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| **ONTARIO NURSES’ ASSOCIATION (ONA)****LONG-TERM CARE (LTC)****PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM** |
| The Professional Responsibility Clause in the collective agreement is a problem solving-process for nurses to address nursing practice and workload concerns relative to resident care/outcomes and safety. This form is a documentation tool that can facilitate and promote a problem-solving approach. |
| **SECTION 1: GENERAL INFORMATION** |
| Name(s) of Employee(s) Reporting (Please Print)                        |
|                         |
|                         |
| Employer: |       | Unit//Floor/Pod: |       |
| Date of Occurrence: |      Day |      Month |      Year | Time: |       | 7.5 hr. shift [ ]  11.25 hr. shift [ ]  Other:       |
|  |
| Is this a Specialty Unit? Yes [ ]  No [ ]  | Date/ |      Day |      Month |      Year |
|  |  |  |  |  |
| Name of Supervisor: |       | Unit//Home Census this Shift: |       |
| Time notified: |       | # of Beds in Unit/Home: |       |
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| **SECTION 2: NUMBER OF BASE LINE STAFF FOR SHIFT** |

**Staffing Levels**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | RN |  NP | RPN | PSW | Clerks & Other |
| [ ]  Baseline Staffing #: |       |       |       |       |       |
| [ ]  Actual Staffing #: |       |       |       |       |       |
| [ ]  Agency Staff #: |       |       |       |       |       |
| [ ]  Junior/Novice Staff #: |       |       |       |       |       |
| [ ]  Vacancies: |       |       |       |       |       |
| [ ]  RN Overtime: If yes, how many staff? |            |  | Total # of hours:  |       |

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| **SECTION 3: DETAILS OF OCCURRENCE** |
| Provide details of how the resident’s well-being was potentially or actually compromised:      |
| Is this an: Isolated incident? | [ ]  | Ongoing problem? | [ ]  |  | (Check one) |

**Notification of Manager or Designate:**Management Support available on site? Yes [ ]  No [ ] On Standby? Yes [ ]  No [ ]  On Call? Yes [ ]  No [ ] Did they respond? Yes [ ]  No [ ]  Did they resolve the issue? Yes [ ]  No [ ] Response:

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| **SECTION 4: WORKING CONDITIONS**  |

**Please check off the factor(s) you believe contributed to the workload issue and provide details:****RN Leadership - Roles and Responsibilities:**

|  |  |
| --- | --- |
| [ ]  Assigning/reassigning staff according to their scope  of practice/abilities  |  |
| [ ]  Providing support and supervision to staff  | [ ]  Intervening or taking over the care of a resident |
| [ ]  Regularly checking in with staff to identify the need for support |
| [ ]  Providing direction to and collaborating with novice staff and unregulated care providers |
| [ ]  Collaborating with care providers (e.g. Physician, Nurse Practitioner etc.) to coordinate plan of care |

**Workload:**

|  |  |
| --- | --- |
| [ ]  Occupancy/high intensity/respite [ ]  Non-nursing duties:       [ ]  Negative outcome, harm or incident (**Check** all that apply)[ ]  Critical incident[ ]  Violence[ ]  Medication error[ ]  Other (Please specify)      [ ]  Other        | [ ]  Break relief [ ]  Ministry of Health Inspector on site [ ]  Scheduling (e.g., vacant shifts not replaced)  |

**Resident Factors:**

|  |  |
| --- | --- |
| [ ]  Resident mix/acuity | [ ]  Resident factors/acuity/complexity/palliative/ death:       |
| [ ]  Resident admissions | [ ]  Resident transfers |
| [ ]  Inability to provide safe resident care | [ ]  Delay or missed treatments or care |
| [ ]  Fragmented Care | [ ]  Other:       |

**Environment**

|  |  |
| --- | --- |
| [ ]  Cleanliness of area[ ]  Compliance issues | [ ]  Physical layout [ ]  Placement of resident – inappropriate  |
| [ ]  Safety for residents/staff | [ ]  Home in outbreak |
| [ ]  Environmental hazard:       | [ ]  Other:       |
|  |  |

**Equipment and facilities** [ ]  Faulty**/**Malfunction (type      )[ ]  In-service of new equipment [ ]  Insufficient /lack of (type      )[ ]  Not appropriate Equipment (type      )

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Computer/Internet (type:      ) |  |  |  |

[ ]  Other      **Medication**[ ]  Dispensing/Pharmacy related [ ]  Supply inadequate /outdated

|  |  |
| --- | --- |
| [ ]  Administration/Processing orders[ ]  Other       |  |

**SECTION 5: PRACTICE STANDARDS AND GUIDELINES/ POLICIES NOT MAINTAINED** |
| **Please check off the Practice Standard/Guideline/Employer policy that are believed to be at risk or not met:**

|  |  |
| --- | --- |
| [ ]  Code of Conduct | [ ]  Scope of Practice |
| [ ]  Medication[ ]  Therapeutic Nurse-Client Relationship | [ ]  Documentation[ ]  Consent  |

[ ]  Working with Unregulated Care Providers

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| [ ]  *Fixing Long-Term Care Act* Accountabilities (**Check** all that apply) |
| [ ]  Care plan[ ]  Skin and wound assessment[ ]  Bath[ ]  Nutrition[ ]  Falls Risk[ ]  Other (Please specify)       | [ ]  Nursing and personal support services[ ]  Pain management program[ ]  Restorative care program[ ]  Recreational and social activities[ ]  Dietary services and hydration |

 [ ]  Employer policy – Specify       (include policy if able)[ ]  Other       |
| **SECTION 6: REMEDY** |
| (A) Discuss the concern/issue within the unit/area/home at the time the concern/issue occurs. Provide details of how it was or was not resolved.       |
| (B) Failing resolution at the time of the concern/issue, seek assistance from the person designated by the employer as having responsibility for a timely resolution. **Continue to move up the management ladder for a timely resolution**. **Provide details including name(s) of individual(s):**       |
|  |
| **SECTION 7: RECOMMENDATIONS** |
| Please check off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:[ ]  In-service [ ]  Orientation [ ]  Review nurse/resident ratio[ ]  Change unit layout [ ]  Float/casual pool [ ]  Review policies & procedures[ ]  Adjust RN staffing [ ]  Adjust support staffing [ ]  Replace sick calls/LOAs, etc.[ ]  Input into how compliance recommendations are implemented[ ]  Change Start/Stop times of shift(s). Please specify:     [ ]  Equipment/Supplies. Please specify:     [ ]  Other. Please specify:      |
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| **SECTION 8: EMPLOYEE SIGNATURES** |
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| --- | --- | --- | --- |
| Signature: |       | Phone # / Personal E-mail: |       |
| Signature: |       | Phone # / Personal E-mail: |       |
| Signature: |       | Phone # / Personal E-mail: |       |
| Signature: |       | Phone # / Personal E-mail: |       |
| Date Submitted to Manager: |  |

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| **SECTION 9: MANAGEMENT COMMENTS** |
| Did you discuss the issues with your employee/nurse on his/her next working day? |
| Yes | [ ]  | No | [ ]  | If yes, date:       |  |
| Provide details:     Please provide a written response with information/comments in response to this report, including any actions taken to remedy the situations, where applicable and provide a copy to the nurse(s), Bargaining Unit President and Labour Relations Officer (LRO).      |
| If no, please provide the date in which you forwarded this to Labour-Management. |
| Dated: |  |
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| **SECTION 10: RESOLUTION** |
| Is the issue resolved? Yes [ ]  No [ ]  If yes, how is it resolved:      Date:      If no, please provide the date in which you forwarded this to Labour Management:       |
| **SECTION 11: RECOMMENDATIONS OF THE UNION-MANAGEMENT COMMITTEE (LABOUR-MANAGEMENT)** |

The Union-Management Committee recommends the following in order to prevent similar occurrences:      Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |       | Signature: |       |
| Signature |       | Signature: |       |
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| **ONTARIO NURSES’ ASSOCIATION (ONA)****LONG-TERM CARE (LTC)****PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM****GUIDELINES AND TIPS ON ITS USE** |

The parties have agreed that resident care is enhanced if concerns relating to professional practice, resident acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. The collective agreement provides a problem solving process for nurses to address concerns relative to resident care. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

**PRIOR TO SUBMITTING** **THE WORKLOAD REPORT FORM PLEASE FOLLOW THE PROBLEM-SOLVING PROCESS BELOW** **and** **AS OUTLINED IN THE COLLECTIVE AGREEMENT ARTICLE 19 FOR NURSING HOMES OR AS IDENTIFIED IN YOUR COLLECTIVE AGREEMENT.**

##### PROBLEM-SOLVING PROCESS

1. At the time the workload issue occurs, discuss the matter within the Unit/Floor to develop strategies to meet resident care needs using current resources. using established lines of communication, seek immediate assistance from an individual identified by the Employer (e.g. Charge Nurse/ Director of **Nursing and Personal** Care/Administrator) who has responsibility for timely resolution of workload issues.
2. Failing resolution of the workload at the time of the occurrence, **complete** the form. **Some** collective agreements require the nurse todiscuss the issue with the Manager (or designate) on the next day that both the Employee and Manager (or designate) are working or within the time frame stated in the collective agreement, **however** in the absence of this language, it is recommended and a good practice to discuss the concern with your Manager.
3. When meeting with the Manager, you may request the assistance of a Union representative to support/assist you in the meeting. Every effort will be made to resolve the workload issues at the unit level. The Bargaining Unit Representative shall be involved in any resolution discussions at the unit level. All discussions and action will be documented.
4. The Nursing Home Professional Responsibility Clause assumes the Nursing Leader consulted in Steps 1 & 2 would be the same person consulted in the above Step 3 and therefore the Nursing Home Step 2 is: Failing resolution, **submit** the Professional Responsibility Workload Report Form to the Union-Management Committee within 20 calendar days from the alleged improper assignment. The Union-Management Committee will meet within 20 days of the filing of the complaint to attempt to resolve the complaint to the satisfaction of both parties. This is Step 3 in most of the other collective agreements. Please check your own collective agreement for accurate timelines. (SEE BLANK REPORT FORM ATTACHED TO THESE GUIDELINES.)
5. Prior to the complaint being forwarded to the Independent Assessment Committee (IAC), the Union may forward a written report outlining the complaint and recommendations to the Director of **Nursing and Personal** Care and/or the Administrator.
6. If the issue remains unresolved it shallbe forwarded to an IAC as outlined in the collective agreement within the requisite number of days of the meeting in 3) above.
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.
8. Any settlement arrived at under the Professional Responsibility Clause of the collective agreement shall be signed by the 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) Print legibly and firmly as you are making 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.

5) Identify the College of Nurses of Ontario (CNO) Standards/Practice Guidelines/Long-Term Care policies and procedures you believe to be at risk. The CNO Standards can be found at [www.cno.org](http://www.cno.org).

6) Do not, under any circumstances, identify residents.