

ONA HOME AND COMMUNITY CARE SUPPORT SERVICES PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS / INDICATORS

STAFFING LEVELS	JOB FUNCTIONS	POLICIES AND PROCEDURES
<input type="checkbox"/> Desk Coverage	<input type="checkbox"/> Lack of clarity in role	<input type="checkbox"/> Lack of/outdated
<input type="checkbox"/> Team Coverage Model	<input type="checkbox"/> Overlap with other team(s)	<input type="checkbox"/> Abuse/Safety/Violence
<input type="checkbox"/> Hospital Issues	<input type="checkbox"/> Crisis Visits	<input type="checkbox"/> Administrative Process Barriers
<input type="checkbox"/> Hospital over capacity - ALCs /Transition Issues	<input type="checkbox"/> Documentation	<input type="checkbox"/> Computers
<input type="checkbox"/> Caseload Acuity	<input type="checkbox"/> Addition of extra/new tasks	<input type="checkbox"/> Key Performance Indicators
<input type="checkbox"/> Caseload Size	<input type="checkbox"/> ETMS/incident reporting	<input type="checkbox"/> Clinics/Service Pathways
<input type="checkbox"/> Accumulation of workload	<input type="checkbox"/> Missed visits/Service tracking	<input type="checkbox"/> Employer Algorithms for Care
<input type="checkbox"/> # of New Referrals	<input type="checkbox"/> Waitlisting	<input type="checkbox"/> Model of Care
<input type="checkbox"/> # of Pending Discharges	<input type="checkbox"/> Volume of Email	<input type="checkbox"/> Multiple changes/updates
<input type="checkbox"/> # of Overdue Reassessments	<input type="checkbox"/> Volume of Lyncs	<input type="checkbox"/> Other:
<input type="checkbox"/> Patient Factors/Complexity	<input type="checkbox"/> Volume of Calls	ENVIRONMENT
<input type="checkbox"/> Baseline Staffing	<input type="checkbox"/> Service Provider Capacity Issues	<input type="checkbox"/> Caseload/Geography
<input type="checkbox"/> Support Staff	<input type="checkbox"/> System Navigation/Barriers	<input type="checkbox"/> Travel/Distance
<input type="checkbox"/> Communication with Mgt.	<input type="checkbox"/> Manual Tasks	<input type="checkbox"/> Animals/ Allergens/Smoke
<input type="checkbox"/> Refusal for Overtime	<input type="checkbox"/> Reports/Lists	<input type="checkbox"/> Uncontrolled Variables
<input type="checkbox"/> Weekend	<input type="checkbox"/> Dashboard Management	<input type="checkbox"/> Weather
<input type="checkbox"/> Staff Skill Mix/Novice to Senior	<input type="checkbox"/> Waitlisting	<input type="checkbox"/> Safety for Patients/Staff
<input type="checkbox"/> Float Pool/Care Fragmentation	<input type="checkbox"/> Meetings	<input type="checkbox"/> Family/Household Dynamics
<input type="checkbox"/> Non-Coordinator Functions	<input type="checkbox"/> Home visits	<input type="checkbox"/> Lack of: Water/Heat/Hydro/Access
<input type="checkbox"/> Break Relief	<input type="checkbox"/> Case Conferences	<input type="checkbox"/> Bedbugs – Hoarding, Etc
<input type="checkbox"/> Team Assistants	<input type="checkbox"/> Interdisciplinary Rounds	<input type="checkbox"/> Other:
<input type="checkbox"/> Scheduling	<input type="checkbox"/> Reports/Lists	EDUCATION / ORIENTATION
<input type="checkbox"/> Staff Not Replaced	<input type="checkbox"/> Other:	<input type="checkbox"/> Access to Reference Materials
<input type="checkbox"/> Workload	COMMUNICATION	<input type="checkbox"/> Lack of time for updates
<input type="checkbox"/> Flex Time	<input type="checkbox"/> Lack of Leadership/Availability	<input type="checkbox"/> Skills, Supporting Novice Staff
<input type="checkbox"/> Other:	<input type="checkbox"/> Email Process Barriers	<input type="checkbox"/> Inservice
MEDICATION/ SYSTEMS	<input type="checkbox"/> Charting/Documentation System	<input type="checkbox"/> RAI/Capacity Training
<input type="checkbox"/> Access to Patient MARS	<input type="checkbox"/> Service Providers	<input type="checkbox"/> Policies & Procedures
<input type="checkbox"/> IV Prescriptions	<input type="checkbox"/> Delayed Response	<input type="checkbox"/> Orientation/Mentoring
<input type="checkbox"/> Protocols/Policies	<input type="checkbox"/> Untimely Documentation	<input type="checkbox"/> Other:
<input type="checkbox"/> Specialty Orders/Over Limits	<input type="checkbox"/> Availability of System Partners	
<input type="checkbox"/> Wound Care Supplies	<input type="checkbox"/> Language/Hearing/Literacy Barriers	
<input type="checkbox"/> Response Times	<input type="checkbox"/> Other:	

USE the CONCERNS - INDICATORS to capture barriers in your professional practice.

When to file a PRWRF : *When your working conditions compromise your ability to meet your Regulatory College Professional Standards and/or when your ability to provide quality patient care is-at risk.*

EQUIPMENT & SUPPLIES	PHYSICIAN RELATED	CLERICAL FUNCTIONS
<input type="checkbox"/> Faulty or Lack of	<input type="checkbox"/> Coordinated Care Plan barriers	<input type="checkbox"/> Routine System Navigation
<input type="checkbox"/> Inservice for New Equipment	<input type="checkbox"/> Availability/Off hours	<input type="checkbox"/> Photocopying
<input type="checkbox"/> Lack of Internet Connection	<input type="checkbox"/> Lack of Primary Physician	<input type="checkbox"/> Opening/Closing Files
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Failing to Complete Reports	<input type="checkbox"/> Booking Visits
<input type="checkbox"/> Not Appropriate	<input type="checkbox"/> Incomplete Orders	<input type="checkbox"/> Other:
<input type="checkbox"/> Medical equipment/supplies	<input type="checkbox"/> Delayed Response/Untimely Documentation	
<input type="checkbox"/> Order time deadlines	<input type="checkbox"/> Other:	
<input type="checkbox"/> Delivery turnover time		
<input type="checkbox"/> Ergonomic Workstation		
<input type="checkbox"/> CHRIS / network failures		
<input type="checkbox"/> Computer Issues		
<input type="checkbox"/> Other:		

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