

2021 Contract Negotiation Ratification Summary: Effective July 1, 2021- June 30 2024

Article	<u>Union Gain</u>	<u>UCMC Gain</u>	<u>Union Saves</u>
2	<ul style="list-style-type: none"> We added “gender identity” to the list of protected classes in which UC cannot discriminate against you for being a member of. 		
5	<ul style="list-style-type: none"> We were able to expand the amount of paid time to represent members and file grievances 		<ul style="list-style-type: none"> UC wanted to make almost all representational time unpaid, limiting the ability of the officers and stewards to represent you. We stopped them.
9	<ul style="list-style-type: none"> Language on Self Scheduling guidelines making it mandatory that nurses working nights on holidays, be assigned to both the Eve and the Day will NOT be blocked by management. 		
10			<ul style="list-style-type: none"> UC wanted to split vacation hours between days and nights without expanding the total number of hours, resulting in less than 40 hours being allotted in a week. We stopped them. UC no longer wanted to honor transferring nurses’ vacation in their new unit. We stopped them.
11	<ul style="list-style-type: none"> New language now mandates that make-up weekends for call-offs need to be scheduled by management within 2 scheduling periods. Various semantic clean-up language from the past contract, i.e., proper times for shift change etc. 		<ul style="list-style-type: none"> We STOPPED UC from implementing the following: <ul style="list-style-type: none"> Redefining pre-existing vacancy as a known staffing vacancies existing 4 hours prior to the start of the shift to 12 hours prior to the start of the shift in areas that take call. Changing the order of floating from lowest senior for the current and subsequent pay-period to through the entire seniority list. Eliminating the designation of floating within the division first and outside of the division second. Floating probationary nurses. Changing floating requirements for UBIs to monthly as opposed to quarterly.
16	<ul style="list-style-type: none"> Solidified the past practice that protects nurse’s seniority in respect to floating and low census when their unit is temporarily closed so that they are not always first to float and have some say in where they are reassigned for the duration of the temporary closure. 		

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17	<ul style="list-style-type: none"> • Average increase for nurse in Year 1: 8.8% (See Visual) • 2.5% Across-the-Board Year 2 • 2.5% Across-the-Board Year 3 • Charge and Preceptor Diff Doubled from \$1/hr - \$2/hr • Extra Shift Bonus Amounts in the contract are now \$14-weekday and \$20-weekend. • Respiratory Therapists will be credited for their work for wage placement as a nurse. • Some Clinical Ladder Grid Nurses have the opportunity for across the board increases during the contract. 	<ul style="list-style-type: none"> • Moved from 3% steps between Steps 1A and 4 to 2% between steps 1A and 4. 	
19	<ul style="list-style-type: none"> • We increased reimbursement for certifications from \$350-\$500. • UC can no longer use probationary nurses in charge or preceptor unless by mutual consent. • It is now required that nurses in the charge and preceptor role must have 9 months of experience at UC or equivalent experience elsewhere. 	<ul style="list-style-type: none"> • Mandatory 2-year work commitment when utilizing Tuition Reimbursement. Amount is increased to a total of \$5250/year. 6 consecutive year limit on usage. 	
21	<ul style="list-style-type: none"> • Safety signs posted around the hospital. 		
23	<ul style="list-style-type: none"> • We limited expansion of UC's ability to use travelers in Perioperative areas for 2 continuous years to until June 30th, 2023. 	<ul style="list-style-type: none"> • Perioperative areas can utilize travelers for 2 years continuously without a 6-month break. 	<ul style="list-style-type: none"> • We stopped UC from having the ability to utilize travelers in ALL areas of the hospital for 36 continuous months.
25		<ul style="list-style-type: none"> • UC will now review UBI status quarterly as opposed to every 2 quarters 	<ul style="list-style-type: none"> • We stopped UC from requiring UBI nurses from working 24 hours on their home unit to fulfill their requirement.
28	<ul style="list-style-type: none"> • Parking spots in North Garage will be assigned by seniority. Failure to take the available parking space or to acknowledge the offer will no longer move you to the bottom of the list. 	<ul style="list-style-type: none"> • Notification of available parking spaces will be sent via email as opposed to certified mail. 	
31		<ul style="list-style-type: none"> • Three-year contract 	

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<p>MOU 1</p>	<ul style="list-style-type: none"> • Commits UC Health to write their staffing plans according to evidence based nationally recognized nurse-to-patient ratios (See Visual) • Started to educate the community on what nurse-to-patient ratios are and how that impacts them as patients. • Built a stronger relationship with U.S. Senator Sherrod Brown’s office who is pushing national nurse-to-patient ratio legislation. • Educated elected officials at the city and state legislative level about nurse-to-patient ratios. • Puts nurses at UC in a stronger position strategically and politically to continue to pressure UC and hospitals across the state to adopt nurse-to-patient ratios. 		
<p>MOU 2</p>	<ul style="list-style-type: none"> • Eliminates the Avant Nursing Program moving forward. • Renews 2-year Retention and Sign-on Bonuses in the Operating Room. WOWs treated as full-time and UBIs that transfer to budgeted positions are eligible. • Extends the High Census Criteria for the next three years, assuring that the Bonus is pegged to staffing levels, NOT MANAGEMENT DISCRETION. • Extends the High Census Bonus amounts of \$25/hr. - weekday and \$35/hr. – Weekend until September 4th. • CFP will not be low censused before nurses in Extra Shift while amounts are increased. • UC will continue to make reasonable efforts to grow the CFP 		

Staffing Level Goals (RN: Patient)	
Acute Care Medical-Surgical Patients	1:4- 5
Step-Down Patients	1:2-3
Blended Acuity Patients (Step-Down/Medical-Surgical/BMT)	1:3-4
Critical Care/ICU Patients	1:2 (1:1 per CC criteria)
ED Patients Critical Care (Medical or Trauma / Surgical)	1:2 (2-1:1 during initial resuscitation)
OR/Procedural Area Patient	1:1
PACU Patients	1:1-2
Pre-Op Patients	1:3
Labor & Delivery Patients	1:2 (1:1 per Perinatal Guidelines)
Antepartum Patients	1:2-3
Postpartum (Mother and Baby) Patients	1:3-4 couplets
Neonatal Patients <ul style="list-style-type: none"> • Intensive Care • Intermediate Care • Continuing Care 	1:1-2 1:2-3 1:3-4
Acute Psychiatric Adult Patients	1:4-5
CMU Patients	1:40
Hemodialysis/Infusion Patients	1:1-2