

April 29, 2022, NNOC

Shorted: Not Short

The Collapse of the Cook County Health System

Statement on behalf of all National Nurses Organizing Committee RNs. This Monday, for the second time, NNOC RNs delivered their message and demands to Cook County Board of Commissioners President, Toni Preckwinkle. Along with our demands to take action to retain the few RNs CCHHS has left at the bedside, we also provided an evidence-based accounting of how current hospital staffing with agency workers is harmful to our patients. Patients who have seen enough harm. She refuses to respond. Refuses to listen. Refuses to prioritize our patients as a true social safety net over hospital profits. It is broken logic, a true failure in deductive reasoning, to not see that the cause of this hospital systems nurse retention problems are not the nurses you have - who remain loyal. It's the nurses you do not have, and the working conditions that creates for County RNs. A temporary nurse is not a County nurse. Our patients deserve better. County nursing talent is leaving for other hospital systems and agency employment because those employers understand retention in a pandemic requires incentive compensation. County is allowing the nursing shortage created by their long-term inadequate staffing practices to be aggressively amplified by ignoring what their nurses are telling them they need. In addition, reporting regarding how many permanent nurses still work at CCHHS has been difficult to obtain and incomplete, someone wants to hide the ball. Registered nurses demand better than this. Cook County taxpayers deserve better than this. Cook County Health and Hospital System patients deserve better than this. We once more offer accurate reporting on the state of hospital staffing and the threat to patient outcomes before seeking new audiences who may listen and act.

We would like to provide meaningful context to the situation County nurses are truly in. There has been talk of the “nursing shortage” for over a decade. The last year has been the worst the nursing profession has ever seen. The hospital has told us that this is due to record levels of nurses retiring, possibly due to Covid-19 and increased levels of violence towards healthcare workers, and not enough teachers to churn out new graduates. But according to the 2017 U.S. Department of Health and Human Services report on supply and demand of the nursing workforce from 2014-2030 there are enough nurses to meet the demand in most states, some with a surplus of which Illinois was included. In fact, Illinois is projected to have a 2.6% surplus of registered nurses in supply by 2030. So, if there is in fact a surplus of nurses, why is CCHHS pushing the rhetoric that there is a nursing shortage and not enough nurses willing to stay in direct care?

It is a known hospital practice to understaff RNs on every shift in all units possible. Why? Because nursing service is included in the price of the hospital room. Unlike physicians who can bill separately for their services. If admitted to a general care bed your nurse may have 5 patients or she could have 9 patients, but the room and board bill will be the same for each patient no matter how many patients the nurse has. Therefore, it is more profitable or budget friendly to have fewer nurses taking care of more patients. For this reason, County hospital practices bare bones staffing. When Covid-19 hit and there was a surge in admissions many temporary nurse positions started appearing through temporary staffing agencies because we could not meet the staffing demands for the influx of Covid patients. These temporary RN positions pay 3-4 times what permanent County staff nurses make because demand has been so high. Temporary nurses are somewhat akin to a substitute teacher. They are used as a supplement when hospital staffing is not adequate. They receive little in hospital training (approximately 4 to 8 hours) and are expected to jump in and take patients, and permanent staff are expected to help them acclimate. As you can imagine, County nurses have felt insulted the entire pandemic. Our hospital that we have been loyal to, many of us for decades, is now expecting us to mentor new batches of temporary nurses every 8-12 weeks.

Many County nurses decided to leave their long-time positions for temporary positions. At John H. Stroger, Jr. Hospital (JSH), we lost upwards of 100 nurses that went to pursue these positions and the number is still growing rapidly. As a quick fix for this mass exodus, Cook County started hiring temporary RNs. Many units are currently staffed with 50% to 75% temporary RNs, some days the percentage is higher.

Why does this matter to the Board? Temporary nurses are also trained RNs are they not? As long as nurse to patient ratios remain decent patients should still receive proper care, correct? The answer is not that simple. County RNs are evidence-based researchers and medical professionals. We know that the evidence around temporary staffing of RNs is mixed. Some studies found increased patient falls and decreased quality of care, while others found no differences. Which means there is probably another confounding factor. We believe it isn't that temporary RNs are bad nurses, but that the percentage of temporary workers per unit is far too high. Temporary RNs are less familiar with unit layout, policy, and procedures. This is not a hindrance if you have a decent number of permanent staff, say 75% or more because then the temporary RNs have resources, they can rely upon to point them in the right direction. When County nurses are scarce, temporary workers must do the best they can with no one to guide them. This can lead to increased patient complaints, decreased patient satisfaction, and more drug errors. A study by Senek et al. (2020) found that an increase in the proportion of temporary staff significantly increased the amount of care left undone. The same study concluded that fully staffed shifts with a large amount of temporary RN staff had the same amount of care left undone as a severely understaffed shift with no temporary workers. Care left undone has been associated with poor patient outcomes and increased mortality. Another study found high levels of temporary RN staff resulted in a substantial increase for hazard of death, while temporary staffing at low levels had no increase (Dall'Ora et al., 2019).

Despite these facts, County's solution to nurse staffing issues is to hire more temporary nursing staff and to refuse to offer retention benefits to current permanent nursing staff. Hence more permanent nursing staff will be leaving. Across the country, and across the street, hospital systems have offered their current staff retention benefits such as wage increases, bonuses for extra shifts, and lump sum retention bonuses, but County has done nothing. They remain silent.

Why does this matter to taxpayers? The County system is the safety net hospital for all of Cook County, meaning we nurses take care of everyone regardless of their insurance status and their ability to pay. This means that the taxpayers support the hospital. A study conducted right here in Illinois by Laster et al. (2021), which included 87 acute care hospitals, found that if medical/surgical units staffed with a 4:1 patient to nurse ratio (it can be as high as 7:1 or 8:1 at JSH) during the 1-year study period, more than 1,595 deaths would have been avoided and hospitals would have collectively saved over \$117 million. Spending more money on permanent nursing staff saves money in the long run. County investing in the permanent nursing staff it has left through retention benefits and increasing wages will make positions more desirable in hiring. This is directly more beneficial to the hospital, patients, and taxpayers than padding staffing with temporary RNs because it will improve patient outcomes, which has been shown to save money. Offering retention benefits and raising wages somewhat would be less expensive than hiring temporary workers at 3-4 x the rate of permanent nursing staff. Cook County's behavior toward its nurses indicates a complete devaluation of the permanent staff that have remained loyal and believe in our mission of quality care regardless of insurance status. It also indicates that the hospital board and system does not really care about improving patient outcomes. There is not a nursing shortage, just a shortage of nurses willing to work in hospitals that force nurses to risk their licenses by working in unsafe conditions for substandard pay.

Registered Nurse Leaders of the National Nurses Organizing Committee have demanded that the Cook County Health and Hospital System Board of Directors provide some form of retention bonuses, pandemic- related differentials and bonuses, accurate reports of permanent nurse staff vacancies and hires, respect, and dignity. To put it simply, the response has been a flat no. Whatever the reasoning, Cook County needs a new set of priorities in light of all that has transpired throughout the Covid-19 pandemic. We believe it is time to go on the record about the true state of the nursing profession, as County is leading in failure to retain. Exacerbating the staffing circumstances born of their own budgetary prioritization.

County nurse's loyalty to both the profession of nursing and the County's patients demands so much more than silence. This is not how heroes are meant to be treated.

References

Dall'Ora, Maruotti, A., & Griffiths, P. (2020). Temporary staffing and patient death in acute care hospitals: A retrospective longitudinal study. *Journal of Nursing Scholarship*, 52(2), 210–216. <https://doi.org/10.1111/jnu.12537>

Kelly, Jack (2022). Unless We Future-Proof Healthcare, Study Shows That By 2025, 75% of Healthcare Workers Will Leave the Profession. <https://www.forbes.com/sites/jackkelly/2022/03/15/unless-we-future-proof-healthcare-study-shows-that-by-2025-75-of-healthcare-workers-will-leave-the-profession/?sh=694859b32bcb>

Lasater, Aiken, L. H., Sloane, D., French, R., Martin, B., Alexander, M., & McHugh, M. D. (2021). Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: An observational study. *BMJ Open*, 11(12), e052899–e052899. <https://doi.org/10.1136/bmjopen-2021-052899>

Senek, Robertson, S., Ryan, T., King, R., Wood, E., & Tod, A. (2020). The association between care left undone and temporary Nursing staff ratios in acute settings: A cross- sectional survey of registered nurses. *BMC Health Services Research*, 20(1), 637–637. <https://doi.org/10.1186/s12913-020-05493-y>

U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. (2017). National and Regional Supply and Demand Projections of the Nursing Workforce. Retrieved on March 16, 2022 from <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nchwa-hrsa-nursing-report.pdf>