

Teamsters Local 760 Hospital Staffing Complaint Form

Use this form to submit a complaint to the Hospital Staffing Committee

Employee (name) _____ Date _____ Time _____

As a patient advocate, in accordance with RCW 18.79.260, this is to confirm that I notified you that, in my professional judgement, today's assignment is unsafe and places patients at risk. I will, under protest, attempt to carry out the assignment to the best of my ability.

This assignment has compromised my ability to provide quality patient care because of the following (check all that apply):

- ☐ Our unit is not staffed according to its staffing plan
- ☐ Our staffing plan and/or staffing is inadequate. Please select any of the following:
 - ☐ Census is higher than planned
 - ☐ Patient acuity is higher than planned
 - ☐ Unit activities (e.g., discharges, admissions, transfers) are different than planned
 - ☐ Need for specialized equipment
 - ☐ Patient care equipment missing or unusable
 - ☐ Staff support different than the plan (please list staff #s below)
 - ☐ Inappropriate assignment for skill level
 - ☐ System failure (e.g. computer, phone, pyxis, call system)
 - ☐ Other (please describe): [Click here to enter text.](#) _____

Missed breaks: ☐ Rest Break x1 ☐ Rest Break x2 ☐ Missed Meal

☐ Other (please describe): _____

Describe what the underlying concern/safety issue that occurred to generate this Staffing Complaint Form (provide exact time and date of event):

Please provide details about your shift:

Unit: _____ Shift: _____ Census: _____

Number of staff:

RN _____ PCT _____ Unit Secretary _____ Other: _____

Did you notify a supervisor about this issue? ☐ No ☐ Yes, (date/time) _____

If so, who did you notify? ☐ Charge Nurse ☐ House Supervisor ☐ Manager

☐ Other Management Staff: _____

Name of person notified

Signature of employee issuing unsafe/inadequate staffing objection

Date: _____

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THIS SECTION TO BE FILLED OUT BY CHARGE NURSE/ MANAGER/HOUSE SUPERVISOR

Were any actions taken as a result of the complaint submission? ☐ Yes ☐ No

If yes, explain the corrective action(s): _____

THIS SECTION TO BE FILLED OUT BY HOSPITAL STAFFING COMMITTEE AND RETURNED TO EMPLOYEE MAKING INITIAL COMPLAINT

☐ This complaint was dismissed for the following reason(s):

☐ The hospital is following the nursing personnel assignments in a patient care unit as called for in the Hospital staffing plan;

☐ The evidence presented to the Hospital staffing committee does not support the staffing complaint;

☐ The hospital has documented that it has made reasonable efforts to obtain staffing but has been unable to; or

☐ The incident causing the complaint occurred during an unforeseeable emergency as defined in RCW 70.41.425 Sec 4

Staffing Committee reviewed complaint on _____

☐ Resolved complaint. The resolution is described below:

☐ Unable to resolve complaint. The reason is described below:

