** MANAGER - WORK SITUATION REPORT INFORMATION FORM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WSR file number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of beds open: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statistical Data**

1. Number of patients on the unit when the WSR was completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Time / Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Staff complement:

|  |  |  |
| --- | --- | --- |
|  | Usual complement of staff for this shift | Number of staff working |
| Nurse Practitioner |  |  |
| Resident Care Coordinator |  |  |
| RN / RPN |  |  |
| Supernumerary Charge Nurse |  |  |
| LPN |  |  |
| Unit Clerk |  |  |
| Unit Support Clerk |  |  |
| Continuing Care Aide |  |  |
| Other (specify) |  |  |

**Clinical Data**

1. Were you notified of the concern before or during the shift? When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What was the concern? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How was client care impacted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Describe what was done to address the concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do the employees consider this WSR resolved at the Unit level? YES: \_\_\_ NO: \_\_\_\_

If NO, what are the recommendations from the Manager / OOS Supervisor to prevent a reoccurrence of this situation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name and Signature** of Manager completing the form

Copies to: NAC – Management Co-Chair, SAHO (see page 3 for contact information) and employer’s Labour Relations Dept.

**Joint Nursing Advisory Committee (NAC) Process**

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**Revised WSR Process – September 2016**

(see Articles 56, 57 and Appendices B-F of the SAHO/SUN Collective Agreement)

1. RN/RPN to discuss concerns with co-workers/team and In-Charge nurse on the Unit
2. RN/RPN to notify the out-of-scope manager or on-call manager/ designate for timely discussion and resolution.

* Notification is to be “face-to-face” or a telephone call

If the RN/RPN’s manager or the on-call manager / designate is not available, a voice-mail message or email must be sent to the manager

1. If the concern is not resolved during the shift, RN/RPN completes a WSR (prescribed form) immediately after the shift or during a break time on shift.
2. RN/RPN is to provide a copy of the WSR to the SUN Local and the Manager / designate upon completion of the form.
3. Manager / designate is to investigate, consider possible resolutions to the issue, and advise the RN/RPN of the outcome of the investigation within 96 hours (4 calendar days) of notice of the concern.
4. If the Manager/ designate is unable to resolve the concern to the satisfaction of the RN/RPN, the concern will be referred to the Joint Nursing Advisory Committee meeting (Joint NAC). The Manager / designate is to send a copy of this completed form and the related WSR to both the Management Co-Chair of Joint NAC and SAHO.

Joint NAC is a collaborative problem solving mechanism involving SUN members and management working together to resolve issues of mutual concern to ensure patient safety and registered nurse safe practices. The Joint NAC will review, resolve and/or make recommendations regarding WSRs which are not resolved at the unit level.

A copy of the WSR and this Manager – Work Situation Report Information Form is to be sent to SAHO at the following address:

[heather.duncan@saho.ca](mailto:heather.duncan@saho.ca)

OR

SAHO #500, 2002 Victoria Avenue, Regina SK S4P 0R7

**Questions for Managers to Consider**

**When Reviewing the WSRs With Their Staff**

The following questions might be useful to consider/discuss when looking for solutions to the patient care concerns raised by the RN/RPN:

1. If you feel you did not have enough staff, how did you reorganize patient assignments or team assignments?
2. Could duties have been re-arranged or certain tasks stopped/ delayed, in order to address the patient care concern?
3. If you managed, how was patient care affected?
4. Is this is short-term issue? If so, when will it be resolved?
5. Was a Care Co-ordinator contacted (if this resource is available)?
6. Do you feel that more educational sessions are necessary and if so, what areas?
7. Did all the staff work to full scope, and if not why not?
8. Do you need any additional equipment?
9. Did the supernumerary Charge Nurse take an assignment? Or was the patient assignment for the Charge Nurse adjusted?
10. Were there any critical incidents to patients / staff? (med errors, staff injury, falls, other incidents)
11. Were staff communicating and working as a team?
12. What other areas impacted your units (ie: OR, ER, Critical Care, Admissions, Physician rounds or lack thereof, housekeeping teams not coming in a timely manner, dietary concerns, laundry concerns?)
13. Did you have any codes and what was the impact on the unit when this happened?
14. Did you have a patient’s condition deteriorate that consumed a lot of time?
15. Did you have family issues that were timely to deal with?
16. Did you have trouble discharging a patient due to complex needs or concerns?
17. Did you have a lack of supplies?
18. Did you get your breaks and if you did, how did you arrange that?
19. If you believe that you could not complete all the Standards of Care, can you please indicate which one(s) were not met.