

**ONTARIO NURSES' ASSOCIATION (ONA)
PUBLIC HEALTH UNIT (PHU)
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM**

SECTION 1: GENERAL INFORMATION

ONA/Local File # _____

Name(s) of Employee(s) Reporting: Jane Q PHN

Employer: Region of Eastwood

Location/Site: Main Office

Team/Program: Healthy Babies Healthy Children

Date of Occurrence: 6/12/2023

Hours Worked: 7 On Call/Extended Hrs. 8:30am

Manager/Supervisor at time of Occurrence: Betty White

Regular Manager: same

Date submitted: 6/16/2023

Time Submitted: 11:30am

*Reminder to review steps and discuss with colleagues and manager prior to submission

SECTION 2: DETAILS OF OCCURRENCE

Provide a concise summary of how the occurrence affected your practice/workload and/or how care was potentially or actually compromised:

My team has 7 PHNs providing ongoing coordination services for Healthy Babies Healthy Children (HBHC). Each PHN on our team covers between 10 and 15 client files. We are down one PHN who has not been replaced and another PHN has just accepted a position in another area. Summer vacations are approaching and have been approved. We do not have any casual PHN coverage in my area. I raised the potential workload problem to the manager at a team meeting and was reassured that there would not be a problem even with summer approaching. This was before the recent news that one of my colleagues was taking a new position. We are expected to cover each other's workload during vacations and there is also an expectation that new referrals will be responded to in a timely manner, with PHN making contact with client within 48 hours of assignment. We have just been told that this most recent vacancy will be gapped due to budget issues. With 5 PHNs and vacations over the summer, it is impossible to cover all the work that needs to be done and meet the deadlines set out by our manager.

Check one: Is this an isolated incident? An ongoing problem? Provide details if available.

Notification of Manager or Designate: Discussed with Betty White, Manager

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

SECTION 3: PRACTICE STANDARDS AND GUIDELINES / OPHS NOT MAINTAINED

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Professional Standards | <input checked="" type="checkbox"/> Code of Conduct |
| <input type="checkbox"/> Medication | <input checked="" type="checkbox"/> Documentation |
| <input checked="" type="checkbox"/> Therapeutic Nurse-Client Relationship | <input type="checkbox"/> Consent |
| <input type="checkbox"/> Working with Unregulated Care Providers | <input checked="" type="checkbox"/> Ethics |
| <input type="checkbox"/> Confidentiality and Privacy | <input type="checkbox"/> Decisions about Procedures and Authority |
| <input type="checkbox"/> RN and RPN Practice: The Client, the Nurse and the Environment (Three Factor Framework) | |
| <input type="checkbox"/> Employer policy – Specify _____ (include policy if able) | |
| <input type="checkbox"/> Ontario Public Health Standards: (list all standards that apply): | |
| <input type="checkbox"/> Other (Specify): | |

SECTION 4: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURRENCE

<input type="checkbox"/> Change in Client/Family/Community needs (specify):	<input type="checkbox"/> Safety in Jeopardy (specify):
<input checked="" type="checkbox"/> # Assignments at time of occurrence: would include 2 extra caseloads to due to unfilled vacancies plus summer vacation coverage which would represent an increased caseload of at least 10 and up to 30 client files to manage and provide services to.	<input type="checkbox"/> Lack of / malfunctioning equip. Details:
<input type="checkbox"/> Non-nursing duties (specify):	<input type="checkbox"/> Weather / Conditions
<input checked="" type="checkbox"/> # of New assignments/clients: ongoing new referrals	<input type="checkbox"/> Travel / Distance
<input checked="" type="checkbox"/> Unanticipated Assignment / Uncontrolled variables (specify): coverage of other PHN caseloads while on vacation, which could represent an increase caseload of 10 to 30 files.	<input type="checkbox"/> Outbreak:
<input type="checkbox"/> Emergency Response	<input type="checkbox"/> # of Discharges from program
<input checked="" type="checkbox"/> Vacancies in program - 2 unfilled PHN positions	<input type="checkbox"/> Absences in program
<input type="checkbox"/> Other (specify):	

SECTION 5: 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:

	PHN	RN	RPN	Admin	IT Support	Other
<input type="checkbox"/> Baseline Staffing #:	7			1	1	10 Family visitors
<input type="checkbox"/> Actual Staffing #:	5			1	1	10 Family visitors
<input type="checkbox"/> Agency Staff #:						

Junior/Novice Staff #:

<input type="checkbox"/> Vacancies	2				

PHN/RN Overtime: Total # of hours: undocumented
If yes, how many staff? ? not putting in as discouraged

Single incumbent(s)/remote position - no coverage

Breaks: Meal Period: Missed Late Taken

Rest Period: Missed Late Taken

SECTION 6: REMEDY

(A) At the time the workload issue occurred, did you discuss the issue within the team?

Yes No Date: 6/12/2023

Provide details: PHNs on the team were also concerned about the vacancies and we could not foresee how the workload would be safely managed.

Was it resolved? Yes No Date: 6/12/2023

(B) Did you discuss the issue with your manager (or designate)?

Yes No Date: 6/24/2021

Provide details (include names): I talked with my manager, Betty White after the team meeting and expressed my concern that with the approaching summer vacations and one PHN vacancy (subsequently a second vacancy that was to be gapped) we would not be able to manage our caseloads, cover vacationing colleagues' caseloads and respond to new referrals within the expected 48-hour deadline. My manager told me she was aware and that it was being looked after so I did not need to worry.

I thought the issue was resolved from the meeting, but it wasn't. I spoke to an ONA rep who advised submitting a PRWRF. The ONA rep listened to my concerns and walked me through completing a PRWRF.

Was isolated incident resolved? Yes No Date:

If an ongoing problem, was the entire issue resolved? Yes No Date: 7/5/2023

Were measures implemented to prevent reoccurrence? Yes No Date: 7/5/2023

Provide details: Management agreed that although they knew about one vacancy, they had not anticipated a second vacancy and should have initiated hiring for the one position. PHNs given

permission to delay responding to new referrals until they were able to take on new work. Management would review incoming referrals and take responsibility for any delays in responses. Hiring has been made a priority and a new internal PHN hire should be finalized shortly. Caseload coverage would be only to incoming calls and where possible responses would be limited to phone contact by PHN. If visits to covering caseloads required, overtime would be made available as needed especially until the new hire was orientated.

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"/> Program training	<input checked="" type="checkbox"/> Increase PHN staffing
<input type="checkbox"/> Change physical layout	<input checked="" type="checkbox"/> Increase Support staffing
<input type="checkbox"/> Workload review for client/family/community needs	<input type="checkbox"/> Increase RN staffing
<input type="checkbox"/> Orientation	<input checked="" type="checkbox"/> Review PHN:Client ratio
<input type="checkbox"/> Part-time/casual pool - please specify:	<input checked="" type="checkbox"/> Review policies and procedures
<input type="checkbox"/> Review nursing ratio	<input type="checkbox"/> Review RPN staffing
<input type="checkbox"/> Program / clinic scheduling	<input type="checkbox"/> Staff scheduling
<input type="checkbox"/> Equipment/Supplies (specify):	<input type="checkbox"/> Other (specify): Management needs to be anticipating impact of known vacancies and impending summer vacations on workload demands of remaining PHN staff.

SECTION 8: EMPLOYEE SIGNATURES:

Signature: Jane Q PHN Phone #/Personal E-mail: janeQ@jane.ca
 Signature: _____ Phone #/Personal E-mail: _____
 Signature: _____ Phone #/Personal E-mail: _____
 Signature: _____ Phone #/Personal E-mail: _____
 Date Submitted: 6/16/2023 Time: 4pm

SECTION 9: MANAGEMENT COMMENTS:

Did you discuss the issues with the nurse(s) on their next working day? Yes No

If yes: Date: 6/19/2023

Provide details:

Management agreed that hiring should be sooner in light of the known vacancy and impending, approved summer vacations. Management is accepting responsibility for delays in responding to new referrals.

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):

Management Signature: Betty White

Date: 7/7/2023

SECTION 10: RESOLUTION

Is the issue resolved? Yes No

If yes, how is it resolved:

Hiring for one PHN position; delays in responding to new referrals; overtime to visit families on summer caseload coverage

If no, please provide the date in which you forwarded this to Union Management: [Click here to enter a date.](#)

Attach Minutes of Settlement:

Date: 7/7/2023

SECTION 11: RECOMMENDATIONS OF THE UNION MANAGEMENT COMMITTEE (LABOUR MANAGEMENT)

The Union Management Committee recommends the following in order to prevent similar occurrences: _____

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

Signature: _____ Signature: _____

Signature _____ Signature _____

- Copies: (1) ONA LRO
- (2) Bargaining Unit President
- (3) Employer
- (4) ONA Member

**ONTARIO NURSES' ASSOCIATION (ONA)
PUBLIC HEALTH UNIT (PHU)
PROFESSIONAL RESPONSIBILITY REPORT FORM**

GUIDELINES AND TIPS ON ITS USE

Client care is enhanced if concerns relating to professional practice, client acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. 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 YOUR PROFESSIONAL STANDARDS (e.g. CNO) AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

**STEPS IN PROBLEM SOLVING
PROCESS**

1. **At the time the workload issue occurs**, discuss the matter within the Team/Site/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. 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 Manager (or designate) on the Manager's or designate's next working day.
3. If no satisfactory resolution is reached during steps (1) and (2) above, then you may submit a PHU professional responsibility workload report form to the Employer within the number of days provided in your collective agreement of the alleged improper assignment. (See reverse side)
4. The Employer and Union need to meet to 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 and/or Professional Practice Specialist shall meet with Management and attempt to resolve the complaint.
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 and/or a grievance filed, if appropriate.
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.

**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. All dates required need to be in the following format: dd/mm/yyyy
3. If using the electronic form, wherever the form requires descriptions, the grey field will expand as you type. Print legibly if using the hard copy of this form. Keep a copy for your files.
4. Use complete words as much as possible – avoid abbreviations.
5. 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.
6. Identify the Professional Standards of practice/policies and procedures you feel you were unable to meet.
7. Do not, under any circumstances, identify clients.
8. Copy and/or email completed forms to your Bargaining Unit President, Employer, LRO and keep a copy for your records.