

SJNA/INA ASSIGNMENT DESPITE OBJECTION (ADO)
UNSAFE STAFFING NOTIFICATION FOR USE BY INDIVIDUAL, GROUP, OR UNIT

Date_____ Time_____ Unit_____ Shift_____
 Supervisor Notified_____ Comment_____

On this date, I/we, the undersigned, wish to inform Nursing Administration of Presence St. Joseph Medical Center that conditions within the above mentioned department are inadequate to the degree that patient care may be compromised and patient safety is at risk.

Professionally, I/we must and will do my/our best under these circumstances, but prudence and State and Federal regulations mandate the notification of our superiors whenever the possibility of harm to patients exists. The unfavorable conditions I/we wish to address are as follows:

Conditions and Workload Summary

Unit Staff Assigned:	RN_____LPN_____NA_____ Clerical_____	Charge RN taking Patients Y/N #? ____
Outside Staff Assigned:	RN_____LPN_____NA_____ Clerical_____	
Source of Outside Staff:	Float from another unit____ Intermittent of Float Pool____ Agency____	

Unit Capacity_____	Current Census_____			
Staffing Benchmarks for this unit/shift:				
RN_____	LPN_____	CNA_____	CLERK_____	OTHER_____
Actual Staffing at this time:				
RN_____	LPN_____	CNA_____	CLERK_____	OTHER_____

Specific Negative Outcomes

- | | | |
|---|--|--|
| <input type="radio"/> Compromised Safety/Injury | <input type="radio"/> Death | <input type="radio"/> Delayed/Omitted Hygiene |
| <input type="radio"/> Delayed/Postponed Treatment | <input type="radio"/> Delayed/Incomplete Documentation | <input type="radio"/> Omitted Psych/Social Support |
| <input type="radio"/> Inadequate Observation/Monitoring | <input type="radio"/> Incident Report Filed | <input type="radio"/> Other |
| | <input type="radio"/> Delayed/Omitted Education | |

Narrative:

I/We hereby give notice to my employer of the above facts and indicate that for the reasons listed, full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to the appropriate state and federal agencies.

Signature(s) and printed name(s) of personnel signing this form:

_____	_____
_____	_____
_____	_____

Utilize the other side of this form to narrate your concerns and copy both sides. **MAKE 4 COPIES.** Keep one for yourself, give one to your manager, fax one to the Staffing Office: 815-773-7830 Attention: Renee Billich, Lead Staffing Coordinator, and send one to the Union: at the Union Office, Room 243; or fax to 312 419-2920.

Thank you for taking the time to protect your patients and your license. 7/15