

## SNA PROPOSALS

1. **Footnote 2**- Update list of depts.
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. **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
10. **Health Insurance Coverage**- Staff Nurses to be eligible for same bariatric surgery coverage extended to other employees

## SRMH COUNTERS

- 9/1 Need to resolve details for Windsor Urgent Care
- 8/23 AGREED
- 8/26 AGREED
- 8/23 AGREED
- 8/31 See Hospital Proposal I
- 8/23 **HOSPITAL REJECTS** despite their Attorney's lack of cooperation for the past 2 Assoc Grievances.
- 9/7 **Extensive Proposal**-  
See Hospital Proposal J

## 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

**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)

15 yrs of service     \$25,000

20 yrs of service     \$30,000

25 yrs of service     \$35,000

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

- 2 PICC Nurses 12hrs 7days/wk
- 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)
- 2 Admit Nurses, 12 hrs with combined coverage of 16 hrs, 7 days/wk (current contract is Admit Nurse 12hrs M-F)

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

**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.**

## SRMH COUNTERS

**9/7 Response from Hospital next week**

**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 REJECTS**

**9/1** Deletes all contract language referring to scheduled hours or number of staff dedicated to Pt. Handling.

**SNA PROPOSALS**

**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**-

5% increase October 1, 2010

5% increase October 1, 2011

2yr contract term September 30, 2012

**SRMH COUNTERS**

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

**9/7**

1% 7/1/11

1% 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) eliminates provision for individual agreements with Nurses and invokes state/federal laws.

Therefore- a 2/3 vote of dept staff could force all nurses in dept to work 12hr shifts. **And Nurses could not revert to 8hr shifts except by another 2/3 vote.**

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

**E. PTO**- see separate handout.

**F. Disability Reserve**- see separate handout.

**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

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

**8/25 AGREED**

**8/31** Hospital gives example of patients waiting in ED for beds as example of when limited pt assignments for limited times would apply to Lead Nurses

## 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-

- Increases % of Health Insurance premiums paid by Nurses

FT	3% to 10%
RPT 4	8% to 15%
RPT 3	11% to 20%
RPT 2	18% to 25%

- Increases co-pays for RX drugs

Generic	no change
Brand	\$15 to \$25
Non- formulary	\$30 to \$40

- Increases co-pays for ED & Urgent Care

ED	\$50 to \$175
Urgent Care	\$15 to \$75

- Increase in co-insurance

10% to 25%	In Network
30% to 45%	Out of Network

- Increase in Deductible

PPO	\$250/individual to \$500/Individual
	\$750/Family to \$1500/ Family
Non PPO	\$500/Ind to \$1,000
	\$1,500/Family to \$3,000/Family

## SNA COUNTERS

## SRMH PROPOSALS

### J. Health Insurance Cont.....

- 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

- Decrease in On call pay from 1/2X pay w/ shift diff to 1/4X pay w/o shift diff
- 35% pay for Holiday call
- Call back 3hr min to 2hr min

### L. Eligibility for Overtime

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.

Confusing proposal re: the future of Peds-? Part of closed Mother/Baby Dept. or ?

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