Deaconess Hospital

Staffing Concerns/Exception to Assignment Form

(This form is for use by all staff to address assignment and staffing concerns.)

1. Original to Unit Based Staffing Leader
2. Copy to Manager
3. All forms are to be discussed at Unit Based Staffing Committee
4. Summary of findings from Forms to be presented at Hospital Staffing Committee

Name _____ Date/Time _____

Unit _____ Shift _____

I have made objection known to (Supervisor/Manager): _____

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 NAC Staff: #NACs_____ Matrix _____ #Pts _____ Acuity _____
- ☐ Insufficient Ancillary Staff Explain: _____
- ☐ Type of Ancillary Staff _____
- ☐ Not oriented to unit Explain: _____
- ☐ Not trained/experienced in assigned area/equipment Explain: _____
- ☐ Inappropriate assignment for skill mix of staff Explain: _____
- ☐ Other, please explain: _____

What factors contributed to staffing concerns? (check or explain as needed)

- ☐ Overtime not approved: Explain: _____
- ☐ No staff available to come in: Explain: _____
- ☐ No float staff available to fill holes: Explain: _____
- ☐ Staff pulled to other units(s): Explain: _____
- ☐ New pt admits/transfers/discharges: Explain: _____
- ☐ Additional nursing duties: Chemo/Isolation/ Code Pager/Traveling for tests/etc. Explain: _____
- ☐ Other, please explain: _____

As a result of short staffing patient care has been compromised (check all that apply):

- ☐ Charge nurse had to take _____ patients
- ☐ Heavy pairs (CCU only)
- ☐ Missed/delayed turn
- ☐ Missed/delayed bath
- ☐ Missed/delayed meal
- ☐ Delayed assessments
- ☐ Delayed medications
- ☐ Delayed discharge
- ☐ Delayed transportation
- ☐ Pt/Family dissatisfied with delayed/missed care
- ☐ Pt transferred to unit
- ☐ Delayed transfer to unit
- ☐ Restraints not checked
- ☐ Patient fall
- ☐ Compromised education for preceptee/orientee
- ☐ Rapid response
- ☐ Other. Please explain: _____

As a result of short staffing, job satisfaction has been compromised (check all that apply):

- ☐ Missed/delayed meal
- ☐ Missed/delayed break
- ☐ Delayed charting
- ☐ Delayed bathroom break
- ☐ Other, please explain: _____

Staffing Alert:

☐ Staffing Alert called Who was notified? _____ Date/Time _____

Outcome _____

Signature _____ Date _____