

## **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.

Classification:	Name:	Phone:						
Shift (select one): Days Evenings Nights  THE OCCURRENCE  a. Date:	Classification:			Unit/Department:				
a. Date:	Shift (select one): Days Even	ings	Nights					
b. Time: Entire shift Exact time	THE OCCURRENCE							
b. Time: Entire shift Exact time	a. Date:			e. Staffing:		# Staff on Shift	Norma	I Staffing
P = Potential A = Actual  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:  d. In your opinion, what contributed to this situation?  Insufficient staff  Equipment not available  Lack of supplies	b. Time: Entire shift Exact t	ime						
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  Other:  d. In your opinion, what contributed to this situation?  Insufficient staff  Equipment not available  Lack of supplies  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?	c. Were there potential or actual hazare	ds to pa	atient(s)?	f How did this ho	ova vyorkl	and affect you?		
Assistance with meals delayed Insufficient turning of patients  Delays in answering call lights Patient injury occurred Bathing patients left incomplete Other:  d. In your opinion, what contributed to this situation? Insufficient staff Equipment not available Lack of supplies	P = Potential A = Actual	Р	A		avy Worki	•	Taken	late?
Assistance with meals delayed Insufficient turning of patients  Delays in answering call lights Patient injury occurred Bathing patients left incomplete Other:  d. In your opinion, what contributed to this situation? Insufficient staff Equipment not available Lack of supplies  Were you mandated? Yes No Physically - were you Exhausted? Injured?  g. Any other details you'd like to provide?  Unique opinion, what contributed to this situation? Insufficient staff Equipment not available Lack of supplies	Assistance with toileting delayed			Overtime - we	ere vou as	sked to stay?	Yes	Nο
Delays in answering call lights Patient injury occurred Bathing patients left incomplete Other:  d. In your opinion, what contributed to this situation? Insufficient staff Equipment not available Lack of supplies  Physically - were you Exhausted? Injured?  g. Any other details you'd like to provide?  Unique opinion, what contributed to this situation?	Assistance with meals delayed			•				
Patient injury occurred  Bathing patients left incomplete  Ambulating patients not complete  Other:  d. In your opinion, what contributed to this situation?  Insufficient staff  Equipment not available  Lack of supplies	Insufficient turning of patients						res	No
Bathing patients left incomplete  Ambulating patients not complete  Other:  d. In your opinion, what contributed to this situation? Insufficient staff Equipment not available Lack of supplies	Delays in answering call lights			Physically - w	ere you	Exhausted'	? Inj	ured?
Ambulating patients not complete  Other:  d. In your opinion, what contributed to this situation?  Insufficient staff  Equipment not available  Lack of supplies	Patient injury occurred							
d. In your opinion, what contributed to this situation?  Insufficient staff Equipment not available Lack of supplies	Bathing patients left incomplete			g. Any other deta	ils you'd li	ke to provide?		
d. In your opinion, what contributed to this situation?  Insufficient staff Equipment not available Lack of supplies	Ambulating patients not complete							
Insufficient staff Equipment not available Lack of supplies	Other:							
Department staff assigned to other areas  Other:	Insufficient staff Equipment not available Lack of supplies ADL patient needs on unit beyone to complete the	ond usi	ual eas					
ADDRESSING THE SITUATION	ADDRESSING THE SITUATION							
a. Which Charge Nurse/Supervisor did you report the situation to? C. Did they offer any solutions? Yes N		d you re	eport the	c. Did they offer a	ny solutio	ns? Y	'es	No
Supervisor or Unit Manager response:	Supervisor or Unit Manager response:							
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## **SUBMIT THE FORM**

- Complete the form.
- Provide a copy to your:
  - Employer
  - o Union Representative

Email: dan.leclaire@ufcw832.com

Fax: 204-786-3175