



# Calais Regional Hospital

24 Hospital Lane, Calais, Maine 04619 • www.calaishospital.org  
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Calais Regional Hospital (CRH) and the Maine State Nurses Union (MSNA) have been in contract negotiations for 8 months. CRH and MSNA have held 9 negotiating sessions to date, the last three with a Federal Mediator. Despite management's attempts to find common ground and gain understanding into the bargaining unit's position, the mediation was not successful. CRH maintains that good faith negotiations have been attempted with the MSNA members in an effort to procure a contract agreement. Therefore and unfortunately, CRH was faced with need to provide the MSNA with its last, best, and final offer on the outstanding issues.

Some of the proposals presented to the Union include the following.

## Benefits

- CRH moved from a single bank of days for paid time off to a dual bank separated into sick and vacation/holiday. This change provided staff with up to an additional 3 sick days per year and is very liberal in what it can be used for. A more detailed explanation of the PEP and Sick time is included on page 4.
- Changes were made to the CRH health plan to bring it in line with the market. All staff outside of the bargaining unit are already transitioned to the new plan and cost structure. Our generous discount program for services received at CRH was maintained with no changes. A more detailed explanation of the insurance benefits is on page 5.

## Pay

- No staff wages have been cut. We have proposed percentage pay increases during the course of the contract.
- Step increases were proposed for each year of the contract.
- Over the last contract MSNA staff received both across the board raises and years of service step increases, while all other staff has not received any raises or step increases. Regarding the "step system," there are hospitals that have no step system in place.

## Charge Nurse

Management proposed adding a position of full-time charge nurse. The contract states there is to be a charge nurse on every shift in the departments of IPCU and ED. The professional intent and description for a charge nurse is a position held by a staff RN who demonstrates ability to oversee the care of and maintain accountability for all the patients on the unit. S/he delegates patient assignments, guides staff in their daily duties, is accountable for QAPI measures, conducts peer reviews, and is able to assist and lead in any clinical situation which may arise. The current practice is for the role to be held in rotation. Under the current system, every nurse is "qualified" to hold the role. Our practice has been for one nurse to be Charge, receive the stipend and take a 'lighter load' of patients. While there are a few nurses who strive to embody the true meaning of



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Charge at CRH, most do not understand the true meaning of the role and have come to look at it as Status Quo.

The role of Charge Nurse should provide a very necessary conduit to quality patient care and should be compensated for doing so. We believe management has the right to identify leaders among staff and offer them the chance to excel based on their ability and skill set. They are the safety net for the patient day in, and day out and the quality of the care delivered will not rise without enhancing this role.

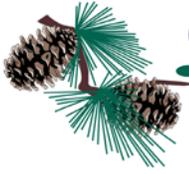
We have proposed to make this a position to be applied for, interviewed for (by management and peers), strengthen and grow professionally, and maintain a good working relationship with management while overseeing the care and safety of the patients in the department. We firmly believe we will see a rise in patient safety, quality of care and satisfaction as we move forward.

## Seniority/Fairness -

- Administration proposed moving from a seniority only based system to a rotation system for major holidays to make it more fair to their bargaining unit peers. While a 24 hour organization means there are staff on duty even on holidays, the opportunity for all staff to have time with families over the major holidays is important to Administration. A fair rotation to ensure the same employees are not disproportionately working all the major holidays would seem reasonable and thus was submitted for consideration by the hospital on behalf of staff. The union bargaining team was opposed to the concept therefore, the hospital withdrew the proposal in an effort to reach an agreement.

## Recruitment

- The Union is confusing Seniority and Experience. For example, a staff member that has worked for CRH for 5 years would have Seniority over newly hired staff. However, the newly hired staff could come to CRH with more experience. If a new staff member comes in with 15 years of experience they typically expect their skill set to be compensated as such, not have their experience level docked by 50% simply because they have experience off the CRH campus. There have been many skilled professionals pass on our job offers for this reason. Professionals that could provide our patients, other staff, and our organization with valuable insight and experience from their field. So while “you can’t teach experience,” to insinuate that only experience within the CRH organization has value is unreasonable.
- The pay grid in the current contract does not allow for a potential candidate to receive year for year credit for their experience. This is a significant barrier if trying to recruit a nurse



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with 5 years of experience and we can only provide 2 years of credit for experience on the pay grade. We have lost great candidates with a lot to offer the organization and our patients due to this model. Year for year credit within the pay scale has been proposed to the Union to help with recruitment and retention. The *hospital also offered* for current bargaining unit members to be made “whole” at an approximate cash impact of \$50,000 to members within the first year. New hires will be paid within the pay scale to reflect their actual years of experience.

- An ongoing eye towards future staffing requirements is a fundamental need all organizations must stay abreast of to be sustainable. Consequences to not being competitive in recruiting staff can be costly. Long term use of temp staffing is much more expensive, and not the best option for maintaining patient safety and consistency of care. Total spent on temp union position staffing was \$406,559 in 2018 and \$240,175 in 2017 for a total of \$646,734 over the last two years.
- Aging staff and typical turnover occur in every industry. CRH must be competitive with others in the healthcare industry to recruit skilled employees to the region and CRH. The Hospital’s 2018 turnover rate was 2.43% which is below the national average of 2.9% for healthcare.
- Over the past several years we have expanded our candidate searches by utilizing a variety of cost-effective web based and print advertising venues. We have reached larger audiences while containing costs. These venues include Indeed.com, Bangor Daily website, Maine Career Center’s Joblink.com, JobsinME.com, Medefis.com, professional journals, college job boards, as well as the Calais Advertiser.

The hospital is actively working on the issues of safe patient care, retention and recruitment that the union members stated need to be addressed. Sadly, in many instances the union does not share our vision or agree with our solution. However, CRH Administration will continue to speak up for our patients and work for the best interests of our staff as a whole.

CRH Administration is negotiating in good faith with MSNA to address issues that need to be tended to, concerns of staff, and the needs of our community while also being acutely aware of the current realities the hospital, and healthcare industry, is facing. CRH will continue to work toward providing high quality care and excellent customer service in the most efficient manner possible. The organization is continuing to take action to improve performance now and over the long term by balancing access, improving quality and reducing cost.



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## Planned, Earned, Paid (PEP)

The **Bargaining Unit (BU)** feels the “breaking out” 10 days of PEP time to put in a Sick Bank is a DDC (Demanding Deep Concession) because it limits the discretionary use of earned time off.

**Management is increasing** the total number of earned days off per year by **three** for everyone. The average employee will have discretionary use of 3-10 days **less** depending on if they are a full time or part time employee than with the single bank, but up to an additional 3 days overall to use. Moreover, anyone who leaves our employ will not be receiving a pay out of their sick time accrual. Most hospitals and organizations already follow this practice.

The **Sick Bank** can be used for:

- Employee illness
- Sick child
- Sick parent
- Sick spouse
- Doctor’s appointment for employee, spouse, child, parent
- Eye appointments for employee, spouse, child, parent
- Dental appointments for employee, spouse, child, parent
- Counseling appointments
- Consultations
- Longer duration illness, injury coverage before using the fully discretionary PEP hours or FMLA
- And more...

BU is concerned about the cap on hours which can be ‘banked’ or capped up to 420 hours. It would take a new employee 20 years of working without taking a sick day off to reach the 420 hour cap with the new accrual amounts.

This is a 140 hour decrease from the 560 hours previously allowed BUT staff are allowed additional “Sick” hours to be banked for a total of 660. This is an increase of 100 hours overall. CRH remains generously above average for earned time off accrual (see below 2017 data)

Years of Service	Sick	Vacation	Sick	PEP	CRH Total Days	2017 ME Avg
0-4	0.03846	0.073609	10	19 (9 holidays + 10 vacation)	29	23.9 days
5-11	0.03846	0.09284	10	24 (9+15)	34	27.4
12-19	0.03846	0.112071	10	29 (9+20)	39	31.7-33.6
20+	0.03846	0.1307	10	34 (9+25)	44	35.1

**Note:** The Union has not provided any counterproposal and has stated it has no current intention to do so.



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## INSURANCE

BU agreed to the new insurance plan in October of 2018. While the employee + spouse realized an increase in premium, we added an employee + child(ren) category for qualifying employees which *reduced* the premium from the previous years. BU is asking management to ‘lock in’ this rate and benefits for the duration of the contract of which we are negotiating.

Plan Type	CRH,\$ Bi-Weekly	Maine Average, Bi-weekly
Employee	33.43	38.73
Employee + Spouse, FT	171.31	176.14
Employee + child(ren), FT	125.00	107.72 (1 child)
Employee + Family, FT	222.45	215.35

FT= Full Time

Despite being self-insured, **CRH** offers very competitive premiums and coverage in addition to some added discounts for many services an employee may receive on campus.

Unfortunately, in the turbulent world of being self-insured we are not able to make this guarantee. However, the hospital did offer a proposal which offered an alternative should the BU not approve of the chosen organizational insurance policy in future years.

The hospital offered to make the same contribution toward premiums as 2018-19 to a plan of the BU’s choice and procurement.

### References

MSHHRA Maine Society for Healthcare Human Resources Administration. (2017). *Gallagher Surveys*. MSHHRA.