

## Contract Changes 2020-2023

1. **Art VIII Schedule**- Not to be changed with less than 72 hours' notice without Nurse's consent.
2. **Art V**- SNA meetings with new hires at orientation Language clarification.
3. **Art XVII PRNC** clarification of CNO or designee in attendance
4. **Art VII Shift Diff** for orientation to be paid based on the shift to which nurse was hired regardless of shift worked during orientation.
5. **New Article -Payroll correction**- Hospital errors of \$100 or more to be corrected in seven (7) business days after the Nurse notifies HR service center. Nurses advised to respond timely to resolution of issue (that time has been expanded)-accept or reject. If reject, issue escalated to next level.
6. **Workplace Violence/Safety- NEW ARTICLE**; standing agenda item for PRNC who will review the hospital's program for efficacy and compliance with law, meet with Director of Risk and make recommendations for change.
7. **Art VIII Hours of Work**-computation of overtime assurance that Hospital will pay overtime. Current method of computing overtime in effect until workday reassignments occur. These assignments made with effort to include Nurse's usual shifts. SNA and Hospital to work out a method by which the Nurse can declare overtime that was not computed, or that 'workday' assignment did not capture.
8. **Article XVIII Discipline**- Clarified timing for discipline process, limit of 30 days for entire process to complete. Time limit extended if Nurse on LOA or if failed to attend a scheduled meeting with Hospital.
9. **Article XVI- Peds lead** in addition to ratios if census more than 8
10. **Appendix J Safe Patient Handling**- removed details regarding Transport team-sunset
11. **Article XVI F. Assistive Personnel (Float Care Partners)** removed sunset
12. **Appendix E Nursing Departments** list updated, delete ASI, add Sotoyome & Float Pool
13. **Article II Rights and Responsibilities** -Closed depts, Nurses in Clinical Academy can float back to original dept after 6 months once per month for next 6 months
14. **Article IX Absenteeism** – Nurses must call off 2.5 hours before start of shift. Verbal warning of approach of 6 occurrences deleted. Language re: First step of discipline, verbal with a CAP with 6 occurrences.
  
15. **Article IX LOAs**- Bereavement/Compassionate Leave- 5 days/year as current prorated for part time. Extensive list of family members who qualify. For those deaths of a loved one that do not qualify, the Hospital will grant at least one day of PTO or if PTO not available, an unpaid day.
16. **Appendix B- LOAs** Medical Disability unchanged until 2023. Short Term Disability as of 2023 replaces Medical Disability.  
Benefitted Nurses covered at Hospital cost, at least 65% of regular income, integrated with SDI. PTO maybe used to equal 100%.  
Relief Nurses eligible for unpaid short term disability leave with use of ADA(Americans with Disabilities Act)  
Worker's Comp- length of leave still case by case basis. Health care coverage for 6 months.

Extended Personal- length extended to 6 months, health care continued coverage for 60 days.

**17. Article IX Long Term Disability-**

- No change in 2021
- Effective Jan 1,2022
- Continues to be a Hospital paid benefit
- Benefit is 60% of Nurses straight time rate plus shift diff if applicable
- Contributions Nurse receives from other sources like SDI, workers comp, SSI, etc are included towards the benefit.
- Benefit begins after 180 days continuous disability and ends when disability ends or until age 65 whichever is first.
- \$10,000/ month max
- “Buy up” coverage equal to 66.67% of monthly earnings with \$10000/month max

**18. Article IX PTO – no change to accrual for 2021 and 2022 (See PTO deposit info for PTO deposits in 2022)**

- As of January 2023 accrual will change (**see grid**)
- Note- Nurses with 1-4 years of service gain accrual, 5-10 YOS lose a small amt. .0003accrual/hr, 10-15 YOS lose .008 accrual/hr, 15 plus YOS lose .0003 accrual/hr.
- Grandfathered Nurses who had 15+ YOS as of 12/31/2015 will lose their grandfathered status and earn the same as other 15+ nurses
- HOWEVER- PTO deposits offset loses – April 2022 & April 2023 Nurses with 10 or more YOS will receive PTO equal to 2 shifts (16 hrs for 8 hr shift, 24 hrs for 12 hr shift Nurses)

Except those Nurses who were “grandfathered” with 15+ YOS as of 12/31/2015 will receive a deposit equal to 3 shifts in April 2023

Years of Service	Accrual Rate Per Hour worked	Maximum Earnings Per Pay Period*	Maximum Accrued Hours Per Year*	Maximum PTO Balance
<u>Less than 3 years</u>	<u>0.096125 hour</u>	<u>7.69 hours</u>	<u>200 hours</u>	<u>300 hours</u>
<u>3 to less than 5 years</u>	<u>0.10775 hour</u>	<u>8.62 hours</u>	<u>224 hours</u>	<u>336 hours</u>
<u>5- less than 10 years</u>	<u>0.115375 hour</u>	<u>9.23 hours</u>	<u>240 hours</u>	<u>360 hours</u>
<u>10 to less than 15 years</u>	<u>0.126875 hour</u>	<u>10.15 hours</u>	<u>264 hours</u>	<u>396 hours</u>
<u>15 or more years</u>	<u>0.134625 hour</u>	<u>10.77 hours</u>	<u>280 hours</u>	<u>420 hours</u>

**19. Article VII Compensation CES-(Compensation for Extra Shifts)**

- CES shifts/hours must be expressly authorized by Dept Manager or Shift Administrator and approved by the Dept Director.
- Amounts paid remain the same
- No longer required that master schedule be posted before CES is authorized
- 2X CES pay on holiday eliminated
- Nurses who have transferred from Full time to RPT in the same dept and same shift are not eligible for CES pay for the first year in the new Part time position

**20. Article VI Scheduling – Traveler/agency nurses not to be scheduled before FT or RPT for their commitment or before relief/casual Nurses for which they have submitted availability.**

**21. Article XII Order of Reduction**

- Registry
- Nurses on premium pay as long as staffing requirements met
- Previously denied PTO request
- Requested shift off
- Traveler Nurse
- Temporary Nurse
- Casual Pool Nurse
- Relief Nurse in order of least seniority unless senior Relief Nurse has already worked 2 shifts/week and junior Relief Nurse has not
- Regular Nurse MROH in order of least seniority unless dept has agreed upon an alternative method

**22. Appendix C & D Clinical Ladder- able to use criteria for 2021 and 2022**

- Gateway- effective 2023 is entry to Clinical Ladder
  - SNIII- 1 year of service at SRMH (not including time spent in Clinical Academy)
  - SNIV- One of the following: BSN, MSN/MN, National Specialty Certification OR staff Nurse at SRMH since 2015 and has been on clinical ladder for at least one year
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- SNIII- 3 criteria points
  - SNIV- 5 criteria points

**Criteria**

- Certifications- 2 required (unless mandatory for dept)
- National Specialty Certification- (does not count if used for gateway)
- Advance Practice Credential (eg Nurse Practitioner, Clinical Nurse Specialist or Public Health Nurse) NEW
- Clinical Expert- minimum 1 year experience as RN (NEW), 2 narratives required illustrating 4 of Benner's domains (currently 3)
- Community Service – virtually unchanged
- Cross Training- credit still given for CCD nurses caring for CVU pts. Hour requirement unchanged
- Rapid Response Team-25% of time worked

- Special Projects- approved by manager, 24 hrs/yr required, can included working with high school students, chairs/leaders of UBC/council and committee recognized
- Dept/Hospital Committee- can use for 2 committees
- Education- BSN, MSN/MN or other graduate degree (unless using as a Gateway),or 6 college/university credits
- Lead Nurse- Relief lead 25% of time
- Precepting- counts for 2 students or 2 New Nurses (residents in Clinical Academy) and 2 points for 4 Nurses
- Teaching- unchanged
- Mentoring -unchanged
- Poster Presentation-Create and share for example during Nurses week
- Subject Matter expert-author a Nursing article or study that has been published in professional journal
- Daisy award/ “Bunch” during currant year
- SNV- mostly unchanged

**23. Article IX- Retirement Plan - Current Plan in effect through 2022**

- New Plan effective 1.1.2023

**401k-** increased match of Nurse Contributions

0-4 yrs of service	Hospital matches 50% of first	3%
5-9 yrs “	“	4.5%
-10-14 yrs “	“	6%
15 + yrs “	“	6%

**401a-**

0-4 yrs of service	Hospital contributions	3%	( total of 401k + 401a	4.5%)
5-9 yrs “	“	3%	( total of 401k + 401a	5.25%)
10-14 yrs “	“	5%	( total of 401k + 401a	8%)
15+ yrs “	“	6%	( total of 401k + 401a	9%)

- Nurses auto enrolled in 401k at 6% contribution- Nurse may decline
- 401k vested immediately and owned by Nurse
- 401a- 5 yrs vesting process and 1000 hours worked/ year, must continue to work 1,000 hrs/yr to receive contributions
  - Paid hours such as PTO, Ed Leave, Bereavement, etc count toward 1,000 hrs
  - Hospital contributions deposited once/yr
  - Must be “active employee” at end of year to receive contributions
  - If on a paid LOA at the end of the year, Hospital will continue to count Nurse as employed but must have 1,000 hrs to receive 401a contribution

**24. Article XVI- Admit, PICC, PRN-** now located in a side letter for 2020-2023. Not subject to layoff but may be required, consistent with their job descriptions, perform additional duties for which they are oriented and have validated competencies.

**25. Article IX- Health Insurance-** No changes in 2021

- Changes in 2022- Medical, Prescription Drug, Dental, Employee Assistance, Vision and AD&D.

- However, for 2022-2024- Hospital will maintain EPO, PPO, HRA/HSA plans. The PPO will maintain \$250/individual and \$750/family deductible in network and out of pocket max of \$1500/\$3000 per current design plan
- Premium Contributions- May increase by a blended average of 10% each year for EPO, HRA/HSA and no greater than 15% per year for the PPO. (These increases are on the dollar amount Nurses pay, not increasing the %
- RPT4 will pay the same amount as Full time Nurses (a break for RPT4)

**26. Break Relief – Pilot Program effective June 1, 2021**

- Day shift leads and relief leads on 1E, 2E, 3E, 4N, and 4W will not be required to provide break relief for more than 3.75 hours (equivalent to 3 Nurses taking 1 meal and 3 rest breaks per 12 hr shift)
- Additional break relief needs will be met by other means ( eg dedicated break relief Nurses, hired either on a per-unit or multi basis( not eligible for float pay)
- If the Pilot Program is successful, the Hospital will not unreasonably deny requests to extend it to other units
- Meanwhile- before the Pilot Program takes effect and during the Pilot Program, SNA and Administration will continue to discuss break relief needs where we have identified a pattern of missed meals and rest breaks. We will review potential solutions and if reach agreement, that agreement will be included in the contract.

**27. Wages**

3% effective first full pay period after ratification

3% effective first full pay period after Sept 30, 2021

3% effective first full pay period after Sept 30, 2022

Preserves 5% Procedural Pay

Contract expires 9.30.2023