



UNIT: ICU

DATE: 12/24/22

SHIFT: 1900-0700

Fax to: 714-970-5133

**5**

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

**STAFFING OBJECTIONS**

E-MAILED JAN 1 X 2022

Part I

Kate Echereodo

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

Michael Nkwaku

Rosalba Reguera Adriana Ruiz

Tommy Tu

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 OQR.
- 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) 3
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) \_\_\_\_\_

Part III

#Beds/Pt's: 36/33

Census of Unit 33

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: Latanya

12/24/22 2303

Supervisor response \_\_\_\_\_

Part VI

Comments / Additional Information: \_\_\_\_\_

# Retio

UNIT: ICU  
SHIFT: 1900-0730



DATE: 12/25/22

Fax to: 714-970-5133

UNITED NURSES ASSOCIATION OF CALIFORNIA / UNION OF HEALTH CARE PROFESSIONALS **E-MAILED JAN 1 X 2022**  
ST. FRANCIS REGISTERED NURSES ASSOCIATION

## STAFFING OBJECTIONS

Kate Echereodo  
RN

### 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.

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- LVN coverage causing OQR.
- 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: 36/34 Census of Unit: 34

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 LaTonia Pettway  
Supervisor response: Bought Pizza for us. She knows and is working on it

### Part VI

Comments / Additional Information:

1  
Kain

UNIT: ICU  
SHIFT: 1900-0730



DATE: 12/26/22  
Fax to: 714-970-5133

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

### STAFFING OBJECTIONS

Part I

Nurse/s Employed at: Kate Echereendo  
Satwant Hundal 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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- 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) 3
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) \_\_\_\_\_

Part III

#Beds/Pts: 36/33 Census of Unit 33 Acuity:  High  Average  Low Clerk:  Yes  No

Part IV

	Shift
	Regular/Float Casual
RN	
LVN	
Aide	
Registry	

#### Staffing

No Charge Nurse

Part V

Notification: Identified supervisor/other: Latonya Pettway  
Supervisor response: she knows and she's working on it

Part VI

Comments / Additional information:

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

E-MAILED JAN 1 X 2022

UNIT: ICU

SHIFT: 0700 - 1900



DATE: 12/31/22

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

E-MAILED JAN 3 X 2022

### STAFFING OBJECTIONS

Grandma A. - McLean Part I Muller

P. Nguyen RN Jeanette Phillips RN Nurse/s Employed at: Saint Francis Medical Center

Kathy RN Kathryn Hon 23 RN JF RN 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 effects on patient care. I will under protest, attempt to carry out the assignment to the best of my ability.

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- No breaker
- OOR (#of pts per nurse) \_\_\_\_\_
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) \_\_\_\_\_

#### Part III

#Beds/Pc's: \_\_\_\_\_ Censur of Unit 34 Acuity:  High  Average  Low Clerk:  Yes  No

#### Part IV

Shift	
	Regular/Float Casual
RN	<u>16</u>
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

#### Part V

ACTION: Notified supervisor/other LT. Director 12/31/22  
Supervisor response \_\_\_\_\_ DATE/TIME

#### Part VI

Comments / Additional Information: \_\_\_\_\_

**PROUD**



UNIT: WU

DATE: 12/31/22

SHIFT: 7P-7a

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 8 X 2022

Part I

R. MAINI

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

RN

RN

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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- Breaker flexed prior to providing break and meal relief to all staff
- No breaker
- OOR (#of pts per nurse) 3:1
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) 3:1

Part III

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

Part IV

Shift	
	Regular/Float Casual
RN	<u>8</u>
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

Part V

ACTION: Notified supervisor/other: JUDY 12/31/22

Supervisor response: JUDY

Part VI

Comments / Additional information: \_\_\_\_\_



UNIT: ICU 3100  
SHIFT: 1900

DATE: 01/01/23

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

Part I  
Lanette Paulk 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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- 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) 3:1
  - 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: ICU 3100

SHIFT: 1900

DATE: 01/01/23

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 2023  
2022

Part I

CCMun RN

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

RN

RN

RN

RN

RN

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) 3:1
- 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: \_\_\_\_\_

# Reho



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

#### Part I

R. W. W. W. W.

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

RN

RN

RN

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

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- No breaker
- OOR (#of pts per nurse) 3:1
- 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 VPD/TONY ANTON SUPANSON  
Supervisor response \_\_\_\_\_  
NAME/TITLE DATE/TIME

#### Part VI

Comments / Additional Information: \_\_\_\_\_