

Negotiations UPDATE

CWA Bargaining Committee Walks Out of Bargaining, Strike Begins

Despite the hospitals' best efforts and good faith negotiations since February, CWA's bargaining committee walked out of bargaining early Friday morning. The union's strike began at 6 am.

Since negotiations began eight months ago, the hospitals have remained focused on reaching a fair contract for associates that provides market-competitive wages and benefits and other terms to address their concerns, including staffing language. Our staffing proposal demonstrated our commitment to increasing staffing, accounting for patient census fluctuations and compensating associates who are working on short-staffed units/departments until we are able to more fully address our staffing challenges.

The union has chosen to take approximately 2,200 registered nurses and other healthcare workers on strike in the midst of a pandemic, despite Gov. Hochul earlier this week declaring a State of Emergency to deal with the state's healthcare staffing situation and despite more than two-dozen other politicians pointing out that a strike would be "a disaster for the hospital, the workers, and the entire community."

The table below outlines the last offer we shared with union leadership before the strike. The hospitals' proposal would have added \$33 million to create a quarter-of-a-billion-dollar set of six contracts covering approximately 2,200 nurses and service, technical and clerical associates across Kenmore Mercy Hospital, Mercy Hospital and Sisters of Charity Hospital, St. Joseph Campus.

Topic	Catholic Health Hospitals' Proposal						
STAFFING	<ul style="list-style-type: none"> Catholic Health proposed investing \$20 million to improve staffing Catholic Health would use targeted staffing ratios to build corresponding staffing grids Our proposal closely matched the union's staffing proposal on targeted staffing ratios, particularly in step-down units, ED and nursing assistants (with the addition of more than 80 FTEs) We proposed increasing our targeted staffing (using grid/ratio assignments) to staff to a 10% census increase based on the highest average daily census (ADC); this would be an increase of 258 FTEs We offered a \$2.00/hour/associate "penalty" premium for every associate in "bonus pay" for each quarter in which we don't hit staffing target. Here's an example: <table border="1" data-bbox="381 1732 1323 1858"> <tr> <td>RNs</td> <td>\$9.00 → \$11.00 in bonus pay</td> </tr> <tr> <td>Technical associates</td> <td>\$6.00 → \$8.00 in bonus pay</td> </tr> <tr> <td>Service and clerical</td> <td>\$4.00 → \$6.00 in bonus pay</td> </tr> </table> Float Pool: We proposed that any associate hired into float pool will receive \$2.00/hour above and beyond the corresponding wage scale for that RN group 	RNs	\$9.00 → \$11.00 in bonus pay	Technical associates	\$6.00 → \$8.00 in bonus pay	Service and clerical	\$4.00 → \$6.00 in bonus pay
RNs	\$9.00 → \$11.00 in bonus pay						
Technical associates	\$6.00 → \$8.00 in bonus pay						
Service and clerical	\$4.00 → \$6.00 in bonus pay						
WAGES	<table border="1" data-bbox="324 1921 527 2026"> <tr> <td>Contract Year 1</td> <td> <ul style="list-style-type: none"> All associates would be migrated to common wage scales. RNs would see an average wage increase of 4.4%. STC associates would see an average wage increase of 8.4%. </td> </tr> </table>	Contract Year 1	<ul style="list-style-type: none"> All associates would be migrated to common wage scales. RNs would see an average wage increase of 4.4%. STC associates would see an average wage increase of 8.4%. 				
Contract Year 1	<ul style="list-style-type: none"> All associates would be migrated to common wage scales. RNs would see an average wage increase of 4.4%. STC associates would see an average wage increase of 8.4%. 						

		<p>Average wage increase ranges:</p> <table border="1"> <tr> <td>Kenmore Mercy Hospital Tech</td> <td>3.2% - 24.0%</td> </tr> <tr> <td>Mercy Hospital STC</td> <td>3.0% - 24.6%</td> </tr> <tr> <td>Sisters of Charity Hospital, St. Joseph Campus Service</td> <td>3.0% - 25.3%</td> </tr> </table> <ul style="list-style-type: none"> If an associate's current rate is above the new step scale, they would be "red circled"¹ and receive a lump sum payment, rather than having the increase added to their base pay. No one's pay rate would be reduced if they are above the step scale. 	Kenmore Mercy Hospital Tech	3.2% - 24.0%	Mercy Hospital STC	3.0% - 24.6%	Sisters of Charity Hospital, St. Joseph Campus Service	3.0% - 25.3%
Kenmore Mercy Hospital Tech	3.2% - 24.0%							
Mercy Hospital STC	3.0% - 24.6%							
Sisters of Charity Hospital, St. Joseph Campus Service	3.0% - 25.3%							
	Contract Year 2	2.0% General Wage Increase (GWI)						
	Contract Year 3	2.0% GWI						
	Contract Year 4	2.75% GWI						
SHIFT DIFFERENTIALS	Common differentials starting in Contract Year 4 using the highest rates across the six contracts							
BONUS PAY	Increased bonus pay							
HEALTH PLAN BENEFITS	<ul style="list-style-type: none"> Hybrid, high-deductible plan optional Contribution rates: No change from current contract; New hires pay 20%; Employer pays 80% Prescriptions: Some plan changes, including access to Catholic Health Specialty Pharmacy with \$0 copays 							
DENTAL	No changes from current contract							
RETIREMENT BENEFITS	No changes from current contract, but higher Catholic Health contributions to plan							
PTO	Maintain current PTO accrual levels for all associates.							

Bargaining Next Steps

The parties have not determined when they will return to negotiations. Mercy Hospital associates will be on strike indefinitely.

Because it's important to have the facts regarding bargaining, we will share regular *Negotiations Updates* with you. You may visit www.chsbuffalo.org/negotiations at any time for the latest news and information related to bargaining and to review copies of these updates and other FAQs.

¹ Creating a common wage scale would provide associates in the same position and the same years of service with the same rate of pay. When bringing three hospitals together on a common wage scale, it's likely some associates are paid more than the new step scale while others are paid less. To help lower-paid associates catch up without penalizing higher-paid associates, the higher-paid associates receive a lump sum payment until everyone in the same position, with the same years of service, has the same base rate of pay for their step. This common pay practice is known as red circling.