# 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

<table>
<thead>
<tr>
<th>Notified whom (name):</th>
<th>Position (circle one):</th>
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<tbody>
<tr>
<td></td>
<td>Charge Nurse/ House Supervisor/ CLSM /Clinical Supervisor</td>
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<thead>
<tr>
<th>Date &amp; Time:</th>
<th>Resolved</th>
<th>Unresolved</th>
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**Reason:**

- 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:**

<table>
<thead>
<tr>
<th>Start of Shift:</th>
<th>End of Shift:</th>
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**Triage/Table:**

<table>
<thead>
<tr>
<th>Triage</th>
<th>Number of Admits</th>
<th>Discharges</th>
<th>Transfers</th>
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**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**

<table>
<thead>
<tr>
<th>Number of staff on shift of objection:</th>
<th>RNs</th>
<th>UC</th>
<th>Techs</th>
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<table>
<thead>
<tr>
<th>Charge Nurse Assignment:</th>
<th>No</th>
<th>Yes;</th>
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<tbody>
<tr>
<td># of patients assigned to charge nurse</td>
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<table>
<thead>
<tr>
<th>Number of sick calls</th>
<th>Leaves</th>
<th>Other absences</th>
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- 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:

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Revised 05/2017
CONCERN FOR STAFFING

Notify Charge Nurse at onset of identifying problem

Staffing Corrected?

NO

Notify House Supervisor/Clinical Supervisor/CSLM

Staffing Corrected?

YES

STOP!

NO

Fill out concern for Staffing Form (within 5 days of incident)

Original to CSL Manager
Keep a copy for your record
Send a copy to HNA

Written Response to Employee (within 7 days)

Review written response from CSL Manager

Response OK

YES

STOP!

NO

Submit to Labor Management Committee

LMC discusses issue

YES

Notify Employee

STOP!

NO

VP of Patient Services/CNE (written response within 7 days)