To: Julie Pinkham, MNA Executive Director
Dana Simon, MNA Director of Strategic Campaigns
From: Ann Marie Ryan, Associate Director, Division of Labor Action
Date: 12/3/2021
Re: Recent Steward Good Samaritan Medical Center Emergency Department Issues

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For the past eighteen months deteriorating conditions in the Good Samaritan ED resulting from extremely poor RN and tech staffing and inability to move boarders to the floors has continued to worsen to beyond crisis conditions. As we have discussed, this is possibly or probably the most dangerously deteriorating ED of all the state's hospitals that we are in.

Preventable deaths:

- 11/23/21: 3 critical care in one RN's 8 patient assignment. 2 are Code Stroke with one receiving TPA (should be 1:1 nursing). Other patient with HR 212 and BP 60/30 requiring 1:1 care. This patient admitted to ICU but expired next day. 80 patients in the ED.
- 11/26/21: Asst PCD had, along with hemolytic patient, another patient who presented alert and moaning with acute renal failure and hypokalemia found dead on a hallway stretcher. Resuscitation efforts started but failed. 95 patients with 11 RNs at approximately 1pm to 5pm when 16 RNs would have been required by the staffing plan.

ED Staffing plans habitually not followed.:

- Attached is a copy of management's official ED staffing plan. More often than not, the ED is understaffed in the realm of 50% of required RNs. This number varies from shift to shift. It is also accurate to say that the frequency with which the numbers required by management's official staffing plan are met are negligible.
- *Please refer to the attached official hospital management ED staffing plans when reading the number of RNs that were on shift during these example incidents.*

Inappropriate Care in ED:

- 10/25/21: GSMC Medical Director, Ken Lawson, MD, above the stated objections of multiple ED RNs, arranged for the out of state parents of a GSMC ED physician to receive monoclonal antibody infusions in the ED even though the ED was understaffed, crowded, and would take an RN away from the ED staffing. 98 patients with 8 RNs. This occurred between the hours of approximately 6:30pm and 12am. During those times the hospital's own ED Staffing Plan calls for 16 RNs.

Inadequate patient care:

- 10/10/21: 75 yr old patient waited 15 hours overnight in waiting room chair without food, water, or daily meds before being brought into ED. Patient had been seen and discharged from ED previous day. 59 patients in ED.
- 10/16/21: STEMI patient waited 1.5 hours to be triaged despite active chest pain and left arm pain. 75 patients with 11RNs from approximately 8am to 11pm when 13 RNs would have been required at 9am and 16 RNs would have been required from 11am to 11pm by the staffing plan.

- 11/21/21: Witnessed code in front of physician. IV pump unavailable for vasoactive infusion. IV pump taken from another ED patient with infusion close to being completed. Patient ultimately coded again and expired.
- 11/22/21: RN had to leave patient requiring Cardizem IV infusion for rapid afib heart rate in the 140's to code other patient in assignment who cardiac arrested. No other RN available to care for 5 other patients in this RNs assignment. At 11pm there were 7 ambulances trying to bring patients into ED. 71 patients with 11 RNs approximately 11am to 11pm when 16 RNs would have been required by the staffing plan.
- 11/23/21: MDs bringing patients back into ED without an RN available to safely assume care. 59 patients with 7 RNs from approximately 3mm to 11am when there should have been no less than 9 RNs required by the staffing plan..
- 11/25/21: Elderly nursing home patient with dementia eloped from ED via taxi. Was located in Watertown by state police and brought to Mt. Auburn Hospital. Patient was part of "hallway stretcher assignment" with no clear RN assigned. 91 patients with 10 RNs from approximately 3pm to 11pm when 16 RNs would have been required by the staffing plan.
- 11/26/21: Trauma with unstable neck fracture with neuro compromise waited 26 hours for transfer to another hospital. Hemolytic anemia patient in hallway stretcher requiring multiple rapid blood transfusions assigned to new Assistant Patient Care Director with no ED experience and no ED orientation. Asst PCD had to have another ED RN with her own trauma assignment assist with care of patient. 95 patients in ED with 11 RNs from approximately 8am to 5pm when 16 RNs would have been required by the staffing plan.

Triage Issues:

- 10/8/21 7am-11pm: Patient with low hemoglobin and hematocrit waited 8 hours and patient with rapid afib waiting 45 minutes for ED beds. 90 patients with 10 RNs from approximately 7pm to 11pm when 16 RNs would have been required by the staffing plan.
- 10/8/21 7pm-11pm: triage left unattended with 30 patients in waiting room and 11 hour wait to get bed in ED due to lack of adequate RN staff. 92 patients with 10 RNs from approximately 7pm to 11pm when 16 RNs would have been required by the staffing plan..
- 10/12/21 9pm-7am: 9pm waiting room had 40+ patients with 2 hour wait for triage and 14 hour wait for ED bed. 11pm RN pulled from triage to take an assignment and tech/CNA sent to sit in triage. 101 patients with 6RNs from approximately 7pm to 11pm when 16 RNs would have been required and then down to 4 RNs from 11pm to 7am when no less than 9 RNs would have been required by the staffing plan.
- 10/16/21: No RN in triage with 30 patients in waiting room. Tech/CAN in triage taking vital signs and bringing to RN in ED for "triage". 62 patients and 7 RNs from approximately 11pm to 7am when no less than 9 RNs would have been required by the staffing plan.
- 10/17/21 9:30am: RN assumed triage assignment. No RN in triage prior to 9:30am with multiple priority 2 patients in waiting room including elderly patients with active chest pain. 93 patients with 11RNs when 13 RNs at 9am and then 16RNs from 11am to 11pm would have been required by the staffing plan.
- 10/18/21 11pm-7am: No RN in triage. Tech/CNA in triage taking vital signs and bringing to charge RN from 11pm-7am. 104 patients with 9RNs from approximately 3pm to 3am and 10 RNs from 3am to 7pm when 16 RNs would have been required by the staffing plan from 9pm to 11pm.

- 11/3/21 7-11pm: triage left unattended with 19 patients in waiting room and 12 hour wait to get bed in ED due to lack of adequate RN staff. 93 patients with 8 RNs from approximately 7pm to 11pm when 16 RNs would have been required by the staffing plan.
- 11/28/21 11:30pm: RN told to leave triage at end of their shift due to no RN to relieve her. RN told to give report to a tech. RN refused and notified supervisor she would be filing an incident report. Another ED RN was then assigned to cover triage.

Requests for Code Helps denied:

- 11/25/21: Code Help called despite ED Patient Care Director reluctance. Hospital president stated on later follow up call "going to have to sit down and talk about appropriateness of calling of Code Helps. CEDOC score 183. 91 patients with 10 RNs from approximately 3pm to 11pm when 16 RNs would have been required by the staffing plan.
- 11/28/2021: Charge RN told not to initiate CODE Help despite CEDOC score 189. 83 patients in ED.
- Current: Generalized understanding by ED staff that management is effectively forbidding declarations of Code Help, presumably to prevent creation of a paper trail of frequent Code Helps that DPH and CMS could see.

Good Samaritan's official ED Staffing Plan

	RN Grid
12:00 AM	11
1:00 AM	10
2:00 AM	9
3:00 AM	9
4:00 AM	9
5:00 AM	9
6:00 AM	9
7:00 AM	10
8:00 AM	11
9:00 AM	13
10:00 AM	13
11:00 AM	16
12:00 PM	16
1:00 PM	16
2:00 PM	16
3:00 PM	16
4:00 PM	16
5:00 PM	16
6:00 PM	16
7:00 PM	16
8:00 PM	16
9:00 PM	16
10:00 PM	16
11:00 PM	12

Express 1 RN 8am - 12pm
Triage 2 RN 7am - 11pm
ATA 2 RN 9/11am - 11pm