

Empty Scrubs and Overflowing Beds: San Francisco Nurses Issue Public Warning Over Mismanagement and Slipping Standards for Patient Care in City Health System

For years, nurses and caregivers at San Francisco General Hospital have watched problems in management and planning grow and grow. On behalf of our patients, we worked hard to provide more with less. Now we are doing less with less.

The problems have become too dangerous to ignore. We prepared this public warning to alert the public about dangers we see at San Francisco General Hospital and the Department of Public Health.

Patients who enter our facilities receive a level of care that we frequently do not consider safe. The main reason is that there are not enough nurses and other hospital staff to care for them in their most vulnerable hours. Our patients frequently do not receive the level of care required by state law, hospital policies, or modern safety standards. Nurse understaffing is associated with increased risk of infections, risk of death, risk of readmissions, and long length of hospital stay.¹

Sometimes the patient care failings turn tragic. These include high profile incidents of a patient who died in the stairwell because they were unattended, or another patient assaulted in the Emergency Room, but if there is not a significant new level of account-

ability from SFGH leadership, there will be more predictable and preventable tragedies.

Other patients are turned away from our healthcare system because we don't have enough nurses to care for them. There is evidence that ambulance diversion is linked to increased mortality of heart attack patients.²

This is the responsibility of City Hall and its hand-picked management. We have demanded transparency and accountability for more than two years from the executives in charge. Nurses have filed over 150 "Assignment Despite Objection" forms in that time to document the lack of safety in units.³

We are now taking our warnings directly to the public who are at risk from falling care standards. Why has this happened? Where has the money gone? And how can the San Francisco Department of Public Health and San Francisco General Hospital turn it around?



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Where Did All The Nurses Go? DPH is 235 Nurses Short of its Budget...

Nurses and healthcare workers of every kind are missing in significant numbers from nearly every unit at San Francisco General Hospital and within the Department of Public Health.

Budgeted vs Actual Nurse FTEs for 2013-2014⁴

Type of Nurse	Budgeted FTEs	Actual FTEs	Short
RN	1166.55	979.55	187
CNS	25.48	20.33	5.15
Midwife	3.24	1.95	1.29
NP	141.61	111.13	30.48
CRNA	13.31	13.08	0.23
OR Nurse	2	0	2
PHN	57.65	48.86	8.79
TOTAL	1409.84	1174.9	234.94

...Or Maybe DPH is 304 Nurses Short...

DPH was forced to backfill staffing shortages by spending money on per diem (as-needed), registries, and overtime workers for an equivalent of 304 nurse FTEs last year.⁵

Unit	Type	Actual Cost	Hours
Health at Home	Per Diem	\$179,171	1,410
SFGH	Registry Hours	\$1,808,274	24,295
Jail Health	Per Diem	\$2,679,773	36,367
Laguna Honda	Per Diem	\$2,917,660	37,826
COPC	Per Diem	\$2,907,786	41,857
SFGH	Per Diem	\$37,669,917	484,410
LHH	OT	\$8,454	91
Jail	OT	\$70,096	682
SFGH	OT	\$777,751	6,390
COPC	OT	\$59,938	803
TOTAL		\$49,078,819	634,130
FTEs short		304.14	304.87

¹ Department for Professional Employees, AFL-CIO, "Safe-Staffing Ratios: Benefiting Nurses and Patients", <http://dpeaflcio.org/programs-publications/issue-fact-sheets/safe-staffing-ratios-benefiting-nurses-and-patients> (May 2014).

² American College of Emergency Physicians, "Ambulance Diversion Strongly Linked with Increased Mortality of Heart Attack Patients, New Study Finds", <http://newsroom.acep.org/2011-06-12-Ambulance-Diversion-Strongly-Linked-with-Increased-Mortality-of-Heart-Attack-Patients-New-Study-Finds> (May 2014).

³ Eskanazi, Joe. "Health Score: Nurses Claimed Staffing Shortage Well Prior to Hospital Calamities." *San Francisco Weekly*. 30 April 2014.

⁴ 2013-2014 Annual Salary Ordinance, Actual FTEs: data provided by the City of San Francisco to SEIU 1021.

⁵ OT, Per Diem, Registry: data provided by the City of San Francisco to SEIU 1021.

...Execs Think Maybe it is Short 90 RNs, not 235...

Chief Nursing Officer Terry Dentoni reported to the Health Commission that there were 90 vacant RN positions. **Management has not been able to explain the difference between the 90 FTE of known vacancies and the 235 shortfall in budgeted FTEs, or the 304 in actual usage of RNs.** DPH Human Resources Director Ron Weigelt testified at the Board of

Supervisors on May 7, that the “badly-broken hiring process” takes a year and a half to fill a vacant position.

While 90 vacancies were reported to the Health Commission, there is currently only 1 RN position posted on the DPH jobs website.

...But the Board of Supervisors Gave DPH a Bigger Budget for Nurses.

The Controller’s May 13 nine-month budget report projects that **DPH will end the fiscal year with a \$46.3 million budget surplus. Of that surplus, \$26 million is from SF General Hospital.** CNO Dentoni reported to the Health Commission that annual YTD salary savings is \$9 million, while the Controller’s report showed annual YTD salary savings as \$16.6 million.

DPH will end the fiscal year with a \$46.3 million budget surplus

on patient care. Because DPH is running a surplus ON TOP of spending \$49 million on various types of overtime and temp nurses, why won’t SFGH CEO Sue Currin hire staff?

So the money is there, but is not being spent

The Emergency Department is the Among the First to Suffer from Missing Nurses

In 2013, the Emergency Room was on diversion 43% of the time, meaning most patients were sent away to facilities in other parts of town. This represents a doubling of the rate since 2012, and costs the City \$1.4 million/month to treat DPH patients at private hospitals.

The Emergency Room’s own core staffing is 22 nurses per shift. The actual average staffing in March and April was 17 nurses per shift, sometimes dropping as low as 11 nurses. As a result, **an average of 11 the Emergency Room’s 26 beds are closed while the Hospital goes on diversion and the staff scramble to find more nurses or wait to discharge patients.** Over the year, our trauma center, SFGH, uses 3% more beds than budgeted—which indicates a dangerous lack of ‘surge capacity’ to absorb extra patients in the event of a disaster.

Reports from the ER

January 2, 2014: “60 patients in a 26-bed emergency room.”

February 14, 2014: “5 5150s. Multiple violent patients. No MEA available.”

March 18, 2014: “ICU at full load, zones closed for Clinical Decision Unit (CDU). No Medical Evaluation (MEA) Assistant in CDU. ICU patients assigned to RNs and full patient load. No coaches available for 5150s. RNs pulled from triage to cover zones. Zones/beds closed to accommodate CDU. MEAs assigned to CDU.”

Nurses Chart Safety Problems in Assignment Despite Objection (ADO) forms:

Of those 64 were from the Emergency Room, 16 from the birthing center, 9 from psychiatry, 6 from med/surg, and the rest from other units. The ADOs documented the following unsafe conditions:

- 142 of 146 documented too few staff to provide safe patient care.
- 103 of the incidents involved RN staffing levels below core staffing for the unit, out of compliance with state ratios, or an ability to staff up for admissions and higher acuity patients.
- 65 of the incidents involved insufficient numbers of ancillary staff, like MEAs, PCAs, unit clerks, which requires RNs to do their work or neglect patient needs.
- 46 of 146 reported missed breaks.
- 28 reported that new patients were admitted without additional staff.
- 19 reported that a patient should have been placed in a critical care unit rather than a lower-level unit.
- 17 reported violations of Title 22 safe staffing regulations.
- 16 documented a nurse who was given a patient assignment they had not been trained for.
- 14 reported inadequate supplies and equipment.

November 13, 2013, ICU: “RN missed break due to transfer of patients into unit, meant 1 RN was caring for 4 patients (3 were 1:1).”

January 30, 2014, Med/surg: “Unit has been short staffed for several weeks because of RNs being floated to other units. There is often a 1:5 patient ratio that is out of compliance with Title 22 regs (should be 1:4).”

February 14, 2014, Birthing Center: “No unit clerk. At beginning of shift was down 3 nurses. Charge nurse couldn’t fully supervise all patients. Another RN needed to monitor stabbing victim.”

December 29, 2013, Psychiatry: “At one point 2 RNs for 22 patients.”

Programs for Immigrant Moms and Kids Next Victims of Understaffing

DPH also proposed to reorganize public health nursing programs by shifting some Maternal-Child Public Health Nurses into Nurse Family Partnership programs. This reduction in Maternal-Child means a reduction in services to an estimated 2000 immigrant mothers and their children. This has no budget impact, and simply filling the current budgeted unfilled 8 public health nurses would save the program.

Management Seems Unaware of Any Impacts

In the March *Patient Care Services Report to the Health Commission*, Terry Dentoni made the astonishing claims that there were 0 hospital units were unable to meet minimum ratios; 0 hospital units were unable to cover breaks; 0 beds were closed in the ER related to ratios; 0 ER diversion related to ratios. These numbers are improbable under any circumstance, and totally impossible with a 14% vacancy rate.

Things Will Only Get Worse with a Growing Patient Population

In addition, the Department projects another 20,000 new patients as a result of health care reform with no plans in place to absorb those patients safely and effectively. Part of the plan is to increase primary care patient loads by 50%, again with no plan to support that. What is even more worrisome is that DPH proposes in the 2014-2015 budget to cut another 34 beds from SFGH.

Conclusion

The beds at San Francisco General Hospital are more than full—but the nurses and caregivers are missing. This is unsafe now, and will get only more unsafe in the new \$900 million facility.

We need enough regular staff to comply with State staffing laws and our own hospital safety policies. Nurses demand that the City fill budgeted patient care positions immediately, and remove bureaucratic delays in hiring for budgeted positions.