

Staffing Complaint Form

Nurse Staffing Coalition

June 1, 2018

Introduction

This document was created in May of 2018 as a collaborative effort between WSHA, SEIU Healthcare 1199NW, UFCW 21, and WSNA. These organizations came together in early 2018 to develop sample tools that are intended to help hospitals implement House Bill (HB) 1714, which was passed in the previous legislative session. HB 1714 was intended to update and create some accountability to the nurse staffing committee process.

The partners listed above recommend all hospitals use a Nurse Staffing Complaint Form to track staffing-related complaints and data coming to the nurse staffing committee. To create the following draft form, the partners reviewed HB 1714 as well as complaint forms used by a wide variety of hospitals in Washington. The following complaint form is based on an existing form used in Washington. While some forms reviewed contained additional elements, this form contains the minimum standard elements and best practices that the Coalition recommends be included in all forms.

You can find the final bill, which shows the changes/additions from previous law, [here](#).

A nurse questioning an assignment is encouraged to communicate this concern in the following manner:

- a) Discuss the concern with the person responsible for the assignment on that shift. This person should then assess options and seek to remedy the situation. When no alternatives are identified as possible, the person in charge should contact their immediate supervisor on duty.
- b) The supervisor should attempt to resolve the situation using available resources as he/she determines appropriate.
- c) If the nurse is dissatisfied with the decision of the supervisor, the nurse should fill out a complaint form as soon as possible and should make every effort to submit a complaint no later than 24 hours upon the conclusion of their shift. Nurse staffing committees should not interpret this recommendation to submit complaints promptly as a reason to dismiss complaints submitted later than 24 hours after a shift – there is no time limit on submitting complaints to nurse staffing committees.
- d) If there is no mutually satisfactory resolution to the problem, and the problem appears to be one which will be recurring, the nurse may submit their documentation to the unit or hospital staffing committee (and/or to the nurse's local bargaining unit, as appropriate).
- e) Nurses who raise assignment concerns should be free from restraint, interference, discrimination, or reprisal.



Staffing Complaint Form

Use this form to submit a complaint to the Nurse Staffing Committee

Employee (name) _____ Date _____ Time _____

As a patient advocate, in accordance with the Washington Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's 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.

This assignment has compromised my ability to provide quality patient care because of the following (check all that apply):

- Our unit is not staffed according to its staffing plan
- Our staffing plan and/or staffing is inadequate. Please select any of the following:
 - Census is higher than planned
 - Patient acuity is higher than planned
 - Unit activities (e.g., discharges, admissions, transfers) are different than planned
 - Need for specialized equipment
 - Staff support different than the plan (please list staff #s below)
 - Inappropriate assignment for skill level of RN or coworkers
 - Other (please describe): _____
- Shift adjustments to the staffing plan are inadequate. Please select any of the following:
 - Census is higher than planned
 - Patient acuity is higher than planned
 - Unit activities (e.g., discharges, admissions, transfers) are different than planned
 - Need for specialized equipment
 - Staff support different than the plan (please list staff #s below)
 - Inappropriate assignment for skill level of RN or coworkers
 - Other (please describe): _____
- Missed breaks: [] Meal Break [] Rest Break x1 [] Rest Break x2 [] Rest Break x3
- Other (please describe): _____

Please provide details about your shift

Unit: _____ Shift: _____ Census: _____

Number of staff: RN ____ LPN ____ CNA_ ____ Unit Secretary ____

Other: _____

Did you notify a supervisor about this issue? Y/N

If so, who did you notify? [] Charge Nurse [] House Supervisor [] Manager [] Other Management Staff

Name of person notified: _____

Signature of RN issuing unsafe/inadequate staffing objection: _____ Date: _____



THIS SECTION TO BE FILLED OUT BY CHARGE NURSE / NURSE MANAGER / HOUSE SUPERVISOR

Were any corrective actions taken as a result of the complaint submission? Yes No

If yes, explain the corrective action(s): _____

THIS SECTION TO BE FILLED OUT BY NURSE STAFFING COMMITTEE AND RETURNED TO NURSE MAKING INITIAL COMPLAINT

This complaint was dismissed for the following reasons(s): *(check all that apply)*

- The hospital is following follows the nursing personnel assignments in a patient care unit as called for in the nurse staffing plan
- The evidence presented to the nurse staffing committee does not support the staffing complaint;
- The hospital has documented that it has made reasonable efforts to obtain staffing but has been unable to; or
- The incident causing the complaint occurred during an unforeseeable emergency as defined in RCW 70.41.425 Sec 4: *(check all that apply)*
 - any unforeseen national, state, or municipal emergency;
 - when a hospital disaster plan is activated;
 - any unforeseen natural disaster or catastrophic event that substantially affects or increases the need for health care services; or
 - when a hospital is diverting patients to another hospital or hospitals for treatment or the hospital is receiving patients from another hospital or hospitals.

This complaint was considered by the Nurse Staffing Committee. The Committee:

Resolved the complaint. The resolution is described below:

Was unable to resolve the complaint. The reason is described below:

