Staffing Request and Documentation Form (SRDF) Summary Report

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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, 2016 through April 30, 2017. 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 1662 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 22 percent increase of total SRDFs submitted compared to 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
- 41 percent were submitted from a day shift and 7 percent were submitted from night shifts
- SRDFs were more likely to be reported on Fridays (16.4 percent), Saturdays (15.77 percent), Sunday (15.3), and Mondays (15.3 percent) when compared to the rest of the week.

Summary of identified reasons for requesting additional staff:

- 92.3 percent noted “not having enough staff” a reason for submitting the SRDF
- 50 percent indicated patient acuity and 33 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 percent of pain management, 82 percent of medication, and 84 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 was 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 23 percent noted that continuity of care was impacted

Summary of self-care consequences of inadequate staffing event:

- 76 percent reported missed rest breaks, 52 percent reported missed meal breaks, 25 percent indicated voluntary overtime, and 13 percent indicated mandatory overtime

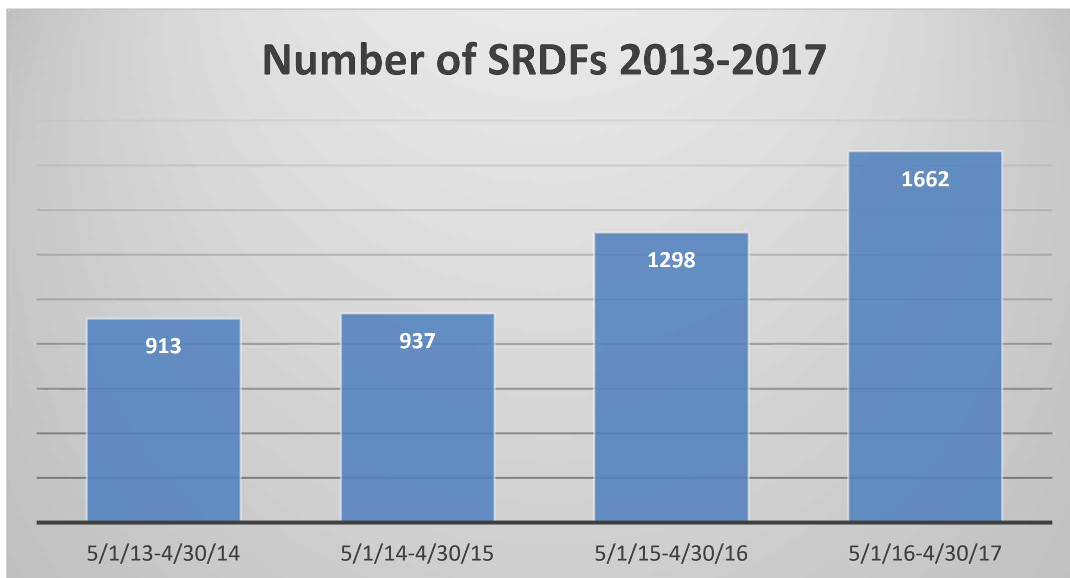
The results from our analyses support the adverse effect of inadequate staffing on delaying or omitting patient care tasks, compromised patient safety, and missed self-care activities.

Background

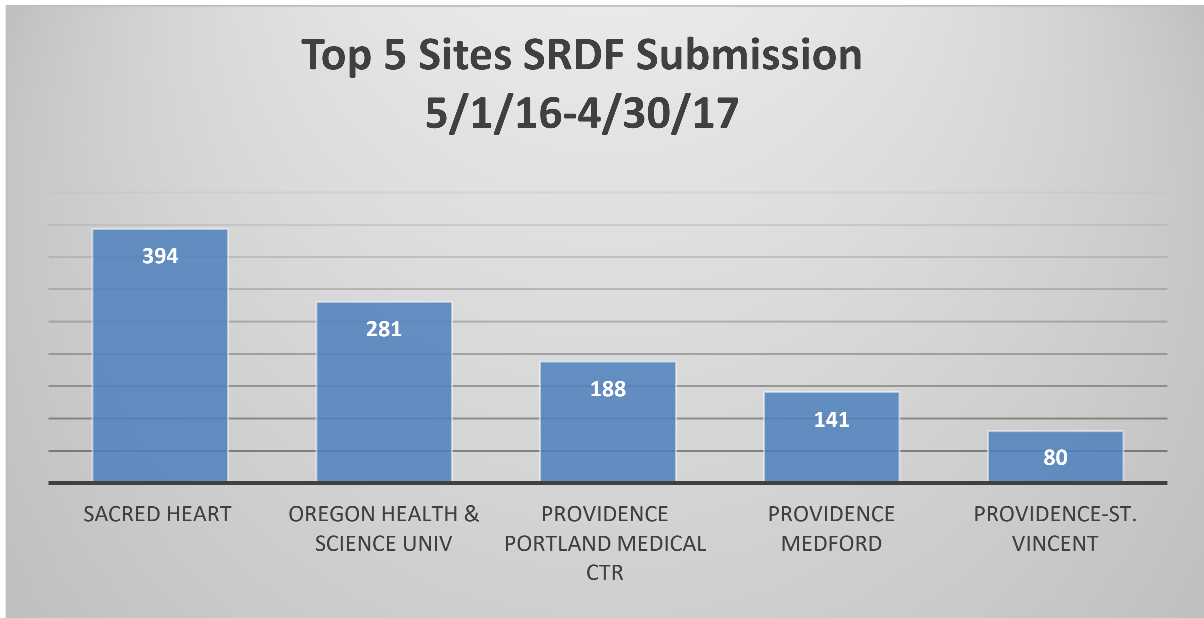
The negative effects of inadequate staffing on nursing practice are becoming increasingly apparent. Research supports the negative impacts of inadequate staffing on lower quality of patient care (Aiken et al., 2002), increased medical errors, infections, and patient injury (Hall et al., 2004), and higher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

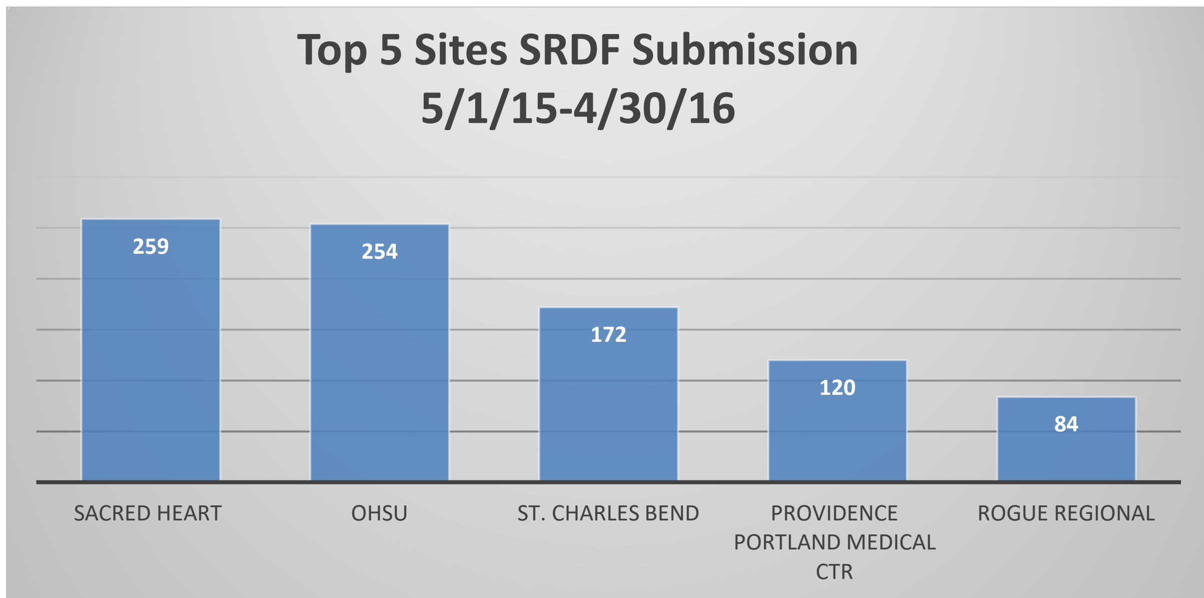
Staffing Request and Documentation Forms (SRDF) are submitted after a request for additional staffing resources is communicated up through the chain of command at a facility. SRDFs are filled out by staff nurses, or charge nurses, to document the occurrence of an insufficient staffing event. Copies of 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 sent the form. The next steps require ONA staff to follow specific protocols 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 is then transferred from coding sheets 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 is analyzed and reported in this document.

The analysis included 1662 SRDFs submitted by nurses from 31 different facilities from May 1, 2016 through April 30, 2017. There was a 22 percent increase of total SRDFs submitted from the exact time frame the prior year. There was an increase from 913 SRDFs in 2013 to 1662 SRDFs through the first four months of 2017. Sacred Heart and OHSU remain the top two sites for the number of SRDF submissions.



We acknowledge that more SRDFs may have been submitted than are analyzed in this report. Some SRDFs may not qualify for inclusion in this report because sometimes more than one SRDFs was submitted for the same insufficient staffing event. In those cases, we examine the different reports to verify that the events reported are the same event to ensure that the report is only filed. In addition, this report reflects those SRDFs that were successfully transmitted to ONA headquarters. Some organizations do not send the SRDFs to ONA or they have reporting forms that are different from the ONA SRDF.





Total Number of SRDFs Submitted by Site

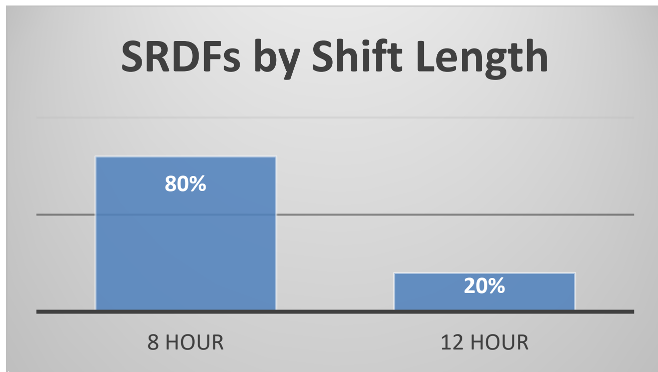
Facility	5/1/13-4/30/14	5/1/14-4/30/15	5/1/15-4/30/16	5/1/16-4/30/17
Albany Samaritan (AGH)	9	5	10	24
Bay Area (BA)	21	22	41	35
Columbia Memorial (CMH)	10	32	46	21
Coquille Valley Hospital (CVH)	2	2	22	14
Good Samaritan Regional Med Ctr (GSM)	0	1	16	37
Good Shepherd (GSH)	6	0	0	0
Grande Ronde (GRH)	1	1	0	0
Harney	*	*	*	1
McKenzie-Willamette (MCW)	25	16	14	69
Mercy Medical (MMC)	0	9	5	16
Mid-Columbia	*	*	*	3
Oregon Health & Science Univ (OHSU)	89	122	254	281
Pacific Communities (PCH)	28	11	20	23
Peace Harbor (PH)	2	0	2	21
Providence Medford (PMMC)	35	32	28	141
Providence Milwaukie (PMH)	4	3	13	25
Providence Newberg Medical Center (PNMC)	*	*	10	36
Providence Portland Medical Ctr (PPMC)	34	101	120	188
Providence Seaside (PSH)	0	2	18	20
Providence St V (PSTV)	28	18	40	80
Providence Willamette Falls (PWFH)	24	19	22	23
Rogue Regional (RR)	84	57	84	55
Sacred Heart (SH)	413	350	259	394
Saint Alphonsus Ontario (SAO)	4	4	6	4
Samaritan Lebanon Comm Hosp (SLCH)	1	1	0	0
Silverton	*	*	*	1
Sky Lakes (SKY)	40	5	24	55
St. Alphonsus Baker City (SAB)	2	1	6	11
St. Anthony Hospital (STA)	2	0	4	3
St. Charles Bend (STC-B)	42	66	172	69
St. Charles Prineville/Pioneer Memorial	NR	7	9	5
St. Charles Redmond (STC-R)	0	23	9	3
St. Charles University District	*	*	*	1
Tuality (TCH)	9	34	34	3
Total	**913**	**937**	**1298**	1662

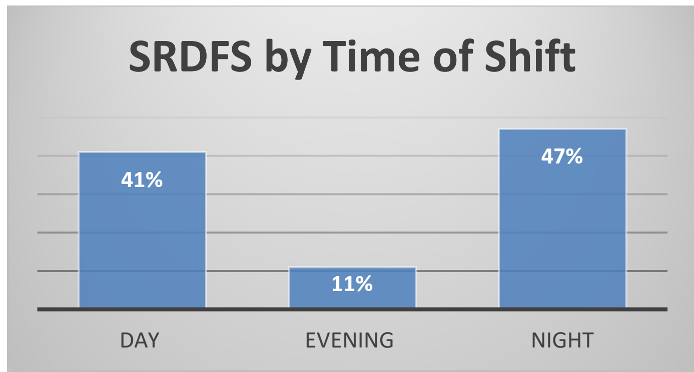
* Indicates No Report

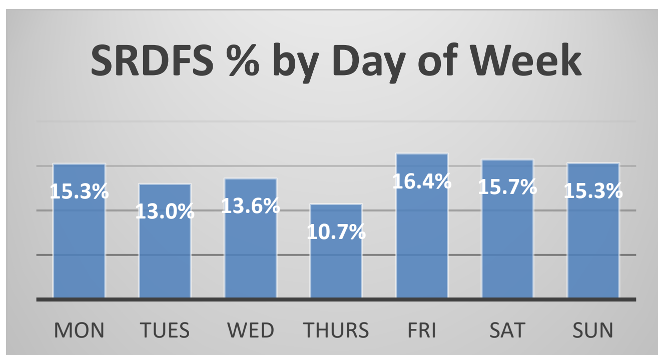
Analysis of Potential Factors Related to the Number of SRDFs Submitted

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 47 percent of the SRDFs were submitted during the night shift followed by 1 percent during the day shift and 11 percent during the evening shift. Additionally, a greater percent of SRDFs submitted on Fridays (16.4 percent), Saturdays (15.77 percent), Sunday (15.3), and Mondays (15.3 percent) when compared to the rest of the week.







Analysis of the Reasons for Reporting

Analysis: On 92 percent of the submitted SRDFs, “not enough staff” was indicated. Patient acuity being too high for the current staffing level was identified on 50 percent of SRDFs and 33 percent of the SRDFs indicated 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	92%
Patient Acuity Too High	50%
Patient Intensity Too High	33%
Inappropriate Staff Mix	31%

Analysis of the Care Task Consequences of Inadequate Staffing

Analysis: When an insufficient staffing event occurred, between 56 percent and 89 percent of nurses reported that a care task was either delayed or omitted. Pain management was only fully completed 25 percent of the

time within the expected time frame and other medication administrations were fully completed 18 percent of the time within the expected time frame. The least completed task was documentation, which was completed only 11 percent of the time within the expected time frame. Patient intensity and patient acuity were significantly related to the delay or omission of almost all the measured care tasks.

Consequences	Percent	Percent
Pain Management	75%	25%
Hygiene	56%	44%
Admission, Transfer, Discharge	84%	16%
Observation, assessment, monitoring	85%	15%
Medications	82%	18%
Psychosocial support	83%	17%
Support, information	87%	13%
Medical orders/treatments	84%	16%
Teach home/self-care	87%	13%
Documentation	89%	11%

Analysis of Patient Safety Consequences of Inadequate Staffing

Analysis: We found that 65.6 percent of nurses indicated that patient safety was compromised due to the inadequate staffing event and 23.3 percent reported 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	65.6%	34.5%
Continuity of care	23.3%	67.7%

Analysis of the Self-Care Consequences of Inadequate Staffing

Analysis and Interpretation: Nurses reported missing rest breaks 76 percent of the time and missing meal breaks approximately 52 percent of the time. Not having enough staff had the strongest relationship with the self-care outcomes. Further, nurses reported 25 percent of the time of being asked to do voluntary overtime, and 13 percent indicated they were required to do mandatory overtime.

Consequences	Percent Yes	Percent No
No rest break	76%	23%
No meal break	52%	48%
Voluntary overtime	25%	75%
Mandatory overtime	13%	87%

References

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