



Santa Rosa Memorial Hospital ❖ Petaluma Valley Hospital

NURSING UNIT SURVEY RESULTS

In response to reports of worsening staffing problems in the nursing units for both Santa Rosa Memorial Hospital and Petaluma Valley Hospital, NUHW conducted a survey to gather information from caregivers about what’s happening on our nursing units in Acute Rehab, General Surgery, Medical Surgery, Medical Telemetry, Neuroscience, Nursing Administration, Oncology, Orthopedics, and Telemetry.

Survey respondents included Certified Nurse Aides (“CNA/Care Partner II”), Ward Clerks (“Unit Secretary II/Care Partner III”), and Licensed Vocational Nurses (“LVN II”).

65% report that staffing levels are “inadequate” in their unit.

“How are the staffing levels in your unit or department?”

Category	Percent
Inadequate	65%
Adequate	14%
Good	21%
Excellent	0

59% report that staffing levels have “become worse” during the past three years.

“How has the level of staffing in your unit or department changed over the last three years?”

Category	Percent
Became worse	59%
Stayed the same	33%
Improved	8%

91% report that short staffing has “often” or “sometimes” limited their ability to provide quality patient care.

“Short staffing has limited my ability to provide quality patient care.”

Category	Percent
Often	74%
Sometimes	24%
Never	2%

99% report that short staffing has “often” or “sometimes” limited their ability to complete assigned work.

“Short staffing has limited my ability to complete assigned work.”

Category	Percent
Often	62%
Sometimes	36%
Never	2%

Top three reasons for worsening staffing levels are:

- 1. "Patients have higher acuity"**
- 2. "Increased workload/more patients"**
- 3. "Inability to recruit and/or retain staff."**

"If applicable, how many patients are you typically responsible for on one shift? Check all that apply."

Category	Current percent	Percent one year ago
Not Applicable	6%	4%
0-2	2%	0%
3-5	13%	13%
6-8	13%	19%
9-11	31%	22%
12-14	26%	17%
15-17	11%	7%
18-20	15%	17%
21-23	17%	17%
24+	11%	9%

IN OUR OWN WORDS

A number of caregivers used the surveys to describe in their own words the impact of short staffing on their patients. Below are a few selected comments.

- ❖ "Not all patients get care like they're supposed to, like getting baths and getting their teeth brushed. Sometimes there's only one care partner on the floor who has to do vitals, pass lunch or breakfast, and answer call lights."
- ❖ "Patients have been left alone/fallen/not been cleaned because of lack of staff and help. Patients are not being fed properly."
- ❖ "One day a patient called for bathroom assistance and she had to wait 10 minutes. We and the Care Partners were assisting other patients and she pooped in the bed! The patient was so angry, and I don't blame her."
- ❖ "When we are understaffed I don't get to help all my patients with a shower, I fall behind turning patients, I can't get them up for all meals, I can't walk them in the hallways. If we have too many patients that need assistance, they may need to wait until they can be assisted."
- ❖ "A patient got a bed sore from not being turned due to high acuity, low staffing."
- ❖ "Patients don't get baths, teeth cleaned. It's very difficult keeping on a two-hour turn, and when you keep to it you can't ambulate the patient and our open heart patients need to be up for all meals and ambulated four times a day."
- ❖ "A patient was waiting to go to the bathroom with the call light on for 25 minutes. They wet the bed and were embarrassed. Patients are frequently asking, 'Where is everyone?' "
- ❖ "A patient called for the bathroom help. The patient pooped on bed because it took a while to answer. I felt so bad."
- ❖ "It takes longer to answer the patient call light. Folks try to get up on their own, some patients have fallen as they try and get up."

HOW DO WE SOLVE THE STAFFING PROBLEM?

Our committee has proposed contract language that would give us the right to take staffing disputes to binding arbitration. So far the employer hasn't agreed — they don't want to be held accountable for poor staffing. Supporting the bargaining committee as we push for better staffing language is one way to fix staffing issues. Another way is to make sure everyone notes missed breaks and lunches and files QAs or RLs when appropriate — we need to let the hospital know when there's a staffing problem.