



Hospital Staffing Semiannual Compliance/Non-Compliance Form

Each hospital needs to ensure that its policies and procedures, when implemented, result in accurate information being reported.

Hospital Information

Name of Hospital	_____
Address	_____
City, State, and ZIP	_____
Email	_____
Phone	_____
Hospital License #	_____
Date Submitted	_____
Six-month Reporting Period	_____

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Compliance

For compliance reporting and calculation purposes, hospitals are to measure compliance on a shift-by-shift basis for each patient care unit nursing staff assignment. Compliance is to be maintained throughout each shift.

1. Total number of nurse staffing assignments in the reporting period. _____

2. Total number of nurse staffing assignments out of compliance with the staffing assignments in the hospital staffing plan during the reporting period. _____

3. Total rate of non-compliance:
 (Total # of nurse staffing assignments out of compliance/ Total # of nurse staffing assignments in staffing plan) X 100 = Non-compliance %). _____

Confirmation

Hospital Staffing Committee Cochair Signatures	I believe that the validity of this report should be investigated by the Department of Health	The data contained in this form is accurate, valid, and has not been manipulated or modified

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