

# How to Complete a Professional Responsibility Workload Report

## Purpose:

A means of reporting and resolving situations in which you feel your ability to provide safe, ethical and/or quality patient care is compromised

## Important Points to Keep in Mind:

- ✦ Print legibly and firmly as you are making multiple copies
- ✦ Avoid abbreviations
- ✦ Report only facts about which you have first-hand knowledge
- ✦ Identify the CNO standards of practice/policies and procedures you feel you were unable to meet
- ✦ Do NOT, under ANY circumstance, identify patients/residents

## Section 1: General Information

- ◆ PRINT your name CLEARLY, as well as any other nurses filing the report
- ◆ Only list nurses who agree with what is written and who sign at the end of the form

SECTION 1: GENERAL INFORMATION	
Name(s) Of Employee(s) Reporting:	_____
Employer:	_____ Unit/Area/Program: _____
Date of Occurrence: (day/mo./yr.)	_____ Time: _____ <input type="checkbox"/> 7.5 hr. shift <input type="checkbox"/> 11.25 hr. shift <input type="checkbox"/> Other _____
Name of Supervisor/Charge Nurse:	_____ Date/Time notified: _____

Be sure to include date and time of occurrence, as well as who was notified and when

## Section 2: Details of Occurrence

- ◆ Provide a summary of the occurrence and outline specifically how it impacted patient care (e.g. meds given late, care rushed, teaching not provided, etc.)
- ◆ Use additional paper and attach to form if necessary

**SECTION 2: DETAILS OF OCCURRENCE**

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

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Please identify the Nursing Standard(s)/Practice Guidelines or hospital/unit policies that are believed to be at risk:

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Check One  Is this an: Isolated incident?  An Ongoing problem?

- ◆ Identify the CNO standards of practice and/or hospital policies and procedures you feel you were unable to meet
- ◆ Be as SPECIFIC as possible

## Section 3: Working Conditions

Provide details about all staffing at the time of the occurrence

**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 \_\_\_\_\_ 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? \_\_\_\_\_ Total OT Hours: \_\_\_\_\_

*\*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 4: Patient Care Factors Contributing to the Occurrence

Try not to repeat information already documented in section 2

SECTION 4: PATIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE		
Please check off the factor(s) you believe contributed to the workload issue and provide details:		
<input type="checkbox"/>	Change in patient acuity.	_____
_____		
_____		
<input type="checkbox"/>	Normal number of beds on unit: _____	Beds closed: _____ Beds opened during tour: _____
<input type="checkbox"/>	Patient census at time of occurrence:	_____
<input type="checkbox"/>	# of Admissions: _____	# of Discharges: _____ # of Transfers: _____
<input type="checkbox"/>	Lack of/or equipment/malfunctioning equipment.	_____
<input type="checkbox"/>	Please specify: _____	_____
<input type="checkbox"/>	Visitors/Family Members	<input type="checkbox"/> Number of patients on infectious precautions _____
<input type="checkbox"/>	Please specify: _____	<input type="checkbox"/> Over Capacity Protocol Please specify: _____
<input type="checkbox"/>	Resources/Supplies	<input type="checkbox"/> Interdepartmental Challenges _____
<input type="checkbox"/>	Exceptional Patient Factors (i.e. significant time and attention required to meet patient expectations) Please specify: _____	<input type="checkbox"/> Systems Issues _____
<input type="checkbox"/>	Other: (e.g. non-nursing duties, student supervision, mentorship, etc.) Please specify: _____	_____
<input type="checkbox"/>	_____	_____

## Section 5: Remedy

- ◆ Document attempts made to resolve the workload issue at:

### (A) The unit level

\* (e.g.) redistribution of patient assignment, charge nurse took assignment, etc.

### (B) The management/supervisor level

\* The manager or off-hours administrator **MUST** be notified of the situation so that the employer has the opportunity to correct the issue

\*Stress the situation and provide details about how patient care is being affected

- ◆ Document the name of the person notified and quote the reply if possible

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(s) of individual(s):
_____
_____
_____
Was it resolved?    Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section 6: Recommendations

- ◆ As nurses understand the workflow on a unit, WRH values input regarding resolving workload issues– Please take time to make recommendations to the employer in this section

**SECTION 6: RECOMMENDATIONS**

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

<input type="checkbox"/> Inservice	<input type="checkbox"/> Orientation	<input type="checkbox"/> Review nurse/patient ratio
<input type="checkbox"/> Change unit lay-out	<input type="checkbox"/> Float/casual pool	<input type="checkbox"/> Review policies & procedures
<input type="checkbox"/> Change Start/Stop times of shift(s). Please specify: _____		
<input type="checkbox"/> Review Workload Measurement Statistics	<input type="checkbox"/> Perform Workload Measurement Audit	
<input type="checkbox"/> Adjust RN staffing	<input type="checkbox"/> Adjust support staffing	<input type="checkbox"/> Replace sick calls, vacation, paid holidays, other absences
<input type="checkbox"/> Equipment (Please specify): _____		
<input type="checkbox"/> Other: _____		

## Section 7: Employee Signatures

- ◆ Be sure to sign and date the form
- ◆ Provide contact information so that you can be contacted by the ONA executive
- ◆ A follow-up meeting will be set-up with the union and the employer to discuss your concern(s) and attempt to put in place measures to prevent recurrence

**SECTION 7: EMPLOYEE SIGNATURES**

Signature: _____	Phone No./ Personal E-mail: _____
Signature: _____	Phone No./ Personal E-mail: _____
Signature: _____	Phone No./ Personal E-mail: _____
Date Submitted: _____	

## Section 8: Management Comments

- ◆ This form is submitted to the ONA executive, NOT management
- ◆ ONA will submit it to your manager
- ◆ This section is completed and then returned to ONA (Karen Conte at Ouellette, Sara Simpson at Metropolitan Campus)

### SECTION 8: MANAGEMENT COMMENTS

The manager (or designate) will provide a written response to the nurse (s) within 5 days of receipt of the form with a copy to the Bargaining Unit President as per Article 8.01 (a) iii). Please provide any information/comments in response to this report, including any actions taken to remedy the situation, where applicable.

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Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Response to the employee: \_\_\_\_\_ Date Response to the Union: \_\_\_\_\_

## Section 9: Recommendations of Hospital-Association Committee

Following a meeting of the members, ONA and management, minutes will be sent out for approval of all parties and attached in this section

### SECTION 9: RECOMMENDATIONS of HOSPITAL - ASSOCIATION COMMITTEE

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

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Dated \_\_\_\_\_