

## UMC STAFFING VARIANCE REPORT

- To be when healthcare does not meet state staffing requirements for CNA's each shift,
- Attach assignment sheet for each household.

<b>Director of Nursing:</b>	
<b>Community:</b>	
<b>Staffing Variance Date:</b>	
<b>Shift Identified with Variance:</b> <input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift	
<b>Today's Census:</b>	<b>Total number of CNA's</b>
<b>Form Completed by:</b>	<b>Title:</b>

<p><b>What made your shift not meet requirement?</b></p> <input type="checkbox"/> Not enough qualified staff <input type="checkbox"/> High acuity <input type="checkbox"/> Admissions/number of admissions _____ <input type="checkbox"/> Callouts <input type="checkbox"/> Employee Health Related Absence (positive POC or symptoms upon entrance or illness while at work)	
<p><b>Was staffing rectified to meet requirement?</b></p> <input type="checkbox"/> Not rectified <input type="checkbox"/> Obtained the correct number of staff. <input type="checkbox"/> Closed unit for admission. <input type="checkbox"/> Charge nurse took resident assignment and provided direct care	
<p><b>Actions taken to rectify staffing:</b></p> <input type="checkbox"/> Repeat phone calls <input type="checkbox"/> Moved up chain of command with phone calls. <input type="checkbox"/> Notified Aids on current shift to stay over to meet staffing needs. <input type="checkbox"/> Notified Aids on next shift to come early to meet staffing needs. <input type="checkbox"/> Other actions <b>(note in comment section)</b>	
<p><b>Impact on resident care:</b></p> <input type="checkbox"/> No impact <input type="checkbox"/> Delay in care and treatment	
<p><b>Comments:</b></p>	
Reviewed by NHA Signature	Date:
Reviewed by DON Signature	Date:

