

Section 1: General Information

Name(s) of Employee(s): Are you an: RN LPN
Employer:
Unit/Area/Program:
Date of Situation: Time:
Shift: 7.5 Hours 11.25 Hours Other
Regular Staff: RN LPN PCA Clerical Support
Actual Regular Staff: RN LPN PCA Clerical Support
Staff Shortage Due to: Sick Call ELOA Vacancies
Did This Cause You to Miss Your: Meal Break: Yes No Rest Period/Break: Yes No
Nurse Overtime: Yes Name of Nurse Manager or
 No Supervisor Reported to:

Section 2: Details of Situation

Provide a detailed summary of the situation and how it impacted patient care (what, when, where, why):

Was the safety of the patient or nursing professional compromised?
How? Yes No

Workload not completed: (e.g. Insulin or heparin was not double checked; patient rounds not done on an hourly basis, other)

Is this an isolated incident? Yes No Ongoing problem? Yes No

Section 3: Patient Care Factors Contributing to the Occurrence
Please check off the factor(s) you believe contributes to the workload issue and provide details

of Admissions: # of discharges: # of transfers:

Change in patient acuity

Lack of equipment/malfunctioning equipment/supplies. Please specify:

Number of patients on infections precaution:

Over capacity protocol in effect? Please specify:

Patient Census at time of situation:

Visitors/Family Members Please specify:

Other: (non-nursing duties, student supervision, mentorship, etc)

Please specify:

Section 4: Recommendations

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

- In-service
- Orientation
- Change unit layout
- Review Workload Measurement Statistics
- RN Staffing
- LPN Staffing
- PCA Staffing
- Clerical Support
- Float/casual pool
- Review policies and procedures
- Replace sick calls, vacation, paid holidays, other absences
- Other:

Section 5: Employee Signatures and Contact Information

Signature:	Contact Information :
Signature:	Contact Information :
Signature:	Contact Information :
Signature:	Contact Information :

Section 6: Management Comments

Please provide any information in response to this report, including any actions taken to remedy the situation where applicable.

Management Signature:

Date:

Section 7: Recommendations of Professional Practice Committee

The Professional Practice Committee recommends the following in order to prevent similar situations:

Is this issue resolved? Yes No

- Copies to:
1. Manager
 2. NBNU Local President
 3. Member

Dated: