

AFT Nurses and
Health Professionals 

Safe Staffing- Safe Work



PROFESSIONAL ISSUES CONFERENCE

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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*

Patient
Deaths

Medical Errors

Complications
& Infections

Readmissions

Patient
Satisfaction

*A Summary of Nurse Staffing Studies

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?



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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

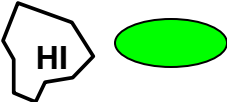
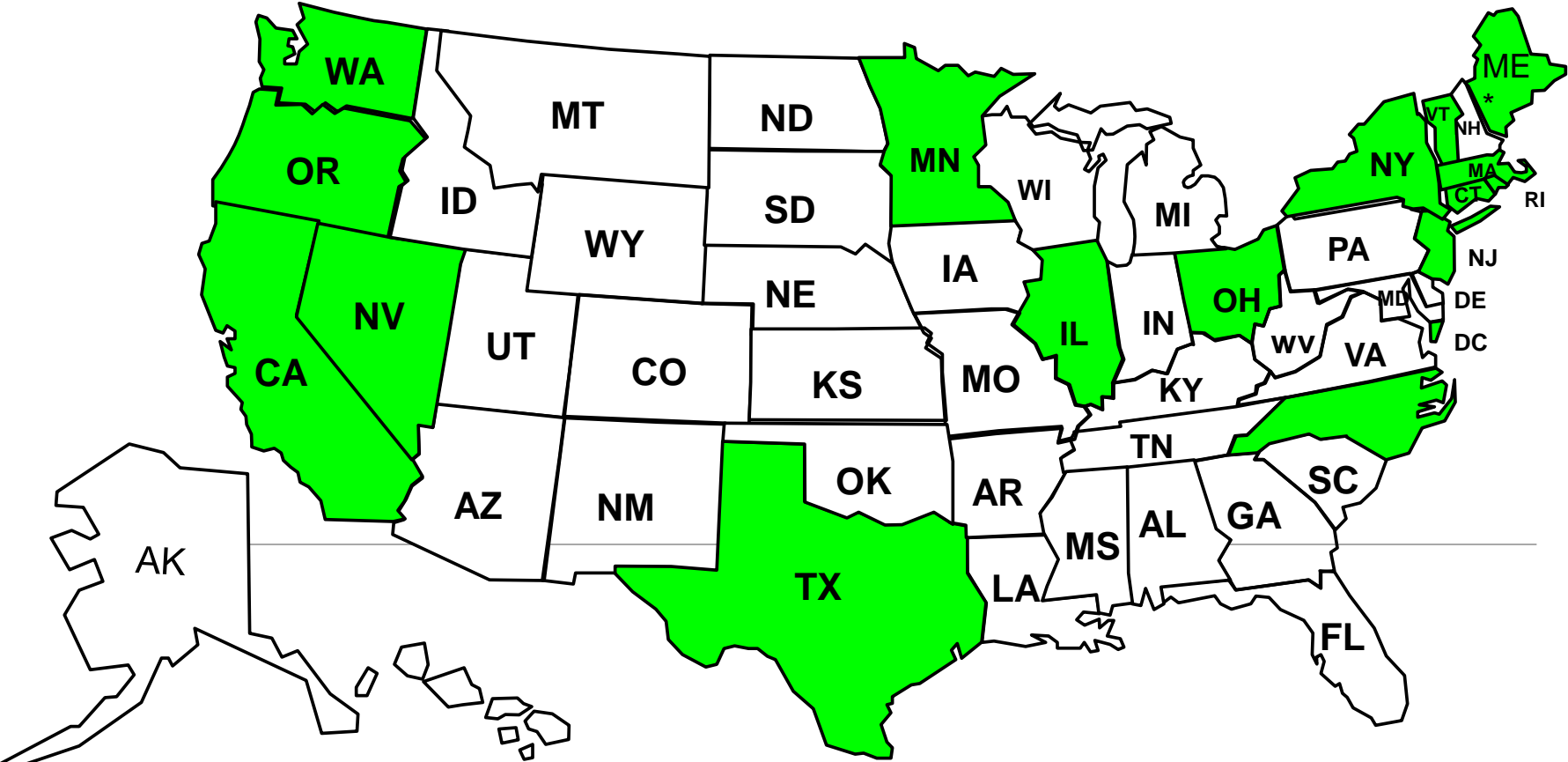
3 approaches:

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.

NURSE STAFFING



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!

RELEVANT DATA

- Staffing records
- Patient deaths, nosocomial infections, pressure ulcers, falls, medication errors, pain management, patient satisfaction, failure to rescue rates
- Staff injuries, illnesses, absenteeism, staff satisfaction, recruitment and retention

SOURCES OF DATA

- Assignment over Objection Forms
- Surveys
- Joint Commission survey reports
- CMS, NHSN
- OSHA violations
- OSHA records

CASE

Study



HPAE--Englewood

- ❖ *“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

Month	OT Hours	Per Diem Hours	FTE Positions
January	4,216	5,278	53.64
February	3,738	4,941	54.25
March	3,773	6,157	56.11
April	3,516	5,207	51.32
May	3,401	5,012	47.54
June	3,123	4,698	46.01
July	3,323	5,018	47.13
August	3,530	4,339	44.51
September	3,823	4,875	51.17
October	3,548	4,833	47.36
November	3,368	4,412	45.77
December	2,913	4,177	40.07
Totals	42,281	58,947	448.74
Average	3,523 per month	4,912 per month	37.4 per month

**2
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1
3**

Continued...

- ❖ The union calculated the number of hours of OT and per diem use for one year:

125,000 hours OT & Per Diems

= 60 Nurses

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

Census	Charge nurse pt assignment	Remaining pt ÷ ratio = RNs	Total nurses needed
10	4	$6 \div 6 = 1$	2
16	4	$12 \div 6 = 2$	3
22	4	$18 \div 6 = 3$	4
28	4	$24 \div 6 = 4$	5
34	4	$30 \div 6 = 5$	6
40	4	$36 \div 6 = 6$	7
46	4	$42 \div 6 = 7$	8
48	4	$44 \div 6 = 7.3 (\uparrow 8)$	9

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
- ✓ $\text{Per diem} + \text{OT usage} / 2080 \text{ (FTE)} =$
Total FTEs needed

Restaino Award

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