Berkshire
Medical Center, Inc.
BERKSHIRE HEALTH SYSTEMS, INC.

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Dear Colleague,

I am pleased to report that our January 9th negotiation session was generally as collaborative and cooperative as the previous three sessions and we believe that we are making progress toward consensus on our proposals focused on staffing.

We offered a new proposal to create flex positions in order to help improve staffing and had expected it to be readily accepted by the bargaining committee. Our proposal would allow nurses to be hired into a 16 or 24 hour position that will flex up to 32 hours per week if needed, but to work at least the 16 or 24 hours to which they committed. Because such nurses are subject to working 32 hours per week if needed, they would be eligible for full health insurance benefits even if they generally work less than 32 hours. We thought that this proposal would be attractive to nurses who want the full BHS health benefits (and employer contribution) but find working 32 hours every week to be a challenge. We also thought the positions would make 16 and 24 hour positions more attractive. We were taken back and disappointed that the bargaining committee flatly rejected the proposal, expressing no interest in the concept at all. We were told that such an arrangement is already available through the Senior Nurse Benefit. Because the Senior Nurse Benefit is only available to nurses 62 and older, we had thought our proposal would be attractive to younger members of the bargaining unit long before they qualified for the Senior Nurse Benefit.

Yesterday, we also offered to modify the staffing language that we had proposed earlier in order to address concerns that the bargaining committee had raised. We continue to believe that achieving appropriate staffing is best accomplished through a Staffing Committee process in which nurses have meaningful participation, rather than incorporating a fixed formula into a contract. However, we modified our proposal to add a commitment to make reasonable efforts to meet the existing staffing guidelines as related to MNA-represented nurses and, except as set forth below, to not diminish those grids to increase the number of patients that nurses are generally expected to be assigned. Our proposal requires an acknowledgement, however, that it is likely that, from day to day on a given unit day or shift, it will not be possible to meet such grids because of uncontrollable or unpredictable daily occurrences, such as absences and unpredictable increases in patient acuity. Accordingly, no specific episodes of the Medical Center's inability to meet these guidelines will be subject to grievance and arbitration. In the event that, going forward, the Medical Center believes that it is necessary to modify the guidelines to increase the number of patients that nurses are expected to be assigned, such considerations will first be presented to the Staffing Committee for its review, together with all data relevant to the Medical Center's considerations. After full deliberation of the Staffing Committee, a recommendation will be made pursuant to the Staffing Committee's procedures. Any change in the grids will then only occur after full consideration of the Staffing Committee's recommendation.

We also discussed the charge nurse role and the language that the bargaining committee has proposed that a charge nurse would never take an assignment. The bargaining committee discussed the importance of unassigned charges and, as I stated in my last communication, we agree that it is an important role. However, there are times when we simply would not be able to keep charges free of assignment and cannot, therefore, agree to contractual language that says otherwise. In order to assess the assignment burden that charge nurses and CTLs experience, after yesterday's session we reviewed 14 units of charge nurse and CTL assignments from November 26 to January 9. Although there were more than 630 opportunities to have those charge nurses and CTLs take an assignment while performing in the charge nurse/CTL role, there were only 13 times on days (2% of the time), and 18 times on evenings, (3% of the time), that a charge nurse or CTL has had to take a patient assignment. Rarely has this assignment been for the entire shift and almost never has this been a full assignment.

We finished negotiating shortly after 5pm last evening. The union did offer to stay a bit longer, however we needed to take time to review their own detailed staffing counter proposal and consult with our teams in order to develop a response that is both reasonable and sustainable.

Overall, the session was encouraging and we feel we are closer to settlement. We also agreed to three more negotiations sessions; January 25th, February 8th and February 13th.

In addition, over the last few days, both parties have agreed to have the BHS health benefit plan consultants and the MNA health benefit consultants come together to discuss certain aspects in the management of the BHS Health Plan.

We believe that these recent developments generally reflect a positive approach to resolving the remaining issues between us and look forward to that spirit of cooperation continuing.

Respectfully,

Brenda Cadorette, MSN, RN, NEA-BC