

The Staffing Crisis at the Department of Public Health





What's the problem?

The San Francisco Department of Public Health has a staffing crisis.

Although the department's official vacancy rate is only 8.2%, it's obvious to anyone who has spoken to a DPH worker or spent time in our city's hospitals or clinics that there is a crisis that goes beyond vacancies.

Longstanding short-staffing practices at DPH are creating expensive, actively dangerous situations that prevent patients from receiving care in our city's only level one trauma center.



What's the problem?

The San Francisco Department of Public Health has a staffing crisis.

There are three main ways that this crisis takes shape:

1. DPH does not adequately budget its staffing levels to match the demand for services that are provided.
2. DPH relies far too much on travelers and temp workers when permanent workers are better equipped to care for our patients.
3. The hiring process within DPH is broken and in need of new solutions.



**DPH does
not budget
properly to
meet
demand**

Even if DPH filled all of its existing vacancies today, our healthcare services would still be short-staffed.

This is because DPH budgets staffing levels based on an arbitrary number with no apparent correlation to the demand for services.

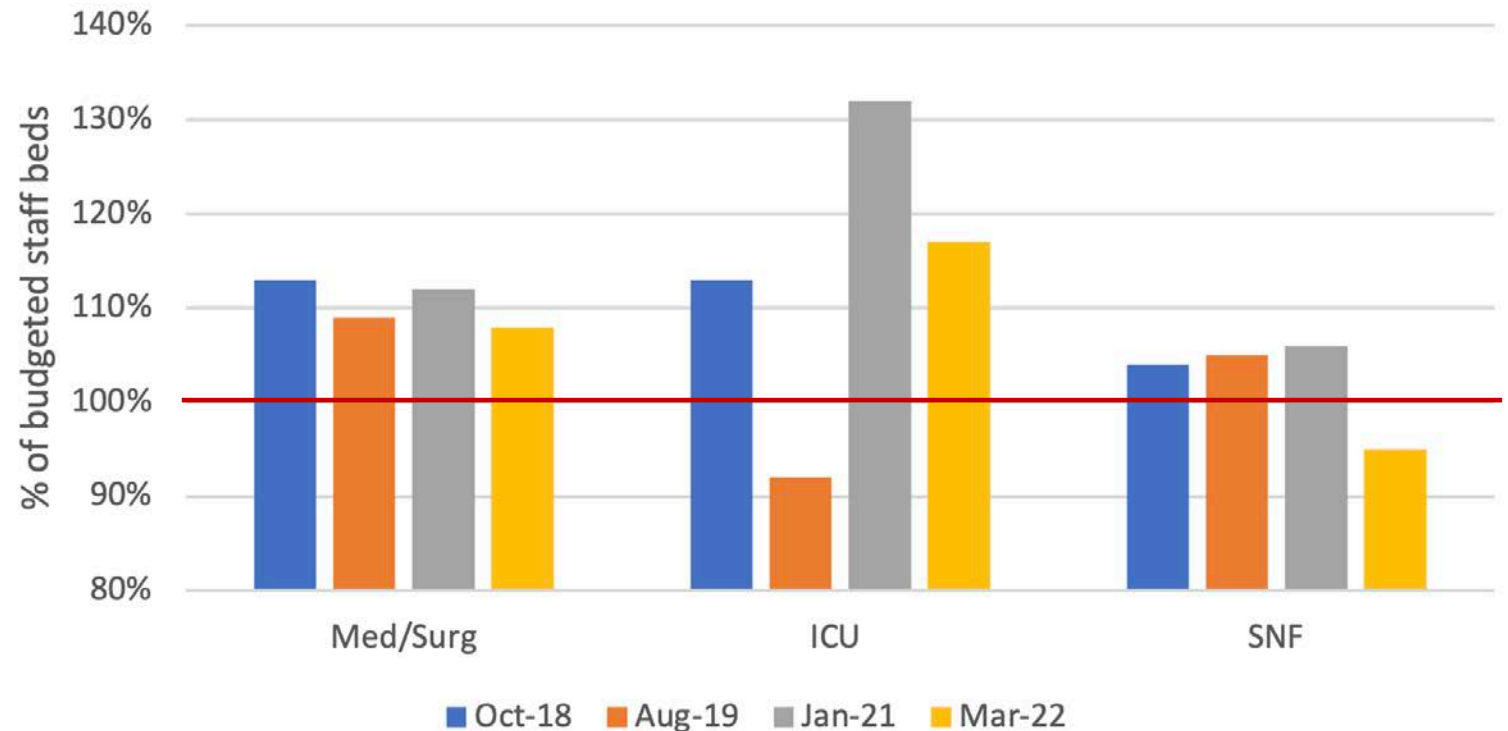
For example...



Key departments consistently exceed 100% of their budgeted capacity.

DPH does not budget properly to meet demand

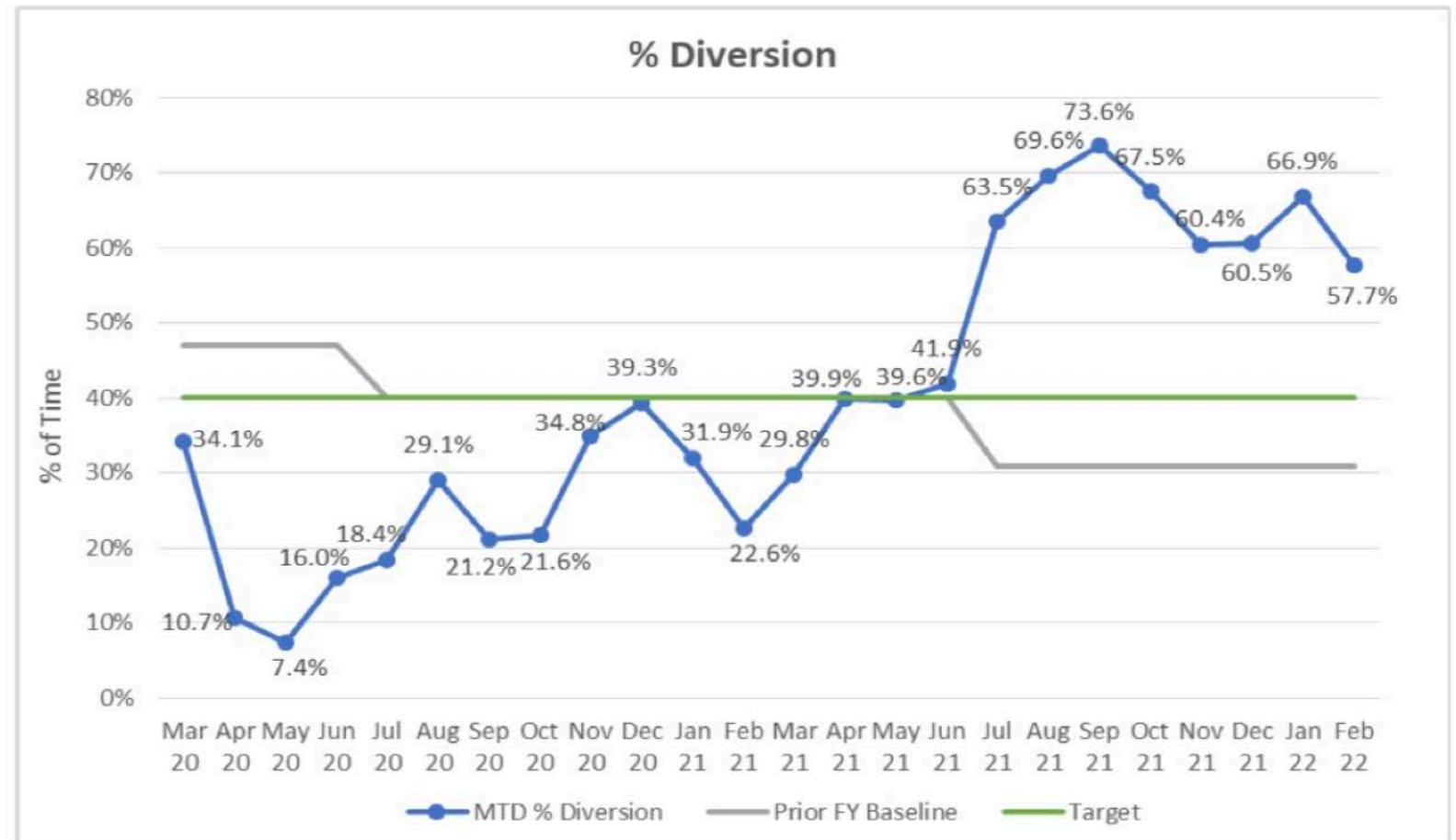
SF DPH Average Daily Census by Dept





The Emergency Department at SFGH has been on diversion over 60% of the time since July of 2021.

DPH does not budget properly to meet demand





of RNs the ED has been short each day this month.

March 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3 14	4 12	5 8
6 9	7 15	8 12	9 14	10 13	11 12	12 7
13 6	14 9	15 11	16 6	17 11	18 10	19 10
20 12	21 13	22	23	24	25	26
27	28	29	30	31		

DPH does not budget properly to meet demand



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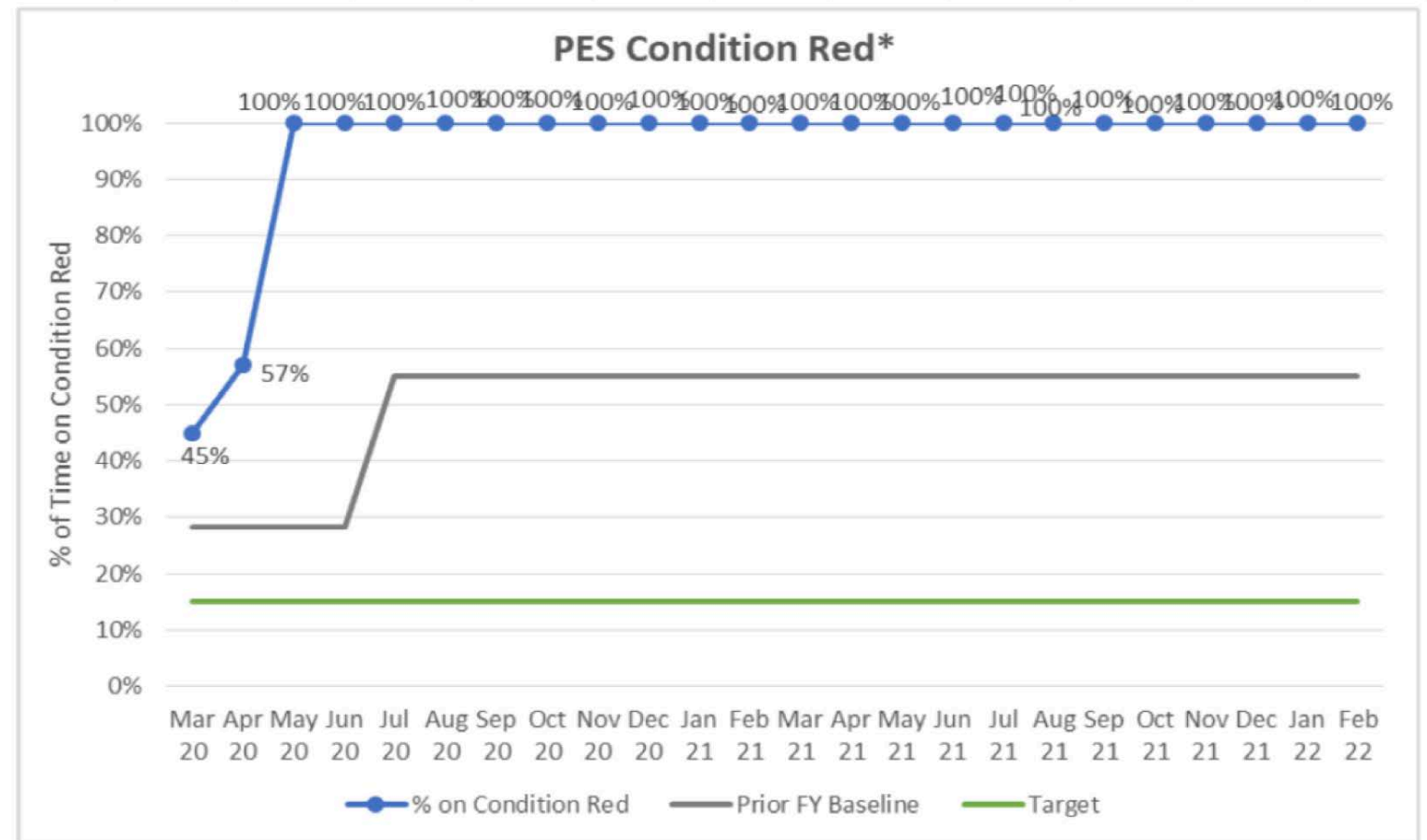
What does it mean when the ED is on diversion?

- *The ED is so overloaded and short-staffed that it can no longer safely accommodate another patient.*
- *Ambulances are rerouted to other facilities that may be farther away or less equipped to care for them.*
- *Patients in the waiting room can sit for exceedingly long times.*
- *There is no available staff for incoming traumas.*



Psychiatric Emergency Services have been on Condition Red 100% of the time since May of 2020.

DPH does not budget properly to meet demand





What does it mean when PES is on Condition Red?

This means that psychiatric emergency patients cannot receive treatment in PES and instead spend hours waiting in the Emergency Department, sharing space and resources with trauma patients, children, sick families, and more.

DPH does not budget properly to meet demand



DPH spends far too much on travelers and temp workers

DPH spends far too much on travelers and temp workers when permanent workers would be more cost-effective and reliable.

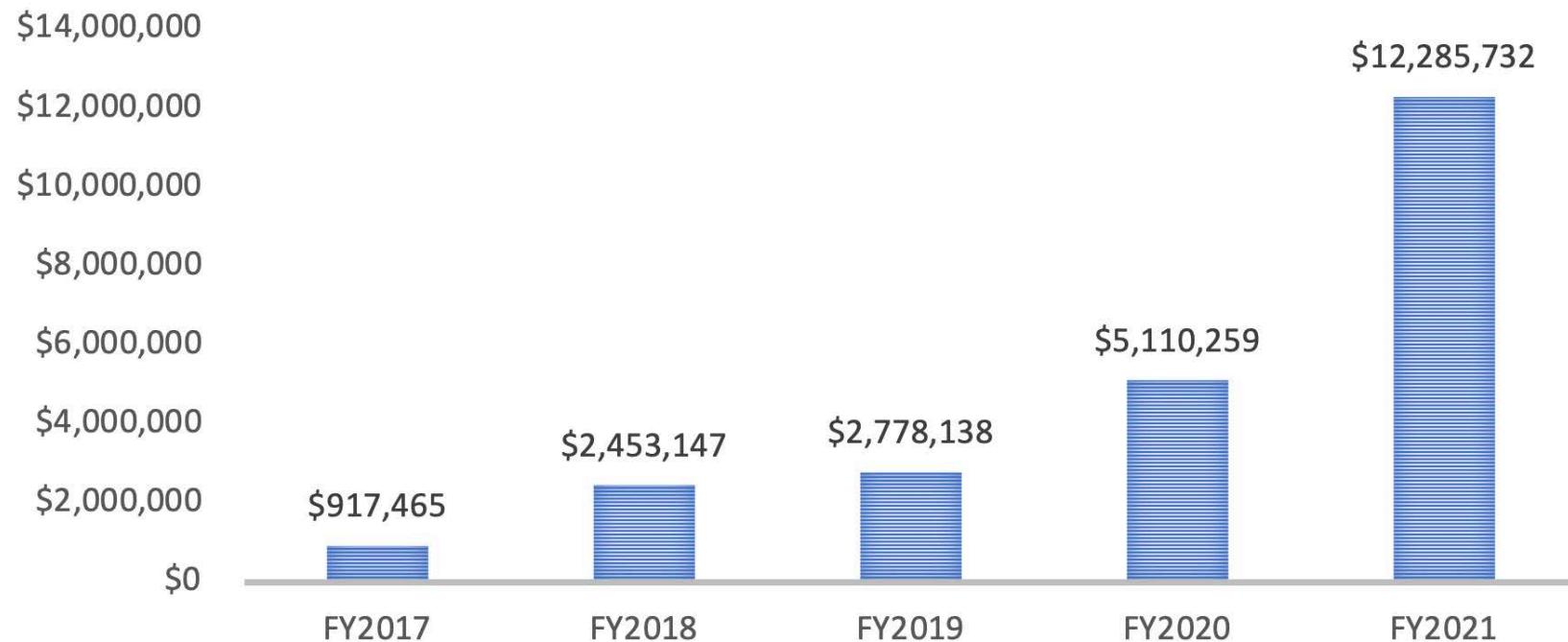
Over the years, the annual amount spent on registry and temporary staff has ballooned, while permanent positions have gone unbudgeted and unfilled.



Laguna Honda Hospital has seen a twelve-fold increase in the amount spent on travelers since 2017.

**DPH
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LAGUNA HONDA REGISTRY/TRAVELER USAGE

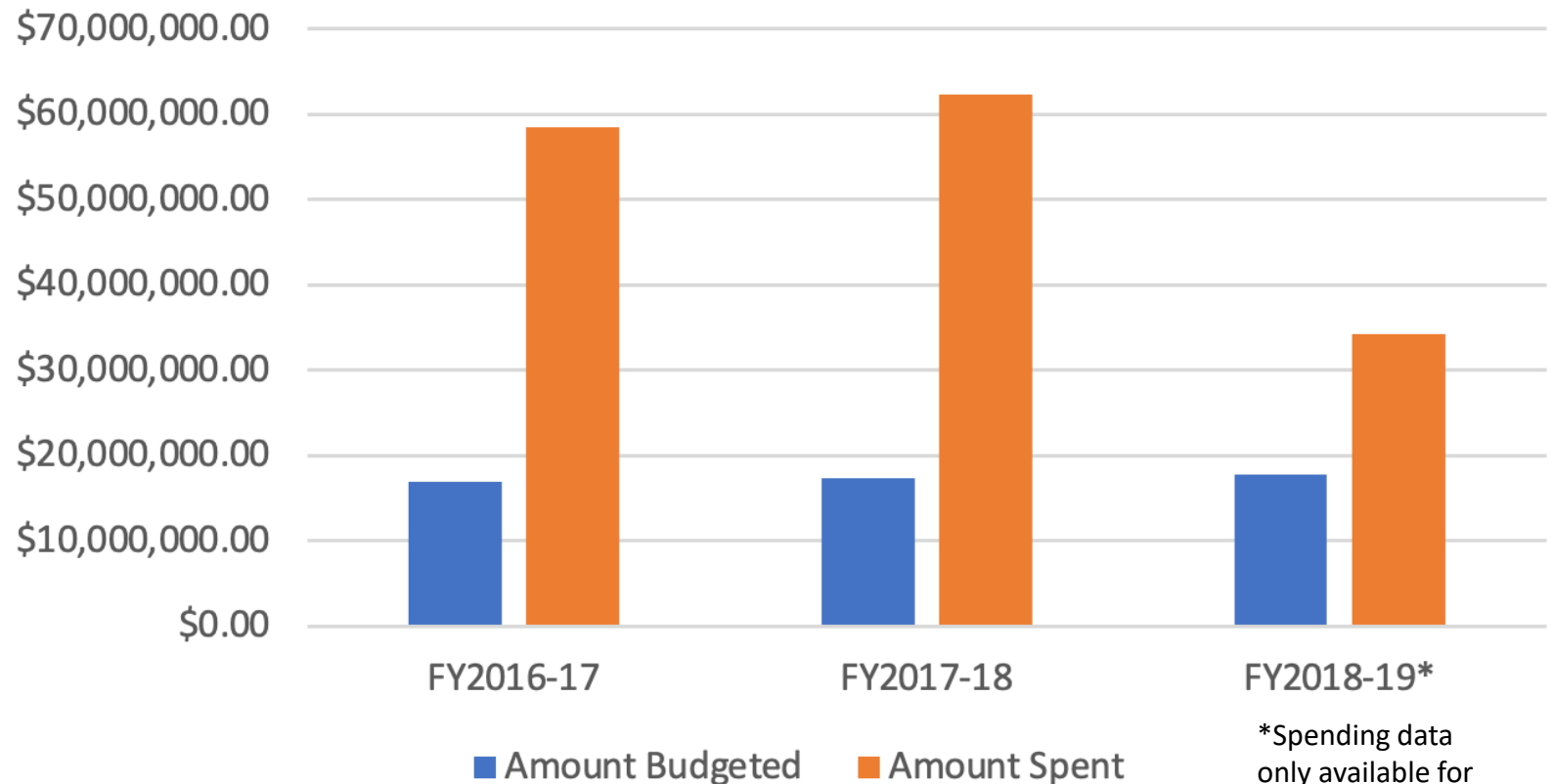




The amount spent on “per diem” nurses at SFGH is skyrocketing.

DPH spends far too much on travelers and temp workers

Per Diem Usage at SFGH



*Spending data only available for Jan-July of this year



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Per diem P103s do approximately 40% of all the nursing work across DPH.

The overreliance on temporary or registry staff is not an alternative to hiring permanent RNs.

It is expensive, inconsistent, and can be dangerous when travelers are assigned to work with the particularly vulnerable patients who rely on our safety net services.



There is a total lack of transparency and accountability with the hiring process.

- DPH loves to talk about how much they're hiring but are not forthcoming with numbers on departures and turnover.
- Managers are incentivized to hire per diem nurses to avoid civil service rules.
- The assumptions DPH makes when budgeting FTEs are obfuscated and clearly inaccurate.
- There are rampant reports of qualified RNs applying for jobs and never being contacted.

The hiring process within DPH is broken and in need of new solutions.



What can we do to fix this issue?

- 1. DPH must adjust their staffing model to account for the actual level of demand for care.**
- 2. Legislative steps should be taken to facilitate the mass conversion of temporary workers to permanent status.**
- 3. The Board of Supervisors must take action to fix DPH's broken hiring process.**