UNIT: 100-07**3**0



DATE: 12/24/22

Fax to: 714-970-5133

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

STAFFING OBJECTIONS E-MAILED IAN 1 X 2022 Part I-Saint Francis Medical Center Nurse/s Employed at. 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: LVN coverage causing OQR. I was not trained or experienced in area assigned. Punctioning in multiple assignments/areas (i.e., Charge and Monitor I was not given adequate staff for acuity (short staffed), Tech.; Charge and Break relief) The unit was staffed with excessive registry. Breaker flexed prior to providing beak and mest relief to all staff New Patients were transferred or admitted to unit without No breaker adequate staff. OOR (Wof pts per nurse) I was given an assignment which posed a potential threat to the health and safety of my patients. MICN with other Assignment (Trauma / Break relief) [] I was involuntarily forced to work beyond my scheduled hours. Other (please specify) increase acuity patients without adjustment to assignment. Inadequate support staff to allow safe quality care. Part III Census of Unit Aculty: Migh Average Low Part IV-Shift Staffing Regular/Float Casual No Charge Nurse RN LVN Alde Notified supervisor/other Supervisor response

ments / Additional Information:

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DATE: 12/25/22

Fax to: 714-970-5133

UNIT: 100 SHIFT: 1900-0730

ST. FRANCIS REGISTERED NURSES ASSOCIATION

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Kate Echerodo	Nurse/s Employed at: Saint Francis Medical Center
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ях	hereby protest my assignment as: 🔲 Primary Nurse 🔲 Charge Nurse 🔲 LVN Coverage Ri
s a patient advocate, in accordance with the Celifornia Nurse Pr ssignment is unsafe and places my patients at risk. As a result, to cerry out the assignment to the best of my ability.	actice Act, this is to confirm that I notified you that, in my professionel judgment, today's ne facility is responsible for any adverse effects on patient care. I will under protest, attempt
	Part II
am objecting to the above assignment on the grounds that: I was not trained or experienced in area assigned.	LVN coverage causing OQR.
I was not given adequate staff for aculty (short staffed).	Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech.; Charge and Break relief)
The unit was staffed with excessive registry.	Breaker floxed prior to providing beak and moal relief to all staff
New Patients were transferred or admitted to unit without	☑ No breaker
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Inadequate support staff to allow safe quality care.	
eds/Pt's: 36/34 Census of Unit 39	,
Shift	Part IV Staffing
Regular/Flont Casual RN	☐ No Charge Nutse
LVN Alde Registry	
ION: fled supervisor/other La Ton IO	Part V
	DATE/TIME /

UNIT: 100 SHIFT: 1900-0730



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Fax to: 714-970-5133

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

STAFFING OBJECTIONS

Saint Francis Medical Center Nurse/s Employed at: Saturant Hundal hereby protest my assignment as: Primary Nurse Charge Murse CLWN Coverage RM As a patient edvacate, in accordance with the California Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, polary'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 profess, attention arrangement to the best of my ability. Lam objecting to the above assignment on the grounds that: LVN coverage causing OQR [] I was not trained or experienced in area assigned. Punctioning in multiple assignments/areas (i.e., Charge and Munifor Tech.; Charge and Break relief) 1 was not given adequate staff for aculty (short staffed). Breaker flexed prior to providing beak and meal relief to all staff The unit was staffed with excessive registry. No breaker Mew Papents were transferred or admitted to unit without adequate staff. OOR (#of pts per nurse) 3 We was given an assignment which posed a potential threat to the health and safety of my patients. MICN with other Assignment (Trauma / Break relief) Other (please specify) _ 1 was involuntarily forced to work beyond my scheduled hours. Mincrease aculty patients without adjustment to assignment. [inadequate support staff to allow safe quality care. - Part III-Acuity: MHigh Average Low Clerk: Ves No Census of Unit - Part IV-Staffing Shift Regular/Float Casual No Charge Nurse - Part V refled supervisor/other oments / Additional information: to Sandi Marques @714-970-5133 or submit to a SFRNA Officer or Representative

E-MAILED JAN 1 X 2022



SHIFT: 0700 - 1900 united nurses association of california/ union of health care pro ST. FRANCIS REGISTERED NURSES ASSOCIATION Saint Francis Medical Center s Employed at. hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage 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 affects on patient care, I will under protest attem I am objecting to the above assignment on the grounds that: I was not trained or experienced in area assigned. LVN coverage causing OOR. ☐ Functioning in multiple assignments/areas (i.e., Charge and Monito i was not given adequate staff for acuity (short staffed). 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 No breaker adequate staff. are given an assignment which posed a potential threat to OOR (#of pts per nurse)___ the health and safety of my patients. MICN with other Assignment (Trauma / Break relief) I was involuntarily forced to work beyond myscheduled bours. Other (please specify) Ancrease acuity patients without adjustment to assignment, Inadequate support staff to allow safe quality care. Part III #Beds/PC'si Census of Unit Acuity: High Average Low Clerk: Yes No Part IV-Shift : Staffing Regular/Float Casual RN No Charge Nurse LVN Alde Registry Notified supervisor/other Supervisor response. Comments / Additional Information:



Fax to: 714-970-5133

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

STAFFING OBJECTIONS

	Book Y.	E-MAILED JAN 3 X
R. MAINT	Nursa/s Employed	:: Saint Francis Medical Center
a patient advocate, in accordance with the California Nurse P.		assignment as: Primary Nurse Charge Nurse LVN Coverage RN onfirm that I notified you that, in my professional judgment, today's
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nadequate support staff to allow safe quality care.		5,
	Part III	
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Shift		Staffing
Regular/Float Casual RN LVN		No Charge Nurse
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ONI ULDU	Part V	12131122
ed supervisor/other		DATE/TNIE
viant teshnian	Part VI	

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SHIFT:	1900	



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Fax to: 714-970-5133

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

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2022

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Lannette Pa	ulx. RV	Part I - Nurse/s Emplo		ıt Franci	s Medical Center
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New Patients were transferred or a adaquate staff.	dmitted to unit without		No breaker		
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I was involuntarily forced to work	soyond my scheduled hours.		Other (please	specify)	
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Inadequate support staff to allow so	ife quality care.				
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gains and 7 or any	Shift		Stat	ffing	
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LVN		-		a. 65 a. a.	
Aide Registry					
	mandan's, 7 m - mandanistra	l			
CTION:		Part V-			
odfied supervisor/other					
upervisor response	NAME/TITES				DATE/TINE
		Part VI			
mments / Additional Information:			•	`,	

UNIT: ICM 3100 1900 SHIFT:



DATE: 01101123

Fax to: 714-970-5133

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

STAFFING OBJECTIONS

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ex a patient advocate, in accordance with the California Nurse Pracising a patient advocate, in accordance with the California Nurse Pracisingment is unsafe and places my patients at risk. As a result, the carry out the assignment to the best of my ability. In 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 aculty (short staffed).	ctice Act, this is to a facility is respon- ————————————————————————————————————	an RN y assignment as: Primary Nurse Charge Nurse LVN Coverage Ri confirm that I notified you that, in my professional judgment, today's sible for any adverse effects on patient care. I will under protest, attempt
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		LVN coverage causing OOR.
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The unit was staffed with excessive registry.		Breaker flexed prior to providing beak and meal relief to all staff
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I was given an assignment which posed a potential threat to	Į	YOOR (#of pts per nurse) 3:1
the health and safety of my patients.	l	MICN with other Assignment (Trauma / Break relief)
l was involuntarily forced to work beyond my scheduled hours.	[Other (please specify)
increase aculty patients without adjustment to assignment		
Inadequate support staff to allow safe quality care.		
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ds/Pt's: Consus of Unit	Part III	.cuity:
	Part IV	
Shift		Staffing
Regular/Float Casual		[] No Cherge Nurse
RN LVN		No Charge Nurse
Aide	_	
Registry		
	Part V	
ON:		
led supervisor/other		DATE/T:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
visor response	*****	
	Part VI	
nents / Additional Information:		•

UNIT: 100 SHIFT: 7PM



DATE: 1/1/23

Fax to: 714-970-5133

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

STAFFING OBJECTIONS

E-MAILED JAN 3 X 2022

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rn PN	hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage R
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Increase aculty patients without adjustment to assignment.	Joseph Grand Special Control of the
Inadequate support staff to allow safe quality care.	
	Part III
Beds/Pt's: Consus of Unit	
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Shift	Staffing
Regular/Float Casus	No Charge Nurse
LVN	
Registry	
	Part V
TION: stifled supervisor/other VDY XXXX	Anon- Svamyson
rervisor response	DATE/7:45
	Part VI
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