

The Professional Responsibility Workload Report Form

Things to Remember:

- Print clearly and firmly (your writing needs to go through 4 pages)
- Be concise, accurate and factual
- Report first-hand information and quote replies, if possible
- Site the source for any second-hand information
- Avoid abbreviations
- DO NOT use patient names
- Complete all sections

Section One: General Information

- PRINT your first and last name AS WELL AS the names of any other nurses filing the complaint
- Document the date/time of the incident, along with the name of the Supervisor reported to

The image shows the top portion of a form titled "ONTARIO NURSES' ASSOCIATION / ASSOCIATION DES INFIRMIERS ET INFIRMIÈRES DE L'ONTARIO". Below the title is the subtitle "PROFESSIONAL RESPONSIBILITY / RESPONSABILITÉ PROFESSIONNELLE" and "WORKLOAD REPORT / RAPPORT DE LA RESPONSABILITÉ PROFESSIONNELLE SUR LA SURCHARGE DE TRAVAIL". The section is labeled "SECTION 1: GENERAL INFORMATION / GÉNÉRALITÉS" with a note "(Please Print / L'écrite Manuscrite S.V.P.)". The form includes fields for "Name of Employer(s) / Nom(s) des Employeur(s)", "Employer / Employeur", "Job Area / Programme / Unité / Service / Département", "Date of Occurrence / Date de l'événement" (with checkboxes for AM, PM, N/A), "Time / Heure", "Date/Time Submitted / Date et heure de soumission" (with checkboxes for "7:00 to 7:59" and "1:00 to 11:59"), and "Name of Supervisor / Nom du Superviseur".

Section Two: Details of Occurrence

- Concisely summarize the incident, explaining how it affected patient care (e.g. meds were given late, care rushed, teaching not provided, etc.)
- Do not repeat information documented elsewhere (e.g. # of staff)
- If known, site CNO Standard not being met
- Indicate if the incident was isolated (has happened only once) or ongoing (all the time)
- Use additional paper if needed

The image shows the bottom portion of the form, labeled "SECTION 2: DETAILS OF OCCURRENCE / DÉTAILS DE L'ÉVÈNEMENT". It contains a large text area for "Provide a concise summary of the occurrence / Fournir une brève description de la situation". At the bottom, there are two checkboxes: "Is this an isolated incident? / Est-ce un incident isolé?" and "An ongoing problem? / Une situation persistante?".

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Section Three: Working Conditions

- Document working conditions AT THE TIME OF THE INCIDENT
- Include support staff (e.g. Transporters, Unit Clerks, Aides, etc.) in staffing counts
- Complaints may be based on the absence of support workers (not just Rn's)

SECTION 3: WORKING CONDITIONS / CONDITIONS DE TRAVAIL

In order to effectively resolve workload issues, please provide details about the working conditions at the time of occurrence, by providing the following information:
 Pour régler efficacement les questions concernant la surcharge de travail, veuillez fournir les détails sur les conditions de travail au moment de l'événement avec les informations suivantes:

# Regular Staff / # Effectif permanent:	<input type="checkbox"/> RN / I.A.	<input type="checkbox"/> RPN / IAA	<input type="checkbox"/> Unit Clerk / Contrôle d'unité	<input type="checkbox"/> Service Support / Personnel de soutien
# Actual Staff / # Effectif réel:	<input type="checkbox"/> RN / I.A.	<input type="checkbox"/> RPN / IAA	<input type="checkbox"/> Unit Clerk / Contrôle d'unité	<input type="checkbox"/> Service Support / Personnel de soutien
Agency / Registry RN / I.A. if agency-registered:	<input type="checkbox"/> Yes / Oui	<input type="checkbox"/> No / Non	<input type="checkbox"/> How many? / Combien? _____	
Junior Staff / Effectif junior:	<input type="checkbox"/> Yes / Oui	<input type="checkbox"/> No / Non	<input type="checkbox"/> How many? / Combien? _____	
RN Staff Overtime / Effectif I.A. Hr Supp.:	<input type="checkbox"/> Yes / Oui	<input type="checkbox"/> No / Non	<input type="checkbox"/> If yes, how many staff? / Si oui, combien de personnel? _____	Total Hours / Heures totales _____

* es detraire de votre dénombrement / * à exclure de votre dénombrement

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:
 Si y avait une pénurie de personnel au moment de l'événement, (y compris personnel de soutien) veuillez cocher les cases qui s'appliquent à la situation:

<input type="checkbox"/> Absence/Emergency Leave / Absence/Congé d'urgence	<input type="checkbox"/> Sick Call(s) / Maladie(s)	<input type="checkbox"/> Vacancies / Postes vacants
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Section Four: Patient Care Factors Contributing to the Occurrence

- Be sure to fill in as much information as possible (Become familiar with this section so that you are not repeating this information in Section Two)

SECTION 4: PATIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE / FACTEURS SUR LES SOINS AUX PATIENTS QUI ONT CONTRIBUÉ À L'ÉVÉNEMENT

Please check off the factor(s) you believe contributed to the workload issue. / Veuillez cocher les facteurs qui, selon vous, ont contribué à la question de surcharge de travail:

Change in patient acuity. Provide details: _____
 Changement de l'état de santé des patients. Expliquez: _____

Shortage of beds / Manque de lits _____

Patient census at time of occurrence: _____
 Recensement des patients au moment de l'événement: _____

Number of Admissions: _____

Number of Discharges: _____
 Nombre de sorties: _____

Lack of equipment / malfunctioning equipment. Please specify: _____
 Manque d'équipement / équipement défectueux. Veuillez préciser: _____

Visitors/Family Members _____

Non-nursing Duties: (Please Specify) _____
 Tâches non liés aux soins infirmiers: (Veuillez préciser) _____

Other: (Please specify) _____
 Autre: (Veuillez préciser) _____

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Section Five: Remedy

- This section documents the steps you took in remedying the situation
- **A - Unit Level**
 - Document any attempts you made to rectify the situation on the unit (e.g. Charge Nurse took a patient, patient load re-distributed, etc.
 - E.g. Charge Nurse Jane Smith was informed of the situation and stated she called all staff - Was told that no one was able to come in and I had to "make do"

SECTION 5: REMEDY /RÈGLEMENT	
(A) At the time the workload issue occurred, did you discuss the issue within the unit/area/program? Au moment où la question de la surcharge de travail s'est présentée, en avez-vous discuté au sein de l'unité/du service/du programme?	<input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non
Provide Details / Expliquez: _____ _____	
Was it resolved? / A-t-elle été réglée?	<input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non
(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? Advenant l'incapacité à régler la situation présente de la surcharge de travail, avez-vous cherché l'aide de votre supérieur immédiat pour une solution rapide de la question?	<input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non
Provide Details / Expliquez: _____ _____	
Was it resolved? / A-t-elle été réglée?	<input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non
(C) Did you discuss the issue with your manager (or designate) on his/her next working day? Avez-vous discuté de la question avec votre directrice (ou désignée) lors de son retour au travail?	<input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non
Provide Details / Expliquez: _____ _____	
Was it resolved? / A-t-elle été réglée?	<input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non

- **B & C - Charge Nurse and Manager Levels**
 - It is absolutely vital that the RN notifies the Manager or Off-Hours Administrator of any workload issue so that the employer has the opportunity to correct the situation (It is not good enough to document "Day Shift told them" - Place another call yourself)
 - Document the name of the person(s) spoken to and quote the reply, if possible
 - Be sure to stress the situation (Stating "We are busy up here" is not enough) - Provide the manager with details of how patient care is being affected
 - You do not have to inform the Manager of your intention to file a complaint. You may choose to talk to your Manager the next day to discuss the incident or complete the form and forward to your Union Representative

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Section Six: Recommendations

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

SECTION 6: RECOMMENDATIONS / RECOMMANDATIONS

Please check off one or all of the areas you believe should be addressed in order to prevent similar occurrences:
Veuillez cocher les cases ci-dessous que vous croyez qu'il faut aborder pour améliorer le rapport de ces événements:

<input type="checkbox"/> Injuries / Perfectionnement prof.	<input type="checkbox"/> Grievances / Contestation	<input type="checkbox"/> Review nursing/patient ratio / Réviser le rapport infirmière/patient
<input type="checkbox"/> Change unit layout / Changement la disposition de l'unité	<input type="checkbox"/> Post/float pool / Groupe occasionnel/float	<input type="checkbox"/> Review policies & procedures / Réviser politiques et procédures
<input type="checkbox"/> Change Staff/Sup levels of staffs. Please specify: Changement d'équipe clientèle/in de quart de travail. Veuillez préciser:	<input type="checkbox"/> Perform Workload Measurement Audit Faites faire une vérification de l'outil de mesure de la charge de travail	
<input type="checkbox"/> Review Workload Measurement Statistics Réviser les statistiques de mesure de la charge de travail	<input type="checkbox"/> Adjust RN staffing Ajuster les effectifs en personnel de soutien	<input type="checkbox"/> Replace sick calls Remplacez les personnes absentes à cause de maladie
<input type="checkbox"/> Equipment (Please specify): / Équipement (Veuillez préciser): _____		
<input type="checkbox"/> Other / Autre: _____		

Section Seven: Management Comments

- If you choose to discuss this incident with your Manager without the assistance of the Professional Responsibility Executive Officer, the Manager may document in this section
- Do not leave this form with the Employer - Send to the Executive

SECTION 7: MANAGEMENT COMMENTS / COMMENTAIRES DE LA DIRECTION

Please provide any information/comments in response to this report, including any actions taken to remedy the situation, where applicable.
Veuillez fournir toutes les informations et commentaires en réponse à ce rapport, y compris toute action prise pour régler la situation, si applicable.

Management Signature / Signature de la direction: _____ Date/Date: _____

Section Eight: Employee Signatures

- Be sure to sign and date this form
- Be sure to provide a telephone number where you can be reached so that the Executive Member can contact you
- 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 8: EMPLOYEE SIGNATURES / SIGNATURES DES EMPLOYÉES

I/We do not believe the response adequately addresses our concerns. I/We therefore request these concerns be forwarded to the Employer-Association Committee in accordance with the collective agreement.
Je/crist/elles croyons que les mesures prises sont insuffisantes pour régler la situation. Je/ nous demandons/demandons donc que la question soit portée devant le comité Patronat/Syndical en conformité avec la convention collective.

Signature / Signature: _____ Phone No. / N° de tél: _____

Signature / Signature: _____ Phone No. / N° de tél: _____

Signature / Signature: _____ Phone No. / N° de tél: _____

Date Submitted / Date de soumission: _____