

Staffing Concern Form



SEIUHealthcare.
United for Quality Care

RN (Name) _____

Unit _____ Date _____ Time _____ Shift _____

I have made my concerns known to: _____ Title _____ that this assignment has compromised my ability to provide safe patient care for the following reasons:

- Insufficient # of RNs Insufficient # of Ancillary Staff
 Not sufficiently oriented Inexperienced staff Please specify:

Staffing: Starting census _____

Projected: RN____ PCA____ HUC____

CCU____ PCU____ ED____

Actual: RN____ PCA____ HUC____

Obs____ Med Surg _____

CN____ Resource ____ Sitter ____

Action taken by Staffing Office Manager or CAR:

Manager's response to above problem (Response needed within a week, return to originator):

Nurse Manager Signature: _____ Date: _____

Nurse Managers are responsible for ensuring adequate staffing. The individual staff nurse cannot be held liable for inadequate staff. Individual staff nurses are responsible for reporting to managers conditions that may put patients at risk.

General Concerns: Our staffing is correct but you feel overloaded, acuity is high too many isolation rooms, etc. What are your specific concerns for your patients' safety?

In accordance with the Washington State Nursing Act, this is to confirm that I have notified you that, in my professional judgment, today's assignment is unsafe and places my patient at risk. I will, under protest, attempt to carry out this assignment to the best of my ability.

Signature of RN: _____ Date: _____

Witness: _____ Witness: _____

Witness: _____ Witness: _____

Witness: _____ Witness: _____

Resolved **Not Resolved**