Hospital Professional Responsibility Workload Cheat Sheet

How to use this guide:

When your working conditions compromise your ability to meet your CNO standards, employer policy or provide quality patient care is compromised, use this guide to craft professional practice language when filing a professional responsibility workload review form.

The table is organized into five different columns. Use the template below to craft the language that you will use in your workload report form to describe your professional practice concerns.

	COLUMN A: Indicator for Professional Practice Issue	COLUMN B: Professional Practice Language	COLUMN C: CNO Standard of Practice/Guideline	COLUMN D: Suggestions to Resolve Workload Concern (Accountabilities for Nurse Administrators)	COLUMN E: Self-Identified Suggestions
Workload Review Form Language:	As a result of [A], I am unable to [B], Which falls under the [C]. Therefore, to resolve this concern, I suggest the following changes [D] as per CNO's accountabilities for Nurse administrators. More specifically, I believe that the following changes [E] are necessary for me to be able to meet myprofessional practice standards and provide quality patient care.				
Example:	*As a result of not being able to see my patients prior to discharge,*	*I was unable to provide, facilitate, advocate and promote the best possible care for patients*	*Which falls under the CNO Practice Standard: Professional Standards, Revised 2002 - Accountability*	*Therefore, to resolve this concern, I suggest the following changes: Staffing that is compatible with Resident Care Needs and Professional Practice (E.g., X amount of RPNs, PSWs, RNs etc.) and ensuring a quality practice setting that enables nurses to provide safe, effective and ethical care.*	*Please provide **detailed suggestions** relevant to your workplace/workload concern.*

Indicator for Professional Practice Issue (Why are you unable to practice in accordance with CNO Standards of practice and Guidelines or employer policy?)	Professional Practice Language	CNO Standard of Practice/ Guideline	Suggestions to Resolve Workload Concern (Nurse Administrator Accountabilities)	Self- Identified Suggestions
Was not able to: ☐ Identify self and explaining role to clients; ☐ Provide, facilitate, advocate and promote the best possible care for clients; » E.g., Missed early signs and symptoms of distress resulting in negative patient outcomes ☐ Advocate on behalf of clients; ☐ Seek assistance appropriately and in a timely manner; » E.g., Patient in distress and lack of nursing resources to assist are delayed/absent ☐ Take action in situations in which client safety and well-being are compromised; » E.g., unable to answer call bells in a timely manner, resulting in patient fall ☐ Refrain from performing activities that nurse is not competent in; » E.g., redeployed to specialty unit without training, given full patient assignment where nurse no longer felt competent to perform activities ☐ Other:	Inability to meet accountability to the public Inability to meet the responsibility to ensure that practice and conduct meet legislative requirements and the standards of the profession Unable to provide, facilitate, advocate and promote the best possible care for residents	CNO: Professional Standards – Accountability	Main Categories: Staffing That is compatible with Resident Care Needs and Professional Practice Leadership that appropriately uses, educates and supervises staff To establish quality practice setting that enables nurses to provide safe, effective and ethical care Establish an environment that supports ongoing learning	**STAFFING** ☐ Skill mix novice to expert ☐ Skill mix RN/RPN/UCP ☐ Baseline Staffing ☐ Charge nurse role/responsibility/accountability ☐ Bed Utilization (over Capacity Protocol) ☐ Skill mix float pool/agency (not trained for area) ☐ CNO 3 Factor Framework ☐ Patient Mix/Acuity Family demands ☐ Scheduling/Vacancies and sick call replacement ☐ Physician Related ☐ Ward/Unit Clerk ☐ Weekend and shift coverage related to baseline staffing ☐ Workload ☐ Baseline staffing/Model of Care (Care Teams, Pod Nursing, etc.) ☐ Patient Factors ☐ Unregulated Care Providers (UCP) ☐ Other: **NON-NURSING FUNCTIONS** ☐ Answering Telephone ☐ Portering/Maintenance/Housekeeping ☐ Visitor Inquiries ☐ Clerk/Scheduler ☐ Calling in Staff ☐ Other **EDUCATION/ORIENTATION** ☐ Access to Reference Material ☐ Use of Agency Staff

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Was not able to: ☐ Invest time, effort and other resources to improve knowledge, skills and judgment; ☐ Engage in a learning process to enhance practice; ☐ Work together to create quality practice settings that promote continuing competence. » E.g., every nurse on the floor had a large and unsafe workload, unable to work as a team to address quality practice concerns ☐ Other:	Inability to maintain and improve on professional competence in a changing healthcare environment	CNO: Professional Standards – Continuing Competence	Support Nurse to be a reflective practitioner Offer ongoing learning suggestions to nurse Offer continual learning activities to nurse Address barriers to quality practice setting	☐ Lack of orientation and/or mentorship ☐ In-service ☐ Access to an educator ☐ Understanding of scope of practice for intra and interdisciplinary team ☐ Model of Care ☐ Meeting requirements for the Excellent Care for All Act (2010) ☐ Float Pool/Casual Nurses ☐ Other: **PHYSICIAN/NP RELATED** ☐ Availability/Off hours rounds ☐ Relationships
Was not able to: ☐ Understand the knowledge required to meet the needs of complex clients; » E.g., redeployed without proper training/orientation ☐ Other:	Unable to achieve professional growth and enhance professional practice in current practice environment	CNO: Professional Standards – Knowledge	Address barriers in practice environment that prevent nurses' ability for professional growth and improve their professional practice Establish an environment that Allows nurses to continually seek new knowledge Provide resources to enable nurse to provide the best possible care Allow nurses to apply best practice evidence in application of practice Address insufficient leadership and management approaches Allow nurses to practice as a knowledge-based and research-informed professional	**ENVIRONMENT** ☐ Call bells ☐ Infection control issues/PPE availability ☐ Cleanliness of Area ☐ Issues with Construction/Renovation ☐ Personal safety alarms ☐ Placement of Patient Inappropriate/Hallway ☐ Over-capacity/Surge Capacity ☐ Physical Layout ☐ Fire Alarm ☐ Safety for Patient/Staff ☐ Other: **EQUIPMENT & SUPPLIES** ☐ Faulty/ Access to Maintenance ☐ Ongoing education/updates on all equipment ☐ In-service of New Equipment ☐ Insufficient/Not Appropriate ☐ Computer/Internet/Technology Issues

Was not able to:
☐ Identify/recognize abnormal or unexpected client responses and take action appropriately;
   » E.g., understaffed and large patient assignment that didn't give the opportunity to recognize patient changes in time
☐ Plan approaches to providing care/service with the client;
   » E.g., lack of time to create a plan of care
☐ Create plans of care that address client needs, preferences, wishes and hopes;
☐ Use best-practice guidelines to address client concerns and needs;
   » E.g., unable to administer medications in a timely manner
☐ Anticipate and prepare for outcomes by analyzing all influences;
   » E.g., running blood on a patient and wasn't able to take frequent vitals as per blood policy
☐ Create comprehensive and creative plans of care that reflect the complexity of client needs;
☐ Meet client needs regardless of complexity and predictability;
☐ Analyze and interpret unusual client responses;
   » E.g., not enough time to analyze lab results thoroughly
☐ Other:
	Unable to employ and improve on the application of my professional knowledge/ clinical skills	CNO: Professional Standards – Knowledge Application	Ensure a practice environment that supports quality nursing practice
			
			Establish and maintain communication systems that support quality service and research
			
			Support and contribute to practice environment that encourages learning and the application of nursing knowledge and research
			
			Point towards evidence based for all decisions and evaluate its impact on practice
				MEDICATION SYSTEMS/POLICY
				☐ Access to
				☐ Administration of
				☐ Dispensing
				☐ Pharmacy Related
				☐ Processing Orders
				☐ Supply Inadequate/Outdated
				☐ Other:
				POLICIES AND PROCEDURES
				☐ Violence in the workplace
				☐ Administrative
				☐ Equipment/Computers
				☐ CNO Standards
				☐ Admission/Discharge
				☐ Clinical Pathways/Medical Directives
				COMMUNICATION:
				☐ Lack of or availability of Leadership & Support including after hours and weekend
				☐ Policies & Procedures
				☐ Patient Factors/Complexity
				☐ Charting/Documentation System
				☐ Transfer of Accountability
				☐ Other:

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Was not able to: ☐ Demonstrate respect and empathy for, and interest in clients; 　» E.g., Didn't have enough time to identify myself to resident and explain my role in their care ☐ Ensure clients' needs remain the focus of nurse-client relationships; 　» E.g., lack of time to explain procedure to patient which leads to agitation and breakdown in therapeutic relationship ☐ Ensure that personal needs are met outside of therapeutic nurse-client relationships; 　» E.g., Not having a break due to excessive workload leaving you feeling hungry, dehydrated, unfocused and burnt out. 　» E.g., Denied sufficient vacations/breaks/off-time hours that ensure nurse's personal needs are met outside of the therapeutic nurse-client relationship ☐ Develop collaborative partnerships with clients and families that respect their needs, wishes, knowledge, experience, values and beliefs; ☐ Other:	Unable to establish and maintain respectful, collaborative, therapeutic and/ or professional relationship Unable to provide therapeutic communication to meet the needs of clients by modifying communication style, as necessary (i.e., to accommodate a different language, literacy level, developmental stage or cognitive status)	CNO: Professional Standards – Relationships (Client-centred care)	Provide an environment where clients and nurses are safe from abuse Support the therapeutic nurse-client relationship Promote client-centered care and collaborative relationships Provide systems of care that acknowledge and support nurses in developing and maintaining therapeutic relationships Allow nurses sufficient breaks/time off to address their personal needs	
☐ Was unable to: ☐ Ensure that documentation is a complete record of nursing care provided and reflects all aspects of the nursing process, including assessment, planning, intervention (independent and collaborative) and evaluation; 　» E.g., unable to do point-of-care charting due to excessive workload ☐ Document both objective and subjective data; 　» E.g., unable to spend time with the patient to acquire subjective data ☐ Document significant communication with family members/ significant others, substitute decision-makers and other care providers; ☐ Other:	Unable to ensure that documentation presents an accurate, clear and comprehensive picture of the resident's needs, my nursing interventions and the resident's outcomes.	CNO: Professional Standards – Relationships (Client-centred care) College of Nurses of Ontario Practice Standard: Documentation, Revised 2008 – Communication	Clear Documentation Policy & Procedures Provide Time and Resources to Complete Documentation as per organizational policy Ensure all electronic documentation systems are fully functioning	
Was not able to: ☐ Document in a timely manner and completing documentation during, or as soon as possible after, the care or event; 　» E.g., High patient acuity with high needs unable to get to a computer ☐ Other:	Unable to meet accountability to ensure that documentation of resident care is accurate, timely and complete	College of Nurses of Ontario Practice Standard: Documentation, Revised 2008 – Accountability	Clear Documentation Policy & Procedures Provide Time and Resources to Complete Documentation as per organizational policy Ensure all electronic documentation systems are fully functioning	
Was unable to: ☐ Listen to, understand and respecting clients' values, opinions, needs and ethnocultural beliefs; 　» E.g., No time to have these conversations and for the nurse to devote the time needed to meet clients' needs ☐ Other:	Unable to promote client well-being by facilitating the client's health and welfare Unable to promote client well-being by preventing or removing harm	College of Nurses of Ontario Practice Standard: Ethics (Client Well-Being)		
☐ Was unable to: ☐ Advocate for palliative measures when active treatment is withheld; 　» E.g., time constraints due to workload prevented opportunities to advocate appropriately ☐ Provide dignified, comfortable care for a dying client. 　» E.g., time restraints prevented frequent check in with client to ensure needs are met ☐ Other:	Inability to ensure that human life is respected, protected and treated with consideration inability to maintain and uphold patient quality of life	College of Nurses of Ontario Practice Standard: Ethics (Respect for Life)		

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Was not able to: ☐ Continually evaluate the workplace environment to identify opportunities for improving the quality of care; * ☐ Respect the philosophy and policies of the practice setting; * ☐ Make those in authority aware of concerns within the setting; * ☐ Explore solutions within the setting that will meet the needs of clients and those of the setting; * ☐ Advocate for nursing input into policies relating to client care; * ☐ Other: *By completing your WLRF you are meeting these standards of practice	Inability to maintain and uphold an environment that supports quality professional nursing practice	College of Nurses of Ontario Practice Standard: Ethics (Maintaining Commitments to Quality Practice Settings)	Nurses should refer to these attributes when advocating for improvements to their practice settings: professional development systems, leadership, organizational supports, response systems facilities and equipment, communication systems and care delivery processes. Determining and communicating values to staff Be informed about the scopes of practice of all healthcare team members; Provide clear role expectations for nurses Assign responsibilities to staff according to their scope of practice and individual abilities; Provide, and/or advocate for, needed resources for safe, effective and ethical nursing care; Promote positive collegial relationships; Show sincere appreciation for staff contributions Looking into and following up on concerns of staff	
Was unable to: ☐ Discuss resource allocation issues with the appropriate authority and the health care team so that all can be involved in resolving a problem; * ☐ Advocate for input into policies and procedures about the use of resources; * ☐ Advocate for adequate resources to provide safe, effective and ethical nursing care; * ☐ Work with other health care professionals to advocate for social changes that promote quality practice settings and client well-being; and ☐ Demonstrate a willingness to explore alternative ways of providing care that continue to value clients' well-being* ☐ Other: *By completing your WLRF you are meeting these standards of practice	Inability to allocate health care resources based on objective health-related factors	College of Nurses of Ontario Practice Standard: Ethics (Fairness)		
**Please refer to this section when you want to highlight issues with the management at your workplace The management at my workplace was not able to: ☐ Take action to resolve conflict; ☐ Develop innovative solutions to practice issues. ☐ Coordinate care for complex clients and demonstrating leadership when collaborating with care providers. ☐ Other:	Unable to provide, facilitate and promote the best possible care/service to the public because of leadership practices	CNO: Professional Standards – Leadership	Facilitate the advancement of professional practice Offer guidance and coaching for nurses/nursing projects Support staff in addressing nursing issues at an individual and organizational level Involve nursing staff input in decisions that affect their practice	