ASSIGNMENT DESPITE OBJECTION (ADO) INSTRUCTIONS

By completing an Assignment Despite Objection (ADO) Form, you are helping to make a problem known to management. This creates an opportunity for the problem to be addressed. Additionally, you are documenting the facts, which may be helpful to you later if there is a negative outcome.

A nurse questioning an assignment should communicate this concern in the following manner:

1) Immediately notify the person responsible for the assignment(s) on that shift (CN/staffing office, etc…) and discuss the concern.

2) The person responsible for making the assignment(s) should then assess options and seek to remedy the situation. When no possible alternatives are identified, the person in charge should contact his / her immediate supervisor on duty.

3) The supervisor should attempt to resolve the situation utilizing available resources as he/she determines appropriate.

4) If the nurse is dissatisfied with the decision of the supervisor, the nurse should initiate an Assignment Despite Objection (ADO) form and, if necessary, an occurrence report, prior to end of the shift.

5) ADOs are investigated by the unit manager. To ensure patient confidentiality, Optilink® staffing and patient acuity details will be obtained by the manager for review at Conference Committee.

6) Managers will attend the scheduled Conference Committee meeting with the results of the investigation of the ADO. MNA leadership and Hospital leadership will jointly review all ADOs and recommendations. In some instances, the RN may be asked to attend to speak to their concerns.

7) Nurses who raise assignment concerns should be free from restraint, interference, discrimination, or reprisal.

ADO "DO's":

1. **Do** notify your CN and/or manager/supervisor on call (ADO?) for help as soon as you realize there is a problem. This may be related to patient assignment, situation or staffing levels that are not adequate in your professional judgment to provide proper and safe nursing care.

2. **Do** state that you will provide the best nursing care you can under the circumstances if help is denied, but the patients have the right to receive safe, professional nursing care.

3. **Do** familiarize yourself with the standard RN-to-patient ratios on the units you work

4. **Do** "tell your story" of the shift. RN/patient ratios are not always the full picture.

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5. **Do** include suggestions for change, ideas or your expected resolution.

6. **Do** fill out the current ADO form *completely* and send it to your manager as soon as possible--incomplete forms cannot be accepted.

7. **Do** forward a copy to MNA and retain a copy for your records.

ADO "DON'T's":

1. **Don't** use the form if you have adequate help. If these forms are used indiscriminately and without justification, it will dilute their usefulness.

2. **Don't** use the form just to "complain" about a busy day. The intent of an ADO is to document unsafe conditions.

3. **Don't** use the form if you have failed to notify the person in charge of assignments in person or by phone of your need for more help. This form is to document your request for additional help or resources. If you didn't make the situation known, you may not use this form.

ADO Timeframe	NURSE	Supervisor	Conference committee (CC)	MNA
Timeframe for Action	Day of complaint up to 36 hours	1-14 days	Next scheduled meeting	Ongoing
Action(s)	Complete entire form, file one copy with supervisor, one copy with MNA representative, keep copy for personal records	Investigates, utilizes interview, Optilink, staffing matrix, etc…, Develops Action Plan (AP)	Reviews ADO with manager. Discuss action plan and timeframe for follow up	• Keeps file of ADOs • Follow up on AP follow through • Educates RN if form incomplete, inappropriate use, etc..
Communication	Await response; ongoing communication with supervisor and MNA related to action plan	Responds to RN	Responds to RN within 14 days after CC or 30 days after action plan.	