

CONCERN FOR SAFE STAFFING

IMPORTANT: You are encouraged to complete this form prior to clocking out and leaving the facility (you will be paid for your time). Complete and submit within 5 days of incident:

1) Keep a copy for yourself. 2) Give a copy of completed form to your manager. 3) Fax to (808)524-2760 or mail to HNA.

Purpose: For Registered Nurses to document unresolved safe staffing concerns with their Supervisor who shall review, address and take action as appropriate.

DO NOT include any patient identifying information.

Staff Member Names: _____ Today's Date: _____
Facility/Unit of occurrence: _____ Shift Start Time: _____
Date & Time of occurrence: _____ Shift End Time: _____

NOTIFICATION: You must notify the charge nurse and supervisor at the time of concern

Notified whom (name): _____ Position (circle one): Charge Nurse/ House Supervisor/ CLSM /Clinical Supervisor
Date & Time: _____ Resolved Unresolved

Reason: _____ Response: _____

- I object to this assignment. As a result, I will under protest carry out the assignment to the best of my ability.
- I believe this situation creates a potential safety issue. I have given the appropriate notification to management staff/representative.
- Staffing situation is unsafe and place my patient (s) at risk.
- Voluntary Overtime I wanted to work overtime
- Involuntary Overtime I did not want to work overtime; Hours worked past scheduled end of shift _____
- Mandatory Overtime I was told I was required to stay overtime

FACTORS IMPACTING YOUR ABILITY TO PROVIDE SAFE NURSING CARE: Check all that apply.

Patient census on shift of objection: _____ Start of Shift: _____ End of Shift: _____

- Transferred, discharged, admitted, triaged new patient(s) without adequate staff

Triages _____ Number of Admits _____ Discharges _____ Transfers _____

Orientation/ Experience/ Equipment

- Not trained on using equipment used to care for patient; specify: _____
- Not oriented to the unit Not experienced in providing care for type of patient(s) on unit
- Equipment and/or supplies were inadequate for patient care

Patient Acuity

- Unplanned events; specify: _____
- Case load assignment is excessive/acuity and interferes with delivery of adequate patient care

Staffing

Number of staff on shift of objection: RNs _____ UC _____ Techs _____

Charge Nurse Assignment: No Yes; # of patients assigned to charge nurse _____

Number of sick calls _____ Leaves _____ Other absences _____

- I believe this number of staff provided is/was not adequate.
- Acuity system does not reflect patient need/acuity accurately.
- Lack of ancillary staff; check all that apply: unit clerk clinical assistant technicians
- Skill mix issues; specify: _____

(e.g. large proportion of less experienced or float staff)

- Missed breaks Missed meals Late meal Other:

Suggestions to improve/prevent this situation from incurring in the future:

