



ONTARIO NURSES' ASSOCIATION

Professional Responsibility and Workload Process:

A Guide for ONA Members

OCTOBER 2023

The Ontario Nurses' Association (ONA) is the union representing 68,000 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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ONA MISSION STATEMENT

Our mission at ONA is to defend the rights of and advocate for nurses and health-care professionals who care for the health of Ontarians.

ONA VISION STATEMENT

Our vision is empowered members taking collective action for safe, equitable workplaces and high-quality health care for all Ontarians.

ONA VALUE STATEMENTS

- Strength and Unity

Determined and together, we harness our collective power and achieve our shared goals.

- Integrity and Professionalism

We are committed to doing what is right, advancing the interests of our members, and advocating for patients, residents, and clients.

- Diversity, Equity, and Inclusion

We embrace our differences and seek to create an organization, a health-care system, and a society where all people are valued, included, and respected.

Purpose of the Guide

The *Professional Responsibility and Workload Process: A Guide for ONA Members* has been prepared to assist Ontario Nurses' Association (ONA) members. Workload and practice situations make it difficult, if not impossible, to provide safe, ethical, and quality patient/resident/client care within your scope of practice. This guide contains important information that every ONA member should know and understand in order to meet their Code of Conduct and professional accountabilities to their Regulatory College.

This guide offers information on how to identify and address practice and workload issues using the Professional Responsibility and Workload (PRW) reporting process, which is a clause in most collective agreements. You will learn about the Professional Responsibility Workload Report Form (PRWRF), which is a key tool to formalize your practice issues with the employer. Tips on how to complete the PRWRF and samples are provided in the appendices and on the ONA website. The intent of the PRW process is to help you meet your Code of Conduct and professional accountabilities, and to have a formal way to come to resolution within your workplace.

The guide further explains how to advance the Professional Responsibility and Workload Issues, should the PRW process not resolve them. When and how to involve ONA's Professional Practice Specialists (PPS) is reviewed, as are the options of an Independent Assessment Committee (IAC) or mediation. Members without a professional responsibility clause can still use the PRWR process, however there is no third-party involvement.

It is imperative to involve your Bargaining Unit President and Labour Relations Officer (LRO) whenever workload or practice issues are identified. ONA's PPS are available to help and can be accessed through your LRO.

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

Note:

The use of the terms "nurse" and "College of Nurses" in this guide may also be read to include all regulated health-care professionals and their appropriate regulatory college.

Education and Member Resources

ONA's Membership Education Team (ME Team) delivers full-day and half-day workshops as well as one-hour lecturates on professional responsibility and workload issues and the PRW process. The ME Team also develops and delivers education on "Scope of Professional Practice: The Client, the Nurse and the Environment." In many cases, education has resulted in a dramatic increase in member utilization of the professional responsibility and workload reporting process. Professional Practice Specialists are also able to provide ad-hoc education to units needing targeted support to address practice and workload issues. Contact your Bargaining Unit President if you feel these resources might be needed.

In 2010, ONA launched a free 24/7 eLearning platform which is accessed through the ONA website (<http://elearning.ona.org>).

There you will find Professional Responsibility Workload Reporting eLearning programs for all sectors in which our members work. The eLearning platform allows you to access and complete education at your own pace and at times that are convenient to you. It is a useful tool to support the more formal Professional Responsibility and Workload Report workshops delivered by ME Team.

The Professional Practice Specialists also offer Ask a Specialist Zoom sessions twice monthly, on new and emerging topics and the PRW Process issues. The registration link is available on the ONA events calendar and is prescheduled several weeks in advance. Reminders are also included in TW@ONA and in the weekly first VP emails.

Professional Practice Section of ONA's Website

Members may access many professional practice resources including Professional Practice Workload Report Forms, Decision Trees, and Independent Assessment Committee reports on ONA's website at www.ona.org/pp under Member Resources, select your sector, to access sector specific Professional Responsibility Workload Report Forms and resources.

Tools to Aid in Completing PRWRFs and Resolution

ONA's Professional Practice Specialists have developed a number of tools to assist members in navigating professional responsibility and workload issues and the collective agreement process.

Decision Trees:

If you aren't sure how the Professional Responsibility Workload Report process unfolds and where to start, these Decision Trees will unpack the steps in a simple flow chart. The process varies somewhat based on the sector. Decision Trees are located on the sector-specific Professional Practice pages of the ONA website.

- Hospital (English and French) <https://www.ona.org/pp-hospital>
- Long-Term Care <https://www.ona.org/pp-ltc>
- Home and Community Care Support Services <https://www.ona.org/pp-hccss>
- Public Health <https://www.ona.org/pp-ph>
- Home Care <https://www.ona.org/other-sectors>

The Hospital Decision Tree has been translated into French and is available to membership.

Workload Issues/Indicators:

When your workday is overwhelming and patient/resident/client care is compromised and your Code of Conduct and professional standards cannot be met in a timely manner, use this checklist-based tool to capture the key barriers and then use it too as an aid for completing the PRWRF afterwards. Designed to help quickly highlight the factors in the

work environment that are impacting members' ability to provide quality care, it will also help to clarify where resolutions can be found. Workload Issues/indicators are located on the sector-specific Professional Practice pages of the ONA website.

- Hospital <https://www.ona.org/pp-hospital>
- Long-Term Care <https://www.ona.org/pp-ltc>
- Home and Community Care Support Services <https://www.ona.org/pp-hccss>
- Public Health <https://www.ona.org/pp-ph>

Workload/Professional Responsibility Review Tool (Hospital):

This tool is unique to the hospital sector, although the data and questions explored can act as a road map for Bargaining Unit leadership in all sectors. The Workload/Professional Responsibility Review Tool was added to the Hospital Central Collective Agreement as part of the PRW process. This evidence-based tool is completed jointly by the union and the hospital and discussed 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. This resource and sample can be found on the sector-specific Professional Practice page of the ONA website at <https://www.ona.org/pp-hospital>.

Data collected in the tool is both quantitative and qualitative. Quantitative data will be drawn from existing hospital reports from 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 as evidence of 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 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, themes and red flags.

Professional Responsibility and Workload Issues

Ever-changing demands on a member's workload can create an environment where members find it difficult to meet the CNO Code of Conduct, practice standards and guidelines or other regulatory requirements, and organizational policies and procedures in the provision of quality patient/resident/client care.

Nurses are dealing with higher workloads and increased patient/resident/client acuity while trying to cope with staffing shortages, insufficient equipment, supplies, and other resources. There are increasing numbers of vacancies, extended unfilled leaves, absences, and workplace injuries.

Registered Nurses (RNs), Nurse Practitioner (NP), Registered Practical Nurses (RPNs) and Regulated Health-care Professionals are accountable for their own decisions and actions. The goal of nursing and health care and services (professional practice) must be focused on the best possible outcome for patients/residents/clients and must avoid unnecessary exposure to risk or harm.

The College of Nurses of Ontario (CNO) and other regulatory bodies have *Standards of Practice and a Code of Conduct* that registrants are expected to meet to provide safe, ethical, and quality patient care within their scope of practice.

When regulated health professionals are unable to meet these standards it is their professional responsibility individual to report these concerns to their employer and attempt to resolve the issues.

In Ontario, every nurse (RN/NP/RPN, union/non-union, etc.) is required by their code of conduct and professional standards to report professional practice and patient/resident/client care issues to the employer and attempt to resolve them. Other regulatory bodies may have similar obligations and provisions regarding the reporting of professional practice issues.

ONA has developed the PRW process to assist members through the steps of resolving professional practice issues.

History of the Professional Responsibility Language

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 *Hospital Labour Disputes Arbitration Act (HLDAA)* interest arbitration decision in 1977.

The Burkett Interest Arbitration Board (BIAB) 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 BIAB subsequently awarded language that provided a process such that should the parties be unable to resolve practice and workload issues “through the vehicle of the union-management committee, the BIAB 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 faced 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 as a standalone means to address practice and workload issues.

In the case that gave ONA the Professional Responsibility 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.

This BIAB 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 issues to their employer, thus exercising their professional responsibility.

As a direct result of the Burkett’s *Hospital Labour Disputes Arbitration Act (HLDAA)* award, most members within ONA Bargaining Units have access to such a process. The importance of this development, both for individual nurses and for the nursing profession, cannot be overstated.

Nurses and other healthcare professionals who utilize the professional responsibility workload reporting process are taking steps to address situations of unsafe workload and practice issues.

Using the Professional Responsibility Language

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.

Below is an example of Professional Responsibility language that could be found in a collective agreement:

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, or potential/actual health and safety violations exist, 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. Complete the form as resolved or unresolved.
- Failing resolution at the time of occurrence, discuss the issue with their manager (within the agreed-to timelines as outlined in their collective agreement). Discussions and actions should be formally documented, and any resolutions achieved must be signed by all parties. Members can request Union representation at this meeting. The manager provides a written response (within the agreed-to timelines as outlined in their collective agreement).
- If unresolved, the BUP 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) with the intent of resolving 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 LRO meets with the committee and the employer to assist in dispute resolution. There could be multiple meetings but should not be delayed.
- Failing resolution, the LRO and Bargaining Unit leaders can request a consult with PPS.
- An ONA PPS meets with the committee and the employer to assist in dispute

resolution. This should occur as soon as possible.

- Failing resolution, the PPS and Team can propose Mediation as a strategy for achieving a dispute outcome.
- 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.
- Membership engagement is essential and required throughout the process.

Members without a professional responsibility clause can still use the PRW process, but there is no third-party involvement. ONA LROs 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 below for a description of how the processes differ.

Professional Responsibility Workload Report Process versus Grievance Process

PROCESS	PRWR	GRIEVANCE
Basis of dispute	Professional practice/workload concern. First raise with Manager.	Labour relations issue/violation of collective agreement. First raise with Manager.
Where issues are heard	Labour-Management Committee.	Grievance Committee.
Who hears issue	Mediation	Single Mediator
Who hears issue	Independent Assessment Committee. *	Arbitrator.
Enforcement of the third-party's decision	Recommendations – voluntary compliance.	Binding – enforced by law.

*There are variances in some collective agreements in some sectors i.e., that the PRWRF 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 in your workplace.

The outcome of PRWRFs reviewed by a third-party (IAC) are non-binding recommendations, which may be implemented, as a result of voluntary compliance, to resolve the professional practice/workload concerns. Once agreed and implemented the recommendations are signed into binding Minutes of Settlement (MOS).

IAC recommendations are released to: the governing body of the employing agency (the Board of Governors of a hospital, for example), external stakeholders such as the regulatory college (CNO for example), the Ministry of Health (MOH), Ministry of Long

Term Care (MLTC), the Provincial Chief Nurse, the Federal Chief Nurse, the Nursing Secretariat, Canadian Association of Schools of Nursing (CASN), RNAO, and the general public through the media.

Even though grievances and PRWRFs 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 PRW process and PRWRF are intended to address employee concerns relative to their workload issues in the context of their professional responsibility. Nurses and other regulated health professionals have a professional obligation 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.
- Violence/Environmental issues.
- Potential/Actual Health and Safety Violations.

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/resident/client 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 Appendix 3.

An example of when a workload issue must be reported: A member, in their professional judgment, is concerned that insufficient staffing is preventing the nurse from meeting their code of conduct and professional standards in a timely manner, including their leadership responsibilities, resulting in compromised patient/resident/client care.

They are also unable to perform the required documentation in a timely manner or within the hours of the shift. The insufficient staffing results in compromising patient/client /resident care (e.g., medications not given on time, patient assessments or treatments delayed or not done).

An example of a competency issue is when an RN from a surgical unit is reassigned to a short-staffed oncology unit to provide patient care. The RN in this situation does not have

the knowledge or skill to administer the required chemotherapeutic agents for the assigned patients. The RN must only accept patient care duties that they are competent in. They would require an experienced RN in the unit to administer the medications. They could assist by performing other care to the patients within their knowledge skill and judgement to assist the oncology RN. The RN would be demonstrating accountability and knowledge application by only performing intervention within their own scope of competence.

The ONA PRWRF is documented proof that the nurse did report this patient safety issue to their 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 procedure issue is when a long-term care home receives a sick call for the night shift. There is no organizational policy/procedure for replacing sick calls. The evening shift RN makes calls to colleagues but is unable to replace the sick call and works a double shift. There is no organizational policy or staffing contingency plan in place. The RNs realize that CNO Code of Conduct and 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 Code of Conduct and 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 the PRW process. In certain workplaces, the member may not be aware of the form or how to start the process. Some members may be afraid of reprisal from management for completing a PRWRF and may fear that raising the issue will make it appear like they are not a good employee. There is also a perception that the form will not change anything or that they are onerous to complete with the necessary documentation.

Members may need 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. The Employer needs to know when the practice setting is impeding your ability to provide safe quality care and this process is a mutually agreed upon mechanism to do so.

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. Many other collective agreements also have this clause.

It is imperative for members represented by ONA in all sectors to understand that reprisals for exercising their rights under the collective agreement should be reported immediately to the Union, both at the Bargaining Unit level and to the LRO, so the appropriate action against the employer can be taken.

What are the reasons for completing and submitting the ONA PRWRF?

- The PRWRF enables nurses and other regulated health professionals to fulfill their accountabilities in accordance with their Regulatory College Code of Conduct and practice standards. It does this by providing a mechanism to identify situations that impact a member's ability to provide safe, quality patient/resident/client care.
- The form provides a method to make recommendations that will improve the quality of patient/resident/client care and motivate the employer to make the necessary changes.
- For nurses in particular the form serves as protection for the individual member, shifting the accountability for resolution back to the administrative nurses related to their obligations set out by the CNO.
- The form provides written documentation that the member informed the employer of unsafe patient/resident/client care and health and safety issues, ensuring that in the event of an incident, accountability and legal liability shifts to the employer.

Unless members inform the employer of care concerns by completing and submitting the PRWRF, the employer will assume patient care is satisfactory and/or that members are willing to tolerate the high-risk work environment. The use of the PRW process and the completion of the PRWRFs have proven effective in achieving positive change and has resulted in improvements such as: an increase in the number of registered staff and support workers; development of procedures and processes; procurement of additional equipment; and improved communication in the workplace. ONA uses the completed PRWRF for various reasons such as: tracking trends and nursing concerns, lobbying the CNO regarding the need for change or in the development of new standards, and identifying professional issues for ONA's bargaining teams.

The ONA PRWRF protects the individual member by providing:

- Documentation that registered staff (RNs, NPs, RPNs and other regulated health-care professionals) have met their *Code of Conduct and Professional Accountabilities to their Regulatory College and Guidelines*.
- Documentation that registered staff informed the employer of unsafe patient/resident/client 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 or Director of Care, and away from the member by providing evidence that 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 and the CNO Code of Conduct).

Remember, completion of the ONA PRWRF is not a "nice-to-do" activity; rather, it is a "need-to-do." Be a patient/resident/client advocate. File a PRWRF(s) and meet your professional responsibility requirements to provide quality care.

Electronic Workload Report Forms

The workload report forms used in the Hospital and some Long-Term Care/Nursing Home sectors are contained in their respective collective agreements. Individual local parties can agree to use the electronic version of the form as well, through a formalized Letter of Understanding. 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.

Refer to the appendices in this guide for samples of the PRWRF for your sector and tips for completion.

Professional Responsibility and Workload Process: An Overview

Professional Practice Issues

Professional practice issues often arise when members are asked to perform more work than is consistent with proper patient/resident/client care and/or members experience ongoing difficulties in ensuring proper patient care. In order to comply, members covered by the *Regulated Health Professions Act (RHPA, 1991)* are expected to identify and attempt to resolve professional practice issues.

Steps to Resolving Professional Practice Issues

Validation

Identify practices and standards that are not being met, such as:

- Organizational policies, procedures and practices, or practice standards and guidelines.
 - Do policies and procedures align with provincial standards and regulations?
 - Statements from the regulatory colleges, such as the CNO, and professional organizations like the Canadian Nurses Association (CNA), Registered Nurses' Association of Ontario (RNAO).
 - Specialty Association Standard statements such as from the Operating Room Nurses Association of Canada (ORNAC), National Emergency Nurses Association (NENA), or Association of Women Health Obstetrics and Neonatal Health (AWHONN), etc.
 - How the conditions or practices impact on patients/clients/residents and/or family members.
 - What are the actual or potential effects on patient/resident/client care? For example, nursing care that was 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?

Communication

Communicate the issues at the time of occurrence:

- Using channels of communication established by your agency, contact the person to whom you report.
- Describe the situation of concern, including the Regulatory College standards not being met and the effect on patients/clients/residents.
- Be specific and factual, avoiding assumptions.
- Make sure all relevant information is provided in a confidential manner.
- This is a problem-solving process between members and management, with a goal to resolve the issue(s) in a timely manner.

Document the Issues

- Use the Professional Responsibility Workload Reporting Form (PRWRF) provided in your collective agreement.
- If there is no PRWRF contained in the collective agreement, please reach out to your bargaining unit president or representative.
- Complete the PRWRF as soon as possible after the workload or practice issues occurs.
- The Workload/Concerns Indicator Tool can assist you in completing the PRWRF.
- Provide details of the situation, including the impact to patient/resident/client care and the Regulatory College standards and organization policies that were at risk or affected. Describe the concern including the following information:
 - Date(s), time(s) and unit/location(s) of events.
 - Who was involved. Do not use names or other information that could potentially identify the patient/clients/residents. Any infringement on privacy/confidentiality is a breach of the professional standards and the Personal Health Information Protection Act (PHIPA).
 - Identify the professional standards that are at risk or have not been met. Include all patient care that is delayed, incomplete or missed the effect on quality of care.
 - Consider all other factors that impede or impact your ability to deliver safe quality patient care.
 - What, if anything, did you do about the situation? What are your recommendations to solve the problem?
 - Sign the form.
 - Submit the PRWRF as described below.

Keep a legible copy for your records. Send a copy to your manager/supervisor. Send a copy to your Professional Responsibility Workload Rep (PRW) and/or BUP.

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. Having a Union representative is your right, and you may request a meeting at a different time to allow for a Union representative to be present.
- If more than one person has completed the PRWRF, meeting together with the manager to discuss your issues 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 within 10 days or within the timeframe identified in your collective agreement.

If you do not receive a response by the specified date, inform your BUP who will follow up with the employer. 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 towards a resolution at your work site: at the Hospital Association or Labour Management Committee

- Be prepared to discuss your issues as part of the resolution process at the Labour-Management Committee meeting.
- Your main objective is to ensure safe, quality, ethical care.
- Be prepared to work collaboratively on solution focused resolutions with your employer.
- The goal is to ensure a quality practice environment.
- Describe the situation clearly and completely, using facts and avoiding hypothetical information.
- Consult with your BUP and LRO and proceed with their direction and support.

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

The documented evidence must be sufficient to demonstrate that a practice/workload issue exists and impacts the level of patient/resident/client care. For specific guidelines on the principles and process of documentation, see Appendix 1.

Once the documented evidence has been gathered, it may become the basis for resolution up to including an IAC or Mediation 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, which will resolve the issues.

The ONA PRWRF is not in itself advanced to a formalized process, but documented evidence to communicate professional practice issues.

The PRWRF is a method of identifying and bringing practice/workload issues 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 evidence for advancing the issues in a formalized process as identified in respective collective agreements (such as IAC, mediation, or arbitration). The form indicates which individuals (i.e., supervisor) are to receive copies.

A copy/copies of the completed form/s should be given to the BUP.

Further steps cannot be taken without this information.

The Role of Members

Report and document practice and workload issues, to the manager or designates and through the chain of command, whenever they 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 situation with your manager, usually within **five to 10** days of the occurrence or as soon as possible after the incident. Refer to your Collective Agreement for timelines.

Document the practice or workload issues on the PRWRF, as soon as possible after the occurrence. If the issue is not satisfactorily resolved at the Unit level, the matter will be forwarded for discussion to the Labour-Management Committee. The member(s) must notify and provide a written copy of the PRWRF describing the practice/workload issues to the Professional Responsibility and Workload Representative, BUP, or their delegate, who will present the concerns to the Committee. Members need to be prepared to meet with the Professional Responsibility and Workload Representative, BUP, or their delegate to review the PRWRF and should be prepared to attend the Labour-Management Committee meeting where the PRWRF will be discussed.

The members should expect communication from their BU leaders following the labour management meeting, of the outcome of the meeting and their workload issues.

The Professional Responsibility and Workload Committee

Constitutionally: By-Law VII 3 (f):

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 BUP, ensure Professional Responsibility Workload Report Forms (PRWRFs) are processed in a timely and effective manner.
- Ensure communication with the member(s) who filed the PRWRFs is maintained and consistent.

Each member of the Committee should be familiar with:

- The current collective agreement.
- The professional responsibility and workload reporting process for the individual Bargaining Unit.
- CNO's Code of Conduct, Professional Standards, Practice Standards and Practice Guidelines.
- Regulatory College Standards for ONA's Health Care Professional members within the Bargaining Unit.

- Relevant employer policies.
- Any applicable specialty standards i.e., CTAS Guidelines, OPANA Standards etc.
- Any relevant legislation. i.e., the Fixing Long-Term Care Act 2021, *Excellent Care for All Act, 2010*.
- ONA eLearning Modules for Professional Responsibility.

The Role of the Professional Responsibility and Workload Representative

The Professional Responsibility and Workload Representative (or delegate) assists and supports members in addressing their workload and professional practice issues. In conjunction with the BUP, they ensure the PRW Process is timely and effective.

In addition, they also:

- Assist the members in compiling necessary information related to practice/workload issues.
- Ensure members are aware of the benefits of completing the PRWRF.
- Guide and assist members to complete the PRWRF may provide in the moment education related to completing the PRWRF.
- Guide, direct, and support members to participate in ONA's Professional Responsibility Education Workshops or Ask a Specialist.
- Coach and support members related to speaking to their manager about their workload and practice issues. Encourage members to include their Union representative when meeting with the manager.
- Collect the PRWRFs and review issues.
- Complete the Professional Responsibility Workload Report Form Tracking Sheet for Leaders. Review the progress of the issues and information regarding the practice/workload issues.
- Meet with members prior to the Labour-Management Committee meeting to review the PRWRFs and discuss the issues and develop strategies for resolution.
- Ensure that recommendations reflect the solutions to the problems identified by the members, using data and CNO/applicable Regulatory College standards. This may require obtaining input and review from the LRO and PPS.
- Prepare the action plan to take concerns forward to Labour-Management Committee. (See Appendix 4).
- May request a consult with ONA's Professional Practice Specialist team at any time via the BUP and LRO.
- In conjunction with the BUP, 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 BUP, maybe the spokesperson for members at the Labour-Management Committee meeting.
- Submit PRWRFs to the LRO on a regular basis (i.e., bi-weekly, or monthly) to keep the LRO informed and aware of the issues and trends.

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

Tips for Labour-Management Committee meeting:

- This meeting is expected to be conducted in a spirit of collaboration and of mutual concern for patient/resident/client care issues.
- Provide rationale for each of your recommendations: ask yourself, “how will I get support for these recommendations from the employer?”
- Be familiar with your collective agreement’s Professional Responsibility clause.
- It is vital that a prep/strategy session occurs with the members in advance of the meeting with the employer to discuss the issues and encourage member engagement.
- During this prep meeting with the member(s), seek their input on possible solutions and/or improvements, and brainstorm ideas for recommendations. This discussion will help in formulating the Action Plan you will be presenting to the employer at the Labour-Management Committee meeting.
- Prepare to present the Action Plan to the employer at the meeting. Build an Action Plan as you would apply the nursing process: (Assessment) Practice/Workload issue, (Diagnosis) Negative Outcomes impacts (Symptoms), (Plan) Recommendations Implementation and Evaluation. This will ensure the recommendations are presented in a persuasive, organized manner and encourage effective dialogue on each issue.
- Encourage member(s) to be present at the Labour-Management Committee meeting – it is their practice standards at risk, and they can offer front line insights. Coach them in advance to ensure the meetings are conducted in a collaborative and professional manner. Inform the employer that members will be attending the meeting.
- At the Labour-Management Committee meeting, state your intention: “We are bringing our issues to you as per article [insert article here] of the collective agreement and there have been a number of workload issues that impact the members’ ability to meet their standards of practice according to their regulatory college and ensure safe quality patient care. The members brought these issues to the Unit manager’s attention and the members 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 your Action Plan as a guide; cite 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 members and how it affects their 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 and Vision Statement for support of the recommendations.
- Use the applicable practice standards and guidelines to highlight the gaps in care

and increased risk to patients (remember the health care professional 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.
- Ensure minutes are taken at every meeting. Establish a process of joint minute taking, either an assigned minute taker or a shared rotating process with the employer.
- Set follow up meeting dates as necessary before leaving the meeting.
- After the meeting, the PRW rep (or delegate) will update the action plan and track the timelines ensuring planning for when actions are to be completed, in a timely fashion.
- Review the employer's response with the unit members. If the employers response does not align with the recommendations proposed, assess what actions the Employer is prepared to take. Does or can it resolve the issue to the members' satisfaction.
- Keep your LRO regularly informed of progress on resolutions at Labour-Management Committee meeting. If satisfactory responses are not forthcoming in a timely manner, request increased support and involvement of the LRO to advance the issues.
- Provide regular follow-up/updates to the member(s) that completed the PRWRF to "close the loop".

At the Labour-Management Committee meeting, the employer must be informed that if the situation is not satisfactorily resolved, the Union may advance the file to engage Professional Practice in a formalized process.

Minutes must be kept and must reflect the discussion. Minutes should be **approved** by both parties. However, if you do not agree with the proposed documented minutes indicate your concern at the next meeting and ensure it is recorded. Ensure the minutes are shared with your LRO.

The Collective Agreement ensures members are protected from reprisals or intimidation when exercising their professional rights and duties. It is imperative that follow up occur with members of the affected unit if they are not in attendance to ensure they are aware of the actions and outcomes of the meeting.

Updating the tracking tool is one of the responsibilities of the Professional Responsibility and Workload Representative/or designate. The objective of this document is to track the issues/concerns and identify 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 LRO will request a consult with a PPS and provide an overview of the issues/concerns.

The Role of the Bargaining Unit President

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

- Liaise with the LRO and Professional Practice Specialist.
- Ensure Professional Responsibility and Workload issues are a standing item on the agenda and issues are discussed.
- Attend all meetings between the members and employer. in setting up meetings, etc.
- Be the spokesperson for the members at the Labour-Management Committee meeting.
- May request a consult with ONA's Professional Practice Specialist team at any time via the LRO.
- Keep the LRO informed of status of issues.

Escalating a Professional Responsibility and Workload Report Form

If the employer's response to the members' concerns is unsatisfactory, the BUP should inform the LRO. The members are now in a position to escalate the workload issues. The wording of professional responsibility clauses can vary greatly.

There is usually a timeframe defined in the collective agreement that must be followed. Involvement in further resolution attempts by the LRO is necessary. When all resolution attempts have failed, the LRO will collaborate with the PPS to determine if sending the Letter of Advancement to the employer to involve a PPS is appropriate.

The PPS will attempt to address and resolve the issues for the members with the employer nursing leadership. Failing the achievement of mutually agreeable resolutions, the team (Bargaining Unit Leader, Professional Responsibility and Workload (PRW) Rep, PRW Committee, PPS and LRO) may propose to the Employer to participate in Mediation. Mediation is a process in which the parties meet with a mutually selected impartial and neutral person who assists them in the negotiation of an optimal solution. Failing which, the file may be forwarded to the IAC.

Advancing To an Independent Assessment Committee: The Role of Nurses and Members of the Regulated Health Professions

Where discussions at a Labour-Management Committee meeting offer unsatisfactory response or no resolution to the issue, it is recommended to involve ONA staff, including the LRO and/or the Professional Practice Specialist. Moving the issues forward will require members to continue to submit PRWRFs as formal written proof, demonstrating the workload problems and identifying recommendations to resolve the workload issues.

The Reason for continued completion of PRWRFs is to:

- Provide documented evidence of professional practice and workload issues.
- Provides continued demonstration of ongoing issues.

It is important to keep the BUP and Professional Responsibility and Workload Representative informed of ongoing issues.

The Role of the Professional Responsibility and Workload Representative

- Support the members with ongoing documentation of evidence on the PRWRFs.
- Ensure the recommendations reflect the solution(s) to the problems identified by members.
- Review the recommendations with the LRO, who may involve the PPS.
- Consider evidence that may 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 as stated in your collective agreement.
- Schedule a labour management meeting as required. Advise the Employer that the LRO will be in attendance.
- Act as liaison between members and management in setting up a meeting, etc.
- Update action plans, tracking tools and keep notes of prep and Labour-Management Committee meetings.
- Encourage members to attend a Labour-Management Committee meeting to discuss the issue.

It is imperative for the LRO/PPS to be kept informed and invited to meetings at this stage. Members must continue to discuss issues shift-by-shift with the manager, submit PRWRFs to their manager and PRW Rep/BUP.

The Role of the Bargaining Unit President

In Bargaining Units where there is no Workload and Professional Responsibility Representative, the BUP 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 LRO is necessary, and they may involve the PPS at this point.

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 BUP/PRW Rep is responsible for the above duties, they may be delegated to an ONA representative or another officer when appropriate.

Advancement of the Professional Responsibility and Workload to Professional Practice

At the Labour-Management Committee 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 LRO.

If the employer's offer is accepted and it is implemented within a reasonable period, a Memorandum of Settlement must be drafted by the LRO. Upon signing of the Memorandum by the BUP, LRO, PPS and employer, the process has reached resolution. If there is no resolution, the LRO may advance the file and if the employer refuses to resolve the issues a referral is to be made to involve the PPS. The PPS will meet with the members on the unit, the BUP and the LRO before meeting with the employer.

If there is no resolution, the PPS will consult with the members and the LRO. The PPS may decide to extend the timelines and have further discussions with the employer. Alternatively, a decision will be made to advance the issues to the next steps. Check your collective agreement to see the specific provisions it contains. Your LRO will ensure the process is followed correctly.

During this period, ongoing documentation of professional responsibility issues through the completion of PRWRFs is necessary.

The Independent Assessment Committee

Your collective agreement's Professional Responsibility language may provide for the appointment of an IAC (or a single nurse assessor) to resolve PRWs 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/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/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 PRWRFs 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.

ONA’s submission will contain background and demographic information related to the employer organization. The PPS will be the ONA lead and presenter at the hearing.

The IAC Hearing

The chairperson of the IAC is responsible for ensuring arrangements are made for the hearing. The IAC will be scheduled virtually, including a videotaped tour of the unit, unless otherwise agreed. 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 bargaining unit who are attending reserve the entire time outlined by the chairperson.

All **ONA** members of the joint Labour-Management Committee may attend the hearing, as will your LRO and the ONA members 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 unit 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 virtual tour (in most circumstances) of the unit/program and is accompanied by at least one ONA member who brought forward the complaint, and the PRW rep or BUP, and the PPS as representatives from the Union, and a similar number of representatives from the employer, **one of which should be the unit manager**.
- 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 less formal than arbitration. It is not bound to any particular format or subject to the “rules” by which arbitration hearings are conducted. The employer may raise issues of timelines that have been missed or identify discrepancies with the evidence presented. The IAC deals with any such objections at the time they are brought forward.

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

The committee, that being the Chair and each parties’ nominee, 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 Independent Assessment Committee Hearing.

The IAC Report

After the hearing, the IAC writes its report. The Committee members work collaboratively during this process, including writing 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 (this is not an inclusive list):

- The Minister of Health.
- The Minister of Long-Term Care.
- 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).
- Registered Nurses Association of Ontario (RNAO).
- The Canadian Council on Health Facilities Accreditation.
- The Board of the local Home and Community Care Support Services.
- Ontario Health.
- The relevant Member of Provincial Parliament (MPP).
- The Mayor of the Town.
- Any other contacts a jointly determined by Staff, BUP and/or Provincial President.

As well, the report is also sent:

- In consultation with CGRT, the report will be sent to the appropriate Directors and Nursing Consultants depending on the sector.

The LRO/PPS, in consultation with the BUP, 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 LRO and PPS, in consultation with the BUP, will arrange to meet with representatives of the employer to discuss implementation of the report within the timelines of the appropriate collective agreement. The ONA PPS will work with the employer to ensure the implementation occurs; no further action is required. If the employer is not working jointly with the Union to fulfill implementation of the recommendations, the Union may encourage implementation occurs by:

- Forwarding the report to the appropriate provincial ministry, for example, the Minister of Health, with a request for action.

If this fails, ONA will engage the Complex Resolution Table (CRT) and 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 BUP agrees to be the spokesperson for media.

APPENDIX 1 DOCUMENTATION

Documentation is written proof of facts and events, otherwise known as evidence. 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 information/evidence about an issue? This depends on the type of issues, 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/resident/client?**
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 issues?" For example, at the Labour-Management Committee, everything from employee parking to patient/resident/client 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, Health Card Information or contact information. Assign each patient/resident/client 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 redacted completely prior to submitting to ONA. Alternatively, if there is a particular document or portion of the patient/resident/client chart ONA wants, you should note sufficient details on the PRWRF, such as, "The patient assignment sheet dated July 1, 2023, 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 IAC Committee.

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, missed or incomplete. Also include any situations of 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.

Identify the Regulatory College standards and/or Code of Conduct which have been compromised or not met due to the practice and workload issues. It is also impactful to identify employer policies and protocols that may not be 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 delayed, missed or incorrect 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, also known as failure to rescue.
- The inability to manage 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 impacted because it is missed, incomplete or delayed.

The employer's Infection Prevention and Control policies may be compromised 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, NPs, 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 and detailed the documentation, the more credible the evidence to support the recommendations.
- 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 issues 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.

At 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 2 PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORMS

Forms are located on the sector-specific Professional Practice pages of the ONA website.

- Hospital (English and French) <https://www.ona.org/pp-hospital>
- Long Term Care (English and French) <https://www.ona.org/pp-ltc>
- Home Care <https://www.ona.org/other-sectors>
- Home and Community Care Support Services <https://www.ona.org/pp-hccss>
- Public Health <https://www.ona.org/pp-ph>
- Clinic and Industry <https://www.ona.org/other-sectors>
- Canadian Blood Services <https://www.ona.org/other-sectors>
- Nurse Practitioner <https://www.ona.org/other-sectors>

APPENDIX 3

SAMPLE – WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL

Sample forms are located on the sector-specific Professional Practice pages of the ONA website. Some hospital and long-term care samples are available in English and French.

- Hospital <https://www.ona.org/pp-hospital>
 - Reassignment
 - ICU Skill Mix
 - Staffing
 - Staffing (French)
 - Acuity
 - Acuity (French)
 - Skill Mix
 - Skill Mix (French)
- Long Term Care (English and French) <https://www.ona.org/pp-ltc>
 - Outbreak
 - Outbreak (French)
 - Staffing
 - Wound Care
 - Orientation
- Home Care <https://www.ona.org/other-sectors>
- Home and Community Care Support Services <https://www.ona.org/pp-hccss>
- Public Health <https://www.ona.org/pp-ph>
- Clinic and Industry <https://www.ona.org/other-sectors>
- Canadian Blood Services <https://www.ona.org/other-sectors>
- Nurse Practitioner <https://www.ona.org/other-sectors>

APPENDIX 4

PRWRF TOOLS

PRWRF Tracking Tool for Bargaining Unit Leadership

This tool is used to keep a tally of PRWRFs submitted and track themes on practice issues at the workplace. It is the responsibility of the Professional Responsibility and Workload Representative (or delegate) to keep it updated and to share with the Bargaining Unit President, LRO and PPS (should PPS become involved). By having the PRWRFs collated on the Tracking Tool, it helps show trends within and across Units. It directs the Bargaining Unit leadership on where resolutions need to be generated with the employer and is instrumental to developing strong evidence for change. This resource can be found on the ONA website at <https://www.ona.org/pp>, under “Local Executive Resources.”

The Action Plan can also be found on the ONA website at <https://www.ona.org/pp>, under “Local Executive Resources.”

Professional Responsibility and Workload Issues: Regulatory College Standard for ONA Home and Community Care Support Services

Tying the sub-optimal work environment to regulatory college standards is essential for impactful PRWRFs. This template pinpoints some of the most frequently at-risk regulatory college standards by shining a light on typical patient/resident/client care struggles and how they impact your regulatory college accountabilities. The templates are not designed to be all-inclusive for all standards and patient scenarios, however they do aid in focusing on the core issues and sparking thought for your PRWRF submissions. Members can use the template to formulate their rationale and document their issues meeting regulatory college standards specifically noted on their PRWRFs.

This resource can be found on the sector-specific Professional Practice page of the ONA website at <https://www.ona.org/pp-hccss>, under “Other Resources.”



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