Misplaced Priorities

The Deteriorating Condition of Safe Patient Care at Duke LifePoint Upper Peninsula Health System-Marquette

August 24, 2017
**Misplaced Priorities: The Deteriorating Condition of Safe Patient Care at Duke LifePoint Upper Peninsula Health System-Marquette**

**THE PROBLEM:**

UP Health System Marquette nurses reported unsafe conditions to Duke LifePoint management on over 200 Assignment Despite Objection Forms since January 1, 2017, documenting at least 783 consequences for patient care. Numerous incidents of unsafe patient care were reported, including:

- 111 cases of one or more IVs running dry or medicines being given late
- 12 reports of one or more patient falls (4 in one day in one unit)
- 259 reports of one or more nurses going without breaks, lunches or being mandated to work shifts that could be dangerous to patients (up to 16 hours)

Working “short” is defined as not having enough nurses in each unit based on the hospital’s staffing guidelines or as not enough staff based upon the professional nurse’s clinical judgement.

Nurses believe that, upon investigation, the Department of Health and Human Services will discover these disturbing trends are a result unsafe nurse staffing at UP Health System Marquette.

This patient care report is a summary of the over 200 attached Assignment Despite Objection (ADO) forms. The ADO forms were written by RNs providing direct care and employed at UPHS Marquette between January 1, 2017 and August 23, 2017.

RNs may complete an ADO form when they believe there are not a sufficient number of staff to care for the patients and/or what is needed to provide quality patient care in their professional clinical judgement. However, not every incident of short staffing is documented on these forms. ADO forms are frequently not accepted by management and rarely solve the problem that is being addressed.

In this report, results of the ADO forms will be outlined with supporting evidence from primary sources addressing these issues. Superscript numbers refer to supporting examples of ADO forms in the appendix of this document. Other sources are cited by traditional, inline citations that correspond to the reference sheet on page 8.
BREAKDOWN OF SOME OF THE DOCUMENTED INCIDENTS RELATED TO SHORT RN STAFFING:

Title 42-Public Health Chapter IV-Centers for Medicare and Medicaid Services, Department of Health and Human Services, Section 482.23:

“The nursing service must have adequate numbers of licensed professional nurses, licensed practical nurses, and other personnel to provide nursing care to all patients as needed.”

- Number of occurrences where at least one IV went dry or medication was delivered late: 111 (including 1 late transmission of blood and 1 late transmission of chemo).\(^1\) Pain meds being given 2 hours late because of short staffing.\(^2\) Insulin given late and patient’s BS was > 500.\(^3\)

  On January 13, 2017, a nurse from the Med/Surgery/Oncology unit commented that “safety is a huge concern.” She reported that she “started with six patients they left from previous shift.” She was unable to keep up with IVs and four of the six patients were on chemo and needing coverage. Blood not hung on admit that came at 5:00 pm. Discharges waiting to go.

“Process factors that influence medication administration include latent failures that can instigate events resulting in errors, such as administrative processes, technological processes, clinical processes, and factors such as interruptions and distractions. These factors reflect the nature of the work, including ‘competing tasks and interruptions, individual vs. teamwork, physical/cognitive requirements, treatment complexity, workflow.’” (Hughes, R. & Blegen, M., 2008).

- Number of occurrences where late charting was reported during the shift: 117. Nurses were reprimanded (verbally) because they could not (did not have time to) chart hourly rounds (and in some cases, complete them). Same for bedside reporting.\(^4,5,6\)

  On May 1, 2017, a Med/Oncology nurse reported that the Emergency Department was full of patients and no nurses were available. “Staffing took a lot of time to avoid 16-hour shift coverage.” Day shift RNs were taking care of seven patients apiece and hourly rounds were not completed.

- Number of occurrences where one or more nurses were unable to take a break or lunch, or were required to work mandatory overtime: 139 (many 16 hour shifts).\(^6,27,29,30,32,33,36\)
On May 22, 2017, a Med/Oncology nurse stated, “One RN is not able to do all things at once when 3 out of 6 patients need care now!” The nurse continued: “patient with hypoglycemia, returning from IR with thoracentesis done, blood pressure dropping, blood sugar coverage on other patients late, rushed discharge [with] PIC line use and leave, fresh post op, discharge waiting to go and a death, all at 1406 [2:06 PM].”

On July 31, 2017, a Med/ONC nurse reported that she was unable to leave the hallway due to an impulsive high risk fall patient and no care aide on the team to help. She was forced to leave an isolation room to prevent a fall in the next room, potentially risking one patient for another.

On January 9, 2017, a Med/ONC nurse reported 1 RN for 6 patients on day shift with various safety concerns including patients without control of pain, new admits without time for assessment, post-op care issues, and blood sugars over 400.

On June 10, 2017, an ICU nurse reported that no patient assessments were charted during an entire 12 hour shifts, pain meds were given late, glucose was not checked during a 3-hour period, patients were not turned, and nurses were forced to move patients unsafely and alone. “Concerned about patient safety!” the nurse wrote.

On March 12, 2017, a Med/ONC nurse reported no staff, multiple people doing 8, 12, 16 hour shifts, no for breaks, high acuity, patients transferred to unit anyway despite no beds open. The nurse also reported a near miss fall.

On March 9, 2017, an ED nurse reported a Unit Patient Census of 26 patients in 22 beds with patients in the hallways. An Influenza A patient on cart was placed in the hallway and found in extreme circumstances after being moved there to make room for a patient in need of a chest tube. A patient had a subdermal head bleed in the family room. Numerous high acuity patients without proper medical supervision. The ambulance was diverting to the waiting room.

On March 18, 2017, an ED nurse reported patients in the hallway on cots resulting in decreased monitoring and not enough staff to accommodate patient acuity resulting in unsafe situations.

“For patients, the 12-hour shifts minimize handoffs, and they say they appreciate the enhanced continuity of care. However, the shift's length makes it vital that the nurses take breaks in order to reenergize. They seemed to be running throughout the shift, and we thought it was important for them to care for themselves as well as for their patients.” (Stefancyk, K., 2009).

“A number of studies link fatigue to errors, increased risk-taking, declines in short-term memory and a reduced ability to learn — with researchers likening the performance of someone awake for at least 17 hours to that of a drunken person.” (Ungar, 2015).
“Findings from a groundbreaking 2004 study of 393 nurses over more than 5,300 shifts – the first in a series of studies of nurse fatigue and patient safety – showed that nurses who work shifts of 12.5 hours or longer are three times more likely to make an error in patient care. Additional studies show that longer shift length increased the risk of errors and close calls and were associated with decreased vigilance, and that nurses suffer higher rates of occupational injury when working shifts in excess of 12 hours. Still, while the dangers of extended work hours (more than 12 hours) are well known, the health care industry has been slow to adopt changes, particularly with regard to nursing.” (The Joint Commission, 2011).

Additional documented incidents that occurred due to short nurse staffing:

- **12 patient falls (including 4 in one day on one unit).**

  *On July 3, 2017, an Ortho/Neuro nurse reported that the unit was full and the charge nurse had zero experience as a charge nurse. One nurse had seven inpatients and two outpatients, including an admit, an infusion, and a discharge. Four patient falls took place and the nurses were unable to chart due to lack of time. There were three nurses, two LPNs, 3 float nurses and 1 clerk for 25 patients.*

- **Patients in left in hallways, including four patients who were supposed to go to ICU but there was no one to take them-two of those patients deteriorated enough to be flown out.**

  *On June 24, 2017, an ICU nurse reported that 4 ICU patients boarded for prolonged times in ED due to lack of staffing on ECU – coincidentally this resulted in 2 ICU patients being flown to other facilities.*

- **One ICU patient was kept in the ED hallway for 22 hours-no one to care for him.**

  *Nurses expected to care for “hallway patients” in addition to their own already-exceeded load.*

  *On June 25, 2017, an ED nurse reported that an ICU patient was in the ED for over 22 hours on an ER gurney and pressure issues were appearing on the patient’s heels.*

- **Suicidal patient not being watched or managed.**

  *On March 11, 2017, a Med/Oncology nurse found a suicide precaution patient with two phone cords and a belt hidden under him. No sitter was at the bedside and the patient was stating that he was actively suicidal. The RNs were working forced mandatory overtime during this shift.*

- **Patient elopement from ED. Patient was walking outside in his underwear only.**
On June 19, 2017, an ED nurse requested a sitter, but was denied. A psych patient attempted to elope outside in underwear and gown, and was brought back by security. He was combative and fighting with staff. Because of the lack of RNs on staff and the time spent dealing with the psych patient, care was delayed on other patients.

- On more than one occasion, major open-heart surgery begins without nurse to provide bedside care. In these instances, patient is then in worse condition when they go into recovery (so nurses must take more intensive care of them and backtrack for what was not done).12, 13

On June 30, 2017, an OR nurse stated, “No ICU bed was available for an open-heart patient at time of surgery. I followed up at 10:30 am, still no bed available. I checked back at noon, no bed.” The nurse stated that unsafe patient care was taking place in that major open-heart surgery was being started with no ICU bed ready and no staff available to care for the patient.

On May 5, 2017, an ICU nurse reported that the ICU and the IMCU were both full with 24 patients. An open-heart patient was in surgery with no open bed or RN to take the patient. There was high acuity on the unit. Both the director and manager were on the floor doing charge and patient care.

BREAKDOWN OF SOME OF THE DOCUMENTED INCIDENTS RELATED TO GENERAL SHORT STAFFING OR LACK OF EQUIPMENT:

Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Minimum Standards for Hospitals, Rule 325.1027:

“The hospital shall employ professional and auxiliary personnel to give patients necessary services.”

- No scrub tech in OB (required for C-sections)-nurses expected to cover that role, too.14,15,16,17

On the weekend of July 14-16, 2017, the Family Birthing Center (FBC) nurses were working understaffed with forced overtime. On July 14, there was no scrub tech with only two RNs on night shift. In July 15, there were two RNs scheduled on evenings and nights and no scrub tech. On July 16, there was no charge nurse on the night shift. The manager’s response to this concern: “I’ll work on it.”
On July 29, 2017, an FBC nurse commented, “3 days in a row with no scrub tech scheduled! Call blocks left open – no relief scheduled for evening shift RN at 0300 [3:00 AM] on 7/28. Schedule should NOT be put out with inadequate RN coverage AND no Scrub Tech scheduled.”

On July 29, 2017, an FBC nurse explained the issue: “RNs are expected to do scrub tech duties. Stock all rooms and the OR, along with many other jobs such as answering the phone and door along with a full patient assignment. An RN also has to scrub in an operate in the OR. In an emergency, the scrub tech is vital to the OR running smoothly. One of the RNs who is untrained to be a scrub tech would have to do this along with a full patient assignment.”

On July 30, 2017, an FBC nurse stated, “RNs should be providing direct patient care. We should not be doing all of the scrub tech and unit clerk duties. We are also having to do more overtime because there is no scrub tech.”

- **Patients in ICU required to be turned every 2 hours, but were turned only once in a 12 hour shift**\(^{18,19}\)

On June 24, 2017, an ICU/IMCU nurse reported that a patient was only turned once during a 12-hour shift. A light duty nurse had a full patient assignment. 1:1 nurses forced to leave patient unattended to assist with critical patient (new nurses). Patients in ED for extended stay due to no nurse in ICU to care for them.

On June 9, 2017, an ICU nurse reported that a patient had not been turned for 8 hours due to lack of staff and the primary nurse was on light duty.

- **Numerous incidents of bathes being given late or not at all. On at least one occasion, it had been 2 days.**\(^{20}\) One elderly patient laid in dried feces for at least 6 hours.\(^{21}\)

On June 30, 2017, a Med/ONC nurse reported that a patient sat in bed linen with dried stool from 3:00 am until 11:00 am due to 6:1 patient ratio, numerous pain meds, patients on beds in hall, bed exit alarms going off, a patient fall off a cart in Ultrasound.

- **Patient rooms and procedure rooms left dirty (with no housekeeping staff), so nurses had to clean them in order to use them.**\(^{22}\) Patient families complaining.\(^{23}\)

- **Numerous instances where medication was unavailable, leaving RNs short on coverage when they went to find medications.**\(^{24,25,26,27,28,29}\)

On May 20, 2017, an ED nurse reported that one patient was combative in the CT scan and another had to bring medication down which left one nurse in the ED.
• Also, no crash cart available\textsuperscript{30}, no thermometers\textsuperscript{31, 32}, broken cardiac monitor\textsuperscript{33}, no isolation equipment\textsuperscript{33}, and blood pressure cuffs.\textsuperscript{35, 36}

On June 4, 2017, a Med/ONC nurse reported that Dynanaps were not stocked and missing, the med./room was not stocked, rooms were not stocked, no thermometer sheaths, thermometers missing.

On March 18, 2017, an ED nurse reported that a cardiac monitor/automatic blood pressure cuff was not working.

On March 14, 2017, a Med/ONC nurse reported that supplies to care for patients were unavailable: no oxygen, no pulse oxymeter, no incentive spirometer.

On July 31, 2017, a Med/ONC nurse reported that she was unable to leave the hallway due to an impulsive high risk fall patient and no care aide on the team to help. In addition, the nurses had broken equipment and no gowns in the isolation rooms. There were no supplies for the isolation carts.

• Managers refused to accept ADO forms: 80% (one manager stated, “You’ll just have to suck it up”). NOTE: This report was handwritten on a sheet of paper.\textsuperscript{37}

On January 14, 2017, a nurse reported the following: “I called my supervisor to ask why he was floating our staff to another unit when I was starred [picked up an extra day]. He said it was because the nurse who had to stay over was pregnant. I asked why someone else couldn’t stay instead and he had no answer for me, saying, ‘yeah, it’s tough, but you’ll have to suck it up, you have a replacement coming at 7:00 pm and you’re already here so it’s not like I’m calling you in or something long but, she’s pregnant.”

Public Health Code of Michigan, Licensure of nurses:

“The registered nurse bears the ultimate responsibility for the performance of nursing acts, functions or tasks, but providing safe care to the public is dependent on both the nurse and the employer fulfilling their appropriate roles.”

CONCLUSION

It is clear from the ADO reports submitted between January 1, 2017 and August 23, 2017 that UP Health System-Marquette has chronic issues, including RN understaffing, which affect patient safety. Duke LifePoint has failed to address persistent problems internally, and therefore, nurses are asking the Michigan Department of Health and Human Services to use their regulatory authority to intervene.
References

Department of Health and Human Services, Centers for Medicare and Medicaid Services. Public Health Services, Chapter IV. Conditions for Participation.


Blood + Chem

Nurses Association Assignment Despite Objection (ADO) Form

Please protest your assignment to your manager when you believe it is inadequate or potentially dangerous to your health, safety, or well-being. If your manager does not make a satisfactory adjustment, complete this form to the best of your knowledge and distribute copies as follows:

Top copy: Give to a union or nurse representative
Yellow copy: Give to your supervisor
Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as follows:

- Primary Nurse
- Charge Nurse
- Relief/Charge Nurse
- Float Nurse

given to me/us by (name/title) ____________________________

Date: 1/3/17
Time/Shift: 2:47 PM

Unit Name: [Redacted]
Unit Type: [Redacted]
Facility: [Redacted]

I/We are objecting to my/our assignment based on the following: (check all that apply)

- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may/did not allow time for direct patient care assignments
- The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to
- Other (please explain)__________
- meds not in drawer or in biohazard pharmacy

Patient care outcomes or nursing duties affected:

- Patient fall occurred
- Medication error/organization administration
- IVs ran late or dry/sub-Q IV not identified
- Inadequate time for assessment, evaluation, monitoring or observation
- Unable to meet standards for pressure ulcer prevention
- Delayed or incomplete charting/documentation
- Unmedicated medication management
- Unable to meet teaching/discharge needs identified by patients' plan of care and discharge
- Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
- RNs forced to work mandatory overtime or beyond their scheduled shift
- Other (please explain)__________

Number of staff: RNs _______ Agency RNs _______ RNs called off/relaxed off _______ LPNs _______ Aides/Techs _______
Clerks/Secretary _______ Other (name/number) _______ Unit Patient Census _______
Staff needed: _______ Staff called in: _______

Date/time delivered to manager: 1/3/17

Name of RN who delivered form to manager: [Redacted]
Manager's response when receiving Assignment Despite Objection form: [Redacted]
MI NURSES
Association

an Nurses Association Assignment Despite Objection (ADO) Form

 VerbalI protest your assignment to your manager when you believe it is inadequate or potentially unsafe at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory assignment, complete this form to the best of your knowledge and distribute copies as follows:

Top copy: Give to a union or nurse representative
Yellow copy: Give to your supervisor
Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as (please circle): Primary Nurse, Charge Nurse, Relief/Charge, Float Nurse given to me/us by (name/title):

Date: 5-34-17 Time/Shift: 11pm-7am

Unit Name: Medical/Oncology Unit Type: Medical/Oncology Facility: 

I/We are objecting to my/our assignment based on the following: (check all that apply)

☐ Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
☐ Charge nurse responsibilities may/did not allow time for direct patient care assignments
☐ The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
☐ New patient(s) were transferred/admitted/discharged without adequate staff to care for them
☐ Patient(s) who require a higher level of care are placed inappropriately on the unit
☐ EMR documentation systems override RN judgment and interfere with direct patient care responsibilities or do not function properly
☐ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
☐ RN(s) not oriented to or experienced in the area they were assigned or floated to
☐ Other (please explain):

Patient care outcomes or nursing duties affected:

☐ Patient fall occurred
☐ Medication errors/late administration
☐ IVs ran late or by pump/sub-Q not identified
☐ Inadequate time for assessment, evaluation, monitoring or observation
☐ Unable to meet standards for pressure ulcer prevention
☐ Delayed or incomplete charting/documentation

☐ Unable to meet teaching/discharge needs identified by patients’ care plan and condition
☐ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
☐ RNs forced to work mandatory overtime or beyond their scheduled shift
☐ Other (please explain in comments section)

Number of staff: RNs 4 Agency RNs 0 RNs called off/flexed 0 LPNs 0 Aides/Techs 0
Clerks/Secretary 0 Other (name/number) Staff called in:

Staff needed:

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: No manager on duty 5-30-17 6:17

Name of RN who delivered form to manager:
Manager’s response when receiving Assignment Despite Objection form:

08/15
MI NURSES Association
Assignment Despite Objection (ADO) Form

I hereby protest my work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge  Float Nurse

given to me/us by (name/title) ____________________________  Date: 4.9-17  Time/Shift: 1045

Unit Name: ____________________________  Unit Type: Med/Surg  Facility: ____________________________

I/We are objecting to my/our assignment based on the following: (check all that apply)

☐ Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
☐ Charge nurse responsibilities may/did not allow time for direct patient care assignments
☐ The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
☐ New patient(s) were transferred/admitted/discharged without adequate staff to care for them
☐ Patient(s) who require a higher level of care are placed inappropriately on the unit
☐ EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
☐ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
☐ RN(s) not oriented to or experienced in the area they were assigned or floated to
☐ Other (please explain) ____________________________

Patient care outcomes or nursing duties affected:

☐ Patient fall occurred
☐ Medication errors/late administration
☐ IVs ran late or dry/sub-Q IV not identified
☐ Inadequate time for assessment, evaluation, monitoring or observation
☐ Unable to meet standards for pressure ulcer prevention
☐ Delayed or incomplete charting/documentation

☐ Unable to meet teaching/discharge needs identified by patients’ care plan and condition
☐ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
☐ RNs forced to work mandatory overtime or beyond their scheduled shift
☐ Other (please explain in comments section) ____________________________

Number of staff: RNs ____________________________  Agency RNs ____________________________  RNs called off/flexed ____________________________  LPNs ____________________________  Aides/Techns ____________________________

Clerks/Secretary ____________________________  Other (name/number) ____________________________  Unit Patient Census ____________________________

Staff called in: ____________________________

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

Standing at nurses station, verbally found sheets not been utilized; collected bills out; noisy rooms; left Thumb pump removed without follow-up orders; Messy, dirty, patient information not accurate.

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: ____________________________

Name of RN who delivered form to manager: ____________________________

Manager’s response when receiving Assignment Despite Objection form: ____________________________
MI NURSES
Association

Nurses Association Assignment Despite Objection (ADO) Form

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge  Float Nurse

given to me/us by (name/title) __________________

Unit Name: + Unit Type: Med/OnC Facility: __________________

Date: 5-1-17  Time/Shift: 8 a.m.  5-7-17  Full time  2 Active shifts 6:1  / 7:1

I/We are objecting to my/our assignment based on the following: (check all that apply)
- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may not allow time for direct patient care assignments
- EMR documentation systems override RN judgment and interfere with direct patient care responsibilities
- RN(s) not oriented to or experienced in the area they were assigned or floated to

Patient care outcomes or nursing duties affected:
- Patient fall occurred
- Medication errors/late administration
- IVs ran late or dry/sub-Q IV not identified
- Inadequate time for assessment, evaluation, monitoring or observation
- Unable to meet standards for pressure ulcer prevention
- Delayed or incomplete charting/documentation

Number of staff: RNs ______ Agency RNs ________ RNs called off/flexed off ________ LPNs ______ Aides/Techs ________

Staff needed: ________  Staff called in: ________

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2012 PA 731, NCL 333.20180.

Date/time delivered to manager: 5-1-17

Name of RN who delivered form to manager: __________________

Manager's response when receiving Assignment Despite Objection form:

By: care aides not doing chemo shifts @1130 on 4 our of 6 pirs

Care aides not doing chemo shifts at 1130 on 4 out of 6 pirs

M. L. P. S.
**In Nurses Association Assignment Despite Objection (ADO) Form**

**Top copy:** Give to a union or nurse representative  
**Yellow copy:** Give to your supervisor  
**Pink copy:** Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  
Charge Nurse  
Relief /Charge  
Float Nurse

given to me/us by (name/title):

Unit Name: 

Unit Type: Med/NC  
Facility: MC-1

We are objecting to my/our assignment based on the following: (check all that apply):

- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may not allow time for direct patient care assignments
- The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to
- Other (please explain):

Patient care outcomes or nursing duties affected:

- Patient fall occurred
- Medication errors/late administration
- IVs ran late or dry/sub-Q/IV not identified
- Inadequate time for assessment, evaluation, monitoring or observation
- Unable to meet standards for pressure ulcer prevention
- Delayed or incomplete charting/documentation

- Unable to meet teaching/discharge needs identified by patients’ care plan and condition
- Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
- RNs forced to work mandatory overtime or beyond their scheduled shift
- Other (please explain in comments section)

Number of staff:  
RNs  
Agency RNs  
RNs called off/flexed off  
LPNs  
Aides/Techs  

Clerks/Secretary  
Other (name/number)  

Staff needed:  
Staff called in:

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: 4-9-17

Name of RN who delivered form to manager: [Redacted]

Manager’s response when receiving Assignment Despite Objection form:

Caretakers calling in sick from other job for this job  
Not enough phones for staff on duty
an Nurses Association Assignment Despite Objection (ADO) Form

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief /Charge  Float Nurse

given to me/us by (name/title)  Date: 5-23-17  Time/Shift: 6:1

Unit Name:  Unit Type: Med/OnC  Facility: M&H

We are objecting to my/our assignment based on the following: (check all that apply)

[ ] inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
[ ] Charge nurse responsibilities may/did not allow time for direct patient care assignments
[ ] The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
[ ] New patient(s) were transferred/admitted/discharged without adequate staff to care for them
[ ] Patient(s) who require a higher level of care are placed inappropriately on the unit
[ ] EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
[ ] Insufficient or faulty equipment supplies (including lack of appropriate patient treatment areas)
[ ] RN(s) not oriented to or experienced in the area they were assigned or floated to
[ ] Other (please explain): One RN not able to do all things at once when 3 out of 6 patients need care now

Patient care outcomes or nursing duties affected:

[ ] Patient fall occurred
[ ] Medication errors/late administration
[ ] IVs ran late or dry/sub-Q/LV not identified
[ ] Inadequate time for assessment, evaluation, monitoring or observation
[ ] Unable to meet standards for pressure ulcer prevention
[ ] Delayed or incomplete charting/documentation
[ ] Unable to meet teaching/discharge needs identified by patients' care plan and condition
[ ] Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors in patient assessment
[ ] RNs forced to work mandatory overtime or beyond their scheduled shift
[ ] Other (please explain in comments section) Patients discharged in a hurry to get

Number of staff: RNs  Agency RNs  RNs called off/flexed off  PNs  PTs  OTs  Techs

Unable to fill out hourly rounds sheets missing, care needs to be done. Not signing sheets patient with hypoglycemia. returning from IV to thoracentesis done. BLEV bloods used colostomy on other patients late. Rushed discharge. Cuffed Medi-line and leave, Mesh parece. Discharge M/W and a death @ 1406.

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: 5-23-17

Name of RN who delivered form to manager: 

Manager's response when receiving Assignment Despite Objection form:

Came back states "I'm guilty I haven't done any."
Michigan Nurses Association Assignment Despite Objection (ADO) Form

Instructions: You should verbally protest your assignment to your manager when you believe it is inadequate or potentially unsafe. This is usually at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory adjustment to the assignment(s), complete this form to the best of your knowledge and distribute copies as follows:

Top copy: Give to a union or nurse representative Yellow copy: Give to your supervisor Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print): [Signature]

I/we hereby protest my/our work assignments as [please circle]: (Primary Nurse) Charge Nurse Relief/Charge Float Nurse

given to me/us by [name/title] Supervisor [Signature] Date: 7-2-19 Time/Shift: ALL SHIFT

Unit Name: 8th Ortho Neurop [Signature] Unit Type: 8 Facility: HRS Marquette

I/We are objecting to my/our assignment based on the following: (check all that apply)

- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities, may/did not allow time for direct patient care assignments
- The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patientitters)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to - Char + charge experience
- Other (please explain):

Patient care outcomes or nursing duties affected:

Patient fall occurred 4 - Falls Medication errors/legal administration
IVs ran late or dry/Sub-Q IV not identified Inadequate time for assessment, evaluation, monitoring or observation
Unable to meet standards for pressure ulcer prevention Delayed or incomplete charting/documentation

Number of staff: RNs 3 Agency RNs 0 Other RNs called off/flexed off 1 RNs can't float = 3 LPNs 2 Aides/Techns 0

Staff needed: 5-12 RNs Other (name/number) Staff called in:

Bed 1 is unable to chart

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

[Signature]

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: 7-3-19 1130

Name of RN who delivered form to manager: [Signature]

Manager's response when receiving Assignment Despite Objection form:
Michigan Nurses Association Despite Objection (ADO) Form Addendum:

6/24/2017

Staff nurses objecting:

We are objecting to our assignments based on the following:

- Multiple calls to laboratory by multiple ED staff without answer during peak surge time
- Laboratory results prolonged due to reported short staffing in lab resulting in prolonged wait times in ED
- Express care filled with high acuity (ESI >4) patients. Four ESI 3 and Two ESI 2 patients to one ED RN who did not have the proper equipment to monitor 6 patients as described in ED standards of care.
- EKG wait times prolonged due to ED portable EKG machine malfunction
- 4 ICU patients in ED resulting in inadequate nurse to patient ratios
- ICU patients boarded for prolonged times in ED due to lack of staffing on ICU – coincidentally this resulted in 2 ICU status patients being flown to other facilities. Transfers arranged by ED charge RN during ED surge period, pulling charge resources
- Patient families providing patient care without consulting nursing staff (i.e. patient family placed their loved one on a bed pan without notifying RN)
- Patient census and acuity such that radio calls missed
- Prolonged wait times in ED lobby, patients unmonitored by licensed medical staff during much of that time
- Patients discharged without specimens obtained due to prolonged wait times

See ADO form for additional patient care outcomes or nursing duties affected.
**MI NURSES Association**

**Assignment Despite Objection (ADO) Form**

Should verbally protest your assignment to your manager when you believe it is inadequate or potentially at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory assignment(s), complete this form to the best of your knowledge and distribute copies as follows:

<table>
<thead>
<tr>
<th>Top copy: Give to a union or nurse representative</th>
<th>Yellow copy: Give to your supervisor</th>
<th>Pink copy: Keep for your records</th>
</tr>
</thead>
</table>

**Name(s) of Registered Nurse(s) objecting (please print):**

I/we hereby protest my/our work assignments as (please circle): **Primary Nurse** Charge Nurse Relief/Charge Float Nurse
given to me/us by (name/title) **UPTHS marquette** Date 4/25/17 Time/Shift: 7a-3p
Unit Name: **ED** Unit Type: **ED** Facility: **UPTHS marquette**

I/We are objecting to my/our assignment based on the following: (check all that apply)

- [ ] Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- [ ] Charge nurse responsibilities may not allow time for direct patient care assignments
- [ ] The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
- [ ] New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- [ ] Patient(s) who require a higher level of care are placed inappropriately on the unit
- [ ] EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- [ ] Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- [ ] RN(s) not oriented to or experienced in the area they were assigned or floated to
- [ ] Other (please explain):

**Patient care outcomes or nursing duties affected:**

- [ ] Patient fall occurred
- [ ] Medication errors/late administration
- [ ] IVs ran late or dry/sub-Q IV not identified
- [ ] Inadequate time for assessment, evaluation, monitoring or observation
- [ ] Unable to meet standards for pressure ulcer prevention
- [ ] Delayed or incomplete charting/documenting
- [ ] Unable to meet teaching/discharge needs identified by patients’ care plan and condition
- [ ] Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
- [ ] RNs forced to work mandatory overtime or beyond their scheduled shift
- [ ] Other (please explain in comments section)

**Number of staff: RNS** __________ **Agency RNS** __________ **RNs called off/flexed off** __________ **LPNs** __________ **Aides/Techs** __________

**Clerks/Secretary** __________ **Other (name/number)** __________

**Staff needed:** __________ **Staff called in:** __________

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

**Date/time delivered to manager:** __________

**Name of RN who delivered form to manager:** __________

**Manager’s response when receiving Assignment Despite Objection form:**

---

8/15
Michigan Nurses Association Assignment Despite Objection (ADO) Form

Instructions: You should verbally protest your assignment to your manager when you believe it is inadequate or potentially unsafe. This is usually at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory adjustment to the assignment(s), complete this form to the best of your knowledge and distribute copies as follows:

Top copy: Give to a union or nurse representative  Yellow copy: Give to your supervisor  Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge Nurse  Float Nurse

given to me/us by (name/title)

Unit Name: __________  Unit Type: Med/Int  Facility: __________

Date: 3-11-17  Time/Shift: 11:00 PM  11:00 AM

I/We are objecting to my/our assignment based on the following: (check all that apply)

Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
Charge nurse responsibilities may/ did not allow time for direct patient care assignments
The unit is/ was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
New patient(s) were transferred/admitted/discharged without adequate staff to care for them
Patient(s) who require a higher level of care are placed inappropriately on the unit
EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
RN(s) not oriented to or experienced in the area they were assigned or floated to
Other (please explain):

Patient care outcomes or nursing duties affected:

☐ Patient falls occurred
☐ Medication errors/late administration
☐ IVs ran late or dry/sub-Q IV not identified
☐ Inadequate time for assessment, evaluation, monitoring or observation
☐ Unable to meet standards for pressure ulcer prevention
☐ Delayed or incomplete charting/documentation

Unable to meet teaching/discharge needs identified by patients’ care plan and condition
☐ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
☐ RNs forced to work mandatory overtime or beyond their scheduled shift
☐ Other (please explain in comments section)

Number of staff: RNs ________  Agency RNs ________  RNs called off/flexed off ________  LPNs ________  Aides/Techs ________

Clerks/Secretary ________  Other (name/number) ________  Unit Patient Census ________

Staff needed: ________  Staff called in: ________

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20160.

Date/time delivered to manager: 3-17-17

Name of RN who delivered form to manager: ________

Manager’s response when receiving Assignment Despite Objection form: ________
M1 NURSES Association

Assignment

Assignment Despite Objection (ADO) Form

I/we hereby protest my/our work assignments as (please circle): [ ] Primary Nurse [ ] Charge Nurse [ ] Relief/Charge [ ] Float Nurse [ ]

given to me/us by (name/title): [ ]

Unit Name: [ ]

I/We are objecting to my/our assignment based on the following: (check all that apply):

[ ] Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
[ ] Charge nurse responsibilities may/did not allow time for direct patient care assignments
[ ] The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitter)
[ ] New patient(s) were transferred/admitted/discharged without adequate staff to care for them
[ ] Patient(s) who require a higher level of care are placed inappropriately on the unit
[ ] EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
[ ] Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
[ ] RN(s) not oriented to or experienced in the area they were assigned or floated to
[ ] Other (please explain): [ ]

Patient care outcomes or nursing duties affected:

[ ] Patient fall occurred
[ ] Medication errors/late administration
[ ] IVs run late or dry/sub-Q IV not identified
[ ] Inadequate time for assessment, evaluation, monitoring or observation
[ ] Unable to meet standards for pressure ulcer prevention
[ ] Delayed or incomplete charting/documentation
[ ] Unable to meet teaching/discharge needs identified by patients’ care plan and condition
[ ] Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
[ ] RNs forced to work mandatory overtime or beyond their scheduled shift
[ ] Other (please explain in comments section)

Number of staff: RNs [ ]
Agency RNs [ ]
RNs called off/flexed off [ ]
LPNs [ ]
Aides/Techs [ ]
Staff needed: [ ]
Staff called in: [ ]

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 30 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: [ ]
Name of RN who delivered form to manager: [ ]
Manager’s response when receiving Assignment Despite Objection form: [ ]
Michigan Nurses Association Assignment Despite Objection (ADO) Form

Instructions: You should verbally protest your assignment to your manager when you believe it is inadequate or potentially unsafe. This is usually at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory adjustment to the assignment(s), complete this form to the best of your knowledge and distribute copies as follows:

Top copy: Give to a union or nurse representative
Yellow copy: Give to your supervisor
Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as (please circle): [Primary Nurse] Charge Nurse Relief/Charge Float Nurse
given to me/us by (name/title) __________________________ Date: __/30/17 Time/Shift: 07:00 Days
Unit Name: __________________________ Unit Type: __________________________ Facility: ____________

I/We are objecting to my/our assignment based on the following: (check all that apply)

☐ Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
☐ Charge nurse responsibilities may/did not allow time for direct patient care assignments
☐ The unit was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
☐ New patient(s) were transferred/admitted/discharged without adequate staff to care for them
☐ Patient(s) who require a higher level of care are placed inappropriately on the unit
☐ EMIR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
☐ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
☐ RN(s) not oriented to or experienced in the area they were assigned or floated to
☐ Other (please explain):

Patient care outcomes or nursing duties affected:

☐ Patient fall occurred
☐ Medication errors/late administration
☐ IVs ran late or dry/sub-Q IV not identified
☐ Inadequate time for assessment, evaluation, monitoring or observation
☐ Unable to meet standards for pressure ulcer prevention
☐ Unable to meet teaching/discharge needs identified by patients’ care plan and condition
☐ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
☐ RNs forced to work mandatory overtime or beyond their scheduled shift
☐ Other (please explain in comments section)

Number of staff: RNs ________ Agency RNs ________ RNs called off/flexed off ________ LPNs ________ Aides/Techs ________

Clerks/Secretary ______ Other (name/number) ________ Unit Patient Census ________ Staff called in: ________

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

Unskilled patient care starting major open heart surgery with no ICU staff available to care for patient

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20190.

Date/time delivered to manager:

Name of RN who delivered form to manager:

Manager’s response when receiving Assignment Despite Objection form:

08/15
Michigan Nurses Association Assignment Despite Objection (ADO) Form

Instructions: You should verbally protest your assignment to your manager when you believe it is inadequate or potentially unsafe. This is usually at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory adjustment to the assignment(s), complete this form to the best of your knowledge and distribute copies as follows:

Top copy: Give to a union or nurse representative  Yellow copy: Give to your supervisor  Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge  Float Nurse

given to me/us by (name/title)  Date: 5/5/17  Time/Shift: Days

Unit Name: ICU  Unit Type: Critical Care  Facility: UP Health Marquette

I/We are objecting to my/our assignment based on the following: (check all that apply)

☐ Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
☐ Charge nurse responsibilities may/did not allow time for direct patient care assignments
☐ The unit/is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
☐ New patient(s) were transferred/admitted/discharged without adequate staff to care for them
☐ Patient(s) who require a higher level of care are placed inappropriately on the unit
☐ EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
☐ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
☐ RN(s) not oriented to or experienced in the area they were assigned or floated to

Other (please explain): see below

Patient care outcomes or nursing duties affected:

☐ Patient fall occurred
☐ Medication errors/late administration
☐ IVs ran late or dry/sub-Q IV not identified
☐ Inadequate time for assessment, evaluation, monitoring or observation
☐ Unable to meet standards for pressure ulcer prevention
☐ Delayed or incomplete charting/documentation

☐ Unable to meet teaching/discharge needs identified by patients' care plan and condition
☐ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
☐ RNs forced to work mandatory overtime or beyond their scheduled shift
☐ Other (please explain in comments section)

Number of staff: RNs 12  Agency RNs  Other (name/number)

Clerks/Secretary 2  Staff called in:

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

Both ICU & IMCU both full - 24 patients. Open heart patient in OR in open bed or RN to stroke patient. High Acuity on Unit. Both director & manager on floor doing change of patient care.

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effects on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is a notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: 5/5/17 12:00

Name of RN who delivered form to manager: [Redacted]

Manager's response when receiving Assignment Despite Objection form: [Redacted]
an Nurses Association Assignment Despite Objection (ADO) Form

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge  Float Nurse
given to me/us by (name/title)  Date: 7/15-7/16  Time/Shift: 4:00-4:00
Unit Name:  Unit Type:  Facility:  UWHS MAT

I/We are objecting to my/our assignment based on the following: (check all that apply)

☐ Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
☐ Charge nurse responsibilities may/did not allow time for direct patient care assignments
☐ The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
☐ New patient(s) were transferred/admitted/discharged without adequate staff to care for them
☐ Patient(s) who require a higher level of care are placed inappropriately on the unit
☐ EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
☐ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
☐ RN(s) not oriented to or experienced in the area they were assigned or floated to
☐ Other (please explain): Inadequate number of RNs on schedule

Patient care outcomes or nursing duties affected:

☐ Patient fall occurred
☐ Medication errors/late administration
☐ IVs ran late or dry/sub-Q IV not identified
☐ Inadequate time for assessment, evaluation, monitoring or observation
☐ Unable to meet standards for pressure ulcer prevention
☐ Delayed or incomplete charting/documentation
☐ Unable to meet teaching/discharge needs identified by patients’ care plan and condition
☐ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
☐ RNs forced to work mandatory overtime or beyond their scheduled shift
☐ Other (please explain in comments section)

Number of staff: RNs 2  Agency RNs 0  RNs called off/flexed off 0  LPNs 0  Aides/Techs 0
Clerks/Secretary 0  Other (name/number)  Unit Patient Census
Staff needed: 3 RNs plus 1 scrub tech  Staff called in:

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

Weekend of 7/14-7/16 understaffed 620 OT 7/14 no scrub tech
only 2 RNs on night shifts 7/15-2 RNs scheduled on evenings and nights and no scrub tech
Correctly told that NURSING COULD have been put on that day to provide adequate staffing.
Today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: 7/16/2015 9:00 am
Name of RN who delivered form to manager:  William B. Johnson
Manager’s response when receiving Assignment Despite Objection form:  I’ll work on it.
Jan Nurses Association Assignment Despite Objection (ADO) Form

售 verbal protest your assignment to your manager when you believe it is inadequate or potentially
inadequate at the beginning of the shift or may occur at any time. If your manager does not make a satisfactory
response or disagree with the assignment(s), complete this form to the best of your knowledge and distribute copies as follows:

Top copy: Give to a union or nurse representative  Yellow copy: Give to your supervisor  Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge  Float Nurse
given to me/us by (name/title) ____________________________________________________________________________ Date: __________ Time/Shift: __________

Unit Name: ________________ Unit Type: ________________ Facility: ________________

I We are objecting to my/our assignment based on the following: (check all that apply)
☐ Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
☐ Charge nurse responsibilities may not allow time for direct patient care assignments
☐ The unit is/ was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
☐ New patient(s) were transferred/admitted/discharged without adequate staff to care for them
☐ Patient(s) who require a higher level of care are placed inappropriately on the unit
☐ EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
☐ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
☐ RN(s) not oriented to or experienced in the area they were assigned or floated to
☐ Other (please explain): ____________________________________________________________________________

Patient care outcomes or nursing duties affected:
☐ Patient fall occurred
☐ Medication errors/late administration
☐ IVs ran late or dry/sub-Q IV not identified
☐ Inadequate time for assessment, evaluation, monitoring or observation
☐ Unable to meet standards for pressure ulcer prevention
☐ Delayed or incomplete charting/documentation
☐ Unable to meet teaching/discharge needs identified by patients’ care plan and condition
☐ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
☐ RNs forced to work mandatory overtime or beyond their scheduled shift
☐ Other (please explain in comments section):

Number of staff: RNs __________ Agency RNs __________ RNs called off/flexed off __________ LPNs __________ Aides/Techs __________

Clerks/Secretary __________ Other (name/number) __________ Staff called in: __________

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: __________

Name of RN who delivered form to manager:

Manager’s response when receiving Assignment Despite Objection form: ____________________________________________________________________________

08/15
**Jan Nurses Association Assignment Despite Objection (ADO) Form**

Should verbally protest your assignment to your manager when you believe it is inadequate or potentially dangerous at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory decision, complete this form to the best of your knowledge and distribute copies as follows:

<table>
<thead>
<tr>
<th>Top copy: Give to a union or nurse representative</th>
<th>Yellow copy: Give to your supervisor</th>
<th>Pink copy: Keep for your records</th>
</tr>
</thead>
</table>

**Name(s) of Registered Nurse(s) objecting (please print):**

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge  Float Nurse

given to me/us by (name/title)

Unit Name:  Family Birthing  Unit Type:  Specialty  Facility:  LPHS: Marquette

I/We are objecting to my/our assignment based on the following: (check all that apply)

- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may/did not allow time for direct patient care assignments
- The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to
- Other (please explain):  

<table>
<thead>
<tr>
<th>Patient care outcomes or nursing duties affected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient fall occurred  Medication errors/late administration</td>
</tr>
<tr>
<td>IVs ran late or dry/sub-Q IV not identified  Inadequate time for assessment, evaluation, monitoring or observation</td>
</tr>
<tr>
<td>Unable to meet standards for pressure ulcer prevention  Delayed or incomplete charting/documentation</td>
</tr>
<tr>
<td>Unable to meet teaching/discharge needs identified by patients’ care plan and condition</td>
</tr>
<tr>
<td>Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors</td>
</tr>
<tr>
<td>RNS forced to work mandatory overtime or beyond their scheduled shift</td>
</tr>
<tr>
<td>Other (please explain in comments section)</td>
</tr>
</tbody>
</table>

Number of staff: 3 RNs  Agency RNs  RNS called off/flexed off  LPNs  Aides/Techs  Unit Patient Census

Clerks/Secretary:  178  Other:  (name/number)

Staff needed:  Scrub Tech  Staff called in:  [Redacted]

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

[Redacted]

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20190.

Date/time delivered to manager:  [Redacted]

Name of RN who delivered form to manager:  [Redacted]

Manager’s response when receiving Assignment Date:  [Redacted]

In an emergency the scrub tech is vital to the OR running smoothly. One of the RN’s who is untrained to a scrub tech would have to do this along with full OT.
In Nurses Association Assignment Despite Objection (ADO) Form

Please verbally protest your assignment to your manager when you believe it is inadequate or potentially unsafe. This protest may occur at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory response to the assignment(s), complete this form to the best of your knowledge and distribute copies as follows:

Top copy: Give to a union or nurse representative
Yellow copy: Give to your supervisor
Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as (please circle):
- Primary Nurse
- Charge Nurse
- Relief/Charge
- Float Nurse

given to me/us by (name/title) ____________________________

Date: ______ Time/Shift: ______

Unit Name: ____________________________ Unit Type: ____________________________
Facility: ____________________________

I/We are objecting to my/our assignment based on the following: (check all that apply)

☐ Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
☐ Charge nurse responsibilities may/did not allow time for direct patient care assignments
☐ The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
☐ New patient(s) were transferred/admitted/discharged without adequate staff to care for them
☐ Patient(s) who require a higher level of care are placed inappropriately on the unit
☐ EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
☐ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
☐ RN(s) not oriented to or experienced in the area they were assigned or floated to
☐ Other (please explain):

Patient care outcomes or nursing duties affected:

☐ Patient fall occurred
☐ Medication errors/late administration
☐ IVs ran late or dry/ sub-Q IV not identified
☐ Inadequate time for assessment, evaluation, monitoring or observation
☐ Unable to meet standards for pressure ulcer prevention
☐ Delayed or incomplete charting/documentation

☐ Unable to meet teaching/discharge needs identified by patients’ care plan and condition
☐ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
☐ RNs forced to work mandatory overtime or beyond their scheduled shift
☐ Other (please explain in comments section)

Number of staff:

- RNs: ___________ Agency RNs: ___________
- RNs called off/ flexed off: ___________
- LPNs: ___________
- Aides/ Techs: ___________

Clerks/Secretaries: ___________
Other (name/number): ___________
Staff needed: ___________
(See Previous days ADO)

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): RNs should be providing direct patient care. We should not be doing all of the scrub tech and unit clerk duties. We are also having to do MORE overtime because there is no scrub tech.

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20182.

Date/time delivered to manager: ______

Name of RN who delivered form to manager:

Manager’s response when receiving Assignment:

Not on floor. Aware of schedule.
in Nurses Association Assignment Despite Objection (ADO) Form

I hereby protest my work assignments as follows (please circle):

- [ ] Primary Nurse
- [ ] Charge Nurse
- [ ] Relief/Charge Nurse
- [ ] Float Nurse

Given to me/us by: [Name/Title]

Unit Name: [ICU]  Unit Type: [Critical Care]

I/We are objecting to the following: (Check all that apply)

- [x] Inadequate nurse to patient ratios for patient acuity based on my clinical judgment
- [ ] Charge nurse responsibilities may have altered time for direct patient care assignments
- [ ] The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
- [x] New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- [ ] Patient(s) who require a higher level or care are placed inappropriately on the unit
- [ ] EMR documentation systems override RN judgment and interfere with direct patient care responsibilities or do not function properly
- [ ] Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- [ ] RN(s) not oriented to or experienced in the area they were assigned or floated to
- [ ] Other (please explain): ______________________

Patient care outcomes or nursing duties affected:

- [ ] Unable to meet care needs identified by patients or their families
- [ ] Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
- [ ] RNs forced to work mandatory overtime or beyond their scheduled shift
- [ ] Other (please explain in comments section)

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my professional judgment, today's assignment is/was potentially unsafe and may place my/our patient(s) at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our abilities in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: [______/______/______]

Name of RN who delivered form to manager: [Name]

Manager's response when receiving Assignment Despite Objection form: [Sent to RN]

8th floor nurse called for assistance with 1 week old (nurse has full ADW assignment with infant). Unable to send nurse due to nobody available. Sent call to NICU.
**MI NURSES Association**

**an Nurses Association Assignment Despite Objection (ADO) Form**

**Top copy: Give to a union or nurse representative**
**Yellow copy: Give to your supervisor**
**Pink copy: Keep for your records**

**Name(s) of Registered Nurse(s) objecting (please print):**

I/we hereby protest my/our work assignments as (please circle): **Primary Nurse** Charge Nurse Relief/Charge Float Nurse

given to me/us by (name/title): ___________________________ Date: ____________ Time/Shift: ____________

Unit Name: ___________________________ Unit Type: Critical Care Facility: UP Health Systems Kalamazoo

I/We are objecting to my/our assignment based on the following: (check all that apply)

- [X] Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- [ ] Charge nurse responsibilities may/did not allow time for direct patient care assignments
- [X] The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
- [ ] New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- [ ] Patient(s) who require a higher level of care are placed inappropriately on the unit
- [ ] EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- [ ] Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- [ ] RN(s) not oriented to or experienced in the area they were assigned or floated to
- [ ] Other (please explain): ___________________________

**Patient care outcomes or nursing duties affected:**

- [ ] Patient fall occurred
- [ ] Medication errors/late administration
- [X] IVs ran late ordry/sub-Q IV not identified
- [ ] Inadequate time for assessment, evaluation, monitoring or observation
- [X] Unable to meet standards for pressure ulcer prevention
- [X] Delayed or incomplete charting/documentation
- [ ] Unable to meet teaching/discharge needs identified by patients’ care plan and condition
- [X] Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
- [ ] RNs forced to work mandatory overtime or beyond their scheduled shift
- [ ] Other (please explain in comments section)

**Number of staff:**

<table>
<thead>
<tr>
<th>RNs</th>
<th>Agency RNs</th>
<th>RNs called off/flexed off</th>
<th>LPNs</th>
<th>Aides/Techs</th>
<th>Unit Patient Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>________</td>
<td>________</td>
<td>________</td>
<td>________</td>
<td>________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clerks/Secretary</th>
<th>Other (name/number)</th>
<th>Staff called in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>________</td>
<td></td>
</tr>
</tbody>
</table>

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): ________

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

**Date/time delivered to manager:**

**Name of RN who delivered form to manager:**

**Manager's response when receiving Assignment Despite Objection form:** ________
**Nurses Association Assignment Despite Objection (ADO) Form**

**Top copy: Give to a union or nurse representative**  
**Yellow copy: Give to your supervisor**  
**Pink copy: Keep for your records**

<table>
<thead>
<tr>
<th>Name(s) of Registered Nurse(s) objecting (please print):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

I/we hereby protest my/our work assignments as (please circle):  
- Primary Nurse  
- Charge Nurse  
- Relief/Charge Nurse  
- Float Nurse

given to me/us by (name/title):  

Unit Name:  
Unit Type: Med - CNC  
Facility: MCH

Date: 6-17-17  
Time/Shift: [ ] AM  
[ ] PM

I/we are objecting to my/our assignment based on the following: (check all that apply)

- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may/did not allow time for direct patient care assignments
- The unit is/are not staffed with an adequate number of support staff (examples: RNs, techs, lift teams, 1-to-1 patient sitter/s)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to
- Other (please explain):  
  - [ ] Poor moral defeated attitude
  - [ ] The 19 patients assigned to the 2 of them

**Patient care outcomes or nursing duties affected:**

- Patient fall occurred
- Medication errors/late administration
- IVs ran late or dry/sub-Q IV not identified
- Inadequate time for assessment, evaluation, monitoring or observation
- Unable to meet standards for pressure ulcer prevention
- Delayed or incomplete charting/documentation

Number of staff: RNs:  
Agency RNs:  
RNs called off/flexed off:  
LNs:  
LPNs:  
Aides:  
Techs:  
Unit Patient Census

<table>
<thead>
<tr>
<th>Clerks/Secretary</th>
<th>Other (name/number)</th>
<th>Staff called in</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

- Surgical bag uncleaned, not provided ambulation or postops, not tube completed, mouthwash not provided, bedtimes not having beds and baths not complete. No attempt to notify to patients/room staff.

Date/time delivered to manager: 6-17-17

Name of RN who delivered form to manager: 

Manager's response when receiving Assignment Despite Objection form:
Michigan Nurses Association Assignment Despite Objection (AD)

Instructions: You should verbally protest your assignment to your manager when you believe it is inadequate and unsafe. This is usually at the beginning of the shift but may occur at any time. If your manager does not make an adjustment to the assignment(s), complete this form to the best of your knowledge and distribute copies to your manager.

Top copy: Give to a union or nurse representative
Yellow copy: Give to your supervisor
Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

If we hereby protest my/our work assignments as (please circle): Primary Nurse Charge Nurse Relief/Charge Float Nurse

Given to me/us by (name/title):

Unit Name: ___________ Unit Type: ___________ Facility: ___________

Date: ___________ Time/Shift: ___________

We are objecting to my/our assignment based on the following: (check all that apply)

- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may/did not allow time for direct patient care assignments
- The unit is/was not staffed with an adequate number of support staff (examples: PCs, techs, lift teams, 1-to-1 patient sisters)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to
- Other (please explain):

Patient care outcomes or nursing duties affected:
- Unable to meet teaching/discharge needs identified by patients' care plans and condition
- Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
- Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
- RNS forced to work mandatory overtime or beyond their scheduled shift
- Other (please explain in comments section):

Highly sensitive, numerous pain meds, insulin coady

Bed exit sounds off. Operator no answer. Nsg supv not answer

Unsure of patients. No nurses or doctors. No answer. Nsg supv not answer

High acuity. Experienced staff. Guts. LPWs, aides, techs

Staff called in: ________

Number of staff: RNs ___________ Agency RNs ___________ RNs called off/flexed off ___________

Patients calling on answering machine

Other (name/number) ________

Staff called in: ________

Heavily rounded. Not able to do rounds due to being off work.

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

Date/time delivered to manager: ___________

Name of RN who delivered form to manager: ___________

Manager's response when receiving Assignment Despite Objection form:

Transport monitor missing. No lunch breaks

Have sleeping duties being done by RNs and unit clerks. No clerks available. Isolation rooms with extra beds left in place.
Michigan Nurses Association Assignment Despite Objection (ADO)

Instructions: You should verbally protest your assignment to your manager when you believe it is inadequate unsafe. This is usually at the beginning of the shift but may occur at any time. If your manager does not make adjustment to the assignment(s), complete this form to the best of your knowledge and distribute copies as indicated.

Top copy: Give to a union or nurse representative
Yellow copy: Give to your supervisor
Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as (please circle): Primary Nurse Charge Nurse Relief/Charge Float Nurse

given to me/us by (name/title)

Unit Name: Unit: Med/One Unit Type: Med/One Facility:

If we are objecting to my/our assignment based on the following: (check all that apply)

- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may/did not allow time for direct patient care assignments
- The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to
- Other (please explain):

Patient care outcomes or nursing duties affected:

- Inadequate nursing care: unable to meet teaching/discharge needs identified by patients' care plan and condition
- Breaks not provided for direct-care RNS to prevent fatigue, accidents, and/or errors
- RNS forced to work mandatory overtime or beyond their scheduled shift
- Other (please explain in comments section)

Number of staff: RNS Agency RNS RNS called off/flexed off LPNs Aides/Techs

Clerks/Secretary Other (name/number) Unit Patient Census

Staff needed:

Staff called in:

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

No toilet area cleaned for 3 days. Filthy soiled utility linen. No desk area cleaned by housekeeping. Conference room filth. Leftover pizzas & food & equipment not cleaned.

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect an assigned staff and/or patient care. (We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: 7/15/17

Name of RN who delivered form to manager: [Redacted]

Manager's response when receiving Assignment Despite Objection form:

We look bad as a hospital when rooms, lounge, nurses station are unkempt and dirty. Infection rates potentially go up.
In Nurses Association Assignment Despite Objection (ADO) Form

I/did verbally protest your assignment to your manager when you believe it is inadequate or potentially at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory agreement on the assignment(s), complete this form to the best of your knowledge and distribute copies as follows:

Top copy: Give to a union representative
Yellow copy: Give to your supervisor
Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as (please circle): Primary Nurse Charge Nurse Relief/Charge Float Nurse

given to me/us by (name/title): ____________
Unit Name: ____________ Unit Type: Med/Int Facility: ____________

Date: ____________ Time/Shift: ____________

I/We are objecting to my/our assignment based on the following: (check all that apply)

Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
Charge nurse responsibilities may not allow time for direct patient care assignments
The unit/area was not staffed with an adequate number of support staff (examples: PCAs, techns, lift teams, 1-to-1 patient sitters)
New patient(s) were transferred/admitted/discharged without adequate staff to care for them
Patient(s) who require a higher level of care are placed inappropriately on the unit
EMR documentation systems override RN judgments and interfere with direct patient care responsibility or do not function properly
Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
RN(s) not oriented to or experienced in the area they were assigned or floated to
Other (please explain): ____________

Unloading of patients to off-floor and/or to accommodate back

Patient care outcomes or nursing duties affected:

Unable to meet teaching/discharge needs identified by patients' care plan and condition
Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
RN(s) forced to work mandatory overtime or beyond their scheduled shift
Other (please explain in comments section)

Number of staff: RNs ____________ Agency RNs ____________ RNs called off/missed ____________

Clerks/Secretary ____________ Other (name/number) ____________ LPNs ____________ Aides/Techns ____________

Staff needed: ____________ Staff called: ____________ Staff called, Security called ____________

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our licensees and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/we will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: ____________

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection form:

Family members of roommate of pt. that was a security call removed from room for safety analysis
In Nurses Association Assignment Despite Objection (ADO) Form

I hereby protest my assigned work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge Nurse  Float Nurse
given to me/us by [name/title]  Date: 3-14-17  Time/Shift: PM

We hereby protest my assignment based on the following (check all that apply):

- Inadequate nurse to patient ratios for patient acuity based on my clinical judgment
- Charge nurse responsibilities may not allow time for direct patient care assignments
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibilities or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to

Other (please explain):

No O2 No Pulse or Mills given together, older meds not noted, no incentive spirometry

Patient care outcomes or nursing duties affected:

- Patient fall occurred
- Medication errors/late administration
- IVs ran late or dry/sub-Q IV not identified
- Inadequate time for assessment, evaluation, monitoring or observation
- Unable to meet standards for pressure ulcer prevention
- Delayed or incomplete charting/documentation

Number of staff: RNS _______ Agency RNS _______ RNS called off/flexed off _______ LPNs _______ Aides/Techs _______

Other (name/number) _______ Unit Patient Census _______

Staff needed: _______ Staff called in: _______

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: 3-19-17

Name of RN who delivered form to manager: [redacted]

Manager's response when receiving Assignment Despite Objection form:
Nurses Association Assignment Despite Objection (ADO) Form

I hereby protest my work assignments as (please circle): Primary Nurse, Charge Nurse, Relief/Charge Nurse, Float Nurse.

Given to me/us by (name/title), ________________________________ Date: 5/20/17 Time/Shift: ____________ Facility: Marquette University Health Systems

I/we are objecting to my/our assignment based on the following: (check all that apply)

☐ Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
☐ Charge nurse responsibilities may/did not allow time for direct patient care assignments
☐ The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
☐ New patient(s) were transferred/admitted/discharged without adequate staff to care for them
☐ Patient(s) who require a higher level of care are placed inappropriately on the unit
☐ EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
☐ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
☐ RN(s) not oriented to or experienced in the area they were assigned or floated to
☐ Other (please explain): ________________________________

Patient care outcomes or nursing duties affected:

☐ Patient fall occurred
☐ Medication errors/late administration
☐ IVs ran late or dry
☐未识别 IV
☐ Inadequate time for assessment, evaluation, monitoring or observation
☐ Unable to meet standards for pressure ulcer prevention
☐ Delayed or incomplete charting/documentation
☐ Unable to meet teaching/discharge needs identified by patients’ care plan and condition
☐ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
☐ RNs forced to work mandatory overtime or beyond their scheduled shift
☐ Other (please explain in comments section)

Number of staff: RNs _______ Agency RNs _______ RNs called off/flexed off _______ LPNs _______ Aides/Techs _______

Clerks/Secretary _______ Other (name/number) _______ Staff needed: [ ] Extra RNs (Census) _______ Staff called in: _______

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): We had two patients who were at risk. One of these patients was a diabetic and the second patient was a ventilator-dependent patient. Both required frequent therapy. The third patient was also at risk and needed frequent therapy.

As a patient advocate and in accordance with the Michigan Public Health Code, this is to certify that I/we have notified you that, in my/our professional judgment, today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effects on assigned staff and/or patient care. We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20380.

Date/time delivered to manager: 5/20/17

Name of RN who delivered form to manager: [Redacted]

Manager’s response when receiving Assignment Despite Objection Form: [Redacted]
Also accurate role on medical...
an Nurses Association Assignment Despite Objection (ADO) Form

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge  Float Nurse

given to me/us by (name/title) ________________________________

Unit Name: _________ Unit Type: _________ Facility: _________

I/we are objecting to my/our assignment based on the following: (check all that apply)

- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may/did not allow time for direct patient care assignments
- The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to
- Other (please explain): ________________________________

Patient care outcomes or nursing duties affected:

- Patient fall occurred
- Medication errors/late administration
- IVs ran late or dry/sub-Q IV not identified
- Inadequate time for assessment, evaluation, monitoring or observation
- Unable to meet standards for pressure ulcer prevention
- Delayed or incomplete charting/documentation

Number of staff: RNs _________ Agency RNs _________ RNs called off/flexed off _________ LPNs _________ Aides/Techs _________

Staff needed: _________ Other (name/number) _________

Staff called in: ________________________________

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): ________________________________

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect an assigned staff and/or patient care. I/we will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20189.

Date/time delivered to manager: _________

Name of RN who delivered form to manager: ________________________________

Manager’s response when receiving Assignment Despite Objection form: ________________________________

Pharmacy issues with medications not available to pass on med. pass, requiring numerous Med MARS requests.
MI NURSES
Association

Nurses Association Assignment Despite Objection (ADO) Form

If verbally protest your assignment to your manager when you believe it is inadequate or potentially at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory assignment(s), complete this form to the best of your knowledge and distribute copies as follows:

Top copy: Give to a union or nurse representative  Yellow copy: Give to your supervisor  Pink copy: Keep for your records

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge  Float Nurse
given to me/us by (name/title)

Unit Name: Unit Flow Unit Type: Med/Onc Facility: Med-17

We are objecting to my/our assignment based on the following: (check all that apply)

Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
Charge nurse responsibilities may/did not allow time for direct patient care assignments
The unit is/was not staffed with an adequate number of support staff (examples: PCs, techns, lift teams)
New patient(s) were transferred/admitted/discharged without adequate staff to care for them
Patients who require a higher level of care are placed inappropriately on the unit
EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
RN(s) not oriented to or experienced in the area they were assigned or floated to
Other (please explain):

Patient care outcomes or nursing duties affected:
Patient fall occurred
Medication errors/late administration
IVs run late or dry/sub-Q IV not identified
Inadequate time for assessment, evaluation, monitoring or observation
Unable to meet standards for pressure ulcer prevention
Delayed or incomplete charting/documentation

Unable to meet teaching/discharge needs identified by patients' care plan and condition
Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
RNs forced to work mandatory overtime or beyond their scheduled shift
Other (please explain in comments section)

Number of staff: RNs ______ Agency RNs ______ RNs called off/flexed off ______ LPNs ______ Aides/Techs ______
Clerks/Secretary ______ Other (name/number) ______
Staff needed: ______ Staff called in: ______

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/we will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice in the presence of the Public Health Code and requests a written response from the employer within 60 days pursuant to 2002 PA 751, MCL 333.20180.

Date/time delivered to manager: 1-9-17
Name of RN who delivered form to manager: ______
Manager's response when receiving Assignment Despite Objection form: ______
Michigan Nurses Association Assignment Despite Objection (ADO) Form

I/We would verbally protest your assignment to your manager when you believe it is inadequate or potentially unsafe at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory decision or nurse representative objection, complete this form to the best of your knowledge and distribute copies as follows:

Yellow copy: Give to your supervisor
Pink copy: Keep for your records

Nurse(s) objecting (please print):

Your work assignments as (please circle):
- Primary Nurse
- Charge Nurse
- Relief/Charge Nurse
- Float Nurse

Unit Name: ________ Unit Type: ________ Facility: ________ Date: ________ Time/Shift: ________

I/We are objecting to my/our assignment based on the following: (check all that apply)

☐ Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment

☐ Charge nurse responsibilities may not allow time for direct patient care assignments

☐ The unit is was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)

☐ New patient(s) were transferred/admitted/discharged without adequate staff to care for them

☐ Patient(s) who require a higher level of care are placed inappropriately on the unit

☐ EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly

☐ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)

☐ RN(s) not oriented to or experienced in the area they were assigned or floated to

☐ Other (please explain):

Patient care outcomes or nursing duties affected:

☒ Patient fall occurred

☒ Medication errors/lack of administration

☒ IVs ran late or dry/sub-Q IV not identified

☒ Inadequate time for assessment, evaluation, monitoring or observation

☒ Unable to meet standards for pressure ulcer prevention

☒ Delayed or incomplete charting/documentation

☐ Unable to meet teaching/discharge needs identified by patients’ care plan and condition

☐ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors

☐ RN(s) forced to work mandatory overtime or beyond their scheduled shift

☐ Other (please explain in comments section):

Number of staff:
- RNs ________
- Agency RNs ________
- RNs called off/flexed off ________
- LPNs ________
- Aides/Techs ________

Clerks/Secretary ________
- Other (name/number) ________
- Staff called in:

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

Concerned about patient safety!!

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today’s assignment is was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.6180.

Date/time delivered to manager: ________

Name of RN who delivered form to manager: ________

Manager’s response when receiving Assignment Despite Objection form: ________

Sent to CNO

08/15
Nurses Association Assignment Despite Objection (ADO) Form

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge  Float Nurse

given to me/us by (name/title) __________________________________________________________

Unit Name: __________________________ Unit Type: __________________________ Date: ________ Time/Shift: ________ Facility: __________________________

I/We are objecting to my/our assignment based on the following: (check all that apply)

☐ Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
☐ Charge nurse responsibilities may/did not allow time for direct patient care assignments
☐ The unit was/is not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
☐ New patient(s) were transferred/admitted/discharged without adequate staff to care for them
☑ Patient(s) who require a higher level of care are placed inappropriately on the unit
☐ EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
☐ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
☐ RN(s) not oriented, not competent, or not experienced in the area they were assigned or floated to
☐ Other (please explain): __________________________________________________________________________

Patient care outcomes or nursing duties affected:

☐ Patient fall occurred
☐ Medication errors/late administration
☐ IV line/IV order not started/Charting not completed
☐ Inadequate time for assessment, evaluation, monitoring or observation
☐ Unable to meet standards for pressure ulcer prevention
☐ Delayed or incomplete charting/documentation
☐ Unable to meet teaching/discharge needs identified by patients’ care plan and condition
☐ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
☐ RNs forced to work mandatory overtime or beyond their scheduled shift
☐ Other (please explain in comments section)

Number of staff: RNs __________ Agency RNs __________ RNs called off/flexed off ________ LPNs ________ Aides/Techs ________

Clerks/Secretary __________________________ Other (name/number) __________________________

Staff needed: __________________________ Staff called in: __________________________

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to inform that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may put my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effects on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 751, MCL 333.20180.

Date/time delivered to manager: __________________________________________________________________________

Name of RN who delivered form to manager: __________________________

Manager’s response when receiving Assignment Despite Objection form:

_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________
MI NURSES Association

Nurses Association Assignment Despite Objection (ADO) Form

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge  Float Nurse
given to me/us by (name/title) ____________________ Unit Type: Med/ Onc  Facility: MC-4

I/We are objectioning to my/our assignment based on the following: (check all that apply)

- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may/did not allow time for direct patient care assignments
- The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-on-1 patient sitters)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to
- Other (please explain):

Patient care outcomes or nursing duties affected:
- Patient fell occurred
- Medication errors/late administration
- IVs ran late or dry/sub-Q
- IV not identified
- Inadequate time for assessment, evaluation, monitoring or observation
- Unable to meet standards for pressure ulcer prevention
- Delayed or incomplete charting/documentation
- Unable to meet teaching/discharge needs identified by patients’ care plan and condition
- Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
- RNs forced to work mandatory overtime or beyond their scheduled shift
- Other (please explain in comments section)

Number of staff: RNs ________ Agency RNs ________ RNs called off/flexed off ________ LPNs ________ Aides/Techs ________
Clerks/Secretary ________ Other (name/number) ________ Unit Patient Census ________
Staff needed: ________ Staff called in: ________

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager: 3-19-19
Name of RN who delivered form to manager: ____________________
Manager’s response when receiving Assignment Despite Objection form: ____________________
an Nurses Association Assignment Despite Objection (ADO) Form

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief/Charge  Float Nurse
given to me/us by (name/title)

Unit Name: ___________   Unit Type: Med/UNC   Facility: ___________

Date: 6-4-17   Time/Shift: ___________

I/We are objecting to my/our assignment based on the following: (check all that apply)

☐ Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
☐ Charge nurse responsibilities may/did not allow time for direct patient care assignments
☐ The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
☐ New patient(s) were transferred/admitted/discharged without adequate staff to care for them
☐ Patient(s) who require a higher level of care are placed inappropriately on the unit
☐ EMR documentation systems override RN judgment and interfere with direct patient care or do not function properly
☐ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
☐ RN(s) not oriented to or experienced in the area they were assigned or floated to
☐ Other (please explain): ____________________________________________________________________________

Patient care outcomes or nursing duties affected:

☐ Patient fall occurred
☐ Medication errors/late administration
☐ IVs ran late or dry/sub-Q IV not identified
☐ Inadequate time for assessment, evaluation, monitoring or observation
☐ Unable to meet standards for pressure ulcer prevention
☐ Delayed or incomplete charting/documentation

Number of staff: RNs ________ Agency RNs ________ RNs called off/flexed off ________ LPNs ________ Aides/Techs ________
Clerks/Secretary ________ Other (name/number) ________ Staff called in: __________________________

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 451, MCL 333.20180.

Date/time delivered to manager: 6-4-17

Name of RN who delivered form to manager: ___________

Manager's response when receiving Assignment Despite Objection form: __________________________________________________________________________

06/15
I hereby protest my work assignments as (please circle): Primary Nurse, Charge Nurse, Relief/Charge, Float Nurse.

I/we are objecting to my/our assignment based on the following: (check all that apply)
- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may/did not allow time for direct patient care assignments
- The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to
- Other (please explain):

Patient care outcomes or nursing duties affected:
- Patient fall occurred
- Medication errors/late administration
- IVs ran late or dry/sub-Q IV not identified
- Inadequate time for assessment, evaluation, monitoring or observation
- Unable to meet standards for pressure ulcer prevention
- Delayed or incomplete charting/documentation

Unable to meet teaching/discharge needs identified by patients' care plan and condition
- Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
- RNs forced to work mandatory overtime or beyond their scheduled shift
- Other (please explain in comments section)

Number of staff: RNs, Agency RNs, RNs called off/flexed off, LPNs, Aides/Techns.

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 731, MCL 333.20180.

Date/time delivered to manager:

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection Form:

Ambulance director
# Nurses Association Assignment Despite Objection (ADO) Form

I'd verbally protest your assignment to your manager when you believe it is inadequate or potentially unsafe at the beginning of the shift but may occur at any time. If your manager does not make a satisfactory adjustment to the assignment(s), complete this form to the best of your knowledge and distribute copies as follows:

<table>
<thead>
<tr>
<th>Top copy: Give to a union or nurse representative</th>
<th>Yellow copy: Give to your supervisor</th>
<th>Pink copy: Keep for your records</th>
</tr>
</thead>
</table>

Name(s) of Registered Nurse(s) objecting (please print):

I/we hereby protest my/our work assignments as (please circle): Primary Nurse  Charge Nurse  Relief Charge  Float Nurse
given to me/us by (name/title)  [INITIALS]  Date: 2/24/17  Time/Shift: PM Shift
Unit Name:  Unit Type: Med/NC  Facility:  6B

I/We are objecting to my/our assignment based on the following: (check all that apply)

- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may not allow time for direct patient care assignments
- The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RNs not oriented to or experienced in the area they were assigned or floated to
- Other (please explain):

Patient care outcomes or nursing duties affected:

- Patient fall occurred
- Medication errors/late administration
- IVS ran late or dry/sub-Q IV not identified
- Inadequate time for assessment, evaluation, monitoring or observation
- Unable to meet standards for pressure ulcer prevention
- Delayed or incomplete charting/documentation

Number of staff: RNs  Agency RNs  RNs called off/flexed off  LPNs  Aides/Techs
Clerks/Secretary  Other (name/number)  Staff called in:

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that I/we have notified you that, in my/our professional judgment, today's assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. (We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 791, MCL 333.20180).

Date/time delivered to manager:  2/24/17
Name of RN who delivered form to manager:  [INITIALS]
Manager's response when receiving Assignment Despite Objection form:
**in Nurses Association Assignment Despite Objection (ADO) Form**

I/we hereby protest my/our work assignments as (please circle): Primary Nurse □ Charge Nurse □ Relief/Charge □ Float Nurse

given to me/us by (name/title): M. Lambert – Unit M. Lambert – Unit Shift: 2a-3p

Unit Name: UTI-5 Unit □ OPUS □ Marquette Facility: UTI-5 □ OPUS □ Marquette

I/We are objecting to my/our assignment based on the following: (check all that apply)

- Inadequate nurse to patient ratios for patient acuity based on my/our clinical judgment
- Charge nurse responsibilities may/did not allow time for direct patient care assignments
- The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters)
- New patient(s) were transferred/admitted/discharged without adequate staff to care for them
- Patient(s) who require a higher level of care are placed inappropriately on the unit
- EMIR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly
- Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas)
- RN(s) not oriented to or experienced in the area they were assigned or floated to
- Other (please explain):

<table>
<thead>
<tr>
<th>Patient care outcomes or nursing duties affected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Patient fall occurred</td>
</tr>
<tr>
<td>□ Medication errors/late administration</td>
</tr>
<tr>
<td>□ IVs ran late or dry/sub-Q IV not identified</td>
</tr>
<tr>
<td>□ Inadequate time for assessment, evaluation, monitoring or observation</td>
</tr>
<tr>
<td>□ Unable to meet standards for pressure ulcer prevention</td>
</tr>
<tr>
<td>□ Delayed or incomplete charting/documentation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of staff: RNs</th>
<th>Agency RNs</th>
<th>RNs called off/flexed off</th>
<th>LPNs</th>
<th>Aides/Techs</th>
<th>Unit Patient Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerks/Secretary</td>
<td>Other (name/number)</td>
<td>Staff called in:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

As a patient advocate and in accordance with the Michigan Public Health Code, this is to confirm that (I/we have notified you) that, in my/our professional judgment, today’s assignment is/was potentially unsafe and may place my/our license(s) and patients at risk. As a result, the facility/employer is responsible for any adverse effect on assigned staff and/or patient care. (I/We will, under protest, provide care to the best of my/our ability in accordance with professional standards. This is notice of an unsafe practice or condition under the Public Health Code and requires a written response from the employer within 60 days pursuant to 2002 PA 721, MCL 333.20180.

Date/time delivered to manager: 6/1/2017

Name of RN who delivered form to manager: [Redacted]

Manager’s response when receiving Assignment Despite Objection form:
Nurses Association Assignment Despite Objection (ADO) Form

I hereby protest my assignment as (please circle): Primary Nurse, Charge Nurse, Relief/Charge, Float Nurse.

Given to me/us by (name/title):

Management present: Date: 3/18/17 Time/Shift: 3-11

Unit Name: Emergency Dept. Unit Type: Facility: UPHS MAT

I/we object to the following (check all that apply):

☑ Inadequate nurse to patient ratios for patient acuity based on my clinical judgment.
☑ Charge nurse responsibilities may/did not allow time for direct patient care assignments.
☑ The unit is/was not staffed with an adequate number of support staff (examples: PCAs, techs, lift teams, 1-to-1 patient sitters).
☑ New patient(s) were transferred/admitted/discharged without adequate staff to care for them.
☑ Patient(s) who require a higher level of care are placed inappropriately on the unit.
☑ EMR documentation systems override RN judgment and interfere with direct patient care responsibility or do not function properly.
☑ Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas).
☑ RN(s) not oriented to or experienced in the area they were assigned or floated to.
☑ Other (please explain):

Patient care outcomes or nursing duties affected:

☑ Patient fall occurred
☑ Medication errors/late administration
☑ IVs ran late or dry/sub-Q IV not identified
☑ Inadequate time for assessment, evaluation, monitoring or observation
☑ Unable to meet standards for pressure ulcer prevention
☑ Delayed or incomplete charting/documentation
☑ Unable to meet teaching/discharge needs identified by patients’ care plan and condition
☑ Breaks not provided for direct-care RNs to prevent fatigue, accidents, and/or errors
☑ RNs forced to work mandatory overtime or beyond their scheduled shift.
☑ Other (please explain in comments section)

Number of staff: RNs: 4 Agency RNs: 2
Others: 2 RNs called off/flexed off: 3 LPNs: 2 Aides/Techs: 6

Unit Patient Census

Additional RNs: 2

Staff called in: 1 nurse available

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):

Date/time delivered to manager: 3/23/19 15:45

Name of RN who delivered form to manager: [Redacted]

Manager’s response when receiving Assignment Despite Objection form:

Declined + Instructed (Apr 24th) to AS3, or in these situations.
Called [redacted] supervisor to ask why he was placing our staff to another unit when I was [redacted]ed. He said it was because the nurse who had to stay over was pregnant. I asked why someone else couldn't stay instead and he had no answer for me. Saying - ya it's tough but, you'll have to suck it up, you have a replacement coming at 7pm. and you're already here so it's not like I'm calling you to or something. Long story, she is pregnant.

1-14-17