

**ONA CLINIC/INDUSTRY  
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM**

**SECTION 1: GENERAL INFORMATION**

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

Lisa Simpson                      Edna Krabappel                      Ralph Wiggum

Employer: Springfield Family Practice Clinic

Date of Occurrence:      28 Day | 07 Month | 2023 | Time: 1130 hrs                      Hours of Work: 8

Name of Supervisor/Manager:      Apu Nahasapeemapeliton                      Date: 30 Day | 07 Month | 2023 Year  
Time notified:                      1200 hrs

**SECTION 2: STAFFING**

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 #: MD	<u>4</u>	Regular Staff #: NP	<u>2</u>
Actual Staff #: MD	<u>4</u>	Actual Staff #: NP	<u>2</u>
Regular Staff #: RN	<u>4</u>	Regular Staff #: RPN	<u>1</u>
Actual Staff #: RN	<u>3</u>	Actual Staff #: RPN	<u>1</u>
Clerical/IT Support:	<u>2</u>	Other:	_____
Students: Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
How many?			<u>3</u>
New/Novice Staff: Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
How many?			_____
Overtime: Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, how many?			_____
Agency Staff: Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

**SECTION 3: WORKING CONDITIONS**

At the time of the occurrence, the planned workload was:	# Planned	# Actual	Time Planned	Actual Time
Scheduled appointments	120	121		
Conferences/meetings etc.				
Documentation/administration				
New patient assessment	7	7	15 mins	30 mins
In-service/education				
Travel (# of trips)				
Other (e.g. health promotion classes, etc.)				

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

Supervisor/Management Support available on site? Yes  No

**SECTION 4: PATIENT/CLIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE**

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

Change in client acuity/complexity (psychological/physical/social). Please specify:

\_\_\_\_\_

Consultation with MD/Delay \_\_\_\_\_

# of Clients 121  Telemedicine 21

Advanced scope of practice/client advocacy \_\_\_\_\_

Abnormal diagnosis/laboratory follow-up: \_\_\_\_\_ (#)

Documentation delayed due to short staff

Safety in jeopardy (please specify) \_\_\_\_\_

Language interpretation \_\_\_\_\_

Consultation by \_\_\_\_\_ (telephone/onsite/etc.)

Unanticipated clients/uncontrolled variables. Please specify:

\_\_\_\_\_

Lack of/malfunctioning equipment. Please specify:

Thermometers not working, baby scale broken

Non-nursing/administrative duties. Please specify:

Supervision of med students due to MD's being too busy

Emails

Phone calls/voicemails

Agency staff

Other: (e.g. student supervision, mentorship, etc.) Please specify:

\_\_\_\_\_

**SECTION 5: DETAILS OF OCCURRENCE**

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

Red team nurse called in sick, not replaced. No clear plan regarding who would be following red team's patients (we have 2 NP's and 1 RPN that are split between the four teams/MDs). Red team MD constantly asking us to help her with assessments; we tried our best to keep up with our own patient/team assignment, but it was very difficult. The MDs also offloaded their medical students onto us, we cannot teach medical students and keep up with the clinic while short staffed.

We had an urgent care patient walk in near the end of the day (mom who was 8 months pregnant complaining of dizziness and low blood pressure who needed immediate attention). This took away from our scheduled patient s, but this patient needed assistance. Ralph and I stayed behind to assist with this patient and catch up with documentation which could not be left until tomorrow. We also stayed behind to catch up with voicemails and emails from the intake line of each of our teams. Oftentimes patients leave urgent voicemails and emails that cannot be left until the next day.

We had 7new patient assessments, 3 of which were babies and only given 15 mins for the appointment. This needs to be changed.

We had equipment issues as well. Only one thermometer is working, the other 3 have been broken for over 1 month now, and the baby scale has been broken for 1 week. Clinic director aware, not sure why they are not fixed yet.

**SECTION 6: PRACTICE STANDARDS AND GUIDELINES/POLICIES NOT MAINTAINED**

Code of Conduct

Working with Unregulated Care Providers

Confidentiality and Privacy: Personal Health Information

- Telepractice
- Scope of Practice
- Documentation
- Therapeutic Nurse Client Relationship
- Employer Policy – Specify \_\_\_\_\_ (include policy if able)
- Nurse Practitioner
- Other \_\_\_\_\_

Provide/identify the CNO standard(s)/practice guidelines, including the Nurse Practitioner Practice Standard, or organization/employer policies that are believed to be at risk:

\_\_\_\_\_

Is this an: Isolated incident?  Ongoing problem?  (Check one)

**SECTION 7: REMEDY**

(A) At the time the workload issue occurred, did you discuss the issue with the team/manager/supervisor?

Yes  No

Please provide details:

The clinic director was on a day off, but an email was sent to him on the day of the occurrence and we followed up with him when he returned.

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

Please provide discussion details including name of individual(s): There was no person designated to assist when Apu was off. This has always been the practice.

\_\_\_\_\_

Was it resolved? Yes  No

(C) Did you discuss the issue with your manager/supervisor (or designate) on her or his next working day?

Yes  No

Please provide details: \_\_\_\_\_

Was the isolated incident resolved? Yes  No

If an ongoing issue, was the complete issue resolved? Yes  No

Were measures implemented to prevent a reoccurrence? Yes  No

Please provide details:

\_\_\_\_\_

**SECTION 8: RECOMMENDATIONS**

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

- In-service
- Preceptorship
- Review RN/NP:patient ratio
- Increase RN/NP Staffing
- Adjust physician hours
- Review policies & procedures
- Change start/stop times of shift(s). Please specify: \_\_\_\_\_
- Reduction/orientation of agency staff
- Flexibility with appointments and scheduling
- Replace sick calls, vacation, paid holidays, other absences
- Perform Workload Measurement Audit
- Change physical layout
- Increase staffing (Specify) \_\_\_\_\_
- Equipment. Please specify: fix all broken equipment in a timely manner
- Other: \_\_\_\_\_

**SECTION 9: EMPLOYEE SIGNATURES**

Signature: \_\_\_\_\_ Phone # / Personal Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone # / Personal Email: \_\_\_\_\_

**SECTION 10: 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.](#)

Date response to the employee: [Click here to enter a date.](#) Date response to the union: [Click here to enter a date.](#)

Copies: (1) Manager/Chief Nursing Officer (or designate) (2) ONA Representative (3) NP (4) LRO

**ONA CLINIC/INDUSTRY/NURSE PRACTITIONER PROFESSIONAL RESPONSIBILITY WORKLOAD 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 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 WORKLOAD REPORT FORM, PLEASE FOLLOW ALL STEPS AS OUTLINED IN THE CNO STANDARDS AND/OR APPLICABLE COLLECTIVE AGREEMENTS.**

**PROBLEM SOLVING PROCESS**

- 1) At the time the workload issue occurs, discuss the matter within the 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. co-ordinator/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 Executive Director/Administrator or Manager (or designate) on his or her 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 Union-Employer Committee within the specified number of days of the alleged improper assignment.
- 4) The Union-Employer 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 LRO shall attend a meeting with Management and attempt to resolve the complaint. Failing resolution, the LRO will request a Professional Practice Specialist to attend a follow up meeting.
- 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, if outlined in your collective agreement.
- 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. 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) 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 RN/NP standards/practice/guidelines/policies and procedures you believe to be at risk. College of Nurses Standards can be found at [www.cno.org](http://www.cno.org).
- 6) Do not, under any circumstances, identify clients/patients/residents.