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OHA Nurse Staffing Complaint Investigations

Additional Questions for Nurse Staffing Complaints

Thank you for sharing your concerns with the office of Health Care Regulation and Quality Improvement. This Nurse Staffing Addendum is intended to address the unique issues in nurse staffing complaints and will ask additional questions related to your facility's Nurse Staffing Plan. This form should be completed by the complainant and is intended for nurse staffing complaints. If you want to submit a complaint about care that you or someone else received at a facility, please complete the Complaint Intake Form available at www.healthoregon.org/facilitycomplaints.

If you want to submit a complaint about nurse staffing, please complete the [Complaint Intake Form](#) and this form. Questions 3 – 10 in the Complaint Intake Form are not relevant to nurse staffing complaints and can be left blank or filled with a "n/a."

OHA can only investigate nurse staffing complaints that allege violation(s) of the Oregon nurse staffing law. This office does not have the jurisdiction to investigate staffing complaints that are not covered under Oregon's nurse staffing laws. To help OHA evaluate your complaint, please be sure that your complaint :

- Includes sufficient information for OHA to determine whether the agency has jurisdiction to investigate the allegation
- Contains accurate contact information
OHA may have questions about your complaint. If we are unable to contact you, we may not be able to investigate your complaint. Your identity as the complainant is kept confidential to the extent permitted by law.
- Is related to the activities of the hospital nurse staffing plan; the nurse staffing plan; or the work of a registered nurse (RN), licensed practical nurse (LPN) or certified nursing assistant (CNA) under that plan
Oregon's nurse staffing laws apply only to RNs, LPNs, and CNAs working in Oregon's hospitals or special inpatient care facilities.

The information you provide below will be carefully reviewed against the applicable Oregon Administrative Rules for the hospital or special inpatient care facility that this nurse staffing complaint is about. The review will determine if there are potential violations of those requirements and if this is the office with the jurisdiction to take further action.

Our office may also combine multiple complaints related to a single facility into a single investigation. Potential investigations are scheduled based a variety of factors including the seriousness of the allegations and other workload priorities.

You will be notified in writing of the results of the review. The letter will inform you what action this office has the authority to take, which may include an unannounced investigation.

You may use this form to submit complaints about multiple incidents/occurrences. The nurse staffing incident(s) or problem(s) submitted on this form may occur over multiple days, times, or shifts. For each problem described in this form, be sure to include all the applicable days, times, shifts, and units or floors that reflect the problem.

If additional space is needed to address any of the questions, please attach a separate piece of paper.

Please complete this form as thoroughly as possible. If you have any questions please call (971) 673-0540 or email mailbox.nursestaffing@odhsoha.oregon.gov

You may submit this form with the Complaint Intake Form by mail, email, or fax.

Mail:

Attention: Health Care Regulation and Quality Improvement
P.O. Box 14550
Portland, OR 97293

Mark clearly on the envelope "Confidential"

Email: mailbox.hclc@odhsoha.oregon.gov

Fax: (971) 673-0556

*If you need this information in an alternate format,
please call our office at (971) 673-0540 or TTY 711*

1. What is your name and contact information?			
Last:	First:	Middle:	
Address, City, State & ZIP			
Preferred Phone:		Email:	
2. Have you previously submitted the Complaint Intake Form for all complaint types? (If not, please submit the Complaint Intake form with this Nurse Staffing Addendum)		<input type="checkbox"/> Yes	<input type="checkbox"/> Submitting with this form
3. Which of the following areas of nurse staffing does your incident(s) or problem(s) pertain to:			
<p>a) <input type="checkbox"/> Nurse staffing committee operations</p> <p><input type="checkbox"/> Approval or Implementation of a nurse staffing plan</p> <p><input type="checkbox"/> Nursing staff members do not meet qualifications and competencies for the unit</p> <p><input type="checkbox"/> Nurse staffing plan does not include total diagnoses for unit</p> <p><input type="checkbox"/> Nurse staffing plan is not consistent with nationally recognized professional-based standards</p> <p><input type="checkbox"/> Patient Acuity and Intensity</p> <p><input type="checkbox"/> Minimum Number of nursing staff members on the unit</p> <p><input type="checkbox"/> Meal and Rest Breaks</p> <p><input type="checkbox"/> Mandatory Overtime <i>See definition of mandatory overtime below ¹</i></p> <p><input type="checkbox"/> Other (specify) _____</p> <p>b) <input type="checkbox"/> Complaint information not posted Unit(s) or floor(s): _____</p> <p><input type="checkbox"/> Anti-Retaliation Notice not accessible</p>			
For concerns listed in 1a, specific information is needed to establish what is in your current Nurse Staffing Plan, and how your reported incident(s) deviated from this plan. Please complete the following questions.			

¹ A nursing staff member may have worked mandatory overtime if the nursing staff member worked:

- Beyond the agreed-upon and prearranged shift (regardless of the length of the shift)
- More than 48 hours in any hospital-defined work week
- More than 12 hours in a 24-hour period
- During the 10-hour period immediately following the 12th hour worked within 24 hours. (For example: Nurse Blaine works an eight-hour shift from 0800 to 1630 and then goes home. Blaine is on call after her shift from 1630 to 0800. At 2100 Blaine responds to call and works for four hours until 0100. Blaine can now claim the 10-hour rest period after her call shift ends at 0800.
- During the 10-hour period immediately following any agreed-upon and prearranged shift in which the nurse worked more than 12 hours in a 24-hour period.

4. On what unit(s) or floor(s) did the problem occur?

5. What day(s), shift(s), and time(s) did the problem occur?

6. Name all other nursing staff members (RN, LPN, or CNA) who you know were affected by this problem. Include the date(s), shift(s), and time(s) they were affected, if applicable.

7. What does your unit nurse staffing plan say about this nurse staffing situation? Note: If you do not have access to your unit's nurse staffing plan, you should ask your unit representative to provide it to you.

For example: Unit A staffing plan says that the minimum staffing for the evening shift should be 1 RN + 1 CNA.

8. How did staffing on the unit differ from what is required in the nurse staffing plan?

For example: Unit A staffing plan says that the minimum staffing for the evening shift should be 1 RN + 1 CNA.

However, on December 3rd evening shift, I was the only nursing staff member on the unit. I am an RN, and we did not have a second nursing staff member on the unit.