



# Dereliction of Duty

Patient Care Providers Sound the Alarm  
on San Francisco's Public Health System  
March 5, 2020



*The problem:*

Neglect

Mismanagement

Lack of Accountability

*The result:*

- Unsafe conditions for patients and staff
- Lack of preparation for disaster
- Systematic fail to serve the public
- High turn over rates
- Debilitating Working Environment

DPH management has known for years about inadequate staffing at SFGH and its effects on patient care and workplace safety.

Yet the problem continues.



**2014:** “The reality is that we *do* have staffing issues, and they *do* affect patient safety. We’re asking for your help to try to resolve them.”

**2019:** “We are chronically understaffed. I hold in my hands a petition of no confidence with the Department of Public Health, signed by more than 1,300 nurses.”



in SF General Hospital Emergency Room

conditions in SF General Hospital Emergency Room



on 4/15/14  
PUBLIC COMMENT



life conditions in SF General Hospital Emergency Room

th Commission 4/15/14  
GENERAL PUBLIC COMMENT

Scroll for details



mission 4/15/14  
L PUBLIC COMMENT







**From :** bobivoryrn@comcast.net

Sun, May 08, 2016 02:03 PM

**Subject :** Re: Nursing staffing day 1

 1 attachment

**To :** Jason Gonzales <jason.negron.gonzales@gmail.com>

The vast majority of shifts 30, **53.5%** overall, are staffed with less than **24** nurses the whole shift (**15** days/**15** noc).

Of these 22 shifts, **40%** overall (**12** day/**10** noc) are short with less than the 21 nurses we currently need to staff safely.

10 shifts **18%** overall, (**5** days/**5** noc) are starting with critically short staffing of 16 nurses or less.

Oct 2019  
Understaffed 40% of shifts

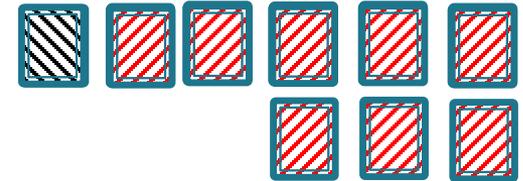
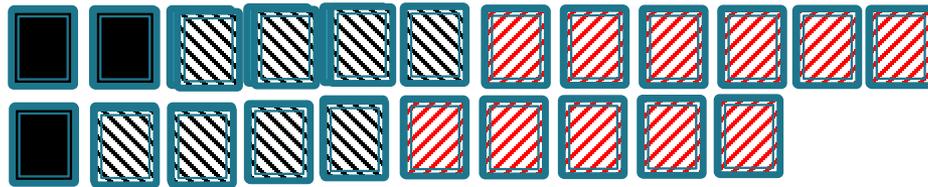
Nov 2019  
Understaffed 52% of shifts

The following 'snapshot' of a recent night in the Emergency Department at SFGH provides an entry point for looking at this problem.



# Emergency Department Pile-Up

*Patient Beds and Nurse Staffing on a recent Thursday at 11 pm*



58 bed Emergency Department  
-16 Closed for staffing deficits  
-17 Boarding admissions

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25 bed Emergency Department

28 active ED patients



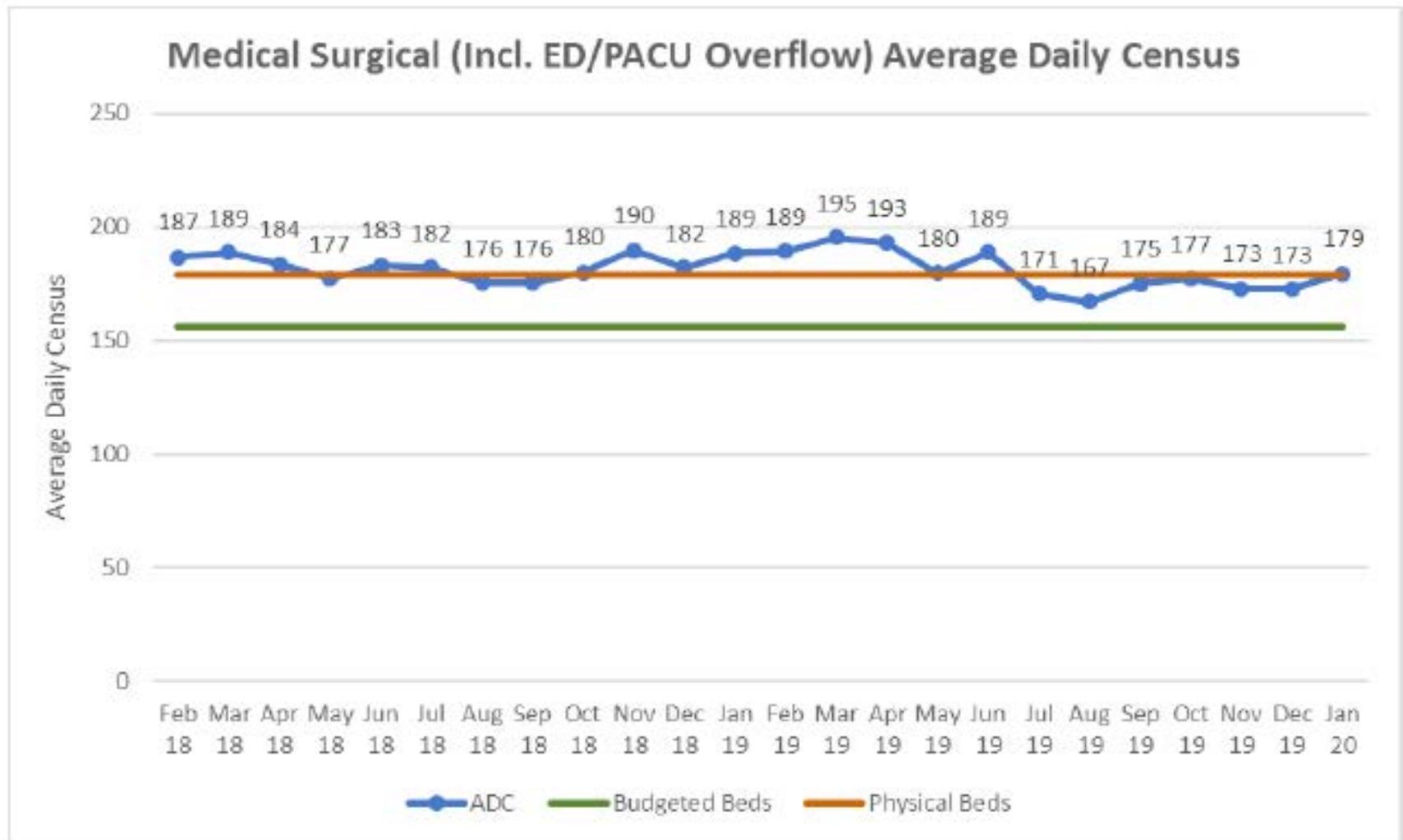
20 patients in  
the waiting  
room



# Budget $\neq$ Census

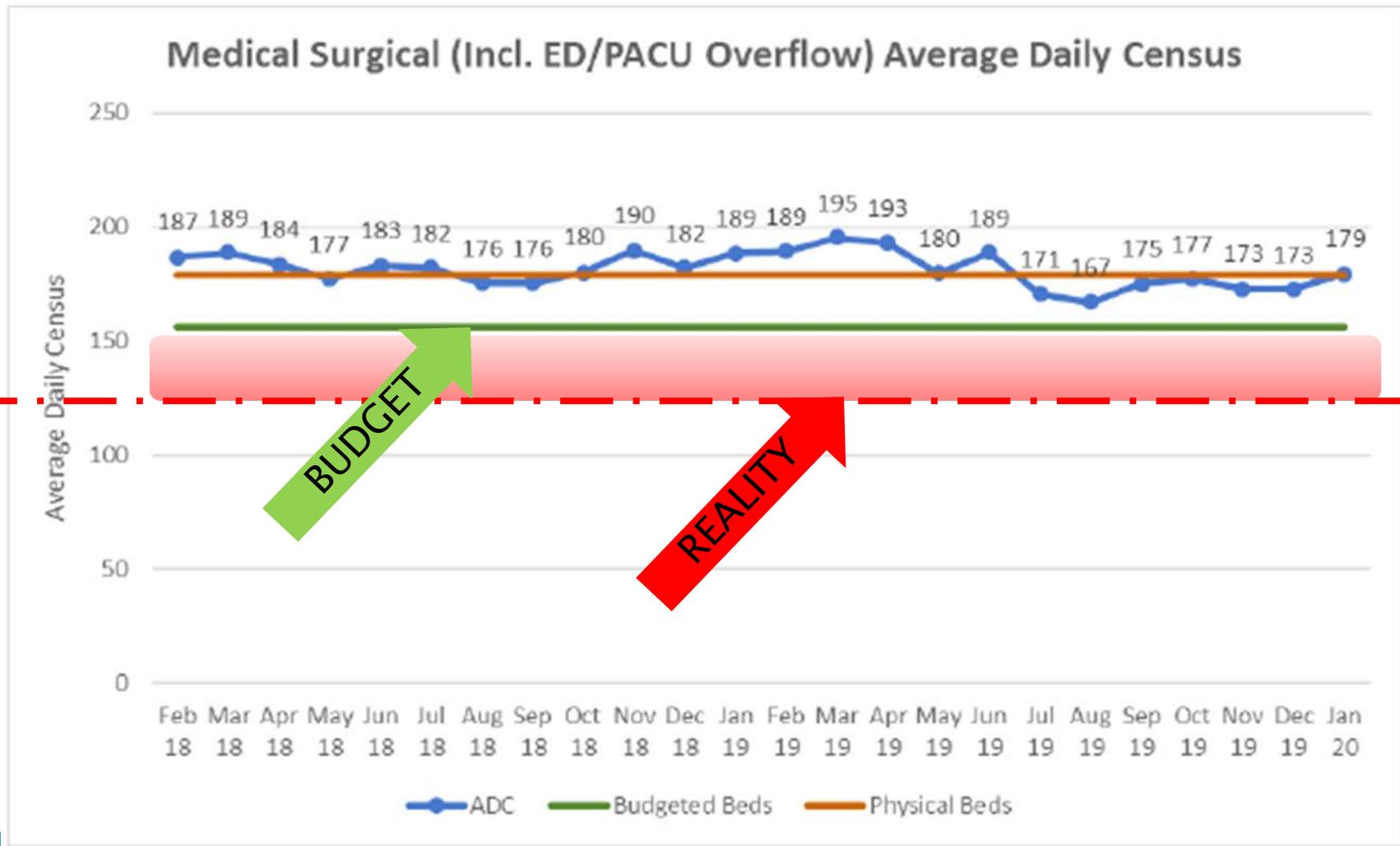
	FY2013 (daily avg)	FY2019 (daily avg)
ED Encounters	192	222
PES Encounters	16	22
(inpatient census)		
	70,080	81,030

# Understaffing Is Built into the Hospital's Budget



Source: SFGH Hospital Operations and Patient Care Report to Health Commission JCC, February 25, 2020

# Nursing Staff Vacancies





# Hiring Process

- ▶ Inconceivable
  - Over 200 days to hire a nurse
  - Complete confusion about how many nurses are actually applying
    - “We have trouble finding people”
    - vs
    - “There are over 1000 people on ‘the list’”
  - Confusion over actual vacancies



**Where are we now?**



# Reactionary Staffing

## Per Diem vs Full Time

- Effects staffing consistency

## Registry/Travelers

- 3 + years is not temporary
- Use in ED at 25.8% as of Jan 2020
- No disaster training
- No violence prevention training
- No employee protections



# Reactionary Staffing cont...

## Unclear Overtime Protocols

- Offered almost daily
- Not being paid at time and a half

## Mandatory overtime

- PES over 900 hours in 2019 alone

**NO END IN SIGHT**



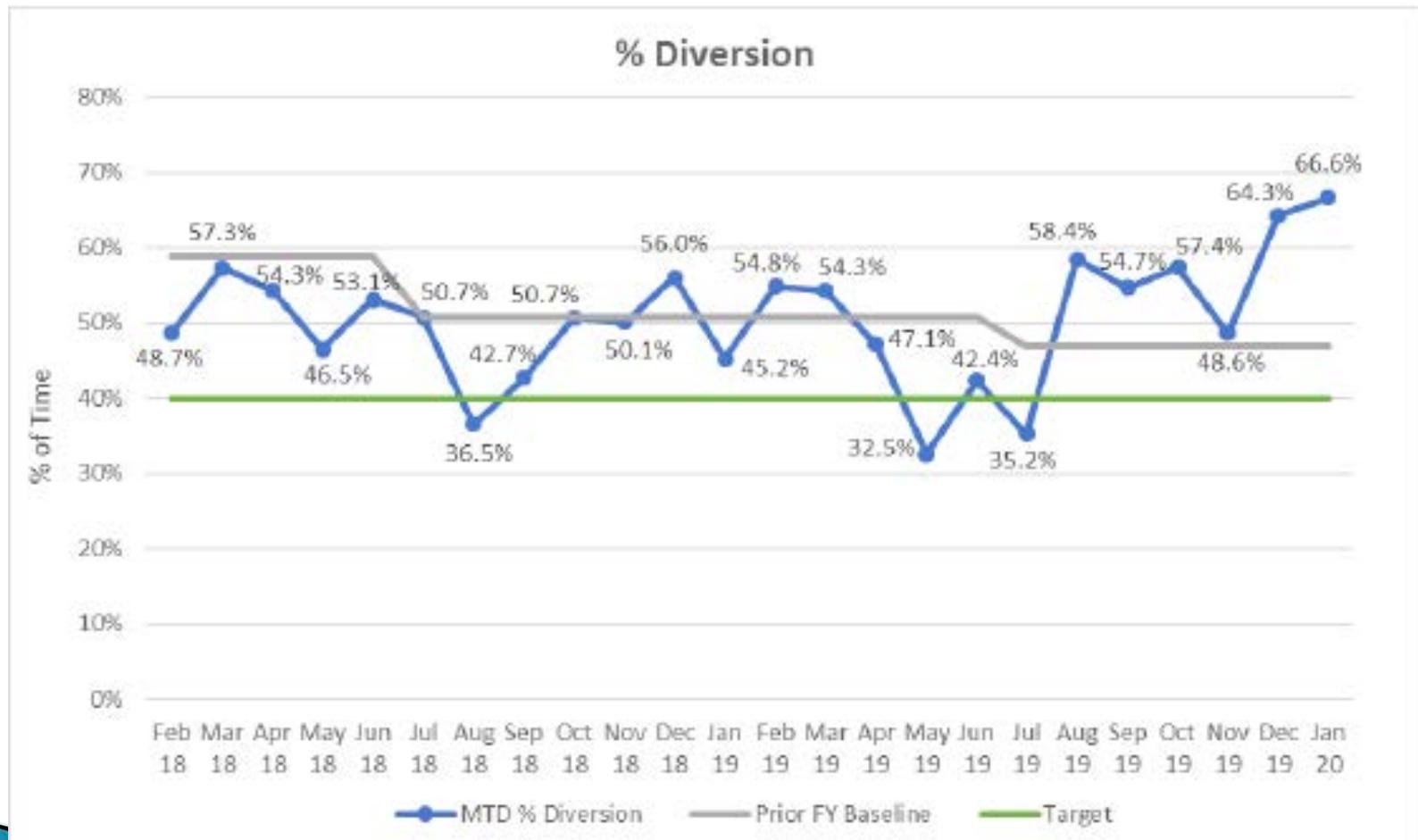
# Reactionary Programs

## CareStart

- Designed to reduce census
- Poorly planned
- Lacked policy
- Staff reported objections and concerns for over a year
- Led to requesting state investigation (CalDPH)
- State mandated the program be shut down
  - Investigation is pending

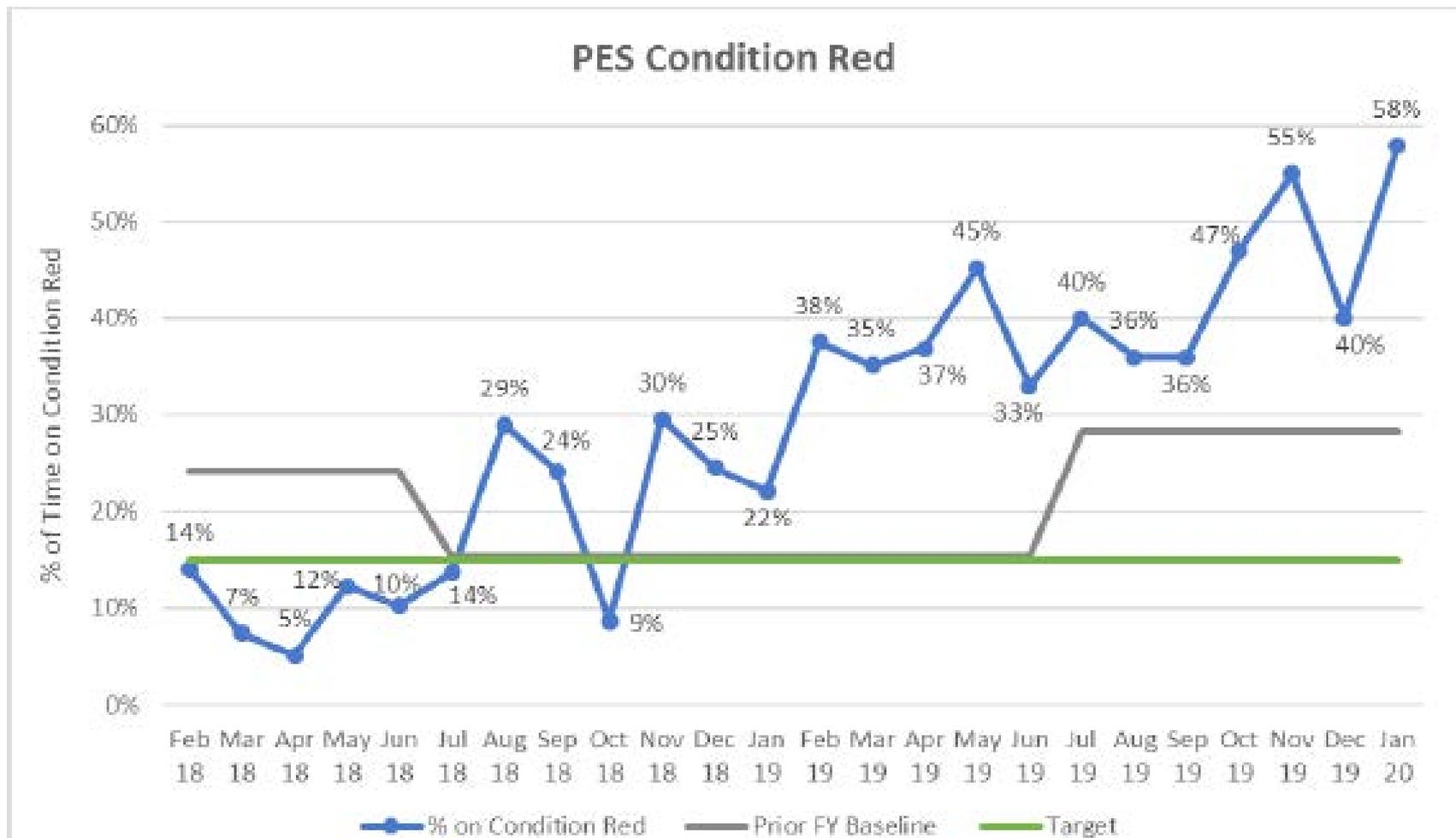
# ED Diversion Status

ED is diverting ambulance traffic 60% of the time since May of 2016



# PES Condition Red

Psychiatric Emergency Services' version of "divert status"



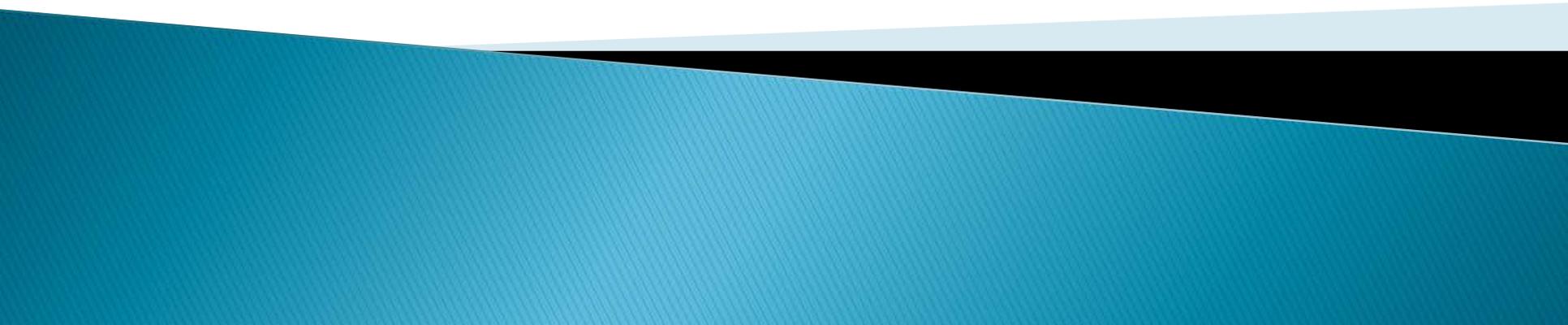


# Disaster Preparation

What Disaster Preparation?

Sec 70741 of Title 22 – training requirement

**Where does this leave  
our patients?**





# Patient Experience

- Left Without Being Seen rate at 6.9%
  - OVER 5000 patients!
- AWOL rate not reported
- Wait times for inpatient beds
- 38% of ED beds boarding admissions



8/7/2019 · Updated review

If you are one of the unlucky people who gets taken to or chose ZSFG Hospital, here's what you need to prepare for:

- Very long wait times
- Homeless and erratic people approaching you in the entrance area
- Loud, often -colored, adult-themed arguments erupting in the waiting area (watch the little ones)
- Partly due to that, feeling generally unsafe
- Being made to feel like a nuisance for showing up with "your" problem on "their" busy day
- A never ending flood of 30 page probably well intended yet completely over-the-top (PAPER) surveys to fill out with pen on paper the old fashioned way (seriously Mark Zuckerberg?!?) from every department you touched while you're there to arrive in the mail for weeks after you visited (has ZSFG heard of online surveys that don't kill even more trees)
- Lots of "hiding" being policy and little explanation when dealing with treatment and care plans
- Glaring disconnects between MDs and nursing staff

7/3/2019

1 photo

UPDATE: We waited three hours for a 15 minutes "checkup".

7/3/19

Dear Facebook dude, your hospital sucks. We have been waiting for over three hours now for a simple eye appointment.

11/28/2019

Injured myself in a accident and someone drove me to nearest hospital which was Zuckerberg sat there in ER for hours and no matter how injured I was I went to another hospital. Why mark Zuckerberg would you want your name associated with such a horrible horrible group of people

8/8/2019

They do not answer their phones, their voice mail boxes are always full so there is literally no way to contact people about bill questions.

They only accept payment in person or by mail (but only if you're able to take time off work). Talk bout rigging the system to make people late on payments.

- Can't talk to someone about their issues
- Cannot e-mail someone about their issues
- Makes them call back daily hoping to talk to someone
- Bill becomes late

Great cycle!

I did not choose to come here and am forced into this crazy inefficient mess.

10/22/2019

If I could give this hospital negative stars I would.

1/8/2019

SFGH does not contract with any private insurance plans so expect outrageous out of network costs that your insurance won't cover. Avoid the ER at all costs unless you really need a Level 1 trauma center.

I was in a hit and run accident. Ambulance took me to SFGH. I spent 4 hours in the ER, CT scan, and x-rays. Total bill was roughly \$35k and insurance only covered maybe 10%.

Care was poor. During my orthopedic follow-up, the doctor was appalled that they discharged me without proper immobilization and protection for a broken bone.

Seriously - don't go there unless your life depends on it.

1/9/2019 · Updated review

Their billing has been so outrageous that Vox has even done a year-long investigation of their billing practices and have come out with this article: [vox.com/policy-and-polit...](http://vox.com/policy-and-polit...)

In short: they do not accept the majority of private insurance plans and therefore end up out of network, where they end up charging anywhere up to 12X as much as medicare pays. This hospital price gouges those who are in emergency and trauma situations.

3/30/2018 · Previous review

I should not be waiting for 6 hours to speak to a resident doctor. That is NOT appropriate in anyway shape or form. I was in the ER and to see a resident doctor is not professional. And now I have a \$52,000 bill!!! The billing department told me that my insurance company would cover it! Be prepared sitting around for hours (not seeing any doctors) hearing homeless people screaming, and having medical bills skyrocketing because this hospital is "out of network" in about 90% of companies. It's absolutely horrible!!! HORRIBLE!!!!!! If there is anyway to head to another hospital for an emergency, I urge you to.

12/26/2017

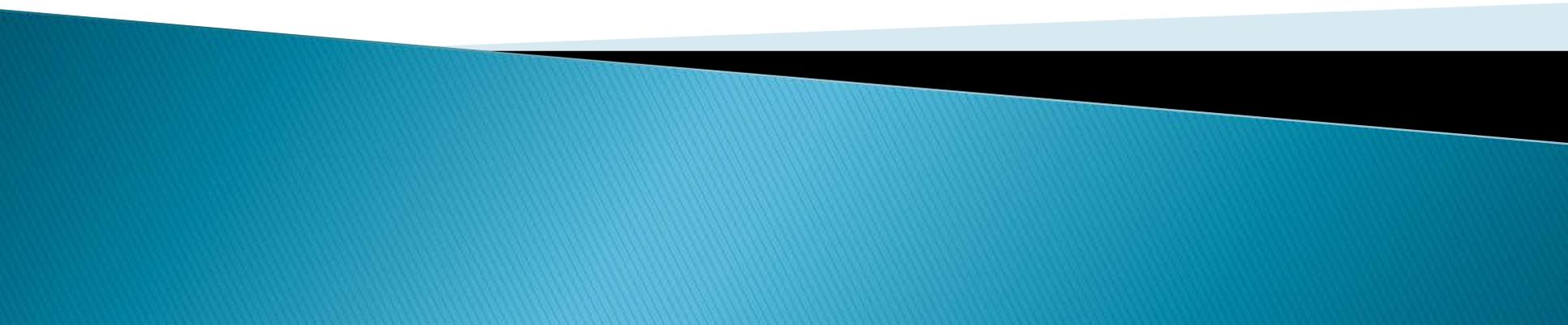
Please PLEASE PLEEEASE stay away from this hospital if you want to be treated with competent and compassionate staff.

1/8/2019

Avoid unless homeless or you have severe trauma.

I cut my finger with a kitchen knife and went there because it was the nearest ER. Big mistake. I waited for 3 hours in a waiting room where many of the regulars were known to the staff by first names and kind of went in for a checkup to clear up their intoxication. The waiting room was very dirty. Later, a janitor came by with a broom. The smell was bad.

**Where does this leave  
our employees?**





# Violence in the Workplace

- Assaults continue to increase (23 in Jan 2020)
- Open Investigation by CalOSHA into multiple departments
- Admitted lack of reporting
- Nurses disinvented from attending Workplace Violence Taskforce (14 members, 1 nurse)
- Management disregards concerns for safety



# Employee Experience

- Over 900 hours Mandatory OT
- 40 RNs resign from ED within 2 years
- 50% of ED Leadership resigned their positions in 2019

# Employee Experience



# STRATEGIC A3

## A Better Place to Work

### III. Targets and Goals:

#### Selected Metrics

Team: There is a climate of trust in my unit

Communication: Different levels of the organization communicate effectively

Leadership: I have confidence in senior mgmt.'s leadership

Engagement: Staff and provider engagement

\*Benchmark = National hc average for Press Ganey

	Baseline	Benchmark*	Target
Team	3.31	3.88	3.36
Communication	2.87	3.43	2.92
Leadership	3.22	3.75	3.25

*No trust in staff*



Title: A Better Place To Work  
Owner: Dave Woods and Aiyana Johnson

A3 Team: Tom Holton, Jeff Critchfield, Jenna Bilinski, Kim Nguyen, Gillian Otway, Brent Andrew, Bernadette Gates, Karen Hill, Val Barnett, Jim Marks, Claire Horton, Brandi Frazier, Floyd Trammell, Casie Aniya, Anh Dao-Shah, Margaret Damiano

Ver. 7

#### I. Background: What problem are you talking about and why focus on it now?

ZSFG's most valuable resource are the approximately 6,000 [DPH and UCSF] resilient staff and providers that enable the organization to meet our True North goals and fulfill our purpose to our patients and community. Though our staff and providers strongly align with our mission and are committed to their work, we know that the

#### IV. Analysis: Why does the problem exist, in terms of causes, constraints, barriers?

**Analysis based on survey responses	A. Absence of a communication strategy	Message penetration varies by group & shift	Limited & inconsistent use of communication modes (email, huddle)	ST
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**Why are we here today?**

# Dereliction of Duty

- Lack of accountability
- Lack of transparency
- Lack of resources

= *unacceptable*



# Steps to a Solution

- *Immediate* formal, independent **budget audit and performance audit** of DPH.
- *Revise the budget immediately to allow new hires.* SFGH needs to add frontline staff positions and can't afford to cut the staffing budget.
- **Fix the hiring process *immediately*** and expedite filling frontline staff vacancies *now*.
- *Rationalize* the continued employment and support of executive leadership staff that have failed to address these issues for so many years.
- Provide regular and comprehensive **training in disaster preparedness and protection, and violence prevention** for every employee at the hospital *immediately*.
- Keep DPH management **accountable and maintain transparency**, including:
  - Hospital policy changes to ensure that frontline patient care workers represent 50% of the decision-making boards and committees within the institution.
  - Front Line care representation on the Health Commission and Joint Commission to ensure executive leadership is held accountable to the staff and public.