'CRISIS MODE' AT PROVIDENCE ST. JOSEPH

Caregivers at six hospitals report staffing shortfalls that undermine the quality of patient care

In fall and winter of 2018, the National Union of Healthcare Workers surveyed more than 550 caregivers at six hospitals owned by Providence St. Joseph Health: Providence Tarzana Medical Center, Santa Rosa Memorial Hospital, Petaluma Valley Hospital, Queen of the Valley Medical Center, St. Joseph Hospital in Eureka, and Redwood Memorial Hospital.

The results point to a widespread staffing crisis: 92 percent of bedside care staff — nursing assistants (CNAs), Licensed Vocational Nurses (LVNs), ER techs, and patient care attendants — report that their shift is understaffed at least one day every week. Nearly two-thirds (62 percent) of all surveyed caregivers said that they work in crisis mode, trying to do too much too quickly. Nursing assistants report being routinely responsible for as many as 20 patients at a time, making it extremely difficult to do rounds, respond to call lights in a timely manner, and assist patients with toileting, bathing, and feeding.

Short-staffing creates immense pressure on caregivers to provide safe, high-quality patient care under difficult and often dangerous conditions. The California Department of Public Health has repeatedly cited the six Providence St. Joseph Health hospitals for failures to prevent patient injuries, like falls and pressure sores, and for falling short of statemandated staffing ratios for registered nurses.

While Providence St. Joseph Health is positioning itself as a tech-focused innovator, a patient-care crisis is unfolding at the heart of the system's network of care. In recent years, caregivers have had to work hard to defend patient and worker safety in the face of policies that are designed to cut costs. At St. Joseph Hospital in Eureka, staff are fighting to reinstate 25 caregivers that were laid off — including all of the attendants who stay with patients who cannot be safely left alone. And NUHW blew the whistle on Providence St. Joseph Health's failure to provide the amount of charity care required by the California Attorney General as a condition of the 2016 merger. As of January 2019, NUHW members at Queen of the Valley are bargaining their first contract. In spring and summer of 2019, NUHW members at Santa Rosa Memorial, Petaluma Valley, St. Joseph in Eureka, and Redwood Memorial will enter contract negotiations. Chronic short-staffing is sure to be a topic of discussion.

During the last shift I served, we had one aide for more than 20 patients. This is normal at night now. A Code Blue resulted in our aide being called away for a good length of time. This left the floor without any help at all for me, the sitter, and for call lights and other important duties.... Imagine if, during this, another Code Blue takes place. There aren't enough staff to handle that or to see to the patients. Not at the same time. What if a Code Gray happens, and nobody can run to help? People are going to get hurt.

> — Patient Care Attendant St. Joseph Hospital Eureka

When we are flexed, we are told to not clean certain areas of our hospital, such as nurse lounges, restrooms, kitchenettes, the dining room etc. In a hospital setting, ALL of those areas should always be cleaned."

-EVS worker Redwood Memorial Hospital



Key survey findings



One hundred percent of surveyed nursing assistants (CNAs) at Providence Tarzana and St. Joseph Eureka; respiratory therapists at Queen of the Valley; and lab assistants and ER techs at St. Joseph Eureka report being understaffed one or more day every week.

40%

Forty percent of surveyed CNAs, LVNs, OR aides and patient care attendants say that staffing levels in their departments have gotten worse, or much worse, in the last three years.

59%

Fifty-nine percent of surveyed EVS workers say that short staffing compromises the hospital's cleaning and infection control program on a weekly basis. In 2017 and 2018, four of the hospitals — Providence Tarzana, Santa Rosa Memorial, Queen of the Valley, and St. Joseph in Eureka — were penalized by the Centers for Medicare and Medicaid Services for having among the highest rates of patient injuries in the country. This includes hospital-acquired infections like C.diff, falls, and bedsores. Each hospital lost one percent of its Medicare reimbursements each year.²

20_{min}

The average amount of time that a patient waits for their call light to be answered multiple times a week, according to nearly half (46 percent) of surveyed CNAs, LVNs, and patient care attendants.

74%

Seventy-four percent of surveyed CNAs and patient care attendants say that they work in "crisis mode," trying to do too much, too quickly. One third of all surveyed caregivers — from registration aides to cooks — witnessed errors resulting from short staffing on a weekly basis.

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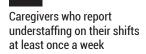
CNAs report being routinely responsible for as many as 20 patients at a time, making it extremely difficult to do rounds, respond to call lights in a timely manner, and assist patients with toileting, bathing and feeding.

63%

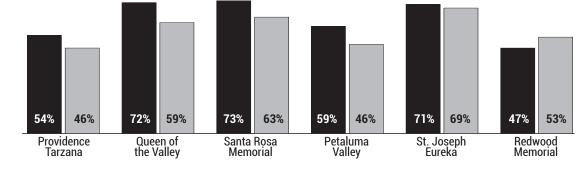
Caregivers describe staffing policies that routinely leave them shortstaffed — in particular, the practice of "flexing," or calling off employees mid-shift. Sixty-three percent of respiratory therapists report that flexing leaves their department insufficiently prepared to respond to an emergency at least once a week.

\$4,456

The estimated annual lost wages for CNAs who are flexed at least once a week (based on average wage across all six hospitals) totals \$4,546. Fifty-eight percent of surveyed CNAs report that they are routinely flexed or called off at least once a week. At Petaluma Valley that figure was even higher, at 84 percent. At Queen of the Valley and Providence Tarzana, this was true for 77 percent of CNAs.



Caregivers who report that understaffing undermines care at least once a week



LAB

"When the lab is understaffed, blood draws are late and there can be difficulty in responding to traumas.

Mistakes in the lab are also more likely to happen when inexperienced people are forced to work shifts they don't normally work due to lack of coverage."

PROGRESSIVE CARE UNIT

"More falls and elopement of patients occur when nursing assistants are taken off the floor to be constant care attendants. Incontinent patients have to sit in urine/feces longer because the patient load increases from 12 to 20 or 40, making hourly rounding next to impossible."

EMERGENCY DEPARTMENT

"I was the only tech on the floor, we were short on nurses, and there weren't enough people to work a code blue. I ran from the break room to the trauma bay so that I could take over compressions from a nurse who was supposed to be delivering medications to the patient."

OPERATING ROOM

"Often times nurses will do the secretary job while they are also lead, or will often stay overtime to fill the secretary role. When people who are not trained properly fill the position, things get missed leading to less accuracy with the OR schedule."

A DOMINO EFFECT

Workers at all six hospitals described how staffing shortages in key departments affect patient care throughout the hospital. The comments paint an alarming picture of caregivers stretched to the limit and juggling critical tasks.

BIOMED

"Understaffing is causing excessive pressure and loss of focus. I am unable to catch up with routine maintenance of the equipment. Under-maintained equipment is at risk of going out of service faster than normal and putting patients at risk."

TELEMETRY

"When understaffed, I'm leaving the monitors to check on patients with rhythm or oxygen issues, answer bed exit alarms on fall risk patients, or find staff because a call light has been on, and the family and/or patient is upset at the lack of response."

RADIOLOGY

"I've been having to stand in in ultrasound biopsies because the mammogram aide is unable to do so. I do mostly clerical work instead of patient care because there is nobody else available to do the clerical work. I am technically clinical."

ULTRASOUND

"We have a staffing crisis in scheduling....Sometimes this pushes the patients out 3 months. Doctors order more same-day STATs that we can't accommodate. We send patients to the ER which costs them more, or we have to reschedule other patients to fit the STAT cases."

WORKERS: HIGH STRESS, FINANCIAL HARDSHIP

Caregivers report a highly stressful and risky environment for patients — and for staff. More than 30 survey respondents wrote in to comment on a pattern of missed rest and meal breaks.

At St. Joseph Hospital in Eureka, management failed to provide coverage for the only monitor technician on duty, when she requested a bathroom break. Unwilling to leave her station and compromise her patients, the technician eventually urinated on herself at her station.

One CNA at Santa Rosa Memorial writes, "being understaffed has caused employees much stress to the point that many have had panic attacks at work."

In September 2018, a Santa Rosa Memorial CNA left alone with a psychiatric patient was shoved against a wall before the patient jumped out of a second-story window. In 2018, Santa Rosa Memorial Hospital and St. Joseph Hospital in Eureka laid off all of their patient care attendants, leaving remaining staff to pick up the slack.

I cannot describe the amount of stress and anxiety that comes with being the only person on a shift, not having any relief for a break or to even use the restroom. When I have missed getting my breaks because I'm short staffed, my manager has come and told me not to forget to take my breaks like I had a choice.

— Caregiver St. Joseph Hospital Eureka

Public health agency sounds alarm

It's not only caregivers who are sounding the alarm about unsafe staffing: in 2018, the California Department of Public Health received higher-than-average numbers of complaints for each of the six hospitals. Petaluma Valley, Redwood Memorial and Providence Tarzana each generated complaints at nearly three times the rate of comparable hospitals across the state.³ In the last three years, the hospitals have racked up numerous health and safety violations that resulted in avoidable patient injuries — including eight at Santa Rosa Memorial alone.

Overworking caregivers has had dire consequences for patients. In 2013, CDPH launched an investigation after a patient at Queen of the Valley slipped into a persistent vegetative state after going into respiratory distress and suffering an anoxic brain injury. CDPH determined that the patient had been in "immediate jeopardy," meaning that the hospital's failure to adequately monitor her put her in danger of serious injury or death. When interviewed, a caregiver stated that she "was so busy that shift she was not able to look at [the patient's] chart for physician orders, or [patient's] history ... everything got so hectic, that she was unable to document anything." The hospital was required to pay a \$100,000 administrative penalty.

Most of the time we have two care partners for 24 patients. I hardly ever give a full bath anymore as I don't have time; call lights go off continuously for more than 10 minutes and the patients get angry. Passing trays takes forever and in general the quality of work life has gone way down.

–CNA Santa Rosa Memorial Hospital

AVOIDABLE INJURIES

PATIENT SAFETY VIOLATIONS AT SIX PROVIDENCE ST. JOSEPH HOSPITALS⁵

November 2014

Santa Rosa Memorial Patient with fall risk fell from bed and bled from amputated leg.

March 2015

Santa Rosa Memorial
Failure to check patient or track
pressure sores.

June 2015

Santa Rosa Memorial
Failure to check patient resulted in pressure sore.

February 2016

Queen of the Valley

Patient fell twice, second time resulting in hip fracture that required surgery.

April 2016

Santa Rosa Memorial
Patient fell and hit their head
after getting out of wheelchair,
which was not properly alarmed.

October 2016

Santa Rosa Memorial
Patient developed pressure sore from Bipap mask.

January 2017

Santa Rosa Memorial
Six acute patients awaiting admission were left on stretchers in ED for as long as 20 hours, instead of being moved to a hospital bed.

June 2017

Santa Rosa Memorial Nurse without pediatric certification assigned to pediatric patient.

July 2017

St. Joseph Eureka
Patient twisted knee trying to
get out of bed. Staff said patient
"told her she called for help but
staff did not respond so she
transferred herself."

July 2017

Queen of the Valley
Failure to prevent pressure sores in two patients.

August 2017

Queen of the Valley
Bed alarm didn't go off.
96-year-old patient got out of
bed and fell, sustained neck
fracture.

December 2017

Providence Tarzana
Facility did not report pressure sore within required timeframe.

December 2017

Petaluma Valley

Failure to assess patient's fall risk. Patient sustained left hip fracture while transferring from chair to bed unassisted, requiring surgery.

January 2018

Queen of the Valley
Patient fell and broke hip, injury
was not properly recorded.

February 2018

Santa Rosa Memorial

Patient fell and sustained hip fracture after getting out of bed unassisted.

For more information, contact NUHW Researcher Sonya Rifkin at srifkin@nuhw.org.

NOTES

- California Attorney General's final conditions for proposed change in governance of Providence Health & Services and St. Joseph Health System: bit.ly/ag-conditions-psjh. NUHW letter to CA Attorney General: bit.ly/nuhw-becerra-2018
- 2. Kaiser Health News: 751 Hospitals Hit With Safety Penalties For 2018: Data Table: bit.ly/cms-safety-penalties-2018
- 3. CDPH determines comparable hospitals and statewide averages "based on facility type and size." Comparisons available by searching the online Cal Health Find
- 4. CDPH documentation of Immediate Jeopardy case, St. Joseph Hospital, Eureka. Complaint CA00399624: bit.ly/qotv-immjeopardy
- 5. Documentation obtained from CDPH Santa Rosa District Office and available online at bit.ly/psjh-violations-2014-18