

Documentation of Inadequate Staffing Situation

Date _____ Unit _____ Name of Supervisor Notified _____

Incident Report # _____ Local/Hospital _____

NOTE: Supervisor must be informed as soon as inadequate staffing situation is known.

1. Reasons for inadequate staffing:

- | | |
|---|---|
| <input type="checkbox"/> Sick call out not replaced | <input type="checkbox"/> Staff on vacation not replaced |
| <input type="checkbox"/> Patient status change or added care needed | <input type="checkbox"/> Patient admissions/discharges |
| <input type="checkbox"/> RN working on unit not oriented | <input type="checkbox"/> Census higher than staffing standard |
| <input type="checkbox"/> Holes in schedule not filled | |

Insufficient equipment (be specific): _____

Lack of auxiliary help (please specify, e.g. housekeeping, clerical): _____

2. Unit specialty _____ 3. Unit capacity _____

4. Patient census on shift _____ 5. Acuity high average low

6. Staffing count on shift objection:

	regular	float	temporary/casual	needed staff to provide patient care
RN				
LPN				
Ancillary				

Ward clerk? Yes No

Is staffing based on acuity system? Yes No

If yes, did staff provided match acuity model? Yes No

7. Outcomes of inadequate staffing (use checkboxes, narrative or both as appropriate):

- | | |
|--|---|
| <input type="checkbox"/> Pain medication delayed | <input type="checkbox"/> Lack of relief for break/lunch |
| <input type="checkbox"/> Patient treatment not done/timely | <input type="checkbox"/> Delays in responding to patient call bells |
| <input type="checkbox"/> Patient teaching not being done | <input type="checkbox"/> Patients requiring emotional support not given |

Description: _____
