



# OREGON FEDERATION OF NURSES AND HEALTH PROFESSIONALS CHECK-UP



Information about You -- The Union at Kaiser Permanente

Issue 2007-3 October 2007

OFNHP, Local 5017  
AFT Healthcare, AFL-CIO

## Executive Council

Kathleen Geroux (RN) Executive President  
Elex Tenney (Pro) Executive Vice President  
Samantha Owens (RN), Secretary  
Jeff Harris (RN) Treasurer

## BU Presidents:

Anna Mulesa, RN  
Holly Morgan, RDH  
Esther Haberman, TECH  
Frank Fleming, LAB PRO  
Tavo 'Buz' Guthrie, PRO

## BU Vice Presidents:

Karen Ferge, RN  
Janine Rollins, RDH  
Jillian Kinney, TECH  
Dianna Gaffield, LAB PRO  
Signa Gibson, PRO

## Officers:

Shawn Brock (TECH) VP Health and Safety  
Bing Wong (LAB PRO) VP Political Education  
Nancy Amstad-Hite (RN) VP Publications  
Bruce Corkum (RN) VP External Organizing  
Peter Primiano (PRO), VP Retirees

## From The President

The ACR (Ambulatory Care Redesign) process has finished

The Macro and Micro Teams have finished meeting and have brought forth their recommendations. Our front line leaders that participated on these teams did the best they could under the circumstances and there will be good work that will lead to implementations. But, the transformational work that needed to happen did not (see enclosed flyer).

It is no surprise that access and service are at an all-time low. I am sure many of you have read KP NW President Andy McCulloch's Sept 28<sup>th</sup> communication. He finally agrees that the 18-month hiring freeze has created a disaster.

Thanks to all who sent in the Short-Staffing and Quality Action forms to help facilitate this. Please continue to shed light on the situation that this is not sustainable for the front-line caregivers and that we will not be ignored. OFNHP will continue to advocate for staffing improvements.

## Reopener Negotiations

The 2005 National Agreement, Section 3.D (p. 40) describes the reopening of negotiations around two topics for 2008 and 2009:

1. What will the Across the Board wage increases be above the guaranteed 3% (RNs and NPs/PAs/CNMs get an additional 1%).
2. Retiree Medical improvements above the 70% employer paid coverage.

These negotiations will be conducted at the national level, which, as always, creates both opportunities and provides us with challenges. All national union leaders agree that there must be transparency and involvement from each of us. All Coalition unions are committed that there will not be takeaways in this reopener.

The compensation improvements we negotiate next year will be added to those improvements bargained at the national level at the beginning of the contract, such as:

- Complete wage parity for all Addiction Medicine Counselors and Mental Health Therapists
- Increased shift differentials for RNs
- Outpatient RN wage parity with Inpatient RNs
- Additional wage increases for years 2 through 5 for all RNs, NPs, PAs and CNMs
- Increased wages for Respiratory Therapists
- 3 Years of double retirement credit for most RNs, RDHs and Techs
- Improved Short Term Disability and a new Long Term Disability plan for RNs, RDHs and Techs

As soon as enough details become available, we will have membership meetings to discuss the negotiations and what will be necessary for our success. Stay tuned for further details. Your involvement will be key in protecting what we have and being able to negotiate for improvements.

Finally, I am happy to announce that Signa Gibson has been selected to replace Jonathan May as the Contract Specialist for the Professionals and Lab Professionals. Thanks to both for taking on this challenge.

In Solidarity,  
Kathy Geroux, RN

## **Grievance Update: Dental Hygiene and Technical BU Retirement Protected**

As the result of a computer coding error, Kaiser missed 6 months of defined contribution payments for 218 Dental Hygienists and Technicians. As a result of a grievance filed by Bargaining Unit Presidents Esther Haberman, Holly Morgan and Anna Mulesa, complete restoration of missed payments and investment gains will be posted in the effected members' Vanguard accounts on October 6<sup>th</sup>.

Additionally, OFNHP filed an Unfair Labor Practice charge with the National Labor Relations Board (the federal agency that oversees compliance with the National Labor Relations Act) to compel full disclosure as to the extent of the problem. Effected employees will receive a letter from the HR Service Center next week. All Techs and Dental Hygienists should review their retirement statements after October 6<sup>th</sup> to insure that the proper restoration has been made.

## **Mental Health Staffing Maintained**

Jonathan May (Mental Health Steward) filed 2 grievances concerning unfilled Mental Health Triage positions. As a result of the grievances, both positions will now be filled. The grievances were filed because unfilled positions cause problems in patient care delivery and an increased workload on remaining therapists. OFNHP is evaluating other potential staffing grievances. **If a position in your department has gone unfilled and workload is effected, contact an OFNHP steward in your area.**

## **Flexible Benefits**

Management's initial proposal for the 2008 PRO/LAB PRO Flexible Benefit program included a reduction in home health and physical medicine coverage. A grievance was filed and Signa Gibson (PRO BU VP), Ute Kongsbak, Valerie Payne and Judi White negotiated an agreement that regains the prior level of coverage.

## **Dental Benefits Reminder**

Remember – If you need a same day or emergency dental appointment you will be charged an extra \$25 co-pay. To get reimbursed, send your receipt with your name, address and phone number to: "Dental Co-Pay Reimbursement Plan, P.O. Box 4148, Portland OR 97208.

## **Dental Lab Support Specialists join OFNHP**

Dental Lab Stewards Kim Groves and Kathy Pawson helped the last 3 non-union Dental Lab employees to join OFNHP. Kim helped the Dental Lab Support Specialists negotiate an agreement that improved their benefits and retirement as well as 9-12% pay increases to catch up to the OFNHP members in the Optical Lab who do similar work. Congratulations to all!!

If you know non-union workers who would benefit from joining OFNHP contact your steward.

## **Healthy Kids -- Oregon Measure 50**

117,000 Oregon kids have no health coverage. Measure 50 is our chance to provide them with healthcare (many of them at Kaiser Permanente). The Healthy Kids Plan (Ballot Measure 50) will:

- Provide health coverage for Oregon's uninsured children;
- Provide funds for low income Oregonians who currently are blocked from the Oregon Health Plan; and
- Fund tobacco prevention programs.

The Healthy Kids Plan is funded by raising Oregon's cigarette tax by \$0.845 to the Washington State level. Every pack of cigarettes sold in Oregon causes \$11.16 in increased healthcare costs.

OFNHP has joined a coalition of groups in support of Measure 50, but the tobacco industry has unlimited money to run an opposition campaign.

Interested in helping achieve health care for all of Oregon's children? Email Alan Moore ([alan@ofnhp.com](mailto:alan@ofnhp.com)) or call 503-657-9974 x110.



Congrats to Esther Haberman, Technical BU President who recently received her ULEAD certificate after completing the University of Oregon's ULEAD labor education program!

Also, check out the article,

## Covering Lots of Ground: Esther Haberman, Contract Specialist

By Julie Light

[http://www.Impartnership.org/news/local/20071004\\_1546/index.html](http://www.Impartnership.org/news/local/20071004_1546/index.html)

### Training Opportunities (NEW WINTER DATES)

Steward Orientation – October 24 or January 26 (9am-5pm) @ OFNHP office

Introduction to Grievances and Discipline – October 16, November 1 or February 9 (9am-3pm) @ OFNHP office

Advanced Steward Training – October 17, November 14 or February 2 (9am-3pm) @ OFNHP office

\*For more information, go to [www.ofnhp.org](http://www.ofnhp.org)

### Washington State Labor Council Endorses Referendum 67

Referendum 67 will help make sure the insurance industry does the right thing and to be fair in paying legitimate claims in a reasonable and timely manner. The referendum is opposed by insurance companies that have enjoyed no penalties for purposefully denying legitimate claims. **“Referendum 67 will help ensure that insurance companies treat Washington consumers fairly.** It's a common sense ballot measure that's good for the hard-working people of our state.” Mike Kreidler, Washington State Insurance Commissioner.

### First Hurdle to Restoring Organizing Rights for Millions of American Workers Cleared: House Committee Passes the RESPECT Act (H. R. 1644)

The Re-Empowerment of Skilled and Professional Employees and Construction and Tradesworkers Act (RESPECT), H.R. 1644, passed its first hurdle by being voted out of a House committee recently.

Congressman David Wu (D-OR), who recently signed on as a co-sponsor of the RESPECT Act had this to say about the need to pass this law:

“The RESPECT Act preempts the administration's attempts to strip union and collective bargaining rights of an estimated 8 million American workers.

As a member of the House Labor Committee, I will work to see that this important piece of legislation continues to move through the legislative process and to the president's desk.”

The most notable change would eliminate the terms “assign” and “responsibility to direct” from the list of supervisory duties currently outlined in the National Labor Relations Act.

This would correct a major overreach of the Bush NLRB when the “Kentucky River” decisions declared millions of workers ineligible for union membership because they direct the work of less-senior or less-skilled workers, like in the case of charge nurses. (see this past edition of AFT's Healthwire for more background on these cases: <http://www.aft.org/pubs-reports/healthwire/issues/novdec06/feature.htm>)

“By signing on as a co-sponsor of the RESPECT Act, Congressman Wu recognizes that the Bush NLRB overstepped its bounds when it issued the Kentucky River decisions and stripped workers of the freedom to form a union,” said Kathy Geroux, OFNHP President. “We know that charge nurses who wish to have a voice in improving patient care desire a strong union, not to have that right taken away by the federal government.”

To thank Congressman Wu for standing with workers, e-mail his Washington D.C. office by visiting this link: <http://www.house.gov/wu/email.shtml>.

### HR Service Center Issues

Many of you have called the OFNHP office to let us know that you have experienced poor service or have been given incorrect information from the HR Service Center (CA) or the Kaiser Retirement Center (TX). Last week, OFNHP representatives met with Jim Hankins, the manager of the HR Service Center, to share with him our list of your negative experiences. He heard our message and assured us he would deal not only with each member's specific issues, but with the overall lack of good service by your HR representatives. OFNHP stewards and staff have been able to help resolve many benefits, retirement & leave issues.

*If you have not brought forward your story of poor HR service, or you have a future occurrence, e-mail it to [mbartlett@ofnhp.com](mailto:mbartlett@ofnhp.com) so that we can hold Kaiser accountable to implement your benefits to the contractual standard.*

## COALITION OF KAISER PERMANENTE UNIONS



September 25, 2007

### ACR is Finished

*Our work of creating a patient-centered care delivery system is yet to come*

After three months and eight meetings, the Ambulatory Care Redesign (ACR) Micro Teams wrapped up their work on Thursday, September 20 with a series of recommendations about how to improve KPNW's outpatient care delivery system.

While the recommendations make some important observations about the way we currently deliver care and hint at some exciting new ways to serve our members, most of the labor members of the teams don't believe the process lived up to their expectations. Promoted as a way to "fundamentally change the way KPNW delivers care in the outpatient setting," the work, according to one team member, "was not transformational."

ACR's failure to deliver as promised is a view apparently shared by Regional President Andy McCullough who told KPNW leaders on September 21 that the initiative did not meet KPNW's 2007 commitment to performance and its ability to deliver "tangible work" was also in doubt.

For union members, the Micro Team work involved many hours out of clinic in formal meetings, and in off-line work, developing proposals that it was hoped would improve the member experience and make KP a better place to work.

While the conversations between frontline staff, physicians and managers occasionally provided useful insights into a better model of care, most participants felt that the process lacked the authentic collaboration in service to patients that has characterized other LMP processes.

Despite our best efforts, the recommendations are largely descriptive of care delivery problems already known to most of us (large numbers of unpaneled members, limited patient access to their PCP, lack of timely appointments and short staffing), without the prescriptive changes needed to transform the care experience for members or providers.

A relatively short timeline and limited ability to pull frontline experts away from their jobs required the Oversight Group and Macro Team to provide direction, scope and boundaries to the Micro Team work. Staffing, appointing and access were handed off for others to address.

Several other critical aspects of redesigning care (e.g., panel size) were identified but were deemed "out-of-scope" by Medical Operations. As one Micro Team member put it, "As Labor got closer to the pastures where the Sacred Cows live, our work was changed and we were pointed in another direction."

## COALITION OF KAISER PERMANENTE UNIONS



(cont.)

With critical issues like staffing and panel size out of scope, Labor members were unable to connect the redesign work to the actual cost of implementing a new care system. Without the ability to adjust panel size to improve access and appointments, the teams could not recommend specific paths to connect the member to the care.

Rather than a “fundamental change” in the way KPNW delivers care, ACR can better be understood as a series of missed opportunities. These include creating a care delivery system that is:

- Forward-thinking, patient-centered and resource-focused, rather than a process driven by short-term budgetary concerns.
- Insuring evidence-based medicine is used to eliminate the enormous variation in practice (which costs KPNW between \$30 and \$40 million annually) and recommending specific ways to do so.
- Financially sustainable and patient-focused by adjusting the current skill mix to fit the different patient populations. This means examining administrative v. clinical time, practitioner costs and benefits, and adjusting the roles of specific practitioners (MD, AC, RN, etc.) to better meet the needs of our members.
- Based on staff practicing to their full scope and expanding the scope of practice where needed to better serve members.
- More rigorous and systematic about: identifying and correcting practice variation, capturing data needed to assess operational performance and assessing organizational accountability for the delivery of care.

This week, the Macro Team will review the Micro Teams’ recommendations and forward them to the Oversight Group for their review. Implementation of ACR recommendations will be carried out by Medical Operations and through other on-going Partnership initiatives including, Fix the Phones; People, Service and Culture; Member Retention and Revenue Cycle.

As noted in an earlier communication, the issue of staffing is now a Medical Operations decision and not an ACR recommendation.

ACR recommendations will be posted to the ACR website shortly (<http://internal.or.kp.org/acr/>) and stewards will have hard copies available in clinics. Members should review these materials to evaluate whether changes in the care delivery system are consistent with the recommendations.

Union leaders will insure that our voice is heard and respected as ACR recommendations are implemented, but will need your help to ensure that any changes will make KPNW a better place to work and to receive care.



**Internal Organizer Tom Bernard at the BBQ**



**Annie Berger (RN), Governor Ted Kulongowski, and Kathy Geroux (RN & OFNHP President)**

## Labor Day Picnic a HUGE Success!!

The turnout at 2007's Labor Day Picnic at Oaks Park in Portland was huge! It was so huge, in fact, that OFNHP and United Nurses of Legacy members cleared out our supply of burgers, hot dogs and Patti Curran's Homemade Pies.

Thanks to all who came to show your support and make this fun, family event happen.  
Look for us next year on Labor Day 2008 at the same place!

### **Pain Management Continuing Education:**

On Saturday, September 29, OFNHP (AFT Healthcare NW 5017) and the United Nurses of Legacy sponsored a Pain Management Continuing Education class, attended by 27 Kaiser and Legacy RN's. Members of OFNHP's Organizing Action Team (OAT's) and AFT's Organizing staff coordinated and planned the event which was held at the new OFNHP office on 2045 SE Ankeny.

Senate Bill 885, created in the 2001 legislation and implemented on 1/1/06, now requires RN's and many other Healthcare Professionals to obtain a one time requirement for pain management continuing education (7 CE's). A second part on Senate Bill 885 created the Oregon Pain Management Commission, who have been tasked with improving the pain management services to all Oregon citizens.

Five different pain management experts provided education to the group of RN's. Presenters included: Kaiser Palliative Care RN and OAT's activist, Rose Jackson; Behavioral Psychologist, Dr. Allan Chino; Licensed Accupuncturist Dr. David Eisen from the Quest Center for Integrative Health; Patient Care Advocate Dan O'Neal from the American Pain Foundation; and Dr Stuart Rosenblum from OHSU's. Dr Rosenblum led engaging discussions with 3 chronic pain sufferers from the community.

"The class really helped me understand the true complexity of pain management, and that you need to acknowledge your own values about pain when caring for other's who are in pain", stated Bruce Corkum, one of the RN's attending who attended the training. OFNHP plans to schedule additional classes soon.