

HEAVY WORKLOAD REPORT

FOR SUPPORT STAFF

Accurately documenting unusual heavy workload situations will provide the information needed to resolve staffing problems that may adversely affect patient care and/or employees' health and safety.

Name: _____

Phone: _____

Classification: _____

Unit/Department: _____

Shift (select one): Days Evenings Nights

THE OCCURRENCE

a. Date: _____

e. Staffing:

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

b. Time: Entire shift Exact time _____

c. Were there potential or actual hazards to patient(s)?

P = Potential A = Actual	P	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:		

f. How did this heavy workload affect you?

Meal Break: Missed? Taken late?

Overtime - were you asked to stay? Yes No

Were you mandated? Yes No

Physically - were you... Exhausted? Injured?

g. Any other details you'd like to provide?

d. In your opinion, what contributed to this situation?

Insufficient staff

Equipment not available

Lack of supplies

ADL patient needs on unit beyond usual

Department staff assigned to other areas

Other: _____

ADDRESSING THE SITUATION

a. Which Charge Nurse/Supervisor did you report the situation to? _____

c. Did they offer any solutions? Yes No

Supervisor or Unit Manager response:

SUBMIT THE FORM

- Complete the form.
 - Provide a copy to your:
 - Employer
 - Union Representative
- Email: dan.leclaire@ufcw832.com
Fax: 204-786-3175