



Executive Summary:

Sharp Faces Largest Quality of Care Complaint in California History
Nurses Document Short Staffing, Equipment Failures, Lack of Training

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Department of Health Services Quality of Care Complaint Executive Summary

Overview: On June 1, 2007 nurses from every Sharp HealthCare (Sharp) hospital, covering almost every major unit, filed the largest Department of Health Services (DHS) complaint in California's history. Nurses who filed the complaint work at Sharp Chula Vista Hospital, Sharp Coronado Hospital, Sharp Grossmont Hospital, Sharp Homecare, Sharp Mary Birch Hospital, Sharp Memorial Hospital, and Sharp Mesa Vista Hospital. This 900-count, 140-page complaint follows years of unfruitful attempts to work with management to fix these problems internally. Recently in contract negotiations, nurses asked Sharp management to put existing California safe staffing regulations into their contract. Sharp management refused. Nurses are deeply concerned about patient safety, inadequate staffing, lack of training, faulty equipment, and more.

Regulators document hundreds of deficiencies at Sharp HealthCare

Over the past three years, DHS officials have cited Sharp hospitals for violating the law more than 328 times, with as many as 120 in 2004. Sharp has undergone 271 complaint investigations from the department. Unfortunately, these figures fail to capture the severity of the situation. According to 74 percent of nurses surveyed, Sharp management deceives the DHS by making things look and operate better during inspections. Says a Sharp nurse:

“When inspections occur, management definitely makes things look better. It’s all glam, it’s all glossed over. It’s incredibly different - it’s just fantasy land. Management provides more staff because they do not want the health officials to see the nurses going crazy or see three patients that are going bad and nurses having to decide which one to help. The unit gets cleaned and the equipment in the hallways is put away. Management tells you that you better do all the things you normally don’t have time for.” – Sharp Nurse

Unsafe staffing ratios and inaccurate assessments put patients at risk

On a day-to-day basis, nurses say that staffing ratios are not consistently observed. In 2006 alone, the DHS documented more than three dozen different instances of non-compliance of nurse-to-patient ratios. During breaks, staffing violations are even more egregious. More than half of nurses say their units are not in compliance with the California state law mandating safe nurse-to-patient ratios during meals and breaks.

In the April 24, 2007, San Diego Union Tribune, Dan Gross, Sharp Healthcare’s executive vice president for hospital operations, was quoted as saying, “Sharp does everything possible to make sure we are complying with the nurse staffing ratios. There is nothing but a clear intent to do that.”

But a Sharp nurse says:

“Once I was observing a transfusion of blood and I couldn’t leave the patient for 15 minutes to observe for reactions. Another patient was experiencing shortness of breath and then another was experiencing chest pains. I can’t be in three places at once and it stresses me out! Who’s going to take care of the patients? I can’t do

anything about it. This happens all the time and it's not fair. If you discharge a patient and get another, it doesn't matter what the acuity is. Management doesn't care. We tell management to hold on because we're not done with the paperwork for the discharged patient. They don't care. I've told them that admitting more patients is unsafe, but they always give us more. It's always the case and it's unsafe. They're not accounting for acuity. The thing that hurts me the most is that when DHS comes, staffing changes for the better. We staff according to acuity. The hospital tries to impress the investigator. When inspectors leave, things go back to being the same. It makes me feel frustrated when this happens." – Sharp Nurse

Sixty-five percent of nurses say their ability to deliver quality patient care is negatively affected by short staffing. California law requires the use of a patient classification system to assess the severity of a patient's condition and provide the appropriate level of care. Without the correct staffing or patient acuity assessments, patients receive minimal care:

"Safe patient ratios are not being met. Recently, I had two laboring patients and I told my charge nurse that I needed someone to watch my other patient because I was going to have one patient push. She stated, 'I'm sorry, every other nurse is maxed out. You'll just have to keep her.' So I had to push with one patient while I could not walk down the hall to check my other patient. I was concerned because she was a high risk patient – she had gestational diabetes, she needed her blood sugar checked every four hours, and her baby needed to be monitored. I could not walk down to her room to see her and I could only remotely monitor her, but that is truly not acceptable. The ratios were not met and this was not a safe situation." – Sharp Nurse

Equipment failure: Failing nurses and patients

Fifty-one percent of nurses say outdated or inadequate supplies and equipment hampers their ability to deliver quality patient care. Nurses say that Sharp management fails to provide nurses with equipment, therefore endangering patient lives and increasing the risk of infection.

"We never have the appropriate equipment and we address it regularly. IV pumps are required on every patient by JCAHO, but we've never had enough of them. Sometimes you run drugs that you should have on an IV pump, but because none were available, you have to run it the old fashioned way. You counted the drop or just look at it as it drips. There are patients who have congestive heart failure who need their IVs run very slowly. Nurses have accidentally run IVs and caused heart failure because the pump wasn't working right or wasn't on at all. There are an inadequate number of clean IV pumps. They're not available when you need it. The patient may move his arm and might get more fluid than he's supposed to. I'm sure this has happened at least once a day. It's causing the patient something to happen that shouldn't have happened in the first place. Sometimes we don't have enough urinals and IV start kits. You would think there would always be par levels and that we would never run out of things, but we do run out of things.

There are always things breaking because they're used constantly. We run out of wheelchairs in ER all the time." – Sharp Nurse

Sanitation concerns leave nurses unsettled

Nurses identified unsanitary hospital conditions due to short-staffing of housekeepers as another source of risk. Many are concerned that infectious diseases are spread through a lack of thorough cleaning, thus jeopardizing the health of patients and nurses.

"We are constantly complaining about the cleanliness. Our vent system is constantly filled with dust. It's not healthy. I think it causes headaches and fatigue. People say that they get headaches only when they come to work. It's a handful of people – it's not just me. We've had issues with a couple of the rooms smelling like sulfur. That happened for an entire week and I had to move a patient out of the room. It was giving me a headache and I moved the patient because it wasn't good for her either. When I had engineering come up, they said checked the pipes and suggested that it might be from the batteries, but there are no batteries in the room. They didn't do anything. I said that I would bet money that if you ripped up the carpeting you would find mold. I think an environmental issue could cause a flare up of allergens or whatever. It's not good. Everyone notices these issues and nothing has been done. Only when JCAHO or DHS comes are the vents clean. I think they care more about JCAHO and DHS than the staff and patients. I think there should be a terminal cleaning of the vents every month. When we ask for it to be cleaned, management says they'll get someone to clean it, but it never happens." – Sharp Nurse

"The hospital is old and dirty looking no matter how much we repaint it. Carpeting on my floor has been there for seven years and patients with infectious diseases such as MRSA walk across that floor with their wounds dripping. The unit is infected. Babies crawl on that floor. Would you rent an apartment that had carpeting that had been there seven years? Probably not. The reason they can't change the carpet is because there's *asbestos* under it – either in the tiles or the glue holding it. To remove it would be a costly expenditure. They're potentially putting staff and patient health at risk. They clean the carpets everyday with a huge machine. There's a lot of moisture and it seems to get in the air. The staff and the patients are sneezing." – Sharp Nurse

Nurses propose realistic, do-able solutions to improve quality of patient care

In order for Sharp management to provide the best quality of care possible, it must follow the law completely and at all times. As advocates for patients, nurses call on Sharp to improve the quality of patient care by:

- Incorporating California law regarding safe nurse-to-patient ratios and accurate patient assessments into the contract
- Properly and thoroughly orienting and training new nurses and agency nurses
- Investing in new equipment and quality supplies that protect community health
- Listening to and incorporating the policy suggestions of nurses, who provide direct patient care