



A Union of Professionals

Oregon Federation of Nurses and Health Professionals

AFT Healthcare
Local 5017, AFL-CIO



2045 SE Ankeny St.
Portland, OR 97214

T: 503/657-9974
F: 503/657-7456
<http://ofnhp.org>

Assignment Despite Objection

RN (name):

Date:

Time:

Facility/Clinic:

Primary Care: Specialty Care:

I have made my objections known to: (PCM) _____ that this assignment has compromised ability to provide quality patient care because of the following:

DESCRIPTION OF SITUATION:

Unable to return/complete daily calls/KP.org messages due to: (✓ all that apply)

- Increased call/KP.org volume
- Increased complex triages including interpreter use and multiple high priority calls
- Increased direct patient care needs. (Hospital admissions, unstable pts., IV starts/med. administration)
- Inadequate number of available RNs to patients
- Inadequate staffing with no backfill/replacement for ill time, vacation and required training
- Other

EFFECT ON PATIENT(S) AND/OR STAFF:

- New calls/messages not returned to pt., # ____ @ end of shift.
- Old calls/messages, unable to place f/u call, # ____ @ end of shift.
- Procedures/IV/Injections etc. sent to NTR
- Staff safety compromised, how?
- Patient safety compromised, how?
- No lunch or missed break
- Worked beyond scheduled hours/overtime (mandatory/voluntary)
- Other:

PROPOSED SOLUTION(S):

[Please include names of people who should be present to meet and discuss the proposed solution(s)]

- Adequate budget for staffing RN hours
- Adequate staffing (RN hours for needed pt. calls/care)
- Other: _____

Signature: _____

Date: _____

CONFIDENTIAL PATIENT INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM

INSTRUCTIONS:

1. Complete this form as soon as possible upon receiving objectionable assignment but with out interrupting your work or the care of patients
2. Give a copy of the completed form to your PCM/Manager: Action taken by PCM: original for your records.
3. Fax a copy to (503) 657-7456 or mail to OFNHP, 2045 SE Ankeny St, Portland OR, 97214