

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)

Nancy Nurse

Wanda Workingshort

Robert Novice-rn

Employer:

Community Hospital

Unit//Area/Program:

Inpatient Surgical Unit

Date of Occurrence:

6-Jan-14

Time:

19 - 07

7.5 hr. shift ☐ 11.25 hr. shift ☒ Other: _____

Name of Supervisor/Charge Nurse:

Mary Manager-on-call

Time notified:

Date/

6-Jan-14

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	<u>4</u>	RPN	<u>2</u>	Unit Clerk	<u>0</u>	Service Support	<u>0</u>
Actual Staffing #:	RN	<u>3</u>	RPN	<u>3</u>	Unit Clerk	<u>0</u>	Service Support	<u>0</u>
Agency/Registry RN:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	How many?	_____		
Novice RN Staff on duty*	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	How many?	<u>1</u>		
RN Staff Overtime:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	If yes, how many staff?	<u>3</u>		

**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	<input type="checkbox"/>	Sick Call(s)	<input checked="" type="checkbox"/>	Vacancies	<input checked="" type="checkbox"/>	Off unit	<input type="checkbox"/>
Management Support available on site?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			

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:

- ☐ Inservice ☒ 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: _____
Replace RNs with RNs, adjust skill mix more RNs

SECTION 7: EMPLOYEE SIGNATURES

Signature: _____ Date: [Click to enter date](#) Phone #: _____ Personal e-mail: _____

Signature: _____ Date: [Click to enter date](#) Phone #: _____ Personal e-mail: _____

Signature: _____ Date: [Click to enter date](#) Phone #: _____ Personal e-mail: _____

Signature: _____ Date: [Click to enter date](#) Phone #: _____ Personal e-mail: _____

Date Submitted: [Click to enter date](#) 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-14

Date response to the employer: 11-Apr-14 Date response to the union: 11-Apr-14

SECTION 9: RECOMMENDATIONS OF HOSPITAL-ASSOCIATION COMMITTEE

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

Dated: [Click to enter date](#)

- Copies: (1) Manager
(2) ONA Rep
(3) Chief Nursing Officer (or designate)
(4) ONA Member
(5) ONA LRO

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.