

**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:

- | | |
|--|---|
| <input type="checkbox"/> Professional Standards | <input type="checkbox"/> Code of Conduct |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Documentation |
| <input type="checkbox"/> Therapeutic Nurse-Client Relationship | <input type="checkbox"/> Consent |
| <input type="checkbox"/> Working with Unregulated Care Providers | <input 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

Change in Client/Family/Community needs (specify):

Safety in Jeopardy (specify):

<input type="checkbox"/> # Assignments 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 type="checkbox"/> # of New assignments/clients:	<input type="checkbox"/> Travel / Distance
<input type="checkbox"/> Unanticipated Assignment / Uncontrolled variables (specify):	<input type="checkbox"/> Outbreak:
<input type="checkbox"/> Emergency Response	<input type="checkbox"/> # of Discharges from program
<input type="checkbox"/> Vacancies in program	<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 #:						
<input type="checkbox"/> Actual Staffing #:						
<input type="checkbox"/> Agency Staff #:						
<input type="checkbox"/> Junior/Novice Staff #:						
<input type="checkbox"/> Vacancies						
<input type="checkbox"/> 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:

<input type="checkbox"/> Program training	<input type="checkbox"/> Increase PHN staffing
<input type="checkbox"/> Change physical layout	<input 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 type="checkbox"/> Review PHN:Client ratio
<input type="checkbox"/> Part-time/casual pool - please specify:	<input 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):

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)
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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.