

SNA PROPOSALS

1. **Footnote 2**- Update list of depts.

9/22 SNA withdrew Windsor Urgent care side letter since it has been agreed to include Urgent Care in Footnote 2. Now awaiting TA on Footnote 2

2. **Footnote 3**- Delete, antiquated

3. **Temp. Reduction in Force (ROH)**- Update list of Med- Surg depts. when dept closed

4. **ACLS Recert.**- Update list of depts. where applies.

5. **App. D Employment Dates side letter**- Seniority- date not adjusted for Workers Comp. or Military Leaves. Re-insert deleted language from previous contracts to clarify seniority dates for Case Mgrs and Nurses who worked SRU, SOU and Behavioral Health

6. **Grievance and arbitration**- Change Assoc. Grievance provisions to enable SNA alone to request the panel of arbitrators rather than jointly request with the Hospital. (In the past, it has been a struggle to get the Hospital's attorney to join us in the request)

7. **ACLS Recert.**- Increases the max amount Nurses are reimbursed from \$145 to \$175 for class tuition. (range of area programs cost \$120-\$175)

8. **Appendix H- Staffing in Pre/post Surgery area**- Deletes this appendix about integrating pre/post (outpatient) with PACU. (It doesn't seem to have been operationalized)

9/22 SNA AGREED W/ Hospital counter 9/20

9. **Health Insurance Coverage**- Assures plan's compliance with requirements of the Health Care Reform Act- e.g. no lifetime limit on coverage & coverage of children up to age 26

9/29 WITHDRAWN

10. **Health Insurance Coverage**- Staff Nurses to be eligible for same bariatric surgery coverage extended to other employees

SRMH COUNTERS

9/27 SRMH AGREED

8/23 SRMH AGREED

8/26 SRMH AGREED

8/23 SRMH AGREED

8/31 See Hospital Proposal I

8/23 HOSPITAL REJECTS despite their Attorney's lack of cooperation for the past 2 Assoc Grievances.

9/20 WITHDRAWN

9/13 SRMH AGREED

9/27 SRMH AGREED to delete

9/20-Willing to delete this outdated appendix but tied to Outpatient & Endo Leads having pt. assignments (reflects current practice)

9/7 Extensive Proposal-

See Hospital Proposal J

Hospital states is part of economic picture but has not responded. 9/22 Agreement is based on further "moves" from SNA on health insurance

SNA PROPOSALS

11. Long term Care Insurance- Hospital to allow Nurses to participate in the Public Long-Term Care Insurance Program though voluntary payroll deductions

9/16 SNA WITHDRAWN

12. Retiree Medical Benefit- Nurses who retire after 1/1/2011, at age 55 or older with 15 or more years of service would be eligible for a Health Care Account established by the Hospital. (Does not "sunset" with Medicare eligibility)

9/29 SNA Counter- Aged 55-60 w/ 15 yrs of service- current monthly benefit.

Aged 60+ w/ 20 years of service- accts w/ \$20,000-\$30,000 dependent on age.

13. Float/PRN, PICC, Admit Nurses- SNA proposes the following changes to current provisions:

9/29 SNA Counter-

- Increase the 2, 12hr Float Nurses to 7 days a week (current= 6 days/wk)
- Current 8 hr Float Nurse M-F unchanged
- One of the 12 hr Float Nurse to be assigned to CCD, PACU and ED 7 days/wk (current 6 days/wk)
- **1 Admit Nurse**, 12 hrs , 7 days/wk (current contract is Admit Nurse 12hrs M-F)
- **Full Time PICC Assistant- Assisting PICC Nurse w/ equip & supply tracking & stocking. Set up for insertions, Assisting during insertions, and other duties as assigned.**
- **No Clinical Navigator**

*SNA's proposal deletes the provision that the language "sunset" with contract.

SRMH COUNTERS

9/28 Hospital Stands- & is part of pkg.

8/18 Must be 60yrs old w/ 20yrs of service to qualify.

Age 60	\$11,000
Age 61	\$13,000
Age 62	\$15,000
Age 63	\$17,000
Age 64	\$19,000
Age 65	\$21,000

Age 65 w/ 15yrs of service \$15,000

Age 65 w/ 10yrs of service \$11,000

Qualified nurses who retire 7/1/11- 6/30/15 may choose either current benefit or this benefit.

9/7 HOSPITAL REJECTED

Used \$72/hr for average Nurses wage to calculate the cost of our proposal.

9/28 Hospital Counter- No Specs re: PICC Nurse but proposed FT PICC Assistant, no increase in PRN or Admit Nurses. Sunset clause with new contract.

Proposes Clinical Navigator role (2 RPT-4's) concentrates on pt. flow. (see Sonoma Way) These 2 + PICC assistants= \$270,000/yr!

SNA PROPOSALS

14. Safe Pt. Handling- Proposal mandates 2 Staff scheduled 7 days/wk- 24 hrs/day and absent staff are to be replaced. (This is the Pt. Transport/Safe Pt. Handling Team. Current contract specifies 2 staff, 8 hr shifts M-F and 1 staff 8 hr shifts Sat/Sun)

*SNA's proposal deletes the provision that the language "sunsets" with the contract.

9/29 Counter- Current contract staffing spec., no sunset clause, specifies that this staff will assist Nurses w/ pts with mobility challenges.

15. Assistive Personnel Staffing- Proposal would require Hospital to staff with appropriately skilled assistive personnel in adequate numbers to assure quality, safe patient care in each dept. at all times (e.g. tele techs, unit secretaries, care partners)

16. Wage Increase/ Contract Term-

9/22 SNA Counter

2 .5% increase October 1, 2010

2 .5% increase October 1, 2011

2yr contract term September 30, 2012

SRMH COUNTERS

9/28 SRMH Counter- 2 Staff, 8hr shifts M-F 14hr max coverage (no weekends) and sunsets with new contract. Tied together w/ other 9/28 proposals

9/7 Assistive personnel maybe utilized as deemed appropriate by Hospital to meet patient needs.

9/28 STANDS

9/28 Hospital Counter

1.5 % 5/1/11

1.5% 4/1/12

Contract term 9/30/12

SRMH PROPOSALS

A. Holiday Pay- for Christmas/New Years

11p-11p Instead of current 3p-3p. (Christmas Eve & New Years Eve, pm's not paid Holiday) also eliminates clarification of when July 4th holiday paid.

B. Leaves of Absence- Medical Leave- approval based on certification of a serious condition by a Health Care provider as defined by Dept. of Labor.

Length of Leave- Medical/Family/Personal defined within a rolling 12 month period measured backward from date leave starts.

C. Flexible Staffing- (10 & 12hr shifts)

9/20- Hospital counter- current language allowing individual agreements but Nurses ability to revert to 8hr from 12hr would have to be approved based on staffing & operational needs (Now at Nurse's discretion)

9/22 Hospital counter- same as SNA proposal with effective date 11/1/10

D. Acuity Committee- Would only allow committee to recommend rather than determine acuity staffing guidelines.

9/22pm Hospital Counter- CNO would make decision if committee did not reach majority consensus.

E. PTO- see separate handout.

9/28 Hospital Stands- part of pkg

F. Disability Reserve- see separate handout.

9/28 Hospital Stands- part of pkg

G. Short Term Personal Leave- (non-emergent, prescheduled days) 48 hrs notice required for request.

H. Lead Nurse Staffing- Dept. must have 10 pts to warrant lead w/o patient care assignment (currently is 8 pts.) and Lead Nurses may have pt. assignment under conditions defined by the Hospital!

SNA COUNTERS

9/16 SNA REJECTED
& SRMH WITHDREW

8/31 SNA AGREED- After clarifying definition of serious condition and rolling years.

9/21 SNA Counter-Nurses converting to alternative shifts after 1/1/11, could revert to 8hr shifts with approval.

9/22 SNA AGREED

9/27 SNA AGREED- CNO would only make decision if committee failed to reach consensus & after mtg w/committee

9/21 SNA REJECTED

9/21 SNA REJECTED

8/25 SNA AGREED

9/16 Hospital amends it's proposal to indicate that only ARU would have 10pts in order to warrant a Lead w/o Pt. care assignment.

9/22 SNA REJECTS

SRMH PROPOSALS

I. Employment Dates (App. D) Performance Evals/Step Increases- (Art. IV, Art. VII, & Art. XIV)

Step increases automatic with no relationship to eval. Evals to be done yearly (no date specified) Employment date info updated.

J. Health Insurance-

9/28 Hospital STANDS- part of pkg

- Increases % of Health Insurance premiums paid by Nurses

FT	3% to 8%
RPT 4	8% to 13%
RPT 3	11% to 18%
RPT 2	18% to 23%

- Increases co-pays for RX drugs

Generic	no change
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9/22 Hospital AGREED with SNA 9/16 counter

- Increases co-pays for ED & Urgent Care

9/22 Hospital Counter

ED	\$50 to \$125
Urgent Care	AGREED \$30

- Increase in co-insurance

9/22 Hospital Counter

10% to 20%	In Network
30% to 40%	Out of Network

- Increase in Deductible

9/22 Hospital AGREED with SNA PPO counter

Non PPO \$500/Ind to \$1,000
\$1,500/Family to \$3,000/Family

SNA COUNTERS

9/29 AGREED

Note: D. Miller anticipates no increase in health insurance premium costs for 2011. Anticipates 4% increase in costs during 2011 that would impact employees for 2012.

9/16 SNA Counter

Brand co-pay \$20
Non-formulary co-pay \$35

9/29 SNA Counter- ED co-pay \$100

Urgent Care co-pay \$30

PPO Deductible
\$300 individual
\$900 Family

Note: Some of the Hospital's "doomsday" projections concerning Health Care Reform are based on excised tax imposed on "Cadillac" health plans in **2018!**

SRMH PROPOSALS

J. Health Insurance Cont.....

9/22 Hospital Stands

- **Increase in Out of Pocket Max**

PPO \$1,250/Ind to \$2,000/Ind
\$2,500/Family to \$4,000/Family

Non PPO \$2,000/Ind to \$3,000/Ind
\$6,000/Family

K. On Call/Call Back

9/28 Hospital STANDS -part of pkg

- Decrease in On call pay from 1/2X pay w/ shift diff to **30% pay w/o shift diff**
- 40% pay for Holiday call
- Call back 3hr min to **2hr min**

L. Eligibility for Overtime

9/28 HOSPITAL STANDS- part of pkg

ETO, Sick Time (Hosp. has proposed PTO/ Dis Reserve) and Ed Leave would not count toward hours worked to qualify for overtime. (40hrs/wk or 80hrs/pp)

M. Pediatrics- Closed Dept.

9/28 SRMH Counter- Recognizes Peds as part of Women's and Children's, Nurses to receive training & achieve competencies for Adult pts in W/C. Adult pts must meet criteria established by SRMH w/ input from Staff/ Physicians. Peds Nurses not to float out of W & C.

N. Wage & Hour Review- Sideletter

Side letter that once the Hospital has finished it's internal wage/hour review, Hospital will notify SNA of issues that need to be addressed & parties would agree to re-open the contract on these issues

9/28 HOSPITAL STANDS- part of pkg

SNA COUNTERS

9/21 SNA REJECTED

9/21 SNA REJECTED

9/29 AGREED- Adds back in that if Peds Nurse disputes whether Adult Pt belongs on Peds- May request Hospital Adm. to review & determine as to the continued presence of the adult pt.

9/27 SNA Counter- Peds Nurses not to float out of Women & Childrens. Must have training & competencies to care for Adult pt on Peds. Adult pts in Peds must meet acuity/safety criteria.

9/27 SNA Counter- Further defining process.