



CVHU Outpatient Concern For Safe Staffing Form

Instructions:

1. **Prior to using this form, you must notify the manager (or their designee) in person or by phone of your need for more help.** This form is to document your request. If you didn't make the request, you can't use it.
2. Use this form only if you don't have adequate help. If these forms are used indiscriminately and without justification, it will dilute their usefulness.
3. The completed form must be submitted to your unit manager and union steward or representative.

CFSS Forms serve as a means to:

- Provide your supervisor an opportunity to correct an unsafe situation
- Limit your personal and professional liability
- Document trends in staffing, patient volume and/or acuity levels for Safe Staffing Committees to collect, analyze for changes in the staffing plans.

No CVHU member should be harassed, coerced, intimidated or discriminated against for signing a CFSS. Report any form of retaliation to a union steward immediately.

IMPORTANT: Please do not include patient identifying information.

Name of person(s) reporting:

Department/Clinic:

Date:

Time:

Supervisor, manager,
or designee notified:

Their response/solution:

Were you discouraged from
filling out this form:

Were you bullied/disregarded due to

Total # of messages at time of
documentation/objection:

Case load required for delivery
of safe patient care:

Number of RNs on duty:

Number of LPNs on duty:

Number of Techs on duty:

Number of support staff (MAs,
front desk) on duty:

concern for short staffing/ unsafe staffing:

Number of staff required to handle today's case load:

What made your shift unsafe?

(Choose all that apply)

- Mandatory overtime
- Inadequate staff for patient assignment
- Inadequate time to complete documentation
- Inadequate time for patient/family teaching
- Inadequate time for patient/family support
- Improper use of nurse/professional substitute
- Not given appropriate time for assigned care
- Not given appropriate time for required care
- Inadequate time for follow-up and conferring with other health professionals on patient(s)
- Assignment poses a serious threat to the safety and well-being of my patients
- Case load/assignment is excessive and interferes with delivery of safe/adequate care
- Other - explain:

What impact did this have on patient care?

(Choose all that apply)

- Increased length of apt for patients
- Delay in treatment
- Patients left without being seen
- Patients not seen on scheduled day
- Incomplete assessments
- Incomplete discharge planning/teaching
- Delay in medications, Delay in medication refill beyond clinic policy
- Inadequate patient pain management
- Patient injury
- Threat of violence unaddressed
- Assault or injury to another patient visitor
- Other - explain:

How was the unsafe staffing situation rectified?

(Choose all that apply)

- It was not rectified
- Extreme overtime
- New staff member pulled off orientation early to fill short staffing need (grievable)
- Obtained correct # of staff
- Obtained correct skill mix of staff
- I was provided the necessary training or preceptor
- I was reassigned/floated
- Other - explain:

What impact did this have on staff? (Choose all that apply)

- Staff experienced increased stress
- Staff experienced increased anxiety
- Staff experienced fatigue
- Missed meal break
- Overtime
- Staff Injury (work related injury, like back injury from moving a patient)
- Staff Injury from assault
- Staff sexually harassed
- Verbal abuse towards staff
- Other - explain:

Acuity of Nursing Care Required:

- Acute
- High
- Average
- Other:

Note: Keep a copy for yourself, give your manager/supervisor a copy and email/hand a copy to your union rep or unit steward.