



**LOCAL INFORMATION**

Facility/Agency Name	_____	Local #	_____
Prepared By	_____	Position	_____
Contact Information	Phone # _____	Email	_____

**OUT-OF-SCOPE MANAGER/SUPERVISOR**

Name (Last, First)	_____	Designation	_____
Title	_____	Phone	_____
Email	_____		

**FACTS OF THE ISSUES**

<b>1. Unit/Department</b>  	<b>2. Shift Details</b>  Date (DD/MM/YY) _____ Day of the Week _____ Shift _____
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**3. Issue as Identified by Member**

Is this a trending issue?  Yes  No If yes, please identify:  Systemic issue  Reoccurring at unit level

**4. Discussion with Member**

Date & Time \_\_\_\_\_

**5. Witness Discussions**

Witness _____	Date & Time _____
Notes _____	

Witness _____	Date & Time _____
Notes _____	

**FACTS OF THE ISSUE (continued)**

**6. Root Cause of Issue**

**7. Impact on Safety/Risk of Harm (check all that apply)**

**Patient Safety**            Actual                                   Potential   
**Nurse Safety**            Actual                                   Potential

**ISSUE TYPE/VIOLATION**

- Reoccurring Event
- Breach of Professional Standards/Competencies  
    *Concept/Competency Impacted* \_\_\_\_\_
- Breach of Employer Policies/Procedures/Work Standards
- Breach of Code of Ethics
- Other: \_\_\_\_\_

**SUPPORTING DOCUMENTS** *Collect and attach relevant information*

- Employer Policies
- Employer Communication
- Communication with Professional Association
- Shift Schedule/Master Rotation
- Other: \_\_\_\_\_

**POTENTIAL RESOLUTION IDENTIFIED BY MEMBER**

**LOCAL PRESIDENT/EXECUTIVE COMMUNICATION**

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_  
**Discussion & Next Steps**

**Method**             Phone call     Face-to-face     E-mail

**CONSULTATION WITH NURSE PRACTICE OFFICER (NPO)**

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_  
**Discussion & Next Steps**

**Method**             Phone call     Face-to-face     E-mail

**FOLLOW UP WITH MEMBER**

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_  
**Discussion & Next Steps**

**Method**             Phone call     Face-to-face     E-mail