

May 3, 2013

**UMASS MEMORIAL MEDICAL CENTER COMPREHENSIVE PACKAGE
PROPOSAL**

1. **MNA No. 38 - Wages:**

UMMMC Counter proposal:

- Effective as soon as practicable following ratification, provide a 1% bonus to each full-time and regularly scheduled part-time nurse who has been employed at least six months as of the date of ratification (calculated based on the nurse's base hourly rate as of ratification X regularly scheduled hours per week as of ratification X 52 X .01).
- A 1.5% across the board increase (ATB) applies to all steps and will be effective the first full shift beginning on or after 11:00 p.m. on 8/1/13.
- A 1.5% across the board increase (ATB) applies to all steps and will be effective the first full shift beginning on or after 11:00 p.m. on 8/1/14.

2. **UMMMC No. 24 – Duration:** Two years from date of ratification.

3. **UMMMC No. 12 – Retirement Benefits:**

Add the following language:

The current plan design for the defined benefit plan and the 401(k) plan shall remain in effect through December 31, 2016.

Effective January 1, 2017, the defined benefit pension plan will be AMENDED:

DEFINED BENEFIT PENSION PLAN

Monthly pension at age 65 earned after December 31, 2016

- 1.25% of each year's pay divided by 12, not subject to any cap on years of credited service
- Eligible pay includes base pay and shift differential (up to 40 hours per week)
- 3 year vesting for all RNs

The change in the benefit formula is more fully set forth in Exhibit A hereto. To the extent this provision differs from the terms set forth in the Plan's Summary Plan Description ("SPD"), the SPD controls.

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Also effective January 1, 2017:

401(k) PLAN

401(k) match is increased from 25% to 50% on every dollar contributed up to 4% of compensation.

Delete the following language from Section 12.01 C and D:

“The above paragraph also applies to maintain the current pension plan including the 401K plan.”

4. UMMC No. 13 – Vacation Accruals:

Section 9.02:

a) Vacation leave with pay shall be accrued to full-time bargaining unit RNs at the end of each full month of employment, as follows:

<u>Length of continuous full-time “creditable service” as of the end of each applicable month</u>	<u>Vacation Leave Accrued</u>
Less than 55 months (4½ years).	7/12 day per month (total of 7 days per year.)
55 months, (4½ years) but less than 115 (9½ years).	1 days per month (total of 12 days per year.)
115 months, (9½ years) but less than 235 months (19½ years).	1 5/12 days per month (total of 17 days per year).
235 months or more (19½ years).	1 5/6 days per month (total of 22 days per year).

5. UMMC Nos. 18 and 19 – Health Insurance:

As modified:

Full-time – No change in premium sharing

Part-time – 77%/23% effective January 1, 2013 (excluding PPO rates which shall remain the same)

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Continue health insurance side letter for term of this agreement. See attached.

6. **MNA No. 3 – Subcontracting:**

UMMMC counterproposal:

The Hospital will not contract out bargaining unit work in core service areas. For the purposes of this Section, core service areas are defined as inpatient units, OR, PACU and the Emergency Department. Nothing herein shall limit the Hospital's right to use travelers, temporary/casual, agency and/or leased nurses. This Section sunsets and automatically terminates at the expiration of this Agreement.

7. **MNA No. 4 – Resource Nurse Assignment:**

UMMMC Counter-Proposal:

Article V. Resource Nurse Section 5.07

Add the following language:

The employer is committed to a decreased patient assignment for the Charge RN. To that end, the budgeted FTEs in all areas shall be reviewed annually based upon 1) census data, 2) new programs, 3) changes in acuity, and 4) changes in the model of delivery of care. This review process is to ensure appropriate staffing levels to accommodate the ability to provide a reduced assignment for the charge RN. Other information identified in determining the reduced patient assignment will include additional resources, such as 1) currently performed charge tasks and responsibilities, 2) specialty areas considerations, 3) clinical assignments. This information will facilitate recommendations for the role of the charge nurse for individual units(s) and specific shift(s), if necessary. The above information shall be reviewed at the Staffing Advisory Committee for analysis and recommendations. Representatives from the Staffing Advisory Committee will work with individual managers to reach the goal of a reduced charge nurse assignment. Reasonable attempts will be made for resource nurse to enter shift with the assignment noted below.

Resource Nurse Assignment

Emergency Department	Goal	No assignment unless unforeseeable or unpredictable circumstances or if the Charge Nurse decides to take a patient assignment.
Pedi Ed	Goal	Reduced assignment.
OR/PACU/SACU	Goal	No assignment unless unforeseeable or unpredictable circumstances or if the Charge Nurse decides to take a patient assignment.

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Cath Labs	Goal	No assignment unless unforeseeable or unpredictable circumstances or if the Charge Nurse decides to take a patient assignment.
ICU's (Lakeside2ICU, Lakeside3ICU, 3ICU, 6ICU, 7ICU, PICU)	Goal	No more than 1 patient unless there are unforeseeable or unpredictable circumstances or if the Charge Nurse decides to take a larger patient assignment.
BMT	Goal	Reduced assignment.
Pediatrics	Goal	Days and Evenings: Charge Nurse will have no more than 2 patients unless there are unforeseeable or unpredictable circumstances or if the Charge Nurse decides to take a larger patient assignment. Nights: Reduced assignment at discretion of Charge Nurse.
Psychiatry (8E, EHH, PTC)	Goal	Reduced assignment.
3 Lakeside Stepdown	Goal	No more than 1 patient unless there are unforeseeable or unpredictable circumstances or if the Charge Nurse decides to take a larger patient assignment.
Med/Surg. (excluding 8W)		Days and Evenings: Charge Nurse will have no more than 2 patients unless there are unforeseeable or unpredictable circumstances or if the Charge Nurse decides to take a larger patient assignment. Nights: Reduced assignment at discretion of Charge Nurse.

8. **MNA No. 44 Staffing:**

UMMMC counterproposal:

- Practice of 8:1 assignments on the night shift in medical surgical areas shall be eliminated within eight (8) weeks of ratification.
- Stat RN: Within six months after ratification, add one critical care stat RN (11 a.m. to 7 p.m., 7 days per week), to assist with ED and ICUs.

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- ~~CDUED~~: Within six months after ratification, add the following to the ED core staffing:
 - two RNs (days and evenings, 7 days per week)
 - one RN (nights, 7 days per week)

9. **Tentative Agreements.** All tentative agreements to date.

-MNA Proposal No. 1

-MNA Proposal No. 7

-MNA Proposal No. 18

-MNA Proposal No. 20

-MNA Proposal No. 22

-MNA Proposal No. 25

-MNA Proposal No. 28

-MNA Proposal No. 29

-MNA Proposal No. 31

-MNA Proposal No. 39

-UMMMC Proposal No. 6 and MNA Proposal No. 14

-UMMMC Proposal No. 11

10. All other UMMMC and MNA proposals are withdrawn without prejudice.