

**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)

Sally Nurse

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Unit//Floor/Pod: \_\_\_\_\_

Date of Occurrence: 15 Day 03 Month 2023 Year Time: 1000 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: DNPC Jane Manage Unit//Home Census this Shift: 121  
Time notified: 1000 # of Beds in Unit/Home: 121

**SECTION 2: NUMBER OF BASE LINE STAFF FOR SHIFT**

**Staffing Levels**

	RN	NP	RPN	PSW	Clerks & Other
<input type="checkbox"/> Baseline Staffing #:	1		4	12	
<input type="checkbox"/> Actual Staffing #:	1		4	12	
<input type="checkbox"/> Agency Staff #:					
<input type="checkbox"/> Junior/Novice Staff #:			2		
<input type="checkbox"/> Vacancies:					

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:

I am the RN responsible for the Skin and Wound Care Program for the nursing home. I find there is lack of supplies on each POD. RPNs are not able to follow protocols due to lack of training and being rushed to finish all their work during their shifts. Due to lack of proper documentation and reporting guidelines residents are not being reassessed properly, care plans are not being updated and I cannot provide accurate updates to families. On this occasion, a family member was concerned her mother's hip dressing was falling off and looked soiled. She asked when the dressing was last changed and how was the wound healing. When the wound was assessed, I found the wrong type of dressing that was falling off and there was no record of when it was last changed. The wound showed signs of erythema and purulent drainage.

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 in 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/respite  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) Inadequate wound care, following care plans, documentation and follow up with Wound care nurse
- Other \_\_\_\_\_

**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: Resident experiencing pain while transferring back into bed to reassess wound/dressing as requested by family member.

**Environment**

- Cleanliness of area  Physical layout
- Compliance issues  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 Lack of wound care supplies on each POD)

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:

**Scope of Practice**

Code of Conduct

Medication

Documentation

Therapeutic Nurse-Client Relationship

Consent

Working with Unregulated Care Providers

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

Care plan

Nursing and personal support services

Skin and wound assessment

Pain management program

Bath

Restorative care program

Nutrition

Recreational and social activities

Falls Risk

Dietary services and hydration

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.

RPN and RN transferred resident back to bed to reassess the dressing and wound, cleaned the wound, and replaced the dressing the right type according to physician's order. When reviewing the care plan there was no note documented on the chart since initial assessment. RN and RPN updated the chart and reassured family of wound care plan going forward.

(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):



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](http://www.cno.org).
- 6) Do not, under any circumstances, identify residents.