

**New Jersey Department of Health  
DAILY PATIENT CARE STAFFING: INPATIENT UNITS**

**REPORT FOR** \_\_\_\_\_

*(Date)*

**NOTICE TO CONSUMER**

*N.J.S.A. 26:2H-5f through 5h (P.L. 2005, c. 21) requires hospitals to post information about staffing and patient-to-staff ratios for the previous shift. Summary reports on staffing for each hospital will be available on the New Jersey Department of Health website at [www.nj.gov/health/healthcarequality](http://www.nj.gov/health/healthcarequality).*

Name of Hospital
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Name of Inpatient Unit
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Unit Type <i>(Check only one)</i>		
<input type="checkbox"/> Medical-Surgical	<input type="checkbox"/> Normal Newborn Nursery	<input type="checkbox"/> Adult Open Psychiatric
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Neonatal Intensive Bassinets	<input type="checkbox"/> Adult Closed Psychiatric
<input type="checkbox"/> Adult Intensive Care Unit/ Critical Care Unit	<input type="checkbox"/> Neonatal Intermediate Bassinets	<input type="checkbox"/> Child/Adolescent Open Psychiatric
<input type="checkbox"/> Obstetrics (Post Partum)	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Child/Adolescent Closed Psychiatric
	<input type="checkbox"/> Pediatric Intensive Care Unit	<input type="checkbox"/> Substance Abuse

**8-Hour Shift (Day, Evening and Night)**

Shift	Number of Patients	Staff Type	Actual Hours Worked	Number of Staff	Staff to Patient Ratio
<b>DAY</b>		Registered Professional Nurses	_____.	_____ RNs	1 RN: _____ Patients
		Licensed Practical Nurses	_____.	_____ LPNs	1 LPN: _____ Patients
		Unlicensed Assistive Personnel	_____.	_____ UAPs	1 UAP: _____ Patients
<b>EVE.</b>		Registered Professional Nurses	_____.	_____ RNs	1 RN: _____ Patients
		Licensed Practical Nurses	_____.	_____ LPNs	1 LPN: _____ Patients
		Unlicensed Assistive Personnel	_____.	_____ UAPs	1 UAP: _____ Patients
<b>NIGHT</b>		Registered Professional Nurses	_____.	_____ RNs	1 RN: _____ Patients
		Licensed Practical Nurses	_____.	_____ LPNs	1 LPN: _____ Patients
		Unlicensed Assistive Personnel	_____.	_____ UAPs	1 UAP: _____ Patients

**12-Hour Shift (Day and Night)**

Shift	Number of Patients	Staff Type	Actual Hours Worked	Number of Staff	Staff to Patient Ratio
<b>DAY</b>		Registered Professional Nurses	_____.	_____ RNs	1 RN: _____ Patients
		Licensed Practical Nurses	_____.	_____ LPNs	1 LPN: _____ Patients
		Unlicensed Assistive Personnel	_____.	_____ UAPs	1 UAP: _____ Patients
<b>NIGHT</b>		Registered Professional Nurses	_____.	_____ RNs	1 RN: _____ Patients
		Licensed Practical Nurses	_____.	_____ LPNs	1 LPN: _____ Patients
		Unlicensed Assistive Personnel	_____.	_____ UAPs	1 UAP: _____ Patients

Information on the daily, hospital-wide number of respiratory therapists and physical therapists is posted at:	Description of methods used to determine and adjust direct patient care staffing levels:
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