

PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS/INDICATORS FOR LTC

COMMUNICATION	EQUIPMENT & SUPPLIES	POLICIES AND PROCEDURES
<input type="checkbox"/> Lack of Leadership & Support	<input type="checkbox"/> Faulty	<input type="checkbox"/> Abuse
<input type="checkbox"/> Policies & Procedures	<input type="checkbox"/> Inservice of New Equipment	<input type="checkbox"/> Administrative
<input type="checkbox"/> Resident Factors/Complexity	<input type="checkbox"/> Insufficient/Lack of	<input type="checkbox"/> Computers
<input type="checkbox"/> Charting/Documentation System	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Equipment
<input type="checkbox"/> Availability of Nursing Leader on call	<input type="checkbox"/> Not Appropriate	<input type="checkbox"/> Nursing Practices
<input type="checkbox"/> Other	<input type="checkbox"/> Workload	<input type="checkbox"/> RAI MDS
EDUCATION/ORIENTATION	<input type="checkbox"/> Other	<input type="checkbox"/> Admission/Discharge
<input type="checkbox"/> Access to Reference Material	JOB DESCRIPTIONS DUTIES	<input type="checkbox"/> Clinical Pathways/Medical Directives
<input type="checkbox"/> Agency Staff	<input type="checkbox"/> Charge Nurse	<input type="checkbox"/> LTCHA accountabilities
<input type="checkbox"/> Equipment	<input type="checkbox"/> RPNs	<input type="checkbox"/> Other
<input type="checkbox"/> Inservice	<input type="checkbox"/> Clerical	STAFFING LEVELS
<input type="checkbox"/> Job Duties/Responsibilities	<input type="checkbox"/> Dietary	<input type="checkbox"/> 24 Hour RN Coverage
<input type="checkbox"/> Nursing Skills RPN and/or PSW	<input type="checkbox"/> PSW	<input type="checkbox"/> RPN Coverage
<input type="checkbox"/> Physical Layout for Model of Care	<input type="checkbox"/> Other	<input type="checkbox"/> PSW Coverage
<input type="checkbox"/> Policies & Procedures	MEDICATION/POLICY	<input type="checkbox"/> Auxiliary Staff
<input type="checkbox"/> Casual Nurses	<input type="checkbox"/> Access to	<input type="checkbox"/> Baseline
<input type="checkbox"/> Other	<input type="checkbox"/> Administration of	<input type="checkbox"/> Occupancy/High Intensity/Respite
ENVIRONMENT	<input type="checkbox"/> Dispensing	<input type="checkbox"/> Break Relief
<input type="checkbox"/> Residence Transfers	<input type="checkbox"/> Pharmacy Related	<input type="checkbox"/> Communication with Mgt.
<input type="checkbox"/> Alarm Systems	<input type="checkbox"/> Processing Orders	<input type="checkbox"/> Experienced Staff/Jr/Sr Mix
<input type="checkbox"/> Cleanliness of Area	<input type="checkbox"/> Supply Inadequate/Outdated	<input type="checkbox"/> Casual Nurses
<input type="checkbox"/> Construction/Renovation	<input type="checkbox"/> Other	<input type="checkbox"/> Non-Nursing Functions
<input type="checkbox"/> Dietary Needs	NON-NURSING FUNCTIONS	<input type="checkbox"/> Resident Mix/Acuity
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Answering Telephone	<input type="checkbox"/> Physician Related
<input type="checkbox"/> Noise Level	<input type="checkbox"/> Maintenance/Housekeeping	<input type="checkbox"/> Scheduling
<input type="checkbox"/> Power, Plumbing & Heating	<input type="checkbox"/> Visitor Inquiries	<input type="checkbox"/> Staff Not Replaced
<input type="checkbox"/> Physical Layout	<input type="checkbox"/> Clerk/Scheduler/Receptionist	<input type="checkbox"/> Clerk/Receptionist/Scheduler
<input type="checkbox"/> Placement of Resident-Inappropriate	<input type="checkbox"/> Calling in Staff	<input type="checkbox"/> Weekend coverage
<input type="checkbox"/> Safety for Residents/Staff	<input type="checkbox"/> Other	<input type="checkbox"/> Workload
<input type="checkbox"/> Care Fragmentation	PHYSICIAN/NP RELATED	<input type="checkbox"/> Resident Factors/Acuity &Complexity
<input type="checkbox"/> Home in Outbreak	<input type="checkbox"/> Availability/Off hours rounds	<input type="checkbox"/> Agency Staff
<input type="checkbox"/> Compliance Issues	<input type="checkbox"/> Resident Safety	<input type="checkbox"/> Model of Care (Pod Nursing)

When to file a PRW report form:

When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised

Revised: April 2012

<input type="checkbox"/> Other	<input type="checkbox"/> Inappropriate Behaviour	<input type="checkbox"/> Skill Mix
	<input type="checkbox"/> Other	<input type="checkbox"/> Other

When to file a PRW report form:

When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised

Revised: April 2012