Safe Staffing
Safe Work

PROFESSIONAL ISSUES CONFERENCE
JUNE 2, 2017
SARA MARKLE-ELDER, ALICE BARDEN, RN
AFT Nurses and Health Professionals is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Conflict of Interest:
The planners and faculty have declared no conflict of interest.

Criteria for successful completion:
Sign in at beginning of session.
Active participation for the entire workshop.
Completion of evaluation form.
Objectives
After attending, participants will be able to:

- Explain the relationship between short staffing and patient and staff injury and illness
- Explore tools for improving staffing through legislation and bargaining
- Sharing ideas and honing our arguments
What are the impacts of short staffing on patient safety?
Impact on Patient Outcomes, Costs, & Satisfaction*

* A Summary of Nurse Staffing Studies

- Patient Deaths
- Medical Errors
- Complications & Infections
- Readmissions
- Patient Satisfaction
Nurse –sensitive indicators*

- Pressure ulcers
- Falls
- Medication errors
- Nosocomial infections
- Pain Management
- Patient satisfaction

*A Summary of Nurse Staffing Studies*
What are the impacts of short staffing on healthcare workers?
Impact on Staff Outcomes, Costs, & Satisfaction*

- Burnout & Turnover
- > Injury, Illness
- Workers’ Comp $$$
- Stress
- Job Satisfaction

*A Summary of Nurse Staffing Studies
What work hazards may be increased by short staffing?

- Chemicals
- Hazardous Drugs
- Needlestick/ Bloodborne Pathogens
- Infectious Diseases
- Patient Handling & Movement
- Slips, Trips, and Falls
- Workplace Violence
- Stress, Hours, Work Organization
Ratios or Acuity Systems?
We are a big tent
What are the tools in our toolkit? Bargaining and Legislation
Nurse Staffing Standards for Hospital Patient & Quality Care Act

- Creates minimum staffing ratios for RNs
- Requires study of LPN staffing & later LPN staffing minimums
- Requires input from direct care RNs-staffing committees
- Transparency of the methodology and data
Ratios under H.R.2392/S.1063
One RN to....

- 1 patient in trauma ED, in OR (with 1 additional person as scrub assistant)
- 2 patients in critical care units (NICUs, emergency critical care, ICU units, labor & delivery, coronary care, acute respiratory, post-anesthesia units, burn units)
- 3 patients in ED, pediatrics, stepdown units, telemetry, antepartum, & combined labor, delivery, & postpartum units
- 4 patients in med-surg, intermediate care nursery, acute care psychiatric, & other specialty care units
- 5 patients in rehab and skilled nursing units
- 6 patients in postpartum (3 couplets) & well-baby nursery units
State Laws and Proposals
3 approaches:

- Mandate specific nurse to patient ratios.
- Require hospitals to have a staffing committee which create staffing plans.
- Require facilities to disclose staffing levels to the public and regulatory agency.
Enacted legislation/adopted regulations to date: (CA, CT, IL, MA, MN, NV, NJ, NY, OH, OR, RI, TX, VT, and WA) (*DC and ME rescinded AND NC requested study only 2009)

Approaches vary; for specific, refer to report.
14 States Have Staffing Laws

- CA is the only state mandating ratios.
- MA passed a law specific to ICU requiring a 1:1 or 1:2 nurse to patient ratio depending on patient stability.
- 7 states require staffing committees responsible for plans and staffing policy – CT, IL, NV, OH, OR, TX, WA.
- MN requires a CNO or designee develop a core staffing plan with input from others.
- 5 states require some form of disclosure and / or public reporting – IL, NJ, NY, RI, VT.

What is happening in your state?
California’s nurse-to-patient ratio law and occupational injury
P. Leigh, et al., Int Arch Occup Environ Health (2015)

UC Davis study finds 1/3 drop in occupational injuries to nurses following mandated staffing ratios in CA
Bargaining for Safer Staffing

What are the tools?
What can we bargain for?
What do you have?

- Protest of assignment/Unsafe staffing forms
- Joint staffing committees with 50 percent union & direct care representation
- Data provided to the union & committee
- Ratios limited to critical areas
- Float pools
- Requirements that floats and temps must demonstrate competency in the unit
- Incentives to RNs—OT, on-call, critical shifts or weekend duty
- Financial penalties to employer for understaffing
Gathering evidence - making the case!

<table>
<thead>
<tr>
<th>RELEVANT DATA</th>
<th>SOURCES OF DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Staffing records</td>
<td>• Assignment over Objection Forms</td>
</tr>
<tr>
<td>• Patient deaths, nosocomial infections, pressure ulcers, falls, medication errors, pain management, patient satisfaction, failure to rescue rates</td>
<td>• Surveys</td>
</tr>
<tr>
<td>• Staff injuries, illnesses, absenteeism, staff satisfaction, recruitment and retention</td>
<td>• Joint Commission survey reports</td>
</tr>
<tr>
<td></td>
<td>• CMS, NHSN</td>
</tr>
<tr>
<td></td>
<td>• OSHA violations</td>
</tr>
<tr>
<td></td>
<td>• OSHA records</td>
</tr>
</tbody>
</table>
“The Medical Center will be required to create and post positions on units when the need is established through the regular use of overtime or Per Diems.”

Provided quarterly and annual staffing reports on OT and use of per diems
<table>
<thead>
<tr>
<th>Month</th>
<th>OT Hours</th>
<th>Per Diem Hours</th>
<th>FTE Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>4,216</td>
<td>5,278</td>
<td>53.64</td>
</tr>
<tr>
<td>February</td>
<td>3,738</td>
<td>4,941</td>
<td>54.25</td>
</tr>
<tr>
<td>March</td>
<td>3,773</td>
<td>6,157</td>
<td>56.11</td>
</tr>
<tr>
<td>April</td>
<td>3,516</td>
<td>5,207</td>
<td>51.32</td>
</tr>
<tr>
<td>May</td>
<td>3,401</td>
<td>5,012</td>
<td>47.54</td>
</tr>
<tr>
<td>June</td>
<td>3,123</td>
<td>4,698</td>
<td>46.01</td>
</tr>
<tr>
<td>July</td>
<td>3,323</td>
<td>5,018</td>
<td>47.13</td>
</tr>
<tr>
<td>August</td>
<td>3,530</td>
<td>4,339</td>
<td>44.51</td>
</tr>
<tr>
<td>September</td>
<td>3,823</td>
<td>4,875</td>
<td>51.17</td>
</tr>
<tr>
<td>October</td>
<td>3,548</td>
<td>4,833</td>
<td>47.36</td>
</tr>
<tr>
<td>November</td>
<td>3,368</td>
<td>4,412</td>
<td>45.77</td>
</tr>
<tr>
<td>December</td>
<td>2,913</td>
<td>4,177</td>
<td>40.07</td>
</tr>
<tr>
<td>Totals</td>
<td>42,281</td>
<td>58,947</td>
<td>448.74</td>
</tr>
<tr>
<td>Average</td>
<td>3,523 per month</td>
<td>4,912 per month</td>
<td>37.4 per month</td>
</tr>
</tbody>
</table>
The union calculated the number of hours of OT and per diem use for one year:

125,000 hours OT & Per Diems

2,080 hours (1 FTE)

Grievance filed and upheld by Arbitrator and State Court!

Referenced 2002 grievance/ arbitration on mandatory OT
HPAE Local 5004 – EHMC Safe Staffing Plan

- Contract language
  - ✓ Non-Nursing services
  - ✓ Staffing
  - ✓ Acuity System
  - ✓ Positions
  - ✓ Work availability
  - ✓ Staffing data
## Staffing Ratios

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge nurse pt assignment</th>
<th>Remaining pt ÷ ratio = RNs</th>
<th>Total nurses needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>4</td>
<td>6 ÷ 6 = 1</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>4</td>
<td>12 ÷ 6 = 2</td>
<td>3</td>
</tr>
<tr>
<td>22</td>
<td>4</td>
<td>18 ÷ 6 = 3</td>
<td>4</td>
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<tr>
<td>28</td>
<td>4</td>
<td>24 ÷ 6 = 4</td>
<td>5</td>
</tr>
<tr>
<td>34</td>
<td>4</td>
<td>30 ÷ 6 = 5</td>
<td>6</td>
</tr>
<tr>
<td>40</td>
<td>4</td>
<td>36 ÷ 6 = 6</td>
<td>7</td>
</tr>
<tr>
<td>46</td>
<td>4</td>
<td>42 ÷ 6 = 7</td>
<td>8</td>
</tr>
<tr>
<td>48</td>
<td>4</td>
<td>44 ÷ 6 = 7.3 (ROUND 8)</td>
<td>9</td>
</tr>
</tbody>
</table>
How we won our staffing grievance

Data
- CBA language
- Post schedules
- OT usage
- Per diem usage
How Data Helped Us

✓ Contract language that requires MC to provide post schedules
✓ Per diem usage per unit and shift
✓ OT usage per unit and shift
✓ Per diem + OT usage / 2080 (FTE) = Total FTEs needed
1. Must create staffing structure that is realistic
2. Fill manpower with FTE
3. Document efforts to create new positions
4. Arbitrator retains jurisdiction to ensure article 4.11 is being addressed
Staffing Improvements

Creation of 34 new positions

- 3 Emergency Department
- 11 Maternal Child Health
- 12 Medical/Surgical
- 8 Critical Care