

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 _____
 2. Transportation _____
 3. Housekeeping _____
 4. Medial Assistant/Technician _____
 5. Other _____
 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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