

OHA Hospital Staffing Investigation
CNA Staffing Tool

OHA Hospital Staffing Program completes the fields in this box to be provided with the Investigation Needs List at the initiation of the investigation.

Hospital

Date Under Investigation

Unit

Shift/Time Under Investigation

Instructions: This form is to be used when CNA staffing is included in an approved Nurse Staffing Plan (NSP). If CNA staffing is not included in an approved NSP, and is instead included in the Professional/Technical Staffing Plan (PTSP) or Service Staffing Plan (SSP), do not use this form.

If CNAs are included in the approved NSP, this form is to be completed by the Nurse Staffing Committee Direct Care Unit Representative and Unit Nurse Manager (or designees). Initial and date each page of the form when complete. Attach additional pages as necessary.

Section 1 - CNA Staffing Levels

1. How many CNAs were working on the unit during the shift/time under investigation?
2. What was the maximum number of patients on the unit during the shift/time under investigation?
3. How were CNAs assigned work for the shift/time under investigation? Check all that apply:

☐ CNAs were assigned to work with specific patients (skip to Section 2)

☐ CNAs were assigned to specific patient care tasks (skip to Section 3)

OHA Hospital Staffing Investigation
CNA Staffing Tool

Section 2 - CNAs assigned to work with specific patients

Complete the questions below for each CNA who was assigned to work with specific patients. If no CNAs were assigned to work with specific patients, skip this section.

Attach additional pages as necessary to show all the patients who were assigned to the CNA throughout the course of the shift/time under investigation.

a. CNA Name: _____ b. Time Shift Started _____ c. Time Shift Ended _____

#	Identifier of patient assigned to CNA (e.g. MRN, Initials, etc.)	Time Assignment Started	Time Assignment Ended
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

#	Identifier of patient assigned to CNA (e.g. MRN, Initials, etc.)	Time Assignment Started	Time Assignment Ended
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

OHA Hospital Staffing Investigation
CNA Staffing Tool

Section 3 - CNAs assigned to specific patient care tasks

Complete the questions below for each CNA who was assigned to specific patient care tasks. If no CNAs were assigned to specific patient care tasks, skip this section.

Attach additional pages as necessary to show all the patient care tasks the CNA was assigned to work during the shift/time under investigation.

a. CNA Name: _____ b. Time Shift Started _____ c. Time Shift Ended _____

#	Description of task	Identifier of patient(s) who required this task (e.g. MRN, Initials, etc.)	Time Task Assignment Started	Time Task Assignment Ended
1				
2				
3				
4				
5				

OHA Hospital Staffing Investigation
CNA Staffing Tool

Section 4 - Signatures

Are additional pages attached to this packet? ☐ Yes ☐ No Number of additional pages attached: _____

Have you initialed and dated each page in this packet and additional pages? (Including this page)

DC Unit
Representative

Nurse Manager

☐ Yes ☐ No

☐ Yes ☐ No

By signing below, I confirm that the answers provided in this tool and the attached pages, if applicable, are complete and true to the extent of my knowledge and after review of the staffing documentation for the date and shift under review.

I confirm that I have sufficient knowledge about this unit's operations to be able to complete this form.

Direct Care Co-Chair	
Co-Chair (or designee) Printed Name	Co-Chair Job Title
Co-Chair (or designee) Signature	Co-Chair (or designee) Date Signed

Nurse Manager Co-Chair	
Co-Chair (or designee) Printed Name	Co-Chair (or designee) Job Title
Co-Chair (or designee) Signature	Co-Chair (or designee) Date Signed

CNA Staffing Tool
Additional Pages: CNA Assigned to Specific Patients

This is an additional page to be included in the packet provided by OHA to document CNA staffing assignments. **Date & Shift** _____

Complete the questions below for each CNA who was assigned to work with specific patients. If no CNAs were assigned to work with specific patients, skip this section.

a. CNA Name: _____ b. Time Shift Started _____ c. Time Shift Ended _____

#	Identifier of patient assigned to CNA (e.g. MRN, Initials, etc.)	Time Assignment Started	Time Assignment Ended
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

#	Identifier of patient assigned to CNA (e.g. MRN, Initials, etc.)	Time Assignment Started	Time Assignment Ended
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

CNA Staffing Tool
Additional Pages: CNA Assigned to Specific Patients

This is an additional page to be included in the packet provided by OHA to document CNA staffing assignments. **Date & Shift** _____

Complete the questions below for each CNA who was assigned to specific patient care tasks. If no CNAs were assigned to specific patient care tasks, skip this section.

a. CNA Name: _____ b. Time Shift Started _____ c. Time Shift Ended _____

#	Description of task	Identifier of patient(s) who required this task (e.g. MRN, Initials, etc.)	Time Task Assignment Started	Time Task Assignment Ended
1				
2				
3				
4				
5				