

Staffing Concern Form Instructions

Please read carefully before filling out and reporting unsafe assignment

PURPOSE

The purpose of this form is to document staffing concerns, the actions taken, and the response of the manager.

*** Nurses must verbally protest assignment to supervisor or charge nurse at the time it occurs.**

ETHICAL CONSIDERATIONS

A registered nurse or licensed practical nurse who receives an assignment that, in his or her professional judgement, is unsafe has an obligation to take action. Nurses share the responsibility and accountability with the employer to ensure that safe nursing care is provided. This accountability is both an ethical and legal responsibility as outline in the Nurse Practice Act and the American Nurses' Association's *Code for Nurses*. The *Code* states, "The nurse exercises informed judgement and uses individual competence and qualifications as criteria in seeking consultation , accepting responsibilities, and delegating nursing activities to others."

DIRECTIONS

1. Verbally address your staffing concern to charge nurse or supervisor immediately.
2. Attempt to resolve the unsafe situation using your best professional judgment.
3. After the assignment is complete or the shift is over, fill out this form. If you are unsure about some parts, **fill out and submit to the best of your ability.**
4. Distribute form as follows:

ORIGINAL COPY: Your HNA labor relations specialist or union steward

YELLOW COPY: Your supervisor

PINK COPY: Your files

***You have limited time to complete and submit this form. Check your contract for details. More than one nurse can sign and submit the same form.**

LIMITATIONS

This form does not replace an incident, unusual occurrence, variance, or grievance form. It must not be used in isolation from other activities, such as contacting your HNA union steward, chief steward, or your labor relations specialist at the HNA office.

FOLLOW-UP

Management is obligated to respond, in writing, to this report within a specific time. Check your contract for specifics. Please fax or deliver any management correspondence to HNA immediately.

NO RETALIATION

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

Staffing Concern Form

1. OBJECTION TO ASSIGNMENT

You must submit this form and management is obligated to respond within a specified time. Please check contract for details.

I/We, Name _____ Registered nurse(s)/licensed practical nurse(s) at
 Facility/Clinic _____ Unit/Department _____ hereby object to an assignment on Date _____
 between _____ and _____, while I/we were Charge nurse/team leader Staff Nurse Float Nurse

2. FACTORS IMPACTING ABILITY TO PROVIDE SAFE CARE

Check all that apply.

Patient characteristics and census

- Staffing inadequate for acuity level of patients
 Staffing inadequate for number of Triage # _____ Walk-Ins # _____ Scheduled Appointments # _____
 Staffing inadequate due to high patient census

Context

- Insufficient ancillary staff. Staff type needed but not provided (#) _____ needed (#) _____ provided (#) _____
 Missing or broken equipment not replaced or repaired
 Unit geography/layout is not conducive to safe care

Intensity of Unit and Care

- Staffing was inadequate for number of discharges (#of) _____ admissions (#of) _____ or transfers (#of) _____
 Patient events (behavior, code, patient fall, etc...) _____

Staff Expertise

- Staff not adequately oriented to unit
 Insufficient or no training on patient care equipment or technology. Specify type: _____
 Insufficient or no training on patient care procedure. Specify procedure: _____
 Patient(s) placed inappropriately on unit who required higher-level care or specialization
 Skill mix of staff inadequate to deliver safe care (i.e. new grads, RN/LPN mix, floats, etc...)

Other

- Other factors affected ability to deliver safe patient care (Describe in section 5)

3. UNIT COMPOSITION AT TIME OF OBJECTION

Fill out to the best of your ability and recollection

Type of Staff	Charge RN	Regular RN	LPN	CNA/Aide	MA/Tech	Charge/Team Leader	Ward Clerk/Unit Secretary	Census:	Unit Capacity
# of staff at:	start/end	start/end	start/end	start/end	start/end	<input type="checkbox"/> assigned <input type="checkbox"/> unassigned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Start/end of shift	
Regular FT/PT	____/____	____/____	____/____	____/____	____/____			____	____
Float	____/____	____/____	____/____	____/____	____/____			____	____
Agency:	____/____	____/____	____/____	____/____	____/____			____	____
Call-in:	____/____	____/____	____/____	____/____	____/____			____	____

Maximum ration of objection: 1 RN to _____ patients
 Acuity: # high _____ # average _____ # low _____
 Acuity System used, if known: _____

4. WORKING CONDITIONS

Check all that apply.

- As a result of this incident, I worked mandatory/involuntary overtime worked voluntary overtime
 missed a meal missed a break late meal worked longer than I felt was safe
 Shift start time: _____ Scheduled shift length: _____ Overtime hours worked: _____

5. DESCRIPTION OF OBJECTION

Please describe incident in detail. Use another sheet if necessary.

Did the outcome of this assignment also require an occurrence or incident form? Yes No

6. NOTIFICATION OF OBJECTION

List Supervisor/charge nurse who you notified regarding incident.

Name: _____ Title: _____ Date/Time: _____
 Was additional staff requested from another staffing department Yes No N/A
 If yes, what type of staff? RN Other _____ Result: staff provided staff not provided

7. NOTIFICATION OF OBJECTION

List Supervisor/charge nurse who you notified regarding incident.

My duty as a nurse requires that I put the interests of my patients at the forefront. In my professional judgment, this assignment was/is unsafe and endangers my patients or those in my unit or clinic. I hereby give notice to my employer of the above facts and indicate that for the reasons listed, full responsibility for the consequences of this assignment must rest with the employer. Therefore, I feel I was/am obligated to:

- carry out, under protest, the assignment to the best of my ability.
 report the incident that I witnessed.

 Staff nurse signature

 Print Name

 Date

 Staff nurse signature

 Print Name

 Date

 Staff nurse signature

 Print Name

 Date

Original: HNA

Yellow: Supervisor

Pink: Your Files

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