



# ONA/OSUNO Combined Grievance and Assignment Despite Objection

*Email completed form to [rick.osuno@outlook.com](mailto:rick.osuno@outlook.com), [hollyosuno@outlook.com](mailto:hollyosuno@outlook.com), and to the nurse manager for the unit.*

## **PROTESTING OF ASSIGNMENT – DOCUMENTATION OF PRACTICE SITUATION**

A registered nurse receiving an assignment that in her/his professional judgment place patient(s) or themselves at risk has an obligation to take action. Acting in the interest of patients, the nurse should promptly notify her/his supervisor that because of inadequate staffing, the quality of care and the safety of patients and nurses have been jeopardized.

The Ohio Nurse Practice Act and the ANA Code for Nurses hold the nurse responsible and accountable to her/his patients for the nursing care provided. However, responsibility and accountability for the level of care also resides with the Hospital, including both Hospital and nursing administrative staff.

The accompanying “**ONA/OSUNO Combined Grievance and Assignment Despite Objection**” may be used to document an assignment which is potentially unsafe for the patients or staff and serves as a grievance filed over staffing.

### **Please be sure to:**

1. Notify your supervisor for help as soon as you realize the problem; the staffing numbers provided are less than what you need to provide proper and safe nursing care.
2. State that you will do the best you can, if help is denied, but that patients have the right to receive safe professional nursing care.
3. Fill out the attached form and send it to your supervisor within a reasonable period of time.
4. Forward a copy to the OSUNO President and retain a copy. Please email any additional documentation along with the form, if needed.
5. Please reach out to your OSUNO Representatives with any questions or concerns with the ADO process.

**The Ohio State University Nurses Organization (OSUNO) urges members to this combined ADO/Grievance when staffing is not done to contract and there is the potential to affect the delivery of safe, quality patient care.**



# ONA/OSUNO Combined Grievance and Assignment Despite Objection

Email completed form to rick.osuno@outlook.com, hollyosuno@outlook.com, and to the nurse manager for the unit.

This is both a grievance and an assignment despite objection (ADO) to be used in the event a unit does not staff to contract.

Member name and unit: \_\_\_\_\_

Nurse personal email and phone number: \_\_\_\_\_

Nurse Manager: \_\_\_\_\_ Date & Time of Incident: \_\_\_\_\_

**Person Contacted at time of Incident (circle all that apply):**

Nursing Supervisor    Nurse Manager    Other (write name): \_\_\_\_\_

**Contract Section Violated: Side Letter on Staffing; all other applicable**

*The specific problems are (check all that apply):*

- Did not staff to ratios
- Short staffed for acuity/complexity
- Insufficient number of ancillary staff
- Charge nurse included in ratio
- Non-direct care nurse included in ratio
- Hospital failed to make diligent effort to maintain required staffing levels

*My objections to this assignment are (check all that apply):*

- Short Staffed for Census
- Short staffed for acuity/complexity
- Not provided with adequate assistant(s)
- Missed Breaks/Lunch
- Other (please explain below)
- Charge nurse unable to perform charge nurse duties / took assignment
- Inadequate nurse to patient ratios
- Forced/Mandatory Overtime
- Transferred/admitted new patient(s) to unit without adequate staff

*Acuity Factors (check those that apply and indicate number of patients):*

- Ventilator: # of patients \_\_\_\_\_
- Restraints: # of patients \_\_\_\_\_
- Total Care: # of patients \_\_\_\_\_
- Unstable new admission: # of patients \_\_\_\_\_
- Suicide Precautions: # of patients \_\_\_\_\_
- Medicated gtts (insulin, pressors, etc.): # of patients \_\_\_\_\_
- Requires frequent vital signs/assessment: # of patients \_\_\_\_\_
- Other (please explain): \_\_\_\_\_ # of patients \_\_\_\_\_
- Mixed acuity assignment (ICU, PCU, Med/Surg) # of ICU \_\_\_\_\_ #of PCU \_\_\_\_\_ # of Med/Surg \_\_\_\_\_
- Immediate Post-op: # of patients \_\_\_\_\_
- Receiving Blood Products: # of patients \_\_\_\_\_
- Isolation Precaution: # of patients \_\_\_\_\_
- Head Injury/Confused: # of patients \_\_\_\_\_
- Procedure on unit (chest tube, etc.): # of pts \_\_\_\_\_
- Procedure off unit (CT, etc.): # of patients \_\_\_\_\_

**Remedy Requested in addition to making all affected nurses whole in all ways (circle all that apply):**

Meet staffing ratios                      Charge nurse free of assignment                      Other: \_\_\_\_\_

**Please include any additional information here:**


Signature of Nurse: \_\_\_\_\_ Date: \_\_\_\_\_