



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



Scroll for details

What have we done so far?

2014

To: Dave Staconis, Pat Carr, Terry Dentoni & Sue Currin,

The San Francisco General Hospital Emergency Department Nurses again express our concerns for the severity of safety and staffing issues in our department. Our concern stems from the real shift-by-shift threats to patient safety and actual injuries sustained in our department (see attached: ADO's from Fr. Perez Incident). The current staffing levels in the ED are dangerous and directly compromise the delivery of safe patient care and hinder adherence to the Standards of Practice (2011), while also frequently violating Title 22 state standards for a (or better) nursing ratio for critical patients. Standards promote and ensure safe patient care, which are a measure by which the public views nursing performance and accountability. The hazardous SFGH Emergency Department staffing situation is alarming for our patients and the huge liability for the entire hospital system. We are demanding that you, as the individual Registered Nurse...

To All Concerned:
As members of the patient care team at San Francisco General Hospital & Trauma Center, we are deeply concerned about the trends of chronic poor staffing, severe overcrowding, potential violence, and management that are shrouded in secrecy, with nonexistent communication, which has resulted in negative impacts on patient care, unsafe patient care, and the following list of concerns, without exception.

2019

Vote 'No Confidence' in San Francisco Dept. of Public Health's Executive Leadership

SAFE STAFFING NOW!

Requests stipulated by SEIU 1021 E Presented to Hospital Administration
The following are a list of requests presented to the Emergency Department.
To promote transparency

- Release of 2019 Pre-Shift Safety Report to see the full results.
- Report outlining the Emergency Department's current staffing levels, P103 RN staff, filled vs vacant leadership positions, and the Resiliency Plan.
- Fulfill all information requests put forth at the LMMC for the Resiliency Plan, including the CDU plan which was recently promised to the Resiliency Plan.
- Documentation of the CDU plan which was recently promised to the Resiliency Plan, including the CDU plan which was recently promised to the Resiliency Plan.
- Changes, training requirements, facility requirements, flow adjustments, proposed room changes, and staff satisfaction with the CDU.
- CareStart task force provided with all CareStart Data. Data will include number of patients seen in CareStart, number of patients who leave without completing their care (LWBS AND AWOL), bounceback data, ESI level of all patients seen and admitted, and complete recommendations from CADPH findings.
- Release of documented staffing plan for the Emergency Department (requested in October of 2019). Not limited to, but to include the changes required for the successful implementation of the newly required 3:1 ratio in Pod A.

Over 300 signatures

1,001 have signed. Let's get to 1,500!



1 000 signatures!

2019

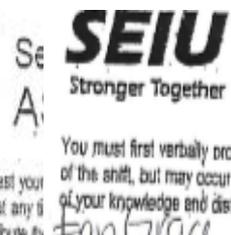
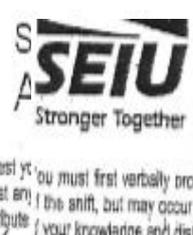
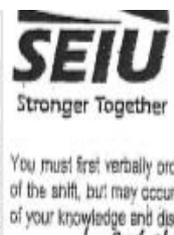
Emergency Department, we feel completely overwhelmed by the City and government's lack of support for the Emergency Department.

Emergency Department
City and government's lack of support for the Emergency Department

General Hospital

ACE Unit Staffing Concerns

Dear Ms. Dentoni
We, the undersigned nurses of the H76/78 ACE unit, submit to you this letter raising our concerns over serious patient safety issues caused by inadequate staffing levels. On a daily basis, staffing of RN's and Nursing Assistants is not sufficient to meet the needs of our patient population. Serving as patient advocates, we are demanding improvements be made for better patient care.



Service Employees International Union Local 1021 ASSIGNMENT DESPITE OBJECTION

You must first verbally protest your assignment to your supervisor at the time you believe it is suboptimal or unsafe. This is usually at the beginning of the shift, but may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADD copies according to the instructions at the bottom.

I/We H. Cook Work Phone 206-8 Registered Nurse(s) employed at SFGH ED
 Hereby protest my/our assignments as zone 1 staff nurse CN, 22, 3, 4 RN, MEA
 Made to me/us by D. Stacionis (Supervisor in charge, name and title) 5/20/16 (Date and Time) despite my objection.

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I/we notify you that in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/We request immediate remedial action by management; I/We disclaim liability for any acts or omissions that may result from my/our acceptance of this assignment. I/We will, under protest, attempt to carry out the assignment to the best of my/our ability.

In my/our professional opinion, this assignment is unsafe because of (check appropriate items):

- Lack of training, orientation, or experience in the area assigned
- In my professional opinion, less staff has been provided than is normal or safe for patient care.
- Patient should be in a critical care unit with appropriate critical care staffing.
- New patients were admitted or transferred to unit without additional staff
- Involuntarily forced to work beyond my/our scheduled hours.
- Equipment, supplies inadequate for patient care.
- Violation of Title 22.
- Other: staff

Working Conditions: Patient Care Staffing

RN	RN	RN
LVN/LPT	VN/LPT	LVN/LPT
Orderly/Aid	Orderly/Aid	Orderly/Aid
Other:	Other: MEA/UC	Other:

When life and/or safety of a patient is impacted, call: California State Department of Health Services (800) 228-1018
 Board of Registered Nursing (800) 828-8828 • Cal OSHA (415) 557-1677

Brief Problem Statement: No support for multiple beds
Medical unit not provided
unable to fill

I/We H. Padalov Work Phone 206-8 Registered Nurse(s) employed at SFGH ED
 Hereby protest my/our assignments as zone 1 staff nurse CN, 22, 3, 4 RN, MEA
 Made to me/us by D. Stacionis (Supervisor in charge, name and title) 5/20/16 (Date and Time) despite my objection.

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- Equipment, supplies inadequate for patient care.
- Violation of Title 22.
- Other:

Working Conditions: Patient Care Staffing

RN	RN	RN
VN/LPT	VALPT	VN/LPT
Orderly/Aid	Orderly/Aid	Orderly/Aid
Other:	Other:	Other:

Brief Problem Statement: Not enough staff
multiple beds
multiple admissions
not provided

I/We L. A. WERNARZ Work Phone 415 206 8111 Registered Nurse(s) employed at SFGH ED
 Hereby protest my/our assignments as zone 1 staff nurse CN, 22, 3, 4 RN, MEA
 Made to me/us by D. Stacionis (Supervisor in charge, name and title) 5/20/16 (Date and Time) despite my objection.

Working Conditions: Patient Care Staffing

RN	RN	RN
VN/LPT	VALPT	VN/LPT
Orderly/Aid	Orderly/Aid	Orderly/Aid
Other:	Other:	Other:

Working Conditions: Patient Care Staffing

Meal period missed	Break missed	Other
Census <u>49</u>	Unit Capacity <u>26</u>	Acuity <input checked="" type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low
Clerk <input type="checkbox"/> Yes <input type="checkbox"/> No		

Brief Problem Statement: MULT BACK TO BACK TRAUMAS. NOT ENOUGH RN'S FOR ALL
critically ill pt. not provided state mandated staffing. RATHER
than requiring 1:1 care plus other pt load.

I/We Barbara Work Phone N/A Registered Nurse(s) employed at SFGH ED
 Hereby protest my/our assignments as zone 1 staff nurse CN, 22, 3, 4 RN, MEA
 Made to me/us by D. Stacionis (Supervisor in charge, name and title) 5/20/16 (Date and Time) despite my objection.

Working Conditions: Patient Care Staffing

Meal period missed	Break missed	Other
Census <u>49</u>	Unit Capacity <u>26</u>	Acuity <input checked="" type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low
Clerk <input type="checkbox"/> Yes <input type="checkbox"/> No		

Regular	Fiscal	Per Diem	Registry
<u>21</u>			
<u>6</u>			
<u>3</u>			
<u>1</u>			

Brief Problem Statement: MULT BACK TO BACK TRAUMAS. NOT ENOUGH RN'S FOR ALL
critically ill pt. not provided state mandated staffing. RATHER
than requiring 1:1 care plus other pt load.



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

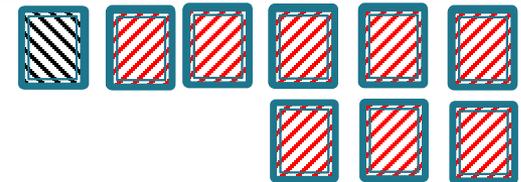
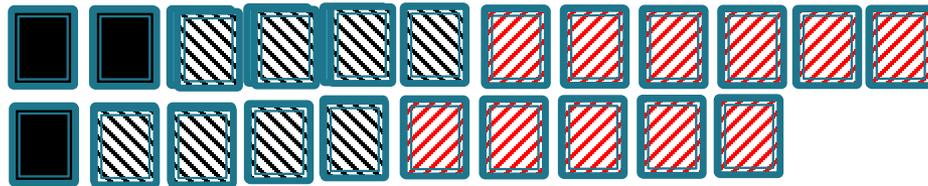
Nov 2019
Understaffed 52% of shifts

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

25 bed Emergency Department

28 active ED patients



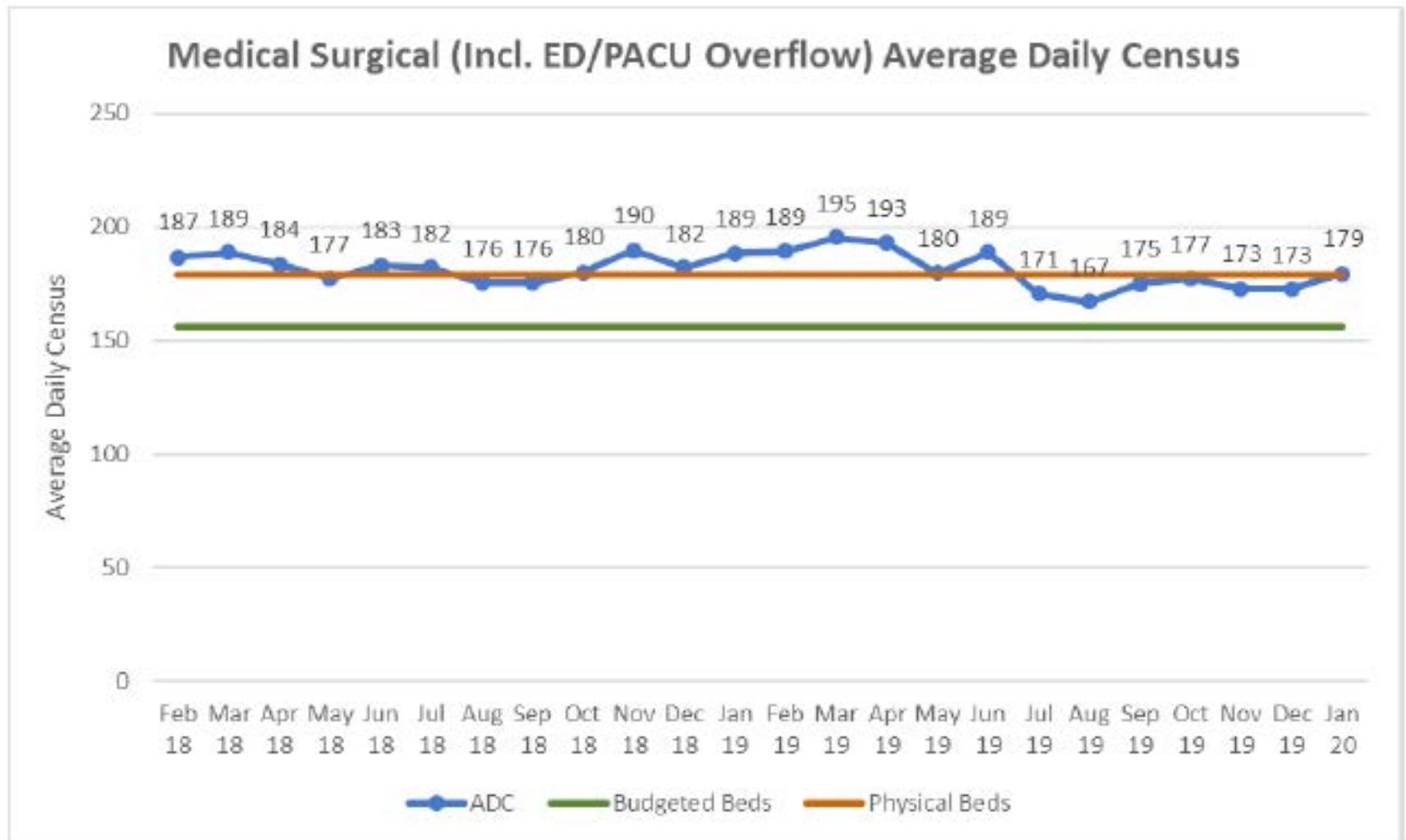
20 patients in
the waiting
room



Budget \neq Census

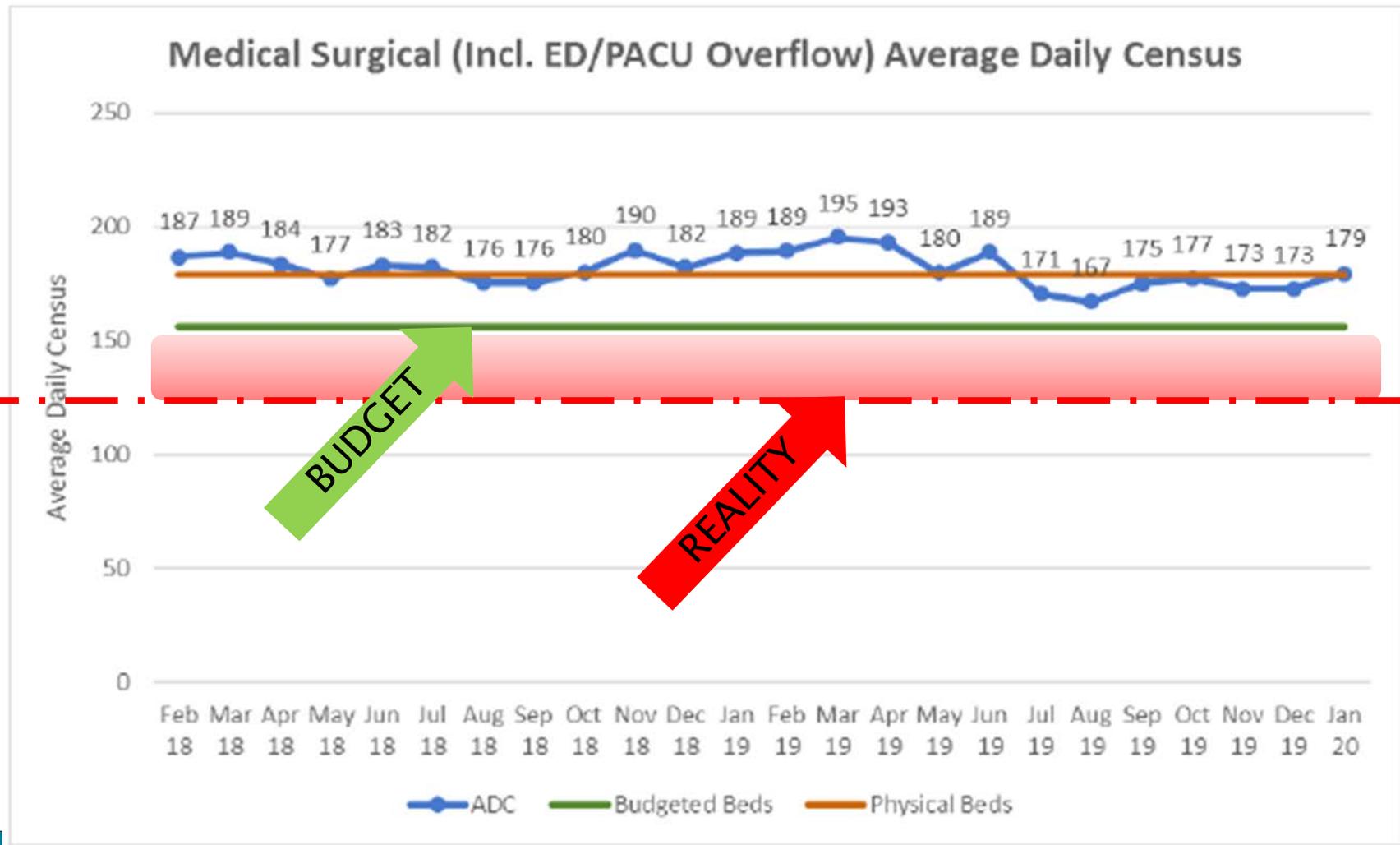
	FY2013 (daily avg)	FY2019 (daily avg)
ED Encounters	192	222
PES Encounters	16	22
(inpatient census)		
	70,080	81,030

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





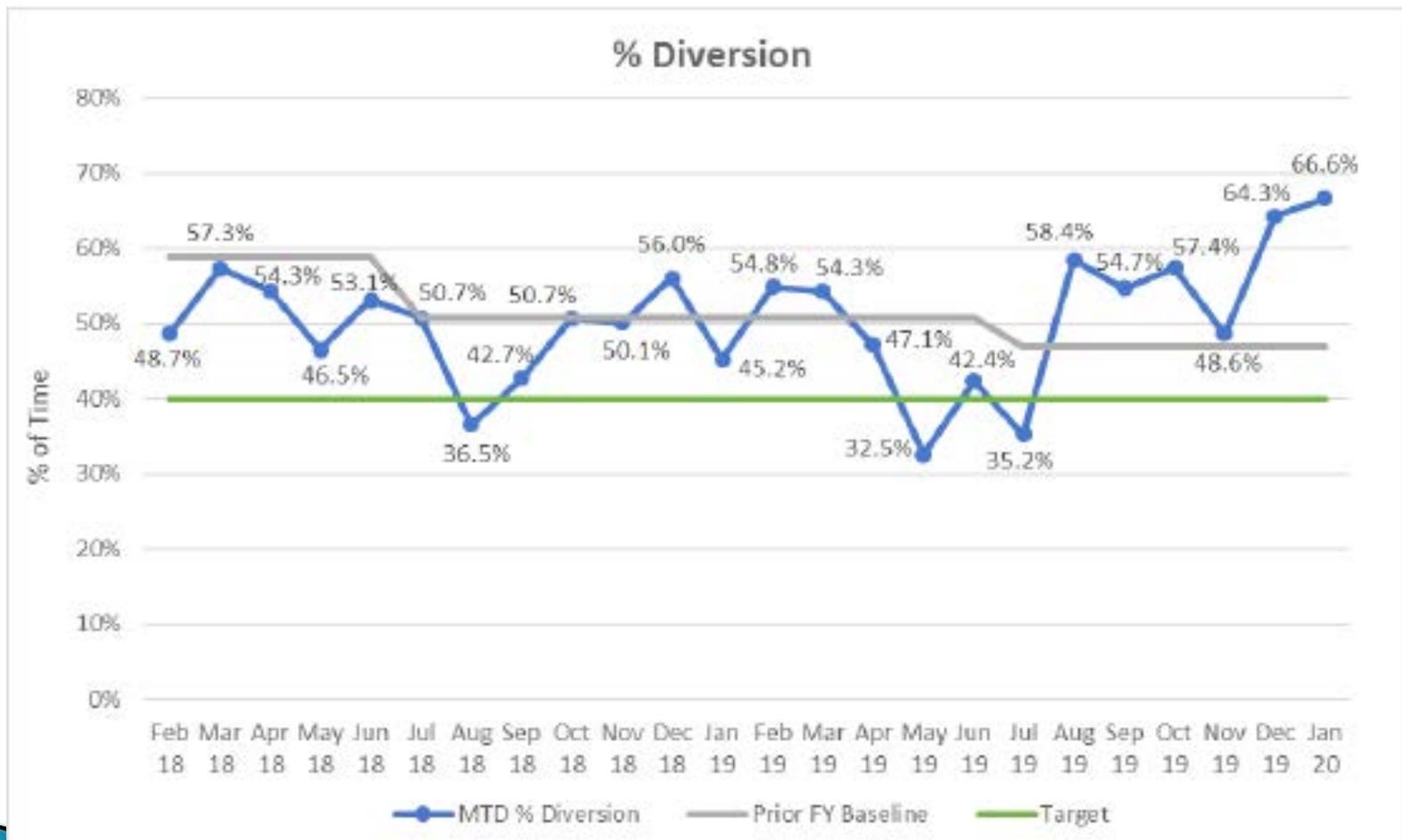
Reactionary Programs

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
- 

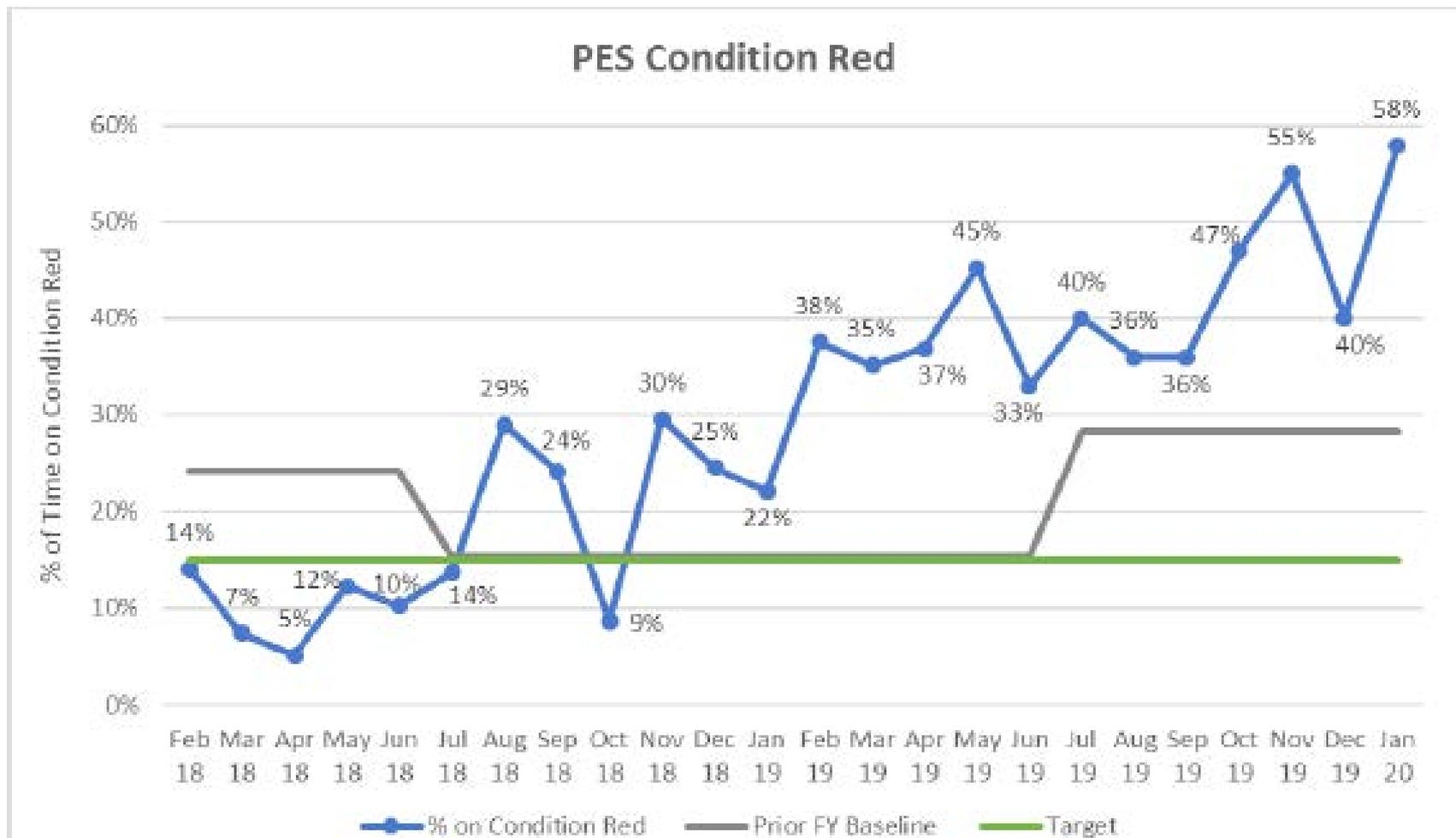
ED Diversion Status

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



PES Condition Red

Psychiatric Emergency Services' version of "divert status"



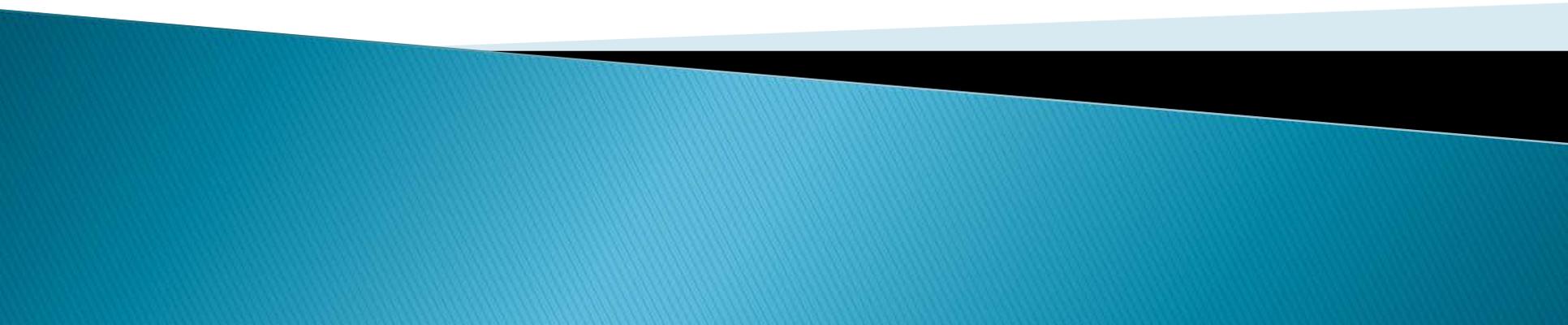


Disaster Preparation

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...

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

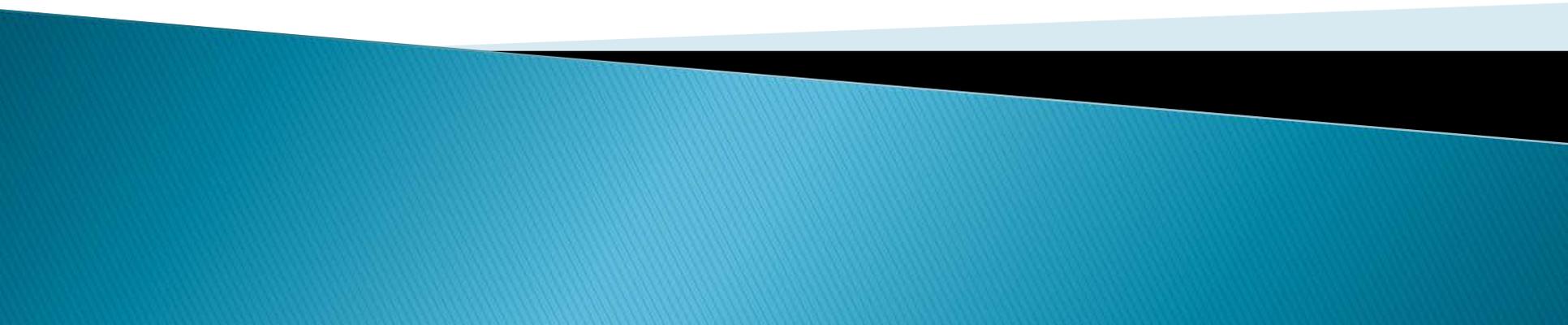
Please PLEASE PLEEEASE stay away from this hospital if you want to be treated with competent and compassionate staff.

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



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.