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NEWS

Michigan state hospitals spend \$20 million a year on overtime despite safety concerns

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LANSING — Workers in Michigan's state hospital system continued to clock thousands of overtime hours every month last year despite a consensus that overtime is unsafe.

Overtime can lead to worker fatigue and burnout, which can put them at risk of injuring themselves or making mistakes on the job, according to an Occupational Safety and Health Administration guidebook on hospital worker safety.

State Hospital Administration officials agree.

"Overtime, for me, and this is true for all the hospital directors and leaders in the department, is an issue," said Dr. George Mellos, deputy director of the State Hospitals Administration. "Not just mandatory overtime but all overtime. Even if staff want it, it burns people out. And there are staff who essentially work a second job through overtime."

Michigan's five state-run inpatient hospitals primarily provide care for people with severe mental illness or intellectual and developmental disabilities. Direct care workers include nurses and forensic security assistants who provide day-to-day care for patients.

MDHHS has about 900 direct care workers in its five hospitals.

Collectively, those workers put in between 33,000 and 50,000 hours of overtime each month from August 2018 through February 2021, according to Michigan Department of Health and Human Services data. The department started sorting overtime hours by month for each facility in August 2018.

That equates to roughly one 12-hour shift of overtime per employee each week.

Care workers at the Center for Forensic Psychiatry, a hospital in Saline where providers treat and evaluate people involved in the criminal justice system, and the Kalamazoo Psychiatric Hospital clocked the most overtime in those years.

Overtime can be costly. MDHHS spent \$21.7 million on overtime in fiscal year 2019 and \$20.5 million in fiscal year 2020, according to information provided by the department.

The amount of overtime employees work varies by facility and circumstance, Mellos said. At the Caro Center, for example, overtime hours were reduced by thousands from 2018 to 2019. But when the pandemic hit and some staffers were sick or in quarantine, "overtime certainly went up," he said, primarily at Caro and Walter Reuther Psychiatric Hospital.

At those facilities, the hospital system reached "critical staffing levels" and shifted employees from other facilities to cover the vacancies.

"We monitor hours very carefully in order to minimize burnout," Mellos said. "There are no standards in regard to what is safe overtime and it's generally recognized that there probably is no safe amount of overtime."

State officials have taken steps to address overtime at state hospitals. The legislature provided funds to hire an additional 100 direct care workers in 2019 and 60 more in 2020.

The department hired 856 state hospital workers between Jan. 1, 2019 and May 29, 2021, according to data provided by MDHHS. Mellos said overtime hours are on a "trend downward" and the department is working with the University of Michigan to determine how many employees it needs to adequately staff each hospital.

A lot of the overtime shifts worked in state hospitals are needed to cover employees' sick leave and vacation time, Mellos said.

Overtime for state hospital workers has been a problem for roughly 20 years, said John DeTizio, labor relations director for the Michigan Association of Governmental Employees. He said the state is about halfway to solving its overtime problem.

"Really, there should be no mandatory overtime," he said. "Mandatory overtime is just not a healthy thing in the health care field."

Most of the overtime worked at state hospitals since late 2018 was done voluntarily, according to state records released through a Freedom of Information Act request. Roughly a quarter of the 517,863 overtime hours worked by direct care providers in state hospitals in 2019 was mandated. In 2020, about 15% of overtime hours were mandated.

A 2015 Lansing State Journal report found state hospital workers were routinely ordered to cover staffing shortages by working extra shifts. Nurses said they were worked to exhaustion.

Pay is at the root of the ongoing problem, DeTizio said.

"It's the result of not having enough nurses in the whole country, but it's also a result of the turnover [and] retention problem and the recruitment problem," DeTizio said. "And that's a product of not paying the nurses enough compared to the standard metro statistical area and other hospitals."

The department spends millions on contracted professional staff to help care for patients in its hospital system. It has hired four staffing contractors to provide psychiatric and physician services to the state's hospitals. Those contracts, all in place since Jan. 1, 2017, will cost \$59,170,880 through their expiration Dec. 31, according to information received through a public records request.

Doctors who work for staffing contractors work alongside state-employed doctors, Mellos said. Contracted doctors are generally paid more, although Mellos contended that also happens in private sector health care.

The State Hospital Administration is working on a report that will show how wages it pays workers in its five hospitals compare to the wages paid by nearby states like Wisconsin and Minnesota, Mellos said. It may help the department push for a wage increase.

"We'll see where that goes once all that data is vetted," he said.

The state has more money to work with this year. State financial analysts forecast Michigan will see a \$4.7 billion surplus in the state budget this year thanks to an influx of federal funds from coronavirus relief programs.

It should put some of that money into health care workers' pay, DeTizio said. The Michigan Association of Governmental Employees will be pushing for a special wage increase for nurses this year.

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