



Berkshire Health Systems, Inc.

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April 20, 2018

Dear Colleagues:

We are pleased to let you know that, after a break of more than two months, the MNA and our registered nurses' bargaining committee have agreed to again meet with us next Wednesday, April 25, to discuss resolution of a new contract.

As you may recall, after our February 22 meeting, the hospital and the union had agreed to meet on two dates in early March, but both sessions were cancelled by the union. The explanation offered for those cancellations was that the union's consultants were still examining the Berkshire Health Systems Health Plan and that there was no point to further discussion about anything else until that work was done. We understand that the MNA consultants' review was completed a while ago and that they voiced no concern about how the plan is designed and operated. Although we had expected that outcome, we are pleased that the health plan issue may now be behind us.

When we last met with the union and the bargaining committee on February 22 and into the early morning hours of February 23, we had proposed to improve our previous offer by adding a fourth year to the contract with additional financial benefits and staffing commitments. We made it clear that the February 22 offer would be withdrawn if the second strike scheduled for February 27 were not called off and if the offer were not accepted by the end of that bargaining session. The union agreed to call off the planned strike and asked that we keep our new offer open until the end of the next bargaining session. We agreed to keep the offer for that limited time. The March 6 and 7 sessions were quickly scheduled, although later canceled by the union.

We are expecting that, at our April 25 session, the union and our registered nurses' bargaining committee will tell us whether they will accept the proposal that we made on February 22 and present it to their members for a vote, or whether they will simply reject it, as apparently is their right. **As we advised the bargaining committee at the time we presented the proposal, however, our enhanced offer will be withdrawn if, on behalf of all our registered nurses, the union and the bargaining committee reject our offer as proposed *or* we receive a strike notice that will then force us to pay a non-refundable deposit of approximately \$1 million toward the ultimate cost of the job action, as we did in both October (for the actual strike) and February (for the postponed strike). As we said on February 22, we would prefer to provide enhanced economic benefits to our nurses than to incur such costs.**

As you may recall, the offer that we made on February 22 and that our registered nurses have now had two months to fully consider includes the following:

- **Commitment by management to hold the current RN staffing grids through September 30, 2020 (assuming a four-year contract).**
- Continued commitment by management to avoid assignments when reasonably possible for charge nurses and clinical team leaders.
- 14% increases over 4 years, with 1% retroactive from October 1, 2017.
- Base rate increases ranging from \$9,500 to \$13,000 over the term of the proposed contract.

- Top of scale 2% lump sum in year 2 and 3 and an additional step at top of scale in year 4 that would be the equivalent of a 2% increase.
- On-call pay at \$4.00 on top of applicable regular pay rate (\$4.50 for holidays).
- Evening differential increases to \$2.10 (from the current \$1.25), replacing the bonus system for evening commitments and extending the enhanced differential to all nurses working the evening shift.
- Night differential increases to \$3.50 (from the current \$2.00), replacing the bonus system for night commitments and extending the enhanced differential to all nurses working the night shift.
- Advancement differential for nurses achieving BSN/MSN increases to \$2.00 (from the current \$1.00) constituting a \$2,080 increase per year, beginning in year 4 of the proposed contract.

We are concerned that the union and the registered nurses' bargaining committee, based upon what we have heard from the federal mediator, will only recommend acceptance of the February 22 hospital proposal if it also includes a list of other items that the hospital has long rejected as unreasonable or unworkable.

Most significantly—according to their own claims, the union and the bargaining committee (including its many charge nurse and clinical team leader members) continue to insist that charge nurses and clinical team leaders be freed from any patient assignments, except under extremely limited circumstances. That position leaves unexpected spikes in patient demand (from census or acuity changes or nurses' call outs) to be handled by other staff nurses on the floor. **Although the hospital has made clear its willingness to continue its commitment to a goal of avoiding patient assignments for charge nurses and CTLs whenever possible (and is successful in reaching that goal more than 90% of the time), we have also made clear that we cannot give the charge nurses and CTLs the contractual guarantee the registered nurses' bargaining committee is seeking.** The MNA and committee have known that for a long, long time.

We are also concerned that the MNA and our registered nurses' bargaining committee will call for a second strike within the coming weeks and that the strike will essentially be over the question of whether BMC's 30 or so charge nurses/CTLs should enjoy a contractual guarantee that patient care assignments, currently at less than 10% in practice, will be reduced to nearly zero.

We are, therefore, hopeful that our registered nurses will make clear to their union and bargaining committee that they are ready to vote on the offer in front of them and that they have no interest in dragging the community through a second, disruptive job action.

We thank you for your support of the hospital in this challenging time and your uninterrupted commitment to serving our community so well.

Sincerely,



David E. Phelps
President & CEO



Patrick M. Borek
Vice President, Human Resources