

February 8, 2016

St. Joseph Health System Bargaining Update

Santa Rosa Memorial Hospital • Petaluma Valley Hospital

Petaluma: tentative agreements reached on discipline, layoffs

Our Petaluma committee reached agreement with the employer on the subject of discipline. Key points include:

- No more at-will – all discipline is subject to just cause!
- If you have to be put out of work during an investigation, you get paid
- Old discipline goes away after one year
- Workers receive notification of discipline, no discipline, and investigatory meetings in writing
- All meetings take place in private

On layoffs, we reached agreement on a process that includes the following:

- A minimum of three weeks' notice or pay in lieu of notice
- Layoffs in order of reverse seniority
- A recall list that lasts one year and is also in order of seniority

Bargaining Dates

Santa Rosa Memorial

Thursday, Feb. 18, 9 a.m. Location TBD

Wednesday, March 9, 9 a.m. Location TBD

Petaluma Valley

Tuesday, Feb. 16, 9 a.m., Location TBD

Tuesday, March 8, 9 a.m., Location TBD

Union proposes cheaper health insurance, rescinding of benefit cuts

At both the Santa Rosa and Petaluma bargaining tables, we agreed to accept the existence of the current PPO and EPO plans if and only if:

- Premium costs for employees for both plans go way, way down
- Copays for basic services like physician visits, specialist visits, and inpatient and outpatient procedures done at St. Joe's facilities are eliminated

We also reiterated that all of the benefit cuts to Disability Reserve, Retiree Medical, the 401(a) match, and PTO should be reversed at Petaluma, and those benefits should stay in place at Santa Rosa.

Union proposes Patient Care Committee

Our committee has proposed at both Petaluma and Santa Rosa a way of dealing with staffing issues across the hospitals that is common in the health care industry: the patient care committee.

This committee would be equal numbers of union and management, would have the ability to request testimony and information about staffing levels and work practices, and has the authority to propose improvements in staffing and work practices.

Most importantly, if agreement isn't reached in the committee, the Union could ultimately refer any issue to an outside arbitrator to resolve staffing disputes. This is a powerful option that is not often used, but is important to have.

The Employer is strongly opposed to losing the authority to chronically understaff departments. Our committees were unsympathetic.

Categories of employees and scheduling

Bargaining at both hospitals focused on completing contract language around categories of employees as well as scheduling practices.

Progress was made, but some areas of disagreement remain:

- Relief employee availability
- How to convert relief employees to full-time employees
- Use of seniority in scheduling
- Variable shift vs. having a home shift
- Hiring of temps vs. providing additional work to part-time or relief workers