

SECTION 1: GENERAL INFORMATION

SAMPLE

WSR# A 00001

Name(s) of nurse(s) reporting: (please print) Debbie Winterton
 Employer: PMH Local/worksite: Brandon #4 Unit: 5E
 Date of situation: Sept 1 / 18 Start time: 1930 End time: 0200
 Day of the week: Saturday Shift (type and length): 12H
 Manager notified (name): Jane Doe Date/time notified: 2030 Sept 1
 Patient care statistics: Total # of beds/stretchers: 30 Total # of patients: 30

SECTION 2: DETAILS OF UNRESOLVED SITUATION

Provide a concise summary of how the unresolved situation affected your nursing practice/workload:
New admission early in shift required ongoing assessment, many meds + orders. Family had many questions - unable to provide emotional support they needed. Another pt with low urine output - call to physician + monitoring. Many IV meds to prepare and administer - some given late. Blood transfusion and monitoring. Had to delay routine assessments + complete charting.

Was patient care compromised or not completed? No Yes

If yes, please check all those that apply:

- Fall/injury to patient
- Medication Error
- Insufficient psychological/social support/teaching
- Timely documentation
- Patient deterioration
- Other _____

Check one: Is this an isolated incident? An ongoing problem?

SECTION 3: PATIENT CARE AND OTHER CONTRIBUTING FACTORS

Please check off the factor(s) you believe contributed to the situation:

- Change in patient acuity (psychological/physical/social)
- Visitors/family members
- Bed Shortage/over census
- Interdepartmental challenges
- High acuity
- Patient/family education needs
- # of infectious precautions/isolations _____
- # of admissions 1
- # of discharges _____
- Incident resulting in RL6 or Occurrence form. Form # and type Med error # 0560
- Unfamiliar staff
- Lack of/malfunctioning equipment (specify below)
- Non-Nursing duties (specify below)
- Patient psych/social requirements
- Other (specify below)

Specify Here: had to search for right size Bl cuff. Ran out of IV minibags - had to borrow from SW.

SECTION 4: STAFFING / WORKING CONDITIONS

If there was a shortage of staff at the time of the situation, (including support staff) please check one or all of the following that apply: Sick call(s) Vacancies Other _____

Regular staff: RN 1 LPN 2 RPN _____ HCA 2 Other _____
 # Actual staff: RN 1 LPN 2 RPN _____ HCA 2 Other _____
 Agency _____ Casual _____ Grad _____ Float _____
 Overtime: Yes No If yes, how many nurses? 3 Total hours 35 min each
 Breaks: Meal period: Missed _____ Late 1 + short
 Rest period: Missed 1 Late _____

SECTION 5: AVAILABILITY OF ALTERNATIVES

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Please provide details of the discussion with the designated out of scope manager.

manager notified of complex admission adding to already heavy workload.

Did the designated person provide guidance? Yes No

Provide details: suggested redistributing assignment - other nurses already had 2 more pts each.

If additional staff provided, please identify the number and category of staff provided and the amount of time they provided assistance:

Category	Amount of time staff available	Did they require orientation to area/site/program?
HCA	4 1/2 hrs unable to assist with nurses work	<input type="radio"/> Yes <input checked="" type="radio"/> No State orientation time (min/hrs) _____
		<input type="radio"/> Yes <input type="radio"/> No State orientation time (min/hrs) _____

Were other measures implemented to mediate the situation? Yes No

If yes, please describe: _____

SECTION 6: RECOMMENDATIONS

Please check off and explain strategies you believe could be utilized in order to prevent similar situations:

- Education/orientation
- Review nurse/patient ratio
- Other (specify below)
- Change physical layout
- Review policies & procedures
- Float/casual staff
- ↑ Support staffing

Specify and Explain here: need BP cuffs of different sizes. Need ↑ amount of supplies for weekend.

SECTION 7: NURSE SIGNATURES

Print name: Debbie Winterton Signature: [Signature]
 Print name: Sally Johnson Signature: [Signature]
 Print name: Belinda White Signature: Bwhite
 Print name: _____ Signature: _____

SECTION 8: MANAGEMENT COMMENTS

Please provide any information/comments in response to this report, including the action(s) taken and any further actions to be implemented. _____

Management signature: _____ Date: _____
Management signature: _____ Date: _____

