



## MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS SHORT STAFFING INCIDENT REPORT

(Please fill out form digitally and then either use electronic signature or print to sign.)

Unit: \_\_\_\_\_ Shift: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

I have made my issues known to (supervisor): Name: \_\_\_\_\_ Title: \_\_\_\_\_  
for the reasons stated below:

- |   |   |
|---|---|
| <input type="checkbox"/> Insufficient number of RNs                       | <input type="checkbox"/> High acuity patients |
| <input type="checkbox"/> Insufficient number of ancillary staff (explain) | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Census   |   |

### Unit Demographics:

Census: \_\_\_\_\_ Bed capacity: \_\_\_\_\_ Admissions: \_\_\_\_\_ Transfers: \_\_\_\_\_ Discharges: \_\_\_\_\_

### Briefly Describe the Problem:

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Signatures of RN staff filing Staffing Report Form confirming that the staff notified \_\_\_\_\_  
(Supervisor's Name) that this shift's RN assignments were unsafe and placed our patients at risk.

Supervisor's Response: \_\_\_\_\_

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### Nursing Administrative Use Only:

### Management Response:

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Please send form via fax to NJNU at 973.992.8410.