

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 dutyCharge RN or	duty # LVNs on duty				
	# CNAs # Sitters:	# Clerk on duty				
 7. 8. 9. 	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					
10	☐ Telemetry ☐ Step down	□ ER □ SN	patient Psych PES			
11 12 13	Was incident report (UO) filed? ☐ Yes ☐ No Observe HIPPA patient privacy Was House Supervisor or Nurse Manager/Director notified? ☐ Yes ☐ No Whom?					
	DESCRIBE IMPACT ON PATIENT(S) AND STAFF ON REVERSE Include any other event(s) that adversely affect patients and/or statements.					
INSTRUC	TIONS:					
(1) Keep	your original. Document calls to s	supervisor for assistar	ice 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

Describe, in detail, the impact on patient(s) and staff. Include any other event(s) that adversely affected patients and/or staff. Was there potential or actual negative patient outcome? Attach additional sheet(s) if needed. PRINT:

If your work area is in violation of the law; or, if you personally are unable to provide safe, quality patient care, fill out this Patient Safety Reporting Form and file it as directed. By filing this form, you are complying with the law, protecting your hard-earned license, showing Nurse Solidarity and most of all, Advocating for your patients! It's your right, it is your duty, for our patients, for our profession, and for our future!

TITLE 22 REGULATIONS: CURRENT CALIFORNIA STATE NURSE: PATIENT RATIOS

HOSPITAL UNIT					
Intensive Care:					
Critical Care / ICU	1:2 (or fewer)	KNOW THE FACTS !!!			
Neonatal ICU	1:2				
Continuing Care	1:4	☑ The maximum number of			
Mother / Baby Units	patients per nurse is the				
Labor & Delivery	1:2 (active labor)	same on every shift.			
Antepartum	1:4 (non active labor)	Additional staffing may be required based on patient			
Postpartum	1:6 (mothers)	acuities.			
Couplet Care	1:4 (couplets)	acuities.			
Well-Baby Nursery	1:8				
Emergency (ER)	☑ The maximum number of				
Trauma	1:1	patients per nurse must be			
Critical Care	1:2	met at all times; even during rest and meal			
Visits	1:4 + triage nurse				
Hospital Services	breaks.				
Medical / Surgical	1:5 (start 1/05)				
Operating Room	1:1	☑ Registered Nurses who sign			
Pediatrics	1:4	as responsible for a patient			
Postanesthesia	1:2	(assessment, MD orders,			
Psychiatry	1:6	etc) ARE responsible for a			
Specialty (e.g. Oncology)	1:4 or fewer (start 1/08)	patient "assigned" to a LVN.			
Step-down	1:3 (start 1/08)				
Telemetry	1:4				