

SRMH Package Proposal: Article VII (Compensation), Article IX (Employee Benefits, PTO, Vacation Scheduling), Article XII (Reduction of Hours, Layoffs and Recall), Article XVI (Patient Advocacy), and Appendix A (Wage Increases)

ARTICLE XII - REDUCTIONS OF HOURS; LAYOFFS AND RECALL

A. Temporary Reduction of Hours

If a temporary surplus of Nurses in a department exists, and after the Hospital has attempted to assign the surplus Nurses to other departments where they are qualified to work, the following reduction of hours (ROH) procedure in order of appearance shall be utilized for each shift provided that in the Hospital's reasonable determination, skill mix requirements are met and the department has adequate coverage for meal and rest breaks:

1. Registry
2. Nurses receiving premium pay as long as staffing requirements as specified in this Agreement are met
3. Previously denied PTO request
4. Requested Shift Off
5. Traveler Nurse 1
6. Temporary Nurse
7. Casual Pool Nurse
8. Relief Nurses by rotation in order of least seniority ~~unless the senior Relief Nurse has already worked two shifts/week and junior Relief Nurse has not (see Article VI A.3.d).~~
9. Regular Nurses shall be mandatorily reduced in order of least seniority unless the department has agreed upon an approved alternative method of reduction.

However:

- a. If the least senior Nurse cannot be reached at least two (2) hours before the start of the shift (or, if the

need for cancellation was not known at least two (2) hours before the start of the shift and the least senior cannot be reached with the first attempted contact) then the Hospital will attempt to contact the remaining Nurses scheduled for that department and shift, in ascending order of seniority.

b. If the Hospital does not attempt to cancel a Nurse subject to cancellation and the Nurse reports for work as scheduled, the Nurse shall be provided with a minimum of four (4) hours work or four (4) hours pay, or combination thereof.

b.c. If a Nurse has a Mandatory Reduction of Hours or has requested the shift off, the Nurse will have the option to use PTO.

e.d. The Hospital may elect to place a Nurse on standby for the remainder of the scheduled shift. Nurses placed on standby are required to be available to be called to work if the need should arise.

d.e. If the majority of Nurses in the department have reached an agreement on an alternative method of selecting the Nurse to be canceled, this method shall be presented to the Chief Nursing Officer.

(1) If accepted by the Chief Nursing Officer, the alternative method

~~¹The Hospital and the Association agree that the Hospital may employ and/or contract with Traveler Nurses for the following purposes only: provided staffing coverage for Nurses' leaves of absence, for temporary coverage of posted Nurse positions until the positions are filled and to provide staffing coverage when Nurses must be relieved from duty to attend extensive mandatory education.~~

(2) shall be binding on the Nurses and the Hospital until at least thirty (30) calendar days advance

notice to the contrary is given by the Chief Nursing Officer, or a majority of the Nurses from that unit, whichever is applicable. Under such alternative method to the use of the least senior concept, Paragraphs 9.a, b, and c above shall continue to apply but references to “least senior” will be modified (e.g., in 9a, “least Senior Nurse” would refer to “Nurses subject to cancellation,” and “in ascending order of seniority” would refer to “the remaining Nurses subject to cancellation,” etc.).

- (3) If the Chief Nursing Officer fails to approve the alternative method, the Staff Nurses Association may request a meeting with the Chief Nursing Officer, so that the subject can be reviewed and discussed in an effort to develop a mutually acceptable procedure.

10. If a Regular Nurse is canceled after having worked at least four (4) but not more than five (5) hours, she/he shall be credited with one-half (1/2) shift cancellation. Such one-half (1/2) shift cancellation shall be credited toward ten (10) maximum shift cancellations per calendar year for that Nurse.

11. If a Nurse has been canceled ten (10) shifts within a calendar year, then during the remainder of that same calendar year the Nurse shall be excused from further shift cancellation under this Section, and the remaining Nurses, in ascending order of seniority, shall be canceled, provided that any such remaining Nurses are scheduled for the same day and shift within that department.

12. Reasonable efforts will be made to avoid having all Regular Nurses reach ten (10) shift cancellations in a

calendar year in a department and shift. The following list includes, but is not limited to, options SNA and the Hospital may consider in order to avert all Nurses reaching the ten (10) maximum cancellations.

- a. Voluntary temporary reassignment to another department where the Nurse is qualified and needed to work.
- b. Voluntary temporary reassignment to another shift where Nurse is qualified and needed to work.
- c. Voluntary personal leaves of absence for periods not to exceed three (3) months shall be granted unless the Nurse and Hospital agree to a longer period. There shall be no loss of seniority for the period of leave.
- d. Work sharing agreements among qualified Nurses may be implemented.

13. If the situation arises where all Regular Nurses scheduled for a shift in a specific department have reached the ten (10) shift cancellation maximum during a calendar year and all the above-described steps cannot be employed to alleviate the situation, the Nurse next in the cancellation rotational schedule may be canceled. The Nurse shall be given the opportunity to work another shift on another day. On that day if someone is to receive a mandatory reduction of hours MROH, it will be a Nurse who has not yet received ten (10) MROH's in a calendar year. In exercising this option, the Nurse is to:

- a. Schedule another shift with the Manager or Director, in the same pay period or during the next pay period.
- b. No additional cost beyond regular pay can be incurred for the

pay period.

14. If all Nurses in a department or on a specific shift in that department accumulate six (6) MROH's and it appears a maximum of ten (10) in a calendar year may be reached by all Nurses on that shift or in that department, the group of Nurses in the department or shift will determine among themselves whether to start another rotation of ten (10) MROH's. If that option is not selected and all other options (listed in 12 a-d) have been eliminated, the Hospital and the Association will discuss plans for an across the board decrease, reduction in force or position elimination in that department or on that shift.
15. When an entire med-surg department is closed, all med-surg departments shall be treated as a single department for purposes of the shift cancellation procedure as set forth in Article XII A 1-9 above.

The consecutive order of shift cancellation shall be:

MedSurg 1E

MedSurg 11C

MedSurg Neurology 2E

MedSurg Orthopedics 2C

MedSurg Oncology 3E

MedSurg Pediatrics 3W ~~MEDICAL SURGICAL~~

Neurology Telemetry 4N

Cardiac Telemetry 4W

Float Pool

Setoyome Acute Rehabilitation

Any new unit established during the life of this Agreement shall be added to the end of the foregoing list, unless otherwise agreed between the Parties.

As surplus situations occur during the time a med-surg department is closed, each department shall, in turn, select the Nurse to be canceled on the basis of the shift cancellation procedure being utilized by that department. The Nurse in the department which has been closed, or the Nurse who is surplus in the med-surg departments, shall replace the Nurse who has been canceled. If the skill level in the department cannot be maintained with this reassignment, the next department in the rotational order shall utilize the shift cancellation procedure. The replaced department shall be next in line for the subsequent shift cancellation procedure.

The purpose of this procedure is to avoid having one med-surg department bear the impact of all shift cancellations because it is closed. The procedure is designed to distribute equally the shift cancellations throughout all med-surg departments if this becomes necessary after all other measures specified in Article XII (A 1-9) of the Agreement have been utilized.

Remainder of Article is Current Language