

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

SECTION 1: GENERAL INFORMATION

ONA/Local File # 16-12345

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

Employer: Region of Eastwood

Office: _____

Site: _____

Location of occurrence: _____ Team/Area/Program: Healthy Babies Healthy Children

Date of Occurrence: 6/13/2018

Start Time: 8:30 a.m.

Duration Time: _____

Hours Worked: 7.0

On Call/Ext. Hrs. _____ Supervisor at time of Occurrence: Betty White

Regular Manager: _____

Date submitted: 6/18/2018

Time Submitted: 11:30 a.m.

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: PHN 7 RN _____ RPN _____ NP 10 Other family visitors 1 Clerical Support _____ IT Support _____

Actual Staff: PHN 4 RN _____ RPN _____ NP 10 Other family visitors 1 Clerical Support _____ IT Support _____

Inexperienced Staff: Yes No How many? _____

Staff Overtime: Yes No If yes, how many staff? _____ Total Hours not putting in as discouraged

Breaks: Meal Period: Missed Late Taken

Rest Period: Missed Late Taken

At the time of the occurrence, the planned workload was:	# Planned	# Actual	Time Planned	Actual Time
Home Visits/School Visits/Clinics/Telephone calls/Hospitals, etc.				
Public Meetings/Team meetings/Office work, etc.				
Documentation/Administration (i.e. Phone, paperwork, supplies)				
In-service Education/Presentations				
Travel (number of trips)				
Number of Clients Assessed				
Other (i.e. 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:

<input type="checkbox"/> Absence/Emergency Leave	<input type="checkbox"/> Sick Call(s)	<input type="checkbox"/> Vacancies
SECTION 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURENCE		
<input type="checkbox"/> Change in Client / Family needs (specify):	<input type="checkbox"/> Safety in Jeopardy (specify):	
<input checked="" type="checkbox"/> Clients assigned at time of occurrence:	<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 clients to be assessed 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	<input type="checkbox"/> Outbreak follow up not done/incomplete:	
<input type="checkbox"/> # of family members	<input type="checkbox"/> # of transfers from service:	
<input type="checkbox"/> Ontario Public Health Standards not met	<input type="checkbox"/> # of discharges from program	
<input type="checkbox"/> Other (specify):		
SECTION 4: DETAILS OF OCCURENCE		
<p>Provide a concise summary of how the occurrence affected your practice/workload:</p> <p>My team has 7 PHNs providing ongoing coordination services for Healthy Babies Healthy Children (HBHC). 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. We have just been told that this most recent vacancy will be gapped due to budget issues. With 4 PHNs and vacations over the summer, it is impossible to cover all the work that needs to be done.</p>		
<p>Provide/identify the Nursing Standard(s)/Practice Guidelines, Ontario Public Health Standards or team/ health unit policies that are believed to be at risk:</p>		
<p>Check one: Is this an isolated incident? <input type="checkbox"/> An ongoing problem? <input checked="" type="checkbox"/></p>		
SECTION 5: REMEDY/SOLUTION		
<p>(A) At the time the workload issue occurred, did you discuss the issue within the team/site/program?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: Click here to enter a date.</p> <p><u>Provide details:</u></p>		

I talked with the manager after team meeting and expressed my concern that with 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. My manager told me she was aware and that it was being looked after so I did not need to worry.

Was it resolved? Yes No Date: [Click here to enter a date.](#)

(B) Failing resolution at the time of occurrence, did you seek assistance from the person (identify) _____ designated by the employer as having responsibility for timely resolution of workload issues?

Yes No Date: [Click here to enter a date.](#)

Did the designated person with whom you discussed the occurrence provide guidance?

Yes No Date: 6/19/2018

Provide details:

I met with an ONA rep who listened to my unresolved concerns and walked me through completing a PRC

Was it resolved? Yes No Date: [Click here to enter a date.](#)

(C) Did you discuss the issue with your manager (or designate) on her/his next working day?

Yes No Date: 6/21/2018

Provide details (include names):

Was isolated incident resolved? Yes No Date: [Click here to enter a date.](#)

If an ongoing problem, was the entire issue resolved? Yes No Date: 7/3/2018

Were measures implemented to prevent reoccurrence? Yes No Date: 7/3/2018

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.

If staff made available, please identify the number of staff provided, their category and the amount of time they were available for:

Category (PHN, RN, NP, Clerical, etc.)	Amount of time Staff Available	Orientation to Site required	State orientation time (min/hrs)
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 6: 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 checked="" type="checkbox"/> Increase PHN staffing
<input type="checkbox"/> Change physical layout	<input type="checkbox"/> Increase Support staffing
<input type="checkbox"/> Caseload review for client/family needs	<input type="checkbox"/> Increase RN staffing
<input type="checkbox"/> Orientation	<input checked="" type="checkbox"/> Review PHN:Client ratio
<input type="checkbox"/> Part-time pool	<input checked="" type="checkbox"/> Review policies and procedures
<input type="checkbox"/> Professional Standards	<input type="checkbox"/> Perform Workload Measurement Audit
<input type="checkbox"/> Review RN:Client ratio	

Equipment (specify):

Other (specify):

Management needs to be anticipating impact of known vacancies and impending summer vacations on workload demands of remaining PHN staff.

SECTION 7: EMPLOYEE SIGNATURES

I / We request these concerns be forwarded to the Employer-Union Committee

Signature: _____ Phone No: _____

Signature: _____ Phone No: _____

Signature: _____ Phone No: _____

Signature: _____ Phone No: _____

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

SECTION 8: MANAGEMENT COMMENTS: Please provide any information in response to this report, including any actions taken to remedy the situation, where applicable.

Management agreed that hiring should have been initiated sooner in light of the known vacancy and impending, approved summer vacations. The unexpected second vacancy (to be gapped) added more urgency to the hiring. Management is accepting responsibility for delays in responding to new referrals.

Management Signature: _____

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

SECTION 9: RESOLUTION / OUTCOME

Please provide details of resolution:

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

Attach on Letter of Understanding (LOU) resolution:

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

Signatures: _____

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

**ONTARIO NURSES' ASSOCIATION (ONA)
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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.