

**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)

Laurie Good

Employer:

Best Care Nursing home

Unit//Floor/Pod:

All

Date of Occurrence: 13 Day 03 Month 2023 Year Time: 0850 7.5 hr. shift 11.25 hr. shift Other: _____

Is this a Specialty Unit? Yes No

Date/ 14 Day 03 Month 2023 Year

Name of Supervisor: Jane Doodle

Unit//Home Census this Shift: 137

Time notified: 0915

of Beds in Unit/Home: 139

SECTION 2: NUMBER OF BASE LINE STAFF FOR SHIFT

Staffing Levels

	RN	NP	RPN	PSW	Clerks & Other
<input checked="" type="checkbox"/> Baseline Staffing #:	1	0	1	13	1
<input checked="" type="checkbox"/> Actual Staffing #:	1	0	1	11	0
<input type="checkbox"/> Agency Staff #:					
<input checked="" type="checkbox"/> Junior/Novice Staff #:			2		
<input checked="" type="checkbox"/> Vacancies:				2	1

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:

Arrived on shift to find nursing home in flu outbreak resulting in an increased complexity of conditions for 13 residents with the flu. After receiving report this RN immediately started to do rounds of the 3 units to assess all known residents diagnosed with the flu. Toured Unit A and was just about to assess the residents on Unit B when a call came to assess a resident who had fallen on Unit C. Unit C resident assessed and transferred to hospital. Telephone call to resident's family and critical incident report completed for compliance reporting. Returned to Unit B to begin to assess the frail, ill residents at 1030h and did not get to Unit C until 1300h. Having only 1 RN on days on the weekends makes it very difficult to assess or intervene in a timely manner. PSWs and RPNs need RNs to consult with and for efficient consultation to happen there needs to be sufficient RNs with the time and resources needed to consult as often as necessary to meet resident needs. Non nursing duties - calling in staff to fill sick calls/vacancies.

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: Manager on-call was not a nurse - had to make call to DNPC (Director Nursing and Personal Care) who didn't offer resolution.

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
- 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
- Intervening or taking over the care of a resident

Workload:

- Occupancy/high intensity/respite
- Non-nursing duties: staffing replacements
- 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 admissions
- Inability to provide safe resident care
- Fragmented Care
- Resident factors/acuity/complexity/palliative/ death: _____
- Resident transfers
- Delay or missed treatments or care
- Other: _____

Environment

- Cleanliness of area
- Compliance issues
- Safety for residents/staff
- Environmental hazard: _____
- Physical layout
- Placement of resident – inappropriate
- Home in outbreak
- Other: Outbreak - 13 residents

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 checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Documentation |
| <input checked="" type="checkbox"/> Therapeutic Nurse-Client Relationship | <input type="checkbox"/> Consent |
| <input checked="" type="checkbox"/> Working with Unregulated Care Providers | |

Fixing *Long-Term Care Homes Act* Accountabilities (**Check** all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Care plan | <input checked="" type="checkbox"/> Nursing and personal support services |
| <input type="checkbox"/> Skin and wound assessment | <input checked="" type="checkbox"/> Pain management program |
| <input checked="" type="checkbox"/> Bath | <input type="checkbox"/> Restorative care program |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Recreational and social activities |
| <input checked="" type="checkbox"/> Falls Risk | <input type="checkbox"/> Dietary services and hydration |
| <input type="checkbox"/> Other (Please specify) _____ | |

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.

Residents with the flu needed frequent RN assessments due to multiple diagnoses, plus the risk of dyhydration. Not resolved as only 1 RN booked on weekends.

(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):

Telephone call to manager on call at 0915h who was not a nurse. Proceeded to call the DNPC to be sure that a person in a senior nursing leadership position was aware and to discuss resolution options. No resolutions offered. Replaced staff we could, all staff on today received full orientation and they should be fine to work on their own.

SECTION 7: RECOMMENDATIONS

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.