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| **ONTARIO NURSES’ ASSOCIATION/CANADIAN BLOOD SERVICES****PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM** |

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| **SECTION 1: GENERAL INFORMATION** |

Name of Bargaining Unit President and employees reporting:

Susie Caregiver

John Nurse

Employer: Canadian Blood Services Site/Office: Sudbury

Date of Occurrence:

(DD-MM-YY) 19/10/2020 Time: (HH:MM) 1000hrs 5 hr. shift 8 hr. shift [ ]  Other [ ]

Name of Supervisor/Manager: Jane Manager (usually on site)

Date/Time Submitted: (DD-MM-YY/HH:MM) 19/10/2020 / 1500

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| **SECTION 2: STAFFING** |

Regular Staff #: RN 2 DCA (Donor Care Associate) 6 Clerical 1 Other (Specify) \_\_\_\_\_\_\_\_\_\_

Actual Staff #: RN 1 DCA (Donor Care Associate) 5 Clerical 0 Other (Specify) \_\_\_\_\_\_\_\_\_\_

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| **SECTION 3: WORKING CONDITIONS** |

If shortage of staff at the time of occurrence (including non-RN staff), please check all that apply:

Absence/Emergency: Leave [ ]  Sick Call(s) [x]  Vacancies [x]  Off-site [ ]

Supervisor/management support available on-site?

Donor Volume #:60 RN Consultation #: ( this does not apply)

Donor/client factors contributing to the occurrence:

[ ]  Reaction at time of donation (nausea, dizziness, bleeding, etc.)

[ ]  Additional concerns due to donor exclusion (extra time with consultation, donor upset, etc.)

[x]  Other (check all that apply and add if needed):

[x]  Medical incident

[x]  Emergency at time of donation

[x]  Donor history

[x]  DCA not following protocol

[x]  Donor faint post donation in refreshment area

 No coverage for break or ability to leave apheresis room.

Non-nursing duties:

Answering phones. Calling in staff to replace sick call. Dealing will IT issues and equipment malfunctions.

Ordering supplies, putting supplies away, cleaning chairs and beds (COVID 19)

Number of calls made for post-donation information or Deviations – provide details (DO NOT INCLUDE donor number or identifying information):

(These duties are now online. Usually done by charge nurse or other RN.)

E.g.: Donor forgot to inform us in screening he took cocaine last week. Recall of unit would be required.

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| **SECTION 4: DETAILS OF OCCURRENCE** |

Please provide a detailed account of occurrence and how it affected your practice workload:

Two apheresis nurses and 3 donors, no ability to leave room as high-volume day, donor faint in refreshment area and vomited. No one available to assist immediately as each nurse had donors on Apheresis machines. CBS standard is 2 RN:3 donors. One RN had to leave room to assist patient who fainted leaving other RN unsafe.

Unable to take meal breaks due to ratios and volume of donors.

Donors having to wait extra time even though had appointments due to some donors slower than expected.
Recall due to failure to follow DSCM (Donor Screening Criteria Manual) and questionnaire – lack of proper support for DCA and RN too busy to provide adequate leadership and support.

Please check the College Standard(s) that apply and add Practice Guideline, employer policies and/or procedures that are believed to be at risk:

 [x]  Code of Conduct

[ ]  Professional Standards

 [x]  Accountability

 [ ]  Continuing Competence

 [ ]  Ethics

 [ ]  Knowledge

 [ ]  Knowledge Application

 [x]  Leadership

 [x]  Relationships (Nurse-Client/Professional)

[ ]  Decisions about Procedures and Authority

[ ]  Documentation

[x]  Ethics

[ ]  Medication

[ ]  Confidentiality and Privacy

[x]  Therapeutic Nurse-Client Relationship

[ ]  Consent

At the time of occurrence, did you discuss the issue with your team/manager/supervisor? What was the response at the time? Did it resolve the issue? (Please provide details)

Manager not on site as this is a mobile clinic today. Clinic overbooked today and did not provide extra DCA and did not fill sick calls.

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| **SECTION 5: RECOMMENDATIONS** |

[x]  Adjust staffing

[ ]  In-service/education

[x]  Review ratios/donor volumes (RN: DCA/DCA: Donor)

[x]  Review policies/procedures

[x]  Replace sick calls/absences/LOAs/etc.

[ ]  Replace equipment/maintain supplies (specify)

[ ]  Orientation

[x]  Professional standards

[x]  Process review

[ ]  Review statistics

[ ]  Other (specify)

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| **SECTION 6: BARGAINING UNIT PRESIDENT AND EMPLOYEES’ SIGNATURES** |

Susie Caregiver BUP

Josh Nurse RN

**After meeting/discussing at the Union-Management Committee, attach recommendations, notes pertinent to this workload concern and the manager’s response.**

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| **ONTARIO NURSES’ ASSOCIATION/CANADIAN BLOOD SERVICES****PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM****GUIDELINES AND TIPS ON ITS USE** |

The parties believe that donor/client care and service is enhanced if concerns relating to professional practice and workload concerns are resolved in a timely, collaborative and effective manner. The parties agree to utilize this form as a tool for documentation and to facilitate discussion to promote a problem-solving approach.

**PROBLEM-SOLVING PROCESS**

(Please follow all steps and document on this form, or add pages as required)

1. At the time the workload issue occurs, discuss with your team/coworkers on site and managerial support to develop strategies to address issues and best provide service for donors/clients. If issue is resolve at time of occurrence, fill out this form keep a copy for your record. Depending on which Canadian Blood Services site/office, the process will be different.
2. For Hamilton, National Contact Centre or London Bargaining Units, Failing resolution at the time of occurrence, the Nurse is to submit this form to his/her supervisor or designate within seven (7) calendar days of the occurrence.
3. The Shift Supervisor shall provide a written response to the nurse(s) within fourteen (14) calendar days (unless otherwise mutually agreed).
4. Where the concern remains unresolved, it shall be submitted to the Manager or designate, within fourteen (14) calendar days following the response in three (3) above.
5. The Manager or designate, shall provide a final written response to the nurse(s) within fourteen (14) calendar days (unless otherwise mutually agreed), with a copy forwarded to the Bargaining Unit President.
6. If at this stage, the response/decision from the employer is deemed unsatisfactory by the nurses raising the issue, they might seek assistance from their Labour Relations Officer and the Ontario Nurses’ Association Professional Practice Specialist to explore further steps/actions.
7. For Toronto, Ottawa, and Sudbury Bargaining Units, in the absence of language, and failing resolution at the time of occurrence, it is recommended and a good practice to discuss the concern with your Manager.
8. If at this stage, the response/decision from the employer is deemed unsatisfactory by the nurses raising the issue, they might seek assistance from their Labour Relations Officer and the Ontario Nurses’ Association Professional Practice Specialist to explore further steps/actions.

**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 make 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 and document on this form.
5. Identify the College of Nurses of Ontario (CNO) Standards/Practice Guidelines/policies and procedure you believe to be at risk or unable to meet.
6. DO NOT, under any circumstances, identify donors/clients/patients/residents.