

# UNSAFE STAFFING AT KINDRED BAY AREA PUTS PATIENTS AT RISK

## BACKGROUND

The National Union of Healthcare Workers (NUHW) represents approximately 300 workers at Kindred Hospital-San Francisco Bay Area in San Leandro) including Registered Nurses, Licensed Vocational Nurses, and Certified Nursing Assistants; Respiratory Therapists; and Radiology, Medical and Operating Room Technologists.

The hospital’s operations are owned by the private equity consortium of TPG Capital and Welsh, Carson, Anderson & Stowe, which bought the chain of for-profit long-term acute care hospitals for \$4.1 billion in 2018. Kindred Healthcare, the hospital’s parent company, received \$21 million in COVID-19 related subsidies and \$124 million in COVID-19-related low-interest loans.<sup>1</sup> The San Leandro hospital alone generated \$5.4 million in operating profit in the most recent year ending September 2020, a 10 percent operating profit margin.

Despite these subsidies and profits, Kindred Healthcare has not invested in hiring enough staff to ensure its patients receive safe and effective care. The hospital routinely violates California state law, including the Title 22, Section 70217 nurse-to-patient ratio requirements designed to guarantee patients a minimum standard of safe nursing care.<sup>2</sup>

Although NUHW members have been alerting management to these violations and voicing their concerns about understaffing for months, management has yet to address the problem. This left NUHW members no choice but to file a complaint with California Department of Public Health (CDPH) on April 21, 2021. The 25-page complaint describes multiple instances of Title 22 violations and includes excerpts of written “Objection to Assignment” forms that registered nurses and respiratory therapists submitted to hospital management to document unsafe and illegal staffing.

A small selection of these objections (see sidebars) illustrates the severity of the staffing crisis. Section 70217 sets the nurse-to-patient ratio for medical/surgical patients as 1:5, and for telemetry patients as 1:4. Combined assignments of medical/surgical and telemetry patients must follow the telemetry ratio. Additionally, Section 70217 does not allow hospitals to exceed ratios for RNs by providing them with licensed vocational nurse (LVN) assistance.

## OBJECTIONS FROM REGISTERED NURSES

“I was assigned to 7 patients, 5 of them tele. One patient was very restless. I had to monitor patient the whole shift to avoid a rapid response. I couldn’t meet other patients’ needs in time, which makes them lose trust in me. It’s just exhausting.”  
(April 19, 2021)

“I have 6 patients, 5 of whom are telemetry patients. No break nurse. No breaks.” (April 11, 2021)

“I was assigned 6 tele patients, including 2 combative patients.”  
(March 26, 2021)

“I have been assigned 7 patients by myself. One of them is not assigned to a CNA. Many are high fall risks. And 1 patient is on the ‘buddy system’ for inappropriately grabbing at female staff and saying inappropriate things.”  
(February 5, 2021)

“I was assigned to 12 patients, including 7 telemetry patients, with one LVN. This is more than the nurse: patient ratio, not good for my license, and not good for patient safety. I spoke to the Supervisor, but she said she had informed already to the CEO and all Managers.”  
(January 11, 2021)

**PATIENTS AT RISK**

Adequate staffing is needed to comply with the law and to safeguard patients. As a long-term acute care setting, the hospital’s patients are seriously ill and have multiple comorbidities. Most patients are immobile and/or at high risk for falls, have complex wounds, and/or require mechanical ventilation, cardiac monitoring, IV medications, and tube feeding.

Additionally, the hospital specializes in pulmonary care, and about a third of its patients are recovering from COVID-19, a complex disease that impacts almost every organ system in the body. With such a vulnerable patient population, particularly amidst a pandemic, safe staffing is essential.

The healthcare workers at Kindred Hospital-San Francisco Bay Area cannot fulfill their commitment to care for and protect their patients when staffing levels make it impossible to do so. For example, NUHW members report that during a time of intense understaffing between February 22 and February 26, 2021, six patients died. According to these members, six patient deaths in a five-day period is unprecedented (especially for a hospital which specializes in the long-term recovery and recuperation of patients), and directly related to understaffing.

NUHW members hope that CDPH will respond swiftly and appropriately given the magnitude of the violations occurring on a daily basis at Kindred Hospital-San Francisco Bay Area. They also hope that elected officials will listen to their concerns and join them in advocating for long-overdue increases in staffing. After more than a year of heroic service during a devastating pandemic, Kindred’s healthcare workers deserve safe and legal staffing. And their patients deserve it, too.

**NOTES**

1. COVID Stimulus Watch. Retrieved April 27, 2021.  
<https://data.covidstimuluswatch.org/prog.php?parent=kindred-healthcare>.
2. 2 CA ADC § 70217 Barclay’s Official California Code of Regulations. Retrieved April 27, 2021.  
<https://govt.westlaw.com/calregs/Document/I8612C410941F11E29091E6B951DDF6CE>

**While Kindred Hospital-SF Bay Area obtained a temporary pandemic-related staffing waiver from CDPH through February 27, 2021, many of the violations documented in NUHW’s complaint occurred AFTER that date. During the time the waiver was in effect, RNs’ assignments often exceeded even what the temporary waiver allowed.**

**OBJECTIONS FROM RESPIRATORY THERAPISTS**

“Tonight I am being assigned 12 ventilators, 5 tp, for a total of 18 patients. We are extremely short-staffed, per usual. I am not OK with this assignment and object this assignment. This is not safe for the patients nor myself.” (April 9, 2021)

“We have been extremely short-staffed for the last three months. Short-staffing is extremely dangerous for our patients and ourselves. It poses a risk to my patients and myself. I cannot take breaks or even my lunch. I don’t feel safe working under these conditions!

Today, April 2, there are only 3 respiratory therapists staffed for the entire hospital. I have 144 points. I have 9 ventilators, 13 t-piece, and a total of 23 patients. How is this safe!?

Our director, CCO, and everyone in management is aware of this problem and they are still not doing anything besides giving us more and more work. Please help!” (April 2, 2021)