

**SAMPLE - ONA NURSE PRACTITIONER
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM**

SECTION 1: GENERAL INFORMATION

Name(s) of Employee(s) Reporting (Please Print)

Jane Doe _____

Employer: Health Care Sciences

Date of Occurrence: 26 | July | 2023 | Time 1030a
 Day | Month | Year : m

Hours of Work 7.5 hrs

Name of Supervisor/Manager: Betty Smith

Date: 26 | July | 2023
 Day | Month | Year

Time notified: 10:45am

SECTION 2: STAFFING/ WORKING CONDITIONS

In order to effectively resolve workload issues, please provide details about the working conditions **at the time of occurrence** by providing the following information:

Regular Staff #: MD/NP 1 RN/ RPN 2 Clerical/IT support 1 Other _____
 Actual Staff #: MD/NP 1 RN/ RPN 1 Clerical/IT support 7:30-1200 Other _____

New/Novice Staff: Yes No How many? 1 RN
 Overtime: Yes No If yes, how many staff? 1 NP

Breaks: Unable to take lunch break.

At the time of the occurrence, the planned workload was:	# Planned	# Actual	Time Planned	Actual Time
Scheduled appointments	15	21	7 hrs	10 hrs
Conferences/meetings etc.				
Documentation/administration				
New Patient Assessment	3	7	1.5 hrs	3.5 hrs
Inservice/Education				
Travel (# of trips)				
Other (e.g. giving a presentation, etc.)				

If there was a shortage of staff at the time of the occurrence, (including support staff) please check one or all of the following that apply:

Absence/Emergency Leave Sick Call(s) Vacancies Off unit
Supervisor/Management Support available on site? Yes No

SECTION 3: PATIENT/CLIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE

Please check off the factor(s) you believe contributed to the workload issue and provide details:

- Change in client acuity/complexity (psy/phy/soc). Please specify:

- Consultation with MD/Delay _____
- # of Clients 21 Telemedicine _____
- Advanced scope of practice/client advocacy _____
- Abnormal diagnosis/laboratory follow-up: 3 (#) _____
- Documentation _____ Safety in Jeopardy (please specify) _____
- Language interpretation _____
- Consultation by _____ (telephone/onsite/etc.)
- Unanticipated clients/uncontrolled variables. Please specify:
6 new patients arrived at the clinic and required assessment.
- Lack of/malfunctioning equipment. Please specify:

- Non-nursing/administrative duties. Please specify:
RN and NP had to perform clerical duties after 1200hrs
- Weather
- Travel/distance
- Other: (e.g. Student supervision, mentorship, etc.) Please specify:

SECTION 4: DETAILS OF OCCURRENCE

Provide a concise summary of the occurrence and how the occurrence affected your practice workload:

An RN called in sick and the clerical staff was feeling ill and went home at noon. Throughout the day 6 new patients were admitted and required an assessment and lab work. We received a number of new admissions each day the clinic is open. Treatments were delayed because I did not have a proper medical directive and I was unable to access a physician. Patients had long wait times (1-2 hours) and their appointments were rushed. I performed RN and clerical staff duties. I was unable to take my lunch and afternoon breaks and was not able to complete my patient documentation and other duties in a timely manner.

Provide/identify the CNO standard(s)/practice guidelines, including the Nurse Practitioner Practice Standard, or organization/employer policies that are believed to be at risk:

Nurse Practitioner, Documentation, Medication, Therapeutic Nurse-Client Relationship, Professional Standards, Code of Conduct

Is this an: Isolated incident? Ongoing problem? (Check one)

SECTION 5: REMEDY

(A) At the time the workload issue occurred, did you discuss the issue within the team/manager/supervisor.

Yes No

Provide details:

I discussed the issue with the supervisor at 10:45 am. She refused to call in another RN and said we could handle the patient load without the second RN if we prioritize our work. After the clerical staff went home at noon, I discussed the issue with the supervisor and her response was for me and the RN to do the best we could.

Was it Resolved? Yes No The supervisor refused to replace the RN and clerical staff person.

(B) Failing resolution at the time of the occurrence, did you seek assistance from the person designated by the employer as having responsibility for timely resolution of workload issues? Yes No

Please provide discussion details including name of individual(s): I spoke to Howard the Manager of the outpatient clinic and he agreed with the supervisor's response.

Was it resolved? Yes No

(C) Did you discuss the issue with your manager/supervisor (or designate) on her or his next working day? Yes No

Please provide details: I spoke to the supervisor and manager on the next day and they said the day went well.

Was isolated incident resolved? Yes No

If an ongoing issue, was the complete issue resolved? Yes No

Were measures implemented to prevent a re-occurrence? Yes No

Please provide details: _____

SECTION 6: RECOMMENDATIONS

Please check-off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:

- Inservice Preceptorship Review NP/patient ratio
 Increase NP Staffing Adjust Physician Hours Review Policies & Procedures
 Change Start/Stop times of shift(s). Please specify: _____
 Flexibility with appointments and scheduling Replace sick calls, vacation, paid holidays, other absences
 Perform Workload Measurement Audit
 Change Physical Layout Increase Staffing (Specify) _____
 Equipment. Please specify: _____ Other: Extend the clinic hours by 4 hours (8 am to 8pm) and create/amend medical directives to support the NP role.

SECTION 7: EMPLOYEE SIGNATURES

Signature: Jane Doe Phone # / Personal E-mail: 123-456-7890
Signature: _____ Phone # / Personal E-mail: doej@gmail.com

SECTION 8: MANAGEMENT COMMENTS

Please provide any information/comments in response to this report, including any actions taken to remedy the situation, where applicable.

Clinic hours will not be extended. Management will try to replace RN if ill. No guarantees RN will be replaced.

Management Signature: XXX Date: 7/30/2023

Date response to the employee: 7/31/2023 Date response to the union: 7/31/2023

Copies: (1) Manager/Chief Nursing Officer (or designate) (2) ONA Representative (3) NP (4) LRO

**ONA NURSE PRACTITIONER PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM
GUIDELINES AND TIPS ON ITS USE**

The parties agree that client care is enhanced if concerns relating to professional practice are resolved in a timely and effective manner. The parties will utilize a problem-solving process focusing on collaborative solutions at the earliest opportunity. This report form provides a tool for documentation to facilitate discussion and to promote a problem solving approach. ONA may use this information for statistical purposes and noting trends across the province.

THE FOLLOWING IS A SUMMARY OF THE PROBLEM SOLVING PROCESS. PRIOR TO SUBMITTING THE WORKLOAD REPORT FORM, PLEASE FOLLOW ALL STEPS AS OUTLINED IN THE CNO STANDARDS AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

PROBLEM SOLVING PROCESS

- 1) At the time the workload issue occurs, discuss the matter within the program to develop strategies to meet client care needs using current resources. If necessary, using established lines of communication, seek immediate assistance from an individual identified by the Employer (e.g. co-ordinator/supervisor) who has responsibility for timely resolution of workload issues.
- 2) Failing resolution of the workload issue at the time of the occurrence, discuss the issue with your Executive Director/Administrator or Manager (or designate) on his or her next working day.
- 3) If no satisfactory resolution is reached during steps (1) and (2) above, then you may submit a Professional Responsibility Workload Report Form to the Union-Employer Committee within the specified number of days of the alleged improper assignment.
- 4) The Union-Employer Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties.
- 5) If the issue is not resolved at the meeting in (4) above, the LRO shall attend a meeting with Management and attempt to resolve the complaint. Failing resolution, the LRO will request a Professional Practice Specialist to attend a follow up meeting.
- 6) If outlined in your Collective Agreement, the form may be forwarded to an Independent Assessment Committee within the requisite number of days of the meeting in (5) above, if outlined in your collective agreement.
- 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. 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.

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) 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 CNO NP standards/practice/guidelines/policies and procedures you believe to be at risk. College of Nurses Standards can be found at www.cno.org.
- 6) Do not, under any circumstances, identify clients/patients/residents.