

**ONTARIO NURSES' ASSOCIATION (ONA)
COMMUNITY CARE ACCESS CENTRE (CCAC)
PROFESSIONAL RESPONSIBILITY REPORT FORM**

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: 1/6/2016 Start Time: 0800 Duration Time: 7
 Hours Worked: On Call/Ext. Hrs Supervisor at time of Occurrence: Karen Wall
 Date submitted 6/10/2016 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 in the 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:
 Applicable Standards of Practice/Policies/Procedures:

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

<input checked="" type="checkbox"/> Change in Client Acuity. Provide details: Crisis placement, complex hospital discharges	<input checked="" type="checkbox"/> Safety in Jeopardy. Please specify:
<input checked="" type="checkbox"/> Complex Family dynamics:	<input type="checkbox"/> Urgent/same day assessments:
<input checked="" type="checkbox"/> Clients assigned at time of occurrence:	<input type="checkbox"/> Lack of /malfunctioning equip/technology. Details:
<input checked="" type="checkbox"/> Non-Care Coordinator duties. Specify: computer entry, voicemail and return calls	<input type="checkbox"/> Weather / Conditions
<input checked="" type="checkbox"/> # of new clients to be assessed:	<input type="checkbox"/> Travel / Distance
<input type="checkbox"/> internal/external transition of service:	<input checked="" type="checkbox"/> Unanticipated Assignment / Uncontrolled variables: Pls. Specify:
<input checked="" type="checkbox"/> RAI assessments/CHRIS to be completed	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> 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):	
<input checked="" type="checkbox"/> Absence/Emergency Leave	<input type="checkbox"/> Sick Call(s)
	<input type="checkbox"/> 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 6/1/2016

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:

- | | |
|---|--|
| <input type="checkbox"/> Inservice | <input checked="" type="checkbox"/> Review Care Coordinator Staffing |
| <input type="checkbox"/> Change Physical layout | <input checked="" type="checkbox"/> Review Support staffing |
| <input checked="" type="checkbox"/> Caseload Review for acuity/activity | <input type="checkbox"/> Review Care Coordinator:Client ratio |
| <input type="checkbox"/> Orientation | <input type="checkbox"/> Review policies and procedures |
| <input checked="" type="checkbox"/> Part-time pool | <input checked="" type="checkbox"/> Perform Workload Audit |
| <input type="checkbox"/> Professional Standards | <input type="checkbox"/> Process Review |
| <input type="checkbox"/> Equipment/Technology: please specify: | |
| <input type="checkbox"/> Other: please specify: | |

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

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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 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.