Objective

- To inform nurses about how to properly complete an ADO form.
- To educate nurses about what to do when given an assignment they believe creates an unsafe patient care environment.

The Inpatient ADO Form

- Is used by registered nurses to formally document circumstances in which the RN identifies an unsafe patient care environment.
- Ensures and documents that nursing administration has been notified.
- Is received, reviewed, and analyzed by the Professional Practice Committee (PPC) to identify trends and collect data which negatively affects patient and nurse safety.
- Is admissible in court, with regulatory agencies, and is a protected activity under federal labor laws. It is unlawful for an employer to retaliate or discipline an RN for filing an ADO.

How the ADO Works

STEP 1 The RN(s) with the concern about the unsafe patient care environment makes a good faith effort to verbally notify the supervisor. The immediate goal is to address concerns at hand. The supervisor must be aware of the problem in order to resolve the problem.

STEP 2 It’s important that RNs complete the ADO, whether to document the failure or success in resolving the issue with management.

STEP 3 Copies of the ADO are submitted as follows:
   1. White copy to supervisor.
   2. Pink copy to PPC, place in ADO box.
   3. Green copy to labor rep, place in ADO box.
   4. Golden copy to be kept by nurse for their records.

STEP 4 When management receives a copy of the ADO, the date and time it was received will be noted on the upper right corner of the form.

STEP 5 Management should respond in writing to the ADO in a timely manner.

STEP 6 Management’s responsibility is to return the response to the initiating RN(s), PPC chair and CNE/CNO.
ASSIGNMENT DESPITE OBJECTION

“You must VERBALLY protest your assignment to your supervisor which based on your professional judgment is unsafe. This is usually at the start of the shift, but may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions on the reverse side.”

SECTION I • Nurse(s) Information
Print your name and other nurses’ names.
Employed: facility, unit, shift.
Protest assignment as: check all that apply.
Given to you by: list supervisor’s name.

SECTION I • Nursing Practice Act
“As a patient advocate, in accordance with the California Nursing Practice Act, this is to confirm that I notified you that, in my professional judgment, today’s assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will, under protest, attempt to carry out the assignment to the best of my ability.”

SECTION IIa • Title 22
Why are you objecting to the assignment? (See reverse of ADO form for Title 22 explanation.) Check all that apply.

SECTION IIb • Working Conditions
Did you miss your meal period or break? Did you work overtime? Check all that apply.

SECTION III • Patient Care Staffing Count
Did you have a: clerk (UA), lift team, transport, or if applicable, write in PCT?
How many RNs: reg, float, travelers?

SECTION IV • Problem Statement
Explanation of the situation.

SECTION V • Patient Care Affected
This might need to be done at the end of the shift or the next day.
How was patient care affected?
(E.g. unable to ambulate patients, delay in patient care, unable to discharge or transfer, etc.)