

We are One KP

We are one KP. We need national and local contract agreements that invest in every job across KPWA—and every region of KP nationally—recognizing the one, united team that we are in caring for KP patients. While there are currently no additional national bargaining dates scheduled, we are continuing to meet with the local KPWA administration to advocate for the improvements we need in our local contract.

This week SEIU Healthcare 1199NW President Diane Sosne joined us at local bargaining as we discussed several of our top bargaining priorities with KPWA Chief Operating Officer Janet O'Halleran. Our entire bargaining team united as one to support several areas where we urgently need improvements.

What we told the KPWA upper administration at bargaining:

Investing in LPNs

We told management that LPNs are a key role in our care model in many departments across KP—primary care, various specialties, care management, Anti-Coagulation Management, and other areas. Choosing not to invest in the LPN role is a mistake, whether it's by allowing our compensation to fall behind other employers or by not actively recruiting from LPN schools and growing LPNs through advancement of our own workforce. LPNs are a key part of our team. KP needs to continue to invest in the LPN role in order for us to provide the best care for our patients. We need a meaningful local pay raise for LPNs, increased LPN education hours, and partnership on education programs so that current KPWA staff in other roles can become LPNs, both advancing their own careers and meeting the needs of KPWA patients.



"I came from a different clinic, Rainier, to my current position at Northgate. When I left Rainier, they needed to replace the LPN position with an RN because they couldn't find an LPN. The reason? Money. But if you give more money to LPNs, Kaiser actually saves money rather than having to hire an RN instead. If we are the best, then

that is how we can get the best."

Frederick Marcelo, LPN, Northgate

Raising up ARNPs

We told management that ARNPs play a critical role in serving our KP patients. We need to raise up the role of ARNPs in all care settings with a wage adjustment that applies to all NPs. ARNPs work with KP patients in Primary Care, sometimes as paneled providers who are patients' primary link with KP, Specialty Care, CareClinics, Nursing Home Services, School-Based Clinics, and other settings—and KP cannot afford to leave any of these NPs behind.



"I've been at KP for 20 years in Nursing Home Services, and an NP for 25 years. I feel privileged to serve this population. In Nursing Home Services, we see patients when they come out of the hospital and enter a skilled nursing facility. It can feel scary to them, they may be in pain or recovering from another illness. Time

and again, when we go in the morning after they arrive, the relief patients feel when I walk in to introduce myself as a KP provider, that I will care for them throughout their stay—it matters to them. It baffles me why management is not agreeing to an ARNP market adjustment. Our manager has had to hire ARNPs with less experience at the top of the wage scale to fill positions. People with five years' experience get what I get after twenty years. This means we need to raise up the scale for all ARNPs in order to recruit and retain."

Leslie Cohn, ARNP, Nursing Home Services

Retaining mental health therapists and social workers

Our mental health and wellness staffing is in crisis. We gave management the numbers—that at one of our mental health sites, there is not a single therapist who has served at Kaiser/Group Health for more than two years, and that at most other sites, there might only be one or two who have. Some patients are seeing their third new therapist within a year because their first two have already quit. This is unacceptable. Our bargaining proposal regarding sustainable mental health staffing and scheduling is based on an agreement the Kaiser administration in the Northwest (Oregon) region made with the union there. One KP means investing in mental healthcare to a sufficient level across all regions of KP.



"There are real issues with workload and retention of good co-workers. Five years ago, there was an increase in workload of 40 percent overnight by management. Some co-workers handed in resignation letters the next day, and there has been high turnover since then. It has averaged around 30 percent over the last several years. We have done a lot of work over the last four years to address these issues and made VERY LITTLE progress—nothing that has made a significant difference in our ability to retain. Our goal is to provide excellent quality care to patients. We cannot do it without improvements to our workload."

Mike Dumont, MLT, Tacoma Mental Health and Wellness

Ending subcontracting and raising wages in Environmental Services

Our Environmental Services co-workers who clean and disinfect our clinics are a critical part of the KPWA team. But, we told management, we often don't feel like one team. Unlike every other co-worker in our union at KPWA, EVS co-workers report to supervisors who don't work for KPWA and instead work for a multinational building services company, CB Richard Ellis, that has no expertise in healthcare or our patients. How, from a perspective of quality and safety, does this make sense? Furthermore, as KPWA has opened new clinics this year, we have had to intervene and advocate on a case-by-case basis to ensure that those clinics' frontline environmental services workers are KPWA union members and not outsourced contractors working for another company. We need agreement that as KPWA grows, our union EVS team grows—and that KPWA invests in EVS staff with the raises we need to stay at KPWA and live in the region and support our families.



"I have an 80-hour paycheck stub from 2010, and another one from 2018 – and the 2018 check is only \$36 more in take-home pay than 2010. That is not right. I don't know how my co-workers in EVS can feed and clothe their children. 60% of my co-workers are within 10 years of retirement. I don't know what's going to happen then, when people can't afford these jobs."

Kevin Carter, Custodian, Tacoma EVS

Staffing weekends respectfully

We know our clinics are opening longer hours and more days of the week to serve our patients, and we understand why our patients need better access. But it is not OK when management staffs weekends in a way that doesn't recognize the needs of us and our families. Management wants to post and rebid into positions scheduled Tuesday through Saturday, every week—meaning co-workers among us would be forced to work every single weekend. This is not acceptable. In areas like Urgent Care that have been open 24/7 for years and even decades, every co-worker has had two weekends off per month. We need this minimum standard in every department. Furthermore, when we developed our own plan to rotate and share the Saturday work at some clinics recently, management has unilaterally rejected our proposal. We need to staff weekends in a way that is collaborative and fair.



"Recently we had a rebid in Everett, with new extended hours and Saturdays. We talked among co-workers and decided the majority of us wanted to do a rotation. Management said that was not possible, that it was too cumbersome. There was no collaboration. But as MAs, we have grown. Our knowledge of how the clinic runs is not what it used to be. We see the bigger picture. We know better access is better,

that patients want Saturdays, and we want that. We are asking for a fair role in the process to have a home life balance. If you include us, you'd retain more MAs and have less turnover. We want to have a fair say and feel respected."

Ashley Grauman, MA, Everett

WHAT'S NEXT?

We have additional local bargaining scheduled on July 31 and August 8. Talk to your bargaining team member about how we will be showing our unity and standing together in the coming weeks.



Our local bargaining team:

Kathleen Lange, ARNP, ARNP School-Based Program
Theresa Lewis, Medical Assistant, Gastroenterology, Bellevue
Tim Ma, Physical Therapist, Physical Therapy, Bellevue
Sheri Van Tent, Central Service Tech, Sterile Processing, Bellevue
Rosie La Duca, RN, UR-Discharge Planning, Bellevue
Valerie Finkley, Health Unit Coordinator, Urgent Care, Bellevue
John Hall, Social Worker, Urgent Care, Bellevue
Cathleen Jessup, Physical Therapist, Physical Therapy, Burien
Elma Rosal, LPN, Primary Care, Burien
Denice Bischofberger, RN, Day Surgery, Capitol Hill
Jessica Wolfe, RN, Day Surgery, Capitol Hill
Joshua Kennedy, Surgical Tech, Day Surgery, Capitol Hill
Tupamara Maestas, RN, Endoscopy, Capitol Hill
Teri Lindsay, Medical Assistant, Genetics, Capitol Hill
Alison Prevost, Masters Level Therapist, Mental Health and Wellness, Capitol Hill
Kristen Paterson, Medical Assistant, Orthopedics, Capitol Hill
Jessica Miller, Physical Therapist, Physical Therapy, Capitol Hill
Joy Osaki, Medical Assistant, Primary Care, Capitol Hill
Alanna Martin, Social Worker, Social Services, Capitol Hill
Natalie Burns, Social Worker, UR-Discharge Planning, Capitol Hill
Daniel Ross, RN, Urgent Care, Capitol Hill
Andrea Eiseman, ARNP, CareClinic
Ashley Grauman, Medical Assistant, Primary Care, Everett

Yian Saechao, Medical Assistant, Primary Care, Factoria
Patricia Nail, MA, Primary Care, Gig Harbor
Teri Murray, RN, UR-Discharge Planning, Harrison
Arielle Eggers, Medical Assistant, Primary Care, Kent
Tami Ellefson, Medical Assistant, Pediatrics, Lynnwood
Wendy Rychwalski, ARNP, Primary Care, Northgate
Frederick Marcelo, LPN, Primary Care, Northgate
Meta Thayer, Physical Therapist, Physical Therapy, Northgate
Linda Todd, ARNP, Nursing Home Services
Leslie Cohn, ARNP, Nursing Home Services
Le'Nae Jackson, MA, Primary Care, Olympia
Matt Brown, Custodian, Environmental Services, Olympia
BreAuna Baker, MA, Primary Care, Olympia
Estee Carton Bozzi, Social Worker, UR-Discharge Planning, Overlake
Danna Burnett, Medical Assistant, Primary Care, Port Orchard
Anne Lunden, RN, Primary Care, Port Orchard
Aischol Ellis-Monroe, Medical Assistant, Primary Care, Puyallup
Aneshia Johnson, Medical Assistant, Primary Care, Rainier
Sheryl Quiere, Medical Assistant, Primary Care, Redmond
Carmen Diaz, Medical Assistant, Anticoagulation, Renton Administration
Nancy Wittman, RN, Consulting Nurse Service, Renton Administration
Jennifer Layer, RN, Consulting Nurse Service, Renton Administration
Lynn Youngblood, RN, Secure Messaging, Renton Administration

Darlene Madenwald, RN, UR-Case Mgmt, Renton Administration
Corrie Piper, Masters Level Therapist, Mental Health and Wellness, Riverfront
Joni Hardcastle, Social Worker, Home Health, Seattle Region
Jean Myers, Physical Therapist, Home Health, Seattle Region
Grace Lopez, Medical Assistant, Urgent Care, Silverdale
Jamie Vanden Bos, Medical Assistant, Primary Care, Silverdale
Marie Neumayer, Medical Assistant, Primary Care, South Regal
Danielle Riggs, ARNP, Primary Care, South Regal
Carmen Suazo, RN, UR-Discharge Planning, Swedish
Michael Dumont, Masters Level Therapist, Mental Health and Wellness, Tacoma
Arleigh Champ-Gibson, Spiritual Counselor, Hospice, Tacoma Region
Mala Williams, LPN, Primary Care, Tacoma South
Katrina Showlund, RN, Day Surgery, Tacoma Specialty
La Nita Thomas, Surgical Tech, Day Surgery, Tacoma Specialty
Kevin Carter, Custodian, Environmental Services, Tacoma Specialty
Cenetra Pickens, RN, General Surgery, Tacoma Specialty
Kelsey Loomis, Medical Assistant, Specialty Float Pool, Tacoma Specialty
Laura Kilberg, RN, Urgent Care, Tacoma Specialty
Cheryl Bilka, LPN, Primary Care, Veradale