

LABOR MANAGEMENT COMMITTEE

To collaborate on issues affecting professional nurses

Documentation of Concern for Safe Staffing for Patient Care

The purpose of this form is to document a staffing concern, the action taken by each nurse to remedy the staffing problem, and the response of the supervisor. It is a tool to communicate, and to avoid similar situations in the future.

Date of Incident Shift Unit (Please complete at time of concern)

I have notified, at the time of the incident (name) (management position)
that in my professional opinion, I am unable to assure the delivery of safe or adequate nursing care because following conditions.
(check all that apply)

Orientation/Experience

- Not trained on using equipment used to care for patient: (specify)
- Not oriented to the unit (specify)
- Not experienced in providing care for the type of patients on unit.

Patient Acuity

- Unplanned Events (specify)
(e.g. code, severe change in patient acuity)
- Case load assignment is excessive/acuity and interferences with delivery of adequate patient care
- Number of patients assigned # of patients Acuity (check one) high medium low

Staffing

- I believe the number of staff provide is/was not adequate. Reason
- Acuity system does not reflect patient need/acuity accurately. Reason
- Lack of ancillary staff (check all that apply) housekeeping pharmacy clerical nurse aide maintenance
- Poor skill mix of staff (specify)
(e.g. large proportion of less experienced or float staff)
- Transferred, discharged, admitted new patient(s) to unit without adequate staff
of Admits # of Discharges # of Transfers
- Missed breaks Missed meal Late meal Time:
- Other: (Situation, Background, Assessment, Recommendation)

Situation:
Background
Assessment:
Recommendation:

I indicate my acceptance of the assignment despite objection. I will, despite objection attempt out to carry out the assignment to the best of my professional ability. However, I hereby give notice to my employer to the above facts.

Name (please print): Signature Field Date & Time:

Submit completed form to Unit Manager

Send a COPY to HNA or Unit Chairperson and keep a copy for your files.