

MRMC RN UNIT — STAFFING CONCERN ASSIGNMENT DESPITE OBJECTION PROCESS



Staff receiving an assignment that in her/his judgment and experience places patients or themselves at risk has an obligation to take action. Acting in the interest of patients, the staff should promptly notify her/his supervisor that because of inadequate staffing, the quality of care and the safety of patients/residents and staff may be jeopardized. The hospital and supervisors hold the nursing staff responsible and accountable for the care provided. However, responsibility and accountability for the level of care also resides with the Hospital, including both Hospital executives and nursing administrative staff. The accompanying **Assignment Despite Objection** form may be used to document an assignment which is potentially unsafe for the patients/residents or staff. This form will be used to bring staffing issue to the attention of administration at the monthly Labor Management meetings. It may also be used as evidence in defending members against discipline.

INSTRUCTIONS

1. Notify your supervisor (if not there go up the chain: Dept Director, House Supervisor etc.) for help as soon as you realize the problem; the staffing numbers provided are less than what you need to provide proper and safe nursing care.
2. State that you will do the best you can if help is denied, but that patients have the right to receive safe professional nursing care.
3. If not resolved fill out the attached form and give the original to the nursing supervisor on duty prior to the end of your shift. Have the supervisor write their response and sign. If you cannot do it before end of the shift do it at the end. If supervisor wont sign write “refused to sign” on it. If no one available write “no-one available to sign.”
4. Send a copy to the union, scan or take a photo, and email to RNStaffing@seiu1199.org or fax to 614-461-1549. Write “Scan to RNStaffing” on the fax.”
5. Provide a copy of the form to the SEIU delegate and/or Executive Board Member.

Remember: nursing management may discipline an employee for *refusing* an assignment. An employee who has been disciplined for *protesting* an assignment should file a grievance against the employer for discipline without just cause.

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SECTION 1: YOUR INFORMATION

Your name(s): _____

Unit: _____ Date: _____ Time: _____ Assignment: RN LPN AIDE (circle)

Supervisor's name: _____ Title: _____

As a patient advocate, in accordance with the Nurse Practices Act and our responsibility as caregivers, this is to confirm that I notified you, my supervisor, that in my judgment and experience, this assignment is unsafe and places the patients or staff at risk. I indicate my acceptance of the assignment under protest. It is not my intention to refuse to accept the assignment or disobey an order; however, I hereby give notice to you and my employer of the facts below and indicate that for the reasons listed full responsibility for any consequences of this assignment must rest with the employer. Copies of this form may be provided to any and all appropriate State and Federal agencies.

SECTION 2: GROUNDS FOR OBJECTION

I am objecting this assignment on the following grounds (*please check all appropriate statements*):

<input type="checkbox"/>	Staff not given adequate orientation to the unit/hall
<input type="checkbox"/>	Inadequate number of staff for acuity (short staffed).
<input type="checkbox"/>	Inadequate number of staff for census/staffing grid (short staffed).
<input type="checkbox"/>	The unit was staffed with unqualified or inappropriate personnel.
<input type="checkbox"/>	New patients were transferred or admitted without adequate staff.
<input type="checkbox"/>	Available staff on the unit not assigned fairly/pulled
<input type="checkbox"/>	The assignment posed a serious threat to health and safety of staff.
<input type="checkbox"/>	The assignment posed a potential threat to the health and safety of patients/residents.
<input type="checkbox"/>	Staff involuntarily forced to work beyond scheduled hours.
<input type="checkbox"/>	Other (please explain):

SECTION 3: BRIEF STATEMENT OF PROBLEM

Please give reasons why there is a problem. Be specific. Add separate page if needed.

SECTION 4: CENSUS, ACUITY, & STAFFING

Census *To the best of your knowledge at the time of your objection.*

Start:
End:
Unit Capacity

Acuity *What was the acuity of the patients in your care? How many in each category?*

High:
Low:
Average:

Admissions/Discharges *How many patients were admitted/discharged during your shift?*

Admissions:
Discharges:

Factors Influencing Acuity *Check those that apply*

<input type="checkbox"/>	Complete care	<input type="checkbox"/>	Receiving blood product transfusions
<input type="checkbox"/>	On isolation precautions	<input type="checkbox"/>	Restrained
<input type="checkbox"/>	Immediately postop (less than 4 hours)	<input type="checkbox"/>	On respirators
<input type="checkbox"/>	Receiving IV drug/TPN/chemotherapy infusions	<input type="checkbox"/>	Require VS/nursing assessment more frequently than routine
<input type="checkbox"/>	Other: (<i>please explain</i>)		

Patient Care Staffing Count *To the best of your knowledge*

#s	Regular	PRN/Float	Agency	Matrix req.?
RN				
LPN				
Aide/PCA				
Clerk/Sec				
Other (explain)				

SECTION 5: SUPERVISOR'S RESPONSE *Supervisor to fill out this section.*

Supervisor notified		Date/time:
Supervisor response		
Others notified		Date/time:
Others' response		

Once this form is complete make a copy for you, your supervisor, and delegate, and send a copy to the union at RNStaffing@seiu1199.org or fax to 614-461-1549 and write "scan to RNStaffing"