

THE POWER TO MAKE REAL CHANGE

CNA Contracts Provide the Tools to Advocate for Patients and Our Profession

The Professional Practice Committee (PPC)

STAFF RN-CONTROLLED COMMITTEE, NEGOTIATED INTO MOST CNA CONTRACTS

The PPC is an elected staff RN committee of nurses responsible for representing clinical clusters within your facility. It is advisory to hospital administration. The PPC meets monthly in the hospital on paid time and tracks staffing conditions through an independent documentation system called the Assignment Despite Objection form (ADO). The contract guarantees that recommendations made by the committee to the director of nursing (DON) will be duly considered and responded to within 30 days. The PPC may meet with the DON/designee to discuss its RN practice and patient care recommendations. According to our contracts, if there is a disagreement the issue may be referred to dispute resolution.

The Assignment Despite Objection Form

THE ADO IS AN CNA DOCUMENTATION FORM USED BY THE STAFF NURSE-ELECTED PPC THAT »

- Documents potentially unsafe patient care assignments.
- Formally notifies management of problems.
- Provides written records that are admissible in court and with regulatory agencies.
- Is protected under federal labor law — you cannot be disciplined or retaliated against for filing an ADO.

HOW THE ADO WORKS

If, in your professional judgment, you believe that a patient care assignment is unsafe »

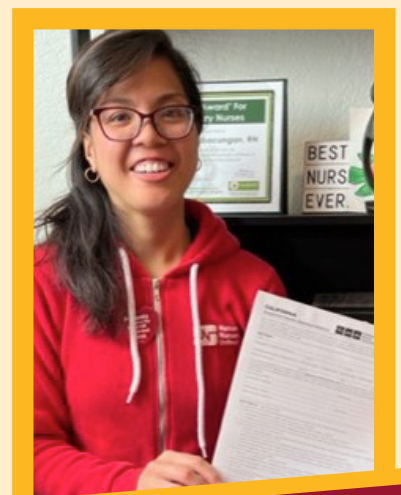
1. Notify your supervisor so that the problem can be corrected and injury and harm to a patient averted.
2. If your supervisor orders you to take the assignment “despite your objections,” inform them that you are filling out an ADO. Record their response in the appropriate section of the form.
3. The ADO is in quadruplicate form. The top copy goes to your supervisor, the second copy to your PPC, the third copy to your labor rep, and the final copy is yours to keep.
4. The ADO provides you with legal protection in the event of an adverse outcome for the patient.

See reverse for a copy of the ADO form.

For more information, contact your local UC nurse rep., CNA labor rep. or email ucdivision@calnurses.org

My coworkers and I use the ADO forms to help us advocate as nurses. When we have concerns, we are able to protect our licenses and ultimately our patients when we speak up and fill out the forms. The ADOs also help our PPC track issues, and each month they make recommendations to management to make our hospital safer for everyone. Because of this process, our voice is heard and responded to.

*— Jam Cabacungan, RN
UCSF-Parnassus,
CNA PPC Co-Chair*



OUR PATIENTS. OUR UNION. OUR VOICE.



**California
Nurses
Association**



**National
Nurses
United**

CALIFORNIA
Assignment Despite Objection/InPatient



You must first 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

I/We _____
 Registered Nurse(s) employed at _____ Facility _____ Unit/Dept _____ Shift _____

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 _____

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.

Supervisor notified: _____ Date/Time: _____

Supervisory response: _____

Other person notified: _____ Date/Time: _____

Other person's response: _____

SAMPLE

SECTION IIa See reverse side

I am objecting to the aforementioned assignment on the grounds that: (check all that apply)

- I was given an assignment where I did not receive or complete
 - orientation to the unit/clinical area (Title 22 Section 70213, 70214, & 70217)
 - validation of current demonstrated competency (Title 22 Section 70213, 70016.1, & 70217)
- I was given an assignment which posed a threat to the health and safety of my patients (explain in Section V)
- Staffing/skill mix is/was insufficient to:
 - meet the individual patient care needs/requirements of my patients due to failure to provide additional staff based on acuity (Title 22 Section 70217)
 - perform effective assessments of patients assigned to me (Title 22 Section 70215 & 70217)
 - meet the teaching/discharge needs identified by my patient's condition (Title 22 Section 70215)
 - prevent overtime due to post-shift documentation requirements (Title 22 Section 70215 & 70217)
 - provide breaks by a direct-care RN to prevent fatigue, accidents, and/or errors (Title 22 Section 70217)
- The unit is staffed with unqualified:
 - licensed unlicensed certified staff
 - nursing personnel whose competency was not validated (Title 22 Section 70213, 70016.1, & 70217)
- 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 _____ (Title 22 Section 70217)
- New patients were transferred or admitted to unit without adequate staff to stay in compliance with the ratios (Title 22 Section 70717)
- Patient(s) on the unit require a higher level of care than can be provided (Title 22 Section 70217)
- Other (explain in Section IV)

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 _____
 Clerk? Yes No Lift team? Yes No Transport? Yes No

SECTION IV Brief problem statement:

(If more space is needed, attach additional information and make four copies to distribute)

SECTION V Complete this section as appropriate:

Patient care affected (this may need to be filled out at the end of your shift, if appropriate). Interference with safe, therapeutic, and effective patient care in areas of assessments, formulating RN diagnosis, planning/designing/implementing individualized patient care, evaluation of patient's response to treatment, teaching, and patient advocacy. Potential/actual hazard that resulted from this situation:

REV: 1/2019

