



MEDIA ADVISORY

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St. Vincent Nurses File Complaints with State and Federal Agencies Citing Dangerous Conditions that Jeopardize the Safety of Patients Admitted to the Hospital – Call For Immediate Intervention to Protect Patients & End Suffering

Nurses to Hold Media Briefing on the Situation

When: Wednesday, January 31 at 10:30 a.m.

Where: MNA Region 2 Office, 11 East Central St. Worcester, MA

The event will also be livestreamed on the MNA Facebook page: www.facebook.com/massnurses.

The MNA believes these complaints raise serious concerns regarding the safety of patients and cite specific “deficiencies in staffing, hospital policies, allocation of technology, and a deliberately punitive management culture that is resulting in dangerous delays in the administration of needed medications and treatments, preventable patient falls and other complications, including sentinel events.”

In response to complaints, hospital management engages in unlawful retaliation against nurses, firing three nurses and suspending six others for their efforts to advocate for their patients, which prompted the union to file charges of unfair labor practice, and to prepare a Whistleblower complaint against the employer in Superior Court

WORCESTER, MA –The nurses of St. Vincent Hospital, who are represented by the Massachusetts Nurses Association (MNA) have filed a number of official complaints with the Department of Public Health Division of Healthcare Quality, Joint Commission (which accredits acute care hospitals), the Center for Medicare and Medicaid Services and the Mass. Board of Registration in Nursing in response to a growing and dire crisis in the safety of care for patients admitted to the Worcester-based facility. **Reporters who wish to receive copies of the complaints can email David Schildmeier at dschildmeier@mnarn.org.**

The complaints are based on hundreds of reports filed in real time by nurses over the last six months that highlight significant deficiencies in staffing, hospital policies, allocation of technology, and a deliberately punitive management culture that is resulting in dangerous delays in the administration of needed medications and treatments, preventable patient falls and other complications, including preventable patient deaths.

“We are sickened to report, but find ourselves duty bound to do so, that the conditions documented in these complaints raise serious concerns about the safety of patient care at our hospital,” said Marlena Pellegrino, RN, co-chair of the nurses local bargaining unit with the MNA. “As these complaints show, our administration has created an environment that too often violates the dignity of our patients and compromises our ability to meet accepted standards of patient care. As we wrote in our complaint to these agencies, ‘In our role as legally mandated advocates for our patients we appeal to these agencies to immediately intervene, and take whatever steps are necessary to prevent the further erosion of patient care conditions, and to protect our patients and our community from continued harm and unnecessary suffering.’”

While care conditions have been of grave concern for nurses for several years, they have taken a turn for the worse since CEO Carolyn Jackson installed a new Chief Nursing Officer Denise Kvapil, who has implemented a concerted campaign to cut staffing levels and increase nurses' patient loads in blatant violation of the nurses' union contract, a contract negotiated with Tenet Healthcare to improve patient care at the hospital and to end the nurses historic 10-month strike in 2021-22.

The nurses have filed more than 500 official reports of staffing/patient care conditions that jeopardized the safety of their patients from July through December of 2023, with an alarming 102 reports filed in January of this year alone. In the nurses 22-page complaint, they cite a number of specific instances of unsafe staffing and other conditions that violated specific regulations established by the Joint Commission, Medicare and Medicaid, the Department of Public Health and the Board of Registration in Nursing that are required by these regulators to ensure the safety of patient care, including:

The hospital continues to admit patients despite inadequate staff to appropriately meet the patients' needs, in violation of TJC (The Joint Commission) standard PC.01.01.01 "The hospital accepts the patient for care, treatment and services based in its ability to meet the patient's needs." Nurses continue to witness the violation of the hospital's handbook on *Patient Rights and Responsibilities*, but their concerns have gone unanswered. The hospital repeatedly violates 105 CMR 130.311: "Registered Nurse Coverage- There shall be a sufficient number of registered nurses on duty at all times to plan, supervise and evaluate nursing care, as well as to give patients the nursing care that requires the judgment and specialized skills of a registered nurse" and 105 CMR 130.312: "Registered Nurses, Licensed Practical Nurses, and Ancillary Staff Coverage- The number of registered nurses, licensed practical nurses and unlicensed nursing personnel assigned to each nursing unit shall be consistent with the types of nursing care needed by the patients and the capabilities of the staff."

The complaints provide documentation and reports of Tenet's failure to adhere to these standards. Here are some examples, all occurring in December and January:

- A confused and restless patient was accepted in transfer to the SVH emergency department from another facility. The patient required a 1:1 sitter but none was available. The patient suffered an unwitnessed fall. ***Nurses report falls to be a regular occurrence due to the poor staffing conditions.***
- Cardiac patients were accepted to the hospital and admitted to the unit despite no cardiac telemetry boxes available on the unit (telemetry boxes refer to special monitors to track cardiac activity and are critical to spotting a potential cardiac arrest). One patient, admitted in hypertensive crisis with a blood pressure of 242/130 was ordered for cardiac monitoring but was not monitored while receiving antihypertensives that were new to him. Hospital policy requires cardiac monitoring is required when administering at least some of the patient's medications. The resolution presented by hospital administrators was "hoping that patients would be discharged" and make available boxes; ***nurses were instructed to call the admitting physician and request the order be discontinued.***
- One RN called a "Rapid Response" on three of her patients in the same shift ("Rapid Response" refers to a call by the nurse for extra help for patients entering a cardiac crisis); Medications were given late, bed alarms and call bells went unanswered; patient assessment and skin care, hygiene delayed or missed entirely; patient in restraints not monitored as required by policy violating TJC Standards. ***Nurses report an increase in the need for "Rapid Response" calls directly attributable to nurses not having the time to monitor and care for patients to prevent a negative downturn in their condition.***
- A nurse was assigned a new admit to the ICU despite needing to hold pressure on an arterial bleed in another room; No staff available to monitor a patient ordered for 1:1 and the assigned

nurse was responsible for a second patient violating the TJC standard, and the Massachusetts law requiring one nurse to each patient in the ICU based on their acuity level. ***The hospital rarely staffs intensive care units with enough staff to provide this level of care to the most critically ill patients.***

- On the maternity unit, “a patient who was fully dilated and pushing (in active labor) for more than 5 hours was “on hold” for a C-section and multiple patients were placed “on hold” for inductions because of inappropriate staffing levels violating TJC Standards.
- All medication administration and care delivery was delayed. There was no supervisor or critical care support in response to a “Rapid Response” call for a critically ill patient, delaying the expert care required for the patient. A patient ordered for 1:1 safety monitoring was not monitored as such and was frequently found getting up alone, at risk for fall. A patient with a massive unstageable wound was frequently incontinent of stool but could not be provided the hygiene and skin care deserved in a timely manner. ***Due to lack of staff and time to monitor patients, numerous nurses reported patients left to lie in their own urine and feces for extended periods of time, a unwarranted assault on their dignity, while also placing these patients at risk for bedsores and infections.***

Cuts to Staffing in Emergency Department Pose Greatest Threat to Patients

The nurses highlight the hospital’s busy emergency department as an area of greatest concern for both nurses and patients due to the administration’s draconian efforts to gut contractually guaranteed staffing levels. While the nurses contract calls for at least 12 nurses to be on duty to care for patients, the hospital cut ED staffing by over 50 percent, on most nights, running this busy, urban emergency department to operate with just four or five nurses.

There have been nights when four nurses were responsible for more than 100 patients, including critically ill patients waiting for a bed in the ICU, patients in need of monitoring for a stroke or heart failure, and behavioral health patients, some of whom are at risk for suicide, or potentially violent who were left unattended in the ED’s behavioral health annex with no RN assigned, which is a blatant violation of Joint Commission standards. National standards for emergency department care call for an ED nurse to be assigned a maximum of five patients at a time, yet at St. Vincent, there are many days and nights when nurses can have 13 – 15 patients apiece.

The complaint also details many instances where there is no “triage nurse”, a nurse to evaluate incoming patients to assess the nature of their illness and need for care, and to determine which patients need to be seen first. This is a critical role in any ED, but takes on added significance at SVH as the facility is a designated stroke center, which obligates the facility to ensure timely identification, monitoring and intervention for those patients suspected of suffering a stroke. There are many documented instances where there is no triage nurse available to perform this function, with a waiting room that may have 40 to 50 patients waiting for care. The hospital also places patients who are admitted and boarding in the ED waiting for a bed to open, with no RN oversight, again, a blatant violation of standards for this care.

The administration also staffs the emergency department, an area that calls for highly skilled and experienced nurses, with newly graduated nurses or novice nurses, in an understaffed environment where all the staff is overwhelmed, and there is no ability to support or mentor these nurses.

Adding insult to the injury of working in such an unsafe environment, the nurses point to the lack of any meaningful response to their concerns and for the safety of their patients, and as a result, 27 nurses in the department have signed onto a complaint with the Board of Registration in Nursing against hospital nursing administration for its failure to provide appropriate care conditions that “has placed patients at risk.”

Management Responds to Nurses Safety Concerns with Campaign of Retaliation

In the wake of this crisis, the nurses at SVH and the MNA have been attempting to establish a positive working relationship with the administration since the end of the strike, and at every turn those efforts have been rebuffed, only to face a concerted campaign of recrimination, daily violations of the nurses' union rights and of late, unlawful and unwarranted retaliation against the nurses who had the audacity to advocate for their patients and their rights.

The impact of Tenet's practices and behavior over the last two years has been devastating by design. A hospital that once had more than 800 nurses now is staffed with around 500, with more than 250 pending vacancies. While nurses struggle every day to keep their patients safe, Tenet management refuses to engage in any meaningful effort to recruit and retain needed nursing staff. Nurses who are recruited to the facility, particularly newly graduated nurses, end up leaving their positions, many before they even finish their orientation.

The nurses point out that Tenet spent more than [\\$5 million a week during the nurses strike to recruit more than 200 travel nurses](#) to break the strike and avoid safer staffing levels, and now that it is settled, the hospital is refusing to hire a significant number of travel nurses to ensure appropriate patient care. When nurses in the maternity unit requested the need to contract with travel nurses to ensure a safe staffing level to provide care for mothers and newborns, hospital administration responded that the budget did not support it. This is occurring when Tenet Healthcare turned a [profit of more than \\$854 million](#) for the third quarter of 2023, a profit margin of 17 percent.

Since the strike ended, the nurses have filed more than 100 grievances against the employer for violation of the contract, and dozens of pending charges for unfair labor practices, Tenet has refused to re-engage in a long standing practice of holding regular meetings between nurses and management to resolve these issues, and recently attempted to bar MNA staff from entering the hospital to conduct lawful union business.

This month, after the nurses filed their complaint with the Board of Registration in Nursing and other agencies, and shortly after the BORN began its investigation of the complaint, three nurses in the emergency department involved in the complaint were terminated, and six nurses on other units in the hospital, including the co-chair of the Bargaining Unit Dominique Muldoon were suspended without pay for their efforts to object to unsafe patient assignments.

The MNA has responded by filing a charge of unfair labor practice against Tenet and is seeking injunctive relief to reverse the terminations and suspensions. The MNA is also preparing an official complaint under the state's Healthcare Whistleblower law, which will be filed in Superior Court against the retaliatory terminations.

The concluding paragraph of the nurses' complaints makes clear the nurses' position, and reads: "These conditions are abhorrent by any medical or nursing standard and the nurses of St. Vincent Hospital are both outraged and overwhelmed by the suffering they have endured. As a result, dozens have left the facility unable to accept such lax and dangerous standards, as well as from the repeated abuse they have received from their administration. As an agency responsible for holding providers accountable for the care they provide, we reiterate our call for your immediate intervention, as without proper oversight, we fully expect many more patients to be harmed, and tragically, a number of our patients will die."

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Founded in 1903, the Massachusetts Nurses Association is the largest union of registered nurses in the Commonwealth of Massachusetts. Its 25,000 members advance the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Legislature and regulatory agencies on health care issues affecting nurses and the public.