#### E-MAILED DEC 2 0 2022

DATE: 18 DEC 22

Fax to: 714-970-5133



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

## STAFFING OBJECTIONS E-MAILED DEC 2 0 2022

|   | Parti Parti  |
|---|--|
| Melissy Joy David, R. TIFFMM NAVIEW EN  | iurse/s Employed at: Saint Francis Medical Center  |
| As a patient advocate in percentage with the first  | ereby protest my assignment as: Timary Nurse Charge Nurse LVN Coverage   |
| assignment is unselve and places my patients at risk. As a result, the fi<br>to carry out the assignment to the best of my ability. | ice Act, this is to confirm that I notified you shat, in my professional judgment, today's<br>acility is responsible for any adverse effects on patient care. I will under protest, attemp   |
|   | Part II  |
| I am objecting to the above assignment on the grounds that:   |  |
| I was not trained or experienced in area assigned.  | LVN coverage causing OOR.  |
| i was not given adequate stell for actity (short staffed).  | Functioning in multiple assignments/areas (i.e., Charge and Monitor<br>Tech.; Charge and Break relief)   |
| The unit was staffed with excessive registry.   | Breaker flexed prior to providing beak and ineal relief to all staff   |
| New Patients were transferred or admitted to unit without adequate staff.   | No preaker   |
| I was given an assignment which posed a potential threat to the health and safety of my patients.                                   | OOR (#of pts per nurse) In Team Care   |
| •   | MICN with other Assignment (Trauma / Break rejief)   |
| I was involunterily forced to work beyond my scheduled hours.   | Other (please specify) Perhaeming in   |
| Increase aculty patients without adjustment to assignment   | Junihum greet / Trues  |
| Insidequate support staff to silow safe quality care,   | y wer / mage   |
|   | Format about   |
|   | Part III   |
| Beds/Pt's:Consus of Unit  | Aculty:   High   Average   Low   Clerk:   Yes   No   |
|   | - Part IV-   |
| Shift   | Staffing   |
| Regular/Float Casual  | No Charge Nurse  |
| LVN   | :  |
| Registry  |  |
|   | - Part V   |
| TION: Elizabeth Cat   | #lan: 14 Dec 2022  |
| ervisor response NAME/FITTE   | DATE/T::S  |
|   | The state of the s |
| nments / Additional Information:  | Part VI  |
| . Hantspiler Workussion;  |  |

UNIT:

SHIFT:

feko Micodia



DATE: 12/17/202L

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

STAFFING OBJECTIONS E-MAILED DEC 22 2022 Part I-Nurse/s Employed at: Saint Francis Medical Center MUSALIEV. ORTECA PN hereby protest my assignment as: 🔲 Primary Nurse 🔲 Charge Nurso 🔲 LVN Covarage RN e California Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment today's assignment is unsefo and places my petients 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: LVN coverage causing OOR. I was not trained or experienced in area assigned. Functioning in multiple assignments/areas (i.e., Charge and Monitor was not given adequate staff for aculty (short staffed). Tech.; Charge and Break relleft The unit was staffed with excessive registry. Breaker flexed prior to providing beak and meal relief to all staff New Patients were transferred or admitted to unit without No breaker adequate steff. GOR (#of pts per nurse)\_ twas given an assignment which posed a potential threat to the health and safety of my padents. MICN with other Assignment (Trauma / Break relief)  $\square$  I was involuntarily forced to work beyond my scheduled hours, Onicresse aculty parients without adjustment to assignment. Deedequate support staff to allow safe quality care. Part III Census of Unit Acuity: High Average Low Clerki Yes No Shift Staffing Regular/Float Casual No Charge Nurse LVN Alde Registry ACTION Notified supervisor/other. Supervisor response. Part VI -Comments / Additional information:



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|---|---|---|
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| 7 | ت | 1 |

| Metros do Dans   | Part I  |
|--|---|
| Melissa Voy Dand, RN   | Nurse/s Employed at: Saint Francis Medical Center   |
| RV   | RN RV   |
| as a patient edvocate, in accordance with the Column   | hereby protest my essignment as: Primary Nurse Charge Nurse LVN Coverag   |
| ssignment is unsafe and places my patients at risk. As a result, the carry out the assignment to the best of my ability. | actice Act, this is to confirm that I notified you that, in my professional judgment, today's ne facility is responsible for any adverse effects on patient care. I will under protest, atten |
|  | Part II—  |
| am objecting to the above assignment on the grounds that:  |   |
| I was not trained or experienced in area assigned.   | LVN coverage causing DOR.   |
| I was not given adequate staff for aculty (short staffed).   | Functioning in multiple essignments/areas (i.e. Charge and Monit<br>Tech.; Charge and Break relief)   |
| The unit was staffed with excessive registry.  | Breaker flexed prior to providing beak and meal relief to all staff   |
| New Patients were transferred or admitted to unit without adequate staff.  | No breaker  |
| I was given an assignment which posed a potential threat to<br>the health and safety of my patients.                     | OOR (#of pts per nurse).  |
| patents.   | MICN with other Assignment (Trauma / Brook will-s   |
| I was involuntarily forced to work beyond my scheduled hours.  | Ctner (please specify)  |
| increase aculty patients without adjustment to assignment.  Inadequate support staff to allow safe quality care.         | working in two seles as   |
| sale quality care.   | greet and triage helping  |
|  | Part III Feam Care  |
| ds/Pt/st Census of Unit  | Acuity  |
|  | · · · · · · · · · · · · · · · · · · ·   |
| Shift  | A GLETA   |
| Regular/Float Casual   | Staffing  |
| RN<br>LVN  | ☐ No Charge Nurse   |
| Aida<br>Registry   |   |
|  |   |
| ON:  | PartV   |
| ed supervisor/other Elyabeth Car   | when 18DEC 2022   |
| visor response KAMPATALE   | DATE/T:"3   |
|  | — Part VI   |
| ents / Additional Information:   |   |

| UNIT: _ | ER     |
|---------|--------|
| SHIFT:  | Nights |





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

| E.A.   | Nuise/s Employed at: Saint Francis Medical Center  |
|--|--|
| As a patient advocate, in accordance with the California Nurse Prassignment is unsafe and places my patients at risk. As a result, the carry out the assignment to the best of my ability.   | hereby protest my assignment as: Primery Nurse Charge Nurse LVN Coverage RN actice Act, this is to confirm that I notified you that, in my professional judgment, today's se facility is responsible for any adverse effects on patient care. I will under protest, attempt  Part II |
| I was not trained or experienced in area assigned.  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.  Lwas involuntarily forced to work beyond my scheduled hours.  Ingrease acuity patients without adjustment to assignment.  Inadequate support staff to allow safe quality care.  Seds/Pt's:  Census of Unit  Shift  Regular/Float Casual | LVN coverage causing OOR.   Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech.; Charge and Break relief)   Breaker flexed prior to providing beak and meal relief to ell staff   No breaker   |
| RN LVN Alde Registry  FION: Ified supervisor/other Elizebeth Catolo  | Part V————————————————————————————————————   |





NIT: <u>F</u>[2 IIFT: 1900-0730

Additional Information



DATE: 12/18/27

Fax to: 714-970-5133

UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION
E-MAILED DEC 2 2 2022

#### STAFFING OBJECTIONS

| TZIAIAI Cla-  | Part I   |   |
|---|--|---|
| Jenny Choi  | Ńurse/s Employed at?   | Saint Francis Medical Center  |
| RN<br>RN  | hereby protest my assign   | nment as: Primary Nurse Charge Nurse LVN Covarage RN  |
| advocete, in accordance with the California Norse Pris<br>s unsafe and places my patients at risk. As a result, th<br>the essignment to the best of my ability. | actice Act, this is to confirm<br>ne facility is responsible for | n that I notified you that, in my professional judgment, today's any adverse effects on patient care. I will under protest, attempt |
|   | Part II  |   |
| ig to the above assignment on the grounds that:   |  |   |
| rained or experienced in area assigned.   | 9"   | coverage causing OOR.   |
| iven adequate staff for aculty (short staffed).   | Pun.<br>Teci   | ctioning in multiple assignments/areas (i.e., Charge and Monitor<br>h.; Charge and Break relief)                                    |
| as staffed with excessive registry.   | ☐ Brea   | ker flexed prior to providing beak and meal relief to all মছেনি   |
| its were transferred or edmitted to unit without taff.  | No E   |   |
| an assignment which posed a potential threat to nd salety of my patients.   |  | (#of pts per nurse)   |
| untarily forced to work beyond my scheduled hours.  | (  | (please specify)  |
| uity petients without adjustment to assignment.   | John   | and multiple CUPTS  |
| support staff to allow safe quality care.   | <del></del>  |   |
|   | Part III   |   |
| Census of Unit  | Aculty:  | High Average Low Clerk: Yes No  |
| Shift   | PartIV   | Cha SE  |
| Regular/Floet Casual  | _  | Staffing  |
|   |  | No Charge Nurse   |
| 777,000   |  | ·   |
|   | — Part V ———   |   |
| ser/ather   |  | *   |
| PACE/TITLE  |  | DK7E/5.". Z   |
|   | Part VI  |   |



NIT: <u>FZ</u> HIFT: <u>1900-0730</u>



DATE: 12/18/22

Fax to: 714-970-5133

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

E-MAILED DEC 22 2022

## STAFFING OBJECTIONS

| Insmine Torres  | Nurse/s Employed at  | Saint Francis Medical Center  |
|---|--|---|
| S.V   | wurse/s Employed at.   | Same a ancis Medical Center   |
| RY /  | hambu maa  | / /   |
| RI  |  | ment as: Primery Nurse 🗀 Charge Nurse 🗀 LVN Coverage RI   |
| advocate, in accordance with the California Nurse Prise unsafe and places my patients at risk. As a result, the assignment to the best of my ability. | actice Act, this is to confirm<br>ne facility is responsible for | that I notified you that, in my professional judgment, today's any adverse effects on patient care. I will under protest, attempt |
|   | Part II  |   |
| ring to the above assignment on the grounds than  | _  |   |
| ctrained or experienced in area assigned.   | 9  | coverage causing OOR.   |
| given adequate staff for acuity (short staffed).  | Fund<br>Tecl   | tioning in multiple essignments/arcas (i.e., Charge and Monito.<br>i.; Charge and Break relief)                                   |
| was staffed with excessive registry.  | ☐ Brea   | ker flexed prior to providing beak and meal relief to all staff   |
| ents were transferred or admitted to unit without   | No E   | reaker  |
| en an assignment which posed a potential threat to  | □ OOR  | (#of pts per nurse)   |
| and safety of my padents.   | MICA   | with other Accienment (Trauma / Break relief)  Accil  |
| pluntarily forced to work beyond my scheduled hours.  | C Other  | (please specify)  |
| aculty patients without adjustment to assignment  | Vol  | aing multiple lupts   |
| te support scaff to allow safe quality care.  | <u></u>  | 1911 Hauty  |
|   | 7  |   |
| Communication   | Part III   | /_  |
| Consus of Unit  | Aculty:  | High Average Low Clerk Yes No   |
|   | Part IV  |   |
| Shift   |  | Staffing  |
| Regular/Float Casual  |  | No Charge Nuize   |
|   | , –  |   |
| V   |  |   |
|   | Don't Paris  |   |
|   | Part V   |   |
| dsor/other  |  | D./TE/T: 13   |
| oonse   |  | arriali. 19   |



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

#### STAFFING OBJECTIONS

|   |  | E-MAILED DEL 2  |
|---|--|---|
| ROSALIEV. ORTECA  | Part I  Nurse/s Employed at: Saint Franci  | s Medical Center  |
| ex  As a patient advocate, in accordance with the California Nutree P. assignment is unsafe and places my patients at risk. As a result, to carry out the assignment to the best of my ability. | ax  hereby protest my assignment as:   Primary Nurse  ractice Act, this is to confirm that I notified you that, in in the facility is responsible for any adverse effects on patie   |   |
|   | Part II  |   |
| am objecting to the above assignment on the grounds that:   | LVN coverage causing OOR.  |   |
| I was not trained or experienced in area assigned.  I was not given adequate staff for aculty (short staffed).  | Functioning in multiple assignment   | nts/areas (i.e., Charge and Monttor                         |
| The unit was staffed with excessive registry.   | Tech.; Charge and Break relief)  Breaker flexed prior to providing   |   |
| New Patients were transferred or admitted to unit without adequate stell.   | 1 No breaker   |   |
| I was given an a signment which posed a potential threat to the health and safety of my padents.  | OOR (#of pts per nurse)  |   |
| I was involuntarily forced to work beyond my scheduled hours increase aculty patients without adjustment to assignment. Medequate support staff to ellow safe quality card.                     | Colla or for co lugares of the colla or for co lugares of the collaboration con the collaboration con the collaboration of the collabor | to close to ED PAY  A venity pts and                        |
| eds/Pt's: Census of Unit  |  | v Clerk: Tes No   |
| Shift  Regular/Float Casual  RN  LVN  Alde  Regulary  | Part IV  Staffing  No Charge Nurse  BE  BY  ARE A  OT  | SING TO ALS  WAS NEED TO  ADDINESSED  INFINATION  OF RESIST |
| Marygran  | lar RV 12/13   | of so con   |
| ervisor response  |  | TE/5:12   |
|   | Part VI  |   |



NIT: <u>F/2</u> HFT: <u>1900-0730</u>



DATE: 12/18/22

Fax to: 714-970-5133

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

#### STAFFING OBJECTIONS

E-MAILED DEC 2 2 2022

| TIFFAM NGWEN   | Nurse/s Employed at  | Saint Francis Medical Center  |
|--|--|---|
| 533  |  | RV RI<br>Enment as: Primery Nurse Charge Nurse LLVN Coverage RN   |
| t advocate, in accordance with the California Nurse Pr<br>t is unsafe and places my patients at risk. As a result, th<br>t the assignment to the best of my ability. | actice Act, this is to confir<br>ne facility is responsible fo | in that I notified you that, in my professional judgment, today's or any adverse effects on patient care. I will under protest, attampt |
|  | Part II  |   |
| ting to the above assignment on the grounds that:  |  |   |
| ot treined or experienced in area assigned.  | □ rv   | N coverage causing OOR.   |
| given adequate staff for aculty (short staffed).   | ☑ Fui<br>Te  | nctioning in multiple essignments/areas (i.a., Cherge end Monitor<br>ch.; Charge and Break relief)                                      |
| was staffed with excessive registry.   | ) 🔲 Bre  | aker flexed prior to providing bealt and meel relief to all staff   |
| lents were transferred or admitted to unit without<br>e steff:   | No.  | breaker .   |
| en an assignment which posed a potential threat to<br>h and safety of my padents.  |  | R (#of pts per nurse)  N with other Assignment (Trauma / Break relief)  ACC 'F  |
| cluntarily forced to work beyond my scheduled hours.   | (  | Acri  |
| aculty patients without adjustment to assignment   | No   | er (please specify)   |
| ate support staff to eliony safe quality care.   |  | TIGHT THANKS Y  |
| 1  | — Part III   |   |
| Census of Unit   | Acuity:  | High Average Low Clerks Yes No  |
| Shift  | Part IV  | Staffing  |
| Regular/Float Casual   |  | •   |
|  |  | No Charge Nuisa   |
| TV .   | 7  |   |
| ,  |  |   |
|  | Part V   |   |
| Wisor/otherEUIZABETH CA  | TALAN  | 12/19/22  |
|  |  |   |

# OOK MKN

NIT: <u>F</u>[2 HIFT: <u>1900-0730</u>



DATE: 12/18/22

Fax to: 714-970-5133

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

#### STAFFING OBJECTIONS

E-MAILED DEC 22 2022

| Flence SA ST   | Part I   |
|--|--|
| Horse Ruis   | Nurse/s Employed at: Saint Francis Medical Center  |
| EN EN  | av Rereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage i  |
| advocate, in accordance with the Collingia Kines be  | ractice Act, this is to confirm that I notified you that, in my professional Judgment today's the facility is responsible for any adverse effects on patient care. I will under protest, attempt |
|  | Part II  |
| g to the above assignment on the grounds that:   |  |
| rained or experienced in area assigned.  | LVN coverage causing OOR.  |
| given adequate staff for aculty (short staffed).   | Functioning in multiple essignments/areas (i.e., Charge and Montto: Tech.; Charge and Break relief)  |
| vas staffed with excessive registry.   | Breaker flexed prior to providing beak and meal relief to all staff  |
| nts were transferred or admitted to unit without<br>staff.   | No breaker   |
| n an assignment which posed a potential threat to and safety of my patients.                         | MICN with other Assignment (Trauma / Break relief)   |
| iuntarily forced to work beyond my scheduled hours. Culty patients without adjustment to assignment. | Tother (please specify)  NO CING MUITIPLE ICUPTS   |
| s support staff to ellow safe quality care.  | worked & six wagers  |
| Consus of Unit   | Part III  Acuity: High Average Low Clerk: Yes No   |
|  | Part IV-   |
| Shift  | Staffing   |
| Regular/Float Casual   | ☐ No Charge Nurse  |
| AVII 17-11, 1711-11  |  |
|  |  |
| sor/other E- CATALAN   | v. Part Many en 12/18/2022   |
| DESC. DATES  | \$1°17\\$7.12  |
|  |  |



NIT: <u>FP</u> HIFT: <u>1900-0730</u>

'Additional information:



DATE: 12/18/22

Fax to: 714-970-5133

UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION E-MAILED DEC 2 2 2022

| TRIGIAL CLASS  | Part 1             | 1  |
|--|--------------------|--|
| Jenny Choi   | Ńwse/s Emplo       | oloyed at: Saint Francis Medical Center  |
| ex<br>int advocate, in accordance with the California Nurse Prant is unsafe and places my patients at risk. As a result, th<br>ut the assignment to the best of my ability.  | actice Act this is | st my assignment as: Primary Nurse Charge Nurse LVN Coverage RN is to confirm that I notified you that, in my professional judgment, today's ponsible for any adverse effects on patient care. I will under protest, attempt |
|  | Book If            | rt   |
| ting to the above assignment on the grounds that:  | ——— Part II        | LVN coverage causing OOR.  |
| or trained or exparienced in area assigned given adequate staff for aculty (short staffed).  |                    | Punctioning in multiple assignments/areas (i.e., Charge and Monitor Tech; Charge and Break relief)   |
| t was staffed with excessive registry.   |                    | ্ৰ Breaker flexed prior to providing beak and ineal relief to all প্ৰহাৰি  |
| tients were transferred or admitted to unit without<br>te staff.   |                    | ☑ No breaker   |
| ven an assignment which posed a potential threat to<br>th and safety of my patients.   | ,                  | OOR (#of pts per nurse)  MICN with other Assignment (Trauma / Break relies)  |
| voluntarily forced to work beyond my schedulad hours,  | ,                  | ☐ Other (please specify)   |
| aculty patients widtout adjustment to assignment   |                    | helding multiple 100 pts   |
| ata support staff to ellow safe quality care.  |                    |  |
| Census of Unit   | Part III-          | Aculty: High Average Low Clerk Tes No  |
|  | —— Part IV—        |  |
| Shift  | CHILIA             | Staffing   |
| Regular/Flout Casual   | 7                  | -  |
|  |                    | No Charge Nurse  |
| Ty   | 1                  | ·  |
| The state of the s | <b>-</b> 4         | ,  |
|  | — Part V —         | ·  |
| visor/other  |                    |  |
| CALLETTINE   |                    |  |