

**JACKSON SOUTH
STAFFING DISCREPANCY REPORT**

Date: _____ Unit: _____

Shift: _____ Patient Care Center: _____

WHAT IS YOUR USUAL NURSE/PATIENT RATIO? _____

HOW MANY STAFF MEMBERS OR PREDICTICARE HOURS ARE NEEDED ON THIS SHIFT?

RN: _____

LPN: _____

NURSING ASSISTANT: _____

Other: _____

OTHER UNIT CONDITIONS: _____

COMMENTS/RECOMMENDED SOLUTIONS: _____

Names of Administrative Staff Aware of Current Situation: _____

Person Initiating Report: _____

1. Please fax copy to: **Cary Nieves 305-256-5110**
2. Please fax copy to: **SEIU at 305-620-1429**
3. Please fax copy to: **Leah Kinneard at 305-585-5355**
4. Please give copy to your Nurse Manager
5. Keep copy for yourself

If you do not have access to fax, please use a carbon (use the "throw away" from DR. order forms), complete three (3) copies. Send the original to: SEIU Local 1991, 18441 NW 2nd Ave. Suite 502, Miami, FL 33169. Give one copy to your Nurse Manager and keep a copy for your records.

PATIENT CARE ASSIGNMENT NOTIFICATION

Unit: _____ Work Area: _____

Date: _____ Time: _____

Work Phone: _____ Home Phone: _____

HAS SUPERVISOR BEEN NOTIFIED? Yes _____ No _____

Check one or more:

- I have not been adequately trained or oriented to this area (or procedure)
- This assignment is not consistent with staffing guidelines according to policy and protocol of JMH and/or does not permit me to execute my care according to the standard of excellence promoted by Jackson Memorial Hospital.
- In my professional opinion, less staff has been provided than is normal or safe for patient care.
- In my professional opinion and experience, the patient assigned to me should be in critical care area and with appropriate critical care staffing.

Because I could be disciplined for refusal, and in adherence to the Nurse Practice Act, I do not wish to abandon the patient and, therefore, I accept this assignment. I request immediate remedial action by management; I disclaim liability for any acts or omissions that may result from my acceptance of this assignment; and, I hereby notify management that I am accepting under protest.

Because this assignment is unsafe, and inconsistent with quality patient care, I am additionally filing an incident report.

Provide Details:

Name (Print): _____

Signature: _____ Date: _____

- 1) Give copy to your Nurse Manager or supervisor
- 2) Send form to SEIU, Local 1991, 18441 NW 2nd Ave. Suite 502, Miami Gardens FL 33169, fax: 305-620-1429
- 3) Keep a copy for your records