

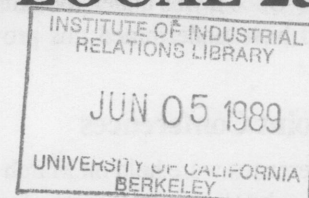
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## AN EXPERIMENT IN LABOR-MANAGEMENT COOPERATION BETWEEN SEIU LOCAL 250 AND KAISER-PERMANENTE



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The SEIU Local 250 and Kaiser-Permanente "Joint Conference" provides us with an example of a union-initiated employee involvement program to improve service. This labor-management committee is interesting because it shows how a cooperative effort can be formed, safeguard both parties' interests, and have positive results even in a post-strike environment.

Local 250 represents a wide array of Kaiser workers — including technicians, non-RN nurses, clericals, housekeeping, dietary, maintenance. The 1986 contract negotiations between Local 250 and Kaiser-Permanente concluded after a seven-week strike. After hard bargaining, part of the settlement included the Union's recommendation that a joint labor-management group be formed to improve service to Kaiser patient members and enhance professionalism of union employees. The goal of improved service was also one of Management's top priorities. The settlement specified a labor-management group, called the Joint Conference, would have three all-day meetings during the contract's term. The meetings would focus on medical center service; no issues covered by the collective bargaining agreement could be discussed. At Management's request, the contract excluded Kaiser's industrial relations department and Local 250's staff from the Conference. The Joint Conference has one labor and one Management representative from each of the 14 major San Francisco Bay Area and Central Valley Kaiser facilities.

### Building Trust

As in any successful cooperative effort, Local 250 members and Kaiser Management have had to engage in a trust-building process that entails risks for both sides. Labor and management must ensure that their trust is not blind faith and that their risks are prudent. Trust-building means establishing good will; trust is based on honest and reliable conduct over a period of time. The risks taken include changing the venue and the topics of labor-management discussions, as well as changing the working relationship itself. Unions risk speed-up and arbitrary management decisions when they allow labor-management discussions beyond traditional collective bargaining; companies risk a decline in quality and output when they give up their traditional management prerogatives. For cooperation to work, both sides must trust the other side and both sides must gain.

The first meeting between the two chairs, Vivianne Sunia from the Union and Carolyn Kever from Management, set the tone for the Conference to follow. The Union/Kaiser IR representatives left so the co-chairs could meet independently. All specific issues were put aside, and they focused only on the process for developing an agenda. Both expressed their commitment to making the Joint Conference work. One of their first decisions was to chair the Committee on a joint, not a rotation, basis.

At various steps of the way, Union and Management participants took risks that established good will in order to facilitate the Joint Conference. Although not contractually obligated to do so, Management took steps to get the ball rolling on the Joint Conference and allowed flexibility in setting dates. The Union took the lead in developing the service issues to be discussed. Although the Union members thought that staffing and workload problems were their most pressing

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problem, they decided to focus on patient accessibility to service. The Union had not initially planned to share the results of a Union member survey on accessibility problems and solutions, but the Union decided to risk sharing the results with the Management members at the Agenda Planning Meeting. This seemed to be a common pattern — the good will experienced at these joint meetings encouraged both sides to go an extra step in taking furisks and making commitments.

The Conference respected the collective bargaining agreement. For example, when a participant recommended that volunteers help elderly patients deliver their lab specimens, the conference rejected the proposal, since a recent grievance decision required that the hospital pay Local 250 members for delivery tasks. Once it was understood that volunteers helping patients could have undermined this provision, the idea was dropped.

## **The Two Joint Conferences**

Joint Conferences were held on March 3, 1988 and December 7, 1988. Each followed a common format. After an initial check-in from each facility, Management made formal presentations with slide shows on specific topics that included information on Kaiser's competitive condition and on on-going programs to improve service while controlling costs. The Management presentations provided relevant background and communicated important information about the company.

The Union presented discussions of the service issues and concerns. The Union presentation was the culmination of evening and weekend meetings where Union Conference members volunteered their time to develop a program, based on their own brain-storming and member surveys. The Union presentation laid the groundwork for the Conference to make recommendations.

The rule that all Conference recommendations had to be unanimous protected both sides, avoided time-consuming disputes, and gave force to the Recommendations. Some ideas discussed did not become recommendations.

The process of working as a whole committee during the entire Conference evolved during the first Joint Conference meeting. Initially, plans had been made to break up into subcommittees after the Management and Union presentations because of fears that there were too many issues to cover easily in an afternoon. However, the earlier discussions had been so lively and productive that the group decided not to break into subgroups. The process of trust-building resulted in a situation in which participants could be heard and could smoothly reach unanimous agreement.

## **First Conference Results**

Four areas for improving accessibility were covered:

**Chart Availability.** Tracking and availability of medical records were discussed. The Chart Room problem was a systems problem, not a worker problem. The Conference sug-

gested that the hospital regularly conduct chart sweeps (search the facility for all charts) and that employees and Management discuss Chart Room expansion and redesign. One facility developed a chart room training manual. Many facilities also educated other departments about the vital role of the Chart Room and gave recognition to Chart Room workers. One chart room audit, after the chart sweep, showed that 100% of the facility's charts were available.

**Evaluation of Appointments.** Many patients frequently missed appointments, and appointment priorities were not always well-defined. The Conference suggested computerized appointment reminders and "no show" letters, cancellation letters, a longer time-span in which patients could set return appointments, and three appointment types (emergency, urgent, routine). Facilities generally implemented one or more of these suggestions.

**Team Building.** Worker-Management communication needed attention. For example, at one facility Kaiser Management had told workers where they could not park their cars but did not tell them where they could park when the employee parking lot was full. "Team building" meant having regular labor-management meetings emphasizing worker opinions on workplace problems and solutions. Following the Conference's recommendation, workers and Management met and defined both parking and non-parking zones. Generally, the Conference included recommendations for regular management and staff meetings for problem-solving, a budget for these meetings, training for managers on how to have meetings, an open-door policy, recognition for involvement, and a secure and safe environment.

**Signs.** The Conference discussed problems with signs (or lack of them). Indoor signs were often behind plants, building exteriors were unmarked, and different signs meaning the same thing (such as "x-ray" and "radiology") confused patients. The Conference recommended using "common language" on signs, hanging signs where they can be seen, including maps in new patient packets and the regional directory, and placing a "You Are Here Directory" at each entrance. Most facilities reported their sign system had been improved following the Conference.

The last recommendation was to form a Local 250-Management patient care/service committee to meet quarterly and to have Conference members on such committees at their local facilities. So far the union has been unable to implement the formation of a regional committee. Some Conference members reported being included in local committees.

## **Second Conference Results**

The Union chose to focus on service to elderly and handicapped patients in three areas of accessibility; transportation; and education and communication. The Conference generated an extensive list of recommendations to better serve special needs patients. Some recommendations ("create a longer appointment category for special needs patients") involved changing rules to reflect reality; some ("develop large print for-

mats for all patient handouts”) were low-cost ways of meeting patient needs; some (“centralize receive/dispatch point for assisting with transportation”) involved reorganization; and some (“do it right” videos) involved training.

Many Kaiser workers do not have training for helping handicapped patients. The Conference recommendations included in-service or paid-time educational sessions for Kaiser workers on assisting the handicapped.

Neither patients nor staff had lists of public transportation to the hospitals. Kaiser campuses include numerous buildings over many acres. Kaiser facilities’ handicapped parking zones and assistance centers for the handicapped are often far apart. The transportation recommendations included easily available lists of public transit to hospitals; centralized patient receiving; and placing handicapped parking near handicapped patient assistance centers.

The general tenor of both Conferences was one of enthusiasm about the opportunity for Management and Union members to work together on the common goals of improving working conditions and patient service. This is in marked contrast to the more traditional adversarial process observed in Local 250/Kaiser negotiations.

The Conference indirectly benefited Kaiser workers and managers. Many employees find poor organizational systems frustrating, and they like to take pride in their work and their ability to serve patients. The Conference initiated worker involvement and problem-solving. The Conference also appears to have improved patient services, which, in turn, makes both workers and patients more satisfied and improves company performance.

## Commitment

Both Management and the Union contributed resources to help make the Joint Conference work. The Contract had only specified that Conference members would be paid for up to three eight-hour Conference meetings. Beyond the contract, Management and Union also split the pay for four Union Conference members to attend a day-long Agenda Planning Meeting prior to each Conference. Union conference members also contributed many hours of time to planning and reporting back to members. Their only paid time outside the Conference was when making formal presentations with Management Con-

ference members. Both sides provided support services to their Conference members. The Management produced a video to educate employees about the Conferences and made an organizational development facilitator available to both sides. The Union paid for the first Conference room and meals in order for the meeting to be held at a neutral site. For the second Conference, both sides agreed to hold the meeting at Kaiser, who provided the room and meals.

Essential to the successful implementation of a labor-management joint committee is the willingness to tolerate and solve problems resulting from misunderstandings or mistakes. One of the Conference’s ground rules — “We are not perfect, and we will be patient with each other about mistakes” — reflected this. Often, both sides went the extra step to get things back on track after a misunderstanding. For example, a misunderstanding developed about pay for Union Conference members’ time spent at the Agenda Planning Committee, which the Contract did not cover. In this case, both sides overcame their hard feelings and continued working on the problem until it was resolved.

## Looking to the Future

As positive as the Joint Conference beginnings have been, this cooperative venture is still in an early and vulnerable stage. Its future must be negotiated as part of the contract this Fall. This is also a critical junction for the Joint Conference because its Management Chair retired. The commitment of its new co-leader will be tested over the next months as the Conference prepares for its third meeting, scheduled this Spring.

The Local 250/Kaiser Joint Conference suggests labor-management cooperation can be a successful new strategy that benefits both sides. It provides an example of the early stages of a cooperative effort. We will follow the Joint Conference so other unions and management can learn from its experience.

*Note: This report stems from preliminary field work on the Joint Conference as part of an Institute of Industrial Relations project on “Innovations in Employment and Training,” which covers five major sectors (health care, telecommunications, public schools, automobiles, and electronics). The study is financed by the Institute of Industrial Relations and the U.S. Department of Labor’s Bureau of Labor-Management Relations.*

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