Staffing Request and Documentation Form (SRDF) Summary Report

May 2015 - April 2016

Oregon Nurses Association
Voice of Oregon Nurses Since 1904

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Executive Summary

This report provides a summary of the Staffing Request and Documentation Forms (SRDF) reviewed by the Oregon Nurses Association (ONA) from May 1, 2015 through April 30, 2016. The SRDF forms were completed by staff nurses, or charge nurses, to document the occurrence of an inappropriate staffing event on a specific shift and unit. This report includes analysis of 1298 SRDFs submitted and highlights several key observations as noted below.

Summary of the total number of SRDFs submitted:

- Thirty-one facilities are represented
- There was a 38 percent increase of total SRDFs submitted from the same time frame the prior year

Summary of factors related to SRDF submissions:

- 80 percent of the SRDFs were submitted from an eight-hour shift
- 48 percent were submitted from a day shift and 37 percent were submitted from night shifts
- SRDFs were more likely to be reported on Friday (16.74 percent), Saturday (15.81 percent), and Monday (14.9), representing days during or closest to the weekend

Summary of identified reasons for requesting additional staff:

- 91 percent noted that “not having enough staff” was a reason for submitting the SRDF
- 86 percent indicated patient acuity and 36 percent indicated that patient intensity being too high were reasons for submitting the SRDF

Summary of consequences of the insufficient staffing event on care tasks:

- 75.25 percent of pain management, 85 percent of medication, and 85.8 percent of medical orders/treatments were reported as being delayed or omitted due to insufficient staffing on the unit
- Patient intensity and patient acuity being too high were significantly related to the delay or omission of almost all the measured care tasks

Summary of patient safety consequences of insufficient staffing:

- 67 percent of SRDFs noted that the staffing event compromised patient safety and 25 percent noted that continuity of care was impacted

Summary of self-care consequences of inadequate staffing event:

- 72 percent reported missed rest breaks, 48 percent reported missed meal breaks, 25.5 percent indicated voluntary overtime, and 17 percent indicated mandatory overtime

The results from our analyses support the adverse effect of inadequate staffing on delaying or omitting patient care tasks, compromised patient safety, and missed self-care activities.

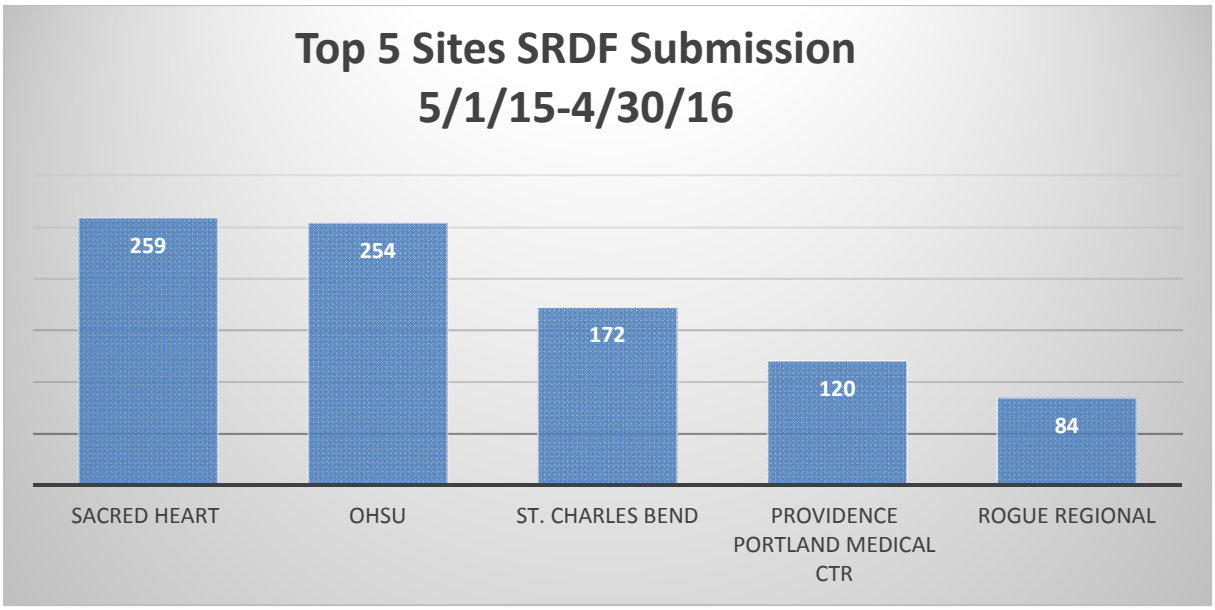
Background

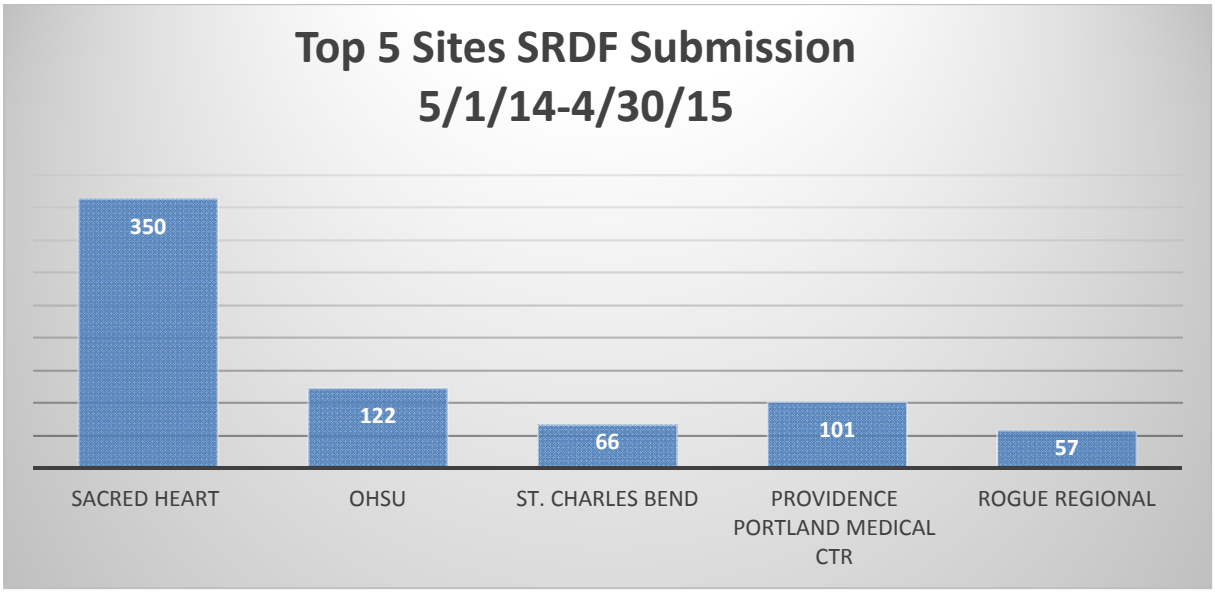
The negative effects of inadequate staffing in nursing are becoming increasingly apparent. Research supports the negative outcomes of inadequate staffing on lower quality of patient care (Aiken et al., 2002), increased medical errors, infections, and patient injury (Hall et al., 2004), and higher patient mortality (Clarke & Aiken, 2003). Moreover, insufficient staffing affects nurses by placing greater demands and expectations for nurses to shoulder a greater patient load work at a faster rate (Beglinger, 2006), and work overtime (Hall et al., 2004). Research shows that inadequate staffing negatively affects nurse wellbeing such as increasing job strain, emotional exhaustion (i.e., burnout), and depression (Aiken et al., 2002; Greenglass et al., 2003; Jamal & Baba, 1992; Leiter & Laschinger, 2006).

Staffing Request and Documentation Forms (SRDF) are submitted after a request for additional staffing resources is communicated up through the chain of command at a facility. SRDFs are filled out by staff nurses, or charge nurses, to document the occurrence of an insufficient staffing event. Copies of the SRDF are distributed to the appropriate management personnel at the facility, the Oregon Nurses Association (ONA), and the individual or groups of individuals who submit the form to keep a copy. Once ONA staff receives the form, it is logged into a spreadsheet, and an acknowledgement email is sent to the individual(s) who send the form. The next steps require ONA staff to follow specific protocol to transfer the information from the report into a database. First, quantitative data is extracted and transferred to a coding sheet by a trained coder. The data are then transferred from coding sheet into a statistical database for analysis. Information written in the additional comments section of the form is also transcribed into a separate database for further analysis. The data from this process are what are analyzed and reported in this document. The analysis included 1298 SRDFs submitted by nurses from 31 different facilities from May 1, 2015 to April 30, 2016.

We would like to acknowledge that more SRDFs may be submitted than are analyzed in this report. Some SRDFs may not qualify for inclusion in this report because sometimes several SRDFs are submitted for the same insufficient staffing event. In this case, we examine the different reports to verify that the event being reported on is truly the same to ensure that the event is only reported once. In addition, this report reflects those SRDFs that were successfully transmitted to ONA headquarters. Some organizations do not send the SRDFs forward to ONA or they have reporting forms that are different from the ONA SRDF.

Analysis and Interpretation: A total of 1298 SRDFs were coded between May 1, 2015 and April 30, 2016. This represents a 38 percent year-over-year increase in submissions. Sacred Heart and OHSU remain the top two sites for the number of SRDF submissions.


Top 5 Sites SRDF Submission
5/1/15-4/30/16
259
254
172
120
84
SACRED HEART
OHSU
ST. CHARLES BEND
PROVIDENCE PORTLAND MEDICAL CTR
ROGUE REGIONAL


Top 5 Sites SRDF Submission
5/1/14-4/30/15
350
122
66
101
57
SACRED HEART
OHSU
ST. CHARLES BEND
PROVIDENCE PORTLAND MEDICAL CTR
ROGUE REGIONAL

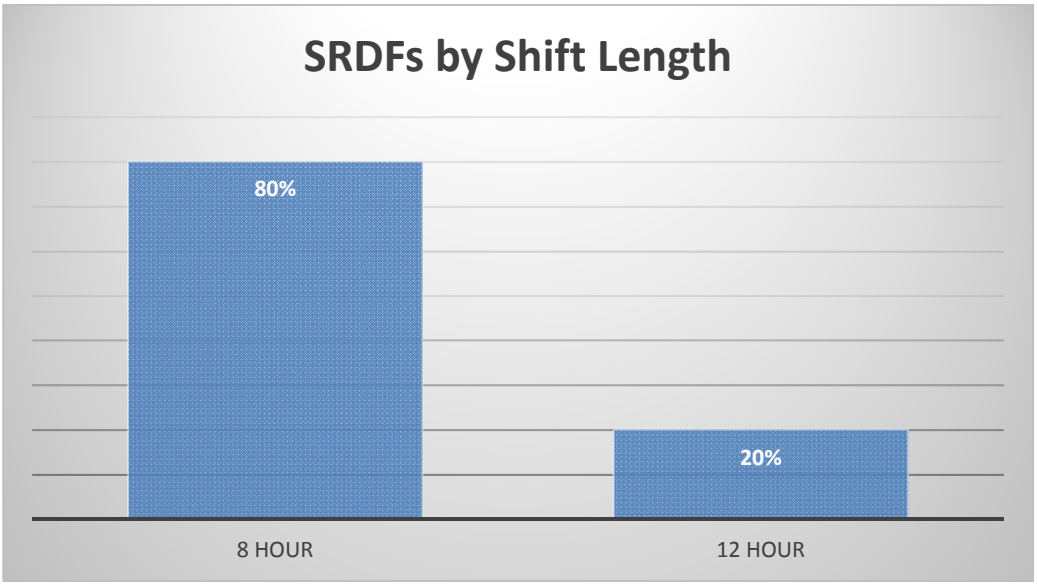
Total Number of SRDFs Submitted by Site

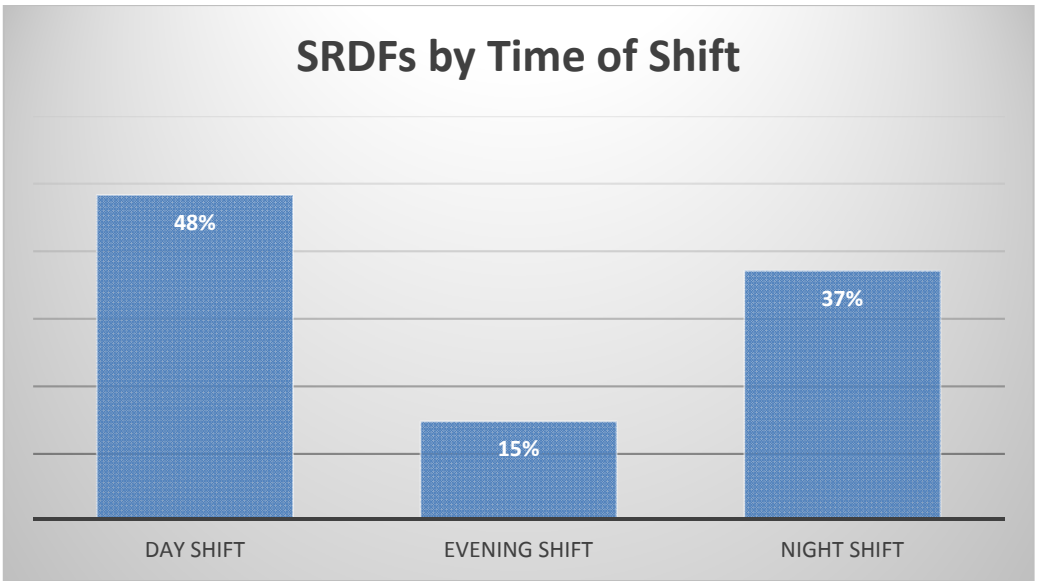
	5/1/13-4/30/14	5/1/14-4/30/15	5/1/15-4/30/16
Albany Samaritan (AGH)	9	5	10
Bay Area (BA)	21	22	41
Columbia Memorial (CMH)	10	32	46
Coquille Valley Hospital (CVH)	2	2	22
Good Samaritan Regional Med Ctr (GSM)	0	1	16
Good Shepherd (GSH)	6	0	0
Grande Ronde (GRH)	1	1	0
McKenzie-Willamette (MCW)	25	16	14
Mercy Medical (MMC)	0	9	5
Oregon Health & Science Univ (OHSU)	89	122	254
Pacific Communities (PCH)	28	11	20
Peace Harbor (PH)	2	0	2
Providence Medford (PMMC)	35	32	28
Providence Milwaukie (PMH)	4	3	13
Providence Newberg (PNMC)	*	*	10
Providence Portland (PPMC)	34	101	120
Providence Seaside (PSH)	0	2	18
Providence St V (PSTV)	28	18	40
Providence Willamette Falls (PWFH)	24	19	22
Rogue Regional (RR)	84	57	84
Sacred Heart (SH)	413	350	259
Samaritan Albany	8	5	10
Saint Alphonsus Ontario (SAO)	4	4	6
Samaritan Lebanon (SLCH)	1	1	0
Sky Lakes (SKY)	40	5	24
St. Alphonsus Baker City (SAB)	2	1	6
St. Anthony Hospital (STA)	2	0	4
St. Charles Bend (STC-B)	42	66	172
St. Charles Prineville	0	7	9
St. Charles Redmond (STC-R)	0	23	9
Tuality (TCH)	9	34	34
Total	**913**	**937**	**1298**

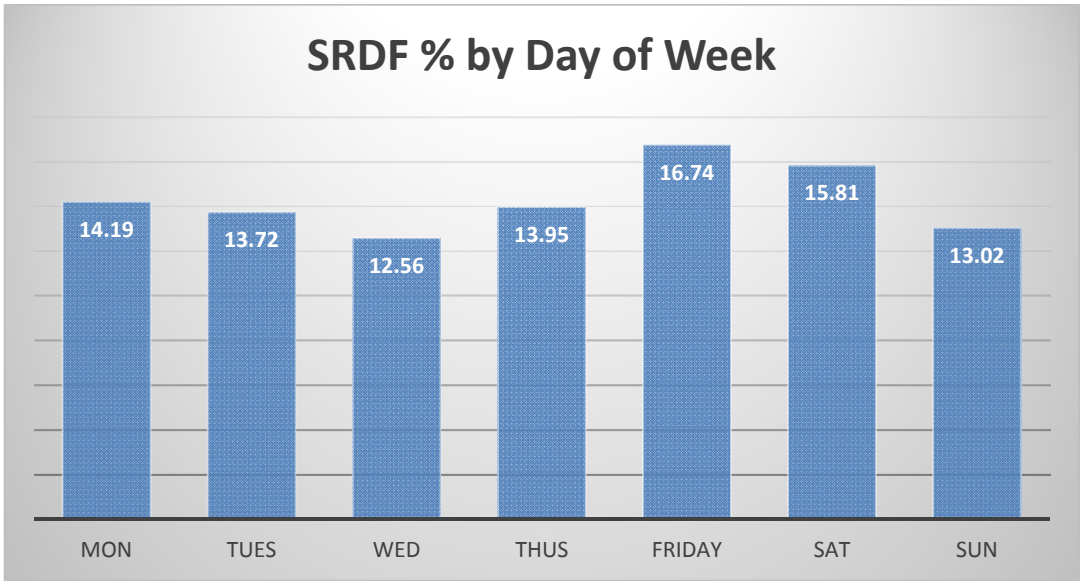
* Non-Union at the time

Analysis of Potential Factors Related to the Number of SRDFs Submitted

Analysis: We examined several potential factors that could be related to the number of SRDFs submitted including shift length (eight versus twelve hour), time of day of the shift (day, evening, or night), day of the week, month of the year, and unit type. We observed that 80 percent of the SRDFs were submitted on eight-hour shifts and 20 percent on twelve-hour shifts. We also found that 48 percent of the SRDFs were submitted during the day shift followed by 37 percent on the night shift and 15 percent on the evening shift. Additionally, a greater percent of SRDFs submitted on Fridays (16.74 percent), Saturdays (15.81 percent), and Mondays (14.19 percent) when compared to the rest of the week.




SRDFs by Time of Shift
48%
15%
37%
DAY SHIFT
EVENING SHIFT
NIGHT SHIFT


SRDF % by Day of Week
14.19
13.72
12.56
13.95
16.74
15.81
13.02
MON
TUES
WED
THUS
FRIDAY
SAT
SUN

Analysis of the Reasons for Reporting

Analysis: On 91 percent of the submitted SRDFs, insufficient number of staff was indicated. Patient acuity being too high for the current staffing level was identified on 86 percent of SRDFs and 35 percent of the SRDFs reported that patient intensity was too high for staff on shift. Another 31 percent of SRDFs noted that inappropriate staff mix on the unit, where the staff present did not have the appropriate skill set or knowledge of policies to perform the necessary duties (i.e., students and nurses in orientation).

Reasons for Reporting	**percent Indicating this was an issue**
Not Enough Staff	91%
Patient Acuity too High	86%
Patient Intensity too High	35%
Inappropriate Staff Mix	31%

Analysis of the Care Task Consequences of Inadequate Staffing

Analysis: When an adverse staffing event occurred, nurses reported between 75 percent and 93 percent of the time that a care task was either delayed or omitted. Pain management was only fully completed 24.75 percent of the time within the expected time frame and other medications were fully completed 15 percent of the time within the expected time frame. The least completed task was documentation, which was completed only 7 percent of the time within the expected time frame. The adverse staffing characteristics of patient intensity and patient acuity were significantly related to the delay or omission of almost all of the measured care tasks.

Consequences	**Percent**	**Percent**
Pain Management	75.25%	24.75%
Hygiene	82.6%	17.4%
Admission, Transfer, Discharge	84.6%	16.4%
Observation, assessment, monitoring	86%	14%
Medications	85%	15%
Psychosocial support	84.5%	15.5%
Support, information	84.6%	15.4%
Medical orders/treatments	85.8%	14.2%
Teach home/self care	87%	13%
Documentation	93%	7%

Analysis of Patient Safety Consequences of Inadequate Staffing

Analysis: We found that 67 percent of the nurses indicated that patient safety was compromised due to the inadequate staffing event and 25 percent reported that it affected continuity of care. Not enough staff, patient acuity, and inappropriate staff mix were significantly related to reports of compromised patient safety. Patient acuity being too high, patient intensity being too high, and inappropriate skill mix were significantly related to reported issues with continuity of care.

Consequences	Percent Yes	Percent No
Compromised safety	67%	33%
Continuity of care	25%	75%

Analysis of the Self-Care Consequences of Inadequate Staffing

Analysis and Interpretation: Nurses reported missing rest breaks 72 percent of the time and missing meal breaks 48 percent of the time on the submitted SRDFs. Patient intensity being too high had the strongest relationship with the self-care outcomes. Further, nurses reported 25.5 percent being asked to do voluntary overtime, and 17 percent indicated they were required to do mandatory overtime

Consequences	Percent Yes	Percent No
No rest break	72%	28%
No meal break	48%	52%
Voluntary overtime	25.5%	74.5%
Mandatory overtime	17%	83%

References

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