

Member Negotiation Summary March 10, 2021

Session began with discussion from both parties on dropping some proposals in order to focus on the more substantive proposals

- Union agreed to drop part of Union Proposal 7 in regard to HealthStream, was counter proposed by Hospital initially. They stated would get paid if done at home due to hours doing work so law, so Union dropped proposal. Reminding our members that if they complete HealthStreams at home they should be paid for their time.
- Confirmed that last week Hospital dropped Leave of Absence language from Hospital 18, and Tentative Agreement (TA) reached with withdrawal of Hospital 22, and attempt to work on section i of that proposal. Waiting on final TA to review.
- Hospital agreed to drop Hospital 6, which was the proposal about medical treatment in the Emergency Department and Hospital 13, which was the change to not supply meals if can't get meal break.

Discussed that in afternoon would talk about staffing language.

And at this point tabled the Goals Evaluation system that the Hospital wanted to add to the Clinical Ladder discussed at the end of last section. Hospital stated they had nothing new at this time

Steve Rosenberg – CFO for Nuvance discussed financials

- Reported for end of fiscal year 2020, which ended in September 2020, a noted operating loss for Nuvance of \$50 million was reported
 - They state this loss was the total after the \$165 million received from the CARES ACT and without that influx the loss would have been \$250 million.
- Reported for the 1st Quarter of Fiscal Year 2021, a noted operating loss of \$11 million, with the budgeted assumed operating loss initially projected at \$12 million.
- Reports that the budget for Nuvance this year is a “break even”.
- Reported downward trend in inpatient admissions, outpatient ED visits, decreased patient volume in regard to post-Covid. Reports volume remains down in many outpatient areas also.
- Reported large effect on last years deficit was Covid, PPE, staffing, low volume and still down about 30% from where numbers should be, which per Rosenberg is the trend across the country.
- Nuvance received payment from Phase 3 of CARES Act in January totaling \$35 million, stating without that money would have lost \$15-16 million in January.
- Reports discussion speaking about Nuvance, not Danbury specifically as it is part of whole and “can’t separate components”.
- Per Steve Rosenberg no expected funds from the Act currently going through Congress, nor from the State as have previously received.
- Also confirmed pre Covid, volume was also down and revenues were “off the mark” as budgeted prior to Covid.

Union asking for information specific to Danbury – Steve Rosenberg stated didn't currently have numbers but would supply.

- Union asking for clarification of what happens with billing for those patients transferred to Danbury
- Steve Rosenberg reports Danbury is able to bill for what happens at the hospital for those that are transferred.
- Discussion on Western CT Medical Group, per Rosenberg loses “significant amount of money”. Clarified Western CT Medical Group employs not only the hospital physicians but also the outpatient providers. He reports Danbury Hospital and WCMG “are tied at the hip and it would be misleading to look at one without the other”. Reports is a competitive environment and other large groups like Optum buy large physician groups causing competition.

Hospital had a staffing counter proposal as well as a presentation in relation to current staffing and vacancy numbers:

- Per the hospital for the last week there were 43 Full time/Part time RN positions posted and 24 Full time/Part time PCT positions currently posted
 - Reported recruitment and retention are important
 - For 2019 turnover and vacancy – 65 FT/PT RNs left organization, does not include per diems.
 - 12 retired, 20 relocated, 13 noted career advancement, 11 voluntary terminations and 5 “other”
 - For 2020 turnover and vacancy – 62 FT/PT RNs left organization
 - 7 retired, 15 relocated, 13 career advancement, 8 involuntary termination, and 19 other with 5 of those being covid related
 - 2019 – 10.8% Turnover Rate
 - 2020 – 6.11% Turnover Rate
 - Vacancy rate 2019 – 6.1%
 - Vacancy Rate 2020 – 6.9%
 - Comparing 2019 to 2020 RN payroll
 - 2019 - \$61 million
 - 2020 - \$60 million
 - Per hospital worked hours went down
 - Conversion to Per Diems from Full Time RNs
 - 2019 – 19
 - 2020 – 17
- For 2020 – 34 FT/PT RN Hires and 20 Per Diems, 53 FT/PT PCTs, 4 E/PC Techs, 4 security officers
- For 2021 so far – 9 FT/PT RN hires, 9 Per Diems, 20 PCTs and 1 E/PC Tech
- Hospital Counter Proposal to Union 17 – For Staffing committee, discussion that most of language was ok but would add the goal of also discussing recruitment and retention. Would also strike informational picket proposed language, and propose Federal Mediator present for first 2 meetings to help develop mutually beneficial process

Further discussion about Presentation and Staffing Counter proposal. Asked for information specifically in regard to full time hires

Discussion about denied requests for nurses to increase hours as well as denied requests to cross train

Discussion of acuity model in Cerner to help develop staffing ratios, acknowledgement by Management higher acuity patients

Discussion of additional negotiation day addition by Hospital, Union still discussing, not confirmed

Tentative Agreement reached for Union 11 and 22 and Hospital 18 in regards to adding language on bidding on positions while on orientation, hard cap of 60 days for transfers but attempt no more than 45 days, per diem language removed from hospital proposal, and agreed to hospital language about inability to transfer positions for 12 months. Waiting final TA document for revision and confirmation