# **News** for MNA Members in the Steward Network

June 19, 2013

### Elected officers at a glance

### **Carney Hospital**

Elaine Graves, Chairperson

Mary Carbone, Vice-Chairperson

Susan Erickson, Secretary/Treasurer

#### **Good Samaritan Medical Center**

Eileen Flynn, Co-Chairperson Karen Gavigan, Co-Chairperson Maureen Healy, Secretary/Treasurer

### **Holy Family Hospital**

Jeffrey Janco, Co-Chairperson Gayle Burke, Co-Chairperson

### Merrimack Valley Hospital

Kathy Renzi, Co-Chairperson Claire Walsh, Co-Chairperson Karen Arnone, Treasurer Donna Pouliot, Secretary

### Morton Hospital

Joyce Wilkins, Chairperson Jacqueline Fitts, Co-Vice-Chairperson Oscar Miranda, Co-Vice-Chairperson Louise Nunley, Secretary

# Norwood Hospital

Kathy Reardon, Co-Chairperson

Joan Ballantyne, Co-Chairperson

Madeline McCarthy-Griffen, Treasurer

Linda Barton, Secretary

### **Quincy Medical Center**

Paula Ryan, Chairperson

Joanne Hart, Co-Vice-Chairperson

Stacey McEachern, Co-Vice Chairperson

Kathy Linnell, Treasurer

### St. Elizabeth's Medical Center

Betsy Prescott, Co-Chairperson
Vacant, Co-Chairperson
Katie Magni, Secretary
Vacant, Treasurer

# **Update for MNA Members at Steward Hospital**

### June 19, 2013

Here is a summary of MNA news from around the Steward hospitals. For more details on any of these issues, speak to your MNA Committee members or call the MNA Associate Director for your hospital.

### Pension:

The next meeting between the MNA and Steward in the pension arbitration settlement negotiations is June 26. The parties have both expressed desire to resolve outstanding issues in this session so that the documents can be finalized. We will provide a report to members after that meeting. In addition to MNA staff, the MNA Pension Committee includes Joyce Wilkins, MNA chair at Morton; Betsy Prescott, MNA chair at St. E's; Joan Ballantyne and Kathy Reardon, co-chairs at Norwood. We prepare for the session with optimism.

# Contract Bargaining at Holy Family, Merrimack, Morton and Quincy:

The next bargaining session is set for July 2 at the MNA's office in Canton.

# **Holy Family Hospital:**

Initial plans for a significant number of RIFs have led to talks between MNA and management that have found a more productive path. Management has now committed to a process whereby they will make best efforts to find positions for all RNs affected, there will be no change in the % of flex positions and staffing grids will not be affected. Where a unit is closing for the time being because of low census, RNs will be able to move into open positions, including some that are new. The MNA's Nursing Departments will be working with the hospital to offer courses to nurses to enable them to move into those different positions.

### St Elizabeth's Medical Center:

We have negotiated alternatives to several RIFs. The key has been a constructive engagement delving into underlying issues which can improve finances in ways that are actually mutually beneficial.

Management's original plan would have eliminated positions and reduced hours for 23 RNs. The outcome has brought a result which will be much better for patients, the financial health of the hospital and RNs.

Among the issues on which we encouraged management to engage is over-use of overtime. Further reductions in staff would make costly OT more frequent, as even more often than today it would become the only way to populate the schedule. We appreciate the spirit of openness with which management has approached these talks.

As a result, no RNs are losing jobs, a planned RIF in one large department will not take place, and in another other some hours reductions will likely be met by volunteers who want to change hours.

### **Morton Hospital:**

The Department of Public Health issued findings on the proposed plan by Steward to close its Level II 13-bed Pediatric Unit at Morton Hospital, which has existed for more than 50 years and serves an average of 4 - 8 children per day. The DPH found that the unit provides an essential service that is "necessary for preserving access and health status for children in the Morton Hospital service area."

The DPH based its finding in large part on testimony at a public hearing held on May 21, where dozens of providers, community members, parents of patients, former patients and elected officials opposed the closing and "expressed concern that elimination of these services will negatively impact the care provided to patients." The DPH letter says in part that Morton Hospital, "[D]id not consult with members and leaders of the community that it serves to assess the impact of eliminating this service on patients and families in need, and possible alternatives to the elimination of necessary services." [Closure would], force families to travel well out of the community to obtain acute hospital level care for their children, and substantially limit the ability of many families to provide comfort and support to a hospitalized child; and, would, through creation of a four-bed observation unit adjacent to its Emergency Department, expose children to potentially dangerous or disturbing conditions." More to come in the weeks ahead.

# Safe Staffing and Quincy Medical Center:

Work continues to implement the safe staffing limits contained in the new 12 month interim agreement. The hospital's CEO and our MNA committee have met twice in the past two weeks since the ratification of the agreement.

# **Care Coordination/Case Management New Model:**

On June 5 our committee of care coordinator representatives from each of the eight hospitals had a very positive meeting with Steward management to resolve issues necessary to transition to the new model. The talks started from the premise that we all need the Care Coordination system to work well.

These include: Staffing, how training will be conducted during the transition, job descriptions that accurately reflect the duties of different roles, and the use of per diems as a source of improved staffing coverage.

We discussed the number of care coordinators and social workers who will be needed at each facility to staff to the new model. We then moved on to discuss how we will find the people for those positions.