

Samaritan Albany Bargaining Tracker, April 27, 2021

First Tier (in priority order): 20, 19, 7, 21, 22, 11, 9, 18. Second tier (in sequential order): 2, 4, 5, 8, 14, 24.

Article	Proposal
2.C.6.d	Twelve-month primary before become charge nurse (current three months)
2.C.7	Refers definition of introductory nurse in 9.A
2.D	Status change only with nurse's consent
2.I	Bargaining team not expected to report to work on the day of a negotiation session. Night shift nurses shall not be required to work a shift immediately before or after a negotiation session. (same as GSRMC)
2.J	Variable/variable shift at least one week on a shift and have at least one day off before moving to a different shift
4	Rename PNCC to Education Committee focused on administering education funds. Increase annual allotment to \$40,000 from \$28,000. (SLCH has \$40,000)
5.D	Education Committee to recommend conferences instead of PNCC
5.I NEW	Paid time for pre-course work
7.B	Move 2/1/18 MOU into main contract, meal periods between 4 th and 7 th hour of work
7.B	If the meal period not provided (at end of seventh hour for 12s and six for shifts less than 12), nurse is paid time and a half until end of shift or nurse gets meal break.
7.H.1	Delete "inpatient" so per diem have same minimum in outpatient departments
7.K	Hospital must follow Staffing Plan to ensure safe staffing, but low census occurs in the department with low census, except when minimum number of primary nurses are needed. See also 18.D
7.K.1	The Hospital may require an MA nurse to remain on call for only the first four (4) hours of the shift.
7.K.2	The Hospital may require the VA nurse to remain on call for the duration of the shift.
7.L (NEW section)	Clear MA order of cut (formerly used layoff language in Article 11)
7.L (OLD section) main paragraph)	All nurses shall be paid on-call and holiday on-call as specified in Article 20.J (to collect call rate into one provision in contract. In Article 20.J we are proposing increase call to \$5.00/hour and holiday on-call to \$7.50 per hour).
7.L (OLD section main paragraph)	While on-call, nurses shall accrue PTO at the current rate of accrual (See Article 8.D).
7.L.5	Low census cap at 12% (same as Sacred Heart)
7.N (NEW)	Clear reorganization language (from GSRMC)

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7.O (NEW)	Minimum number of Part-time positions, at next reorg (from GSRMC), 32> = 20%; 12-21 = 10%; others negotiate. Large (Med Surg would get 9 PT have 6), Medium (Emergency would get 3 have 1, Hospice Outpatient minimum would be 2 have 2, ICU-CCU would get 3 have 2, LD would get 2 have 5, Surgery Ambulatory would get 2 have none, Main OR would get 2 have none), rest small
8.B	Per diem may nurse accrue PTO if they average more than 20 hours/week in six-month period
8.C.2	Future published schedules, can request up to 12 months in advance
8.C.3	Clean up, updated section reference
8.C.8	Increase two nurses off at one time (from current one), mid-shift is their own shift.
8.C.9	If denied PTO request, a nurse can seek their own replacement
8.11 (NEW)	A nurse may rescind PTO before publication of schedule. During pandemic may rescind PTO 14 days before shift.
8.C.11 (OLD)	Include FMLA/OFLA in list
8.13	Holiday pay for hours worked midnight to midnight on the day of the holiday, instead of current when a majority of hours worked in the shift.
8.14	Remove language now expired
8.D	Increase PTO accrual rate by 0.115 across the board
9.B	Right to representation in factfinding meetings, right to evidence, corrective action older than one years cannot be considered. (same language as GSRMC)
11.E	Replace layoff language with GSRMC provision.
14.D	Healthcare insurance premium may not increase from previous year.
14.F	Vision coverage increase to \$500 (from current \$350) for mandatory googles for prescription eye. Ten massage therapy sessions covered by healthcare insurance at no cost to nurse.
14.I (NEW)	SAGH ONA nurse to serve on SHS Health Insurance Advisory Committee (same language as GSRMC)
Article 18	No nurse shall be assigned to float to a fully staffed unit that has placed department nurses on Mandatory Absence and On-call without the on-call nurse being given the opportunity to work.
19	Duration, expire June 30, 2022
20.D	Wage scale, 3.75% across the board to match GSRMC Wages.
20.E.1	Second certification differential at 2% of nurse's base wage. Currently at SAGH, a Step 5 nurse earns \$1.32. 2% would be 88 cents for a Step 5.
20.F	A staff nurse trained as a preceptor at the request of the Hospital shall receive a 4.5% differential for all hours worked in the first pay period after completing their training.
20.G	Increase BSN to 2.5% and MSN to 3.5% differential (current \$1/hour). [Our proposal same as GSRMC receives]

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20.H	Evening shift differential of 6% (currently \$1.75/hour). Night shift tiered based on years working night shift, 12.5 to 20.0% (Currently \$5.00/hour). [Our proposal same as GSRMC receives]
20.I	Weekend differential of 5%. (currently \$1.75). [Our proposal same as GSRMC receives]
20.J	Increase on call pay to \$6.00/hour regular, \$7.50/hour holiday (Brings base on-call and holiday on-call to one-place in contract.) [Currently \$4.50/\$5. GSRMC is \$4.75/\$5.50.]
21.A.1 & 2	Increase on call pay to \$6.00/hour regular, \$6.50/hour holiday by referring to new provision that collects on-call and holiday on-call in one place: Article 20.J.
21.A.4	Clarify on-call sign up procedures to comport with current practice and ensure that vacant on-call shifts are assigned first to nurses who have not picked up call shifts.
21.A.6.a	Call back increase to \$15.00/hour from \$10
21.A.8	Age 62 may refuse call, no substantive change, language to reflect current practice
21.B.4	Complete call back hours before going back to regular rate of pay.
21.B.6	Include 0530 start time. Nurse has option to go home or stay at straight time. Nurse determines what is adequate rest.
21.B.7	OR and PACU nurses may waive meals and breaks on call back
21.C	Increase surgical services after shift differential to \$15/hour from \$10
21.E	Surgical services charge nurses and clinical coordinators meet the definition of charge nurse and shall receive the charge nurse differential of 5%.
21.F.1	Delete paragraph: other nurses may take ambulatory call (none are qualified)
21.F.2	Ambulatory surgery weekend scheduling to comport with current practice
21.G	Operating room weekend scheduling to comport with current practice
21.H	If vacancies fall below 75%, the Hospital may require per diems to take call
22.A (NEW)	Move MOU Hospice Out-Patient On-call Coverage, January 8, 2021 into main contract
22.A #2 and #3 (OLD)	Increase on call pay to \$6.00/hour regular, \$6.50/hour holiday by referring to new provision that collects on-call and holiday on-call in one place: Article 20.J.
22.E	Increase cell phone subsidy rates: FT \$75. PT \$50. PRN \$35.
22.F	On Call per diem reference to 8-hour increments.
22.G	Include MOU Outpatient Absences February 1, 2018 on assign MA, VA, and standby
22.H (NEW)	Hospice Coastal on-call position.
24 (NEW)	Shared governance, including adherence to Staffing Law, detailed Staffing Committee procedures, creation of Unit Based Councils. The Hospital shall provide departmental data on low census cuts quarterly.
Throughout	Labeling convention insert Article # with Paragraph letter throughout, see examples in Article 2



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