



8 Workers Injured in One Weekend Report on Understaffing at CRH

Based on interviews of 13 workers by UE Local 150, NC Public Service Workers Union

There were at least eight workers injured at Central Regional Hospital during the weekend of October 29-31, 2021. All the injuries are related to the understaffing crisis now facing many facilities across the Department of Health and Human Services Division of State Operated Healthcare Facilities. Over a dozen workers were interviewed to compile this report.

An incident occurred on the acute male Adult Admission Unit resulting in six (6) employees sustaining injuries including punches to the face, kicks to the body and bite marks on the arms and shoulders, on the evening of Sunday, October 31. At the time of this report (2 weeks after the incident) at least two workers remained out of work. One staff member who was interviewed stated, "On the weekend they be killing us," due to bare minimum staffing levels. Forensics patients now comprise more than half of the patients on the acute male admission's units.

On the evening of the incident, there were 21 patients on the unit. At the beginning of second shift, only two Therapeutic Support Specialists (TSS) familiar with the ward were assigned to the unit. Three other TSSs were pulled from other wards, for a total of five TSSs. There were only two Registered Nurses, both which were pulled from other units.

When staff are pulled from other units they are not familiar with the patients' behaviors on that unit. More importantly, the patients are not familiar with the workers' styles, and will be more likely to try to take advantage of the new situation.

According to an interview with William Wright, the charge nurse from 1st shift, "We don't staff by acuity, we staff on the number of patients." This can be a very dangerous situation when patients become volatile or when patients have dual diagnoses.

State mental health workers in DHHS facilities are facing a crisis of short staffing

Reportedly, one of the patients started to aggress towards an RN. Two of the TSSs attempted a therapeutic hold, which resulted in the patient being on the ground. As the TSSs were holding the patient, other patients started stomping and kicking the TSSs. The TSSs were holding down the patient's legs to keep him from kicking other patients. One TSS got punched on the nose and was knocked unconscious onto the ground. In the process, the patient began to bite the arms of several staff involved.

Eventually several other (8-9) TSSs that are part of the Therapeutic Response Team did show up to help reinforce the staffing on the unit and calm everything down. The incident was so bad, that all available male staff were pulled to the unit.

Some of the patients were helpful in blocking other patients from getting involved. But afterwards, several of the patients would not go into their rooms and were yelling at staff.

Another incident on same unit the following evening, November 1

On Monday, November 1, workers were again pulled from other units to cover the unit that night.

One of the workers, who is part of the Therapeutic Response Team noted that hospital administration recently reduced the number of members of the TRT, thus increasing the pressure for them to respond to emergency calls from other units. According to one TSS, they "only gets like \$98 per month. They want us to do more for less." Some TRT staff receive no pay premium at all.

On November 1, a TSS sustained bite marks on his hand (didn't break glove), fell and hurt his shoulder, and strained his lower back.

This was reportedly the same patient from the incident on October 31. The patient was standing on the



Dr. Rakesh Patel (left) and RN Willie Williams (right) hold signs at a rally in front of Central Regional Hospital on November 3, 2021

"We don't staff by acuity, we staff based on the number of patients."
- Willie Wright,
Charge Nurse

horseshoe yelling out, "do y'all want to see me die." The TSS got him down from horseshoe, and struggled with the patient on floor and was eventually able to hold him down. He was attempting to carry the patient to seclusion in a wrap hold when the TSS tripped on someone's foot and fell onto the horseshoe, pulling his back muscle.

According to staff interviewed from both nights, understaffing is a major cause of the injuries. There are not enough staff on the units that are trained. According to these workers, many TSSs are not properly trained on Non-Violent Crisis Intervention (NVCI) techniques. Training is not done frequently enough, only once a year. To be most effective, NVCI training needs to occur every six months.

Forensics Unit (Maximum Security) Injury on October 29, 2021

On the night of October 29, the two TSSs assigned to the Forensics Maximum Security unit were on a 4:1 and a 3:1 assignment, respectively. The surrounding units, were also understaffed so they could not pull TSSs over from those units to help. According to workers interviewed, there are some nights when they have been assigned to as many as 8 patients each.

On this late night, at approximately 6:25 AM, staff smelled marijuana coming from a patient's room. TSS Terrance Pinkett approached the patient's room but the light was off and it was dark inside. The patient then suddenly approached and punched Mr. Pinkett in the right side of his face. Mr. Pinkett fell to the ground as the patient stood over top of him. TRT was not called for back-up. While alone in the room with the patient, Mr. Pinkett had his glasses knocked off his face and onto the ground. The patient grabbed his glasses and threw them at him. Mr. Pinkett suffered a slight concussion, injured back, arm, forearm and ring finger from the incident.



Terrance Pinkett shows his swollen finger from the incident on October 29.

Understaffing across all DSOHF facilities:

Here is a chart from NC DHHS Human Resources showing the number of vacancies and the turn-over rate in the various DSOHF facilities as of September 2021:

2021	Voluntary Turnover *	Voluntary Turnover **	Voluntary Turnover ***
Caswell	5.86	9.42	22.07
Murdoch	7.64	10.28	18.84
O'Berry	5.81	9.62	22.14
LongLeaf	8.75	10.17	16.08
Broughton	6.24	9.20	16.26
Cherry	6.62	8.47	15.09
CRH	7.63	10.34	15.76

* Excludes Retirees

** Includes Retirees

*** Includes Transfers Out

Vacant Positions

	HCT I	HCT II	YPEA I	YPEA II	RN	LPN
Caswell	98	21	0	0	3	20
Murdoch	88	13	38	2	18	12
O'Berry	137	10	0	0	3	4
LongLeaf	40.5	4	0	0	11	14
Broughton	43	1	1	0	70	5
Cherry	46	10	0	0	48.2	11
CRH	74	16	13	1	81	10

“They want us to do more for less with less.”

- CRH employee

According to one staff, “I have never seen it this bad. Morale is bad. Understaffing is bad. Pay is bad. Everything adds up to employees being overwhelmed and frustrated. Mentally drained and physically drained.” Additionally, “No one wants to address the elephant in the room. The Administration aren’t gonna come down and help us. Administration is a clique. It’s a cliquish hospital. Some people get away with stuff but others get punished.”

Lastly, there has been a worrisome (but understandable) trend that members of the Therapeutic Response Team no longer respond to

emergency calls to back-up other units in a moment of crisis. Members of the TRT feel exploited and disrespected. They are asked to intervene in the most difficult situations, placing their bodies in harms way, but also facing potential disciplinary action. Under the current “zero tolerance” practice, workers can be terminated for one case of abuse, neglect or exploitation. Some TRT members are paid a mere 3% premium. However, according to interviews with these workers, this amount is not worth the dangers they face.

RECOMMENDATIONS:

In order to address the current emergency understaffing situation at DHHS Division of State Operated Healthcare Facilities, we are recommending **three immediate changes**:

1. Retention bonuses granted to all front line positions. The 10% temporary raise that has been delayed needs to be immediately granted to all essential employees, including healthcare technicians (TSS), developmental technicians, Youth Program Education Assistants, pharmacy, social workers, food service, housekeeping and nurses.

2. Return to pre-pandemic minimum staffing ratios. Due to the hardships and understaffing faced as a result of the COVID-19 pandemic, some units have changed their staffing ratios on an “emergency” basis, requiring higher numbers of patients per staff. This needs to be reversed with a return to pre-pandemic staffing ratios. These minimum staffing ratio numbers need to be published on each unit so that all staff are aware of expectations.

3. 10% permanent raise for all Therapeutic Response Team members. Many have stopped responding without the proper financial incentive.

Other **medium term solutions**, over the next few months that are needed include the following:

1. Facility directors should establish regular meet-n-confer sessions with UE150 leadership at

each facility, and sincerely respond to suggested changes. At CRH, three meetings with Facility directors have occurred over the last 18 months. The demands around a centralized staffing system to make the red dot overtime system more fair need to be seriously considered. Additionally, CRH should establish a Nurse Advisory Committee where the top administrators meet regularly with nursing staff, in addition to more regular meetings of the Healthcare Tech Advisory Committee.

2. Establishment of a Safe Staffing Task Force

The State should appropriate money towards funding a DSOHF Safe Staffing Task Force to investigate the root causes of employee turn-over and expedite filling staff vacancies.

3. In-range salary adjustments and establish a 7 year step plan

Recognizing the need to address retention, equity, and wage compression, appropriate funds for in-range salary adjustments. These funds will allow agencies to address wage compression, salaries below market rates, gender and racial inequity for Healthcare Technicians, Therapeutic Support Specialists, Youth Program Education Assistants, Developmental Technicians, Environmental Services and Food and Nutritional Services. The plan should establish a step pay plan so that all employees reach the top of their salary grade within 7 years.