## Long-term Care Nurse End-of-shift Question

Date:	Shift Length:	From	to	(hh:mm)
Worksite:				
	Point-of-0	Care Nurses		
Please initial below based on your opinion:				
		of Shift		
Were there sufficient r shift?	nursing staff to meet the dire	ect resident ca	are needs of all re	sidents during the
	Yes		No	
		1		

**Note:** The End of Shift Question does not alter or replace any applicable policies, procedures or BCCNM standards that require nurses to report and/or document safety events or concerns.