

# Negotiations

# UPDATE

## Catholic Health Hospitals Seek Deal, Not Strike

*A strike would be a “disaster”*

Catholic Health hospitals worked through the weekend with CWA leaders to find common ground on several contract matters for the six contracts currently being negotiated. With only 11 days until the two contracts at Mercy Hospital covering approximately 2,000 associates expire on September 30, we were surprised the union showed no sense of urgency or interest in bargaining later into the evening to settle negotiations.

Union leaders continue however to signal they may lead Mercy Hospital associates on strike, a move two-dozen state, county and local politicians have said would be a disaster given the ongoing pandemic. The union is signaling the strike would be over staffing ratios and to protect patient care.

### **Staffing ratios may only hurt other associates.**

The nationwide labor shortage is a reality that hospitals around the country are facing, a fact we have explained to the union several times. Introducing staffing ratios to the contract, as the union is proposing, will not create a competitive advantage for Catholic Health hospitals nor will it help recruit and retain nurses and other healthcare workers.

Union leaders have pointed to California’s experiment with mandated nurse-to-patient staffing ratios as a model. However, to comply with that law, California hospitals terminated clinical ancillary staff to free up resources to hire more registered nurses. We value the contributions of all associates within our care delivery teams. Therefore, we cannot agree to staffing ratio language in the contracts that would undermine the hospitals’ sustainability or force our hospitals to reallocate resources in a way that may result in other associates losing their job.

### **Catholic Health is actively addressing staffing concerns.**

Our hospitals are working more aggressively than ever before with recruiters at all levels—locally, across our state and around the country. We have launched a recruitment advertising campaign on TV and social media and have attended more than 50 job fairs in the past year. Our talent acquisition associates are leading facility tours for prospective associates and conducting interviews in person and online. These efforts have resulted in nearly 1,200 new associates hired in 2021. This national labor issue is affecting our region particularly hard, and our hospitals are tackling it with all the resources available to us.

We also prioritize celebrating and recognizing our current associates who continue to make it possible for Catholic Health to receive top scores and evaluations in the industry. Hospitals in the system have been ranked as “Best Regional Hospital” by U.S. News & World Report and earned 5-star ratings from Centers for Medicare & Medicaid Services (CMS). Catholic Health also has the region’s most “A” grades for safety as categorized by The Leapfrog Group, the national standard for healthcare safety rankings.

**We are offering a fair contract.**

In continued demonstration of our commitment to negotiate in good faith with CWA Locals 1133 and 1168, the hospitals’ bargaining teams have updated our proposals to benefit associates. Starting today, we will increase the frequency of our Negotiations Updates. Future Negotiations Updates will highlight the key negotiation topics, our current offer and how it differs from previous offers.

Topic	Currently on the Table from Catholic Health	What To Know About Our Latest Proposal
<b>WAGES</b>	2% increase in the first year of the contracts, and 1.5% each subsequent year.	The hospitals commit to 1% more for the first year and 0.5% in each subsequent year of contract than what we previously proposed.
<b>HEALTH PLAN BENEFITS</b>	The hospitals would pay 75% of the premium cost for full-time associates and 55% for part-time associates.	The hospitals would <b>absorb 5% more</b> (70% → 75%) of the premium cost for full-time associates than its original offer.
<b>RETIREMENT BENEFITS</b>	Associates’ pension plan will remain unchanged.	We will continue to maintain two retirement plans for associates, a Defined Contribution Plan (403-b) and the Defined Benefit Plan (pension).
<b>STAFFING</b>	Recognizing the importance of staffing levels for the provision of patient safety and care, the hospitals agree that there should be an appropriate number of staff in all units and departments on each shift.	As we manage during a nation-wide staffing shortage, we have proposed to put in writing our continued commitment to increase staffing levels and a process for enhancing staffing moving forward beyond the measures the hospitals have been undertaking.
<b>PANDEMIC</b>	Many associates have applauded the hospitals for how well we handled the pandemic and supported associates during these extraordinary times. While our approaches to the pandemic in 2020 were recognized as “best in class” by local, state and federal governments, we heard the union’s request for even greater partnership during future pandemics.	Our latest proposal outlines key initiatives that could be undertaken by the hospitals and CWA to collaborate on communication, supporting caregivers and strategic responses, which would be managed through a Pandemic Readiness Steering Committee.

Additionally, in an effort to settle negotiations without a strike, the hospitals presented proposals and counter proposals on several other negotiations topics. We hope the union is willing to be more accessible to negotiate over the coming week so we can reach an agreement and resolve the uncertainty about whether or not Mercy Hospital associates may be taken on strike by their union.

**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](http://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.**