

NURSING WORKLOAD PRESENTATION

The How To ???

The When To ???

And The Why To ???

NEW FORM

NURSING

WORKLOAD

STAFFING

REPORT

On the inside page, you will see a red WSR number. Write that number on all three WSR vouchers and send one to MNU local 10 and keep one for yourself

NURSING WORKLOAD/STAFFING REPORTS

What is the Purpose of the Workload/Staffing Report (WSR)?

- ▣ **The WSR is a tool used to document workload and staffing concerns that nurses believe may jeopardize patient well-being.**
- ▣ **It is meant to draw management's attention to a workload/staffing problem.**
- ▣ **It is the first step in a problem solving effort between the nurse(s) and management.**
- ▣ **From a legal perspective, it provides the nurse a degree of protection from liability. The WSR proves that the nurse has drawn management's attention to an unsafe, or potentially unsafe, situation.**
- ▣ **It can be used to demonstrate to a licensing association that a nurse has made reasonable and prudent effort to address her inability to meet the professional standards because of workload/staffing concerns.**

WHEN AND HOW

SHOULD A WSR BE COMPLETED?

It should be completed every time an unsafe situation, or the potential for an unsafe situation, related to workload and/or staffing occurs in the workplace.

The first step, whenever reasonably possible, is to discuss the situation with the immediate supervisor in an effort to resolve the concern. This is the preferable time to complete the form.

One form is to be completed per situation and signed by all of the nurses involved.

Reminder: Do not identify patients/residents or doctors involved.

Avoid abbreviations.

If space is inadequate, additional forms can be completed and attached. The WSR # must be noted on all additional papers.

The vouchers on the reverse side of the cover page take the place of having multiple copies and provide a tracking mechanism for all of the parties. It is important to include all of the information indicated on the voucher.

ONCE THE FORM IS COMPLETED, THE VOUCHERS ARE DETACHED AND DISTRIBUTED AS FOLLOWS:



• **One to be kept by the author;**



• **One to the Local/Worksite President or designate;**



• **One to the Nursing Administration Office.**

- **The completed form is given to the supervisor with whom the situation was discussed.**
- **Nurses should not be afraid to file a WSR. Remember, this is a joint Union/Management form and is for the use of management as well as the union. It is to be supported by management. They cost share the production of the form and participate in negotiating the language.**
- * **Once the supervisor completes the response s/he makes a copy for her/himself, and gives the white copy to the Local/Worksite President and the green copy to the Nursing Administrator.**
- * **The Local/Worksite President or designate is responsible for providing a photocopy of the form to the Author and faxing a copy to MNU. Be sure the WSR # is on the second page when faxing to the office.**

- ***Remember! The WSR is there to protect the quality of your working life, and the quality of care you provide to patients!**
- **The Importance of a Local/Worksite Tracking Process**
- **Each worksite should establish a process to track the outstanding WSRs (as identified by the vouchers) to make sure that they are being addressed in a timely fashion.**

- ▣ What is done with the WSR?
- ▣ *MNU staff enters the information into a database as the reports are submitted.
- ▣ *Every 2 – 3 years a general report is released.
- ▣ *Intermittent reports are provided to the Board of Directors.
- ▣ *Information from the WSR's may be incorporated into a MNU report.
- ▣ *NAC - A local/worksites can request that a report be prepared based on their worksite's specific issues.
- ▣ *IAC – The information from the WSR is fully utilized. Graphs and quotes are combined together and placed in the IAC brief.

▣ **“Your silence will not protect you”**

WORKLOAD STAFFING REPORT FLOW CHART

	Nurse has concern respecting workload ↓	
	Discusses with immediate Supervisor ↓	Discussion Date
Issues Resolved to Nurse's Satisfaction	No satisfactory solution for Nurse ↓	
	Submit W.S.R. to immediate Supervisor ↓	
	Nurse receives response to concern ↓	Submitted WSR Date
Issues Resolved to Nurse's Satisfaction	No satisfactory solution for Nurse ↓	Response Date
	Nurse completes N.A.C. Summary Report & refers issue to Nursing Advisory Committee (NAC) ↓	
	N.A.C. examines concerns and makes recommendations to resolve situation ↓	Referral Date
Issues Resolved to Nurse's Satisfaction	No satisfactory solution for Nurse ↓	NAC Mtg. Date
	Matter referred to Administrator/Senior Nursing Manager by N.A.C. and/or Nurse ↓	
	14 Days	Referral Date

	Administrator examines concern and provides written response ↓	
Issues Resolved to Nurse's Satisfaction	No satisfactory solution for Nurse ↓	Response Date
	21 days	
	Matter referred to Independent Assessment Committee (I.A.C.) for recommendation ↓	
	3 Nurse I.A.C. established ↓	Referral Date
	30 days	
	I.A.C. meets to investigate nurse's concerns ↓	
	14 days	IAC Mtg. Date
	I.A.C. makes recommendations and provides same to Nurse, N.A.C. and Administration ↓	
	Report detailing I.A.C.'s recommendations forwarded to Hospital Board ↓	IAC Report Received
	N.A.C. and Nurse provided with minutes of Board deliberations respecting I.A.C. recommendations	