



DOCUMENTATION: INADEQUATE STAFFING

Hospital: ECHC Date: 5/9/95
Unit: ward 21 Shift: 7^A-3^P
Licensed Bed Capacity: 21 Actual Census: 21
Staff on duty:
RN: 1 GN: 0 Orientee's (by title): _____
LPN: Pullia @ 8^A Aide: 3 Other (by title): _____

Additional Extenuating Circumstances:

Regular scheduled Team mtg.
Two Employees schedulable for Day Program
One Employee had to escort pt's to clinic & court scheduled
At same time, which left me alone on the ward

In my judgment the patient staff ratio does not meet adequate levels as deemed sufficient by the facility's patient classification/acuity system.

I am notifying the facility's management that I will perform my nursing duties to the best of my ability, but without adequate patient/staffing ratios the facility must accept the responsibility and liability for the care and treatment of these patients.

THE FOLLOWING SUPERVISOR HAS BEEN NOTIFIED AND COPIED:

Name: Ms. Winter ADN

Date: 5/9/95 Time: 8 AM

Signature of RN: Janice Berdier RN

Management Response: _____

