

**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)

Suzie Q _____

Employer:

Extendicare

Unit//Floor/Pod:

3/6 pods

Date of Occurrence: 15 Day 03 Month 2023 Year Time: 1200 7.5 hr. shift 11.25 hr. shift Other: _____

Is this a Specialty Unit? Yes No

Date/ 15 Day 03 Month 2023 Year

Name of Supervisor: DOC Mary Miller

Unit//Home Census this Shift: 324

Time notified: 1300

of Beds in Unit/Home: 320

SECTION 2: NUMBER OF BASE LINE STAFF FOR SHIFT

Staffing Levels

	RN	NP	RPN	PSW	Clerks & Other
<input type="checkbox"/> Baseline Staffing #:	2	0	6	12	
<input type="checkbox"/> Actual Staffing #:	2	0	6	12	
<input type="checkbox"/> Agency Staff #:					
<input type="checkbox"/> Junior/Novice Staff #:			2	4	
<input type="checkbox"/> Vacancies:					
<input type="checkbox"/> RN Overtime: If yes, how many staff? _____					Total # of hours: _____

SECTION 3: DETAILS OF OCCURRENCE

Provide details of how the resident's well-being was potentially or actually compromised:

On the dementia unit there are ongoing concerns that the residents are increasingly getting agitated as there are two residents that do not like each other so when they are together in the lunchroom they start to spit, yell, and pinch each other. Over the last three weeks it has increasingly been getting worse.

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: Charge nurses (CN) are not held accountable for the actions of others, they are accountable for their actions. Revised: April 2012 relation to others (“Nurse in Charge”, CNO Communique, Sept. 2002).

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/respice
- Break relief
- Non-nursing duties: _____
- Ministry of Health Inspector on site
- Negative outcome, **harm**, or incident (**Check** all that apply)
- Scheduling (e.g., vacant shifts not replaced)
- Critical incident
- Violence
- Medication error
- Other (Please specify) _____
- Other Supporting novice staff, how to de-escalate rising aggressive incidents

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
- Physical layout
- Compliance issues
- Placement of resident – inappropriate
- Safety for residents/staff
- Home in outbreak
- Environmental hazard: Concern for other residents who may inadvertently be injured by either one of these residents as well as visitors
- Other: 2 patients on contact precautions

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:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Scope of Practice | <input checked="" type="checkbox"/> Code of Conduct |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Documentation |
| <input checked="" type="checkbox"/> Therapeutic Nurse-Client Relationship | <input type="checkbox"/> Consent |
| <input checked="" type="checkbox"/> Working with Unregulated Care Providers | |
|
 | |
| <input type="checkbox"/> Fixing Long-Term Care Homes Act Accountabilities (Check all that apply) | |
| <input type="checkbox"/> Care plan | <input checked="" type="checkbox"/> Nursing and personal support services |
| <input type="checkbox"/> Skin and wound assessment | <input type="checkbox"/> Pain management program |
| <input type="checkbox"/> Bath | <input type="checkbox"/> Restorative care program |
| <input type="checkbox"/> Nutrition | <input checked="" type="checkbox"/> Recreational and social activities |
| <input type="checkbox"/> Falls Risk | <input checked="" type="checkbox"/> Dietary services and hydration |
| <input type="checkbox"/> Other (Please specify) _____ | |
|
 | |
| <input checked="" type="checkbox"/> Employer policy – Specify staff orientation, Violence in the workplace (include policy if able) | |
| <input type="checkbox"/> 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.

Employer aware for weeks now, no plan provided

(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:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> In-service | <input checked="" type="checkbox"/> Orientation | <input type="checkbox"/> Review nurse/resident ratio |
| <input type="checkbox"/> Change unit layout | <input type="checkbox"/> Float/casual pool | <input checked="" type="checkbox"/> Review policies & procedures |
| <input checked="" type="checkbox"/> Adjust RN staffing | <input checked="" type="checkbox"/> Adjust support staffing | <input type="checkbox"/> Replace sick calls/LOAs, etc. |
| <input type="checkbox"/> Input into how compliance recommendations are implemented | | |

Change Start/Stop times of shift(s). Please specify:

Equipment/Supplies. Please specify:

Other. Please specify:

SECTION 8: EMPLOYEE SIGNATURES

Signature: Suzie Que Phone # / Personal E-mail: suzieq@mail.com
Signature: _____ Phone # / Personal E-mail: _____
Signature: _____ Phone # / Personal E-mail: _____
Signature: _____ Phone # / Personal E-mail: _____

Date Submitted to Manager: _____

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: _____

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: _____

**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/Assistant Director of Nursing and Personal Care/ 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 to discuss 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 Resident Care and/or the Administrator.
- 6) If the issue remains unresolved it shall be 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.
- 6) Do not, under any circumstances, identify residents.