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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:

Employer: Canadian Blood Services Site/Office:

Date of Occurrence:

(DD-MM-YY)       Time: (HH:MM)       7.5 hr. shift  12 hr. shift  Other

Name of Supervisor/Manager:

Date/Time Submitted: (DD-MM-YY/HH:MM)       /

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| **SECTION 2: STAFFING** |

Regular Staff #: RN       DCA (Donor Care Associate)       Clerical       Other (Specify)

Actual Staff #: RN       DCA (Donor Care Associate)       Clerical       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)  Vacancies  Off-site

Supervisor/management support available on-site? Yes  No

Donor Volume #:       RN Consultation #:

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.)

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

Medical incident

Emergency at time of donation

Donor history

DCA not following protocol

Non-nursing duties:

Number of calls made for the recall/removal of blood – provide details (DO NOT INCLUDE donor number or identifying information):

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

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

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

Code of Conduct

Professional Standards

Accountability

Continuing Competence

Ethics

Knowledge

Knowledge Application

Leadership

Relationships (Nurse-Client/Professional)

Decisions about Procedures and Authority

Documentation

Ethics

Medication

Confidentiality and Privacy

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)

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| **SECTION 5: RECOMMENDATIONS** |

Adjust staffing

In-service/education

Review ratios/donor volumes (RN: DCA/DCA: Donor)

Review policies/procedures

Replace sick calls/absences/LOAs/etc.

Replace equipment/maintain supplies (specify)

Orientation

Professional standards

Process review

Review statistics

Other (specify)

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

**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.