

MNA Nashoba Bargaining Update

September 25, 2015

Yesterday in bargaining we...

- Presented a detailed response to management's most recent wage proposal.
- We made a presentation, led by MNA staff member Joe Anne Fergus, PhD, RN, analyzing the unusually high rate of turn-over at NVMC and correlating that data to studies estimating replacement cost to a hospital resulting from attrition in recruitment and training cost, overtime, etc., and the tipping point that has been found to exist whereby a certain high percentage of turn-over is predicted to create accelerated future departure of RNs and then of MDs and effects on confidence in quality.
- The session seemed to be productive, and we agreed to meet again on Monday October 5th and Tuesday the 13th 2015. These will be critical sessions.
- We emphasized that our wage proposal is part of an overall package proposal, and is subject to our withdrawing it if we don't also reach agreement on other critical open issues. Major outstanding economic issues include:
 - Improvements to vacation and holiday. NVMC offers far fewer than other Mass. Hospitals. This is so true that, in prioritizing our proposals, we are not proposing to increase sick days from the present 7 per year, although the norm for MNA hospitals with a separated sick time system is 12.
 - Overtime pay for not just 40 hours in a week but also for overtime in excess of one's scheduled daily shift, as is the norm in the overwhelming majority of MNA hospitals in Mass. (which is the overwhelming majority of hospitals):

“Overtime shall be paid at the rate of one and one-half (1 ½) times the Employee's regular rate for hours actually worked in excess of 40 hours in a regular work week and for hours worked in excess of a regularly scheduled shift of at least eight (8) hours.”

We want no delay period whereby an RN works overtime but it is not paid.

- We have reached a conceptual agreement that the COD policy will be eliminated and replaced by a better system. No longer will all RNs be subject to being cancelled or sent home during a shift. In its place, we are negotiating language to establish a *limited* number of “flex positions.” Now we have to reach an agreement on a reasonable limit to the number of those positions and rules for

how one's benefit accruals don't take a hit if an RN works a shift less in a given week than their normal status.

- Reasonable language on RNs' rights if there is ever a reduction in force. This includes: Adequate notice, rights by seniority, rights of recall and assurance that if there is a layoff the employer doesn't then replace layoff positions or hours with non-benefitted per diems or travelers.
- Security cameras. We found out that management is planning to expand the installation and use of cameras, and we have proposed this language:

“The parties consider the safety of patients, visitors and staff to be a high priority for all. In the interest of safety, the Hospital has installed security cameras in specific locations listed below. [List to be provided by management for review and discussion in bargaining]. It is not the intention of the parties that these cameras be used for the purpose of supervision or discipline of staff.”

- Differentials: We need to come to an agreement on how they're calculated, including this MNA proposal: “Any Employee who consistently works the evening or night shift will receive the differential while using Vacation, Holiday, Sick Time or Bereavement Leave.”
- Improvements in health insurance costs and eligibility beginning 1/1/2016 still have to be settled. This is urgent, as open enrollment is coming up.

This is a very brief summary of outstanding issues. Your Bargaining Committee members can provide you with a complete copy of any and all proposals.

Thank you for everything you do!