UCSF Patient Care Report

(Excerpted from Supplemental Evidentiary Submissions, California Nurses Association/National Nurses Organizing Committee v. University of California, PERB Case No. SF-CE-876-H, pp 6-15.)

(1) UCSF Medical Center

10. In early July, 2008, UCSFMC abandoned all pretense of determining and providing RN staffing according to a documented Patient Classification System (see Health & Sate Code § 1276.4; 22 CCR § 70217(b))., and began using new "staffing grids" to provide direct care RN staffing for hospital nursing units based solely on patient census and predetermined RN staffing levels dictated by UC budget priorities. The new staffing policy, as reflected by the content and use of the new staffing grids, does not even purport to consider patient acuity or the nursing care needs of individual patients in the determination of direct care RN staffing. (Compare previous grid showing use of patient acuity factors in staffing determinations [Exh. 36] with new grid. [Exh. 37].) The new staffing grids are not the product of a documented patient classification system for determining nursing care needs of individual patients that reflects the assessment, made by a registered nurse of individual patient care requirements and provides for shift-by-shift staffing based on those requirements.

11. UCSFMC claims compliance with AB 394/DHS staffing policies and requirements based on purported use of a commercial patient classification system named *Evalysis.* (See Exh. 22). However, the Evalysis patient classification system, as implemented on and after July 1, 2008:

- **does not** provide an objective determination of the nursing care needs of individual patients based on RN assessments;
- **does not** provide any determination of the nursing care requirements for individual patients that reflects the assessment of registered nurses; and

- **<u>does</u> <u>not</u>** provide any basis for determining unit specific, shift-by-shift RN staffing according to any determination of individual patient nursing care requirements that reflects the assessment of a registered nurse.

12. As a result of UC Implementation of the new economic self-interest staffing policy,since on or about July 1, 2008, UCSFMC no longer develops and implements staffing plans for each patient care unit that specify patient care requirements and the staffing levels for registered nurses as determined by the patient classification system for each unit, documented on a day-to-day, shift-by-shift basis. (See 22 C.C.R. § 70217)

(a) UCSF - 12 Long

13. UCSFMC 12 Long is a medical-surgical unit. Most patients had invasive surgical procedures, many of which are related to the spine. These patients require significant nursing care and RN attention related to post operative care including pain management, wound care, mobility, patient education and other clinical/RN patient care responsibilities. The 12 Long medical-surgical unit has higher acuity patients, requiring a higher level and intensity of nursing care and greater RN-to-patient staffing than medical-surgical patients generally in California acute care hospitals. Direct care RNs work 12-hour shifts, either the day ("a.m.") shift or the night ("p.m.") shift. The RN staffing policy changes unilaterally adopted by UC in July, 2008 and as implemented by UCSFMC, have included the following changes in RN staffing policy for 12 Long:

- the patient classification system **<u>does</u> <u>not</u>** provide shift-by-shift RN staffing according to a determination of individual patient nursing care requirements that reflects the assessment of a registered nurse -- for example, compare the staffing grid used on 12 Long prior to the July 1, 2008 policy change (Exh. 36, p. 21) with the staffing grid implementing the policy change (Exh. 37, 12 Long). There is no reference to acuity in the revised grid.

- direct care RN FTEs were reduced for 12 Long, as reflected in the example described above and other comparisons of the staffing grids used for 12 Long before and after UC's July 1, 2008 staffing policy change;

- the Resource Nurse position was eliminated from 12 Long (See Exh. 44), resulting in a severe reduction of the level of break and meal relief staffing available for 12 Long direct care RNs;

- direct care RNs have been assigned new patient safety responsibilities which include time consuming procedures without any adjustment of patient care assignments or other accommodation to "*ensure that the nurse is caring only for the number of patients whose needs he/she can safely meet.*" (Exh. 15, FAQ, F.1.A, pp. 7-8.)

14. UC's unilateral changes in RN staffing policies have had and continue to have significant adverse consequences for RNs and patients on 12 Long, as reflected in the following incidents that were contemporaneously reported to UCSFMC nursing management, but refused correction or consideration:

- **7/23/08 Night Shift.** Insufficient staff to provide required meal and break relief. Many post operative and Emergency Department admissions received within short period of time. One RN discharged 1 patient and received 2 patients (1 post-op and 1 ED admission) within 1 ½ hours. There was a patient fall; charting could not be completed in a timely manner; the charge nurse was forced to serve as unit secretary; and due to lack of mandatory break relief staffing, no nurse was allowed full entitlement of meal and break relief time and 3 nurses were completely denied meal and break relief. Every RN was forced to assume patient care responsibilities for assignments that exceeded the maximum number of patients a clinically competent RN can safely care for on the unit. This severe and dangerous understaffing condition was reported to nursing management, but no additional RN staffing was provided.

- **7/24/08 Night Shift.** Charge nurse covered nurses for partial breaks and unable to take any break herself. No nurse was allowed full entitlement of meal and break relief time. Every RN was forced to assume patient care responsibilities for assignments that exceeded the maximum number of patients a clinically competent RN can safely care for on the unit. This severe and dangerous understaffing condition was reported to nursing management, but no additional RN staffing was provided.

- **7/26/08 Day Shift.** RNs objected to heavy assignments. Multiple interventions were required for pain management and STAT orders. Two patients were demanding discharge. One patient left, walking off the unit before discharge teaching could be done. This patient had spinal surgery and should not have walked downstairs. One patient was post-operative and was bleeding from the surgical site. This condition could not be attended to because nurse medicating two

other patients for pain. She was unable to reassess patients' pain in a timely manner due to care needs of bleeding patient. One patient's pain was so severe they refused to work with physical therapy. This severe and dangerous understaffing condition was reported to nursing management, but no additional RN staffing was provided.

- **7/31/08 Night Shift.** Forced to admit patients without adequate RN staffing. Many post-operative patients requiring additional time for assessments. Significant patient training omitted due to lack of time caused by understaffing. Important physician orders were missed. Nurses forced to work overtime and to forgo meal and break relief periods. Medication checks delayed 4-5 hours - high potential for errors. Several patients required frequent checks every two hours due to extremely high acuity. Post operative patients with uncontrolled pain required multiple interventions. There were several admissions in the evening. Charge nurse forced to work as resource nurse and unit secretary; unable to attend to charge nurse duties until 0400. RN assignments of 5 patients were unsafe. Every RN was forced to assume patient care responsibilities for assignments that exceeded the maximum number of patients a clinically competent RN can safely care for on the unit. This severe and dangerous understaffing condition was reported to nursing management, but no additional RN staffing was provided. Nursing supervisor discouraged the charge nurse from submitting a CNA/NNOC Assignment Despite Objection (ADO) form protesting the severe understaffing condition which violated even the reduced, budget-based staffing levels required by the new staffing policy and grid, stating, "*The grid is a guideline. I have to force 8L to go over their grid too, . . . it's the nature of the beast.*"

- **8/18/08 Day Shift.** RN assigned five patients. High risk medications and drips - one patient on heparin drip and needed to go to vascular lab. Patient did not get appropriate transport (RN). Break relief periods were missed and minimum safe staffing ratios were exceeded for meal breaks; charge nurse did not receive any break relief periods. Every RN was forced to assume patient care responsibilities for assignments that exceeded the maximum number of patients a clinically competent RN can safely care for on the unit. This severe and dangerous understaffing condition was reported to nursing management, but no additional RN staffing was provided.

- **8/18/08 Night Shift.** Patient census 32, eight RNs assigned to the unit; many high acuity patients. There were 13 new admissions to unit during the shift, ten of these were post-op patients. There was

no unit clerk after 0230; charge nurse unable to provide critical oversight of unit; minimum safe staffing ratios were exceeded; most RNs not allowed meal and break relief periods; RNs forced to work overtime. RNs forced to assume patient care responsibilities for assignments that exceeded the maximum number of patients a clinically competent RN can safely care for on the unit. This severe and dangerous understaffing condition was reported to nursing management, but no additional RN staffing was provided. House supervisor response: "*No outside staff available.*"

- **8/27/08 Day Shift.** Patient census 35, nine RNs assigned to unit. Charge nurse forced to accept patient assignments; minimum safe staffing ratios were exceeded in order to provide nurses with break periods; vital signs not taken in a timely manner; medications delayed. This severe and dangerous understaffing condition was reported to nursing management, but no additional RN staffing was provided.

- **8/27/08 Night Shift.** Only eight RNs assigned on shift; minimum safe staffing ratios were exceeded on primary patient assignments; one RN assigned 6 patients; patient transfer delayed, assessments delayed, nursing care delayed. This severe and dangerous understaffing condition was reported to nursing management, but no additional RN staffing was provided.

- **9/4/08 Night Shift.** Patient census 36, nine RNs assigned to unit. RNs forced to work overtime and meal and break periods missed due to busy patient assignments. Charge nurse unable to assess/evaluate patients she was covering due to demands of charge nurse duties, including assistance needed by other nurses. This severe and dangerous understaffing condition was reported to nursing management, but no additional RN staffing was provided.

(b) UCSF Transplant Unit

15. The Transplant Unit at UCSF Medical Center is a specialty unit that cares for liver and kidney transplant patients. Before July, 2008 dayshift nurses were assigned 3 patients, and nightshift nurses were assigned 4 patients. Starting in July, nurses were assigned 4 patients on dayshift and 5 patients on nightshift. There was no change in the acuity and nursing care needs of these transplant patients during this time. The increase in patient assignments was not based on nursing assessments and evaluation/ determination of nursing care needs. Although nurses do assessments and acuity ratings every shift, this information is not used for

staffing purposes because changes in patient acuity and nursing care needs based on RN assessments no longer changes the RN staffing provided on that unit.

16. Patients who are waiting for a liver transplant are admitted with all the problems of liver failure; patients are very confused, very weak, with a high risk of bleeding. They receive many procedures at the bedside, sometimes need a chest tube to remove fluid from the lungs. Medicine they are given causes serious diarrhea, which requires close nursing attention to prevent falls, etc. This unit also cares for post-op liver transplant patient.

17. This unit receives post-op kidney transplant patients directly from the PACU (recovery room). These patients require a very significant amount of nursing attention and care, especially in the first 2 post-op days. Urine output needs to be checked every hour, patient analgesia every 2 hours, often dopamine drips.

18. Most of the patients in the unit have their insulin checked 5 times a day. If a patient requires an insulin drip, they must be checked every hour until therapeutic, then every 2 hours. Heparin drips require lab draws every 6 hours and 2 RN checks when the dose is changed.

19. Patient teaching concerning their new lives as a liver or kidney transplant patients requires significant time during each patient's stay, both to teach them about the many new medicines they must take daily, required laboratory tests schedule, and restrictions on their life style and awareness of symptoms due to risk of rejection, infection and a higher incidence of skin cancer and other cancers post-transplant.

20. Since July, 2008, UCSFMC has reduced RN staffing below minimum safe levels necessary for RNs to competently perform all functions and professional responsibilities required for safe, competent and therapeutic nursing care.

(c) UCSF - 13 Long

21. 13 Long at UCSFMC is a 32-bed medical-surgical unit, caring for patient patients who are recovering from general abdominal, urologic or head a Neck surgery. When this unit opened May 2007, on dayshift 4 nurses had a 3-patient assignment, and 5 nurses had 4-patient assignments. Night shift has always had 4-patient assignments. The unit receives patients either directly from the recovery room, or from the Intensive Care Unit ("ICU"). Most patients typically stay 3-5 days or 5-7 days in 13 Long. Some of the surgeries are Whipple surgery for pancreatic cancer, bowel resection and

urologic surgery.

22. In July 2008, the dayshift staffing was abruptly changed, eliminating all 3-patient assignments, and imposing a uniform RN-to-patient day shift assignment of 1:4 patients. There was no change in the patient population nor any decrease in patient acuity on the unit during this time to justify or explain a cut in staffing. At the same time, the RN Resource Nurse position was eliminated. (See Exh. 45, p.4.) The significant burdens on direct care RNs resulting from these staff reductions occurred while other changes in operations were significantly increasing RN duties on each shift, including new medication protocols required by regulatory action taken by the California Department of Public Health following a survey to confirm quality standards conducted on behalf of the Centers for Medicare and Medicaid Services ("CMS"). The results of that survey required UCSFMC to correct deficiencies in the Medical Center's compliance with quality standards imposed by CMS, which required actions costing in excess of $21 million. (Exh. 24, UCSFMC Reports on Audits of Financial Statements For the Years Ended June 30, 2008 and 2007, at pp. 8-9.) In an effort to recoup those expenses, UCSFMC implemented a new practice of regularly placing higher acuity patients on this lower acuity med-surg unit, including critically ill patients who should be in a critical care unit with 1:2 or 1:1 RN staffing.

23. When 13 Long nurses asked why permanent reductions were being made in RN staff when other circumstances and operational changes imposing new duties and responsibilities on nurses were already severely interfering with the ability of RNs to provide competent and safe patient care, they were informed by the Patient Care Manager for 13 Long, Mendy Eckhaus, that the RN staff reductions would remain in effect because "***UCSF is a business and they are over budget.***" This message was echoed in the minutes of the July 1, 2008 13 Long staff meeting prepared by Patient Care Assistant Manager Shirley Darwish, reporting that with the new budget "***we will have to recover losses from last year. No more resource RN.***" (See Exhibit 45, p.4.)

(d) New Medication Protocols at UCSF Medical Center

24. New medication protocols at UCSFMC were instituted in every department at UCSFMC as the result of the CMS regulatory issues in 2007-2008. These additional medication protocols require significantly more double-checking and double-documenting of medications by a second nurse at the time the medication is administered. While the new medication protocols are necessary to minimize medication errors (medication errors triggered the CMS investigation that started fall 2007), no additional nursing

staff was provided after the spring of 2008 to do these very important medication double-checks and double-documentation. Here is a listing of some of the new medication protocols implemented throughout the UCSF Medical Center in 2008, for which additional staff was not provided after spring of 2008 (note: listing written as to 13 Long, but are applicable in every department):

A. New medication order. Before the changes, whenever a nurse transcribed a new medication order from the physician, they double-checked the "5 R's" (right patient, right dose, right route, right medication, right time) then gave the medication. With the new protocol, after the nurse has transcribed and double-checked the medication, they then have to find another nurse to re-check the order that has been transcribed, re-check the"5 R's" and then initial the medication record sheet.

B. Insulin administration. Before the protocol change, once the nurse had checked the glucose level, determined the appropriate amount of insulin to be given by a written chart, drew up the insulin and done the 5 R's, she had to find another nurse to do a visual double-check and give a verbal ok. Now the second nurse does the double-checks then stops what she is doing to sign the medication sheet in two places.

C. Intravenous fluids. Before, the nurse would transcribe the doctor's order, check the 5 R's and hang the fluid. Now the order and 5 R's needs to be double-checked by another nurse.

D. Narcotic administration. Because patients are post-surgical, typically at least 50% of the patients require narcotics. Before, the nurse was able to independently change the epidural bag or PCA syringe. Now, a second nurse needs to actually come into the patient's room to physically double-check that the right patient is being given the medication and check the other R's.

25. Each patient requires at least 3 medication double-checks/documentation each shift. So with 4 patients, a nurse has to interrupt another nurse at least 12 times each shift to double-document. If a patient is on an insulin drip, this double-documentation process happens an additional 6-12 times per shift, depending on how stable the patient is.

26. Without additional staff, nurses who are already very busy with their 4-patient assignment are being interrupted regularly throughout their shift to double-check and double-document the medications of another nurse's assignment. At the beginning of the shift, each nurse does chart checks on each of her 4 patients looking for any new orders or other chart

information the nurse needs to know, then they see each patient and do a complete assessment on each of their 4 patients. This is an extremely busy and important time of each shift as nurses familiarize themselves with the status of their patients and conduct their physical assessments of each patient, yet nurses are constantly being interrupted to do these extensive medication checks.

(e) Dumping higher acuity patients into lower acuity units at UCSF Medical Center

27. Patient acuities have significantly increased on 13 Long as a result of UC's now regular practice of dumping higher acuity patients on this low acuity unit, with patients requiring 1-to-1 care now frequently placed on 13 Long for one or more shifts. Nurses are expected to care for these critically ill patients in addition to satisfactorily performing their responsibilities to provide safe and competent care to each of their 3 regularly patients. There have been several critical patients in the first 2 weeks of December who were placed on 13 Long for one or more shifts despite their critical condition and need for nearly continual RN direct care throughout the entire time of their stay on the unit.

- One post-surgical patient was in moderate to severe respiratory distress, with a respiratory rate in the 30s, then in the 40s. The dayshift spent to the entire shift caring for the patient and trying to get the patient transferred to the ICU. They were repeatedly refused, saying the patient was not sick enough for the ICU. The physicians did bedside procedures to try to decrease the respiratory distress without improvement. This patient could have progressed to respiratory failure. By 6:30 am the next morning, they were finally able to get the patient transferred to the ICU. Durng this time, the nurse responsible for this critically ill patient also still had 3 other patients assigned to her, with the nurse's only recourse being asking other nurses to help her with the other 3 patients in addition to their 4 patients. No additional nursing staff was provided to the floor.

- Another post-surgical patient who was also immuno-compromised with multiple co-morbidities had an extremely low blood pressure (70/40) all day of unknown etiology. The patient was given multiple fluid boluses to try to bring up the blood pressure but the blood pressure did not change. This patient needed very close monitoring by the nurse. Nurses on the unit tried to get the patient transferred to the ICU all day; finally the manager was able to convince the ICU to take the patient at 5:00 PM, but all day, this patient's nurse also had 3

other patients assigned to her. No additional nursing staff was provided.

(f) Elimination of Resource Nurses at UCSF Medical Center

28. Another unilateral RN staffing reduction implemented by UCSF Medical Center on or about July 1, 2008 was the elimination of one RN position, the unit Resource Nurse, in many of the medical surgical departments. The affected departments included 8 Long (Neurology), 9 Long (Transplant Unit), 11 Long (Hematology/Oncology/Bone Marrow Transplant), 12 Long (General Surgery, Orthopedics), 13 Long (General Surgery) and 14 Long (Adult Medical Surgical). The elimination of this position in these departments resulted in a severe reduction of the level of meal and break relief staffing as well as general nursing support available in these units.

29. The certain and direct consequences of inadequate staffing at UCSFMC are that fatigued nurses are forced to work through their meal and rest breaks and, when nurses take breaks on understaffed units, their colleagues are further burdened by absorbing additional patients to cover for breaks. Both consequences have serious implications for patient care and undermine the nurses' ability to comply with the patient advocacy requirements of their professional licenses.

(g) UC Economic Interest Based RN Staffing Policy Declared a Success in Reducing Nursing Service Costs

30. UC's new economic interest based RN staffing policy is endangering patients and severely interfering with the ability of direct care RNs to provide competent, safe and therapeutic nursing care. But these circumstances are view as acceptable collateral consequences of the new economic interest based staffing policy which has already resulted in success according to the surplus revenue/budget priorities it was designed to serve. According to Chief Financial Officer Ken Jones, UCSF Medical Center and UCSF Children's Hospital earned $7 million in October, about $1 million more than projected. Jones attributed "the encouraging results" to high patient volume of higher reimbursement patients and a reduction in labor expenses to budgeted levels in October. (See, Exh. 56, *Medical Center Update* , November 26, 2008, p. 2.)