



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 Long Term Care

DEPARTMENT

Sunshine Long-Term Care

LOCAL

Local 315, TEST Long Term Care SUN

Case Details

UNIT/AGENCY

Neighborhood 1

INVOLVED SUN MEMBERS

Shift Details

SHIFT 2026-04-15 , Night

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

Management Onsite

Charge Nurse with patient assignment

Charge Nurse without patient assignment

Patients

NUMBER OF PATIENTS

60

RN/RPN/NP TO PATIENT RATIO

1:60.000

BEDS IN UNIT

60

PLANNED PATIENT HOURS

0

OVERCAPACITY

ACTUAL PATIENT HOURS

0

Step 1: Actions Taken for Low Level Resolution

- Department / Unit Huddle
 - Discussion with co-workers/Charge Nurse
 - Discussion with RN manager/supervisor
 - 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, Non-RN/RPN | Telephone Conversation |

Manager Response

Just do what you can, there's nothing I can do to help you.

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

CALL-IN CRITERIA PER ARTICLE 9.03

Yes

WHO WAS CALLED IN

No one was available

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

Short the LPN and one CCA for nights. I had to give bedtime and morning medications to all 60 residents, as well as assist the CCAs with resident care. Our facility is large and split into two wings, with medication rooms and nursing desks at opposite ends. Hard to be in two places at one time! One resident in restraints and meds were late.

Unmet Professional Standards

- | | |
|--|--|
| <input type="checkbox"/> 24 Hours RN/RPN/NP Coverage (LTC) | <input type="checkbox"/> CNA Code of Ethics |
| <input type="checkbox"/> CRNS Standards | <input checked="" type="checkbox"/> Employer/Region Policy |
| <input type="checkbox"/> National Standards | <input type="checkbox"/> OHS Legislation |
| <input checked="" type="checkbox"/> RPNAS Code of Ethics | <input checked="" type="checkbox"/> RPNAS Standards |

Additional Details

Late with assessments and interventions for least restraint policy and medication administration (Employer policies)
Multiple residents were incontinent as we could not get to their rooms fast enough - impacting dignity and well-being

Unsafe Situation Status

- | | |
|---|--|
| <input type="checkbox"/> Closed the unit to admissions/bed closed | <input checked="" type="checkbox"/> It was not resolved |
| <input type="checkbox"/> Obtained correct number of staff | <input type="checkbox"/> Obtained correct skill mix of staff |
| <input type="checkbox"/> Ongoing issue for further monitor | <input type="checkbox"/> Provided the necessary training/preceptor |
| <input type="checkbox"/> Refused assignment/I was reassigned | |

Impact on Patient Care

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

Additional Details

Medications were late for almost all residents, including one at end-of-life - I was unable to assess as I should have. The resident in restraints had red marks on their wrists because we were not able to give them a break within two hours as per policy.

Action Taken

- | | |
|--|---|
| <input type="checkbox"/> Contacted CRNS/RPNAS/CNPS | <input type="checkbox"/> Contacted SUN Provincial |
| <input type="checkbox"/> Notify Local | <input checked="" 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

Safety Report completed I called the Safety Centre about the medication being late and the resident with the red marks on their wrist. I also had to call and let the family know.

Incident Description

We were short the LPN and a CCA on the night shift, leaving me to give meds, perform assessments and supervise all care requirements for all 60 residents. I indicated the impacts in the boxes previously. There was a nurse willing to come in for the night shift but it would have put him into 4th weekend so that was not approved.

Recommendations for Resolution

Replace all leaves - look at having more casuals or maybe there should be relief positions or a float pool for LTC? Don't deny staff from coming in related to the financial burden of 4th weekend - our residents need and deserve proper care and it is inappropriate to cause suffering because of refusal to pay overtime/premium pay.

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 4:06:07 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: 00-9cd274cac7ca96581226a474e70e4dbc-5e73368b50abd131-00