

Accepting a Nurse Staffing Assignment: Considerations/Resources

Overview: Registered nurses have the professional obligation to raise concerns regarding any patient assignment that puts patients or themselves at risk for harm. (ANA, 2009). This document provides information on accepting a patient assignment.

Background: Every situation related to accepting patient assignment is different. In Washington state and across the nation, there is a shortage of nurses. Many hospitals and health care systems have activated disaster preparedness plans to address a surge in patients or to accommodate for the insufficient number of workers to care for patients seeking medical services.

Information: Accepting-Refusing Assignment

WSNA. (2020). [Nurses facing abnormally dangerous patient care assignments](https://www.wsna.org/news/2020/nurses-facing-abnormally-dangerous-patient-care-assignments). Retrieved from <https://www.wsna.org/news/2020/nurses-facing-abnormally-dangerous-patient-care-assignments>

You may have to make a decision about accepting an assignment involving abnormally dangerous conditions that pose an imminent risk to your safety and health and could potentially cause serious injury or death. If you are a WSNA member and you accept an abnormally dangerous assignment, fill out a Staffing Complaint/Assignment Despite Objection form (ADO) to document that you are accepting an assignment despite objection. *In certain circumstances, it is appropriate to file an incident report for occurrences outside the usual hospital/facility operations (see below for more information).

If you have already accepted the assignment, continue until you have handed off the assignment and been relieved of responsibility for the patient(s). If you decide to refuse the assignment, you should remain at the workplace and offer to perform other work that does not pose an imminent risk to your safety and health (e.g., an assignment for which you are provided proper safety equipment and training). Elevate your objection to the assignment using the established facility chain of command procedure.

A decision to refuse an assignment could result in disciplinary action taken against you by the employer. Under collective bargaining agreements between employers and WSNA, there must be "just cause" for any discipline. If you are represented by WSNA for collective bargaining, WSNA will defend you if you are subjected to discipline.

Information: Accepting-Refusing Patient Assignment

ANA. (n.d.) [Questions to ask in making the decision to accept a staffing assignment for nurses](https://www.nursingworld.org/practice-policy/nurse-staffing/questions-to-ask-in-making-the-decision-to-accept-a-staffing-assignment-for-nurses/). Retrieved from <https://www.nursingworld.org/practice-policy/nurse-staffing/questions-to-ask-in-making-the-decision-to-accept-a-staffing-assignment-for-nurses/>

Registered nurses need to know their rights and responsibilities when considering a patient assignment. If you feel that you lack expertise on a unit and patient population, you don't just have the right to refuse an assignment there, you have an obligation to do so. Your manager should never ask you to work with patients you aren't qualified to have in your care. There are many factors to consider before accepting a new patient assignment.

This set of questions can help guide you through decisions about **nurse staffing assignments**.

- **What is the assignment?** Clarify what is expected. Do not assume. Be certain in the details.
- **What are the characteristics of the patients being assigned?** Don't just respond to the number of patients; make a critical assessment of the needs of each patient, complexity, stability, and acuity and the resources available to meet those needs.
- **Do you have the expertise to care for the patients?** Are you familiar with caring for the types of patients assigned? If this is a "float assignment," are you cross-trained to care for these patients? Is there a "buddy system" in place with staff who are familiar with the unit? If there is no cross-training or "buddy system," has the patient assignment been modified accordingly?
- **Do you have the experience and knowledge to manage the patients for whom you are being assigned care?** If the answer to the question is "no," you have an obligation to articulate your limitations. Limitations in experience and knowledge may not require refusal of the assignment, but rather an agreement regarding supervision or a modification of the assignment to ensure patient safety. If no accommodation for limitations is considered, the nurse has an obligation to refuse an assignment for which there is lack of education or experience.
- **What is the geography of the assignment?** Are you being asked to care for patients who are in close proximity for efficient management, or are the patients at opposite ends of the hall or in different units? If there are geographic difficulties, what resources are available to manage the situation? If the patients are in more than one unit and you must go to another unit to provide care, who will monitor patients outside of your immediate location?
- **Is this a temporary assignment?** When other staff are located to assist, will you be relieved? If the assignment is temporary, it may be possible to accept a difficult assignment, knowing that there will soon be reinforcements. Is there a pattern of short staffing, or is this truly an emergency?

Information: Patient Abandonment

WA DOH. (2011). [Interpretive statement: Patient abandonment](https://www.doh.wa.gov/portals/1/Documents/6000/PatientAbndmt.pdf). Retrieved from <https://www.doh.wa.gov/portals/1/Documents/6000/PatientAbndmt.pdf>

Patient abandonment violates the Standards of Nursing Conduct of Practice, WAC 246-840-700. This occurs when:

- The nurse establishes a nurse-patient relationship by accepting a nursing assignment, and
- The nurse ends the nurse-patient relationship without transferring or discharging responsibilities to an appropriate caregiver in a timely manner.

Examples help explain the difference between *patient abandonment* and *employee problems* (over which the Nursing Care Quality Assurance Commission does not have authority):

<i>Examples of Patient Abandonment</i>	<i>Examples of Employee Problems</i>
<ul style="list-style-type: none">▪ Ending a contractual relationship as the primary provider▪ Leaving an emergency situation▪ Leaving the patient care setting▪ Leaving the patient in an unsafe situation to give care to an unassigned patient▪ Failing to report suspected abuse or neglect▪ Sleeping on duty▪ Giving care while impaired/giving care incompetently▪ Delegating care to an unqualified caregiver▪ Failing to supervise staff carrying out delegated tasks▪ Failing to give appropriate care▪ Failing to perform assigned patient responsibilities▪ Failing to give appropriate information when transferring or discharging care▪ Failing to notify an appropriate person about significant changes▪ Failing to communicate or document information	<ul style="list-style-type: none">▪ Failure to call in, show, or late arrival for assigned shift▪ Refusing to work or not returning from a scheduled absence▪ Resigning at the end of a shift, without advanced notice, or not working the remaining posted work schedule▪ Refusing to work in a setting because of inadequate orientation, education, training, or experience▪ Refusing to work in an unsafe situation▪ Refusing to perform care that may be harmful to the patient▪ Refusing to delegate a task to an unsafe caregiver▪ Refusing an assignment because of ethical, religious, or cultural reasons

Information: Communication Strategies

American Nurse. (2016). [Safeguarding patients: The courageous communication solution](https://www.myamericannurse.com/safeguarding-patients-courageous-communication-solution/). Retrieved from <https://www.myamericannurse.com/safeguarding-patients-courageous-communication-solution/>

CUS

When addressing a safety concern, consider using the TeamSTEPPS tool, called CUS. This empowers the nurse to “stop the line.”

1. State your Concern
2. State why you are Uncomfortable.
3. State that this is a Safety issue. Identify why it is a safety issue and state actions you believe should be taken.

Information: Incident Reporting

NSO. (n.d.). [Are you filing incident reports properly?](https://www.nso.com/Learning/Artifacts/Articles/Are-You-Filing-Incident-Reports-Properly) Retrieved from <https://www.nso.com/Learning/Artifacts/Articles/Are-You-Filing-Incident-Reports-Properly>

Knowing when—and how—to file incident reports can help you to protect yourself, your patients, your colleagues, and your organization.

When a situation is significant—resulting in an injury to a person or damage to property—it’s obvious that an incident report is required. But many times, seemingly minor incidents go undocumented, exposing facilities and staff to risk.

An incident report should be filed whenever an unexpected event occurs. The rule of thumb is that any time a patient makes a complaint, a medication error occurs, a medical device malfunctions, or anyone—patient, staff member, or visitor—is injured or involved in a situation with the potential for injury, an incident report is required.

Nurses complain that these reports are more trouble than they’re worth. Typically, the loudest outcry comes from nurses who sustain minimal injuries that do not affect anyone else but find that they must submit a report anyway. Before protesting the need to file an incident report for a seemingly minor event, consider the purposes incident reports serve.

Refreshing your Memory

The medical record is patient focused, and facts pertinent to an unexpected incident will likely be left out. If a claim were filed and the case proceeded to court, which sometimes occurs years after the event, you, or anyone else involved might be hard-pressed to recreate the scene—especially if you consider it to be “minor” at the time. You may not be able to rely on memory alone, but you can count on the incident report to refresh your memory.

Triggering a Rapid Response

An incident report invariably makes its way to risk managers and other administrators, who review it rapidly and act quickly to change any policy or procedure that appears to be a key contributing factor to the incident. The report may also alert administration that a hospital

representative should talk to a patient or family to offer assistance, an explanation, or other appropriate support. That's an important function because such communication can be the balm that soothes the initial anger—and prevents a lawsuit.

Facilitating Decisions about Restitution

An incident report also provides vital information the facility needs to decide whether restitution should be made—if personal belongings were lost or damaged, for example. Without proper documentation of the incident, there's no way to make these important decisions effectively.

It's Your Responsibility

As a nurse, you have a duty to follow your hospital policy and report **any** incident about which you have firsthand knowledge. Protect yourself and your patients by filing incident reports anytime unexpected events occur.

If you're the one who discovers the incident, or you have been involved in the situation leading up to it and know more about it than your colleagues, filling out an incident report is your responsibility. You're expected to complete it before the end of the shift during which the incident occurred or was discovered.

Filling Out an Effective Incident Report

In determining what to include in an incident report and which details can be omitted, concentrate on the facts.

Describe what you saw when you arrived on the scene or what you heard that led you to believe an incident had taken place. Put secondhand information in quotation marks, whether it comes from a colleague, visitor, or patient, and clearly identify the source.

Include the full names of those involved and any witnesses, as well as any information you have about how, or if, they were affected.

Add other relevant details, such as your immediate response—calling for help, for example, and notifying the patient's physician. Include any statement a patient makes that may help to clarify his state of mind, as well as his own contributory negligence. It's equally important to know what does not belong in an incident report. Opinions, finger-pointing, and conjecture are not helpful additions to an incident report.

Do not offer a prognosis, speculate about who or what may have caused the incident, draw conclusions or make assumptions about how the event unfolded, suggest ways that similar occurrences could be prevented.

All Information in its Proper Place

If a patient is involved in the event, keep in mind that **entering your observations in the nurses' notes section of the patient's chart does not take the place of completing an incident report, and filling out an incident report is not a substitute for proper documentation in the medical record.** Record clinical observations in the chart—not in the incident report—and make no mention of the incident report in the patient record. The report is a risk management or administrative document and not part of the patient's record. By including it in a patient's record, lawyers may argue that the report is part of the medical record and should be turned over to the legal team.

Click here for additional NSO information on [incident reporting](#).

Information: Staffing Complaint/Assignment Despite Objection (ADO)

WSNA. (n.d.) Staffing complaint/ADO form. Retrieved from <https://www.wsna.org/union/ado>

If you find yourself in a situation that you believe creates unsafe conditions for patients or for you, complete the Staffing Complaint/Assignment Despite Objection form as soon as possible. By completing the form, you are helping to make the problem known to management, which 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. Click on the link above to locate the online and hard copy forms for submission.

Additional Resource: <https://www.wsna.org/union/update/staffing-complaint-assignment-despite-objection-forms-ado-forms-question-and-answer>

Information: The Difference Between an Incident Report and an ADO

Incident Report: A formal document that details facts related to an incident or near miss in the workplace. This document is part of the hospital's quality program and is required by regulatory agencies and per organizational policy.

Staffing Complaint/Assignment Despite Objection (ADO): A form that documents a good faith effort on the part of the nurse to call attention to problems that affect the nurse and/or patient care, safety, or satisfaction. These assist with identification of staffing problems and trends.

Questions to consider:

- If the disaster plan is activated, obtain/review a copy of the institution's surge capacity plan. In what staffing status is the hospital currently operating? What does that mean to the provision of nursing care?
- How do workers know which tier, phase, or part of the surge capacity plan the institution is currently in?
- Is there an opportunity to accept part of the assignment and have another member of the care team assume part of the assignment?
- How are workers oriented/trained/supported when assigned to alternate/unfamiliar work areas?
- What actions are being taken to address staffing shortages?
 - Are non-essential (elective) appointments/procedures/surgeries being cancelled or postponed?
 - Have medically stable and "surge discharge" patients been discharged?
 - Is this entity accessing state resources for placement of difficult to discharge patients?

Resource

NSO. (2017). When to refuse a nursing assignment. Retrieved from <https://www.nso.com/Learning/Artifacts/Articles/when-to-refuse-an-assignment>