unit President**

In the absence of/or in conjunction with the Workload and Professional Responsibility Representative, the Bargaining Unit President will be required to fulfill some or all of the above-described responsibilities, as well as to:

- Liaise with the Labour Relations Officer and Professional Practice Specialist.
- Complete a letter indicating that members have workload concerns they wish addressed at the Labour-Management Committee.
- Act as a liaison between the members and employer in setting up meetings, etc.
- Be the spokesperson for the members at the Labour-Management Committee meeting.
- Keep the Labour Relations Officer informed.

**Filing a Professional Responsibility Workload Report Form (PRWRF)**

If the employer’s response to the members’ concerns is unsatisfactory, the Bargaining Unit President should inform the Labour Relations Officer. The members are now in a position to consider filing a formal PRC. The wording of professional responsibility clauses can vary greatly.

There is usually a timeframe spelled out in the clause that must be followed, unless it is altered by mutual agreement. Involvement in further resolution attempts by the Labour Relations Officer is necessary. When all resolution attempts have failed, the Labour Relations Officer sends a covering pre-complaint letter to management, which includes a notification that the Labour Relations Officer may wish to involve a PPS.

To further assist you in documenting Professional Responsibility concerns, you may refer to the ONA Documents - Combating the Displacement of RNs and the 2012 Memo: Enforcement of Professional Responsibility Complaints Settlements.

You can find the Combating the Displacement of Registered Nurses document and the Enforcement of Professional Responsibility Complaints (PRC) Settlements confidential memo on the ONA website in the executive members’ section at www.ona.org.
The Formal Professional Responsibility Complaint (PRC): The Role of Nurses and Members of the Regulated Health Professions

Where an unsatisfactory response or no resolution to concerns discussed at a Labour-Management Committee meeting occurs, members may require the involvement of ONA staff, including their Labour Relations Officer and/or the Professional Practice Specialist (PPS). Moving the issues forward will require members to make the decision to compile formal written proof, demonstrating the workload problems and identifying recommendations to resolve the complaint. This:

- Provides documented evidence of professional responsibility workload concerns.
- Determines recommendations necessary to resolve the problems identified in the workload complaint.
- Keeps the Bargaining Unit President and Workload and Professional Responsibility Representative informed of their plans to proceed and any other situations as they occur in relation to the complaint.

The Role of the Workload and Professional Responsibility Representative

- Assist and support the members to continue to complete the PRWRFs following and/or in conjunction with discussion occurring with the manager or off-shift designate, to continue to compile necessary information and refine recommendations, as needed, related to the practice and workload problems.
- Ensure the recommendations reflect the solution(s) to the problems identified by members. Review the recommendations with the Labour Relations Officer, who may involve the PPS.
- Gather evidence to support member concerns, including data from the College of Nurses of Ontario (CNO) and other regulatory colleges and various nursing/health-care associations and specialty groups.
- Ensure timelines for the issue are met (within 20 days of the last occurrence, or as stated in your collective agreement). The Bargaining Unit President or Workload and Professional Responsibility Representative or other appropriate person, informs the employer in writing of the Bargaining Unit’s request for a Labour-Management Committee meeting to discuss the workload issue, indicating the Labour Relations Officer will be in attendance.
- Act as liaison between member and management in setting up a meeting, etc. Labour Relations Officer involvement is required at this meeting, therefore, it is mandatory that they are kept well-informed to allow time to deal with necessary paperwork, etc.
- Update action plans, tracking tools and keep minutes of prep and Labour-Management meetings. Minute-taking at Labour-Management meetings should be shared between the Union and management if an administrative assistant is not available to take minutes.
- Encourage members to attend a Labour-Management Committee meeting to discuss the issue.
The Role of the Bargaining Unit President

In Bargaining Units where there is no Workload and Professional Responsibility Representative, the Bargaining Unit President will be required to fulfill the above responsibilities as well as:

- Supporting the members in gathering the necessary information and developing recommendations related to workload problems.
- Ensuring recommendations reflect the solution to the problems identified by members. Involvement of the Labour Relations Officer is necessary, and they may involve the PPS at this point.

Members must continue to discuss issues shift-by-shift with the manager and/or with the off-shift designate, submit PRWRFs to their manager and forward them to the Labour-Management Committee meetings.

Most professional responsibility clauses require the committee to meet to discuss the issue within a specific number of days. This meeting is in addition to the regularly scheduled meeting of the committee. **Minutes must be taken.**

While the Bargaining Unit President/Workload and Professional Responsibility Representative is responsible for the above duties, they may be delegated to an ONA representative or another officer when appropriate.

At the Labour-Management meeting, management representatives may have questions regarding the PRWRF submitted. Therefore, it is a good practice to have the members present, particularly if members who regularly sit on the joint committee are unfamiliar with the work area where the issue has arisen.

The employer may also be prepared to offer suggestions to solve the complaint. If a solution is offered, it should not be accepted at the meeting. Rather, make note of the employer’s offer and state that the Union will respond to it within a day or two. This will give the members involved an opportunity to discuss the employer’s offer among themselves, and to consult with the Bargaining Unit executive and Labour Relations Officer.

If the employer’s offer is accepted and it is implemented within a reasonable period of time, a Memorandum of Settlement must be drafted by the Labour Relations Officer. Upon signing of the Memorandum by the Bargaining Unit President, Labour Relations Officer, PPS and employer, the process has reached resolution. If there is no resolution, the Labour Relations Officer will send a pre-complaint letter to the employer and involve the PPS. The PPS will meet with the members on the unit, the Bargaining Unit President and the Labour Relations Officer before meeting with the employer.

If there is no resolution, the PPS will consult with the members and the Labour Relations Officer. The PPS may decide to extend the timelines and have further discussions with the employer. Alternatively, the PPS may decide to proceed with a formal PRC and convene an IAC. Check your collective agreement to see the specific provisions it contains. Your Labour Relations Officer will ensure the process is followed correctly.

During this period, ongoing documentation of professional responsibility concerns is necessary.
The Independent Assessment Committee (IAC)

Your collective agreement’s PRC may provide for the appointment of an IAC (or a single nurse assessor) to resolve PRCs that are not resolved at the Labour-Management Committee level.

The members of the IAC must be independent of the parties involved in the dispute. IACs consist of three nurses/allied health-care professionals: one Union nominee, one employer nominee and one who serves as chairperson of the committee. The chairperson is selected from a list of names that may be appended to your collective agreement. These nurses/allied health-care professionals have agreed to sit as chairpersons when they are available to do so, and both the Union and the employer have accepted their names during contract negotiations.

The PRC becomes the basis for a more extensive document called a “brief” and an exhibit book, which are given to members of the IAC. The chair has the right to request an exchange of briefs prior to the actual dates of the hearing.

The brief may also contain background information on the agency (e.g., its size and location), a description of the unit, floor, ward involved, a floor plan, job descriptions, an outline of the patient/resident classification system (if there is one), agency policies, minutes of the Labour-Management Committee meeting where the complaint was discussed, and any other material of which the committee should be aware. The brief is assembled and presented by the Professional Practice Specialist who has access to other ONA staff resource persons.

The IAC Hearing

The chairperson of the IAC is responsible for making arrangements for the hearing. They will usually request the employer’s permission to have the committee tour the area where the complaint arose and to use a meeting room within the agency for the hearing. If permission is denied, or if no space is available, the chairperson will make other arrangements (i.e. booking a meeting space in a nearby hotel). After consultation with everyone concerned, the chairperson informs the Union and the agency of the date(s) of the hearing.

Since these hearings and preparatory meetings may continue into the evening hours, ensure that all members and participants of the Local who are attending reserve the entire time outlined by the chairperson.

All members of the joint Labour-Management Committee may attend the hearing, as will your Labour Relations Officer and nurses who brought forward the complaint. The employer may also bring whomever they wish. Usually, the Chief Nursing Executive or designate, the Human Resource Director and the nurse manager from the area involved attend the hearing. Sometimes the employer’s legal counsel is also present.

The Process of the Hearing

A typical format is as follows:

- The IAC conducts a tour of the unit/program and is accompanied by a small number of representatives from the Union and the employer.
- The chairperson calls the hearing to order and explains how the hearing will proceed.
- The Union presents its submission. The PPS acts as spokesperson.
- The IAC members and employer ask questions based on the Union’s presentation.
• The employer presents its submission.
• The IAC members and the Union ask questions based on the employer’s submission.
• The employer responds to the Union’s submission/presentation.
• The Union responds to the employer’s submission/presentation.
• The IAC asks questions of clarification to both the Union and employer.

In 2014, the parties to the ONA Hospital Central Collective Agreement agreed on Procedural Guidelines for an Independent Assessment Committee (IAC) Hearing.

The hearing is quite informal. It is not bound to any particular format or subject to the “rules” by which arbitration hearings are conducted. The employer does have the right, however, to object at the hearing if timelines have been missed or if there are problems with the evidence presented. The IAC deals with any such objections at the time they are brought forward.

After the hearing, the IAC meets to discuss the evidence and the hearing and to make a preliminary determination of its recommendations.

The committee may make whatever recommendations it sees fit. They are bound by neither the Union’s recommended solutions nor those of the employer. They may (and often do) make recommendations that neither party had considered.

As of the 2016 round of hospital bargaining, the parties are required to book meetings to review IAC recommendations prior to leaving the Assessment Committee Hearing.

The IAC Report

After the hearing, the IAC writes its report. Committee members usually consult during this process, and the chairperson writes the report.

Once the report is finished, copies are sent to the employer and the Union. According to Board policy, copies of the report are sent to the following organizations:

• The Minister of Health and Long-Term Care.
• The Provincial Chief Nursing Officer.
• The Executive Director of the College of Nurses of Ontario.
• The Ontario Regional Director of the Canadian Nursing Students’ Association (CNSA).
• The Canadian Federation of Nurses Unions (CFNU).
• The Canadian Council on Health Facilities Accreditation.
• The Board of the Local Health Integration Network (LHIN).
• The relevant Member of Provincial Parliament (MPP).
• The Mayor of the Town.

As well, the report is also sent:

• In the Hospital sector: to the Director of the Community Hospital Branch in the provincial Ministry of Health and Long-Term Care (MOHLTC) or the Ministry’s Director of the Teaching and Specialty Hospitals Branch.
In the Nursing Homes for the Aged, Public Health, Local Health Integration Networks, Home Care Units, Clinics and Industry: to the Nursing consultants of the appropriate provincial ministry.

The Labour Relations Officer and Professional Practice Specialist (PPS), in consultation with the Bargaining Unit President, will arrange to meet with the members of the unit to provide a report on the outcome of the IAC recommendations and the next steps to achieve implementation.

The Labour Relations Officer and PPS, in consultation with the Bargaining Unit President, will arrange to meet with representatives of the employer to discuss implementation of the report within the timelines of the appropriate collective agreement. The employer may decide to voluntarily implement the recommendations. If so, and the implementation occurs, no further action is required. If not, the Union will continue to request that implementation occurs, or may take one (or more) of the following steps:

- Release the report to the agency’s executive director (or to the head of the agency’s administrative structure), along with a request for implementation.
- Release the report and request for implementation to the agency’s governing body, for example, the Board of Governors of a hospital.
- Forward the report to the appropriate provincial ministry, for example, the Minister of Health and Long-Term Care, with a request for action.

If all these steps fail, ONA will discuss with members the possibility of a community action campaign. The main component of this campaign is a press release or conference where the report is released to the media by the ONA Provincial President.

This campaign only proceeds once the Bargaining Unit members have agreed to it and the Bargaining Unit President agrees to be the spokesperson for media.
APPENDIX A
DOCUMENTATION

Documentation is written proof of facts and events. It is necessary whenever the Union decides to recommend to the employer that a proposed change occur in the workplace. This is true whether dealing with negotiations, grievances, health and safety issues, or with professional practice concerns that are brought before the Labour-Management Committee.

Recommendations for change must be based on an accurate assessment of current practices and a demonstration, through facts, that the employer’s current practice requires revision.

What should nurses include when gathering documentation about a concern? This depends on the type of concern, but some principles apply in all cases. Generally, documentation should include the answers to these questions:

- **WHAT** is the problem?
- **WHERE** did it happen?
- **WHEN** did it happen?
- **WHO** is involved?
- **WHY** did it happen? And **HOW** does it impact the patient/client/resident? What is missed, delayed or incomplete?

After gathering this information in writing from the members involved, the Union is in a position to answer the last question, which is: “What do the members WANT the employer to do to rectify the problem or address the concern?” For example, at the Labour-Management Committee, everything from employee parking to patient/client/resident care issues, workload or equipment issues may be discussed. In each case, documentation that demonstrates the nature and extent of the problem must be gathered to support a recommendation for change.

Suppose that in your health-care agency, members have a problem with a workload assignment that is too heavy to ensure proper patient/resident/client care. This is a matter that the Labour-Management Committee may address.

What should members write down about their workload to prove their concern is valid? At the end of each tour of duty, each member should record the following:

*Remember: Never use patients’/clients’/residents’ names in any documentation or use any other identifying information about a patient. This would include information that could be used either alone or with other information. Some examples include date of birth, OHIP number or contact information. Assign each patient/client/resident an anonymous label such as “Patient 1” to protect confidentiality when describing a professional responsibility incident involving patients.

Any names or other identifying information must be blacked out completely prior to submitting to ONA. Alternatively, if there is a particular document or portion of the patient/client/resident chart ONA wants, you should note sufficient details on the PRWRF, such as, “The patient assignment sheet dated July 1, 2014 would list 30 patients for procedures in endoscopy.” In this way, ONA would then be able to ask for the employer to produce these records in redacted form to the Panel.

- Their direct patient/resident/client care assignment, including for each:
  - Diagnosis.
Treatments/medication/monitoring required.

Any other information about the care received which affects the length of time needed for care, such as age, mental/emotional state and attitude, etc.

Other duties performed during the shift which, depending upon the agency, may include:

- Care planning.
- Dietary.
- Housekeeping.
- Portering.
- Paperwork.
- Orientation.
- In-service.
- Referral forms.
- Travel time.
- Meetings.
- Supervision of other staff.
- Answering the telephone.
- Realignment of care providers during the shift (e.g. from Personal Support Worker to Registered Nurse; Registered Practical Nurse to Registered Nurse and vice-versa) to manage patient acuity.

In other words, include anything that interferes with or takes time away from patient care. Also include duties that would have been performed had time permitted, and duties that were delayed or incomplete.

Identify with the workload issue/concern the College of Nurses (CNO) Standards which have been compromised or not met. This may include, but is not limited to: your Professional Standards of Accountability, Leadership, Knowledge Application, and Ethics; Other Practice Standards such as Medication Administration, Documentation, Infection Prevention and Control, and Practice Guidelines such as Consent and Restraint which may be affected as well as employer policies and protocols that may not be being met.

Specific standard statements may include an inability to meet the professional standard of accountability by:

- Not being able to provide/facilitate/advocate or promote the best possible care for clients because you are rushed, hurried, unable to complete assessments due to an inappropriate nurse-to-patient ratio, leading to delays in nursing interventions.

Inability to meet the standard of Knowledge Application, which may include:

- Being unable to identify, or recognize abnormal or unexpected client responses and taking action appropriately.
- Managing multiple nursing interventions simultaneously related to overall workload.

Other standard statements may include medication/treatment administration – the inability to administer medications/treatments in a timely manner, or medication errors or omissions. Documentation may be affected because it is incomplete or there is missed documentation.
Infection Prevention and Control may be affected because you are unable to take all measures necessary to prevent transmission of infection and lack proper education and time or access to Personal Protective Equipment (PPE).

A complete list of the CNO standards can be found at www.cno.org.

For each shift, record the number of staff, including all categories of staff: RNs, RPNs, clerical staff, and Unregulated Care Providers such as porters, orderlies and aides. Also record whether the staff is oriented/familiar with the job they are doing during that particular shift.

When noting support staff, remember to mention how much of their time is available. Is this staff assigned to one area or is their time shared?

Also record for each shift the request(s) made for additional staff. To whom was each request directed? What was the response?

At all times during documentation, keep in mind that:

- **Accuracy** is extremely important. The more accurate the documentation, the more credible your argument for change.

- Only accepted health-care terminology should be used. Do not use terms that are exclusive to your agency. Someone unfamiliar with your agency may not understand your particular jargon. For the same reason, use acronyms only when you are absolutely sure they will be understood.

The right to bring forward concerns is written into each collective agreement. The Ontario Labour Relations Act protects anyone who exercises a right under a collective agreement from any interference, threat or discipline.

Before the Labour-Management Committee, both the employer and the Union have an opportunity to demonstrate their commitment to the delivery of the best possible care for patients, clients or residents and also their concern for the providers of that care. Use the committee to address day-to-day concerns in a positive way.
## APPENDIX B
## PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS/INDICATORS

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>EQUIPMENT &amp; SUPPLIES</th>
<th>POLICIES AND PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Leadership &amp; Support</td>
<td>Faulty</td>
<td>Abuse</td>
</tr>
<tr>
<td>Policies &amp; Procedures</td>
<td>In-service of New Equipment</td>
<td>Administrative</td>
</tr>
<tr>
<td>Resident Factors/Complexity</td>
<td>Insufficient/Lack of Maintenance</td>
<td>Computers</td>
</tr>
<tr>
<td>Charting/Documentation System</td>
<td>Not Appropriate</td>
<td>Equipment</td>
</tr>
<tr>
<td>Transfer of Accountability</td>
<td>Workload</td>
<td>Nursing Practices</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Patient Classification Systems</td>
</tr>
<tr>
<td><strong>JOBS DESCRIPTIONS DUTIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Reference Material</td>
<td>Charge Nurse</td>
<td>Clinical Pathways/Medical Directives</td>
</tr>
<tr>
<td>Agency Staff</td>
<td>RPN</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>NP</td>
<td>24-Hour RN Coverage</td>
</tr>
<tr>
<td>In-service</td>
<td>Clerical/support staff</td>
<td>RPN Coverage</td>
</tr>
<tr>
<td>Job Duties/Responsibilities</td>
<td>Unregulated Care Providers (UCP)</td>
<td>Ambulance/Offload</td>
</tr>
<tr>
<td>Nursing Skills RPN</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MEDICATION SYSTEMS/Policy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Layout for Model of Care</td>
<td>Access to</td>
<td>Bed Utilization (over</td>
</tr>
<tr>
<td>Float Pool/Casual Nurses</td>
<td>Administration of</td>
<td>Baseline</td>
</tr>
<tr>
<td>Other</td>
<td>Dispensing</td>
<td>Communication with Management</td>
</tr>
<tr>
<td><strong>ENVIRONMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alarm Systems</td>
<td>Pharmacy Related</td>
<td>Experienced Staff/Jr/Sr</td>
</tr>
<tr>
<td>Cleanliness of Area</td>
<td>Processing Orders</td>
<td>Float Pool Nurses</td>
</tr>
<tr>
<td>Construction/Renovation</td>
<td>Supply Inadequate/Outdated</td>
<td>Non</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Patient Mix/Acuity</td>
</tr>
<tr>
<td>Care Fragmentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NON-NURSING FUNCTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Alarm</td>
<td>Answering Telephone</td>
<td>Scheduling</td>
</tr>
<tr>
<td>Noise Level</td>
<td>Portering</td>
<td>Staff Not Replaced</td>
</tr>
<tr>
<td>Over-capacity</td>
<td>Visitor Inquiries</td>
<td>Ward/Unit Clerk</td>
</tr>
<tr>
<td>Power, Plumbing &amp; Heating</td>
<td>Clerk/Scheduler</td>
<td>Weekend coverage</td>
</tr>
<tr>
<td>Physical Layout</td>
<td>Calling in Staff</td>
<td>Workload</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Model of Care (Care Teams, Pod Nursing, etc.)</td>
</tr>
<tr>
<td>Placement of Client-Inappropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHYSICIAN/NP RELATED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety for Clients/Staff</td>
<td>Client Safety</td>
<td>Skill Mix</td>
</tr>
<tr>
<td>Unit in Outbreak</td>
<td>Availability/Off hours rounds</td>
<td>Other</td>
</tr>
<tr>
<td>Other</td>
<td>Inappropriate Behaviour</td>
<td></td>
</tr>
</tbody>
</table>

When to file a Professional Responsibility Workload Report Form: When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.
APPENDIX C

WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL
(Hospital Central Agreement expiring March 31, 2020)

Employer: 

Unit/Area/Program: 

General Description of Service: 

Timeframe Being Reviewed: 

Number of Professional Responsibility Workload Report Forms Submitted: 

Key Workload Issue(s):

☐ Gaps in Continuity of Care
☐ Balance of Staff Mix
☐ Access to Contingency Staff
☐ Appropriate Number of Nursing Staff
☐ Other: 

HAC/Unit Participants: 

Date First Discussed at HAC: 

Date(s) Workload/Professional Responsibility Review Tool Completed: 

Date Qualitative/Quantitative Analysis and Gap Analysis Completed: 

Date Joint Implementation/Action Plan Developed: 

Date Action Plan Implemented: 
GUIDELINES FOR COMPLETION OF WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL

1. The tool is used to collect data that is specific to the workload issue(s) being addressed and is intended to enable examination and support analysis of the underlying concerns.

2. Completion of the tool is a collaborative effort on the part of the Union and the hospital.

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5. Data collected using this tool and submissions on the Professional Responsibility Workload Report Form and any other relevant information will form the basis for examination and analysis of the issue(s) being addressed.

6. Analysis of the data includes the identification of gaps, trends, patterns, and themes.

7. Joint recommendations will be formulated collaboratively based on the findings from the data analysis.

8. The joint recommendations will be used to develop an action plan that reflects mutually agreed-upon tactics, timelines and most responsible person.
## A. Practice Environment

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Staffing Complement** | # FT – ______  
# Regular PT – ______  
# Casual PT – ______  |
| **FTEs**                | Budgeted/Actual – ______  
Total – ______  
# FT – ______  
# PT – ______  
1950 hours = 1 FTE |
| **Vacancies**           | # FT – ______  
# Regular PT – ______  
# Casual PT – ______  |
| **Overtime**            | # Hours – ______  
% of total hours – ______  |
| **Sick time**           | # Hours – ______  
% of total hours – ______  |
| **Turnover**            | # Positions FT/RPT/Casual PT – ______  
% Total Unit Positions – ______  |
| **Incident Reports**    | Specific to and related to workload concern(s) |
| **Experience**          | Total years of experience in this service – ______ |
|                         | Total years of experience – ______ |
|                         | Novice – ______ |
|                         | Intermediate – ______ |
|                         | Expert – ______ |
|                         | # Staff on Orientation – ______ |
|                         | # Students – ______ |
|                         | # New Grad Initiative – ______ |
|                         | # Mentorship Roles – ______ |
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<tr>
<th>Scheduling Practice</th>
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| Accommodations &/or Modified Workers | # Temporary – _____  
# Permanent – _____ |
| Patient Census      | # Admissions – _____  
# Discharges – _____  
# Transfers – _____ |

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Clinical

Non-Clinical
### C. Resources/Support/Current Status Report

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<tr>
<td>Practice Supports</td>
</tr>
<tr>
<td>Orientation</td>
</tr>
<tr>
<td>Professional Development</td>
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### D. Lines of Inquiry

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<td>2. Does the assignment of nursing care maximize continuity of patient care?</td>
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<td>4. Are staffing levels and lines balanced to accommodate patient needs, nursing effort, experience, educational preparation and organizational demands?</td>
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<td>D. Lines of Inquiry</td>
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<td>---------------------</td>
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<tr>
<td>clinical instructors, library, other?</td>
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<td>6. Do current practices promote autonomy? i.e. evidence-informed decision-making; full scope of practice; input into decisions that affect nursing practice and unit policies; opportunity to question processes when they do not support quality patient care.</td>
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<td>14. Is there an established process to resolve conflict and enable problem-solving within the nursing team?</td>
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<td>15. Are there established processes for recognizing and rewarding success?</td>
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<td>16. Are there established processes for decision-</td>
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D. Lines of Inquiry

| making for a variety of circumstances such as emergencies, day-to-day functioning, long-term planning? |
| 17. Are there established processes for ensuring open channels of communication? |

E. Glossary of Terms

A. Practice Environment

Incident Reports: Hospitals across the province use a variety of incident reporting systems to document, collect, monitor, and analyze adverse events. Adverse events are unintended injuries or complications resulting from care management, rather than by the patients' underlying disease, and that lead to death, disability at the time of discharge or prolonged hospital stays (Canadian Adverse Event Study, 2004). Examples of adverse events include medication errors and falls. Please note the definition of adverse events is inclusive of critical incidents and near misses.

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Clinical: Nursing, physician, and other regulated health human resources examples include: Nursing Clinical Educators, Dieticians, Registered Respiratory Therapists, Physiotherapists and Pharmacists. The accessibility and availability of consultative resources should be considered.

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</tr>
<tr>
<td><a href="http://rnao.ca/sites/rnao-ca/files/Developing_and_Sustaining_Effective_Staffing_and_Workload_Practices.pdf">http://rnao.ca/sites/rnao-ca/files/Developing_and_Sustaining_Effective_Staffing_and_Workload_Practices.pdf</a></td>
</tr>
<tr>
<td><a href="http://rnao.ca/sites/rnao-ca/files/Collaborative_Practice_Among_Nursing_Teams.pdf">http://rnao.ca/sites/rnao-ca/files/Collaborative_Practice_Among_Nursing_Teams.pdf</a></td>
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<tr>
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</table>
SAMPLE – WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL

Employer: Community Hospital

Unit/Area/Program: In-patient Surgical Unit

General Description of Service: Post operative surgical care

Timeframe Being Reviewed: Jan. 1, 2018 – April 30, 2018

Number of Professional Responsibility Workload Report Forms Submitted: 24

Key Workload Issue(s):

☒ Gaps in Continuity of Care
☒ Balance of Staff Mix
☒ Access to Contingency Staff
☒ Appropriate Number of Nursing Staff
☐ Other: ____________________________

HAC/Unit Participants: HAC members plus Polly Program manager, Nancy Nurse, Wanda WorkingShort and Robert NoviceRN

Date First Discussed at HAC: Feb. 5, 2018

Date(s) Workload/Professional Responsibility Review Tool Completed: Feb. 2, 2018

Date Qualitative/Quantitative Analysis and Gap Analysis Completed: Click to enter date

Date Joint Implementation/Action Plan Developed: Click to enter date

Date Action Plan Implemented: Click to enter date
GUIDELINES FOR COMPLETION OF WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL

1. The tool is used to collect data that is specific to the workload issue(s) being addressed and is intended to enable examination and support analysis of the underlying concerns.

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5. Data collected using this tool and submissions on the Professional Responsibility Workload Report Form and any other relevant information will form the basis for examination and analysis of the issue(s) being addressed.

6. Analysis of the data includes the identification of gaps, trends, patterns, and themes.

7. Joint recommendations will be formulated collaboratively based on the findings from the data analysis.

8. The joint recommendations will be used to develop an action plan that reflects mutually agreed-upon tactics, timelines and most responsible person.
## A. Practice Environment

| Staffing Complement | # FT – 24  
|                     | # Regular PT – 6  
|                     | # Casual PT – 2  

| FTEs | Budgeted/Actual – Employer to provide this info but for example:  
|      | Total – 28  
|      | # FT – 24  
|      | #PT – 6  
|      | 1950 hours = 1 FTE  

| Vacancies | # FT – 0  
|           | # Regular PT – 3  
|           | # Casual PT – 0  

| Overtime | # Hours – 3822  
|          | % of total hours – 7  

| Sick time | # Hours – 3900  
|           | % of total hours – 7.1  

| Turnover | # Positions FT/RPT/Casual PT – 10  
|          | % Total Unit Positions – 36  

| Incident Reports | specific to and related to workload concern(s)  
|                  | Employer to provide – track incident reports outlining risks/near misses or negative patient outcomes including medication errors  

| Experience | Total years of experience in this service 28 RNs: 14 with > 10 years,  
|            | 3 with 5 -10 years, 6 with 3-5 years, and 5 with < 2 years.  
|            | Total years of experience 28 RNs: 14 with > 10 years, 2 with 5-10 years, 7 with 3-5 years, and 5 with < 2 years.  
|            | Novice – 5  
|            | Intermediate – 9  
|            | Expert – 14  
|            | # Staff on Orientation – 1  
|            | # Students – 0  
|            | # New Grad Initiative – 0  
|            | # Mentorship Roles – 0  

## A. Practice Environment

<table>
<thead>
<tr>
<th>Scheduling Practice</th>
<th>Type(s) of schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self scheduling – all 12 hour shift rotation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Replacement Staff*</th>
<th>PT on unit/Resource Team/Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Utilize PT on unit to replace, no resource team or agency use by hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accommodations and/or Modified Workers</th>
<th># Temporary – (Employer to provide)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Permanent – ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Census</th>
<th># Admissions – (Employer to provide)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Discharges – ______</td>
</tr>
<tr>
<td></td>
<td># Transfers – ______</td>
</tr>
</tbody>
</table>

## B. Competency

<table>
<thead>
<tr>
<th>Nurse Competency (Key Skills/Knowledge)</th>
<th>Number</th>
<th>% Total RN Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNA Certification in Medical/Surgical Nursing</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

## C. Resources/Support/Current Status Report

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical</strong></td>
</tr>
<tr>
<td>RN: RPN ratio is 60:40. RN FT:PT ratio is 75:25. There is not a dedicated Nurse Educator to the Surgical Program. There is a shared Medical/Surgical Educator who also carries corporate responsibilities. She has no dedicated time to be &quot;hands-on&quot; on the unit to assist with orientation or skills development. 32% of RNs eligible to retire within next 5 years.</td>
</tr>
<tr>
<td><strong>Non-Clinical</strong></td>
</tr>
<tr>
<td>Clerical support from 0800-1600. After 1600 the clerical duties fall to nursing staff. Housekeeping from 0800-1600 only. Limited housekeeping resources hospital wide to clean beds for</td>
</tr>
</tbody>
</table>
### C. Resources/Support/Current Status Report

<table>
<thead>
<tr>
<th><strong>DESCRIPTION</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>discharges and admissions on evening and nights causing delays in admissions from ED or PACU.</td>
<td></td>
</tr>
</tbody>
</table>

| **Leadership** | Clinical Nurse Manager reports to non – RN Program Director, Surgical Services. |
| **Practice Supports** | Clinical policies and procedures are outdated, last revised 2004. Not updated to reflect changes in RPN practice i.e. most policies exclude RPN practice. RN staff need education on how to complete patient assignment in line with CNO Three-Factor Framework. No up to date role descriptions |
| **Orientation** | Normally 2– 3 weeks above base staffing, no formal mentorship arrangement in place |
| **Professional Development** | RNs have no time to attend inservice programs during working hours because they are not replaced. |

### D. Lines of Inquiry

<table>
<thead>
<tr>
<th><strong>DETAILS</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do the staffing levels meet the patient population, accommodate replacement, orientation, and professional development?</td>
<td>No – the skill mix does not reflect the CNO's Three-Factor Framewok. There is insufficient base staffing to respond to acuity, changes in census, admissions, discharges and replacement of vacant shifts.</td>
</tr>
<tr>
<td>2. Does the assignment of nursing care maximize continuity of patient care?</td>
<td>No – the assignments straddle pods, frequent reassignment of patients between RNs and RPNs</td>
</tr>
<tr>
<td>3. Are staff work-life considerations and work preferences accommodated?</td>
<td>Yes – self scheduling</td>
</tr>
<tr>
<td>4. Are staffing levels and lines balanced to accommodate patient needs, nursing effort,</td>
<td>No there are 11 RNs with less than 5 years experience. There are shifts with no senior RNs working. Skill mix not appropriate – not enough RNs to collaborate and consult</td>
</tr>
<tr>
<td>D. Lines of Inquiry</td>
<td>DETAILS</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------</td>
</tr>
<tr>
<td>experience, educational preparation and organizational demands?</td>
<td>with RPNs. RPNs frequently assigned patients beyond their scope.</td>
</tr>
<tr>
<td>5. Is there adequate access to educational resources, i.e. conferences, workshops, clinical instructors, library, other?</td>
<td>No dedicated Nurse Educator. Most in-service on-line or in the form of self-learning packages. Not enough support for novice nurses.</td>
</tr>
<tr>
<td>6. Do current practices promote autonomy, i.e. evidence-informed decision-making; full scope of practice; input into decisions that affect nursing practice and unit policies; opportunity to question processes when they do not support quality patient care?</td>
<td>No unit council, decision making top-down. Outdated policies and procedures, no role descriptions, RNs and RPNs unfamiliar with CNO's Three-Factor Framework.</td>
</tr>
<tr>
<td>7. Do nurses have opportunities to be involved at various levels, i.e. care rounds, unit councils, to influence practice?</td>
<td>No front line involvement.</td>
</tr>
<tr>
<td>8. Are effective working relationships established with key stakeholders/colleagues (cross-organizational and within area of practice)?</td>
<td>RNs feel isolated and just try to get through their shift. Frequent conflict between RNs and RPNs related to assignment.</td>
</tr>
<tr>
<td>9. Are there mechanisms to support the integration of evidence-based practices, innovation, and quality improvement?</td>
<td>No</td>
</tr>
<tr>
<td>10. Are near misses and/or critical incidents used to improve practices?</td>
<td>No evaluation to date of incident reports. RNs who fill them out never hear back regarding disposition unless they have personally made an error.</td>
</tr>
<tr>
<td>11. Is there a forum in which nurses participate regularly to discuss professional/ethical issues at the unit level?</td>
<td>No unit council</td>
</tr>
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<td>12. Are principles of client-centered care integrated into orientation?</td>
<td>No</td>
</tr>
<tr>
<td>13. Are the core processes of client-centered care enacted in care delivery (see client-centered care, pg. 20)?</td>
<td>No. There is insufficient time to interact with patients</td>
</tr>
<tr>
<td>14. Is there an established process to resolve conflict</td>
<td>No. Conflict occurs frequently</td>
</tr>
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<td>and enable problem-solving within the nursing team?</td>
<td></td>
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<td>15. Are there established processes for recognizing and rewarding success?</td>
<td>No</td>
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<td>16. Are there established processes for decision-making for a variety of circumstances such as emergencies, day-to-day functioning, long-term planning?</td>
<td>No – e.g. no decision trees</td>
</tr>
<tr>
<td>17. Are there established processes for ensuring open channels of communication?</td>
<td>No</td>
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E. Glossary of Terms

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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**

<table>
<thead>
<tr>
<th>Name(s) of Employee(s) Reporting</th>
<th>Please Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td></td>
</tr>
<tr>
<td>Unit/Area/Program:</td>
<td></td>
</tr>
<tr>
<td>Date of Occurrence:</td>
<td></td>
</tr>
<tr>
<td>Time notified:</td>
<td></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Regular Staffing #:</th>
<th>RN</th>
<th>RPN</th>
<th>Unit Clerk</th>
<th>Service Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Staffing #:</td>
<td>RN</td>
<td>RPN</td>
<td>Unit Clerk</td>
<td>Service Support</td>
</tr>
<tr>
<td>Agency/Registry RN:</td>
<td>Yes</td>
<td>No</td>
<td>How many?</td>
<td></td>
</tr>
<tr>
<td>Novice RN Staff on duty*</td>
<td>Yes</td>
<td>No</td>
<td>How many?</td>
<td></td>
</tr>
<tr>
<td>RN Staff Overtime:</td>
<td>Yes</td>
<td>No</td>
<td>Staff?</td>
<td></td>
</tr>
</tbody>
</table>

*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 Call(s)
- 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:

- Change in patient acuity.
- Normal number of beds on unit Beds closed Beds opened during tour
- Patient census at time of occurrence
- # of Admissions # of Discharges # of Transfers
- 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:

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

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 immediate 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 lay-out

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:

44
SECTION 7: EMPLOYEE SIGNATURES

Signature: ____________ Date: ____________ Phone #: ____________ Personal e-mail: ____________

Click to enter date

Signature: ____________ Date: ____________ Phone #: ____________ Personal e-mail: ____________

Click to enter date

Signature: ____________ Date: ____________ Phone #: ____________ Personal e-mail: ____________

Click to enter date

Signature: ____________ Date: ____________ Phone #: ____________ Personal e-mail: ____________

Click to enter date

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: ____________

Click to enter date

Date response to the employer: ____________ Date response to the union: ____________

Click to enter date

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) ONA Rep
        (3) Chief Nursing Executive (or designate)
        (4) ONA Member
        (5) ONA Labour Relations Officer
The parties have agreed that patient care is enhanced if concerns 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**

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.

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.

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.

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.)

As per Article 8, the Hospital-Association Committee shall hear and attempt to resolve the complaint 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.

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.

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.

**TIPS FOR COMPLETING THE FORM**

Review the form before completing it so you have an idea of what kind of information is required.

Print legibly and firmly as you are making multiple copies.

Use complete words as much as possible. Avoid abbreviations.

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.

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.

Do not, under any circumstances, identify patients/residents.
APPENDIX F

SAMPLE – 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

<table>
<thead>
<tr>
<th>Name(s) of Employee(s) Reporting (Please Print)</th>
<th>Nancy Nurse</th>
<th>Wanda</th>
<th>Robert Novice-RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer: Community Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit/Area/Program: Inpatient Surgical Unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Occurrence: 6 Jan 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time: 19 – 07 7.5 hr. shift ☐ 11.25 hr. shift ☒ Other: ☒</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Supervisor/Charge Nurse: Mary Manager(on-call)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Regular Staffing #:</th>
<th>RN 4</th>
<th>RPN 2</th>
<th>Unit Clerk 0</th>
<th>Service Support 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Staffing #:</td>
<td>RN 3</td>
<td>RPN 3</td>
<td>Unit Clerk 0</td>
<td>Service Support 0</td>
</tr>
<tr>
<td>Agency/Registry RN:</td>
<td>Yes ☐</td>
<td>No ☒</td>
<td>How many? ☒</td>
<td></td>
</tr>
<tr>
<td>Novice RN Staff on duty*</td>
<td>Yes ☒</td>
<td>No ☐</td>
<td>How many? 1 ☒</td>
<td></td>
</tr>
<tr>
<td>RN Staff Overtime:</td>
<td>Yes ☒</td>
<td>No ☐</td>
<td>If yes, how many staff? 3 ☒</td>
<td></td>
</tr>
</tbody>
</table>

*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 Call(s) ☒
- 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:

- ☒ Change in patient acuity.
  - Patient assigned to RPN developed respiratory distress, code white called during shift for confused and combative patient unable to observe 1:1, spent over an hour calling in staff for day shift to replace sick calls.
- ☒ Normal number of beds on unit 48 Beds closed _____ Beds opened during tour 2
- ☒ Patient census at time of occurrence 50
- ☒ # of Admissions 2 # of Discharges _____ # of Transfers _____
- ☒ Lack of/or equipment/malfunctioning equipment. Please specify:
  - Not enough IV pumps. Had to leave unit to obtain 2 more.
Visitors/Family Members. Please specify:

- Frequent interruptions to provide directions, multiple phone calls to provide information to family members

Number of patients on infectious precautions: 4

Over-Capacity Protocol. Please specify:

- Opened two over-census beds

Resources/Supplies

- Not enough linen, had to leave unit to obtain IV pumps and medications

Interdepartmental Challenges

- Emergency Department (ED) calling frequently to take admissions, beds not ready

System Issues

Exceptional Patient Factors (i.e. significant time and attention required to meet patient expectations). Please specify:

- Each pod (RN) caring for 2 epidurals, many patients requiring close monitoring and frequent vital signs, vital signs not completed as per protocol, epidural and PCA checks late, not done according to policies

Other: (e.g. Non-nursing duties, student supervision, mentorship, etc.) Please specify:

- Answering phone, giving directions, portering patients, locating linens, stocking supplies for isolation, emptying garbage

SECTION 4: DETAILS OF OCCURRENCE

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

RN sick call replaced with RPN. RPNs not at full scope of practice i.e. IV medications, TPN, PCAs etc. RN had to give meds to RPN’s patients. Normal Nurse: patient ratio 1:8, 3 RNs had 1:9. Unable to consult and collaborate with RPNs, not enough time to do so due to heavy assignment to RNs. RN had to assume care of RPN patient, unable to transfer a patient to RPN due to acuity and complexity of rest of assignment, risk of negative outcomes. Junior RN just off orientation. Patient assignment straddled pods therefore all RNs had to deliver meds between – 3 med carts. Isolated – can’t see or hear RN/RPN in other pods. Meds and treatments late, multiple patient complaints re. delays in nurse presence at bedside and delays in HS care. Two pods received over-census admissions, had to go to ED to help porter patients to unit. No RNs took meal or rest breaks entire shift, all worked at least 1 hour after shift to complete documentation.

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

- RN and RPN Practice: The Client, the Nurse and the Environment, Professional Standards, Documentation, Medication Administration, Therapeutic Nurse-Client Relationship

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:

- We huddled to see if the assignment could be altered. Unable to do so as working one RN short with one RN just off orientation, patients too acute and complex for assignment to RPN.

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

- Called Manager on call who said she had no help to offer, told us to “do the best you can.” Refused to allow call-in at overtime, or to hold admissions in ED and directed us to open 2 overcapacity beds.

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 lay-out  ☑ 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:
   Replace RNs with RNs, adjust skill mix more RNs

SECTION 7: EMPLOYEE SIGNATURES

Signature: XXX  Date: 6-Jan-19  Phone #: XXX  Personal e-mail: XXX

Signature: XXX  Date: 6-Jan-19  Phone #: XXX  Personal e-mail: XXX

Signature: XXX  Date: 6-Jan-19  Phone #: XXX  Personal e-mail: XXX

Signature:  Date: 6-Jan-19  Phone #:  Personal e-mail: 

Date Submitted: 8-Jan-19  Submitted to (Manager name): Polly Program-manager

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.

Unable to replace RN sick call at straight time so replaced with RPN at full scope of practice. Do not agree RPNs not a full scope. Hospital in overcapacity. Interviewing RPT candidates. As a Manager I am working to decrease sick time and hold staff accountable to come to work. It was a busy night, all did the best they could.

Management Signature:  Date: 8-Apr-19
Date response to the employer: 11-Apr-19  Date response to the union: 11-Apr-19

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) ONA Rep
        (3) Chief Nursing Officer (or designate)
        (4) ONA Member
        (5) ONA Labour Relations Officer
The parties have agreed that patient care is enhanced if concerns 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**

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.

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.

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.

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.)

As per Article 8, the Hospital-Association Committee shall hear and attempt to resolve the complaint 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.

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.

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.

**TIPS FOR COMPLETING THE FORM**

Review the form before completing it so you have an idea of what kind of information is required.

Print legibly and firmly as you are making multiple copies.

Use complete words as much as possible. Avoid abbreviations.

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.

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.

Do not, under any circumstances, identify patients/residents.
APPENDIX G
ONA Professional Responsibility Decision Tree – A Strategy for Resolving Hospital Workload Complaints

Practice/Workload Issue/Concern Arises

Discuss workload concerns/issues and possible strategies with co-workers on the unit.

Seek help from nursing leaders identified by the Hospital as being responsible for timely resolution. Follow lines of communication: e.g. Charge Nurse→Manager→Unit/Program Director→Chief Nursing Executive or designated management on-call. RN to continue to escalate up the chain of command for a timely resolution.

Fill out the PRWRF as soon as possible after the incident.

a. Discuss the PRWRF and your recommendations your manager on the next day that both nurse(s) and the manager are working, or within ten (10) calendar days.

b. Manager is to provide a written response on the form within ten (10) days of receiving the form, to the nurse(s), Bargaining Unit President, Chief Nursing Executive and Senior Clinical Leader. Any settlement at this or any subsequent point must be signed by the parties.

Consult servicing Labour Relations Officer if required.

Workload and Professional Responsibility Representative, Union Rep., and nurses who have completed form(s), to meet to develop potential resolutions. Workload and Professional Responsibility Representative, also assists members re: process, reviews how to accurately complete forms and gathers input and suggestions from members of the Unit.

Every effort will be made to resolve workload issues at the unit level and a Union Representative shall be involved in any resolution discussions at the unit level. The discussions and actions will be documented.

Submit PRWRF to HAC within twenty (20) days of the manager’s response or when they ought to have responded.

HAC meets within fifteen (15) days of receipt of the PRWRF. HAC to hear and attempt to resolve the complaint.

Continued on Page 2
At HAC, attempts are made to resolve issue using the Workload/Professional Responsibility Review Tool to develop joint recommendations.

If not resolved:
- The Labour Relations Officer attends the HAC meeting and attempts to resolve the issues. The Labour Relations Officer may request an extension of timelines to further explore issues, and attempt resolution.
- The Labour Relations Officer may consult with Professional Practice for advice or assistance with strategies for resolution.
- The Labour Relations Officer may suggest education for members of the Unit or invite the Professional Practice Specialist to speak with members about the issues.

Failing resolution, the Labour Relations Officer submits a pre-complaint letter to the employer and invites the Professional Practice Specialist to the next HAC meeting.

Professional Practice Specialist attends the next HAC meeting. The Specialist may ask management at HAC to further extend timelines to attempt resolution.

Failing development of joint recommendations and prior to the issues being forwarded to the Independent Assessment Committee, the ONA Professional Practice Specialist will forward a written report outlining the issues and recommendations to the Chief Nursing Executive/Hospital Board/LHIN/Appropriate Senior Executive.

Failing resolution of the issues within 15 calendar days of the HAC meeting, or within agreed-to extended timelines,

Specialist considers referral to an Independent Assessment Committee.
**APPENDIX H**

**ONTARIO NURSES’ ASSOCIATION (ONA)**
**LONG-TERM CARE (LTC)**
**PROFESSIONAL RESPONSIBILITY WORKLOAD 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. This 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)

<table>
<thead>
<tr>
<th>Name(s)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Employer: ___________________________  Unit/Floor/Pod: ___________________________

# of Beds in Unit/Home: ______  Unit/Home Census this Shift: ______

Date of Occurrence: ____ Day, ____ Month, ____ Year  Time: ______  7.5 hr. shift [ ] 11.25 hr. shift [ ] Other: ______

Is this a Specialty Unit? Yes [ ] No [ ]

Name of Supervisor: ___________________________  Date/Day: ____  Time/Time notified: ____

### 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 #:** RN _____  RPN _____  PSW _____  Clerks & Other _____

**Actual Staffing #:** RN _____  RPN _____  PSW _____  Clerks & Other _____

**Agency/Registry RN:** Yes [ ] No [ ]  And how many? _____

**Junior Staff:** Yes [ ] No [ ]  And how many? RN _____  RPN _____

**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 [ ]

When to file a Professional Responsibility Workload Report Form:

*When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.*

53
When to file a Professional Responsibility Workload Report Form:
- When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.

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 3: 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 ______  Type of Precautions: ______
- ☐ # of Admissions _____ # of Deaths _____ # of Transfers to Hospital ______
- ☐ Lack of/or equipment/malfunctioning equipment. Please specify:

When to file a Professional Responsibility Workload Report Form:
- When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.
When to file a Professional Responsibility Workload Report Form:
When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.

☐ 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 RAlIs & RAPs, # of palliative residents). Please specify:
☐ Exceptional Resident Factors (i.e. significant amount of time required to meet residents’ needs/expectations). Please specify:

SECTION 4: DETAILS OF OCCURRENCE

Provide details of how the resident’s 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:

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

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
☐ Change unit layout
☐ Adjust RN staffing
☐ Input into how compliance recommendations are implemented
☐ Equipment/Supplies. Please specify:

When to file a Professional Responsibility Workload Report Form:
When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.
When to file a Professional Responsibility Workload Report Form:
When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.

SECTION 7: EMPLOYEE SIGNATURES

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Phone # / Personal Email:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Date Submitted: Click here to enter a date.

SECTION 8: MANAGEMENT COMMENTS

Did you discuss the issues with your employee/nurse on his/her next working day?
Yes [ ] No [ ]
If yes, date: Click here to enter a 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:
When to file a Professional Responsibility Workload Report Form:

When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.

Dated: ____________________________

Copies: (1) Manager
(2) Director of Care (or designate)
(3) ONA Rep
(4) ONA Member
(5) ONA LRO
When to file a Professional Responsibility Workload Report Form:

When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.

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) Identify the College of Nurses of Ontario (CNO) Standards/Practice Guidelines/Long-Term Care policies and procedures you believe to be at risk. The CNO Standards can be found at [www.cno.org](http://www.cno.org).

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

SAMPLE - ONTARIO NURSES' ASSOCIATION (ONA)
LONG-TERM CARE (LTC)
PROFESSIONAL RESPONSIBILITY
WORKLOAD 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)

Laurie Good

Employer: Best Care Nursing Home

Unit/Floor/Pod: All

# of Beds in Unit/Home: 139

Unit/Home Census this Shift: 137

Date of Occurrence: 12 Day, Feb, 2019

Time: 0850h

7.5 hr. shift ☒ 11.25 hr. shift ☐ Other: __________

Is this a Specialty Unit? Yes ☐ No ☒

Name of Supervisor: Jane Doodle

Date/Time notified: 12 Day, Feb, 2019

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 #: RN 1 RPN 1 PSW 13 Clerks & Other __________

Actual Staffing #: RN 1 RPN 1 PSW 11 Clerks & Other __________

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

Junior Staff*: Yes ☒ No ☐ And how many? RN __________ RPN 2

PSW __________ Temp RNs 0

When to file a Professional Responsibility Workload Report Form:
When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.
When to file a Professional Responsibility Workload Report Form:

When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.

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 Communiqué, 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

When to file a Professional Responsibility Workload Report Form:
When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.
SECTION 3: 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:
  Complexity and acuity due to flu outbreak and a resident fall.

- Number of residents on infectious precautions 13  Type of Precautions: respiratory

- # of Admissions 0 # of Deaths _____ # of Transfers to Hospital 1

- 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:
    calling in staff
  - Other (i.e. Physician/Nurse Practitioner unavailable, # of RAI's & RAP's, # of palliative residents).
    Please specify:
    # of palliative residents
  - Exceptional Resident Factors (i.e. significant amount of time required to meet residents’ needs/expectations). Please specify:

SECTION 4: DETAILS OF OCCURRENCE

Provide details of how the resident’s 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:

Arrived on shift to find home in flu outbreak resulting in an increased complexity of condition for 13 residents with the flu. After report this RN immediately started to do rounds of the 3 units to assess all known residents diagnosed with the flu. Toured Unit A and was just about to assess the residents on Unit B when a call came to assess a resident who had fallen on Unit C. Unit C resident assessed and transferred to hospital. Telephone call to resident’s family and critical incident report completed for compliance reporting. Returned to Unit B to begin to assess the frail, ill residents at 1030h and did not get to Unit C until 1300h. Unable to assist in dining room with feeding. Having only 1 RN on days on the weekends makes it very difficult to assess or intervene in a timely manner. PSWs and RPNs need RNs to consult with and for efficient consultation to happen. There needs to be sufficient RNs with the time and resources needed to consult as often as is necessary to meet resident needs.

Unable to meet accountabilities under: RN and RPN Practice: The Client, the Nurse and the Environment, Accountability, Leadership, Infection Prevention and Control, Documentation, Medication Administration, Therapeutic Nurse-Client Relationship, LTCHA of 1 person per 2 residents requiring assistance with feeding.

Is this an:  □  Ongoing problem?  □ (when in outbreak)  □ (Check one)

When to file a Professional Responsibility Workload Report Form:
When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.
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.
Residents with the flu needed frequent RN assessments due to multiple diagnoses, plus the risk of dehydration. Not resolved as only 1 RN booked on weekends.

(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):
Telephone call to manager on call at 0915h who was not a nurse. Proceeded to call the DOC to be sure that a person in a senior nursing leadership position was aware and to discuss resolution options.

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:

Develop a different staffing plan for crisis solutions, i.e.: outbreak.

SECTION 7: EMPLOYEE SIGNATURES

Signature: XXX Phone # / Personal E-mail: OOO
Signature: XXX Phone # / Personal E-mail: OOO
Signature: XXX Phone # / Personal E-mail: OOO
Signature: XXX Phone # / Personal E-mail: OOO

Date Submitted: 2/12/2019

SECTION 8: MANAGEMENT COMMENTS

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

When to file a Professional Responsibility Workload Report Form:
When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.
When to file a Professional Responsibility Workload Report Form:
When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.

Yes ☒ No ☐ If yes, date: 2/13/2019

Provide details:
There has always been 1 RN on the weekend day shifts. May need to learn to prioritize.

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: Click here to enter a date.

Copies: (1) Manager
(2) Director of Care (or designate)
(3) ONA Rep
(4) ONA Member
(5) ONA LRO
When to file a Professional Responsibility Workload Report Form:
When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>EQUIPMENT &amp; SUPPLIES</th>
<th>POLICIES AND PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Leadership &amp; Support</td>
<td>Faulty</td>
<td>Abuse</td>
</tr>
<tr>
<td>Policies &amp; Procedures</td>
<td>In-service of New Equipment</td>
<td>Administrative</td>
</tr>
<tr>
<td>Resident Factors/Complexity</td>
<td>Insufficient/Lack of</td>
<td>Computers</td>
</tr>
<tr>
<td>Charting/Documentation System</td>
<td>Maintenance</td>
<td>Equipment</td>
</tr>
<tr>
<td>Availability of Nursing Leader on call</td>
<td>Not Appropriate</td>
<td>Nursing Practices</td>
</tr>
<tr>
<td>Other</td>
<td>Workload</td>
<td>RAI MDS</td>
</tr>
</tbody>
</table>

**APPENDIX J**

PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS/INDICATORS FOR LONG-TERM CARE

| PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS/INDICATORS FOR LONG-TERM CARE |
|-----------------------------|-----------------------------|-----------------------------|
| **COMMUNICATION** | **EQUIPMENT & SUPPLIES** | **POLICIES AND PROCEDURES** |
| Lack of Leadership & Support | Faulty | Abuse |
| Policies & Procedures | In-service of New Equipment | Administrative |
| Resident Factors/Complexity | Insufficient/Lack of | Computers |
| Charting/Documentation System | Maintenance | Equipment |
| Availability of Nursing Leader on call | Not Appropriate | Nursing Practices |
| Other | Workload | RAI MDS |

**EDUCATION/ORIENTATION**

<table>
<thead>
<tr>
<th>Access to Reference Material</th>
<th>JOB DESCRIPTIONS DUTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Staff</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>Equipment</td>
<td>RPNs</td>
</tr>
<tr>
<td>In-service</td>
<td>Clerical</td>
</tr>
<tr>
<td>Job Duties/Responsibilities</td>
<td>Dietary</td>
</tr>
<tr>
<td>Nursing Skills RPN and/or PSW</td>
<td>PSW</td>
</tr>
<tr>
<td>Physical Layout for Model of Care</td>
<td>Other</td>
</tr>
<tr>
<td>Policies &amp; Procedures</td>
<td>MEDICATION/POLICY</td>
</tr>
<tr>
<td>Casual Nurses</td>
<td>Access to</td>
</tr>
<tr>
<td>Other</td>
<td>Administration of</td>
</tr>
</tbody>
</table>

**ENVIRONMENT**

<table>
<thead>
<tr>
<th>Residence Transfers</th>
<th>Pharmacy Related</th>
<th>Communication with Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alarm Systems</td>
<td>Processing Orders</td>
<td>Experienced Staff/Junior/Senior Mix</td>
</tr>
<tr>
<td>Cleanliness of Area</td>
<td>Supply Inadequate/Outdated</td>
<td>Casual Nurses</td>
</tr>
<tr>
<td>Construction/Renovation</td>
<td>Other</td>
<td>Non-Nursing Functions</td>
</tr>
<tr>
<td>Dietary Needs</td>
<td>NON-NURSING FUNCTIONS</td>
<td>Resident Mix/Acuity</td>
</tr>
<tr>
<td>Fire Alarm</td>
<td>Answering Telephone</td>
<td>Physician Related</td>
</tr>
<tr>
<td>Noise Level</td>
<td>Maintenance/Housekeeping</td>
<td>Scheduling</td>
</tr>
<tr>
<td>Power, Plumbing &amp; Heating</td>
<td>Visitor Inquiries</td>
<td>Staff Not Replaced</td>
</tr>
<tr>
<td>Physical Layout</td>
<td>Clerk/Scheduler/Receptionist</td>
<td>Clerk/Receptionist/Scheduler</td>
</tr>
<tr>
<td>Placement of Resident-Inappropriate</td>
<td>Calling in Staff</td>
<td>Weekend coverage</td>
</tr>
<tr>
<td>Safety for Residents/Staff</td>
<td>Other</td>
<td>Workload</td>
</tr>
<tr>
<td>Care Fragmentation</td>
<td>PHYSICIAN/NP RELATED</td>
<td>Resident Factors/Acuity &amp; Complexity</td>
</tr>
<tr>
<td>Home in Outbreak</td>
<td>Availability/Off hours rounds</td>
<td>Agency Staff</td>
</tr>
<tr>
<td>Compliance Issues</td>
<td>Resident Safety</td>
<td>Model of Care (Pod Nursing)</td>
</tr>
<tr>
<td>Other</td>
<td>Inappropriate Behaviour</td>
<td>Skill Mix</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>
The workload concerns/issues are documented on the Professional Responsibility Workload Report Form (PRWRF) as soon as possible after the incident. The PRWRF will be forwarded to the DOC* and Bargaining Unit President in accordance with the collective agreement.

Every attempt will be made to resolve the workload issue.

If the workload issue is not resolved, the RN(s) will consult with the Director of Care (DOC)* Monday to Friday during his/her regular working hours. After hours, if necessary, the RN(s) will consult with the Manager on-call.

The RN(s) will discuss the issue with the DOC* on the next day the DOC and RN(s) are both working, or in accordance with the collective agreement.

The workload concerns/issues are documented on the Professional Responsibility Workload Report Form (PRWRF) as soon as possible after the incident. The PRWRF will be forwarded to the DOC* and Bargaining Unit President in accordance with the collective agreement.

The RN(s) will discuss the issue with the DOC* on the next day the DOC and RN(s) are both working, or in accordance with the collective agreement.

The DOC* to review the PRWRF, complete the Management Comments section and provide a copy to the affected RN(s) and Bargaining Unit President.

The DOC* to review the PRWRF, complete the Management Comments section and provide a copy to the affected RN(s) and Bargaining Unit President.

Bargaining Unit President to review Management Comments with affected RN(s). The Bargaining Unit President will notify the DOC* if the PRWRF is resolved or failing resolution, the issue(s) will be forwarded to the next Union-Management Committee meeting for discussion within specified collective agreement time frames, if determined. The Union-Management Committee shall hear and attempt to resolve the issues to the satisfaction of both parties.

Union-Management Committee Meeting:
Review issues by themes for resolution, and mutually agreed timeframes for action plans. There may be discussion related to themes to resolve PRWRFs. Employer to provide written responses to the Union (as per collective agreement timelines if determined).

Note: *as designated by the collective agreement or by the employer
ONA Professional Responsibility Decision Tree – A Strategy for Resolving Workload Complaints in a Long-Term Care Setting

Upon request of Bargaining Unit President/Workload and Professional Responsibility Representative, the Labour Relations Officer attends Union-Management Committee meeting.

If not resolved:

The Labour Relations Officer attends the Union-Management Committee meeting and attempts to resolve the issues. The Labour Relations Officer may request an extension of timelines to further explore issues.

The Labour Relations Officer may consult with Professional Practice for advice or assistance with strategies for resolution.

The Labour Relations Officer may suggest education for members or invite the Professional Practice Specialist to speak with members about the issues.

Failing resolution, the Labour Relations Officer will submit the pre-complaint letter to the employer and invite the Professional Practice Specialist to attend the next Union-Management Committee meeting.

Failing resolution of the complaint within twenty (20) days of the Union-Management Committee (or as per the collective agreement), or within agreed to extended timelines, Specialist considers referral to an Independent Assessment Committee.

The Professional Practice Specialist attends the next Union-Management meeting. The Specialist may ask management at the Union-Management Committee meeting to further extend timelines to attempt resolution.

The Specialist works with the employer to resolve issues where possible; however, the Specialist may forward a written report outlining the complaint and recommendations to the Director of Resident Care and/or the Administrator.

Continued from Page 1

At any time during this process, the parties may agree to the use of a mediator to assist in the resolution of the issues arising out of this provision.
APPENDIX L
ONTARIO NURSES’ ASSOCIATION (ONA)
COMMUNITY
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM

SECTION 1: GENERAL INFORMATION

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

Employer: ___________ /Branch __________ Team/Area/Program: ____________

Date of Occurrence: ___________________________ Start Time: __________ Duration Time: __________

Hrs Wkd ____ Ext. Hrs __________ (at time of occ.) __________ Supervisor ________________________________

Date/Time Submitted: Click here to enter a date.

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 _____ RPN _____ Clerical Support _____ IT Support _____
# Actual Staff: RN _____ RPN _____ Clerical Support _____ IT Support _____
Junior Staff: Yes _____ No _____ How many? __________
RN Staff Overtime: Yes _____ No _____ If yes, how many staff? _____ Total Hours ______

Breaks: Meal Period: Missed _____ Late _____ Taken _____
Rest Period: Missed _____ Late _____ Taken _____

At the time of the occurrence, the planned workload was:

<table>
<thead>
<tr>
<th>Home Visits/School Visits/Clinics</th>
<th>Planned</th>
<th>Actual #</th>
<th>Time Planned</th>
<th>Actual Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Conferences/Team Meetings, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation/Administration (phone, paperwork, supplies)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inservice/Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel (number of trips)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (i.e. giving a presentation, etc.)</td>
<td></td>
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</tbody>
</table>

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:

☐ Change in client acuity (psy/phy/soc) Provide details: ______
☐ Visitors/Family members
☐ Bed Shortage (hosp./LTC)
☐ # of Admissions ______
☐ # of Discharges ______
☐ Safety in jeopardy (specify)
☐ Lack of / malfunctioning equip. (specify) ______
☐ Unanticipated Assignment /uncontrolled variables (specify)
☐ Safety in jeopardy (specify) ______
☐ Incomplete Referral Information

68
SECTION 4: DETAILS OF OCCURRENCE

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

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:

    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:

(C) Did you discuss the issue with your manager (or designate) on her/his next working day?
    Yes [ ] No [ ] Provide Details:

    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:

<table>
<thead>
<tr>
<th>Category (CM, RN, RPN, PHN, PSW, Clerk, etc.)</th>
<th>Amount of time staff available</th>
<th>Orientation to Branch Requires Yes [ ] No [ ] State Orientation time (min/hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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/patient ratio
[ ] Change physical layout  [ ] Float/casual pool  [ ] Review policies & procedures
SECTION 7: EMPLOYEE SIGNATURES

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

Signature: ____________________________ Signature: ____________________________
Date/time Submitted: ____________________________

SECTION 8: MANAGEMENT COMMENTS

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

Management

Signature: ____________________________ Date: ____________

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
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.
### SECTION 1: GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Name(s) of Employee(s) Reporting:</th>
<th>(Please Print)</th>
<th>Jane Smith and John Bread</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td>Health Clinic</td>
<td>Team/Area/Program: West Wing</td>
</tr>
<tr>
<td>Date of Occurrence:</td>
<td>2/17/2019</td>
<td>Date/Time: 0830</td>
</tr>
<tr>
<td>Start Time:</td>
<td></td>
<td>Duration Time: Entire Shift</td>
</tr>
<tr>
<td>Hrs Wkd On Call/Ext. Hrs</td>
<td></td>
<td>Supervisor: Polly Program Manager</td>
</tr>
<tr>
<td>On Wkd Ext. Hrs Supervisor</td>
<td></td>
<td>Submitted: 2/17/2019</td>
</tr>
<tr>
<td>On Wkd Exh. Hrs (at time of occ.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior Staff:</td>
<td>Yes X No How many?</td>
<td></td>
</tr>
<tr>
<td>RN Staff Overtime:</td>
<td>Yes X No</td>
<td></td>
</tr>
<tr>
<td>Breaks:</td>
<td>Meal Period: Missed Late X (1 1/2 hours) Taken</td>
<td></td>
</tr>
<tr>
<td>Rest Period:</td>
<td>Missed X Late Taken</td>
<td></td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th># Regular Staff</th>
<th>RN 5 RPN 1 Clerical Support 1 IT Support</th>
</tr>
</thead>
<tbody>
<tr>
<td># Actual Staff</td>
<td>RN 3 RPN 1 Clerical Support 1 (4 hours)IT Support</td>
</tr>
<tr>
<td>Junior Staff</td>
<td>Yes X No How many?</td>
</tr>
<tr>
<td>RN Staff Overtime</td>
<td>Yes X No</td>
</tr>
<tr>
<td>Breaks:</td>
<td>Meal Period: Missed Late X (1 1/2 hours) Taken</td>
</tr>
<tr>
<td>Rest Period:</td>
<td>Missed X Late Taken</td>
</tr>
</tbody>
</table>

At the time of the occurrence, the planned workload was:

<table>
<thead>
<tr>
<th>Home Visits / School Visits / Clinics</th>
<th># Planned</th>
<th>Actual #</th>
<th>Time Planned</th>
<th>Actual Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20 clients</td>
<td>30 clients</td>
<td>7 hours</td>
<td>10 hours</td>
</tr>
</tbody>
</table>

| 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:

- [ ] Change in client acuity (psy/phy/soc) Provide details: _______
- [ ] # of Admissions 10
- [ ] # of Discharges ______
- [ ] Safety in jeopardy (specify) ______
- [ ] Unanticipated Assignment /uncontrolled variables (specify)
- [ ] Visitors/Family members _______
- [ ] Bed Shortage (hosp./LTC) _______
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. Unable to meet CNO standards including: Accountability, Leadership, Documentation, Therapeutic Nurse-Client Relationships

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:

<table>
<thead>
<tr>
<th>Category (CM, RN, RPN, PHN, PSW, Clerk, etc.)</th>
<th>Amount of time staff Available</th>
<th>Orientation to Branch Requires</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes □ No □ State Orientation time (min/hrs)</td>
</tr>
</tbody>
</table>
 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/patient ratio
☐ Change physical layout  ☐ Float/casual pool  ☑ Review policies & procedures
☑ Caseload review for acuity/activity  ☑ ↑ RN/CM staffing  ☑ Perform Workload Measurement Audit
☑ ↑ Support staffing
☐ Equipment (Please specify) ______
☒ Other More RNs

 SECTION 7: EMPLOYEE SIGNATURES

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

Signature: ______ Jane Smith Signature: ______ XXX

Date/time Submitted: 2/17/2019

Signature: ______ John Bread

 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: 2/28/2019

 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
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.
APPENDIX N
ONA Professional Responsibility Decision Tree – A Strategy for Resolving Workload Concerns in Community

Practice/Workload Issue/Concern Arises

Discuss workload concerns/issues with co-workers on team/site/program.

Seek help from the manager or designate responsible for timely resolution. Follow lines of communication: e.g. Team Leader/Supervisor→Manager→Director→ or management on-call. *Members to continue to escalate the issue through the chain of command*

Complete the PRWRF as soon as possible after the workload or practice issue occurs.

May request a Union Representative when meeting with the manager.

Discuss the issue and your recommendations with your manager on next day that both the members and manager are working, or within specified collective agreement timeframes.

Consult servicing Labour Relations Officer if required.

Workload and Professional Responsibility Representative, Bargaining Unit President, and member(s) who completed the form meet to develop potential resolutions.

Workload and Professional Responsibility Representative. may also prep members re: the process, review how to accurately complete forms and gather input and suggestions from the team members.

Failing resolution after discussing the issues with your manager, the PRWRF is submitted to the Employer - Management Committee for discussion of the incident, within the time frames as set in the collective agreement. The Employer-Management Committee meets, within agreed-to collective agreement timeframes, of receipt of the PRWRF. .
ONA Professional Responsibility Decision Tree – A Strategy for Resolving Workload Concerns in Community

If resolved – Minutes of Settlement signed

The Employer-Management Committee will hear and attempt to resolve the issue.

If not resolved:

The Labour Relations Officer attends the Employer-Management Committee meeting and attempts to resolve the issues. The Labour Relations Officer may request an extension of timelines to further explore issues, and attempt resolution.

The Labour Relations Officer may consult with Professional Practice for advice or assistance with strategies for resolution.

The Labour Relations Officer may suggest education for members or invite the Professional Practice Specialist to speak with members about the issues.

Failing resolution, the Labour Relations Officer submits a pre-complaint letter to the Employer and invites the Professional Practice Specialist to the next Employer-Management meeting.

Continued from Page 1

At any time during this process, the parties may agree to the use of a mediator to assist in the resolution of the issues arising out of this provision.

Professional Practice Specialist attends the next Employer-Management meeting. The Specialist may ask management at the Employer-Management Committee meeting to further extend timelines to attempt resolution.

The Specialist works with the employer to resolve issues where possible; however, the Specialist may forward a written report outlining the complaint and recommendations to Chief Executive Officer/Chief Nursing Officer or Executive/Board/LHIN/Etc.

If not resolved within the number of calendar days of the Employer-Management Committee meeting as per the Collective Agreement, or within agreed-to extended timelines,

Specialist considers referral to an Independent Assessment Committee, if applicable.
## SECTION 1: GENERAL INFORMATION

Name(s) Of Employee(s) Reporting: ______
Employer: ______ Site: ______
Team/Area/Program: ______
Date of Occurrence: Click here to enter a date. Start Time: ______ Duration Time: ______
Hours Worked: ______ On Call/Ext. Hrs. ______ Supervisor at time of Occurrence: ______
Date submitted Click here to enter a date. Time Submitted: ______

## SECTION 2: DETAILS OF OCCURRENCE

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

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

Applicable Regulatory College: ______
Applicable Standards of Practice/Policies/Procedures: ______

## SECTION 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURRENCE

☐ Change in Client Acuity. Provide details: ☐ Safety in Jeopardy. Please specify:

☐ Complex Family dynamics: ☐ Urgent/same day assessments:

☐ Clients assigned at time of occurrence: ☐ Lack of/malfunctioning equip/technology. Details:

☐ Non-Care Coordinator duties. Specify: ☐ Weather/Conditions

☐ # of new clients to be assessed: ☐ Travel/Distance

☐ Internal/external transition of service: ☐ Unanticipated Assignment/Uncontrolled variables: Pls. Specify:

☐ RAI assessments/CHRIS to be completed ☐ Other (specify):

Please provide details about the working conditions at the time of occurrence by providing the following information, e.g. shortage of staff, number of visits, meetings/case conferences, education/in-service, presentations, mentoring:

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 (if known):

☐ Absence/Emergency Leave  ☐ Sick Call(s)  ☐ Vacancies

## SECTION 4: REMEDY/SOLUTION

(A) At the time the workload issue occurred, did you discuss the issue within the team/site/program?

☐ Yes ☐ No Date Click here to enter a date.

Provide details:
Was it resolved?
☐ Yes Proceed to Section 8  ☐ No Proceed to (B) Date Click here to enter a date.

(B) Did you discuss the issue with a manager (or designate) immediately or on your next working day?

☐ Yes ☐ No Date Click here to enter a date.

Provide details – (include names)
### SECTION 4: REMEDY/SOLUTION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was isolated incident resolved?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If an ongoing problem, was the entire issue resolved?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were measures implemented to prevent re-occurrence?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide details:

### SECTION 5: INITIAL RECOMMENDATIONS

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change Physical layout</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caseload Review for acuity/activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time pool</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Standards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment/Technology: please specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: please specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 6: EMPLOYEE SIGNATURES

I/We requested these concerns be forwarded to the Employer-Union Committee.

Signature: Phone No:
Signature: Phone No:
Signature: Phone No:
Signature: Phone No:

Date Submitted: Time:

### SECTION 7: MANAGEMENT COMMENTS

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

Management Signature: Date: Click here to enter a date.

### SECTION 8: RESOLUTION/OUTCOME

Please provide details of resolution:

Attach on Letter of Understanding (LOU) resolution:

Date: Click here to enter a date.

Signatures:
The parties agree that client care is enhanced if concerns relating to professional practice are resolved in a timely and effective manner. The parties will utilize a problem-solving process focusing on collaborative solutions at the earliest possible opportunity. 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 PROFESSIONAL RESPONSIBILITY REPORT FORM, PLEASE FOLLOW ALL STEPS AS OUTLINED IN YOUR PROFESSIONAL STANDARDS (e.g. CNO or other regulatory college(s)) AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

STEPS IN PROBLEM SOLVING PROCESS

1. **At the time the issue occurs**, discuss the matter within the Team/Site/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. supervisor) who has responsibility for timely resolution of professional responsibility issues.

2. Failing resolution of the 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 CCAC professional responsibility report form within the timeframes outlined in the Collective Agreement in Article 24.

4. The Employer-Union Committee shall hear and attempt to resolve the complaint to the satisfaction of both 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. All dates required need to be in the following format: dd/mm/yyyy.

3. If using the electronic form, wherever the form requires descriptions, the grey field will expand as you type. Print legibly if using the hard copy of this form.

4. Use complete words as much as possible – avoid abbreviations.

5. 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.

6. Identify the Professional Standards of practice/policies and procedures you feel you were unable to meet.

7. Do not, under any circumstances, identify clients.

8. Provide a copy to the employer.
**SECTION 1: GENERAL INFORMATION**

Name(s) Of Employee(s) Reporting: Nancy Fresh, Janie Row, Mary Mature, Janice Jones  
Employer: Central CCAC  
Site: Pine Valley  
Team/Area/Program: Pleasant Place  
Date of Occurrence: 6/1/2017  
Start Time: 0800  
Duration Time: 7  
Hours Worked: On Call/Ext. Hrs.  
Supervisor at time of Occurrence: Karen Wall  
Date submitted: 6/10/2019  
Time Submitted: 1600

**SECTION 2: DETAILS OF OCCURRENCE**

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

Lack of staff, CMs expected to cover for 2 open desks. Additional case load, with already above average caseloads. Unable to perform all assigned tasks within the hours of the shift. Outstanding assessments, unable to complete in a timely manner and overdue RAI's, unable to respond to family and client phone calls in a timely manner, Lack of support staff, unable to document in a timely manner when covering three separate caseloads.

4 clients sent to ER for deterioration in condition due to initial RAI not completed, 15 additional nursing visits authorized, 54 clients awaiting reassessment, and 24 additional PSW hours authorized.

10 client falls reported of clients awaiting reassessment.

Check one: ☐ Is this an isolated incident? ☑ An ongoing problem?

Applicable Regulatory College: College of Nurses of Ontario, Social Work

Applicable Standards of Practice/Policies/Procedures: Professional Standards, Accountability, Advocacy, Documentation, Therapeutic Nurse-Client Relationship

**SECTION 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURRENCE**

- ☒ Change in Client Acuity. Provide details: Crisis placement, complex hospital discharges
- ☒ Safety in Jeopardy. Please specify:
- ☒ Complex Family dynamics:
- ☐ Urgent/same day assessments:
- ☒ Clients assigned at time of occurrence:
- ☐ Lack of/malfunctioning equip/technology. Details:
- ☒ Non-Care Coordinator duties. Specify: computer entry, voicemail and return calls
- ☐ Weather/Conditions
- ☒ # of new clients to be assessed:
- ☐ Travel/Distance
- ☐ Internal/external transition of service:
- ☒ Unanticipated Assignment/Uncontrolled variables: Pls. Specify:
- ☐ RAI assessments/CHRIS to be completed
- ☐ Other (specify):

Please provide details about the working conditions at the time of occurrence by providing the following information, e.g. shortage of staff, number of visits, meetings/case conferences, education/in-service, presentations, mentoring:
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 (if known):

☐ Absence/Emergency Leave  ☐ Sick Call(s)  ☐ Vacancies

SECTION 4: REMEDY/SOLUTION

(A) At the time the workload issue occurred, did you discuss the issue within the team/site/program?

☒ Yes  ☐ No  Date 2/12/2019

Provide details:
Staff met with manager to inform her that there are several outstanding voicemails and return calls to be followed up with. Unable to complete all client visits.

Was it resolved?
☐ Yes Proceed to Section 8  ☒ No Proceed to (B)  Date Click here to enter a date.

(B) Did you discuss the issue with a manager (or designate) immediately or on your next working day?

☒ Yes  ☐ No  Date 6/3/2016

Provide details – (include names)
Manager told us to prioritize and not complete the Clerical Assistants tasks

Was isolated incident resolved?
☐ Yes Proceed to Section 8  ☒ No  Date Click here to enter a date.

If an ongoing problem, was the entire issue resolved?

☐ Yes  ☒ No  Date Click here to enter a date.

Were measures implemented to prevent re-occurrence?

☐ Yes  ☒ No  Date Click here to enter a date.

Provide details:
There are several vacancies in this office and challenges with staff retention.

SECTION 5: INITIAL RECOMMENDATIONS

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

☐ In-service  ☒ Review Care Coordinator Staffing
☐ Change Physical layout  ☒ Review Support staffing
☒ Caseload Review for acuity/activity  ☐ Review Care Coordinator: Client ratio
☐ Orientation  ☐ Review policies and procedures
☒ Part-time pool  ☒ Perform Workload Audit
☐ Professional Standards  ☐ Process Review
☐ Equipment/Technology: please specify:
☐ Other: please specify:

SECTION 6: EMPLOYEE SIGNATURES

I/We requested these concerns be forwarded to the Employer-Union Committee.

Signature: XXX  Phone No:  XXX
Signature: XXX  Phone No:  XXX
Signature: XXX  Phone No:  XXX
**SECTION 7: MANAGEMENT COMMENTS**

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

Staff were notified to re-prioritize their work.

Management Signature: XXX  Date: 6/29/2019

**SECTION 8: RESOLUTION/OUTCOME**

Please provide details of resolution:

Attach on Letter of Understanding (LOU) resolution:

Date: Click here to enter a date.

Signatures:
In 2017, the Ministry of Health and Long-Term Care introduced the Excellent Care for All Act. Part of the implementation involved changing the administrative names of the Community Care Access Centres (CCACs) to Local Health Integration Networks (LHIN). Within this guide are LHIN Workload Report Forms. On the ONA website, the CCAC Workload Report Forms are available for members. The forms cannot be formally updated to LHINs until the next round of bargaining is complete and a settlement is reached. However, you are still able to use either the LHIN or CCAC workload report forms to document your concerns.

ONTARIO NURSES’ ASSOCIATION (ONA)  
LOCAL HEALTH INTEGRATION NETWORK (LHIN)  
PROFESSIONAL RESPONSIBILITY REPORT FORM

GUIDELINES AND TIPS ON ITS USE

The parties agree that client care is enhanced if concerns relating to professional practice are resolved in a timely and effective manner. The parties will utilize a problem-solving process focusing on collaborative solutions at the earliest possible opportunity. 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 PROFESSIONAL RESPONSIBILITY REPORT FORM, PLEASE FOLLOW ALL STEPS AS OUTLINED IN YOUR PROFESSIONAL STANDARDS (e.g. CNO or other regulatory college(s)) AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

STEPS IN PROBLEM-SOLVING PROCESS

1. **At the time the issue occurs**, discuss the matter within the Team/Site/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. supervisor) who has responsibility for timely resolution of professional responsibility issues.
2. Failing resolution of the 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 LHIN professional responsibility report form within the timeframes outlined in the Collective Agreement in Article 24.
4. The Employer-Union Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties.

TIPS FOR COMPLETING THE FORM

1. Review the form before completing it so you have an idea of the information that is required.
2. All dates required need to be in the following format: dd/mm/yyyy.
3. If using the electronic form, wherever the form requires descriptions, the grey field will expand as you type. Print legibly if using the hard copy of this form.
4. Use complete words as much as possible – avoid abbreviations.
5. 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.
6. Identify the Professional Standards of practice/policies and procedures you feel you were unable to meet.
7. Do not, under any circumstances, identify clients.
8. Provide a copy to the employer.
## APPENDIX Q
### PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS/INDICATORS FOR LHINs

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>EQUIPMENT &amp; SUPPLIES</th>
<th>POLICIES AND PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Leadership &amp; Support</td>
<td>Faulty</td>
<td>Abuse/Safety/Violence</td>
</tr>
<tr>
<td>Policies &amp; Procedures</td>
<td>Inservice for New Equipment/Practices</td>
<td>Administrative</td>
</tr>
<tr>
<td>Patient Factors/Complexity</td>
<td>Insufficient/Lack of Internet Service/Connection</td>
<td>Computers</td>
</tr>
<tr>
<td>Charting/Documentation System</td>
<td>Maintenance</td>
<td>Equipment</td>
</tr>
<tr>
<td>Initial Assessments, Reassessments</td>
<td>Not Appropriate</td>
<td>Practices</td>
</tr>
<tr>
<td>Other</td>
<td>Medical equipment/supplies Order time deadlines/delivery turnover time</td>
<td>Patient Classification Systems/Documentation System/CHRIS</td>
</tr>
</tbody>
</table>

**EDUCATION / ORIENTATION**
- Ergonomic Desk/Chairs/Station
- Access to Reference Material
- Other
- Service Providers
- Skills, Novice Staff
- Care Coordinator (Community & Hospital)
- Inservice
- Clinical Nurse Specialist
- Job Duties/Responsibilities
- Team Assistants
- Equipment – lack of, improperly functioning, connectivity
- Facility or Placement Coordinator(s) Unregulated
- RAI/Capacity Training
- Nurse Practitioner
- Policies & Procedures
- Advanced Practice Nurse
- Relief Resources
- Other
- MEDICATION / POLICY
- Access to Client MARs
- IV prescriptions
- Protocols/Policies
- Specialty Orders - VAC, g-tube etc
- Hospital Pressures
- Caseload Size
  - Wound Care Supplies
  - # of new referrals/Overdue Reassessments
- Number of Pending Discharges
  - Uploading assessments into client files
- Threats Violence Animals Allergens
  - Manual Tasks
- Accumulation of workload
  - Other
- Job Descriptions/Duties
  - Desk Coverage
  - Caseload Size
  - Bed Utilization (over capacity)/Transition Issues
  - Baseline Staffing
  - Support Staff
  - Hospital Issues
  - Experienced Staff/Jr/Sr Mix Staff
- CARE COORDINATOR FUNCTIONS
  - Overdue Assessments
  - Physician Related
  - Scheduling
  - Staff Not Replaced
<table>
<thead>
<tr>
<th>Issue</th>
<th>PHYSICIAN RELATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-capacity/Over-crowding</td>
<td>Team Assistants</td>
</tr>
<tr>
<td>Placement of Client-Inappropriate</td>
<td>Availability/Off hours rounds</td>
</tr>
<tr>
<td>Safety for Clients/Staff</td>
<td>Weekend</td>
</tr>
<tr>
<td>Physical Layout/Environmental Conditions (clutter, bedbugs etc)</td>
<td>Failing to complete reports/HAF</td>
</tr>
<tr>
<td></td>
<td>Workload</td>
</tr>
<tr>
<td></td>
<td>Delayed response/untimely documentation</td>
</tr>
<tr>
<td></td>
<td>Care Fragmentation/Float Coordinators</td>
</tr>
<tr>
<td></td>
<td>Model of Care/Overdue</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>
APPENDIX R
ONA Professional Responsibility Decision Tree – A Strategy for Resolving Workload Complaints in LHINs

Practice/Workload Issue/Concern Arises

Discuss workload concerns with co-workers on team/site/program.

Seek help from the manager or designate responsible for timely resolution. Follow lines of communication: e.g. Team Leader → Manager → Director → or management on-call.

Care Coordinator to continue to escalate the issue through the chain of command

Complete the PRWRF as soon as possible after the workload or practice concern occurs and submit the form to your manager and Workload and Professional Responsibility Representative.

May request a Union Representative when meeting with the manager.

a. Discuss the concern and your recommendations with your manager on next day that both the Care Coordinator(s) and manager are working, or within specified collective agreement timeframes.

b. Manager to provide a written response. If there is no response within the specified collective agreement timeframes, contact your manager to follow-up when a response can be expected.

Consult servicing Labour Relations Officer if required.

Workload and Professional Responsibility Representative and (Care Coordinator(s) who completed the form meet to develop potential resolutions.

Workload and Professional Responsibility Representative. May also prep members re: the process, review how to accurately complete forms and gather input and suggestions from the team members/Care Coordinators.

PRWRF is submitted to the Employer-Union Committee for discussion of the incident, within the time frames as set in the collective agreement. Employer-Union Committee meets, within agreed to collective agreement timeframes, of receipt of the PRWRF to hear and attempt to resolve complaint.

Continued on Page 2
ONA Professional Responsibility Decision Tree – A Strategy for Resolving Workload Concerns in LHINs

The Employer-Union Committee will hear and attempt to resolve the issue.

If not resolved:
The Labour Relations Officer attends the Employer-Union Committee meeting and attempts to resolve the issues. The Labour Relations Officer may request an extension of timelines to further explore issues, and attempt resolution.
The Labour Relations Officer may consult with Professional Practice for advice or assistance with strategies for resolution.
The Labour Relations Officer may suggest education for members or invite the Professional Practice Specialist to speak with members about the issues.
Failing resolution, the Labour Relations Officer submits a pre-complaint letter to the Employer and invites the Professional Practice Specialist to the next Employer-Union Committee meeting.

If resolved – Minutes of Settlement signed

At any time during this process, the parties may agree to the use of a mediator to assist in the resolution of the issues arising out of this provision.

If not resolved within the number of calendar days of the Employer-Union Committee meeting as per the Collective Agreement, or within agreed extended timelines,

Specialist considers Referral to an Independent Assessment Committee.
## APPENDIX S

### ONTARIO NURSES’ ASSOCIATION (ONA)  
PUBLIC HEALTH UNIT (PHU)  
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM

### SECTION 1: GENERAL INFORMATION

<table>
<thead>
<tr>
<th>ONA/Local File #</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
</tr>
</tbody>
</table>

Name(s) of Employee(s) Reporting: _____

Employer: _____ Site: _____

Team/Area/Program: _____

Date of Occurrence: Click here to enter a date. Start Time: _____ Duration Time: _____

Hours Worked: _____ On Call/Ext. Hrs. _____ Supervisor at time of Occurrence: _____

Date submitted: Click here to enter a date. Time Submitted: _____

### 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:

<table>
<thead>
<tr>
<th>Regular Staff</th>
<th>PHN</th>
<th>RN</th>
<th>NP</th>
<th>Other</th>
<th>Clerical Support</th>
<th>IT Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Staff</td>
<td>PHN</td>
<td>RN</td>
<td>NP</td>
<td>Other</td>
<td>Clerical Support</td>
<td>IT Support</td>
</tr>
</tbody>
</table>

Inexperienced Staff: ☐ Yes ☐ No How many? _____

Staff Overtime: ☐ Yes ☐ No If yes, how many staff? _____ Total Hours _____

Breaks:  
- Meal Period: ☐ Missed ☐ Late ☐ Taken
- Rest Period: ☐ Missed ☐ Late ☐ Taken

At the time of the occurrence, the planned workload was:

<table>
<thead>
<tr>
<th># Planned</th>
<th># Actual</th>
<th>Time Planned</th>
<th>Actual Time</th>
</tr>
</thead>
</table>

- Home Visits/School Visits/ Clinics/Telephone calls/Hospitals, etc.
- Public Meetings/Team meetings/ Office work, etc.
- Documentation/Administration (i.e. Phone, paperwork, supplies)
- In-service Education/Presentations
- Travel (number of trips)
- Number of Clients Assessed
- 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

<table>
<thead>
<tr>
<th>Factor</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Client / Family needs (specify)</td>
<td>Safety in Jeopardy (specify)</td>
</tr>
<tr>
<td># of family members</td>
<td>Lack of / malfunctioning equip. Details:</td>
</tr>
<tr>
<td>Clients assigned at time of occurrence:</td>
<td>Weather / Conditions</td>
</tr>
<tr>
<td>Non-nursing duties (specify):</td>
<td>Travel / Distance</td>
</tr>
<tr>
<td>Ontario Public Health Standards not met</td>
<td>Outbreak / Presentation cancelled:</td>
</tr>
<tr>
<td># of new clients to be assessed</td>
<td># of transfers from service:</td>
</tr>
<tr>
<td>Unanticipated Assignment / Uncontrolled variables (specify):</td>
<td># of discharges from program</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 4: DETAILS OF OCCURRENCE

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

Check one: [ ] Is this an isolated incident? [ ] An ongoing problem?

### SECTION 5: REMEDY/ SOLUTION

(A) At the time the workload issue occurred, did you discuss the issue within the team/site/ program?

- [ ] Yes  [ ] No  Date: Click here to enter a date.

  Provide details:

  Was it resolved? [ ] Yes  [ ] No  Date: Click here to enter a date.

(B) Failing resolution at the time of occurrence, did you seek assistance from the person (identify) designated by the employer as having responsibility for timely resolution of workload issues?

- [ ] Yes  [ ] No  Date: Click here to enter a date.

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

- [ ] Yes  [ ] No  Date: Click here to enter a date.

  Provide details:
Was it resolved?  [] Yes  [] No  Date: Click here to enter a date.

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

[] Yes  [] No  Date:  Click here to enter a date.

Provide details (include names):

Was isolated incident resolved?  [] Yes  [] No  Date:  Click here to enter a date.

If an ongoing problem, was the entire issue resolved?  [] Yes  [] No  Date:  Click here to enter a date.

Were measures implemented to prevent re-occurrence?  [] Yes  [] No  Date:  Click here to enter a date.

Provide details:

If staff made available, please identify the number of staff provided, their category and the amount of time they were available for:

<table>
<thead>
<tr>
<th>Category (PHN, RN, NP, Clerical, etc.)</th>
<th>Amount of time Staff Available</th>
<th>Orientation to Site required</th>
<th>State orientation time (min/hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 PHN staffing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Support staffing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 RN staffing</td>
</tr>
<tr>
<td>Orientation</td>
<td>Review PHN:Client ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time pool</td>
<td>Review policies and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Standards</td>
<td>Perform Workload Measurement Audit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review RN:Client ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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                            1 PHN staffing

[] Change physical layout               1 Support staffing

[] Caseload review for client/family needs 1 RN staffing

[] Orientation                          Review PHN:Client ratio

[] Part-time pool                        Review policies and procedures

[] Professional Standards               Perform Workload Measurement Audit

[] Review RN:Client ratio               

Equipment (specify):

Other (specify):

SECTION 7: EMPLOYEE SIGNATURES

I / We request these concerns be forwarded to the Employer-Union Committee
SECTION 8: MANAGEMENT COMMENTS: Please provide any information in response to this report, including any actions taken to remedy the situation, where applicable.

Management Signature: ______  Date: Click here to enter a date.

SECTION 9: RESOLUTION / OUTCOME

Please provide details of resolution:

Attach on Letter of Understanding (LOU) resolution:

Date:  Click here to enter a date.

Signatures: ______

Copies:  (1) ONA LRO
 (2) Bargaining Unit President
 (3) Employer
 (4) ONA Member
Client care is enhanced if concerns relating to professional practice, client 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 YOUR PROFESSIONAL STANDARDS (e.g. CNO) AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

STEPs IN PROBLEM SOLVING PROCESS

1. **At the time the workload issue occurs**, discuss the matter within the Team/Site/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. 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 PHU professional responsibility workload report form to the employer within the number of days provided in your collective agreement of the alleged improper assignment. (See reverse side)

4. The employer and Union need to meet to 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. **If outlined in your collective agreement**, the form may be forwarded to an independent assessment committee within the requisite number of days of the meeting in (5) above and/or a grievance filed, if appropriate.

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.

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. All dates required need to be in the following format: dd/mm/yyyy

3. If using the electronic form, wherever the form requires descriptions, the grey field will expand as you type. Print legibly if using the hard copy of this form. Keep a copy for your files.

4. Use complete words as much as possible – avoid abbreviations.

5. 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.

6. Identify the Professional Standards of practice/policies and procedures you feel you were unable to meet.

7. Do not, under any circumstances, identify clients.

8. Copy and/or email completed forms to your Bargaining Unit President, Employer, LRO and keep a copy for your records.
APPENDIX T
ONTARIO NURSES’ ASSOCIATION (ONA)  
PUBLIC HEALTH UNIT (PHU)  
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM

SECTION 1: GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Name(s) of Employee(s) Reporting: Jane Q PHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer: Region of Eastwood</td>
</tr>
<tr>
<td>Site:</td>
</tr>
<tr>
<td>Team/Area/Program: Healthy Babies Healthy Children</td>
</tr>
<tr>
<td>Date of Occurrence: 6/24/2019</td>
</tr>
<tr>
<td>Start Time: 8.30 a.m. Duration Time:</td>
</tr>
<tr>
<td>Hours Worked: 7.0 On Call/Ext. Hrs.</td>
</tr>
<tr>
<td>Supervisor at time of Occurrence: Betty White</td>
</tr>
<tr>
<td>Date submitted: 6/28/2017</td>
</tr>
<tr>
<td>Time Submitted: 11.30 am</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th># Regular staff: 7 PHN ___ RN ___ NP 10 Other (family visitors) 1 Clerical support ___ IT Support</th>
</tr>
</thead>
<tbody>
<tr>
<td># Actual Staff: 5 PHN ___ RN ___ NP 10 Other (family visitors) 1 Clerical support ___ IT Support</td>
</tr>
<tr>
<td>Inexperienced Staff: ☒ Yes ☐ No  How many? 2</td>
</tr>
<tr>
<td>Staff Overtime: ☐ Yes ☐ No  If yes, how many staff? _____ Total Hours not putting in as discouraged</td>
</tr>
<tr>
<td>Breaks: Meal Period: ☒ Missed ☐ Late ☐ Taken</td>
</tr>
<tr>
<td>Rest Period: ☒ Missed ☐ Late ☐ Taken</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At the time of the occurrence, the planned workload was:</th>
<th># Planned</th>
<th># Actual</th>
<th>Time Planned</th>
<th>Actual Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Visits/School Visits/Clincs/Telephone calls/Hospitals, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Meetings/Team meetings/Office work, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation/Administration (i.e. Phone, paperwork, supplies)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-service Education/Presentations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel (number of trips)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Clients Assessed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (i.e. giving a presentation, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| □ Change in Client / Family needs (specify): | □ Safety in Jeopardy (specify): |
| □ # of family members | □ Lack of / malfunctioning equip. Details: |
| □ Clients assigned at time of occurrence: | □ Weather / Conditions |
| □ Non-nursing duties (specify): | □ Travel / Distance |
| □ Ontario Public Health Standards not met | □ Outbreak / Presentation cancelled: |
| □ # of new clients to be assessed ongoing new referrals | □ # of transfers from service: |
| □ Unanticipated Assignment / Uncontrolled variables (specify): | □ # of discharges from program |
| □ Other (specify): | |

### SECTION 4: DETAILS OF OCCURRENCE

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

My team has 7 PHNs providing ongoing coordination services for Healthy Babies Healthy Children (HBHC). We are down to one PHN who has not been replaced and another PHN has just accepted a position in another area. Summer vacations are approaching and have been approved. We do not have any casual PHN coverage in my area. I raised the potential workload problem to the manager at a team meeting and was reassured that there would not be a problem even with summer approaching. This was before the recent news that one of my colleagues was taking a new position. We are expected to cover each other’s workload during vacations and there is also an expectation that new referrals will be responded to in a timely manner. We have just been told that this most recent vacancy will be gapped due to budget issues. With 5 PHNs and vacations over the summer, it is impossible to cover all the work that needs to be done. Unable to meet CNO standards of: Accountability, Advocacy, Therapeutic Nurse Client Relationship, Documentation.

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

### SECTION 5: REMEDY/ SOLUTION

(A) At the time the workload issue occurred, did you discuss the issue within the team/site/program?

☑ Yes  ☐ No  Date: Click here to enter a date.

Provide details:

I talked with the manager after team meeting and expressed my concern that with approaching summer vacations and one PHN vacancy (subsequently a second vacancy that was to be gapped) we would not be able to manage our caseloads, cover vacationing colleagues caseloads and respond to new referrals. My manager told me she was aware and that it was being looked after so I did not need to worry.

Was it resolved? ☑ Yes  ☐ No  Date: Click here to enter a date.
(B) Failing resolution at the time of occurrence, did you seek assistance from the person (identify) designated by the employer as having responsibility for timely resolution of workload issues?

☐ Yes  ☒ No  Date:  Click here to enter a date.

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

☒ Yes  ☐ No  Date:  6/28/2017

Provide details:

I met with an ONA rep who listened to my unresolved concerns and walked me through completing a PRWRFC

Was it resolved?  ☐ Yes  ☒ No  Date:  Click here to enter a date.

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

☒ Yes  ☐ No  Date:  6/29/2019

Provide details (include names):

Was isolated incident resolved?  ☐ Yes  ☒ No  Date:  Click here to enter a date.

If an ongoing problem, was the entire issue resolved?  ☒ Yes  ☐ No  Date:  7/5/2019

Were measures implemented to prevent re-occurrence?  ☒ Yes  ☐ No  Date:  7/5/2019

Provide details:

Management agreed that although they knew about one vacancy, they had not anticipated a second vacancy and should have initiated hiring for the one position. PHNs given permission to delay responding to new referrals until they were able to take on new work. Management would review incoming referrals and take responsibility for any delays in responses. Hiring has been made a priority and a new internal PHN hire should be finalised shortly. Caseload coverage would be only to incoming calls and where possible responses would be limited to phone contact by PHN. If visits to covering caseloads required, overtime would be made available as needed especially until the new hire was orientated.

If staff made available, please identify the number of staff provided, their category and the amount of time they were available for:

<table>
<thead>
<tr>
<th>Category (PHN, RN, NP, Clerical, etc.)</th>
<th>Amount of time Staff Available</th>
<th>Orientation to Site required</th>
<th>State orientation time (min/hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☒ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☒ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☒ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☒ No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

96
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
- Change physical layout
- Caseload review for client/family needs
- Orientation
- Part-time pool
- Professional Standards
- Review RN:Client ratio
- 1 PHN staffing
- 1 Support staffing
- 1 RN staffing
- Review PHN:Client ratio
- Review policies and procedures
- Perform Workload Measurement Audit

Equipment (specify):

Other (specify):

Management needs to be anticipating impact of known vacancies and impending summer vacations on workload demands of remaining PHN staff.

SECTION 7: EMPLOYEE SIGNATURES

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

Signature: XXXX  Phone No: XXXX
Signature: _____  Phone No: _____
Signature: _____  Phone No: _____

Date Submitted: 6/28/2019  Time: 4.30pm

SECTION 8: MANAGEMENT COMMENTS: Please provide any information in response to this report, including any actions taken to remedy the situation, where applicable.

Management agreed that hiring should have been initiated sooner in light of the known vacancy and impending, approved summer vacations. The unexpected second vacancy (to be gapped) added more urgency to the hiring. Management is accepting responsibility for delays in responding to new referrals.

Management Signature: XXX  Date: 6/29/2017

SECTION 9: RESOLUTION / OUTCOME

Please provide details of resolution:
Hiring for one PHN position; delays in responding to new referrals; overtime to visit families on summer caseload coverage

Attach on Letter of Understanding (LOU) resolution:

Date: 7/7/2019

Signatures: Jane Q PHN, Ivy Senior (BUP), Betty White (Manager), Brick Smith (Director)

Copies: (1) ONA LRO
(2) Bargaining Unit President
(3) Employer
(4) ONA Member
APPENDIX U
ONA Professional Responsibility Decision Tree – A Strategy for Resolving Workload Complaints in Public Health

Practice/Workload Issue/Concern Arises

Discuss workload concerns with co-workers on team/site/program.

Seek help from the manager or designate responsible for timely resolution. Follow lines of communication, i.e., Manager (or manager on-call), Chief Nursing Officer (or Director of Nursing).

RN/PHN(s) are to continue to escalate the issue through chain of command.

Complete the PRWRF as soon as possible after the workload or practice concern occurs and submit to your manager and Bargaining Unit President.

a. Discuss the concern and your recommendation with your manager on next working day that both the RN/PHN and manager are working, or within the specified collective agreement timeframes.

b. Manager to provide a written response. If there is no response by the manager in the specified collective agreement timeframes, contact the manager to follow-up when a response can be expected.

Bargaining Unit President and RN/PHN(s) who completed the form meet to develop potential resolutions.

BUP may also assist member re: the PRC process, review how to accurately complete forms and gather input and suggestions from the team members/RN/PHN(s).

Every effort will be made to resolve workload issues at the team/site/program level and a Union Representative shall be involved in any resolution discussion at the team/site/program level.

The discussions and actions will be documented. Settlements should be signed by the parties.

Within the time frames according to your collective agreement language, unresolved practice/workload concerns should be submitted or advanced to the next level. The workload concern may be advanced, as per your collective agreement language to one of the following:

i) The Employer-Union Committee - for discussion of the incident and resolution, and may forward to the IAC process, where identified;

ii) The Employer’s Professional Council, and may forward to the Board of Health where identified; or the

iii) Grievance Process where the language is absent for the next step.

The Union and Employer will determine a mutually agreeable date to meet and attempt to resolve the workload concern, within agreed-to timeframes, as per the collective agreement.
At the meeting, attempts are made to resolve issue.

If not resolved,

The Labour Relations Officer attends the Employer-Union Committee meeting and attempts to resolve the issue. The Labour Relations Officer may request an extension of timelines to further explore issues.

The Labour Relations Officer may consult with Professional Practice for advice or assistance with strategies for resolution.

The Labour Relations Officer may suggest education for members or invite the Professional Practice Specialist to speak with members about the issues.

2.-Failing resolution, the Labour Relations Officer will submit the pre-complaint letter to the employer and invites the Professional Practice Specialist to attend the next Employer-Union Committee meeting.

If not resolved within the specified calendar days of the Employer-Union Committee meeting as per the Collective Agreement, or within agreed-to extended timelines,

The Specialist may consider referral to:

i. Independent Assessment Committee.
ii. Board of Health
iii. Grievance Process

The Professional Practice Specialist invited to attend the next Employer-Union Committee meeting. The Specialist may ask management at the meeting to further extend timelines to attempt resolution.

The Professional Practice Specialist may forward a written report outlining the complaint and recommendations to Chief Nursing Officer/Public Health Board/LHIN.
APPENDIX V

ONA NURSE PRACTITIONER
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM

SECTION 1: GENERAL INFORMATION

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

Employer:

Date of Occurrence:  
Day  Month  Year  Time:  Hours of Work ___

Date:  Day  Month  Year

Name of Supervisor/Manager:  Time notified:  ___

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:

<table>
<thead>
<tr>
<th>Regular Staff #:</th>
<th>MD/NP</th>
<th>RN/RPN</th>
<th>Clerical/IT support</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Staff #:</td>
<td>MD/NP</td>
<td>RN/RPN</td>
<td>Clerical/IT support</td>
<td>Other</td>
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<tr>
<td>New/Novice Staff: Yes</td>
<td>No</td>
<td>How many?</td>
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<td>Overtime: Yes</td>
<td>No</td>
<td>If yes, how many staff?</td>
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<td>Breaks:</td>
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At the time of the occurrence, the planned workload was:

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<th># Planned</th>
<th># Actual</th>
<th>Time Planned</th>
<th>Actual Time</th>
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<td>Conferences/meetings etc.</td>
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<td>Documentation/administration</td>
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<td>New Patient Assessment</td>
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<td>Inservice/Education</td>
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<td>Travel (# of trips)</td>
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<td>Other (e.g. giving a presentation, etc.)</td>
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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:
SECTION 3: PATIENT/CLIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE

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

☐ Change in client acuity/complexity (psy/phy/soc). Please specify: ______

☐ Consultation with MD/Delay ______

☐ # of Clients ______  ☐ Telemedicine ______

☐ Advanced scope of practice/client advocacy ______

☐ Abnormal diagnosis/laboratory follow-up: ______ (#) ______

☐ Documentation ______  ☐ Safety in Jeopardy (please specify) ______

☐ Language interpretation ______

☐ Consultation by ______ (telephone/onsite/etc.)

☐ Unanticipated clients/uncontrolled variables. Please specify:

☐ Lack of/malfunctioning equipment. Please specify:

☐ Non-nursing/administrative duties. Please specify:

☐ Weather

☐ Travel/distance

☐ Other: (e.g. Student supervision, mentorship, etc.) Please specify:

SECTION 4: DETAILS OF OCCURRENCE

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

______

Provide/identify the CNO standard(s)/practice guidelines, including the Nurse Practitioner Practice Standard, or organization/employer policies that are believed to be at risk:

______

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

SECTION 5: REMEDY

(A) At the time the workload issue occurred, did you discuss the issue within the team/manager/supervisor.

☐ Yes  ☐ No

Provide details:

______

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 ☐

Please provide discussion details including name of individual(s):

______

Was it resolved?  Yes ☐ No ☐

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

Yes ☐ No ☐

Please provide details: ______
Was isolated incident resolved? Yes ☐ No ☐
If an ongoing issue, was the complete issue resolved? Yes ☐ No ☐
Were measures implemented to prevent a re-occurrence? Yes ☐ No ☐
Please provide details:

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
☐ Preceptorship
☐ Review NP/patient ratio
☐ Increase NP Staffing
☐ Adjust Physician Hours
☐ Review Policies & Procedures
☐ Change Start/Stop times of shift(s). Please specify: ________
☐ Flexibility with appointments and scheduling
☐ Replace sick calls, vacation, paid holidays, other absences
☐ Perform Workload Measurement Audit
☐ Change Physical Layout
☐ Increase Staffing (Specify) ________
☐ Equipment. Please specify: ________
☐ Other: ________

SECTION 7: EMPLOYEE SIGNATURES

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

SECTION 8: MANAGEMENT COMMENTS

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 employee: ___________________________ Date response to the union: ___________________________

Copies: (1) Manager/Chief Nursing Officer (or designate) (2) ONA Representative (3) NP (4) LRO
ONA NURSE PRACTITIONER PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM
GUIDELINES AND TIPS ON ITS USE

The parties agree that client care is enhanced if concerns relating to professional practice are resolved in a timely and effective manner. The parties will utilize a problem-solving process focusing on collaborative solutions at the earliest opportunity. 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 THE CNO STANDARDS AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

**PROBLEM-SOLVING PROCESS**

At the time the workload issue occurs, discuss the matter within the 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. co-ordinator/supervisor) who has responsibility for timely resolution of workload issues.

Failing resolution of the workload issue at the time of the occurrence, discuss the issue with your Executive Director/Administrator or Manager (or designate) on his or her next working day.

If no satisfactory resolution is reached during steps (1) and (2) above, then you may submit a Professional Responsibility Workload Report Form to the Union-Employer Committee within the specified number of days of the alleged improper assignment.

The Union-Employer Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties.

If the issue is not resolved at the meeting in (4) above, the LRO shall attend a meeting with Management and attempt to resolve the complaint. Failing resolution, the LRO will request a Professional Practice Specialist to attend a follow up meeting.

If outlined in your Collective Agreement, 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.

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. 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.

**TIPS FOR COMPLETING THE FORM**

Review the form before completing it so you have an idea of what kind of information is required.

Print legibly and firmly as you are making multiple copies.

Use complete words as much as possible. Avoid abbreviations.

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.

Identify the CNO NP standards/practice/guidelines/policies and procedures you believe to be at risk. College of Nurses Standards can be found at www.cno.org.

Do not, under any circumstances, identify clients/patients/residents.
SECTION 1: GENERAL INFORMATION

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

Jane Doe

Employer: Health Care Sciences

Date of Occurrence: 26 Day July Month 2019 Year Time: 1030am Hours of Work 7.5 hrs

Name of Supervisor/Manager: Betty Smith

Time notified: 10:45am

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:

<table>
<thead>
<tr>
<th>Regular Staff #</th>
<th>MD/NP</th>
<th>RN/ RPN</th>
<th>Clerical/IT support</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Staff #</td>
<td>MD/NP</td>
<td>RN/ RPN</td>
<td>Clerical/IT support</td>
<td>Other</td>
</tr>
</tbody>
</table>

New/Novice Staff: Yes ☒ No ☐ How many? 1 RN

Overtime: Yes ☒ No ☐ If yes, how many staff? 1 NP

Breaks: Unable to take lunch break.

At the time of the occurrence, the planned workload was:

<table>
<thead>
<tr>
<th>Activity</th>
<th># Planned</th>
<th># Actual</th>
<th>Time Planned</th>
<th>Actual Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled appointments</td>
<td>15</td>
<td>21</td>
<td>7 hrs</td>
<td>10 hrs</td>
</tr>
<tr>
<td>Conferences/meetings etc.</td>
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<tr>
<td>Documentation/administration</td>
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<tr>
<td>New Patient Assessment</td>
<td>3</td>
<td>7</td>
<td>1.5 hrs</td>
<td>3.5 hrs</td>
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<tr>
<td>Inservice/Education</td>
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<td>Travel (# of trips)</td>
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</table>

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:
SECTION 3: PATIENT/CLIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE

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

☑ Change in client acuity/complexity (psy/phy/soc). Please specify:

☐ Consultation with MD/Delay

☑ # of Clients 21

☐ Telemedicine

☐ Advanced scope of practice/client advocacy

☑ Abnormal diagnosis/laboratory follow-up: 3 (#)

☐ Documentation

☐ Safety in Jeopardy (please specify)

☐ Language interpretation

☐ Consultation by (telephone/onsite/etc.)

☑ Unanticipated clients/uncontrolled variables. Please specify:

6 new patients arrived at the clinic and required assessment.

☐ Lack of/malfunctioning equipment. Please specify:

☐ Non-nursing/administrative duties. Please specify:

RN and NP had to perform clerical duties after 1200hrs

☐ Weather

☐ Travel/distance

☐ Other: (e.g. Student supervision, mentorship, etc.) Please specify:


SECTION 4: DETAILS OF OCCURRENCE

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

An RN called in sick and the clerical staff was feeling ill and went home at noon. Throughout the day 6 new patients were admitted and required an assessment and lab work. We receive a number of new admissions each day the clinic is open. Treatments were delayed because I did not have a proper medical directive and I was unable to access a physician. Patients had long wait times (1-2 hours) and their appointments were rushed. I performed RN and clerical staff duties. I was unable to take my lunch and afternoon breaks and was not able to complete my patient documentation and other duties in a timely manner.

Provide/identify the CNO standard(s)/practice guidelines, including the Nurse Practitioner Practice Standard, or organization/employer policies that are believed to be at risk:

Nurse Practitioner, Documentation, Medication, Therapeutic Nurse-Client Relationship, Professional Standards, Ethics.

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

SECTION 5: REMEDY

(A) At the time the workload issue occurred, did you discuss the issue within the team/manager/supervisor.

☑ Yes ☐ No

Provide details:

I discussed the issue with the supervisor at 10:45 am. She refused to call in another RN and said we could handle the patient load without the second RN if we prioritize our work. After the clerical staff went home at noon, I discussed the issue with the supervisor and her response was for me and the RN to do the best we could.

Was it Resolved? Yes ☑ No ☐ The supervisor refused to replace the RN and clerical staff person.
(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 ☑
   Please provide discussion details including name of individual(s): I spoke to Howard the Manager of the outpatient clinic and he agreed with the supervisor's response.

Was it resolved? Yes ☐ No ☑

(C) Did you discuss the issue with your manager/supervisor (or designate) on her or his next working day? Yes ☐ No ☑
   Please provide details: I spoke to the supervisor and manager on the next day and they said the day went well.

Was isolated incident resolved? Yes ☐ No ☑

If an ongoing issue, was the complete issue resolved? Yes ☐ No ☑

Were measures implemented to prevent a re-occurrence? Yes ☐ No ☑
   Please provide details:__________________________

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 ☐ Preceptorship  ☒ Review NP/patient ratio
☒ Increase NP Staffing  ☒ Adjust Physician Hours  ☐ Review Policies & Procedures
☐ Change Start/Stop times of shift(s). Please specify: ______________________
☒ Flexibility with appointments and scheduling  ☒ Replace sick calls, vacation, paid holidays, other absences
☐ Perform Workload Measurement Audit
☐ Change Physical Layout  ☐ Increase Staffing (Specify) ______
☐ Equipment. Please specify: ______________________  ☒ Other: Extend the clinic hours by 4 hours (8 am to 8pm) and create/amend medical directives to support the NP role.

SECTION 7: EMPLOYEE SIGNATURES

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

SECTION 8: MANAGEMENT COMMENTS

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

Clinic hours will not be extended. Management will try to replace RN if ill. No guarantees RN will be replaced.

Management Signature: XXX  Date: 7/30/2019

Date response to the employee: 7/31/2019  Date response to the union: 7/31/2019

Copies: (1) Manager/Chief Nursing Officer (or designate) (2) ONA Representative (3) NP (4) LRO
The parties agree that client care is enhanced if concerns relating to professional practice are resolved in a timely and effective manner. The parties will utilize a problem-solving process focusing on collaborative solutions at the earliest opportunity. 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 THE CNO STANDARDS AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

PROBLEM SOLVING PROCESS

At the time the workload issue occurs, discuss the matter within the 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. co-ordinator/supervisor) who has responsibility for timely resolution of workload issues.

Failing resolution of the workload issue at the time of the occurrence, discuss the issue with your Executive Director/Administrator or Manager (or designate) on his or her next working day.

If no satisfactory resolution is reached during steps (1) and (2) above, then you may submit a Professional Responsibility Workload Report Form to the Union-Employer Committee within the specified number of days of the alleged improper assignment.

The Union-Employer Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties.

If the issue is not resolved at the meeting in (4) above, the LRO shall attend a meeting with Management and attempt to resolve the complaint. Failing resolution, the LRO will request a Professional Practice Specialist to attend a follow up meeting.

If outlined in your Collective Agreement, 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.

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. 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.

TIPS FOR COMPLETING THE FORM

Review the form before completing it so you have an idea of what kind of information is required.

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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.

Identify the CNO NP standards/practice/guidelines/policies and procedures you believe to be at risk. College of Nurses Standards can be found at www.cno.org.

Do not, under any circumstances, identify clients/patients/residents.
**PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM**

**TRACKING SHEET FOR LEADERS**

<table>
<thead>
<tr>
<th>Date of Occurrence (mm/dd/yy)</th>
<th>Time &amp; Shift</th>
<th>Name of Employee(s)</th>
<th>Issues (Point Form)</th>
<th>Employee(s) Recommendations</th>
<th>Management Comments (Date of Response)</th>
<th>CNO &amp; Other Standards/Legislation/etc at risk or not met</th>
<th>Date of the Labour-Management Committee Meeting(s) (mm/dd/yy)</th>
<th>Resolved (Yes/No) &amp; Ongoing or Isolated Incident (O/I)</th>
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<td>Unit</td>
<td>Manager</td>
<td># Nurses</td>
<td>Full Time</td>
<td>Meeting dates</td>
<td>Part Time</td>
<td># Forms filed</td>
<td>Casual</td>
<td>Workload Concerns</td>
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APPENDIX Z
TIPS FOR MEETING WITH THE LABOUR-MANAGEMENT COMMITTEE ON WORKLOAD ISSUES

• Provide rationale for each of your recommendations: ask yourself “HOW WILL I SELL THESE RECOMMENDATIONS TO THE EMPLOYER?”

What is the outcome if the workload issues are not resolved? What is the outcome if the workload issues are resolved?

- Liability issues to all parties, lawsuits, costs.
- Public relations issues.
- Labour relations issues.
- Increased costs.
- Negative patient/client outcomes.
- Increased funding/grants/etc.
- Lower sick leave rate.
- Increased production.
- Cost effectiveness.
- Decreased liability lawsuits.
- Improved public relations.
- Improved staff morale/positive patient outcomes.

- Meet in advance of the meeting with members to discuss the issues and involve the nurses who submitted them.
- Be familiar with your collective agreement’s Professional Responsibility clause.
- Prepare and present your action plan to the employer at the meeting; this way, you could provide recommendations and have a dialogue on each issue. This will ensure the employer understands what it is you want and why.
- State why you are meeting: “We are bringing our issues to you as per article ____ of the collective agreement that we have been a # of workload issues that impact the nurses’ ability to meet their CNO practice standards and guidelines. The nurses brought these issues to the Unit manager’s attention and the nurses on the unit believe that the issues have not been resolved to their satisfaction. We are here today to discuss and attempt to resolve the issues.
- State the facts clearly using examples and dates of incidents whenever possible (use real incidents of unsafe issues/lack of quality patient care).
- Focus on patient care and safety first then relate it to nurses and how it affects your standards.
- Focus on legal and public relations liabilities to the employer if safety and quality patient care is not improved.
- Refer to the facility’s Mission Statement for support of your recommendations.
- Use the CNO’s practice standards and guidelines to make your argument (remember the nurse is the patient advocate).
- Set timelines for when you want an employer to respond to your issues (don’t leave the meeting without this).
- Be assertive not aggressive, remain professional.
- Set follow up meeting dates as necessary before leaving the meeting.
- Following the meeting assign a committee member to update the action plan and track the timelines for due and actions are to be completed.
- When you receive the employer response and it isn’t exactly what you recommended, ask yourself, “Would and therefore Patient/Client care and safety?” “Can you work with it? Are there other ideas or improvements you can recommend to their suggestions?”
- Involve your Labour Relations Officer.
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