

Tips For Completing A Work Situation Report (WSR) Form

NOTE: A WSR is only completed for on going issues or situations which were not resolved at Step 1 or Step 2 of the process.

NUMBER OF BASELINE STAFF FOR SHIFT: RN: _____ RPN: _____ LPN: _____ Others: _____	PATIENT/CLIENT CENSUS: # of Beds on Unit: _____ Overcapacity: _____ RN/RPN to Patient Ratio: _____ Planned Patient Hours: _____ Actual Patient Hours: _____
Number of staff on duty: RN: _____ RPN: _____ LPN: _____ Others: _____	
Number of staff needed: RN: _____ RPN: _____ LPN: _____ Others: _____	
Charge Nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No On Site Management? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, does the Charge Nurse have a patient assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Staffing Mix - Provides a snapshot of what the staffing levels were for this situation. Include the baseline staff, staff present during shift, and what staff was required to meet the needs of the patient/client census.

Patient/Client Census - Top section reflects acute care situations; bottom section reflects home care/public health.

STEP 1: DESCRIBE THE ACTIONS TAKEN FOR LOW LEVEL RESOLUTION

Department / Unit Huddle Discussion with co-workers/Charge Nurse

Discussion with RN manager/supervisor Workload discussion (Prioritizing workload, postponing tasks, calling other units for assistance, etc.)

Other (please explain below): _____

Is this an ongoing issue or repeat incident that should be identified for trending purposes?

Yes No

STEP 1: Low Level Resolution

- Identify actions taken to attempt to find a low level resolution.
- Check boxes are only suggestions; use the OTHER field if required.
- "Trending" - Instances resolved through low level resolution yet reoccur at a predictable or high rate of frequency, should be recorded on a WSR and marked as trending. Unique or one-time occurrences resolved using low resolution would not be considered trending issues and do not require a WSR to be completed.

STEP 2: NOTIFICATION OF MANAGER OR DESIGNATE

Manager Notified? Yes No Is Manager an RN? RPN?

Method of communication: Face-to-face Voice mail Email

Name of Manager Notified: _____

Response by Manager: _____

If a Manager or On-Call Manager/designate is NOT available. was staff called in as per Article 9.03?

Yes No

Was Call-In Criteria as per Article 9.03 used? Yes No **Who was called in?** _____

STEP 2: Notification of Manager

Identify the method in which you contacted the Manager or On-Call Manager/designate regarding the issue. If required, identify if additional staff was called in.

Describing the Incident

- Check all boxes that apply to your situation, only check off what you know to be factual.
- Check boxes provide suggestions of details to report.
- Where applicable, use the "additional details/other" fields provided.
- Questions are designed to focus on the environment and professional barriers, as well as factors that may have prohibited you from providing safe patient care or meeting your professional standards.

EXPLANATION OF WHAT MADE YOUR SHIFT UNSAFE? (choose all that apply and provide additional detail if required)

<input type="checkbox"/> Too many patients	<input type="checkbox"/> High acuity
<input type="checkbox"/> Wrong skill mix (i.e. need RN, LPN or 1:1)	<input type="checkbox"/> Not enough qualified staff/Jr. Sr. mix
<input type="checkbox"/> Inability to monitor, observe or check patient(s)	<input type="checkbox"/> Inadequate orientation/training/equipment
<input type="checkbox"/> Nursing code of ethics breached or risk of breach	<input type="checkbox"/> Staff safety concerns
<input type="checkbox"/> Physician related concerns	<input type="checkbox"/> Physical layout of facility/unit
<input type="checkbox"/> Leaves not replaced	<input type="checkbox"/> Non nursing duties
<input type="checkbox"/> Isolation precautions	<input type="checkbox"/> Patient negative outcome, harm or incident
<input type="checkbox"/> Supports not available (management, PT, SW, etc.)	<input type="checkbox"/> Equipment/supply issues
<input type="checkbox"/> Additional details/other: (please specify below)	<input type="checkbox"/> Workload

NURSING STANDARDS AND FOUNDATIONAL COMPETENCIES BREACHED, NOT MAINTAINED OR POTENTIAL FOR?

<input type="checkbox"/> SRNA Standards	<input type="checkbox"/> RPNAS Standards	<input type="checkbox"/> OHS Legislation
<input type="checkbox"/> CNA Code of Ethics	<input type="checkbox"/> Employer/Region Policy	<input type="checkbox"/> 24 Hours RN/RPN Coverage
<input type="checkbox"/> National Standards		

Please provide additional detail including the specific reference:

HOW WAS THE UNSAFE SITUATION RECTIFIED? (choose all that apply and provide additional detail if required)

<input type="checkbox"/> It was not rectified	<input type="checkbox"/> Obtained correct number of staff
<input type="checkbox"/> Obtained correct skill mix of staff	<input type="checkbox"/> Refused assignment/I was reassigned
<input type="checkbox"/> Closed the unit to admissions/bed closed	<input type="checkbox"/> Provided the necessary training/preceptor
<input type="checkbox"/> Ongoing issue for further monitor (please explain below)	<input type="checkbox"/> Additional details/other: (please specify below)

WHAT IMPACT DID THIS HAVE ON PATIENT CARE? (choose all that apply and provide additional detail if required)

<input type="checkbox"/> Increased length of stay for patient(s)	<input type="checkbox"/> Inability to answer call lights
<input type="checkbox"/> Negative outcome, harm or incident (i.e. fall, med error)	<input type="checkbox"/> Incomplete admissions
<input type="checkbox"/> Patient(s) left without being seen	<input type="checkbox"/> Incomplete assessments
<input type="checkbox"/> Delayed or cancelled treatment or programming	<input type="checkbox"/> Inadequate patient pain management
<input type="checkbox"/> Incomplete discharge planning/teaching	<input type="checkbox"/> Inability to give or receive report
<input type="checkbox"/> Additional details/other: (please specify below)	<input type="checkbox"/> Inability to practice safe patient care

ACTION TAKEN (choose all that apply and provide additional detail if required)

What action(s) did you take or will take, to continue to advocate for your patients?

<input type="checkbox"/> Repeated phone calls to Manager	<input type="checkbox"/> Unit/bed closure
<input type="checkbox"/> Worked shift without assistance	<input type="checkbox"/> Contacted SUN Provincial
<input type="checkbox"/> Notify nurses on next shift	<input type="checkbox"/> Contacted SRNA/RPNAS/CNPS
<input type="checkbox"/> Notify On-Call Manager	<input type="checkbox"/> Notify Local
<input type="checkbox"/> Stop the line	<input type="checkbox"/> Occurrence/Safety Report # _____
<input type="checkbox"/> Additional details/other: (please specify below)	

BRIEFLY DESCRIBE THE INCIDENT

Additional Details - This section is your opportunity to describe the situation in more detail or provide additional information not captured through the check boxes.

HOW CAN THIS ISSUE BE RESOLVED IN THE FUTURE? (please provide details and examples of your solutions)

Solutions - Registered nurses completing a WSR are required to provide their suggested solutions to resolve the issue and to prevent future re-occurrences. Form may be considered incomplete if solutions are not provided.

SIGNATURE OF NURSE(S)

Signature	Signature	Signature
Print Name	Print Name	Print Name
Personal Email	Personal Email	Personal Email

Signatures - Signatures of the SUN members listed in the opening section (page 1 of the form) are required to complete the form.

STEP 3: WSR COMPLETED

Copy sent to the Local (photo copy or scanned and emailed) Copy to Manager (photo copy or scanned and emailed)

Step 3: Filing Your WSR

- Once completed, it is the Nurses' responsibility to get copies of the form to the Local and the Manager/designate.
 - Original form goes to the Local
 - Photocopy provided to or scanned version emailed to the Manager/designate
 - Keep a copy for your records

STEP 4: NOTIFICATION OF MANAGER OR DESIGNATE

For Manager Use Only

Date + Time: _____ Manager Name: _____ Copy sent to SAHO (scanned and emailed)

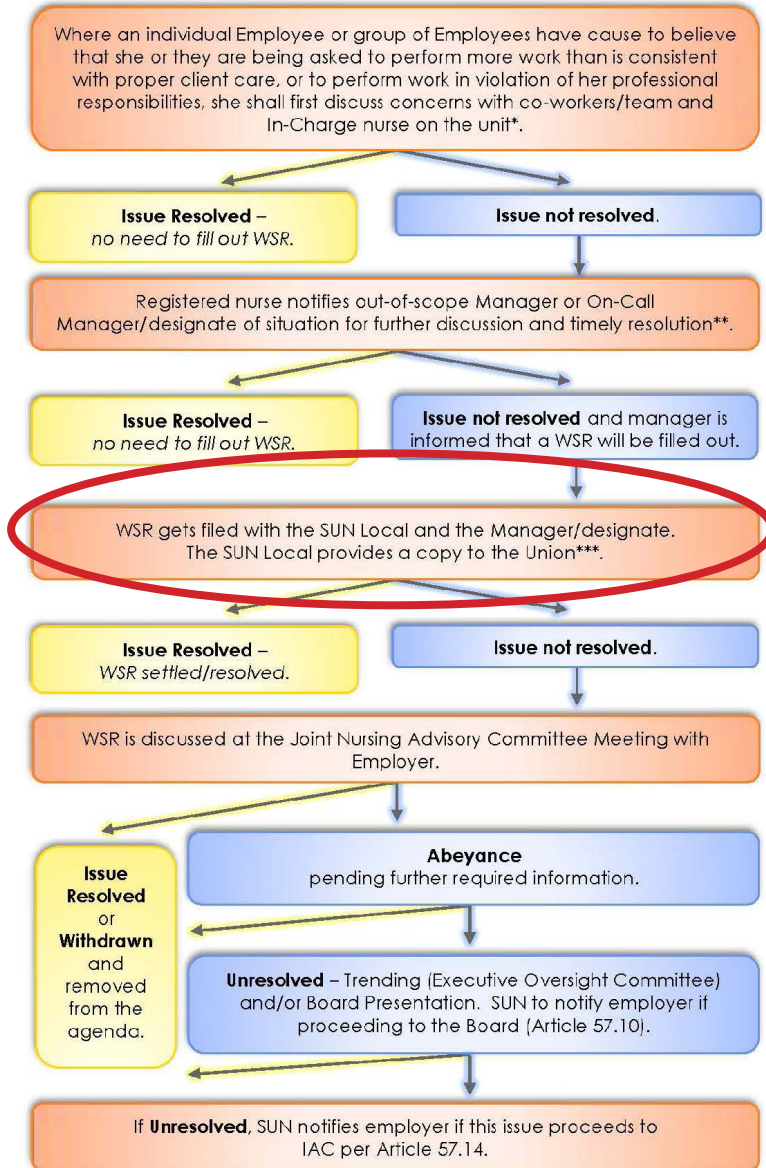
How was the issue addressed:

Step 4: Notification of Manager

- This section is to be completed by the Manager/designate within 96 hours of notice of the incident.

When Do You Fill Out A WSR?

Follow the Algorithm. (page 174 of the SUN/SAHO Collective Agreement)



* The proactive process to resolution should include department/unit huddle, key discussions with coworkers, addressing staff shortages/workload issues with management. Resolution may include attempting to find more staff subject to criteria as per Article 9.03.

** Notification may include a face-to-face discussion or a telephone call. If no manager or On-Call Manager/designate is available, a voice message is left or email will be sent and a WSR filled out.

*** It is the manager's responsibility to follow up within 96 hours of notice under Article 56.03(c). (Article 56.04)

Frequently Asked Questions

1. When do I fill out a WSR form?

Using the algorithm provided in your Collective Agreement as a guide, a WSR form is to be completed when resolution is not reached during Step 1 of the process using low level resolution actions or not resolved during Step 2 in discussion with a Manager/designate.

If the issue is not resolved or only partially resolved, a WSR should be filled out detailing the incident.

2. When do I use "trending"?

Unique or one-time occurrences resolved using low resolution approaches would not be considered trending issues and would not require a WSR to be completed.

However, instances resolved through low level resolution yet reoccur at a predictable or high rate of frequency should be recorded on a WSR and marked as trending to be moved forward to the Executive Oversight Committee for review and recommendation.

3. When does the clock start for the 96 hours for the manager to follow-up?

Under the Collective Agreement, the manager is responsible to follow-up on an issue within 96 hours of notification. The clock on the 96 hours starts following notification of the manager at Step 2 in the process and the issue left unresolved.

Upon notifying the manager, the registered nurse(s) must indicate they are filing a WSR for the unresolved issue for the 96 hours time line to begin.

4. Who is responsible to send a copy of the WSR to the Manager or designate?

It is the registered nurses' responsibility to provide a copy of the completed WSR form to their Manager/designate. The form may be photocopied and delivered to the Manager/designate or scanned and emailed directly to the Manager/designate.

The original copy of the completed WSR is to be filed with the Local. It is the Local's responsibility to then forward the WSR to SUN Provincial.

Joint Nursing Advisory Process

Completing A Work Situation Report (WSR) Form

