Capital Health

NSGEU

Union/Management
Quality Care Situation Report

As a Registered Nurse/LPN or Nursing Team (circle one) I am/we are submitting this report to my/our Nurse Manager (or Director of Nursing) to record my observations regarding the work situation between the hours of _____ and _____. In my/our assessment due to workload/staffing situation described below, I was/we were unable to provide the required nursing intervention of the patients on _____ unit.

1. Date of Report: _____
2. Shift Worked: _____ Date: _____

3. Employment Status: ☐ Part Time ☐ Full Time ☐ Casual

   Nursing experience on this Unit: _____

4. Number of patients on Unit: _____ 1.1 Care _____

5. Total PCH's: _____ Total NCH _____

6. Staffing on Unit: RN's _____ LPN's _____ Other _____

7. Please describe the situation in detail. (include assigned responsibilities, working conditions and availability of alternatives.) _____

_____

_____

_____

_____

_____

_____

8. Incident Report:
Did the situation result in an incident: ☐ Yes ☐ No
Was an occurrence/incident report submitted? ☐ Yes ☐ No

9. My/our recommendations to alleviate/correct the situation: _____

_____

_____

_____

_____

_____

_____

_____

10. Notification:

	YES	NO	Date/time (yyyy/mm/dd) (24h:mm)	Action Suggested
Nurse Manager				
Administrative Coordinator				
R.S Director				

Date: _____ Signature(s): _____

(YYYY/MM/DD)

_____