

Revised/Accessed LWN coverage (FAX) P 001/001

UNIT: 5th Floor Med Surg

SHIFT: 7PM - 7AM

DATE: 6/17/2023

Fax to: **714-970-5133**



**UNITED NURSES ASSOCIATION OF CALIFORNIA / UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION**

STAFFING OBJECTIONS

E-MAILED JUL 3X 2023

(A)

Jill Hillman Tran
Johlar Gacula RN
Mar Guadalupe Armas
Sofia Tenones

Part I
Nurse/s Employed at: **Saint Francis Medical Center**

hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I notified you that in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will under protest, attempt to carry out the assignment to the best of my ability.

Part II

I am objecting to the above assignment on the grounds that:

- I was not trained or experienced in area assigned.
- I was not given adequate staff for acuity (short staffed).
- The unit was staffed with excessive registry.
- New Patients were transferred or admitted to unit without adequate staff
- I was given an assignment which posed a potential threat to the health and safety of my patients.
- I was involuntarily forced to work beyond my scheduled hours.
- Increase acuity patients without adjustment to assignment.
- Inadequate support staff to allow safe quality care.

- LVN coverage causing OOR.
- Functioning in multiple assignments/areas (i.e. Charge and Monitor Tech; Charge and Break relief) *Relief Charge as breaker and has found coverage for 5 LVN assignments*
- Breaker flexed prior to providing break and meal relief to all staff
- No breaker
- OOR (# of pts per nurse) 5:1 plus 3 LVN coverage
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) NOT enough CNA on the floor
No Unit Secretary
NO Breaker

Part III

#Beds/Pt's: _____ Census of Unit: 27/30

Acuity: High Average Low Clerks Yes No

Part IV

	Shift
RN	Regular/Float Casual
LVN	<u>4</u> including relief charge
Aide	<u>2</u>
Registry	<u>1 Floor / 1 Sitter</u>

Staffing

No Charge Nurse

Part V
ACTION: Notified supervisor/other _____

Supervisor response _____ NAME/TITLE _____ DATE/TIME _____

Part VI

Comments / Additional Information: _____

Fax to Sandi Marques @714-970-5133 or submit to a SFRNA Officer or Representative

UNIT: 7th floor
SHIFT: 7th - 7th



DATE: 6-27-23

Fax to: 714-970-5133

UNITED NURSES ASSOCIATION OF CALIFORNIA / UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION

STAFFING OBJECTIONS

E-MAILED JUL 3 X 2023

②

Part I

Nguyen, Tienq
Macedo, Remedio

Nurse/s Employed at: Saint Francis Medical Center

hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will under protest, attempt to carry out the assignment to the best of my ability.

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- I was given an assignment which posed a potential threat to the health and safety of my patients.
- I was involuntarily forced to work beyond my scheduled hours.
- Increase acuity patients without adjustment to assignment.
- inadequate support staff to allow safe quality care.

- LVN coverage causing OOR.
- Functioning in multiple assignments/areas (i.e. Charge and Monitor Tech; Charge and Break relief)
- Breaker flexed prior to providing break and meal relief to all staff
- No breaker
- OOR (# of pts per nurse) 8
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III

#Beds/Pt's: 16 Census of Unit: 70 Acuity: High Average Low Clerks: Yes No

Part IV

Shift	Regular/Float Casual	
	Regular	Float Casual
RN	<u>2</u>	
LVN	<u>7</u>	
Aide	<u>1</u>	
Registry		

Staffing
 No Charge Nurse

Part V

Notified supervisor/other: Ms. Tannum Mendora / Director DATE/TIME: 6-27-2023

Part VI

Comments / Additional Information:

excessu (FAX) coverage

UNIT: 5th Flr

SHIFT: 7P



DATE: 6/28/2023

Fax to: 714-970-5133

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UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION

E-MAILED JUL 3 X 2023

STAFFING OBJECTIONS

Part I

Juvelles Matiga
Anna Sunga
Sunyoung Bok

Nurse/s Employed at: Saint Francis Medical Center

hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will underprotest, attempt to carry out the assignment to the best of my ability.

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- I was not given adequate staff for acuity (short staffed).
- The unit was staffed with excessive registry.
- New Patients were transferred or admitted to unit without adequate staff.
- I was given an assignment which posed a potential threat to the health and safety of my patients.
- I was involuntarily forced to work beyond my scheduled hours.
- Increase acuity patients without adjustment to assignment.
- Inadequate support staff to allow safe quality care.

LVN coverage causing OOR

Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech; Charge and Break relief)

Breaker flexed prior to providing break and meal relief to all staff

No breaker

OOR (# of pts per nurse) Covering 3 patients

MICN with other Assignment (Trauma / Break relief)

Other (please specify)

Part III

#Beds/Pt's: 30/25 Census of Unit: 24

Acuity: High Average Low Clerk: Yes No

Part IV

	Shift
	Regular/Float Casual
RN	2
LVN	3
Aide	3
Registry	0

Staffing

No Charge Nurse

Part V

NOTIFIED: Marcin T. (House Sup)

6/28/2023

Supervisor response

Part VI

Comments / Additional Information:

UNIT: 5th Floor

SHIFT: 7P-7A



DATE: 6/28/23

Fax to: **714-970-5133**

(3)

**UNITED NURSES ASSOCIATION OF CALIFORNIA / UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION**

STAFFING OBJECTIONS

E-MAILED JUL 3 2023

Part I

Johlar Gacula RN

Ms. Kyung Oh-choi RN

Danna Lim RN

Nurse/s Employed at:

Saint Francis Medical Center

hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN

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- I was involuntarily forced to work beyond my scheduled hours.
- Increase acuity patients without adjustment to assignment.
- Inadequate support staff to allow safe quality care.

- LVN coverage causing OOR 2 LVN cover
- Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech.; Charge and Break relief)
- Breaker flexed prior to providing break and meal relief to all staff.
- No breaker
- OOR (#of pts per nurse) _____
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) 1 RN - supervisor on the floor

Part III

#Beds/Pt's: _____

Census of Unit: _____

Acuity: High Average Low Clerks: Yes No

Part IV

Shift	Regular/Float Casual	
	Regular	Float Casual
RN	4	
LVN	2	
Aide	2	
Registry		1

Staffing

No Charge Nurse

ACTION:

Notified supervisor/other _____

Supervisor response _____

NAME/TITLE

DATE/TIME

Part V

Comments / Additional Information: _____

Fax to Sandi Marques @714-970-5133 or submit to a SFRNA Officer or Representative

RCHW

UNIT: 4th
SHIFT: 7P-7A



DATE: 6-28-2023

Fax to: 714-970-5133

UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION

E-MAILED JUL 3 X 2023

STAFFING OBJECTIONS

(P)

Part I

N. Nguyen, Tiana
UB de Zhou

Nurse/s Employed at: **Saint Francis Medical Center**

hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will, under protest, attempt to carry out the assignment to the best of my ability.

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- Increase acuity patients without adjustment to assignment.
- Inadequate support staff to allow safe quality care.

- LVN coverage causing OOR.
- Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech; Charge and Break relief)
- Breaker flexed prior to providing break and meal relief to all staff.
- No breaker
- OOR (#of pts per nurse) 8
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III

#Beds/Pt's: 18 Census of Unit: 20

Acuity: High Average Low Clerks: Yes No

Part IV

	Shift	
	Regular	Float Casual
RN	<u>2</u>	
LVN	<u>2</u>	
Aide	<u>1</u>	
Registry		

Staffing

No Charge Nurse

Part V

Notified supervisor/other: Ms January Mendoza - Director

Supervisor response: _____

6-28-2023

Part VI

Comments / Additional Information: _____

Trainings

UNIT: ER

SHIFT: _____



DATE: 07/02/23

Fax to: 714-970-5133

(A)

UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION

STAFFING OBJECTIONS

E-MAILED JUL 3^X 2023

Ariel _____ Part I _____

Nichole Cabrera _____ Nurse/s Employed at: Saint Francis Medical Center

Robin _____ RN _____

Irene _____ RN _____ hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will under protest, attempt to carry out the assignment to the best of my ability.

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- LVN coverage causing OOR.
- Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech; Charge and Break relief)
- Breaker flexed prior to providing break and meal relief to all staff
- No breaker
- OOR (#of pts per nurse) _____
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III

#Beds/Pt's: _____ Census of Unit _____ Acuity: High Average Low Clerk: Yes No

Part IV

	Shift
	Regular / Float Casual
RN	
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

Part V

ACTION: Notified supervisor/other _____

Supervisor response _____

Part VI

Comments / Additional Information: _____

UNIT: 4th
SHIFT: 7P-7A



DATE: 6-28-2023

Fax to: 714-970-5133

UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION

STAFFING OBJECTIONS

E-MAILED JUL 3^X 2023

Part I

Nguyen, Tiona
UB Be Zhou
RN

Nurse/s Employed at: Saint Francis Medical Center

I hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN

As a patient advocate, in accordance with the California Nurse Practices Act, this is to confirm that I notified you that in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will under protest, attempt to carry out the assignment to the best of my ability.

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- LVN coverage causing OOR.
- Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech; Charge and Break relief)
- Breaker flexed prior to providing break and meal relief to all staff.
- No breaker
- OOR (#of pts per nurse) 8
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III

#Beds/Pt's: 18 Census of Unit: 20 Acuity: High Average Low Clerk: Yes No

Part IV

	Shift	
	Regular	Float/Casual
RN	<u>2</u>	
LVN	<u>2</u>	
Aide	<u>1</u>	
Registry		

Staffing
 No Charge Nurse

Part V

Notified supervisor/other: Ms January Mendoza - Director DATE/TIME: 6-28-2023

Part VI

Comments / Additional Information:

Send to Sandi Marques @714-970-5133 or submit to a SFRNA Officer or Representative

STATS	1900	2100	2300	0100	0300	0500
CHARGE NURSE	Sharon	—————→				
DATE/TIME	6/30/2023	—————→		7/1/2023	—————→	
TOTAL PATIENTS	54	52	48	47	33	36
ADMISSIONS	14	9	6	10	11	11
ICU	4	3	0	1	2	2
TELE	5	4	2	3	3	3
MED SURG	4	3	2	3	3	2
PSYCH	1	1	2	3	3	4
NICU	—	—	—	—	—	—
L&D	—	—	—	—	—	—
AMBULANCE HOLDS	8	2	2	0	0	0
LONGEST WAIT TIME	3:01	1:17	0:34	—	—	—
ED MAIN STAFF						
TC TOTAL PTS	29	29	27	27	15	17
TC ADMITS	2	3	2	3	3	2
WAITING TO BE SEEN	4	6	4	5	0	5
WAIT TIME	0:46	2:11	0:35	1:08	—	1:46
TC STAFF						
CEDOCs	188	183	154	155	135	151
NOTES:	Psych transfer Card (+) total time @ beginning of shift 101:45					

MICN

UNIT: ER

SHIFT: 1900-0730



DATE: 6/28

Fax to: 714-970-5133

W

UNITED NURSES ASSOCIATION OF CALIFORNIA / UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION

STAFFING OBJECTIONS

E-MAILED JUL 3^X 2023

Part I

Deanna Enriquez
Elene Magafas
Luis Muñoz
Maddy Nguyen

Nurse/s Employed at: Saint Francis Medical Center
Jorge Rubio Sharon Kim

hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN

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- I was involuntarily forced to work beyond my scheduled hours.
- Increase acuity patients without adjustment to assignment.
- Inadequate support staff to allow safe quality care.

- LVN coverage causing OOR.
- Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech; Charge and Break relief)
- Breaker flexed prior to providing break and meal relief to all staff
- No breaker
- OOR (# of pts per nurse) _____
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III

#Beds/Pt's: _____ Consus of Unit: _____ Acuity: High Average Low Clerk: Yes No

Part IV

	Shift	
	Regular	Float Casual
RN		
LVN		
Aide		
Registry		

Staffing

No Charge Nurse

Part V

ACTION: Notified supervisor/other Lorna (sup) Leahanne 6/28 0715
Supervisor response Aware of schedule/staffing Director DATE/TIME

Part VI

Comments / Additional Information: _____

MLOW / Troy @ Assignment / C/C
RCHD
Adrius

UNIT: ER
SHIFT: 7p



DATE: 6/30/2023
Fax to: 714-970-5133

UNITED NURSES ASSOCIATION OF CALIFORNIA / UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION

(7)

STAFFING OBJECTIONS

E-MAILED JUL 3 X 2023

Part I

Sharan Muniz RN
Ashley Rueda RN
Cindy Klein RN
Nichelle Cabrera RN

Nurse/s Employed at: Saint Francis Medical Center
Jennifer Quintero RN Madelyn Nguyen RN

hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN

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- Increase acuity patients without adjustment to assignment.
- Inadequate support staff to allow safe quality care.

- LVN coverage causing OOR.
- Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech.; Charge and Break relief)
- Breaker flexed prior to providing break and meal relief to all staff
- No breaker
- OOR (# of pts per nurse) 41 ratio & ICU admissions
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) Controlled Graft Triage nurse

Part III

#Beds/Pt's: _____ Census of Unit: _____ Acuity: High Average Low Clerk: Yes No

Part IV

	Shift
	Regular/Float/Casual
RN	
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

Part V

ACTION: Notified supervisor/other _____
Supervisor response _____

Part VI

Comments / Additional Information: _____

micn

UNIT: EP
SHIFT: 1900-0730



DATE: 7/1/23
Fax to: 714-970-5133

UNITED NURSES ASSOCIATION OF CALIFORNIA / UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION

(5)

STAFFING OBJECTIONS

E-MAILED JUL 3 X 2023

Part I

Jorge Rubio
Ann Magatas
Cindy Mejia

Nurse/s Employed at: Saint Francis Medical Center
Irene Ricks Darian Puckett
hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN

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- Breaker flexed prior to providing break and meal relief to all staff
- No breaker
- OOR (#of pts per nurse) _____
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III

#Beds/Pt's: _____ Census of Unit: _____ Acuity: High Average Low Clerk: Yes No

Part IV

	Shift
	Regular/Float Casual
RN	
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

Part V

ACTION: Notified supervisor/other _____
Supervisor response _____

Part VI

Comments / Additional Information: _____