

Valley Hospital and Medical Center (VHMC)

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 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):

- | | |
|--|--|
| <input type="checkbox"/> Charge nurse had to take _____ patients | <input type="checkbox"/> Delayed transportation |
| <input type="checkbox"/> Heavy pairs (CCU only) | <input type="checkbox"/> Pt/Family dissatisfied with delayed/missed care |
| <input type="checkbox"/> Missed/delayed turn | <input type="checkbox"/> CCU bump |
| <input type="checkbox"/> Missed/delayed bath | <input type="checkbox"/> Pt transferred to unit |
| <input type="checkbox"/> Missed/delayed meal | <input type="checkbox"/> Delayed transfer to unit |
| <input type="checkbox"/> Missed/delayed wound care | <input type="checkbox"/> Restraints not checked |
| <input type="checkbox"/> Missed/delayed central line dressing | <input type="checkbox"/> Patient fall |
| <input type="checkbox"/> Delayed assessments | <input type="checkbox"/> Patient extubated themselves |
| <input type="checkbox"/> Delayed medications | <input type="checkbox"/> Compromised education for preceptee/orientee |
| <input type="checkbox"/> Delayed orders/labs/tests | <input type="checkbox"/> Rapid response |
| <input type="checkbox"/> Delayed discharge | <input type="checkbox"/> STAT nurse response delayed/unavailable |
| <input type="checkbox"/> Other. Please explain: _____ | |

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

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

Staffing Alert:

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

Outcome _____

Signature _____ Date _____