



## SUN LOCAL ESCALATION REFERRAL CHECKLIST

- ❖ Complete all sections of this form.
- ❖ Collect applicable information before submitting it to your NPO.
- ❖ Retain copies of all supporting information and/or documentation for your Local files.
- ❖ Do not retain or send patient identifiable information with your submission.
- ❖ Following review by your NPO, a meeting will be scheduled to proceed with escalation.

**Date of Referral:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

### Referral to Nurse Practice Officer (NPO):

- |  |  |
|--|--|
| <input type="checkbox"/> Jessica Brown, RN (Regina)    | <input type="checkbox"/> Kirsten Pollon, RN, BScN MN (Saskatoon) |
| <input type="checkbox"/> Edward LeBlanc, RN (Regina)   | <input type="checkbox"/> Sara Gerhardt, RN, BScN (Saskatoon)     |
| <input type="checkbox"/> Kathryn Merk, RN BSN (Regina) | <input type="checkbox"/> Carrie Simpson, RN BScN (Saskatoon)     |

### BACKGROUND INFORMATION

Employer: _____	Facility: _____
Local Name: _____	Local ID#: _____
Unit(s): _____	
Unit Manager(s): _____	Director: _____
Local President: _____	NAC Chair: _____
SUN Board of Directors Representative: _____	

Name of Unit Representatives Participating in Submission & Presentation:

Unit Rep #1: _____	Unit Rep #2: _____
Email: _____	Email: _____
Telephone: _____	Telephone: _____

### WORK SITUATION REPORT (WSR) ESCALATION VERIFICATION

Have the WSR(s) been reviewed and/or discussed with your NPO?

- Yes Date: \_\_\_\_\_
- No *Please contact your NPO*

Has the Local President been advised of the intended WSR escalation?

- Yes Date: \_\_\_\_\_
- No *Please contact your Local President*

Have all WSRs been presented/discussed at a minimum of two Joint NAC Meetings?

- Yes WSR Date Range: \_\_\_\_\_
- No *Please contact your NPO to discuss next steps*

Have you created an initial SBAR Report?

- Yes *Begin collecting actionable items for submission listed on the next page*
- No *Please contact your NPO*



**LOCAL ACTIONABLE ITEMS FOR SUBMISSION**

- Draft SBAR Report
- Copy of WSRs
- Copy of WSR Investigation Forms *(if applicable)*
- Joint NAC Minutes & Supporting Documentation
- Action Plans & Outcomes
- Copy of Local Emails/Communication/Information
- Relevant Employer Policies/Procedures/Work Standards
- Master Schedules/Rotations (past/current/proposed)
- Witness Investigation Interview Notes *(if applicable)*
- Professional/Regulatory Communication
- Professional Association Position Statements/Standards/Best Practices *(if applicable)*
- Copy of Incident Reporting Forms (de-identified) *(if applicable)*
- Acuity Measurement Tool(s), Reports, Outcomes
- Other Information/Supporting Documentation *(please specify)*
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**Data & Statistics** *(if applicable)*

❖ *This information may have been provided or obtained as a part of the review, analysis, or evaluation to find solutions at the Local or Joint NAC meeting(s).*

- Census/Capacity Data
- Admission/Discharge Data
- Readmission/Length of Stay
- Unit Performance/Outcomes Measures
- Occurrence Report Summaries *(i.e.: falls, medication, incidents)*
- Vacancies
- Junior/Senior Skill Mix
- Churn
- Sick Time Usage
- Overtime
- Unit/Network Level Data Collection *(please specify)*
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Other Data/Statistics *(please specify)*
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_