

Summary of Major Changes to Redlined ONA-PMH Collective Bargaining Agreement Recommended by the ONA Bargaining Team

- **Overall:** Change Association to Union to remain consistent; change “On-Call Nurse” to “Per Diem Nurse”
- **Article 1: Recognition**
 - Clarify “administrative and supervisory personnel” are excluded from unit.
- **Article 2: Definitions**
 - Language change to add Introductory Nurse definition.
- **Article 5: Hours of Work**
 - **Section A:** Content change to require Hospital to make reasonable efforts not to split nurses’ shifts except where operational or patient care needs require.
 - **Section B:**
 - Language clarifications around Hospital’s obligations to provide meal and rest periods and nurses’ rights to take personal legal action for violations.
 - Content change to require Hospital to detail how to achieve “appropriate relief” for breaks in each unit’s staffing plan no later than December 31, 2018.
 - **Section C:** Language clarification around rate of pay for overtime payment (consistent with law).
 - **Section E:**
 - Clarify nurses will be paid full shift length when a mandatory training is 8 hours or more.
 - Clarify nurses are paid for travel time for mandatory trainings.
 - Content change requiring Hospital to pay nurses one hour minimum for any mandatory meeting/training
 - Clarification/content change regarding trainings less than 8 hours – Nurse should work with manager to determine the plan for the rest of the shift and should work to minimize overtime.
- **Article 6: Work Schedules**
 - **Section C:** Content change on block or pattern scheduling per department and limitations on Hospital’s changes to the schedule.
 - **Section E:** Content change prohibiting Hospital from requiring nurses to work more than three consecutive 12 hour shifts without nurse’s content and requiring nurses to get permission to work more than four consecutive 12 hour shifts.
- **Article 7: Compensation**
 - **Wages:**
 - .5% bonus upon ratification
 - 2.25% increase for 2018
 - 2.0% increase for 2019
 - **Per Diem (On-Call) Rate:** from \$3.50 to \$3.75
 - **Article E:** Content change requiring Hospital to provide an explanation of the Hospital’s payroll errors and requiring Hospital to post a legend for employee paychecks on the Hospital website.
- **Article 8: Differentials**
 - **Certification:** from \$2.25→\$2.30 (and language clarifying that nurses to keep their differentials upon transfer to another department unless and until the certification expires).
 - **Evening:** from \$2.40 → \$2.45
 - **Night:** from \$5.75 → \$5.80
 - **Charge:** from \$2.30 → \$2.75
 - **Weekend Bonus:** New system establishing opportunity for nurses to achieve a weekend bonus once a year depending upon the number of weekend hours worked on or before October 15 of each year.

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Tiered levels at 600+ hours, 450+ hours, and 300+ hours (and 150+ hours for surgical services, where it is harder to pick up weekend shifts).

- **Article 9: Standby Compensation**
 - ***Call Back on a Holiday***: from 1.5 times regular pay to 2 times regular pay
 - Substantive change to call back language limiting call back pay only where:
 - The nurse has first clocked out and then receives a call from the manager to return to work, or
 - The nurse continues the regularly scheduled shift for more than 59 minutes.
- **Article 10: Extra Shifts**
 - Decreasing the minimum hours required to earn an extra shift benefit from 4 hours to 3 hours.
- **Article 11: Health Benefits**
 - Benefits stay the same as they currently are, with another agreement to bargain benefits in the 2nd year of the contract period (2019).
- **Article 13: Professional Development**
 - Section B:
 - Substantive change shifting the period of time that the educational funds are distributed (requiring a one time period of 18 months instead of 12 months).
 - Increase in the full pot of educational fund money (from \$18,000 to \$20,000) as well as increase in individual caps on ability to obtain educational funds (up to \$1,100 annually).
 - Moved last section to Article 5.
- **Article 14: Paid Time Off (PTO)**
 - ***Section C***: added the word “pre-scheduled” to definition of paid hour
 - ***Section F***: substantive change so that nurses can use PTO sooner (after 3 months instead of after 6 months of employment).
- **Article 15: Extended Illness Time (EIT)**
 - ***Section D***: substantive change so that nurses can use EIT sooner (after 3 months instead of after 6 months of employment).
- **Article 17: Staff Reduction**
 - ***Section B***:
 - clarify that it can include the “remaining portion” of a shift and substantively require the hospital to keep a nurse on shift rather than give their work to a manager or supervisor, unless that manager has “specific skills and abilities necessary to patient care may continue to perform those patient care duties.”
 - Prevent the Hospital from requiring a nurse to take involuntary MDO more than once per pay period unless all other similarly skilled nurses working the same shift and department have also taken MDO at least once during that same pay period.
 - Substantive change to require Hospital to pay call-back pay when they are called into work regardless of whether the nurse had been placed on standby.
 - ***Section C***:
 - Substantive change to add benefit to nurses who have been displaced but then accept a position back into the bargaining unit such that they will receive their certification and clinical ladder pay that they received in the last pay period prior to their displacement.
- **Article 21 : Introductory Period and Discipline**

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- **Section C:** Substantive change requiring Hospital to offer the nurse an appropriate and confidential time for discipline at the beginning or end of shift and up to 15 minutes following a disciplinary meeting before returning to patient care duties.
- **Article 27: Equipment**
 - **Section B:** Delete as obsolete the “Product Review and Analysis Committee”
 - **Section C:** Substantive change creating an appeals process for nurses’ requests, suggestions or concerns regarding medical or safety equipment.
 - **Section D:** Requiring Hospital to pay 2 Senior Psych nurses for time attending meetings with management to discuss how to improve patient restraint and seclusion processes.
- **Article 33: Stewards and Orientation**
 - **Section D:** Require Hospital to pay nurses to attend an orientation on the changes to the CBA.
- **Article 34: Union Access**
 - **Section A:** Language clarification that union representatives should check in at Security Desk and wear an ID Badge.
 - **Section B:** Clarify Union entitlement to use conference rooms.
- **Article 40: Professional Nursing Care Committee (PNCC)**
 - **Section A:** Add Senior Psych Unit
 - **Section B:** Allow PNCC members to use an additional 4 paid hours to do committee work for the final month of disbursement.
 - **Section C:** Clarify PNCC can consider nursing practice and processes.
 - **Section D:** Require Chief Nurse Executive to respond in writing to any written recommendations provided by the PNCC within thirty (30) days.
- **Article 41: Staffing**
 - **Section A:** Hospital will put meeting minutes on website
 - **Section B:** Each unit allowed to evaluate acuity tools and recommend the tool to the Staffing Effectiveness Committee.
- **Appendix A: Certifications**
 - Add certifications for Senior Psych Unit (Gerontological, Psychiatric, Med-Surgical, Rehabilitation).
 - Add Wound, Ostomy Continence Nurse certification
- **Appendix B: Surgical Services Standby and Call Back**
 - Add all of surgical services rather than just surgery.
 - Set operating room standby shifts and minimum arrival times and provide extra half hour for nurses not already working.
 - Set PACU standby shifts and minimum arrival times.
 - Allow flexibility for starting standby shift earlier or later.
 - Add minimum hour call-back benefit for nurses who are called into work with less than 4 hours’ notice even if they are not on standby.
 - Require the Hospital to pay two nurses to meet with management to discuss the need for an extra-call incentive program in the OR.
- **Appendix C: Clinical Ladder**
 - Clarify that nurses continue to receive the same clinical ladder pay even when they transfer departments until the expiration of the clinical ladder level.
 - Require Clinical Ladder Board to discuss the Hospital’s requested changes to the Clinical Ladder. No changes will be made absent full agreement.