

## STRAUB-HNA STAFFING CONCERN INSTRUCTIONS

The purpose of this form is for Registered Nurses to document unresolved safe staffing concerns with their Manager, who shall review, address and take action as appropriate.

### Staffing concern process:

- 1) If you have a staffing concern, notify the Charge Nurse **and** your manager/supervisor immediately.
- 2) Attempt to resolve the unsafe situation using your best professional judgment.
- 3) If the staffing concern is unresolved, then at the end of your shift complete the form to the best of your ability. You are encouraged to complete this form prior to clocking out and leaving the facility. More than one nurse can sign and submit the same form. **Do NOT include any patient identifying information.**
- 4) Take pictures or make 3 copies and distribute as follows
  - one for yourself
  - one for your manager
  - one for HNA. Email or fax to HNA (808) 524-2760 immediately
- 5) **Submit a copy to your manager within 5 business days of the incident.** Your manager should provide a written response to you within 7 business days.
- 6) Upon receipt of the manager's written response, you may refer the issue to LMC for review.

*HNA will review all forms and present concerns to the LMC for review. See Section 32.6 of CBA for more details*

### Limitations:

This form does not replace an incident or grievance form. It must not be used in isolation from other activities, such as contacting your HNA unit steward, chief steward, or your HNA Labor Relations Specialist.

### NO RETALIATION:

You have a right to communicate your concerns about patient care. Please contact HNA or your steward if you feel this right has been violated.

“Employees who raise staffing issues and/or initiate a staffing concern shall be free from any reprisal or retaliation” –per HNA-Straub CBA Section 32.6(f)

# STRAUB-HNA STAFFING CONCERN FORM

I/We, Registered Nurse(s) listed and signed below, at Straub Medical Center Unit/Department \_\_\_\_\_ hereby **object to assignment** on date \_\_\_\_\_ between start time \_\_\_\_\_ and end time \_\_\_\_\_, while I/we were \_\_\_ Charge Nurse \_\_\_ Staff Nurse \_\_\_ Float Nurse. As a result, I/we under protest carried out the assignment to the best of my/our ability. I/we believe this situation carries a potential safety issue. I/we have given the appropriate notification to management.

### UNIT COMPOSITION at the time of objection

Unit capacity: \_\_\_\_\_ Unit census: \_\_\_\_\_ # RNs needed \_\_\_\_\_ # RNs provided \_\_\_\_\_  
# CAs needed \_\_\_\_\_ # CAs provided \_\_\_\_\_ # WCs needed \_\_\_\_\_ # WCs provided \_\_\_\_\_  
# of patients assigned to Charge Nurse \_\_\_\_\_

**NOTIFICATION: You must notify the supervisor or manager at the time of concern**

Notified whom (name) \_\_\_\_\_ Position: \_\_\_\_\_  
Date & time: \_\_\_\_\_

### FACTORS IMPACTING ABILITY TO PROVIDE SAFE NURSING CARE \*Check all that apply

#### Patient characteristics and census

- Staffing inadequate for acuity level of patients Acuity System used if known: \_\_\_\_\_
- Staffing inadequate due to high patient census
- Staffing inadequate for number of (write # if applicable): Admits # \_\_\_\_\_ Discharges # \_\_\_\_\_ Transfers # \_\_\_\_\_  
Post-Ops # \_\_\_\_\_ Triage # \_\_\_\_\_  
Walk-Ins # \_\_\_\_\_ Scheduled Appointments # \_\_\_\_\_
- Patient(s) placed/stayed inappropriately on unit who required higher-level care or specialization
- Unplanned events (behavior, code, fall, etc); specify \_\_\_\_\_

#### Context

- Insufficient number of staff (RN/CA/WC/Other)
- Missing or broken equipment not replaced or repaired. Specify type \_\_\_\_\_
- Unit geography/layout is not conducive to safe care. \_\_\_\_\_

#### Staff Expertise

- Staff not adequately oriented to unit
- Insufficient or no training on equipment or technology. Specify type: \_\_\_\_\_
- Insufficient or no training on patient care procedure. Specify procedure: \_\_\_\_\_
- Skill mix of staff inadequate to deliver safe care (i.e., new grads/hires, RN/LPN mix, floats, etc)

#### Description of objection not already covered above:

\_\_\_\_\_  
\_\_\_\_\_

Did the outcome of this assignment also require an incident form? Yes/No \_\_\_\_\_

#### As a result of this incident, I/we (check all that apply)

- Missed a break
- Missed a meal
- Late meal
- Worked OT involuntarily
- Worked OT voluntarily
- Other: \_\_\_\_\_

**Suggestions** to improve/prevent this situation from occurring in the future: \_\_\_\_\_

By initialing, I \_\_\_\_\_ attest that the stated RNs do agree to this submission and designate me as point person for written follow up with manager.

#### SUBMITTED BY:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_