

Willamette Valley Medical Center: SRDF and RN Turnover Analysis

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Executive Summary

Heavy workloads, inadequate staffing, unsupportive policies, and other related organizational factors have been connected to high turnover rates for Registered Nurses. The Staffing Request Documentation Forms (SRDF) were pioneered by the Oregon Nurses Association in 2013 to provide staff nurses with a mechanism to report situations of inadequate and unsafe staffing, and while it is an ONA form, the SRDFs are sent to both ONA and facility administration. Analysis of SRDFs submitted by staff nurses at Willamette Valley Medical Center (WVMC), indicate that several changes must be made in order to provide a safe patient care environment. Submitted SRDFs indicate chronic insufficient staffing practices by WVMC and inadequate staffing plans, that have led to numerous incidences of patient risk and patient injury. Staff nurses at WVMC regularly miss the breaks and meal breaks required by law, for all Oregon employees, due to the chronic insufficient staffing practices of WVMC administration. Nurse turnover at WVMC is significantly higher than both the national and state average and was nearly triple the western region turnover average in 2020. This paper speaks to these issues and the common causes of nurse turnover as it directly relates to the patient care environment at WVMC. While sufficient staffing has a financial cost, WVMC is directly experiencing secondary costs related to their staffing practices in the form of chronic penalties from the Centers for Medicare and Medicaid services. Additionally, it is realizing the incredible financial cost of hiring and training replacement nurses which are estimated at \$6 million over the last three years. This paper argues that by addressing these chronic conditions, WVMC and the McMinnville community will benefit greatly.

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Nurse-sensitive indicators are a core metric of the nursing environment, patient care, and patient outcomes. These metrics are directly tied to the measurement of nurse job satisfaction, nurse-reported quality of care, nurse burnout, and nurse turnover through decades of research. Organizational structure also directly affects these metrics through the number of nursing staff, nurse staffing ratios, nurse staffing levels, and nurse staffing qualifications. These metrics all indicate areas for potential improvement with the nursing environment, patient care quality, and patient outcomes.

According to the 2020 NSI National Health Care Retention and RN Staffing Report, hospitals in the western region of the United States (Alaska, California, Hawaii, Nevada, Oregon, and Washington) have an average annual hospital turnover rate of 14.9% and average annual bedside RN turnover rate of 13.3%. The bedside RN turnover rate is significantly higher for nurses in their first few years of practice, with 25.3% turnover for first-year nurses, 22% turnover for nurses with 1-2 years of experience, and 25.1% turnover for nurses with 2-5 years of experience. For each nurse that is lost, the average hospital spends \$44,375 to train a replacement, with the average hospital spending \$4,900,000 per year due to turnover.

According to Willamette Valley Medical Center (WVMC) records, the bedside RN turnover rate was 19% in 2018, 27% in 2019, and 38% in 2020. These turnover rates are significantly higher than the average west region turnover rate of 14.9% and indicates that the nurse-sensitive indicators need to be addressed in order to provide a safe patient care environment for the greater McMinnville community. This excessively high turnover data also indicates that by using the average cost per nurse to replace nurses due to turnover, that WVMC spent about \$6,212,500 due strictly to preventable RN turnover over the last three years.

The problems with the organizational structure metrics of nursing staff, nurse staffing ratios, nurse staffing levels, and nurse staffing qualifications are readily apparent in the SRDFs that have been submitted by WVMC staff nurses. The Oregon Nurses Association's SRDF is completed by a staff nurse when staffing levels do not meet the Unit Staffing Plan that has been approved by the WVMC Nurse Staffing Committee, as a required component of Oregon's Hospital Nurse Staffing Law or when the Unit Staffing Plan does not adequately allow for the safe staffing of the unit. According to the SRDFs filed, 94.7% reported that

there was not enough staff on the reported shift, 31.6% of staff reported that it was unclear if they were following the staffing plan, and 57.9% reported that the staffing levels were not in compliance with the staffing plan at all. The most common reported failure was that patient acuity was too high for the number of staff on shift at 73.7% of the time.

The danger associated with the staffing allocation failures are real to both the nurses and the patients. Here, 78.9% of SRDFs from WVMC indicate that inadequate staffing led to compromised patient safety or patient injury. Compromised patient safety and patient injury are clear indicators of insufficient staffing, and the risk of compromised patient safety and patient injury are compounded by the 63.2% of nurses reporting no rest break throughout their entire shift. The Joint Commission's 2011 Sentinel Event Alert listed nurse fatigue and missed breaks as a major factor in missed nursing care and compromised patient safety.

A nurse's inability to adequately care for patients in a timely manner, take rest breaks, and ensure the safety of patients because of organizational barriers directly breaches several components of the American Nurses Association's (ANA) Nursing Code of Ethics, particularly numbers one, two, three, and five. These sections of the ANA Code of Ethics speak to the nurses' responsibility to provide the best care possible for their patients and that nurses have the same responsibilities to themselves for practicing adequate self-care practices. If staffing is not adequate for nurses to take the breaks that are mandated by the Bureau of Labor and Industry, they are clearly not allowed to practice adequate self-care during the shift. Policies and practices that prevent nurses from taking breaks are in willful breach of state law, as well as guidelines established by professional nursing associations.

It has also been well established through decades of research that well-staffed hospitals have lower rates of readmissions within 30 days, which has led to the Centers for Medicare and Medicaid Services (CMS) to penalize facilities that do not meet the national benchmarks for readmission rates. WVMC has received penalties in CMS reimbursement rates every single year since at least 2015. WVMC is one of only five facilities in Oregon to incur this reimbursement rate penalty from CMS for every year since 2015. Meta-analyses of penalized facilities vs non-penalized facilities show a 41% reduction in likelihood to be penalized by CMS when a facility is adequately staffed. A further alarming statistic is that WVMC was also penalized in 2016 for an excessively high incidence of hospital acquired infections. When these data points are taken into

context with SRDF data, it is clear that staffing is chronically below the levels needed to maintain patient safety, ensure adequate patient education, and ensure quality transfer of care to tertiary providers.

These are indications that the staffing plan and staffing practices at WVMC need to be improved. Ensuring that policies meet the intended outcomes of providing a safe patient environment are core to the Oregon Nursing Scope and Standards. Oregon's ORS 851-045-0060 speaks specifically to the requirement of all RNs to, "identify factors that affect quality of nursing service, health care services delivery, and client care, and develop quality improvement standards and processes." Further, the statute requires that all RNs, "interpret and evaluate policies, protocols, and guidelines that are pertinent to nursing practice and to health services delivery." These statutes demand that all RNs at a facility are required to develop policies related to nursing service that provides the best quality of care possible.

It is a moral and ethical imperative that all RNs at WVMC, in every position, work together to reach the best policies, practices, and staffing plans to provide a higher level of care than is currently being delivered due to the short-staffing practices illuminated by the SRDFs and confirmed by CMS penalties. The Oregon Nurses Association is engaged with several boards and committees, in direct collaboration with hospital nurse staffing committees to develop nurse staffing plan best practices and will work closely with the WVMC Nurse Staffing Committee to aid in addressing these dire concerns.

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