

BARGAINING UPDATE

January 28, 2021

PROTECT THE FRONT LINE



ECONOMIC JUSTICE

AFFORDABLE HEALTHCARE

SAFE WORKPLACE

NUHW

PER DIEMS DESERVE FAIR TREATMENT AND RESPECT!

Many of us have worked full-time hours but were considered per diem status, or have coworkers who have experienced this. Management does this to keep its labor costs low, but this practice cheats workers out of the benefits they deserve.

If a per diem employee is working full-time hours (or part-time hours) and wants to convert to full-time (or part-time) status, they should be able to do so. Thus, we proposed that any per diem staff working 4 months or longer at full-time (or part-time) hours be automatically converted.

Rad Tech Michelle Chappel said, "They said they needed me 40 hours a week, but I was hired as a per diem. I've been trying since February 2020 to convert. I've lost so much as a result of not having full time benefits."

"It's common sense — if a per diem is working month in and month out at full-time hours, there's a clear need for staff," said Rigo Ciposano, a Pharmacy Tech who worked full-time, as a per diem, for *two years* until a full-time position opened up. "Management's refusal to convert those who want to be converted is simply taking advantage of people, plain and simple."



THE MORE PER DIEMS WORK, THE MORE THEY LOSE IN PTO:

If you work 32 hours per week, you lose at least **18 days** per year.

If you work 36 hours per week, you lose at least **21 days**.

If you work 40 hours per week, you lose at least **23 days**.

THIS IS SERIOUS MONEY — SOME REAL EXAMPLES:

A CNA at \$17.35/hour working 36 hours/week loses **\$4,372.20 a year in PTO value**.

A Radiology Tech at \$30.83/hour working 40 hours loses **\$5,672.72**.

A Respiratory Therapist at \$35.84/hour working 36 hours loses **\$9,031.68**.

UPCOMING BARGAINING SESSIONS

Tuesday, February 9

Wednesday, February 10

Tuesday, February 16

Wednesday, February 17

Wednesday, February 24

Thursday, February 25

We have proposed 7 contract articles to strengthen our rights:

Article 3: Employee Status: we proposed changes to help per diems working full-time: see main article for details.

Article 8: Patient Care Committee: AGREEMENT REACHED! A newly organized patient care committee, with 5 NUHW members and 5 management staff, to meet monthly to address issues of workload, staffing and patient care. This is major progress, as our current contract only provided for meetings every other month with just 3 representatives. It was hard to effectively deal with issues. This is a great step forward!

Article 11: Hours of Work and Overtime: We proposed changes to improve scheduling, on call status, report pay, and meals.

Article 17: Health and Safety: We proposed improvements to protect the safety of night shift workers who must regularly travel between the main hospital and East Tower.

Article 30: Bargaining Unit Work: Are you a monitor tech or unit secretary? Have you ever been called off or sent home early and an RN took over your work? We want to end that and that's what we proposed.

NEW Issue on Staffing! NICU/PICU RTs care for the most vulnerable patients and we proposed changes in staffing to ensure the safety of neonatal infants and children.

NEW Issue on Staff/Patient Ratios! Are you a CNA with too many patients to provide the care they deserve? We proposed that CNAs are not assigned more than 10 patients.

ENOUGH IS ENOUGH! SAFETY FOR PATIENTS

We submitted a proposal for CNA/Patient Ratios that limits the number of patients a CNA is assigned to 10 patients. On many of our units, patients require total care — they cannot walk, talk, or feed themselves.

CNA Jody Pondkilla talked about how there are so many patients requiring care that feeding them becomes an issue. "We have meals sitting outside the room that have been there for hours and are cold, because there isn't enough staff to feed the patients on time. It can take up to 30 minutes to feed a patient. We simply can't get to them fast enough."

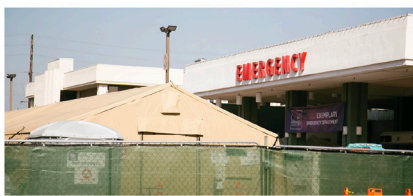
Another CNA, Rose Espericueta said, "We are supposed to turn patients every two hours, but, because of our patient load, it's impossible."

FVRMC RECEIVED THE MOST FEDERAL TAXPAYER MONEY OF ANY HOSPITAL IN OC: SO WHERE DID THE MONEY GO?

This week, in a series of exposés, the Orange County Voice of OC reported:

Fountain Valley Regional Hospital, a for-profit hospital that has had the biggest known safety problems of any Orange County hospital during the COVID pandemic, ended up getting the most federal taxpayer relief dollars distributed by County of Orange officials. The county awarded the hospital \$2.9 million in federal CARES Act money, more than any other hospital in Orange County... In a scathing September report, state health officials verified employees' accusations that virus patients at Fountain Valley Regional were being mixed with non-virus patients.

OC Hospital With the Biggest Known Covid Safety Problems Got the Most Federal Relief Dollars Distributed by County



Read the article at tinyurl.com/y5oz24rk.

Where does the Federal money go, and why wasn't it passed on to staff??