HPAE LOCAL 5004 Emergency Department Unsafe Staffing Form

		, Supervisor	Date: Shift:	
I have notified you You have failed to	that the staffing proprovide proper staff	ovided is not adequate to mee	et the needs of the patients on this unit at	this time.
Please be aware t those of the staff v	hat while I will do al	ll that I can to insure safe and	proper care for my patients, I fear that m	y efforts an
Therefore, I am intuntions	forming you that I co Englewood Hospita	annot take responsibility for all & Medical Center has create	ny error or incidents that take place as a led.	result of the
Signature:				
>>>>>>		>>>>>>>> CUT HERE	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	
professional opini	to my supervisor thon, unsafe condition	nat staffing levels were inadeq ns exist. No remedy was prov incidents that may result.	uate to meet patient care needs and that rided and I notified the supervisor of the N	in my Medical
Date:	Unit:	Shift:		
Supervisor:	ausineniu cuos:	Time of Notification:	CONTROL CHOICE CHOICE	
Signatures:	980	ablob language of regress to ones real	eleverates # of Parich at let	
		PLEASE COMPLETE BA	ACK OF FORM	PCT essign

USE SPACE BELOW FOR NARRATIVE OF EVENTS- ATTACH DAILY ASSIGNMENT SHEET TO UNION COPY

HPAE Local 5004 ER 2015

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	*>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
	CUT HERE		
Unsafe Unit Staffing ☐ (Comp	lete this section if Unit Staffing was unsafe)		
RN to PT Ratio:			
	The DAIL		
4:1 □ plus (# hall patients			
5:1 ☐ plus (# hall patien	its per		
6:1 ☐ plus (# patients	in Sub waiting room)		
Average # of patients in Main Wa	aiting room		
# Of Critical Care Patients	Critical Care Beds Available ☐ Critical Care Beds Unavailable ☐		
# of Critical Care Holds:	# of Pediatric Holds:		
# of Med/Surg Holds:	# of Psychiatric Holds:		
# of Telemetry Holds:	# of Patient's waiting for Transfer to other facilities:		
PCT assigned to your patients/zo	one: Yes: (# of PCT's) No:		
Narrative:			
Unsafe RN Assignment ☐ (Co	emplete this section if your individual RN assignment was unsafe)		
Room Assignment:	Hallway patients (include #)		
# Of Critical Care Patients	Hallway patients(include #) Critical Care Beds Available □ Critical Care Beds Unavailable □		
# of Critical Care Holds:			
# of Med/Surg Holds:	# of Psychiatric Holds:		
# of Telemetry Holds:	# of Patient's waiting for Transfer to other facilities:		
PCT assigned to your patients/zo	one: Yes: (# of PCT's) No:		
Narrative:			

Place in locked union mailbox in nursing office or fax to HPAE office at 201-262-4335.