

# BARGAINING UPDATE #9

September  
17, 2020

## UNITED NURSES AND HEALTH CARE EMPLOYEES OF HAWAII



**UNHCEH**

**UPHI**

**HI Therapists**

## Management Rejects Patient Classification System Proposal

Back in July, we submitted a proposal to create a patient classification system that takes patient acuity into account when determining safe staffing, rather than the current system which considers only raw numbers of patients and nurses. **See back side of flyer for our full proposal.**

We called for equal numbers of RNs and management to collaborate on developing this patient classification system, specific to the unique needs and culture of our hospital.

We backed our proposal with extensive research, including numerous evidence-based studies and the American Nursing Association's 2020 guidelines stating that an acuity tool should be developed at each facility.

Studies and articles in the hundreds show this approach improves patient care, safety and satisfaction; nurse safety, satisfaction and retention; HCAHPS scores; and a hospital's bottom line. **Find links to some of the research we presented at [unacuhcp.org/acuity-staffing](http://unacuhcp.org/acuity-staffing).**

We negotiated back and forth for a whole day on the language and even seemed close to a tentative agreement to protect patients, nurses, our community, and our hospital. But then, without explanation, management closed down negotiations on the proposal.

Each time we brought the proposal forward since, management indicated they have no interest. **They even rejected a proposal to TA their own last counterproposal.**

### Take Action to Protect Nurses & Patients

We must take action on this urgent patient care proposal before our next bargaining days on September 22 and 23.

Bargaining team members and nurse leaders will seek you out in the workplace in coming days to discuss next steps.



*"We should be looking at every patient as a person and not a number. Evidence shows this will improve patient safety and allow us to provide the best care to our community, along with improving nurse satisfaction and safety. Shouldn't we strive for this?"*

**Naomi Krieg, RN, UNHCEH Bargaining Team**

### Upcoming Bargaining Dates September 22 and 23

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

# Every Patient is a Person Not Just a Number



## UNAC/UHCP-Maui Health System, a Union Proposal 7/24/20

### Patient Classification System

MHS recognizes the legal and ethical obligations inherent in the nurse/patient relationship and the accountability and authority of the registered nurse in her or his individual practice.

1. The Employer shall have a system for determining and measuring appropriate nurse staffing in line with agreed to national guidelines for Nurse Staffing. MHS, in collaboration with the Registered Nurse Sub-Committee of the Labor-Management Committee, shall develop the method for identifying patient needs, the method of classifying patients according to acuity, and the participation of staff in the assessment of patients' daily needs for nursing care. Staffing patterns shall be based on patient acuity and patient census. An appropriate mutually agreed upon staffing matrices will be maintained on each unit. The Employer will make every effort to staff in accordance with a mutually agreed upon staffing matrix to maintain full efficiency and patient care. The parties agree to cooperate in achieving these objectives.
2. The Employer and the Union agree to collaboratively develop a patient assessment/acuity tool through the Registered Nurse Sub-Committee of the Labor Management Committee (LMC) forum. The parties further agree to utilize this forum to evaluate and address staffing issues. The Employer will provide members of the Registered Nurse Sub-Committee of the LMC with appropriate quality indicator data for discussion and resolution of staffing issues.
3. The schedule when posted will support no less than average annual census taking into account quarterly trends. In the event multiple schedules are posted that do not comply with the preceding sentence, such situations will be referred to the Registered Nurse Sub-Committee of the Labor Management Committee for problem solving and resolution.
4. Staffing and skill mix may be adjusted based on the recommendation of the charge nurse in accordance with unit guidelines.
5. The Registered Nurse Sub-Committee shall be comprised of an equal number of Union members and Hospital management members. Each side shall select their participating members.
6. Unless mutually agreed by the Employer and Union the Registered Nurse Sub-Committee shall have the first meeting within 90 days of the formation of the Labor Management Committee-Charter.

