

Steward Bargaining Update, March 13, 2013

This is a summary only. Your elected bargaining committee members will provide more details including copies of both side's proposals if you ask.

The short version:

To date management has rejected *all* our safe staffing related proposals. Yesterday management made an economic proposal which would result in either wage cuts or no wage or benefit increases.

Summary of disputes:

Issue	MNA's Position	Steward's Position
Patient Care Committee	MNA proposed a meaningful appeal process for safe staffing: a) Create "Joint Practices Committee" of 2 from MNA+2 management, and b) if that higher committee can't agree, a 3 rd party would decide based on "area standards regarding staffing, state and federal laws, physician recommendations regarding quality of care, business needs and any other relevant information presented by the parties."	Management rejected, saying staffing issues should be referred to a labor management committee only. No dispute resolution after that.
Resource Nurse Program	Create a Resource Nurse position without full assignments to aid in patient flow, staff and family issues, assisting admissions and transfers, assisting patients.	Management rejected. No counter proposal.
Safe Staffing Limits	Maintain minimum RN to patient limits. E.G.: ED 1:3, Tele 1:4, ICU: 1:2, MedSurg 1:4, Cardiac Cath 1:1, etc.	Management "Categorically rejects" not just the numbers but the idea of numerical staffing limits.
Reduction in Force	"[M]ake every reasonable effort to avoid displacing...[by] use of attrition, business growth, job matching, retraining, preferential reassignment to vacant positions, assistance to staff in identifying other job opportunities in other departments or at other Steward affiliated hospitals... However... there are times when...displacements will occur." Bargain over the need & alternatives to layoffs. Travelers/agency /temps go 1 st . Severance pay per Steward policy for non-represented employees.	Reject all these ideas.

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<p>Temps, Travelers, Agency workers</p>	<p>“Management shall make reasonable efforts to meet staffing needs with existing and/or by recruiting new employees... A temporary or travel nurse shall not be retained to avoid posting a vacancy in a bargaining unit position and further will not take precedence over a bargaining unit member’s schedule preference.”</p>	<p>No to clause “or recruiting new staff”. No to “shall not be retained to avoid posting a vacancy...” They proposed this: “A [Temporary’s]... schedule preference shall not take precedence over a bargaining unit members’ schedule preference, <i>except</i> where necessary to meet operational needs, and except where cancellation or modification of the [temp’s] schedule will cause the hospital to avoid a penalty.” MNA response: Is there <i>any</i> situation that wouldn’t fall under these exceptions?</p>
<p>Subcontracting</p>	<p>“...Hospital shall not utilize subcontractors to displace bargaining unit members or their current job functions.”</p>	<p>They reserve the right to subcontract out and replace bargaining unit jobs by attrition.</p>
<p>Vacancies</p>	<ol style="list-style-type: none"> 1. [Management] “shall make every reasonable effort to fill posted positions in a timely manner with full and part time employees” 2. Positions go first to qualified applicants currently employed by or on layoff from other Steward hospitals have preference over outside applicants 3. Increase hiring process transparency 	<ol style="list-style-type: none"> 1. No. 2. No preference if employed at another Steward. If laid off from another Steward hospital, preference only “In view of any economic constraints.” [Meaning that someone’s high seniority could disqualify them]. 3. Some agreement but more limited transparency. Progress on some issues.
<p>Flexing</p>	<p>No. We’re not interested in this, especially if management is refusing our staffing proposals.</p>	<p>Management wants the right to flex down any RN and additionally to hire flex positions.</p>
<p>Benefits and Wages</p>	<ul style="list-style-type: none"> • Pension as agreed to in the LMA document • PTO as agreed to in LMA • Early Retirement Program as agreed • Health insurance benefit (See separate leaflet summarizing our proposal) • Tuition assistance: Increase annual limits. • Wage increases 	<p>Management proposes a pot of 1.2% for each of the 4 hospitals for 2013. Out of that has to come the wage increase (if any) and any of our benefit proposals. So, as a practical matter, they are proposing that since the benefits – including those already agreed-- have a cost, we would take a pay <i>cut</i>. We asked them if we understood their proposal correctly, and they said Yes.</p>

There are many other issues under discussion and dispute. There have also been some tentative agreements (such as Successorship, personnel files, notice of resignation, Nurse Practice Act). Your Committee members can give you details.