Declining Unsafe Assignments

Oregon Nurses Association
Voice of Oregon Nurses Since 1904

ONA has received requests from nurses as to their options for declining a patient assignment when they believe they are faced with insufficient resources to meet patient care needs or are placed in care environments they are unfamiliar with.

From the OSBN Interpretive Statement on Patient Abandonment:

> "The responsibility of all nursing personnel licensed by the OSBN is to assure that patients and nursing personnel are not placed in a situation of serious risk when accepting an assignment or engaged in a patient care relationship. If nursing personnel cite a lack of knowledge, skills, competencies or abilities to accept or continue with a patient care relationship, the licensee or certificate holder is required by the Oregon Nurse Practice Act to refuse the assignment. It is an expectation of the Board that nursing personnel are able to articulate the rationale as to why an assignment may put both nursing personnel and patient(s) in a serious risk for harm situation. This does not prevent the employer from taking employment actions against nursing personnel."

> "Employers have no legal authority to threaten action against someone's license or certificate as a means of intimidation to coerce the acceptance of additional work hours or assignment by nursing personnel. The employer may choose to begin employment action against nursing personnel per their policies." (If a manager threatens with patient abandonment, and that manager holds a nursing license, it is reasonable to consider a report to OSBN. Use the OSBN Complaint Eval Tool)

> "During periods of time when there is insufficient nursing personnel to assure mitigation of risk to both personnel and patient (s), it is expected that licensees and certificate holders of the OSBN work with management staff to assure that all resources are employed prior to ending an assignment or care relationship."

Following is a best practices protocol for declining an unsafe assignment:

1. Understand your policy regarding chain of command and use it.
2. Communicate clearly and objectively and offer recommendations. Be specific.

Example: "I want to be clear that I am alerting you that I cannot accept another patient because I have a full assignment and am currently struggling to manage it and operate within the policies and protocols of the institution. Accepting another patient will impede my ability to provide comprehensive, competent, and safe care. My recommendation is: that you call a manager and have them come in to help, call an agency nurse to come in, offer incentive to get a nurse to come in, etc. Can you provide me with a timeline for resolution from those in the chain of command with the authority and responsibility to do so?"

Nurses with roles in the chain of command have an obligation to assess your escalation. If there is no response, or the response is inadequate and this impacts patient care, you may consider using the OSBN complaint evaluation tool to determine if you are required to submit an OSBN complaint against a licensee.

More on Reverse

3. File an SRDF a variance form so that instances are documented and can be addressed through your staffing committee and/or PNCC.

4. Be familiar with your facility's disaster plan and crisis standards of care. Ask questions. Offer recommendations about changing nursing services provided.

If you are operating in a contingency capacity model or a tier of crisis staffing, why are physicians allowed to click standard admission orders? Shouldn't they be more selective and consider the resources available? Standard orders don't hold in a crisis.

Does every patient need a routine skin and swallow screen (etc.) done and charted if, in the nurse's professional judgement, after assessing the patient, it is determined that the patient doesn't need one? What policies and protocols are in place to support practicing with autonomy in these extraordinary circumstances?

What policies have been drafted to operate in contingency or crisis model relative to nursing services delivered? Are nurses able to use their judgement, based on assessment, to determine that a patient who has been hemodynamically stable for 2 days and has had no medication adjustments only requires one BP per day? If a patient is not experiencing pain, do routine pain assessments need to be documented or can the nurse simply write a brief note that the patient is not experiencing pain at this time? Neither of these impact patient care or outcomes, they only change the nursing services related to documentation.

Distill the work down to just what the patient needs, not what the hospital needs for reimbursement, and not things that don't require an RN license (food orders, answering phones, emptying garbage). Ask how those non-RN tasks can be removed so you can focus on things that require RN after the name.

Resources

Here are some resources that may be helpful in guiding nurses who are faced with insufficient resources to meet patient care needs or who are placed in care environments they are unfamiliar with.

- ONA FAQ on Nurse Liability during crisis – this speaks to a lot of the concerns being expressed
- OHA Interim Crisis Care Tool NOTE: Facilities may have their own tool, which is allowed. Nurses should be familiar with the tool their facility is using.
- OSBN COVID-19 Resource page Under practice guidance OSBN has a section "Delta Variant Staffing Concerns" – this has valuable info addressing many common concerns
- OSBN Complaint Eval Tool: Did you feel bullied to accept an unsafe assignment? Did management ignore your concerns when you used the chain of command to escalate them – and potential or real patient harm occurred? Use this tool to identify if an OSBN complaint against a licensee is needed
- OSBN Interpretive Statement on Patient Abandonment discusses refusal of assignment (see below)
- American Nurses Association (ANA) statement on crisis standards of care

For questions or comments, please contact your

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