

RUNAP BARGAINING UPDATE

MANAGEMENT CONTINUES TO PUT BANDAIDS ON GAPING WOUNDS

Time to let our Patients and Community Know!

After a seven-week break we met with management to continue contract negotiations. We were hoping they would come back with comprehensive responses to our contract proposals, but they came back with only seven responses. We were unable to reach any tentative agreements today. See the back of this flyer for a summary chart of today's responses by management

Our bargaining committee expressed frustration that over the last seven weeks since we last met, our biggest items have been left unaddressed: staffing, wages, and benefits despite nurses leaving every day and fewer nurses coming in to replace them.

Maternity nurses implored management to immediately stop the extremely dangerous practice of pulling from their areas in an attempt to alleviate pressure on med-surg floors. We all know dangerous practices like these lead to preventable ICU admissions, injuries to mothers and babies, including life-long complications for our smallest patients. One NICU nurse spoke about a baby who coded and was declared dead, but was fortunately brought back. Having experienced nurses able to care for babies to prevent a code and to deal with codes is the difference between life and death. These are the sort of experiences that nurses leave the profession over, not just the hospital.

Frustratingly, management kicked the can down the road on this important issue even though maternity nurses have continuously expressed their concerns to hospital management.

RGH nurses are done with the excuses. Management is well aware of the patients (sometimes our own family members) stuck in a chair in the ED for a week. They know about the stable patients who end up in our ICUs because of inadequate staffing. They know that the moral harm, low pay and risks to our licenses have driven nurses away at a much higher rate than other hospitals (many units have over 70% vacancy rates).







IT'S TIME TO ACT

ATTEND THE PRESS CONFERENCE Thursday, Jan. 26 12 Noon Portland Ave. in front

URGE YOUR FRIENDS & FAMILY TO SUPPORT US:

Request a Lawn Sign

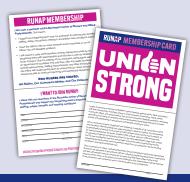
of Main Entrance



Ask them to share their **RGH Patient Stories**



Show your support for a roadmap to RGH recover (our bargaining proposals) by signing a union card.



	OUR ORIGINAL PROPOSAL	MANAGEMENT RESPONSE
Personnel files and evals	Minor infractions dropped off after a year	All infractions stay and can be used in arbitrations against employees
Grievance and arbitration	Binding arbitration with more time to file grievance	Binding arbitration with post-hearing briefs
Discipline	Just Cause with clear progressive discipline and meaningful union representation	Just cause but progressive discipline is unclear and restrictions on union representation, also takes out "dignity and respect" from disciplinary action
Postings and Job Bidding	All bargaining unit jobs will be posted for at least seven days for bargaining unit priority, if qualifications equal, highest seniority (RGH) is awarded position, no continued prohibitions on transfers in order to keep nurses here	3 days for job postings for bargaining unit priority, RRH seniority is used but CNO can determine who is most qualified, employees are prohibited from transferring in the first six months of employment or under discipline including a verbal warning
Floating	Floating can only happen when low staffing is unanticipated and cannot leave a unit short staffed below their grid and must be done within clinically appropriate areas (maternity unit closed, SICU to their own step down etc) Order is to be determined by a majority vote of nurses on that unit	Nurses can be floated outside of their own clinical areas, float nurses can be charge, floating order is volunteer, scheduled overtime, agency but only if they can be floated in their contact, per diems and non-per diems, floating restrictions don't count under declared emergencies
Low Census/ Cancellation	Census has to be low for 36 continuous hours. Volunteers only and if no volunteers then a list of duties RN can choose to perform such as vitals or Health Stream Learning	When senior leadership determines it and nurses have been floated, RGH can cancel a nurse's shift in 4 hour increments and can be placed on-call for the remainder of the shift.
Union Activity	Union nurse representatives can perform duties related to our collective bargaining agreement as long as activities don't interfere with performance of work duties, Union staff can have reasonable access to RGH for the same purposes. RGH will maintain union bulletin boards. Union representatives will have an uninterrupted 45 min period in new employee orientations	Union nurse representatives must secure permission from manager before engaging in any union-related duties, union staff must notify HR before entering the hospital and aren't allowed to engage with non bargaining unit staff, union bulletin boards are censored, union orientation is 30 min