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| **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:  Employer:  Location/Site:       Team/Program:  Date of Occurrence: Click here to enter a date.  Hours Worked:       On Call/Extended Hrs.  Manager/Supervisor at time of Occurrence:  Regular Manager:  Date submitted**:** Click here to enter a date.Time Submitted:  \*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:  Check one:  Is this an isolated incident?  An ongoing problem? Provide details if available.  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 | |
| **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:   |  |  | | --- | --- | | Professional Standards | Code of Conduct | | Medication | Documentation | | Therapeutic Nurse-Client Relationship | Consent | | Working with Unregulated Care Providers  Confidentiality and Privacy | Ethics  Decisions about Procedures and Authority | | RN and RPN Practice: The Client, the Nurse and the Environment (Three Factor Framework) | | | Employer policy – Specify       (include policy if able) | | | Ontario Public Health Standards: (list all standards that apply):  Other (Specify): | | | |
| **SECTION 4: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURRENCE** | |
| Change in Client/Family/Community needs (specify): | Safety in Jeopardy (specify): |
| # Assignments at time of occurrence: | Lack of / malfunctioning equip. Details: |
| Non-nursing duties (specify): | Weather / Conditions |
| # of New assignments/clients: | Travel / Distance |
| Unanticipated Assignment / Uncontrolled variables (specify): | Outbreak: |
| Emergency Response | # of Discharges from program |
| Vacancies in program | Absences in program |
| 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 | | Baseline Staffing #: |  |  |  |  |  |  | | Actual Staffing #: |  |  |  |  |  |  | | Agency Staff #: |  |  |  |  |  |  | | Junior/Novice Staff #: |  |  |  |  |  |  | | Vacancies |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | | PHN/RN Overtime:       If yes, how many staff? | Total # of hours: |  |   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: Click here to enter a date.  Provide details:  Was it resolved?  Yes  No Date: Click here to enter a date. | |
| (B) Did you discuss the issue with your manager (or designate)?  Yes  No Date: Click here to enter a date.  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: Click here to enter a date.  Were measures implemented to prevent reoccurrence?  Yes  No Date: Click here to enter a date.  Provide details: | |
| **SECTION 7: RECOMMENDATIONS** | |
| Please check-off one or all of the areas below you believe should be addressed in order to prevent similar occurrences: | |
| Program training | Increase PHN staffing |
| Change physical layout | Increase Support staffing |
| Workload review for client/family/community needs | Increase RN staffing |
| Orientation | Review PHN:Client ratio |
| Part-time/casual pool - please specify: | Review policies and procedures |
| Review nursing ratio | Review RPN staffing |
| Program / clinic scheduling | Staff scheduling |
| Equipment/Supplies (specify): | Other (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: Click here to enter a date. Time: | |
| **SECTION 9: MANAGEMENT COMMENTS:** | |
| Did you discuss the issues with the nurse(s) on their next working day? Yes  No  If yes: Date: Click here to enter a 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):  Management Signature:       Date: Click here to enter a date. | |
| **SECTION 10: RESOLUTION** | |
| Is the issue resolved? Yes  No  If yes, how is it resolved:  If no, please provide the date in which you forwarded this to UnionManagement: Click here to enter a date.  Attach Minutes of Settlement:  Date: Click here to enter a date. | |
| **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.**

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| **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.

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| **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.