



Assignment Despite Objection

I, _____, a Registered Nurse employed at _____
(Name) (Facility Name)

on _____, _____, _____, hereby object to the assignment as
(Unit) (Shift) (Date)

made to me by _____ at _____ on _____
(Supervisor) (Time) (Date)

In my professional opinion, as a licensed Registered Nurse, the situation described on this form is not adequate to meet the needs of the patients assigned to me at this time. I indicate my acceptance of the assignment despite objection. It is not my intention to refuse the assignment. The purpose of this form is to notify facility supervisory staff that I have been given an assignment I believe is potentially unsafe for patients and/or staff. This form will document this situation.

This assignment is accepted because I have been instructed to do so, despite my objections

My objections to this assignment are (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Short staffed for census | <input type="checkbox"/> Charge nurse unable to perform charge nurse duties |
| <input type="checkbox"/> Short staffed for acuity/complexity | <input type="checkbox"/> Inadequate nurse to patient ratios |
| <input type="checkbox"/> Not trained/experienced in area assigned | <input type="checkbox"/> Not provided with adequate assistants |
| <input type="checkbox"/> Not oriented to this unit/case load | <input type="checkbox"/> Forced/mandatory overtime |
| <input type="checkbox"/> Floating to multiple units during shift | <input type="checkbox"/> System failure |
| <input type="checkbox"/> Necessary equipment is not available | <input type="checkbox"/> Missed breaks/lunch |
| <input type="checkbox"/> Not trained/experienced to use equipment | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Transferred/admitted new patient(s) to unit without adequate staff | |

Acuity factors (check those that apply and indicate number of patients):

- | | |
|--|---|
| <input type="checkbox"/> Ventilator: # of patients _____ | <input type="checkbox"/> Immediate post-op: # of patients _____ |
| <input type="checkbox"/> Restraints: # of patients _____ | <input type="checkbox"/> Receiving blood products: # of patients _____ |
| <input type="checkbox"/> Total Care: # of patients _____ | <input type="checkbox"/> Isolation precaution: # of patients _____ |
| <input type="checkbox"/> Unstable new admission: # of patients _____ | <input type="checkbox"/> Head injury/confused: # of patients _____ |
| <input type="checkbox"/> Suicide precautions: # of patients _____ | <input type="checkbox"/> Procedure on unit (chest tube, etc.): # of pts _____ |
| <input type="checkbox"/> Medicated gtts (insulin, pressors, etc.): # of patients _____ | <input type="checkbox"/> Procedure off unit (CT, etc.): # of patients _____ |
| <input type="checkbox"/> Requires frequent vital signs/assessment: # of patients _____ | Other (please explain): _____ # of patients _____ |

Unit Secretary? No Yes Charge nurse has patients? No Yes Number of patients _____

Census on Date and Shift of Objection

Admissions/Transfers: _____ Discharges/Transfers: _____ # of patients @ end: _____ Unit Capacity: _____

Additional Information:

RN Signature Print Name Date

Supervisor Signature Print Name & Title Date

Complete this form and have it signed by your immediate supervisor or designee. Keep the original for your records and make 3 copies; give one to the supervisor, one to your local SEIU Delegate and one to the SEIU Organizer.

Follow-up: Discussed at Staffing Committee Meeting: Date _____ SEIU Organizer: Date _____
 Dept. Supervisor: _____



SEIUHealthcare®
United for Quality Care

Phone: 1-800-422-8934; Fax: 1-425-917-9707 www.seiu1199nw.org

ASSIGNMENT DESPITE OBJECTION (ADO) INSTRUCTIONS

By completing an Assignment Despite Objection (ADO) Form, you are helping to make a problem known to management. This creates an opportunity for the problem to be addressed. Additionally, you are documenting the facts, which may be helpful to you later if there is a negative outcome.

A nurse questioning an assignment should communicate this concern in the following manner:

- 1) Immediately notify the person responsible for the assignment(s) on that shift (SUS/Manager/Staffing Office, etc) and discuss the concern.
- 2) The person responsible for making the assignment(s) should then assess options and seek to remedy the situation. When no possible alternatives are identified, the person in charge should contact her/his immediate supervisor on duty.
- 3) The supervisor should attempt to resolve the situation utilizing available resources as she/he determines appropriate.
- 4) If the nurse is dissatisfied with the decision of the supervisor, the nurse should initiate an Assignment Despite Objection (ADO) form and, if necessary, a Midas Report, prior to end of the shift.
- 5) ADO's are investigated by the unit manager. Managers will attend the scheduled Nurse Staffing Committee meeting with the results of the investigation of the ADO. SEIU member leadership and hospital leadership will jointly review all ADO's and recommendations. In some instances, the RN may be asked to attend to speak about their concerns.
- 6) Nurses who raise assignment concerns should be free from restraint, interference, discrimination, or reprisal.

ADO "DO's":

1. Do notify your SUS and/or manager on call for help as soon as you realize there is a problem. This may be related to patient assignment, situation or staffing levels that are not adequate in your professional judgment to provide proper and safe nursing care.
2. Do state that you will provide the best nursing care you can under the circumstances if help is denied, but the patients have the right to receive safe, professional nursing care.
3. Do familiarize yourself with the standard RN-to-patient ratios on the units you work.
4. Do "tell your story" of the shift. RN/patient ratios are not always the full picture.

5. Do include suggestions for change, ideas, or your expected resolution.
6. Do fill out the current ADO form completely and send it to your SUS/manager as soon as possible- incomplete forms cannot be accepted.
7. Do forward a copy to your SEIU delegate, SEIU organizer and retain a copy for your records.

ADO "DON'T's":

1. Don't use the form if you have adequate help. If these forms are used indiscriminately and without justification, it will dilute their usefulness.
2. Don't use the form just to "complain" about a busy day. The intent of an ADO is to document unsafe conditions.
3. Don't use the form if you have failed to notify the person in charge of assignments in person or by phone of your need for more help. This form is to document your request for additional help or resources. If you didn't make the situation known, you may not use this form.

ADO	NURSE	Supervisor	Nurse Staffing Committee	SEIU
Timeframe for Action	Day of complaint up to 36 hours	1-14 days	Next scheduled meeting	Ongoing
Action(s)	Complete entire form, file one copy with supervisor, one copy with SEIU representative, keep copy for personal records	Investigates, utilizes interview, staffing matrix, etc. Develops Action Plan (AP)	Reviews ADO with manager. Discuss Action Plan and timeframe for follow up	Keeps file of ADOs Follow up on AP follow through Educates RN if form incomplete, inappropriate use, etc.
Communication	Await response; ongoing communication with supervisor and SEIU related to action plan	Responds to RN	Responds to RN within 14 days after NSC or 30 days after action plan.	