

MI NURSES Association

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: _____ 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/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: _____

Name of RN who delivered form to manager: _____

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