

UPDATES & TENTATIVE AGREEMENT HIGHLIGHTS

CONGRATULATIONS to our Home Health bargaining unit for Ratifying their first local contract!!

Huge shout out and mahalo to Cheyenne and Gianna for the tireless volunteered hours to negotiate this contract. Without their expertise of the unit and other Home Health RNs providing the stories for the "Whys" of their demands, this would not have been possible. Thank you to all the HH RNs that showed their Unity during these long negotiations.

Home Health (HH) negotiators:
Cheyenne Chong & Gianna Navarro with HNHP LRC- Karen Miller and support from Maureen Meehan-Golonka as well as the entire Home Health RN group.

Challenges for the Home Health Team included:

- Achieving a work life balance where the "units of work" equated the "work performed" for each patient being cared for.
- Including proper compensation for hours worked beyond 40 hrs/week including mileage and other expenditures.
- Workplace safety issues surrounding PPE availability and the ever changing environment created by the pandemic.
- Increased workload due to staffing shortages related primarily to unbearable working conditions.
- Management unable to respond to RN concerns ultimately leading to use of a mediator for bargaining sessions

•Achievements

- Establishing On-Call language
- Mileage adjustment language
- WPS enhancements

Requesting time off for INPT staff for scheduled shifts:

HNHP has addressed your complaints related to requests off for scheduled shifts (low need). Many of you indicated that staffing was not entering the request into KPS when the request was phoned in by either speaking to staffing or leaving a message. To follow up, the new staffing mgr. was contacted for clarification. Mgmt. assures that both "called in" and KPS entered requests off will be honored by staffing. Mgmt sent an email to staffing to also be aware of any pending requests that are submitted. If staffing tells you otherwise, inform them that their mgr said they are to enter your phone request to KPS. This does not mean you will automatically get your request off awarded, but that the request will be entered if dialed in. Requests off on scheduled shifts are awarded at a first request, first to get off basis. Please continue to use KPS for your request for time off a scheduled shift if you are not needed for work. If you need help with KPS, contact Interim VP & APR- Jennifer Trinh-Ng at Jennifer.Trinh-Ng@kp.org



**"Unity is strength...
when there is team-
work and collaboration,
wonderful things can
be achieved."** Mattie Stepanek

Shortage of aides!

Every shift of every day, MOA is short about 8 to 12 aides! HNHP Leadership was invited by Local 5 leadership and met with upper management last week to address this issue. KPHI Leaders stated that they are making every effort to hire more aides. And that they have made job offers to 18 so far that need to pass through HR screening (takes 30d for external hires) and then complete the onboarding process and orientation to the units.

Thank you to everyone who has been pitching in to help with this shortage. We know it is not ideal work and that there is much conflict and frustration regarding needing to float so often to do aide work. This issue will take a few more months to resolve as they onboard these new aides. We thank you for your patience and dedication to providing great care for our patients and keeping them safe. If you know of any nursing students that would like to be aides, you should recommend that they apply. Contact any steward for assistance.

Inpatient Nursing Quality Committees

There are four Nursing Quality Committees that are in need of HNHP RN Labor participants:

- **Skin/HAPU**
- **Infection Control:** CLABSI, CAUTI, C. Diff.
- **Falls**
- **Medications:** high alert meds, barcode scanning compliance

Please see attached flyer. These Committees will meet once a month to address the Nurse Quality indicator score related to that committee. You will be compensated for your time. For our clinical ladder nurses, participation will be credited toward some of the clinical ladder requirements. These groups will include both labor and management as this is a joint venture to assess where we may need to improve and come up with best practices to improve our scores. We are accepting one nurse per specialty cluster to each committee. If you are interested, please let Jen know @ Jennifer.Trinh-Ng@kp.org.

Clinical Ladder updates:

The Clinical Ladder is being revamped and renegotiated. This will take roughly about a year to come up with new guidelines/requirements and time to transition to the new ladder. Until the new ladder requirements take effect, the existing requirements listed in our CBA will be followed. Management is taking the position that our ladder nurses are responsible for achieving all the requirements for each level for each calendar year. So if you are a Clinical Ladder nurse please keep on top of your expected requirements to maintain your ladder level. If you are not feeling supported by your manager to complete your annual requirements, inform your HNHP leadership.

Coming together is a beginning. Keeping together is progress. Working together is success – Henry Ford.

HNHP broke down barrier for New Grads to RN positions

HNHP agreed to remove the 1 year experience requirement that was needed to apply for any RN position. ***However, HNHP members will always have priority for RN positions over outside bargaining unit applicants.*** Moving forward KP will be geared to have two New Grad Nurse Residency cohorts per year that will align with nursing school graduations. This was done to help alleviate the local nursing shortage and keep our talent here and not lose all these bright new nurses to the mainland, HNHP believes that we should be helping our Kaiser staff grow in their careers. We believe that RNs should work RN jobs and not be limited to NA, WC or tech jobs due to that requirement. By removing the one year experience requirement and adding that they can meet that requirement if they pass the Nurse Residency program, we broke down a barrier that left our Hawaii nurses from being able to get jobs here where their home is. HNHP will continue to stake hold to help our members grow & thrive in their careers at KP.

Education/Professional Development related updates..

WorkForce Planning and Development (WFPD) is up and running again after a long hiatus with Jennifer Trinh-Ng as our HNHP Tri-Chair. Several work streams are underway for New Grad Nurse Residency Program, New to Specialty programs, etc. As some of you may know, KPHI has started the journey to Magnet status. To achieve this, early next year we'll need to survey our staff to get a baseline of the highest level of education and professional goals desired. 80% of our bedside nurses must be BSN or higher for Magnet. Those with national certifications will also be identified and if you are not certified, to indicate which certification you are interested in. 50% of our nurses must have a national certification related to the area that they work in for Magnet. We are working with KPHI to bargain reimbursement for certification testing fees. Just a reminder that having and maintaining a national certification meets the CEU requirement for Hawaii State RN license biannual renewal.

NICU New to Specialty opportunity for 6 HNHP nurses!

With the restart of WFPD, expect more of these New to Specialty programs coming down the pike! If there are not enough HNHP nurses interested in transitioning to the NICU, the positions will be opened up to Local 5 new grads. If you are interested, keep an eye out for the job postings. This new cohort has an expected start date at the end of January or early February 2022.