



NUHW PULSE

KINDRED SAN FRANCISCO BAY AREA

OCTOBER 2018



Kindred workers from across California coordinate to improve pay, staffing

This weekend at the NUHW Annual Leadership Conference workers from 3 Kindred Hospitals in SoCal and Norcal met to share their challenges and successes in their struggle to improve pay, working conditions and patient safety at Kindred. Workers at all 3 Kindreds told similar stories about being overloaded with patients, underpaid and disrespected by management when they brought up their concerns about patient safety, staff turn-over and retention. But no one wanted to take these problems lying down. Workers from Kindred Brea in Orange County talked about the picket they held on Sep 13th with over 80 co-workers and community allies, and workers from Kindred SFBA shared about organizing co-workers to wear stickers in solidarity with the picket. As workers at Kindred Brea prepare for a possible strike and the Service workers at Kindred SFBA and Kindred Westminster continue bargaining, we know we will be stronger now that we are fighting together.



Kindred workers present contract proposals LVNs, CNAs, Unit Clerks/Monitor Techs, Dietary & EVS workers meet with management for first bargaining session

Five members of our Bargaining Committee met with management for our first bargaining session on September 18 at 9 a.m. We presented proposals on:

- Patient Safety. Would add safe staffing language from the law into our contract and establishes a 8 patient assignment maximum for CNAs.
- Cancellations. Would still by seniority, but creates a clearer process for cancellations.
- PTO. Increases the PTO cap for workers so that they miss out on accumulating PTO.
- Extra work. Hours would be given to per diem workers by seniority.
- Discharge for Cause. Ensures that workers are paid while on Investigatory Suspension and outlines the steps of Progressive Discipline.
- Labor Management Meetings. Would ensure that workers get released from work to attend so they don't have to come in on their day off.
- Recognition. Protects against any future subcontracting of our jobs and protects our ability to keep our union in case the hospital is sale.

Management did not present counter-proposals, but said they will at our next session. They did say however, that they have never agreed to a CNA patient ratio and never will.

**If you want to fight for fair pay and staffing at Kindred,
join us at the next bargaining session:
Wednesday October 24, at 9 a.m. "at
Carpenter's Union Hall, 1050 Mattox Road,
Hayward**

(Management still refuses to meet with us at the hospital.)

WORKERS DEMAND MANAGEMENT IMPROVE STAFFING TO ENSURE STAFF CAN ‘TRULY BE THERE FOR OUR PATIENTS’

More than 35 workers attended our meeting with management on September 13th. Here is a list of the questions and concerns workers raised at the meeting and the responses we got from the CCO, Kinzi Richholt, who represented management at the meeting.

You can see a longer report back from the meeting at the NUHW website: <http://nuhw.org/workplaces/kindred-hospital-bay-area/>

Pay gap and retention of senior workers

We asked for a response to our proposal to bring all Techs and RNs up to the salary level of new hires which is laid out in the Minimum Hiring Wage Scale in the contract.

Management response: Management's lawyer spoke with NUHW.

Alex, Union Organizer: Their lawyer e-mailed but all he said was that they are not willing to bargain a raise to fix this problem.

CNA short staffing and cancellations

We asked, how does management determine how many CNAs should be on the floor? The RNs are measuring acuity every night but it seems like it is not taken into account.

Lilly, RT, said "Everything depends on the CNAs. If there are not enough CNAs on the floor to care for the patients, it disrupts the whole team of staff and our ability to get our work done because we have to help our co-workers with their work."

Febrina Lumi, CNA, added: "When we have 10 or 12 patients, like we have had so many days recently, we aren't able to transfer, clean patients or answer call lights on time."



Management response: We are going to adjust according to acuity and volume of patients. If there are patients that are extra heavy, challenging to work with or need extra help to turn, we will add more staff. We will look into this.

Respiratory Department — staffing to patient acuity and standby policy

1. New Lead RT duties and Patient Load: RTs raised concerns about the way management now pulls 1 RT off the floor to work as a lead and this lead doesn't have a full patient load, because they are doing administrative and managerial tasks. The RTs fought hard for a point system for staffing that takes into account patient acuity, and they said that management is disrespecting this point system by pulling an RT to be Lead. Many RTs are refusing to take on the Lead position because of this.

Also, RTs expressed that the way patient assignments are being done by floor does not follow the point system for patient acuity that workers established with the former CCO. Some RTs commented that not having to take care of patients on multiple floors is a plus, but some RTs have a much heavier patient load than others.

Management response: We will talk about Lead duties at

our next team meetings. We did a survey about the new patient assignment system and most said they did not like the new system.

2. New Standby Policy: The union sent management a Cease and Desist letter we found out that they were implementing a new standby policy without negotiating the change with RTs.

Management response: They have withdrawn that policy change. From now on RTs will be placed on the schedule and they will be cancelled at least 4 hours in advance. RTS who call off should follow the Employee Handbook and call off at least 4 hours in advance.

RNs need break coverage so they can take their 15-minute breaks

RNs in the ICU said that they cannot take their breaks and leave the ICU unless someone comes in and relieves them because if they did they would violate the 1:2 patient ratio in the ICU. This is also a problem in med/surge.

Management Response: We are working to start a new ICU training program for RNs.

Concerns in the Lab:

Lab workers said they still need a per diem phlebotomist to cover when FTs are out sick or take a vacation.

Management's response: we will post a per diem phlebotomist position

For more information, contact NUHW Organizer Alex Early at (617) 816-4260 or aearly@nuhw.org