

EVIDENCE OF NURSE STAFFING PROBLEMS IN ELKO, NEVADA

March 16, 2004

Dear health care committee member,

I am a business representative with Operating Engineers Local 3. I represent RNs at Washoe Medical Center in Reno and at Northeastern Nevada Regional Hospital (NNRH) in Elko. There was little discussion of rural issues at the February 19, 2004 committee hearing, and the testimony of one industry representative may have left the impression that there are not staffing problems in the rural hospitals. For a bedside perspective on this matter, I've consulted with some of the RNs at NNRH, including "Mary" (her name is withheld at her request) whose circumstances in the hospital's Med/Surge unit is described below.

NNRH Med/Surge is a unit that combines medical patients, surgery patients, and pediatric patients. Five patients would constitute a full nurse workload in such a unit. But on busy days, NNRH Med/Surge typically assigns seven patients per nurse. Moreover, the unit does not take patient acuity (i.e., severity of illness) into account in making nurse assignments.

Mary believes that the seven-patient load compromises safety and makes quality care impossible. For the comfort and safety of her patients, Mary likes to check on all of her patients once an hour as a working standard. She will ask if they are feeling okay, if they need an extra blanket, if they have a headache, etc. The hourly check-ups also aid the discovery of unexpected problems, such as a patient who has fallen out of his/her bed. With seven patients, however, Mary is unable to do the hourly check-ups. Instead, she tends to visit patients only when it is time for their scheduled meds or treatments.

The shortstaffing, and resulting rush over 12-hour shifts, means that nurses do not have time for the TLC that facilitates healing and that makes nursing satisfying. Mary explains: "I went into nursing because I like to bond with people. But now I don't have time for that extra smile, or that small touch of reassurance. I find myself getting short with people." The shortstaffing hurts in other ways: for example, documentation of patient conditions is weak because there isn't time for it; the risk of errors when giving meds is increased. These conditions wear on Mary, who is still new to the nursing profession. "It's all I can do to stop from breaking down and crying at the end of a shift. Nurses turn over very fast at Elko because of the stress level."

When the unit has a slow day and more proper care levels become possible, the unit unfortunately sends nurses home or cancels their shifts. So the nurses rarely have an opportunity to give quality care or to work under less stressful conditions. Mary was recently offered a job in a local doctor's office, and she is strongly considering it. "I didn't plan to have this much stress in my life," she says.

EXHIBIT <u>F</u>	HealthCareDelivery	Document consists of <u>4</u> pages
<input checked="" type="checkbox"/>	Entire document provided.	
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I asked Mary whether her difficulties are simply part of a transitional period for a new nurse. She doesn't think so. "I've asked the more experienced nurses in my unit, who have like six-seven years' experience, and they say that none of us should be assigned seven patients."

I should add that NNRH is not the only Nevada rural health care facility with staffing problems. The enclosed article from the *Elko Daily Free Press*, dated March 6, 2004, concerns six nurses at Elko's Highland Manor, a long-term care facility, who resigned their jobs in protest over shortstaffing and other quality-of-care issues.

Respectfully submitted,

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(From Elko Daily Free Press - March 6, 2004)

Highland Manor: Six nurses resign in protest

By ADELLA HARDING, Free Press Staff Writer

ELKO - Six Highland Manor nurses turned in their resignations Friday to protest long hours and quality of care issues at the nursing home, but Administrator Brian Vezina said residents are getting good care.

"We're not going to compromise the care of residents," he said Friday afternoon.

Vezina also said he would be talking to the nurses about the issues they cited in their letter of resignation that says they are leaving March 12.

"We're trying to open their eyes to what's going on here," said registered nurse Ursula Pilotte, who said nurses met Thursday and tried to get Vezina's attention and corporate's attention today but felt their concerns weren't being heard.

Pilotte said the nurses work 12-hour shifts and have been pulling extra shifts that are leading to burnout because of the workload. There are 11 nurses on staff, and she said they need more nurses and more certified nursing aides.

Registered nurse Lisa Jones said she is resigning because "nothing is being resolved. Everything is smoke and mirrors. I want the quality of patient care to increase. I'd like to spend a little time with the residents."

Mike Bibo from corporate headquarters in Illinois said by phone Friday that the corporation supports Vezina and believes "things are going very well at Highland Manor."

He said, however, that there is a nursing shortage in Nevada that impacts the nursing home.

"We can't just blink our eyes and create nurses," he said.

The nurses argued that Highland Manor can get visiting nurses, if necessary.

"Brian needs to be given a chance to work on this," Bibo also said.

Jerry Dubois, who is a consultant at headquarters, said a nursing home is very dependent upon staff, and he questioned why the nurses are leaving if they are worried about quality of care.

Bibo said if nurses walk out, "it's not about care. It's about something else."

Bibo and Dubois also disputed allegations from the nurses that "corporate greed" was affecting operations, stating that Vezina has been careful not to accept more patients than staffing can handle.

"This company doesn't cut corners. We provide good care," said Bibo, who said he spent time in Elko before the company hired Vezina.

Vezina said there are 78 patients at Highland Manor, which is a nonprofit facility. There are 112 beds, but he said he hasn't been pressured to make money by filling more beds than staff can handle.

Pilotte said one of the issues is a proposal from Vezina for nurses to work eight-hour shifts, which she couldn't see happening unless there are more nurses.

Vezina, on the other hand, said there hasn't been any switch to eight-hour shifts, but he was considering it so there wouldn't be a problem with burnout.

"We wouldn't be compromising on nursing care with an eight-hour shift," he said.

He also said there are 16 people in a CNA course at the moment to help relieve the staffing issues.

Jones said the nurses don't have a money issue over overtime, but they are upset over their workloads and quality of patient care.

"I want to work in an environment where I don't feel so drained. I want to come to work where we are working as a team," she said.

Jones and Pilotte said that last month nurses got a day and a half a week off from their 12-hour shifts, and during the day they are swamped with paperwork and a new computer system that is taking time away from patients.

Normally, they work three days off and three days on.

"There are high stress and burnout issues. We're pushed past the envelope," Jones said, explaining that she believes the patients need more personal care than the nurses and aides can find to give them, even if it is brushing their teeth or cutting nails.

"We want to see patient care improve. We want more staffing and a supportive administration," she said.

"I love my job and I love the residents, but how long do I sit by quietly?" asked Jones, who has been working at the nursing home nearly a year.

Pilotte said while only the nurses wrote the resignation letter, CNAs also talk to them about their concerns. There are times, she said, when there is only one CNA per hall.

"I don't know what to do. We're frustrated," she said. "We need at least three nurses per shift. Four would be ideal."

Vezina said the quality of care has improved at the nursing home in the past year, and the state Bureau of Licensure only found one deficiency on a recent visit. A bed wasn't low enough, and that was remedied, he said.

Highland Manor is only several years old, and the facility "doesn't lack for anything," Dubois said. Highland Manor is part of RFMS Corp.