

May 22, 2013

**MEMORANDUM OF AGREEMENT
BETWEEN
UMASS MEMORIAL MEDICAL CENTER - UNIVERSITY CAMPUS AND THE
MASSACHUSETTS NURSES ASSOCIATION**

Except for changes indicated below, all provisions of the parties' collective bargaining agreement of April 5, 2009 – April 5, 2012 remain unchanged. All proposals which are not included as changes below are withdrawn without prejudice.

Subject to ratification by the bargaining unit and approval by the Medical Center, the parties have agreed to amend their 2009 – 2012 collective bargaining agreement as follows:

1. **MNA No. 38 – Wages:**

UMMMC Counter proposal:

- A 1% across the board increase, applies to all steps and will be effective the first full shift beginning on or after 11:00 p.m. on 4/7/12.
- A 1% across the board increase applies to all steps and will be effective the first full shift beginning on or after 11:00 p.m. on 4/6/13.
- A 1% across the board increase applies to all steps and will be effective the first full shift beginning on or after 11:00 p.m. on 4/5/14.

2. **UMMMC No. 24 – Duration:** Revise Article XXXIII as follows:

This Agreement shall be for the period from April 6, 2012 through 10:59 p.m., on the date two (2) years after the date of ratification, except as otherwise indicated.

Should a successor agreement not be executed by 11:00 p.m. on the date two (2) years after the date of ratification, this Agreement shall remain in full force and effect until a successor Agreement is executed or an impasse in negotiations is reached. At the written request of either party, negotiations for a subsequent Agreement will be commenced on or after April 1, 2015. Negotiations may commence earlier in time, provided an earlier time is mutually agreed upon by both parties.

3. **UMMMC No. 12 – Retirement Benefits:**

Add the following language:

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 as follows:

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
- Pensionable earnings include base rate of pay plus shift differentials for actual hours paid in the plan year.
- 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.

Delete the following language from Section 12.01 C and D:

"The above paragraph also applies to maintain the current pension plan including the 401K plan."

4. UMMMC Nos. 18 and 19 – Health Insurance:

- Continue health insurance side letter for term of this agreement. Attached hereto as Exhibit B.
- The parties agree to execute the side letter attached hereto as Exhibit C

5. MNA No. 3 – Subcontracting:

UMMMC counterproposal:

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 2012-2015 Agreement.

6. MNA No. 4 – Resource Nurse Assignment:

UMMMC Counter-Proposal:

Article V. Resource Nurse Section 5.07

Add the following language:

The employer is committed to a decreased patient assignment for the Resource RN. To that end, the budgeted FTEs in all areas shall be reviewed annually based upon 1) census data, 2) new programs, 3) changes in acuity, and 4) changes in the model of delivery of care. This review process is to ensure appropriate staffing levels to accommodate the ability to provide a reduced assignment for the Resource RN. Other information identified in determining the reduced patient assignment will include additional resources, such as 1) currently performed charge tasks and responsibilities, 2) specialty areas considerations, 3) clinical assignments. This information will facilitate recommendations for the role of the charge nurse for individual units(s) and specific shift(s), if necessary. The above information shall be reviewed at the Staffing Advisory Committee for analysis and recommendations. Representatives from the Staffing Advisory Committee will work with individual managers to reach the goal of a reduced charge nurse assignment. Reasonable attempts will be made for resource nurse to enter shift with the assignment noted below.

Resource Nurse Assignment

Emergency Department (North, South, Main)	No assignment.
Pedi ED	Reduced assignment.
OR	No assignment.
PACU/SACU	No assignment.
Cath. Labs	No assignment.
ICU's (Lakeside2ICU, Lakeside3ICU, 3ICU, 6ICU, 7ICU, PICU)	Start shift with no assignment, and ultimately no more than 1 patient at the Resource Nurse's discretion.
BMT	By acuity.
Pediatrics	<u>Days and Evenings:</u> Resource Nurse will have no more than 2 patients. <u>Nights:</u> Reduced assignment at discretion of Resource Nurse.
Psychiatry (8E, EMH, PTC)	PTC, 8E and EMH <u>Days and Evenings:</u> Resource Nurse will have no more than 3 patients. <u>Nights:</u> Reduced assignment; no fewer than 3 RNs every night.

3 Lakeside Stepdown	No more than 1 patient.
Med/Surg. (excluding 8W, but including 4 Admissions)	<u>Days and Evenings</u> : Resource Nurse will have no more than 2 patients. <u>Nights</u> : Resource Nurse will have no more than 5 patients.
Dialysis	Days and evenings by acuity.
Endoscopy	No assignment.
Hem Onc/Infusion Center/ACC 6 th Floor	No more than 4 patients.

7. **MNA No. 44 -- Staffing:**

UMMMC counterproposal:

- Day shift assignments will include a mix of 4:1 and 5:1 patient assignments on inpatient med/surg units and 4 admissions, excluding inpatient psychiatry. No nurse will have more than a 5 patient assignment on inpatient units including 4 admissions, but excluding inpatient psychiatry, within twelve weeks of ratification.
- The current assignments on evenings for each RN are four and five patients. Any staffing changes made are done to enhance the current staffing. The parties understand this will not preclude that, in a nurses discretion, if he/she believes he/she can safely take care of an additional patient pending another patient's discharge, he/she may do so if there is an available bed to admit the patient.
- All seven patient assignments on the night shift will be phased out within twelve weeks of ratification excluding inpatient psychiatry. There will be sufficient nurses on the night shift to allow for some nurses to have a 5 patient assignment when the resource nurse takes a 5 patient assignment.
- For inpatient psychiatry (8E and PTRC), an average of 5:1 patient assignments, but not to exceed 6:1 patient assignments, on days and evenings, and a minimum of 3 RNs on nights, within 6 months of ratification.
- For Emergency Mental Health (EMH) a minimum of 3 RNs on each shift, within six months of ratification.
- For overflow floors (8W), when the floor is open, the minimum staffing would be 2 RNs on each shift, within twelve weeks of ratification.
- The new Resource Nurse assignments are not intended to result in an increase in current patient assignments.

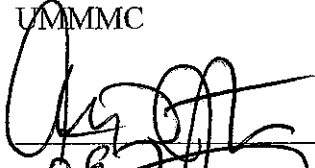
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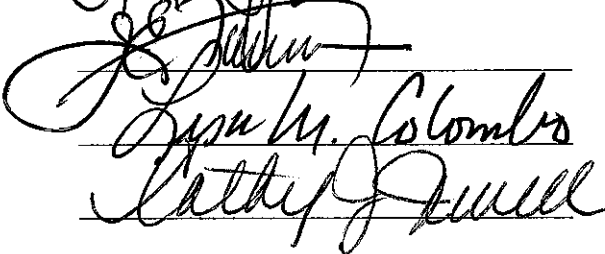
- Stat RN: Within six months after ratification, add one critical care stat RN (11 a.m. to 7 p.m., 7 days per week), to assist with ED and ICUs.
 - Add: “Critical Care patients will receive the same level of care regardless of their location in the medical center.”
 - ED: Within six months after ratification, add the following to the ED core staffing:
 - two RNs (days and evenings, 7 days per week)
 - one RN (nights, 7 days per week)
8. The parties agree to execute the side letter attached hereto as Exhibit D.
9. **MNA No. 37 – Recognition.** Delete subsection (d), and replace subsection (b) with the following language: “Psychiatric Treatment and Recovery Center (PRTC), Queen Street”
10. **Tentative Agreements.** All tentative agreements to date, attached hereto as Exhibit E.
- MNA Proposal No. 1
 - MNA Proposal No. 7
 - MNA Proposal No. 18
 - MNA Proposal No. 20
 - MNA Proposal No. 22
 - MNA Proposal No. 25
 - MNA Proposal No. 28
 - MNA Proposal No. 29
 - MNA Proposal No. 31
 - MNA Proposal No. 39
 - UMMMC Proposal No. 5
 - UMMMC Proposal No. 6 and MNA Proposal No. 14
 - UMMMC Proposal No. 11
11. All other UMMMC and MNA proposals are withdrawn without prejudice.
12. The 10-day strike notice served on UMMMC on May 10, 2013 is hereby withdrawn.

May 22, 2013

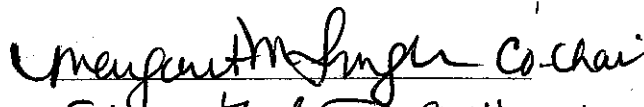
11. All other UMMMC and MNA proposals are withdrawn without prejudice.
12. The 10-day strike notice served on UMMMC on May 10, 2013 is hereby withdrawn.
13. This agreement shall be subject to ratification by the bargaining unit. The MNA shall submit this agreement to the bargaining unit members and recommend ratification.

UMMMC





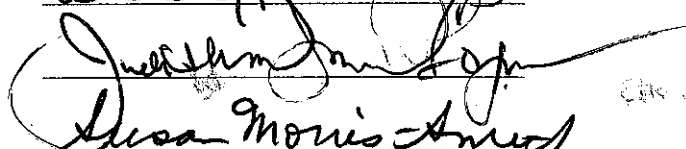
MNAU



Ellen J. Smith "co-chair"

Judy Locke

Arendi, Latoya



Susan Morris

Karole Grandenette

John Smith

Andrew. Nelson

Laurie Budnick

Jennifer Miller

Wesley McGinn

Dated: May 22, 2013

Dated: May 22, 2013


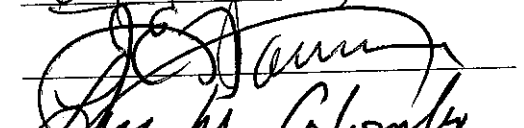
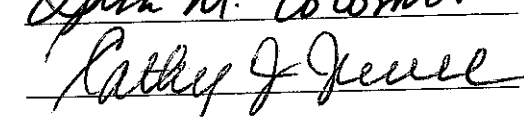
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EXHIBIT C

Side Letter

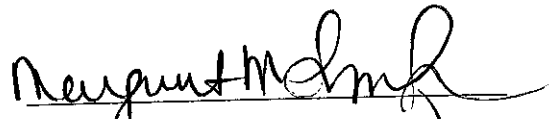
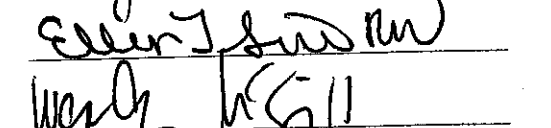
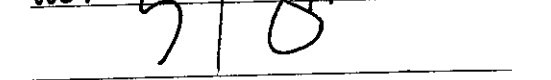
Within six months of ratification of the parties' 2012-2015 collective bargaining agreement, the parties agree to create a joint committee to explore health care redesign. The committee will consist of up to four representatives of the Medical Center, the MNA co-chairs and one MNA representative.

UMMMC

Dated: May 22, 2013

MNA

Dated: May 22, 2013

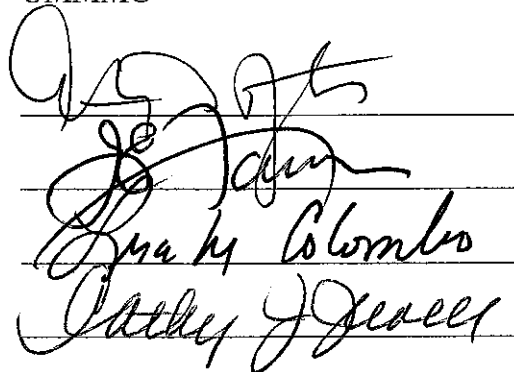
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EXHIBIT D

Side Letter

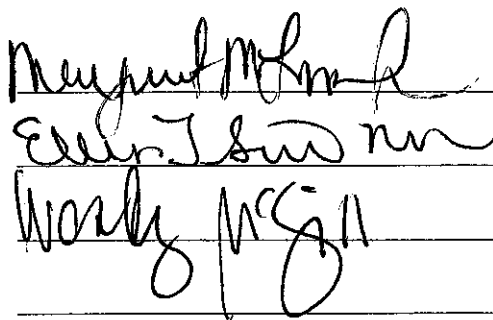
Within six months of ratification of the parties' 2012-2015 collective bargaining agreement, the parties agree to create a joint committee to explore retiree prescription drug benefits. The committee will consist of up to four representatives of the Medical Center, the MNA co-chairs, and one MNA representative.

UMMMC



Dated: May 22, 2013

MNAU



Dated: May 22, 2013