

Staffing complaint / ADO form

Use this form to submit a complaint to the Nurse Staffing Committee and WSNA Nurse Representative.



Facility

Employee

Date and time of incident

Email

Phone

In my professional opinion, the situation described here is not adequate to meet the needs of the patients assigned to me at this time. Please be aware that while I will do all that I can to ensure safe and proper care for my patients, I fear that my efforts and those of the staff may not be sufficient. Therefore, I am informing you that I am concerned about the possibility of any errors or incidents that may take place as a result of this unsafe condition created by inadequate staffing, systems / equipment failures.

Staffing: Our unit is not staffed according to its staffing plan

- Census is higher than planned**
- Patient acuity/sickness is higher than planned**
- Patient intensity/workload is higher than planned**
- This assignment posed a serious threat to the health and safety of a patient under my direct care**
- This assignment posed a serious threat to my health and safety**
- Unit activities (e.g., discharges, admissions, transfers) are different than planned**
- Support staff different than the staffing plan (please list staff numbers in the box marked "other" below)**
- Inappropriate assignment for skill level (RN)**
- Inappropriate assignment for skill level (support staff)**
- Charge nurse unable to perform charge nurse duties, due to assuming an assignment or increased patient care assignment**
- Forced / mandatory overtime**
- 1:1 constant observation required without sufficient backup**

Staffing: Shift adjustments are inadequate

- Census is higher than planned**
- Patient acuity/sickness is higher than planned**
- Patient intensity/workload is higher than planned**
- This assignment posed a serious threat to the health and safety of a patient under my direct care**
- This assignment posed a serious threat to my health and safety**
- Unit activities (e.g., discharges, admissions, transfers) are different than planned**
- Support staff different than the staffing plan (please list staff numbers in the box marked "other" below)**
- Inappropriate assignment for skill level (RN)**
- Inappropriate assignment for skill level (support staff)**
- Charge nurse unable to perform charge nurse duties, due to assuming an assignment or increased patient care assignment**
- Forced / mandatory overtime**
- 1:1 constant observation required without sufficient backup**

Equipment

- Unavailable**
- Substandard**
- Need specialized equipment**
- Not trained or experienced in area assigned or to equipment**

System failure

- Computers**
- Medication dispensing machine (Pyxis)**
- Medication bar coder**
- Call system**
- Other (provide details below)**

Missed breaks

- Meal break**
- One rest break**
- Two rest breaks**
- Three or more rest breaks**

Earned time denied

- Vacation**
- PTO**
- Sick**
- Extended illness**
- Education leave**

Other

Please provide details of the incident you are reporting:

Unit / location	Shift	Patient census	Number of RNs
Number of LPNs	Number of CNAs	Number of unit secretaries	Other

Actions taken:

- I filed an incident report
- A safety timeout was initiated (e.g.: stop the line or Safety Stop)
- I notified a supervisor (name entered below)
- This was resolved on my shift

If manager was notified, what is their name?

Charge nurse	House supervisor
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Manager	Other
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Comments / incident information
