

Negotiation Summary 2-4-21

Hospital Explanation of Proposals

- Hospital Proposal 1 – role of the nurse – discussion of last year proposal where assigned, orient and train staff nurses. Think important, one beneficial for all nurses, why hospital put forward
- Hospital Proposal 2 – proposal last time about OT after 12 hours, bit of disparity 8 and 10s hour individuals, they don't get until after 12, 12 hour people get from minute 1
- Hospital Proposal 3 – 12 hour shift nurses, final provision rules apply to ED our perspective should apply to nurses elsewhere. Each year additional 12 hour shift positions. Challenges around covering weekends when have 12 hour people. Our perspective way ED does it and would like to see rest of house
- Hospital Proposal 4 – weekend scheduling reduction, not take from 25 year nurses and grandfather existing folks and options won't exist for them. Small units and specialty area, some units majority and makes scheduling weekends difficult and puts burden on those not in group
- Hospital Proposal 5 – self-explanatory, don't think huge change know have own proposal, think should be 8 hours, not a lot of 6.5 hour shifts occasional willing to work if work 6.5 pick up full shift. Last sentence issue separate and apart, our perspective purpose of bonus to pick up hole that exists, swaps get night shift bonus don't think bonus intended to cover that type of situation
- Hospital Proposal 6 – meal period – something talk about last time. Practical matter doesn't happen but know doesn't happen, see Janice look at me will talk about it
- Hospital Proposal 7 – part is just aligning terminology onboarding instead of probationary period also occurred to use that same probationary period for full and part time nurses. Our perspective part time longer onboarding because don't work as much as full time needs longer orientation period
- Hospital Proposal 8 – grievance, know you have one also looking at in tandem
- Hospital Proposal 9 – insurance and benefits. Much of this cleaning up language, references workman's comp policy substantive change, rest bring language current don't have flexibility benefits program anymore. Benefit same as rest of house, rest flex credits eliminated earlier this year, that is going to happen once get past negotiations know have proposal to contrary.
 - Ben – we each had analysis ability to do or not at this point needs to be negotiated. On that topic section 6 new this time,
 - Tony – new proposal this time, now have more robust life insurance proposal now, struck us as cleaning up relic, no means mission critical
 - Ben – is life insurance policy in benefits. Looks like substantive clause
 - Tony – get life insurance and they get 2 weeks, this above and beyond life insurance. We will answer question about benefit. Our understanding that this is in addition to life insurance. Wasn't looking to take away life insurance benefit
- Hospital Proposal 10-placeholder, revised proposal will send over in essence fleshes out and shows edits to entire article and proposes to move over to Nuvance PTO policy. Issue how change accruals. For 70% bargaining unit will stay same or gain days. For folks

10+ years gain 3 days. Will be able take a look. 30% will lose days, these are those 0-2 years will probably lose most days

- Hospital Proposal 11 – PTO to change date from May to November reason is May looking at what happen next calendar year and a lot of things can change, looking to move little closer to actual calendar year
- Hospital Proposal 12 -Holidays – to add MLK day permanently tied to PTO grid and proposal exactly contrary to what you propose, we propose to reduce you propose to expand we will spend time talking
- Hospital Proposal 13 – talked about last time, treatment in the hospital whether should be free or use health insurance benefits
- Hospital Proposal 14 – updating reference to leave policy from Flexibility benefits program. Looking to change terminology
- Hospital Proposal 15 – Updating terminology and reference to corrective action policy which we sent you
- Hospital Proposal 16 – call pay - not intended substantive, just put in contract when minimum wage change is and what is so there and clear. And if changes after June 1, 2023 can load so know what is. Intended to put rates in contract.
- Hospital Proposal 17 – part of this talk last time, call in L&D and ICU, you have proposal opposite. C. refers to sleep time and whether or not those hours should count for eligibility for OT we feel double count from our perspective
- Hospital Proposal 18 – job posting – don't think had last time. Looking to job posting language more towards qualifications, seniority still a factor but line up language more qualification
- Hospital Proposal 19 – new section relating to residency programs. In our view successful, have piloted in periop areas, keeping our own nurses and training them up something makes sense. We see 10-15 RNs a year leave to go somewhere else to grow into specialty think important
- Hospital Proposal 20 – wages section talk about bachelor's and master's degree differential run from when award submitted as opposed to when awarded. Have had cases when awarded not told 4-5 months and have language when go back to award. Incentives tell us as soon as possible.
 - Ben – question what is level of proof asking for,
 - Tony – lets talk about that, not looking to change what's been done. Really try to change when let us know right away so don't back pay issue
 - Ben – assume not talking about diploma in regards other type confirmation
 - Tony – not looking to save money
- Hospital Proposal 21 – expand use flex nurses, these positions attractive and useful
- Hospital Proposal 22 – 3 year agreement language
- Additional night shift premium ICU not in contract our intent giving notice eliminate practice going forward, do with that as to may
 - Ben – agree with concept of notifying end of practice
- Tony – 2 other proposals
 - Hospital Proposal 23 – line up evaluations and clinical ladders and do once a year, system now where managers always doing, looking to line all up and get

done at one time. Added new language about what happens if nurse resigns and then comes back within one year, propose place back on same level

- Hospital Proposal 24 – interest in 6 week schedule in ED. Proposing 6 week schedule and put in your language and put in 4th Friday which is 2 weeks prior to schedule being done.
- Ben – Comments on Hospital Proposals and Explanation of Union Proposals
 - Terms of your (hospital) proposal 3 – regards weekend scheduling don't think describe as fairness issue for other 12s. That language put in there at hospital request for more flexibility for scheduling ED nurses, everywhere else 3 shift out of 4 weekends practice through nursing council/policies. Reasonable efforts was what new about group. Explanation made to hospital more difficult in that department. Nurses work every other weekend significant change. Raised issue last time question work like issues where coming from less staff on weekdays, will consider. Clear up from our perspective feel ED opposite
 - Tony – we think works well in ED in terms of coverage and should be expanded rest of house 3 out of 4 days.
 - Ben – every other weekend in ED violated in contract. If become practice different problem
 - Tony – not saying having flexibility to do that works in ED and would like see everywhere else. 12 hour shifts and scheduling rules outside ED, see short on weekends. To your point not trying imply this somehow better deal acknowledge change in scheduling and not insignificant.
- Ben – will go through our (Union) proposals
 - Union Proposal 1 – gender neutral language
 - Tony – ready to TA if want to send
 - Union Proposal 2 – role of the nurse – different with charge. Charge is really in addition to this proposal in significant increase in charge pay. Has become a bigger issue, this year in particular. Your question was our exclusions.
 - Janice – charge during pandemic horrible. Did have question meaning emotional intelligence in charge role responsibility. Really is a nurse who has finger on pulse on patients and nurses, staffing and being able to collaborate care to make flow of floor run better. Has been charge nurse for years. Important work with MAC nurses. To be charge and get text. Don't want assigned to go to muster, want charge on unit. Don't want to be check fridge or QC glucometer, orchestra assign phones not patient care related, charge nurse do those tasks not utilizing well. Any type supervisory role, work with families if upset, not our role. Usually call nursing supervisor or manager, they should talk to family, we don't have much power working with peers. No disciplinary actions, not assigning other people of team. Important know when working with physicians charge nurse ability to make 1:1, if charge nurse to be glorified transporter that will take away ability to know what's going on, lots more discussion needed. Not another person in managerial role

- Union Proposal 3 – you talked about your proposal as well, wanting to go to 6 weeks for schedule. Proposal last time about floating, jumping one place to another very hard to provide proper care. Increase in various premiums. Charge nurse premiums. Megan
 - Megan – committee did retrospect compensation for charge, not only providing care to our direct assignment but also responsibility of charge nurse make sure no breach of care in assignments overseeing. Looked at previous to now. 1988 was 80 cents an hour has only risen fractionally. As responsibility goes up have been at stalemate 2.25/hr since 2008. In reflection to transfer center, getting pts ER, PACU , Cath lab other hospitals can attest to fact taking patient Putnam, Vassar, etc. Should reflect responsibility
- Union Proposal 4 – evaluations – no comment
- Union Proposal 5 – grievance – you noted have proposal as well. In essence eliminate step 1 and renumbering fewer steps. Traditional 3 step process, it just isn't happening. HR is involved at initial step not seeing progress at that supervisory level so result comes wasting time, pushing paper. I don't know how to enforce more collaborative work at lower grievance level. Part of it is simply having bigger organization and leaving less flexibility of frontline supervisors to resolve. HR at step 1 and step 2 doesn't get purpose grievance clause is. Added language clearer no response what happens to move along. Scheduling should be mutual, recent case lingered, ability move next step if meeting not schedule reasonable amount of time. Added post Covid world acknowledgement, virtual meeting s work add as option, One reasonable alternative, has been helpful, more convenient times for both sides. Add fact terminations can go directly to step 3, out experience things of that nature already decide anyway, have discussion and move on
 - Tony – quick question, struck section 2 on page 2 proposal
 - Ben – I assume that was language from first contract, saw as clean up. Don't know if that has. Sounds like initial contract language
 - Tony – I was wondering
 - Ben – don't think substantive, concept was to move step
- Union Proposal 6 – PTO – will probably have additional PTO proposal on that, as noted going in different direction on length of holidays
- Union Proposal 7 – Education days and additional moneys – change in level of full education benefits from 36 to 32 to get more people additional benefits. Eliminating cap and increase semester relevant fields but also getting rid of cap amounts. Can figure out how soon runs out, education is valuable and the more nurses get trained retention and don't think unlimited cost, built in limitation, think mutually beneficial advanced degrees. Increase preceptor pay and add student nurses to types of mentees.
 - Megan – preceptor pay \$1/hr since 1988, could speak to amount of extra works takes to mentor and train anyone coming to bedside. Also on heels of graduates who will not have as much clinical experience due to pandemic. Thought being most of staff nurses will have to take on deeper education role in training new employees
 - Ben – certification bonus – mutual interest has been encouraged by hospital.
- Union Proposal 8 – increase in bereavement time, different definitions of how to assess time

- Union Proposal 9 – Discipline – copies of written discipline to president, get rid of unpaid suspensions.
- Union Proposal 10 – call pay – what call is for grammatical change specify departments and how many can be required
- Union Proposal 11 – job postings – come up preciously. Come up protections of those put in float pool.
- Union Proposal 12 – Medical Debt Letter of Agreement – proposed last time. Generally for community as well reasonable to commit to public interest
- Union Proposal 13 – Successorship Language – so far not a problem, but obviously could change over time
- Union Proposal 14 – freeze on insurance benefits, includes FLEX benefits may decide to put in specifically.
- Tony – had answer on death benefit all nurses have 1.5 times annual base salary as life insurance benefit plus ability to buy up from 1-8 times at their cost. So it was as I thought section was 2 weeks pay on top of life insurance. See as old benefit that existed before more robust life insurance benefit, certainly not proposing to eliminate real life insurance benefit
 - Ben – we'll take look at that.