



5 WAYS OUR NEW TENTATIVE AGREEMENT IMPROVES STAFFING

Our bargaining team went to the table mindful of the 20 months we spent battling the pandemic in the most challenging circumstances possible. Chronic staffing problems that began long before COVID became even more severe when patients and workload outstripped the number of staff. In spite of the wartime conditions, Alliance members showed up, dug deep, and saved lives.

We knew our new agreement needed to give Alliance members the relief they urgently need, ensuring sufficient staffing to provide quality care and service. It took us until the final hours to secure these improvements but our commitment to adequate staffing never wavered.

HERE ARE 5 WAYS OUR NEW TA IMPROVES STAFFING:

1

We defeated two-tier and maintained our industry-leading wages and benefits, enabling KP to recruit the best and brightest to work alongside us.

With two-tier defeated, our “best jobs, best care” wages and benefits position us to win the battle for talent.

2

We won a seat at the table to address staffing issues in each region, with MORE access to MORE information critical to staffing decisions.

Managers in many locations have refused to provide information or discuss staffing. Under our TA, there will be a new staffing committee in each KP region, meeting monthly, reviewing position vacancies, posting and filling of positions, backfill, time off, hard to fill postings, and more.

3

KP managers must discuss with labor any decision to not fill a vacated position.

- Short-staffing leads to stress, exhaustion, and burnout, and health care workers are leaving the industry in record numbers. It's our priority to fill all open positions and provide the relief we desperately need.
- Instead of KP making unilateral decisions on staffing, the new staffing language requires them to inform and discuss with us any decisions to not fill or to modify a vacated position. Management will keep UBTs informed on the status of filling positions. And if there's disagreement, we can escalate the decision for further review.



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4

For the first time, KP has committed to reducing the use of travelers and registry by working with us to develop alternatives.

- KP had been wasting millions of dollars through poor staffing decisions that included relying on costly travelers and outside contractors. A traveler nurse makes roughly 3 times that of an OFNHP registered nurse in the Northwest.
- To reduce the use of travelers and registry, union leaders and KP managers will meet on a quarterly basis to review the usage of traveler and registry and develop alternatives such as:
 - + Voluntary temporary upcoding of current employees
 - + Development/expansion of a float pool
 - + Creation of additional part-time positions which can be used to pick up additional hours
 - + Set appropriate level of per diem/on-call staffing

5

The National Agreement will require KP to share with us crucial information needed to make staffing decisions.

- KP will provide the following information to the Labor-Management Staffing Committee on a monthly basis:
 - + Vacancies
 - + Service, Patient Access, Patient Satisfaction Data
 - + People Pulse Scores
- KP will also share backfill calculations, backfill strategy, and budgeting information on a quarterly basis.
- This information will be shared at the departmental/UBT level, and at the regional/service area level.



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