

MEMORIAL HAHNEMANN COMPREHENSIVE PACKAGE PROPOSAL
May 6, 2013

1. Tentative Agreements: All tentative agreements to date.

-MNA Proposal No. 1

-MNA Proposal No. 7 (as countered by Memorial)

-MNA Proposal No. 15

-MNA Proposal No. 20 (as countered by Memorial)

-MNA Proposal No. 23

-MNA Proposal No. 28

-Hospital Proposal No. 10

-Hospital Proposal No. 22

2. MNA Proposal No. 27 -Wages:

- 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.

3. Duration. Two years from the date of ratification.

4. Hospital #18. Pension – Modify proposal as follows:

Article 34 – Retirement and 401K:

Add the following:

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.

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

5. Hospital # 19. Earned time accruals
6. Hospital #23. Insurance – modify proposal as follows:

Full-time – no change in premium sharing

Part-time – ~~77%~~/~~21~~3% effective ~~April~~ July 1, 2013 (excluding PPO rates which shall remain the same)

- 78%/22% effective January 1, 2014 (excluding PPO rates which shall remain the same)
- 77%/23% effective January 1, 2015 (excluding PPO rates which shall remain the same)

Continue health insurance side letter.

7. MNA #4. Subcontracting

Hospital Counterproposal:

Formatted: List Paragraph, Add space between paragraphs of the same style, No bullets or numbering

Formatted: Don't add space between paragraphs of the same style, Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

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.

8. MNA #10 and MNA #37 (as amended). Charge Nurse and Staffing

Hospital Counterproposal attached as Exhibit A.

9. MNA #30. On-Call Pay

Agree to MNA #30 as proposed.
~~Hospital Counterproposal:~~

~~Replace Article 30, Section 4 with the following effective April 1, 2013:~~

~~Each time an on-call nurse is required to report to work and is cancelled before performing any work or works one (1) hour or less, the nurse will be paid a minimum of three (3) hours. Each time an on-call nurse is required to report to work and works more than one (1) hour, the nurse will be paid a minimum of four (4) hours.~~

Formatted: Indent: Left: 0"

10. All other proposals of the Hospital and the Association are withdrawn without prejudice.

HOSPITAL COUNTERPROPOSAL TO STAFFING PROPOSAL
May 6, 2013

1. Charge nurse – see attached
2. Stat RN: Within six months after ratification, we will add one critical care stat RN (24/7), to assist with ED and ICUs.
3. Maternity: Within six months after ratification, we will follow AWHONN standards for mother-baby couplets unless there are unforeseeable or unpredictable circumstances.
4. No more than 6:1 assignments on the night shift in medical surgical areas within eight (8) weeks of ratification other than a dedicated observation unit, if such a unit is created.
5. Increase staffing in the NICU by approximately 9 FTEs.

**HOSPITAL COUNTERPROPOSAL TO CHARGE NURSE PROPOSAL
MAY 6, 2013**

Med/Surg/Tele:

West 1, West 3, South 2, South 3, South 5 and South 6

- ~~Days and Evenings: Charge Nurse will have no more than 2 patients days and evenings and no more than 3 patients on nights, 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~~

ICUs:

- NICU: No assignment
- CCU and SICU: Charge Nurse will start the shift with no assignment and ultimately will have no more than 1 patient, unless there are unforeseeable or unpredictable circumstances or if the Charge Nurse decides to take a larger patient assignment.

Emergency Department:

- Days and Evenings: No assignment
- Nights: Reduced assignment at discretion of Charge Nurse

Maternity:

- Days/Evenings/Nights: No assignment ~~unless there are unforeseeable or unpredictable circumstances or if the Charge Nurse decides to take a larger patient assignment.~~

OR (Memorial):

- When there is a Charge Nurse (normal OR operating hours), the Charge Nurse will have no patient assignment.

PACU (Memorial):

- Days: No assignment
- Evenings: Reduced assignment at discretion of Charge Nurse

SACU (Memorial):

- Days and Evenings: No assignment

Hahnemann - OR/PACU/SACU:

- No assignment