Management Proposal on Day #1

Per Diems Paired with 150 Years Raise

Management came to the first session offering to give all of us the 1% 150 Year Raise/Bonus in Exchange for us agreeing to a new, four (4) Tier Per Diem proposal. Their proposal, which you can see if you talk with an elected member, seeks to create an expanded per diem system that will match higher requirements with higher pay and does so in a serious of four levels of per diems. Our team’s response was to discuss, debate and agree on a counter proposal that accepted the four tiers management proposed, with some important language about how we think it should be implemented. A key concern for the full and part time staff is that per diems get scheduled after the full and part time staff. But there were certainly aspects to the proposal we agreed with management on and we will take this up again first thing at our next session, on August 31.

Clinical Care Oversight Group and Values-Based
Reimbursements Related Committees

The hospital agrees to place two nurses designated by the union and from two different departments as full members of the Clinical Care Oversight Group. The union shall designate at least one nurse, by unit if by unit or hospital wide if hospital wide, to each of the following: the Clinical Effectiveness Groups (CEGs); Clinical Department Teams; the unit-based interdisciplinary teams; Patient Experience Team; Readmission Team; and Education Group. All time spend in said meetings shall be paid at regular straight time.

The management team said they wanted to think about this proposal and come to the August 31 session with their response.
The Opening Presentation

Einstein RNs First Contract
Overview of the Einstein Nurses Top Priorities for the First Collective Agreement

Patient-Centered Unionism
We are a patient-centered union of RNs who care equally about the patient care, our profession & our community.

Values-Based Reimbursements
Because values-based reimbursements rest on patient care outcomes, nurses should finally matter as much or more than doctors to the bottom line, not just to the patients.

Staffing & Patient Care
• We are proposing Nurse-to-Patient Ratios based on the California ratios law, backed up by academic findings
• And in response to the most overwhelming finding in our contract surveys: persistently short staffing

Have Adequate Staffing?

Enough Ancillary Staff?

Rank Order Priorities
Academic Scholarship Supports Nurses' Solutions
“The authors found that exposure to each step of the target cohort is 10% more likely to be in mortality, with higher levels of risk of the high-totarget or high-target levels, than if the high-totarget or high-target levels had been lower. Further data revealed that higher staffing was linked to shorter lengths of stay.

Recruitment & Retention
• We need to focus equally on recruiting new staff and retaining Einstein’s nurses
• We need multiple mechanisms to support & reward longevity from the structure of pay to retirement

Satisfied with Retirement?

Health Care Plan
• The healthcare plan is too expensive
• Without enough choice
• And dangerous if you leave the area

Health Care Plan

Wages
• We need a fair wage scale that rewards experience (including longevity)
• And acknowledges that the cost of living has increased dramatically in the past few years

Differentials & Call
• We need a differentials & call incentives that acknowledge the trade-off & sacrifice when it comes to family & social time
• We need to improve the differentials we have to stay in line with the market

Fitch Affirms AEHN: Outlook Stable (April 2016)
• “Medicaid expansion has resulted in a 30% enrollment increase which has reduced bed debt and charity care costs and is providing a financial boost from EHN’s joint venture HMO investment.”
• “Current year financial performance through six months is slightly ahead of the prior year period.”

Fitch Affirms AEHN: Outlook Stable (April 2016)

Our Standards as Philly Standards
• DCMH
• Hahnemann
• St Christopher’s
• Einstein
• Temple

Let’s Work Together

Philadelphia is Among Most Expensive Cities in USA-9th
• Philadelphia is the 9th most expensive city in North America — just behind New York and ahead of Chicago, Seattle, San Francisco, and Phoenix
• Cost of living is 50% higher than Greater Philly. That 2014 median family budget

Housing in Philly is Expensive
• The cost of housing in Philly is expensive and increasing
• 24% increase 2010-2015

Childcare Costs Rising

Fitch Affirms AEHN: Outlook Stable (April 2016)

Magnet
• High quality patient care outcomes and empowered, satisfied staff RNs are key ingredients to achieving real Magnet Status
• We think our proposals help facilitate the final accreditation

Let’s Work Together

Our Next Negotiations Date is August 31, at Mt Airy church, right near the hospital