

## PROFESSIONAL RESPONSIBILITY WORKLOAD CONCERNS / INDICATORS

<b>COMMUNICATION</b>	<b>EQUIPMENT &amp; SUPPLIES</b>	<b>POLICIES AND PROCEDURES</b>
<input type="checkbox"/> Lack of Leadership & Support	<input type="checkbox"/> Faulty	<input type="checkbox"/> Harassment/Abuse
<input type="checkbox"/> Policies & Procedures	<input type="checkbox"/> Inservice of New Equipment	<input type="checkbox"/> Administrative
<input type="checkbox"/> Patient Factors/Complexity	<input type="checkbox"/> Insufficient/Lack of	<input type="checkbox"/> Computers
<input type="checkbox"/> Charting/Documentation System	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Equipment
<input type="checkbox"/> Other	<input type="checkbox"/> Not Appropriate	<input type="checkbox"/> Nursing Practices
	<input type="checkbox"/> Slow or infrequent delivery of supplies	<input type="checkbox"/> Patient Classification Systems
<b>EDUCATION / ORIENTATION</b>		<input type="checkbox"/> Admission / Discharge
<input type="checkbox"/> Access to Reference Material	<b>JOB DESCRIPTIONS DUTIES</b>	<input type="checkbox"/> Clinical Pathways/Medical Directives
<input type="checkbox"/> Equipment	<input type="checkbox"/> Charge Nurse	
<input type="checkbox"/> Inservice	<input type="checkbox"/> RPNs	<b>STAFFING LEVELS</b>
<input type="checkbox"/> Nursing skills	<input type="checkbox"/> Clerical	<input type="checkbox"/> 24 Hour RN Coverage
<input type="checkbox"/> Job Duties/Responsibilities	<input type="checkbox"/> Unregulated Care Providers	<input type="checkbox"/> RPN Coverage
<input type="checkbox"/> RPN Scope of Practice		<input type="checkbox"/> Ambulance
<input type="checkbox"/> Float Pool/Agency Nurses	<b>MEDICATION / POLICY</b>	<input type="checkbox"/> Auxiliary/Unregulated Staff
<input type="checkbox"/> Policies & Procedures	<input type="checkbox"/> Access to	<input type="checkbox"/> Baseline
<input type="checkbox"/> Other	<input type="checkbox"/> Administration of	<input type="checkbox"/> Bed Utilization (over capacity)
	<input type="checkbox"/> Dispensing	<input type="checkbox"/> Break Relief
	<input type="checkbox"/> Pharmacy Related	<input type="checkbox"/> Communication with Mgt.
	<input type="checkbox"/> Processing Orders	<input type="checkbox"/> Experienced Staff/Jr/Sr Mix
<b>ENVIRONMENT</b>	<input type="checkbox"/> Supply Inadequate/Outdated	<input type="checkbox"/> Float Pool Nurses
<input type="checkbox"/> Alarm Systems	<input type="checkbox"/> Other	<input type="checkbox"/> Non-Nursing Functions
<input type="checkbox"/> Cleanliness of Unit	<b>NON-NURSING FUNCTIONS</b>	<input type="checkbox"/> Patient Mix/Acuity
<input type="checkbox"/> Construction/Renovation	<input type="checkbox"/> Answering Telephone	<input type="checkbox"/> Physician Related
<input type="checkbox"/> Dietary Needs	<input type="checkbox"/> Porterage	<input type="checkbox"/> Scheduling
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Visitor Inquiries	<input type="checkbox"/> Staff Not Replaced
<input type="checkbox"/> Noise Level	<input type="checkbox"/> Ward/Unit Clerk	<input type="checkbox"/> Ward/Unit Clerk
<input type="checkbox"/> Power, Plumbing & Heating	<input type="checkbox"/> Other	<input type="checkbox"/> Weekend coverage
<input type="checkbox"/> Physical Layout		<input type="checkbox"/> Workload
<input type="checkbox"/> Placement of Client-Inappropriate	<b>PHYSICIAN RELATED</b>	<input type="checkbox"/> Patient Factors/Complexity
<input type="checkbox"/> Safety for Clients/Staff	<input type="checkbox"/> Availability/Off hours rounds/Spontaneous clinics	<input type="checkbox"/> Care Fragmentation
<input type="checkbox"/> Care Fragmentation	<input type="checkbox"/> Client Safety	<input type="checkbox"/> Model of Care
<input type="checkbox"/> Over-capacity	<input type="checkbox"/> Disruptive/Inappropriate Behaviour	<input type="checkbox"/> Other

**When to file a PRWC form:**

*When your working conditions compromise your ability to meet your CNO Standards and/or when your ability to provide quality patient care is compromised*