

SHORT STAFFING REPORT FORM

HOSPITAL: _____

NAME: _____ JOB TITLE: _____

DATE: _____ TIME: _____ SHIFT: _____

I have made my objections known to my supervisor _____ that this assignment has compromised my ability to provide quality patient care because of the following:

- Inadequate staff for acuity
- Insufficient number of RNs
- Insufficient number of nursing assistants/Tele Techs
- No unit clerk
- I was not oriented to the unit
- Inappropriate assignment for skill level
- I was not trained or experienced in the area assigned
- Other _____

Staffing Pattern

How many patients were assigned to you? _____

How many patients were assigned to your unit? _____

How many nurses were assigned to your unit? _____

How many nurses' assistants were assigned to your unit? _____

Was staffing guidelines for the unit followed? YES NO

Briefly describe the problem: _____

Action Taken: _____

Outcome: _____

As a patient advocate, this is to inform you that I notified you that, in my professional judgment, today's assignment is unsafe and placed patients at risk. I will, under protest, attempt to carry out the assignment to the best of my ability.

Employee Signature

Supervisor Signature

Date

Date

1. Fax a copy to SEIU 305-826-1604
2. Give a copy to Patient Care Manager or Supervisor
3. Keep a copy for yourself