

The image shows the exterior of a modern hospital building with a glass and stone facade. A large sign on the right side of the building reads "UP HEALTH SYSTEM MARQUETTE" and "A Duke LifePoint Hospital". Below this, it says "NORTH ENTRANCE". In the foreground, there is a smaller sign that says "Entry". Two flagpoles with the American and Michigan state flags are visible. The title "Misplaced Priorities" is overlaid in large red letters.

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, 2107, 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).⁷**

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 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.⁸**

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.⁹ 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.¹⁰**

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.¹¹**

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 available³⁰, no thermometers^{31, 32}, broken cardiac monitor³³, no isolation equipment³³, and blood pressure cuffs.^{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 oximeter, 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.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

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The Joint Commission (2011). *Sentinel Event Alert*. Issue 48, December 14, 2011. Retrieved from https://www.jointcommission.org/assets/1/18/SEA_48.pdf

Department of Licensing and Regulatory Affairs, Director's Office. Board of Nursing – General Rules. Retrieved from http://w3.lara.state.mi.us/orr/Files/AdminCode/1600_2015-091LR_AdminCode.pdf

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Ungar, L. (2015). Nurses' fatigue's dangers targeted by new policy. *Cincinnati Courier-Journal*.

APPENDIX

Blood
+
Chemo
date

MI NURSES
Association

1-13-17

1

Nurses Association Assignment Despite Objection (ADO) Form

verbally protest your assignment to your manager when you believe it is inadequate or potentially beginning of the shift but may occur at any time. If your manager does not make a satisfactory attempt(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: 1-13-17 Time/Shift: 7A-7 PM

Unit Name: 1st floor Unit Type: Med/surg/one 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) Meds not in drawer or b.p. from Pharmacy
slow computer

Patient care outcomes or nursing duties affected:

- ☐ Patient fall occurred
- ☒ Medication errors/dose administration error
- ☒ 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):
Safety is a huge concern
6 patient they left from previous shift, unable to keep up with IV's
H 40 & 6 at 6 on chemo & med coverage. Blood not hanging admit
that came at 5 PM. Discharge waiting to go. No break & noon
unable to results of PRN/meds to relieve for break or help

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: 1-13-17

Name of RN who delivered form to manager: Put under office door

Manager's response when receiving Assignment Despite Objection form:

Pain
Meds
20 late

24-17

MI NURSES Association

2

an Nurses Association Assignment Despite Objection (ADO) Form

ould 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
signment(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: 5-24-17 Time/Shift: 11 pm - 7 am

Unit Name: Med / Onc - Oncology Unit Type: Medical / Onc 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 4 Agency RNs 0 RNs called off/flexed off 0 LPNs 0 Aides/Techs 3 4-2-5-4
Clerks/Secretary Hosp Flr Other (name/number) _____ Unit Patient Census 30
Staff needed: _____ Staff called in: _____

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

My team had 4 out of 8 total care pts 2 of those in isolation
At start of night shift upset as all could not get to room
for at least 20 min after she arrived. Other pts upset as well as multiple
pain meds / an Hemores & Nurse to administer. My CA released a sitter

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 in office 0530 5-31-17 - Slid Not start due

Name of RN who delivered form to manager: _____ under 411-50m

Manager's response when receiving Assignment Despite Objection form: _____ door told that I probably will not get a break as too busy - had to help her later I was drawing & she came to assist

Michigan Nurses Association Assignment Despite Objection (ADO) Form

You must 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:

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: 4-9-17 Time/Shift: Day

Unit Name: Low Floor

Unit Type: Med/onc

Facility: MHA

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): Care aide staff @ desk with jacket & backpack on

From 0650 to 0730

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:

insulin pump removed without follow up orders Provider > 5

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): Rehab LPN, just standing at nurses station, bulky round sheets not being utilized collected, filled out hourly, roomster in a mess, incorrect patient information on one end

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:

Manager's response when receiving Assignment Despite Objection form:

Hourly
Rounds

MI **NURSES**
Association

Speak Up to Patient
SAFETY

4

Michigan Nurses Association Assignment Despite Objection (ADO) Form

You must 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 assignment 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: 5-1-17 Time/Shift: Days
Unit Name: Unit Floor Unit Type: Med/ONC Facility: MCH

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): Staffing took a lot of time to avoid 16 hour shift coverage, ED full of pts. & no nurses available

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): No one on duty able to take recorder role. Active chemo with RN having a full team, Charge nurse with full team, Dayshift with 7 patients

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: 5-1-17

Name of RN who delivered form to manager: _____

Manager's response when receiving Assignment Despite Objection form: Staffing took being taken by accident & removing of master schedule, Care Aide dictating staffing decisions, Hourly rounds not completed. Care Aide not doing Chen strips @ 1130 ON 4 out of 6 pts

Nurses
phones

Spent up for Patient safety

5

MI NURSES Association

In Nurses Association Assignment Despite Objection (ADO) Form

Read 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 objection 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: 4-8-17 Time/Shift: Day
Unit Name: 10N Floor Unit Type: Med/UNC Facility: MSH

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

6.1

- ☒ 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): Care Aides LPN's Not doing bedside report hourly rounds not completed LPN states W I don't know how to be a LPN

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): Staff leaving with keys, Dynamap Rees not handed off at shift change, Huddle book missing, Care Aide schedule missing, Room staffing Book, Care Aides constantly handling starting back

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

Care Aides calling in sick from other job for this job
Not enough phones for staff on duty

Hourly
Rounds

MI NURSES Association

Speak Up for Patient
Safety

6

Michigan Nurses Association Assignment Despite Objection (ADO) Form

Read 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)

Date: 5-22-17 Time/Shift: Day

Unit Name: San Floor Unit Type: Med/ONC Facility: M&H

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

6:1

- ☒ 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) Team trees not full
- ☒ 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 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) Patients discharged in a hurry to get transported home

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

Staff needed: Unable to fill out hourly rounds, sheets missing, care needs to be done, Not signing sheets Staff called in: _____

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): Patient with hypoglycemia, receiving insulin IR to thoracentesis done, B/P V, blood sugar collapse on other patients late, rushed discharge, supplemental PICC line use and leave, fresh post op, Discharge machine to go 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: 5-22-17

Name of RN who delivered form to manager: _____

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

regarding Hourly Round Sheets
Care aide 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):

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) Supervisors Date: 7-2-13 Time/Shift: ALL SHIFTS
Unit Name: 8th ORTHO/NEURO Unit Type: 8 Facility: UPHS 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 - Char & charge experience
- ☐ Other (please explain):

Patient care outcomes or nursing duties affected:

- ☒ Patient fall occurred 4-Falls
- ☒ 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
- ☒ Patients Bed's unable to chart
- ☒ 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 3 Agency RNs 0 RNs called off/flexed off 0 LPNs 2 Aides/Techs 0
Clerks/Secretary 1 Other (name/number) Floats = 3 Unit Patient Census 25
Staff needed: 5-10 PNs Staff called in: 0

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

has 7 inpatients plus 2 outpatients (admit-intense-discharge)

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: 7-3-13 1130
Name of RN who delivered form to manager: [Redacted]
Manager's response when receiving Assignment Despite Objection form: _____

Michigan Nurses Association Despite Objection (ADO) Form Addendum:

6/24/2017

Staff nurses objecting: [REDACTED]

We are objecting to our assignments based on the following: [REDACTED]

- 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.

Michigan Nurses Association Assignment Despite Objection (ADO) Form

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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) UPHS Marquette Date: 6/25/17 Time/Shift: 7a-3p
Unit Name: ED Unit Type: ED Facility: UPHS 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): st. here for 22 hours, lots of orders on CPDE no helpful system for transcribing these orders to EDIS chart

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): ICU Pt. that was here for over 22 hours, still on a ER gurney till this nurse arrived, signs of pressure issues on heels, CPDE orders not on EDIS, charted to best of ability, took care of pt. to best of ability

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: 6/26/17

Name of RN who delivered form to manager: _____

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

3-11-17

MI NURSES Association

Speak Up for Patient
Safety 10

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: 3-11-17 Time/Shift: Day

Unit Name: Con Floor

Unit Type: Med/UNC

Facility: MCH

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): New staff on night shift

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):

Precaution patient found with (2) phone cords and a belt hid under him. No sister @ bedside and patient stating he is actively suicidal

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: 3-17-17

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection form:

Michigan Nurses Association Assignment Despite Objection (ADO) Form

You should **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 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 5-7
given to me/us by (name/title) Sarah Schedule Supervisor Date: 6/19/17 Time/Shift: 1232
Unit Name: Emergency Dept Unit Type: ED Facility: UPHS - Mackaquette

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 2 Agency RNs _____ RNs called off/flexed off _____ LPNs _____ Aides/Techs _____
Clerks/Secretary 1 Other (name/number) _____ Unit Patient Census _____
Staff needed: 2 RN 1 SITTER 1 UC Staff called in: 2

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): Requested Sitter from supervisor - Unable to provide. RN at attempted to close door outside in which was I got in 30 minutes but my supervisor - Combative Fighting With Staff - Pushed Power & Medicated - Care delayed for other RN's

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: 6/19/17

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection form: Supervisor to be called at 11:00 AM

No response

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: 6/30/17

Time/Shift: 07:00 Days

Unit Name: OR

Unit Type:

Facility: U.P. Health Systems 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): no ICU bed available for open-heart patient at time of surgery; followed up at 10:30 AM still no bed available checked back at noon - no bed

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):

unsafe patient care starting major open heart surgery with no ICU bed / 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 333.20180.

Date/time delivered to manager: 6/30/17 3:05 PM

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection form: OK, Director was in compensation of the director but not prior to CARE situation. Had approved ICU unit to let me know if we needed to hold on. Starting

5-5-17

MI NURSES
Association

13

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 _____ RNs called off/flexed off _____ LPNs 0 Aides/Techs _____
 Clerks/Secretary 2 Other (name/number) _____ Unit Patient Census _____
 Staff needed: _____ Staff called in: _____

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

ICU + IMCU both full - 24 patients open heart patient in OR - no open bed or RN to take patient. High Acuity on Unit. Both director + manager on floor doing charge + 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 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: 5/5/17 - 1200

Name of RN who delivered form to manager: _____

Manager's response when receiving Assignment Despite Objection form: will give to CNO

an Nurses Association Assignment Despite Objection (ADO) Form

ould 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: FRC

Unit Type:

Date: 7/15-7/16 Time/Shift: 1500-0700
Facility: UHS 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 w/ forced OT. 7/14 No scrub tech only 2 RNs on night shift, 7/15 2 scheduled on evenings and nights and NO scrub tech, 7/16 No charges on night shift, and if schedule was done correctly then one of the 4 RNs could have been put on that day to provide adequate 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 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: emailed concerns on 7/11 had staffing meeting about concern last month

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection form: "I'll work on it"

Michigan Nurses Association Assignment Despite Objection (ADO) Form

You should 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 arrangement 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: 7/29/17 Time/Shift: N

Unit Name: FBC

Unit Type: L+D/PP

Facility: 000 UPHS - MOT

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 staffing on schedule! Very little experience no surg tech scheduled.

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 3 Agency RNs 2 RNs called off/flexed off 0 LPNs 0 Aides/Techs 0
Clerks/Secretary 0 Other (name/number) Unit Patient Census 0 - 70114
Staff needed: Staff called in:

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): 3 days in a row with no scrub tech scheduled! Call blocks left open - no relief scheduled for Evening shift RN at 0300 on 7/29. Schedule should NOT be put out with inadequate RN coverage AND no STS!

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: 7/29 - put in mail box

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection form: Manager not here on weekend - manager aware of schedule!

Scrub
tech

Michigan Nurses Association Assignment Despite Objection (ADO) Form

should 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 response to your objection(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: 7-29-17 Time/Shift: Evening

Unit Name: Family Birthing Unit Type: Specialty

Facility: UPHS - 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):

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 3+1 RN off Agency RNs RNs called off/flexed off LPNs Aides/Techs

Clerks/Secretary until 1730 Other (name/number) Unit Patient Census

Staff needed: Scrub tech Staff called in: No scrub tech on call

No scrub tech scheduled - both were off.

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): RN's are expected to do scrub tech duties. Stock all rooms, OR along with many other jobs such as answering the phone & door along with a full patient assignment. An RN would also have to scrub in

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: Manager not on unit. Mar is aware of issue.

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection Form:

In an emergency the scrub tech is vital to the OR running smoothly. One of the RN's who is untrained to do a scrub tech would have to do this along with full pt. assignment

In Nurses Association Assignment Despite Objection (ADO) Form

I 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 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: 7-30-17 Time/Shift: Evening

Unit Name: Family Birthing Unit Type: Specialty

Facility: LHHS 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):

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 3 Agency RNs - RNs called off/flexed off 0 LPNs 0 Aides/Techs 0

Clerks/Secretaries 0 Other (name/number) _____ Unit Patient Census _____

Staff needed: 3 RN's and 1 Scrub Tech Staff called in: _____

(See Previous days ADO)
Please provide additional information and/or comments as needed (while maintaining patient confidentiality): RN's 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 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 731, MCL 333.20180.

Date/time delivered to manager: Not on floor aware of schedule

Name of RN who delivered form to manager: _____

Manager's response when receiving Assignment: _____

In 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 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: 6/24/17 Time/Shift: 7A-8p

Unit Name: ICU / IMCU Unit Type: critical care Facility: UP Health Systems HQ

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 12 Agency RNs _____ RNs called off/flexed off 0 LPNs 0 Aides/Techs 0

Clerks/Secretary 2 Other (name/number) 3 float nurse Unit Patient Census _____

Staff needed: All nurses working over patient care called in: IMCU started w/ float nurses.

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): No coverage for 1 breaks. Pt turned once during 12hr shift. Light duty nurse w/ full pt assignment. 1:1 nurses forced to leave pt unattended to assist w/ critical pt (new nurse). Rts in ED for extended stay due to NO nurse in ICU to care for them.

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: 6/24/17

Name of RN who delivered form to manager: _____

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

Sent to CNO

8th floor nurse called for assistance w/ 6 week old (Nurse has full adu assignment with infant). Unable to send nurse due to nobody available. Sent call to NICU.

an Nurses Association Assignment Despite Objection (ADO) Form

*ould 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) _____

Date: 6-9-17 Time/Shift: 7-7p

Unit Name: ICU

Unit Type: Critical Care

Facility: UP Health Systems MDT

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):

At not turned for 8 hours due to lack of staff and primary nurse on light duty.

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: Sent to CNO

KN off unit for meds in MCL (Hidalgo) and left MCL at 7

Equipe
O

Patient

MI NURSES
Association

6-17-17

20

LPN from 7th Floor
wearing galaxy blue & black
top uniform

Nurses Association Assignment Despite Objection (ADO) Form

verbally protest your assignment to your manager when you believe it is inadequate or potentially
be 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: 6-17-17 Time/Shift: Days
Unit Name: 6th Floor Unit Type: Med - Onc Facility: MCH

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

(5)(5)

- ☒ 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): Care aides hiding in clean utility room rather than caring for the 19 patients assigned to the 2 of them

Poor moral
defeated attitude

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)

Breaks Not being provided

Number of staff: RNs _____ Agency RNs _____ RNs called off/flexed off _____ LPNs _____ Aides/Techs _____
Clerks/Secretary _____ Other (name/number) _____ Unit Patient Census _____
Staff needed: rooms Not stocked waste to pass meds timely No med cup
linen & bed sheets Not being done

Family do No bath since Wed. for Mom

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): Surgical pt's
inches/pinometer provided ambulation of post ops Not being
Completed oral mouthwash Not provided central lines not having
w been done. beds & baths Not completed No attempt to hurry to
beds & alarms going off @ oke Linen bags overflowing, rooms messy

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: 6-17-17
Name of RN who delivered form to manager: _____
Manager's response when receiving Assignment Despite Objection form: _____

No teaching documentation, updating care plans, shift summaries
being completed, poor charting, numerous bed exit alarms going off

7/30/17

Speak Up for Patient Safety

MI NURSES Association

21

Dead stool

Michigan Nurses Association Assignment Despite Objection (AD)

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 an 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: 7/30/17 Time/Shift: Day

Unit Name: Unit Floor Unit Type: Med / UNC Facility: MGH

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): High family demands, numerous pain meds, insulin coverage, Bed exit's going off, Operator no answer, Nsg Supervisor no answer
- ☒ 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): High Acuity, inexperienced staff, great LPNs, Aides/Techs, Unit Patient Census

Number of staff: RNs _____ Agency RNs _____ RNs called off/flexed off _____
Clerks/Secretary _____ Other (name/number) _____
Staff needed: _____ Staff called in: E.T. LAN to help

Please provide additional information and/or comments as needed (while maintaining patient confidentiality):
Heavy rounds not able to do or being done
While asleep No bath provided in the 4 hours LPN sleeping
Singer/Recliner while sitting Care Aide is a week from Jan until
Patient being set for laying in bed linen with dried stool
on it from a mess

I, 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: 7/30/17

Name of RN who delivered form to manager: _____

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

Transport monitor missing No lunch breaks
Housekeeping duties being done by RN's + Unit Clerks, Noalaris pumps available, Isolation rooms with extra beds left in place, in room made at staff

High sitter needs with no one willing to come in, refused to take paid shift

7/15/17

MI NURSES Association

Speak up to Equip 22

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 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: 7/15/17 Time/Shift: Day
Unit Name: On Floor Unit Type: Med/UNC Facility: MAIT

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 — Time consuming Med/rec
- ☒ Patient(s) who require a higher level of care are placed inappropriately on the unit Rapid response on discharge
- ☒ 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) No manual O/RS, No pulse ox, No thermometer
- ☒ RN(s) not oriented to or experienced in the area they were assigned or floated to
- ☒ Other (please explain): Cannot leave a STD pt. in the bathroom to answer another BEA Team dynamics concept used

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) Filthy rooms

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): Patient in 605N
No room cleaned for 3 days, Filthy soiled utility
No desk area cleaned by house keeping, Conference room/Filthy
with leftover pizza & 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 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: 7/15/17

Name of RN who delivered form to manager: _____

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

We look bad as a hospital when rooms, lounge, nurses station are unkept and dirty, infection rates potentially go up

time clock

Speak Up for Patient Safety

MI NURSES Association

23

Michigan Nurses Association Assignment Despite Objection (ADO) Form

You **must** 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 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)

6:1 7:1

- ☒ 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):

Collette Not able to trust to tell truth about care she provided, baths, Foley care, strain urine etc... Collette provided with a ranch sheet, which she did not want to accept ("I'll just lose it") and she left it at my desk rather than taking it to bed. Need

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:

Family members of roommate of pt. that was a security call removed from room for safety and upset

In Nurses Association Assignment Despite Objection (ADO) Form

I/We 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

objection 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: 3-14-17 Time/Shift: Day

Unit Name: LON Floor

Unit Type: Med/ONC

Facility: M-H

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): Numerous errors with post op bariatric patient

No O2 No pulse ox pills given together, orders/meds not noted, No incentive spirometer

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):

Prescriptions Not filled correctly, prescriptions left loose and not put in medication profile, NO PRN's mentioned on scripts

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: 3-14-17

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection form:

MEDS
unavail

5-20-17

MI NURSES
Association

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In Nurses Association Assignment Despite Objection (ADO) Form

Read 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)

Date: 5/20/17 Time/Shift: MNATS

Unit Name: ED

Unit Type: Critical Care

Facility: U.P. Health Systems

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):

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 3 Agency RNs 0 RNs called off/flexed off 0 LPNs 0 Aides/Techs 0
Clerks/Secretary 1 Other (name/number) _____ Unit Patient Census fluctuates
Staff needed: 1-2 extra RN's (concurs fluctuates) Staff called in: 0

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): We had two one on one patients who were at harm to themselves & combative. Charge nurse had one plus another patient. A second nurse had the other patient who was combative & at harm to self & staff. Our caring for two other patients. Third nurse had 3 patients. We were 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: 5/20/17

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection form:

* One patient was combative in cat scan & another nurse had to bring medication down which left one nurse in the ED.

in Nurses Association Assignment Despite Objection (ADO) Form

Individuals who verbally protest their assignment to their manager when they 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 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: 7/31/17 Time/Shift: Days

Unit Name: Unit Floor Unit Type: Med/ONC Facility: M&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): No supplies for isolation carts (air of gowns)

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
- ☒ Family members c/o cleanliness of room
- ☒ 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): Unable to leave hallway due to impulsive high risk fall patient and NO care aide on team forced to leave contact/enteric isolation room to prevent fall in next room potentially risking one patient's infection to prevent a fall.

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: 7/31/17

Name of RN who delivered form to manager: _____

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

Also Accudose Broke on Medical

Michigan Nurses Association Assignment Despite Objection (ADO) Form

You must 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:

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: 3-23-17 Time/Shift: Day
Unit Name: Lon Gou Unit Type: Med/ONC Facility: Mc H

- I/We are objecting to my/our assignment based on the following: (check all that apply) 5:1 / 6:1 / 7:1
- ☒ 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): Float RN on nights without proper knowledge of team being called for, numerous omissions during bedside report, starting
- Patient care outcomes or nursing duties affected:
- ☒ Patient fall occurred out behind @ 6:30
 - ☒ 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: d. difficulty with insulin coverage when 5 out of 7 patients have coverage

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): Bedexils not being set, Elevated INR's not being reported or addressed indirect vital signs in computer from previous shift, RN unaware of vital signs being changed, patient without O2 sat in room but documentation that O2 on at 21% with sat of 84%

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: 3-23-17

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.

In Nurses Association Assignment Despite Objection (ADO) Form

Id 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)

Date: 1-9-17 Time/Shift: Days

Unit Name: Unit Floor

Unit Type: Med/ONC

Facility: Mc-IT

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): Postop Baliza ↑ Heart rate, pain control issue / family shor

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):

blat nurses were helpful & discharges, Nurse Manager also helpful with discharge paperwork, but 1 RN again for 10 patients on day shift
this safety concern re: pt. NOT ready for OR insulin pump in use
Bloodsugar >400, New admit all day @ 0830, Patient & No control of pain

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: 1-9-17

Name of RN who delivered form to manager: _____

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

Pressured by [redacted] Nursing Supervisor to transfer as
all day. Code Surge called. **Nurses Association** ON alternative schedules, as
have been for 3 years. **29** working sh
than 4th
periodic
per pay
period

Michigan Nurses Association Assignment Despite Objection (ADO) Form

*Late
pain
meds*

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:

Union or nurse representative _____ Yellow copy: Give to your supervisor Pink copy: Keep for your records

Nurse(s) objecting (please print) [redacted]

My work assignments as (please circle): Primary Nurse Charge Nurse Relief/Charge Float Nurse
given to me/us by (name/title) _____ Date: 6/10/17 Time/Shift: 7A-7P
Unit Name: ICU Unit Type: Critical Care Facility: UPHealth System-met

- 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): *No assessments charted in entire 12 hr shift, meds given late, 3 hr of no glucose checked on pt on insulin, no pt. turns, nurse forced to move pt. unsafely - abn*
- RN stayed until 9pm - charted poor*
- 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):
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 333.20180.

Date/time delivered to manager: _____
Name of RN who delivered form to manager: [redacted]
Manager's response when receiving Assignment Despite Objection form: *Sent to CNO*

n Nurses Association Assignment Despite Objection (ADO) Form

I'd 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 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: 7/16/17 Time/Shift: Nights

Unit Name: ER Unit Type: Critical Facility: UP Health System
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): _____

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 _____ RNs called off/flexed off _____ LPNs _____ Aides/Techs _____

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

Staff needed: at least 10-8 RN's due to amount of trauma / full unit Staff called in: _____

Please provide additional information and/or comments as needed (while maintaining patient confidentiality): Nurse who was operating new nurse took a pediatric trauma I was had cervical fractures and while that patient was in MRI same nurse was instructed by charge nurse to take a pediatric teler trauma who required at least 2:1 nursing Charge nurse was the 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 not available

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

* Also Crash Cart brought down with outlet / extension plug not grounded to take primary and the on-site to take secondary. The other patient came back from CT scan and nobody was able to check on that patient even though primary nurse asked

Michigan Nurses Association Assignment Despite Objection (ADO) Form

You must 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:

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:

3-12-17

Time/Shift:

Day

Unit Name:

10N Floor

Unit Type:

Med/UNC

Facility:

MGH

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):

61 plus Charge
Staffing difficult with
No thermometers
Relief Helicopter
in use

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)

2 Staff
manhandled pt.
Back in bed

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 staff, multiple people doing 8, 12, 16's No room for
to transfer pt. transferred anyway despite no beds open
At Barham's on Monday

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: 3-17-17

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection form:

Therap-
Rooms
not stocked

El Patient

MI NURSES
Association

6-4-17 32

Michigan Nurses Association Assignment Despite Objection (ADO) Form

should 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:

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:

6-4-17

Time/Shift:

Day

Unit Name:

ONFLOOR

Unit Type:

Med/ONC

Facility:

Mo H

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

6:1 (5) (5)

- ☒ 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): Med room Not stocked Rooms Not stocked

Bipap pt. full code
Dynamics Not
stocked & missing
No thermometer
Sheaths, Thermometers
missing

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): Teaching Not being completed

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: 6-4-17

Name of RN who delivered form to manager:

Manager's response when receiving Assignment Despite Objection form: Weekend, No Manager on duty

in Nurses Association Assignment Despite Objection (ADO) Form

I/We **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 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) management present Date: 3/9/17 Time/Shift: 3-11
Unit Name: Emergency Dept Unit Type: _____ Facility: UPHS - MOT

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) Code Saf

Number of staff: RNs 7 Agency RNs _____ RNs called off/flexed off _____ LPNs _____ Aides/Techs 2
Clerks/Secretary _____ Other (name/number) _____ Unit Patient Census 24pts in
Staff needed: 2 additional RNs & 1 Aide Staff called in: Code Safety = 5 22 beds pts in hall
(EMS) Risk Manag ways/wart

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

Influenza A pt in Hallway on cart - found @ after placed in hallway to make room for pt in need of Chest tube, Sigmoid head bleed in family room, high acuity pts, & no proper medical supervision no breath, cardiac monitor, and ce of working, labs not crossing over

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: 3/23/17 1915 to CL

Name of RN who delivered form to manager: _____

Manager's response when receiving Assignment Despite Objection Form:

Surge RN assigned + informed

ambulance diverted to waiting room

Michigan Nurses Association Assignment Despite Objection (ADO) Form

I/We 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:

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) Chaf-1001 Date: 2/26/17 Time/Shift: PM Shift
Unit Name: On Floor Unit Type: Med/ONC Facility: MCIT

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): I was sent to medical p.v. duty @ 1630, unable to do assessments in 2 1/2 hour time frame plus evening med. pass
- 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: 2/27/17
Name of RN who delivered form to manager: _____
Manager's response when receiving Assignment Despite Objection form: _____

In Nurses Association Assignment Despite Objection (ADO) Form

ild 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 ignment(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) OPHS Marguerite Date: 6/25/17 Time/Shift: 7a-3p
Unit Name: ED Unit Type: ED Facility: OPHS Marguerite

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 blood
- ☐ 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): Pt. with very low BP, unable to find long blue cuff to check manually - Also was to give unit blood over 2 hours, due to stress of my assignment gave it over 1/2 hour - math wrong / no pt. harm - took care of pt to the best of my ability

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: 6/26/17

Name of RN who delivered form to manager: _____

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

in Nurses Association Assignment Despite Objection (ADO) Form

ild 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 ignment(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) Management present Date: 3/18/17 Time/Shift: 3-11

Unit Name: Emergency Dept Unit Type: _____ Facility: UPHS MQT

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 17 Agency RNs _____ RNs called off/flexed off _____ LPNs _____ Aides/Techs 1
Clerks/Secretary _____ Other (name/number) _____ Unit Patient Census 722
Staff needed: 2 additional RNs Staff called in: none available

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

Cardiac monitor auto BP cuff not working T2. Staff & ACLS/ATCC resulting in decreased monitoring. Not enough staff to accommodate pt acuity resulting in unsafe situation

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: 3-23-17 1915 to _____

Name of RN who delivered form to manager: _____

Manager's response when receiving Assignment Despite Objection form: A SURGE PLAN WAS BEING DECLARED + IMPLEMENTED (APR. 24TH) TO ADDRESS IN THESE SITUATIONS.

Called [REDACTED] supervisor to ask why he was floating our staff to another unit when I was started. 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 in or something long but, she's pregnant.

37

1-14-17