



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 judgment, 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 outlined in the Nurse Practice Act and the American Nurses' Association's *Code for Nurses*. The *Code* states, "The nurse exercises informed judgment 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, _____, registered nurse(s)/licensed practical nurse(s) at

_____, hereby object to an assignment on ____/____/____ between
Facility/Clinic Unit/Department Date

_____ and _____, while I/we were [] charge nurse/team leader [] staff nurse [] float nurse.
Time Time

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 (#____), admissions (#____), or transfers (#____)
- 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
# of staff at:	start/end	start/end	start/end	start/end	start/end
Regular FT/PT:	/	/	/	/	/
Float:	/	/	/	/	/
Agency:	/	/	/	/	/
Call-in:	/	/	/	/	/

Charge/Team leader [] assigned [] unassigned
Ward Clerk/Unit Secretary [] yes [] no [] N/A

Census: ____/____ Unit Capacity: ____
Start/end of shift

Maximum ratio 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 AT TIME OF OBJECTION

List supervisor/charge nurse who you notified regarding incident.

Name: _____ Title: _____ Date: _____ Time: _____ Response: _____

Was additional staff requested from staffing department? [] yes [] no [] N/A

If Yes, what type of staff? [] RN [] Other: _____ Result: [] staff provided [] staff not provided

7. DECLARATION AND SIGNATURE

My duty as a nurse requires that I put the interests of my patients at the forefront. In my professional judgement, 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.
- refuse to accept this assignment due to the serious risk of harm to patient(s).
- report the incident that I witnessed.

Staff nurse signature Print name Date

Staff nurse signature Print name Date

Original: HNA

Yellow: Supervisor

Pink: Your Files