A Nurses' Guide to Filling Out an Inpatient Assignment Despite Objection (ADO) Form

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 environ- ment 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.						
WORKS	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.						
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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 Care Staf

Did you h lift team, applicable How many RNs: reg, float, travelers?

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	SECTION I									
•	I/We Registered Nurse(s) empl	oyed at							
ſ			Facility	rse 🗆 charge	Unit/Dep		Shift er □team memh			
	Hereby protest my/our assignment as: primary nurse charge nurse relief charge team leader team member given to me/us by Name/Title Date Time									
+	in my professional j responsible for any	udgme	Name/Title accordance with the Califor ent, today's assignment is u se effects on patient care. I	insafe and pla	Practice Act, this aces my patients	at risk. As a result, t	notified you that, the facility is			
	of my ability. Supervisor notified				Date	/Time:				
	Supervisory respon	se:								
	Other person notifi				Date	/Time:				
	Other person's resp				Dute	/ ппс				
	SECTION IIa S	ee reve	erse side							
			ementioned assignment on	-		hat apply)				
			ent where I did not receive init/clinical area (<i>Title 22 Se</i>							
			nt demonstrated competen				C			
	 I was given an as Staffing/skill mix 		ent which posed a threat to s insufficient to:	o the health a	and safety of my	Satients (<i>explain in</i>	Section V)			
			patient care needs/require Section 70217)	ments of my	patients due to f	ailure to provide ad	lditional staff bas			
	• ·			igned to me	(Title 22 Section)	70215 & 70217)				
		 perform effective assessments of patients assigned to me (<i>Title 22 Section 70215 & 70217</i>) meet the teaching/discharge needs identified by my patient's condition (<i>Title 22 Section 70215</i>) 								
	 prevent overtime due to post-shift documentation requirements (<i>Title 22 Section 70215 & 70217</i>) provide breaks by a direct-care RN to prevent fatigue, accidents, and/or errors (<i>Title 22 Section 70217</i>) 									
	The unit is staffed with unqualified:									
	 licensed unlicensed certified staff nursing personnel whose competency was not validated (<i>Title 22 Section 70213, 70016.1, & 70217</i>) 									
	Direct patient care duties did not allow time for charge nurse duties – clinical supervision/coordination of care									
	□ Hospital non-compliance with the required ratios □1:1 □1:2 □1:3 □1:4 □1:5 □1:6 □ other Unit name (<i>Title 22 Section 70217</i>)									
	New patients were transferred or admitted to unit without adequate staff to stay in compliance with the ratios (<i>Title 22 Section 70717</i>)									
	(Ittle 22 Section 70/1/) Patient(s) on the unit require a higher level of care than can be provided (Title 22 Section 70217)									
	Other (explain in Section IV)									
ł	SECTION IIb Working conditions:									
	Meal period missed? Yes No Break missed? Yes No Overtime worked? Yes No									
	SECTION III Patient care staffing count: Number of RNs Number of Aides									
Ш	Clerk? Ves No Lift team? Ves No Transport? Ves No									
	SECTION IV Brief problem statement:									
		attach a	adcitional information and make fo	ur copies to dist	ribute)					
	(If more space is needed				ribute)					
	(If more space is needed SECTION V Co Patient care affecte	mplete d (this	e this section as appropria s may need to be filled out	te: at the end of	your shift, if app					
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(E.g. unable to ambulate patients,

delay in patient care, unable to discharge or transfer, etc.)