

SUMMARY OF KAISER'S "BEST" OFFER – Psych-Social

Below is a summary of what Kaiser has said is their "best" offer, with an explanation of each proposal and why it falls short of meeting our bargaining goals. Our Psych-Social bargaining committee is recommending we reject this offer.

Compensation

Annual Wage Increases And Lump Sum Payouts

Effective October 2018 – 3% Across-the-Board (ATB)
Effective October 2019 – 2% ATB + 1.5% lump sum
Effective October 2020 - 2% ATB + 1.5% lump sum
Effective upon Ratification – 1% lump sum signing bonus

Why this falls short: Less than Alliance ATB of 2.75% in the 2nd year and 3% in the 3rd year and does not make up at all for time without a wage increase.

Differentials

Increase Evening shift differential from \$2.43/hour to \$2.75/hour
Increase Night shift differential from \$3.017/hour to \$4.50/hour
No increase in bi-lingual differential, currently \$1.00/hour
Increase stand-by pay differential from \$10/hour to \$12/hour

Why this falls short: Difficult to attract bi-lingual providers, differential below community standard; even with \$2/hour increase, stand-by pay is ridiculously low.

Special Adjustments

Psychiatric RNs moved to a new wage scale with higher wage rates.

Why this falls short: Wage rates still average 2 to 3% less than UNAC Specialty nurses, with longer-tenured employees even further behind

Adding two new Psychologist classifications – Developmental Psychologist and Neuropsychologist, with 5% higher pay rate than Psychologist pay scale

Student Loan Repayment Assistance

Offering \$2,500/year for up to four years for Bachelors and Masters Degrees and \$5,000/year for up to four years for Doctoral Degrees, as taxable income.

Benefits

Health Coverage

Maintain \$20 co-pay

Why this falls short: Coalition unions still have \$5 co-pay and Alliance Unions just settled for \$10.

Dental Coverage

Increased to \$1,500 for annual dental coverage and \$1,500 for lifetime child orthodontia.

Why this falls short: Not effective until 2021 while other unions have had this benefit for four years or more.

Retiree Medical

Increase HRA account from \$1000/year of service to \$2000

Why this falls short: Other unions have had this benefit for several years and also have an additional \$10,000 added at age 85.

Pension

Increasing Employer match on 401(k) from 1.25% to 3% for employees who do not have Defined Benefit Pension.

Why this falls short: Over 120,000 other unionized Kaiser employees still have a pension. Kaiser implemented its Pension take-away for our members in 2014, saying they also were going to take it away from other unions. They have bargained numerous contracts with other unions since, but not taken it away from anyone else. To see the difference between a defined benefit pension and the 401(K) plan imposed on new hires, check out our pension calculator at <https://nuhw.org/calculator/>

Staffing, Access and Workload Issues

Staffing and Access Issues

We know these issues will not be solved overnight, so we have agreed, as a first step, to have a structured and facilitated “Collaborative” committee to work on long term solutions. This committee would reach decisions by consensus, which means the union member participants have more than just “input”.

Why this falls short: While we are invested and committed to make this Collaborative Committee work, there is no fallback or accountability if this committee, no matter how collaborative and well-meaning, does not come up with any recommended solutions in six months.

Workload Issues

Kaiser has rejected the union’s proposal to allow therapists at least 5 hours per week of Indirect Patient Management Time, pro-rated for part-time employees. Kaiser’s proposal is to figure it out after we have a contract.

Immediate Relief

To demonstrate Kaiser’s commitment to resolving staffing, access and workload issues, we have asked Kaiser to agree to some form of immediate relief in the areas of clinician workload and return access for patients. Kaiser’s proposals are:

- 1) To have “Collaborative” committee prioritize standardizing patient management time;
- 2) To hire twenty new care navigators.

Why this falls short: Hiring care navigators, who will bring in tons of new patients, doesn’t do anything to help the problem with long waits for return appointments. In fact, it would make the situation worse because clinicians would have even more patients waiting even longer for care. Also, there is no provision for immediate relief for the heavy workload our providers face everyday. Kaiser has rejected the union’s proposal to immediately hire more clinicians where there is vacant office space and hire four new clinicians for every Care Navigator hired to insure availability of return appointments for all of the new patients being brought in by Care Navigators.