

### Summary 2-3-2020

Introduction of members of both teams for negotiations

- Opening statement by Megan O'Toole
- Opening statement by Dawn Martin

Draft Ground Rules Proposed by Nuvance – made aware would be discussed would decide if accepted

Danbury Nurses' Union Initial Proposals discussed and explained to Nuvance.

- Proposal 1 – take out gender references in contract
- Proposal 2 – change language to commitment, add language on charge – is voluntary assignment. Also not include manager/assistant manager duties
- Proposal 3 – hours of work and premiums, change in posting of new schedules. 5pm of 2<sup>nd</sup> Friday of current schedule. Believe is reasonable requirement. Change to floating, avoiding more than 1 assignment, make strict only 1 assignment per shift. To increase differential, eliminate weekend premium requirement 4 hours. Effective date language removed. Extra shift bonus for any additional shift, not just night shift.
- Proposal 4 – evaluations, currently evaluations not completed on time. Can affect clinical ladders. If not completed on time affirms RN self eval
- Proposal 5 – grievance, issue with grievances lasting forever, cases dragged long time. Certainly, can be done sometimes by agreement. No responds within normal period at union discretion can be moved to next level. Ability to move along faster w/out unfair labor practice. Deletion section 2 page 8. Add section 8 termination directly to 3<sup>rd</sup> step.
- Proposal 6 – extending holiday period begin 7am Christmas and New Years instead of 3 pm
- Proposal 7 – staff development specific language accessing healthstream at home paid for all hours worked. Work time should be paid accordingly. Pg. 12 language on education days. Clause has no number set currently. Being told 1 limit for year, propose entitlement to 3. Mutual interest for more education and if nurses seeking additional programs should be funding to do so and shouldn't be artificial limitations. More money for such funds, doubling continuing education fund. Currently education benefits for 36 hr above contract 32 hr above full time, for these purposes should be 32 and above. Increase education reimbursement to 200,000, believe money well spent.
- Proposal 8 – LOA flex benefits, effective date of agreement. Death in family increase bereavement benefit for spouse and other immediate family to control hours, should define period. Must be done within first week,
- Proposal 9 – discipline all written discipline sent to union president when issued
- Proposal 10 – call – call is for emergency and not for anticipated staffing needs. Used to paper staffing shortages, not appropriate use. If anticipate shortage not call situation, extra shift. Sure will have more staffing language
- Proposal 11 – clarification as to what qualified means in filling vacant positions, one on orientation not qualified under article. Transfer language hard cap crossed out normally. Float pool cap, extend to 90 days

- Proposal 12 – familiar with news when DH cited for suing patients. Was embarrassment to your side table and embarrass to our members, when reputation hospital goes down affects you personally. Amount of pride absolute, hear about predatory policies out of patient care department impact on their life/work. Proposal not particularly strenuous – see proposal. Add line DH will not sue members without bargaining unit intervention – idea of suing own employees pretty shocking. Worked that one out, know others out there. Propose Medical Debt LOA, see below

### **Medical Debt Letter of Agreement**

Medical Debt is a public health issue. Patients' inability to pay for medical treatment often leads to delayed treatment leading to sicker patients and increased costs. Costly medical treatment and medical debt are the leading cause of personal bankruptcy. Danbury Hospital/Nuvance Health and the Union agree to work together to address this public health crisis by taking the following steps:

1. Danbury Hospital will maintain the same level of charity care spending or higher from one year to the next.
2. Danbury Hospital will allocate 1% of its net profits, based on the previous year audited financials, to debt relief assistance programs in each hospital's financial assistance plan.
3. The debt relief assistance programs listed above are for patients whose bills the hospital might otherwise send to collections.
4. Danbury Hospital will refrain from sending patient bills to debt collection companies.
5. Danbury Hospital will not sue bargaining unit members for medical bills unless it has first attempted to mediate the dispute with participation of the Union.

- Proposal 13 – successorship language. So far not problem, don't want to take chance.
- Proposal 14 – language about health insurance plans. Will note now joined network Vassar and Putnam does not charges full time employees for premiums, we pay a lot. Certainly in our mind an inferior product. Look more closely on Putnam plan, hopefully network advantages relieve some issues with access and costs still high.
- Proposal 15 – other insurance plans. Looking to maintain as current and 100% income replacement STD
  - Concludes proposals, will have on wages and few other topics hopefully by next session

First Caucus for discussion by both sides/lunch. Hospital states will have proposals upon reconvene

- Hospital Proposals

- Proposal 1 – related to charge nurse. Propose nurse to be assigned to charge should be oriented and competent. Shared governance benefits of right people taking charge, purely volunteer basis issues with that. More discussion. Making sure elevate position having someone which can run unit from charge perspective all benefit
- Proposal 2 – common disaster provision. Applied differently in different units. Applied unless a disaster should be paid when arrived at work. Struck as same provision certain units handle differently
- Proposal 3/4 – staffing on weekends can be difficult. 12 hr shift nurses varies by unit how often varies by unit. If didn't work every other weekend. 2<sup>nd</sup> part exemption for 25 years of service, want to do away difficult to say. Propose grandfather and then benefit over time go down. Certain units lot of senior nurses
- Proposal 5 – shift premiums not 3 or more hours actually 2 or more hours. Something implemented January 2018. Conforming language to practice
- Proposal 6 – hours and work premiums – do away with language of paying meal if miss meal. Practice of paying for meal doesn't happen most circumstances
- Proposal 7 - evaluations – feel can be approved. Currently anniversary date – proposing once a year on annual basis instead of anniversary date. Rest of hospital October of each year. Understand would affect clinical ladders and discuss
  - Ben – propose 1 date everything will be due on same date
  - Tony – correct – proposing once a year for everyone
- Proposal 8 – scheduling PTO requests – process happens in May. Predicting far out in advance what schedule would look like. Looking to move dates to later in year. Move to November, but not changing substantive benefit, closer to calendar year
- Proposal 9 – language clean up. When new hire physical exam at hospital expense. This day and age not performing most of those tests. Doing away with specificity but not preemployment physical
- Proposal 10 – flex nurses – revisit issue again. Lifts caps of number of float positions, does not change other provisions. Thinks has been successful and are attractive to some. Discussion expand program.
- Proposal 11 – section 4, TOPS program cleanup, hospital rewards and recognition program

Further discussion next session on proposals from both sides. Tentative agreements (TA) for some proposals already agreed on.

Union Proposal 1 TA reached

Hospital Proposals 5,9,11 TA reached