

**ONTARIO NURSES ASSOCIATION - HOMECARE  
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM**

**SECTION 1: GENERAL INFORMATION**

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

Mary Holmes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer: Safe and Sound Home Care

Area of Assignment: East, West & North end

Date of Occurrence: 09 Day | 09 Month | 2020 Year | Time: \_\_\_\_\_ Hours of Work 0700-1600 (1hr OT)

Date: 09 Day | 09 Month | 2020 Year

Name of Supervisor/Manager: Cindy BrickHouse

Time notified: tried calling at 1000 and 1200 approx. Notified next day

**SECTION 2: STAFFING**

In order to effectively resolve workload issues, please provide details about the working conditions **at the time of occurrence** by providing the following information:

Regular Staff #: RN <u>4</u>	Regular Staff #: NP _____
Actual Staff #: RN <u>4</u>	Actual Staff #: NP _____
Regular Staff #: RPN <u>3</u>	
Actual Staff #: RPN <u>3</u>	
Regular Clerical/IT Support: _____	Actual Clerical/IT Support: _____
Other: _____	
Students: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	How many? _____
New/Novice Staff: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	How many? <u>2</u>
Overtime: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, how many? _____
Agency Staff: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**SECTION 3: WORKING CONDITIONS**

At the time of the occurrence, the planned workload was:	# Planned	# Actual	Time Planned	Actual Time
Clinics				
Home Visits/School Visits/Shift Visits	56	58		
Conferences/meetings etc.				
Documentation/administration				
New Patient Assessment	1	2		
Treatment(s)				

In-service/Education				
Travel (# of trips)				
<input checked="" type="checkbox"/> Weather				
<input checked="" type="checkbox"/> Travel/Distance	9	10		
Other (e.g. Health Promotion Classes, etc.)				

If there was a shortage of staff at the time of the occurrence, (including support staff) please check one or all of the following that apply:

- Absence/Emergency Leave  Sick Call(s)  Vacancies   
 Supervisor/Management Support available on site? Yes  No

**SECTION 4: PATIENT/CLIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE**

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

Change in client acuity/complexity (psychological/physical/social). Please specify:

\_\_\_\_\_

- Consultation with MD/LHIN/Delay \_\_\_\_\_
- Overflow from previous shift
- Visitor/Family member
- Client census at time of occurrence \_\_\_\_\_
- # of Admissions \_\_\_\_\_
- # of Discharges \_\_\_\_\_
- Weather
- Travel/Distance
- Advanced scope of practice/client advocacy \_\_\_\_\_
- Abnormal diagnosis/laboratory follow-up: \_\_\_\_\_ (#)
- Documentation \_\_\_\_\_
- Reporting \_\_\_\_\_
- Safety in Jeopardy (please specify) \_\_\_\_\_
- Language barriers \_\_\_\_\_
- Consultation by \_\_\_\_\_ (telephone/onsite/etc.)
- Unanticipated clients/uncontrolled variables. Please specify:

\_\_\_\_\_

- Lack of/malfunctioning equipment/supplies. Please specify:  
Inadequate dressing supplies for particular wound status change
- Incomplete referral information
- Illegible orders
- Working with Unregulated Health Care Workers
- Non-nursing/administrative duties. Please specify:

\_\_\_\_\_

- Emails
- Phone Calls/Voicemails
- Technology (e.g. no cell phone service/internet connection) Please Specify:
- Allotted time of visit

Other: (e.g. Student supervision, staff orientation, mentorship, etc.) Please specify:  
\_\_\_\_\_

**SECTION 5: DETAILS OF OCCURRENCE**

Provide a concise summary of the occurrence and how the occurrence affected your practice workload:  
PSW did not show for 1 home so RN had do some PSW care for client. Difficult IV insertion for another client. Another client had inadequate wound care supplies for new staging of wound – had to make do with what I had. Had to complete a second client assessment from the shift prior, therefore running late for other visits. Unable to fully chart on all clients due to time restraints. Had to see several clients in several geographical areas in inclement weather. Worked an hour OT to try to catch up.

**SECTION 6: PRACTICE STANDARDS AND GUIDELINES/POLICIES AT RISK**

- RN and RPN Practice, The client, The Nurse and the Environment
- Working with Unregulated Care Providers
- Authorizing Mechanisms (Delegating)
- Confidentiality and Privacy: Personal Health Information
- Telepractice
- Decisions About Procedures and Authority
- Documentation
- Therapeutic Nurse Client Relationship
- Supporting Learners
- Employer policy – Specify Inclement Weather and Geographical Assignment Policy (include policy if able)
- Nurse Practitioner
- Agency
- Other \_\_\_\_\_

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

Accountability

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

**SECTION 7: REMEDY**

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

Yes  No

Provide details:

Unable to reach supervisor

Was it Resolved? Yes  No  \_\_\_\_\_

(B) Failing resolution at the time of the occurrence, did you seek assistance from the person designated by the employer as having responsibility for timely resolution of workload issues? Yes  No

Please provide discussion details including name of individual(s): I called my supervisor twice and couldn't reach her. Didn't have time to keep trying.

\_\_\_\_\_ Was it resolved? Yes  No

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

Yes  No

Please provide details: \_\_\_\_\_

Was isolated incident resolved? Yes  No

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

Were measures implemented to prevent a re-occurrence? Yes  No

Please provide details:

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

Category (CM, RN, RPN,PHN,PSW, Clerk, etc)	Amount of time staff Available	Orientation to Branch Requires Yes <input type="checkbox"/> No <input type="checkbox"/> Staff Orientation time (min/hrs)
_____	_____	_____
_____	_____	_____

**SECTION 8: RECOMMENDATIONS**

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

- In-service
- Increase RN Staffing
- Increase support Staffing
- Review appropriate assignment for Unregulated Health Care Worker
- Change Start/Stop times of shift(s). Please specify: \_\_\_\_\_
- Caseload review for acuity/activity
- Flexibility with appointments and scheduling
- Perform Workload Measurement Audit
- Change Physical Layout
- Orientation
- Float/casual pool
- Equipment. Please specify: adequate wound care supplies
- Review **RN** patient ratio
- Review Policies & Procedures Please specify: \_\_\_\_\_
- Replace sick calls, vacation, paid holidays, other absences
- Other: Driving conditions and geographical areas need to be considered when assigning staff. When wound status changes, last RN needs to order appropriate supplies

**SECTION 9: EMPLOYEE SIGNATURES**

Signature: \_\_\_\_\_ Phone # / Personal E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone # / Personal E-mail: \_\_\_\_\_

**SECTION 10: 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.](#)

Date response to the employee: [Click here to enter a date.](#) Date response to the union: [Click here to enter a date.](#)

Copies: (1) Manager/Chief Nursing Officer (or designate) (2) ONA Representative (3) NP (4) LRO

**ONA HOMECARE PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM  
GUIDELINES AND TIPS ON ITS USE**

The parties agree that client care is enhanced if concerns relating to professional practice are resolved in a timely and effective manner. The parties will utilize a problem-solving process focusing on collaborative solutions at the earliest opportunity. This report form provides a tool for documentation to facilitate discussion and to promote a problem solving approach. ONA may use this information for statistical purposes and noting trends across the province.

**THE FOLLOWING IS A SUMMARY OF THE PROBLEM SOLVING PROCESS. PRIOR TO SUBMITTING THE WORKLOAD REPORT FORM, PLEASE FOLLOW ALL STEPS AS OUTLINED IN THE CNO STANDARDS AND/OR APPLICABLE COLLECTIVE AGREEMENTS.**

**PROBLEM SOLVING PROCESS**

- 1) At the time the workload issue occurs, discuss the matter within the program to develop strategies to meet client care needs using current resources. If necessary, using established lines of communication, seek immediate assistance from an individual identified by the Employer (e.g. co-ordinator/supervisor) who has responsibility for timely resolution of workload issues.
- 2) Failing resolution of the workload issue at the time of the occurrence, discuss the issue with your Executive Director/Administrator or Manager (or designate) on his or her next working day.
- 3) If no satisfactory resolution is reached during steps (1) and (2) above, then you may submit a Professional Responsibility Workload Report Form to the Union-Employer Committee within the specified number of days of the alleged improper assignment.
- 4) The Union-Employer Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties.
- 5) If the issue is not resolved at the meeting in (4) above, the LRO shall attend a meeting with Management and attempt to resolve the complaint. Failing resolution, the LRO will request a Professional Practice Specialist to attend a follow up meeting.
- 6) If outlined in your Collective Agreement, the form may be forwarded to an Independent Assessment Committee within the requisite number of days of the meeting in (5) above, if outlined in your collective agreement.
- 7) The Union and the Employer may mutually agree to extend the time limits for referral of the complaint at any stage of the complaint procedure. The Union and the Employer may mutually agree to extend the time limits for referral of the complaint at any stage of the complaint procedure.

**TIPS FOR COMPLETING THE FORM**

- 1) Review the form before completing it so you have an idea of what kind of information is required.
- 2) Print legibly and firmly as you are making multiple copies.
- 3) Use complete words as much as possible. Avoid abbreviations.
- 4) You should report only facts about which you have first-hand knowledge. If you use second-hand or hearsay information, identify the source if permission is granted.
- 5) Identify the CNO RN standards/practice/guidelines/policies and procedures you believe to be at risk. College of Nurses Standards can be found at [www.cno.org](http://www.cno.org).
- 6) Do not, under any circumstances, identify clients/patients/residents.