



Patient Safety Reporting Form

Title 22 Concerns/Violations

1. Hospital/Facility _____ Ward/Unit _____

2. DATE _____ SHIFT _____

3. Name _____ RN LVN CNA Other

4. Work Phone _____ Cell Phone _____

5. **Unit Census** _____ **Patient Acuity** (overall) High Average

RNs on duty _____ Charge RN on duty _____ # LVNs on duty _____

CNAs _____ # Sitters: _____ # Clerk on duty _____

6. **CONCERN/VIOLATION:**

Assigned more patients than the Title 22 regulations (see reverse of this sheet for ratios)

In my professional/critical judgment this assignment is unsafe and places patient(s) at risk

Patients were admitted/transferred without the provision of additional staff

Patient *averaging*: RNs responsible for the LVN's patients

Patient acuity not taken into account or indicates need for transfer to higher level of care

Because I could be disciplined for refusal of unsafe assignment, I will carry out work to the best of my ability

Reduction in support staff (NAs, Clerks, Transport, EVS, RT, techs, other _____)

Inadequate patient coverage during breaks/meals. Missed: Meal period Breaks Worked OT

Lack of equipment/supplies causing inadequate or delayed patient care

Lack of adequate/appropriate training for assignment

Late administration of meds/procedure, delayed response to call lights or patient care (Core measures)

7. Difficulty observing contact isolation protocol? Yes No

8. Difficulty observing HIPPA patient privacy? Yes No

9. Compelled to work beyond my scheduled hours (Overtime) or area (usual assigned area)

I did not take my first break I did not take my second break I did not take my lunch

10. Type of Unit

<input type="checkbox"/> Med/Surg	<input type="checkbox"/> ICU	<input type="checkbox"/> Nursery	<input type="checkbox"/> Post-Partum
<input type="checkbox"/> Telemetry	<input type="checkbox"/> ER	<input type="checkbox"/> SNF	<input type="checkbox"/> Cath Lab/GI Lab
<input type="checkbox"/> Step down	<input type="checkbox"/> OR/Pre-Op	<input type="checkbox"/> In-patient Psych	<input type="checkbox"/> PES
<input type="checkbox"/> PACU	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> L&D	<input type="checkbox"/> Other _____

11. Was incident report (UO) filed? Yes No Observe HIPPA patient privacy

12. Was House Supervisor or Nurse Manager/Director notified? Yes No Whom? _____

13.

DESCRIBE IMPACT ON PATIENT(S) AND STAFF ON REVERSE SIDE.

Include any other event(s) that adversely affect patients and/or staff.

INSTRUCTIONS:

- (1) **Keep your original. Document calls to supervisor for assistance and their response**
- (2) Deliver/FAX this form to your House Supervisor and Nurse Manager. (Union can deliver a copy)
- (3) FAX to **1-415-431-6241**, SEIU Local 1021RN, Attn: Robert Hester, RN Union Representative

