

SISTERS OF CHARITY HOSPITAL/ST. JOSEPH CAMPUS
UNSAFE PRACTICE FORM

TO: _____
(Nurse Manager/Supervisor)

RESPONSE FROM NURSE MANAGER/SUPERVISOR

FROM: _____
(Department/Unit)

ASSOCIATE NAME: _____

DATE/TIME/SHIFT: _____

An associate questioning the staffing level in their department shall notify the Charge Nurse who will contact the designated Nurse Manager/Supervisor on duty.
If the short staffing issue remains unresolved, the associate will submit this completed form to the Nurse Manager/Supervisor and the Union. The Nurse Manager/Supervisor will review and investigate the incident documented on this form and present his/her findings at the next scheduled staffing committee meeting.

Fill in where appropriate

Number of:

Charge Nurse	_____	Nurse Assistant	_____	Blood Transfusion	_____
RN's	_____	Secretary	_____	Code/RR	_____
No Lunch/Dinner	_____	Transfers Out	_____	Fall/Incident	_____
Transfers In	_____	OR/Emergency Surgeries	_____	Vents	_____
Monitor Tech	_____	1:1	_____	Staff Leaving Late	_____
Surgical Tech	_____	Sexual Assault	_____	Holes in Schedule	_____
		Remote tele	_____	UPTO	_____

Special Circumstances this date:

All Areas:

Census on unit	_____	Admissions	_____	Discharges	_____
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EXPLAIN IN DETAIL ISSUE:

How is this
deemed unsafe:

What:

Where:

Who:

**Specific
Names:**

All completed workload and staffing committee forms will be addressed with through the Workload and Staffing Committee, as outlined in article 32.

- Make 5 Copies:
- | | |
|------------------------------|--------------------|
| 1. Nurse Manager | 4. Yourself |
| 2. VP, Patient Care Services | 5. Human Resources |
| 3. Union-fax#: 716-636-9100 | |