

# Tips for documenting patient safety issues and filling out OTA forms

## DOCUMENTATION OF ISSUES RELATED TO PATIENT AND STAFF SAFETY MUST ALWAYS INCLUDE:

- Date, time and shift (e.g., day shift or night shift)
- Unit name and floor
- Staffing ratios/staff assignments (number of patients per RN, LVN, CNA, respiratory therapist, and number of EVS staff assigned to the unit)
- Room number (do NOT include any protected health information such as patients' names, birth dates, or other patient identifiers)
- Documentation of the name of supervisor/manager you notified of your objection

## ISSUES TO LOOK OUT FOR:

- Inappropriate nurse-to-patient ratio (Title 22)
- Too many patients assigned to a single CNA
- An LVN delegated tasks for too many patients
- No CNA support/no CNA assigned to the unit
- Inadequate EVS staffing
- Staff injuries (musculoskeletal injuries like a back injury, etc.)
- Patient falls or other injuries

## IMPACTS OF SHORT STAFFING ON PATIENTS:

- Ulcer development due to not being cared for in a timely fashion
- Any new skin breakdown as a result of inadequate toileting, turning, or other patient care duties
- Unanswered call bells or delayed responses
- Vitals and/or blood sugar checks not performed according to patients' schedules/care plans
- Delays in or inadequate assistance with any ADLs (toileting, mobilizing, transferring, turning, feeding, hydrating, etc.)
- Ambulation of patients not being performed according to patients' schedules/care plans
- Urinary tract infections development as a result of unsanitary conditions and/or inadequate toileting
- Catheter-associated urinary tract infections
- Central line-associated bloodstream infections
- Delayed or missed med passes; medication administration errors
- Delayed or missed daily nursing assessments
- Delayed or missed IV care (IV site checks, tubing changes)
- Delayed or missed skin checks; delayed or inadequate wound care
- Episodes of hyper- or hypoglycemia from failure to check blood sugars and/or feed patients on schedule
- Failure to provide adequate patient education and/or discharge instructions
- Inadequate hospital sanitation due to insufficient EVS staffing (overflowing trash or soiled linen bins, rooms not be cleaned at all or on time, other hospital areas not being cleaned frequently enough or on time)

## DETAILS TO RECORD ON OTA FORMS:

### *Due to my excessive patient assignment, I will not be able to/was not able to:*

- pass PO meds or hang/replace IV fluids/meds on time
- provide timely wound care
- perform all the required patient assessments on time
- answer my patients' questions in a timely fashion
- provide any/adequate discharge instructions
- administer vital signs and/or blood glucose checks according to patients' care plans
- respond to call bells in a timely fashion
- assist patients with toileting and other hygiene activities in a timely fashion
- assist patients with transfers and ambulation in a timely fashion
- turn or reposition patients according to their care plan
- assist patients with eating and drinking in a timely fashion

### *Due to short staffing:*

- I had to move or reposition patients without assistance
- I had to deal with an aggressive or agitated patients without assistance
- patients requiring a one-on-one sitter did not get a dedicated sitter
- patients' families did not receive timely communication
- I was not be able to/was not able to clean patient rooms on time or some patient rooms were not cleaned at all during my shift
- trash bins and soiled linen bins will not be/were not emptied frequently enough