

**AMBULATORY  
 CONCERN FOR SAFE STAFFING FORM**

**IMPORTANT:** Please give a copy of this form to: 1) Your manager; 2) VFNHP (fax 871-5946); 3) Director of Nursing (fax 7-5777). Attach **NO patient information.**

Your Name (s) \_\_\_\_\_ Clinic Setting \_\_\_\_\_  
 Date \_\_\_\_\_ Day of the Week \_\_\_\_\_ Cost Center \_\_\_\_\_  
 Length of Scheduled Shift: \_\_\_\_\_ No. of actual hours worked: \_\_\_\_\_  
 Manager'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)

- |   |   |
|---|---|
| 1. <input type="checkbox"/> <b>Lack of experience/training</b><br><input type="checkbox"/> Float Nurse <input type="checkbox"/> Orienting Nurse   | 5. <input type="checkbox"/> <b>Skill mix of staff inappropriate</b>   |
| 2. <input type="checkbox"/> <b>Scheduled staff not replaced</b><br><input type="checkbox"/> unfilled position <input type="checkbox"/> sick time <input type="checkbox"/> vacation<br><input type="checkbox"/> emergency responder <input type="checkbox"/> wellness RN<br><input type="checkbox"/> weekend clinic coverage | 6. <input type="checkbox"/> <b>Staffing situation posed an actual or potential threat</b><br><input type="checkbox"/> injury <input type="checkbox"/> stress <input type="checkbox"/> violence <input type="checkbox"/> other |
| 3. <input type="checkbox"/> <b>Lack of ancillary help</b><br><input type="checkbox"/> Reception <input type="checkbox"/> MA <input type="checkbox"/> Other  | 7. <input type="checkbox"/> <b>Required to stay beyond shift</b>  |
| 4. <input type="checkbox"/> <b>Missed breaks and/or meals</b>   | 8. <input type="checkbox"/> <b>Unable to delegate/perform/supervise safely due to needs greater than staff available</b>  |

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

- High patient volume
- High patient acuity

**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 \_\_\_\_\_  
 Number of staff you needed in your judgment: RN \_\_\_\_\_ LPN \_\_\_\_\_ MA \_\_\_\_\_  
 Number of Ambulatory Resource Nurses requested \_\_\_\_\_ Number of Ambulatory Resource Nurses Deployed \_\_\_\_\_  
 Who determines staffing? Manager/Practice supervisor \_\_\_\_\_ Staffing office \_\_\_\_\_ Director of Nursing \_\_\_\_\_

**YOU CAN ALSO FILE A FORM ONLINE at [www.unitednurses.info](http://www.unitednurses.info)**

Questions? Contact your steward or call our office at 657-4040  
 121 Park Avenue, Suite 10, Williston, VT 05495

## 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 the health, safety and rights of the patient.*" (American Nurses Association, 2001)

### What should I do with the completed form?

Make four (4) copies of the Concern for Safe Staffing Form and distribute as follows:

- 1) One copy to your nurse manager
- 2) One copy to the Director of Nursing (fax 7-5777)
- 3) One copy to the VFNHP office (fax 871-5946)
- 4) Keep a 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 needs or the well being of the nurse. *Staffing can affect the safety and well being of patients and of nurses.* **Documenting the facts of potentially unsafe staffing situations is the first step in protecting your patients and yourself.** Please check all the boxes applicable to your situation. Please complete the form after your shift ends if you do not have time to complete it during your shift. In any case, however, you **must** notify your charge nurse and/or supervisor at the time you identify the concern or need.

### What if I am injured, or concerned about my safety?

Some safety issues related to lifting, workload, stress and violence may also be related to staffing. Those concerns should also be reported on the Concern for Safe Staffing Form. Please note:

- If you believe our safety to be compromised, 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.

### What is the purpose of the 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.

### What if I have a concern for nursing practice that is not related to staffing?

Please contact the VFNHP office (802-657-4040) to discuss the situation.

**NOTE:**  
***If you are experiencing pressure from your supervisor or are "counseled" for completing the form, contact Vermont Federation of Nurses immediately.***

### 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.

Source: [MNA, A Member's Guide](#)