Summary of Negotiations 2/11/20

More proposals were brought by both sides. Counterproposals as well as clarifications of previous proposals were offered.

Union Proposals

- Proposal 16 – staff development
    - Preceptors – increasing preceptor pay, lot of work responsibility – asking for increase to $5/hour
    - Also add language that preceptor pay applies for Nursing Capstone Students (WestConn, Naugatuck, etc…)
- Proposal 17
    - Adding $2000 bonus for active certifications
- Proposal 18
    - Proposing additional staff to cover meal breaks. We believe other hospitals have done this with people specifically assigned to cover breaks in according to float policy, staff nurses. Idea is should be covered by another nurse. Paying for meal minor, real issue is getting coverage and not reduce quality of care during meal periods.
- Wage Proposal – see separate sheet
    - $3 increase for 1st year, everything else from it new formula. Bold annual steps range 4% higher than previous, when get longevity get 10th year, those 2% steps by proposal and every 3rd year up to 34th year, each 2% step. At clinical level 2, pegged 3% higher, clinical 3 4% higher than level 2. 2nd and 3rd year contract 5% wage increase each year.
    - Obviously know significant amount of money and know challenges in nursing. 90 people in next few years close to retirement, know difficult to hire new nurses and other hospitals raising rates to remain competitive. Wages have been deprioritized over past few years. Part of healthier network, state has backed off hospital tax, believe lot of those factors have disappeared. Looking to get competitive wage.

Hospital Proposals

- Proposal 12 – relates to daily overtime. 8-hour people do not get daily overtime until after 12 hour and 12 hour get after 12 hours. Proposing make uniform and follow law to weekly overtime, eliminate daily.
- Proposal 13 – relates to night shift bonus – proposing instead minimum being 6.5 hours full shift 8 hours, believe to get bonus should be full shift
- Proposal 14 – health insurance – attempt to clean up language. Article 10 and 30 try to delete article 30 and move that language into section 1 – no Flexibility anymore made more generic, rest changes trying to clean up, not intended substantive change effort clean language
    - Section 2 – changes currently provide open enrollment in November, taking out November specific as long as annual. Rest of changes consistent with section 1 same as non-union employees
    - Section 3 – clean up
    - Section 4 – work related injuries policy and managed care plan reference there

- Proposal 15 – relates article 13, section 3 – illness or injury at work, adding the word emergency. Should go if emergency provision costs and copays waived. If feels like coming down flu feels like can go to PCP, other avenues available. Only place get treatment is ED, some go for non-emergent care
- Proposal 16 – relates to job posting language - trying to come up with language for best candidates in position, probably share desire most qualified. Understanding seniority as an issue, qualifications as important as seniority
- Proposal 17 – new section 5 – periop try to train own nurses to move specialty want to count in contract. Hospital choice most qualified in consultation with unit-based committee in area, want broad language in some cases, OR, significant investment to train, want successful, benefit both parties. Costs hours and time, more discussion to come.
- Proposal 18 – wages – try to improve process in respect employees get BSN additional step under section 3. Entitled increase 1st payroll period month of awarding degree. Sometimes lag from award and notify hospital, lag. Change to submission of degree so avoid having to calculate back
- Proposal 19 – more to come. Medical FLEX credit – not referenced in CBA have been eliminated. Propose to eliminate as well (will not affect longevity bonus)

- Hospital Responses to Union proposals last session
  - Tony – Union 1 – agreed TA
  - Union 2 – second part have own proposal charge. 1st part concern change in language union could grieve hospital demonstrate commitment. Hands of arbitrator if demonstrated, from that perspective can't agree. If not, purpose let me know. Current language demonstrates commitment
  - Union 3 – section 2 – posting schedule - agree to that
    - Deal with economic as package as well as floating
  - Union 4 – evaluations – understanding delay in submission on both sides. Don't think if don't apply on time on evaluation should default to nurse ranking. Bringing evals to date certain. Believe will help because supervisor will know when due. Understand clinical ladder issues with that. Willing to talk further
  - Union 5 – still discussing. Have thoughts own how improve grievance
  - Union 6 – economic, defer
  - Union 7 – couple pieces
    - Healthstream at home – don't think need language in contract. On record. Agree if doing mandatory at homework hours should be compensated, but we think that needs be, managers more proactive. Should be conversations between manages and staff. Expectation how long should take at home. Thought about putting language but thought best leave to managers and staff to work out, preference not home but sometimes happens
    - Rest economic hold
  - Union 8 – LOA – hold own proposal
  - Union 9 – counter – all written discipline sent to union when issued. Concern all disciplines. Propose all final written warnings or above sent when issued. Easier manage on our end. Attention of HR and senior leadership and service area.

- Union 10 – call – own proposal
- Union 11 – had own proposal on postings. 3 changes made, give reaction on still talking. In regards to someone who on orientation can't bid on job, unusual proposal from union, usually management. concern imposing in certain depts, sx service, trial period 180 days to say someone 160 days can't bid we're not, need to think bit more. Scenarios, someone moves into dept evening shift want day shift, should be prohibited?
    - Changes to d) 45-day period and questions g). if hasn't negatively impacted would like leave same. Still talking, initial reaction
- Union 12 – medical debt – hold
- Union 13 – hold
- Union 14 – waiver – economic
- Union 15 – economic – hold

Responses to Hospital Proposals

- Hospital Proposal 1 – charge. Concern for nurses wanted to do charge not doing it. Created language, you have make clearer make possible assignment. Our proposal is to make voluntary. Don't have language worked out. Would like see something eligible for charge if volunteer and then management can assign. We do feel some people like more than others. Hopefully work out some combo
    - Tony – question – someone says yes and only been on unit 4 months, part of proposal able to say to someone don't think able to do yet?
        - Ben – ok with that aspect, want to make it mutual, share goal right people do charge. Goal getting best people. Language about equitable distribution. Better system. Have individual cases in specific departments. Concern people assigned when don't want to
        - Tony – your concept, for volunteers interested the hospital will have some level of ability to decide right charge once equitable rotation?
        - Ben - correct
- Hospital proposal 2 – economic – not interested
- Hospital proposal 3 – 12 hour shift weekends – fundamentally unfair 12 hour nurses required that much weekend time as well as logistical issues staffing during week
- Hospital 4 – economic
- Hospital 5 – agreed to
- Hospital 6 – counter, can talk but no real response. Hope to get rid of food issue by having others do lunches
- Hospital 7 – evaluations. Language to make work for everyone. Idea common review date. Concerns about economic aspect raises come into effect anniversary. With this even if retro possible long period time no raise. Curious to your thoughts, how may work. Raised our concerns. More explanation?
    - Tony – we're still talking about it. This piece solely to line up evaluation dates. Not intended to impact increases but recognize that could. In context clinical ladders, possible proposal to address changes in clinical ladder. Understanding economic piece need to wrestle with.
        - Ben – we understand

- Hospital 8 – elimination of May sweeps, replace with November. We like current system, flexibility.
- Hospital 9 – TA
- Hospital 10 – flex nurses – continue to look in to. Some feedback from some individuals. Hear dissatisfaction, inherent problem. Apparently, confusion rules, about when can be cancelled. Your understanding. Willing give some flexibility, reluctant to expand to unlimited. People do it and want to get out, express frustration about cancellation rules. Make sure people not being exploited.
    - Tony we will answer after caucus
- Hospital 11 – TA
- Hospital 12 – economic
- Hospital 13 – we made proposal for any shift bonus not just night shift. Your proposal to eliminate 6.5 and make full shift. Verbally counter accept 8 hr shift required but for all shifts
- Hospital 14 – clean up flex benefits language – obviously multi year hx of language. When first put in effect Danbury Nurses only union. Initial language talked about whole hospital. Since then series of mergers. We're getting smaller and less defined group asking to take whatever get, who is not union. Is it nonunion per diem. Its not clear. Originally concept not one like anyway at least whole house. Rationale tail wagging dog. Bargaining 600 people out of 5000 didn't make sense, now rationale no sense so many other systems. Obviously, topic more discussion. Don't understand long term goal or how this unit fits in pictures
    - Tony – more color subsequent session
- Hospital 15 – health and welfare – want to add term emergency. Some level simple links into history of employee health. As I understand have employee health and workers comp on places required go to, generally not ED for not emergency care. This is also about that availability about employee health, talk more about where people should go. History of people coming in, not calling out late notice. Mutually beneficial system. Understand fairly unusual, some scenarios going to ED problem. Is this backing off treating people at the hospital.
    - Tony – I think driver not employee health, is what ED should and should not be used for. Difference illness or injury. If injured emergent or not on job, VS if nauseous and want to go home. Driver here, than changing what employee health do. Try refine here
        - Janice – employee health is for employees, now have to make appt 3 days ahead via email. Change corporate health doing physicals may need to be changed
- Hospital 16 – job posting – series of proposals carte blanche discretion to hospital for posting. Think current system appropriate for hospital and respect seniority. Don't have response
- Hospital 17 – topic come up a lot. Fair amount skepticism, open to hearing more
- Hospital 18 – looking at this cause closer, not dealt with a lot. Had someone say got degree wouldn't accept until diploma. Clearly if nurse has evidence of degree and doesn't provide for some reason harder argument should be retro. Concerned should have gotten paid, as per contract should have been retro. Not sure problem hoping to solve, what perceive missing besides unreasonable delay
    - Tony – ok we'll talk about that one
- Hospital 19 – economic, our point of view we think full timers shouldn't pay health insurance as plans available elsewhere in Nuvance in that case flex credits not appropriate.

Hospital Responses

- Hospital charge proposal – concept consistent with what would like to see, will take crack at language and further discussion. Language for possibility no one on shift to charge and what do then
- Hospital 10 – expansion flex nurse – surprised to hear dissatisfaction. We have heard opposite, some people like some don't. We heard good feedback. Believe people in float pool like flex positions. Talk why like expand program. Some confusion around cancellation, recall no grievances around issue. One situation in staffing committee, beyond couldn't think of confusion
    - Dawn – talk one of benefits. Seasonality, like pediatrics with RSV, census tends run low in summer. Also happens L&D, deliver babies n July, august September. Also for ED certain months. More about flexibility and to have when need them. Surprised people didn't like it
- Hospital 18 – timing submission vs awarding diploma – knew one situation where was submitting information, if 2nd person so we can fix issue. One individual gave recently dates back to 2017. Reported emailing in 2017 and HR responded no so they put aside to now. Accept on its face but don't know what person thinking. Discussion about what acceptable proof – official transcript would be proof. Just about not wanting to process retro, maybe more discussion about what will be acceptable proof. Didn't realize other issues, if are others would like to hear so could deal with them.
    - Janice – case in 2017 nurse from ICU. Nurse didn't know contract, told who to email. Person made mistake didn't know contract
    - Dawn – she is getting paid because

Proposal from Union

- Proposal 19 – staffing committee – have committee. Initially one nurse per cluster, believe each unit should have guidelines offer bigger group. Clear outcome staffing committee grid/core numbers including ancillary staff. Realize issue with including ancillary staff. Notice change communicated union. Ultimately advisory, management rights not proposing strict staffing levels, which we would prefer. Availability for informationally picketing if union objects. Level we would hope not get to but gives nurses option to publicly dispute. Hospital treat seriously, our concern not treated seriously up to now. Believe shared value to provide best care. If things don't change people willing to picket. Willing broader discussion staffing