



Breaking Point: Pennsylvania's Patient Care Crisis

Survey of 1,000 Pennsylvania Bedside Nurses

September 2017

A Letter from Nurses of Pennsylvania

Nurses are the single biggest group of people in health care. We spend the most time with patients, and we are the people whom patients and their families most often see and work with in hospitals, nursing homes and other care facilities.

As nurses, we are used to trying to do more with less, but there is only so far any one of us can stretch. Too often in Pennsylvania, giant corporations and multi-billion-dollar hospital systems are calling the shots, and they are making decisions farther and farther away from the bedside, focused on profits over patients. When your health is on the line, it is not the time to cut corners and pinch pennies.

We know there are better ways to prioritize patient care and so we've come together as Nurses of Pennsylvania.

We are a non-profit organization of, by and for nurses. Since our first meeting, held this year during Nurses Week, we have reached out to thousands of nurses and just over 1,000 of us have completed a detailed survey to contribute to this report. Since Nurses Week, more than 12,000 nurses have signaled their determination to stand together and to stand for patients – by joining Nurses of PA, by raising their voices on social media, by meeting with legislators, by talking to media and by organizing town hall meetings in their communities. We're shining a light on what's happening on the frontlines of care, and we're speaking out like never before.

Why? Because we always want to be there for our patients in some of the toughest times of their lives, but the situation in our hospitals and other care facilities is making this impossible.

When we began our careers, we were under no misconception that nursing was a glamorous job. Nursing school is tough, clinicals are tough. As budding nurses, we saw every bodily fluid you can imagine and often find ourselves front and center managing stressed families, completing rapid fire instructions and fiercely advocating for our patients. It's this last role that drew us to this career in the first place.

Between the three of us, we've been in nursing and public health for decades, and while we still love patient care for what it is at its core, we see that the system that's supposed to support us is crumbling under our feet. While new approvals, processes and paperwork are being piled on us, our staff numbers—from nurses to aides to secretaries—are being cut. As nurse and ancillary support staff numbers dwindle, public health emergencies like the opioid crisis are filling emergency departments, leaving nurses with too many patients and jeopardizing patient safety. It's a perfect storm that's burning out nurses far too quickly, with many retiring early or leaving the field all together.

Every nurse takes an oath to do no harm, and we take this oath seriously. As this report details, we've reached a breaking point where we cannot continue to watch our patients—your friends and families—be put in jeopardy by a system that refuses to listen to the professionals on the frontlines: nurses.

Thank you to all who have contributed their insights and experiences to this report. Pennsylvania nurses are coming together for solutions. We've been trained to go above and beyond when our patients' lives are on the line—so that's what we plan to do.

Sincerely,

Jake Reese, Jill Kochman and Antoinette Kraus
Nurses of Pennsylvania Board Members

Executive Summary

Patient care is in crisis in Pennsylvania.

Over the last 20 years, hospital profits and CEO pay have grown to record-levels while health care systems across the state are consolidating and investing more capital in for-profit subsidiaries and insurance operations. The 1990s especially saw unprecedented restructuring of the health care industry, featuring a staggering rate of mergers, acquisitions and closures of hospitals—between 1987 and 1997, 675 acute care hospitals across the county closed¹—as well as major shifts in where and how care is delivered. With competition and pressure to keep the doors open on the rise, major corporations and executives began, and continue to this day, to enact policies and practices that put profits over patients, and reduce labor costs. Our health care systems are feeling the effects of these decisions now more than ever.

Nurses and other health care professionals across the state and in every work setting are increasingly forced to do more with less. This broken system views nursing and frontline care as a line item on a spreadsheet, disregarding nurses' critical role in providing quality care. Our broken system sees nurses as a cost, not a value.

This report compiles results of a survey of 1,000 nurses – who work in hospitals, schools, rehabilitation facilities, long-term care and more -- from Scranton to Erie to Pittsburgh and Philadelphia. Of survey respondents, 25% are 35 years old or younger; 37% are between ages 35 and 54; 3% are between ages 55 and 64 and 5% are 65 or older. The majority of respondents -- approximately 64% -- have been nurses for more than 15 years, while about 12% have been nurses for three to eight years.

The key findings, detailed in the report, include:

- **51%** of nurses report that their input on how things are done at work has **decreased in the last 5 years.**
- **About 69%** of nurses report their time spent bedside per shift has **decreased** over the past 5 years.
- While Pennsylvania is not experiencing a shortage of available nurses, staffing decisions made by individual facilities regarding both nurses and support staff and the ability to retain qualified nurses have fueled a crisis in patient care.
- **94% of nurses** report that their facility does not have enough nursing staff and **87%** report that staffing levels affecting patient care are getting worse.
- **About 84%** of nurses report that a high rate of turnover among nurses is a problem in their facility and **about 79%** report that since they began working at their present job, the rate of turnover among nurses has increased

Nurses across the state are committed to using our experience and training to help create solutions that guide Pennsylvania back to health care that puts patients first and ends the nursing crisis.

Our recommended courses of action include:

- Safe nurse to patient ratios across the state;

- Transparency for patients about nurse staffing and other support staff levels
- Improved clinical training and mentorship opportunities for nurses;
- Investment in support staff, including wages;
- Support for nurses at home, including child care and retirement planning; and
- Processes that give nurses greater input on care delivery decisions.

Nurses of Pennsylvania, united for quality patient care, are talking to each other, speaking out and sharing how this “do more with less” system in Pennsylvania is exacerbating our patient care crisis. As many nurses who participated in the survey and other forums have noted, these are not easy issues or circumstances to talk about. Nurses pride themselves on putting their heads down, being resourceful and figuring out real-time solutions for their patients. But the realities of Pennsylvania health care demand that we talk about things that are uncomfortable. To put our state back on a better path, nurses from every corner of Pennsylvania have decided they must expose what’s really going on.

How did we get here?

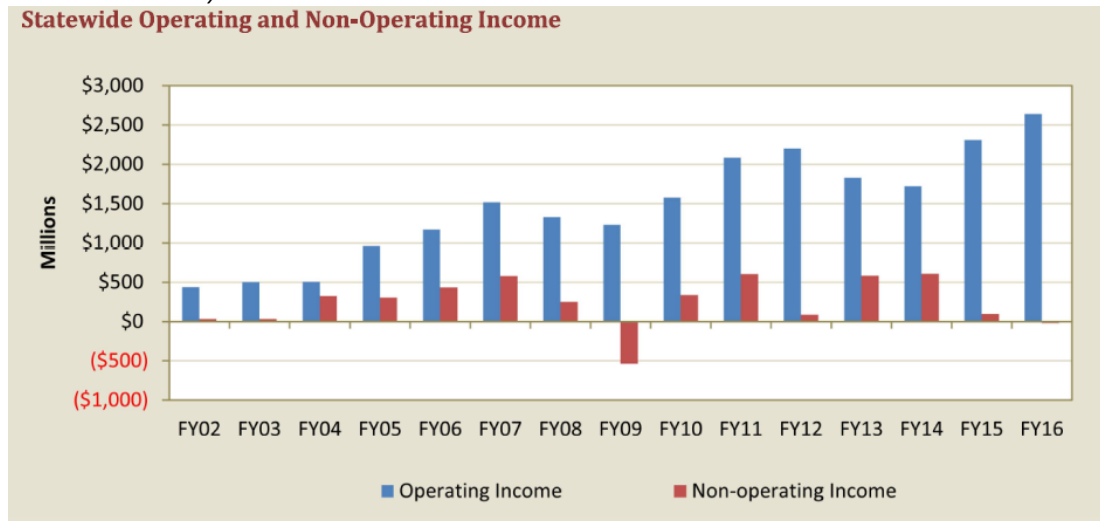
At the turn of the 20th century, the nursing profession forever changed from a “vocation” in which nurses provided a support role comforting sick patients to a career for highly-skilled and trained experts. With this shift our education hanged as well. Nurses hold degrees, have licenses and must keep up to date with advances in their fields. As nurses began to assume primary responsibility for individual patients nursing departments grew until nursing became the biggest department in many hospitals and hospitals dedicated significant resources to maintaining a strong nursing staff.

Nursing remains at the frontline of care to this day. Whether in hospitals, nursing homes, clinics, dialysis centers or other care facilities, nurses today play *the* central role in patient care. Nurses spend the most time bedside, often have the greatest insight into how a patient is experiencing an illness or pain and are the first line of defense in spotting and acting on changes in condition.

However, the priorities of our health care system have shifted in ways that no longer support nurses in this role. The restructuring of the hospital industry over the last two decades and the evolution of hospitals – even nonprofits – as essentially big businesses has meant that hospitals are relentlessly pursuing ways to cut costs ever more deeply. Much of this cost cutting has come at the expense of what nurses need to provide the best bedside care, even while hospitals in Pennsylvania are experiencing increasing operating margins.

According to the Pennsylvania Health Care Cost Containment Council’s 2016 annual report on the financial health of state hospitals, statewide operating income grew from \$2.3 billion in FY2015 to \$2.6 billion in FY2016.ⁱⁱ

From the Pennsylvania Health Care Cost Containment Council:



As a result of this shift in focus, nursing has had to adjust, and nurses report that these changes are not always consistent with patients’ best interests, with the sustainability of the industry, or even with efficient care. A June 2015 study by the Pennsylvania Joint State Government Commission on professional bedside nursing found that “nurse staffing in Pennsylvania hospitals is highly variable,” and

that the time nurses are able to spend with their patients has not kept up with national trends and best practices.ⁱⁱⁱ The report confirmed a continuation of trends identified a decade earlier. For example, a survey of thousands of RNs across the state in 1999 found that understaffing contributed to a number of important nursing tasks left undone at the end of each shift.^{iv}

In practice, nurses say this means that while they try to be responsive to patients' needs and to make sure that people receive the best and most thorough care, they are too often pulled in too many directions to do so. Nurses entered the profession because we believe good care demands a hands-on approach – asking questions and getting to know patients both quickly and intimately is a critical part of making the right decisions.

In response to the survey, a Scranton nurse shared: *"It's critical that I have the time I need to give each patient. We send thousands and thousands of dollars in medical care down the drain for things like infected ulcers that can be avoided if we catch them in time."*

Nurses across the state – whether nurses who have been working for 15 or more years or nurses who joined the profession in the last five years – reported how this environment has changed their jobs:

- **46%** of nurses report their input is **unvalued or somewhat unvalued** in determining the way patient care is delivered; **5%** report their input is **very valued**
- **95%** of nurses report that the conversation around health care in the US **does not adequately recognize the voices of nurses**
- **51%** of nurses report that their input on how things are done at work has **decreased in the last 5 years**

Do More with Less System Hinders Patient Care

Nurses in Pennsylvania are stretched thin. Inadequate staffing in hospitals and other care facilities makes the situation worse, which leads to limited bedside care, paperwork overloads, high turnover and, most importantly, prevents nurses from doing what we do best: provide hands-on, face-to-face care with a personal touch.

- **About 69%** of nurses report their time spent bedside per shift has **decreased** over the past 5 years

Bedside care, including observational activities like talking with patients and their relatives, sitting next to patients and bringing them food, can help nurses detect complications and avert errors or find new solutions early. Restrictions on the amount of bedside care a nurse can provide means that day-to-day care risks becoming rushed and detached – and that puts patients at risk.

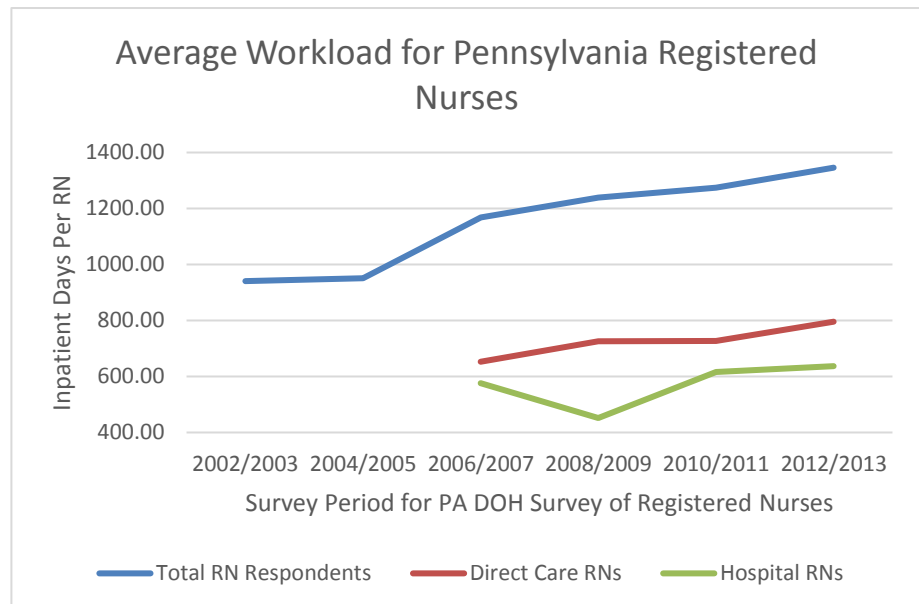
“The worst is when you have a patient who you know is dying and you can’t be with them to hold their hand in the last hours of their life. You’re too swamped, running around to give them the comfort they deserve. You feel terrible because you couldn’t give the care you wanted to give. You don’t feel like a good nurse when you go home.”

- **Wilkes-Barre RN**

Inadequate Staffing

The United States is experiencing a national crisis in nurse staffing. The Bureau of Labor Statistics estimates the U.S. will need 1.2 million registered nurses between 2014 and 2022. By 2024, nearly 700,000 working nurses are projected to retire or leave the labor force.^v

In Pennsylvania, the Western and Northeast regions of the state as well as rural communities have documented chronic staff shortages. Statewide, health care facilities have fewer registered nurses per patient than the U.S. average.^{vi} The problem here in Pennsylvania, however, is not a shortage of available nurses. In fact, the number of new graduates entering the workforce nationally has more than doubled since 2001. And projections show Pennsylvania will have a surplus of 25,800 RNs by 2025. The problem lies in staffing decisions made by individual hospitals regarding both nurses and support staff like nurses’ aides and secretaries, and the inability to retain qualified nurses.^{vii}



A Pennsylvania nurse explained in the survey: *“Recently, I worked a weekend where we didn’t have a secretary for our shift. When we don’t have essential support staff like secretaries, we have to pick up the work of that role. This lab is calling, doctors are calling, worried families are calling, and we can’t not answer the phone.”*

This creates a vicious cycle: bedside nurses are leaving acute care settings because of the difficulty and stress of the job. Pennsylvania has 180,000 nurses on its official registry, but this number fails to capture the realities of nurse staffing across the state.

- 94% of nurses report that their facility does not have enough nursing staff
- 87% report that staffing levels affecting patient care are getting worse
- Approximately 95% of nurses report they have experienced a situation where they felt incapable of providing the best care because of inadequate staffing

Paperwork Overload

Nurses across Pennsylvania overwhelmingly report they are overloaded with paperwork – often non-care related forms – that detracts from the amount of time they can spend bedside with patients.

- About 74% of nurses report spending more time on paperwork now than when they first started their job; about 19% report spending the same amount of time on paperwork
- Hundreds of nurses report spending 4 or more hours per shift on paperwork

Survey respondents from every region of the state shared that the hours devoted to paperwork fluctuate significantly. During some shifts, more time may be allowed for direct bedside care. During other shifts, as much as 60% to 70% of the time may be consumed with paperwork and other non-nursing tasks. Nurses report that these fluctuations depend considerably on available support staffing and technicians.

The responsibilities given to nurses continue to grow. I spend nearly half of my shift —about 5 hours—filling out charts that detail the care I’ve provided to each of my patients. Keeping accurate, real-time records is critical to quality care, but it shouldn’t come at the expense of caring for a person in their time of need. The question isn’t what’s more important: recording a patient’s urine output or helping another to the bathroom. The answer is both.

- **Lehigh Valley RN**

High Turnover and Low Retention

Perhaps due to the increased demands placed on nurses, turnover in workplaces across the state is at the highest it has been in decades, imposing a considerable cost to both hospitals and taxpayers.

Nurses surveyed cited increased workloads detracting from their ability to safely care for patients as a contributing factor. Newer nurses seriously considering leaving the profession cited stress and burnout.

- About 84% of nurses report that a high rate of turnover among nurses is a problem in their facility
- About 79% report that since they began working at their present job, the rate of turnover among nurses has increased

We are over ratio and I think it is the new norm. Our hospital is hiring, I've seen the numbers. That's not the issue. The issue is retention because people who are hired, they see these environments and they leave, and experienced nurses leave because they get sick and tired of it. At this point, with barely two years on the job, I'm the most experienced nurse on the floor. It's hard to get up and go to work when you know you are going to be over ratio every time.

- Pittsburgh RN

Nurses across the state testified to significant challenges facing new nurses and the barriers to improving retention in the profession. Some long-time nurses spoke of intense “reality shock” for new nurses when the policies and practices discussed in nursing school fail to materialize in care facilities. Many cited inadequate training and little time for new nurse orientation as contributing to high turnover and low retention. Others cited high patient acuity and unsafe staffing levels that make it nearly impossible to manage time and patient loads effectively.

Public Health Crises

Pennsylvania, like many states, is ravaged by our country's opioid epidemic. The Drug Enforcement Administration reported that 4,642 people across the state died last year from drug overdoses – up from 3,377 the year before. **The opioid epidemic has further intensified the state's patient care crisis and it has more starkly exposed acute vulnerabilities across our health care system.** Nurses contributing to this report noted:

- The opioid epidemic stretches nurses who are already at the breaking point. As sicker and sicker patients with more complications seek medical attention, keeping the same number of nurses on a shift is unsafe and unsustainable.
- Nurses can help fight the opioid epidemic if they are given adequate time to spend with patients, including exploring other types of pain management strategies and observing patients' relationships with pain and medication.

I administer the meds because I don't have time to fight the patient. I don't have time to convince them to wait or try Tylenol or have time to call the doctor for a consultation about pain management. My other patients need me too. I don't have time to question something that's been deemed “safe” and explore other methods of pain management. It's not right. We need the freedom to do better than that for our patients to prevent addiction in the first place.

- Northeastern Pennsylvania RN

Recommendations from the Front Lines of Care

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- Processes that give nurses greater input on care delivery decisions.

The statewide support for improved staffing is not surprising. Numerous studies have shown a direct relationship between higher nursing staffing levels and improved outcomes of care, including lower mortality rates, less antibiotic use, fewer infections, lower hospitalization rates and less weight loss and dehydration among patients. One study of 168 hospitals in Pennsylvania found that risks of patient mortality increased by 7 percent for each additional patient added to a nurse's workload beyond a baseline of four patients.^{viii}

Pennsylvania elected officials and their constituents have also voiced their concerns and calls for improvement, prompting some emerging action in the state legislature. For instance, in 2015, the Joint State Government Commission recommended legislation that provides easily accessible reports on staffing levels in Pennsylvania hospitals. Since then, a version of the recommended legislation has been introduced in the House and Senate. States like California have also implemented legislation that the establishes safe nurse to patient ratios and a bipartisan group of Pennsylvania legislators has introduced a similar bill.

Nurses of Pennsylvania will continue to elevate the stories of nurses in every part of the state and share insights from the bedside to help policymakers, health care advocates and health care professionals improve the quality of patient care for all residents.

Meet Nurses of Pennsylvania

In just a few short months, more than 12,000 have come together as Nurses of Pennsylvania – sharing their stories and experiences online and offline and calling for sensible staffing and other improvements that help put patients first and give nurses the support they need to do what they do best.

More than 1,000 nurses were surveyed for this report, many of whom shared personal stories and experiences from their decades of experience on the front lines of patient care.

Here are some of the nurses who have contributed to this report and come together to lead this statewide effort:

Shannon Reichard, Scranton

Shannon Reichard, a registered nurse in a cardiac ward graduated from nursing school just two years ago. She says she became a nurse because she wanted her life's work to be “meaningful” — but already, she says that she feels like she “barely survives her shifts” due to understaffing.

Shannon is often charged with caring for multiple critical patients, many with dementia who are at risk of bed-jumping and injuring themselves without adequate supervision. Yet, even with a full patient load, she finds that much of her time is spent on paperwork and even janitorial maintenance. At some other area hospitals, she's heard of nurses caring for twelve patients per shift.

Sara Kocet, State College

Sara Kocet works in an oncology unit, where she treats patients with a wide range of chronic diseases, including cancer. Many of her patients have imminently life-threatening conditions, including sepsis, infections, and open wounds. She got into nursing, she says, because she likes helping people and their stories, especially those of her mostly elderly patients.

According to Sara, staffing levels fluctuate widely, and she feels like patient acuity is not taken into account when the number of nurses on call is being determined. For a few months this year, for example, she said she was frequently “mandated” — required to stay — for numerous sixteen-hour shifts.

Merri Beth Allen, Southwestern PA

Merri Beth is a registered nurse in an intensive care unit. She has worked in Pennsylvania hospitals in the region for over thirty years. She believes conditions are getting worse as hospitals have cut administrative staff. When she and her colleagues are inundated, there is often no help to be had.

Keelynn McGriff, Pittsburgh

Keelynn is a registered nurse in a telemetry unit. With nearly 2 years on the job, he's followed in the footsteps of his mother and grandmother to become the third in a line of nurses. In Keelynn's experience, nurses are sorely understaffed and struggling to hire. With just under two years of experience, he is one of the veteran nurses and would like more mentorship opportunities to learn from experienced nurses.

Sandra Trimmer, Wilkes-Barre

Sandra is a registered nurse on the medical surgical floor. In her years as a nurse, she has seen the profession change to a point where her department is losing nurses faster than they can hire them. She says patients are sicker and are coming in in larger numbers. She has repeatedly advocated for safer staffing levels. She has also seen the devastation of the opioid crisis first-hand and firmly believes there is more that could be done to prevent opioid addiction in the first place.

Alex Rendina

After an early career working in a factory, Alex chose nursing as his second career because he has always been interested in the health care field. He has been a nurse for 12 years and has worked in nearly every hospital department. Alex has watched nursing evolve over his tenure and sees holes in the efficiency and effectiveness of patient care. He sees nurses spend half their shifts doing paperwork, and knows many feel pulled in too many directions, having to choose between charting or providing physical care.

Ahmed Rizik, South Central PA

Ahmed has been a nurse for nearly eight years on an orthopedic medical-surgical floor. Originally from Zanzibar, he wanted to work in medicine because he saw the lack of medical care in his country. In his opinion, being a nurse is worrying about other people, so he tries not to let the hardships of the job bother him. In recent years, he has seen issues like understaffing impact his patients and his fellow nurses, and that's where he draws the line.

About Nurses of Pennsylvania

Nurses of Pennsylvania is an organization of, by and for nurses focused on improving the bedside care nurses provide. PA nurses work in cities and small towns, at large hospitals, in nursing homes and more – tied together by their commitment to their patients, their families and their communities. United for quality care, Nurses of Pennsylvania is focused on leading the state to a health care system that puts patients first.

For more information, please visit us on [Facebook](#) and at www.nursesofpa.org.

Our Board

Antoinette Kraus, Executive Director of Public Health Access Network: Antoinette Kraus currently serves as founding Executive Director of the Pennsylvania Health Access Network (PHAN). Since joining PHAN in 2008 Kraus has helped grow the Pennsylvania Health Access Network into the state’s largest consumer driven organization.

Jake Reese, RN at Regional Hospital: Jake Reese is a registered nurse at Regional Hospital in Scranton, Pennsylvania. He currently works in the Cardiac Telemetry unit where patients are acutely ill and require continuous cardiac monitoring.

Jill Kochman, RN at Allegheny Center for Digestive Health: Jill Kochman has worked in nursing since 2004, starting her career at the Allegheny Valley Hospital and West Penn Hospital, and moving to Allegheny Center for Digestive Health. At Allegheny Valley Hospital, Jill served as the Coordinator of Quality Affairs, helping to ensure that the hospital offered the highest standard of patient care.

ⁱ<http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol21997/No1Jan97/HealthCareinChaos.html?css=print>

ⁱⁱ <http://www.phc4.org/reports/fin/16/default.htm>

ⁱⁱⁱ <http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2015-413-HR920%20FINAL%20REPORT%206.30.15.pdf>

^{iv} https://massnurses.org/files/file/Legislation-and-Politics/Is_More_Better.pdf

^v <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>

^{vi} <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Health-Care-Workforce-Reports.aspx#.WbG-lbJ96po>

^{vii} http://lancasteronline.com/news/local/study-pennsylvania-lags-nation-in-nurse-staffing-despite-impending-surplus/article_f1f3b414-1ff5-11e5-946d-03425b900317.html

^{viii} <http://jamanetwork.com/journals/jama/fullarticle/195438>