## **Summary: Kaiser Permanente Rehab Therapists Tentative Agreement**

October 27, 2023

Pay Scale	Our contract will expire September 30, 2025, which will align us with the national Alliance bargaining. This will allow us to join any national strikes that occur as part of that bargaining, significantly increasing our bargaining power. We also will be able to pull the nurses along with us in any facilities we picket during national bargaining.  • Each step on the pay scale will be a 3% raise  • Every year on our anniversary date, we will move one step up for a 3% raise.  • There's a 13.5% difference between PT/OT/SLP II and PT/OT/SLP III at each step.
	o If you get your III, you will have a 13.5% raise.
	RTUC will be paid the same as PT/OT/SLP III
	There's a 4% difference between PT/OT/SLP III and Leads
Transitioning to the New Pay Scale	<ul> <li>At the next pay period from ratification, everyone gets a 5% raise</li> <li>Anything that doesn't show up in paychecks will be owed retroactively</li> <li>For example, a PT II who currently makes \$49.40 per hour will get a 5% raise taking them to \$51.87 per hour.</li> <li>On or before June 2024, everyone will then transition to the step on the pay scale immediately above their new salary.</li> <li>For instance, the same PT II whose raise took them to \$51.87 would move to Step 4/5 earning \$53.22, totalling in a 7.74% raise altogether</li> <li>Therapists with 15 years or more at KP will transition to two steps above their new salary.</li> <li>For instance, a PT III who has worked here 18 years and currently makes \$59.24 will get a 5% raise taking them to \$62.20. The step above that is \$62.22 but they would take two steps to \$64.08 for an 8.18% raise</li> <li>The average raise will be 8.14% - some will be higher, some lower</li> <li>The smallest raise anyone will get is 5.06% - the smallest raises will go to people whose salary increased by 5% is very close to one of the steps.</li> <li>The largest raise anyone will get is 23.53% - the largest raises will go to people who are currently making well below the first step of their pay band</li> <li>Everyone will get a raise, and have at least one more step before they reach the top of the pay scale.</li> <li>Everyone will move up a step with a 3% raise at their anniversary date.</li> <li>Oct 1, 2024 everyone will get 2% raise and a 2% bonus as part of the Alliance national agreement</li> <li>The total increase over the 23 months of the agreement will average 13.14% plus a 2% bonus</li> <li>We will no longer get "merit-based" increases in the spring</li> </ul>
Bonuses	<ul> <li>Until Jan 1, 2027, we will continue to receive bonuses as we have been under the Rewards for Results program</li> <li>Starting in 2027, our bonuses will be under Performance Sharing Plan, just like the nurses.</li> </ul>





Options for Additional Pay	<ul> <li>UMOC will receive an additional 20% for all weekend hours. If KP wants to begin offering rehab on weekends, we will bargain extra pay at that time.         <ul> <li>UMOC will be able to select weekend work by seniority and will be able to split the weekend by selecting single weekend days</li> </ul> </li> <li>Short hour employees (working less than 20 hours/week) will receive an additional 20% in lieu of benefits.</li> <li>Anyone working in a higher paid job classification for 2.5 hours or more will receive that higher pay rate while working in that job.         <ul> <li>For instance, someone taking on the duties of a lead therapist temporarily will be paid at the lead therapist rate during that time.</li> </ul> </li> <li>Bilingual - everyone who qualifies as a QBS1 will be paid an additional \$.50 per hour. Everyone who qualifies as a QBS2 will be paid an additional \$1.00 per hour.</li> </ul>
ASC	<ul> <li>Alternate time off shall be given within two pay periods following the time worked, and is subject to supervisor approval. If alternate time is not scheduled within two periods, any additional time will be paid at 1.5x current pay</li> <li>If a therapist works more than half a slot length beyond their scheduled shift, then alternative time off will be applied by blocking a full patient slot.</li> <li>Time spent on ASC cases, including time before they have cleared, will be considered time worked for the purpose of this article.</li> </ul>
PTO	<ul> <li>No changes to how we accrue PTO - we will continue to earn the same amount of time off that we have been.</li> <li>Can request leave between 8 weeks and 6 months before the leave. Outside this may be approved case by case.</li> <li>Can accrue up to 200%</li> <li>If the time you take is less than 4 hours, it will not be deducted from your accrued PTO</li> </ul>
Holidays	<ul> <li>Anyone working on a holiday, actual and/or observed, will be paid at 2.5 times their usual rate.</li> <li>If the holiday falls on a day a full-time employee doesn't usually work, they can take an alternate day off. If they aren't allowed to take an additional day off, they will be paid for 8 hours of holiday pay.         <ul> <li>For instance, a full time employee who doesn't usually work on Thursdays would be allowed to take an alternate day off instead of Thanksgiving day.</li> </ul> </li> </ul>
Benefits	<ul> <li>All benefits except retirement will remain as they are until Jan 1, 2027, at which point they will transition to the nurses' benefit programs</li> <li>This includes health insurance, dental benefits, life insurance, etc.</li> <li>Retirement benefits will remain as they are until Jan 1, 2030</li> <li>This delay will give us multiple bargaining cycles to extend the protection of our retirement benefits</li> <li>We will have more power in later bargaining cycles than we do now, because we'll be aligned with national bargaining</li> </ul>





Patient Management Time	<ul> <li>Everyone full time will receive 2 slots per week. Everyone with less than full time will receive 1 slot per week.</li> <li>If a therapist has net loss of 15% or better, they'll qualify for additional time         <ul> <li>Full time, or 1 FTE - one slot per day</li> <li>Less than 1 to .8 FTE - 4 slots per week</li> <li>Less than .8 to .6 FTE - 3 slots per week</li> <li>Less than .6 FTE - 2 slots per week</li> </ul> </li> <li>Net loss will be reviewed monthly, and those with less than 15% net loss will have patients scheduled into their PMT slots</li> <li>Procedures that require substantial PMT such as modified barium swallows will have the necessary time built into the schedule in addition to other PMT.</li> </ul>
Precepting	Everyone who takes a student will initially have a slot per day
Time	<ul> <li>For the first 3 weeks of a student here for 12 or more weeks</li> <li>For the first 2 weeks of a student here for less than 12 weeks</li> <li>After that, they will have 2 slots per week until the student finishes.</li> </ul>
Administrative	<ul> <li>Seniority, promotions, performance evaluations, reduction of</li> </ul>
Administrative	workforce/layoffs, corrective action, grievance, leave of absence, shop
	stewards, union access, etc - generally the same as in the nurse's contract
Involuntary	Minimum 4 wk notice before being transferred, but will give as much as
Changes	possible.
Work	·
Schedules	We remain exempt and do not need to clock in and out.  Still times in 40 hours payweek, and part times in less than 40 hours.
Julicuules	• Full time is 40 hours per week, and part time is less than 40 hours.
	<ul> <li>Schedules may range between a minimum of four (4) hours and a maximum of twelve (12) hours in a single work shift</li> </ul>
	We're all entitled to two 15 minute paid breaks and one 30 min unpaid lunch for an 8+ hour day.
	"All Health Professionals and Management shall have the opportunity to
	work together to create a variable schedule based on the needs of the Health Professional and operational needs of the clinic"
Education	40 hours of education leave per calendar year prorated. Must be used on work days
	<ul> <li>If a specific course is required KP will pay the fees and days off.</li> </ul>





## Rehab Practice Council

- Charter to be modified
- Meet up to 12 times a year
- Will include up to 8 therapists and 3 managers
- Scope to include
  - o Setting guidelines and objectives for local care delivery
  - o Discussing effectiveness of current care delivery
  - Staffing
  - Identifying unmet patient needs
  - Access to care (new and follow ups)
  - Net loss
  - Addressing patient experience
  - o Virtual appointments
  - Use of telephone visits
  - o Modified Barium swallow time and scheduling
  - o Referral patterns
  - Providing DME
  - Appointment lengths
  - Collaboration to ensure patients are receiving follow up appointments at a clinically appropriate frequency
  - Scheduling issues



