



Member

FILED BY

Clark Kent

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EMPLOYER

TEST Health Authority

WORKSITE

TEST SUN Hospital

DEPARTMENT

Medicine

LOCAL

Local 315, TEST Hospital SUN

Case Details

UNIT/AGENCY

Med/Surg

INVOLVED SUN MEMBERS

Flo Night, RN

Shift Details

SHIFT 2026-04-15 , Day

	BASELINE	ON DUTY	NEEDED
RN	6	4	6
RPN	0	0	0
NP	0	0	0
LPN	3	3	3
Other	2	2	2

Management Onsite

Charge Nurse with patient assignment

Charge Nurse without patient assignment

Patients

NUMBER OF PATIENTS

28

RN/RPN/NP TO PATIENT RATIO

1:7.000

BEDS IN UNIT

28

PLANNED PATIENT HOURS

0

OVERCAPACITY



ACTUAL PATIENT HOURS

0

Step 1: Actions Taken for Low Level Resolution

- Department / Unit Huddle
- Discussion with RN manager/supervisor
- Discussion with co-workers/Charge Nurse
- Workload discussion

Other

- Ongoing issue or repeat incident that should be identified for trending purposes

Step 2: Notification of Manager or Designate

- Manager Notified
- | MANAGER NAME | METHOD OF COMMUNICATION |
|--------------|-------------------------|
| Mgr Name, RN | Face to Face |

Manager Response

Aware that you are short 2 RNs and have high needs patients, unable to obtain additional staff to get to baseline.

MANAGER OR DESIGNATE NOT AVAILABLE, STAFF CALLED IN PER ARTICLE 9.03

CALL-IN CRITERIA PER ARTICLE 9.03

WHO WAS CALLED IN

No

Explanation of Unsafe Shift

- Equipment/supply issues
- Inability to monitor, observe or check patient(s)
- Isolation precautions
- Non nursing duties
- Nursing code of ethics breached or risk of breach
- Physical layout of facility/unit
- Staff safety concerns
- Too many patients
- Wrong skill mix (i.e. need RN, LPN or 1:1)
- High acuity
- Inadequate orientation/training/equipment
- Leaves not replaced
- Not enough qualified staff/Jr. Sr. mix
- Patient negative outcome, harm or incident
- Physician related concerns
- Supports not available (management, PT, SW, etc.)
- Workload

Additional Details

Clinical Resource Nurse pulled to take a team assignment; multiple acute patients, 1 patient on high flow, 1 ETOH patient requiring 1:1 monitoring, various staff needing assistance and support with various procedures

Unmet Professional Standards

- 24 Hours RN/RPN/NP Coverage (LTC)
- CRNS Standards
- National Standards
- RPNAS Code of Ethics
- CNA Code of Ethics
- Employer/Region Policy
- OHS Legislation
- RPNAS Standards

Additional Details

Unable to provide safe, compassionate, competent and ethical care. Unable to assist and act as mentor to staff as a CRN due to short staffing

Unsafe Situation Status

- Closed the unit to admissions/bed closed
- Obtained correct number of staff
- Ongoing issue for further monitor
- Refused assignment/I was reassigned
- It was not resolved
- Obtained correct skill mix of staff
- Provided the necessary training/preceptor

Additional Details

Unable to replace, worked short RNs with Clinical Resource Nurse on the team.

Impact on Patient Care

- Delayed or cancelled treatment or programming
- Inability to give or receive report
- Inadequate patient pain management
- Incomplete assessments
- Increased length of stay for patient(s)
- Patient(s) left without being seen
- Inability to answer call lights
- Inability to practice safe patient care
- Incomplete admissions
- Incomplete discharge planning/teaching
- Negative outcome, harm or incident

Additional Details

Delays with care as Jr RNs were unfamiliar with certain procedures (PICC line, CVL, biliary drain) has required assistance from Clinical Resource Nurse who was also managing their own patient load.

Action Taken

- | | |
|--|--|
| <input type="checkbox"/> Contacted CRNS/RPNAS/CNPS | <input type="checkbox"/> Contacted SUN Provincial |
| <input type="checkbox"/> Notify Local | <input type="checkbox"/> Notify nurses on next shift |
| <input type="checkbox"/> Notify On-Call Manager | <input type="checkbox"/> Occurrence/Safety Report # |
| <input type="checkbox"/> Repeated phone calls to Manager | <input type="checkbox"/> Stop the line |
| <input type="checkbox"/> Unit/bed closure | <input type="checkbox"/> Worked shift without assistance |

Additional Details

Clinical Resource Nurse to take a team assignment

Incident Description

Short 2 RNs, CRN was floated to the floor and took a team of patients. Lots of Jr staff, and many unfamiliar procedures, ETOH pt needing 1:1, 1 pt on high flow, Clinical Resource Nurse required to assist with procedures (ex. CVL, PICC line, dressings, biliary drain) while also managing a team with 9 patients. I am happy to help out as needed, but this is becoming a repetitive problem. As a result none of the other duties and responsibilities that I am required to do can be completed and the Manager is aware.

Recommendations for Resolution

Fill outstanding vacancies, hire more casuals, consider building in some kind of relief to offset sick calls -possibly a float RN? Everyone is short.

Communication Record

This WSR form was submitted on-line by the SUN member identified at the top of this record. Electronic copies of this record have been sent to the following participants in the roles of Union Local & Provincial Representatives and a Employer Unit Manager Representative.

2026-04-15 5:18:45 p.m.

This document was created by Clark Kent. A notice of this document was sent to the following via email:

Member: Clark Kent, sunlink.test@outlook.com

Local Representative: SUN Test (NAC), sun.test.nac@outlook.com

Provincial Representative: Name Name, name.name@sun-nurses.sk.ca

Unit Manager: Name Name, name.name@hospital.com

Message ID: 00-aa5cc9aec7aea6a6b4c13cf8dde0f61e-46d8eea1995b9201-00