

## Status of Proposals in CNA Bargaining

### A look at how KP has responded to CNA's 39 operational proposals

We are committed to bargaining in good faith to reach an agreement that will allow Kaiser Permanente to continue to be the place where the best nurses in the nation choose to work. We are seeking an agreement that demonstrates our deep appreciation and respect for the work our nurses do every day.

Over more than twenty bargaining sessions, we have responded to all of CNA's 39 proposals and encouraged productive discussions to try to reach agreement.

We have been able to secure signed tentative agreements for three proposals, and will continue to bargain in good faith on the remaining union proposals.

**Here are some examples of how our responses and counterproposals center on our nurses' needs, followed by a complete list of the 39 proposals and KP's responses:**

- **Training Opportunities:** We offered more than 300 training positions in key clinical areas to support our nurses in their professional development.
- **Break Relief:** We offered a solution that will ensure that nurses providing inpatient care will not be scheduled to take meal periods or breaks during the first and last hour of their shifts, so they can better use this time for patient care and handoffs. We have proposed to carve out dedicated nurse positions that will be scheduled on staggered shifts to cover break and meal periods and work with the union to make the adjustments needed to accommodate these positions.
- **Paid Education:** Because KP values education, we have existing policies for tuition reimbursement and educational leave. We have doubled tuition reimbursement to a maximum of \$2,000 and made Continuing Education credits reimbursable for all eligible employees. For nurses, we offered that they can also apply up to \$500 of this maximum reimbursement to education-related travel expenses, and use educational leave on non-scheduled work time without pre-approval unless they are on a leave of absence. We also offered reimbursement for refresher courses for nurses who have been on a long term leave of absence and who need these courses to meet the minimum qualifications for job reentry.
- **Nurse Involvement:** We offered to increase nurse involvement in local committees, regional meetings, and patient advocacy groups. We also offered to expand the number of Nurse Practitioners in our Quality Liaison Program.

Below is each of the union's operational proposals, KP's responses, and the basis for our responses. For some proposals, KP gave presentations to the union's bargaining team about how our current policies and practices already address the union's request while maintaining high-quality care and keeping services affordable for our members.

**Kaiser Permanente’s Responses to CNA’s 39 Operational Proposals**

As of December 2, 2014

CNA Proposal	KP’s Response
<p><b>Union Proposal 1: Position Posting &amp; Replacement – More Patients Require More RNs/NPs</b></p> <p>To ensure safe staffing and quality patient care all RN/NP positions that have been vacated and unfilled in the past 3 years shall be posted as tiered positions.</p>	<p>We understand that these proposals are about creating professional opportunities for our nurses — and we fully support offering our nurses training for positions in specialty areas where they are needed.</p> <p>However, the union’s proposals are impractical and create risk — we cannot make every open position a training position. We need an appropriate number of positions for experienced nurses, which then enables us to offer safely a significant number of positions for nurses who require training.</p>
<p><b>Union Proposal 2: Position Posting &amp; Replacement – More Patients Require More RNs/NPs</b></p> <p>All positions in the CNA bargaining unit shall be posted as tiered (SN1/SN2; NP1/NP2; HH1/HH2) positions; para 901 and applicable contract sections.</p>	<p>Our overriding principle is to have our nurses where patients need them and whenever possible and within operational need, to offer our nurses new career opportunities.</p> <p><i>KP made a counterproposal to create more than 300 new training positions over three years, in specialty areas where we need nurses, including OR, Labor &amp; Delivery, Home Health, ICU, and more. We presented a tentative agreement for the union to sign and we are waiting for its response.</i></p> <p>Note: In their communications, the union incorrectly states that KP has more than 2,000 vacant nursing positions and accuses KP of not filling them. This is not true. The union has added vacancies from 2011, 2012, and 2013 to arrive at a number that is incorrect and misleading.</p>
<p><b>Union Proposal 3: Travelers – No more travelers</b></p> <p>Prior to the hiring of travelers for vacant posted positions, the Employer must post and fill the positions as tiered positions.</p>	<p>KP uses travelers appropriately — for example, when nurses are on leaves of absence, vacation, or in extended training. It would not be practical or responsible to hire staff to cover temporary needs, as the union proposes.</p> <p><i>We will continue to follow the contract previously negotiated with CNA and use travelers minimally and appropriately to meet the needs of patients as well as nurses.</i></p>

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CNA Proposal	KP’s Response
<p><b>Union Proposal 4: Safe Patient Handoffs – Safe Handoffs and Rest Periods</b>                      To ensure safe handoffs, Nurses shall not be required to take their breaks in the first or last hour of their shift. Article 7, Section D, Paragraph 718 and applicable paragraphs – Each nurse shall be granted a rest period fifteen (15) minutes during each half shift without deduction in pay. Nurses shall not be forced to take this rest period within the first or last hour of their shift.</p>	<p>KP has committed to stop having nurses take breaks in the first and last hour of their shifts, as the union is requesting.</p> <p>The laws that limit how we can schedule meal and break periods, and the laws related to the ratio of nurses to patients make it challenging to schedule meal and break periods outside the first and last hours of nurses’ shifts.</p> <p>Our counterproposal offers the way to accomplish this. We will carve out dedicated nurse positions that will be scheduled on staggered shifts to cover break and meal periods. This is consistent with how other (non-KP) hospitals and medical centers address this issue.</p>
<p><b>Union Proposal 5: Safe Patient Handoffs – Safe Patient Handoffs &amp; Break Relief Assignment Limits</b>                      Nurses in a break relief assignment shall perform no more than 4 hours of break relief plus their own per 8 hour shift. <b>(Please see next page for Union Proposal 6)</b></p>	<p>We have the nurses to achieve this, though they are not necessarily currently where we need them to be. Imbalances in our nurse staffing continue to result in some units that are overstaffed and some units where overtime is needed to cover shifts.</p> <p>To accomplish the elimination of first and last hour breaks, we would need to work with the union to fix these imbalances and make staffing adjustments to accommodate dedicated break and meal positions, with staggered shift start and end times, allowing each unit and shift to be appropriately staffed each day.</p>
<p><b>Union Proposal 7: Charge RNs/Relief in Higher Class – Relief in Higher Classification</b>                      Nurses performing relief in higher classification shall not be in the count, shall not perform break relief and be backfilled.</p>	<p>The union’s proposal to simply add more resource nurses for “just in case” instances would result in significant unproductive nurses’ time, which would be an irresponsible use of our members’ dollars.</p> <p>(Nurses performing relief in higher classification will be backfilled if this is required to meet core staffing needs (addressing Union Proposal 7).)</p>
<p><b>Union Proposal 8: Resource RNs – Resource RNs</b>                      Each unit shall be staffed with a minimum of one resource nurse on each shift who is not in the staffing ratios count at all times.</p>	<p><i>KP gave the union a tentative agreement for Union Proposals 4, 5, and 7, for its signature. If the union signs our tentative agreement, this will provide for sufficient staffing to address the concern raised in Union Proposal 8. We are waiting for the union’s response.</i></p>

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CNA Proposal	KP's Response
<p><b>Union Proposal 6: Charge RNs/Relief in Higher Class – Charge Nurses</b>            Charge RNs shall not be scheduled for break relief.</p> <p>Article 13, Sec N, para 1333 When Charge Nurses or Nurses working relief in higher classification are scheduled in inpatient and Emergency Departments, they shall not be scheduled for primary care assignment or break relief.</p>	<p><i>We accepted CNA's withdrawal of this proposal on Dec. 2, 2014.</i></p>
<p><b>Union Proposal 9: Safe Handoffs – Call Center</b>            For patient safety, all symptomatic patients calling the AACC shall be assessed by a Registered Nurse. CNA appointed RNs shall have the authority to reject scripts for use in the Call Center if deemed unsafe.</p>	<p>Call Center scripts are developed and regularly reviewed by physicians to ensure consistent care and service and to make sure that any caller who may be in need of clinical advice or medical services will be directed to a clinician/nurse. The scripts are followed by trained and experienced staff, who identify themselves as such. Any caller who requests advice, or whose answers to physician-written questions require speaking to a clinician, is transferred to a registered nurse. Callers who describe urgent symptoms are transferred within seconds to an advice nurse.</p> <p><i>With respect to the management of our operations and ensuring clinical quality, KP declined this proposal because clinical direction for Call Center scripts comes from physicians.</i></p>
<p><b>Union Proposal 10: Safe Handoffs – Call Center</b>            For patient safety, the staffing needs for specialty areas needs to be reviewed quarterly by CNA in order to determine number of needed RN positions for specialty queues that Kaiser should train and hire for.</p>	<p>Staffing in the AACC is determined by Call Center leadership based upon our operational needs.</p> <p>We provided the union with data including number of RNs in each of the Call Center specialty queues.</p> <p><i>We declined the union's proposal, as it is our management responsibility to ensure our call centers are staffed according to member demand. KP will continue staffing our call centers according to need and call center volumes.</i></p>

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CNA Proposal	KP’s Response
<p><b>Union Proposal 11: Home Health/Hospice</b>                      If a Home Health/Hospice RNs determines that the care levels assigned are not reflective of the patient’s need, professional judgment shall prevail in scheduling number of patient visits per shift.</p>	<p>The existing contract includes a process followed by home health/hospice nurses and managers for connecting and making care level and patient visit adjustments daily. The contract also has a process for meeting with the union regularly as requested to re-evaluate the Care Level System.</p> <p><i>KP requested that the union follow the process in the existing contract that addresses this issue.</i></p>
<p><b>Union Proposal 12: Education for Patient Safety – In service Education</b>                      Article 19 - The PPC shall have the authority to determine if an electronic training module is insufficient. If deemed insufficient, the employer shall be required to provide an in person training module.</p>	<p>KP uses a mix of training delivery approaches, including live sessions and electronically. In many cases, as studies have shown, delivering training electronically is preferable in terms of information and retention. Electronic training options also allow us to give nurses flexibility in where and when they take these trainings, making it an efficient and effective use of nurses’ time and KP resources.</p> <p>We provided the union with our electronic training modules at their request.</p> <p><i>We declined the union’s proposal, because the training models are reviewed and updated regularly as part of KP’s quality program.</i></p>
<p><b>Union Proposal 13: Education for Patient Safety – In service Education</b>                      Article 19 - Nurses shall be provided uninterrupted time without a patient care assignment to complete all annual compliance reviews and trainings. Nurses can either request for uninterrupted time on their scheduled work shift or to complete these annual compliance reviews and trainings on a non-scheduled day.</p> <p>Nurses in the Call Center shall have the choice of opting out of having Intradiem pop-ups on their computer sessions during periods where they are scheduled to take calls.</p>	<p>We agree that our nurses should have time without interruption to complete training that KP requires.</p> <p>We agreed to provide uninterrupted training time. We also acknowledged there may be times when we need all nurses to be on hand to provide care — and in those times, we will need to interrupt any training in progress.</p> <p><i>We gave the union a tentative agreement to sign and are waiting for its response.</i></p>

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CNA Proposal	KP’s Response
<p><b>Union Proposal 14: Education for Patient Safety – No preapproval required for Education Leave if release time is not needed</b>                      Article 29-2904 Permission for such educational leave will not be unreasonably denied. No pre-approval for education leave is required for courses which offer continuing education units (CEUs or CMEs) if nurse does not require release time.</p>	<p>We agreed that pre-approval by management for educational leave is not required on non-scheduled work time except if the employee is on a leave of absence.</p> <p><i>We gave CNA a counterproposal, which the union signed.</i></p>
<p><b>Union Proposal 15: Education for Patient Safety – Educational Expense Reimbursement</b>                      The Employer will reimburse each Regular Nurse up to \$3,000 of which no more than \$500 shall go toward associated travel costs. Education related reimbursement examples include fees and tuition for professional development, associated travel costs and reference materials.</p>	<p>We value professional development and recently doubled tuition reimbursement to a maximum of \$2,000, which includes Continuing Education credits reimbursable for all eligible employees.</p> <p><i>KP gave the union a tentative agreement to sign, in which RNs may submit up to \$500 for education-related travel expenses as part of the recently announced tuition reimbursement policy enhancements. We are waiting for the union’s response.</i></p>
<p><b>Union Proposal 16: Nurses Protect Patients by Not Working Sick</b>                      Article 26, Section C, paragraph 2606 – The Employer shall not make blanket requests for Verification of Treatments (VOTs). Such requests may be made of these individual employees who demonstrate a patent of suspicious use of sick time. Nurses shall not be subject to discipline for legitimate use of sick leave.</p>	<p>KP does not make “blanket requests” of this kind, nor do we ever discipline employees for legitimate use of sick leave.</p> <p>We do have the right to request verification from individual employees who demonstrate a pattern of suspicious use of sick time and discipline when appropriate.</p> <p><i>As we do not make “blanket requests” and do have guidelines in place to verify the appropriate use of sick leave, which we apply fairly, we declined the union’s proposal.</i></p>

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CNA Proposal	KP’s Response
<p><b>Union Proposal 17: Safe Patient Handling</b></p> <p>Article 38, Paragraph 3802 Patient Handling – For the purposes of this Article, a “zero lift/safe patient handling policy means, a policy that requires replacement of manual lifting UP and transferring of patients with powered patient transfer devises, lifting devices, or lift teams, consistent with the Employer’s safety policies and the professional judgment and clinical assessment of RN. Kaiser will provide an adequate lift team to be in place every shift, every unit, every day to consist of no less than 4 members. One nurse shall be out of the count on all units/shift to assist with lifts their respective unit/shift.</p> <p>Replace manual lifting up and transferring of patients with powered patient transfer devises, lifting devices, or lift teams, consistent with the Employer’s safety policies and the professional judgment and clinical assessment of RN. Provide an adequate lift team to be in place every shift, every unit, every day to consist of no less than 4 members. One nurse shall be out of the count on all units/shift to assist with lifts.</p>	<p>On Sept. 18, 2014, we provided a comprehensive presentation to the union bargaining committee regarding how we meet California’s regulations regarding safe patient handling.</p> <p><i>As we have a robust safe patient handling program in place that meets or exceeds regulatory requirements, we declined the union’s proposal.</i></p>
<p><b>Union Proposal 18: Safe Patient Handling – Clinic Lift Team</b></p> <p>Kaiser will provide a roving lift team in every clinic to be available to all areas in the outpatient setting.</p>	

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<b>CNA Proposal</b>	<b>KP's Response</b>
<p><b>Union Proposal 19: Safe Patient Handling – Training on Lift Equipment</b> There will be adequate, continual, hands on training of all current and new equipment. All new equipment will be brought forth to the PPC prior to approval and implementation.</p>	<p><i>(Please see response to Union Proposals 17 and 18, Page 7)</i></p>
<p><b>Union Proposal 20: Safe Patient Handling – No Intimidation</b> There will be no intimidation, interrogation, bullying or discipline of nurses who report workplace injuries.</p>	<p>KP does not intimidate, interrogate, or bully employees who report a workplace injury. When workplace injuries are reported, we treat employees respectfully and with concern, and ensure they receive prompt and appropriate care as we initiate an investigation to determine root causes of the injury.</p> <p><i>KP has policies and processes in place to ensure the safety of our employees and we continue to investigate workplace injuries, so we declined the union's proposal.</i></p>

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CNA Proposal	KP’s Response
<p><b>Union Proposal 21: Safe Patient Handling – Leaves of Absence</b>                      For Registered Nurses who have been on a long-term leave of absence and no longer meet the minimum qualifications of recent experience, upon successful completion of a BRN approved refresher course shall be deemed as meeting the minimum qualifications for the purposes of job-bidding in their current clinical competence or satisfaction of current clinical competence for other positions within Kaiser, under the following provisions:</p> <p>The nurse will successfully complete a BRN approved refresher course;</p> <p>The nurse will attend full new employee orientation; The nurse will be provided a preceptor supported unit orientation; The nurse may submit expenses associated with the refresher course to the employer.</p>	<p>We want to welcome back nurses returning from long-term leaves of absence and ensure they are clinically qualified and competent to provide safe patient care.</p> <p><i>We agreed to a work re-entry process for RNs who have been on long-term leaves of absence.</i></p> <p><i>We also offered reimbursement for refresher courses for nurses who have been on a long term leave of absence and who need these courses to meet the minimum qualifications for job reentry.</i></p> <p><i>We gave a tentative agreement to the union to sign and are waiting for its response.</i></p>
<p><b>Union Proposal 22: Safe Patient Handling – Safe Patient Handling Regulations</b>                      The Safe Patient Handling Regulations approved by the State of California shall be part of the Collective Bargaining Agreement* Attachment “Standard Presentation to California Occupational Safety and Health Standards Board – Proposed State Standard, Title 8, Division 1, Chapter 4, Section 5120: Health Care Worker Back and Musculoskeletal Injury Prevention.”</p>	<p>KP follows federal and state laws — including the regulations referred to in this union proposal.</p> <p><i>KP agreed to place a reference to the new state regulations in the collective bargaining agreement. We agreed to include reference to these regulations rather than include the full text, as the union proposed. Changes to legislation can occur at any time, and our proposed approach would ensure the contract is aligned with current legislation.</i></p> <p><i>We gave a tentative agreement to the union to sign and are waiting for its response.</i></p>

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As of December 2, 2014

CNA Proposal	KP’s Response
<p><b>Union Proposal 23: Technology and Equipment – Technology</b>                      Article 11 New Technology, The Registered Nurse as the coordinator of care shall at any time have the ability to override technology in the best interest of his or her patient. All technologies shall be evaluated for potential health problems for the patients and nurses prior to implementing the technology.</p>	<p>The Nurse Quality Forum meetings and the use of electronic Responsible Reporting Forms (eRRF) — both of which already are in place — are the best and most appropriate venues to discuss technology we use in patient care.</p> <p><i>KP verbally committed to continue to use the existing electronic Responsible Reporting Forms (eRRF) and, when appropriate, to discuss technology during Nurse Quality Forum (NQF) meetings. With this understanding, KP declined the union’s proposal.</i></p>
<p><b>Union Proposal 24: Technology and Equipment – Patient Safety</b>                      Product Selection Committees. The Quality Liaisons will attend the local product selection committee meetings. Quality liaisons will attend the regional product selection committee. If the Quality Liaisons determine that there are enough problems with a product or technology, it shall be removed from the facilities for patient safety.</p>	
<p><b>Union Proposal 25: Technology and Equipment – Technology</b>                      Article 11 New Technology – Nurses shall not be disciplined based on surveillance technology.</p>	<p>We respect the lawful rights of all of our employees, including regulations on the use of surveillance cameras for disciplinary purposes under the National Labor Relations Act, and always follow the policies and procedures in place to protect employees from unfair or undue discipline.</p> <p><i>We declined this proposal because KP must protect the safety of our employees and patients and the NLRA already governs the employer’s right to use surveillance cameras for disciplinary purposes in the workplace.</i></p>

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CNA Proposal	KP’s Response
<p><b>Union Proposal 26: Safe Workplace – Call Center</b>                      The Employer will provide 5 minutes for each hour of the nurse’s shift at the Call Center to walk away from their computer screen without deduction in pay to reduce eyestrain and stress.</p>	<p>We have taken a number of steps to help prevent eye strain and promote a culture of safety in the Call Centers, including RSI Guard, which is installed on desktops to remind advice nurses to care for themselves throughout the day.</p> <p>Advice nurses are also provided either electric desks or sit/stand monitors to encourage nurses to sit, stand and move around while managing member calls.</p> <p>In addition, in the past, KP conducted a successful pilot for Call Center nurses in certain positions to perform their job functions from home. The union did not support continuance of the telecommuting pilot.</p> <p><i>As programs are already in place to minimize eyestrain and stress in the Call Center, the union’s proposal was declined.</i></p>
<p><b>Union Proposal 27: GRASP &amp; Patient Acuity – GRASP Overutilization</b>                      Article 13, Section I, Paragraph 1326 – At the start of a shift, or at any time in the shift, if shift percentage utilization on a unit is greater than 110%, the nurse manager will review the circumstances, discuss with unit Staff Nurses and take appropriate action. If no additional nurses are added to the unit for that shift, then the unit shall automatically be in essential care. If a nurse’s individual personal assignment utilization has an individual overutilization of over 110%, the nurse’s assignment shall be adjusted to not incur mandatory overtime.</p>	<p>We understand the importance of GRASP® as our workload measurement system. GRASP® is the underpinning of how we determine what resources are provided at the bedside, based on the care required by each patient. It allows nurses to assess and determine the needs of the patients, and allows management to determine the nursing resources needed to provide patient care. It is our highest priority to ensure GRASP® accurately captures the needs of our patients, allowing us to provide a high-quality, safe care experience.</p> <p>As such, we must adhere to the tenants and standards of GRASP® as the system was designed. Based on our model of care, individual utilization is not an appropriate measurement under the standards independently established by GRASP®..</p> <p><i>KP agreed to review patient care assignments to ensure they are fair and equitable. We also agreed to review GRASP® shift utilization and make adjustments as necessary. We gave the union a tentative agreement to sign and are waiting for its response.</i></p>

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As of December 2, 2014

CNA Proposal	KP's Response
<p><b>Union Proposal 28: GRASP &amp; Patient Acuity – GRASP Regional Meetings</b>            Article 13, Section J, Paragraph 1327 – Staff Nurse Co-Chairs, GRASP Regional Education Committee members and Management Co-Chairs shall participate in Regional GRASP meetings that shall be held at least four (4) times per year in the Kaiser Regional Offices.</p>	<p>We recognize the importance of having nurses involved in multiple ways in patient care decisions, such as through continued participation in GRASP® committee meetings.</p> <p><i>KP agreed to continue to include GRASP® Educators in Regional GRASP® meetings. We gave the union a tentative agreement, which it signed.</i></p>
<p><b>Union Proposal 29: GRASP &amp; Patient Acuity – GRASP Regional Education Committee</b>            Article 13, Section H, Paragraph 1323 – Increase number of GRASP educators from 13 to 21 to ensure one educator per medical center. Of the 21, at least 4 shall be in combined Co-Chair/GRASP Educator role. CNA will select and notify KP every 3 years of the 21 RNs who will serve as GRASP educators for a 3 year term. Of the 21 GRASP educators, at least 18 shall come from units directly utilizing GRASP instruments. Each GRASP educator shall complete at a minimum 4 IRRAs per month. Scheduling practice for GRASP educator hours shall remain status quo.</p>	<p><i>KP gave the union a counterproposal in which we agreed to provide one GRASP® educator per medical center, agreed to the selection and notification process, agreed to three-year terms, and agreed to two educational sessions for staff nurses provided by the GRASP® educator each month.</i></p> <p><i>We are waiting for the union's response.</i></p>
<p><b>Union Proposal 30: Travelers – No more travelers</b>            Nurses shall have the right to decline training and orienting travelers to their unit.</p>	<p><i>We accepted CNA's withdrawal of this proposal on Dec. 2, 2014.</i></p>

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CNA Proposal	KP’s Response
<p><b>Union Proposal 31: Travelers – No more travelers</b>                      Before contracting with travelers for seasonal needs, the 8 hour portion of all shifts shall be posted and Registered Nurses shall be confirmed to work extra shifts in accordance with the entirety of appendix M of the Collective Bargaining Agreement. If nurses are confirmed for a majority of the shifts, then the employer shall not fill shifts with travelers.</p>	<p>KP uses travelers appropriately — for example, when nurses are on leaves of absence, vacation, or in extended training.</p> <p>KP uses travelers appropriately — for example, when nurses are on leaves of absence, vacation, or in extended training. It would not be practical or responsible to hire staff to cover temporary needs, as the union proposes,</p> <p><i>We will continue to follow the contract previously negotiated with CNA and use travelers minimally and appropriately to meet the needs of patients as well as nurses.</i></p>
<p><b>Union Proposal 32: Committees – Quality Liaisons</b>                      The Quality Liaisons shall be expanded to 38 members with the addition of a NPQL and a Call Center RNQL.</p>	<p>We want to provide appropriate representation from across the region for the Quality Liaison program.</p> <p><i>In a counterproposal, we agreed to add a Nurse Practitioner Quality Liaison for the Central Valley service area. The union signed our counter proposal.</i></p>
<p><b>Union Proposal 33: Committees – PPC</b>                      The Chief Nurse Rep for the facility shall automatically be on the PPC in addition to the current elected positions.</p>	<p><i>KP agreed to add the Chief Nurse Representative to the PPC. We gave the union a tentative agreement to sign.</i></p> <p><i>We are waiting for CNA’s response.</i></p>

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CNA Proposal	KP’s Response
<p><b>Union Proposal 34: Committees – Committees</b>                      CNA selects staff nurse members of all committees except for those specified under contract as being elected. Facility Selection Committee – CNA shall select the staff nurse/nurse practitioner members of the Facility Selection Committee.</p>	<p>It is important to have nurses who are dedicated to the work of the committees, and to have equitable representation of management and staff nurse participants.</p> <p><i>In a counterproposal, we agreed to maintain current practice, in which CNA selects staff nurse and Nurse Practitioner members of the Facility Selection Committees. We also proposed an equal number of manager and staff nurse members in this committee.</i></p> <p><i>We are waiting for the union’s response.</i></p>
<p><b>Union Proposal 35: Committees: Facility Selection Committee</b>                      For facility selection committee applications, there shall be no signature page required and Clinical Ladder special projects can be approved by manager or FSC mentor. For Nurse Practitioners, there shall be an expanded list of activities that count toward NP clinical ladder contributions including NP mentorship, precepting NP students, medical residents or PAs.</p>	<p>We have a well-functioning clinical ladder program, with detailed criteria for advancement.</p> <p><i>KP presented a counterproposal, in which we proposed to maintain our current practice, as detailed in the existing contract. The union rejected our counterproposal.</i></p>
<p><b>Union Proposal 36: MISC - Side Letters</b>                      All side letters signed by the parties shall be renewed and any in progress activities outlined in the side letters shall be updated to reflect completion during this contract. (Ex. Jurisdiction review, outstanding arbitrations).</p>	<p>It is not productive to keep expired side letters or inconsistent text in the contract, as this may cause confusion and variation in practices across the Region.</p> <p><i>KP agreed to meet with CNA to review all existing side letters and mutually agree on which ones to continue or eliminate. We gave the union a tentative agreement to sign and are waiting for its response.</i></p>

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CNA Proposal	KP's Response
<p><b>Union Proposal 37: RN Response Network (RNRN)</b>                      RN Response Network (RNRN) has provided exemplary relief and professional medical assistance to victims hit hard by natural disasters. The employer will support the efforts of their RN/NPs volunteering to respond to natural disasters by providing RNRN association leave upon request from the union. The employer will provide paid leave for 25 RN/NPs per each identifiable instance with travel and expense coverage by KP Disaster Service. Nurses shall be able to have a voluntary check-off through payroll deduction of charitable contributions to RNRN. RNRN will be added to the list of Charity in Lieu of payments as identified in the contract.</p>	<p>As part of our mission, KP supports our nurses who volunteer to care for those affected by natural disasters, and we want to ensure that those who want to respond can do so expeditiously. Also, we have in place a program through which employees can designate non-profit organizations, such as RNRN, to receive the employees' charitable contributions.</p> <p><i>KP agreed to implement the elements of CNA's proposal in conjunction with our policy on KP Sponsored Disaster Service. We gave the union a tentative agreement to sign and are waiting for its response.</i></p>
<p><b>Union Proposal 38: Workplace Violence</b>                      In recognition of the potential for a felonious assault and the hazardous nature of the work RNs/NPs perform to ensure patient safety, the employer shall provide insurance coverage as protection for nurses when they become the patient same as the standards in place at Dignity Healthcare as directed by CNA.</p>	<p><i>We recognize that this proposal includes financial elements and offered to respond to this proposal during the economic discussions. The union agreed.</i></p>

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As of December 2, 2014

CNA Proposal	KP’s Response
<p><b>Union Proposal 39: Pandemic Disease Protection – Ebola Preparedness</b>                      Recognizing the potential for pandemic diseases to affect frontline nurses, the Employer shall provide CNA bargaining unit members with supplemental insurance in the event the Ebola is contracted at work. The Employer will ensure that nurses are provided appropriate Blood Borne HAZMAT Protective Suit, Mask, Gloves and Booties and that nurses have hands on training time for personal protective gear readiness training. <i>On 10/16/2014, CNA delivered an Ebola Related Bargaining Demand. A four page document specified the Standards, Training and Equipment sought by the union. The document also made demands about an Infectious Disease Task Force, Medical Services, RN Sick Time, and Supplemental Insurance coverage for Ebola.</i></p>	<p>Our infectious diseases experts, on two occasions, made extensive presentations to the union bargaining team about KP’s planning and training for Ebola.</p> <p>Kaiser Permanente has a comprehensive approach to effectively identifying, isolating, escalating, and protecting potential Ebola patients while protecting our employees, members, and the public. As national guidelines for Ebola have evolved, KP’s response has evolved, and we continue to meet and exceed those guidelines. Not only do our preparations, training, and equipment meet new Cal-OSHA guidelines, but prior to the announcement from Cal-OSHA, KP was already providing that level of protection to our employees.</p> <p><i>We have asked the union to meet with us and participate in a group working on KP’s Ebola strategy and the ongoing implementation of our program. To date, the union has refused to do so.</i></p>