



2015 National Agreement

Summary of Key Provisions for Workers, Managers
and Physicians

September 30, 2015

(L+M)^P
The Power of Partnership

Selected Timelines

- National Agreement effective dates: Oct. 1, 2015 – Sept. 30, 2018
- Local collective bargaining agreements roll over three years from their current expiration dates
- Wage and benefit increases take effect: Oct. 1, 2015
- Updated UBT targets and assessment process: Jan. 1, 2016
- Changes to Total Health Incentive Plan: Jan. 1, 2016

Across-the-board wage increases

	OCT. 1, 2015	OCT. 1, 2016	OCT. 1, 2017	SEPT. 1, 2018
ROCs	+2%	+2%	+2%	+1%
California	+3%	+3%	+4%	n/a



Active employee benefit changes include:

- Co-pays for ER visits (\$50 in California and Northwest; \$100 all other regions)
- No change to pensions or 401(k) plans for life of agreement
- Dental maximum increased to \$1,500 per year*
- Lifetime orthodontia increased to \$1,500 (per child)*
- Life insurance increased to \$50,000

* Except in Northwest, which has no maximum



Retiree medical benefits: A long-term solution

- Plan provides retirement benefits while reducing future liabilities
- Future retirees and their spouses will enroll in a KP Senior Advantage individual plan, and KP will provide premium subsidies
 - ✓ For California employees who retire on or after January 1, 2017, changes will take effect no sooner than 2028
 - ✓ For ROC employees who retire on or after January 1, 2017, changes will take effect upon their retirement
- Health Reimbursement Accounts will cover most out-of-pocket expenses

Total Health Incentive Plan



*Total Health Assessment (THA) being phased out starting in 2016. Biometric screenings to include BMI, blood pressure, cancer screenings, smoking.



Reduce workplace injuries and violence

- Assess current workplace safety investments and provide guidelines for regional and local implementation
- Enhance tracking of safety hazards
- Jointly prepare for emergencies
- Pursue proactive ergonomics program
- Organization-wide workplace violence analysis and prevention efforts
- Evaluate the effectiveness and implementation of the IDM program, with the goal of keeping people working
- Engage coalition unions in Community Benefit programs



Patient Safety: Flu Prevention



As of October 1, 2015, workers required to get seasonal flu vaccine or wear a surgical mask during flu season while working in patient care areas

More resources for worker training

- Contributions to Ben Hudnall Trust Fund and SEIU Joint Employer Education Fund increased 33 percent (from 0.3 percent to 0.4 percent of gross annual payroll of participating employees)
- Additional \$1 million per year to each fund to support and train employees going through redeployment
- Tuition reimbursement raised to \$3,000 per year, to assist workers who have had to put up money in advance. Applies to all regions.



Remove barriers to career development and mobility



- Regions will work with unions to identify training opportunities to help employees meet minimum experience requirements
- Collaborative, transparent redeployment process
- Preceptor programs and mentorships
- Joint system to capture core competencies, skills, education, licensure, certification, and work experience

UBT Assessment Process

- Teams will be evaluated during face-to-face assessment meetings:
 - Level 1-3 teams every quarter.
 - Level 4 and 5 teams once a year or more if necessary
- Face-to-face assessments will be conducted by the team's UBT consultant and union partnership representative. Sponsors must sign off but do not need to be present at the assessment meetings.
- An action plan will be developed that gives the team clear guidance on steps it needs to take to move up the Path to Performance.

Flexibility

- Regional subgroups to address flexibility, guided by Value Compass, to address KP member/patient needs
- Commitment to operational flexibility while relying on regular full-time and part-time staff to greatest extent possible



Path to Performance Revisions

UBTs incorporate Total Health and Workplace Safety:

- Level 1: Team identified health and safety champion
- Level 5: Team demonstrates culture of health and safety

Additional challenges for Level 5 teams:

- Spread or adopt a successful practice
- Get the voice of the KP member/patient

Additional process improvements:

- UBT Tracker to be updated every 90 days
- More clarity for sponsors on how to best support their teams



Annual goals for percent of teams
to reach high performance

Year	Levels 4 & 5
2016	75%
2017	80%
2018	85%
2019	87%

Operations and Partnership

- Create a scorecard to measure Partnership performance at the facility/area and regional level
- Examples of metrics may include, but are not limited to:
 - Active LMP Councils
 - Service scores
 - UBT levels
 - Culture of health and safety
 - Attendance
 - Support for LMP and UBTs
 - People Pulse scores
 - Problem solving (number of disputes, time to resolve, etc.)



Improved Dispute Resolution

Dispute resolution process to address issues more quickly, at the lowest appropriate level



Building Future Capacity

- **UBTs of the Future:** LMP Executive Committee will sponsor work related to the "UBT of the Future." By mid 2016, regional representatives will identify the attributes and criteria for "UBT of the Future."
- **LMP Learning:** LMP learning experts from across regions to conduct an inventory and assessment of current approaches to LMP learning. New learning modalities and approaches will be piloted in 2016.



For More Information

To learn more about the bargaining process and issues addressed in the 2015 National Agreement, visit Bargaining2015.org

To learn more about our Labor Management Partnership, visit LMPartnership.org