

Summary of Negotiations 2-25-20

Hospital Proposals

- Proposal 13 – revised – night shift bonus – previous proposal last session
 - New part added to end – excluding scheduled PTO. Example several managers have stated asking someone asking coworker to cover shift, saying since shift beyond normal control hours entitled to bonus. Some units don't do, concept fill holes do not cover someone else's scheduling requests.
- Proposal 20 – Grievance – language like other contracts in network. Our perspective grievance meetings turn into bargaining sessions. Purpose is for grievance meeting to propose grievance. Limit number people that can attend hearing, ask union to bring no more than 2 in addition to grievant. And limit grievance time, believe most can be limited to 1 hours. Want more structure
- Proposal 21 -PTO – similar to other contracts (include Norwalk). PTO can accrue 1st day employment can't be used for first 6 months. Feel like should not take vacation while on probation. PTO payout during termination. Incentive to give notice for resignation, Union members act professionally conditions for accrued unused PTO to be paid out termination
- Proposal 22 – LOA – flexibility benefits program – change language to hospital leave policy
- Proposal 23 – disciplines – consistent with hospital corrective action policy. Information request given. Different amounts of time disciplinary documents stay in file depending on level of discipline. Final written warning stays 2 years instead of 1 yr current language. 2nd part taking out flexibility benefits language
- Proposal 24 – call pay – recognize difficult but have to have. Issue L&D and ICU. L&D hard to staff. Voluntary call hasn't fit need so looking expand mandatory call. Sleep time provisions, people called in get PTO depending how long call shift, propose paid sleep time doesn't count toward hours work for OT pay. Look to limit use.
- Proposal 25 – shared governance – unclear if continues indefinitely, proposes will continue. Add paragraph 11, would like to tackle clinical ladder program. Improving tool and program and to complete work with far enough date in order to do it. Thought more ambitious proposal, ultimately decided management and nurses can work on through shared governance
- Proposal 26 – placeholder duration – 3 years. Recognize dependent both sides.

Union Proposals

- Proposal 21 – TA for staffing schedules to be posted by 5pm on 2nd Friday of current schedule. Addition next sentence – electronic scheduling available each nurse 7 days. Core number posted for safe patient care. Electronic scheduling problems. Some using book, some electronic must be done certain time. Current language to be open more time.
- Proposal 22 – Hospital contributions monthly for match 401K as opposed to waiting following year. Issues, not having money put into account in order to avoid fluctuations in market as well as those who leave before end of year lose contributions
- Proposal 23 – Use PTO days – Nurse exhausted PTO may elect take 1 control week unpaid for certain circumstances. Happens here vacation planned, get sick. Looking for some way does not have to cancel trip if have to use sick time.
- Proposal 24 – suspension – shall be with full pay and benefits. Still have issues people being out full week with no pay. Even if PTO used, talking people assumed innocent

- Proposal 25 – increasing layoff notice. Asking 4-week notice layoff or paying in lieu. Also, severance payment for 1 week per year of service. Not many layoffs, when have been able to negotiate terms for that.
- Proposal 26 –adding no nurse mandatory call should take no more than 3 call shifts per 4-week schedule. Has been something fairly new has been coming up. Some point needs to limit how much call. Huge impact on lives.

Steve CFO – Discussion about Network Finances

Hospital is currently closing out their auditing of the Fiscal Year 2019 and had numbers for the first 4 months of the 2020 Fiscal year which includes October to January. As per Steve the CFO, Nuvance Health is already at a \$3.1 million loss in operations and a total of \$22.5 million off of the targeted budget gain for the system. In regards to Danbury Hospital through January they are reporting a small gain of \$795,000 but the total budgeted gain is \$11.2 million so if remains on course would be off \$10.5 million in the budget

- The Hospital reports challenges in that outpatient services are going to ambulatory centers as well as other retail services which are affecting the budget. They are also reporting increased competition with other hospital systems in the area are causing a decrease in revenue.
- Reporting a decrease in financials with a downward trend at the end of Fiscal Year 2019 that is continuing into the 2020 year. They state if these rates continue there would be a significant loss.
- As per CFO their understanding is that through HR and paid consultants, employee insurance costs are at median for those studies
- They report admissions are down which affect reimbursement costs
- Report recent settlement with CT Hospitals on state tax relief will take 7 years to break even, reporting those losses are built into budget.
- As per CFO expect \$68 million in integration savings over 3 years, with trying to find efficiencies in the larger system.
- When questioned by Union about Executive salary percentages, CFO stated were less than 1% of cost
- Union asking where budgeting going wrong, hospital replying volume number expectation off
- When Union questioned hospital about debt collection practices, we were told that they thought the collection practices were fair. They reported:
 - Before a patient goes to collections “there are 10 points of contact, and 2 different calls. We must be ignored for about 18 months”. They also stated if they were contacted at any point along that period, they would attempt to make arrangements.
 - They report these are usually individuals with high deductible plans that have the means to pay but refuse to.
 - The Union mentions employees that are sent to collections, with known cases being prior to the stated 18 months. Hospital response was that if they knew it was an employee, they would work with them.
 - Union RN stated multiple times taken to court on debt collections, Hospital stated would like to meet to prevent from occurring for others.

- When asked about volume calculation numbers, Hospital responded they start with the net revenue number. Inpatient is paid by admission and outpatient is based on service case rates. They state they then look at the net revenue number.

Further Discussion and clarification of proposals

- Union proposal 21 – Hours of Work and Premiums clarification. Hospital asking for clarification on what meant by electronic open for 7 days. Union response would like same period of time, schedule open for everyone. Also, discussion of inclusion of core numbers as currently done in Periop area.
- Hospital proposal 13 – Union asking for clarification of language “excluding”. Stated understand if even swap should not get bonus but “any shift” nurse confusing in regards to Mutares, etc. Hospital responds will work to clear up language.
- Hospital Proposal 21 – Payout proposal – Union asked what current proposal for payout on termination, Hospital responded would let us know. Union questioned in superfluous language in regards to section g because new employees can borrow PTO if needed, hospital would get back to Union

Conclusion of Session