

### Negotiations Update: Contracts Expired Yesterday

Your CRONA Negotiations Team bargained throughout the day yesterday, March 31, to try to reach agreement with the hospitals. On several key issues, we were not able to reach agreement and the contracts expired. Although significant gaps remain, CRONA remains hopeful that the hospitals will agree to CRONA's common-sense proposals on the outstanding issues.

Plan to attend a CRONA membership meeting on Tuesday or Thursday to find out the latest.

#### CRONA Membership Meetings: April 2 and April 4

Come at any time and for as long as you can.

#### **Tuesday, April 2: 6:30 – 8:30 a.m. and 7:30 – 9:00 p.m.**

SHC, Linda Meier Boardroom, 3rd floor (between C and D pavilion)

#### **Thursday, April 4: 1:30 – 4:30**

LCPH Auditorium, 1st floor (old LPCH)

#### **The Hospitals Want to Undermine Common-Sense Solutions Agreed to in Previous Contracts**

**Attendance.** Six years ago, CRONA and the hospitals reached a compromise on attendance policies. Now, the hospitals want to undo that compromise, removing contract language that prevents them from making policy changes outside of negotiations. The hospitals identified just a few minor changes they say they'd like to make and CRONA agreed, but instead of settling there, the hospitals continue to assert that they need the unconstrained right to make attendance policies more punitive. CRONA is standing strong against that proposal. We know that harsh attendance policies are bad for Nurses and for our patients. Nurses should not be forced to choose between working sick and being disciplined. It's common sense.

**Part-Time Positions.** In the last contract negotiations, CRONA secured important protections for part-time positions. As the hospitals expand, these protections are critical in ensuring that a mix of part-time positions are available. The hospitals want to eliminate the requirement that if a unit seeks to fill a vacated part-time position, that position must first be reposted at the **same commitment level**. Instead, they want looser language that allows them to post *any* part-time position. We know where this will lead, and that reposting a 0.6 position as a 0.8 position is simply not the same thing. This move would reduce the availability of lower-commitment positions and undermine morale among Nurses who have been waiting for those positions. The hospitals should be doing all they can to encourage skilled Nurses to remain at the hospitals, not making moves that hurt retention. It's common sense.

**Precepting.** CRONA has made some progress in backing the hospitals off their proposal to impose mandatory precepting on all Nurses. The hospitals have now agreed that the decision to become a preceptor would remain voluntary, but CRONA is still fighting to ensure there are common sense limits on the ability to assign preceptors. **The hospitals want to be able to assign preceptors at any time, and have not agreed to allow a Nurse to choose to stop precepting, or simply take a break.** We need protections for Nurses who choose to become preceptors. It's common sense.

### **CRONA Has Common Sense Proposals to Attract and Retain Nurses with Specialized Skills**

The hospitals agree that it is difficult to attract and retain Nurses with specialized skills. We need to reward Nurses who have these skills and encourage them to stay at the hospitals. CRONA has therefore proposed that the hospitals provide incentive pay to Nurses who are nationally certified: \$100 per pay period, or \$2,600 per year. We know that UCSF provides a monthly incentive to Nurses with certifications. The hospitals' one-time payment of \$1,200 – just once during the term of the three-year contract – doesn't compete. Our hospitals need to do more to ensure that Nurses with specialized skills come and stay here. They have flatly refused to renew the specialty skills incentive pay we currently have. That takeaway makes CRONA's proposed certification incentive pay even more necessary.

### **CRONA's Workplace Violence and Workplace Injury Proposals Would Give Basic Rights to Nurses**

Your voices and your concerns about workplace violence are finally being heard by the hospitals. But significant gaps remain between CRONA's proposal and the hospitals'. The hospitals have agreed that a Nurse can request reassignment when she/he is assaulted or threatened, **but they don't want to agree that management has any obligation to honor that Nurse's request.** CRONA's proposal is that the Nurse's request not to be assigned to a patient who has assaulted or threatened her should be honored if staffing permits. This is more than reasonable — it's common sense.

CRONA has also proposed that a Nurse who is injured at work should be able to use her own accrued ESL to cover the worker's compensation waiting period. The hospitals have repeatedly rejected this proposal. The hospitals' only explanation is that they'd prefer that Nurses spend down their PTO — of course they would, but it's just not right. The hospitals should not be nickel-and-diming Nurses who have been injured at work. They should be supporting Nurses.

**CRONA Nurses have spoken loudly and clearly about how important it is to secure and retain these workplace conditions and CRONA is standing strong for you.**

### **We Need a Truly Competitive Economic Package**

CRONA's economic proposal is designed to ensure that the hospitals can compete, to keep up with the high cost of living in our region, and to give our world-class Nurses the wages and benefits they deserve.

**Wages.** CRONA has maintained its proposal of across-the-board wage increases of 4% effective April 1, 2019; 4% effective April 1, 2020; and 4% effective April 1, 2021. The hospitals offered yearly increases of 3%. **The hospitals agree that their 3% wage proposal won't keep up with cost of living increases in the Bay Area.** It's common sense that our wages should keep up with cost of living. In their latest email about their proposals, the hospitals noted that Nurses get step increases, misleadingly suggesting that the step increases are something new. In fact, the step increases cited in the hospitals' email are the increases negotiated by CRONA in previous contracts. Nurses deserve those step increases. But Nurses also deserve across-the-board increases to wage rates to keep up with Bay Area cost of living and to keep up with the competition.

To be clear, despite what you may hear about tight budgets, the hospitals have *not* pleaded poverty. Nor could they. In the three-year period from 2014-2016, the hospitals reported earnings (revenue after expenses) of more than \$1.6 billion.

# CRONA

## Representing Nurses at Stanford & Packard Hospitals

**Retirement.** CRONA is pushing hard for an overall economic package that can compete and will be an incentive for retention. Before yesterday, the hospitals had refused to make any proposal at all to improve our retirement plan. Yesterday, they proposed a 0.5% increase to their matching contribution, but only for Nurses with 10 or more years of service. In response, CRONA proposed that matching contributions be increased by 1% for *all* eligible Nurses.

On retiree medical benefits, the hospitals repeatedly rejected proposals to give Nurses affordable access to the hospitals' own medical system upon retirement. This is disappointing, and underscores the lack of support Nurses receive upon retirement. As part of an overall package, however, CRONA agreed to focus on the lump-sum "Group D" retiree medical benefit. CRONA is maintaining its proposal to tie the Group D benefit only to years of service – not to a Nurse's age at the time of retirement. In other words, if you served the hospitals for 30 years, you should not get *less* money for retiree medical if you retire at age 60 as opposed to age 65. That's why CRONA is maintaining its proposal to reform the benefit and to increase the highest tier by 75%.

**CRONA will continue to stand strong for the economic package Nurses need and deserve.**

**#CRONAStrong**