



ESCALATION PROCESS

1. Discuss the matter with your immediate manager/supervisor.
2. If you do not agree with your immediate manager's/supervisor's response, submit a staffing form to the Union within 5 days.
3. If there are still concerns, the Nursing Supervisor will escalate the staffing concerns to the appropriate Nurse Leader.

SHORT STAFFING INCIDENT REPORT

To: _____, Supervisor

Date of Incident: _____ Unit: _____ Shift: _____

Reason for the Staffing Incident Report:

- | | |
|--|---|
| <input type="checkbox"/> Insufficient number of RNs/LPNs | <input type="checkbox"/> Insufficient number of ancillary staff |
| <input type="checkbox"/> High acuity/workload patients | <input type="checkbox"/> High census |

Unit Demographics:

Census start of shift: _____ Max bed capacity: _____ Census end of shift: _____

Admissions: _____ Discharges: _____ Transfers in: _____ Transfers out: _____

Unit Staffing Overview:

# of RNs on duty		# of NAs on duty		# of LPNs on duty	
# of RNs scheduled		# of NAs scheduled		# of LPNS scheduled	
# of RN sick calls		# of NA call outs		# of LPN sick calls	
# of RN personal day calls		# of URs on duty		# of LPN personal day calls	
# of RN call outs replaced		# of URs scheduled		# of LPN call outs replaced	
# of RNs floated out of unit		# of UR call outs		# of LPNs floated out of unit	

Unit Workload Overview:

Vents: _____ Stepdowns: _____ Restraints: _____ Sitters: _____ Isolation: _____

RRT: _____ Critical Care Consult: _____ Security Alerts: _____ 1:1 Care: _____

Additional Comments:

Print Names Clearly:

Signatures:
