The Ontario Nurses' Association (ONA) is the union representing 62,000 registered nurses and allied health professionals, and more than 14,000 nursing student affiliates providing care in Ontario hospitals, long-term care facilities, public health, the community, industry and clinics.

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ONA VISION STATEMENT

Committed to members who care for people

ONA MISSION STATEMENT

The Ontario Nurses’ Association is a proactive union committed to improving the economic welfare and quality of work-life for our members, to enable them to provide high-quality health care.
1. Purpose

The *Guide to Professional Practice Concerns and Professional Responsibility Complaints* has been prepared to assist you as an Ontario Nurses’ Association (ONA) member who may face workload and practice situations that make it difficult, if not impossible, to provide safe, ethical and quality patient/client/resident care within their scope of practice. Even if this does not describe your current work situation, this guide contains important information that every ONA member should know and understand.

In this guide, you will find information on resolving professional practice concerns and the professional responsibility process, which can lead to a Professional Responsibility Complaint (PRC). It describes every step in the process, from recognizing an issue/problem on your unit/area/program, to filing a PRC, up to and including an Independent Assessment Committee (IAC) hearing (where available in your collective agreement) and the roles of everyone involved. It also includes samples of the ONA Professional Responsibility Workload Report Forms (PRWRFs) and tips for completing the form correctly (*members without a professional responsibility clause can still use the PRC process, but there is no third-party involvement*).

Remember to consult with your Labour Relations Officer whenever workload issues or practice concerns arise. Professional Practice Specialists (PPS), who are based in the Toronto office, are available to help. You can access a PPS through your Labour Relations Officer.

There are also many tools and programs provided by ONA to educate yourself regarding PRCs. The following initiatives have been undertaken to assist membership in addressing the workload and professional practice concerns existing at their workplace.

*Note:* The use of the terms “nurse” and “College of Nurses” in this guide may also be read to include other allied health professionals and their appropriate regulatory college.

**ONA Provincial Professional Practice Teleconnects**

These quarterly teleconnects are designed to address hot topics and issues in professional practice and to assist members and ONA leaders in strategy development. These sessions are of particular interest to ONA’s Bargaining Unit Workload and Professional Responsibility Representatives, Bargaining Unit Presidents and Local Coordinators.

These one-hour teleconferences begin with a presentation from ONA’s PPSs followed by a question-and-answer session. Members are able to register for each session by sending an email to [RegisterProfessionalPractice@ona.org](mailto:RegisterProfessionalPractice@ona.org). PowerPoint slides of the presentation are emailed to registrants prior to the teleconnect. The presentation and related materials, including the question-and-answer session, are posted on ONA’s website at [www.ona.org](http://www.ona.org) following the teleconnect.

**Increased Education and Member Resources**

ONA’s Membership Education and Events Team (MEET) delivers full-day and half-day workshops on professional responsibility complaints, in addition to a one-hour lecturette. MEET also develops and delivers education on “RN/RPN Scope of Practice.” In many cases, the education has resulted in a dramatic increase in member utilization of the workload reporting process.

In June, 2010, ONA launched the eLearning platform which is accessed through the ONA website ([www.ona.org](http://www.ona.org)). The inaugural program was the hospital-focused education module on
completed the PRWRF. ONA has expanded the Professional Responsibility Workload Reporting eLearning programs to include all sectors in which our members work. eLearning is an adjunct to the more formal Professional Responsibility Concerns workshops delivered by MEET, which show members how to complete the PRWRF at their own speed and at no cost to the Local.

Professional practice-related education available on ONA’s eLearning platform includes:

- Professional Responsibility Workload Reporting Process – Allied Health Sector.
- Professional Responsibility Workload Reporting Form – Public Health Sector.
- Professional Responsibility Workload Reporting Form – Homes Sector.
- Professional Responsibility Workload Reporting Form – Community Care Access Centre.
- Professional Responsibility Workload Reporting Form – Hospital Sector.
- ONA Professional Practice (video lecturette).
- RN/RPN Scope of Practice and the CNO Three-Factor Framework (video lecturette).

This free education is available 24/7 to ONA members and Canadian Nursing Students' Association (CNSA) students. The advantage of accessing this education is that it can be completed at your own pace and at times convenient for you.

ONA’s Professional Practice Specialists have developed Decision Trees (see Appendices G, R, O & K E, I, M, & P) to assist members in navigating through the PRC process. The Decision Trees for all sectors have been translated and are available to membership.

Professional Practice Section of ONA’s Website

Members may access many professional practice resources on ONA’s website at www.ona.org/pp including Professional Practice Workload Report Forms, Decision Trees, Independent Assessment Committee reports and much more.
Professional Practice Concerns

Over the past several years, the spotlight on professional practice and the reporting of professional practice concerns has increased significantly. Our members struggle with employer cutbacks, replacement of RNs with other health-care providers and decisions that impact their ability to provide safe, ethical and quality patient/client/resident care. When faced with issues related to professional practice, patient acuity, fluctuating workloads, fluctuating staffing and patient and staff safety, it is very difficult to provide safe, ethical and quality nursing care.

RNs, Nurse Practitioners (NPs) and Registered Practical Nurses (RPNs) are accountable for their own decisions and actions. The goal of nursing care and services (professional practice) is the best possible outcome for clients, with no unnecessary exposure to risk or harm.

The College of Nurses of Ontario (CNO) has Standards of Practice that registrants are expected to meet in order to provide safe, ethical and quality patient care within their scope of practice. If nurses cannot meet these standards due to a shortage of staff, wrong category of care provider, nurse-to-patient/client/resident ratio, etc., it is up to individual nurses to report these concerns to the employer and attempt to resolve the issues. The CNO Standards and Practice Guidelines are often developed or revised in response to the demands nurses experience in the workplace.

In Ontario, every nurse (RN/RNEC [Registered Nurse in Extended Class]/RPN, union/non-union, etc.) is required by her/his professional standards to report professional practice and patient/client/resident care concerns to the employer and attempt to resolve them. ONA has developed the PRC process to assist members through the stressful ordeal of resolving professional practice concerns.

Most collective agreements to which ONA is a party contain a professional responsibility clause. Hospital collective agreements between the Ontario Nurses’ Association (ONA) and the Ontario Hospital Association (OHA) first contained a Professional Responsibility Complaint (PRC) provision following the Burkett interest arbitration board decision in 1977. The arbitration board recognized “the concern by the nurses that their professional integrity be safeguarded…the interrelationship of staffing, workload and professional responsibility gives rise to a complex problem which raises questions of life and death.” The Board subsequently awarded language which provided a process such that should the parties be unable to resolve PRCs “through the vehicle of the union-management committee, the Board has established an independent committee with authority to assess the merits of a complaint and report to the parties.”

Prior to this collective agreement language, nurses were facing workload assignments that were so excessive, it was impossible to provide the quality of care required of them. The employers' attitude was too often summarized by “you'll have to cope” or “do the best you can.”

Nurses needed a means whereby they could exercise their professional judgment in assessing the workload assigned to them. Experience had shown that the grievance procedure could not be successfully used. In the case that gave us the PRC clause, for example, nurses in an intensive care unit refused to accept another critically ill patient into the unit because, in their judgment, to do so would jeopardize the patients already under their care. They were disciplined for this refusal and grieved the discipline on the basis that it was unjust, i.e. it was unjust for the employer to discipline professionals for responsibly exercising their professional judgment.

The grievance failed because the legal and historical framework of collective bargaining, the principles by which arbitrators had been governed, and the collective agreement did not address these circumstances. Therefore, this arbitration board felt that there was no basis upon which it could find in favour of the nurses. This case, along with other documentation gathered by nurses, demonstrated an important need for a process that nurses could use to document their
nursing practice and workload concerns to their employer, thus exercising their professional responsibility.

Because of the *Burkett Hospital Labour Disputes Arbitration Act (HLDAAA)* award, members within ONA Bargaining Units now have access to such a process. The importance of this development, both for individual nurses and for the nursing profession, cannot be overstated.

Nurses, by using the professional responsibility clause, can take steps to correct situations of excessive workload and practice concerns.

The wording of the professional responsibility clause is not identical in all collective agreements, but some criteria are common to all of them. Please consult your collective agreement for the specific language of your professional responsibility clause.

Examples of such clauses are:

The parties agree that patient care is enhanced if concerns relating to professional practice, patient acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. This provision is intended to appropriately address employee concerns relative to their workload issues in the context of their professional responsibility. In particular, the parties encourage nurses to raise any issues that negatively impact their workload or patient care, including but not limited to:

- Gaps in continuity of care.
- Balance of staff mix.
- Access to contingency staff.
- Appropriate number of nursing staff.

In the event that the employer assigns a number of patients or a workload to an individual nurse or group of nurses such that they have *cause to believe* that they are being asked to perform more work than is consistent with proper patient, client or resident care, they shall:

- At the time the workload issue occurs, discuss the issue within the unit/program to develop strategies to meet patient care needs using current resources. Initiate the workload form at this time.
- Members should also seek help from the manager or designate responsible for timely resolution. Follow lines of communication, e.g. Charge Nurse/Team Leader, to communicate with the Manager and/or the Director and/or the designated manager-on-call.
- If the issue is unresolved, members may escalate up the chain of command. Finish filling out the form as resolved or unresolved.
- Failing resolution at the time of occurrence, discuss the issue with his or her manager (within the agreed-to timelines). Discussions and actions should be formally documented and any resolutions achieved must be signed by all parties. Members can request Union representation to be present at this meeting. The manager provides a written response (within the agreed-to timelines).
- If unresolved, the Bargaining Unit President will submit the PRWRF to the Labour-Management* Committee within the agreed-to timelines (or to the committee which fulfils this function. This may be the Hospital-Association
Committee, Employer-Association Committee, Association-Agency Committee, Nurse-Management Committee, Union-Management Committee, etc.).

- The committee meets to discuss (within the agreed-to timeframes) and hopefully resolve the complaint.

- Some collective agreements provide for a Workload/Professional Responsibility Review Tool to be used by the Labour-Management Committee to develop joint recommendations for resolution.

- ONA’s Labour Relations Officer meets with the committee and the employer to assist in dispute resolution.

- Failing resolution, an ONA PPS meets with the committee and the employer to assist in dispute resolution.

- Failing resolution, the intervention of an external expert panel is available (Independent Assessment Committee). In most cases, this panel is composed of a Chair chosen from a list in the collective agreement, one nominee chosen by ONA and one nominee chosen by the employer.

- The third party investigates the complaint.

- The third party issues its recommendations to resolve the complaint.

- Members without a professional responsibility clause can still use the PRC process, but there is no third-party involvement. ONA Labour Relations Officers and PPSs are available to help resolve the issue with the employer.

- This process should not be confused with the grievance procedure. The two processes are quite distinct, even though both lead to third-party intervention in the resolution of disputes. See the chart (below) for a description of how the processes differ.

### Professional Responsibility Complaint (PRC) Process versus Grievance Process

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>PRC</th>
<th>GRIEVANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basis of dispute</td>
<td>Professional practice/workload concern.</td>
<td>Labour relations issue/violation of collective agreement. First raise with manager.</td>
</tr>
<tr>
<td></td>
<td>First raise with manager.</td>
<td>First raise with manager.</td>
</tr>
<tr>
<td>Where issues are heard</td>
<td>Labour-Management Committee.</td>
<td>Grievance Committee.</td>
</tr>
<tr>
<td>Who hears issue</td>
<td>Independent Assessment Committee.*</td>
<td>Arbitrator.</td>
</tr>
</tbody>
</table>

*There are variances in some collective agreements including, in some sectors, that the PRC may follow other avenues such as the grievance process, or in Public Health Units, the Health Council may hear the concerns. Please refer to your collective agreement language for the process which applies.
The result of a PRC is that the third party (IAC) issues recommendations, which are neither final and binding, nor enforceable. Instead, the recommendations may be implemented as a result of:

- Voluntary compliance.
- Release of the recommendations to the governing body of the employing agency (to the Board of Governors of a hospital, for example).
- Release of the recommendations to the general public through the media.

Even though grievances and PRCs are different, one absolute similarity exists: The resources of ONA, including the services of its staff, will assist members of Bargaining Units in using either process.
The ONA Professional Responsibility Workload Report Form

In 2002, the Ontario Hospital Association (OHA) and ONA revised the notification of the improper work assignment form. The new form for hospital members is called the ONA Professional Responsibility Workload Report Form (PRWRF). This joint document is agreed to by both parties, with a commitment to use it in the processing of professional responsibility concerns. During 2010-2012, forms and decisions trees for all other sectors were developed and are available to ONA members. In 2014, the ONA Hospital Central Collective Agreement included changes to Article 8 and the process, including a new Workload/Professional Responsibility Review Tool. The PRWRF was amended to reflect the changes in language and process.

The ONA PRC process and PRWRF are intended to appropriately address employee concerns relative to their workload issues in the context of their professional responsibility. In particular, nurses are encouraged to raise any issues that negatively impact their workload or patient care, including but not limited to:

- Gaps in continuity of care.
- Balance of staff mix.
- Access to contingency staff.
- Appropriate number of nursing staff.

Examples include: inadequate/inappropriate staff and/or skill mix for acuity; transferring of patients back and forth between categories of nurse, any delayed, incomplete or missed assessment, treatment or medications; non-nursing duties and/or lack of support staff; any workload, employer practice, policy or situation that is detrimental to patient/client/resident care and/or safety; new patients admitted to unit with inadequate staff; staff not given adequate orientation and/or mentorship in area assigned; lack of adequate equipment or supplies. Further examples of issues that can be documented on the PRWRF can be found in Appendix B, and H.

In addition to providing reference of workload or practice issues, the concerns indicator document is a useful tool and can be used by members when they are encountering workload issues on a busy shift. The concerns indicator could be used as a tick sheet to identify the workload issues being experienced during the shift, and then be referred to at a later time, when completing the PRWRF.

An example of a workload issue is when a member, in her/his professional judgment, is concerned that because of insufficient staffing on a specific shift, she/he is unable to complete or adequately perform all of her/his assigned tasks in an timely manner or within the hours of the shift. The insufficient staffing results in compromising patient care (e.g. medications not given on time, patient assessments or treatments delayed or not done).

An example of a competency concern is when an employer hires an unregulated care provider to feed patients in the Intensive Care Unit (ICU). The member is concerned the unregulated care provider does not have adequate training or an adequate level of competency to determine that the ICU patient was not swallowing properly. According to the College of Nurses of Ontario (CNO), the RN in the ICU has a responsibility to provide either direct or indirect supervision of this care provider (CNO Working with Unregulated Care Providers, Updated 2013). The RN in this situation must intervene to ensure patient safety. The RN must inform the employer of this competency issue. The ONA PRWRF is written proof that the nurse did report this patient safety concern to the employer. The RN's failure to report this to the employer is professional misconduct, as stated in Schedule 2 to the Regulated Health Professions Act, 1991, regulation 51(1) of the Nursing Act, 1991, and the CNO Reference Document Professional Conduct: Professional Misconduct, paragraph 25 (i).
An example of a concern involving procedure is when the employer announces that within the next two months, the RN staffing on the night shift in a large nursing home will be reduced to one. Several of the RNs in the facility are concerned that this change will compromise resident safety on nights. The RNs want to make recommendations concerning this policy. They realize that CNO standards require them to provide feedback on policies and procedures that affect resident care. By completing the ONA PRWRF, RNs are providing written proof of compliance with the CNO standards because they are advocating for improvements in the delivery of resident care.

At times, there may be some reluctance on the part of members to use an ONA PRWRF. In many cases, the member may not be aware of the form. However, even if the member is aware of the form, some members may be afraid of reprisal from management and that by raising the issue/complaining, it will appear that s/he is not a good employee. There is also a perception that the form will not change anything or there is no time to fill it in and provide the necessary documentation.

With respect to the fear of reprisals, the member needs to be reminded that the PRWRF is a negotiated provision of most collective agreements. The employer has agreed to incorporate this document and the professional responsibility clause in the collective agreement.

In 2014, the parties added a new Note to the Hospital Central Collective Agreement at the end of Article 8, confirming that the provisions of Article 3 (Relationship) apply to conduct pursuant to this provision (no discrimination or harassment). This language was negotiated following ONA’s experience using Article 8, where some ONA members were harassed by hospital management and effectively silenced. This new language provides ONA members with protection against this type of management behaviour.

Therefore, any reprisals against the member for exercising her/his rights under the collective agreement should be reported immediately to the Union, both at the Bargaining Unit level and to the Labour Relations Officer, so the appropriate action against the employer can be taken.

What are the reasons for completing the ONA PRWRF? The forms provide a:

- Mechanism to identify situations that impact a member’s ability to provide safe, quality client/patient/resident care.
- Mechanism to make recommendations to improve the quality of client/patient/resident care.
- Mechanism to motivate the employer to make the necessary changes.
- Protection for the individual nurse (it is the nurse’s professional responsibility to report incidents of unsafe client/patient/resident care to her/his supervisor) and shifts the accountability for resolution back to the management nurses and Chief Nursing Executive (CNE), related to their obligations set out by the College of Nurses of Ontario as administrative nurses.

Unless members inform the employer of care concerns by filling out the ONA PRWRF, the employer will assume patient care is satisfactory and/or that members are willing to tolerate the high-risk work environment. Past history has proved that completed PRWRFs can result in an increase in registered and support staff, changes in policy and procedures, additional equipment and many other workplace improvements. ONA’s PPSs use the completed PRWRF to track trends and nursing concerns, assist in lobbying the CNO regarding the need for change or development of new standards, and help ONA’s bargaining teams in identifying professional issues.
The ONA PRWRF protects the individual member by providing:

- Written proof that registered staff (RNs, RNECs, RPNs and other regulated health professionals) have met their CNO Professional Standards (Revised, 2002) and Ethics, 2009.

- Written proof the registered staff informed the employer of unsafe patient/client/resident care concerns. This ensures that in the event of an incident, accountability and legal liability shifts to the employer, administrative nurses and the Chief Nursing Executive and away from the member if s/he can prove the employer was informed of the unsafe situation and elected to do nothing about it.

- A mechanism to hold the Registered Nurse administrator accountable to their standards, (i.e. CNO’s Professional Standards as defined for nurses in an administrative role).

Remember, completion of the ONA PRWRF is not a “nice-to-do” activity; rather, it is a “need-to-do.” ONA members need to provide this written proof of compliance with CNO Standards.

**Electronic Workload Report Forms**

At the request of the Community Care Access Centre (CCAC) Network and with its assistance, ONA developed a PRWRF specific to CCACs (see Appendix M). The electronic form was released in October 2009, along with a guide to the process, which will assist our CCAC members in completing the forms and utilizing the process.

Similarly, in January 2010, ONA released an electronic form and guide for the Public Health sector, which was developed with the assistance of the Public Health Network (see Appendix P). Both the CCAC and Public Health forms and guides can be found on ONA’s website.

The workload report forms used in the Hospital and some Long-Term Care/Nursing Home sectors (see Appendices E & H) are contained in their respective collective agreements. Individual local parties can agree to use the electronic version of the form as well. This agreement usually becomes part of the collective agreement.

All sectors, subject to the parties’ agreement, can use the electronic report form. Electronic versions of the PRWRF are currently available for Hospital, Long-Term Care, Community Care Access Centres and Public Health and can be found on ONA’s website at www.ona.org/pp.
Workload/Professional Responsibility Review Tool

In 2014, the Workload/Professional Responsibility Review Tool was added to the central hospital collective agreement as part of the PRC process (see Appendix). This new evidence-based tool is completed jointly by the Union and the hospital at the Hospital Association Committee (HAC) level.

The tool is used to collect data that is specific to the workload issue(s) being addressed and is intended to enable examination and support analysis of the underlying concerns.

Data collected in the tool is both quantitative and qualitative. Quantitative data will be drawn from existing hospital reports from current decision support systems. Completion of the tool requires the hospital to provide qualitative data such as full-time equivalent (FTEs), vacancies, overtime, sick time, turnover rates, etc. and access to information documented on incident reports specific to or related to members’ workload concerns. Qualitative data will be derived through focus group discussions using probing questions referenced in the Workload/Professional Responsibility Review Tool.

Data collected using this tool and submissions on the Professional Responsibility Workload Report Form and any other relevant information will form the basis for examination and analysis of the issue(s) being addressed. Data analysis includes the identification of gaps, trends, patterns and themes.

Joint recommendations will be formulated collaboratively based on the findings from the data analysis.

The joint recommendations will be used to develop an action plan that reflects mutually agreed-upon tactics, timelines and most responsible person.

Failing the formation of joint recommendations to resolve the workload and practice concerns, the PRC is referred to an Independent Assessment Committee (IAC).
Professional Responsibility Process: An Overview

Professional Practice Concerns

Professional practice concerns often arise when members are regularly asked to perform more work than is consistent with proper patient/client/resident care and/or members experience ongoing difficulties in ensuring proper patient care.

Compliance

Compliance means nurses and/or members covered by the Regulated Health Professions Act (RHPA) are expected to identify and attempt to resolve professional practice concerns.

Steps to Resolving Professional Practice Concerns

Validation

Identify the practice standards that are not being met:

- Are there written agency standards/policies/procedures and practice guidelines?
- Are they consistent with provincial standards and regulations?
- Are there written statements from the profession, such as the CNO, the Canadian Nurses Association (CNA), Registered Nurses’ Association of Ontario (RNAO) or specialty standards (Operating Room Nurses Association of Canada (ORNAC), etc? For example, "Appropriate staffing is not dependent merely upon the numbers of nurses providing care on a clinical ward, but involves having nurses with the right skill, experience, education, working within the right type of staffing model and the right mix of other health care providers" (Canadian Health Services Research Foundation (CHSRF) 2006).
- Identify the impact on patients and/or family members.
- What are the actual or potential effects on patient/client/resident care? For example, was nursing care incomplete, delayed or missed and not delivered at all?
- Are patients at risk if the situation is not corrected?
- How often and under what circumstances does the situation occur?
- Do others have similar concerns?

Seek peer consultation and support. Contact your Bargaining Unit President/ONA representative.

Communication

Communicate the concern:

- Use channels of communication established by your agency/ONA.
- Begin by contacting the person to whom you report (verbal).
- Describe the situation of concern, including the standards not being met and the effect on patients/clients/residents.
- Be specific and factual, avoiding assumptions.
• Maintain confidentiality.
• Make sure all relevant information is provided.
• This is a problem-solving process between members and management.

Document the concern

• Use the form specifically provided for this purpose by ONA.
• Complete the ONA PRWRF as soon as possible after the workload or practice concern occurs. Date the document and indicate the name and title of the person to whom you are sending the documentation.
• Provide details of the situation, including the impact to patient/client/resident care and the nursing standards and organization policies that were at risk or affected. Describe the concern including the following information:
  o Date(s), time(s) and unit/location(s) of events.
  o Who was involved, including staff and patients? Do not use patient names or other information that could potentially identify the patient such as contact information, birth date, etc. Use anonymous references such as patient #1 or #2 and include other factors that assist in describing the workload issue, e.g. diagnosis, or time. Do not photocopy any employer or patient records, use only your own notes. Employer/patient records are the property of the employer and are subject to confidentiality/privacy policies.
  o What happened or what could have happened? Indicate what aspects of care were delayed, incomplete or missed along with which standards of practice (see references under Appendix A p. 20-22) are not being met, and how this affected or could have affected patients.
  o What, if anything, you did about the situation? What are your recommendations to solve the problem?
  o Sign the form.
  o Submit the PRWRF as described below.

Keep a legible copy for your records. Send a copy to your manager/supervisor. Send a copy to the Chief Nursing Executive/Director of Resident Care or designate. Send a copy to your Bargaining Unit President and to your Labour Relations Officer.

Discussion with Manager

• Failing resolution of the workload issue at the time of occurrence, discuss the issue with your manager or designate on the next working day on which the nurse and manager are both working, or within 10 calendar days, whichever is sooner (or as stated in your collective agreement).
• When meeting with your manager, you may request a Union representative to support or assist you at the meeting.
• If more than one person has completed the PRWRF, meeting together with the manager to discuss your concerns and potential solutions may facilitate communication and ensure that all points are remembered.
• Every effort should be made to resolve the issue at the unit level.
• The manager should provide a written response to the PRWRF with 10 days or as within the timeframe identified in your collective agreement.
If you do not receive a response by the specified date, inform the Bargaining Unit President. S/he will follow up on what progress is being made. If the concern is not being addressed, s/he will advise the employer of the need to have a Labour-Management Committee* meeting to discuss professional practice concerns.

**Resolution**

Work toward a resolution at your work site:

- Be prepared to discuss your concerns as part of the resolution process at the Labour-Management Committee meeting.
- Be open-minded. Your main objective is to ensure safe, competent care.
- Be prepared to work collaboratively with your employer to resolve the situation or reach the best possible solution. This may involve some compromise, as long as standards/patient safety are not jeopardized and there is no violation of the collective agreement. The goal is to ensure a quality practice environment.
- Describe the situation clearly, completely, objectively and in a respectful manner.
- Use the Workload/Professional Responsibility Review Tool, if applicable, in your collective agreement.
- Be prepared to state that your concerns are not being addressed in a satisfactory manner, if this is your belief.
- Be prepared to carry your concerns further and to state your rationale for doing so.
- Consult with your Bargaining Unit President and Labour Relations Officer and proceed with their direction and support.

It is important to encourage members to begin validating and communicating professional practice concerns whenever situations occur that interfere with proper patient care. By identifying and bringing practice/workload concerns to the attention of the employer, members ensure they are dealt with in a timely fashion and provide evidence of patient/client/resident care issues needing resolution.

The documentation must be sufficient to demonstrate that a practice/workload concern exists and affects the level of patient/client/resident care. For specific guidelines on the principles and process of documentation, see Appendix A.

Once the documentation has been gathered, it may become the basis for the formal PRC, which consists of three parts:

1. The ONA PRWRF.
2. Supporting documentation (including the Workload/Professional Responsibility Review Tool, if applicable) and/or covering letter.
3. Recommendations for change, which will resolve the complaint.

The ONA PRWRF is not in itself a PRC, but a documented paper trail to communicate professional practice concerns.

It is intended to assist members with a method of identifying and bringing practice/workload concerns to the attention of the employer in a documented format. This will ensure they can be addressed in an effective manner. It also serves as a history for a potential PRC. The form indicates which individuals (i.e. supervisor) are to receive copies.
A copy(ies) of the completed form should be given to the Bargaining Unit President. Further steps cannot be taken without this information.

The Role of Members

Report and document practice and workload concerns, to the manager or designates and through the chain of command, whenever issues arise. Ideally the issues will be resolved at the time or during the shift where they are occurring, ensuring improved patient/resident/client outcomes. Failing resolution at the time of the issue, discuss the concern with your manager, usually within 10 days of the occurrence or as soon as possible after the incident. Document the practice or workload concern on the form provided by ONA, as soon as possible after the occurrence. Unresolved issues will be forwarded for discussion to the Labour-Management Committee. In order to forward practice/workload concerns to the Labour-Management Committee the member(s) must notify and provide a written copy of the PRWRF describing the practice/workload concerns to the Professional Responsibility Representative, Bargaining Unit President or her/his delegate, who will present the concerns to the committee. Members need to be prepared to meet with the Professional Responsibility Representative, Bargaining Unit President or her/his delegate to review the PRWRF and should be prepared to attend the meeting where the PRWRF will be discussed.

The Workload Professional Responsibility Committee

Constitutionally: By-Law VII 6:

A Bargaining Unit shall have a representative and shall endeavor to have a committee to support such representation for the following:

The committee’s functions are:

- To assist and support members in addressing their workload and professional concerns.
- In conjunction with the Bargaining Unit President, ensure Professional Responsibility Complaints (PRCs) are processed in a timely and effective manner.

Each member of Committee should be familiar with:

- The current collective agreement.
- The professional responsibility workload reporting process for the individual Bargaining Unit.
- CNO Professional Standards of Practice.
- ONA eLearning Modules for Professional Responsibility.

The Role of the Professional Responsibility Representative

The Workload and Professional Responsibility Representative assists and supports members in addressing their workload and professional concerns. In conjunction with the Bargaining Unit President, they ensure Professional Responsibility Complaints (PRCs) are processed in a timely and effective manner. They also:

- Assist the members in compiling necessary information related to practice/workload concerns.
- Ensure members are aware of the benefits of completing the PRWRF.
• Guide and assist members to complete the PRWRF, and may provide informal education related to completing the PRWRF.

• Coach and support members related to speaking to their manager about their workload and practice concerns. May attend meetings with a member and manager, if requested by the member.

• Compile PRWRFs and review concerns, and review stages of progress and information regarding the practice/workload concerns.

• Meet with members prior to the Labour-Management meeting to review the PRWRFs and discuss the concerns and develop strategies for resolution.

• Ensure that recommendations reflect the solutions to the problems identified by the members, using data and CNO standards. This may require obtaining input and review from both the Labour Relations Officer and PPS.

• Prepare the action plan to take concerns forward to Labour-Management Committee.

• In conjunction with the Bargaining Unit President, liaise with the members and the employer in setting up meetings, etc.

• Keep accurate minutes of the prep and Labour-Management meetings.

• In conjunction with the Bargaining Unit President, may be the spokesperson for members at the Labour-Management Committee meeting.

• Submit PRWRFs to the Labour Relations Officer on a regular basis (i.e. bi-weekly or monthly) to keep the Labour Relations Officer informed and aware of the issues and trends.

While the Bargaining Unit President must be involved, the Professional Responsibility representative is responsible for these duties. Some responsibilities may be delegated to a floor representative or other Bargaining Unit officer when appropriate.

At the Labour-Management Committee meeting, the employer must be informed that if the situation is not satisfactorily resolved, the Union may file a PRC.

Minutes must be kept and must reflect the discussion. Minutes should be signed by both parties. However, if you do not agree with what the minutes say, indicate your concern at the next meeting and do not sign the disputed minutes. If you have a point that you believe may be misinterpreted, write it out beforehand and ask that it be attached to the minutes.

Any members of the affected unit/floor/program should be allowed and encouraged to attend the Labour-Management meetings to discuss their concerns with the employer. The employer must be informed of this prior to the meeting. This meeting is expected to be conducted in a spirit of mutual concern for patient/client/resident care issues. Members should not fear reprisals or intimidation in exercising their professional rights and duties. **Follow-up with members of the affected unit if they are not in attendance to report the actions and outcomes of the meeting.**

**The Role of Bargaining Unit President**

In the absence of/or in conjunction with the Professional Responsibility Representative, the Bargaining Unit President will be required to fulfill some or all of the above-described responsibilities, as well as to:

• Liaise with the Labour Relations Officer and Professional Practice Specialist.
• Complete a letter indicating that members have workload concerns they wish addressed at the Labour-Management Committee.

• Act as a liaison between the members and employer in setting up meetings, etc.

• Be the spokesperson for the members at the Labour-Management Committee meeting.

• Keep the Labour Relations Officer informed.

**Filing a Professional Responsibility Complaint (PRC)**

If the employer’s response to the members’ concerns is unsatisfactory, the Bargaining Unit President should inform the Labour Relations Officer. The members are now in a position to consider filing a formal PRC. The wording of professional responsibility clauses can vary greatly.

There is usually a timeframe spelled out in the clause that must be followed, unless it is altered by mutual agreement. Involvement in further resolution attempts by the Labour Relations Officer is necessary. When all resolution attempts have failed, the Labour Relations Officer sends a covering pre-complaint letter to management, which includes a notification that the Labour Relations Officer may wish to involve a PPS.

To further assist you in documenting Professional Responsibility concerns, you may refer to the ONA Documents - Combating the Displacement of RNs and the 2012 Memo: Enforcement of Professional Responsibility Complaints Settlements.

You can find the Combating the Displacement of Registered Nurses document and the Enforcement of Professional Responsibility Complaints (PRC) Settlements confidential memo on the ONA website in the executive members’ section at www.ona.org.
The Formal PRC: The Role of Nurses and Members of the Regulated Health Professions

Where an unsatisfactory response or no resolution to concerns discussed at a Labour-Management Committee meeting occurs, members may require the involvement of ONA staff, including their Labour Relations Officer and/or the Professional Practice Specialist. Moving the issues forward will require members to make the decision to compile formal written proof, demonstrating the workload problems and identifying recommendations to resolve the complaint. This:

- Provides documented evidence of professional responsibility workload concerns.
- Determines recommendations necessary to resolve the problems identified in the workload complaint.
- Keeps the Bargaining Unit President and Professional Responsibility Representative informed of their plans to proceed and any other situations as they occur in relation to the complaint.

The Role of the Professional Responsibility Representative

- Assist and support the members to continue to complete the PRWRFs following and/or in conjunction with discussion occurring with the manager or off-shift designate, to continue to compile necessary information and refine recommendations, as needed, related to the practice and workload problems.
- Ensure the recommendations reflect the solution(s) to the problems identified by members. Review the recommendations with the Labour Relations Officer, who may involve the PPS.
- Gather evidence to support member concerns, including data from the College of Nurses of Ontario (CNO) and other regulatory colleges and various nursing/health-care associations and specialty groups.
- Ensure timelines for the issue are met (within 20 days of the last occurrence, or as stated in your collective agreement). The Bargaining Unit President or Professional Responsibility representative or other appropriate person, informs the employer in writing of the Bargaining Unit’s request for a Labour-Management Committee meeting to discuss the workload issue, indicating the Labour Relations Officer will be in attendance.
- Act as liaison between member and management in setting up a meeting, etc. Labour Relations Officer involvement is required at this meeting, therefore, it is mandatory that s/he is kept well-informed to allow time to deal with necessary paperwork, etc.
- Update action plans and keep minutes of prep and Labour-Management meetings. Minute-taking at Labour-Management meetings should be shared between the Union and management if an administrative assistant is not available to take minutes.
- Encourage members to attend a Labour-Management Committee meeting to discuss the issue.

The Role of the Bargaining Unit President

In Bargaining Units where there is no Professional Responsibility Representative, the Bargaining Unit President will be required to fulfill the above responsibilities as well as:
• Supporting the members in gathering the necessary information and developing recommendations related to workload problems.

• Ensuring recommendations reflect the solution to the problems identified by members. Involvement of the Labour Relations Officer is necessary, and they may involve the PPS at this point.

Members must continue to discuss issues shift-by-shift with the manager and/or with the off-shift designate, submit PRWRFs to their manager and forward them to the Labour-Management Committee meetings.

Most professional responsibility clauses require the committee to meet to discuss the issue within a specific number of days. This meeting is in addition to the regularly scheduled meeting of the committee. **Minutes must be taken.**

While the Bargaining Unit President/Professional Responsibility Representative is responsible for the above duties, they may be delegated to an ONA representative or another officer when appropriate.

At the Labour-Management meeting, management representatives may have questions regarding the PRWRF submitted. Therefore, it is a good practice to have the members present, particularly if members who regularly sit on the joint committee are unfamiliar with the work area where the issue has arisen.

The employer may also be prepared to offer suggestions to solve the complaint. If a solution is offered, it should not be accepted at the meeting. Rather, make note of the employer’s offer and state that the Union will respond to it within a day or two. This will give the members involved an opportunity to discuss the employer’s offer among themselves, and to consult with the Bargaining Unit executive and Labour Relations Officer.

If the employer’s offer is accepted and it is implemented within a reasonable period of time, a Memorandum of Settlement must be drafted by the Labour Relations Officer. Upon signing of the Memorandum by the Bargaining Unit President, Labour Relations Officer, PPS and employer, the process has reached resolution. If there is no resolution, the Labour Relations Officer will send a pre-complaint letter to the employer and involve the PPS. The PPS will meet with the members on the unit, the Bargaining Unit President and the Labour Relations Officer before meeting with the employer.

If there is no resolution, the PPS will consult with the members and the Labour Relations Officer. The PPS may decide to extend the timelines and have further discussions with the employer. Alternatively, the PPS may decide to proceed with a formal PRC and convene an IAC. Check your collective agreement to see the specific provisions it contains. Your Labour Relations Officer will ensure the process is followed correctly.

During this period, ongoing documentation of professional responsibility concerns is necessary.

**The Independent Assessment Committee (IAC)**

Your collective agreement’s PRC may provide for the appointment of an IAC (or a single nurse assessor) to resolve PRCs that are not resolved at the Labour-Management Committee level.

The members of the IAC must be independent of the parties involved in the dispute. IACs consist of three nurses/allied health professionals: one Union nominee, one employer nominee and one who serves as chairperson of the committee. The chairperson is selected from a list of names that may be appended to your collective agreement. These nurses/allied health...
professionals have agreed to sit as chairpersons when they are available to do so, and both the Union and the employer have accepted their names during contract negotiations.

The PRC becomes the basis for a more extensive document called a “brief” and an exhibit book, which are given to members of the IAC. The chair has the right to request an exchange of briefs prior to the actual dates of the hearing.

The brief may also contain background information on the agency (e.g., its size and location), a description of the unit, floor, ward involved, a floor plan, job descriptions, an outline of the patient/resident classification system (if there is one), agency policies, minutes of the Labour-Management Committee meeting where the complaint was discussed and any other material of which the committee should be aware. The brief is assembled and presented by the Professional Practice Specialist who has access to other ONA staff resource persons.

The IAC Hearing

The chairperson of the IAC is responsible for making arrangements for the hearing. S/he will usually request the employer’s permission to have the committee tour the area where the complaint arose and to use a meeting room within the agency for the hearing. If permission is denied, or if no space is available, the chairperson will make other arrangements (i.e. booking a meeting space in a nearby hotel). After consultation with everyone concerned, the chairperson informs the Union and the agency of the date(s) of the hearing.

Since these hearings and preparatory meetings may continue into the evening hours, ensure that all members and participants of the Local who are attending reserve the entire time outlined by the chairperson.

All members of the joint Labour-Management may attend the hearing, as will your Labour Relations Officer and nurses who brought forward the complaint. The employer may also bring whomever they wish. Usually, the Chief Nursing Executive or designate, the Human Resource Director and the nurse manager from the area involved attend the hearing. Sometimes the employer’s legal counsel is also present.

The Process of the Hearing

A typical format is as follows:

- The IAC conducts a tour of the unit/program and is accompanied by a small number of representatives from the Union and the employer.
- The chairperson calls the hearing to order and explains how the hearing will proceed.
- The Union presents its submission. The PPS acts as spokesperson.
- The IAC members and employer ask questions based on the Union’s presentation.
- The employer presents its submission.
- The IAC members and the Union ask questions based on the employer submission.
- The employer responds to the Union submission/presentation.
- The Union responds to the employer submission/presentation.
- The IAC asks questions of clarification to both the Union and employer.

In 2014, the parties to the ONA Hospital Central Collective Agreement agreed on Procedural Guidelines for an Independent Assessment Committee (IAC) Hearing (Appendix 9).
The hearing is quite informal. It is not bound to any particular format or subject to the “rules” by which arbitration hearings are conducted. The employer does have the right, however, to object at the hearing if timelines have been missed or if there are problems with the evidence presented. The IAC deals with any such objections at the time they are brought forward.

After the hearing, the IAC meets to discuss the evidence and the hearing and to make a preliminary determination of its recommendations.

The committee may make whatever recommendations it sees fit. They are bound by neither the Union’s recommended solutions nor those of the employer. They may (and often do) make recommendations that neither party had considered.

As of the 2016 round of hospital bargaining, the parties are required to book meetings to review IAC recommendations prior to leaving the Assessment Committee Hearing.

The IAC Report

After the hearing, the IAC writes its report. Committee members usually consult during this process, and the chairperson writes the report.

Once the report is finished, copies are sent to the employer and the Union. Also, according to Board policy, copies of the report are sent to the following organizations:

- The Minister of Health and Long-Term Care.
- The Provincial Chief Nursing Officer.
- The Executive Director of the College of Nurses of Ontario.
- The Ontario Regional Director of the Canadian Nursing Students’ Association (CNSA).
- The Canadian Federation of Nurses Unions (CFNU).
- The Canadian Council on Health Facilities Accreditation.
- The Board of the Local Health Integration Network (LHIN).
- The relevant Member of Provincial Parliament (MPP).
- The Mayor of the Town.

As well, the report is also sent:

- **In the Hospital sector**: to the Director of the Community Hospital Branch in the provincial Ministry of Health and Long-Term Care (MOHLTC) or the Ministry’s Director of the Teaching and Specialty Hospitals Branch.
- **In the Nursing Homes for the Aged, Public Health, Community Care Access Centres, Home Care Units, Clinics and Industry**: to the Nursing consultants of the appropriate provincial ministry.

The Labour Relations Officer and Professional Practice Specialist, in consultation with the Bargaining Unit President, will arrange to meet with the members of the unit to provide a report on the outcome of the IAC recommendations and the next steps to achieve implementation.

The Labour Relations Officer and PPS, in consultation with the Bargaining Unit President, will arrange to meet with representatives of the employer to discuss implementation of the report.
within the timelines of the appropriate collective agreement. The employer may decide to voluntarily implement the recommendations. If so, and the implementation occurs, no further action is required. If not, the Union will continue to request that implementation occurs, or may take one (or more) of the following steps:

- Release the report to the agency’s executive director (or to whomever sits at the top of the agency’s administrative structure), along with a request for implementation.
- Release the report and request for implementation to the agency’s governing body, for example, the Board of Governors of a hospital.
- Forward the report to the appropriate provincial ministry, for example, the Minister of Health and Long-Term Care, with a request for action.

If all these steps fail, ONA will discuss with members the possibility of a community action campaign. The main component of this campaign is a press release or conference where the report is released to the media by the ONA Provincial President.

This campaign only proceeds once the Bargaining Unit members have agreed to it and the Bargaining Unit President agrees to be the spokesperson for media.
APPENDIX A
DOCUMENTATION

Documentation is written proof of facts and events. Documentation is necessary whenever the Union decides to recommend to the employer that a proposed change occur in the workplace. This is true whether dealing with negotiations, grievances, health and safety issues, or with professional practice concerns that are brought before the Labour-Management Committee.

Recommendations for change must be based on an accurate assessment of current practices and a demonstration, through facts, that the employer's current practice requires revision.

What should nurses include when gathering documentation about a concern? This depends on the type of concern, but some principles apply in all cases. Generally, documentation should include the answers to these questions:

- **WHAT** is the problem?
- **WHERE** did it happen?
- **WHEN** did it happen?
- **WHO** is involved?
- **WHY** did it happen? and **HOW** does it impact the patient/client/resident? What is missed, delayed or incomplete?

After gathering this information in writing from the members involved, the Union is in a position to answer the last question, which is: "What do the members **WANT** the employer to do to rectify the problem or address the concern?" For example, at the Labour-Management Committee, everything from employee parking to patient/client/resident care issues, workload or equipment issues may be discussed. In each case, documentation that demonstrates the nature and extent of the problem must be gathered to support a recommendation for change.

Suppose that in your health-care agency, members have a problem with a workload assignment that is too heavy to ensure proper patient/resident/client care. This is a matter that the Labour-Management Committee may address.

What should members write down about their workload to prove their concern is valid? At the end of each tour of duty, each member should record the following:

*Remember: Never use patients'/clients'/residents’ names in any documentation or use any other identifying information about a patient. This would include information that could be used either alone or with other information. Some examples include date of birth, OHIP number or contact information. Assign each patient/client/resident an anonymous label such as “Patient 1” to protect confidentiality when describing a professional responsibility incident involving patients.

Any names or other identifying information must be blacked out completely prior to submitting to ONA. Alternatively, if there is a particular document or portion of the patient/client/resident chart ONA wants, you should note sufficient details on the PRWR Form, such as, "The patient assignment sheet dated July 1, 2014 would list 30 patients for procedures in endoscopy." In this way, ONA would then be able to ask for the employer to produce these records in redacted form to the Panel.

- Her/his direct patient/resident/client care assignment, including for each:
  - **Diagnosis.**
- Treatments/medication/monitoring required.
- Any other information about the care received which affects the length of time needed for care, such as age, mental/emotional state and attitude, etc.

- Other duties performed during the shift which, depending upon the agency, may include:
  - Care planning.
  - Dietary.
  - Housekeeping.
  - Portering.
  - Paperwork.
  - Orientation.
  - In-service.
  - Referral forms.
  - Travel time.
  - Meetings.
  - Supervision of other staff.
  - Answering the telephone.
  - Realignment of care providers during the shift (e.g. from Personal Support Worker to Registered Nurse; Registered Practical Nurse to Registered Nurse and vice-versa) to manage patient acuity.

In other words, include anything that interferes with or takes time away from patient care. Also include duties that would have been performed had time permitted, and duties that were delayed or incomplete.

Identify with the workload issue/concern the College of Nurses (CNO) Standards which have been compromised or not met. This may include, but is not limited to: your Professional Standards of Accountability, Leadership, Knowledge Application, and Ethics; Other Practice Standards such as Medication Administration, Documentation, Infection Prevention and Control, and Practice Guidelines such as Consent and Restraint which may be affected as well as Employer Policies and Protocols that may not be being met.

Specific standard statements may include an inability to meet the professional standard of accountability by:

- Not being able to provide/facilitate/advocate or promote the best possible care for clients because you are rushed, hurried, unable to complete assessments due to an inappropriate nurse:patient ratio, leading to delays in nursing interventions.

Inability to meet the standard of Knowledge Application, which may include:

- Being unable to identify, or recognize abnormal or unexpected client responses and taking action appropriately.
- Managing multiple nursing interventions simultaneously related to overall workload.

Other standard statements may include medication/treatment administration – the inability to administer medications/treatments in a timely manner, or medication errors or omissions. Documentation may be affected because it is incomplete or there is missed documentation.
Infection Prevention and Control may be affected because you are unable to take all measures necessary to prevent transmission of infection and lack proper education and time or access to Personal Protective Equipment (PPE).

A complete list of the CNO standards can be found at [www.cno.org](http://www.cno.org).

For each shift, record the number of staff, including all categories of staff: RNs, RPNs, clerical staff, and Unregulated Care Providers such as porters, orderlies and aides. Also record whether the staff is oriented/familiar with the job they are doing during that particular shift.

When noting support staff, remember to mention how much of their time is available. Is this staff assigned to one area or is their time shared?

Also record for each shift the request(s) made for additional staff. To whom was each request directed? What was the response?

At all times during documentation, keep in mind that:

- **Accuracy** is extremely important. The more accurate the documentation, the more credible your argument for change.
- Only accepted health-care terminology should be used. Do not use terms that are exclusive to your agency. Someone unfamiliar with your agency may not understand your particular jargon. For the same reason, use acronyms only when you are absolutely sure they will be understood.

The right to bring forward concerns is written into each collective agreement. The Ontario Labour Relations Act protects anyone who exercises a right under a collective agreement from any interference, threat or discipline.

Before the Labour-Management Committee, both the employer and the Union have an opportunity to demonstrate their commitment to the delivery of the best possible care for patients, clients or residents and also their concern for the providers of that care. Use the committee to address day-to-day concerns in a positive way.
PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS/INDICATORS

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<td><strong>PHYSICIAN/NP RELATED</strong></td>
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When to file a PRW report form:
When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.
APPENDIX C
WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL
(Hospital Central Agreement expiring March 31, 2018)

Employer: ________________________________

Unit/Area/Program: ________________________________

General Description of Service: ________________________________

Timeframe Being Reviewed: ________________________________

Number of Professional Responsibility Workload Report Forms Submitted: __________

Key Workload Issue(s):

☐ Gaps in Continuity of Care

☐ Balance of Staff Mix

☐ Access to Contingency Staff

☐ Appropriate Number of Nursing Staff

☐ Other: ________________________________

HAC/Unit Participants: ________________________________

Date First Discussed at HAC: ________________________________

Date(s) Workload/Professional Responsibility Review Tool Completed: __________

Date Qualitative/Quantitative Analysis and Gap Analysis Completed: __________

Date Joint Implementation/Action Plan Developed: ________________________________

Date Action Plan Implemented: ________________________________
GUIDELINES FOR COMPLETION OF WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL

1. The tool is used to collect data that is specific to the workload issue(s) being addressed and is intended to enable examination and support analysis of the underlying concerns.

2. Completion of the tool is a collaborative effort on the part of the Union and the hospital.

3. In some circumstances, not all components of the tool may be required to be analyzed in order to address the workload concerns.

4. Data collected in the tool is both quantitative and qualitative. Quantitative data will be drawn from existing hospital reports from current decision support systems. Qualitative data will be derived through focus group discussions using the lines of inquiry referenced in the Workload/Professional Responsibility Review Tool.

5. Data collected using this tool and submissions on the Professional Responsibility Workload Report Form and any other relevant information will form the basis for examination and analysis of the issue(s) being addressed.

6. Analysis of the data includes the identification of gaps, trends, patterns, and themes.

7. Joint recommendations will be formulated collaboratively based on the findings from the data analysis.

8. The joint recommendations will be used to develop an action plan that reflects mutually agreed-upon tactics, timelines and most responsible person.
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<tr>
<td># Casual PT – _____</td>
</tr>
<tr>
<td><strong>FTEs</strong></td>
</tr>
<tr>
<td>Budgeted/Actual – _____</td>
</tr>
<tr>
<td>Total – _____</td>
</tr>
<tr>
<td># FT – _____</td>
</tr>
<tr>
<td># PT – _____</td>
</tr>
<tr>
<td>1950 hours = 1 FTE</td>
</tr>
<tr>
<td><strong>Vacancies</strong></td>
</tr>
<tr>
<td># FT – _____</td>
</tr>
<tr>
<td># Regular PT – _____</td>
</tr>
<tr>
<td># Casual PT – _____</td>
</tr>
<tr>
<td><strong>Overtime</strong></td>
</tr>
<tr>
<td># Hours – _____</td>
</tr>
<tr>
<td>% of total hours – _____</td>
</tr>
<tr>
<td><strong>Sick time</strong></td>
</tr>
<tr>
<td># Hours – _____</td>
</tr>
<tr>
<td>% of total hours – _____</td>
</tr>
<tr>
<td><strong>Turnover</strong></td>
</tr>
<tr>
<td># Positions FT/RPT/Casual PT – _____</td>
</tr>
<tr>
<td>% Total Unit Positions – _____</td>
</tr>
<tr>
<td><strong>Incident Reports</strong></td>
</tr>
<tr>
<td>Specific to and related to workload concern(s)</td>
</tr>
<tr>
<td><strong>Experience</strong></td>
</tr>
<tr>
<td>Total years of experience in this service – _____</td>
</tr>
<tr>
<td>Total years of experience – _____</td>
</tr>
<tr>
<td>Novice – _____</td>
</tr>
<tr>
<td>Intermediate – _____</td>
</tr>
<tr>
<td>Expert – _____</td>
</tr>
<tr>
<td># Staff on Orientation – _____</td>
</tr>
<tr>
<td># Students – _____</td>
</tr>
<tr>
<td># New Grad Initiative – _____</td>
</tr>
<tr>
<td># Mentorship Roles – _____</td>
</tr>
</tbody>
</table>
### A. Practice Environment

<table>
<thead>
<tr>
<th>Scheduling Practice</th>
<th>Type(s) of schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacement Staff*</td>
<td>PT on unit/Resource Team/Agency</td>
</tr>
</tbody>
</table>
| Accommodations &/or Modified Workers | # Temporary – _____  
# Permanent – _____ |
| Patient Census | # Admissions – _____  
# Discharges – _____  
# Transfers – _____ |

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<table>
<thead>
<tr>
<th>Nurse Competency (Key Skills/Knowledge)</th>
<th>Number</th>
<th>% Total RN Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### C. Resources/Support/Current Status Report

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
</tr>
<tr>
<td>Non-Clinical</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
</tr>
<tr>
<td>Practice Supports</td>
</tr>
<tr>
<td>Orientation</td>
</tr>
<tr>
<td>Professional Development</td>
</tr>
</tbody>
</table>

### D. Lines of Inquiry

<table>
<thead>
<tr>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do the staffing levels meet the patient population, accommodate replacement, orientation, and professional development?</td>
</tr>
<tr>
<td>2. Does the assignment of nursing care maximize continuity of patient care?</td>
</tr>
<tr>
<td>3. Are staff work-life considerations and work preferences accommodated?</td>
</tr>
<tr>
<td>4. Are staffing levels and lines balanced to accommodate patient needs, nursing effort, experience, educational preparation and organizational demands?</td>
</tr>
<tr>
<td>5. Is there adequate access to educational resources, i.e. conferences, workshops,</td>
</tr>
</tbody>
</table>
### D. Lines of Inquiry

<table>
<thead>
<tr>
<th></th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>clinical instructors, library, other?</td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> Do current practices promote autonomy? i.e. evidence-informed decision-making; full scope of practice; input into decisions that affect nursing practice and unit policies; opportunity to question processes when they do not support quality patient care.</td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> Do nurses have opportunities to be involved at various levels, i.e. care rounds, unit councils, to influence practice?</td>
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<tr>
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<td></td>
</tr>
<tr>
<td><strong>13.</strong> Are the core processes of client-centered care enacted in care delivery (see client-centered care, pg. 20)?</td>
<td></td>
</tr>
<tr>
<td><strong>14.</strong> Is there an established process to resolve conflict and enable problem-solving within the nursing team?</td>
<td></td>
</tr>
<tr>
<td><strong>15.</strong> Are there established processes for recognizing and rewarding success?</td>
<td></td>
</tr>
<tr>
<td><strong>16.</strong> Are there established processes for decision-</td>
<td></td>
</tr>
</tbody>
</table>
D. Lines of Inquiry

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>making for a variety of circumstances such as emergencies, day-to-day functioning, long-term planning?</td>
</tr>
<tr>
<td>17. Are there established processes for ensuring open channels of communication?</td>
</tr>
</tbody>
</table>

E. Glossary of Terms

A. Practice Environment

**Incident Reports**: Hospitals across the province use a variety of incident reporting systems to document, collect, monitor, and analyze adverse events. Adverse events are unintended injuries or complications resulting from care management, rather than by the patients’ underlying disease, and that lead to death, disability at the time of discharge or prolonged hospital stays (Canadian Adverse Event Study, 2004). Examples of adverse events include medication errors and falls. Please note the definition of adverse events is inclusive of critical incidents and near misses.

**Replacement Staff**: The availability of nursing staff needed in addition to baseline staff in order to maintain the appropriate workload for staff while meeting patient needs (RNAO, 2007). Examples include casual and part-time nursing pool, Nursing Resource Team/Unit, agency nurses and reassignment from one patient care unit to another.

B. Competency

**Nurse Competency (key skills/knowledge)**: Distribution of staff with minimum required RN and RPN entry to practice credential, i.e.: BScN or diploma preparation (important note: as of 2005, entry to practice for the RN is BScN and entry to practice for the RPN is diploma); and, distribution of staff with nationally recognized nursing or health-care specialty credential for example, Critical Care, Advanced Cardiac Life Support (ACLS), and Canadian Nurses Association (CNA) Specialty Certification.

C. Resources/Support

**Clinical**: Nursing, physician, and other regulated health human resources examples include: Nursing Clinical Educators, Dieticians, Registered Respiratory Therapists, Physiotherapists and Pharmacists. The accessibility and availability of consultative resources should be considered.

**Non-clinical**: Unregulated human resources examples include: clerical, porters and housekeeping.

**Practice Supports**: Tools that facilitate care provision examples include: medical directives, care plans and pathways, policies, procedures, protocols, assessment tools and role descriptions. This can also include equipment and supplies.

References
<table>
<thead>
<tr>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://rnao.ca/sites/rnao-ca/files/Professionalism_in_Nursing.pdf">http://rnao.ca/sites/rnao-ca/files/Professionalism_in_Nursing.pdf</a></td>
</tr>
<tr>
<td><a href="http://rnao.ca/sites/rnao-ca/files/Collaborative_Practice_Among_Nursing_Teams.pdf">http://rnao.ca/sites/rnao-ca/files/Collaborative_Practice_Among_Nursing_Teams.pdf</a></td>
</tr>
<tr>
<td>Burkoski, V. (2013) London Health Sciences Centre – Professional Practice Assessment Tool</td>
</tr>
</tbody>
</table>
SAMPLE – WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL

Employer: Community Hospital

Unit/Area/Program: In-patient Surgical Unit

General Description of Service: Post operative surgical care

Timeframe Being Reviewed: Jan. 1, 2016 – April 30, 2016

Number of Professional Responsibility Workload Report Forms Submitted: 24

Key Workload Issue(s):

☑ Gaps in Continuity of Care
☑ Balance of Staff Mix
☑ Access to Contingency Staff
☑ Appropriate Number of Nursing Staff
☐ Other:

HAC/Unit Participants: HAC members plus Polly Program manager, Nancy Nurse, Wanda Workingshort and Robert Novicern

Date First Discussed at HAC: Feb. 5, 2016

Date(s) Workload/Professional Responsibility Review Tool Completed: 2,2016

Date Qualitative/Quantitative Analysis and Gap Analysis Completed: Click to enter date

Date Joint Implementation/Action Plan Developed: Click to enter date

Date Action Plan Implemented: Click to enter date
GUIDELINES FOR COMPLETION OF WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL

1. The tool is used to collect data that is specific to the workload issue(s) being addressed and is intended to enable examination and support analysis of the underlying concerns.

2. Completion of the tool is a collaborative effort on the part of the Union and the hospital.

3. In some circumstances, not all components of the tool may be required to be analyzed in order to address the workload concerns.

4. Data collected in the tool is both quantitative and qualitative. Quantitative data will be drawn from existing hospital reports from current decision support systems. Qualitative data will be derived through focus group discussions using the lines of inquiry referenced in the Workload/Professional Responsibility Review Tool.

5. Data collected using this tool and submissions on the Professional Responsibility Workload Report Form and any other relevant information will form the basis for examination and analysis of the issue(s) being addressed.

6. Analysis of the data includes the identification of gaps, trends, patterns, and themes.

7. Joint recommendations will be formulated collaboratively based on the findings from the data analysis.

8. The joint recommendations will be used to develop an action plan that reflects mutually agreed-upon tactics, timelines and most responsible person.
### A. Practice Environment

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Staffing Complement** | # FT – 24  
# Regular PT – 6  
# Casual PT – 2 |
| **FTEs**             | Budgeted/Actual – Employer to provide this info but for example:  
Total – 28  
# FT – 24  
# PT – 6  
1950 hours = 1 FTE |
| **Vacancies**        | # FT – 0  
# Regular PT – 3  
# Casual PT – 0 |
| **Overtime**         | # Hours – 3822  
% of total hours – 7 |
| **Sick time**        | # Hours – 3900  
% of total hours – 7.1 |
| **Turnover**         | # Positions FT/RPT/Casual PT – 10  
% Total Unit Positions – 36 |
| **Incident Reports** | *specific to and related to workload concern(s)*  
Employer to provide – track incident reports outlining risks/near misses or negative patient outcomes including medication errors |
| **Experience**       | Total years of experience in this service – 28 RNs – 14 > 10 years experience, 3 with 5 – 10 years, 6 with 3 – 5 years, 5 < 2 years  
Total years of experience – 28 RNs 14 > 10 years, 2 with 5 – 10 years, 7 with 3 – 5 years, 5 < 2 years  
Novice – 5  
Intermediate – 9  
Expert – 14  
# Staff on Orientation – 1  
# Students – 0  
# New Grad Initiative – 0  
# Mentorship Roles – 0 |
### A. Practice Environment

<table>
<thead>
<tr>
<th>Scheduling Practice</th>
<th>Type(s) of schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self scheduling – all 12 hour shift rotation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Replacement Staff*</th>
<th>PT on unit/Resource Team/Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Utilize PT on unit to replace , no resource team or agency use by hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accommodations and/or Modified Workers</th>
<th># Temporary – Employer to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Permanent – ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Census</th>
<th># Admissions – Employer to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Discharges – ______</td>
</tr>
<tr>
<td></td>
<td># Transfers – ______</td>
</tr>
</tbody>
</table>

### B. Competency

<table>
<thead>
<tr>
<th>Nurse Competency (Key Skills/Knowledge)</th>
<th>Number</th>
<th>% Total RN Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNA Certification in Medical/Surgical Nursing</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### C. Resources/Support/Current Status Report

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical: RN: RPN ratio is 60:40. RN FT:PT ratio is 75:25. There is not a dedicated Nurse Educator to the Surgical Program, there is a shared Medical/Surgical Educator who also carries corporate responsibilities. She has no dedicated time to be &quot;hands-on&quot; on the unit to assist with orientation or skills development. 32% of RNs eligible to retire within next 5 years.</td>
</tr>
<tr>
<td>Non-Clinical: Clerical support from 0800-1600. After 1600 the clerical duties fall to nursing staff. Housekeeping from 0800-1600 only. Limited housekeeping resources hospital wide to clean beds for discharges and admissions on evening shift and night causing</td>
</tr>
<tr>
<td>C. Resources/Support/Current Status Report</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td><strong>DESCRIPTION</strong></td>
</tr>
<tr>
<td>delays in admissions from ED or PACU.</td>
</tr>
<tr>
<td><strong>Leadership</strong></td>
</tr>
<tr>
<td>Clinical Nurse Manager reports to non – RN Program Director, Surgical Services.</td>
</tr>
<tr>
<td><strong>Practice Supports</strong></td>
</tr>
<tr>
<td>Clinical policies and procedures are outdated, last revised 2004. Not updated to reflect changes in RPN practice i.e. most policies exclude RPN practice. RN staff need education on how to complete patient assignment in line with CNO 3 Factor Framework. No up to date role descriptions</td>
</tr>
<tr>
<td><strong>Orientation</strong></td>
</tr>
<tr>
<td>Normally 2– 3 weeks above base staffing, no formal mentorship arrangement in place</td>
</tr>
<tr>
<td><strong>Professional Development</strong></td>
</tr>
<tr>
<td>RNs have no time to attend inservice programs during working hours, are not replaced.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Lines of Inquiry</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DETAILS</strong></td>
</tr>
<tr>
<td>1. Do the staffing levels meet the patient population, accommodate replacement, orientation, and professional development?</td>
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</tr>
<tr>
<td>D. Lines of Inquiry</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>experience, educational preparation and organizational demands?</td>
</tr>
<tr>
<td><strong>5. Is there adequate access to educational resources, i.e. conferences, workshops, clinical instructors, library, other?</strong></td>
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<tr>
<td><strong>6. Do current practices promote autonomy, i.e. evidence-informed decision-making; full scope of practice; input into decisions that affect nursing practice and unit policies; opportunity to question processes when they do not support quality patient care?</strong></td>
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<tr>
<td><strong>11. Is there a forum in which nurses participate regularly to discuss professional/ethical issues at the unit level?</strong></td>
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</tr>
<tr>
<td><strong>13. Are the core processes of client-centered care enacted in care delivery (see client-centered care, pg. 20)?</strong></td>
</tr>
<tr>
<td><strong>14. Is there an established process to resolve conflict</strong></td>
</tr>
</tbody>
</table>
D. Lines of Inquiry

| DETAILS |
|-----------------|----------------|
| and enable problem-solving within the nursing team? | |
| 15. Are there established processes for recognizing and rewarding success? | No |
| 16. Are there established processes for decision-making for a variety of circumstances such as emergencies, day-to-day functioning, long-term planning? | No – e.g. no decision trees |
| 17. Are there established processes for ensuring open channels of communication? | No |

E. Glossary of Terms

A. Practice Environment

**Incident Reports:** Hospitals across the province use a variety of incident reporting systems to document, collect, monitor, and analyze adverse events. Adverse events are unintended injuries or complications resulting from care management, rather than by the patients’ underlying disease, and that lead to death, disability at the time of discharge or prolonged hospital stays (Canadian Adverse Event Study, 2004). Examples of adverse events include medication errors and falls. Please note the definition of adverse events is inclusive of critical incidents and near misses.

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E. Glossary of Terms

directives, care plans and pathways, policies, procedures, protocols, assessment tools and role descriptions. This can also include equipment and supplies.

References

http://rnao.ca/sites/rnao-ca/files/Professionalism_in_Nursing.pdf

http://rnao.ca/sites/rnao-ca/files/Developing_and_Sustaining_Effective_Staffing_and_Workload_Practices.pdf

http://rnao.ca/sites/rnao-ca/files/Collaborative_Practice_Among_Nursing_Teams.pdf

http://rnao.ca/sites/rnao-ca/files/Client_Centred_Care.pdf


Burkoski, V. (2013) London Health Sciences Centre – Professional Practice Assessment Tool
APPENDIX E
ONA/HOSPITAL PROFESSIONAL RESPONSIBILITY
WORKLOAD REPORT FORM

Article 8 – Professional Responsibility provides a problem-solving process for nurses to address concerns relative to patient care. This form is intended to appropriately identify employee concerns relative to their workload issues in the context of their professional responsibility. These issues include but are not limited to: gaps in continuity of care, balance of staff mix, access to contingency staff and appropriate number of nursing staff. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

SECTION 1: GENERAL INFORMATION

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

Employer:

Unit/Area/Program:

Date of Occurrence:  Click to enter date  Time:  7.5 hr. shift 11.25 hr. shift Other:

Name of Supervisor/Charge Nurse:  Time notified:

SECTION 2: 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 Staffing #:  RN  RPN  Unit Clerk  Service Support

Actual Staffing #:  RN  RPN  Unit Clerk  Service Support

Agency/Registry RN:  Yes  No  How many?  

Novice RN Staff on duty*  Yes  No  How many?  

RN Staff Overtime:  Yes  No  If yes, how many staff?  

*as defined by your unit/area/program.

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

Management Support available on site?  Yes  No

SECTION 3: PATIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE

Please check off the factor(s) you believe contributed to the workload issue and provide details:

☐ Change in patient acuity.

☐ Normal number of beds on unit  Beds closed  Beds opened during tour

☐ Patient census at time of occurrence

☐ # of Admissions  # of Discharges  # of Transfers

☐ Lack of/for equipment/malfunctioning equipment. Please specify:


Visitors/Family Members. Please specify:

☐ Number of patients on infectious precautions

☐ Over-Capacity Protocol. Please specify:

☐ Resources/Supplies

☐ Interdepartmental Challenges

☐ System Issues

☐ Exceptional Patient Factors (i.e. significant time and attention required to meet patient expectations). Please specify:

☐ Other: (e.g. Non-nursing duties, student supervision, mentorship, etc.). Please specify:

SECTION 4: DETAILS OF OCCURRENCE

Provide a concise summary of the occurrence and how it impacted patient care:

Provide identify the Nursing Standard(s)/Practice Guidelines or hospital/unit 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 occurs, discuss the issue within the unit/area/program to develop strategies to meet patient care needs. Provide details of how it was or was not resolved:

(B) Failing resolution at the time of the occurrence, seek immediate assistance from an individual(s) who has responsibility for timely resolution of workload issues. Discussion details including name of individual(s):

Was it resolved? Yes ☐ 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:

☐ In-service ☐ Orientation ☐ Review nurse/patient ratio

☐ Change unit lay-out ☐ Float/casual pool ☐ Review policies & procedures

☐ Change Start/Stop times of shift(s). Please specify:

☐ Review Workload Measurement Statistics

☐ Perform Workload Measurement Audit

☐ Adjust RN staffing ☐ Adjust support staffing

☐ Replace sick calls, vacation, paid holidays, other absences

☐ Equipment. Please specify:

☐ Other:

☐ Equipment.
SECTION 7: EMPLOYEE SIGNATURES

Signature: _______________ Date: ___________ Phone #: ___________ Personal e-mail: _______________

Signature: _______________ Date: ___________ Phone #: ___________ Personal e-mail: _______________

Signature: _______________ Date: ___________ Phone #: ___________ Personal e-mail: _______________

Signature: _______________ Date: ___________ Phone #: ___________ Personal e-mail: _______________

Date Submitted: ___________ Submitted to (Manager name): ____________________________

SECTION 8: MANAGEMENT COMMENTS

The manager (or designate) will provide a written response to the nurse(s) within 10 days of receipt of the form with a copy to the Bargaining Unit President as per Article 8.01 (a) iv). Please provide any information/ comments in response to this report, including any actions taken to remedy the situation, where applicable.

Management Signature: ___________ Date: ___________

Date response to the employer: ___________ Date response to the union: ___________

SECTION 9: RECOMMENDATIONS OF HOSPITAL-ASSOCIATION COMMITTEE

The Hospital-Association Committee recommends the following in order to prevent similar occurrences:

Dated: ___________

Copies: (1) Manager
(2) ONA Rep
(3) Chief Nursing Executive (or designate)
(4) ONA Member
(5) ONA Labour Relations Officer
**APPENDIX F**

**SAMPLE – ONA/HOSPITAL PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM**

Article 8 – Professional Responsibility provides a problem-solving process for nurses to address concerns relative to patient care. This form is intended to appropriately identify employee concerns relative to their workload issues in the context of their professional responsibility. These issues include but are not limited to: gaps in continuity of care, balance of staff mix, access to contingency staff and appropriate number of nursing staff. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

### SECTION 1: GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Name(s) of Employee(s) Reporting (Please Print)</th>
<th>Nancy Nurse</th>
<th>Wanda Workingshort</th>
<th>Robert Novice-rn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer: Community Hospital</td>
<td>Community Hospital</td>
<td>Inpatient Surgical Unit</td>
<td></td>
</tr>
<tr>
<td>Date of Occurrence: 6-Jan-16</td>
<td>6-Jan-16</td>
<td>Time: 19 – 07 7.5 hr. shift</td>
<td>11.25 hr. shift</td>
</tr>
<tr>
<td>Name of Supervisor/Charge Nurse: Mary Manager-on-call</td>
<td>Mary Manager-on-call</td>
<td>Time notified: 6-Jan-16</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 2: 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:

<table>
<thead>
<tr>
<th>Regular Staffing #:</th>
<th>RN 4</th>
<th>RPN 2</th>
<th>Unit Clerk 0</th>
<th>Service Support 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Staffing #:</td>
<td>RN 3</td>
<td>RPN 3</td>
<td>Unit Clerk 0</td>
<td>Service Support 0</td>
</tr>
<tr>
<td>Agency/Registry RN:</td>
<td>Yes</td>
<td>No</td>
<td>How many?</td>
<td></td>
</tr>
<tr>
<td>Novice RN Staff on duty*</td>
<td>Yes</td>
<td>No</td>
<td>How many?</td>
<td>1</td>
</tr>
<tr>
<td>RN Staff Overtime:</td>
<td>Yes</td>
<td>No</td>
<td>If yes, how many staff?</td>
<td>3</td>
</tr>
</tbody>
</table>

*as defined by your unit/area/program.

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:

<table>
<thead>
<tr>
<th>Absence/Emergency Leave</th>
<th>Sick Call(s)</th>
<th>Vacancies</th>
<th>Off unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Support available on site?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 3: PATIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE

Please check off the factor(s) you believe contributed to the workload issue and provide details:

- Change in patient acuity.
  - Patient assigned to RPN developed respiratory distress, code white called during shift for confused and combative patient unable to observe 1:1, spent over an hour calling in staff for day shift to replace sick calls

- Normal number of beds on unit 48 Beds closed ____ Beds opened during tour 2

- Patient census at time of occurrence 50

- # of Admissions 2 # of Discharges ____ # of Transfers ____

- Lack of/or equipment/malfunctioning equipment. Please specify:
  - Not enough IV pumps. Had to leave unit to obtain 2 more.

- Visitors/Family Members. Please specify:
Frequent interruptions to provide directions, multiple phone calls to provide information to family members
☒ Number of patients on infectious precautions 4
☒ Over-Capacity Protocol. Please specify:
   Opened two over-census beds
☒ Resources/Supplies Not enough linen, had to leave unit to obtain IV pumps and medications
☒ Interdepartmental Challenges ED calling frequently to take admissions, beds not ready
☐ System Issues ______
☒ Exceptional Patient Factors (i.e. significant time and attention required to meet patient expectations). Please specify:
   Each pod (RN) caring for 2 epidurals, many patients requiring close monitoring and frequent vital signs, vital signs not completed as per protocol, epidural and PCA checks late, not done according to policies
☒ Other: (e.g. Non-nursing duties, student supervision, mentorship, etc.) Please specify:
   Answering phone, giving directions, portering patients, locating linens, stocking supplies for isolation, emptying garbage

SECTION 4: DETAILS OF OCCURRENCE
Provide a concise summary of the occurrence and how it impacted patient care:
RN sick call replaced with RPN. RPNs not at full scope of practice i.e. IV medications, TPN, PCAs etc. RN had to give meds to RPN’s patients. Normal Nurse: patient ratio 1:8, 3 RNs had 1:9. Unable to consult and collaborate with RPNs, not enough time to do so due to heavy assignment to RNs. RN had to assume care of RPN patient, unable to transfer a patient to RPN due to acuity and complexity of rest of assignment, risk of negative outcomes. Junior RN just off orientation. Patient assignment straddled pods therefore all RNs had to deliver meds between 2 – 3 med carts. Isolated – can’t see or hear RN/RPN in other pods. Meds and treatments late, multiple patient complaints re. delays in nurse presence at bedside and delays in HS care. Two pods received over-census admissions, had to go to ER to help porter patients to unit. No RNs took meal or rest breaks entire shift, all worked at least 1 hour after shift to complete documentation.
Provide/identify the Nursing Standard(s)/Practice Guidelines or hospital/unit policies that are believed to be at risk:
RN and RPN Practice: The Client, the Nurse and the Environment, Professional Standards, Documentation, Medication Administration, Therapeutic Nurse-Client Relationship
Is this an: Isolated incident? ☐ Ongoing problem? ☒ (Check one)

SECTION 5: REMEDY
(A) At the time the workload issue occurs, discuss the issue within the unit/area/program to develop strategies to meet patient care needs. Provide details of how it was or was not resolved:
   We huddled to see if the assignment could be altered. Unable to do so as working one RN short with one RN just off orientation, patients too acute and complex for assignment to RPN.
(B) Failing resolution at the time of the occurrence, seek immediate assistance from an individual(s) who has responsibility for timely resolution of workload issues. Discussion details including name of individual(s):
   Called Manager on call who said she had no help to offer, told us to “do the best you can.” Refused to allow call-in at overtime, or to hold admissions in ER and directed us to open 2 overcapacity beds.
Was it resolved? ☒ Yes ☐ 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:
☐ In-service ☒ Orientation ☒ Review nurse/patient ratio
SECTION 7: EMPLOYEE SIGNATURES

Signature: __________________ Date: __________ Phone #: ___________ Personal e-mail: __________

Signature: __________________ Date: __________ Phone #: ___________ Personal e-mail: __________

Signature: __________________ Date: __________ Phone #: ___________ Personal e-mail: __________

Signature: __________________ Date: __________ Phone #: ___________ Personal e-mail: __________

Date Submitted: __________ Submitted to (Manager name): __________

SECTION 8: MANAGEMENT COMMENTS

The manager (or designate) will provide a written response to the nurse(s) within 10 days of receipt of the form with a copy to the Bargaining Unit President as per Article 8.01 (a) iv). Please provide any information/comments in response to this report, including any actions taken to remedy the situation, where applicable.

Unable to replace RN sick call at straight time so replaced with RPN at full scope of practice. Do not agree RPNs not a full scope. Hospital in overcapacity. Interviewing RPT candidates. As a Manager I am working to decrease sick time and hold staff accountable to come to work. It was a busy night, all did the best they could.

Management Signature: Polly Program-manager Date: 8-Apr-16

Date response to the employer: 11-Apr-16 Date response to the union: 11-Apr-16

SECTION 9: RECOMMENDATIONS OF HOSPITAL-ASSOCIATION COMMITTEE

The Hospital-Association Committee recommends the following in order to prevent similar occurrences:

Dated: __________

Copies: (1) Manager
(2) ONA Rep
(3) Chief Nursing Officer (or designate)
(4) ONA Member
(5) ONA Labour Relations Officer
ONA/HOSPITAL PROFESSIONAL RESPONSIBILITY – WORKLOAD REPORT FORM
GUIDELINES AND TIPS ON ITS USE

The parties have agreed that patient care is enhanced if concerns relating to professional practice, patient acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. The collective agreement provides a problem-solving process for nurses to address concerns relative to their workload issues in the context of their professional responsibility. These issues include, but are not limited to: gaps in continuity of care, balance of staff mix, access to contingency staff and appropriate number of nursing staff. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

PROBLEM-SOLVING PROCESS

1) At the time the workload issue occurs, discuss the matter within the Unit/Area/Program to develop strategies to meet patient care needs using current resources. Using established lines of communication as identified by the hospital, seek immediate assistance from an individual(s) (e.g., team leader/charge nurse/manager/supervisor) who has responsibility for timely resolution of workload issues.

2) Failing resolution of the workload issue at the time of the occurrence or if the issue is ongoing, discuss the issue with the manager (or designate) on the next day that both the employee and manager (or designate) are working or within ten (10) calendar days, whichever is sooner, and complete the form. The manager will provide a written response within ten (10) calendar days of the receipt of the form.

3) When meeting with the manager, you may request the assistance of a Union representative to support/assist you in the meeting. Every effort will be made to resolve the workload issues at the unit level. A Union representative shall be involved in any resolution discussions at the unit level. All discussions and action will be documented.

4) Failing resolution, submit the Professional Responsibility Workload Report Form to the Hospital-Association Committee within twenty (20) calendar days from the date of the manager’s response or when she or he ought to have responded under Article 8.01 (a) iv). (SEE BLANK REPORT FORM ATTACHED TO THESE GUIDELINES.)

5) As per Article 8, the Hospital-Association Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties and report the outcome to the nurse(s) using the Workload/Professional Responsibility Review Tool to develop joint recommendations. Any settlement/resolution under 8.01 (a)(iii) (iv) or (v) of the collective agreement will be signed by the parties.

6) Failing resolution of the issues through the development of joint recommendations, it shall be forwarded to an Independent Assessment Committee as outlined in Article 8 of the Collective Agreement within the requisite number of days of the meeting in 4) above.

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) Print legibly and firmly as you are making multiple copies.

3) Use complete words as much as possible. Avoid abbreviations.

4) As much as possible, 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 standards/practice/guidelines/hospital 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 patients/residents.
APPENDIX G
ONA Professional Responsibility Decision Tree – A Strategy for Hospital Sector

Professional Responsibility/Practice/Workload Issue/Concern Arises

Discuss workload concerns and possible strategies with co-workers on the unit.

Seek help from nursing leaders identified by the Hospital as being responsible for timely resolution. Follow lines of communication: e.g. Charge Nurse→Manager→Unit/Program Director→Chief Nursing Executive or designated management on call.

RN to continue to escalate up the chain of command for a timely resolution.

Fill out the PRWRF as soon as possible after the incident.

Consult servicing Labour Relations Officer if required

a. Discuss PRWRF and your recommendations with manager on next day that both nurse(s) and manager are working, or within ten calendar days.

b. Manager to provide a written response on the form within ten days of receiving the form, to the nurse(s), Bargaining Unit President, Chief Nursing Executive and Senior Clinical Leader. Any settlement at this or any subsequent point must be signed by the parties.

PRC Rep, Union rep and nurses who have completed form(s), to meet to develop potential resolutions. PRC Rep also assists members re: process, reviews how to accurately complete forms and gathers input and suggestions from members of the Unit.

Every effort will be made to resolve workload issues at the unit level and a Union representative shall be involved in any resolution discussions at the unit level. The discussions and actions will be documented.

Submit PRWRF to HAC within 20 days of manager’s response or when they ought to have responded.

HAC meets within 15 days of receipt of the PRWRF to PRW rep. HAC to hear and attempt to resolve complaint.

Continued on Page 2
At HAC, attempts are made to resolve issue using the Workload/Professional Responsibility Review Tool to develop joint recommendations.

If not resolved:

1. Labour Relations Officer attends HAC meeting, and requests an extension in timelines to further explore issues, and attempt resolution.

Labour Relations Officer may submit the pre-complaint letter.

Labour Relations Officer may consult with Professional Practice for advice or assistance with strategies for resolution.

Labour Relations Officer may suggest a PRC Workshop for members of the Unit or invite the PP specialist to speak with members about the issues.

2. Failing resolution, Labour Relations Officer submits pre-complaint letter.

PP Specialist invited to attend next HAC. PP may ask management at HAC to further extend deadlines to attempt resolution.

Failing development of joint recommendations and prior to the issues being forwarded to the Independent Assessment Committee, the ONA PP Specialist will forward a written report outlining the issues and recommendations to the Chief Nursing Executive/Hospital Board/LHIN.

Failing resolution of the issues within 15 calendar days of HAC meeting, or within agreed extended timelines,

Specialist Considers Referral to Independent Assessment Committee.
The Professional Responsibility Clause in the Collective Agreement is a problem-solving process for nurses to address nursing practice and workload concerns relative to resident care/outcomes and safety. The PRW report form is a documentation tool that can facilitate and promote a problem-solving approach.

**SECTION 1: GENERAL INFORMATION**

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

_________________________  ______________________  ______________________  ______________________

Employer: ______________________  Unit/Floor/Pod: ______________________

# of Beds in Unit/Home: ______________________  Unit/Home Census this Shift: ______________________

Date of Occurrence: Day ______ Month ______ Year ______  Time: ______  7.5 hr. shift [ ] 11.25 hr. shift [ ] Other: ______

Is this a Specialty Unit? Yes [ ] No [ ]

Name of Supervisor: ______________________  Date/Day Month Year ______  Time notified: ______

**SECTION 2: DETAILS OF OCCURRENCE**

Provide details of how the residents’ well-being was potentially or actually compromised. Please identify the Nursing Standard(s)/Practice Guidelines/Best Practices or employer policy that are believed to be at risk:

_________________________

Is this an: Isolated incident? [ ] Ongoing problem? [ ] (when in outbreak) [ ] (Check one)

**SECTION 3: 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 Staffing #: RN _____ RPN _____ PSW _____ Clerks & Other _____
- Actual Staffing #: RN _____ RPN _____ PSW _____ Clerks & Other _____
- Agency/Registry RN: Yes [ ] No [ ] And how many? ______
- Junior Staff*: Yes [ ] No [ ] And how many? RN _____ RPN _____ PSW _____ Temp RNs _____

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 [ ]
- 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 □

Charge nurses (CN) are not held accountable for the actions of others, they are accountable for their actions in relation to others (“Nurse in Charge,” CNO Communique, Sept. 2002).

Were you working in a Charge Nurse Leadership Role?  Yes □  No □

i)  **Assigning:**
   Could you assign staff according to their abilities?  Yes □  No □
   Did you have time to determine what staff was most likely to need your help?  Yes □  No □
   Did you have time to provide necessary support and supervision?  Yes □  No □

ii) **Communication:**
   Could you regularly check in with staff during the shift to identify the need for support?  Yes □  No □
   Are there clear roles and responsibilities?  Yes □  No □
   Are there decision trees, current care plans, etc. to assist the CN to quickly identify problems, decide on follow-up action, and who will take that action based on the roles and responsibilities?  Yes □  No □
   Have you notified compliance?  Yes □  No □

iii) **Leadership/Supervision:**
   Were you given enough time, opportunity, tools and resources to properly supervise?  Yes □  No □
   Did you need to stop an unsafe situation?  Yes □  No □
   If yes, did this include intervening or taking over the care of a resident?  Yes □  No □

On this shift, leadership was demonstrated in the following ways (Check all that apply):

- □ Facilitating
- □ Role model/mentor
- □ Advocating/promoting quality care
- □ Resource person
- □ Problem solver
- □ Team collaborator

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### SECTION 4: NURSE/RESIDENT/ENVIRONMENT CARE FACTORS CONTRIBUTING TO THE CONCERN/ISSUE

Please check off the factor(s) you believe contributed to the workload issue and provide details:

- □ Change in resident acuity/incidents, e.g., falls. Provide details:
  
- □ Number of residents on infectious precautions ______ Type of Precautions: ______
  
- □ # of Admissions ______ # of Deaths ______ # of Transfers to Hospital ______
  
- □ Lack of/or equipment/malfunctioning equipment. Please specify:
  
- □ Visitors/Family Members
- □ Lack of resources/supplies
- □ Home in outbreak
- □ Communication/Process Issues
- □ Home in enhanced compliance monitoring

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☐ Drs. Days  Non-Nursing Duties. Please specify:

☐ Other (i.e. Physician/Nurse Practitioner unavailable, # of RAIs & RAPs, # of palliative residents). Please specify:

☐ Exceptional Resident Factors (i.e. significant amount of time required to meet residents’ needs/expectations). Please specify:

SECTION 5: REMEDY

(A) Discuss the concern/issue within the unit/area/home at the time the concern/issue occurs. Provide details of how it was or was not resolved.

☐ Failing resolution at the time of the concern/issue, seek assistance from the person designated by the employer as having responsibility for a timely resolution. **Continue to move up the management ladder for a timely resolution. Provide details including name(s) of individual(s):**

SECTION 6: RECOMMENDATIONS

Please check off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:

☐ In-service  ☐ Orientation  ☐ Review nurse/resident ratio
☐ Change unit layout  ☐ Float/casual pool  ☐ Review policies & procedures
☐ Adjust RN staffing  ☐ Adjust support staffing  ☐ Replace sick calls/LOAs, etc.
☐ Input into how compliance recommendations are implemented
☐ Change Start/Stop times of shift(s). Please specify:

☐ Equipment/Supplies. Please specify:

☐ Other. Please specify:

SECTION 7: EMPLOYEE SIGNATURES

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

Date Submitted: __________________________

SECTION 8: MANAGEMENT COMMENTS

Did you discuss the issues with your employee/nurse on his/her next working day?
Yes □  No □  If yes, 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.

_____

SECTION 9: 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 Labour-Management. __________________________

SECTION 10: RECOMMENDATIONS OF UNION MANAGEMENT-COMMITTEE (LABOUR-MANAGEMENT)

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

_____

Dated: __________________________

Copies:  (1) Manager
         (2) ONA Rep
         (3) Director of Care (or designate)
         (4) ONA Member
         (5) Labour Relations Officer
The parties have agreed that resident care is enhanced if concerns relating to professional practice, resident acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. The collective agreement provides a problem-solving process for nurses to address concerns relative to resident care. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

**PRIOR TO SUBMITTING THE WORKLOAD REPORT FORM, PLEASE FOLLOW THE PROBLEM-SOLVING PROCESS BELOW AND AS OUTLINED IN THE COLLECTIVE AGREEMENT ARTICLE 19 FOR NURSING HOMES OR AS IDENTIFIED IN YOUR COLLECTIVE AGREEMENT.**

**PROBLEM-SOLVING PROCESS**

1) At the time the workload issue occurs, discuss the matter within the Unit/Floor to develop strategies to meet resident care needs using current resources. Using established lines of communication, seek immediate assistance from an individual identified by the employer (e.g. Charge Nurse/Assistant Director of Care/Director of Care/Administrator) who has responsibility for timely resolution of workload issues.

2) Failing resolution of the workload at the time of the occurrence, complete the form. Some Collective Agreements require the nurse to discuss the issue with the manager (or designate) on the next day that both the employee and manager (or designate) are working or within the timeframe stated in the Collective Agreement. However, in the absence of this language, it is recommended and a good practice to discuss the concern with your manager.

3) When meeting with the manager, you may request the assistance of a Union representative to support/assist you in the meeting. Every effort will be made to resolve the workload issues at the unit level. The Bargaining Unit Representative shall be involved in any resolution discussions at the unit level. All discussions and action will be documented.

4) The Nursing Home Professional Responsibility Clause assumes the Nursing Leader consulted in Steps 1 & 2 would be the same person consulted in the above Step 3, and therefore the Nursing Home Step 2 is: Failing resolution, submit the Professional Responsibility Workload Report Form to the Union-Management Committee within 20 calendar days from the alleged improper assignment. The Union-Management Committee will meet within 20 days of the filing of the complaint to attempt to resolve the complaint to the satisfaction of both parties. This is Step 3 in most of the other Collective Agreements. Please check your own Collective Agreement for accurate timelines (SEE BLANK REPORT FORM ATTACHED TO THESE GUIDELINES).

5) Prior to the complaint being forwarded to the Independent Assessment Committee (IAC), the Union may forward a written report outlining the complaint and recommendations to the Director of Resident Care and/or the Administrator.

6) If the issue remains unresolved, it shall be forwarded to an IAC as outlined in the Collective Agreement within the requisite number of days of the meeting in 3) above.

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.

8) Any settlement arrived at under the Professional Responsibility Clause of the Collective Agreement shall be signed by the parties.

**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) As much as possible, 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) List the College of Nurses of Ontario (CNO) Standards/Practice Guidelines/Long-Term Care policies and procedures you believe to be at risk. The CNO can be found at [www.cno.org](http://www.cno.org).

6) Do not, under any circumstances, identify residents.
APPENDIX I

SAMPLE – ONA/LONG-TERM CARE PROFESSIONAL RESPONSIBILITY WORKLOAD (PRW) REPORT FORM

The Professional Responsibility Clause in the Collective Agreement is a problem-solving process for nurses to address nursing practice and workload concerns relative to resident care/outcomes and safety. The PRW report form is a documentation tool that can facilitate and promote a problem-solving approach.

SECTION 1: GENERAL INFORMATION

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

Employer: Best Care Nursing Home
Unit//Floor/Pod: All
# of Beds in Unit/Home: 139
Unit//Home Census this Shift: 137
Date of Occurrence: 12-Feb-16
Time: 0850h 7.5 hr. shift ✔ 11.25 hr. shift ☐ Other: ☐

Is this a Specialty Unit? Yes ☐ No ☑

Name of Supervisor: Jane Doodle
Date/ Time notified: 12-Feb-16 0915h

SECTION 2: DETAILS OF OCCURRENCE

Provide details of how the residents’ well-being was potentially or actually compromised. Please identify the Nursing Standard(s)/Practice Guidelines/Best Practices or employer policy that are believed to be at risk:

Arrived on shift to find home in flu outbreak resulting in an increased complexity of condition for 13 residents with the flu. After report this RN immediately started to do rounds of the 3 units to assess all known residents diagnosed with the flu. Tour ed Unit A and was just about to assess the residents on Unit B when a call came to assess a resident who had fallen on Unit C. Unit C resident assessed and transferred to hospital. Telephone call to resident’s family and critical incident report completed for compliance reporting. Returned to Unit B to begin to assess the frail, ill residents at 1030h and did not get to Unit C until 1300h. Having only 1 RN on days on the weekends makes it very difficult to assess or intervene in a timely manner. PSWs and RPNs need RNs to consult with and for efficient consultation to happen. There needs to be sufficient RNs with the time and resources needed to consult as often as is necessary to meet resident needs.

Is this an:
Isolated incident? ☐ Ongoing problem? ☑ (when in outbreak) ☐ (Check one)

SECTION 3: 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 Staffing #: RN 1 RPN 1 PSW 13 Clerks & Other 0
Actual Staffing #: RN 1 RPN 1 PSW 11 Clerks & Other 0
Agency/Registry RN: Yes ☐ No ☑ And how many? ☐
Junior Staff*: Yes ☑ No ☐ And how many? RN ☐ RPN 2
PSW ☐ Temp RNs 0
RN Staff Overtime: Yes ☐ No ☐ If yes, how many staff? ☐ Total Hours: ☐

*as defined by your unit/floor/pod

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  ☐

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  ☒

Charge nurses (CN) are not held accountable for the actions of others, they are accountable for their actions in relation to others (“Nurse in Charge”, CNO Communique, Sept. 2002).

Were you working in a Charge Nurse Leadership Role?  Yes  ☒  No  ☐

i) Assigning:

Could you assign staff according to their abilities?  Yes  ☒  No  ☐

Did you have time to determine what staff was most likely to need your help?  Yes  ☐  No  ☒

Did you have time to provide necessary support and supervision?  Yes  ☐  No  ☒

ii) Communication:

Could you regularly check in with staff during the shift to identify the need for support?  Yes  ☐  No  ☒

Are there clear roles and responsibilities?  Yes  ☒  No  ☐

Are there decision trees, current care plans, etc. to assist the CN to quickly identify problems, decide on follow-up action, and who will take that action based on the roles and responsibilities?  Yes  ☐  No  ☒

Have you notified compliance?  Yes  ☐  No  ☒

iii) Leadership/Supervision:

Were you given enough time, opportunity, tools and resources to properly supervise?  Yes  ☐  No  ☒

Did you need to stop an unsafe situation?  Yes  ☒  No  ☐

If yes, did this include intervening or taking over the care of a resident?  Yes  ☐  No  ☒

On this shift, leadership was demonstrated in the following ways (Check all that apply):

☒ Facilitating  ☐ Role model/mentor  ☒ Advocating/promoting quality care
☒ Resource person  ☒ Problem solver  ☒ Team collaborator

SECTION 4: NURSE/RESIDENT/ENVIRONMENT CARE FACTORS CONTRIBUTING TO THE CONCERN/ISSUE

Please check off the factor(s) you believe contributed to the workload issue and provide details:

☒ Change in resident acuity/incidents, e.g. falls. Provide details:
  Complexity and acuity due to flu outbreak and a resident fall.

☒ Number of residents on infectious precautions 13  Type of Precautions: respiratory

☒ # of Admissions 0  # of Deaths ______ # of Transfers to Hospital 1

☐ Lack of/or equipment/malfunctioning equipment. Please specify:
  ______

☐ Visitors/Family Members  ☐ Lack of resources/supplies  ☒ Home in outbreak

☐ Communication/Process Issues  ☐ Home in enhanced compliance monitoring
Drs. Days Non-Nursing Duties. Please specify:
- calling in staff
- Other (i.e. Physician/Nurse Practitioner unavailable, # of RAIs & RAPs, # of palliative residents). Please specify:
  - # of palliative residents
- Exceptional Resident Factors (i.e. significant amount of time required to meet residents’ needs/expectations). Please specify:

SECTION 5: REMEDY

(A) Discuss the concern/issue within the unit/area/home at the time the concern/issue occurs. Provide details of how it was or was not resolved.
Resident with the flu needed frequent RN assessments due to multiple diagnoses, plus the risk of dehydration. Not resolved as only 1 RN booked on weekends.

(B) Failing resolution at the time of the concern/issue, seek assistance from the person designated by the employer as having responsibility for a timely resolution. Continue to move up the management ladder for a timely resolution. Provide details including name(s) of individual(s):
Telephone call to manager on call at 0915h who was not a nurse. Proceeded to call the DOC to be sure that a person in a senior nursing leadership position was aware and to discuss resolution options.

SECTION 6: RECOMMENDATIONS

Please check off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:
- In-service
- Change unit layout
- Adjust RN staffing
- Orientation
- Float/casual pool
- Adjust support staffing
- Review nurse/resident ratio
- Review policies & procedures
- Replace sick calls/LOAs, etc.
- Input into how compliance recommendations are implemented
- Change Start/Stop times of shift(s). Please specify:

- Equipment/Supplies. Please specify:

- Other. Please specify:
  Develop a different staffing plan for crisis solutions, i.e.: outbreak.

SECTION 7: EMPLOYEE SIGNATURES

Signature: XXX Phone # / Personal E-mail:________________________
Signature: ______________________ Phone # / Personal E-mail:________________________
Signature: ______________________ Phone # / Personal E-mail:________________________
Signature: ______________________ Phone # / Personal E-mail:________________________
Date Submitted: 4-Feb-16
SECTION 8: MANAGEMENT COMMENTS

Did you discuss the issues with your employee/nurse on his/her next working day?

Yes ☒ No ☐ If yes, date: 5-Feb-16

Provide details:

There has always been 1 RN on the weekend day shifts. May need to learn to prioritize.

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.

SECTION 9: 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 Labour-Management.

SECTION 10: RECOMMENDATIONS OF UNION-MANAGEMENT COMMITTEE (LABOUR-MANAGEMENT)

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

Dated:

Copies: (1) Manager
(2) ONA Rep
(3) Director of Care (or designate)
(4) ONA Member
(5) Labour Relations Officer
The parties have agreed that resident care is enhanced if concerns relating to professional practice, resident acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. The collective agreement provides a problem-solving process for nurses to address concerns relative to resident care. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

PRIOR TO SUBMITTING THE WORKLOAD REPORT FORM, PLEASE FOLLOW THE PROBLEM-SOLVING PROCESS BELOW AND AS OUTLINED IN THE COLLECTIVE AGREEMENT ARTICLE 19 FOR NURSING HOMES OR AS IDENTIFIED IN YOUR COLLECTIVE AGREEMENT.

PROBLEM-SOLVING PROCESS

1) At the time the workload issue occurs, discuss the matter within the Unit/Floor to develop strategies to meet resident care needs using current resources. Using established lines of communication, seek immediate assistance from an individual identified by the employer (e.g. Charge Nurse/Assistant Director of Care/Director of Care/Administrator) who has responsibility for timely resolution of workload issues.

2) Failing resolution of the workload at the time of the occurrence, complete the form. Some Collective Agreements require the nurse to discuss the issue with the manager (or designate) on the next day that both the employee and manager (or designate) are working or within the timeframe stated in the Collective Agreement. However, in the absence of this language, it is recommended and a good practice to discuss the concern with your manager.

3) When meeting with the manager, you may request the assistance of a Union representative to support/assist you in the meeting. Every effort will be made to resolve the workload issues at the unit level. The Bargaining Unit Representative shall be involved in any resolution discussions at the unit level. All discussions and action will be documented.

4) The Nursing Home Professional Responsibility Clause assumes the Nursing Leader consulted in Steps 1 & 2 would be the same person consulted in the above Step 3; therefore, the Nursing Home Step 2 is: Failing resolution, submit the Professional Responsibility Workload Report Form to the Union-Management Committee within 20 calendar days from the alleged improper assignment. The Union-Management Committee will meet within 20 days of the filing of the complaint to attempt to resolve the complaint to the satisfaction of both parties. This is Step 3 in most of the other Collective Agreements. Please check your own Collective Agreement for accurate timelines (SEE BLANK REPORT FORM ATTACHED TO THESE GUIDELINES).

5) Prior to the complaint being forwarded to the Independent Assessment Committee (IAC), the Union may forward a written report outlining the complaint and recommendations to the Director of Resident Care and/or the Administrator.

6) If the issue remains unresolved, it shall be forwarded to an IAC as outlined in the Collective Agreement within the requisite number of days of the meeting in 3) above.

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.

8) Any settlement arrived at under the Professional Responsibility Clause of the Collective Agreement shall be signed by the parties.

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) As much as possible, 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 College of Nurses of Ontario (CNO) Standards/Practice Guidelines/Long-Term Care policies and procedures you believe to be at risk. The CNO Standards can be found at www.cno.org.

6) Do not, under any circumstances, identify residents.
**APPENDIX J**

**PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS/INDICATORS FOR LTC**

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>EQUIPMENT &amp; SUPPLIES</th>
<th>POLICIES AND PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Leadership &amp; Support</td>
<td>Faulty</td>
<td>Abuse</td>
</tr>
<tr>
<td>Policies &amp; Procedures</td>
<td>In-service of New Equipment</td>
<td>Administrative</td>
</tr>
<tr>
<td>Resident Factors/Complexity</td>
<td>Insufficient/Lack of</td>
<td>Computers</td>
</tr>
<tr>
<td>Charting/Documentation System</td>
<td>Maintenance</td>
<td>Equipment</td>
</tr>
<tr>
<td>Availability of Nursing Leader on call</td>
<td>Not Appropriate</td>
<td>Nursing Practices</td>
</tr>
<tr>
<td>Other</td>
<td>Workload</td>
<td>RAI MDS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION/ORIENTATION</th>
<th>JOB DESCRIPTIONS DUTIES</th>
<th>STAFFING LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Reference Material</td>
<td></td>
<td>Clinical Pathways/Medical Directives</td>
</tr>
<tr>
<td>Agency Staff</td>
<td>Charge Nurse</td>
<td>LTCHA accountabilities</td>
</tr>
<tr>
<td>Equipment</td>
<td>RPNs</td>
<td>Other</td>
</tr>
<tr>
<td>In-service</td>
<td>Clerical</td>
<td></td>
</tr>
<tr>
<td>Job Duties/Responsibilities</td>
<td>Dietary</td>
<td>24-Hour RN Coverage</td>
</tr>
<tr>
<td>Nursing Skills RPN and/or PSW</td>
<td>PSW</td>
<td>RPN Coverage</td>
</tr>
<tr>
<td>Physical Layout for Model of Care</td>
<td>Other</td>
<td>PSW Coverage</td>
</tr>
<tr>
<td>Policies &amp; Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casual Nurses</td>
<td>Access to</td>
<td>Baseline</td>
</tr>
<tr>
<td>Other</td>
<td>Administration of</td>
<td>Occupancy/High Intensity/Respite</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENVIRONMENT</th>
<th>MEDICATION/POLICY</th>
<th>NON-NURSING FUNCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence Transfers</td>
<td>Pharmacy Related</td>
<td>Resident Mix/Acuity</td>
</tr>
<tr>
<td>Alarm Systems</td>
<td>Processing Orders</td>
<td>break Relief</td>
</tr>
<tr>
<td>Cleanliness of Area</td>
<td>Supply Inadequate/Outdated</td>
<td>Physician Related</td>
</tr>
<tr>
<td>Construction/Renovation</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Dietary Needs</td>
<td>Dispensing</td>
<td>Maintenance/Housekeeping</td>
</tr>
<tr>
<td>Fire Alarm</td>
<td>Answering Telephone</td>
<td>Staff Not Replaced</td>
</tr>
<tr>
<td>Noise Level</td>
<td>Visitor Inquiries</td>
<td>Clerk/Receptionist/Scheduler</td>
</tr>
<tr>
<td>Power, Plumbing &amp; Heating</td>
<td>Clerk/Scheduler/Receptionist</td>
<td>Weekend coverage</td>
</tr>
<tr>
<td>Physical Layout</td>
<td>Calling in Staff</td>
<td></td>
</tr>
<tr>
<td>Placement of Resident-Inappropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety for Residents/Staff</td>
<td>Other</td>
<td>Workload</td>
</tr>
<tr>
<td>Care Fragmentation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICIAN/NP RELATED**

- Resident Factors/Acuity

---

When to file a PRW report form:
*When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.*
When to file a PRW report form:
*When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality resident care is compromised.*
The workload concerns/issues are documented on the Professional Responsibility Workload Report Form (PRWRF) as soon as possible after the incident. The PRWRF will be forwarded to the DOC* and Bargaining Unit President in accordance with the collective agreement. Every attempt will be made to resolve the workload issue.

The workload concerns/issues are documented on the Professional Responsibility Workload Report Form (PRWRF) as soon as possible after the incident. The PRWRF will be forwarded to the DOC* and Bargaining Unit President in accordance with the collective agreement. Every attempt will be made to resolve the workload issue.

Consult servicing Labour Relations Officer if required or may attend meeting

May request a Union representative when meeting with the DOC

Note: *as designated by the collective agreement or by the employer

Continued on Page 2
Upon request of Bargaining Unit President/PRW Rep, Labour Relations Officer attends Union Management Meeting.

If not resolved proceed as follows:

The Labour Relations Officer attends the Union-Management Committee meeting and attempts to resolve issues. The Labour Relations Officer may request an extension in timelines to further explore issues.

If unresolved: the Labour Relations Officer will consult with the Intake Professional Practice (PP) Specialist.

Failing resolution, the Labour Relations Officer will submit the pre-complaint letter to the employer and invite the PP Specialist to attend the next Union-Management Committee meeting.

If resolved – Minutes of Settlement signed

The PP Specialist attends next Union-Management meeting. PP may ask management at Union-Management meeting to further extend timelines to attempt resolution.

ONA PP Specialist works with the employer to resolve issues where possible; however, may forward written report outlining complaint and recommendations to the Director of Resident Care and/or the Administrator.

Failing resolution of the complaint within 20 days of the Union-Management Committee (or as per the collective agreement), or within agreed to extended timelines, the Specialist considers referral to an Independent Assessment Committee.

At any time during this process, the parties may agree to the use of a mediator to assist in the resolution of the issues arising out of this.
APPENDIX L
ONA COMMUNITY PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM

SECTION 1: GENERAL INFORMATION

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

Employer: _______________________/Branch ______________________ Team/Area/Program: _______________________

Date of Occurrence: ___________ Click here to enter a date. Start Time: ___________ Duration Time: ___________

Hrs Wkd ___________ Ext. Hrs ___________ On Call/ ___________ Supervisor (at time of occ.) ___________

Duration Time: ___________ Date/ Time Submitted ___________ Click here to enter a date.

SECTION 2: DETAILS OF OCCURRENCE

Provide a concise summary of how the occurrence affected your practice/workload:

Check one: Is this an isolated incident? ☐ An ongoing problem? ☐ (Check one)

SECTION 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURRENCE

Please check off the factor(s) you believe contributed to the workload issue:

☐ Change in client acuity (psy/phy/soc) Provide details: ______

☐ Visitors/Family members ______

☐ Bed Shortage (hosp./LTC) ______

☐ Client census at time of occurrence ______

☐ Non-Nursing Duties: (specify) ______

☐ # of Admissions ______

☐ # of Discharges ______

☐ Safety in jeopardy (specify) ______

☐ Lack of/malfunctioning equip. (specify) ______

☐ Weather ______

☐ Travel/Distance ______

☐ Unanticipated Assignment/ uncontrolled variables (specify) ______

☐ Incomplete Referral Information ______

☐ Other (specify) ______

SECTION 4: 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: RN _____ RPN _____ Clerical Support _____ IT Support _____

# Actual Staff: RN _____ RPN _____ Clerical Support _____ IT Support _____

Junior Staff: Yes _____ No _____ How many? ______

RN Staff Overtime: Yes _____ No _____ If yes, how many staff? ______ Total Hours ______

Breaks: Meal Period: Missed _____ Late _____ Taken _____

Rest Period: Missed _____ Late _____ Taken _____

At the time of the occurrence, the planned workload was:

<table>
<thead>
<tr>
<th># Planned</th>
<th>Actual #</th>
<th>Time Planned</th>
<th>Actual Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Home Visits/School Visits/Clinics
Case Conferences/Team Meetings, etc.
Documentation/Administration (i.e. phone, paperwork, supplies)
SECTION 5: REMEDY

(A) At the time of the workload issue concerned, did you discuss the issue within the team/branch/program?
   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 ☐

   Did the designated person with whom you discussed the occurrence provide guidance?
   Yes ☐  No ☐  Provide Details:

(C) Did you discuss the issue with your manager (or designate) on her/his next working day?
   Yes ☐  No ☐  Provide Details:

   Was isolated incident it resolved?  Yes ☐  No ☐

   If an ongoing problem, was entire issue resolved?  Yes ☐  No ☐

   Were measures implemented to prevent re-occurrence?  Yes ☐  No ☐

   Provide Details:

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

<table>
<thead>
<tr>
<th>Category (CM, RN, RPN, PHN, PSW, Clerk, etc.)</th>
<th>Amount of time staff Available</th>
<th>Orientation to Branch Requires State Orientation time (min/hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

SECTION 6: RECOMMENDATIONS

Please check off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:

☐ In-service
☐ Change physical layout
☐ Caseload review for acuity/activity
☐ Equipment (Please specify) ____
☐ Other ____

☐ Orientation
☐ Float/casual pool
☐ ↑ RN/CM staffing
☐ ↑ Support staffing

☐ Review nurse/patient ratio
☐ Review policies & procedures
☐ Perform Workload Measurement Audit
<table>
<thead>
<tr>
<th>SECTION 7: EMPLOYEE SIGNATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I/We request these concerns be forwarded to the Employer-Association Committee.</td>
</tr>
<tr>
<td>Signature: __________________________ Signature: __________________________</td>
</tr>
<tr>
<td>Signature: __________________________ Date/time Submitted: _____________ Click here to enter a date.</td>
</tr>
<tr>
<td>Copies: (1) Manager/Chief Nursing Officer (or designate) (2) ONA Rep (3) RN (4) Labour Relations Officer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 8: MANAGEMENT COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide any information/comments in response to this report, including any actions taken to remedy the situation, where applicable.</td>
</tr>
<tr>
<td>Management Signature: __________________________ Date: _____________ Click here to enter a date.</td>
</tr>
</tbody>
</table>
Client care is enhanced if concerns relating to professional practice, patient 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 CNO STANDARDS AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

STEPS IN PROBLEM-SOLVING PROCESS

1) **At the time the workload issue occurs**, discuss the matter within the Team/Branch/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. team leader/charge nurse/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 professional responsibility workload report form to the Employer-Association Committee within fifteen (15) calendar days of the alleged improper assignment (SEE BLANK REPORT FORM ATTACHED TO THESE GUIDELINES).

4) The Employer-Association 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 Labour Relations Officer and/or Professional Practice Specialist shall meet with management and attempt to resolve the complaint.

6) 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 Association 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) 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 PROF/CNO standards of practice/policies and procedures you feel you were unable to meet.

6) Do not, under any circumstances, identify clients/residents.
APPENDIX M
ONA PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM (CCAC)

ONTARIO NURSES’ ASSOCIATION (ONA)
COMMUNITY CARE ACCESS CENTRE (CCAC)
PROFESSIONAL RESPONSIBILITY REPORT FORM

SECTION 1: GENERAL INFORMATION

Name(s) Of Employee(s) Reporting: _____
Employer: _____ Site: _____
Team/Area/Program: _____
Date of Occurrence: Click here to enter a date. Start Time: _____ Duration Time: _____
Hours Worked: _____ On Call/Ext. Hrs. _____ Supervisor at time of Occurrence: _____
Date submitted Click here to enter a date. Time Submitted: _____

SECTION 2: DETAILS OF OCCURRENCE

Provide a concise summary of how the occurrence affected your practice/workload:

Check one: □ Is this an isolated incident? □ An ongoing problem?
Applicable Regulatory College: _____
Applicable Standards of Practice/Policies/Procedures: _____

SECTION 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURRENCE

□ Change in Client Acuity. Provide details: □ Safety in Jeopardy. Please specify:
□ Complex Family dynamics: □ Urgent/same day assessments:
□ Clients assigned at time of occurrence: □ Lack of/malfunctioning equip/technology. Details:
□ Non-Care Coordinator duties. Specify: □ Weather/Conditions
□ # of new clients to be assessed: □ Travel/Distance
□ Internal/external transition of service: □ Unanticipated Assignment/Uncontrolled variables: Pls. Specify:
□ RAI assessments/CHRIS to be completed □ Other (specify):
□ Please provide details about the working conditions at the time of occurrence by providing the following information, e.g. shortage of staff, number of visits, meetings/case conferences, education/in-service, presentations, mentoring:

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 (if known):
□ Absence/Emergency Leave □ Sick Call(s) □ Vacancies

SECTION 4: REMEDY/SOLUTION

(A) At the time the workload issue occurred, did you discuss the issue within the team/site/program?
□ Yes □ No Date Click here to enter a date.
Provide details:
Was it resolved?
□ Yes Proceed to Section 8 □ No Proceed to (B) Date Click here to enter a date.

(B) Did you discuss the issue with a manager (or designate) immediately or on your next working day?
□ Yes □ No Date Click here to enter a date.
### SECTION 4: REMEDY/SOLUTION

Provide details – (include names)

Was isolated incident resolved?
- [ ] Yes  Proceed to Section 8  
- [ ] 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 re-occurrence?
- [ ] Yes  
- [ ] No  Date: Click here to enter a date.

Provide details:

### SECTION 5: INITIAL RECOMMENDATIONS

Please check-off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:

- [ ] In-service
- [ ] Change Physical layout
- [ ] Caseload Review for acuity/activity
- [ ] Orientation
- [ ] Part-time pool
- [ ] Professional Standards
- [ ] Equipment/Technology: please specify:
- [ ] Other: please specify:

### SECTION 6: EMPLOYEE SIGNATURES

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Phone No:</td>
</tr>
<tr>
<td>Signature</td>
<td>Phone No:</td>
</tr>
<tr>
<td>Signature</td>
<td>Phone No:</td>
</tr>
</tbody>
</table>

Date Submitted: Click here to enter a date.  Time:

### SECTION 7: 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.

### SECTION 8: RESOLUTION/OUTCOME

Please provide details of resolution:

- Attach on Letter of Understanding (LOU) resolution:
- Date: Click here to enter a date.

Signatures:
ONTARIO NURSES’ ASSOCIATION (ONA)
COMMUNITY CARE ACCESS CENTRE (CCAC)
PROFESSIONAL RESPONSIBILITY 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 possible 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 PROFESSIONAL RESPONSIBILITY REPORT FORM, PLEASE FOLLOW ALL STEPS AS OUTLINED IN YOUR PROFESSIONAL STANDARDS (e.g. CNO or other regulatory college(s)) AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

STEPS IN PROBLEM SOLVING PROCESS

1. **At the time the 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 professional responsibility issues.

2. Failing resolution of the issue at the time of 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 CCAC professional responsibility report form within the timeframes outlined in the Collective Agreement in Article 24.

4. The Employer-Union Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties.

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.

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. Provide a copy to the employer.
**APPENDIX N**  
SAMPLE – ONA PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM (CCAC)

**ONTARIO NURSES’ ASSOCIATION (ONA)**  
**COMMUNITY CARE ACCESS CENTRE (CCAC)**  
**PROFESSIONAL RESPONSIBILITY REPORT FORM**

### SECTION 1: GENERAL INFORMATION

| Name(s) Of Employee(s) Reporting: | Nancy Fresh, Janie Row, Mary Mature, Janice Jones |
| Employer: | Central CCAC |
| Site: | Pine Valley |
| Team/Area/Program: | Pleasant Place |
| Date of Occurrence: | 1/6/2016 |
| Start Time: | 0800 |
| Duration Time: | 7 |
| Hours Worked: | 7 |
| On Call/Ext. Hrs. | 0 |
| Supervisor at time of Occurrence: | Karen Wall |
| Date submitted: | 6/10/2016 |
| Time Submitted: | 1600 |

### SECTION 2: DETAILS OF OCCURRENCE

Provide a concise summary of how the occurrence affected your practice/workload:
Lack of staff, CMs expected to cover for 2 open desks. Additional case load, with already above average caseloads. Unable to perform all assigned tasks within the hours of the shift. Outstanding assessments, unable to complete in a timely manner and overdue RAI’s, unable to respond to family and client phone calls in a timely manner, Lack of support staff, unable to document in a timely manner when covering three separate caseloads.

4 clients sent to ER for deterioration in condition due to initial RAI not completed, 15 additional nursing visits authorized in the 54 clients awaiting reassessment, and 24 additional PSW hours authorized

10 client falls reported of clients awaiting reassessment.

Check one:
- [ ] Is this an isolated incident?
- [x] An ongoing problem?

Applicable Regulatory College:

Applicable Standards of Practice/Policies/Procedures:

### SECTION 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURRENCE

| ☑ Change in Client Acuity. Provide details: Crisis placement, complex hospital discharges |
| ☑ Safety in Jeopardy. Please specify: |
| ☑ Complex Family dynamics: |
| ☑ Urgent/same day assessments: |
| ☑ Clients assigned at time of occurrence: |
| ☑ Lack of/malfunctioning equip/technology. Details: |
| ☑ Non-Care Coordinator duties. Specify: computer entry, voicemail and return calls |
| ☑ Weather/Conditions |
| ☑ # of new clients to be assessed: |
| ☑ Travel/Distance |
| ☑ Internal/external transition of service: |
| ☑ Unanticipated Assignment/Uncontrolled variables: Pls. Specify: |
| ☑ RAI assessments/CHRIS to be completed |
| ☑ Other (specify): |

Please provide details about the working conditions at the time of occurrence by providing the following information, e.g. shortage of staff, number of visits, meetings/case conferences, education/in-service, presentations, mentoring:

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 (if known):
SECTION 4: REMEDY/SOLUTION

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

☐ Yes
☐ No

Date 6/1/2016

Provide details:
Staff met with manager to inform her that there are several outstanding voicemails and return calls to be followed up with. Unable to complete all client visits.

Was it resolved?
☐ Yes Proceed to Section 8
☐ No Proceed to (B)

Date

(B) Did you discuss the issue with a manager (or designate) immediately or on your next working day?

☐ Yes
☐ No

Date 6/3/2016

Provide details – (include names)
Manager told us to prioritize and not complete the Clerical Assistants tasks

Was isolated incident resolved?

☐ Yes Proceed to Section 8
☐ No

Date

If an ongoing problem, was the entire issue resolved?

☐ Yes
☐ No

Date

Were measures implemented to prevent re-occurrence?

☐ Yes
☐ No

Date

Provide details:
There are several vacancies in this office and challenges with staff retention.

SECTION 5: INITIAL RECOMMENDATIONS

Please check-off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:

☐ In-service
☐ Change Physical layout
☐ Caseload Review for acuity/activity
☐ Orientation
☐ Part-time pool
☐ Professional Standards
☐ Equipment/Technology: please specify:
☐ Other: please specify:

☒ Review Care Coordinator Staffing
☒ Review Support staffing
☒ Review Care Coordinator:Client ratio
☒ Review policies and procedures
☒ Perform Workload Audit
☒ Process Review

SECTION 6: EMPLOYEE SIGNATURES

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

Signature:        Phone No:
Signature:        Phone No:
Signature:        Phone No:
Signature:        Phone No:
### SECTION 7: 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.

### SECTION 8: RESOLUTION/OUTCOME

Please provide details of resolution:

Attach on Letter of Understanding (LOU) resolution:

Date: Click here to enter a date.

Signatures:
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 possible 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 PROFESSIONAL RESPONSIBILITY REPORT FORM, PLEASE FOLLOW ALL STEPS AS OUTLINED IN YOUR PROFESSIONAL STANDARDS (e.g. CNO or other regulatory college(s)) AND/OR APPLICABLE COLLECTIVE AGREEMENTS.

STEPS IN PROBLEM-SOLVING PROCESS

1. **At the time the 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 professional responsibility issues.

2. Failing resolution of the 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 CCAC professional responsibility report form within the timeframes outlined in the Collective Agreement in Article 24.

4. The Employer-Union Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties.

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.

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. Provide a copy to the employer.
APPENDIX O
ONA Professional Responsibility Decision Tree – a Strategy for Resolving Workload Complaints in CCAC

Practice/Workload Issue/Concern Arises

Discuss workload concerns with co-workers on team/site/program.

Seek help from the manager or designate responsible for timely resolution. Follow lines of communication: e.g. Team Leader→Manager→Director→Director on call. 
Case Manager to continue to escalate the issue through chain of command

Complete the PRWRF as soon as possible after the workload or practice concern occurs and submit to your manager and PRW rep.

a. Discuss the concern and your recommendations with your manager on next day that both CM and manager are both working, or within five calendar days.
b. Manager provides a written response. If there is no response within five days, contact manager to follow up when a response can be expected.

Consult servicing Labour Relations Officer if required

PRW Rep and Case Manager(s) who completed the form meet to develop potential resolutions.

PRW Rep may also prep members re: the process, review how to accurately complete forms and gather input and suggestions from the team members/CMs

PRWRF is submitted to the Labour-Management committee for discussion of the incident, within the time frames as set in the collective agreement. L/M committee meets, within agreed to Collective agreement timeframes, of receipt of the PRWRF to hear and attempt to resolve complaint.

Continued on Page 2
At L/M Committee, attempts are made to resolve issue.

If not resolved, proceed as follows:

- The Labour Relations Officer attends the L/M meeting and attempts to resolve issues. Labour Relations Officer may request an extension in timelines to further explore issues.
- If unresolved: the Labour Relations Officer will consult with the Intake Professional Practice Specialist

Failing resolution, Labour Relations Officer will submit the pre-complaint letter to the employer and invite the Professional Practice Specialist to attend the next L/M meeting

If not resolved within 15 calendar days of L/M meeting, or within agreed extended timelines,

Specialist Considers Referral to Independent Assessment Committee.

At any time during this process, the parties may agree to the use of a mediator to assist in the resolution of the issues arising out of this provision.
### SECTION 1: GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Name(s) of Employee(s) Reporting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer: Site:</td>
</tr>
<tr>
<td>Team/Area/Program:</td>
</tr>
<tr>
<td>Date of Occurrence: Start Time: Duration Time:</td>
</tr>
<tr>
<td>Hours Worked: On Call/Ext. Hrs. Supervisor at time of Occurrence:</td>
</tr>
<tr>
<td>Date submitted: Time Submitted:</td>
</tr>
</tbody>
</table>

### SECTION 2: DETAILS OF OCCURRENCE

Provide a concise summary of how the occurrence affected your practice/workload:

Check one: 
- [ ] Is this an isolated incident?  
- [ ] An ongoing problem?

### SECTION 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURRENCE

<table>
<thead>
<tr>
<th>Change in Client/Family needs (specify):</th>
<th>Safety in Jeopardy (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] # of family members</td>
<td>[ ] Lack of/malfunctioning equip. Details:</td>
</tr>
<tr>
<td>[ ] Clients assigned at time of occurrence:</td>
<td>[ ] Weather/Conditions</td>
</tr>
<tr>
<td>[ ] Non-nursing duties (specify):</td>
<td>[ ] Travel/Distance</td>
</tr>
<tr>
<td>[ ] Ontario Public Health Standards not met</td>
<td>[ ] Outbreak/Presentation cancelled:</td>
</tr>
<tr>
<td>[ ] # of new clients to be assessed</td>
<td>[ ] # of transfers from service:</td>
</tr>
<tr>
<td>[ ] Unanticipated Assignment/Uncontrolled variables (specify):</td>
<td>[ ] # of discharges from program</td>
</tr>
</tbody>
</table>
**SECTION 4: 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:

<table>
<thead>
<tr>
<th></th>
<th># Regular staff:</th>
<th># Actual Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHN</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>RN</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>NP</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Clerical support</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>IT Support</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Inexperienced Staff:  □ Yes □ No  How many?  ____

Staff Overtime:  □ Yes □ No  If yes, how many staff?  ____  Total Hours  ____

Breaks:  Meal Period:  □ Missed □ Late □ Taken

Rest Period:  □ Missed □ Late □ Taken

At the time of the occurrence, the planned workload was:

<table>
<thead>
<tr>
<th>Workload Item</th>
<th># Planned</th>
<th># Actual</th>
<th>Time Planned</th>
<th>Actual Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Visits/School Visits/Clincis/Telephone calls/Hospitals, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Meetings/Team meetings/Office work, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation/Administration (i.e. phone, paperwork, supplies)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-service Education/Presentations</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Travel (number of trips)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Clients Assessed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (i.e. giving a presentation, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SECTION 5: REMEDY/ SOLUTION**

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

□ Yes □ No  Date:  Click here to enter a date.

Provide details:

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: Click here to enter a date.

Provide details:

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: 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 re-occurrence?

- Yes  
- No  

Date: Click here to enter a date.

Provide details:

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

<table>
<thead>
<tr>
<th>Category (PHN, RN, NP, Clerical, etc.)</th>
<th>Amount of time Staff Available</th>
<th>Orientation to Site required</th>
<th>State orientation time (min/hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Yes  
- No  
- Yes  
- No  
- Yes  
- No  
- Yes  
- No  
- Yes  
- 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:

- In-service
- Change physical layout
- Caseload review for client/family needs
- Orientation
- ↑ PHN staffing
- ↑ Support staffing
- ↑ RN staffing
- Review PHN:Client ratio
Part-time pool

Review policies and procedures

Professional Standards

Perform Workload Measurement Audit

Review RN:Client ratio

Equipment (specify):

Other (specify):

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 Signature: ____ Date: Click here to enter a date.

SECTION 9: RESOLUTION / OUTCOME

Please provide details of resolution:

Attach on Letter of Understanding (LOU) resolution:

Date: Click here to enter a date.

Signatures: ____

cc: ONA Labour Relations Officer, Bargaining Unit President, Employer and keep copy for self.
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) or 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 Labour Relations Officer 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, Labour Relations Officer and keep a copy for your records.
## PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM

### SECTION 1: GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s) of Employee(s) Reporting:</td>
<td>Jane Q PHN</td>
</tr>
<tr>
<td>Employer:</td>
<td>Region of Eastwood</td>
</tr>
<tr>
<td>Site:</td>
<td></td>
</tr>
<tr>
<td>Team/Area/Program:</td>
<td>Health Babies Health Children</td>
</tr>
<tr>
<td>Date of Occurrence:</td>
<td>6/24/2016</td>
</tr>
<tr>
<td>Start Time:</td>
<td>8:30 a.m.</td>
</tr>
<tr>
<td>Duration Time:</td>
<td></td>
</tr>
<tr>
<td>Hours Worked:</td>
<td>7.0</td>
</tr>
<tr>
<td>On Call/Ext. Hrs.:</td>
<td></td>
</tr>
<tr>
<td>Supervisor at time of Occurrence:</td>
<td>Betty White</td>
</tr>
<tr>
<td>Date submitted:</td>
<td>6/28/2016</td>
</tr>
<tr>
<td>Time Submitted:</td>
<td>11:30 a.m.</td>
</tr>
</tbody>
</table>

### SECTION 2: DETAILS OF OCCURRENCE

Provide a concise summary of how the occurrence affected your practice/workload:
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.

Check one: [☐] Is this an isolated incident? [☒] An ongoing problem?

### SECTION 3: CLIENT CARE AND OTHER CONTRIBUTING FACTORS TO THE OCCURRENCE

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Client/Family needs (specify):</td>
<td></td>
</tr>
<tr>
<td># of family members</td>
<td></td>
</tr>
<tr>
<td>Clients assigned at time of occurrence:</td>
<td></td>
</tr>
<tr>
<td>Non-nursing duties (specify):</td>
<td></td>
</tr>
<tr>
<td>Ontario Public Health Standards not met</td>
<td></td>
</tr>
<tr>
<td># of new clients to be assessed ongoing new referrals</td>
<td></td>
</tr>
<tr>
<td>Safety in Jeopardy (specify):</td>
<td></td>
</tr>
<tr>
<td>Lack of/malfunctioning equip. Details:</td>
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<tr>
<td>Weather/Conditions</td>
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<td>Travel/Distance</td>
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<tr>
<td>Outbreak/Presentation cancelled:</td>
<td></td>
</tr>
<tr>
<td># of transfers from service:</td>
<td></td>
</tr>
</tbody>
</table>
SECTION 4: 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:** 7 PHN ___ RN ___ NP 10 Other (family visitors) 1 Clerical support ___ IT Support
- **# Actual Staff:** 4 PHN ___ RN ___ NP 10 Other (family visitors) 1 Clerical support ___ IT Support

**Inexperienced Staff:** ☒ Yes ☐ No

**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:

<table>
<thead>
<tr>
<th>Activity</th>
<th># Planned</th>
<th># Actual</th>
<th>Time Planned</th>
<th>Actual Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Visits/School Visits/Clinics/Telephone calls/Hospitals, etc.</td>
<td></td>
<td></td>
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<tr>
<td>In-service Education/Presentations</td>
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<td></td>
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<tr>
<td>Number of Clients Assessed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (i.e. giving a presentation, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SECTION 5: REMEDY/SOLUTION

**A** At the time the workload issue occurred, did you discuss the issue within the team/site/program?

- ☒ Yes ☐ No

**Date:** Click here to enter a date.

Provide details:

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
(87) 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: 6/28/2016

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: 6/29/2016

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: 5/7/2016

Were measures implemented to prevent re-occurrence? ☒ Yes ☐ No Date: 5/7/2016

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:

<table>
<thead>
<tr>
<th>Category (PHN, RN, NP, Clerical, etc.)</th>
<th>Amount of time Staff Available</th>
<th>Orientation to Site required</th>
<th>State orientation time (min/hrs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>☐ Yes ☒ No</td>
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<tr>
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<td></td>
<td>☒ Yes ☐ No</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>
SECTION 6: RECOMMENDATIONS

Please check-off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:

<table>
<thead>
<tr>
<th>Area</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-service</td>
<td>☒ PHN staffing</td>
</tr>
<tr>
<td>Change physical layout</td>
<td>☐ Support staffing</td>
</tr>
<tr>
<td>Caseload review for client/family needs</td>
<td>☐ RN staffing</td>
</tr>
<tr>
<td>Orientation</td>
<td>☒ Review PHN:Client ratio</td>
</tr>
<tr>
<td>Part-time pool</td>
<td>☐ Review policies and procedures</td>
</tr>
<tr>
<td>Professional Standards</td>
<td>☐ Perform Workload Measurement Audit</td>
</tr>
<tr>
<td>Review RN:Client ratio</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Phone No:</td>
</tr>
<tr>
<td>Signature</td>
<td>Phone No:</td>
</tr>
<tr>
<td>Signature</td>
<td>Phone No:</td>
</tr>
</tbody>
</table>

Date Submitted: Click here to enter a date.

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:       

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:  5/7/2016

Signatures: Jane Q PHN, Ivy Senior (BUP), Betty White (Manager), Brick Smith (Director)

cc: ONA Labour Relations Officer, Bargaining Unit President, Employer and keep copy for self.
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 Labour Relations Officer 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, Labour Relations Officer and keep a copy for your records.
APPENDIX R
ONA Professional Responsibility Decision Tree – a Strategy for Public Health Sector

Practice/Workload Issue/Concern Arises

Discuss workload concerns with co-workers on team/site/program.

Seek help from the manager or designate responsible for timely resolution. Follow lines of communication, i.e., Manager (or manager on call), Chief Nursing Officer (or Director of Nursing).

RN/PHN(s) are to continue to escalate the issue through chain of command.

Complete the PRWRF as soon as possible after the workload or practice concern occurs and submit to your manager and Bargaining Unit President.

a. Discuss the concern and your recommendation with your manager on next working day that both the RN/PHN and manager are both working, or within five calendar days.

b. Manager to provide a written response. If there is no response within five days, contact manager to follow up when a response can be expected.

Consult servicing Labour Relations Officer if required

Bargaining Unit President and RN/PHN(s) who completed the form meet to develop potential resolutions.

BUP may also assist member re: the PRC process, review how to accurately complete forms and gather input and suggestions from the team members/RN/PHN(s).

Every effort will be made to resolve workload issues at the team/site/program level and a Union representative shall be involved in any resolution discussion at the team/site/program level.

The discussions and actions will be documented. Settlements should be signed by the parties.

Within 10-20 days, according to your collective agreement language unresolved practice/workload concerns should be submitted or advanced to the next level. The workload concern may be advanced, as per your collective agreement language to one of the following:

i) The Labour-Management Committee - for discussion of the incident and resolution, and may forward to the IAC process, where identified;

ii) The Employer’s Professional Council, and may forward to the Board of Health at the City Health Council, where identified; or the

iii) Grievance Process where the language is absent for the next step.

The Union and Employer will determine a mutually agreeable date to meet and attempt to resolve the workload concern, within agreed-to timeframes, as per the collective agreement.
At the meeting, attempts are made to resolve issue. If not resolved:

1. Labour Relations Officer attends the meeting, and requests an extension in timelines to further explore issues, and attempt resolution.

   Labour Relations Officer may submit the pre-complaint letter.

   Labour Relations Officer may consult with Professional Practice for advice or assistance with strategies for resolution.

   Labour Relations Officer may suggest a PRC Workshop for members of the Unit or invite the PP Specialist to speak with members about the issues.

2. Failing resolution, Labour Relations Officer submits pre-complaint letter.

   PP Specialist invited to attend advanced step meeting. PP may ask management at meeting to further extend deadlines to attempt resolution.

   ONA PP Specialist may forward written report outlining complaint and recommendations to Chief Nursing Officer/Public Health Board/LHIN.

   If not resolved at the Union-Employer meeting, within agreed to or extended timelines, Specialist may Consider Referral to:
   i. Independent Assessment Committee.
   ii. Public Council Health Board
   iii. Grievance Process
<table>
<thead>
<tr>
<th>Unit</th>
<th>Manager</th>
<th># Nurses</th>
<th>Full Time</th>
<th>Meeting dates</th>
<th>Part Time</th>
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<tbody>
<tr>
<td># Forms filed</td>
<td>Casual</td>
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<table>
<thead>
<tr>
<th>Workload Concerns</th>
<th>Union's Recommendations Date</th>
<th>Employer's Response Date</th>
<th>Joint Recommended Resolution Date</th>
<th>Who</th>
<th>When</th>
<th>Status</th>
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TIPS FOR MEETING WITH THE ASSOCIATION MANAGEMENT COMMITTEE ON WORKLOAD ISSUES

- Provide Rationale for each of your recommendations: ask yourself “HOW WILL I SELL THESE RECOMMENDATIONS TO THE EMPLOYER?”

What is the Outcome if the Workload issues are not resolved?
- Liability to all parties, lawsuits, costs.
- Public relations.
- Labour relations.
- Cost effectiveness.
- Waste.

What is the outcome if the workload issues are resolved?
- Lower sick leave rate.
- Increased production.
- Cost effectiveness.
- Less waste.
- Improved public relations.
- Increased funding/grants/etc...
- Improved morale.
- Decreased liability-lawsuits.

- Meet in advance to prepare who will introduce the committee, the issues, choose someone to speak on an issue who is knowledgeable and involve the nurses who filed the workload forms.
- Be familiar with your collective agreement Professional Responsibility clause.
- Prepare and present your action plan to the employer at the meeting; this way, you can provide your rationale for your recommendations and have a dialogue on each issue, ensuring the employer understands what it is you want and why.
- State why you are meeting: “We are bringing our issues to you as per article _____ of the collective agreement (or refer to) CNO professional standards, there have been a # of workload issues brought to the Unit manager’s attention” and the nurses on the unit believe that the issues have not been resolved to their satisfaction. We are here today to discuss and attempt to resolve the issues.”
- State the facts clearly using examples and dates of incidents whenever possible (use real incidents of unsafe issues/lack of quality patient care).
- Focus on patient care and safety first then relate it to nurses and how it affects your standards.
- Focus on legal and public relations liabilities to the employer if safety and quality patient care is not improved.
- Refer to the facility Mission Statement for support of your recommendations.
- Use the CNO standards to make your argument (remember the nurse is the patient advocate).
- Set timelines for when you want a response to your issues (don’t leave the meeting without this).
- Be assertive not aggressive, remain professional.
- Set follow up meeting dates as necessary before leaving the meeting.
- Following the meeting assign a committee member to update the action plan and track the timelines for responses and to follow up.
- When you receive the employer response and it isn’t exactly what you recommended, ask yourself “will it improve the workload and therefore Patient/Client care and safety? Can you work with it, are there other ideas or improvements you can recommend to their suggestions.
- Involve your Labour Relations Officer.