



# Nurse Staffing

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## 2019 Report to the Legislature

*As required by Engrossed Substitute House Bill 1109 (2019)*

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This is the report to the Legislature as directed by ESHB 1109 (2019) and contains information on Department of Corrections Nurse Staffing.

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# Department of Corrections Nurse Staffing

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*2019 Report to the Legislature*

## Executive Summary

The Washington State Department of Corrections (DOC) is responsible for the confinement and supervision of approximately 37,000 individuals convicted by superior courts throughout the state. DOC operates 12 prison facilities, 12 Work/Training Release facilities and approximately 86 community supervision offices to manage this population.

The DOC Health Services Division operates an extensive nursing program in its 12 prison facilities, 8 of which require nursing coverage 24/7 to provide constitutionally mandated health care for its incarcerated population. The need for nursing personnel around the clock requires the use of overtime and on-call to cover mandatory and authorized absences of nursing staff. The DOC is not fully funded for these non-discretionary costs and continues to overspend in this area.

## Report Overview

In the 2019 Legislative Session, the Biennial Budget (ESHB 1109) provided additional funding to DOC solely to fund on-call (intermittent) nursing and overtime staff in order to cover nursing posts in prison facilities. The legislature mandated that DOC track and report changes in working conditions and overtime usage for nursing services by December 21, 2019.

## Background

The Eighth Amendment of the United States Constitution protects the right of individuals to receive healthcare while incarcerated. Those admitted to prison typically have not had access to health care on a regular basis, to include: medical, dental, mental health, vaccinations, or prescriptions. Individuals incarcerated are more likely to have extensive dental decay and infectious disease caused by prolonged substance abuse. Many individuals are diagnosed with serious mental illness including depression, schizophrenia or bipolar disorder. Older individuals typically have chronic diseases such as hypertension, diabetes, arthritis, cancer, chronic pain, and early onset dementia. Incarcerated individuals experience mental disorders arising from previous trauma or abuse; females are most likely to suffer these conditions.

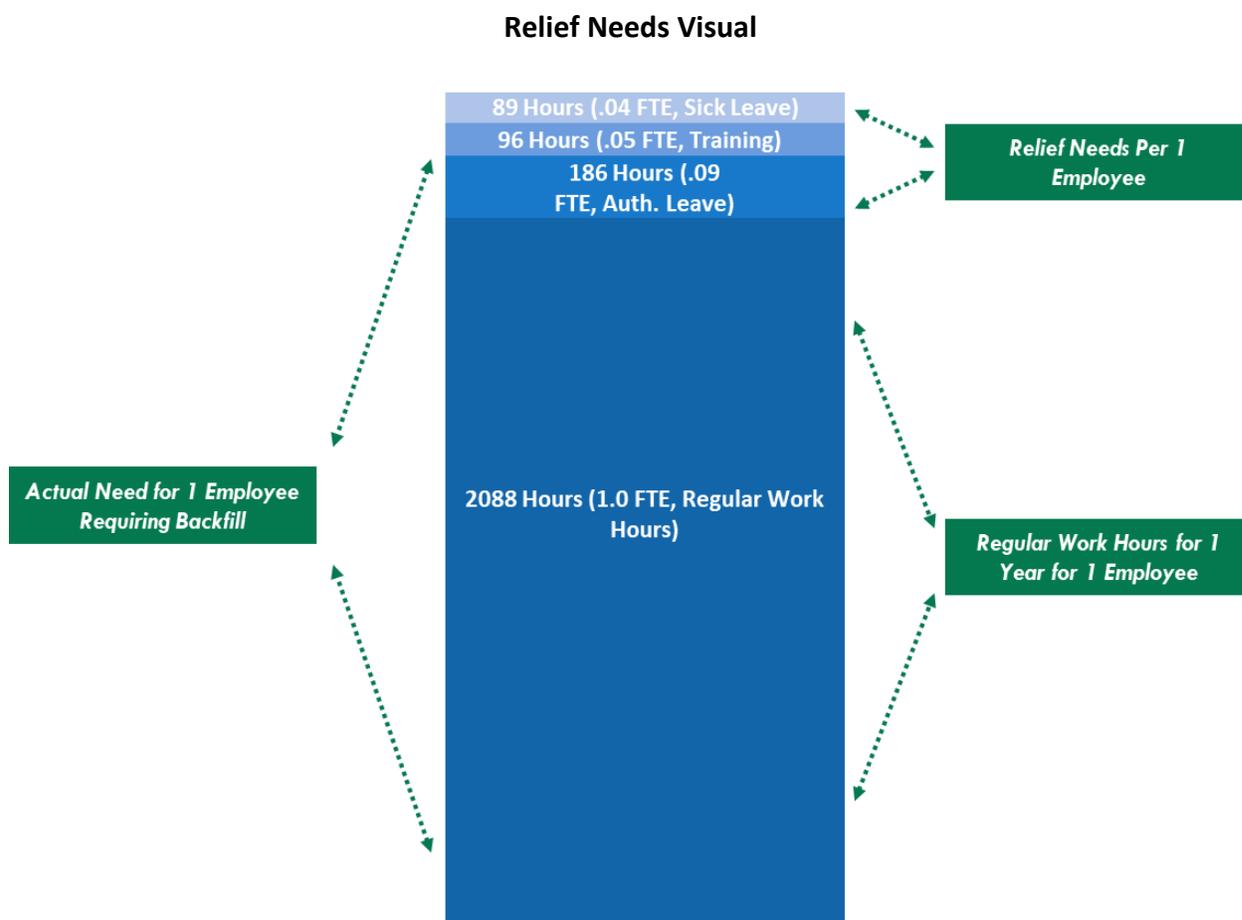
Health care in the prisons' system is complex, with characteristics of both an institutional environment and a community health care environment. DOC is required to provide health care infrastructure for incarcerated individuals on a 24 hours per day, 7 day per week basis. At the same time, DOC must create and administer a health benefit plan that identifies, approves, and provides care for specific acute and chronic diseases. The incarcerated population is diverse, consisting of both older and younger individuals, males and females. Many of which are mentally ill, have a substance use disorder, and are a generally less healthy cohort of people. Nursing services are the crux of the DOC health care operation. Each major facility has a team comprised of Registered Nurses (RN), Licensed Practical Nurses (LPN), and Nursing Assistants (NA) working in tandem with

other health care professionals, to provide the constitutionally mandated health care. Nursing is vital to DOC's health care operation and due to the nature of correctional facilities, is required 24/7.

## Relief Factor

During the 2018 Legislative Session, DOC was funded to conduct a Prisons Staffing Model Review which included Health Services. DOC contracted with CGL to provide this review and on June 28th, 2019, they provided DOC with a report of its findings and recommendations. In this report, CGL recommends a relief factor that supports the 24/7 operations of nursing staff.

Relief, or relief factor, is the amount of additional staffing or Full-Time Equivalent (FTE) required to cover mandatory training, collectively bargained leave, and leave types required by law for positions that require backfill due to their posts or work areas requiring coverage during the time of a full-time employees normally scheduled shift.



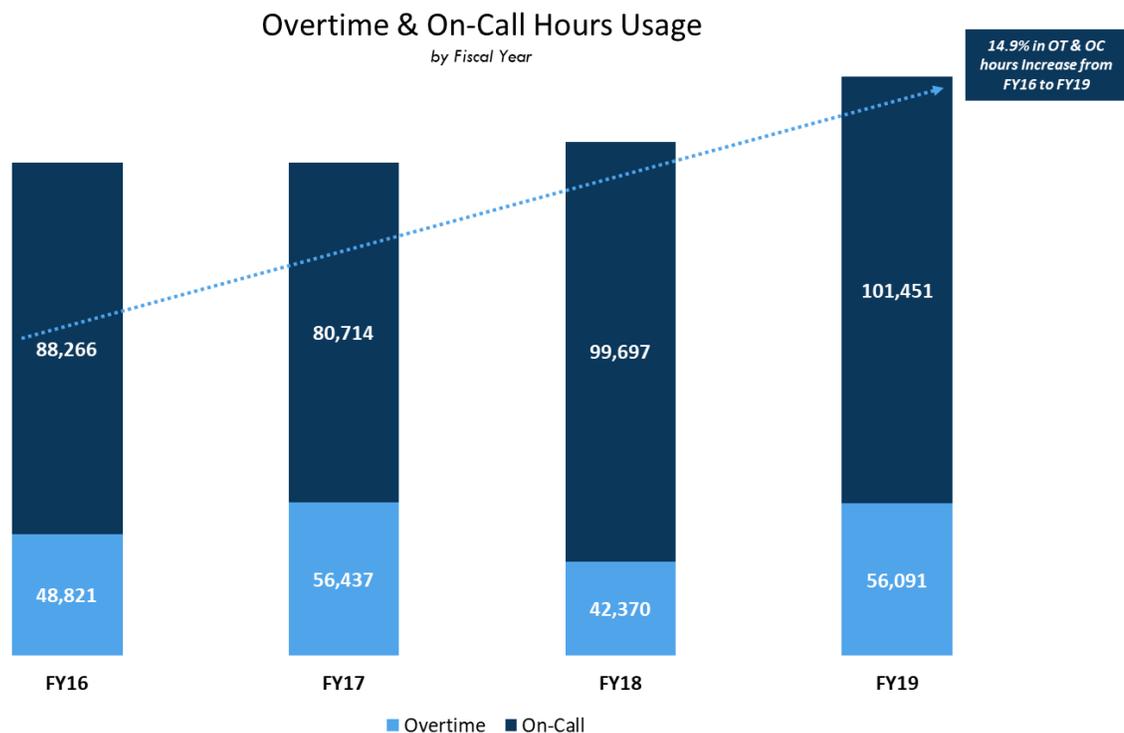
*Relief needs hours were determined by an average of use per Registered Nurse 2 employee from Fiscal Years 18 and 19.*

Relief needs for nursing in DOC are met primarily by the use of on-call staffing and overtime. The usage of overtime and on-call to cover relief needs varies between facilities based on facility size, location, ability to hire, and other factors. In areas where the ability to hire on-call staffing or even full-time employees is

difficult, overtime is the only option to ensure health care services for the incarcerated individual population 24 hours a day, 7 days a week, 365 days a year.

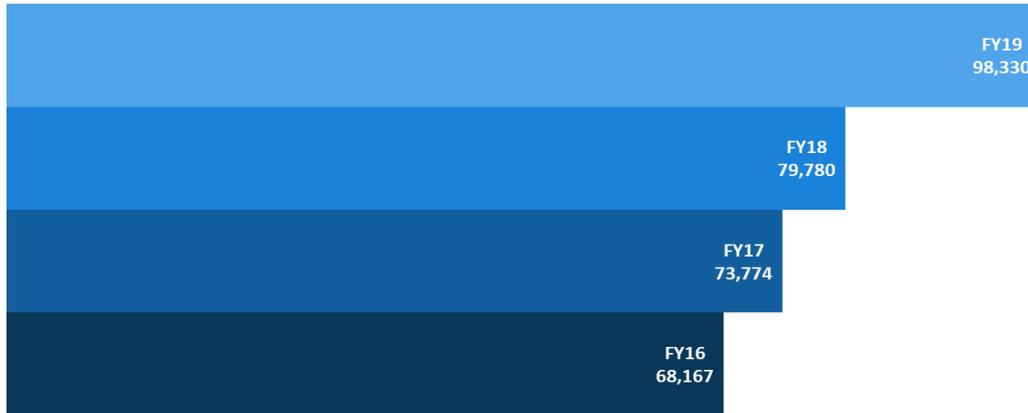
## Overtime and On-Call

Corrections health care will always use overtime and on-call staffing to fulfill their operational needs. This is the cost of doing business for 24/7 programs. Full funding for this need will alleviate pressures on the Health Services program and DOC to cover these costs at the expense of other programs and public safety. Overtime and on-call usage per day, per month, and per year can fluctuate due to multiple reasons, but the biggest driver is authorized and unauthorized leave usage.



Leave usage has increased significantly since FY2016 and can be attributed to additional leave granted to employees through the collective bargaining process and the ability to accrue leave through compensatory time in lieu of overtime payments. Increased leave usage leads to need for more relief, which drives the increase in overtime and on-call usage.

## Leave Hours Taken by Nursing Staff *by Fiscal Year*



Relief needs, which includes authorized leave, are directly tied to overtime and on-call usage. Based on previous usage, the DOC can estimate the amount of hours, on average, staff in a specific job classification will use. These absences require coverage, and in most instances, overtime and on-call usage is the only available option to maintain health care services for the incarcerated individual population.

### The Human Costs of Overtime

In the 2017-19 biennium, DOC overspent salaries and benefits by \$4,753,000 due to unfunded relief needs for nursing staff. This overspend, relating to overtime and on-call nursing staff usage, affects staff and patient safety, staff morale, creates legal risks, requires that funding be diverted from other areas causing shortfalls or loss of programs, and impacts other parts of DOC's budget, to include public safety. The DOC is required to provide constitutionally mandated health care to the incarcerated individuals it serves. Due to the health needs of DOC's patients, health care is a 24/7 operation that state law requires licensed nursing personnel to be available at all times.

Ongoing and mandatory overtime causes real, tangible, and quantifiable harm to the people who do the work. The harm to staff begins with negative effects on sleep and accumulation of stress, potentially leading to increased rates of depression and anxiety, and a decrease in intellectual functioning.

The accumulation of problems with sleep, physiological functioning, and psychological functioning decrease the likelihood of operating facilities in a safe and secure manner. Staff managing these issues are significantly more likely to interact with their colleagues in a more irritable and aggressive fashion; and they will do the same with incarcerated individuals. Mandatory overtime makes it more unpleasant and more dangerous to work in a facility. Working in an unpleasant and dangerous environment increases the rate of turnover leading to a vicious cycle we must address effectively to overcome.

## Conclusion

Mandatory training and authorized absences of nursing personnel requires proper coverage through the use of on-call and overtime staffing. The need for 24/7 coverage and the high cost of nursing services contributes to a large spend in these areas. Currently DOC does not have the funding to cover the relief need as recommended in the report from CGL.

The Health Services Division is currently working with its health care subject matter experts, facility leadership, and the Teamsters Local Union 117 to make changes to each of its facilities operational models to conform to a more modern health care delivery system. Due to labor negotiations and physical plant issues, the time to implement these initiatives statewide is taking longer than expected. Once implemented, these changes will alleviate some of the overtime and on-call overspend, as well as provide more efficient day to day health care services for the incarcerated individuals the Health Services Division serves. Even with this work, Health Services will still require the use of overtime and on-call to cover the mandatory training, authorized leave, sick leave, and FMLA of its 24/7 nursing personnel.