

How We Won the Fight for Our Right to Decline an Unsafe Patient Assignment

In the late winter of 2016, we had a mediation where we discussed the issues of safe assignment of patients to nurses who floated to a new unit. We argued that nurses shouldn't be placed in a position where they had to take care of patients that they didn't feel they were qualified to care for. Typical mediations can last several hours or the whole day. We proposed that the Hospital add new safe guards for nurses who had to treat such patients. The Hospital quickly declined our proposal and refused to make any counter proposals of its own. The mediation was done in only two hours.

Noticing that the issue wasn't going away any time soon, the Hospital agreed to another mediation on floating and patient assignment in the summer of 2017. This time it was clear they were at least ready to listen. We covered a wide range of topics, but one we kept coming back to was a basic issue. Was it nurses' right under their own license to decline an unsafe patient assignment and not face a threat of discipline? We knew it was. We argued that our current contract language implied it, but didn't really address it fully. We asked the Hospital to confirm in writing that our nurses had this right and if they exercised that right they wouldn't face any reprisal or threat of discipline. The Hospital agreed with us that they had the right, but refused to agree to put it in writing. The mediation was a step forward, but again failed to produce any tangible results.

Over the rest of the summer and fall of 2017 the issue remained a focus on the floors. Our members continued to not only express concerns about assignments when floating, but also reported increased issues with the patient assignments they were getting on their own floors. We knew we had to get a basic safety valve in negotiations, not only to protect our licenses, but to protect our patients as well. We also knew contractual language guaranteeing a nurse's right to refuse a patient without the threat of discipline wasn't in other contracts. At the bargaining table we proposed new language to Article 59, which stated explicitly that a nurse could, in their judgment, decline a patient assignment without threat of discipline. We traded proposal after proposal on the subject. The Hospital eventually countered that the assignment could be declined, but refused to say who could make that call. It was our license on the line and we knew it had to be us. We kept pushing and finally, after dozens of negotiating sessions, we got it. Our tentative agreement in Article 59 reads as follows, "If a nurse refuses an assignment because, in their clinical judgment, they do not have the individual competency they will not be subject to discipline." It wasn't perfect, and it didn't solve every problem, but it was a safety valve we needed and one that we didn't believe was in any other contract around.