



Safe Staffing Issues Report

Instructions: Forward completed forms to appropriate person from the list at the end of this report. Please ensure a copy is sent to the ANMF ACT Branch so that the issue can be pursued by the ANMF.

Name of Hospital/Facility:..... Name of Ward/Unit/Area:.....

Date of Shift:/...../..... Shift: Early Late Night

Number of staff rostered to work shift concerned:.....		RN/Midwives:.....	ENs:.....	AINs:.....
Number patients/clients on ward/area during shift:.....		Number patients/clients being specialised:.....		
Date & Time issue raised with management: Date:/...../.....		Riskman lodged: Yes <input type="checkbox"/> No <input type="checkbox"/>		
What is the staffing issue? (Select more than one if applicable)	<input type="checkbox"/> Inadequate number of staff	<input type="checkbox"/> Inadequate clerical/administrative support	<input type="checkbox"/> Other, please specify	
	<input type="checkbox"/> Inadequate skill mix			
	<input type="checkbox"/> Patient Safety			
What are the contributing factors to the issue?	<input type="checkbox"/> Too few staff rostered to meet patient numbers	<input type="checkbox"/> High number of patients transferred	<input type="checkbox"/> Inadequate or non-functioning equipment e.g. ECG machines, pumps	
	<input type="checkbox"/> Increased patient acuity or patient demand	<input type="checkbox"/> High number of patients admitted	<input type="checkbox"/> Other, please specify	
	<input type="checkbox"/> Clinical specials not staffed	<input type="checkbox"/> Higher number of post-operative patients than normal shift		
	<input type="checkbox"/> High number of patients with comorbidities e.g. bariatric with diabetes	<input type="checkbox"/> Unexpected patient events e.g. code black		
	<input type="checkbox"/> High number of patients discharged			
What additional resources or support did you receive to address the issue?	<input type="checkbox"/> No additional staff provided to meet patient acuity/demand	<input type="checkbox"/> No change to skill mix	<input type="checkbox"/> Other, please specify	
	<input type="checkbox"/> No additional staff provided for special	<input type="checkbox"/> No additional support for clerical/admin work		
		<input type="checkbox"/> No additional resources e.g. equipment, pumps		
What, if any, options were implemented to address the issue?	<input type="checkbox"/> Patients relocated	<input type="checkbox"/> Additional hours for part-time staff approved		
	<input type="checkbox"/> Nurses/Midwives redeployed to your area	<input type="checkbox"/> Overtime approved		
	<input type="checkbox"/> Admissions to ward limited	<input type="checkbox"/> Casual/agency nursing/midwifery staff approved		
If your request for additional staff was refused, who did you contact?	<input type="checkbox"/> A/H Mgr/Shift Coordinator	<input type="checkbox"/> Executive on-call	<input type="checkbox"/> Other, please specify	
	<input type="checkbox"/> A/DON/M or DON/M			
How did this impact on you and your colleagues?	<input type="checkbox"/> Increased workload	<input type="checkbox"/> Finished late	<input type="checkbox"/> Basic cares missed	
	<input type="checkbox"/> Meal breaks missed	<input type="checkbox"/> Increased stress/fatigue	<input type="checkbox"/> Care compromised	
	<input type="checkbox"/> Worked overtime			

I consider this situation poses/posed a risk to the health and safety of myself and others. For this reason I have sent a copy of this report to the following (please tick who you have forwarded this report to):

- | | | |
|--|---------------------|------------------------------------|
| <input type="checkbox"/> ANMF ACT Branch | Industrial Team | e: anmfact@anmfact.org.au |
| <input type="checkbox"/> ACT Health Minister | Ms Megan Fitzharris | e: fitzharris@act.gov.au |
| <input type="checkbox"/> Director-General ACT Health | Mr Michael De'Ath | e: michael.de'ath@act.gov.au |
| <input type="checkbox"/> CEO, Calvary Hospital | Ms Barbara Reid | e: barbara.reid@calvary-act.com.au |

First name (print):.....Last name:.....Signature:.....

Other comments/details:.....ANMF Member No:.....