

RUNAP BARGAINING UPDATE: ADMIN MOVES, BUT NOT ENOUGH

Strike Petition: Making the Urgency Clear

After escalating collective action, we are finally seeing administration move on some substantive issues - but they still have a long way to go. Today, we are launching a petition to send a clear message: we want to conclude negotiations as speedily and amicably as possible, but if administration does not agree to the real improvements we need on staffing, safety, wages, benefits, retention and other critical issues, and if they do not agree to resolve outstanding unfair labor practices and stop violating our rights, we are prepared to strike.

No one wants to strike, and it isn't a decision any of us take lightly. However, it is clear now that our voices are only heard at the bargaining table when all the nurses take strong action to back it up.

**Bargaining Update June 1:
RGH moves slightly under pressure, but wants us to sign away our rights over bargaining for additional wage increases through June 2024**



On wages, they are rolling out 6% base rate raises system-wide beginning July 16, and proposed giving it to RGH nurses, but **only** if we agreed to waive our right to bargain any other increases until June 2024. This would prevent us from winning a wage scale to make our wages competitive with other regional hospitals and to correct serious inequities. We countered that we would be happy to take the 6% now, and would certainly take it into account in further negotiations, but that we could not abandon further wage negotiations for a year. **They refused.**

It is clear that administration wants to send a message that “the union” is standing in the way of this raise. In fact, they planned this proposal as a union-busting tactic, because they know that through collective action we will win a lot more than 6%. Administration wants to divide us, but it won't work.

Today (06/01/2023)						
Years Exp	Mercy	Kaleida	Upstate	Avg	RGH	
0	\$37.93	\$38.54	\$38.92	\$38.46	\$31.77	-17.40%
1	\$39.46	\$40.25	\$40.00	\$39.90	\$32.19	-19.33%
2	\$39.98	\$40.90	\$40.36	\$40.41	\$32.08	-20.62%
3	\$40.59	\$41.65	\$40.72	\$40.99	\$32.54	-20.61%
4	\$44.28	\$45.27	\$42.51	\$44.02	\$32.77	-25.56%
8	\$49.41	\$50.58	\$48.10	\$49.36	\$33.91	-31.31%
12	\$49.87	\$51.39	\$48.94	\$50.07	\$34.57	-30.95%
16	\$50.37	\$52.34	\$50.26	\$50.99	\$36.85	-27.73%
20	\$51.21	\$53.86	\$52.05	\$52.37	\$40.23	-23.19%

Our wages are more than 6% behind our competitors and we are losing a quarter of our staff each year (220 staff nurses left in 2022 according to RGH). Today, 6/1, wages went up again at the Mercy and Kaleida systems.

What else happened in bargaining?

We expressed to administration that, despite the claims in their emails, they **still** have not provided us with a complete response to our wage proposals, as they've yet to address any job classifications beside RN I-IV, with no scale for salaried or other nurses, and neglecting per diems. Admin's response was surprising: they said the new hire scale was meant to apply to all jobs (meaning that, Educators, for example, would no longer be paid any different from an RN I new hire). We also expressed that a two-tier wage scale dividing current staff from new hires was a total non-starter as a response to our comprehensive wage proposal.

Admin's second pre-contract proposal (meaning: it would go into effect before the entire contract is negotiated) standardizes the process for offering SIP, something we have been asking for. Further work will need to be done, as admin's proposal only takes into account hire vacancies and not actual staffing and census conditions on a given shift, indicating they don't care about conditions patients and nurses face on a day-to-day basis.

We made a counter-proposal on Hours, Overtime, On-Call, & Schedules, including equalizing rules for on-call stipends which some nurses receive and others do not. Administration made counters to our proposals on Floating; Health and Safety, Equipment and Supplies; Parking; Uniforms and Dress Code; Agency/Travel Personnel; Personnel Files and Evaluations; Unpaid Leaves of Absence; No Strike or Lockout; Grievance and Arbitration; Recognition; Layoff and Recall; Successorship; and Committees. We reached an agreement on Parking, preserving free parking for RNs.

While several of administration's proposals remain far from what we need, on others they made significant movements toward our position as a response to our pressure campaign, including last month's successful informational picket. The bargaining committee will continue working between sessions on these and other proposals.

RGH agrees: We're losing more nurses than we've gained

- Administration began with a presentation on recruitment and retention. This presentation revealed that in 2022, RGH started with **302 vacancies**, however turnover continues to outpace hiring and we ended 2022 with **416 vacancies**.
- In 2023 from January to April, 85 nurses started and 45 left; administration feels confident that they can project this trend into the future, despite the fact that it's based on only the first four months of the year. However, in the CNO's video update today, she revealed the recruitment numbers shared weren't even RN only, but included LPNs.
- They also talked up international nurse recruitment, with 207 nurses starting "sometime in 2024 or beyond."
- While they acknowledged the importance of retention, they could not provide details beyond vague ideas like "recognition" and "nursing automation".
- They claimed that increasing compensation would not significantly improve recruitment, as they expected competitors to match them within 120 days. The presentation was immediately followed by admin announcing they need to raise wages by 6% - clearly they understand that compensation is a key part of retaining staff.
- Administration say they want to improve retention, but then admitted that they do not regularly do exit interviews and said "we don't want to talk to the people who are leaving." They also said they do not include Syracuse or Buffalo in regional comparisons; this seems strange, since we know many nurses who move between the cities for work—including, of course, our CNO.

It's time for all remaining staff nurses to stand together and send RGH a clear message: talk to your unit's bargaining committee representatives about the strike petition, ask questions, and join the plan to win real improvements for our patients and colleagues.



Scan the QR code to watch a video message
from the bargaining committee

ROCHESTER UNION OF NURSES AND ALLIED PROFESSIONALS

