

Please forward entire form to NPC co-chair Kim Bersing in ED via tube system or interoffice mail.

**NURSE PRACTICE COMMITTEE COMMUNICATION FORM**

Date/Day of Event: \_\_\_\_\_ Time/Shift: \_\_\_\_\_ Unit: \_\_\_\_\_

Name: \_\_\_\_\_ Shift Coordinator (if applicable): \_\_\_\_\_

Concern: \_\_\_\_\_  
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**Continue if staffing concern.** Staffed to Matrix? \_\_Yes \_\_No \_\_Unknown If no, reason: \_\_\_\_\_

If yes/unknown, reason additional staff requested: \_\_\_\_\_

Number of pts: \_\_\_\_\_ Number of staff: RN \_\_\_\_\_ CNA \_\_\_\_\_ U/S \_\_\_\_\_ Other \_\_\_\_\_

Nurse Manager contacted: \_\_Yes \_\_No Time: \_\_\_\_\_ Response: \_\_\_\_\_

Nursing Supervisor contacted: \_\_Yes \_\_No Time: \_\_\_\_\_ Response: \_\_\_\_\_

Assistance provided: \_\_Yes \_\_\_\_\_ \_\_No \_\_\_\_\_

If no, you may request face to face discussion with Shift Coord/Nurse Manager, Nursing Supervisor.

Time face to face requested: \_\_\_\_\_ Time face to face occurred: \_\_\_\_\_ Not requested

House Supervisor before/after event if applicable: \_\_\_\_\_

**STOP HERE. Thank you for your input!**

**HOUSE SUPERVISOR INPUT:**

House Sick Calls (units/staff/hrs): \_\_\_\_\_

House Low Census (units/staff/hrs): \_\_\_\_\_

House Low Census on Standby (units/staff/hrs): \_\_\_\_\_

Float Pool staffed to matrix?  Yes  No \_\_\_\_\_

Current House Inpatient Census: \_\_\_\_\_

Other Census info (surgeries/surgicenter, cath lab, ED, CITM, procedures/sedation, outpt depts, clinics, etc.) \_\_\_\_\_

Ancillary Dept info if applicable: \_\_\_\_\_

Other information/concerns: \_\_\_\_\_

Outcome of face to face: \_\_\_\_\_

Resolved:  Yes  No

Names of participants: \_\_\_\_\_

Nursing Supervisor or RN can initiate this form if immediate staffing concerns are not met. Attach copy of Supervisor Daily Staffing sheet to this form and send to Nurse Practice Chairperson-Kim Bersing.

Date received by Chair: \_\_\_\_\_

Nurse Practice Committee Representative Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Manager Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nursing Supervisor  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Practice Committee comments/recommendations/trending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Members present: \_\_\_\_\_  
\_\_\_\_\_

Date Discussed: \_\_\_\_\_

Committee member communicating review to initiating RN: \_\_\_\_\_ Date: \_\_\_\_\_