

# Work Load Overload: The development and implementation of a Work Load Review Process that mitigates risks using collaborative resolutions

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# Story Behind the Process

- Our agency wanted to develop a collaborative process to manage staff workload.
  - We hoped that this process would have numerous benefits in our agency including
    - Increase staff engagement
    - Increase our understanding of staff pressures and decrease risks associated with them
    - Reduce grievances by solving problems in-house in a timely manner
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# Workload vs Caseload

- “Workload” and “caseload have been used interchangeably
  - However, face-to-face client contact averages between 36 – 64% of the employee’s shift, thus neglecting up to 64% of the employee’s time
  - This creates the need for a more accurate definition or model of workload for CYMH workers
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# Literature Review

- Workload measures are usually divided into 2 categories
  1. Dependency Measures
  1. Activity-Based Measures





# 1. Dependency Measures

- Focus on the care needed based on complexity and quality of care the client needs
  - Includes caseload, patient dependency, client care times, level of risk and indirect client responsibilities
- Limitations
  - Created for inpatient facilities, and not relevant for staff with non-client responsibilities





## 2. Activity-Based Measures

- Assess tasks performed to calculate the time spent delivering care
- Limitations
  - Time-consuming and difficult to use
  - May not capture every aspect of employee duties






# Proposed Definition

- Workload
  - Is not restrictive to caseload
  - Encompasses a number of activities from a variety of categories
  - Workload will vary by position
- Therefore, workload is an overall calculation or observation of tasks and the amount of time allotted to tasks across categories





# Activity # 1

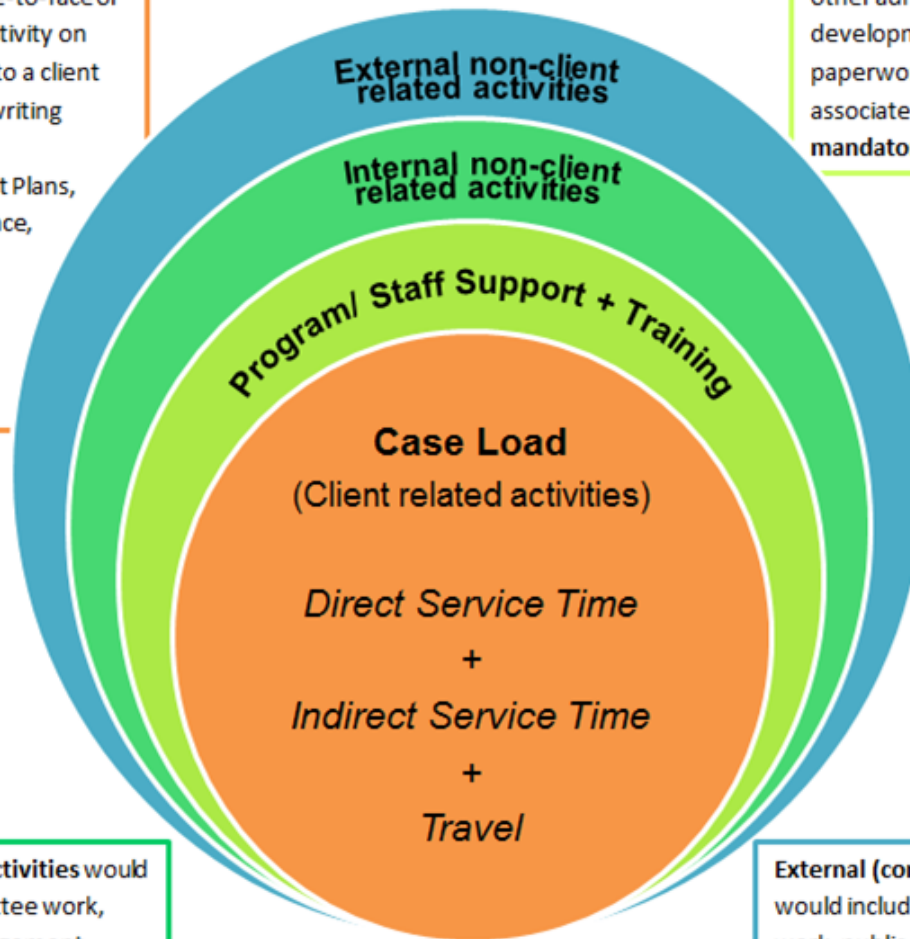
- Within groups, discuss what items you think should be included in an employee's workload.
  - What kind of relationships can you find between the items you came up with? Can you group them into categories?
  - Are they within or outside the scope of a "caseload"?
  - Time: 15 minutes
- 



## Child and Family Centre – Clinical Work Load

**Case Load** includes (but is not limited to): case management, assessment, intervention and/or consultation with client/caregivers, face-to-face or by telephone. Also, any professional activity on behalf of the client/caregiver attached to a client name/number (i.e. file management, writing reports, intervention/treatment plans, progress/intervention notes, Treatment Plans, test scoring and analysis, correspondence, preparation time, internal clinical meetings, intake meetings/reviews, supervision. Case load is all activities that are directly related to a client(s).

**Program/ Staff Support** includes (but is not limited to): agency meetings (All Staff, AGM, Huddles), other administrative meetings (in-services), service development activities, and general administrative paperwork. These activities would not be directly associated with a client but would be considered **mandatory** duties for staff.




**Internal (agency) non-client related activities** would include (but not be limited to): committee work, Union work, participation in staff engagement activities (focus groups, surveys, etc.). These activities would be considered **voluntary** for staff.

**External (community) non-client related activities** would include (but not be limited to): committee work, public relations, community presentations, community development. These activities would be considered **voluntary** for staff.



# Collaborative Problem Solving

- Allows for critical thinking and solution fluency between management staff as well as in clinical supervision.
  - There are three elements involved in this process
    1. Hope Scale (Agency and Pathway Thinking)
    2. Resilience
    3. Motivational Interviewing
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# Hope Scale (Synder *et al.* 1991)

- Idea that there are 2 domains of hope
  - **Agency Thinking:** can initiate and work towards a desired goal
  - **Pathways Thinking:** can plan to accomplish these goals
- Both domains are key in collaborative problem solving as all parties work together to reach the desired “future state”






# Resilience

- Principle that individuals can move forward after a set-back
  - Can be fostered through positive attitudes, optimism and taking past failure as a form of feedback
  - Can be promoted by solution focused discussions between manager and staff.
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# Motivational Interviewing (MI)

- Initially developed by Miller & Rollnick (1991)
  - Relies on 4 key principles for the interviewer
    1. Ask open-ended questions
    2. Provide affirmations
    3. Engage in reflective listening
    4. Provide summary statements to interviewee
  - Although developed for clinical work, these principles can be applied to manager-staff relations
- 




# Accountability

- Working together to evaluate workload builds capacity of these skills in staff and management
  - The documentation and supports guiding a workload evaluation should
    - Create a pooled understanding of pressures and solutions
    - Include due dates and next meetings
    - Identify needs or resources to solve the problem at hand
- 




# Workload Review Process (WRP)

- Was developed by directors, managers and union-nominated staff representatives.
  - Built on foundation that all levels in the agency are responsible for keeping workloads at a manageable level.
  - The process facilitates discussion to inform issues that require review on an organizational level
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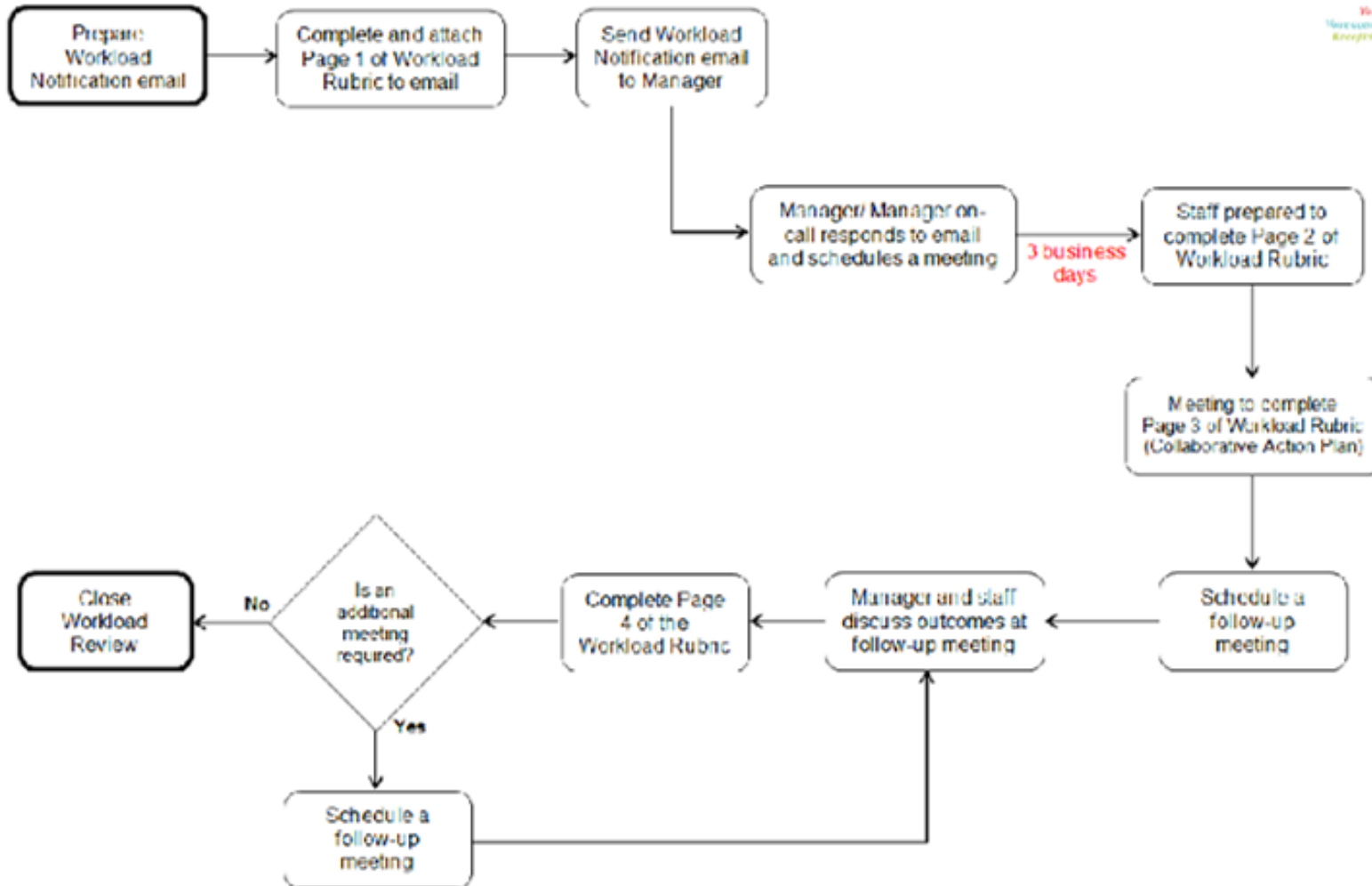
# Workload Review Process (WRP)

- There are 5 steps to the process
    1. Workload Alert Notification
    2. Collaborative Explanation and Planning
    3. Collaborative Action
    4. Progress Phase (within 30 days of Alert)
    5. Closing Phase
- 



# Workload Review Process (WRP)

## Child and Family Centre – Workload Review Process





# 1. Workload Alert Notification

- Can be filled out by an employee or their supervisor to initiate the review process.
- The alert includes
  - Reasons for the alert
  - Number of clients
  - Factors for consideration



Date of alert: \_\_\_\_\_  
 Staff Name: \_\_\_\_\_  
 Manager Name: \_\_\_\_\_  
 Date of Meeting: \_\_\_\_\_



Reason(s) for the alert:

Current # of clients: \_\_\_\_\_

Factor(s) for Consideration:	
<input type="checkbox"/> Number of Brief clients	<input type="checkbox"/> General administrative paperwork (expenses, time entry, etc.)
<input type="checkbox"/> Number of Counseling / Therapy clients (Anxiety, SBMH)	<input type="checkbox"/> Mandatory Training (ASIST, CPI, CEI, etc.)
<input type="checkbox"/> Number of Family / Caregiver Skills Building clients (Triple P)	<input type="checkbox"/> Optional Training (webinars, information session etc.)
<input type="checkbox"/> Number of Crisis clients	<input type="checkbox"/> Peer Consultations
<input type="checkbox"/> Number of Intensive Treatment clients (Day Tx, TISP, ISSP, ICF, SNAP)	<input type="checkbox"/> Scheduling / Coordination of appointments
<input type="checkbox"/> Number of Specialized Assessment / Consultation clients (TAPP-G, Eating Disorders, Trauma)	<input type="checkbox"/> Committee work
<input type="checkbox"/> Direct service (Individual)	<input type="checkbox"/> Staff engagement activities (focus groups, surveys, etc.)
<input type="checkbox"/> Indirect service (Individual)	<input type="checkbox"/> Travel
<input type="checkbox"/> Direct service (Group)	<input type="checkbox"/> Other. (Please identify)
<input type="checkbox"/> Indirect service (Group)	<input type="checkbox"/> Other. (Please identify)
<input type="checkbox"/> Administrative meetings (Huddles, All Staff, etc.)	<input type="checkbox"/> Other. (Please identify)
<input type="checkbox"/> Clinical Supervision	

# 2. Collaborative Exploration and Planning

- Parties meet together and fill out the first half workload rubric based on the alert

<b>Workload Issues Identified:</b>
<b>Potential Solutions:</b>
<b>Easiest to hardest solutions:</b>
<b>Short term to long term solutions:</b>

# 3. Collaborative Action

- From discussion, complete second part of rubric and identify a date for progress meeting

**Collaborative Action Plan (SMART Goals):**

**Supports/ Training Identified:**

\_\_\_\_\_  
**Signature of Staff**

\_\_\_\_\_  
**Signature of Manager**

**If this is not the final meeting, please indicate the proposed date for next review (within 30 days):**

\_\_\_\_\_

## 4. Progress Phase

- Hold second meeting within 30 days from initial alert
- Complete the Action Plan Follow-up

Collaborative Action Plan (SMART Goals) (copied):

Identify completed goals:

Is the action plan  on schedule  ahead of schedule  behind schedule

Have changes been made to the action plan?  Yes  No

If yes, please identify changes:

# 5. Closing Phase

- Collaboratively evaluate progress
- If plan is completed, workload review process can be closed
- If plan needed to be adjusted, schedule a next meeting and return to step 4 in the process

Continue with action plan?  Yes  No Date of next meeting:

Action plan completed?  Yes  No Date of completion:



# Sample Workload Review Process

- Tim has been having a difficult time lately completing all of his required tasks during the day so decides to send his manager Wendy a Workload Alert Notification





# 1. Workload Alert Notification

Reason(s) for this alert:

Difficulty uploading CHYMH assessments

Current # of clients: 43

Factor(s) for Consideration

<input checked="" type="checkbox"/>	Number of other clients	<input type="checkbox"/>	General administrative paperwork (expenses, time entry, etc.)
<input checked="" type="checkbox"/>	Number of Counseling/Therapy clients (Anxiety, GMA, )	<input type="checkbox"/>	Mandatory Training (ASST, CPI, CBT, etc.)
<input type="checkbox"/>	Number of Family/Caregiver Skills Building clients (Triple P)	<input type="checkbox"/>	Optional Training (webinars, information session, etc.)
<input type="checkbox"/>	Number of Crisis clients	<input type="checkbox"/>	Peer Consultations
<input type="checkbox"/>	Number of Intensive Treatment clients (Day Tr, IOP, IOP, IOP, SMOG, SMOG)	<input type="checkbox"/>	Scheduling/Coordination of appointments
<input type="checkbox"/>	Number of Specialized Assessments/ Consultation clients (TAPP-C, Eating Disorders, Trauma)	<input type="checkbox"/>	Consider work
<input checked="" type="checkbox"/>	Direct service (Individual)	<input type="checkbox"/>	Staff engagement activities (focus groups, surveys, etc.)
<input type="checkbox"/>	Indirect service (Individual)	<input type="checkbox"/>	Travel
<input type="checkbox"/>	Direct service (Group)	<input type="checkbox"/>	Other (Please identify)
<input type="checkbox"/>	Indirect service (Group)	<input type="checkbox"/>	Other (Please identify)
<input type="checkbox"/>	Administrative meetings (Liaison, All staff, etc.)	<input type="checkbox"/>	Other (Please identify)
<input type="checkbox"/>	Clinical Supervision		

## 2. Collaborative Exploration and Planning

### Workload Issues Identified:

In the last couple of weeks, on top of my other clients who I have not all uploaded my ChYMH assessments. I have been assigned about 5 new clients and I am having difficulty finding the time to upload all the ChYMH assessments and having some software difficulties. Feel that I am getting behind on my paper work because of these difficulties and that I need to keep seeing all the clients. Would like to discuss how to get back on track.

### Potential Steps:

- *Input data immediately following the ChYMH interview*
- *Add time to which it is dedicated to uploading to ChYMH to GroupWise and practice boundaries with schedule*
- *Meet with ChYMH team trainers*
- *No new assignments of new clients*

### Short term to long term steps:

- **Delay assigning new clients until up to date**
- **Instead of booking clients every week, try biweekly**
- **Book hour after session but use it to input data into software**
- **Get feedback from other colleagues on what works for them**
- **Reach out to Catherine Moody by email (interRAI Site trainer)**
- **Reach out to ChYMH trainers at agency and colleagues**
- **Respecting your schedule in Novell GroupWise & not switching calendar**

# 3. Collaborative Action

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## Collaborative Action Plan (SMART Goals):

### SMART:

**S:** In the next two weeks 4 ChYMH (interview and input) to complete

**M:** complete 2 per week

**A:** 2 weeks provided with no additional clients assigned until task completion

**R:** Follow suggested time frame in GroupWise as previously stated in "potential Solutions"

**I:** Next 2 weeks 4 ChYMH completed

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## Supports/ Training Identified:

- Have a ChYMH trainer sit in for a tutorial and run through software
- No further assignments until ChYMH completion on active clients
- Check in 1 week to determine next steps

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Signature of Staff

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Signature of Manager

If this is not the final meeting, please indicate the proposed date for next review (within 30 days): \_\_\_ November 6, 2017 \_\_\_\_\_

# 4. Progress Phase

Collaborative Action Plan (SMART Goals) (copied):

Identify completed goals:

- Was able to reach out to ChYMH trainer and we reviewed how to input into software and I was able to identify my difficulties and understand how to overcome them
- 2 ChYMH were uploaded successfully
- I was able to complete 3 new ChYMH on new clients and by following suggested time frames in my GroupWise, those 3 ChYMH were also uploaded
- GroupWise already identifies plans for next week and the following after that.
- 2 more ChYMHs will be uploaded and 2 more ChYMH to be completed and uploaded.

Is the action plan  on schedule  ahead of schedule  behind schedule

Have changes been made to the action plan?  Yes  No

If yes, please identify changes:

# 5. Closing Phase

Continue with action plan?  Yes  No

Date of next meeting: October 13, 2017

Action plan completed?  Yes  No

Date of completion:

# 4 & 5. Progress & Closing Phase

Collaborative Action Plan (SMART Goals) (copied from page 3):

Identify completed goals:

- I was able to complete and upload all 4 ChYMH into the software
- Up to date with all client assessments and uploading of ChYMHs
- GroupWise continues to reflect timeframes that will support future ChYMH Interviews and uploading
- During the 2 week period, I was able to respect timeframes in GroupWise and I didn't deviate from it.

Is the action plan  on schedule  ahead of schedule  behind schedule

Have changes been made to the action plan?  Yes  No

If yes, please identify changes:

Continue with action plan?  Yes  No

Date of next meeting:

Action plan completed?  Yes  No

Date of completion: November 13, 2017

# Activity # 2

- Within your groups, work through the following case study with half of you playing the role as the manager, and the other half the clinician.
- How would you complete the Workload Review Process?
- *Alex is a clinician who currently travels between six local high schools in Brief Services and regularly sees 18 clients each week. She is also working on two committees in her agency which have biweekly meetings. She is finding that between the travel, meetings, expense forms and additional paperwork that she often has to stay up to an hour late each day to complete her work.*



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**Thank you! Merci!  
Miigwetch!**

