How to Complete a WSR-Quick Guide

- Information provided should be factual or as accurate as possible— skip non-relevant areas.
- Avoid emotional language or personal opinions.
- No patient identifiers.
- Complete WSRs as soon as possible after your shift or during a break.
- Avoid filling out during work time unless necessary.

1. Identify the Issue
    - Determine the concern or problem that needs to be addressed.
2. Attempt Low-Level Resolution
    - Try resolving the issue informally, such as through direct discussions with coworkers or management.
3. Escalate if Unresolved
    - If patient safety or nursing practice concern remains unresolved after informal attempts, notify the manager (or manager designate) that you will be filing a WSR.
4. Complete the WSR Form (online preferred; paper form also acceptable)
5. Fill Out the Top Section (Identifiers):
    a. Include the names of SUN members involved (can be anyone on shift, with their agreement; may include LPNs).
    b. Complete Staffing Levels:
        i. Baseline staffing: The standard number of staff scheduled.
        ii. Staff on shift: Actual number of staff present during the shift.
        iii. Safe staffing requirement: Number of staff required to ensure safe care that shift (may be at baseline or above baseline).
            - Consider factors such as education/orientation time, mentorship, and tasks that take staff away from direct patient care.
    c. Provide Additional Unit Information (if applicable):
        i. Patient/client census: Report the highest census reached during the shift (include additional census details in the *Briefly Describe the Incident* section if needed).
        ii. Number of beds on unit
        iii. Overcapacity: Yes/No

    iv. RN/RPN-to-patient ratio
    v. Planned vs. actual patient hours (most relevant in outpatient units)
6. Complete Step 1 – Issue Identification:
    a. Check all boxes that apply.
    b. If the issue is ongoing or recurring, select "Identified for trending purposes."
    c. This can also be checked when a short-term fix was achieved (e.g., extra staff obtained), but the root cause remains (e.g., insufficient baseline staffing).
7. Complete Step 2 – Notification of Manager or Designate:
    a. Check all boxes that apply.
    b. Under Article 9.03: If extra staff are required and no RN management is available, the RN in charge may call in additional staff according to established SHA criteria. If no criteria exist, the RN may use professional judgment to do so.
8. Complete -Describe the Incident:
    a. Check applicable boxes and provide details as needed.
9. Complete- Briefly Describe the Incident (Narrative):
    a. This section should tell the story of the shift, similar to "Nursing Notes."
    b. Avoid relying solely on checkboxes — give context and details.

    Example: *Started shift three nurses short with full beds. One RN arrived at 12:00. Three admissions, four discharges, three high-acuity patients requiring frequent monitoring and repeated physician calls, transfer to ICU at 19:00, etc.*

10. Suggest Solutions:
    a. Propose specific actions to correct the issue and prevent recurrence (mandatory).
    All suggested solutions must be accompanied by supporting evidence documented in the WSR.
11. Submit the WSR.