

# Nurse Manager/Nurse Supervisor- Professional Practice Committee Work Situation Report

## Section 1: General Information

Name(s) of Employee(s):

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

Required Overtime:          Yes          Name of Program Director of  
   No          immediate supervisor  
   reported to:

## Section 2: Details of Situation

Provide a detailed summary of the (what, when, where, why):

Was the safety of the patient or nurse compromised?                      Yes                      No                      N/A  
How?

Workload not completed: (e.g. unable to attend meetings, performance appraisal delayed, supervisor's rounds not done...)

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**

Change in patient acuity

Coverage of other sectors

Number of complex cases:

Number of patients on infections precaution:

Over capacity protocol in effect?

Please specify:

Patient Census at time of situation:

Staffing, please specify:

Visitors/Family Members/complaints

follow-up. Please specify:

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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:

Change unit layout

Consultation/communication

Create Float Nurse manager position

Float/casual pool

In House support staffing

In-service

Orientation

Replace sick calls, vacation, paid holidays, other absences by a Nurse Manager/Nurse Supervisor

Review policies and procedures

Review Workload Measurement Statistics/Care Model recommendations/core staffing recommendations

RN Staffing

Other:

## Section 5: Employee Signatures and 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. Immediate Supervisor  
                 2. NBNU Local President  
                 3. Member

Dated: