RUNAP

Rochester General Hospital Bargaining Book

UNITED

FOR A BETTER RGH

ROCHESTER UNION OF NURSES AND ALLIED PROFESSIONALS

Dear RGH Nurses,

Long before Covid, patient care at RGH had been deteriorating. While RRH invested in acquisitions, travel nurses and extraordinary raises to executives, it stopped investing in quality care at RGH. Nurses and other staff were forced to do more with less. Our concerns repeatedly fell on deaf ears and our co-workers left in droves. The result, which we each experience every single shift we work, is that our community isn't getting the care they deserve and our licenses are at risk daily.

After looking through hundreds of bargaining surveys and countless conversations, our negotiations committee of 110 nurses came together to draft a full set of proposals. We made these proposals based on what RGH nurses believe is fair and what could restore our hospital to a place it once was.

Many of the proposals are straightforward. In some cases, you will see working conditions or policies that already exist. In those cases, the primary goal is to secure those standards so that management cannot change them. Other proposals, such as temporary reassignment and the wage scale, were written after many hours of discussion among our nurses with the goal of setting higher standards to recruit and retain experienced nurses who are part of our community.

In the end, our contract will not look exactly like our book of proposals. These proposals represent what we believe is fair: safe working conditions, fair pay and benefits, and a strong, well-run hospital that puts our patients first. It is up to each of us to take action to show the RHH administrators, the Board and the community that our patients deserve more.

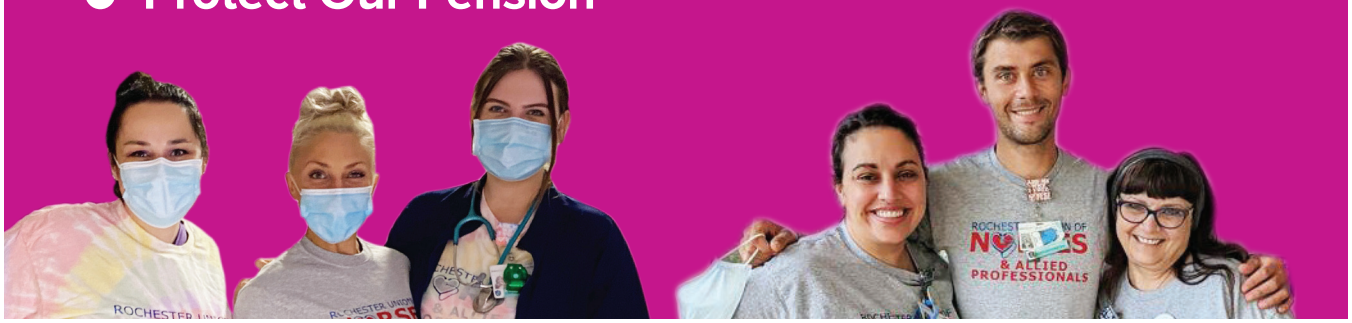
With our union, we have begun to turn the tide toward justice for our patients, ourselves, and our community. Standing together, we will win a strong first contract for a brighter future at RRH.

Carmen Camelio, President (MICU)
Christa Kendall, Vice President (MSDU)
Lindsay Rockafeller, Treasurer (OR)
Jake Spencer, Secretary (PACU)
Jenny Gough, At Large (Sands 600)

ROCHESTER UNION OF NURSES AND ALLIED PROFESSIONALS RUNAP

OUR GOALS FOR OUR FIRST CONTRACT

- Safe Staffing for Our Patients
- Establish Transparent, Fair and Competitive Wages
- Retain and Recruit Staff Nurses
- Establish an Effective Voice on All Nursing Matters
- Restore and Improve Benefits and Healthcare
- Protect Our Pension



"When my dad went into respiratory distress, I had to make a choice of having him sent to RGH, where I could visit him more easily, or to send him elsewhere. I know the passion our staff has, but I've seen them pushed to the brink with unmeetable expectations and poor staffing.

It broke my heart to send him elsewhere, but I know RGH cannot properly care for him as it is. For the best interest of our loved ones, that needs to change."

ATHAN BROWN, IV Team

"In Labor and Delivery, we have lost twenty-six nurses since the beginning of the pandemic. That is 286 years of maternity nursing experience our patients are missing out on. The difference between a brand new grad and an experienced nurse can mean life or death for our patients."

GILLIAN KINGSLEY, Labor and Delivery

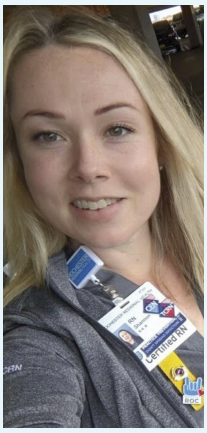
THE CURRENT STATE OF

On any given shift, nearly all units at RGH are severely short staffed. For example, med-surg units should have staffing levels of one nurse to five patients (1:5). With five patients, a nurse is able to give meds, chart, assess the patient, turn them, and help them with all activities of daily living such as bathing, and helping them go to the bathroom. Our med-surg nurses often have eight or more patients. This is twice the number of patients that is considered safe.

What happens to our patients when we don't have enough staff to care for them?

DELAYS IN CARE

Because we don't have adequate staff to take care of the volume of patients we see, our patients often have dangerous delays in care. For example, in the ED it is not uncommon for patients to wait ten hours to get their vitals checked or EKGs to be delayed by five hours.



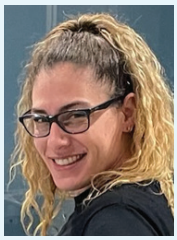
"We're so short staffed in the ED that care is being delayed and patients are suffering. We have people sitting in a hallway for days, not being fed, medications always late, getting pressure injuries from being left on bedpans for hours. We're doing the best we can with what we have, but we just need more nurses." **SHANNON BASSETT, ED**

DELAYS IN MEDS

Similarly, our patients often go hours before getting their required meds. Sometimes, necessary chemotherapy treatments are delayed because we don't have staff needed to give chemotherapy. In inpatient dialysis, treatments are cut short. We know that there is a risk for every minute a medication is delayed and sadly our patients often wait hours or days.

INCREASE IN FALLS

There are instances when nurses are put in charge of 16 patients. The lack of staff we have leads to an increase in patient falls. Many patients require assistance with daily living activities. Many patients are on high fall risk precautions which require staff assistance to leave their beds.



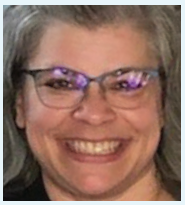
"One of our new nurses had a patient in each corner of the floor and each patient required attention at the same time. I heard a small voice saying "help me, help me." I followed the voice and found one of her patients had fallen and had a contusion and bruises on her arms. That could have been prevented if the nurse was in her area with an appropriate number of patients. The nurse could have been able to hear the patient who had been calling for a while, but no one heard her." **CHRISTA KENDALL, MSDU**

"A patient on 5800 was sitting in his recliner and got up, chair alarm ringing, staff responded but not in time. The patient fell, hitting his head and face on the window ledge and floor. The patient suffered from lacerations, facial fractures and possible TBI. There were 5 nurses on (including charge), 2 LPNs and 3 PCTs. Our charge had an assignment. This is a 39 bed unit. We have had several other falls with injury recently. A women broke her hip and others who also suffered serious injuries. I have never seen this many falls with injury before now. We've also had at least five nurses leave within the last three months." **JEN LAMB, 5800**

PATIENT CARE AT RGH

INCREASE IN PRESSURE SORES

Over the years, we have seen significant increases in pressure injuries. A publication at the end of 2020, stated that all stages of pressure injuries average cost is $21,767, not counting any litigation.* By not having enough staff at the bedside to perform basic care, we are seeing more hospital acquired pressure injuries. Additionally, hospitals do not get reimbursed for any hospital acquired Stage 3 and above pressure injuries.



"We are also seeing wounds worsen, significantly, during a patient's hospital stay. This was something that we would occasionally see in the most critical patients. Since staffing has continued to decrease, we now see this happening on every unit, on a daily basis." **MARY BETH HANARAN, Wound Care and Ostomy Team**

LOWER QUALITY CARE

We are deeply concerned about the impact of so many experienced nurses leaving RGH. While we do not currently have data for the entire hospital, the following showcases the effects of RGH management's failures to value nurses:

Unit/Unit Type	Turnover	Timeframe
MSDU/Step Down	24%	Aug. 2021–Dec. 2022
5500/Medical-Surgical	66%	Aug. 2021–Dec. 2022
Emergency Department	30%	Aug. 2021–Dec. 2022
Cardio-Step Down 5100	96%	Dec. 2019–Dec. 2022
Operating Room	23%	Jan. 2022–Dec. 2022
Utilization Review	40%	Sept. 2021–Nov. 2022

Because of the lack of experienced nurses at RGH, orientations for our brand new nurses get cut short every day. This means we have nurses who haven't completed their orientations handling complex cases and care on their own.

"Understaffing has led to orientations being rushed, orientees being put in situations on their own before they feel competent and has caused orientation to include procedures that previously required a year's worth of department experience before learning. This has put our patients in potentially devastating situations." **CATHY FOX, Cath Lab**

Another factor contributing to the lower quality of care patients at RGH receive is that we have a very high number of travel nurses compared to permanent staff nurses. While we appreciate travel nurses and are happy to get additional help when available, travel nurses are unable to provide the level of care that permanent staff nurses do.

"In CTICU having travelers (despite us being lucky to have very competent ones who have stayed with us for over a year) adds stress to the staff because we have such a large number of patients with mechanical devices that not all of the travelers have worked with or are competent in. Also, staff nurses spend extensive time on orientation learning to take fresh open heart surgery patients out of the OR and travelers are unable to take these patients due to the training it requires. Not having adequate staff means we are spread thin to take very critically ill patients that should be singled with a staff nurse." **PHOEBE SHEEHAN, CTICU**

*"Risk of readmissions, mortality, and hospital- acquired conditions across hospital acquired pressure injury (HAPI) stages in a US National Hospital Discharge database." Christina Wassel, International Wound Journal. December 2020. "Risk of readmissions, mortality, and hospital- acquired conditions across hospital acquired pressure injury (HAPI) stages in a US National Hospital Discharge database." Christina Wassel, International Wound Journal. December 2020.

What is the measurable result for our patients?

POOR STAFFING LEVELS CREATE CRISIS IN PATIENT CARE AT RGH

HOSPITAL-ACQUIRED INFECTIONS ARE ABOVE AVERAGE

- CENTRAL-LINE ASSOCIATED BLOODSTREAM[1] — 87%
- CATHETER-ASSOCIATED URINARY TRACT[1] — 48%
- BLOOD[2] — 39%
- URINARY TRACT[2] — 19%
- C.DIFF[2] — 14%
- SURGICAL SITE POST COLON SURGERY[2] — 10%
- SURGICAL SITE POST ABDOMINAL HYSTERECTOMY[1] — 300%

ABOVE AVERAGE MORTALITY AND READMISSION RATES[3]

EACH ADDITIONAL PATIENT PER NURSE IS ASSOCIATED WITH:

12% HIGHER ODDS OF IN-HOSPITAL MORTALITY

7% HIGHER ODDS OF 60-DAY MORTALITY

7% HIGHER ODDS OF 60-DAY READMISSION

1 Center for Medicare and Medicaid Services, "Rochester General Hospital" Profile. CMS Care Compare. Data last updated Oct. 26, 2022.
2 Leapfrog, "Rochester General Hospital" Hospital Safety Grade. Fall 2022.
3 "Evaluation of hospital nurse-to-patient staffing ratios and sepsis bundles on patient outcomes." Karen Lasater, et al. *American Journal of Infection Control.* July 2021.

WE CAN AND SHOULD DO BETTER FOR OUR RGH PATIENTS!

OUR PROPOSALS

We know it's going to take a strong union contract to bring nurses back to RGH. The following is a list of our contract proposals.

STAFFING

Our proposal calls on management to commit to patient safety as the highest priority, provides that charge nurses will not have an assignment, and that there will be enforceable safe staffing grids on every unit.

Some important parts of our staffing proposal worth highlighting are:

- A **Multi-skilled Float Team** staffed by RGH nurses will be re-established in the hospital with critical care, Med-Surg and Psychiatric components.
- A **SWAT Team** will be established in which nurses will be tasked with delivering critical care and assisting hospital staff with advanced training and education.
- A **Clinical Staffing Committee** will be established with nurse representatives, elected by department in order to have effective participation and implementation of the New York Public Health Law and ongoing patient care issues.
- A framework to address one-off issues of unsafe staffing, in addition to a legally binding enforcement mechanism called arbitration if the agreed upon standard is not met.

WAGES AND DIFFERENTIALS

Without a union contract, our wages have significantly lagged behind nurses in similar markets. Senior nurses went many years without any raise at all, while today there are nurses orienting less experienced nurses who are getting paid more.

In contrast, RGH nearly tripled their net assets in the past decade and our upper administration recently made front page news for paying themselves the most generous executive compensation packages in New York state.* In Buffalo, nurses earn more than $10/hr more than us. Meanwhile at RGH, the hospital invests in paying travelers who sometimes make three times the amount we do.

Our proposal establishes a fair and transparent wage scale, across the board yearly cost of living increases, and differentials.

Our wage scale ($37.06–$51.79 in the first year of the contract, depending on years of RN licensure) is fair, reasonable and based on what other nurses in similar markets make.

- Nurses will be placed on the wage scale based on years of experience as an RN.
- Annual cost of living adjustments will ensure that we keep up with inflation
- Raises will be given upon reaching a new step on the wage scale
- We are proposing: an increase to night shift, charge, adding differentials for triage, floating and precepting and creating a new higher pay structure for per diem nurses.

*www.statnews.com/2022/07/18/health-care-ceo-compensation-2021

HEALTH, SAFETY, EQUIPMENT/SUPPLIES

Our proposal would commit management to maintaining a safe workplace along with a commitment to maintaining adequate supplies and functioning equipment.

This proposal is imminently critical to our physical safety, yet RGH invalidated our concerns and denied our requests. After an active shooter threat in October of 2022, we called on the hospital to immediately install metal detectors at entrances and other safety measures, but we were ignored.

At our bargaining session on November 14th, we, once again, pushed management on this issue, this time with a petition signed by the majority of nurses at RGH and a number of other RGH personnel who are also alarmed at the all-too-frequent car break-ins in our parking garages and violence by patients who are made to wait too long to be seen. The petition called on RGH admin to take immediate steps to improve security:

1. **Install metal detector at the ED entrance**
2. **Have personnel present in ED holding area at all times**
3. **Increase security presence in the parking areas**

Since we presented the petition, just a month ago, VIOLENT INCIDENTS HAVE CONTINUED TO OCCUR:

Car break-ins continue to occur at an alarming rate (seven in one week during Dec. 2022). This is because the hospital won't invest in enough security personnel to keep us all safe.

Our coworker **KATIE HILL,** a G1 tech currently in nursing school, experienced a break-in and had this to say: "All my school supplies were stolen from my car while I was working. I wanted to be an RGH nurse after I graduate, but it's not even safe to park at the hospital."

The hospital purchased one metal detector after a patient was shot on hospital grounds in 2018, but it was never installed. We have asked RGH admin repeatedly to install even the one metal detector at the entrance where most weapons come through, but they have refused.

Due to the extremely long waits in the ED, it's not uncommon for acts of violence to occur in the hospital. Recently, there was a full fist fight involving two patients that happened in the ED waiting room.

It is unacceptable that RGH won't protect us and patients who come through our doors.

INSURANCE BENEFITS

We have seen a steady erosion of our benefits in many areas over the years. Our first contract seeks to restore previous benefits that were taken away and preserve or improve upon other ones.

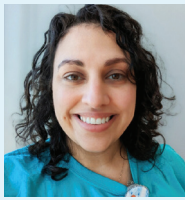
Despite working in a healthcare setting, RGH nurses currently use employer insurance at a lower rate than the average American worker (even when we remove per diems from the equation). This is due to the higher-than-normal cost and lack of access to providers who are designated as Tier 1.

Our proposal seeks to:

- Reduce and cap the cost of our health insurance
- Waive out of pocket costs when obtaining treatment at a Tier 1 Facility
- Waive out of pocket costs when obtaining services at Tier 2 Facility when a similar service is not available at Tier 1
- Reduce annual out of pocket max
- Payment in lieu of benefits for eligible employees who do not take the insurance
- Restore the short term and long-term disability to its previous better coverage (100% for short term and 60% for long-term)
- Improve prescription benefits by lowering cost of brand preferred and brand non-preferred drugs inside and outside of RHH apothecaries

"My coworker had her child birth covered with RGH's high deductible plan. She paid $4,000 out-of-pocket. I have my husband's co-pay insurance through the RCSD. I paid $0 for a 6 day admission for me and a 24hr NICU stay for my daughter when I gave birth. I also have no co-pays for doctors visits for my daughter."

JESS VERGARA



RECOGNITION—This proposal is about who is and isn't included in our union and covered by our contract. We used the job classifications and locations from our union election agreement, and clarified the inclusion of CNLs (except Adult ED). We proposed removing the exclusion for ambulatory care nurses employed at RGH.

UNION SECURITY—Our proposal establishes that once our contract has been fully negotiated and ratified by the membership, all nurses covered by the contract will pay union dues (1.25% of base rate). This clause ensures that management cannot divide us or undermine our collective power by hiring non-union nurses who would benefit from the gains we make in the contract without contributing a small amount to our collective efforts.

UNION ACTIVITY—This proposal provides for bulletin boards, rights of elected representatives, access by union staff reps, and a union orientation for new hires.

CLASSIFICATION OF EMPLOYEES—This section defines full-time, part-time, and pool categories. We'd like to see per diem nurses who work benefitted hours have the option to be converted to benefitted status. We'd also like to see full-time employees be categorized as full time at 32 hours per week and part-time at 16 hours per week.

PROBATIONARY PERIOD—The proposed probation period for new hires is 90 days. For explorers 90 days from the time of permanent placement into their unit. This was the first tentative agreement reached in negotiations.

NO DISCRIMINATION—We proposed that the employer not discriminate against any employee on the basis of any protected legal category: race, sex, religion, disability, etc. We also proposed that an employee can ask for union representation when it comes to discussing accommodations. We want this proposal to be subject to the grievance and arbitration provision so that our nurses have meaningful recourse under the union contract if their rights are violated.

GRIEVANCE AND ARBITRATION—These sections contain the enforcement mechanism for the contract. If management violates the contract, a nurse (or group of nurses) can file a grievance and if that does not result in a satisfactory resolution, the issue may be referred to an outside arbitrator who has the power to enforce a solution. This part is critical to having a way to settle disputes that is not solely in the hands of management.

DISCIPLINE AND DISCHARGE—This section provides that discipline may only be issued for "just cause." "Just cause" is a legal standard which includes requirements that discipline is fair. For a discipline to meet the "just cause" standard, the employer must give notice of clear rules of conduct, those rules must be reasonable, there must be investigation before discipline is issued, the investigation must be fair and timely, there needs to be adequate proof or evidence or wrongdoing, there must be equal treatment of all who violate the rule and the discipline must be proportionate to the violation. We believe just cause will help make RGH a more fair place to work.

PERSONNEL FILES—This section provides that a nurse will have access to their files and further provides that verbal or written warnings will be expunged after one year if there is no subsequent discipline.

POSTINGS AND JOB BIDDING—Our proposal requires management to post vacancies for a week internally before allowing external candidates and further provides that among relatively equally qualified nurses, the position will go to the nurse with more seniority. We also proposed to get rid of the prohibition on transfers based on length of service in current positions.

LAYOFF—Our proposal provides protections in the event the hospital intends to lay off bargaining unit employees, including negotiating to avoid layoffs, severance, continued medical coverage and recall rights.

HOURS, OVERTIME, ON CALL, AND SCHEDULES—This section includes provisions guaranteeing breaks, overtime pay, scheduling, cancellation protections, and on-call protections and procedures. For on-call pay, we proposed a tier system based on call burden for each specialty. We also made a proposal for the hospital to stop requiring rotating shifts. Most hospitals have figured out how to not obligate nurses to work both day and night shift, something we know is detrimental to our health. In terms of hours, we are proposing for Sunday night to be considered a weekend shift.

TEMPORARY REASSIGNMENT—Our proposal protects nurses from being pulled to a unit that is not part of a specified list of related units and further provides that a nurse must be given a thorough orientation before being pulled to any new area. The proposal includes an hourly differential for any nurse pulled from their home unit, bans assignments outside our scope of practice, identifies certain units as "closed", outlines an orientation requirement and a prohibition on "double pulling."

RETIREMENT BENEFITS—Our proposal obligates management to maintain our current retirement benefits. A few years ago, a number of nurses had a week of already earned vacation time taken away from them when the system decided to restructure its earned time policies. Protecting our pension is a major priority for all of us.

TUITION, IN-SERVICE, CONFERENCE—Our proposal improves the current policy on tuition reimbursement by lowering the requirement for full-time eligibility and provides a prorated amount for part-timers. We also proposed improvements to paid time for conferences. For certifications, we want RGH to pay for all relevant certifications and re-certifications.

VACATION–This proposal addresses the amount of vacation that we earn and restores the week of vacation that was taken from the most senior employees.

- Sets the annual max accrual of hours to the previous rate of 240 for senior employees.
- Guarantees everyone a right to take a minimum of a week of vacation during prime time in the summer
- Requires management to respond to vacation request in a timely manner

SICK TIME–Under our proposal, nurses would no longer be penalized for getting sick under the missed time policy and there would be no limit on using accrued sick time.

HOLIDAYS—Our proposal is to increase our Holidays from 6 to 10 days, pay time and a half for all hours worked and increase banked holiday benefit from 8 to 12 hours.

PAID LEAVES—This section details the provisions for jury duty, sick leave, and bereavement leave.

UNPAID LEAVES—Our proposal details the provisions of FMLA, adds time to personal leaves, provides for educational leaves, and union leave for union work.

COMMITTEES—We proposed the creation of three committees which are important for different reasons. They are the Labor-Management Committee, Nurse Retention Committee and Unit Councils. We want to see an RGH where all nurses in different specialties are values for their skills and what they bring to the table.

AGENCY PERSONNEL—We know that spending money on travel nurses doesn't make sense when we can put that money directly into permanent staff. Our proposal places limitations on when agency staff can be used and prioritizes filling open positions and hours with permanent staff.

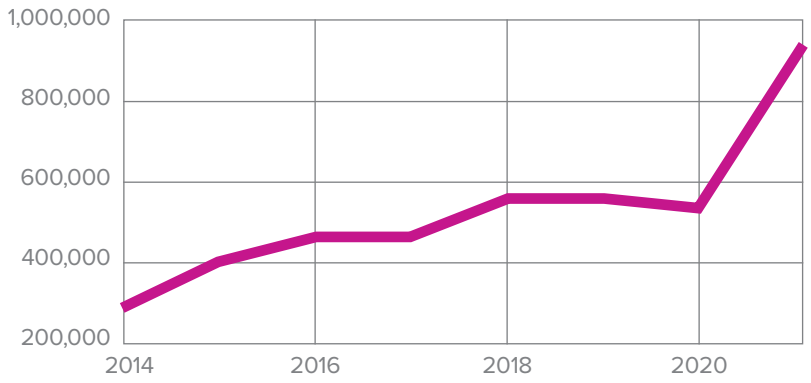
SEPARABILITY—This section provides that if any section of the contract is invalidated, the other sections will remain in force.

SUCCESSORSHIP—This section ensures that if the hospital is merged or sold, the new entity must recognize the union and adopt the contract.

If RGH doesn't invest in patient care, where does it invest? Does it have money to put towards patient care? YES.

RRH's net assets—total assets minus debt—have steadily grown since 2014—by over 300%! Even with some modest deterioration this year, the system had $904 million in net assets as of September 30—up from $293 million in 2014 and $569 million in 2019.

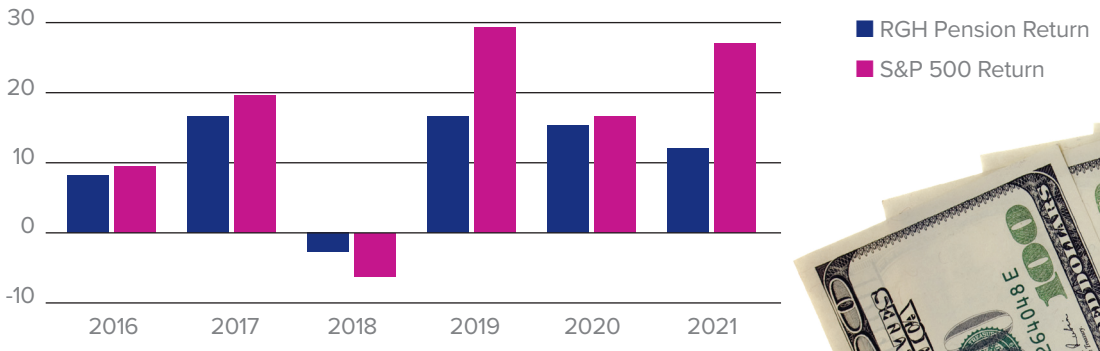
Growth of RRH Net Assets, Dec. 31, 2014–June 30, 2022



RRH accrued these new assets despite the fact that its investing strategy leaves a great deal to be desired. Since 2016, RRH has invested over $150 million in pension assets and $240 million in endowment assets[4] into high-fee, high-risk, low-transparency hedge funds and private equity firms, for a total of $465 million in pension assets (56 percent of the total) and $410 million in endowment assets (69 percent of the total).

While RRH does not provide clear information about the returns of its endowment assets, its pension performance has seen marked underperformance relative to the S&P 500 index of major stocks, despite pursuing a far higher-risk investment strategy.[5]

RGHS Pension Return vs. S&P 500 Return, 2016–2021



4 From the "Pooled Investment Fund—Master Investment Plan." RRH Audited Financial Statements, 2016-2021.
5 Audited Financial Statements for Rochester General Health System, 2016-2021.

The only year where the RGH pension outperformed the S&P 500 was in the bear market year of 2018. But that didn't make up for the continued underperformance in the following years. **Had the RGH pension been invested exclusively in the S&P 500 since 2016, it would have $196 million in additional funds—14 percent of the total pension portfolio.** Over $118 million of that underperformance came in 2021. The S&P 500 returned 26.89 percent, while the pension returned just 12.23 percent.

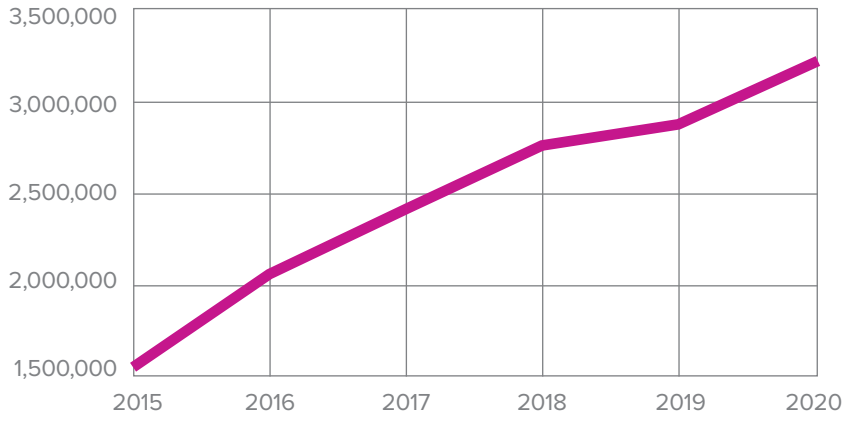
Where else does RRH invest its money if not in patient care?

- **Disproportionately high executive pay:** In 2019, CEO Eric Bieber received a 22% increase in salary, totaling a salary of **$3,640,012. The following year, 2020, Bieber received an additional 14.6% bump, to $4,173,497.** In comparison, Steven Goldstein, CEO of Strong Memorial Hospital made $1.7 million in the same year. In 2021, Bieber's record compensation soared even higher, growing by over $600,000 (15.3%) to $4,812,028 total.
- **Funding union busting campaigns against its staff:** RGH spent approximately $1.28 million from March through July of 2022 in trying to prevent its staff from unionizing.
- **Nursing agency staff:** Travel nurses now represent 13% of the operating budget (up from 1% in 2018) at a total of $270 million annually.

While RHH would have us believe that they cannot afford to hire nurses and pay us fair wages, and claim they are "in the red" and "bleeding money" their credit rating remains very strong. In April of 2022, S&P gave RHH a credit rating of BBB+, saying that "The rating reflects our view of RRH's strong enterprise profile," characterized by a leading and stable market share in a large service area, as well as a seasoned management team that has successfully integrated several health systems while historically maintaining positive operating margins."

Meanwhile, payments by RRH to their law firm Harris Beach more than doubled from 2015 to 2020, the most recent year for which information is available. The $3.2 million paid to Harris is nearly as high as the total cost of recent across the board hospital raises for all RGH employees.

RRH Payments to Harris Beach Over Time



RRH has the money to retain nurses and to provide quality patient care. They're just allocating resources away from the bedside and to executive compensation, bigshot lawyers and Wall Street investment firms, and $254 million towers that undermine patient care standards.

Assignment Despite Objection:
PROTECT PATIENTS AND YOUR LICENSE

Now that we have a union, Assignment Despite Objection forms are a key tool we can use to protect ourselves and our license. The purpose of the Assignment Despite Objection form is to notify hospital supervision that you have been given an assignment which you believe is potentially unsafe for the patients and/or staff. This form helps create a paper trail showing your management was made aware of the unsafe situation and forced you to perform it anyway. The use of "Assignment Despite Objection" forms also helps document short staffing and collects data that RUNAP nurses can then use in negotiations.

If you find yourself in a situation that you believe creates unsafe conditions for patients or for you, complete the Assignment Despite Objection form as soon as possible

Types of Situations Where You Should Complete an Assignment Despite Objection form:

- Inadequate nurse to patient ratios for patient acuity based on your clinical judgment
- Insufficient support staff available on the unit requiring you to assume additional duties
- You are not trained or experienced in the area assigned
- You have not been oriented to this unit and/or caseload
- Patient care equipment missing or unusable
- Necessary equipment is not available (e.g. supplies, IVs, medication availability)
- You are not trained or experienced to use equipment in assigned area
- An assignment poses a serious threat to your health and safety
- An assignment poses a serious threat to the health and safety of a patient under your direct care
- Charge nurse is unable to perform charge nurse duties, secondary to increased patient care assignment
- Forced/Mandatory Overtime
- Missed breaks

Ask a member of the bargaining team for copies of Unsafe Staffing Forms so you can document every time you work a shift that isn't safe for your patients.

How do we make sure to WIN A GOOD CONTRACT?

We know that any contract we win is going to reflect our collective power. Over the next few months, your bargaining team will be asking you to take actions to show RRH administration and our community that our nurses deserve a good contract so they can do their jobs safely.

Your bargaining committee will need you to:

- **Talk to your family, friends and neighbors**
- **Wear a button**
- **Meet with a legislator**
- **Attend a bargaining session**
- **Sign an unsafe staffing form**
- **Write a message to RHH and RGH Board members**

STRONGER TOGETHER

NOTES

On December 7th, RUNAP was honored as a recipient of the Rochester Labor Advocate of the Year by the Rochester Labor Federation. Watch a video of our own RUNAP Secretary and RGH PACU nurse Jake Spencer accept the award.

SCAN ME