



BARNABAS HEALTH BEHAVIORAL HEALTH CENTER 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:

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: _____

Nursing Administrative Use Only:

Management Response:

Please send form via fax to NJNU at 973.992.8410.