University Package Proposal – September 5, 2018, 8:00 a.m.

** All current TA’s stand

** A tentative agreement will require agreement to all components of this package proposal as proposed here**

** Permissive and prohibited subjects of bargaining have been removed from this document. Permissive subjects are those where neither party is required to agree to proposed language that is a permissive subject and the matter cannot be pursued to impasse and neither party can, an any time, insist on the subject being incorporated into the contract. Prohibited subjects are subjects over which the law prohibits bargaining. The parties have discussed the issues set forth below, but the parties have been unable to reach agreement. In an effort to move this agreement to resolution, the following have either been removed from the proposal or will not be addressed on these grounds:

- Drug Testing – guarantees of advocacy of no prosecution for employees found to have diverted drugs who have entered rehabilitation programs
- Union Representation – demand for neutrality in discussions with employees over union membership
- Third Party Information Requests
- Concierge Care/Victors Care
- Staffing – the union’s proposal captioned “Safe Patient Care” is a permissive subject
- MOU – Other Relevant Labor Markets – will remove from the contract
- Ratification Bonus – the Association’s proposal for a ratification bonus in an escalating amount after passage of time represents a retroactive payment that is an illegal subject of bargaining under PERA

### Wages

**Framework & RSAM, N4, N5**

Year 1: 4.0%
Year 2: 3.0%
Year 3: 3.0%
*including WSU pay scale (Option 24)*

- Eliminate levels C/B from the framework grid and any employee that is in that level will be moved to the appropriate step in Level C (just merging not moving forward)
- Step increases continue to the term of this contract
- Steps 13 and 14 (who do not see an increase for the merger): Lump sum of $750 in year 1, $1,000 in year 2, year 3.
- Steps 13 and 14: (for those who receive an increase from merger of levels C/B and C: $1,000 in year 2, year 3.
- WSU receives $1,000 lump sum each year at top step.

**CRNA – 3.0/3.0/3.0%**

NP ATB increases: year 1: 3.0%, year 2: 3.0%. year 3: 3.0% – include each year (can include additional labor market adjustments) – not connected to Merit Salary Program**

- must complete annual self-evaluation and participate in peer feedback on anniversary date**
- (Option 10) Tier definition contained therein:
- Tier 1: the definition outpatient, primary care, psych/counseling, H&Ps, management of common problems requiring limited medical decision making in managing patients with chronic conditions.
Patients are considered stable, and care is provided primarily in an ambulatory care setting. Provides a limited number of therapeutic and diagnostic interventions that may be complex.

- Tier 2: Inpatient, subacute care, and/or outpatient management of complex problems of relatively stable patients. Provides a moderate amount of therapeutic and diagnostic interventions. Primary work setting may be either inpatient unit of the hospital (non ICU/CCU) or an outpatient setting.
- Tier 3: Greater than 60% effort (time spent) in a critical or intensive care unit that requires complex monitoring and/or medical/surgical intervention. Patients are unstable and requires advanced care of patients requiring a broad range of high intensity therapies and highly technical interventions.

- Develop clinical ladder (compensation associated with progression through ladder to be determined with development of ladder)

<table>
<thead>
<tr>
<th>Retirement</th>
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<tbody>
<tr>
<td>Effective January 2019, contributions are made on 5/10% of base pay</td>
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<tr>
<td>University will arrange for educational sessions with Fidelity and TIAA regarding contributions to supplemental retirement funds.</td>
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<thead>
<tr>
<th>Health Insurance</th>
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<tbody>
<tr>
<td><em>Delete para 442.5 (1664 hours) with the understanding that those part-time employees (20-29.9) hours will be able to utilize Para 185H.1 to increase their appointment fraction to at least 30 hours (if the employee chooses).</em></td>
</tr>
<tr>
<td>The University shall provide and maintain the following schedule for prescription drug co-pays: Generic Tier I - $10.00; Brand Tier 2: $20.00, non-preferred tier 3: $45.00</td>
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<tr>
<td>$0 for preventative visits; $25 co-pay for injury or illness; $30.00 for specialists visits; $100 co pay Emergency Room (waived if admitted).</td>
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<tr>
<th>Family Leave</th>
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<tr>
<td><strong>Concept for Maternity (childbirth)/Parental Leave – Offered in the same manner and to the same extent as provided in SPG 201.30-6</strong></td>
</tr>
<tr>
<td><em>Upon ratification of the contract, maternity (childbirth) leave will be provided as follows:</em></td>
</tr>
<tr>
<td><strong>This leave is available to the birth mother for physical recovery from childbirth.</strong></td>
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<tr>
<td><strong>Up to six (6) weeks of maternity (childbirth) leave is available for immediately following the birth of each child, prorated to appointment fraction. Employees must have at least a 50% appointment to be eligible for maternity (childbirth) leave. If the appointment requirements are met, the leave is available immediately upon hire.</strong></td>
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<tr>
<td><em>Upon ratification of the contract, parental leave will be provided as follows:</em></td>
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<tr>
<td><strong>This leave is available for all parents (including birth mothers who also take maternity leave) and legal guardians of children for the purpose of bonding with a new child.</strong></td>
</tr>
<tr>
<td><strong>Up to six (6) weeks, prorated to appointment fraction, is available within twelve (12) months of the birth, placement for adoption, foster care or legal guardianship. Employees must have at least a 50% appointment and must be employed at least six (6) months before birth or placement of the child in order to be eligible for paid parental leave.</strong></td>
</tr>
<tr>
<td><strong>Parental leave is available with each birth or adoption of a child; once every twelve (12) months for foster care or legal guardianship.</strong></td>
</tr>
<tr>
<td><strong>Scheduling: parental leave is intended to be taken as a single, continuous block of time. Units must allow a single block of time if requested. Parental leave not taken in a single block of time may be requested but requires approval.</strong></td>
</tr>
<tr>
<td><strong>Parental leave is available for use within one year of the event.</strong></td>
</tr>
<tr>
<td><em>In Para 415C add domestic partner to the existing language.</em></td>
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</tbody>
</table>
Nurse Practitioners

- (Option 37) Ambulatory care NP administrative time
- (Option 38) Inpatient NP hospital business time
- (Option 1) Para 745 #2, delete holiday section, add reference to Para 354, 354A, 358 and 359 for holiday worked compensation
- (Option 2) Include the 2016 NP MOU on shift differentials schedule into the MOU under shift differential
- (Option 3) Have NP manager address NP’s evaluation (within one (1) year of ratification)
- (Option 6) If NP holiday section is to refer back to para 354 and 354A, include reference to para 358 and 359
- (Option 14) Accept the change in language going forward related to the number of points determined by (initial salary setting):
  - NP experience – 1 point per year
  - Nursing experience – 1 point per year (max of 10 years)
  - Based on months of full time experience
- (From Option 16) Change language: In areas in which NP’s work and provide cross-coverage with other non-physician professionals credentialed to perform delegated medical functions, scheduling of work and time off will be integrated to the extent feasible.
- (From Option 15) If a Reduction in Force occurs, the order of reduction will begin with the staff member with the least University service (seniority), except that the University may retain employees, irrespective of service, who possess the necessary skills, knowledge, and abilities to perform the available work. Removed from provisions in Article 26 still apply to NP’s but removed from paragraph…which are not possessed to the same degree by other employees in the same classification. (contract cleanup)
- (Option 18) Approaching evaluations must be reviewed by the Director of Advanced Practice Nursing
- (Option 30) Internal equity review at least annually

Drug Testing

- (Option 2) Except in cases of gross impairment, the employee will be assessed by an addictionologist prior to administration to a for cause test. The addictionologist will determine the need for a “for cause” test. If a for-cause tests is deemed necessary, there will be a clinical assessment of whether the employee is safe to return to work pending test results. If the employee is not released to return to work, he or she will be placed on paid administrative leave pending receipt of tests results. (Upon receipt of test results the remainder of the MOU would apply.)
- If sent for “for cause” testing the employee is placed on paid administrative leave, pending receipt of test results. Upon receipt of tests results, proceed as provided in current MOU
- (Option 5) As a condition of any job movement, including but not limited to transfer, promotion, or transfer due to RIF, from campus to positions to MM positions that will require handling of controlled substances, bargaining unit members will be subject to the same drug test that is a pre-employment condition for all MM employees as set forth in UMHS policy 04-06-039 (entitled Background Checks.)
- (Option 15, 19) (Housekeeping for contract clean up) Include requirements of Garrity interview within the FCT MOU, plus append Garrity form to the MOU
- (Option 18) The University will provide the association as much time as possible when it anticipates conducting a “for cause” drug test, as long as name is left out.
- (Option 27): Modify MOU section 5, first para: Factors that create a reasonable suspicion of impairment and cause for testing include the direct observation of alcohol or unauthorized drug use by an RN immediately prior to reporting for work or while on duty, the observation of a combination of factors immediately prior to reporting for work or while on duty, or patterns of practice behaviors/unreconciled drug discrepancies that cannot otherwise be explained or validated.
• (Option 33) Page 4 of the MOU: Modification page 4 on MOU, pattern of practice behaviors or unreconciled drug discrepancy determined by unit audit, unit report, or other reports. Examples of pattern practice behaviors or unreconciled drug discrepancy include, but are not limited to:
  o Unexplained anomalous access, handling, or wasting practice
  o Unexplained anomalous administration or document or controlled substance
  o Unexplained discrepancy or missing medical
  o Pattern of non-explainable practice behaviors
In such cases, an investigation into underlying factors will precede any decision to have the employee submit to drug testing.

• Annual joint education for designated union reps, members of DPT, EAP, HR, and nursing as to our for-cause testing process and substance use disorder.

• Upon request of either party, following the conclusion of a for cause test and any corresponding investigation, a meeting will be held to debrief or troubleshoot as to the administration of the process.
  Discussions held in these joint meetings are for the purpose of process improvement and content of the discussions are not to be used as evidence in the dispute process.

• Include “Request for Blood Borne Pathogen Testing” form

• Option 20 (concept): an employee who is subject to criminal prosecution may request consideration for support for sentencing under the Public Health Code. The request will be reviewed in all qualifying cases by the CNE, CMO, CHRO, a clinical nursing director, Chief Patient Safety Officer, and law enforcement.

• Option 31 (concept): #20, including the following – the request may be made for an in-person appearance by the employee if he/she so chooses, with representation by legal counsel if desired. Circumstances in which the University will decline to support sentencing under the Public Health Code include the following: harm to patients (i.e. medication substitution, tampering, exposure to blood borne pathogens), refusal to cooperate in the investigation, refusal of BSE testing. (recognized that supporting sentencing does not ultimately guarantee the outcome).

Michigan Visiting Nurses

• Maintain current contract language

Committees

• Current contract language, para. 464, 465, 468, 468A
• Workload Review Committee: Association appoints the representatives – per their proposal

SECTION C. POLICIES, PROCEDURES, PRACTICE AND NEW INITIATIVES

25. Policies, procedures and new initiatives affecting nursing care will be developed with input from employee end-users, or by employees affected by such policies and procedures. The parties agree that high quality patient care can best be accomplished through a joint effort between employees and management. The parties further agree that active and early participation by employees in regard to program planning, facility design, new technology and program development, and the impact of budget changes on patient care will promote such high quality care. Where involvement does not occur the Association and the University will meet to rectify the omission before the initiative is completed. To this end, designated committees, which address Professional Nursing, will be populated as follows:

1) Committees whose membership is elected will have one (1) of the UMPNC members on that committee appointed by the Association.
2) For Committees whose membership is appointed, the Association
will appoint 50% no less than 60% of the total UMPNC bargaining unit member appointed slots on that committee, within the roles identified by the University for committees where UMPNC bargaining unit appointed slots are three (3) or more. If the committee has only one (1) UMPNC bargaining unit appointed slot, the union appoints the committee member.

3) In this regard, this paragraph is limited to standing committees and excludes time limited task force, forums and other work groups that report back to standing committees.

Any initiative which directly affects nursing workload will be brought to the Workload Review Committee and end users for evaluation.

These employees will suffer no loss of pay as a result of such participation.

If, within 72 hours prior to the initial meeting of a committee UMPNC has been unable to fill any slots on a committee, or has an unfilled vacancy after commencement of the committee, the CNE/CNO reserves the right to appoint nurses to the committee to fill any vacant slots.

- Ambulatory care units may choose to band together under a single manager to form a common workload review committee, after consultation with the Association.
- UMPNC will select all nurses to the Nursing Health and Safety Council (Article 44).
- UMPNC will appoint all nurses to the positions allocated for bargaining unit members on the Parking Committee.
- **UMPNC will appoint to all positions allocated for the UMPNC bargaining unit on the Nursing DE&I Committee**
- **UMPNC will appoint to all positions allocated for bargaining unit members in committees identified in Paragraph 19A (design and building of new facilities or the expansion or revision of new facilities involving consideration of workflow, new technology, and structure utilization for RN’s).**
- **UMPNC will appoint to all positions allocated for the UMPNC bargaining unit on the MiChart Clinical Advisory Committees**
- **UMPNC will appoint to all positions allocated for the UMPNC bargaining unit on the Documentation subcommittee.**
- With appointments to any committee, the parties shall pay specific attention to the role of nurses needed to advance the work of the committee and shall appoint members (e.g., staff nurses, CNS’s, etc.) in a manner that is representative of the committee’s work relative to the respective nurses’ job responsibilities.

**Union Representation**

- The Association will have space in the hospital, at least four hours a week, not necessarily the same room, in order to facilitate PSMs in the event there is no space on the unit for such meetings. Rooms will be secured through room request.
- Effective upon expiration of current term of office or resignation, whichever occurs first, salaries for future UMPNC officers will be set at RSAM competent step that is commensurate with current years of experience when they take office to a maximum of step 14.
- This shall not preclude UMPNC from paying the additional salary or other compensation that exceeds the amount stated above.

**Successorship**

- Association will agree to withdraw this issue.

**Transfer and Promotion**
- Current language in para. 286C

**Staffing**

Article 13 and 14 Language continued on next page
ARTICLE 13
STAFFING AND SCHEDULING

SECTION A. GENERAL PROVISIONS

STAFFING MODEL

88. The Staffing Model and any changes to the Model will be made by the manager and are driven by patient care needs and based on a number of variables including, but not limited to: HPPD or other relevant metrics including staffing levels, acuity, professional association standards, average census, staff mix, average admission, discharges and data trends. Any changes to the Staffing Model will be presented to the staff and WRC for feedback prior to implementation.

STAFFING LEVELS

The University and the Association agree that quality patient care is its most important priority and staffing levels should permit the delivery of safe transformative patient care. The University will maintain current levels of staffing. (as of ratification of the CBA) The parties agree that a process to determine staffing levels to provide nursing care for the projected nursing workload in the patient care units is necessary.

Staffing guidelines may be posted in a prominent non-patient care location that is accessible to nurses.

If there are significant changes to staffing needs, the changes will be presented to the Workload Review Committee and substantiated by data. The Association will be notified of the Workload Review Committee meeting prior to the meeting occurring. The manager and the Workload Review Committee Chair will jointly address concerns with the ACNO (CNO for Ambulatory Care areas) and any changes to staffing will be based on the following factors:

- Census, including number of patients on the unit, on each shift, and activities such as patient discharges, admissions, and transfers;
- Level of acuity of each patient type, workload, and nature of the care to be delivered on each shift;
- Special qualifications, competencies, and skill mix of nurses and support staff;
- Availability and requirements for specialized equipment and technology;
- The architecture and geography of the patient care unit, including but not limited to, placement of patient rooms, treatment areas, nursing stations, medication preparation rooms and equipment;
- Nationally recognized evidenced based standards and guidelines; and
- The effects of patient charting requirements, including related technology and processes.

A report will be provided to the unit’s Workload Review Committee, the unit staff and the Association. If concerns continue, the Workload Review Committee chair shall request a meeting with the manager, ACNO, and CNO to discuss further potential actions. Any further unresolved concerns will be escalated to the CNE for action planning and a report will be presented to JIT-L.

The actual staffing levels or the inclusion of other management tools is not subject to the Arbitration procedure. The budgeted staffing will include an allowance for paid time off.

Further, the University, in those areas where a patient classification system determined by the University to be valid and reliable is available, will utilize this system as one of the management tools to assist in determining staffing needs based on measured workload. In those areas, which do not currently utilize such a classification system, the University will continue to improve internal means to determine staffing, including evaluating classification systems when such systems may be useful. A joint meeting, with the Association and the University, will be held every 3-6 months with the Directors from Ambulatory Care, to discuss and share data on workload, for the purpose of monitoring and measuring activity for projecting growth. All benchmarks used to set staffing in Ambulatory Care are shared with staff and UMPNC annually. The University and the UMPNC will meet to evaluate existing workload/acuity models and make recommendations for capital purchase.

GENERAL PROVISIONS
88A. A joint meeting, with the Association and the University, will be held prior to any hospital-wide full time equivalent (FTE) reduction, concerning the effect on patient care, workload, staff mix, appropriate delegation, safety and work redesign.

89. Whenever an employee's workload concerns have not been satisfactorily addressed, they may be referred to the unit workload review committee referenced in Article 14, "Workload Review".

90. The parties further agree that scheduling employees to cover a twenty-four (24) hour/seven (7) day a week hospital operation is complex and thus requires the cooperation of all employees and supervisors in approaching this task.¹

90B. Further, the University, in those areas where a patient classification system determined by the University to be valid and reliable is available, will utilize this system as one of the management tools to assist in determining staffing needs based on measured workload. In those areas, which do not currently utilize such a classification system, the University will continue to improve internal means to determine staffing, including evaluating classification systems when such systems may be useful. The University and the UMPNC will meet to evaluate existing workload/acuity models and make recommendations for capital purchase.

90C. A joint meeting, with the Association and the University, will be held every 3-6 months with the Directors from Ambulatory Care, to discuss and share data on workload, for the purpose of monitoring and measuring activity for projecting growth. All benchmarks used to set staffing in Ambulatory Care are shared with staff and UMPNC annually. Within 120 days of ratification, in ambulatory care the University commits to exploring staffing benchmarks and related literature in order to establish a standard with a joint committee and there will be a report presented to JIT.

STAFFING AND SCHEDULING GUIDELINES

95. In this connection, the University will provide the Association with a copy of Staffing and Scheduling guidelines developed for each Director of Nursing area at University of Michigan Hospitals. Those areas where guidelines do not presently exist will endeavor to develop and implement them six (6) months from the date of the execution of this Agreement, but not later than one (1) year from this date. Some or all employees in the area will be provided opportunity to comment on the Guidelines before implementation. Changes in the Guidelines will also be provided to the Association.

95A. A unit's schedule is developed based on that unit's Staffing Model. The Staffing Model and any changes to the Model will be made by the manager and are driven by patient care needs and based on a number of variables including, but not limited to: HPPD or other relevant metrics, acuity, professional association standards, average census, staff mix, average admission, discharges and data trends. Any changes to the Staffing Model will be presented to the staff and WRC for feedback prior to implementation.

A unit’s schedule is developed based on that unit’s Staffing Model. Once the schedule is developed, there will be a process created by the unit that will be utilized to adjust daily staffing to meet the immediate needs of the unit to provide patient care and other work to be done.

Some of the variables to be considered by the charge nurse will include but not limited to:

- acuity
- staff/skill mix
- census
- admissions
- discharges
- transfers
- meetings and other non-direct care work
- specialty patients
- procedures
- and coordination activities.

¹ See Intent Note for Paragraph 90
ARTICLE 14
WORKLOAD REVIEW

133. When a problem of excessive workload arises, it must be addressed to ensure the long-term viability of the unit, including quality of patient care and employee satisfaction.  

Unit Workload Review Committee

134. In this connection, and at the discretion of the Association, unit workload review committees will be established on each unit as follows:

a) The nursing supervisor will serve on the committee and equal numbers of unit employees shall be selected by the University and the Association such that there will be at least four (4), but no more than six (6) employees on the committee.

b) In Ambulatory Care units, there will be two (2) to six (6) employees and the nurse manager. The office manager may participate but will not be a voting member and will not replace the nursing supervisor.

c) One half (1/2) of the membership (those selected by the Association and the University) will rotate off the committee annually. Members will serve for two years and, if reappointed, will serve an additional two-year term. New members shall be identified by December 31, each year with appointments beginning on February 1. Association members may be replaced by the Association when determined appropriate.

d) Each committee will designate monthly meeting times, or more often at their discretion, to address workload concerns and formulate plans of action. The unit will plan core staffing to assure release time for committee members. Patient care needs may require a change in the release time. Attendance at committee meetings while on over appointment or overtime is at employee discretion with supervisor approval.

e) Each committee shall elect a chairperson other than the nurse manager.

f) Any concern related to the Workload Review Committee by members, University or the Association, will be handled in special conference. The concern will be jointly reviewed by the WRC, the University (manager and nursing director) and Association designee and an action plan established.

g) A workload review committee will be convened in focus areas in Ambulatory Care. The attendees will include ACNRP and Decentralized float area staff representation. The meetings will occur at least quarterly and will have an agenda that includes the coordination of staffing and scheduling.

Workload Review Committee Resources

135. Members of unit workload review committees and the Association will be provided with education and information related to staffing and scheduling procedures, methodologies, considerations and tools, including available objective data.

135A. This information will include, if applicable, but is not limited to, fiscal considerations; tools, including patient classification system data and staffing data; other factors which may influence staffing and scheduling, such as road trips, delegation, training and mentoring responsibilities; the responsibilities of workload review committees, including relevant empowerment presentation; and the committee process.

NDNQI reports will be accessible to the Workload Review Committees in order to provide comparison among like units to advocate for a different staff mix or for more staff as situations require.

135B. At least monthly, the following will be provided for analysis:

1) Workload
2) Over appointment
3) Overtime
4) Assigned Time Off
5) Acuity and Activity trends
6) Anticipated and Unanticipated absences
7) Occupancy
8) Use of supplemental resources
9) Any submitted Documentation of Practice Situation forms and any other
relevant data
10) Position control and the unit budget
11) Use of professional development time.

135C. Ambulatory Care workload review committees will have the following data available for review
   1) Past month’s patient visits
   2) Phone volumes (if available)
   3) Productive and non-productive RN hours
   4) Number of filled Licensed Practical Nurse and Medical Assistant hours
   5) ACNRP and Decentralized float area staff usage and temporary and Per Diem nurse hours
   6) Staffing plan including any benchmarks or budget information available
   7) Other relevant data

Any unresolved issues will be referred to the joint meeting of the Association and the University.

135D. MVN/MVC workload review committees will have the following data available for review
   1) Productivity
      a) Average caseload
      b) Average visits per RN
   2) Case mix weight
   3) Activity trends
   4) Scheduled and unscheduled PTO
   5) Practice documents
   6) Position Control budgets
   7) OA/OT
   8) Visit fall off rate
   9) Professional development
   10) Other benchmark data

Any unresolved issues will be referred to the joint meeting of the Association and the University.

Workload Review Committee Responsibilities

136. Following a review of data, or whenever a workload concern is identified, the committee will review a number of possible actions, including, but not limited to, temporary modification of task expectations, obtaining additional personnel, resources and modification of the workload. When expanding services, the University will engage in joint discussions with the workload review committees of the units affected by the change to solicit committee input into staffing scenarios. Where there is no WRC, the UMPNC will designate representatives. In any given situation, the actions most appropriate to implement will depend on a number of factors. These include, but are not limited to, the experience and skill level of the staff, the extent and expected duration of the problem, the nature of the work to be done, the availability of personnel, resources and time saving equipment. An analysis of available objective data, such as patient acuity and workload index data will be included in the review. (see Para 88 for significant changes to staffing levels)

136A. Workload review committees on 24/7 units will review the unit data on a monthly basis and submit a corrective action plan to the Association and the University whenever designated thresholds are exceeded. Staffing/Workload
Monthly Reports will be reviewed at each workload meeting and a collaborative action plan based on the reports will be developed if indicated.

1) Workload review committee minutes and the Staffing/Workload Monthly Report will be available to the unit staff.

2) In the event that a Workload review committee meeting is canceled, the manager and the Workload review committee chairperson are required to meet and complete the Staffing/Workload Monthly Report.

3) The monthly minutes and the Staffing/Workload Monthly Report will be submitted to the Association and to Nursing Administration. JIT will review quarterly the list of the workload meetings.

136B. The unit workload review committee will have input related to hours per patient day (HPPD) and other relevant metrics during development of the unit budget. RN Hours Per Patient Day (HPPD) will reflect actual direct patient care hours by RN’s. It is understood that HPPD or other relevant metrics are only one tool to be used in making staffing decisions. There will be a review of benchmarks (NDNQI, NACHRI, Specialty Association standards/guidelines, etc.) at the unit workload review committee at least quarterly and then annually with the Joint Implementation Team.

136C. Each Workload Review Committee will develop an acuity tool, if applicable, based on all benchmarks and relevant metrics associated with the patient population on that unit, within sixty (60) days of ratification (Nov. 6, 2011), make recommendations related to staffing patterns for each shift to ensure adequate resources to meet patient care needs. The acuity tool will be reviewed by the unit staff for feedback and input. A copy of the tool will be provided to UMPNC and the Director of Nursing upon completion. The WRC will review the acuity tool at least annually, or sooner if new initiatives or departmental changes are introduced that impact nursing care. (continued on next page)

The acuity tool will be utilized to assist in establishing staffing guidelines in accordance with professional standards of care and safety that promote positive patient outcomes.

136D. Additional Workload Review Committee responsibilities are described in Paragraphs 22A, 89, 131A.2-3, 158, 163A.1-4, 170D.2-3, 333H.b, 601E.

136E. Every two years, or when a significant change occurs, a joint team on each unit will analyze the required behaviors of Professional Development Framework employees and make recommendations to the manager. The Professional Development Framework will be based on behavior expectations.4

Problem Solving Process Related to Workload Concerns

137. a. Actions agreed upon, which are under the control of the supervisor, will be implemented by the supervisor.

b. When the committee has recommended actions or resources external to the unit, which cannot be implemented by the supervisor, the supervisor will discuss the recommendations with the Director of Nursing (or designee) and Association or designee. This meeting will occur within three (3) working days following identification of the need. If the Director of Nursing agrees with the proposed solutions, implementation will begin within seven (7) calendar days.

c. If the Director of Nursing or the Association designee does not agree with the proposed solutions, she/he will meet with the workload review committee within three (3) working days to discuss the issues to arrive at a mutually agreed solution. When the unit workload review committee is unable to find resolution, the Director of Nursing, and Medical Director, as appropriate, will meet with the Workload Review Committee to develop mutually agreeable solutions.

d. If the Director of Nursing and the unit workload review committee are unable to reach agreement, the Chief Nurse Executive (CNE) and UMPNC Chair or designee, Unit WRC and the Director of Nursing will meet within thirty (30) days fifteen (15) to review the unresolved workload issues and mutually determine the next steps. The implementation of the action plan will begin within a mutually agreed upon timeframe.

e. When the Director of Nursing, the Association designee and the unit workload review committee agree that temporary reduction in the workload through managing the census is appropriate; the Director of Nursing will have the authority to implement this.

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4 See Addendum D
The workload review committee will be responsible for development of a communication tool to be posted on each unit, which will communicate how the issues of workload, census, acuity and non-productive time are being addressed.

General Conditions

138. The Association will be informed of the times and locations of unit workload review committee meetings, by the chairperson, not the committee and may have a representative attend when available. Each unit workload committee will be attended by either the area or district representative at least annually.\(^5\) Workload committee orientation is mandatory for all new members and chairpersons annually.

138A. Meetings of all committees under this Article shall be exclusive of the Dispute Resolution Procedure and no dispute shall be considered at the meetings, nor shall negotiations for altering the terms of this Agreement be held at such meetings. The role of staff nurses on committees shall be to provide professional judgment to matters within their expertise. Discussions will include those topics related to the charge of the committee except for mandatory subjects of bargaining, which shall be reserved for the bargaining process.

139. Any questions regarding this article may be reviewed through the second step of the dispute resolution procedure. Any unresolved questions following the second step of the dispute resolution procedure may be appealed to the Executive Director of University Hospitals who shall conduct a hearing and issue a decision within two (2) calendar weeks of any such appeal. However, no questions arising from this Article may be reviewed through Arbitration.

- **Staffing level guidelines** *(staffing level guidelines are not to be attached to or included with the contract; to be posted in a prominent non-patient care location that is accessible to nurses***)

Staffing Models are created using many different variables, including but not limited to:

- **Staffing levels**

<table>
<thead>
<tr>
<th>Current staffing level guidelines* (RN only)</th>
<th>July 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult &amp; Pediatrics</td>
<td></td>
</tr>
<tr>
<td>General Care</td>
<td>4:1 up to 5:1 on nights</td>
</tr>
<tr>
<td>Tele</td>
<td>3:1</td>
</tr>
<tr>
<td>ICU</td>
<td>1:1, noncritical ICU patients or stepdown status 2:1</td>
</tr>
<tr>
<td>OR</td>
<td>AORN guidelines-nurse in every room</td>
</tr>
<tr>
<td>ED</td>
<td>EC3 – 2:1, Resuscitation 1:1, other area 3-4:1</td>
</tr>
<tr>
<td>Children’s ED</td>
<td>Other areas 3:1, Resuscitation 1:2</td>
</tr>
<tr>
<td>Adult PACU</td>
<td>ASPAN guidelines 1:1 or 2:1, phase 1 &amp; 2 depending on pts., Pre-op 3:1</td>
</tr>
<tr>
<td>Peds PACU</td>
<td>ASPAN guidelines 1:1 phase 1, phase two 3:1</td>
</tr>
</tbody>
</table>

*Staffing levels may increase or decrease within a unit and within a shift, depending on acute changes in acuity or patient status

- Average daily census
- Admissions and discharges
- Acuity of patient types, workload and nature of care required

\(^5\) See Intent Note for Paragraph 138
• Any specialized qualifications/competencies required for the unit population and skill mix of nurses and support staff
• Effects of patient charting requirements
• Space, technology and equipment needed to provide care
• Nationally recognized evidence based standards and guidelines

Modification in the numbers of staff may occur as unit populations and patient care needs/acuity changes.

**CSR**

• CSR/ACNRP will not be required to work any holidays but volunteerism is encouraged. CSR/ACNRP will choose 3 holiday weeks (Memorial Day thru Thanksgiving) in which they will work their full appt. fraction. The process to select these weeks will be similar to current holiday selection process. This option will begin with selection occurring in Jan. 2019.
• *(Issue 55, Option 18)* Change CSR/ACNRP quarterly bonus to an hourly differential of $2.50/hr, not to be calculated with overtime rate
• Sign per diem TA