



## Kaiser: Retain Us and Recognize Us

We are the backbone of Kaiser Permanente. We have been keeping our organization running for our patients for the past two incredibly hard years. In some ways, we are facing the most difficult weeks of all, right now, this winter:

- More coworkers than ever are sick with COVID-19
- Our facilities, phone lines, and inboxes are backed up and overflowing with patients in need of care
- Our coworkers are leaving in droves, for significant financial incentives at other healthcare employers, or even leaving the healthcare field altogether

Every other large healthcare system in Washington—Swedish/Providence, UW, CHI/Virginia Mason-Franciscan, and MultiCare—has taken significant financial steps to retain staff over the past few months. In fact, most of these organizations approached our union with their interest in a retention bonus, raise, or similar program to recognize their frontline caregivers. Even community clinics and small, independent hospitals have done the same.

Kaiser Permanente is the only large healthcare system in Washington who has not yet committed to any retention program this year. We call on Kaiser to recognize, pay, and support current staff after two of the most difficult years to be working in healthcare in our lifetime.

At our second bargaining session with management over retention bonuses on January 21st, coworkers on our union's Executive Board shared our experiences with KP management and delivered the following proposal:

### Our retention proposal:

- \$6,500 retention bonus (paid out in 2 increments, pro-rated by FTE, with TPTs considered .25 FTE)
- 5% pay increase for all staff effective the first full pay period after January 21, 2022
- Reinstating the 80 hours of leave for staff sick or quarantining due to COVID-19 (retroactively available for the time after the initial leave program ended)

Since then, hundreds of us have emailed President Susan Mullaney to share our experiences.

We call on management to respond as soon as possible to our serious and urgent proposal. We will continue to advocate to senior management and will not stop until our efforts are recognized. Make sure President Susan Mullaney hears from you in support of our proposal for respect and recognition.

"There is a great deal of burnout. People feel forgotten. Other organizations show their staff they care. Kaiser needs to do the same." - **Marie Neumayer, MA, Union Partnership Representative**



"Too many people are leaving. We have 50% vacancy in our department. In other places, they gave staff retention bonuses. At Kaiser, we've had to go to management to ask for it." - **Mike Dumont, Masters Level Therapist, Tacoma**



"Kaiser showing appreciation (monetary) would matter. Other organizations in the region have shown staff they value them with retention bonuses, but not Kaiser." - **Laura Kilberg, RN, Urgent Care, Silverdale**



"We recently had 6 MAs and 3 providers call out in one day. The people left are trying to hold everyone up. And the Christmas gift we received – it was insulting!" - **Teri Sterling, MA, Puyallup**



## PSP Affordability Work: Help KP Save Money and Get Paid

Do you see waste in your work environment or processes? We can all impact our Performance Sharing Plan bonus opportunity by identifying areas of waste and submitting our ideas for cost savings in our workplaces. We have a joint committee made up of labor and management that reviews every idea submitted. We launched this PSP work partway through 2021. We are still bargaining our PSP goals for 2022 but expect that this program will continue this year. Be thinking about your ideas, because soon, we will want to hear from you!

### Our PSP Bargaining Team:

Leslie Cohn, ARNP, Contract Specialist  
Cecily Dash, MA, Rainier  
Mike Dumont, MLT, Tacoma  
Bobeya Krishnek, OT, Northgate  
Tim Ma, PT, Union Partnership Representative

Teri Murray, RN, Union Partnership Representative  
Marie Neumayer, MA, Union Partnership Representative  
Atalanta Pierre-Louis, RN, Northgate  
Jamie VandenBos, MA, Contract Specialist  
Chua Vue, Custodian, Tacoma

## On the road with our Equity, Inclusion, and Diversity Committee

Delegates across our union have voted to adopt a union-wide plan to become an anti-racist organization. At Kaiser, we did not give up on our last bargaining until we reached an Equity, Inclusion, and Diversity addendum to our contract—continuing to meet on this topic for almost a year after bargaining until we could reach an agreement on actual contract language committing to our joint work in this area. Our agreement includes work to change the culture at KPWA as well as a commitment to jointly develop better processes for when immediate intervention is needed due to racist behavior by a manager or coworker.

### We have recently launched our EID committee but encountered some significant challenges to moving our work forward:

- **KP seems to not fully understand the MOU that they signed off on with us—that this is joint work we need to do together with frontline staff at the table**
- **KP is not including frontline staff in their initiatives**
- **KP does not fully understand true partnership in doing this work — they want it to be THEIR work and not OUR work.**

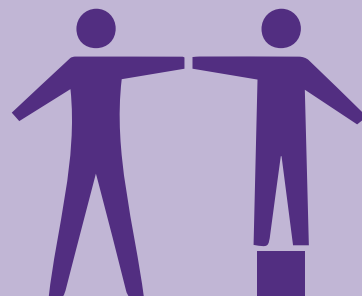
We expressed to management the need to bring in an outside facilitator to help both parties work together and create an environment where people can authentically share their experience, making it a safer space. We are eager to work through the challenges and bring our joint work forward.

An essential part of our work is jointly designing improvements to the escalation process for when our members have complaints about racism or discrimination by a manager or coworker. When we came to the table to present our ideas on how the escalation/investigation process should go, after only four meetings with management hearing our thoughts, they essentially walked away and said their only intention was to explain their current process.

An example of a problem with the current process is that management takes at least 90 days to investigate a complaint before taking action—meaning the “status quo” continues during that period. We know of cases where the investigation has gone even longer, as much as 150 days to investigate a complaint. This is beyond unacceptable!

And further, when an investigation is completed, members sometimes get a response just saying that a complaint was “unsubstantiated” because Kaiser judges they don’t have legal liability under the equal opportunity law. This can be the case even when the person who is the subject of the complaint is using bullying tactics or poor management that drive our coworkers, particularly our BIPOC colleagues, to feel alienated and unsafe at work.

We are calling on management to return to work with us on making our workplace more equitable and racially just and design improvements that work for everyone.



“My experience being on this committee is I haven’t see any progress, and the escalation process takes too long and is demeaning. And it feels like a waste of time to not be given outcomes.” -**Carmen Diaz Reddick, MA, Anticoagulation**



# Fairness and Extra Pay for Redeployment During the Pandemic

The pandemic has brought serious staffing shortages and an unprecedented number of patients seeking care from our caregivers. We are being asked to do more and more — it’s essential that our seniority and skills are being respected and that there is financial incentive for when we work at other facilities or pick up an additional shift in a critical-need area. We bargained a process that management must follow prior to mandating the redeployment of any staff. We also bargained significant additional compensation for picking up additional shifts—or shifts in another location than our home location—in Urgent Care, CHIPS, and the Ambulatory Surgery Centers. If you feel that the redeployment guidelines are not being followed by management, please speak with your delegate or organizer.

### Our principles:

- Management must first access float pools, travel groups, TPTs, and agency staff before redeploying regular FTE staff
- If they cannot meet the need with floats, etc., they must then seek volunteers
- If the above options fail, management may mandate redeployment, first within the home facility, then by home district. They must maintain a seniority roster for each district and rotate by inverse seniority.

### Additional pay:

- Float pay and paid commute time if we are redeployed anywhere outside our home location
- Additional shifts in CHIPS, Urgent Cares, and Ambulatory Surgery Centers:
  - 1.5 times pay (if not already overtime)
  - Additional flat rate incentive pay (see below)
  - Both are paid if staff are redeployed at another location within these departments, whether or not the shift is an additional shift

	8-hour shift (*note – pro-rated pay is also available for additional 4- or 6-hour blocks)	10-hour shift	12-hour shift
RN/ARNP	\$333	\$417	\$500
Surg Tech, Anesth Tech, PCT, CS Tech	\$200	\$250	\$300
MA, LPN, HUC, ED Tech	\$167	\$208	\$250

“We have a critical staffing shortage in the urgent cares right now. All of us share the goal of providing great care for our patients, but we’re burnt out. Although this will not fix our current staffing issues, having the opportunity to make some extra money for picking up extra shifts, or floating to another clinic, will help staff feel supported.”  
– **Anthony Rodriguez, RN, Bellevue Urgent Care**

