Mental Health Inpatient Unit Royal Hobart Hospital



WORK LOAD FORM

Please complete this form for **every shift** where you experience workload issues, and give it to your Workplace Representative or ANMF Organiser Member number **Date** (optional) This shift, I... (Tick all that apply) ☐ Observed that the skill mix on the shift ☐ Had multiple patients waiting in DEM for an was deficient in patient hospital bed ☐ Worked short staffed ☐ Worked overtime ☐ Did not have adequate time for an ☐ Worked a double shift appropriate handover at the start of my shift Completed non-nursing duties ☐ Missed part – or all – of my breaks Did not have time to get all patients regular ☐ Felt a high level of stress for at least part of observations done the shift ☐ Was unable to provide the required quality **Comments:** of care to patients ☐ Worked with agency or pool staff. ☐ There was a risk to patient or staff safety

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The following are incidents and must be reported as well as noted here. Every time they occur you **must complete an incident report.** Contact your Workplace Representative or ANMF Organiser for assistance.

☐ Working short staffed☐ Could not manage to get all patients' regular observations done	☐ There was a risk to resident or staff safety ☐ Believe an incident occurred due to short staffing ☐ I completed an SRLS
If you'd like to provide more information about the incident(s), you can do so here:	

What can you do?

- Let your Workplace Representative or ANMF Organiser know your concerns by completing and handing in this form.
- Complete an incident report for your employer about short staffing, family complaints and distress, and the stress the incidents place on you.