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January 26, 2018

Dear Colleague,

Although we continue to make progress, yesterday's bargaining session with the Massachusetts Nurses Association was more challenging than the three sessions that preceded it. We presented improvements to our proposals about staffing and CTL/permanent charge language. These topics remained the discussion for the session.

The MNA suggested that registered nurses it represents may be better off without the staffing committee proposal we offered. While BMC strongly believes that the committee would provide nurses a formal process to review staffing data and have a stronger voice in making staffing decisions, in the face of the MNA's strong opposition, we reluctantly eliminated the provision for a staffing committee from our proposal. I am extremely disappointed that this language was removed, as the formal process is evidence-based and a best practice recommended by our own American Nurses Association.

The MNA committee expressed that they have three main proposals:

1. To have the staffing grids memorialized with management having no ability to modify them if necessary
2. To ensure that charge nurses and CTLs never have to take a patient assignment except in certain limited instances specifically spelled out in the proposal.
3. That the hospital post and recruit RN positions that are necessary for the Hospital to meet contractual obligations relating to RNs.

In response, we offered language specific to the nursing unit grids. The language states that if ever a grid were to be modified or a unit's focus were to change, the parties will engage in impact bargaining upon the request of either the MNA or the Medical Center to negotiate over the effects of such a decision on the nurses in the relevant unit.

Addressing the MNA's second concern, we discussed language that the committee presented months ago regarding the charge nurses and CTLs. We had continued to reject the language until yesterday's session. Yesterday, we offered language that clearly states our intent to *not* assign patients to CTLs and permanent charge nurses. The language is as follows: "with limited exceptions, Clinical Team Leaders, Permanent Charge Nurses, and nurses assigned to fill those roles, generally are not expected to take patient assignments. The parties acknowledge, however, that many circumstances, including but not limited to changes in patient census or acuity and unplanned RN absences, affect the ability of the Hospital to guarantee that Clinical Team Leaders and Permanent Charge Nurses will at all times remain free from the need to take patient assignments. The Hospital will endeavor to minimize the assignment of patients to such nurses."

January 26, 2018
Page Two.

The MNA rejected this language and instead, proposed to insert language that specifically lists and thus contractually limits the circumstances under which charge nurses and CTLs may be assigned a patient. We cannot agree to the MNA language for the many reasons that I have shared with you in past communications. The most significant reason is to ensure safety for all our patients at all times.

I understand that the MNA's third issue — committing us to hiring and recruiting RNs — is one of your most significant concerns. As I communicated in a prior correspondence, we have made significant progress in recruitment over the past three months. After two job fairs and 7,000 recruitment cards circulated twice, throughout Massachusetts, New York, Connecticut and Vermont, we have succeeded in cutting our vacancy rate by 45%. I know many of you have noticed the significant numbers of new nurses orienting on your units.

Overall, yesterday's session was progressive and we feel we are closer to settlement. Two more negotiation sessions are scheduled for February 8 and February 13. We are hopeful that with these sessions we will come to a fair and reasonable agreement that serves the interest of the registered nurses, all other hospital employees, the hospital itself, and most importantly, the community that we all serve.

Respectfully,

A handwritten signature in blue ink that reads "Brenda Cadorette". The signature is written in a cursive, flowing style.

Brenda Cadorette, MSN, RN, NEA-BC