



HPAE Local 5105

Notice of Unsafe Staffing Situation

To: Chief Nurse Executive, Virtua-Memorial Hospital Date: _____

At: _____, _____ was notified that, in
(time shift- 7a-3p-11p-7a) (Nursing Director or Supervisor)
my/our professional opinion, the number of staff assigned to _____ was inadequate
(Unit, shift)
to meet the needs of our patients and placed both these patients and the staff at risk.

Please be advised that, in spite of the short staffing situation, we attempted to carry out our responsibilities and provide patient care to the best of our ability.

Signed: _____
(Only RNs) _____

At beginning of shift:

Unit Census _____ #RNs _____ #CNAs _____ US _____

Expected staffing as per grid: RNs _____ CNAs _____ US _____

Changes during shift: Census _____ RN _____ CNA _____ US _____

The following problems and events may have been the result of unsafe staffing:

- _____ Medications not given in a timely manner
- _____ Call lights not answered in a timely manner
- _____ Patient assessments delayed
- _____ Patient/family education time inadequate
- _____ Patient injury
- _____ Employee injury
- _____ Other(explain) _____
- _____
- _____
- _____
- _____
- _____

Instructions: Place completed form in union mailbox or fax to (856)663-0440