



Member

FILED BY

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EMPLOYER

TEST Health Authority

WORKSITE

TEST SUN Primary Care

DEPARTMENT

Primary Health Clinic

LOCAL

Local 315, TEST Primary Care SUN

Case Details

UNIT/AGENCY

Primary Health Care

INVOLVED SUN MEMBERS

Shift Details

SHIFT 2026-04-15 , Day

	BASELINE	ON DUTY	NEEDED
RN	0	0	0
RPN	0	0	0
NP	1	1	1
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
- No admin support for the day
- 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 | Face to Face |
- Manager Response
- We will have the phones redirected to another clinic. I will try to help check patients in. Our casual is not available today
- 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
- High acuity
- Inability to monitor, observe or check patient(s)
- Inadequate orientation/training/equipment
- Isolation precautions
- Leaves not replaced
- Non nursing duties
- Not enough qualified staff/Jr. Sr. mix
- Nursing code of ethics breached or risk of breach
- Patient negative outcome, harm or incident
- Physical layout of facility/unit
- Physician related concerns
- Staff safety concerns
- Supports not available (management, PT, SW, etc.)
- Too many patients
- Workload
- Wrong skill mix (i.e. need RN, LPN or 1:1)

Additional Details

No admin support today. I had to check patients in, frequently check the fax machine for communication from other providers, and answer urgent phone calls from the lab and other providers while trying to also see patients.

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, ethical care due to doing other team members' jobs.

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

One patient left before I could see them because their appointment was over 45 minutes delayed. Multiple clients were frustrated because they had to wait so long and no one was at the front to greet them. I missed a phone call from the lab with a critical INR level that I didn't see until hours later.

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

The admin called in today, leaving myself and the manager to attempt to manage the phones, check in and greet clients, and keep on top of incoming faxes. My template for scheduled appointments is already extremely tight, with very little time for admin work as it is. On top of that, I had a client attend their appointment who was extremely unwell and required transport to the hospital, which further delayed appointments. One client left without being seen as their appointment was already 45 minutes behind. Another client was frustrated and refused to participate in the CDM assessment that was supposed to be done today. I missed a phone call from the lab r/t a critical INR level, and by the time I called them back they had moved on to notify the client, who had been trying to book an appointment at the clinic to discuss the results.

Recommendations for Resolution

Hire more casual admin support, or increase admin support to ensure there are two booked every day Reduce NP templates to allow for more time to complete admin work or accommodate for appointments that run long Consider hiring a RN to support tasks within their scope, like CDM or other routine assessments, vitals, etc to allow me more time to complete NP specific assessments and interventions.

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 3:28:26 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: 00-6f721fada93b5fcd8752a39375da201e-12a4eac3e1f581ff-00