



RI Hospital United Nurses & Allied Professionals, Local 5098 Care Management -Insufficient Staffing Form

Care Manager: _____ Date: _____ Time: _____

Utilization Manager: _____ Shift: (circle one) Day Evenings

I have notified you that the staffing provided is not adequate to meet the needs of the patients on/in this unit/department at this time. Proper staffing has not been provided. Please be aware that while I will do all that I can to ensure safe and proper discharge interventions for my patients, I fear that my efforts will not be sufficiently done in a timely fashion.

Therefore, I am informing you that I cannot take responsibility for any errors, omissions and/or incidents that take place as a result of insufficient staffing for discharge needs and the inability to assess Level of Care Criteria.

Total # of patients _____ **# of Care Managers** _____ **#Utilization Managers** _____ **# of extra assigned patients** _____

Unit _____ #patients _____ Building _____

Unit _____ #patients _____ Building _____

Unit _____ #patients _____ Building _____

Unit _____ #patients _____ Building _____

Divided Unit _____ #patients _____ Building _____

Divided Unit _____ #patients _____ Building _____

PRINT name: _____ *signature:* _____

PRINT name: _____ *signature:* _____

Please indicate the reason(s) for this insufficient staffing form:

- insufficient staff scheduled
- unexpected call out
- unexpected high acuity
- expected LOA
- unexpected units opened

Specific staffing deficiencies:

- inappropriate number of Care Managers scheduled
- not using CM extra sign-up sheet

Additional risk factors:

- Assignment is excessive and poses a threat to a safe discharge
- Modified Workload

Further explanation: _____

Management's response to this insufficient staffing form was: Acceptable Unacceptable

Please explain: _____

CARE MANAGEMENT Insufficient Staffing Form Instructions

The following instructions must be followed when using this Insufficient Staffing Form:

1. Prior to using this form, you *must* notify your supervisor in person or by phone of your need for more help. This form is to document your request. If you didn't make the request, you can't use it.
2. Use this form only if you don't have adequate help. If these forms are used indiscriminately and without justification, it will dilute their usefulness.
3. Make an extra copy. Give the original Insufficient Staffing Form to your supervisor and a copy to the Union office (fax 831-3677). We will then fax a copy to Risk Management, Human Resources, and your Department Director.
4. Notify the union of any written or other response you receive to this form.

The Insufficient Staffing Form serves as a means to:

- provide your supervisor with an opportunity to correct the situation
- limit your personal and professional liability
- document trends in staffing, patient volume and/or acuity levels

No Union member should be harassed, coerced, intimidated or discriminated against for signing an Insufficient Staffing Form. Please report any form of retaliation to the Union office immediately.