

The Hospitals' refusal to negotiate is a great disservice to our nurses

While the hospitals refuse to return to the bargaining table, they are continuing their efforts to confuse nurses about the important issues that need to be resolved. We are responding to the latest such effort.

The Hospital Says: CRONA knows, but is not saying, that 520 hours of PTO is more than nurses can bank at any other Bay Area hospital. In addition, this is the policy in place for the other 6,000 Stanford and Packard Children's employees. In fact, parts of the proposals that CRONA has made regarding PTO actually pose legal issues with the IRS.

The Truth: The Hospitals leave out the fact that the majority of Hospitals in the Bay Area have separate banks for "sick time", "vacation time", and "PTO". We have a combined bank. Unfortunately, the hospital has never offered to separate our time off into three categories, therefore we rely on our PTO for ANY and ALL time off. Furthermore the Hospital knows that CRONA nurses are subject to mandatory cancellations in times of low census. The other 6000 employees are NOT routinely subjected to these cancellations. In addition, the Hospital requires nurses to be at 100% when returning from injury whereas other employees can come back to work with significant restrictions. Unfortunately, the hospital never formally told CRONA what part of our proposal violates the IRS rules. If they actually discussed things with CRONA, maybe we could better understand where their concerns lie.

The Hospital Says: Some of our nurses may choose not to seek promotion under the new PNDP. It is your decision. However, we are very confident in our nurses' abilities to meet the new criteria and are hopeful that you will take the necessary steps to further your professional development. Even if you choose not to seek promotion under the PNDP, you will receive at least an 8% increase in your wage rate during the contract. How is that a demotion?

The Truth: CRONA's objections to this "last, best, and final offer" are not with the wages. In fact, in yet another effort to try and resolve the current dispute, CRONA accepted the hospitals' wage offers in our last counter proposal. This is NOT about the money nurses will be paid under this contract. Rather, it is about RESPECT, and about what nurses will have to do in the FUTURE, since once the PNDP is in place it will be there for good and the hospitals will have total control over the criteria for advancement and thus our wages.

CRONA has never stated that it is unwilling to negotiate new criteria for advancement in a PNDP. We believe that advancing the profession of nursing is good for both the hospital and its nurses. But why should nurses who have performed at advanced levels for many years have to "reapply" for a position that they already have? The proposed PNDP points and structure is not only difficult to attain, but it is almost impossible to sustain year after year. The PNDP is designed simply to deny the majority of nurses the ability to be recognized for their skills at the bedside. Even if a nurse decides to work towards promotion under the proposed PNDP, and completes the points and application package, in its entirety, she still needs to present herself to a "panel" that can refuse the promotion! The hospitals will have control over that panel because if their representatives vote against

a nurse, s/he will not be promoted. We have proposed a neutral review process to protect nurses, but the hospitals have said "NO."

The hospitals continue to conveniently ignore other areas in their proposed PNDP that CRONA has taken issue with. The provision allowing the hospitals to reject or demote nurses who have discipline gives the hospitals an easy way to go after nurses they do not like and reduce the number of nurses who will be promoted to Clinical III and IV. Though the hospitals want us to seek "professional growth", they have not offered to increase our measly \$500 (\$1,000 for Stanford) tuition reimbursement in order to assist us in that "growth". The hospitals have stated that over the life of the contract nurses will have the opportunity to "transition" under the proposed PNDP. What happens to those nurses who do not "transition"? At the end of this contract Staff Nurse III and IVs who are still performing their same work duties, will be converted to Clinical Nurse IIs. THAT IS A DEMOTION! The Hospitals intent is clear. They have told us in the last 2 negotiations that they want fewer Staff Nurse IIIs and IVs. The PNDP is simply a way to accomplish that objective. It is "a wolf in sheep's clothing."

The Hospital Says: CRONA unfairly distorts the PNDP. Writing an article is one of many options available to nurses to meet the criteria for advancement and is not a requirement. A nurse must demonstrate that he or she is either "proficient" or "expert" both at the bedside and in helping to advance nursing practice based upon established criteria. A nurse can meet the necessary additional requirements by many other means, including: obtaining a nationally recognized specialty certification, mentoring other nurses, presenting a class to other nurses, participating on a nursing committee or in a professional organization, obtaining advanced clinical skills, acting in a leadership capacity, or participating in community health-related activities, to name a few.

The Truth: Despite the Hospitals' claims, the points system is unrealistic and a Nurse's status will be judged NOT by his or her skills at the bedside, but rather their proficiency at writing papers, giving presentations etc. Do the math yourself. Will you be able each year to meet the points needed? A simple glance at the Hospitals PNDP will reveal the truth of the matter.

Writing research articles, book chapters, and textbook editors are valued at 15 points, while developing patient teaching aides, revising those teaching tools, and writing an informational piece for a unit newsletter are valued at 5, 1, & 1 points respectively. □- Speaking at National conferences is valued at 15 points, while giving unit based educational inservices is valued at 2 points. □- Presenting a poster nationally is valued at 10 points, while being a chairperson in Nursing Shared Leadership is valued at 5 points.

Don't these values seem skewed? Where is the emphasis on bedside clinical skills? In fact, the hospitals' proposed PNDP allocates only 1 point for "advanced clinical skills, which are NOT required for the nurses unit or position". That means skills such as ECMO, CVVH, critical transport, etc. are awarded 1 point, hardly the "recognition" they deserve. Lastly, merely "participating in community health-related activities" (as stated above): does not award you points. The hospitals proposed PNDP clearly states that "the participation

MUST be in some organizational, leadership, facilitating or presenter capacity, and NOT merely as a participant" .

More to the point, the Hospitals have yet to produce real evidence-based research that a draconian PNDP will result in better patient outcomes. Stanford achieved magnet status under our current clinical ladder and is a world-renowned medical center.

In sum, the PNDP has nothing to do with professional development and everything to do with cutting costs to the tune of 15-20 million a year in direct savings by demoting nurses. The hospitals want to build their new facilities on our backs--now and in the future.

The Hospital Says: CRONA says that the Hospitals will not return to the table to negotiate. The Hospitals did return to the table, "20 times," and made numerous modifications to our proposals before giving our Last, Best and Final Offers after CRONA's unwillingness to move our negotiations forward. The Hospitals' Offers truly are the best offers the Hospitals can put on the table and we stand behind them.

The Truth: While the Hospitals have tried to hide behind legal definitions they simply never intended to negotiate in good faith. Their take it or leave it attitude has been evident from day one. As CRONA has been stating for weeks, the hospitals have not been bargaining in good faith and have been trying to weaken CRONA. Now the National Labor Relations Board (NLRB) has agreed with CRONA. If the hospitals had been "bargaining" with CRONA, why are they now faced with an NLRB violation, and why do they have to post notices telling the nurses: "WE WILL NOT bypass CRONA...", "WE WILL NOT in any like or related manner interfere with, restrain or coerce employees in the exercise of their rights guaranteed to them by...the National Labor Relations Act"?? Since our rejection of the "last, best, and final offer" by 90% of the membership, the Hospital has steadfastly refused to even MEET in the same room. Sarah Staley, Packard's spokesperson told the Stanford Daily newspaper, "The bargaining process was done in March." Their lawyer and chief negotiator has written to us saying, the hospitals don't want counter proposals from CRONA; we just want you to accept the proposal that your nurses rejected. Do you think that is bargaining in good faith?

The Hospitals Says: Make your decisions based on the FACTS

We could not agree more.

- CRONA Negotiating Committee, Team, and Executive Board