

Negotiations FAQs

Kenmore Mercy Hospital • Mercy Hospital of Buffalo • Sisters Hospital, St. Joseph Campus

Answers to your most frequently asked questions about negotiations

Why is the Union calling for a strike vote?

We don't understand why the Union is calling for a strike vote. **Typically, strike votes happen when bargaining has reached an impasse or negotiations have stalled, and we are not at that point.** While progress has been slower than we would prefer, and the Union has not made any meaningful movement in recent weeks, we believe a mutually beneficial tentative agreement can be reached. A strike vote is sometimes used as a pressure tactic, but it also signals a willingness to strike and can carry serious consequences. **A "yes" vote authorizes the Union to call a strike at any time, creating unnecessary fear and anxiety for our patients, our community, and our associates—especially those at Mercy Hospital.**

Why are the Hospitals only offering a 2.25% annual wage increase when Kaleida offered 3%, 3%, and 4% over three years?

The Union's last wage proposal included just a 0.25% decrease in the last year of the contract compared to their previous offer of 5% annually. These small incremental changes are frustrating when we are trying to move toward a more realistic agreement. The Hospitals' initial offer of 2% each year (now 2.25%) is more in line with the local market compared to the Union's initial proposal of 12%, 8%, 8%, and 6%, making it difficult to reach agreement quickly. **This is also not the Hospitals' FINAL offer.**

Also keep in mind the Hospitals **upgraded all nursing positions to exceed Kaleida in wages and upgraded dozens of STC positions** to remain competitive in the market. You cannot look at annual increases alone to determine your total compensation. Ask the Union to share your full wage package, including any upgrades.

What other changes have the Hospitals proposed to enhance wages?

Annual increases alone do not tell the whole story. In addition to wage upgrades for thousands of associates, **we also proposed increases to shift differentials, float pool differentials, charge and preceptor pay, and staffing incentive pay.**

What is Catholic Health's proposal regarding Attendance and Tardiness?

Regular attendance and punctuality are essential to ensuring quality patient care. **When associates call in, arrive late, or leave early, it affects staffing, disrupts care, and impacts co-workers.** Our current attendance policy predates mandated staffing ratios, as well as NYS Paid Sick Leave, Paid Family Leave, and paid Prenatal Leave. While these programs provide additional time off, they also significantly impact staffing. To reflect these changes, we are proposing updates to our attendance policy that would slightly revise the number of allowable call ins or late arrivals before corrective action is taken. These changes are intended to address a limited number of cases where chronic attendance issues affect team performance. We also recognize that unforeseen events happen and have built many types of occurrences into our proposal that do not count against attendance.

Does being one minute late still count?

Yes, but that has not changed from current policy or practice. To keep things fair and consistent for everyone, good attendance policies must establish start times and times that are considered tardy. The Hospitals have not changed what is considered tardy, however, they are proposing to change the definitions.

Why do we have to use the Sisters Hospital Pharmacy and deal with that inconvenience?

There is a lot of confusion about our pharmacy proposal. The proposal is asking associates to use the Sisters Hospital Pharmacy for **just 11 high-cost name-brand medications already in our specialty pharmacy program** in exchange for reduced co-pays. Sisters Pharmacy also offers **FREE** delivery to your home or workplace, making it more—not less—convenient.

Keeping health insurance costs down—especially the monthly premiums you pay—is challenging for all employers. A few simple changes, like the proposal above, modest co-pay increases on a small number of services, or choosing an urgent care center instead of an ER when appropriate, can help keep premium costs down for everyone.