

Orlando nurses walk out in protest after understaffing led to unnoticed patient suicide

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According to reports on social media, on Friday, May 27, around 40 nurses walked off the job at Orlando Regional Medical Center (ORMC) in downtown Orlando, Florida. The spontaneous walkout was in protest against inhuman workloads, which led to a tragic suicide by a patient going unnoticed for hours.

Nurses were apparently forced to sign non-disclosure forms and are unable to speak about any of the conditions at the hospital or face retaliation, including the loss of their jobs. As a result, nurses are speaking through prominent nurse advocates on social media, such as Nurse Nander, who are anonymously sharing reports, photos and information from ORMC nurses because they have been silenced by the hospital.

According to reports, on Monday, May 16, sometime between 7:00-11:00 p.m., a patient on the 8th floor of the hospital used a bedside table to break a window and then jumped to his death. The patient in the room below apparently thought the sound was from construction work. What is especially disturbing is that patient loads in the Progressive Care Unit (PCU), where the patient was located, were so high that his suicide was not discovered for some time.

In the aftermath of the May 16 patient death, state agents were called in to investigate the incident. Nurses reported that the window that had been broken was quickly replaced, and the grass below the hospital where his body was found was burned. Every effort was made to quickly clean up the scene. Adding insult to injury, additional staffing was supplied to bring down the nurse-to-patient ratios during the inspection to portray better staffing levels. The farce was dropped once the officials left, and patient loads skyrocketed back to their unbearable levels.

Reports being sent to nurse advocates on social media are that ratios are 13:1 for Medical Surgical units, 7/8:1 on PCU, 5:1 in Stepdown and 3:1 in the ICU.

{See also: “Health care workers support nurse walkout at Orlando medical center: ‘I feel bad for the patients and terrified for the staff’”}

On social media, the incident sparked intense discussion among nurses across the country on unsafe staffing levels. “What is happening in hospitals should be an absolute national emergency,” one nurse said. Another observed, “As a nurse you better be ready to be sent to prison if you make a mistake. America is doing to nurses what it did to teachers.”

Melissa, an ORMC nurse, confirmed to the *World Socialist Web Site* that the walkout had taken place. Her name has been changed to protect her from retaliation. “I can’t tell if it was 40, but I know a good number did. I also don’t know how many returned, but even if they walked out, I would guarantee administration changed nothing or will implement a change for a month and then revert.”

Melissa pointed to another troubling patient death that occurred recently and was subsequently covered up and unreported by the hospital or news media. This incident involved a patient who had departed the facility without authorization by staff (known as patient elopement) and was subsequently hit by a car and killed.

She told the WSWs that staffing has only become increasingly worse. “Staffing has always been terrible, even before COVID, then it got worse during COVID and never recovered.” At times, nurses are given four patients in the ICU. “Patients who are prone or on CRRT (Continuous renal replacement therapy, or hemodialysis machines) should be 1:1, but COVID eliminated that. I worked many shifts with 3 prone patients on 2 CRRT machines going. PCU is going up to 6-8 patients, and med-surg is going up to 12-15 patients. One of the calls I was

on for staffing had one unit where two nurses had 18 patients each.”

Melissa noted a recent incident when the Agency for Health Care Administration (AHCA) came to investigate violations of a law mandating safe staffing ratios for patients on a 72-hour psychiatric hold. The hospital “sticks one sitter for two patients, which is against CMS guidelines,” she said. “When my manager found out, she told me to lie to the auditor and say staffing was fine.”

Significantly, there has been no media coverage of the incidents and subsequent reports. Nurse Nander shared an email sent to graduate nurses from ORMC announcing mass hiring of graduate nurses in the Level 1 Emergency Department. However, the hospital “[doesn’t] have enough experienced nurses to train them appropriately,” and she is receiving “text messages saying they are giving these GN’s double-digit assignments.”

ORMC recently sent a note to employees that it will pursue Nurse Nander for trespassing should she revisit the hospital, after she dropped off food and cards to two nursing units. She also noted she has received threatening messages from numerous ghost accounts trying to intimidate her by referencing her child’s name.

Melissa added, “The health care system has always been fragile; staffing issues have always been present. Then the pandemic came. ... In the past two years I have been verbally threatened with death, told that I’m killing patients, told that I’m inflating numbers to make COVID look worse than it is. Told that I’d better do everything to save their unvaccinated anti-mask family member or else ‘They’ll find me.’

“So on top of being short staffed, we have to deal with that bulls*** constantly. I’ve had to have security walk me to my car. And then find out nurses get criminally charged for errors,” she said, referring to the conviction of Tennessee nurse Radonda Vaught over a fatal medication error, “when everyone else that makes mistakes gets a slap on the wrist. Cops shoot and kill people all the time without being charged, doctors make mistakes with zero issue; yet nurses go to jail for one mistake.

“The volume of things required to make actual change to the profession is staggering. Administrators just expect us to pick up the slack: ‘oh, we’re four nurses short tonight. Oh, well, sucks to suck. Here’s your eight patients.’ Then they will write us up if our charting is five minutes behind.”

There is little doubt that the hospital giants are colluding with the state political establishment, helmed by far-right Republican Florida Governor Ron DeSantis, to cover up

the situation in the hospitals. However, the same can be said for hospitals in states run by the Democratic Party, such as in California. Nationwide, laws mandating nurse-to-patient ratios are broken on a daily basis, while the nurses unions stand idly by, handing out endless stacks of Assignment Despite Objection forms for nurses to fill out to protect their licenses while working illegal workloads.

Nurses are determined to fight back. They confront not only individual hospital administrations but an entire political establishment, which has sacrificed public health and countless lives for private profit. A significant step forward was made two weeks ago when nurses around the country formed the independent Nurses Rank-and-File Steering Committee.

“Our profession is under attack. A larger fight must be waged to save the profession. Every day more of our coworkers leave the bedside,” the committee declared in its founding statement. “Burnout, PTSD and mental health struggles are part of the everyday life of nurses everywhere. Our most noble profession has been gutted and turned into a nightmare. This can and must be halted.

“The committees will strive to unite all nurses, whether or not they are in unions. They will connect the struggle of nurses with the struggles of other sections of the working class, in the US and throughout the world, as part of the International Workers Alliance of Rank-and-File Committees (IWA-RFC).”

Nurses across the world are working to build rank-and-file committees to fight against the for-profit health care system which places profits over patients. To learn more about building a rank-and-file committee, we invite you to register and attend our next meeting Sunday June 12, at 2 p.m. Eastern, 11 a.m. Pacific.



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