Long-Term Care 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 my professional 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, Guidelines or Employer Policy?)	Professional Practice Language	CNO Standard of Practice/Guideline	Suggestions to Resolve Workload Concern	Self-Identified Suggestions
Was not able to: ☐ Recognize abnormal or unexpected resident responses and take action » E.g., responsive behaviours not deescalated due to lack of PSWs ☐ Read/create/modify/apply plans of care that address client needs, preferences, wishes and hopes ☐ Identify myself to residents and explain my role in their care ☐ Assist another staff person in 2-person care ☐ Perform a thorough head-to-toe assessment of resident ☐ Complete rounding per organizational policy due to time constraints ☐ Perform activities according to best practice evidence ☐ Seek assistance with care » E.g., performed two-person care by myself ☐ Return resident call bells according to organizational policy ☐ Meet the requirements of a preceptorship role of nursing students ☐ Address resident safety and well-being concerns ☐ Access training and orientation to perform new activities of care ☐ 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	Staffing That is compatible with Resident Care Needs and Professional Practice Leadership that appropriately uses educates and supervises staff To establish a 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 the 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:

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Was not able to: ☐ Access appropriate workplace training/orientation to meet the required needs of complex residents in the new practice setting » E.g., employer is not providing necessary training/orientation ☐ Access workplace consultation resources to address the required needs of complex residents in the new practice setting » E.g., employer is not providing necessary consultation resources ☐ 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	**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 ☐ 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:
Was not able to: ☐ Identify and communicate ethical issues to healthcare team ☐ Administer resident medication at residents preferred times, location ☐ Hold nurse-client conversations in private areas ☐ Enhance quality of life for residents » E.g., lack of time for meaningful interactions, sitting in soiled incontinence products, skin breakdown, performing pain assessment ☐ Provide safe care (e.g., extended use of broken equipment, skin breakdown, performing pain assessment, not giving nutrition supplements as per dietician's orders) ☐ Address reduced effectiveness of care (e.g., not enough time to assess nursing interventions) » E.g., not enough time to check on the effectiveness of PRNs (as needed medications) ☐ Identify options to resolve ethical issues » E.g., not enough time to utilize gpa/pieces and address overreliance on chemical restraints ☐ Practice in accordance with client choice, preferences and needs » E.g., cultural, religious, spiritual accommodations, lack of biases training to support delivery of culturally sensitive care, continuity of care provider ☐ Other:	Inability to uphold and promote the values ascribed to ethical nursing care	CNO: Professional Standards – Ethics	Establish an environment that promotes and supports safe, effective and ethical practice Provide the time needed to resolve ethical issues Provide resources and establishing mechanisms to assist nurse in recognizing and resolving ethical issues Support nurse to develop skills to recognize and manage ethical issues Allow nurses to have input on ethical concerns Allow nurses time to dialogue about common ethical issues Offer resources to nurses to improve recognition and resolution of ethical issues	**PHYSICIAN/NP RELATED** ☐ Availability/Off hours rounds ☐ Relationships **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

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Was not able to:
☐ Understand various nursing roles and their relationship to each other
  » E.g., overreliance of agency staff who lack knowledge of organizational policy
☐ Perform activities according to best practice evidence
  » E.g., rushed medication pass, reassessment of PRNs
☐ Access workplace training and orientation to perform new activities
☐ Access time and resources to provide best care possible
☐ Use professional knowledge in the provision of resident care
  » E.g., keeping residents bed-ridden instead of active due to understaffing putting residents at risk for pneumonia, depression, skin breakdown, muscle atrophy
☐ 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
				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:

Was not able to: ☐ Address self-identified limits of practice. » E.g., performing complex dressings without appropriate training ☐ Address client concerns and needs using best-practice guidelines. ☐ Manage multiple nursing interventions at the same time. ☐ Ensure that the practice setting allows for quality nursing practice to be applied. ☐ Address faulty communication systems. ☐ Apply nursing knowledge and research. ☐ Apply evidence-based care. ☐ 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	

Was not able to:
☐ Identify myself to resident and explain my role in their care
☐ Seek assistance appropriately and in a timely manner
  » E.g., not having an RN to consult with after a resident fall
  » E.g., not able to reach the doc or nurse manager when organizational policy/care plan requires it.
☐ Meet the therapeutic needs of the patient
☐ Develop and/or follow a comprehensive care plan with the patient and health care team that aims to meet the patient's needs
  » E.g., not being included in care conferences
  » E.g., not enough time to execute all aspects of the care plan
☐ Provide care to residents that demonstrates respect, empathy and interest in clients
☐ Ensure that nurses' personal needs are met outside of the therapeutic nurse-client relationships.
  » E.g., not having a break due to excessive workload leaving you feeling hungry, dehydrated, unfocused and burnt out.
	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	

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» E.g., denied sufficient vacations/breaks/off-time hours that ensure nurse's personal needs are met outside of the therapeutic nurse-client relationship ☐ Ensure the development of collaborative partnerships with clients and families that respect their needs, wishes, knowledge, experience, values and beliefs » E.g., not having access to a translator » E.g., not having knowledge of cultural practices » E.g., not having time to incorporate cultural practices into nursing care. ☐ Recognize the risk for resident abuse » E.g., creating social relationships with residents to prevent workplace violence » E.g., inability to separate residents from others who have behaviours that threaten others				
Was not able to: ☐ Ensure that documentation is a complete record of nursing care provided » E.g., not having time to document after care is provided rather postponing until the end of shift ☐ Ensure documentation reflects all aspects of the nursing process, including assessment, planning, intervention (independent and collaborative) and evaluation » E.g., shift has several emergencies, falls, incidents » E.g., shift is understaffed ☐ Ensure documentation of both objective and subjective data » E.g., organizational policy is to chart by exception not subjective, objective, assessment, plan (soap) notes ☐ Create/modify clear, current and relevant plan of care that is individualized to resident's needs and wishes » E.g., not be able to complete care plan assignments ☐ Document significant communication with resident's family/substitute decision-maker and other care providers » E.g., being distracted with emergent care needs from documenting conversations with family ☐ Ensure that all relevant resident information is documented in the permanent health record » E.g., lack of time to input info in temporary documents into electronic system » E.g., due to interruption, being hurried or rushed » E.g., too overwhelmed to sign all documentation ☐ Have legible and complete documentation » E.g., missing documentation on assessment of prn ☐ Determine if informed consent has already been provided by the resident/POA » E.g., administering CPR when a resident is DNR ☐ 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.	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	

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Was not able to:
☐ Document care within timeframe defined in organizational policy
☐ Ensure that documentation of resident care is completed in a timely manner after care or event
  » E.g., being distracted during documentation with emergent care needs and forgetting to circle back.
☐ Complete documentation clearly (e.g., missing details such as date, time, chronological order, late entry, correcting errors while original information remains visible)
☐ Document accurately
  » E.g., no opportunity for evaluation after implementing the care plan
☐ 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 not able to:
☐ Ensure client care information is captured in a permanent record
  » E.g., not able to update care plan promptly
☐ Log out of any electronic systems
  » E.g., instead dealing with family complaints and code blue, white, rounds etc.
☐ Obtain informed consent from client/substitute decision maker to use and disclose information to others outside the circle of care
  » E.g., not accounting for human error in accessing resident information not within your circle of care
☐ Maintain the confidentiality of client health information, including passwords or information required to access the client health record
  » E.g., rush for the tasks and forget to log off the computer.
☐ Understand and adhere to policies, standards and legislation related to confidentiality
☐ Access only information for which the nurse has a professional need to provide care
☐ Maintain the confidentiality of other clients by using initials or codes when referring to another client in a client's health record (for example, using initials when quoting a client's roommate)
  » E.g., forgetting to use initials/codes in communications with multidisciplinary team and doctor by emails
☐ Facilitate the rights of the client or substitute decision-maker to access, inspect and obtain a copy of the health record, unless there is a compelling reason not to do so (for example, if disclosure could result in a risk of serious harm to the treatment or recovery of an individual)
  » E.g., no time to answer family member inquires
☐ Other:
	Unable to safeguard client health information by maintaining confidentiality and acting in accordance with information retention and destruction policies and procedures that are consistent with the standards and legislation	College of Nurses of Ontario Practice Standard: Documentation, Revised 2008 - Security	Clear documentation policy & procedures
			
			Provide time and resources to complete documentation as per organizational policy
			
			Ensure all electronic documentation systems are fully functioning	

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Was unable to: ☐ Listen to, understand and respect clients' values, opinions, needs and ethnocultural beliefs 　» E.g., heavy workload and lack of time for resident nurse intervention. ☐ Support clients to find the best possible solution, given clients' personal values, beliefs and different decision-making styles 　» E.g., no additional time to address language and cultural barriers. ☐ Promote and preserve the self-esteem and self-confidence of clients ☐ Maintain the therapeutic nurse-client relationship ☐ Receive assistance when ethical conflicts arise 　» E.g., lack of support from senior management and a resource person for a consultation. ☐ Respect the informed, voluntary decisions of clients ☐ Minimize risks and maximize benefits to clients ☐ 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	CNO Practice Standard: Documentation, Revised 2008 - Security		
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., lack of time required me to put living residents' rights and medical concerns as a priority. ☐ Other:	Inability to ensure that human life is respected, protected and treated with consideration Inability to maintain and uphold patient quality of life	CNO Practice Standard: Ethics (Respect For Life)		
Was unable to: ☐ Put the needs and wishes of clients first ☐ Identify when a client's needs and wishes conflict with those of the family or others and encouraging further discussion about client needs 　» E.g., lack of time for a virtual care conference 　» E.g., miscommunication ☐ Identify needed resources and support to enable clients to follow their wishes ☐ Provide knowledgeable and client-centred nursing care 　» E.g., understaffing ☐ Advocate for maintaining quality client care 　» E.g., understaffing and no equipment.	Unable to provide safe, effective and ethical care to clients	College of Nurses of Ontario Practice Standard: Ethics (Maintaining Commitments to Clients)		

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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. * *By completing your WLRF you are meeting these standards of practice.	Inability to maintain and uphold an environment that supports quality professional nursing practice	CNO 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 healthcare professionals to advocate for social changes that promote quality practice settings and client well-being. ☐ Demonstrate a willingness to explore alternative ways of providing care that continue to value clients' well-being.* *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)		
Was unable to: ☐ Ensure accepted medication orders are clear, complete, appropriate. » E.g., too many agency staffs work on the unit, and orders get ignored/not processed.	Inability to meet the necessary authority to perform medication practices. Inability to meet professional accountabilities when engaging in medication practices, such as administration, dispensing, medication storage, inventory management and disposal.	College of Nurses of Ontario Practice Standard: Medication (Authority)		
Was unable to: ☐ Ensure medication practices are evidence-informed. » E.g., no time for research and consultation with the pharmacist ☐ Assess the appropriateness of the medication practice by considering the client, the medication and the environment. ☐ Know the limits of your own knowledge, skill and judgment, and get help as needed, not perform medication practices you are not competent to perform.	Inability to meet the knowledge, skill and judgment needed to perform medication practices safely.	College of Nurses of Ontario Practice Standard: Medication (Competence)		

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Was unable to: ☐ Seek information from the client about their medication, as needed ☐ Provide education to the client regarding their medication 　» E.g., lack of time for resident-nurse teaching ☐ Collaborate with the client in making decisions about the plan of care in relation to medication practices 　» E.g., lack of time for resident-nurse intervention and giving medication for client's preferred time and manner. ☐ Take appropriate action to resolve or minimize the risk of harm to a client from a medication error or adverse reaction 　» E.g., not able to perform proper assessments due to lack of time ☐ Report medication errors, near misses or adverse reactions in a timely manner, collaborate in the development, implementation and evaluation of system approaches that support safe medication practices within the health care team. 　» E.g., some meds errors involve multiple nurses and multidisciplinary	Inability to promote safe care and contribute to a culture of safety within their practice environments, when involved in medication practices.	College of Nurses of Ontario Practice Standard: Medication (Safety)		
**Please refer to this section when you want to highlight issues with the management at your workplace* ☐ Take action and resolve conflict 　» E.g., decreased morale and teamwork 　» E.g., toxic work environment ☐ Find innovative solutions to practice 　» E.g., no staff input in practice related issues 　» E.g., I have an idea to improve QPS and the manager does not hear me out. ☐ Provide sufficient leadership guidance and coaching for nurses 　» E.g., following discipline, employer assigns in-house education that they do not follow up on. ☐ Provide sufficient leadership support to address individual and organization-wide nursing issues 　» E.g., lack of meaningful	Unable to provide, facilitate and promote the best possible care/service to the public as a result 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	