



## AFSCME Council 75 Testimony in support of HB 3131 and the -1 amendment

Chair Tomei and members of the committee, thank you for your time today and for hearing HB 3131 and considering adoption of the dash 1 amendments.

My name is Eva Rippeteau. I am representing Oregon AFSCME and about 280 nurses at the Oregon State Hospital.

As you may know there have been large improvements made at the Oregon State Hospital for care and staffing. However, there is still room for improvement. In addition to my written testimony, I have provided a document on how many staff have been mandated to stay at work for an overtime shift over the past two weeks and a document that reports attacks on patients and staff in the month of February. The latter document includes information on when there were staff shortages. Both of these are just snap shots on issues at the hospital but are reflective of what happens on a consistent basis with staffing.

### **Why is this bill needed?**

Right now the relief pool consists of temporary workers that are limited to 1029 hours worked before they are let go and limited duration employees that are limited to 17 months (information from application for OSH). For Registered Nurses, there are 10 limited duration and 25 temporary employees. Nearly 300 hours of training must be given to a registered nurse for psychiatric care before working on the floor. Limited Duration may apply for open positions as an internal employee, but temporary employees must apply as external applicants. In either case, those trained professionals are lost if they are not able to be hired into a permanent position. Once they are let go, another round of temporary and limited duration employees are hired and the cycle of training begins again. Creating the permanent relief pool would keep these trained professionals and help improve the continuity of care for the patients at the State Hospital.

The state hospital is much different than most hospitals as we know them. There is a centralized treatment mall and dining hall for activities and meals. Instead of have patients that are ill and in bed, patients at OSH are up and participating in treatments that range from information on their medication, health and addictions, art and pottery, and physical fitness like yoga and team sports. For patients under 21 that do not have a high school diploma, they can take classes to receive one. For patients over 21 that never received their high school diploma, they can take classes for their GED. There are also beginning college classes available online. For those who are at the hospital to be assessed for trial there are classes that teach them on how to assist with their legal representation. There are some staff that are dedicated to the treatment mall to lead activities and provide security but a majority of the classes are taught by staff that are coming off of wards with clients.

Ideally, all patients will get their classes or activities that they have signed up to take. However when a staff is stuck on a ward or is absent causing unsafe staffing levels classes are limited or cancelled. Staff can get stuck on a ward if there are not enough staff to cover the minimum of 2 staff on the ward and minimum requirements for transport and coverage for the patients that need 1 on 1 care, or 2 on 1 care and with some needing more care. This is more common for weekends when staff work 13 hour- 20 minute shifts and are limited to only a few hours of mandated overtime. When activities are cancelled due to low staffing that is unsafe, patients get bored and have more time to dwell on negative things. They then become angry and act out verbally or physically which causes increased vigilance of staff to keep things safe or an increase in staffing needs if a patient ends up in Seclusion, Restraint or on a behavioral precaution or needing 1:1 staffing. With no staff available this further decreases the number of staff available for activities and treatment and the cycle starts all over again.

Having a permanent relief pool to cover the minimums on the wards or for transport when there are staff out for one of their 14 furlough days, vacation, FMLA, or sick time would help make sure patients get to go to their activities and classes, which are hugely important parts of their treatment and recovery.

### **What is the cost?**

As I understand, Superintendent Roberts has taken over time hours from 30,000 a year down to 20,000 a year. Based on this a colleague and I ran some quick and very simple numbers on what the cost of 20,000 hours of overtime might look like. For an entry level nurse's wage 20,000 hours of overtime in one year would cost \$870,000. For Nurse Practitioner with the highest salary, 20,000 hours of overtime in one year would cost \$1.4 million. The goal of providing permanent relief pool would hopefully cut down on some of the need of that overtime by providing consistent and trained staff to fill in when needed.

### **Why the dash 1 amendments?**

When we requested the bill, we didn't want it to be so defined that it would lock the Superintendent into creating too many or too little positions and have it end up locking them into something that wasn't at all helpful. However, the bill as originally written was too vague and didn't really get to the help the nurses were seeking. The dash one amendments provide that definition and guideline without creating specifics that would lock them into staffing requirements that aren't flexible enough to work.

The nurses represented by AFSCME Local 3295 hope that you pass House Bill 3131 as amended with the dash 1 amendments. They know that this is one way to help with some of the persistent staffing issues that they deal with in their work at the Oregon State Hospital.

Additional Information:

#### **MANDATES for OSH March 26-April 4**

**Mandates are when an employee is required to stay on and work overtime, often times told during the regular shift. This causes people to scramble to cover home and family obligations such as finding back up care for child care. RN is Registered Nurse, LPN is Licensed Practical Nurse, and MHT is Mental Health Technicians.**

4/3 = RN 1, LPN 2, MHT 34

4/2 = RN 3, LPN 0, MHT 30

4/1= RN/LPN 0, MHT 30

3/29 = 5 MHT, No RN

3/28= LPN 4 , MHT 26

3/27=RN 1, MHT 26

3/26=RN 1, LPN 4, MHT 13

Full February Staff Shortages and Patient/Staff assaults Report in additional document. Staff shortages from February here:

2/1/13 – swing shift 3 staff short

2/3/13 (Sunday), Day/Swing shift – TR3 **Staff 3** – Staffing issue. Day shift down 2. Swing shift – 2 RNs and **1 staff**. Stressful and chaotic. Cancelled many activities – pm & am walk, soccer, pool.

2/3/13, Noc – Flower 2 **STAFFING ISSUES: Staffing was dangerously low** during this NOC shift. From 21:05 to 00:30 unit was running with **1 RN / 4 MHTs with 3 constants...** from 00:30 until 04:20 (when day shift RN arrived early) unit was running with **ONLY 1 RN / 3 MHTs WITH 3 CONSTANTS!** Nurse Manager and PNS were notified of situation. (constants are patients that need full time monitoring)

2/9/13 (Saturday), Day/Swing – Leaf 3 **Staff 5** – Creative functional as **down 2 staff**.

2/9/13, Days/Swing – TR1 **Staff 3** – Running down again at **5 staff (including 2 RNs) most of shift down to 4 (including 2 RNs) at times.**

2/9/13, Day/Swing – TR3 **Staff 3 – Unit ran down 2 staff at beginning of shift. Then ran down 1 all day; safety concern.**

2/10/13 (Sunday), Day – LF1 **Staff 3 – Pt kept on going to East Commons (pt is restricted from the East hall d/t ongoing conflict with another pt in that hall) and kept saying “They said I could watch TV here as long as staff sits with me.” This is a dilemma when there is one staff doing RCM and another close obs while another hub person assists other patients with laundry and tub room use. Pt interprets staff scheduled activity as “watching TV”, since they were short-staffed it was a pointless battle of terms at that time, especially since pt reported yesterday that “I need to hit one more staff to go back to Anchors.” (Pt recently hit a staff person in the face with a radio).**

2/10/13. Day/Swing – An1 **Staff 9 (down 5 @ 3:00pm) 1 RN. Pt #1 swung a closed right fist towards pt #2. Pt #1's 1:1 staff was able to catch his fist and prevent injury to pt #2. Pt #1 was escorted to his room where RN processed situation with pt. Pt was asked to remain in his room until he could fully calm.**

2/11/13, Swing – Anc 1 **Staff 11 (down 1) Concern from Flower 2 Noc RN received Feb 12: “Staffing routinely runs the 13.20 weekend shifts (particularly NOC shift) at dangerously low numbers. I encountered a similar issue this week on the Sunday 13.20 NOC shift on 02/10/13. The unit had 3 constants until 23:00 and VERY high acuity...yet staffing ran us with only 4 staff. I feel that the staffing needs of the 13.20 shifts need to be examined closely because DAY/SWING/NOC shifts start at different times these days, yet the MD orders require us to staff the constants like standard weekday shifts...for example the situation I mentioned yesterday occurred because one of the constants became a close at 23:00, yet the 13.20 DAY/SWING staff all were off at 21:05. I appreciate your concern about the staffing issues the weekend staff are encountering. Please let me know what else I can do when the staffing needs of our unit are dangerously low since staffing for the 13.20 shifts has been making our jobs unnecessarily stressful over the past few weeks.”**

2/12/13, Noc – FW2 **Staff 4 (down 2)**

2/12/13, Noc – Tr 3 **Staff 2 (RN 1) – Staffing: 1 MHT was floated to Tr2**

2/13/13, Noc – Fw2 **Staff 5 (down 2) – Busy night, originally down by 2 due to staffing saying their numbers should be 6 and PNS reported NM didn't give correct number leading to more difficulty finding staff to float to F2 2, actually their numbers for night shift should have been 7 with their constants added on 2/13/13.**

2/14/13, Days – Tr3 **Staff 2 (2 RNs + 1 LPN) – Down one staff for day shift 2<sup>nd</sup> day in a row. Staffing attempting to float another staff away and leave them at 4 (which would have made them down 2) for the day, but they talked to staffing and made them send them another person before they floated anyone.**

2/15/13, Days – Tr3 **Staff 1 (3 RNs + 1 LPN) – Very hard to staff the unit with a pass scheduled right in the middle of the shift and only 6 staff. Staff had to start taking their lunches at 0800.**

2/15/13, Swing – Lf3 **Staff 4 – Started pm shift 2 staff down.** Staffing was notified that they were 2 bodies down and therefore unable to staff visits from 6:30 – 8:30. Staffing floated staff from Butterfly at 1600 so they were 1 down and able to cover visits. All activities took place due to hard work and flexible staff. The MHT's made all activities possible.

2/16/13, Day/Swing – Tr2 **Staff 6 (until 1500) then 4 – Swing shift took on extra work and constants when they were running with only 6-7 staff.**

2/17/13, Day/Swing – Lf 3 **Staff 3 (down 3) - Unit down 3 staff (5 staff total this shift including 1 RN + 1 LPN)**

2/17/13, Day/Swing – LH1 **All patients ate dinner on the ward due to safety concerns regarding behaviors and staff issues.**

2/17/13, Day/Swing – Tr 2 **Staff 6 (until 1500), 5 (until 1945)**

2/23/13, Day 13/20 – Tree 2 **Staff 5 (lots of staffing changes throughout the day. Ran 2 down most of the shift, occasionally just 1 down) – Pt #1 repeated requested a CD from pt #2 and, according to pt #2, the requests had become threatening. At one point, in front of the hub, Pt #2 yelled at pt #1 “then do it already” and quickly walked up to Pt #1 and grabbed his shirt along with underlying skin. Pt #1 then punched pt #2 in the side of the face causing a bloody nose. Staff was able to disengage the two from further fighting. Pt #1 was asked to calm in the side room, which remained unlocked. He requested and was provided with prn Benadryl.**

2/24/13, Day/Swing Bridge (0630 – 2000) – An1 **Staff 9 – 2:1 contact staff were changed to 1:1 contact staff at 0915 due to staffing shortage (per NM). Soda Social cancelled due to acuity (only 2 people available on floor). Law Library cancelled due to acuity (0 people available on floor). Yard @ 1500 cancelled due to acuity (only 2 people available on floor).**

