

Speak Out Now in Healthcare

A workplace newsletter for Highland and Kaiser workers

October 1st, 2025

JCAHO

Just Continue All Hospital Operations

We all know this is not what that acronym stands for, but we also know that management at Kaiser loves to move differently when they are expecting the accredited survey personnel to come by and evaluate the hospital.

Should we not always operate like someone is watching us? What would healthcare look like if management felt like they could not get away with pushing us to do more with less, and actually cared about us providing quality care - regardless of who's watching?

Things Heating Up at Kaiser?

On Tuesday, September 23rd, there was an informational picket at Kaiser Oakland hosted by CNA. Similar actions were taken that day at different facilities across California, such as Los Angeles, Sacramento, San Francisco, and San Leandro.

This was a way for nurses to speak out against the planned layoffs of 41 nurses at Kaiser's facility in San Rafael and against the introduction of AI tools by management, which nurses fear could negatively affect staffing and patient care.

In addition to this, workers in the United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP), which represents many Kaiser workers throughout California and Hawaii, voted overwhelmingly to authorize a strike when their contract expires on October 1, 2025. They are demanding safe staffing and fair pay while Kaiser sits on billions in cash reserves. It remains to be seen what will happen but some workers at Kaiser are beginning to express that enough is enough!



Artificial Intelligence

Monitoring Workers at AHS

At Highland this month, workers are all finishing up their annual mandated online competencies. There was one new slide this year, detailing the use of artificial intelligence in worker surveillance at Alameda Health System. According to the training module, BD HealthSight Diversion Management Analytics Software "utilizes machine-learning to compare a clinician's behavior with a dynamically selected peer group and generates risk."

Currently, nurses understand that the disposal of any unused narcotics needs to be documented with a fellow nurse as a witness. Nurses know that if they fail to document this, their charting is flagged for management attention.

It is unclear what machine-learning software will add to the process. Will a medication given late due to circumstances outside the nurse's control be considered "risky behavior"? If a nurse is assigned to a patient with a high opioid tolerance for several shifts and correctly administers high doses of pain medication, will this bring the attention of the AI software for not matching the drug administration patterns of their peer group?

Nurses have already struggled with the introduction of AI into healthcare through AI-generated workplace acuity scores, which are often shockingly inaccurate. Introducing this new technology without input from those doing the work, especially in a way that could lead to investigation, discipline, or even a threat to their license, is deeply concerning for workers.

Nurses continuously integrate new technology into their practice, and are eager to adopt scientifically-proven advances that benefit their patients and workflow. Although artificial intelligence may be a boon for the tech industry, rushing to roll out this untested and unregulated software into patient care environments represents unnecessary risk to patients and workers.

Attention Highland Workers!

We will be adjusting our distribution schedule
We will be outside the hospital:
Wednesdays 6:30-8:00AM
Thursdays 3:30-5:00PM

Join us at our next public meeting (see other side of the page):

No Kings! No Billionaires! It's Time to Organize!
Sunday, October 19, 4pm
2939 Ellis Street, Berkeley



 speakoutsocialists.org

IG: @sonsocialists

