**ONTARIO NURSES’ ASSOCIATION (ONA)**

**LOCAL HEALTH INTEGRATION NETWORK (LHIN)**

**PROFESSIONAL RESPONSIBILITY REPORT FORM**

***SECTION 1: GENERAL INFORMATION***

Name(s) Of Employee(s) Reporting:

Employer:       Site:

Team/Area/Program:

Date of Occurrence: Click here to enter a date. Start Time:       Duration Time:

Hours Worked:      On Call/Ext. Hrs.       Supervisor at time of Occurrence:

Date submitted Click here to enter a date. Time Submitted:

***SECTION 2: DETAILS OF OCCURRENCE***

Provide a concise summary of how the occurrence affected your practice/workload:

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*** |
| [ ]  Change in Client Acuity. Provide details:       | [ ]  Safety in Jeopardy. Please specify:       |
| [ ]  Complex Family dynamics:       | [ ]  Urgent/same day assessments:       |
| [ ]  Clients assigned at time of occurrence:       | [ ]  Lack of/malfunctioning equip/technology. Details:       |
| [ ]  Non-Care Coordinator duties. Specify:       | [ ]  Weather/Conditions       |
| [ ]  # of new clients to be assessed:       | [ ]  Travel/Distance       |
| [ ]  Internal/external transition of service:       | [ ]  Unanticipated Assignment/Uncontrolled variables: Pls. Specify:       |
| [ ]  RAI assessments/CHRIS to be completed | [ ]  Other (specify):       |
| [ ]  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):[ ]  Absence/Emergency Leave [ ]  Sick Call(s) [ ]  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 Click here to enter a date. Provide details:       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 Click here to enter a date. Provide details – (include names)       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:       |

***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:

 [ ]  In-service [ ]  Review Care Coordinator Staffing

 [ ]  Change Physical layout [ ]  Review Support staffing

 [ ]  Caseload Review for acuity/activity [ ]  Review Care Coordinator:Client ratio

 [ ]  Orientation [ ]  Review policies and procedures

 [ ]  Part-time pool [ ]  Perform Workload Audit

[ ]  Professional Standards [ ]  Process Review

[ ]  Equipment/Technology: please specify:

[ ]  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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**LOCAL HEALTH INTEGRATION NETWORK (LHIN)**

**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 LHIN 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.