

**Report to Governor M. Jodi Rell**

**Overtime, Mandatory Overtime and Staffing Shortages  
and the Impact on Safe, Quality Patient Care  
at Connecticut Valley Hospital**

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## Overtime, Mandatory Overtime and Staffing Shortages and the Impact on Safe, Quality Patient Care

Connecticut Valley Hospital (CVH) in Middletown is “the state’s principle forensic, general psychiatric and addictions inpatient treatment facility.”<sup>1</sup> The nearly 600 inpatient bed facility was created by the amalgamation, merger and consolidation of the former Whiting Forensic Institute, the Dutcher Addictions Treatment Facility and inpatient services formerly offered at the Fairfield Hills and Norwich State Hospitals, which were closed in the 1990’s. In 2010, CVH expanded to include staff, patients and services from Cedar Ridge Mental Health Services, which the state began closing in March 2010.

As the Hospital’s size and services have grown, chronic short-staffing and the consequent over-dependence on overtime has been a persistent issue for mental health staff at CVH and a permanent fixture on the agenda of every labor-management meeting at the facility.

Staffing problems were exacerbated by large numbers of state-mandated layoffs in 2003 and the large number of skilled and experienced staff who accepted the Retirement Incentive Program (RIP) in 2009. Many of the 140 positions vacated have not been refilled.

One common response to concerns articulated about short-staffing and excessive use of overtime, especially mandatory overtime, has been that as other state mental health facilities closed (Cedar Ridge in Newington and High Meadows in Hamden), staff relocated from those facilities would ease the situation and fill many of the open slots.

However, a recent examination of scheduling data from for the General Psychiatric Division (GPD) the month of May 2010 shows a pattern of chronic and persistent short-staffing and a widespread, consistent reliance on overtime, especially mandatory overtime, as a routine means to provide care across all shifts on every day of the week.

Short-staffing and excessive overtime undermine the quality of patient care and services. Many studies show strong evidence linking prolonged work hours (more than 12 hours in a 24-hour span, or more than 60 hours in 7 days), rotating shifts and insufficient breaks to:

- slowed reaction time,
- lapses of attention to detail,
- errors of omission,
- compromised problem solving,
- reduced motivation, and
- decreased energy for successful completion of required tasks<sup>2</sup>

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<sup>1</sup> Department of Mental Health and Addiction Services, State of Connecticut, [www.ct.gov/dmhas/cwp/view.asp?a=3519&q=416678](http://www.ct.gov/dmhas/cwp/view.asp?a=3519&q=416678)

<sup>2</sup> Institute of Medicine, *Keeping Patients Safe: Transforming the Work Environment of Nurses*, p. 12, 2004

The issues cited by the Institute of Medicine and other researchers mirror the real-life experience of CVH staff.

The chart on the following page breaks out the most recent available staffing data from CVH schedules for the period May 1, 2010 through May 24, 2010.

### Key Observations

Most overtime shifts are mandatory (forced to work beyond your regular schedule or called in during scheduled time off) rather than voluntary. In the scheduling period examined, 62% of the instances of overtime were mandatory.

It is not uncommon for staff members of the General Psychiatric Division, both professional and paraprofessional, to work up to five overtime and/or mandatory overtime shifts in a week.

Of the 72 GPD shifts examined over the period May 1- May 24, all involved the use of overtime. Only one of those 72 shifts did not show any mandatory overtime; on that shift (May 12, third shift), 10 staffing slots went unfilled. Only 11 of those 72 shifts (15%) on the schedule did not show at least one unfilled slot.

If every position necessary for minimum coverage to provide basic care for CVH patients in the GPD had been filled during this 24-day period, the total of staff slots would have been 6,640. However, of those positions, 33% (2178) were filled via overtime or mandatory overtime.

Even with this massive reliance on overtime to fill regularly scheduled slots, 623 slots went unfilled during this time period – close to 10%.

### Effects of Short-Staffing on Patient Care

Clinical observations by CVH staff in the GPD show strong effects of short- or understaffing that undermine quality care on a daily basis:

- Interference with ability to intervene in disruptive or dangerous behavior
- Excessive use of float staff, leading to lack of continuity of care
- Delay or cancellation of medical, dental and physical therapy appointments
- Delay or cancellation of recreational and other scheduled activities
- Regular, basic hygiene routinely deferred

## Conclusion

**Governor Rell, the Commissioner of the Department of Mental Health and Addiction Services and Connecticut Valley Hospital management must open and fill the nursing and other mental health support positions necessary to improve staffing levels so as to provide the care and treatment CVH patients need.**

**Routinely relying on overtime as a means to fill regular positions is expensive and dangerous to staff and patients alike. Moreover, as even this brief examination of recent schedules demonstrates, it is ineffective as well, leaving many slots unfilled even when staff are routinely mandated to work.**

**Effective public health policy requires anticipating and meeting needs. Only a failed public health policy waits for a disaster to implement change.**

6/2/2010

CVH

GPD Schedule Analysis  
Month of May, 2010

OT = Overtime  
MOT = Mandatory Overtime  
Short = Number of unfilled staffing slots

Date	First Shift			Second Shift			Third Shift		
	OT	MOT	Short	OT	MOT	Short	OT	MOT	Short
5/1/2010	15	24	-20	14	26	-14	12	27	-4
5/2/2010	13	23	-17	15	18	-11	5	26	-2
5/3/2010	16	14	-9	23	17		5	26	-10
5/4/2010	23	13	-3	24	18	-1	3	22	-7
5/5/2010	20	8		18	14	-7	2	27	
5/6/2010	14	16	-8	11	14	-11	8	17	-5
5/7/2010	8	25	-17	9	15	-14	4	16	-4
5/8/2010	16	18	-21	12	27	-17	4	24	-4
5/9/2010	13	34		11	26	-21	2	24	-8
5/10/2010	14	11	-22	16	17	-9	7	17	
5/11/2010	19	8	-9	17	23	-8	10	20	-2
5/12/2010	15	11	-9	19	7	-9	10		-10
5/13/2010	22	10	-7	14	15	-4	6	16	-4
5/14/2010	12	11	-9	17	7	-8	3	24	
5/15/2010	19	16	-15	11	33	-10	9	26	
5/16/2010	16	14	-24	6	29	-19	10	24	
5/17/2010	13	22		18	12	-14	7	19	-6
5/18/2010	20	16	-18	26	14		7	19	-11
5/19/2010	10	4	-18	Data missing			5	18	-6
5/20/2010	11	30	-9	9	7	-5	2	26	-10
5/21/2010	16	18	-23	8	23	-13	4	24	-12
5/22/2010	12	20	-21	6	24	-26	8	23	-16
5/23/2010	13	20	20	12	28	14	1	23	-18
5/24/2010	14	11	-9	14	20	-9	7	24	
<b>By Shift</b>	<b>364</b>	<b>397</b>	<b>-268</b>	<b>330</b>	<b>434</b>	<b>-216</b>	<b>141</b>	<b>512</b>	<b>-139</b>
<b>Shift Average</b>	<b>15</b>	<b>17</b>	<b>-13</b>	<b>14</b>	<b>19</b>	<b>-10</b>	<b>6</b>	<b>22</b>	<b>-8</b>
<b>Totals, 5/1 - 5/24/2010</b>	<b>835</b>	<b>1343</b>	<b>-623</b>						
Daily Average	35	56	-26						
<b>Total Staffing Slots, 5/1 - 5/24/2010</b>			<b>6,640</b>						