Nursing Homes Professional Practice Committee Work Situation Report

SECTION 1: GENERAL INFORMATION			
Name(s) of Employee(s) (please print)			
Employer:Number of beds			
Date of occurrence:(calendar) Time:			
Shift: ☐ 7.5 hour ☐ 11.25 ☐ Other			
Regular Staffing: # RN LPN RA Clerk Actual Staffing: # RN LPN RA Clerk			
Were you the charge nurse? RN Staff Overtime: YesNoHow Many StaffTotal hours? Did this cause you to miss your meal break? Rest periods?/ Breaks YesNo			
Name of Director of Nursing reported to			
SECTION 2: DETAILS OF OCCURENCE			
Provide a concise summary of the occurrence and how it impacted resident care;			
Was the safety of resident or nurse compromised or workload not completed? (e.g. Insulin or heparin not double checked; resident rounds or turns not done on an hourly basis, etc) YesNoHow? (Provide details below)			
Is this an isolated incident? Ongoing problem?			

SECTION 3: NURSE/RESIDENT/ENVIRONMENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE/CONCERN/ISSUE				
Please check off the factor(s) you believe contributes to the workload issue and provide details				
	details			
	Number of residents on isolation precautions			
	# of deaths# of transfers to hospital			
	Lack of equipment/supplies/resources/malfunctioning equipment, please			
	specify			
	Visitors/family members			
	Home in outbreak situation			
	Doctor's or Nurse Practioner orders;			
	Communication/Process issues			
	needs/expectations) please specify			
SECTION 4: RECOMMENDATIONS				
Please	check-off one or all of the areas be	elow you believe should be addresses in order to prevent similar		
occurre	ences:			
	□ In-service			
	□ Orientation			
	Review RN/resident ratio			
	Change unit layout			
	Change Start/Stop times of shift(s)			
	Develop workload Measurement Tool			
SECTION 5: EMPLOYEE SIGNATURES				
SIGNATURE		_Phone #/personal email		
SIGNATURE		_Phone #/personal email		
Date Submitted:		Copies to: 1. Manager 2. NBNU Local President 3. Member		
Date Submitted.		Copies to. 1. Manager 2. NoNo Local Freshuent 3. Member		

SECTION 6: MANAGEMENT COMMENTS				
Please provide any information in response to this report, including any actions taken to remedy the situations where applicable.				
Management Signature	Date:			
SECTION 7: RECOMMENDATIONS OF PROFESSION	NAL PRACTICE COMMITTEE			
The Professional Practice committee recommends the following in order to prevent similar occurrences:				
Is this issue resolved? YesNo				