

**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: / / Time: _____ 7.5 hr. shift 11.25 hr. shift Other: _____
Day Month Year

Is this a Specialty Unit? Yes No

Date/ / / Year
Day Month

Name of Supervisor: _____

Unit//Home Census this Shift: _____

Time notified: _____

of Beds in Unit/Home: _____

SECTION 2: NUMBER OF BASE LINE STAFF FOR SHIFT

Staffing Levels

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

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: _____

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/respice
- 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 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: _____

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
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Please check off the Practice Standard/Guideline/Employer policy that are believed to be at risk or not met:

- | | |
|--|---|
| <input type="checkbox"/> Professional Standards
<input type="checkbox"/> Medication
<input type="checkbox"/> Therapeutic Nurse-Client Relationship
<input type="checkbox"/> RN and RPN Practice, The Client, The Nurse and the Environment
<input type="checkbox"/> Working with Unregulated Care Providers
<input type="checkbox"/> Working in different roles
<input type="checkbox"/> <i>Long-Term Care Homes Act</i> Accountabilities (Check all that apply)
<input type="checkbox"/> Care plan
<input type="checkbox"/> Skin and wound assessment
<input type="checkbox"/> Bath
<input type="checkbox"/> Nutrition
<input type="checkbox"/> Falls Risk
<input type="checkbox"/> Other (Please specify) _____
<input type="checkbox"/> Employer policy – Specify _____ (include policy if able)
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Code of Conduct
<input type="checkbox"/> Documentation
<input type="checkbox"/> Consent

<input type="checkbox"/> Nursing and personal support services
<input type="checkbox"/> Pain management program
<input type="checkbox"/> Restorative care program
<input type="checkbox"/> Recreational and social activities
<input type="checkbox"/> Dietary services and hydration |
|--|---|

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> In-service | <input type="checkbox"/> Orientation | <input type="checkbox"/> Review nurse/resident ratio |
| <input type="checkbox"/> Change unit layout | <input type="checkbox"/> Float/casual pool | <input type="checkbox"/> Review policies & procedures |
| <input type="checkbox"/> Adjust RN staffing | <input type="checkbox"/> Adjust support staffing | <input type="checkbox"/> Replace sick calls/LOAs, etc. |
| <input type="checkbox"/> Input into how compliance recommendations are implemented | | |
| <input type="checkbox"/> Change Start/Stop times of shift(s). Please specify: | | |
|
<input type="checkbox"/> Equipment/Supplies. Please specify: | | |

Other. Please specify:

SECTION 8: EMPLOYEE SIGNATURES

Signature: _____	Phone # / Personal E-mail: _____
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 Care/ Director of 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.