



LOCAL INFORMATION

Facility/Agency Name	_____	Local #	_____
Prepared By	_____	Position	_____
Contact Information	Phone # _____	Email	_____

OUT-OF-SCOPE MANAGER/SUPERVISOR

Name (Last, First)	_____	Designation	_____
Title	_____	Phone	_____
Email	_____		

FACTS OF THE ISSUES

<p>1. Unit/Department</p> 	<p>2. Shift Details</p> <p>Date (DD/MM/YY) _____</p> <p>Day of the Week _____</p> <p>Shift _____</p>
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3. Issue as Identified by Member

Is this a trending issue? Yes No If yes, please identify: Systemic issue Reoccurring at unit level

4. Discussion with Member

Date & Time _____

5. Witness Discussions

Witness _____	Date & Time _____
Notes _____	

Witness _____	Date & Time _____
Notes _____	

FACTS OF THE ISSUE (continued)

6. Root Cause of Issue

7. Impact on Safety/Risk of Harm (check all that apply)

Patient Safety Actual Potential
Nurse Safety Actual Potential

ISSUE TYPE/VIOLATION

- Reoccurring Event
- Breach of Professional Standards/Competencies
 Concept/Competency Impacted _____
- Breach of Employer Policies/Procedures/Work Standards
- Breach of Code of Ethics
- Other: _____

SUPPORTING DOCUMENTS *Collect and attach relevant information*

- Employer Policies
- Employer Communication
- Communication with Professional Association
- Shift Schedule/Master Rotation
- Other: _____

POTENTIAL RESOLUTION IDENTIFIED BY MEMBER

LOCAL PRESIDENT/EXECUTIVE COMMUNICATION

Date _____ Time _____
Discussion &
Next Steps

Method Phone call Face-to-face E-mail

CONSULTATION WITH NURSE PRACTICE OFFICER (NPO)

Date _____ Time _____
Discussion &
Next Steps

Method Phone call Face-to-face E-mail

FOLLOW UP WITH MEMBER

Date _____ Time _____
Discussion &
Next Steps

Method Phone call Face-to-face E-mail