Raising Standards: Unit Grid Reviews



MNA PROPOSAL 10

Staffing & Patient Care

- "[C]onsequences of inadequate staffing can be quite serious and may put patients at risk for preventable harm" (Consequences of Inadequate Staffing Include Missed Care, Potential Failure to Rescue, and Job Stress and Dissatisfaction, 2016)
- "Appropriate nurse staffing is required to reduce missed care and to improve patients' experiences" (Relationships Between Nurse Staffing and Patients' Experiences, and the Mediating Effects of Missed Nursing Care, 2017)
- "Nurse staffing patterns affect patient outcomes" (*The Effect of Nurse Staffing Patterns on Patient Satisfaction and Needs: A Cross-Sectional Study,* 2018)
- "Interventions to improve nurse engagement and adequate staffing serve as strategies to improve patient safety" (Association of Nurse Engagement and Nurse Staffing on Patient Safety, 2019)



Studies show that empowering nurses to have the ability to impact staffing in a meaningful way translates into improved retention and improved patient care

"Lack of empowerment has a significant negative impact on nurses, patient, and quality of health care" (Dweik, 2015)

Nurse Empowerment

Over the years, studies have shown that disempowered nurses were ineffective and less satisfied with their jobs, more vulnerable to burnout and more likely to leave their job or profession

The article Work-Related Empowerment Among Nurses maintains that disempowerment also "has a negative impact on the quality improvement process, decision making ability and job performance development."

Through a literature review, the article's authors concluded that nursing "empowerment leads to increased personal health, job satisfaction, individual competence and self-esteem.... which has a direct effect on improving health outcomes."

Nurse Disempowerment

Case Study: Southdale Unit 33

2016 GRID REVIEW

November 2, 2016 annual grid review with Diane Thompson, interim CNO.

The hospital proposed decreasing CNAs on the day shift and taking away the unit based resource nurse, and adding a nurse on nights. Nurses did not agree.

During the follow-up grid review on November 30, 2016, RNs offered a complete counterproposal on December 6, 2016. The Hospital did not agree.

Mediation was held on February 1, 2017. In the spirit of goodwill and cooperation, MNA proposed to accept the grid changes if they could maintain the reduced unit based resource nurse.

The Hospital refused this counterproposal and implemented the grid as they has proposed.

Case Study: Southdale Unit 33

2016

- 70 RNs
- 13,009 seniority hours on average

2019

- 60 RNs
- 6,800 seniority hours on average

2016 vs. 2019

- In 2019, 34 RNs have less than 2,080 hours
- In 2019, only 16 RNs employed in 2016 are still on the unit



Our Proposal



Empowers nurses by providing them the opportunity to impact staffing needs on their units through annual grid reviews.



Outlines the minimum number of MNA nurse representatives from each unit, empowering nurses to reach agreement with the hospital regarding core staffing numbers



Prevents core staffing number from being changed without the nurses' approval.



Establishes key factors for both nurses and hospital to consider when evaluating staffing levels that look at more than just the budget



Provides an avenue for equitable decision through arbitration if an agreement can't be reached, similar to what the hospitals have already agreed to through the grievance procedure.

Work Environment

Research shows that better work environments and decreased patient-to-nurse ratios were associated with higher odds of patient survival

 "These results add to a large body of literature suggesting that outcomes are better when nurses have a more reasonable workload and work in good hospital work environments."



Our proposal recognizes the inherent relationship between staffing and patient care, and empowers nurses with the ability to impact staffing on their units, translating into increased retention and safer patient care.