Welcome to CRONA’s Inaugural Area Representative Training!

Spring 2018

The Area Representative is crucial to the success of CRONA. As an Area Rep you have the opportunity to serve as a resource for your coworkers and for the union as a whole. As CRONA has grown in size from 365 CRONA Nurses at one location in 1966 to almost ten times as many CRONA Nurses at numerous locations across the Bay Area today, we also have to grow our network of Area Representatives to support our membership and keep our union strong.

This document contains supplemental information to go with the content presented in the training class. It is but one of many resources available to you as an Area Representative. As always, the first and best resource is our collective bargaining agreement, or contract.

Remember…

United we are strong!!
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Assignment Despite Objection (ADO) Example

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It all started with a problem, and nurses who decided to look for a solution…

In 1966, frustrated by low salaries, poor benefits, and deficiencies in working conditions, Head Nurse Marion Mullin gathered a group of other head nurses and formed a committee to advocate for nurses at Stanford University Hospital. At that time, a Stanford nurse’s salary was less than that of many non-professional and clerical occupations, and annual nurse turnover rates at Stanford were about 75%.

When weeks of talks with hospital administration failed to produce an agreement between nurses and the hospital, all but 3 or 4 of the entire nursing staff submitted their resignations. As the last several hours of the two-week resignation notice period counted down, an agreement was finally reached.

The nurses continued to engage with management regarding wages and benefits, hospital policies, and working conditions over the next several years. This was a real achievement in a time when workers in health care institutions did not have their right to organize and bargain collectively recognized by law.

In July of 1974, CRONA Nurses went on strike for 9 days over wages and benefits, and to improve working conditions for the sake of nurses and patients. In August 1974, the National Labor Relations Act was amended to include coverage and protection of employees of non-profit health care institutions. CRONA was recognized as the bargaining unit for Registered Nurses at Stanford.

The first contract with CRONA as the collective bargaining unit for Stanford Nurses was negotiated in 1976. Two years later CRONA became an agency shop, with every nurse required to pay dues or fees.

The mid-1980s were a difficult time in health care, and Stanford experienced prolonged low census resulting in financial difficulties and the implementation of austerity measures. The contract in 1986 added new language regarding work reductions and layoffs, as CRONA Nurses supported the hospital while working to protect nurses’ jobs.

Lucile Packard Children’s Hospital opened in 1991, with CHAS (Children’s Hospital at Stanford) as well as pediatric and neonatal services moving to the new facility. Former Stanford pediatric and neonatal nurses became LPCH employees, and LPCH refused to recognize CRONA as the bargaining unit for LPCH. Undeterred, nurses at LPCH united to vote for CRONA to be their collective bargaining unit. CRONA negotiated the first contract for LPCH nurses in 1992, and CRONA continued to negotiate the Stanford and LPCH contracts separately for many years.

In 1996, Stanford and Lucile Packard decided to merge with UCSF. This short-lived merger was unsuccessful and dissolved at great expense to the hospitals in 1997.
At this time, CRONA agreed to a multi-tier retirement benefit system, with current employees able to retain pensions and retiree medical benefits, and new employees offered only a 403 (b) retirement plan and no retirement medical benefits.

When the hospitals proposed another two-tier system for wages and benefits in 2000, including reduced PTO for new hire nurses, CRONA Nurses overwhelmingly voted to go on strike. CRONA Nurses held strong for 51 days, the longest strike in nursing. In the end the hospital’s proposed two-tier benefits package was abandoned.

Negotiations in 2010 were extremely challenging, lasting a record eighteen months. The core issue was the hospital’s proposal of a highly restrictive promotions program, the Professional Nurse Development Program (PNDP), to replace the longstanding Staff Nurse program. The new contract did include the PNDP, with some of the worst language removed.

In 2016 CRONA negotiated a contract that provided additional longevity raises at 10.5, 25, and 30 years, and accelerated longevity increases for low seniority nurse. New language was added to promote more flexibility for nurses by protecting part-time positions, and capping the number of hours of mandatory on-call.

In 2009, Stanford Hospital & Clinics opened a new outpatient facility, starting an expansion of Stanford facilities and services in the Bay Area. It was followed by multi-service locations in San Jose in 2015 and Emeryville in 2017. CRONA Nurses now worked at numerous locations in the Bay Area, and CRONA was challenged to keep its geographically and numerically exploding membership strong and united.
Structure of CRONA

CRONA Nurses: The member Nurses are the base that provides both the reason and the support for the entire organization. The membership provides the information to help the contract Negotiations Team set priorities for each contract negotiation. The membership selects its own leadership via elections. Every member is represented—both collectively and sometimes individually.

Area Representatives: Interested and motivated CRONA Nurses may volunteer to be the link between member nurses and union leadership. These unit-level advocates are then confirmed in their positions at the next and subsequent election cycles. They are ambassadors for CRONA to new and current staff, act as local advocates for their fellow nurses, and help provide CRONA leadership with the necessary information to best represent the collective bargaining unit and enforce the terms of the contract. Area Representatives are also the future leaders of CRONA, developing their knowledge, interest, and skills at the unit level.

Executive Board: Members of the Board are nominated from the ranks of CRONA members to their elected positions. They are nurses who work side-by-side with the nurses of the collective bargaining unit, maintaining current experiential knowledge of patient care and nurses’ working conditions. The Board provides the strategic planning for current and future union activities, oversees the execution of the contract while monitoring and enforcing its provisions, works with hospital administration regarding patient care and other areas of mutual concern, and represents nurses individually in disciplinary and other matters. Some of the activities of the Board may be handled directly by Board members, or delegated to qualified Area Representatives. The Executive Board also conducts and supervises the administrative activities of the organization, such as recordkeeping and finances.

Committees: Several committees contribute to the functioning of CRONA. These committees work both in conjunction with, and independently of, the Executive Board in order to ensure wise management of financial resources, fair elections, inclusive contract negotiations, development of the rules which govern CRONA, and assist with engagement and communication.

More detailed information about positions and duties may be found in the CRONA Bylaws.
Area Representative Responsibilities

The responsibilities of Area Representatives can be grouped into categories: engagement, advocacy, learning, and communication.

Engagement
Let your coworkers know you are an Area Rep, help them understand your role. Introduce yourself to new hire nurses; give them basic tips like checking their paychecks for errors, and looking up the wage scale in the contract. Each new hire nurse should receive a copy of the contract and information about CRONA on their New Hire Orientation day - now it is your opportunity to expand that knowledge!

Promote the benefits of CRONA, highlighting specific examples like retirement automatic and matching contributions. The hospitals don’t provide education time and funds out of the goodness of their hearts; CRONA Nurses work together to negotiate a contract the hospitals have to follow.

Promote participation in surveys, elections, and negotiations-related votes. Strong participation shows the hospital that we are strong, and deserve the respect that is demonstrated in a contract that provides fair wages, good working conditions and benefits, and promotes high quality patient care.

Encourage voting! Have extra copies of contract/strike vote ballots, and show nurses how to vote by email or in person.

Advocacy
Help nurses get their questions answered. You don’t have to know all the answers; you just have to be willing to help find the answers (the more questions you help answer, the more you will learn).

Show nurses the contract and how to access the CRONA website. Encourage and empower them to look for answers themselves, and be ready to assist if needed.

Teach nurses how to contact CRONA when they have questions they can’t answer, need representation at an investigatory meeting, or have issues and want a Nurse Advocate’s advice or assistance.

Educate nurses about their rights – to a CRONA Rep in an investigatory meeting, to take their breaks, to expect that management will follow the terms of the contract.

Promote following the contract, law, and hospital policy. As an Area Rep you cannot be held to a higher standard, but you do have the opportunity to set the example. Don’t be that shortcut-taking, corner-cutting nurse who countersigns a
narcotic waste she didn’t witness, or a two-nurse skin check she didn’t perform. As an Area Representative you set the example by which nurses will judge CRONA, strive to be a good example!

**Learning**

Attend monthly Membership/Area Rep meetings, read the monthly newsletter, attend the annual Convention to expand your knowledge. The more you are engaged as an Area Rep, the more opportunities you will find to learn.

Take advantage of opportunities to become more educated about legal issues that impact nurses. You may have never heard that Title 22 is the law that specifies nurse-to-patient ratios, or read the federal Family Medical Leave Act, but these are but two examples of laws that significantly impact both your nursing practice and your personal life – and the lives of the nurses you are pledged to represent.

**Communication**

The Area Rep isn’t just on a two way street for communication – s/he is at the intersection of numerous streets. Communicating with nurses, the Area Rep disseminates information received from CRONA leadership, such as monthly membership topics. Communicating for nurses, the Area Rep shares concerns and information with CRONA leadership. Working on the nursing unit, the Area Rep is able to provide CRONA leadership with crucial information about conditions on the unit, alert CRONA to contract violations. The Area Rep may informally communicate with unit management about issues on the unit, potentially helping to prevent small problems from becoming big ones.

**How to Communicate – Email to Your Manager, Payroll, HR**

The best communication gets your message across in a way that the recipient can understand and responds favorably.

- **Keep a record of your communications.** If there is a question about when you notified someone about an issue, or what was said, having a written record is the best way to answer the question. If it is a verbal conversation, consider making a note in your calendar. Include whom you spoke to, key points discussed, time, place, and witnesses. If it is a written communication such as an email, you will have a clear record. For issues that may require CRONA involvement (such as unresolved payroll issues), you may Cc cron@crona.org on the email. If you are unclear if it is appropriate to Cc CRONA on an email, ask a Nurse Advocate.

- **Clarity** – is the description clear and easy to understand? Could someone with no knowledge of you or your work area understand the situation from your description? Shorter sentences and simple words work well.
• **Brevity** – just the facts. Keep on topic.
• **If you want something, ask for it** – what is your goal? Is it merely to inform, or would you like a response? Clearly communicate what you are seeking in a response. If is merely to inform, say something like “this is for your information, a response is not necessary unless you have further questions.” If you want a confirmation of action taken by the recipient, say so: “Please confirm that this payroll issue will be corrected and when I may expect to see the missing hours reflected in my paycheck.” If you do not ask for what you want, you are less likely to get it!

**How to Communicate – Contacting CRONA**

Help CRONA help you! Whether contacting CRONA for yourself or assisting a nurse to contact CRONA, please use the guidelines below.

**Calling CRONA:** When leaving a message on the CRONA voicemail, speak clearly and provide the information necessary to contact you. Sometimes, a nurse calls from her cell phone in her car and all that is recorded is, “Hi, this is J***** and my phone number is 4**-57*-***9, I need *******. Bye!” It isn’t possible to respond, and the nurse will not get the help s/he needs. A CRONA Representative should respond within 48 hours; if you don’t hear back your message may not have reached CRONA – please message again. Here is what to include in a message:

• **My name is:** [your name]
• **My phone number is:** [your personal phone, not work phone]
• **I work on:** [your unit] at [which hospital]
• **I am calling about:** [reason for calling - briefly]
• **The best time to call me is:** [days, times]
• **Again, my name is:** [repeat your name]
• **My phone number is:** [repeat your phone number]

**Emailing CRONA:** Include the same information in an email as you would in a phone call. **Use your personal email to contact CRONA, not your work email!** Your work email actually belongs to the hospital and they have a right to view the contents of your work email account. Your work email is not private.
Tutorial: Access and Search the CRONA Contract Online

There is a link to both the LPCH and SHC contracts online on our website, crona.org. It is a searchable PDF document that you may use online or download for offline use.

Go to crona.org and click on the link for “SHC Contract” or “LPCH Contract” at the top of the webpage.

To search the contract you must first bring up the search box.
  • If you have an Apple computer running MacOS, press the “Command” and “F” keys together to bring up the search box.
  • If you have a computer running the Windows OS, press the “Control” and “F” keys together to bring up the search box.
Select your keyword for the search

You will get best results by carefully selecting a keyword to search for. In this example we are searching the keyword “vacation”. Type in the word (or group of words) and press the Enter/Return key. Next to your word in the search box you will see the number of times your word appears in the contract. You will automatically be shown the first entry, and the word will be highlighted in the text. To see the next time your searched word appears, either press Enter/Return or use the arrows in the search box to toggle to the next entry.
Investigatory Meetings/Disciplinary Issues

Know Your Weingarten Rights

An employee who has a reasonable belief that an investigatory interview with his/her Employer could result in a disciplinary action may be represented by the Union.

Employees have Weingarten rights only during investigatory interviews. The CRONA contract provides the additional right of a nurse to a CRONA Rep at any meeting when written discipline is to be given. An investigatory interview occurs when a supervisor questions an employee to obtain information that could be used as a basis for discipline.

If an employee has a reasonable belief that discipline may result from what s/he says, the employee has the right to request union representation. Management is not required to inform the employee of his/her Weingarten rights; it is the employee’s responsibility to make the request.

When a nurse ask for a CRONA Representative to be present, management has three options: (1) it can stop questioning until the representative arrives, (2) it can call off the interview, (3) it can tell the employee that will call off the interview unless the employee voluntarily gives up his/her rights to a union representative.

The CRONA contract permits 3 days for CRONA to provide a Representative. CRONA determines the Representative to be provided; management is not allowed to pull in the nearest Area Representative for a meeting. The CRONA Executive Board determines who is allowed to be a CRONA Representative in an investigatory meeting.

Management must inform CRONA of the subject of the interview. During the meeting, the nurse has the right to speak privately with the CRONA Rep.

Always ask why a manager wants to meet with you! As an Area Representative, you should advise every nurse to ask this question.

“What is the reason for this meeting?” “Could this discussion lead to discipline?”

When in doubt, ask the question. If the manager says the meeting will not lead to discipline, then later in the conversation you become concerned that you are in an
investigatory interview, you may ask again. You may also say, “If anything in this discussion could lead to discipline, I would like to have a CRONA Representative.” If a manager denies your request for a CRONA Rep, you may be considered insubordinate if your refuse to meet, however you should report this to CRONA immediately.

If a CRONA Nurse is asked to an investigatory interview, contact CRONA immediately!!

The CRONA contract specifies that CRONA has three days to provide a Representative, however it can take that long to find a mutually agreeable time to meet. If a nurse waits until the day of the meeting to contact CRONA, it may be very difficult to provide a CRONA Rep. As an Area Representative, you should advise the nurse to call and email CRONA immediately; you may also independently notify CRONA to expect to hear from the nurse.

**Investigatory/Disciplinary Pathway**

Manager asks to meet with nurse
Nurse asks if meeting may lead to discipline, manager answers “yes”

> Nurse contacts CRONA for representation

> CRONA Representative contacts nurse, they discuss issue

> Mutually agreeable meeting time set

Investigatory meeting: nurse, CRONA Rep, manager present; other hospital staff (Employee & Labor Relations, Compliance) may be present

Follow-up: manager may ask nurse to bring CRONA Rep even for non-disciplinary result, or may ask nurse to bring CRONA Rep only if written discipline issued; hospital is required to notify CRONA if hospital plans to terminate nurse

**Possible outcomes:** no discipline; informal counseling; verbal warning; written warning; final written warning; termination; PIP (Performance Improvement Plan) may additionally be given – PIP must be collaborative between nurse and manager

> CRONA Rep consults with nurse to discuss outcome
Getting to Know the Law

This training class is not intended to be a complete lesson in the law as it applies to workers and union members. The information presented in this booklet provides an overview of some commonly encountered laws and legal concepts and is meant to be a starting point for continued learning.

The NLRA and Protected Concerted Activity

Congress enacted the National Labor Relations Act (NLRA) in 1935 to protect the rights of employees and employers. It is this legislation that gives us as employees rights - including the right to form a union, bargain collectively, and engage in “concerted activity” for mutual aid or protection regarding terms and conditions of employment. The legislation did not originally apply to employees working in health care, but was amended in 1974.

Protected concerted activity is an important legal concept for every CRONA Nurse to understand. It means that as an employee – in a union or not – you may work together to address your working conditions, wages and benefits. The law allows that two or more employees may take action for mutual aid, or a single employee may take action if s/he is acting on the authority of other employees, bringing group complaints to the employer’s attention, trying to induce group action, or seeking to prepare for group action. It is against the law for your employer to discharge, discipline, threaten, or coercively question you about protected concerted activity. Some examples of protected concerted activity:

- Talking with one or more coworkers about your wages and benefits, or other working conditions.
- Bringing a group complaint the employer’s attention.
- Two or more employees discuss work-related issues beyond pay, such as safety concerns, with each other.
- A single employee speaking to an employer on behalf of one or more coworkers about improving workplace conditions.

You are not protected under this law if you say or do something egregiously offensive or knowingly and maliciously false, or publicly disparaging your employer’s products or services without relating your complaints to any labor controversy.
Title 22 – Patient Acuity and Nurse-to-Patient Ratios

Title 22 is part of the California Code of Regulations, a codification of general and permanent rules and regulations that carry the force of law. It provides information about nurse-to-patient ratios, licensing and certification of health facilities, home health agencies, clinics, and referral agencies. It is the source of what nurses commonly refer to as the “nurse-to-patient ratio law.”

Most types of units in a hospital are required to have a minimum number of Registered Nurses per patient. In addition, hospitals are required to have a patient classification system (acuity) and to staff according to the nursing care needs of individual patients. Sometimes, managers and nurses do not understand that staffing “within the ratios” may require more than the minimum ratio numbers specified in the law if the patients’ nursing care needs are high. As a knowledgeable Area Representative, you are in a position to advocate for safe patient care in following the law by staffing according to the nursing care needs of your patients.

The CRONA Contract Provides Additional Protection for Safe Staffing. Section 32.3.3.a. of the SHC contract (Section 31.3.3.a. of the LPCH contract) specifies, “In meeting the staffing needs of the unit, the Resource Nurse is permitted to use judgment in adjusting staffing levels that may not be fully addressed by the acuity and staffing matrix.”

Meal and Rest Breaks

California law and California Supreme Court decisions, as well as the CRONA contract and hospital policy, determine the rights of CRONA Nurses to meal and rest breaks. Here are some important points about breaks:

- The hospital is required to provide you all your breaks, and may not exert coercion against the taking of, create incentives to forego, or otherwise encourage the skipping of legally protected breaks. If you are not provided with all of your breaks, you may claim a missed meal/missed break penalty. The penalty is one hour of pay at the straight time rate.
- Your breaks should be spaced at reasonable intervals unless impracticable. You should receive a break approximately in the middle of every four-hour period, with a rest break before and after the meal break.
- You may not be compelled to combine breaks; this is the law. In addition, hospital policy states that you may not voluntarily combine breaks.
• Nurse-to-patient ratios must be met during all times a nurse is on a break, and a nurse who is on a break is not counted in the staffing numbers while s/he is on break. This means a nurse may not cover another nurse’s assignment while s/he is on break, unless the total of both nurses’ assignments is within staffing ratios for one nurse.

• The hospital is not required to ensure you actually take your breaks once they are provided. If you are offered a break and decline it, you may not claim a missed meal/missed break penalty for the break.

Protected Absences

Federal and state laws govern protected absent time for a variety of situations. As an Area Representative you can help your fellow nurses understand their legal rights to protected time off.

The Family and Medical Leave Act (FMLA) is a federal law that applies to all public agencies, all public and private elementary and secondary schools, and companies with 50 or more employees within a 75-mile radius of the worksite. FMLA also requires that employers covered by the law maintain the health benefits for eligible workers just as if they were working. These employers must provide an eligible employee with up to 12 weeks of unpaid leave each year for any of the following reasons:

• for the birth and care of the newborn child of an employee;
• for placement with the employee of a child for adoption or foster care;
• to care for an immediate family member (spouse, child, or parent) with a serious health condition;
• or to take medical leave when the employee is unable to work because of a serious health condition.

In order to be eligible for FMLA, the employee must be employed for the company for 12 months; have worked 1250 hours during the 12 months prior to the start of the FMLA leave; and the employer must employ 50 employees within 75 miles of the worksite.

Intermittent FMLA: Eligible employees may take FMLA leave on an intermittent or reduced schedule basis when medically necessary due to the serious health condition of a covered family member or the employee or the serious injury or illness of a covered servicemember. Some examples of conditions for which intermittent FMLA is used: asthma, migraines, depression, and diabetes.
CESLA/Kin Care permits an employee to use in any calendar year the employee’s accrued and available sick leave entitlement, in an amount not less than the sick leave that would be accrued during six months at the employee’s then current rate of entitlement, for the reasons specified:

(1) Diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee or an employee’s family member.

(2) For an employee who is a victim of domestic violence, sexual assault, or stalking, the purposes described in subdivision (c) of Section 230 and subdivision (a) of Section 230.1.

In order for a Kin Care absence to be protected, the employee also must have enough PTO accrued for the entire absence.

Kin Care/CASL covered family members: employee’s child (biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis. This definition of a child is applicable regardless of age or dependency status.), parent (biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee’s spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.), spouse, registered domestic partner, grandparent, grandchild, sibling.

CASL - the California Paid Sick Leave law, which provides protected time off for employees without PTO or paid sick time who work at least 30 days a year in California. At the hospitals, this leave applies only to Relief Nurses. Nurses covered by this law accrue 1 hour of paid sick leave time for every 30 hours worked. The law allows employers to limit an employee to using 24 hours per year.

Use of Kin Care or CASL: may be used in full or partial shift increments. Examples of partial shift use would be missing part of a shift for a doctor’s appointment, or leaving early to care for a sick child.

California School Activities Leave Law (CA Labor Code 230.8): An employer must allow up to 8 hours per month, total 40 hours per year, for child-related activities:
• To find, enroll, reenroll a child with a licensed childcare provider or in school; participate in activities of the school or licensed childcare provider. Must give "reasonable" notice.
• To address a childcare provider or school emergency provided notice is given to the employer. An emergency means the child cannot remain in school or with a child care provider due to:
  o The school or child care provider requests that the child be picked up, or has an attendance policy, excluding planned holidays, that prohibits the child from attending or requires the child to be picked up from the school or child care provider.
  o Behavioral or discipline problems.
  o Closure or unexpected unavailability of the school or childcare provider, excluding planned holidays.
  o A natural disaster, including, but not limited to, fire, earthquake, or flood.
• Covered "parents": means a parent, guardian, stepparent, foster parent, or grandparent of, or a person who stands in loco parentis to, a child.
• Documentation: if requested, employee must provide documentation. It is not the employer that decides what type of documentation is required. Per the law, “documentation” means whatever written verification of parental participation the school or licensed childcare provider deems appropriate and reasonable.
• If more than one parent works for the employer, the employer may decide to let either one or both parents’ time off at the same time.
• Employer may require use of PTO or may allow unpaid time.
• Child must be of kindergarten age through grade 12.
Assignment Despite Objection – Tool For Change

The ADO form is available on the crona.org website, click on the “Forms” link to find it. As an Area Rep, you should make sure there are ADO forms available on your unit. It is a good idea to post them on your unit’s CRONA bulletin board.

There are times when a nurse finds that there is something inappropriate or unsafe about her work assignment. The Assignment Despite Objection, or ADO, provides a mechanism for nurses to protest an unsafe assignment. The CRONA contract specifies that the Nurse Practice committee, a joint Employer/CRONA committee that meets monthly, will review ADOs submitted by nurses.

What’s the point of filling out an ADO?

It provides a higher level of visibility for problems that occur at the unit level. Both senior nursing leadership and CRONA review the ADOs. Sometimes a single ADO can be the stimulus for change; more often it is analysis of trends in ADOs that help identify issues that affect single or multiple units.

Will I get in trouble for submitting an ADO?

You should not get in trouble or experience retaliation for submitting an ADO. If you feel this may have happened, contact CRONA at once. The contract requires that the manager submits a written response to every ADO, and the manager is also brought before the Nurse Practice committee to discuss the ADO and answer any questions the committee has. In order to prepare the response, the manager will likely need to discuss the situation with you. You should expect your manager to do this, and the conversation should be professional.

What are some tips for submitting an ADO?

When you see something, say something. The ADO form asks you when you contacted someone about the unsafe situation. Your ADO will be more effective if you notify someone as soon as the problem is noted. Your ADO will be less effective if you do not bring attention to the problem until the end of your shift. You must give your chain of command an opportunity to correct the situation. If you are the Resource Nurse, notify the manager, and Nursing Supervisor if appropriate. If you have a patient
assignment, report the issue and your objections to the Resource Nurse. Follow up to find out what the RSN did to remedy the situation. If the situation is not corrected and the RSN has not sought assistance from her chain of command, encourage her to do so; if she does not you may do this yourself.

**Speak up in real time.** An ADO is nearly useless when the nurse submitting it did not object to her assignment in real time. When the manager comes to Nurse Practice, she will say, “Oh, if only someone had told me! I would have come in from home on Saturday night to personally make sure every nurse received her break!”

**Describe your actions.** Did you rebalance assignments so the new grad didn’t get the heaviest assignment? Did you call the Crisis Nurse to help? Did you speak with Staffing about getting more staff? Did you call your manager to ask for authorization to call nurses to come in for ECB? If you expertly tried to correct the situation and were unsuccessful, your ADO has a much greater impact than if you just noted the problem and didn’t do anything about it.

**Include times and names.** It helps those who will investigate and review the ADO if you include times you took action, the action you took, and who you spoke to – just like charting in the medical record. It also helps to provide as much background information as you can – what made the shift so busy, or the patient assignment so challenging? What types of assignments did other nurses have? Were there complex patients – isolation, rapid response, patients in need of a sitter, blood products given, frequent toileting/bathing?

**Support other nurses.** It can be scary and intimidating to submit an ADO. As an Area Representative you should provide guidance and support to a coworker who objects to her assignment. You are a leader, and can set the example by filing an ADO when it is appropriate. You are also an educator, and can help nurses learn about when there is a reason to submit an ADO.

**You are not refusing your assignment when you submit an ADO.** Remember, when you object to your assignment you are not refusing your assignment. When you refuse an assignment you may be considered insubordinate. It is nearly always better to accept the assignment under protest than refuse it.

**Write legibly.** This is self-explanatory, or it should be.

**NOTE:** The last page of this booklet has an example of a well-written ADO.
What! Your unit does not have a CRONA bulletin board?!

The hospital is legally required to provide space for a union notification board. If you do not have a board, ask your manager for one. If your manager refuses your request, contact CRONA and we will assist you.

One of your duties as an Area Rep is to keep the unit CRONA board updated. Put a copy of the latest monthly newsletter on the board. Post the names of the Area Reps for your unit, along with information about how to contact CRONA. During negotiations, periodic updates will be published; these documents should be posted for nurses to read.

Thank you for your interest in being an Area Representative. As a union, we would not exist without your involvement and support.