



Shift Supervisor Checklist

Day of week: _____ Today's Date: _____

Shift: _____ Shift Supervisor Name: _____

Task	Completed (initials)	Notes
review daily standard and conduct shift change meeting		
assign shift duties		
complete shift report		
ensure nursing assessments completed as scheduled		
ensure biopsychosocials completed as scheduled		
ensure provider assessments completed as scheduled		
ensure all surveys are completed (intake, 15-day, discharge & AMA)		
ensure case manager appointments completed as scheduled		
remind therapists to complete documentation by the end of the day		
ensure team stays on task and off personal cell phones		
ensure team is interacting with patients, not congregating in team-only areas		
ensure shift duty sheet is completed		
ensure incident reports are completed		
report any performance issues or tardies on Stepworks University		
conduct drills as scheduled (check and schedule monthly)		
documentation quality review (see next page)		

Documentation Quality Review

Review all entries from your shift in the Communication Book for the following documentation elements.

Documentation Elements		
Who and what? patient name and what occurred	Timeliness of entries minimal/no late entries or bulk documentation at end of shift	Reflects writer's proper role Was the team member operating within their scope of training and responsibilities?
When? time of occurrence This may be specific (3:30 P. M.) or general (during afternoon med pass).	HIPAA-Compliant free of other patient names	Professionally written appropriate spelling, grammar, and punctuation; no slang or "street talk"
Where? location of occurrence	Factual free from writer's opinions	



If documentation is not compliant, please discuss with the team member.