

Short Staffing Form

**Make 2 Copies:**

1. Give a copy to your manager

2. Give one copy to your unit's delegate and/or union organizer and fax to SEIU 1199NW Office, 425-917-9707.

Reporting PCTA/Tech name(s): _____ Date: _____ Time: _____ Unit: _____ Shift: _____

I have made my objection known to my supervisor/manager: Yes No**My ability to provide quality patient care has been compromised because of the following (check or explain as needed):** **Insufficient RNs for acuity:** #RNS _____ Matrix _____ #Pts _____ Acuity _____ **Insufficient PCTA/Tech:** #PCTA/Techs _____ Matrix _____

Please explain: _____

 Not trained/experienced in assigned area: Yes No

Please explain: _____

 Inappropriate assignment for skill mix of staff: Yes No

Please explain: _____

 Other, please explain _____**What factors contributed to staffing concerns? (check or explain as needed)** Overtime not approved No staff available to come in No float staff available to fill holes Staff pulled to other unit(s) New patient admits/transfers/discharges Additional nursing duties: chemo, isolation, code pager, traveling for tests, etc Other, please explain: _____**As a result of short staffing, patient care has been compromised (check all that apply):** Charge nurse had to take _____ patients Delayed transportation Heavy pairs (ICU only) Pt/family dissatisfied with delayed/missed care Missed/delayed turn Pt transferred to unit Missed/delayed bath Delayed transfer to unit Missed/delayed meal Restraints not checked Missed/delayed wound care Pt fall Missed/delayed central line dressing Pt extubated themselves Delayed assessments Compromised education for perceptee/orientee Delayed discharge Rapid response Other, please explain: _____**As a result of short staff, job satisfaction has been compromised (check all that apply):** Missed/delayed meal Delayed charting Missed/delayed break Delayed bathroom break Other, please explain: _____

In my professional judgment, today's staffing assignment is unsafe and places our patients at risk. I will, under protest, attempt to carry out the assignment to the best of my ability.

Signature: _____ Date: _____

Witness Signature _____ Witness Signature _____