



Member

FILED BY

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EMPLOYER

TEST Health Authority

WORKSITE

TEST SUN Home Care

DEPARTMENT

Home Care

LOCAL

Local 315, TEST Home Care SUN

Case Details

UNIT/AGENCY

Home Care North

INVOLVED SUN MEMBERS

Shift Details

SHIFT 2026-04-15 , Day

	BASELINE	ON DUTY	NEEDED
RN	4	3	4
RPN	0	0	0
NP	0	0	0
LPN	1	1	1
Other	0	0	0

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

30

OVERCAPACITY



ACTUAL PATIENT HOURS

24

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

- | | | |
|--|--------------|-------------------------|
| <input checked="" type="checkbox"/> Manager Notified | MANAGER NAME | METHOD OF COMMUNICATION |
| | Mgr Name, RN | Face to Face |

Manager Response

Defer what you can, we have calls out but no one is available to pick up the shifts.

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

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

Additional Details

One RN on an unplanned leave, hands-on time was already above our standard of 5 hours even if everyone came in. We had to defer 10 clients to tomorrow. Two visits were phone calls instead.

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 dignified care. I was late to see a client and therefore late giving medication. I was unable to properly assess a newly admitted client.

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

10 deferrals means that those clients could have compromises in their care. Having to do an assessment for a new home care client means that I may have missed important things I would have caught during an in-person assessment. I was late giving a client pain medication.

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 checked="" 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 checked="" type="checkbox"/> Worked shift without assistance |

Additional Details

I did call the Safety Centre to report the medication error/delayed dose.

Incident Description

We were short staffed on this day and our hand-on time was way over what is able to be completed in a shift. I worked through my coffee breaks and extended my shift by 2 hours because even with the 10 deferrals, I still had 7 hours of hands-on time, plus travel time and documentation. I missed the interdisciplinary huddle because I was still out doing client visits in the community. I had a medication error (delayed dose) for a client who needed pain management and their pain was significantly worse by the time I arrived. I was supposed to see a new admission, but because of the workload I was unable to complete an in-person assessment, which is inappropriate but the only way I could communicate with them due to the high hands-on time.

Recommendations for Resolution

Replace planned and unplanned leaves of absence - consider adding in relief lines to account for the short-notice leaves. Evaluate actual hands-on time/client needs to determine an appropriate baseline staffing level to maintain hands-on time of 5 hours per RN.

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 4:42:31 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-b5ad6fea21d4aef3c5184003ca2652d6-19477415f91bddf0-00