ATTACHMENT B

The Safe Harbor For Nurses Survey, One Year Later

The intent of this Safe Harbor (SH) survey was to:

- learn the level of knowledge and understanding nurses have of the SH law,
- learn if, and under what circumstances, it was invoked in practice,
- learn what the outcomes were if invoked, and,
- learn what future education and actions are needed.

The survey:

- was open to all nurses in NM and there have been 463 respondents.
- calculations and percentages were rounded and may not total 100%.
- questions were not always pertinent for a respondent to provide an answer.
    - For example, if Safe Harbor was NOT invoked by a respondent (Q.7), then the processes that occurred after invocation (Qs 8-11) were not pertinent.
    - In the above circumstances, the percentages were calculated with the appropriate totals that applied.

Responses and Comments

1. I am an:

- RN 79%
- LPN 9%
- APRN 7%
- Other 3%
  (Nurse Chaplin, Administrator, Public Health)

2. My practice setting is:

- Hospital 47%
- Private Practice 5%
- Nursing Facility 15%
- Home & Hospice
- Other 21%
  (Corrections, Retired, Case Management, Mental Health)

3. I am aware of the Safe Harbor for Nurses Law:

- Yes 52%
- No 47%
- No Response 1%

4. I know where to find the actual Safe Harbor for Nurses Law.

- Yes 31%
- No 66%
- No Response 1%

5. Has your organization of employment provided orientation regarding the Safe Harbor for Nurses law and their process to invoke Safe Harbor?

Yes	25%
No	63%
N/A in my practice setting	11%
No Response	1%

Question 5 Comments

There is a complicated process to go through that is unclear. It seems to have punitive connotations. And is generally recommended to find a solution to the issue other than invoking safe harbor.
I do not believe Hospital systems want to let their employees know about this
I am sure they will not, because persistently ~~patiemt~~patient nurse safety guidelines are not followed.
It seems like it is being downplayed and discussion is being discouraged.
I learned of Safe Harbor from my Nursing School courses this year.
we were given a video to watch. and then nothing more.
There was a single online competency about it.
This is a component of new staff orientation
have to sign up to obtain information, limited sessions
I found out about Safe Harbor from word of mouth from other RN's. I've asked RN supervisors about it, and they are unaware of it.
They may have informed RNs? I'm under the Chief Medical Officer and haven't received information
Very brief online training. When asking questions of management, no one can give clear guidence.
This is first hearing about it.
It was mentioned but the process we not explained
I worked in Tx and invoking safe harbor was much easier there. They have instituted that we are to notify the house supervisor, they then have to contact the unit manager, and it has to escalate all the way up the line before they "agree" to safe harbor. We don't mean for refusal of assignment but just to acknowledge that we were under staffed for a shift.
This was brought up by staff in our safety huddle a Women's hospital-Admin promised they would providing us with info but never followed through.
Initial roll out and with every new nurse orientation. Documents available on shared drive for easy access.
Hospital administration would never provide orientation regarding Safe Harbor. They don't care.
They are far too focused on covid restrictions.
I believe when it was first enacted but haven't heard or seen much about it since. I feel like they would like it to just go away!
Indian Health Service nursing administration does not provide information to nurses.
I have never heard anyone talk about safe harbor
I learnt about safe harbor during my online BSN program

6. Have you or a colleague been in any situations where, in good faith, you felt it was appropriate to invoke Safe Harbor?

- Yes 21%
- No 77%
- No Response 1%

Question 6 Comments

Working in a hospital setting, working relations with supervisor and ~~nurse's~~nurses was not good. I was agency and they refused to come in and they wanted me to take 10 plus patients Not safe at all. The supervisor came in to cover
Unsafe patient assignments
Detailed to the ER with no experience.
I felt that there was no other option but to take the assignment and invoking Safe Harbor would not have made the situation worse
to protect employee itself from harboring the disease
New staffing matrix
i had to look it up to answer this question because i didn't know what Safe Harbor was.
With the onset of COVID 19 and the push to use any nurse as a direct care giver for COVID patients... OR Nurses felt stressed that they were not prepared to provide comparable care to a floor or ICU nurse providing direct patient care
At times yes. Nurses buckle down and cope.
Understaffed with already high nurse to patient ratio; unable to safely admit new patients.
The hospital that I work at is understaffed constantly. I have had up to 6 patients but some of my coworkers have been assigned 7-8. Patient safety isn't a concern for my employer when desperation kicks in.
several times in the ER at ~~Estern~~Eastern New Mexico Medical Center
colleague
I do not have the needed information to answer this question
Understaffed. The only person working on the night shift with 52 residents. I also didn't have a CNA.
I don't know what this is, but will find out.
We came in and were told we were 5 nurses short for just our floor and it was noted we were almost just as short on other floors. We have had an increase in the number of falls and CAUTIs. Staff and charges felt that this was unsafe.
I didn't know there was such a thing. I'm in dangerous circumstances all the time
Patient ratio 1/23

I am not too sure what Safe ~~Harbo~~Harbor is exactly but if it has to do with unsafe situations at work then yes it would be appropriate.
Working as peds nurses having to float to adults with no training
Presbyterian is now forcing peds nurses to float as sitters/ helping hands when we have all complained and given examples of why it is not appropriate.
Continued high nurse to patient ratios make it impossible to provide care, but institution states this is not what Safe Harbor is about.
We are a geriatric psych unit, and there have been times we have had three 1 to 1 patients, but we were not staffed with enough sitters to accommodate the 1 to 1's,safe harbor was not invoked but I feel it should have been due to poor staffing
With ratios going up due to Covid, medical surgical nurses are now taking up to 8 high acuity patient with no CNA assistance and only one other RN on the floor who also has up to 8 patients
Nurses being assigned 2 halls of patients due to staffing shortages.
Taking care of critical patients in non-ICU setting
Staffing shortage and lack of admin doing anything to fix the situation.
I am unsure. If it was appropriate
As above for understaffing. Such as last night and tonight in the ER. They had base staff as 2 new novice nurses plus 1 competent nurse with some Trauma but used to still working with a more experienced nurse to mentor with and a clinical lead RN, no tech no ward clerk. The clinical leads got a volunteer for a partial shift till 0100 but after that they will be on their own. If the covid tent is not busy they may be able to borrow 1 RN intermittently from them.
It would have been appropriate when we have been short staffed in ICU been continually asked to take more patients that was an unsafe ratio. No one I know has invoked safe harbor; it feels frowned upon by manager and leaves the nurses stigmatized.
Repeated occurrences where staff to patient ratios were unsafe. Administration ignored our requests and many near-misses happened
Many ongoing staffing challenges where House Sup has had to serve as a Charge nurse on inpt unit and be House Supervisor for the entire house as well.
Don't know==I am going to look this up!!!
In Texas.17 patients with only one RN and one LPN. CNO and assistant CNO out of town. NO other staff to cover for the day. (available nurses had influenza) Safe Harbor invoked via CEO. Used disaster plan to cover the staffing needs with non-nurses to assist with non-nursing tasks. Safe Harbor was needed to protect me and the LPN from disciplinary actions associated with orders that were late and treatments that were late or anything that would be considered a "mistake" or "neglect".
Too high patient acuity in L&D Triage and in PACU and in labor. Too many patients on Pitocin and not enough staff to monitor maternal and fetal well being.
unsafe staffing level/resolved by management
Not sure what it is or how I would invoke it.
Staffing ratio 1 to18 patients on an acute psychiatric unit. Psychosis, SI and detoxing patients.
~~Yes~~Yes, but was afraid to do so
NOT TO MY KNOWLEDGE
I walked into an assignment with a very ill patient on 4 pressors, blood infusing, multiple physicians at bedside, vented, with a SBP in the 60s, and then told me to take a patient who had multiple vasoactive iv gtts, a swan, and high oxygen needs. When I said it was impossible for me to safely care for both I

was told it was a standard icu assignment (it wasn't) I should have invoked safe harbor instead of never leaving pt 1â□□s room the entire night and asking my coworkers to help w/
Is this related to drug abuse? I've not had that happen in my 40 years of nursing.
Dr ordered what I thought was unsafe amount of magnesium with patient lab at 2.5. Ordered 40meq of potassium tied when level was 4.0.
Working as an agency nurse and was given an unsafe assignment at a nursing home in Santa Fe as a charge nurse with 30 SNF patients. I had never been to this facility before.
Icu assignment to a non-icu trainer nurse
this is the first time I heard about Safe Harbor
Very difficult assignment
Now with COVID-19 I feel like the situation requires Safe Harbor in a lot of instances such as taking 6 COVID patients or 10 floor patients a shift. That's asinine.
A colleague in PACU invoked due to assigned ICU patient that he was not competent to care for.
Unsafe staffing ratios caused by sars-2. Unable to keep up with staffing ratios. Directors and hospital supervisors constantly in staffing and we are still overwhelmed.
EOremployer has cut ER staffing purposely to 3 nurses. We had two critical ATV accident patients, a cardiac code, a man in 4 point4-point restraints, and an unconscious pertain come in within a30 minute time span. As well as or other patients. It wasn't safe
Violent Attack by a PROVIDER (I transferred out to get away from that person) & Violent attacks by an angry patient
Our Medical/Surgical floor department has had to enact the safe Harbor act on a few occasions and it appears to have helped provide safe patient care.
The patient population I serve has changed dramatically over the past year, going from predominantly senior citizens, to all ages including infants and postpartum women. Another large portion of the population involves patients with significant social needs and addictions.
A Covid 19 positive vented patient on a rotoprone bed and receiving CRRT WAS BEING assigned TO 1 RN TO MANAGE ALONE during a shift. At the least that patient was a 2 RN patient. Also, I had rotoprone education but not physically taken care of that type of patient; and had not taken care of a crrt within the last 6 months. At our facility when you work in C 19 there is little support from any other staff. A dangerous place for a patient and/or staff.
Working at nursing home. It's not safe
was told that I have to invoke Safe Harbor before getting report. How am I suppose to know if I feel unsafe taking the assignment until I get report.
I've been working at presbyterian. Recently, the hospital closed many clinics and cut down number of patients, so the hospital is short on "income". Their resolution was forcing employees to take PTO. So, the floor was short staff. On another hand, they open another area in pediatric floor to admitt adult patients. So they keep floating RNs to this new unit. As a result, we are always short staff and having unsafe ratio. 1:5 or 1:6. patients on my floor can get in a code/ chest pain anytime
Previous job on a understaffed labor and delivery unit
Extremely short staffing situation with multiple level 2 patients at one time in a 10 bed ER with no patient care tech or ward clerk.
I was asked to do a a covid 19 nasal swab. the CN demanded that i do it. I acted on instinct and did it, with out proper PPE>
A co-worker did when she was floated to an ICU unit.
yes going to areas where they were unfamiliar with the policies or protocols

Every day,
Covid-19 and not being provided the proper ppe for effective patient care
Because of COVID colleagues of mine were pulled from our unit to staff in the ICU due to past critical care experience. They were assigned to patients they did not feel they had the experience to care for.
We have to float to other floors where we have not been oriented and are expected to care for patients outside our home departments. Our license is our livelihood. This is not fair
No, but there has been several conversations between nurses regarding SH with COVID cases, nursing shortages, provider shortages.
Multiple admissions for 1 nurse that put patients at risk. Supervisor wanted to double room patients that should be on iso to accommodate admits.
Yes doctor requested I obtain a vaginal std culture from a patient - which I wasn't trained to do and out of my scope of practice.
I know of 1 nurse who has used safe harbor.
Our hospital was requesting ICU staff to take covid and critical NON covid patients together. We have multiple RNs who have been exposed to covid without proper PPE but are still required to continue to work in ICU.
Texas also has safe harbor. When I was working in an ER and was assigned training a graduate nurse and had 4 ICU patients then was told I had a level 1 trauma patient coming in so I called safe harbor. (The primary nurse had to stay with the trauma and take them to the CT and ICU or OR and leave the unit).
Staffing ratios in our ER setting our horrendous with increasing acuity .
Caring for post delivery/recovery post-partum patients on Pediatric floor with minimal resources or staffing available.
Unsafe staffing ratios

7. Have you or any colleagues invoked the Safe Harbor for Nurses law?

Yes	8% *
No	90%
No Response	1%

* Only 39% who felt it was appropriate to invoke SH (Q6), actually invoked SH.

Question 7 Comments

Due to unsafe staffing ratios and taking sars-2 positive patients along with negative medical and surgical patients.
No not that I am aware of at my Current facilities.
Our Medical/Surgical floor department has had to enact the safe Harbor act on a few occasions and it appears to have helped provide safe patient care.
I have told my supervisor that I did not feel I was adequately prepared to manage a mixed caseload with patients that I did not have any experience with. I asked for training on high risk pregnancies, new born and premature infant care, and addiction treatment and services.
tried and failed

because we were told ~~told~~ that we have to invoke Safe Harbor before getting report. How are we ~~suppose to~~supposed to know if we feel unsafe taking the assignment until we get ~~report.~~report?
Coworker in my hospital stated she invoked the law.
When we had an u safe ratio 1:6 the charge RN attempted to involve with the safe habor. The management assistant didnt do much to help
I did not know how to access it or where the policy and procedure is located.
When working in a non-ICU area I was being forced to take an ICU patient. I never received any training to care for ICU patients. ICU nurses receive a 4 month orientation to care for these patients at this organization. I did not receive anything.
Told the charge nurse that we have to invoke safe harbor as situation has become dangerous but she and supervisor didn't listen.
The situation was resolved by both my nursing supervisor and head of nursing and a Nurse Practitioner on staff who explained my situation to the requesting doctor and the NP obtained the culture. The doctor was unaware that I was unable to do the culture and he was educated on this to everyone's satisfaction without hard feeling or repercussions.
We attempted to on 2 occasions but the house supervisor laughed at us. The system in which we were ~~suppose to~~supposed to log in for safe harbor was down and not accessible.
Afraid of retaliation
During staff crisis and to have safe patient care.
We've invoked it a couple of times but not without a lot of backlash. We've been told we are "coping and doing a great job" but back patting does not protect us.
The law doesn't protect the nurses license or the safe care of pts. The nurse can not refuse an extremely dangerous situation. The paperwork and days for administration to deal with the problems is ridiculous!! In my view, the law protects administration not the patients
I just heard that a nurse had in our unit
Are you kidding, we would lose our jobs.
I been a nurse for five years, never seen anyone use safe harbor laws for nurses, even if the situation required something like this to be done, I believe that nurses are unsure how this law helps them and afraid of retaliation by employer.
unsafe staffing level/resolved by ~~managemrnt~~management
I know of nurses who have...due to staffing issues
NOT TO MY KNOWLEDGE
Rn I worked with at the hospital invoked safe harbor. It was about a newborn who had a suspected diagnosis that requires further testing, but the patents declined and wanted to leave. The nurse practitioner managing the situation called security and the nurse then called safe harbor. It was very dramatic
~~Yes .I~~Yes. I invoked it and refused to give medications. CNO Lisa just ordered charge nurse to give medications. Have known others to use it at kindred and really upper management just finds someone else to do what they want.
Attempted but denied by nursing admin.

8. To the best of your knowledge, did the process that occurred after invoking Safe Harbor correctly follow the intent of the Safe Harbor for Nurses law? *

Yes	18%
No	22%
I don't know	60%

* Percent calculated on those who invoked SH.

Question 8 Comments

My request did not go beyond my manager. My concerns were brushed aside.
My colleague felt that she was retaliated against for invoking Safe Harbor. Another colleague involved in the incident later quit her job because of it.
I did not receive any feedback until I emailed the CNO of my hospital two months later.
I don't think it ever got filed. The nurse who called Safe Harbor was just switched assignments.
Nothing happened following the occurrence. The nurse refused to take report on all the pts and other qualified staff were sent to take those pts.

9. Did the immediate resolution meet your needs, the patient's needs and those of the organization? *

Yes	22%
No	20%
I don't know	58%

* Percent calculated on those who invoked SH.

Question 9 Comments

Because I did not request Safe Harbor in 2015, I was terminated 2 months later.
The only resolution was that I was told as an RN I was capable of managing any age patient, that I could read online to educate myself. Other than rotations in nursing school, I had no OB or pediatric experience. We lost our department social worker and now my role as case manager includes dealing with social issues and addiction care.
We still short staff and get floated to the extra new unit
A different nurse with ICU experience took care of the patient instead.
Need information about the law
A few times an immediate manager came in but due to background was not able to provide any hands on skills to assist the situation
Safe harbor was not initiated. If the process would have started poor, unsafe care would have lasted for 12 hrs.

10. Did a post-occurrence review, with you, at least one other staff nurse, and nurse manager, take place after invoking Safe Harbor to determine whether additional action is required to minimize the likelihood of similar situations in the future?

Yes	20%
No	80%

Question 10 Comments

Because I did not request Safe Harbor in 2015, I was terminated in 2015. I had never been terminated from any nursing position in my entire ~~18 year~~18-year career.
I believe it did. I was not directly involved but have been informed that on the occasions that the Safe Harbor law was implemented corrective action did take ~~palce~~place.
My request was made via email, there was no post-occurrence review. The response I received was by email.
N/a, I don't know because I was not directly involved in the incident.
I did not receive a review. I was shunned for calling safe harbor.
I don't know what ~~happene~~happened on that unit.
It was not filed appropriately and taken up the chain on command
The CNO wanted to hear my experience and how we managed the day. The night shift was not happy about staying over to assist with the elective c-section. It should have been cancelled, but the doctor was not willing to do so. I could have refused to take report and left the building. Morally, I felt I should stay and work. I needed help. I also needed protection to assure my nursing practice was not questioned if a mistake was made or treatment was omitted.
Did it twice and never heard back.
It happened on a weekend and the nurse wasn't there when the manager came in on Monday. It was never taken seriously that she invoked safe harbor.
Just to tell you that not necessary.
my incident occurred before the safe harbor law
I was an agency Nurse so they didn't include me in the meeting
Not a clue what you are talking about

11. After Safe Harbor was invoked, did you or a colleague experience any retaliation, demotion, suspension, termination, discipline or discrimination, or was any report made to the Board of Nursing when your good faith request for Safe Harbor was made? *

Yes	6%
No	31%
I don't know	63%

* * Percent calculated on those who invoked SH.

Question 11 Comments

Not yet cause the issue is still there
See above. My colleague felt that she and others experienced retaliation for invoking Safe Harbor.
I no longer work in the area that I called safe harbor. I do not believe the hospital took my safe harbor request seriously.
berated and supervisor informed staff that the act did not apply to the job. Hospital wanted to pull staff, who have not been clinical for years and put them at bedside, like tomorrow.
But we have lost a lot of nurses and stand to lose a few more from what I gather.