

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

SECTION 1: GENERAL INFORMATION

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

Employer: _____

Date of Occurrence: Day | Month | Year | Time: _____ Hours of Work _____

Date: Day | Month | Year

Name of Supervisor/Manager: _____

Time notified: _____

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 _____ RN/ RPN _____ Clerical/IT support _____ Other _____
 Actual Staff #: MD/NP _____ RN/ RPN _____ Clerical/IT support _____ Other _____

New/Novice Staff: Yes No How many? _____

Overtime: Yes No If yes, how many staff? _____

Breaks: _____

At the time of the occurrence, the planned workload was:	# Planned	# Actual	Time Planned	Actual Time
Scheduled appointments				
Conferences/meetings etc.				
Documentation/administration				
New Patient Assessment				
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 _____ Telemedicine _____
- Advanced scope of practice/client advocacy _____
- Abnormal diagnosis/laboratory follow-up: _____ (#)
- Documentation _____ Safety in Jeopardy (please specify) _____
- Language interpretation _____
- Consultation by _____ (telephone/onsite/etc.)
- Unanticipated clients/uncontrolled variables. Please specify:

- Lack of/malfunctioning equipment. Please specify:

- Non-nursing/administrative duties. Please specify:

- 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:

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:

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:

Was it Resolved? Yes No _____

(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): _____

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: _____

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
- Increase NP Staffing
- Change Start/Stop times of shift(s). Please specify: _____
- Flexibility with appointments and scheduling
- Perform Workload Measurement Audit
- Change Physical Layout
- Equipment. Please specify: _____
- Preceptorship
- Adjust Physician Hours
- Increase Staffing (Specify) _____
- Other: _____
- Review NP/patient ratio
- Review Policies & Procedures
- Replace sick calls, vacation, paid holidays, other absences

SECTION 7: EMPLOYEE SIGNATURES

Signature: _____ Phone # / Personal E-mail: _____

Signature: _____ Phone # / Personal E-mail: _____

SECTION 8: MANAGEMENT COMMENTS

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

Management Signature: _____ Date: [Click here to enter a date.](#)

Date response to the employee: [Click here to enter a date.](#) Date response to the union: [Click here to enter a date.](#)

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.