P O W E R

Professional Obligations Workloads Exception Report

Please complete this form when dealing with an immediate staffing problem.

As a professional if you accept inadequate staffing or an unrealistic workload you can still be held responsible by AHPRA-N&MB or in a civil action for your nursing practice or any adverse outcome.

PROTECT YOURSELVES►►►►►►►►►►♦◄◄◄◄◄◄◄◄◄PROTECT YOUR PATIENTS

Unit/Ward/Work area……..Time/Shift……..

Date……..Hospital/Service……

Identify the following problems on this shift

- □ Inappropriate skill mix
- □ Staffing less than patient dependency hours
- □ Lack of support staff eg PCA/clerk
- □ Insufficient staffing levels
- □ Excessive use of casual/relieving staff
- □ Lack of qualified/experienced staff
- □ Sick leave not replaced
- □ Inability to take rest pauses/meal breaks
- □ Insufficient staff rostered
- □ O/T required to maintain patient care standard
- □ Unexpected patient admissions
- □ Unexpected change in patient acuity
- □ Other (describe)……

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Additional staffing required

RN/M……hours Specialist Nurse……hours

EN……hours PCA……hours

Others (e.g. Admin, Security, PCA)
Specify staff & hours required

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Nursing Management advised of problem

Name……
Category (i.e. NRC, CNM, ND)……
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Date…….. Time……..

Information provided to management

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Management Response *(i.e. made extra staff available, "insufficient budget", "no casuals available", "just make do", etc)*

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If possible identify tasks/duties that maybe compromised or have been *e.g. admin work* ***Patient activities, etc.***

- ……
- ……
- ……

Name……
Signature……
Position (RN/M, EN, PCA)……

Name……
Signature……
Position (RN/M, EN, PCA)……

Name……
Signature……
Position (RN/M, EN, PCA)……

Name……
Signature……
Position (RN/M, EN, PCA)……

- **KEEP A COPY OF THIS FORM IN YOUR WORK AREA**
- **GIVE A COPY TO MANAGEMENT**
- **GIVE A COPY TO YOUR JOB DELEGATE**
- **EMAIL A COPY TO ANMF NT BRANCH – info@anmfnt.org.au**

Sent to:…… Date……..

Sent to:…… Date……..

Sent to:…… Date……..

Sent to:…… Date……..

An initiative of ANMF NT Branch Members