

HEAVY WORKLOAD REPORT

FOR CLINICAL SUPPORT STAFF

Documentation of accurate information regarding a heavy workload situation will help the Union and Employer gather important information required to resolve staffing problems. Both the Employer and Union wish to correct problems in the allocation of appropriate staffing that may adversely affect patient care or employees' health and safety.

IF YOU ARE EXPERIENCING UNUSUAL HEAVY WORKLOAD SITUATIONS, PLEASE FILL OUT THIS FORM

Name: _____ Classification: _____ Days / Evenings / Nights (circle one)

Date of occurrence: D / M / Y Home (cell) Phone: _____ Unit / Department: _____

Time of occurrence: _____ Entire shift or exact time _____ hrs. to _____ . Day of week: M T W T F S S (circle one)

1. What was the staffing situation at the time of the occurrence? 

	# Of Staff on Shift	Normal Staffing
HCA's		
Other(s)		

2A. HCA/Rehab/Activity - In your opinion, what were the potential or actual hazards to patient(s) from this workload / staffing situation?

Y = YES N = NO	Y	N	N/A
Assistance with toileting delayed			
Assistance with meals delayed			
Insufficient turning of patients			
Delays in answering call lights			
Patient injury occurred			
Bathing patients left incomplete			
Ambulating patients not complete			
Other:			

2B. Dietary/Laundry/Houskeeping

Y = YES N = NO	Y	N	N/A
Regular duties not able to complete			
Tray line delays			
Meal delays			
Linen services not able to complete			
Other:			

3. In your opinion, what were contributing factors to this situation?

- insufficient staff
- equipment not available
- lack of supplies
- ADL care needs of patients on unit beyond usual
- Department staff assigned to other areas

4. How did this heavy workload situation affect you?

- A. Meal Break - was it... missed?... taken late?
- B. Overtime - were you asked to stay?... Yes... No
- C. Physically - how were you effected?... exhaustion
 injury to self... other _____

Comments: _____

5. Who was the Charge Nurse / Supervisor you reported this workload / staffing situation to?

Did the Charge Nurse / Supervisor offer solutions to alleviate the situation? Yes No

Please provide any other relevant information

Supervisor or Unit Manager Response

INSTRUCTIONS:

- ▶ KEEP TOP COPY AND FAX TO UNION AT 204-786-3175.
- ▶ YOU WILL BE CONTACTED BY THE UNION FOR FURTHER INFORMATION.