

Berkshire Medical Center RN Unsafe Staffing Forms

This is a compilation of 437 unsafe staffing forms from BMC nurses from Oct. 1, 2015 through Aug. 21, 2017. These forms are filled out by nurses when, based on their training and experience, they identify a situation in their hospital unit that is unsafe for patients.

Objection and Documentation of Unsafe Staffing and/or Use of Equipment/System Technology

Massachusetts Nurses Association • 340 Turnpike St. • Canton, MA • 02021 • Tel: 781-821-4625 • Fax: 781-821-4445

I, _____ a _____
 employed at _____ on _____
 (HOSPITAL/AGENCY/FACILITY) (SHIFT & DATE) (UNIT)

Section I - Unsafe Staffing
 hereby object to the assignment as:
 charge nurse staff nurse other _____

based upon the following grounds (check one Main Heading):
 floating to another unit forced overtime inadequate staffing with typical patient census heightened patient acuity
 unable to meet professional standards of care for patients

Subheadings (check all that apply):

a. Not oriented to unit
 b. Not trained or experienced within the last year in area of assigned practice
 c. Given an assignment which poses a serious threat to my health and safety
 d. Given an assignment which poses a serious threat to the safety and well-being of my patients
 e. Case load assignment is excessive and interferes with delivery of safe and adequate care

f. Transferred, discharged, or admitted new patients to unit without adequate staff
 g. Improper use of unlicensed personnel
 h. Not given appropriate staff for census:
 inappropriate number of temp. professional personnel
 inappropriate number of unlicensed personnel
 inappropriate number of professional staff
 not provided with unit clerk
 other (specify): _____

	Regular	Float/Casual	Agency	Needed Staff to Provide Patient Care	Minimum Staffing Quotas as Set by Administration
RN					
Ancillary					
Secretary					

Patient census at time of objection: _____ Unit capacity: _____ Acuity (amt. of nursing care required): Acute Hi Ave.

Brief statement of problem and effect on patient care _____

Section II - Technology
 I am objecting to the aforementioned assignment based on equipment/system technology
 I was given an assignment where I did not receive effective orientation, training, clinical experience, resource available to demonstrate current competency in the safe, therapeutic, and effective use of
 _____ equipment or _____ system.

Name the technology (system, program, device) _____ and how patient care was affected _____

Supervisor(s)/Administration notified:	Time	Response
_____	_____	_____

I believe the situation described above is unsafe. I will continue to provide the best professional nursing care possible in this situation. However, I decline to accept any legal responsibility for any untoward events that may occur as a result of unsafe staffing by the hospital/agency/facility.

Signature _____ Date _____

Please be advised that the MNA considers this document to be notice to the hospital/facility under Massachusetts General Law 149, & 1879 (c)(1), the Health Care Worker's Whistle Blower Protection law.

White — Employee Canary — Massachusetts Nurses Association Pink — VP Nursing/DON/Administrator Aug. 2016

Each of the forms cite date, time, unit and a description of the unsafe situation. Each was presented to management contemporaneously with the event. The enclosed spreadsheet contains summaries of the forms. Full names and any identifying patient information have been redacted.

The information includes:

- Date
- Unit (abbreviations for medical-surgical, psychiatric, etc.)
- Shift (time of the day)
- Census (how many patients on the unit at the time of the incident)
- Staffing Actual (how many nurses and support staff on at the time)
- Staffing Needed (how many nurses and support staff needed based on RN assessment and/or hospital staffing grids)
- Supervisor response to the incident
- RN comment on the incident

For years, BMC nurses have attempted to find solutions to the pattern of unsafe patient care incidents described in these forms. Nurses have brought their concerns to meetings with management at the hospital prior to negotiations and repeatedly during ongoing contract bargaining. RN concerns have been dismissed and their proposed solutions have been rejected. BMC nurses simply want to be able to provide the safe and effective care their patients deserve.

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
1	08/26/17	5W		15	4RN/1Anc	5RN/2Anc	SE @0725 We are trying, 3 people making calls.	Had no secretary, 1 aide, 2 sitters, no charge with high acuity.
2	08/21/17	3S	Day	14	3RN/1Anc/1S	4RN/3Anc/1S	GR	Clinical leader with full group, no nursing assistants for floor.
3	08/21/17	4W	Eve	27			JA@16:15ish, calling people.	27 patients, 6 nurses, 2 aides (short 1RN and 1NA). At 19:00 I took charge plus group, still short an aide.
4	08/21/17	2S	Eve	20	2.5RN/1float/1NA/1Sitter	4RN/2Anc/1Sitter	RM,KS, Staffing: All aware, I will see what I can do.	Short 1 nurse at beginning of shift; short 1 aide; clinical leader with patients until discharged and performed secretarial duties 7 to 11 pm; discharges, 1 admit, 1 transfer; 5 patients with either sitter, camera or alarms
5	08/21/17	2S	Eve	21	2RN/3Float/2NA/1Sitter	5RN/2NA/1Sitter	RM, there is no one else.	Used Pedi Nurse as 2 South staff even though she cannot take full patient load (5 Med-Surg patients), she had 1 child and 2 adults; 2 discharges; 3 admits.
6	08/18/17	McGee	Day	21	1RN/1LPN/2S	1RN/2Anc	Staffing notified@0730 They are making calls but no one is available at this time	This is too many patients for 2 nurses to care for.
7	08/17/17	2S	Eve	21	4RN/2NA/1Sitter	5RN/2NA/1Sitter	KP,RM will see if a night person will come in early	Clinical leader with patients; 4 other nurses maxed at 5 patients a piece from beginning of shift; 2 admits.
8	08/16/17	3 Ortho	Night	11	2RN/2Anc/1S/1Float	4RN	RM@1815-Sending an extra aide because couldn't get a nurse in.	Nurse leaves at 7pm-staffing aware-nurse not replaced; charge took group.
9	08/14/17	J2	Night	16	1RN/1.5Anc	1RN/2Anc	SG@0402-Aware	Short Psys. Safety/specialist
10	08/14/17	3S	Day	18	3RN/1S	2RN/1Anc	Staffing Office @0650-Extra RN coming in at 11:00 am.	2 regular floor staff RNs, 1 float RN each have 5 patients. Charge RN with 3 patients. 2 transfers pending to UMass. Acuity of patients very high.
11	08/12/17		Eve	25	12RN/1ANC/2S	4Anc/3S		

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
12	08/11/17	3 Ortho	Day	17	2RN/LPN /2Anc/1S	4RN	ND@10:30-OK, Staffing Office @0659-We're looking-The whole hospital is short on all floors.	I am taking a group of 2 (1 of which is acute) and will be taking a post-op. I have 2 LPNs to cover and I have a float RN. They all have 5 patients each. patients are getting care and meds late. I am unable to do clinical leader duties.
13	08/11/17	2S/2P edi		21			KP@0900-Aware is woking on it and Dr.M@0830	Short a nurse again.
14	08/11/17	2S/2P edi	Day	21			KP@0900-Nurse is OT from Eves @11 a.m.	1 Short a nurse 7 am-11 am, no float available to cover. 2 short NA.
15	08/11/17	3 Ortho	Day	17	2RN/LPN /2Anc/1S /1Float		ND@10:30 am - OK, Staffing Office @0659 - We're looking - the Hospital is short on all floors.	
16	08/11/17	2S	Eve	21	4RN/2Anc/1Float	6RN/2Anc	KP and Staffing Office @1500- Short until discharges leave.	Short 1 nurse at beginning of shift until patients were discharged. 5 patients discharged between 3pm-5:30pm.
17	08/10/17	2S	Night	19	3RN/1Anc	4RN/2Anc	RM@2215-working on it, KS@2200-working on it	11 total care patient, 2 indep, 6 to asst patients on floor 19 patients for 3 RNs, over grid high acquity,unsafe staff level.
18	08/10/17	3 Ortho	Day	18	3RN/LPN /1NA/1S	4RN	GR@0700- waiting on response.	This RN had to be charge with a group as I was covering 1 LPN. Eachnurse had 5 patients. Each, and I had 3 plus 1 post op arrival. I was given a staff RN to come help the floor from 12-3 p.m.
19	08/05/17	2S	Day	18	2RN/1Anc/1S	4RN+charge/2Anc/1S	KS@0930- "let me know what I can do"	short an aide; charge nurse has full patient assignment
20	07/31/17	2S	Eve	21	3RN/1float/1CNA/1sitter	5RN+charge/2CNA/1sitter	KP@1500 -there were supposed to be more discharges	short 1 nurse, one aide, 1 admissions-requiring sitter
21	07/31/17	2S	Day	24	2RN/2Anc/1S	6RN +charge	MC@0800	short a license, grid only went to 21. covering director- director stated that the grid did not call for 1 more nurse
22	07/31/17	3S	Day	16	4RN/1Anc/1S	5RN/2Anc/1S		clinical leader with need of 2 nursing assistants and only 1 on floor

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
23	07/31/17	2E	Eve				RM multiple times- "I'm working on it, there is no one" KP-"I'll make some calls"	9 patients on rehab unit- no nursing assist, multiple calls to directors and staffing- reply, "there is no one"
24	07/29/17	3S	Day	16	4RN/1Anc/1S	5RN/2Anc/1S	MK- trying	1 aide for 16 until 11am-not appropriate for census
25	07/28/17	2S	Eve	22	1RN/3float/1CNA/1sitter	5RN+charge/2CNA/1sitter	RM@1500-see what I can do MC@1455-this happens sometimes	short 1 nurse, short 1 aide. 3 admissions, 1 discharge, 1 patient with sitter, 1 patient went AMA, 1 patient fell and needs CT
26	07/28/17	J2	Night	20	1RN/1Anc	1RN/2Anc	ND-staffing @2300-none	not appropriate for census
27	07/25/17	2S	Eve	24	1RN/1LPN/1Anc	5RN/1LPN	KP@0930-waiting to call Eve. Shift -they are aware	not given enough staff for census of 24
28	07/23/17	CCSDU	Day	13	2RN/1Anc/1S	5RN/2Anc/1S	A.@0600-will call your shift	5 vents and 1 pheno no charge- 2 float RNs who CNA not take vents or phenos protocol-8 total care patients that require at least 2 to more in bed. 1 patient requires 1 hr to feed each meal
29	07/22/17	2S	Day	17	1.5RN/3float/1Anc	5RN/3Anc	MK@0658-making calls	Night RN stayed on day shift as charge until 11am, then there was no replacement.
30	07/20/17	4W	Day	27	6RN/2Anc/1S	7RN/3Anc/1S	ND -working on it	need one more nurse to handle all assignments and do care for all patients
31	07/15/17	J3	Day	12	2RN/4Anc	3RN/6Anc	staffing @0700-making calls	short staff on an intensive care unit. One person on 1:1 who broke a nurses nose yesterday. Another patient is threatening to kill and eat every one.
32	07/15/17	3E	Day	25	5RN/1Anc/1S	5RN/1L/3NA	MK@0745-we're looking for help	4 nurses for floor, 5 patients each. 2 RN for IMC (5patients)-high acuity. 1 Nursing. Assist for floor (25)patient. 1 sitter to be covered by our 1Nursing. Assg.
33	07/14/17	McGe	Night	17	1RN/1Anc			I have 8 patients as charge, the LPN has 9patients. The ED has 2 admits for us at start of shift. There is no unit assistant or coordinator. We are unable to provide quality care in this situation
34	07/09/17	ED	Night					there was over a 7 hour wait in the ED ward, there were not enough nurses to keep up with the volume and acuity of patients we had

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
35	07/09/17	ED	Night	15			LG@0100-attempt to recify but could not	short 1RN for needed back hall assignment. High acuity and arrivals slowed patient care in appropriate and adequate time frame- 2 patients in WR greater than 7 hours
36	07/09/17	J2	Night	13	1RN/1.5 Anc	1RN/2Anc	staffing @2000-aware	1/2 shift CNA, then short from 0300 until 7:30am
37	07/09/17	ED	Night		1RN	9RN	SL	Pod A hall and P rooms difficult to meet patients need in appropriate manner due to lack of staff. Unsafe, with intoxicated patient
38	07/08/17	2S	Day	15	3RN/1Anc	4RN/2Anc+sitter	staffing @0705-working on it	started with 3 nurses/charge, called staffing and they stated pedi nurse had to go back to pedi ward, leaving 3 nurses with no charge
39	07/07/17	J3	Day	11	2RN/3Anc	2RN/4Anc	KF & SD@7a- calling people in	no program on a DMH intensive care psych unit.
40	07/06/17	J3	Day	15	2RN/5Anc	3RN/5Anc	KF@0700-calling people in	short one RN, acute intensive inpatient psych unit
41	06/26/17	5W	Day	17	3RN/1float/1S	5RN/1S	GR@1445-staffing aware and working on it	no charge until 12pm- acuity high - all totals except 2 patients
42	06/25/17	2E	Day	18	2RN/1float/1Anc	5RN/1S	staffing @7am-two night nurses stay 7am-11am	no change-10 diabetics with insulin activity
43	06/25/17	CCSDU	Eve	14				not given the appropriate staff for census
44	06/24/17	3S	Day	18	3RN/2Anc/1S	4RN+charge/2Anc/1S	SL & MK @0100-sent us crisis nurse	not enough staff to safely care for this many patients
45	06/24/17	J2	Eve	18	3RN/1Anc/1float	3RN/2float/1Anc/1S	KF -unable to find staff	high census with ED Boarder. Short staffed per grid
46	06/24/17	2E	Day	18	2RN/1Anc/1LPN	4RN/2Anc/1S/1LPN	MK@9am	Acuity on the floor is high- full unit with no secretary and no charge nurse. Patients requiring frequent assessments, overall high maintenance patients and unsafe conditions
47	06/24/17	J2	Day	18	2RN/2Anc	3RN/3Anc/1S	MK@7a	4 staff total for 18 patients

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
48	06/24/17	ED	Night					POD A at night required to have 4 medical rooms and 7 psych rooms. 10 rooms full with patients during shift while other assignments had 4 patients, card 3 patient, POD B 5 patients
49	06/23/17	4W	Eve	28	4RN/1Anc/2float	7RN/3Anc	ND@1500-looking for staff	short 1 RN and 2 Nas at 3pm. RN to come in at 7p- not appropriate for census
50	06/23/17	4W	Eve				KS@1700-working on it	Short 1RN and 1NA at 3p-11:30p
51	06/23/17	5W	Eve	17			GR@1800-I was notified	No Secretary, only one aide, no charge until 7:30p- acuity high, 2 assists patients
52	06/22/17	J2	Day	18	2RN/3+2Anc/1S	3RN/5Anc/1S	KF@0730-we are looking AR@0830	excessive work load for an intense psychiatric unit. Difficult patient that needs intense care. 2 ECT patient, several detox- THIRD day in a row of short staffing
53	06/21/17	J2	Day	17	2RN	3RN	KF@730a	second day in a row being short staffed- acute unit
54	06/17/17	ECC	Day				MK@1000-no staff	only one RN in express care unit, should be 2, and only 2RNs 11a-3p when there should be 3. No nursing assist in ECC
55	06/10/17	McGe		18				1RN, 2 LPNs-down 1LPN all shift. 1 admin, 3 very sick detoxers-fall risks
56	06/09/17	McGe	Eve	15	2RN/1Anc/1LPN	1RN/1Anc/3LPN		no u-c from 5-7, only 3 nurses- supposed to have 4. 2 admits
57	06/04/17	3WMcGee	Night	18	1RN/1Anc	1RN/1Anc/1S	SG@2240-"call the crisis nurse"	no unit assist provided for overnight shift and 2 admins came to the floor at once, @2320, with just one LPN and one RN on the floor
58	06/03/17	3WMcGee	Night	18	1float/1Anc	1RN/1Anc/1S	SG@0002-"I know"	no unit assist available
59	05/10/17	CCSDU	Day	10	4RN/1Anc/1S	5RN/1Anc/1S	D.@0645-"I know"	section 12 confused patient sharing a sitter at 483(exit door)- charge has assignment-1RN hs critically ill 1:1 care patient-CNA sat until 10am awaiting a sitter
60	05/09/17	J2	Eve	11	2RN/.5aide/1S	2RN/2Anc/1S	ND@3p-attempted but unsuccessful getting more staff	clinical therapist from Day stayed till 7p because we were short
61	05/08/17	3EG	Night	22	4RN/1Anc	5RN/3Anc/1S	SG@2330-no aide was scheduled for the floor	unsafe staffing for census. patient safety affected due to increased time in call bell's being unanswered

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
62	05/06/17	CCSDU	Day	14	3RN/2float/1S	6RN/2Anc	S.@0650 "ok thank you"	no CNA, 2 needed. High acuity, threat to both patient safety and nurse safety
63	05/02/17	McGe	Night	16			SL-aware	zero UC/CNA, 3 admissions
64	04/30/17	McGe	Eve	21	1RN/1S/2LPN	1RN/1S/3LPN		1 RN and 2 LPN's for 21 patients. Care down 1 LPN- 7 patients each.
65	04/29/17	McGe	Eve	17	1RN/1S/2LPN	1RN/1S/3LPN		17 patients plus 4 admits on 3-11p shift. 11 detoxing, 6 opiates detoxing. 6 Hx seizures in without.
66	04/28/17	J2	Eve	4	2RN/1aide/1S	2RN/2Anc/1S	ND@5p-approved another staff but unable to find someone to work	stated with 4 patients but 5 admits were known to be coming within 1st hr
67	04/27/17	2S	Eve	21	4RN/1CNA/1S	5RN+charge/2CNA/1S	KP@1445-I am sorry about the staffing-I will see if anyone from nights will come in early	before eve shift started, admit was called. Each nurse already had max of 5patients. Pediatric admits was called. Pedi nurse had been placed "on call" status. Lack of beds, unable to move 5 adults off pedi unit
68	04/24/17	5S	Day	20	4RN/1Aide/1S	5RN/2Anc/1S	GR@0505- calls are being made staffing @0645-calls are being made	not enough nurses-LPN worked yesterday, has today off, only 1 aid- 2 aides did call out
69	04/23/17	2S	Day	18	2RN/1Anc/1float/1LPN	5RN/2Anc	MK@1000- "doing what we can"	High acuity of patient care, total care patients, patient transfer with med team, short 1 RN, charge and 1 aide
70	04/23/17	5W	Eve	17	4RN/1Anc/1S	5RN/2Anc	Staffing @ 0655- looking for help	pulled nurse, had no charge, had one aide with totals of 3 assist- 5 bed alarms-video monitoring x2- unable to provide adequate care.
71	04/23/17	5S	Day	19	4RN/1LPN/1S	4RN/1LPN/2aids/1S	MK@0730-calls being made staffing @0730-calls being made	
72	04/21/17	CCSDU	Eve	13	4RN/1Anc/1S	5RN/2Anc/1S	HS@0635- looking and JV@1500 -looking	came in early (0300) assignment extremely heavier than day shift. No clinical leader on, 1 aid pulled to watch monitors- 2 needed. Floor extremely unsafe- then on 3-7p got worse, 1RN c 4 patients all day-no eve aide

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
73	04/21/17	5S	Day	18	1RN/1Anc/2float	1RN/2Anc/1S	BF@12noon- pulled aid from motherbaby to sit, calls made staffing @6:50a-calls being made	no ula, no NA's available. 1 actual sitter where we also had 2 more that we needed. Clinical team leader became sitter in order to have aide on floor. Video monitoring inactive for all conferred patients requiring monitoring.
74	04/21/17		Day	27	6RN/2Anc/1S	7RN/3Anc/1S	SL@7a- working on it ND@9a-working on it	not enough staff on for patient acuity.
75	04/21/17	2EM	Day	12	2RN/1float/1Anc		staffing @7a	called staffing at 7a with need for secretary & aid & charge nurse. Infusion patient @7:45, admission @10a. Multiple ETOH withdrawal and patients who required frequent assessments and meds
76	04/21/17	5W	Day	17	2RN/1Anc/1S	5RN/2Anc + sitter	HS@0630-work unit	no charge, one aid pulled for sitter. Had no aides on floor until family available
77	04/20/17	ENDO	Night	11	2RN	2RN/1aid	SL@01:30 "sorry there is no available staff."	11 patients, no aide- 3 postoperative patients still on post op vitals. 3 patients having 5x in AM. 2 admissions.
78	04/19/17	5S	Day	18	2RN/1LPN/2aids/1ula	3RN/1LPN/2aids/1ula		Initially had adequate staff at 7a. Staffing called to remove 1RN for another floor that was down 2 nurses, was told by staffing "that's what Steve said to do."
79	04/19/17	3E	Day	16	4RN/1LPN/1Anc/1S	6RN/2Anc/1S	SL@0714	No charge nurses, 1 nurses aide. No coverage to LPN- Post Op admissions.
80	04/19/17	3E	Day	16	5RN/1Anc/1S	6RN/2Anc/1S		no charge nurse, 1 nurse aide
81	04/19/17	3S	Day	18	3RN/2Anc/1S/1LPN		ND in AM-trying to get staff	
82	04/18/17	5W	Day	17	4RN/2aides/1ward		SL@7a-"ok to write out report"	Need another licensed nurse to care for total 17 patients.
83	04/18/17	3S	Day	17	4RN/2aides/1S		ND	Clinical leader with assignment & 3 RNs with 5 patients a piece.
84	04/18/17		Day	26	6RN/2.5Anc/1S	7RN/3Anc/1S	SL@7a-working on it ND@8a-working on it	We are minue 1 RN/1LPN, 1/2 NA, 1S and acuity is high.

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
85	04/16/17	McGe e	Eve	21	1RN/1S/ 2LPN	1RN/1S/ 3LPN		21 patients, 1 RN, 2LPNs- down 1 LPN. 2 patients need dressings, 3 Hx seizures, 1 patient past fall x2 c bed alarm
86	04/15/17	3E	Day	15	3RN/2 Anc/1S	7 RN	MK@ 0730-attempting to get staff in	No charge, each nurse with 4 high acuity patients, admissions, transfers to another facility, discharge blood & blood product administration, no crisis nurse. No nurses able to take breaks or lunch
87	04/15/17	McGe e	Eve	20	1RN/1S/ 2LPN	1RN/1S/ 3LPN		20 patient. + 1 admit. 13 detox patients., acute floor only 1 stable.
88	04/14/17	ICU	Eve					I was told I would not be working in PACU and would be in ICU. I am unfamiliar/uncomfortable with ICU. The situation was very unsafe for the patients.
89	04/14/17	3ES	Day	23	7RN/1LP N/1S		SO@640a-working on it and DL, left messages	only aide was pulled to sit at 9a. Multiple people did not go to lunch.
90	04/12/17	J2	Night	15	1RN/1An c	1RN/2An c	SL@0330- "I don't have anybody to send you"	no safety specialist coverage
91	04/08/17	J2	Night	12	2RN	1RN/2An c	SG@0012-"ok"	no aide/floor. RN on OT to cover (security/safety specialist)
92	04/08/17	5W	Day	17	3RN/1An c/1float	5RN/2An c	MK@0730-"do what you have to do"	Short a nurse and nursing assistant-high acuity totals
93	04/07/17	3E	Night	27	3RN/2flo at/1/4 S	6RN	RM@2230-unalbe to provide additional staff	Not enough nurses to have 2RNs in IMC per patient. load-Forced to choose between dividing IMC between float staff/floor staff and 1IMC nurses or properly staffing IMC & leaving floor nurses w/ 7-8 patients, no charge
94	04/07/17	3EG	Night	24	3RN/2AN c/1S		SG@2300-aware and RM@2300- tried to call people in, helping hard	several patients with GI issues, 2 bed alarm patients, one epidural, one PCA, one heparin drip. 3 nurses had 7 patients each. No charge nurse
95	04/07/17	2S	Eve	16	3RN/1.5 Anc/1S	4+charge RN/2Anc/ 1S	SE@1845-working on it, we have no one	3 admins + 1 transfer, putting staff over grid. Clinical leader c patients. Had 2 aides from 3-7 then 1 pulled to be sitter. 2patients on new monitor. 2 nurses had NO dinner break
96	04/07/17	McGe e	Night	18	1RN/1LP N		SG@2300	no unit coordinator again. 18 patients, 16 detoxing. One admission.

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
97	04/04/17	R4	Day	27	7RN/3Anc/1S		LW@0720	5 patients, high acuity, 4 of them total care. Unsafe for patients
98	04/03/17	McGee	Night				SL@2300	unit coordinator had only worked on McGee one previous night. There were 5 admins very hectic and unsafe @times!
99	04/02/17	MBU	Day		3RN	4RN	KS@9a-she came to unit to assist until nurse returned from float	3 active labors in process and 1 couplet -much needed RN being pulled to float
100	03/29/17	J2	Night	13	2RN/0Anc	1RN/2Anc	SL@ 0200-more calls to fill for missing staff	locked unit, unsafe to have only 2 personnel in an emergent situation or a crisis.
101	03/28/17	H2	Night	17	3RN/1Anc			Multiple patients, 1 aide to assist where 2 are needed
102	03/28/17	4W	Day	28	4RN/1LPN/1CNA/1float	6RN/1LPN/3CNA	BF@0805-calling nurses and CNAs to come in	short 1 RN and 2 CNAs
103	03/27/17	4W	Day	27	3RN/1LPN/1CNA/2 float	6RN/1LPN/3CNA	BF@0830-unavailable-calling to see if nurses will come in +CNAs	short 1 RN and 2 CNAs
104	03/27/17	3S	Day	15	3RN+charge/1S			There are no CNAs assigned to the unit. There is also a patient on the unit unsupervised that has an extensive history of dangerous and unsafe behavior.
105	03/27/17	J2	Night	12	1RN/1Anc	1RN/2Anc	SL@0300-calls made	locked unit, it is unsafe to have only 2 personnel in an emergent or crisis situation
106	03/26/17	McGee	Night	20	1float/1LPN	1RN/1LPN/1Anc	SG@2220-"I know, we tried"	not provided unit assistant overnight to print AM paperwork and assist nurses as needed
107	03/25/17	3ED	Day				MK@0800-calling people	no charge nurse, no LPN coverage, 2 assistants unfamiliar with floor. Three nurses w/ 5 patients. Admins, discharges, high acuity. patients to OR & Post Op
108	03/24/17	McGee	Night	20	1RN/1Anc/1S		SG@0223-"I know"	no unit coordinator/CNA on the overnight shift
109	03/24/17	McGee	Eve	20	2RN/1S/1LPN	1RN/1S/3LPN		20 patients on the floor, 6 with seizure Hx, 2 stable. One patient with 1:1 sitter, down 1 LPN
110	03/20/17	2S	Day	16	2RN+charge/2Anc/1S	5RN//2Anc/1S	KP@0700	short a full licensed nurse

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
111	03/19/17		Day	16	3RN/2Anc	3RN/3Anc	MK -looking	Transfer to ALS Med. For subdued hemotoma sustained 5 full on unit, excessive load. Night nurse stayed until 10am
112	03/18/17	J2			2RN/1Aide	3RN/	staffing-aware	Short staff for 15 patients, elevated acuity. 2 regular staff RNs & clinical therapist & 2 per diem, 1 regular aide
113	03/17/17	J2	Eve	15	3RN/1Anc/1S	3RN/2Anc/1S	ND@1600-no extra staff available	High demand for medication and counseling patients
114	03/17/17	J2	Day	19	2RN/4Anc/1+1S	3RN/3Anc/1+1S	Dr. R@0830 staffing @0830-"we are looking"	was known during the previous week that we would be down 1 nurse. High census all week. Fall risk with a recent full, many detox patients, 2 potential J3 patient being maintained on J2, medically compromised patient
115	03/17/17	4W	Day	28	3RN/2Anc/1S/1charge	6RN/1LPN/3Anc	SL@ 0645a-we are working on it N. Duncan @ 0715	For 28 critical telemedical emergency patients we have been given staff from grid to have 20 patients. This means basic ADL may not be done for all staff
116	03/15/17	J2	Eve	16	2RN/3Anc/.5S	3RN/3Anc/1S	KF@ 1600-calls were made ND@1630 calls were made	only 2 RNs-2clinical therapists 1 floor-1/2 secretary- 2 CIWAS 3COWS 2 Diabetics-needed to do 1 hour group
117	03/15/17	3EG	Day	25	2RN/2LPN/1Anc	6RN/2aides/1S	SL@0710-"we are working on it"	20 patients for 4 nurses-
118	03/13/17	McGe	Day	19	1RN/2LPN/1Anc	1RN/2LPN/2Anc	SM@ 0900	
119	03/13/17	2EM	Night	16	3RN	3RN/1Anc	SG@ 0130-aware	3 RNs with support staff to cover 16 patients and relieve 2 sitters
120	03/13/17	2S	Day		2RN+charge/2Anc/1float	6RN	Staffing @0700-making calls	sent NA to another unit, unsafe conditions
121	03/13/17	J2	Night	16	1RN/1Anc	1RN/2Anc	staffing @2300-aware, made calls	short a psych aide, was told that staffing has made calls, nights have been short, dangerous. If there is a code I will be the only RN here with 1 other person, who would open the locked unit?
122	03/13/17	2S	Day	20	2RN+charge/2Anc/1S	6RN/2Anc/1S	staffing @0700-making calls and KP@0700-aware	short a full licensed NA to another unit

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
123	03/12/17	4W	Day	26				upon arrival to shift there was no secretary and no aides. The 1 aide scheduled had called out the evening before. Got an aide at 8:30a- one aide for 26 patients with high acuity
124	03/12/17		Day	17			MK-"ok"	short 2 staff, CNA was transferred to CCU #13. No floor (psych aide) also down. Not safe
125	03/11/17	4W	Day	28	6RN/1Anc/1S			We had 3 RNs with 5 patients each, 1LPN with 5 patients and only 1 aide for 28 patients. High acuity on the floor
126	03/11/17	J3	Night	7	2RN/1Anc/sitter		ND@2250-have been making attempts all eve to call someone	we had 2 nurses but were missing a psych aide. We had a new admit who needed 1:1care for some time, leaving one nurse for the floor/safety checks
127	03/11/17	3EG	Day	26				Ortho floor combined with surgical-1aide, 1 S. Some staff unable to leave floor for lunch. Director came into assist multiple discharges
128	03/10/17	4W	Day	21	5RN/2Anc/1S			Came in at 7am to be charge with a full patient assignment, had to cover cardiem drips for non trained RN, also had to cover the LPN
129	03/10/17	CCSP U	Day	13	3RN/2float	6RN/2sitters	MK@0700-working on it staffing @0700	initially not aide needed for census acuity, 1 RN over an hour- charge has assignment. No secretary-10 total care patients and 2 sitters
130	03/09/17	J2	Night	15	1RN/2Anc	1charge/2Anc	MK@2220-aware	no charge RN overnight. One per diem RN and 1 float RN and psych aide on floor
131	03/09/17	2S	Day	19	3RN/1Anc/1float	3RN/3Anc	KP@0800-aware	1NA on floor for 18 patients. Attempting to call admissions to a bed with screaming patient. 11:20 staffing called for nurses to work OT evenings
132	03/09/17	2S	Day	21			KP@0700 staffing @0700-don't have sitters so we don't have anyone else	Pedi was used as overflow. Short a NA, onlu 1 on floor scheduled
133	03/07/17	2E	Night	13			KS@2100-call the crisis nurse	started shift with 9 patients and three RNs. Throughout the night 3 admits and a transfer were sent with no additional staff
134	03/07/17	2S	Night	16	2RN/1float	3RN/2Anc	SL@2345-will try to find help	5 admissions in 3 hours without aide. Was sent help from 12-3am
135	03/06/17	4W	Eve	20	4RN/2Anc/1S		ND@1500-unable to find KS@1700-more staff	short 1 RN and 1NA, full census, continued to triage patients off to accept more admits

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
136	03/06/17	CCSD U	Night	13	2RN/1sitter	5RN/1CNA/2sitters	charge nurse unwilling to call supervisor -"it will do no good"	Triaged off 3 patients, took 3 admissions. Not enough help to do this-too high acuity. No CNA most of the night. 3 patients with bed alarms, 2 on suicide watch with sitter, relieving sitter for lunch, leaves floor even shorter
137	03/06/17	CCSD U	Day		3RN/1S	4RN/2Anc	staffing-we are looking	1RN with 4 patients (heavy), 3 sitter patients on suicide watch, constant call bells with inappropriate family, 8 total care patients, 2 vents, 1 patient who is climbing 003-removing oxygen, needs sitter. No aide on floor
138	03/06/17	2S	Night	18	1RN/2float/1LPN		SL@0130	pedi nurse had 5 patient assignment from 203-222. 1am admin called with a pedi admin. patients had to be moved off pedi, only 1 rm avail. This left 4 adults on pedi and a 14 yr old with doors locked.
139	03/04/17	McGe e	Eve	19	2RN/1Anc	1RN/1Anc/3LPN		3 nurses for 19 patients until 7p. After 7a only 2 nurses with an admission. 16 detoxing alcoholics. 5 patients on scheduled ativan.
140	03/03/17	McGe e	Eve	17	2RN/1Anc/1LPN	1RN/1Anc/4LPN		3 nurses for 20 patients. All detoxing patients. Secretary in staffing said that we were not considered short staff according to her sheet
141	03/02/17	5W	Day	17	5RN/1Anc	5RN	GR@0745-"ok thank you I will check with staffing"	several total care patients, 1 aide- where at least 2 are required.
142	02/28/17	5S	Day	19	3RN/1Anc/1S	3RN/2Anc/1S	GR@0800-calls are being made	not enough RNs, supposed to be 4 with 1 LPN, only one NA on floor with one sitter
143	02/27/17	2S	Eve	17	3RN/1CNA/1S/2sitter	4+charge RN/2CNA/1S/2sitter	KP@1450-I will call staffing and KS and RM@1815-no you cannot have RN who was floated to 2EM back.	3 admins, 1 discharge, 1 transfer to 2EM, 1 CMO patient passed away, 3 isolated patients, 3 patients w/ behavioral issues
144	02/20/17	Pedi	Night	4			DS -no rooms available, trying to get more staff	pedi nurse in locked unit with 2 adults+2 children, a fresh post op. pedi nurse has no info on adult patients
145	02/19/17	3S	Day	14			MK@0715-working on problem	high acuity, heavy patient load
146	02/14/17	J2	Eve	16	2RN/1Anc/1S	3RN/2Anc/1S	clinical managers @1500-made calls for staff but unable to find anyone	high census, staff not at grid, down 1RN +2nd clinical therapist worked only 4:30-9:30p

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
147	02/14/17	Surgical	Day	19	3RN/3Anc/1S	6RN	staffing @0650-supervisor unavailable	no charge nurse-2LPNs needed coverage crisis nurse unavailable to take IMC patient to testing/xrays- floating a staff RN to another floor
148	02/13/17	5W	Day	17			staffing @0730-calling	only one nurse aide for 17 patients, the aide arrived to work at 9:20a
149	02/13/17	2S	Day	16	2RN/1Anc	2RN/2Anc	KP@ 0700	short a secretary and a 2nd NA. no float pool to pull from
150	02/13/17	2S	Day	16	2RN+charge/1Anc		KP@0700 night supervisor @0700-returned call, trying to call people	short a secretary and a 2nd NA. no float pool to pull from
151	02/10/17	J2	Eve	12	2RN/2Anc	2RN/2Anc/1S	KF@1500-unable to find replacement	no unit coordinator this shift- 2 admins and 1patient needed IV fluids
152	02/07/17	2S		16	3RN+charge/1S	3RN+charge/2Anc/1S	KP@0800	short a NA, staffing reported we would not likely get another NA. One very violent patient requiring 5 staff to do a dress change, staffing said upper mgmt told them this is how the floor should be staffed regardless
153	02/05/17	J2	Eve	17	2RN/2.5CT/0S	3RN/2Anc	staffing @1500-aware	1clinical therapist went home sick at start of shift, was replaced by clinical therapist who could only stay 4 hrs
154	02/04/17	J2	Eve	17	2RN/2CT/1S	3RN/2CT/1S	ND-aware of situation	census 14 including 3 admissions at change of shift, then more admissions, totaling 7 admission-unmanagable
155	02/04/17	J2	Eve	17	2RN/2CTs	3RN/2Anc	staffing-aware	not meeting grid
156	02/04/17	J2	Night	19	1RN/1Anc	1RN/2Anc	staffing @0300-aware	3admissions on night shift, 2nd shift psych aide stayed till 0300, no replacement
157	02/03/17	2S	Day	16	3RN+charge/1Anc/1S	4RN+charge/1Anc/1S	night supervisor @0700-not aware of census of 16. KP@0700-discussed upon arrival	not staffed w/ enough nurses. Staffer reported that they were not aware we were at 16 census, thought we were at 14. this caused a delay in assignments. Not given a 2nd NA, despite acuity.
158	01/29/17	J2	Night	14	1RN/1Anc	1RN/2Anc	staffing @2300-aware, made calls	missing one psych aide from 11-3a
159	01/27/17	McGehe	Eve	16				1RN and only 2LPNs-3admits, supposed to have 1RN +3LPNs -short staffing

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
160	01/24/17	5W	Day	17			staffing-making phone calls	census of 17 requires 2 nurse aide, one aide pulled to sit on another floor.
161	01/23/17	4W	Eve	25	4RN/1LP N/1Anc/1 S		KS@1700N. D.@1545	short 2 Nas from 3-5. had 8 admits and 1 transfer in
162	01/21/17	J2	Eve	16	2RN/2CT /1aide/1 S half shift	3RN/2CT /1aide/1 S	night supervisor @2300-aware staffing @1430-aware but unable to find staff	started with 13 patients and had 3 admins. No dinner breaks for 2 RNs or 2clinical therapists
163	01/20/17	IV	Night				NK@midnight-crisis nurse sick call	high patient census/several IV calls to floor, ED, CCU. patients have a long delay. ED nurses unavailable to do CTs due to patient load
164	01/18/17	3EG	Day	21	3RN/1An c/1S	2RN/2LP N/2Anc	day director @0650-we are looking	not enough nurses to floor-no charge nurse
165	01/13/17	2S	Night	14	3RN	3RN/1An c	NA@0130-none	no nursing assistant, patient acuity high. patient in need of sitter at risk of falls w/ no sitter. Multiple total assist patients, admissions, scheduled nurse called out as well.
166	01/13/17	5S	Day	16	4RN/1An c/1S	5RN/2An c/1S	GR@0738-message left	not enough RN/LPN staff for amount/acuity of patients. Charge with group and covering LPN
167	01/08/17	Pedi	Night	3			SL@8p-I need to put pt there	2 ten month old resp children. 1 71 yr old stroke, 2 children requiring treatments, meds, I.V.s- resp therapist not avail. Adult from 2S placed on pedi, 2S staff coming in and out, waking babies. Chaotic and unsafe
168	01/06/17	2EM	Night	11	1RN/1flo at	2RN/1flo at	NK-she notified us	At start of shift there were 10 patients, 2RNs &1 nursing assist. Nursing assist was pulled to another floor, we were then given an admin, bringing the census to 11 without the aide being replaced.
169	12/31/16	ED	Day				2RNs in cardiac section, no 3rd RN-had the potential to be dangerous and pt safety is at risk	

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
170	12/30/16	2S	Eve	17			staffing-making calls	3 admits at start, 5 patient requiring 1:1 sitters, 3 assigned. No help w/ dinner coverage for sitters. No breaks for nurses. Day RN stayed extra 4 hrs without replacement
171	12/25/16	J2	Eve	12	2RN/2Anc:1CT & 1 Aide	2RN/2Ct/1Floor	LR@1600 - There is no one. SM@1630 - Let me know if you get admits.	2 RN 1 clinical therapist 1 Floor aide for 14 patients. Not enough staff to cover admissions - not able to do program - no dinner for all staff.
172	12/25/16	McGeorge	Day	18	1RN/1S/1LPN	1RN/1S/3LPN	SM@3pm -asked about the floor	18 patients-15 detoxing patients. Only 1 RN and 1 LPN on. A diabetic in 300's all shift. Another patient. 1:1. Another male patient needing clinical therapist safety care attendant. At least 4 Hx seizures
173	12/21/16	2EM	Night	13	3RN/1Anc/1S	4 Rns	AH- I'll call the night nurse	Shift started with three RNs for nine patients. Transfers and admissions resulted in 13 patients for three nurses. The charge RN had to take on a patient group.
174	12/21/16	RM	Night	15	1 RN/1Anc	1RN/2Anc	SL@2240- phone calls made-if floor became acute would attempt to float staff	multiple calls , unable to get needed staff
175	12/20/16	McGeorge	Eve	11	2RN/1S/1LPN	1RN/1S/3LPN		We received and admitted 5 patients on eve. Shift. Phones and intakes were constant all shift. Not enough staff to handle 5 admits, intakes & patients on the floor.
176	12/19/16	McGeorge	Day	17	1RN/1LPN/2UC		SM@ 10:15-tring to call someone in, staffing aware since 3A 12.19.16	We should have three nurses for the census we have, this charge nurse has an assignment of 8 patients and the other nurse has an assignment of 19 patients.
177	12/12/16	McGeorge	Eve	14	1RN/1UC/2LPN	1RN/1S/3LPN		3 diabetics-admissions x 3- patient is at risk for seizure x4
178	12/10/16	McGeorge	Eve	14	2RN/1S/1LPN	1RN/1S/3LPN	SE	7 admissions in 8 hours. I had to call and find staff to come in and help- another RN came in @7p- nurses had to pick up secretary duties in addition to 7 admissions. Too many admits for one shift

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
179	12/04/16	ED	Day		6RN @7a/2 Anc no show/1 S @7a			This is not safe staffing to start the day. Potential for sentinel event is high.
180	12/04/16	ED	Day		6 RN @7a/2 Anc no show/1S @7a		SE@0915- "ok"	This is not safe staffing to start the day. Potential for sentinel event is high. Census includes a violent Felon in Psych-multi murders. Security is to be called if he becomes violent.
181	12/02/16	2S	Eve	18	4RN/1An c/1float	5RN/2An c	SE and MK@1730- working on it	short 1 nursing assistant @7p. 1 NA sent to replace sitter leaving @7. 1NA on floor for 18 patients
182	11/28/16	4W	Eve	29	3RN/1S/ 2float/1L NP		ND@1530- received and Kelly Streit @1530	started @ 3p and short 2 RNs and an aid. At 4p we received another RN, still short 1 RN and an aid- short 1 RN and an aid throughout shift.
183	11/18/16	ED	Night					At the start of my shift I had 9 patients to take care of. 4 crisis patients and 5 medical.
184	11/15/16	2S	Night	21	2RN/1An c	2RN/2An c	SL@03:15- no staff	
185	11/10/16	5W	Eve	16	5 RN/1float			floated aide to sit in CCU for 4 hours and left floor and aide to do a a.m. care (accuv's) admission. Have detoxing patients, confused.
186	11/09/16	J2		16	3RN/3An c	3RN/3An c/1S	KF@1600- There is no one, there are 2 sick calls	Excessive phone calls, charts needed to be put together plus many other tasks, Unit coordinated was assigned for floor watch 1, 2 boarders in ED to see, every 2 hours by an RN
187	11/08/16	J2	Eve	18	2RN/4An c/1/2 shift S	3RN/3An c/1 full time S	KF@ 1600- need to keep RN on J3 due to their acuity, will try to call	2 discharges, 3 admits, 1 hour group- cell phone time
188	11/08/16	4W	Eve	26	4RN/3An c/1S		KS@1900- working on it	Short 7-11p one RN. I had a full patient assignment as clinical team leader
189	11/05/16	J2	Night	12	1RN/1An c	1.5RN/2A nc	NK@ 2230- Aware/got RN to come in on J2@ midnight, unable to find other staff	one admission upon shift change, J3 was short 2nd RN, J2 short 2nd psyc. Aide- only one RN, one aide

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
190	10/21/16	McGe e	Eve	16	1 RN/1Anc /1S/1LPN	1RN/1Anc/1S/3 LPN		only 1 RN 1 LPN scheduled @ 1500. 16 patients- 10 actively detoxing from alcohol- 9 detoxing opiates. Medical nurse came in @ 7p-11p- 3 patients in ED to come up to the floor- patient fall.
191	10/06/16	ED	Day		2RN/1Anc/1S/1Respiratory	Resp. Therap.		Respiratory Therapist called in sick @ 2200 on 10/5 for day shift 10/6. Was not replaced.
192	10/04/16	4W	Eve	27	3RN/2Anc/1S (Float RN/1LPN)	1RN/1PN	MK@2100	Down 1 RN patient 21:30. I had full patient assignment and had to do bed moves to accommodate 2 more admissions. I was covering a non tele trained LPN, too.
193	10/02/16	Rehab	Night	8	1RN/1Anc	2RN/1CNA	DS@2325 - I have no one else to send. (The 2 nurse worked had courses and they couldn't stay.)	I was floated to J3 as the second nurse and I hadn't been there in over a year.
194	09/25/16	ED	Day	5	1RN/.5S	2Rn/1Anc/1S	SE &M.@0800 - Still no help	In my area there are 7 beds typically have 2 RNs, 1CNA, 1 Secretary for 7 patients. Today I had 5 patients, 1 wan an MI, transported to Baystate, 1 was ? 94, required 1:1 sit given another for 2? 5 hours.
195	09/24/16	CCSD U	Eve	11	3RN/1LPN/1Anc	5RN/1Anc/1S	SE@1730-none	This nurse arrived to floor @1530 from floating to another floor from 7am-330pm. This nurse was assigned charge and a patient from PACU with hypotension. 45 min later this nurse was assigned a medical emergency call patient with an NSTEMI that required a transfer to Baystate. This nurse was also expeclinical therapisted to cover an LPN assigned to the floor.
196	09/24/16	CCSD U	Day		3RN/1Anc/1S	5RN		Charge RN had to take assignment, 1 CNA sitting 1:1, RN floated on floor. I had four patients extremely busy, 3 admits, 2 transfered off.

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
197	09/24/16	CCSDU	Day		3RN/1Anc/1S	5RN	SE & Staffing-Looking for Help	Rn floated unit left with no charge 2 RNs had 3 patients, 1 had 4 patients floor extremely busy - 1 patient requires 3 people to move for c-diff, freq complete bed changes - no breaks able to be taken - 1 sitter CNa had to relieve.
198	09/22/16	3EG	Night	22	4RN/1LPN		NK@2334- no staff available	No nurses aides provided- unable to respond to patient needs in a timely manner.
199	09/19/16	McGe	Eve	17	1RN/1LPN/1UC	1RN/3LPN/1UC	KS@1800- ok-I will tell staffing to make calls	1 admission on floor, ED wanted to send 2 more patients at same time, have orders or seen 1st admit- 4 pm meds needing to be administered- 2E calling want assessment on patient. Mult patients on sched ativan, high acuity. Pullet out of report to get ED report. I am one RN.
200	09/16/16	McGe	Eve	17	1RN/1LPN+1 (830-1130)/1UC	1RN/3LPN/1UC	KS@1530- No staff. SM@1500-nurse was coming x2- neither nurse agreed to come in.	16 patients acinical therapistively detoxing- 2 diabetics, 10 alcoholics.
201	09/16/16	ED	Day	8	2RN/1Anc/1S		TM, charge RN@830a- aware	5 critical patients, CVA, stemi, CP, emergent dialysis patient
202	09/15/16	McGe	Day	20	1RN+1LPN	3 nurses	SM@1700- was aware of short staff	20 patients- assignment was 10 patients each
203	08/30/16	J2	Eve	14	2RN/1FW/1CT/1S		Staffing@1930- attempted to call staff in but couldn't get anyone	Not enough for the amount of admissions + acuity of nursing care.
204	08/28/16	3ES	Night	20	3RN/1LPN	3RN/1LPN/2NA/1S	NK- aware of staffing	3ES connected to 3EG w 20 patients. There were no aides provided, no secretary. Unable to answer call bells in a timely manner, patient safety at risk.
205	08/28/16	4W	Eve		4RN+charge		SE@1810	Charge w full assignment- 1800 (3) RNs @5 patients each + (1) RN+charge @4patients each. High acuity.
206	08/28/16	3EG	Night	5	1RN/1 sit 1:1			This RN, one week off orientation, alone with no aid. Combined with 3ES, but they did not have an aid either.
207	08/27/16	ED	Day	37	1CNA for 17 pts			Not enough RNs or CNAs (2). Unable to perform emergent dutues.

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
208	08/27/16	3ES	Day	23	5RN/1LP N/1NA/1 S		SE@0950- staffing is making calls	2RNs for IMC, left 4 nurses for the floor. No charge, down an aide. Aide has 23 patients total.
209	08/25/16	3S	Eve	14	2RN/1LP N		MK@1600- did everything she could, helped, got another RN @7a	New RN (within past year) assigned charge nurse with an assignment! No RNs other than myself and 1 LPN on floor. We received 4 admissions. At 1900 the floor got another RN. Unsafe and not enough experience to take the assignment.
210	08/24/16	McGee	Day	18	1RN/1LP N	3RN/LPN		18 detox patients with only 2 licensed professionals.
211	08/20/16	4W	Night	21	3RN/1LP N/1/2W (11p-3a)	3RN/1LP N/2NA/1 S	SL@2300	4 sitters on the unit, high acuity, no nursing assistants
212	08/20/16	McGee	Eve	19	1RN/1LP N(3- 7p)/1S	1RN/3LP N/1UC		Only 2 nurses for 19 patients until 7:30pm. 1RN, 1LPN.
213	08/20/16	McGee	Day	20	1RN/1LP N	3RN		20 detox patients with only 2 licensed professionals- should be staffed with 3 licensed professionals
214	08/12/16	ED-Express Care	Eve	15	2RN		RP, 3-6pm- no one to help at this time. (1 other nurse helper c 2 pts) x1	Many patients for admission to McGee + Jones-medical patient needing work up's. patient care delayed as a result of no UAP.
215	08/12/16	2S	Day	17+2	4RN+cha rge/2SC A,INA	1 on floor + 2 SCA=4N A needed	KP@0700- paged w/no response	1NA on floor only, and he is new. Acuity and behavioral concerns were very high.
216	08/11/16	4W	Eve	24	5RN/1An c(1float)	6RN	KS@2000- Working on it	Short 1 RN. I had a full patient assignment as clinical team leader 7-11pm
217	08/09/16	McGee	Day	19	1RN/2LP N until 11	1RN/2LP N	SM@1300- She'll do what she can.	One nurse stayed until 11a, only 2 nurses after that

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
218	08/08/16	SEF	Day	changing	3RN/1S	3+infusion staff/1S	LQ@1000- Aware- How can I help?	SEF nursing advised that multiple patients would be presenting for daily IV med admin; no staffing adjustments made. SEF patients presenting (typical, unknown reasons) plus expectation to provide appropriate and timely care to another population.
219	08/07/16	McGehe	Day	21	1RN/2LPN/0UC	1RN/2LPN/2UC	SM@1500	Full census, patient fell, no sitter available, no unit coordinator.
220	07/29/16	2S	Day	15	2RN+charge/1NA(1SCA)/1W	3RN+charge/2+SCA	KP@0745- called for OT nurse, arrived@10am	Pedi nurse became ill early am, no replacement, charge nurse assigned until eve nurse came in for OT status. Pedi nurse was emotional and came in sick because she was the only pedi nurse, 1NA for 15 patients, havey acuity, was recently injured, lite duty
221	07/28/16	4W	Day	26	5RN/1LPN/2NA/1S	6RN/1LPN/3NA/1S	SL@7am. 10:30a- 1 more NA.	Needed 1 more licensed staff, preferable RN trained in tele + 1NA for patient need.
222	07/28/16	5W	Day	16	4RN/2NA		Staffing called@6:40am- "We're making calls."	Need another license to delegate workload and have a charge nurse.
223	07/28/16	2S	Day	17	2RN+charge(1float)/2Anc/1W	4RN+chg	KD@0700- Unable to get help	Poorly staffed 3+charge, charge c group, high acuity. Continued to admit + transfer patients, total discharge of 11 patients without enough help to ensure safe transition.
224	07/28/16	McGehe	Eve	16	1RN/1LP/1UC	1RN/3LPN/1UC	KS@1800	7-9pm staffing decreased to 1RN, 1LPN, 1UA. We should never have 2 nurses @any point during the shift. 13 patients detoxing, 3 patients in ED.
225	07/27/16	3EG	Day	14	1RN/1LPN/1CTL/1NA/1S		MR@11a, no response. Staffing@11a "trying to get someone"	1RN-5 patients/1LPN-5patients/1 clinical team leader-transfusion-blood;1ED admit going to OR, 1 postop c epidural, 2 postop joint
226	07/27/16	J2	Eve	16	3RN/1CT/1pschaid/0S	3RN/2CT/1pschaid/1S	KF@1500 "Aware of situation, unable to find staff to cover shift"	Started shift w 16 patients, had 2 discharges and 2 admissions. Short staffed by 1 clinical therapist and 1 unit coordinator.
227	07/26/16	4W	Night	27	4RN/1LPN/2W		SL@2300 "Do not cal for another nurse yet"	6 admits called to floor at once (for 5 nurses), on admission away from requiring another RN

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
228	07/25/16	J2	Eve	17	2RN/2.5 CT/1aide/0S	3RN/2CT /1pschaid e/1S	SE@1500- Aware of situation, approved J3 CT from 6-9p	High acuity, multiple CIWAs + COWS (5), 1 admission who became medically compromised on 2nd shift + was medical emergency teamed for 2nd time immediately after we left.
229	07/25/16	2S	Day	16	3RN(1float)/2Anc/1W	4RN+chg/2Anc	KP@9a	Short a license, unit not notified of regular nurse call out, no other nurse.
230	07/25/16	4W	Eve	28	3RN(3float)/1W		MK@1600, ND@1600 "Working on it"	Short 1 RN and 1 NA c high acuity
231	07/24/16	J2	Eve	18	2/2CT/1psychaide/0S	3RN/2CT /1pschaid e/1S	Staffing@1500. Aware and made multiple calls but unable to get staff to work.	High acuity, one expected discharge, multiple CIWAs and COWs (5).
232	07/24/16	5W	Day	12	3RN/1NA/1clerk		8a- "making calls"	Not enough licenses to care for census. Need another license.
233	07/23/16	5W	Day	13	3RN/1Aide	4RN	Staffing aware @8a- "making calls"	Need another license personell for census.
234	07/22/16	J2	Eve	16	2RN/2CT /1psychaide/1S	3RN/2CT /1pschaid e/1S	KS@2000- Aware of situation, unable to find staff	Multiple admissions including 1 on days that were not done r/t a medical emergency team + 1 at change of shift (+2 more on eve shift).
235	07/21/16	4W	Eve	25	4RN/1LPN/3W		MK@1700, KS@1730-Calling people	Short 1 RN. I was charge c 4 patient assignment and covering LPN.
236	07/16/16	2S	Eve	15	3RN(1float)/2Anc	5RN/2Anc	Working on it.	Short 1 RN. Admissions still sent to unit.
237	07/04/16	4W	Eve	18	2RN(1float)/1LPN/2W		LT-1730	Short 1 RN. I was charge c full patient assignment and covering an LPN and non-tele trained RN
238	07/02/16	J2	Night	7	1RN/1.5PA	1RN/2PA	Aware- asked what the census was.	

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
239	07/02/16	CCSD U	Eve					Charge RN extremely busy taking patients to tests. 1st patient to ultrasound for 3 diff series- no crisis available (2 RN floats w limited time/training for CCSDU). No replacement charge RN scheduled- 2nd patient requiring crisis- not available. Nuclear med @6:15- shift end 7:30- forced to stay as CCU patient was transferred to CCSDU despite limited core staff, and an inexperienced RN had to assume care without charge support. Nuclear med test concluded 9pm. It would have been a disaster to ask an RN from unit to relieve me due to safety concerns. Both patients required RN monitoring- acinical therapistively bleeding- on monitor w/ blood infusing.
240	06/27/16	CCSD U	Eve	11	4RN/1Anc/1S			Floated RN @1730 and did not replace after 2 admissions to unit.
241	06/27/16	4W	Eve	26	3RN(2float)/1LPN/1W		Looking.	Admitted 7 post ops. Short an aide, high acuity, bed alarms.
242	06/24/16	4W	Day		4RN(1float)/1LPN/3Anc	6RN/3Anc	Working on it. @750 LPN came to floor.	We are minus one RN/license, we have 2 cardiozem drips.
243	06/23/16	4W	Eve	22	3RN(1float)/3W		Working on it.	4 nurses for 22 patients. I was charge c full patient assignment 7-11p,
244	06/20/16	4W	Eve	27	4RN/1-4W		Sent light duty RNs to help.	Short staffed 2 RNs. Charge had a full 5 patient assignment. All nurses had 5 patients.
245	06/18/16	2S	Eve	15	2RN(2float)/1NA	5RN/2NA	Making calls.	2 admissions on evening shift to make census 15- short 1 aide + 1 nurse.
246	06/15/16	4W	Eve	27	5RN/3W		Looking for staff	Short 1 RN from 7-11pm. Admitted 2 more patients. I was charge c a full assignment.

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
247	06/15/16	3ES/3EG	Eve	14			Notified of split shift and mistake made c/ d/c'd pt. Was told to do CQI short.	Ortho left short a nurse left at 1800. I was told to float because they had short staffed ortho. I had not finished my discharge patient. I had not eaten dinner (no break) and still needed to hand off other patients. I rushed through discharge (attempting to get to new assignment ASAP) and accidentally discharge'd patient back to SNF c ___ well still in place. By the time I fixed everything I didn't get over to the ortho unit until after 2100. Ortho was left short staffed for 6 hrs. When I arrived to ortho, many geds + foley insert, etc. still needed to be done.
248	06/14/16	2S	Eve	16	2RN(3float)	5RN/2NA	Working on it.	Short 2 Nas from 3-7. Got 1NA@7p. 3 sitters on unit that needed to be covered for dinner.
249	06/13/16	4W	Eve	23	4RN/1LPN/1W		Working on it.	Only 1 nurses aide for the whole floor. Should have had 3. Multiple post ops. I took 5 patients (and charge) @21:30.
250	06/12/16	4W	Night	19+1	1RN(1float)/1LPN/1teletech	3RN/1LPN/2NA		Charge nurse with orient and an assignment of 7 patients as well as cover LPN w 6 patients. Float nurse + LPN each have 6 patients, secretary floated off floor. @0400 given another admission. 1NA on floor.
251	06/05/16	2S	Eve	15	2RN(2float)/1NA/1S	5RN/2NA/1S	Thought we had 14 pts. Working on making calls.	Short 1 RN. RN floated to another unit to do charge. 2nd NA only here until 7p. Pedi nurse sent at 1715.
252	06/05/16	2S	Night	13	2RN(1float)	3RN/1NA	No aide available.	High acuity.
253	06/05/16	J3	Eve	15	2RN/2CT/1FW/2 1:1 sitters	2-3RN/3CT/1FW/3 1:1sitters	Aware- unable to find more staff.	Shorted 1 clinical therapist/social worker w/15 patients on hi acuity unit. 2 1:1 sitters. Unit left unsafely staffed for entire weekend, knowing unit was already short-staffed.
254	06/04/16	J3	Eve	14	2RN/2CT/1FW/1:1sitter	2-3RN/3CT/1FW/3 1:1sitters	Aware- staffing making calls. No response.	14th patient accepted to unit without adequate staff. If not accepted on 3-11 shift, RN would have had to leave unit Q 2 hrs to go to ED to assess patient as boarder, leaving unit unsafe. Unit also had 3 1:1 sitters.

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
255	05/30/16	5S	Night	13	1NOF/1LPN/1NA	2RN/1LPN/1NA	Aide sent from 5W	
256	05/27/16	4W	Day	21	3RN/1LPN/2Anc	5RN/1LPN/3Anc	Working on it.	Acuity high, multiple dependent patients, 1 suicidal patient w sitter, staff not to minimum requirements.
257	05/25/16	2S	Eve	17	3RN(2float)/1NA/1S	5RN/2NA/1S	You are better off than other floors	Short 1NA. NA also leaves at 10pm bc she is a minor.
258	05/25/16	CCSDU	Day	15	4RN/1NA/1S	6RN/NA	Came over to unit to assess	15 patients w 3 vents only staffed with 4 nurses, should have 5 nurses and charge. Only 1 aide. And 3 sitters, very high acuity, many needy families.
259	05/24/16	4W	Eve	28	3RN(1float)/1LPN/3W		Working on it.	Short staffed 2 RNs from 7p-11:30p. I had a full patient assignment (5 patients), charge, covering LPN.
260	05/24/16	5W	Day	16	4RN/2NA/1S		We're short all over.	Not enough licenses to provide safe care. Staffing sent "helping hands" nurse who left at 7:30 am.
261	05/24/16	CCSDU	Day	15	3RN(2float)/1NA/1S	6RN/1NA/1S	No charge due to sick calls cut enough nurses to care for patients.	3 vents, 15 patients, 3 sitters. 2 float nurses, one aide is supposed to sit which brings us down to 1 aide for 15 patients no charge.
262	05/22/16	McGe	Day	21	1RN/2LPN/2W		Use your own unit coordinator.	Needed a sitter for patient. No sitter was sent. One of our own UC had to sit with patient. Had 18 patients that were detoxing and 3 patients were stabilized.
263	05/22/16	2S	Eve	11	2RN(1float)/1NA/1S	4RN/1NA/1S	Called night staff.	Admission arrived to floor @2000 to make us short 1 nurse. Another admit called @2130 to make census 12. Should have had charge nurse + 3RNs. 1 staff nurse who is core staff floated to 4W@1500 + pedi nurse stayed on 2S. NA leaves @2200, S leaves @2130.

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264	05/22/16	3EG	Night	30	5RNfloor+1IMC/1NA,1Orient,1NA11-3	5floor+1IMC/2NA/1S	Received 2 admissions, census now 30, supervisor stated "I don't have anywhere else to put this patient. Nsg supervisor was asked if she thought 30 patients with one aide was safe and she replied, "No." "I don't have anyone else. Have the NA sit in 388."	Orient NA only on 5th day of orientation. 3EG+3ES combined- postop patient w/bed alarm away from nurses station. patient in 388 w sitter- acuity level high.
265	05/21/16	J3	Eve	9	2RN/2Anc	2RN/3Anc	Aware- told HAD to send a staff member to J2.	Clinical therapist pulled from psychiatric intensive care unit making them 1 staff short, to work on J2- less acute unit, to put their staffing @grid.
266	05/21/16	CCSDU	Day	13	4RN(1float)/1NA/1S	6RN/2NA	I will add it to my list.	4 vents, 1 bipap, 4 bed alarmed, 1 shared sitter (2 patients in same room- sitter having much difficulty managing them). 1 patient from ICU requiring 1:1 RN c needy family, down 1 aide.
267	05/21/16	3EG	Night	28	4RN/1LPN	6RN		3EG+3ES combined. 1 NA for 28patients. patient in 388 w sitter. patient in 389 bed alarmed due to restless/confusion. RN sat outside 387 due to distance from nurses station.
268	05/20/16	5W	Day	17	3RN/1LPN/1NA/1S		Calling	Down 1RN- charge took group of 4. Aide pulled to sit- down 2 RNs from 11a-12:30p
269	05/20/16	4W	Day	27	3RN(2float)/3NA/1S	7RNs/3NA/1S	Working on it.	Short staff, no charge nurse, sp ablation.
270	05/19/16	4W	Eve	25	3Anc		Looking.	5 nurses and charge. I had a full assignment.
271	05/19/16	4W	Day	26	5RN/1LPN/3NA/1S	6RN/1LPN/3NA/1S	Working on it.	Staffing inadequate for patients on floor, families very demanding, also staffing had set up report saying there would be another nurse. When we called they forgot to tell us one of the nurses was not coming.

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
272	05/18/16	4W	Eve	25	4RN(1float)/3NA/1S	6RN	Looking for staff	5 nurses for 25 patients. I had a group of patients and charge.
273	05/07/16	CCU	Night				Acknowledged by house supervisor	Unsafe staffing- received critical patient. 4 who required intubation- no charge or crisis RN. Had to leave my 2 assignment to assist in stabilizing new patient. Unable to adequately care for my patients due to lack of RN resources.
274	05/06/16	ED	Day		1RN/1NA	3RN/1NA/1S	No supervisor available	Express care psych area capacity is 5. There are 6. Express care until 11am has 7 rooms, low acuity. I had 5-6 low acuity patient and 1 high acuity patient.
275	05/05/16	5W	Day	17	3at11 (no charge, 1float)	4RN+chg /2NA/1S		No NA, no UC until 0900, (3)1:1 sitters, high acuity patients, multiple bed alarms, no charge at 1100-1500.
276	05/04/16	3ES	Day	MC#1+(5(incs charge, 1float)/1NA/1S	3RN/1LPN/2NA	Calls made.	3 nurses on floor c 5 patients each. 1NA for whole floor, 1NA floated to sit in CCU. Staffing was appropriate until 2nd IMC room was opened and NA floated off unit to sit.
277	05/04/16	3S	Day	16	3RN (1Float)/1NA	3+charge /1LPN/2NA		Charge nurse given full assignment- one NA assigned to floor. Multiple total care/feeds on this unit today.
278	05/03/16	4W	Eve	24	3RN/1LPN/2W		Looking for staff	4 nurses and charge. Should have 6 nurses and charge. I was charge c 5 patients and covering an LPN.
279	05/02/16	McGeorge	Night	19	1RN/1LPN/1S		No sitters are available	No sitter provided.
280	04/30/16	J2	Night	14	1RN/1Anc	1RN/2Anc	No aide will be available for 0300. Sitter will be provided.	Shift started with 2RNs and 1 aide. 1 RN scheduled to work only until 0300. From 0300-0700, unit short 1 aide. Safety concerns. Heightened patient acuity, patient confused and agitated, requiring 1:1 sitter which was provided.
281	04/29/16	J2	Night	15	1RN/1Anc	1RN/2Anc	No staff available	Staffed with 1 RN and only 1 aide- short 1 aide. High acuity due to 4 admissions on previous shift

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
282	04/28/16	J2	Night	12	1RN/1Anc	1RN/2Anc	No aide available. Aide possibly available at 0300.	
283	04/24/16	J2	Night	15	1RN/1Anc	1RN/2Anc	Aware- requested house orderly to come for floor coverage- yes.	No 2nd floor watch- unable to have lunch or break. No 2nd RN float on J3 for coverage on J3.
284	04/24/16	4W	Eve	22	3RN (1Float)/1LPN	4RN/1LPN	Okay	Charge nurse with full patient assignment. 3RNs not telemedical emergency certified. 2 amiodaran gtt and 2 cardizem gtt requiring charge nurse to oversee LPN not able to administer IVP meds. NA pulled to sit c confused patient.
285	04/23/16	J2	Night	13	1RN/1Anc	1RN/2Anc	Attempting to get staff in.	Unable to take breaks, patient census average, high acuity
286	04/23/16	J3	Eve	10	2RN/3Anc	2RN/4Anc	Aware- attempting to make calls.	Given 2 RNs, 1clinical therapist, 1 sitter for census of 10 w/2 1:1 sitters. Short 1clinical therapist.
287	04/21/16	2S	Day	18	3RN (1Float)/2NA/1S	5RN	RN@11a.m.	Charge nurse had a full assignment 2 comfort measures only patients, max total assists
288	04/21/16	McGe	Eve	13	1RN/2LPN/2UC/1Coun			Had 13 patients c 7 admits in 8 hrs + assessing patient off the floor (on medicine). 1 RN to 20 patients!
289	04/11/16	2S	Day	16	4+chg/1NA/1S		Unable to find coverage	Short a NA, our 2nd NA was floated off.
290	04/10/16	J2	Day	16	2RN/2Anc/1floor/1program	3RN/3Anc/1floorwatch/1program	Understanding	We are short a nurse + a clinical therapist (program)
291	04/10/16	McGe	Eve	17+2	1RN/2LPN	1RN/2LPN/2NA	Don't have any sitters.	Substance abuse unit- high level of withdrawal mointoring. Psych/detox- 2 patients moved into same room in DTs- large amount of medication, disoriented, risk falls- unsafe staffing. Refused sitter.
292	04/09/16	J2	Day		2RN/2CT/1floorwatch/1program	3RN/3CT/1floorwatch/1program		We are short a nurse + a clinical therapist

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293	04/09/16	J2	Night	15	1RN/2Anc	1RN/2Anc	Aware.	At approx 0400 psych aid was needed upstairs for patient who needed 1:1 on J3. patient will be c 1:1 sherrif in a.m.
294	04/08/16	4W	Eve	23	3RN/1LP N	5RN/1LP M	Evening supervisor aware.	Charge nurse has 4 patients, covering LPN. 3 nurses c 5 patients, high acuity. 2 admissions and 1 transfer requiring bed changes to accommodate new patients.
295	04/07/16	J2	Night	10	1RN/2Anc	1RN/2Anc	Had attempted to call in staff-unable.	At 0230, psych assistant was pulled to go to J3 for sit- J3 high acuity 3 sits with 2 new admits, high acuity.
296	04/06/16	3ES	Night	23	4RN/1LP N/1NA	5RN/1LP N/2NA	Mandatory admission to floor, no additional staff provided.	Admitted additional patients despite maximum number of patients per nurse, and despite pre existing shortage of 1NA.
297	04/04/16	CCSD U	Night	14	4RN/0NA	5RN/1NA	6 floors don't have an aid, use Eric or Jeff	2 patients moved off floor at start of shift. 5 total care ventilator patients + bipap patients need turn _ change q20. No CNA, no Charge Nurse. 1 TB patient.
298	04/03/16	3S	Eve	14	4RN/0NA	4RN/1NA		Called staffing to know of need for CNA- several patients requiring total care, some 3 person assist.
299	04/03/16	CCSD U	Night	14	4RN	5RN/1NA	6 floors w no aides. Done have anyone.	2 patients moved off floor at start of shift. 5 total care ventilator patients + bipap patients need turn _ change q20. No CNA, no Charge Nurse. Admission puts us understaffed for RNs. Admission went to CCU.
300	04/03/16	3ES	Night	20	3RN/1LP N/1NA	3RN/1LP N/1NA	Unable to provide staff.	High acuity patients, NA pulled from floor to provide 1:1 care, no additional staff provided.
301	04/02/16	3S	Day	16	3RN/1LP N/1NA/1 S	4RN/1LP N/2NA	Issue being worked on	I am charge, have a full assignment, am covering an LPN as well. Patient acuity is high with multiple total care patients and a patient with acute coronary syndrome.
302	04/01/16	2S	Day	20	4RN+chg /1NA	4RN+chg /2NA		Short a Nursing Assistant for 18 patients.
303	04/01/16	3S	Eve	11	2RN+floa t/1NA	4RN/1NA /1S	Would speak to staffing. Aware- sent 2nd CAN.	Told by a supervisor due to being short a nurse to give orient nurse a group and "oversee." I was also charge nurse with a float nurse and a new nurse on floor, had secretary only part of shift.

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304	04/01/16	3EB	Day	21	4RN/1NA/1S	5RN/2NA/1S	Helping as she can	
305	04/01/16	ECC	Eve	16	2RN	3RN	Trying to call additional staff in.	
306	03/31/16	2S	Day	16	4RN+chg/1ANc	2NA	KP@0850-left message	Short a nursing asst- No one in float pool to cover a bereavement for our regular NA
307	03/31/16	3ortho	Day	21	3RN,2Anc/1S	5RN	BF@ 8a,10a,1p DL@10a,11a,12p-helping on the floor	Extremely dangerous staffing. patient brought to floor after charge nurse stated we were unable to accept patient for severe lack of support & staffing. I had to take group and unable to be safe charge RN.
308	03/31/16	CCSDU	Day	14	3RN/1float/1NA/1S	6RN/2ANC	SL@0645-down 7 RNs in house, down 11NAs-hospital will not cancel NA class to bring them back to unit	No charge, 2RNs w/ 4 patients, 1orient, not able to receive adequate orientation-1 aid floated to sit, 10 total care patients which require 2 for all care, 4 vents, 3 bipaps,6 isolation patients, 5 tele
309	03/31/16	Tele	Day	27	5RN/1LPN/1Anc/1Ward	6RN/1LPN/3Anc/1War	SL@ 725a-we are workin on it	High acuity, 2 cardio drips, Multiple confused elderly patients only needing 1 sitter, patient new admit still have chest pains
310	03/30/16	3S	Day	15	4RN/1LPN/1Ward	4RN/1LPN/2Anc/1S		No NA for 15 patients. 5 licenses on floor, 1NA, 1RN orienting
311	03/29/16	Tele	Day	23	5RN/1LPN/2NA/1Ward	5RN/1LPN/3NA/1Wa	SL@7am-working on it	There were less staff than needed for a high acuity floor. We are minus 1 nurse, 1NA, and a tele tech. Staffing forgot to write in a sick call and scheduled an aide who is out on medical leave
312	03/28/16	2S	Night	17	2RN/1float		SL@ 2300-no aides available full shift	17 high acuity patients. Aid given 12 total care patients, 10 bed alarms
313	03/28/16	J2	Night	17	1RN,1Anc	1-2RN/2Anc	SL@0100-looking into it	Inadequate staff @start of shift- 3 admissions. 2330,0000,0120 w/ 1 nurse
314	03/27/16	3S	Day	15	2RN/1Anc/1Sitter/1S	4RN including leader	LR notified in AM, trying to get help	Not enough registered staff & not enough aides for help on floor & acuity

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
315	03/27/16	4W	Eve	19	3RN/1Float/1LPN		D.@ 3p, Staffing notified @ 630	No charge nurse @7p, only 1 trained nurse which is LPN, only 1 aid on the floor w/ 4 admissions from 3-7, Nurse on light duty sent to help.
316	03/26/16	MBU	Night		3RN		NK@ 2245-decision made to call MC@ home	
317	03/26/16	CCSDU	Day	13	2.5RN/1.5float/2Anc/1S	5RN/2Anc/1S	NK@0640-looking for staff	2 vents-1 patient 1:1 most of night shift- 1 RN has 4 patients w/ float RN sharing w/ her-charge with full assignment -Again-1 sitter
318	03/25/16	2S	Day		1Anc	2Anc	KP@ 1135	Short a NA, position vacancy persists
319	03/25/16	Ortho	Day	9	2RN	3RN		patient load / high acuity, admissions, discharges without help. Crisis RN unavailable for entire day w/ no replacement of that position. Unit assistant was called to fill nurses responsibilities, charge nurse had patients
320	03/24/16	2S	Day	18	1Anc	2Anc	SL@ 0700, KP@ 0800-NA sent to us @ 11Am	Short a NA. Position vacancy, no relief until 11am
321	03/22/16	2S	Day	14	3RN/1Anc/1S	2Anc	SE@0700-working on it	1NA for 14 patients, heavy total 2 assists
322	03/21/16	2ERe	Night		1RN/1LPN		Staffing and supervisor notified @ 2230-unable to get help	No NA, 1 patient gets straight catheter every 2 hours, 1 patient sitter 1:1 no NA. Census 12. 6 out of 12 with bed alarms
323	03/20/16	5W	Night	17	3RN/1Anc/0S			NA was pulled from floor to sit. Unable to help with vital signs and general patient care. High acuity patients, high volume of call bells
324	03/19/16	3S	Day	14	4RN/1Anc/1S	4RN/2Anc/1Ward	DS@0815- staffing office is working on the issue	Multiple total care patients, including 2 patients w/ elevated CIWA scores. 1NA,1short per Grid, no secretary, patient with risk & no sitter
325	03/19/16	4W	Day	26	4RN/1LPN		DS@ 1400	5 staff nurses w/ 5 patients each-charge to take patients. patient acuity high. Code blue on shift, continued admissions. Total 4 admits on shift
326	03/18/16	Tele	Day	25	5RN/2Anc	6RN/3Anc	GR working on it	Patient acuity high, 2 sitters, 1 patient actively withdrawing, only 3 discharges

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
327	03/18/16	3ESur	Night		3RN/1Anc/1S/1LP N 11p-3A	4RN/2Anc/1S	RM@ 2130, NK@ 0220/2300-"I will go to staffing to see if we can work on this,Just pass meds"	
328	03/17/16	2ER	Night	12	1RN/1LP N		Staffing office, supervisor aware @1030p, unable to give NA staffing	NA used as 1:1, many patients require 2 assist, many patients bed alarms, 6 of 12 patients
329	03/16/16	Tele	Day	24	4RN/1LP N/3Anc/1 Ward	5RN/1LP N/3Anc/1 W	GR@ 8am, BF@ 726am-working on it	Acuity high and need one more RN for patients listed on floor, still have room for admissions,have 7 discharges, 4 patients to dialysis,1 to specialist, 1 to stress test, 1 to cardiac
330	03/15/16	4WTEL		28	5RN/1float/2Anc/1S	7RN/3Anc		Floated 1 NA off floor, and had RN scheduled for only half of shift
331	03/14/16	5S	Day	17	4RN/1Ward		NK@0650-making phone calls	With current census, we are to have 4 nurses plus charge, currently charge nurse is taking assignment
332	03/14/16	3S	Day	15	3RN/1LP N/1Anc/1 floatS	3RN/1LP N/2Anc		This unit is one NA short for this shift as specified by Grid.
333	03/14/16	J2	Night	16	1RN/2Anc		SL@ 0100- had none to send @ this time	Staff came in/went home sick-another staff was able to stay until 0300-from 2nd shift- sitter was also doing a double shift-had to leave at 0700, as not to be over 16hrs that left floor w/ 2 staff
334	03/13/16	3S	Day	17	2RN/1float/1temp Anc	4RN/1LP N/2Anc	SE@0730-looking for personnel	Short an aide & short licensed personnel, (not to include charge)
335	03/13/16	4WTEL	Day	26	6RN/1Wardfloat		Staffing called @ 8am-looking for help	Short 1 nurse and 1NA,charge nurse took patients, all other nurses at 5patients
336	03/13/16	2S	Eve	16	4RN/1Anc/1S	5RN/2Anc/1S	SE@1515 notified	
337	03/12/16	3S	Day	16	2RN/1float/1temp LPN/1tempNA	4RN/1LP N/2Anc	SE@0730-trying to call in staff	patient flow w/ 5 total care patients on floor. LPN who is per diem & not proficient in duties. 1 aide for floor&1RN float who wasn't efficient on floor. Short an aide for census also

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
338	03/12/16	2S	Day	20	3RN/1LP N/1Anc/1 floatS		SE aware, understood trying to find staff to cover	16 of 20 patients were total care or psych. Start of shift we were short 1RN&1aid, charge nurse was with a group
339	03/12/16	2S	Eve	15	4RN/1An c/1S	5RN/2An c/1S	SE@1515 notified	
340	03/11/16	5W	Day	17	4RN/2An c/1S		Staffing called @ 630a "making phone calls"	Again, one nurse called in and no replacement. No charge nurse, she had group of 4
341	03/10/16	5W	Day	17	4RN/2NA /1S		Staffing knows,called @ 640Am, staffing "calling" people	Short staffed one RN, per grid- charge nurse had group of 4
342	03/08/16	5W	Day	17	4RN/2An c/1S		Staffing aware @730a "staffing calling"	Need 5 licenses to provide safe staffing, only have 4- charge nurses pulled as staff
343	03/06/16	3EG	Day	19	3RN/1flo at/1Anc/ 1float/1S	5RN/2An c/1S	SL@ 0700 "You will be at grid when your discharges leave."	
344	03/06/16	2ER	Eve	8	1RN/2An c/1S	2RN		Only nurses on for 4 hours, night shift nurse agreed to come in early @ 730p
345	03/05/16	3EG	Day	18	3RN/2An c/1S/1LP n	5Rn/1Anc /1S	SE@ 0730 calling for staff	18+5 patients. Short 2 RNs, no charge nurse, Epidural,PCA pump, discharges, admissions & post-op & transfer
346	03/03/16	2S	Day	13	4RN+chg /0Anc/1S	1Anc	KP@0830	No nursing asistant sent to 2South days until 1315
347	03/01/16	4W	Eve	25	3RN/1fla otRN/1LP N		MK@1800-callin people at home	10 admits/transfers from 3-1130. Short 2RNs 7-830p. Still short 1 RN until 11p. I had 5 patients (2admits plis covering LPN admits) covered 1 non-tele trained RN
348	02/25/16	SEF	Day	14	2RN/1An c/1S/1re sp	3RN/1An c/1S/1res p	RP-when he came to SEF-were we all set then? Yes-extra staff in	Staffing 2 (RNs) @0700, #3 @0900. No lunches, no breaks for any SEF RNs. Extra RN called in to assist. Dale B. NA from 7-3, registration clerk assisted
349	02/23/16	2S	Day	17	3RN+chg /1SCA/1 Anc/1S half time	5RN/3An c/1S	SL@0700, KP@ 0730	Very unsafe.

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
350	02/23/16	2S	Eve	13	2RN/1Anc/1floatAnc/1S	3RN/1S	KP@1450 "I will check with staffing" KS@ 1540 "I have no one."	Short 1 nurse, Clinical leader w/ patient group, 1 Huntington's patient, aides to cover sitter on pedi, no additional staff sent
351	02/22/16	2S	Day	19	3RN+chg/2RNfloat/1Anc	2Anc	KP@ 0830	Given 1 NA (1NA scheduled) 2nd NA sent @11am
352	02/22/16	2S	Eve	18	2RN/1NA	4RN/2Anc/1S	KS, KP both aware. "we are trying, we have no one."	short 1 nurse, clinical leader w/patient group, 1medical emergency team call&transfer, 3 discharges, 4 admissions, 2 Huntington's patients,1 sitter, no additional staff sent
353	02/22/16	CCSD U	Night	13	3RN/1/0 Anc	4RN/1Anc	SL@ 2300&0330 no staff available, all floors short, did have NA come up to let our aid do vitals from 4-5am	Assignment for nurses 5/4/4, (usually 3/3/3-4 if admission comes) NA pulled to sit for patient from 3-4, then again from 5-7
354	02/22/16	4W	Eve	25	3RN/1LP N/ONA	3NA	ND@1600 wokring on it, MK@1700 calls out to staff	1 aid for 25 patients (no aid for 2 hours) multiple admits, post-op, medical emergency team called. 1RN fresh off of orientation.
355	02/21/16	5S	Day	18	2RN/1LP N		Talked with staffing-calls being made, many sick calls, increased census	3 nurses, 18 patients, also patient high acuity
356	02/21/16	3S	Eve	13	3RN/1NA /2sitters, 1S	4RN	Staffing dept notified @ 1505 will try to find someone	Per staffing grid, we are supposed to have 3 nurses+1 charge nurse when census is greater than 10. I had a group of patients while being charge nurses until 7p when a night nurse came in early
357	02/20/16	MBU	Day		4RN/2temp pool		SE@ 9am there wasn't a lactation nurse available after calls were made	There were pressing lactation needs of at least 3 patients which were difficult to meet b/c I was in charge and covering early labor patient.
358	02/18/16	CCSD U	Night	13	3RN/2Anc/0S	4RN/1Anc	NK@2300- no available staff, sent 2nd NA to assist	Assignment for nurses 5/4/4 usually 3/3/3-4 if admit comes
359	02/18/16	3EO	Night	11	1RN/1LP N	2RN/1NA	NK@2200-"I'm sorry, there is no one."	11 patients;4 post-op. No patient here CNA get out of bed alone, most are 1 to 2 assist. No unit secretary
360	02/13/16	J3	Eve	15	2RN/3Anc/0S		SE aware before start of shift, calls made, no responses	Inadequate staff for patient census. 15 patients, 1 - 1:1. Only given 2 nurses,2clinical therapist's,1aid for floorwatch,1aid for 1:1. Short 1RN on 1clinical therapist

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
361	02/08/16	2S	Day	15	3RN+chg /1Anc/1S	4RN+chg /2Anc/1S	KP@ 1025 will get on it. BF@ 1120 told to call LR	
362	02/07/16	3S	Day	13	2RN/1flo atRN/0A nc/1S/1L PN float	4RN/1An c/	Supervisor notified @ 0700, received NA @0820	Staff grid states there should be one CNA assigned to the floor. There is none assigned. This floor has multiple total cares and confused patients.
363	02/06/16	3S	Day	10	2RN/1flo atRN/1A nc/1S	3+chg/1 Anc/1S	SE@ 1130 notified with current acuity no changes at this time	Staffing grid requires a charge nurse without an assignment w/census of 10 or greater, at 1420 NA had to become sitter for 211-1, multiple chest tubes, blood products, patients confused+unsafe
364	02/06/16	MBU	Day		3RN/1RN float/1S/ 2temp pool	7RN	SE@ 1030am, MC. Take D. off lactation to take over assignment.	8 Moms,9 babies,1 Critical Care Nursery baby. I was charge,at beginning was down a Labor nurse b/c of sick call.We had one in labor and a regulat staff labor nurse was assigned to that patient. On call nurse came.
365	02/01/16	4W	Eve	23	4RN/2Wa rd		ND@ 1500 "looking"	4RNs plus one-we all had full assignments at one point down 2 RNs. Only short 1RN later in shift.
366	01/31/16	2S	Day	12	3RN/1An c/1S	4RN	SE@1300 notified-supportive, positive, apologized,sent pedi nurse after she d/c her pt	Not enough nurses (RNs) for patient care, high acuity patients, pedi nurse available to help after her patient was discharge at 1300
367	01/31/16	3ES	Night	19	3RN/2An c/OS	4RN/2An c/1S	NK- multiple attempts to notify staffing&nursing supervisor unable to contact at time.	1 nurse assigned for 7 patients, 2 nurses w/ 6 patients, patients high acuity. 2epidurals and 1PCA to floor, 4 patients with chest tubes, 2 combative patients,1 patient yelling, multiple patients with 1-2 assist needed
368	01/31/16	7NEN C	Day	22	5RN/1flo atRN/1flo atNA/1Sf loat	6RN	Staffing office called @0800- were doing the best they could do-short staffed throughout hospital	
369	01/29/16	2S	Eve	15	2RN/1An c/1S	4RN/1An c/1S	KP,KS both aware. Hospital is full.	

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
370	01/28/16	5S	Day	19	2RN/1LP N/2Ward	4RN/1LP N/2Ward	Staffing @10am "will try to get you help"	Unsafe staffing for acuity&number of patients. Adm &transfers&discharges with no breaks. No callouts or sick calls on 5S-Massage provided to staff-unable to take breaks. No extra nurses until 12/1p
371	01/27/16	2S	Day	16	2+chg light duty,1flo at,2Anc	5RN	BG@730 negative help. KP@0800 positive help, alighned nurse(light duty) to come in early	Staffed below grid 5:1 then admitted 2 new patients without adequate staff.Given 3rd NA, 11am sent a light duty nurse. @ nurses 6:1. Staff however worked as a team
372	01/27/16	4W	Eve		1RN/5RN float/2An c/2Anc float/1S		ND@ 1645, SE@1800	One tele trained nurses on floor. I covered 5 other non-tele trained nurses and had my own patient assignment.
373	01/25/16	2S	Day	17			KP notified @1330	Short 2 nurses. Shift started with light duty charge+3 nurses@14 then 1 admission and 2 transfers. 1 regular NA+1float NA 1regular U.C. staff way below grid for nursing. Crisis nurse unavailable.
374	01/25/16	2S	Eve	16	2RN/1NA /1S	4RN/2NA /1	KP,KS, AH, RM all aware-"we have no one"	Short 2 nurses and 1 aid, 3 admits, 2 transfers put on hold, clinical leader with full patient group, transfers from Critical Care Nursery+stepdown put on hold,sent 1 NA @7p.
375	01/23/16	3S	Day	12	3RN/1An c/1S		SE@ 1045 notified	Per staffing grid, when there is a census of 10 and above, the charge nurse is not to have an assignment. At 7a there are 12 patients and charge has full assignment.
376	01/19/16	2S	Eve	13	2RN/2An c/1S	3RN/1An c/1S	KP,KS, AH, RM all aware	Short 1 nurse when staffing sheet sent up, 1 day nurse agreed to stay 3-7p, she was not replaced @7, clinical leader with patients-- performed secretarial after 930p, 1 medical emergency call for patient with seizures
377	01/18/16	3S	Day	14	2RN/2CN A/1S/1fl oatRN/1s itter	4RN/1S	ND@430 attemtoing to hold some admissions and discharges	Highly acute patients. I, the charge nurse, had to assume a full assignment-2 patients have been combative and resistant to care. Another patient has a sitter. Multiple admits and transfers.

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
378	01/17/16	J3	Night	10	2RN/1Anc/OS	2RN/2Anc	SL "don't have anybody"	Patient was a transfer from J2 to J3, patient was acting out on J2, security brought patient up at shift change, needed 1:1 that was ordered, floor watch 1 NA pulled for 1:1 volatile patient. J2 had patient fall
379	01/17/16	2S	Eve	17	2RN/0Anc/1S/2floatRN	5RN/2Anc	SE@1500 -working on it, calling night shift.	15 patients on 2S+2 on pedi unit that we need to cover telemedical emergency+stroke assessment on. 1 day nurse staying until 7p with no replacement, short 2 nurses @7p.
380	01/17/16	Tele	Eve	24	1RN/3float/1LPN	5+charge	SE@1700 staffing unable to send another nurse	Charge nurse with 5 patients, shift had 4 admissions and 1 transfer. No replacement for only nurse leaving @7p
381	01/16/16	2S	Eve	15	4RN.2Anc/1S	5RN/2Anc/1S	SE@1515 "we are trying"	
382	01/16/16	Tele	Eve	24	1Chg+4floatRN/1LPN	6+chg	NK@2100 admission delayed	Charge nurse with full assignment. 5 admissions and 1 transfer.
383	01/15/16	2S	Day	17	2+1chg/1float/2N/A	5RN,3Anc	NK@0700 stated she had no one. KP helped on floor throughout the day, 3rd NA sent to floor @0915	Assigned a pedi nurse for days then pulled her to MBN. Floor left with adequate coverage. Night nurse stayed til 9a, there was no replacement. Charge nurse light duty but carried group.
384	01/12/16	2S	Eve	15	2RN/1NA/1S/1float sitter	4RN/2Anc/1S/1sitter	KP, KS, RM, AH-all aware. "we are working on it"	staffing told we had 13 patients, we actually had 15, day nurse stayed until 7p and wasn't replaced. Clinical leader with group of 5 patients plus 2 discharges, one admit then transferred to Critical Care Nursery
385	01/11/16	3EO	Night	10	2RN	2RN/1Anc/1S	SL@0330 "I don't have the staff, I have 13 sitters."	10 patients, 5 total care (immobile), 1 Huntingtons patient. 2 admissions, 1 post-op
386	01/08/16	2S	Day	18	5RN/1Anc	6RN/1Anc	Staffing office @0700 S. said S. is making calls" KP@ 0800	Short a 2nd NA. Acuity is high, people needing multiple staff assists. 2d NA came in @1330
387	01/06/16	CCN	Day	7	1CCN/1Pedi float	3RN		Admit baby to Critical Care Nursery 1:1 ratio on oxygen, shift started out w/ 6Critical Care Nursery babies by 0830, director sent a Critical Care Nursery nurse for 1hr

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388	01/06/16	CCN	Eve	7	2RN	2CCN Nurses	MC @1630 "You only have 6 CC babies, the one on antibiotics is a well baby." Dr. V@ 2000	Critical Care Nursery had 7 infants (1w/resp distress)(2preemies 35 weeks) (1 treated for sepsis) (3withdrawing from illicit drugs) All requiring Critical Care Nursery nurses. Still require 2Critical Care Nursery trained nurses
389	12/26/15	McGe	Eve	12	2RN/1LP N/OS			No unit coordinator, until patient admit discharged, phones ringing nonstop having to do intakes, 3 admissions patients needing to be assessed, unable to do timely.
390	12/26/15	McGe	Eve	12	2RN/1LP N/1 counselor			We had no unit secretary-I spent 3 hours on the phone constantly doing intakes, speaking with MD and ED. My patients weren't seen by their nurse until 6pm.5 admissions
391	12/25/15	ED	Night	28	6RN/3Anc/1S	7-8RN/3Anc/1S	RP@ 2300 unable to call in more staff	Started nightshift w/ only 6RNs scheduled when patient volume requires staffing w/ 8, decreasing to 7 @0300. Prior shift supervisor unable to call in enough staff.
392	12/24/15	ED	Night	28	6RN/3Anc/1S/crisis	7-8RN	RP@2230, no change, unable to obtain staff	3-11 nurses OT to close PODs-back hall closed-charge nurses taking patients. Waiting room busy with patients in waiting room &long wait times. Increased ambulance flow
393	12/24/15	ED	Night	20	6RN=1crisisRn/3Anc/1S	7+	NK@1600-took into account end of shift. RP@2230-unable to obtain additional staff	Came onto shift @ 1030pm with 6 nurses with one nurses from evening shift agreeing to stay to close pods (4 beds) She left one patient behind with charge RN agreeing to disposition the patient.
394	12/23/15	ED	Night	28	6RN,3Anc,1S	7-8RN/3Anc/1S	RP@2300 unable to get more staff	Came onto shift with only 6 nurses scheduled, should start shift with 8 then down to 7 at 0300. Evening supervisor was aware but unable to get any other staff
395	12/22/15	3ortho	Night	7	2RN		SL@0200	patient arrived from ED, forgetful, agitated, yelling out, pulled out IV, pulling catheter. House director unable to reach, did not return call
396	11/22/15	J3	Eve	14	3RN/3Anc	2RN/3CTS/1psy aid	SE@ 1630-aware. Staffing "making calls"	

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397	11/19/15	Tele	Day	23	4RN,1flo atRN/1LP N/1NA	5RN/1LP N/3NA	GR@8am-message left on phone. LR@905will tlak in person when he contacts the floor	Multiple post pacemakers, patients unable to do self care.
398	11/17/15	4W	Eve	23	2RN/1flo atRN/1LP N		KS@1900-looking	4 Nurses for 23 patients, should have 6. I have full assignment.
399	11/16/15	4W	Eve	27	2RN/1LP N/2Anc/2 floatRN		MK-looking. KS-looking	Short an RN, multiple admits (7+), short a nursing assistant too.
400	11/10/15	4W	Eve	25	2RN,1LP N,1RNflo at	5R,1LPN	KS@ 1800 lite duty RN 530-930, another RN to flopr @2030	4 nurses for 25 patients. Should have had 6 plus charge. Multiple admits.
401	11/01/15	3S	Day	14	3RN/1LP Nfloat/1S	4RN/2NA /1S	SE@0900	charge has full assignment, one CNA not two, heavy patient load with multiple total cares
402	10/31/15	3EG	Day	18+5	5RN/2An c/1S	7RN,2Anc ,1S	SE paged @0710, no answer	No charge nurse for floor.
403	10/31/15	ED	Eve	6	1RN/0NA /0S	3RN	DS@1745	with potential for up to 10+ patients
404	10/30/15	4W	Eve	25	2RN,2flo at	6RN,3war d	KS@1800 calling people	By 2230, 27 patients for 5 Nurses. Needed 6 RNs
405	10/30/15	ECC	Day				KM@shift start, attempt to call in help-none avail.	No nursing assistant available or secretary (secretary called in sick again)
406	10/27/15	2S	Eve	12	1RN/1An c/1RN float	3RN/1An c/1S	KP notified, "best we can do."	admitted more patients, one patient fell, one patient died, one post-op, clinical leader with patients,secretary from days stayed until 7p.
407	10/26/15	2S	Eve	12	2RN,1S/ 1anc float	3RN/1An c/1S	LR "I know." RM "We are all short."	admitted more patients, clinical leaders with patients
408	10/26/15	2EM	Day	10	3RN float, 0 Anc/1S float		LR@ 1935 notified.	floated to 2E medical. Assigned 5 patients with no NA and sharing secretary with 2 rehab. 2 total feeds,vitals,insulin coverage. CIWA protocol reposition every 2 hours, discharge. Staff provided were all floats.

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409	10/25/15	4W	Day	27	4RN/2NA/1S	7RN/3Anc	SE notified. NA sent to floor from 9a-2p	patient acuity high. Frequent patient call bells, nurses with 5 patients each. Charge with 2 and new admit, 2 non telemedical emergency floats. RN needing to do teletech/unable to round with doctors
410	10/25/15	J2	Night	13	1RN/1Anc	1-2RN/2Anc	NK@2300- unable to get any staffing	No second psych aide, patient with high acuity, patient wanting to leave against against medical advice, medical emergency team for patient with fall risk
411	10/21/15	Ortho	Eve	14	2RN/2Anc/1S/1float	3RN	MK@1710 w'e are at Grid" Staffing @1500 trying to find more help	Of these 14 patients there are 7 post-ops, as well as one post-op will be an admission. There will not be any nurse who will effectively and safely be able to carry a full group and be charge
412	10/20/15	4W	Eve	24	2RN/3float	5RN/1LPN	KS@1700 unable to get another nurse	2 regular RNs , 3 floats 3-7. After 7pm only one nurse came in to replace 2 leaving. I had full assignment as clinical leader. Multiple admits.
413	10/19/15	CCSDU	Day	13	4RN/1NA	6RN/2NA	JB, LT. Charge RN told by management they may not pull charge to take patients	Received an unstable patient transfer from floor who became my 4th patient. Since this is a step-down unit, patient ratio should be 3:1 max
414	10/18/15	3S	Day	15			SE notified @ 9am	Heavy patient load, high acuity, charge nurses with full assignment, no CNA, multiple full care patients
415	10/18/15	S2	Day	9	2RN/2Anc	2RN/2Anc/1S	KF	high acuity
416	10/17/15	J2	Eve	10	2RN/1Anc/0S			
417	10/17/15	3EG	Day	16	4RN/1Anc/1S	5RN/2Anc/1S	SE@0730. was paged and never called back.	We were short staffed 1 nurse, 1 aid, no charge on floor.
418	10/17/15	3S	Day	16	3RN/1float		staffing and SE@ 700. We have 13 sitters and no NA's	no nursing assistant on floor. 3 nurses with 5 patients, charge with 1 patient
419	10/17/15	S2	Day	11	2RN/2Anc	2RN/3Anc/1S	KF notified.	high acuity
420	10/16/15	3S	Day	15	2RN/2float		ND@ 8am, one to come in at 0900 & 1 more @1000	No nursing assistant from 7-9am

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421	10/16/15	Tele	Day	29	7RN	6RN/3Anc/1clerk	ND@0800. NK@0700.	Minus 2RN. High acuity
422	10/15/15	4W	Eve	29	3RN/1LP N/1float	2RN/1NA	ND & KS notified. Had an RN to help from 5-7 then nothing.	4RN and 1LPN for 29 patients. We were short 2RNs and a nurses aide.
423	10/14/15	4W	Eve	22	2RN,1LP N, 1S		BF@1500 notified, RN @7p, ND@1600 notified, sent RN to help at 8p	3 RNs, 1LPN, plus Clinical Team Leader for 22 patients
424	10/14/15	2S	Day	17	2+chg,2f loat,1SC A		SL@715 "short everywhere" KP@ 745 notified. @ 815 sent NA	Not provided NA to work as safety care attendant, regular NA was pulled to 1:1 observe. Left with 1:17 ratio. After objections reported, received NA for floor @815
425	10/13/15	2S	Day		1RN	3Anc	KP "everyone's short"	1 NA floated to another floor, and 2nd NA pulled to safety care attendant. No NAs to work the floor. Acuity very high.
426	10/10/15	2S	Eve	15	3 RN,1Anc, 1S	5RN/2Anc/1S	SE notified @1500	Nurse left sick 30 mins into shift, 2 admits called at that time-short. 1CNA and 2 RN at that time (1530) @ 1800 1 RN supplied, @1900 1CNA supplied
427	10/09/15	J2	Eve	?	1 RNC, 1psych aide		KF notified and following problem	2 complicated discharges, 1 unplanned took several hours, 1 admission and 1 transfer. Very stressful without unit coordinator, phones ringing off hook.
428	10/08/15	McGeorge	Eve	18	1RN float/1LP N, 1S		SM 2 1500 LPN to be in @7.	Average acuity. 1RN, 1LPN with 1 unit coordinator to 18 patients, and 2 admissions.
429	10/08/15	CCN	Eve	4	1RN	2CCN Nurses	MC@ 1500 "I have to go across the street. I'll look into it. I'll get back to you."	4 Critical Care Nursery babies withdrawing from narcotics, being medicated every 3 hours, needing to be medicated, fed, and held.
430	10/08/15	ED	Eve	16	2RN	3RN	RP @ 1700 additional staff being called in.	7 psych patients-seclinical therapistion 12 elderly patients with fractures.
431	10/08/15	MBU	Eve		5RN		MC@1515 "I have a meeting I will deal with it when I get back", called MM. No staff given	5 delivered moms, 2 labor, 6 well newborns, 1 balloon, 3 Critical Care Nursery babies. Asked for pedi nurse to help in nursery to free up RN.
432	10/07/15	4W	Eve	23	4RN/2Anc c	5RN/3Anc c	ND@ 1530 working on it, DS@1630 notified, NA and RN sent at 1930.	I had a full patient assignment, needed another RN and NA. High acuity.

	Date	Unit	Shift	Census	Staffing-Actual	Staffing-Needed	Supervisor Response	RN Comment
433	10/05/15	4W	Eve	25	6RN,1NA	3NA	ND notified at 1600, received aide @ 1930	6 nurses, one aide for 25 patients. At one point there were no aides. Multiple admits and post-ops
434	10/05/15	3S	Eve	10	1RN/1LP N		ND notified, no changes in staffing at that time. RN floated at 830pm.	1RN and 1LPN with 10 patients, 1 aid floated @ 7p, RN floated @830p to floor, very acute patients without enough staff.
435	10/03/15	3S	Day	12	2RN	4RN	called crisis nurse to help	Called crisis nurse to help. I had full assignment and was charge nurse.
436	10/02/15	3S	Day	13	2RN/1NA		BF sent aide. GR sent secretary for 1 hour.	Unable to do discharges and referrals, unable to meet patient needs, long call bell wait times.
437	10/01/15	3EB	Eve	11	2RN/2An c/1S	3RN/1LP N/1NA,1 S	RM Will attempt to find help. None found.	Crisis called. With staff here until 1am.