

Brattleboro Federation of Nurses

CONCERN FOR SAFE STAFFING FORM

IMPORTANT: Please give a copy of this form to: 1) Your Director; 2) AFT-VT (fax 871-5946); 3) Chief Nursing Officer (fax (802)257-8849). Attach **NO patient information.**

Your Name (s) _____ Clinic Setting/Inpatient _____

Date _____ Day of the Week _____ Cost Center _____

Length of Scheduled Shift: _____ No. of actual hours worked: _____

Director's Name: _____

As a patient advocate, in accordance with the Nurse Practices Act, this is to confirm that I/we notified you that in my/our professional judgment, my/our workload is unsafe and places my/our patients at risk. I have been mandated to provide care and do not want to abandon my patients. As a result, the facility is responsible for any.

NOTIFICATION YOU HAVE GIVEN (You must notify your manager/ supervisor at the time of need or concern)

Manager/Supervisor _____ Time _____ Response _____ Other _____
 _____ Time _____ Response _____

FACTORS AFFECTING ABILITY TO PROVIDE SAFE NURSING CARE (Check all that apply)

- **Scheduled staff not replaced** _____ unfilled position _____ sick time _____ vacation _____ emergency responder _____ Other _____
- **Lack of ancillary help** _____ Secretary/Clerk _____ Transport _____ Housekeeping _____ LNA _____ Dietary _____ Other _____
- **Staffing situation posed an *actual* threat** _____ injury _____ stress _____ violence _____ other _____
- **Staffing situation posed a *potential* threat** _____ injury _____ stress _____ violence _____ other _____
- **Lack of experience** _____

Other Concerns:

- **Skill mix of staff inappropriate**
- **Missed breaks and/or meals staff available**
- **Required to stay beyond shift**
- **Unable to delegate/perform/supervise safely due to needs greater than staff available**

STAFFING PROVIDED WAS NOT ADEQUATE TO ADDRESS PATIENT NEEDS RELATED TO (Check all that apply)

- **High Patient Volume**
- **High Patient Acuity**
- **Unplanned Patient Events (i.e. code or fall)**

CONCERNS ABOUT NUMBERS:

Total Number of Transfers: _____

Total Number of Admissions: _____

Total Number of Discharges: _____

DELAYS + COMPROMISES IN PATIENT CARE NECESSITATED BY STAFFING SITUATION (Circle all that apply)

- Timely triage
- Delay in care/rooming/HPI
- Medication reconciliation
- Patient assessment
- Patient education
- Prescription refill orders
- Care coordination
- Team communication delays
- Procedures: dressings/staple removal/lab-based med adjustments/foot care (...)
- Documentation
- Other:

Brief Statement of the Problem:

Number of staff you actually had:

RN

LPN

MA _____ Other _____

Number of staff you needed in your judgment:

RN _____ LPN _____

MA _____ Other _____

Reporting Information for Members "Concern for Safe Staffing" Forms

Nurses are obligated to speak up for our patients and our practice. For example, the 3rd provision of the Code of Ethics for Nurses states, "The nurse promotes, advocates for and strives to protect health, safety and rights of the patient." (American Nurses Association, 2001)

What should I do with this completed form?

Make four (4) copies of this form and distribute as follows:

- 1) One copy to your Director.
- 2) One copy to the Chief Nursing Officer
- 3) One copy to the BFN office (fax 871-5946)
- 4) Keep one copy for your records

When and how should I fill out this form?

Whenever you feel staffing provided was not adequate to safely address patient needed or the well-being of the nurse. *Staffing can affect the safety and the well-being of the patients and of nurses. Documenting the facts of potentially unsafe staffing situations is the first step to protecting your patients and yourself.* Please check all of the boxes applicable to your situation. Please complete this form after your shift ends if you do not have the time to complete it during your shift. In any case, however, you **must** notify your charge nurse or supervisor at the time you identify the concern or need.

What is the purpose of this form?

- The primary purpose is to document the facts and your professional judgment regarding your staffing concern, and provide written notification of your concern to the appropriate person responsible for staffing.
- A record of staffing concerns is also important to identify trends and issues to support nurses in working with administration to solve the concerns.
- Although no document can protect you from liability, a written notice of your concerns may be helpful in case an untoward event occurs.

Who fills out the form?

Any individual registered nurse or group of nurses on a unit who feel potential for harm exists due to staffing.

Is there anything I should NOT put on the form?

Do not put any patient information (names or other identifying data) on the forms. Be aware of your employer's policies on data and confidentiality. If you attach an assignment sheet, remove patient identifying information. You should immediately report this to your supervisor. If you are injured on the job, you should immediately follow your institution's procedure for reporting an injury.

Please contact the AFT-VT office (802-657-4040) or email at BFN@aftvermont.org to discuss the situation

NOTE:

If you are experiencing pressure from your supervisor or are "counseled" for completing the form, contact BFN and AFT-VT immediately.