

**BRIGHAM AND WOMEN'S HOSPITAL
NURSING DEPARTMENT**

Report of Staff Concern

Unit: _____ Date: _____ Shift: _____

Name of Person Filing Concern
(Please Print)

Signature

Date Report Completed: _____

Time Report Completed: _____

Instructions:

This form should be filled out if your Nurse Manager/Supervisor has been notified of the concern and has not adequately addresses it.

Please check the category of concern that applies:

____ Equipment ____ Safety ____ Staffing ____ Other

Brief Statement of Concern:

If Staffing Concern/Describe:

1. Floating to another unit without orientation 2. Involuntary overtime
3. Inadequate staffing for patient censes 4. Inadequate staff for patient acuity

Staffing Count at Time of Concern

	Regular	Per Diem	Float Pool/Other	Needed Staff to Provide Care	Core Staffing as Set by Administration
RN					
LPN					
Ancillary					
Unit Coordinator					

Patient census at time of concern: ____ Unit Capacity: ____ Acuity (amount of nursing required) Hi Avg Low

Nurse Manager/Supervisor(s) Notified

Time

Response

Please forward copies to designated recipients. Additional information (i.e., staffing sheets, schedules, etc.) may be attached

A response to your concern will be sent to you.

N.B. This form does not replace the official Incident Report.

1. White – Nurse Manager 2. Yellow – MNA 3. Pink – V.P. of Patient Care Services 4. Gold - Employee