Massachusetts Nurses Association MNA

May 15, 2017

Cindy Russo, President
Baystate Franklin Medical Center
164 High St, Greenfield, MA 01301

Dear Cindy,

In our May 8 letter we raised the issue of worsening understaffing, how it has become inconsistent with patient care best practice and how it is becoming damaging to our personal lives. We are working while exhausted. This letter presents those issues in more detail, which we have been attempting to do at the bargaining table. We are writing to you, because you were quoted in the press saying you have personally come to the conclusion that the staff are not overworked.

Among our most important issues in negotiations for which a long-term solution is urgently needed is understaffing that forces RNs and others to work overtime and extra shifts without rest.

In the past two years most RNs were convinced to move from 12 hour shifts to 8 hour shifts on the rationale presented by BFMC management that academic studies correlate long shifts to fatigue, medical errors and negative patient outcomes. We agreed.

But when we used to work 12s, we would be off duty a number of days. Now we are supposedly on 8s or 10s, scheduled for more days a week than before, but we are often really working four or five 12s, with no rest, because there are not have enough staff, and so we are forced to pick up additional shift after shift after shift and can't go home at the end of our shifts. This is antithetical to the safe patient care studies management was (accurately) citing to us two years ago.

Last week we received from management the raw data that we have been requesting for months, showing shifts in the past 12 months *longer than 12 hours.* Before looking at some of these numbers, remember: The overwhelming majority of RNs now work 8 hour shifts, not 12, and remember that management urged us to move to more frequent per week 8 hours shifts on the rationale that working 12 hours straight is not safe for patients. In the most recent 12 months:

- There were *3,980* shifts that were *longer* than 12 hours.
- It is bad enough that 2,768 times *12* hour nurses could not leave at the end of their shifts,
- But it is unconscionable that 1,193 times nurses who were scheduled to work *8 hours* were not able to stop working for more than 12 hours!
- These data show only a *portion* of all OT shifts. They do not include OT under 12 hours.
- The 8 hour RNs working more than 12 hours *averaged 4.7 hours of overtime per incident.*
- Of the 2,768 incidents of overtime for the 12 hour nurses, 2,344 were under the newly negotiated one hour overtime rule and so management paid *no* time and a half overtime (unless the RN worked more than 40 in the week, but management has moved most RNs to 24 or 32 hour a week schedules, which also reduced the likelihood that an RN will receive OT pay).

- There were 433 shifts of *13* hours or more; 70 shifts of *14* hours or more, 131 shifts of *15* hours or more, 22 shifts of *16* hours or more and 5 shifts of *17* hours or more!
- It is illegal for an RN *ever* to work 16 or more hours *even in* a declared federal or state emergency. But your data show that this happened 27 times. The longest shift was 17.5 hours.

On April 3, *The Recorder* quoted you to say, "As an organization here, do I feel that our staff is overworked? That's not my opinion." By what method did you come to that opinion?

For a time, despite the increased frequency of extra and longer unscheduled shifts, we were able to recoup sleep deficit on weekends. And then in the fall, while refusing to begin bargaining, management eliminated one weekend in three requirements and moved FT and PT RNs onto every other weekend work requirements.

We have shown examples in bargaining of how most six-week schedules in most nursing units have holes weeks in advance. *Because there are not enough RNs on staff, managers can't produce a schedule where the shifts are filled even in theory*. As the result, managers expect us to pick up unwanted shifts and to stay for hours after our shifts every week and sometimes multiples times per week. We come back for our next shifts exhausted, and we cancel plans with our families again and again and again out of obligation to our patients and our co-workers.

But there are those rare times when no one in a unit will stay past the end of their shifts. Despite RN Mandatory Overtime (MOT) having been made illegal in Massachusetts in 2012 (M.G.L.c 111, section 226), management admitted to the DPH 24 incidents of MOT from July 2016 through mid-March 2017. A review of the incident reports management provided to the DPH (which by use of the Mass. Public Records Act) show that *none* of those incidents appear to be lawful, as not one fell under the law's criteria for waiver for emergency situations.

When we settled our contract in 2014, Baystate, the MNA's members and community leaders who were part of the talks reached a grand bargain: We would agree to a one-hour delay period after the scheduled end of our shift before overtime pay kicked in. In exchange, management committed to work with us to all but eliminate the need for unwanted overtime. After the contract was settled, the Overtime Taskforce, which was the key to that settlement, met for about a year, and elaborate ideas came out of it. Then management implemented virtually none of them. Baystate management broke their commitment and *took advantag*e of us. Now the overtime problem is worse than ever. The only difference is that management no longer pays OT for the first hour.

This was not the deal we negotiated. There is nothing safe about this for patients and the community, and it's a cold hearted way to treat staff.

Sincerely,

The MNA BFMC Committee