



Member

FILED BY

Clark Kent

Member ID: 27852

CONTACT

sunlink.test@outlook.com

(306) 555-5550

(306) 555-5552

EMPLOYER

TEST Health Authority

WORKSITE

TEST SUN Community Mental Health

DEPARTMENT

Community Mental Health

LOCAL

Local 315, TEST CMH SUN

Case Details

UNIT/AGENCY

CMH Office

INVOLVED SUN MEMBERS

Shift Details

SHIFT 2026-04-15 , Day

	BASELINE	ON DUTY	NEEDED
RN	1	0	1
RPN	2	1	2
NP	0	0	0
LPN	0	0	0
Other	1	0	1

Management Onsite

Charge Nurse with patient assignment

Charge Nurse without patient assignment

Patients

NUMBER OF PATIENTS

0

RN/RPN/NP TO PATIENT RATIO

1:0.000

BEDS IN UNIT

0

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

Discussed what tasks could be offloaded safely

- 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 | Telephone Conversation |

Manager Response

Only do essential tasks that must be done today. I will see if there are other staff who are available to come in.

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

CALL-IN CRITERIA PER ARTICLE 9.03

WHO WAS CALLED IN

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

I work with high risk clients with substance use and mental health concerns. I was the only registered nurse in today, leaving just me to prioritize all of the caseloads.

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 appropriate, safe or compassionate care to my vulnerable clients. - unable to counsel them.

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

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

I was only able to give clients their long acting injections, as that was all I had time for. I had a client who was experiencing acute mental health concerns that I had to direct to the Emergency as I was unable to safety plan with the client/de-escalate.

Action Taken

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

Incident Description

Today I was the only staffing working (usually we have 3 registered nurses (RNs and/or RPNs) and a social worker on. I needed to review and prioritize all of the nursing caseloads (a total of 60 high-risk clients) and deliver care. This meant that I was only able to do the long-acting injections that were due for the clients (there were 6 injections due and as clients are in the community I had to go and search for them). When I was making phone calls to cancel planned visits, one of the clients was in acute mental distress and because of the workload I was unable to de-escalate and provide the counselling the client needed and that I could have otherwise managed in the community, so I directed them to go to the ED.

Recommendations for Resolution

Review guidelines for planned leaves. Ensure there are enough casuals/relief employees available to cover both planned and unplanned leaves. Establish appropriate caseloads per registered nurse.

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 4:55:16 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: 00-440b6d3c0a1037039937e2e7d3b7e399-b3867fb9bb243d3f-00