

# MI NURSES Association

## Michigan Nurses Association Assignment Despite Objection (ADO) Form – Ambulatory Care

**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: \_\_\_\_\_ Time/Shift: \_\_\_\_\_

Unit Name: \_\_\_\_\_ Unit Type: \_\_\_\_\_ Facility: \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> RN absence not being replaced  | <input type="checkbox"/> Staff absence not being replaced                  |
| <input type="checkbox"/> RN on scheduled PTO not being replaced   | <input type="checkbox"/> RN working in clinic not experienced/not oriented |
| <input type="checkbox"/> Overbooked MD schedule   | <input type="checkbox"/> Overbooked procedure schedule                     |
| <input type="checkbox"/> Lack of relief for breaks/lunch  |  |
| <input type="checkbox"/> Admissions from Clinic to Floor (number of admissions: _____)  |  |
| <input type="checkbox"/> Patient needed IV fluids in clinic, _____ hours required to administer fluids                        |  |
| <input type="checkbox"/> Insufficient or faulty equipment or supplies (including lack of appropriate patient treatment areas) |  |
| <input type="checkbox"/> EMR documentation systems interfere with patient care responsibility or do not function properly     |  |
| <input type="checkbox"/> Emergency situation (explain): _____   |  |
| <input type="checkbox"/> Other (please explain) _____   |  |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Patient treatment not done   | <input type="checkbox"/> Patient teaching not done by RN (reason/result): _____  |
| <input type="checkbox"/> Treatment not done in a timely manner  | (For example, pt. came for a procedure & didn't receive correct preparation/directions & had to be re-scheduled)                       |
| <input type="checkbox"/> Medication errors/late administration  | <input type="checkbox"/> Breaks not provided for direct-care RNs to prevent fatigue, and/or errors                                     |
| <input type="checkbox"/> Phone calls not returned in timely manner                                      | <input type="checkbox"/> RNs forced to work mandatory overtime or beyond their scheduled shift/hours                                   |
| <input type="checkbox"/> Patient reports seeking medical attention elsewhere                            | <input type="checkbox"/> Other (please explain in comments section)  |
| <input type="checkbox"/> Delayed or incomplete charting/documentation                                   | <input type="checkbox"/> Total number of non-urgent calls not returned by end of the day: _____ (total number of calls received _____) |
| <input type="checkbox"/> Request for prescription, number of hours: _____ or days: _____ to return call |  |
| <input type="checkbox"/> Test results, number of days/hours to return call: _____                       |  |

Number of staff: RNs \_\_\_\_\_ CSR RNs \_\_\_\_\_ LPNs \_\_\_\_\_ MAs \_\_\_\_\_ Clerks \_\_\_\_\_ Temps \_\_\_\_\_

Other (name/number) \_\_\_\_\_ Number of patients scheduled \_\_\_\_\_

Lack of Auxiliary help: Clerical \_\_\_\_\_ Medical Assistant/Technician \_\_\_\_\_ Transportation \_\_\_\_\_ Housekeeping \_\_\_\_\_

Any RNs or other staff called off/flexed off? \_\_\_\_\_

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: \_\_\_\_\_