Documentation of Practice Situation for UMPNC-MNA, Ambulatory Care

Answer all questions, fill in the blanks, and circle correct answer.

Date/time of Occurrence ___________________ Today’s date/time ___________________

1. Clinic: _________________________________________________________________

2. Staff on Duty:  Staff RNs _____  CSR RNs ____  Temps ____  Clerks _____ LPNs ____
    MA’s ____ Other _____

3. Practice situation as cited below:
   A. RN absence not being replaced ________________________________________
   B. Staff absence not being replaced_______________________________________
   C. RN on scheduled PTO not being replaced ________________________________
   D. RN working in clinic not experienced/not oriented to unit_________________
   E. Overbooks to MD schedule _______ Overbooked procedures. _______________
   F. Lack of relief for breaks/lunch _________________________________________
   G. Admission from Clinic to Floor _________________________________________
   H. Patient needed IV fluids in clinic, (hours required to administer fluids). ______
   I. Emergency situation (explain) _________________________________________

   J. Lack of Auxiliary help:
      1. Clerical _____  4. Medial Assistant/Technician _____
      2. Transportation ____  5. Other _______________________
      3. Housekeeping ____
      Describe impact on patient care ________________________________________

4. Practice situation as cited below:
   A. Patient treatment not done _____ Not done in a timely manner ______________
   B. Phone call not returned in timely manner______________________________
      1. Patient sick call, number of hours to return call _____ Patient reports seeking medical
         attention elsewhere.  Yes ____ No ____
      2. Request for prescription, number of days/hours to return call _______________
      3. Test results, number of days/hours to return call _______________________
      4. Total number of non-urgent calls not returned at the end of day ___________
   C. Patient teaching not done by RN  (reason/result) _________________________
      (For example, patient came for a procedure and wasn’t prepped and was re-scheduled.)
   D. Unable to provide emotional support ___________________________________
   E. Other (please specify) _______________________________________________

Nurse manager notified of situation ____ Date and time of notification _____________

• Attach additional information and/or comments as needed.
• Managers response narrative (please use back of this form).

Nurse Signature __________________________________________
Manager Signature_________________________________________

A. FAX COPY TO UMPNC CHAIR (734-663-0212); COPY TO NURSE MANAGER, COPY TO
   UNIT WORKLOAD CHAIR AND KEEP A COPY.
B. ONCE RESPONSE IS COMPLETED, WORKLOAD CHAIR WILL FAX A COPY TO
   UMPNC AND GIVE COPY TO THE NURSE WHO SUBMITTED THE DOCUMENT.

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