

**COLLECTIVE BARGAINING  
AGREEMENT**

***Between***

***Prospect DCMH, LLC/Delaware  
County Memorial Hospital***

***and***

***Delaware County Nurses  
Association/***

***Pennsylvania Association of  
Staff Nurses and Allied  
Professionals (PASNAP)***

***December 19, 2020 to December  
19, 2024***

ARTICLE 1 – RECOGNITION.

ARTICLE 2 - MANAGEMENT RIGHTS.

ARTICLE 3 - UNION MEMBERSHIP AND DUES CHECKOFF.

ARTICLE 4 - NO STRIKE OR LOCKOUT.

ARTICLE 5 - EMPLOYMENT STATUS.

ARTICLE 6 - HOURS OF WORK AND SCHEDULING

ARTICLE 7 - WAGES.

ARTICLE 8 - HEALTH AND WELFARE BENEFITS

ARTICLE 9 - 401(k) PLAN.

ARTICLE 10 - HOLIDAYS, VACATION AND SICK LEAVE

ARTICLE 11 - OTHER Leave Benefits

ARTICLE 12 - SENIORITY

ARTICLE 13 - LAYOFF AND RECALL.

ARTICLE 14 - POSTING AND TRANSFERS.

ARTICLE 15 - PAST PRACTICE.

ARTICLE 16 - LOW CENSUS.

ARTICLE 17 - ON CALL PROCEDURES.

ARTICLE 18 - TIMEKEEPING AND ATTENDANCE.

ARTICLE 19 - MISCELLANEOUS.

ARTICLE 20 - DISCIPLINE AND DISCHARGE.

ARTICLE 21 - GRIEVANCE AND ARBITRATION.

ARTICLE 22 - DRUG & ALCOHOL TESTING.

ARTICLE 23 - PERSONNEL FILES.

ARTICLE 24 - INSERVICE EDUCATION.

ARTICLE 25 - NON DISCRIMINATION

ARTICLE 26 - UNION VISITATION & BULLETIN BOARD

ARTICLE 27 - MONTHLY LABOR-MANAGEMENT  
MEETING

ARTICLE 28 - SEPARABILITY AND SAVINGS CLAUSE

ARTICLE 29 - TEMPORARY REASSIGNMENT

ARTICLE 30 - WEEKEND PROGRAM

ARTICLE 31 - CRITICAL CARE FLOAT

ARTICLE 32 - STAFFING

ARTICLE 33 - NURSE PRACTICE COUNCIL

ARTICLE 34 - SAFETY AND SECURITY

ARTICLE 35 - TUITION

ARTICLE 36 - EQUIPMENT & SUPPLIES

ARTICLE 37 - DURATION

APPENDIX A - STAFFING GRIDS

# **COLLECTIVE BARGAINING AGREEMENT**

**Between**

**Prospect DCMH, LLC/Delaware County Memorial Hospital**

**and**

**Delaware County Nurses Association/**

**Pennsylvania Association of Staff Nurses and Allied  
Professionals (PASNAP)**

This collective bargaining agreement (“CBA” or “Agreement”) is made and entered into between Prospect DCMH, LLC/Delaware County Memorial Hospital (“Employer” or “DCMH”) and Delaware County Nurses Association/Pennsylvania Association of Staff Nurses and Allied Professionals (“Union” or “PASNAP”).

Both the Employer and the Union encourage orderly, peaceful, and mutually respectful relations between management and employees, and uninterrupted operations of DCMH.

---

## **ARTICLE 1 – RECOGNITION**

1. The Employer recognizes PASNAP as the sole and exclusive bargaining representative of all full-time, regular part-time and per diem Registered Nurses (“RNs”) employed by the Employer at its facility located at 501 N. Lansdowne Avenue, Drexel Hill, Pennsylvania, pursuant to the certification in National Labor Relations Board Case 04-RC-166624.

2. Excluded from this Agreement are all other employees, including guards and supervisors as defined in the National Labor Relations Act, as amended. Per diem RNs who average fewer than

four (4) hours worked per week also shall be excluded from this Agreement.

## **ARTICLE 2 - MANAGEMENT RIGHTS**

1. It is agreed except as to those matters expressly agreed upon in this Agreement that nothing shall limit the Employer in the exercise of its function of management or in its exercise of all its rights. The rights listed in Section 2 below are not all-inclusive but merely indicate the type of rights that are reserved to management.

2. Except as modified or abridged by a specific provision of this Agreement, management shall retain the following rights, including but not limited to the right to: direct, plan and control facility operations; to determine or change the methods and means by which its operations are to be carried on; to determine the services to be rendered; to determine and set the standards of productivity and the amount of supervision; to combine units; to reassign RNs from one unit to another; to recruit, select, hire, train, classify, promote, demote, transfer, assign, and supervise; to discipline, suspend, and discharge; to assign work; to determine the qualifications necessary for any bargaining unit job; to make changes to, eliminate and introduce new, different, or improved methods, equipment, technologies, standards, techniques, and procedures in its operation and the performance of employee's work; to assign or transfer equipment or facilities; to subcontract; to expand, reduce, discontinue, merge or relocate all or any part of its business operation, bargaining unit work, and/or a specific job; to establish and change work schedules, shifts, hours of work, times of operations, and assignments; to require overtime, on both a regular and "as needed" basis provided such requirement is in compliance with Pennsylvania Act 102, Prohibition on Mandatory Overtime; to establish and revise enforceable rules of conduct, policies and operating standards; to implement and utilize surveillance and other security measures; to lay off or recall employees; to establish and administer policies and procedures related to research, education, training, operations, services and

maintenance of the Employer's operations; to take any and all actions it determines appropriate to maintain efficiency and appropriate patient care and safety; and in all respects to carry out the ordinary and customary functions of management and to otherwise generally manage the business of the Employer.

3. If the Employer does not exercise any function hereby reserved to it, or exercises any function in a particular way, it shall not whatsoever be deemed to have waived the right to exercise such function or to be precluded from exercising the same in some other way not in conflict with this Agreement.

4. The Employer and the Union, each having had full opportunity to discuss and bargain over the inclusion of every management right specified in this Article, agree that in any arbitration, administrative or court proceeding, the arbitrator, administrative body or judge shall give full effect and recognition to each of the management rights agreed upon in this Agreement.

### **ARTICLE 3 - UNION MEMBERSHIP AND DUES CHECKOFF**

1. All present bargaining unit RNs who are covered by this Agreement shall, as provided for in the first provision to Section 8(a)(3) of the National Labor Relations Act, as amended, become and remain members of PASNAP within sixty (60) days of the effective date of this Agreement, as a term and condition of employment, subject to the limitations stated in the second provision to Section 8(a)(3) and any governing decisions issued by the United States Supreme Court.

All bargaining unit RNs who are hired after the effective date of this Agreement shall as provided for in the first provision to Section 8(a)(3) of the National Labor Relations Act, as amended, become and remain members of PASNAP immediately when their probationary period expires, as a term and condition of

employment, subject to the limitations stated in the second provision to Section 8(a)(3) and any governing decisions issued by the United States Supreme Court.

2. DCMH agrees to deduct the annual dues and/or fair share fees payable to DCNA/PASNAP from the wages of each employee who has executed a written payroll deduction authorization. Deductions will be made monthly. The amount of the deductions together with the deduction list shall be forwarded to the president of the local Association or designee by the fifteenth (15<sup>th</sup>) of the following month. DCMH's responsibility to deduct dues and/or fair share fees shall be coterminous with this Agreement.

3. DCMH shall not be obliged to make dues deductions of any kind from the wages of any employee who, during any pay period involved, shall have failed to receive sufficient wages to equal the dues deductions.

4. PASNAP shall indemnify and save DCMH harmless against any and all claims, demands, suits or other forms of liability that may arise out of or by reason of action taken or not taken by DCMH for the purpose of complying with any of the provisions of this Article or any other provisions of this Agreement relating to membership in, or monies deducted from employees' wages for, PASNAP, or obligations of PASNAP members, or by reason of DCMH's reliance upon any list, notice, request or assignment furnished under any of such provisions or by reasons of any action taken or not taken by PASNAP

5. DCMH shall be relieved from making check off deductions from an employee upon her (a) termination of employment, (b) transfer to a job outside the bargaining unit, (c) layoff from work, or (d) excused leave of absence.

6. DCMH agrees to furnish PASNAP, a list of the names of employees in the bargaining unit, their department, addresses and phone numbers, monthly when the dues rosters are sent. If requested, the list will contain the employees' appointment fraction, date of hire, seniority, and gross wages. Requests for lists will not be made more often than every three months.

7. Each month, DCMH shall remit to PASNAP all deductions for dues made from the wages of employees for the preceding month, together with a list of all employees for whom dues have been deducted.

8. Political Action Check-Off – DCMH agrees to enable voluntary contributions to the PASNAP-PAC political advocacy fund through a payroll check-off provision. Upon receiving the check-off authorization, DCMH shall deduct such funds each payroll period and forward such to PASNAP once per month along with a list of contributors. DCNA/PASNAP agrees to indemnify and hold DCMH harmless against any and all claims, demands, or suits and may arise out of or by reason of action taken or not taken by DCMH for the purpose of complying with this provision

#### **ARTICLE 4 - NO STRIKE OR LOCKOUT**

1. During the term of this Agreement, the Union, its officers, agents, representatives, stewards and members, and the employees shall not, in any way, directly or indirectly, instigate, lead, engage in, authorize, cause, assist, encourage, participate in, ratify, or condone any strike, sympathy strike, slowdown, work stoppage, or any other interference with or interruption of work, during the term of this Agreement.

2. Any employee who violates this Article shall be subject to immediate discharge. Such discharge shall not be subject to arbitration except on the limited issue as to whether the employee has engaged in such proscribed activity. Nothing in this section shall preclude the Employer at its discretion from imposing discipline lesser than termination.



3. In the event of any conduct in violation of this Article, the Union and its officers, agents, and representatives shall immediately take positive and evident steps to have those involved cease such activity. These steps shall involve the following: immediately after the occurrence of any such unauthorized action (but in no event more than one (1) hour thereafter), the Union, its officers, agents, and representatives shall publicly disavow same and shall state such in a letter (sent by facsimile and email) to the Employer's Vice President of Human Resources; notwithstanding the existence of any picket line; the Union, its officers and representatives shall not aid or assist any such unauthorized action; and the Union, its officers and representatives, will, in good faith, use every reasonable effort to terminate such unauthorized action. The obligations of the Union, and its officers, agents, and representatives listed above, are in addition to any other remedy, liability or right provided by applicable law.

4. In consideration for the Union's commitment as set forth in this Article, the Employer agrees that it shall not lock out employees during the term of this Agreement.

## **ARTICLE 5 - EMPLOYMENT STATUS**

1. Full Time/Part Time/Per Diem Employees: For the purposes of this Agreement, a full time employee is an RN who is regularly scheduled to work thirty-six (36) to forty (40) hours per week. A part-time employee is an RN who is regularly scheduled to work twenty (20) to thirty-five (35) hours per week. A part-time RN shall not be converted to full-time status due to working extra hours or shifts. Per diem RNs are not regularly scheduled, and work on an as-needed or relief basis, but must meet their availability and work commitments as described in this Agreement. A per diem RN must be available to work at least 24 hours per schedule, with at least one shift being an evening, night or weekend shift. An RN may maintain only one of the foregoing statuses at any given time.

2. Reclassification: The Employer may reclassify to another status a full-time or part-time RN who fails to meet the above described requirements for his/her status. If a per diem RN does not meet the above requirements for such status, the RN's employment may in the Employer's discretion be terminated.

3. New Employees/Probationary Period: New employees shall work under the provisions of this Agreement but shall be on a probationary basis for the first ninety (90) calendar days of employment, which shall be extended an additional thirty (30) days upon written notice to the Union. During the probationary period, the employee shall not have access to the grievance or arbitration provision of this Agreement for any reason including discipline and discharge. The Union agrees that this Section acts as a waiver of DCMH's duty to bargain with the Union regarding discipline issued against any probationary employee.

## **ARTICLE 6 - HOURS OF WORK AND SCHEDULING**

1. The regular workweek shall consist of forty (40) hours per week. Nothing in this Article shall be construed as a guarantee of work. The pay period and pay date will run from Sunday to Saturday pay period and pay date will change from Thursday to Friday. Thereafter, the "pay period" shall consist of fourteen (14) days, three-hundred thirty six (336) hours, beginning with shifts starting after 12:01 A.M. Sunday and ending with shifts ending before 12:00 midnight the following Saturday." Nothing in this Article shall be construed as a guarantee of work.

2. The regular work day for RNs shall be either eight (8) or twelve (12) hours, at the discretion of management, exclusive of a half hour unpaid meal. The Employer recognizes that there currently are shifts of different duration in certain departments (for example, a ten (10) hour shift in the Operating Room). Such shifts are not automatically altered by virtue of this Article. The Employer retains the right to establish starting and end times of shifts, and to switch an RN to a shift of longer or shorter duration, or to create a shift that is longer or shorter than the shifts listed

above, provided that the Hospital gives the Union thirty (30) days' notice before implementing any of the above changes, and such changes shall only be made based on legitimate operational needs and not in an arbitrary way. In the event the Hospital creates a new shift, such new shift shall be offered on a voluntary basis; if there are multiple volunteers, the award shall be made by seniority provided the employee is qualified. If there are no volunteers, or insufficient volunteers, the new shift shall be assigned by inverse seniority.

3. a. Overtime shall be paid for all hours actually worked over forty (40) in a week, at the rate of time and one-half the RN's applicable hourly rate.
  - b. Involuntary Overtime The Hospital will comply with the terms of the "Prohibition of Excessive Overtime Act" ("the Act"), unless this Agreement provides for more favorable conditions for the employee, in which case this Agreement shall apply.
  - c. Voluntary Overtime and Extra Work. Qualified employees can sign up to work additional shifts as desired, by notifying the Employer of their availability for such work opportunities. Employees will be selected for such extra work opportunities on an equitable basis.
4. Scheduling of RNs shall continue to be done in the following manner:
  - a. Shifts shall be "self scheduled," with RNs selecting their preferred shifts;
  - b. Once the self-scheduling process is complete, the schedule shall be submitted to the Scheduling Committee, which shall have the authority to alter the schedule based on operational and patient care needs, as well as the rules for the department;
    1. Members of the scheduling committee will be paid a total of eight (8) hours' straight time pay per schedule, to be divided among members of the

scheduling committee in a manner directed by the Union.

c. After the Scheduling Committee makes adjustments, if any, to the schedule, it shall be submitted to the Clinical Director for final approval. The Clinical Director shall have the right to return such schedule to the Scheduling Committee for adjustment. If the schedule is returned to the Clinical Director and still does not meet the needs of the operation [for instance, an imbalanced schedule or one that does not meet the complement needed to run the shift], the Clinical Director shall finalize the schedule.

d. After the schedule has been completed by the process outlined in Subsections (a) – (c) above, it shall be posted. The schedule will be posted thirty (30) days in advance. Once the schedule has been posted it shall not be changed, except in circumstances beyond the control of the Hospital. An RN shall be permitted to switch shifts with at least twenty four (24) hours' advance notice, but must receive approval and is responsible for finding another RN (either within the department or who is trained and able to perform the work) to work the shift. A shift change will not be approved if it would result in an RN receiving overtime. Per diem RNs shall be permitted to switch shifts, no open shifts within the unit that they were scheduled in.

## **ARTICLE 7 – WAGES**

1. Wage Rates. Effective the payroll period following the Date of Ratification, nurses shall be placed on the wage scale according to years of license. This wage scale will be effective for all current and newly hired RNs, which reflects increases of 3% in Year 1, 3% in Year 2, 3%, Year 4% in Year 3 of the Agreement.

<b>Yrs of Licensure</b>	<b>Ratification</b>	<b>Year 2 (3%)</b>	<b>Year 3 (3%)</b>	<b>Year 4 (4%)</b>
GN	\$33.29	\$34.29	\$35.32	\$36.73
Start	\$33.62	\$34.63	\$35.67	\$37.09
1-1.99	\$34.73	\$35.77	\$36.85	\$38.32
2-2.99	\$35.89	\$36.97	\$38.08	\$39.60
3-3.99	\$37.15	\$38.26	\$39.41	\$40.99
4-4.99	\$38.84	\$40.01	\$41.21	\$42.85
5-6.99	\$41.20	\$42.44	\$43.71	\$45.46
7-9.99	\$43.02	\$44.31	\$45.64	\$47.47
10-12.99	\$43.93	\$45.25	\$46.61	\$48.47
13-14.99	\$45.11	\$46.46	\$47.86	\$49.77
15-16.99	\$46.35	\$47.74	\$49.17	\$51.14
17-19.99	\$48.16	\$49.60	\$51.06	\$53.14
20-24.99	\$56.04	\$57.72	\$59.45	\$61.83
25-29.99	\$57.25	\$58.97	\$60.74	\$63.17
30-30.99	\$58.03	\$59.77	\$61.56	\$64.03
35+	\$59.10	\$60.87	\$62.70	\$65.21
<b>PRN</b>	<b>Ratification</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
Day	\$41.00	\$41.00	\$41.00	\$41.00
Evening	\$44.00	\$44.00	\$44.00	\$44.00
Night	\$47.00	\$47.00	\$47.00	\$47.00
<b>Weekend</b>	<b>Ratification</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
Day	\$54.86	\$56.51	\$58.20	\$60.53

Night	\$59.51	\$61.30	\$63.13	\$65.66
-------	---------	---------	---------	---------

2. Shift Differentials. Evening shift differential will be paid for hours worked between 3:00 pm and 11:00 pm, and night shift differential will be paid for hours worked between 11:00 pm and 7:00 am. The evening shift differential shall be \$3.00 per hour, and the night shift differential shall be \$4.50 per hour for an employee assigned to an inpatient unit or the Emergency Department.

3. Charge and Preceptor Pay. An RN working as either a charge nurse or preceptor shall receive an additional \$1.50 per hour for all hours worked in such capacity.

**ARTICLE 8 -  
HEALTHCARE AND WELFARE BENEFITS**

1. Effective through the term of this agreement all bargaining unit employees will be eligible to participate in all plan offerings. The Employer currently offers Employees with the option of selecting one (1) of five (5) Medical Plans referred to as the Value Plan, EPO, Limited PPO, Standard PPO, Premier PPO. The Employer may make changes to the EPO plan provided the changes result in a substantially similar plan. Before making changes to, eliminating or replacing the other plans, the Employer will give the Union advance notice and the opportunity to meet and discuss the changes.

2. Contributions for Insurance Premiums Effective January 1, 2021, full-time and eligible part-time Employees shall pay, twice monthly through payroll withholding, for the Plan selected by Employee as well as the category of coverage, i.e. Employee Only, Employee and Child, Employee and Spouse, Employee and Child(ren) or Family. As defined below:

<b>EPO</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Limited PPO</b>	<b>Full Time</b>	<b>Part Time</b>
EE Only	\$68.06	\$120.32	EE Only	\$98.39	\$196.76
EE Spouse	\$136.12	\$240.62	EE Spouse	\$195.72	\$391.44
EE Child(ern)	\$121.43	\$204.55	EE Child(ern)	\$175.61	\$351.23
Employee Family	\$171.88	\$343.76	Employee Family	\$260.33	\$520.66
<b>Standard PPO</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Premier PPO</b>	<b>Full Time</b>	<b>Part Time</b>
EE Only	\$144.92	\$256.17	EE Only	\$225.45	\$427.14
EE Spouse	\$288.31	\$509.63	EE Spouse	\$448.52	\$873.28
EE Child(ern)	\$258.69	\$435.77	EE Child(ern)	\$402.46	\$782.47
Employee Family	\$383.48	\$766.97	Employee Family	\$596.59	\$1,169.42
<b>Value</b>	<b>Full Time</b>	<b>Part Time</b>			
EE Only	\$47.64	\$84.22			
EE Spouse	\$95.29	\$168.43			
EE Child(ern)	\$85.00	\$143.18			
Employee Family	\$120.31	\$240.62			

3. In 2022, Prospect Medical may only raise bi-weekly premium cost and copays based on the 2021 contributions under the following conditions:

- a. Cost increases must be done system wide for all nonunion employees.
- b. The dollar amount may not increase more than 10% of previous years' premium.
- c. Out of pocket max shall not increase more than \$500 in 2022

4. In 2023, Prospect Medical may only raise bi-weekly premium cost and copays based on the 2022 contributions under the following conditions:

- a. Cost increases must be done system wide for all nonunion employees.
- b. The dollar amount may not increase more than 10% of previous years' premium.
- c. Out of pocket max shall not increase more than \$500 in 2023.

5. Prescription Benefits. Prescription co-pays shall be determined in accordance with the terms of the Medical Plan selected by the Employee.

- a. Employees shall have the right to continue to fill prescriptions at the employee pharmacy.
- b. The prices for generic, formulary, and non formulary cost shall increase no more than 10% year to year in the EPO plan.

6. Dental Plan Upon ratification of this Agreement, the Employer shall make available the Dental Plan to regular full-time and regular part-time Employees and shall continue to offer the plan for the life of the agreement. The cost for employees may increase year to year by no more than 10%, if that increase is instituted system wide. and the benefit remains substantially comparable.



7. Vision Plan. Upon ratification of this Agreement, the Employer shall make available the Vision Plan to regular full-time and regular part-time Employees and shall continue to offer the plan for the life of the agreement. The cost for employees may increase year to year by no more than 10% per year, if that increase is instituted system wide-and the benefit remains substantially comparable.

8. Short / Long Term Disability. Prospect will continue to offer such substantially comparable benefits for the life of the contract.

9. Flexible Spending Accounts – Prospect will continue the flexible spending accounts for the life of the contract.”

**ARTICLE 9  
PENSION**

**Non-Contributory Contribution Plan**

Effective with ratification, all bargaining unit employees who meet the annual 1,000 hours requirement of the discretionary Non-Contributory Contribution Plan shall be enrolled based on base wages and age as follows:

Age	Contribution Percentage
< 20	1%
20-29	1.75%
30-39	2.50%
40-49	3.50%
50-59	4.75%
60+	6.25%

The employer shall have the right to make any modifications with respect to the Non-Contributory-Contribution Plan as may be legally required to maintain compliances with federal benefit laws and it shall have the right to make administrative changes consistent with any changes applicable to non-represented rank and file employees. This shall not result in any loss of benefit.

**401K Plan**

Employees who are in the enhanced pension of additional contribution of 2%, 4%, or 6% are not eligible for the 401k plan. All other employees who are not in the enhanced benefit plan are eligible to participate in the 401k plan. The 401k plan shall utilize the following schedule:

Years of Maximum CKHS Service	Maximum Employee Contribution Matched	Crozer Matching Contribution	Rate of Contribution
Under 10	\$2,000	\$1,000	50%
Over 10	\$4,000	\$2,000	50%

Annual contributions to qualified accounts that are less than the maximum amount will be matched on a pro-rated basis according to the contribution rates listed above.

Contributions for the prior year’s 401k and pension plan shall be made by December of the following year

**ARTICLE 10 - HOLIDAYS, VACATION AND SICK LEAVE**

1. Holidays:

The Employer recognizes the following six paid holidays:

New Year's Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Christmas Day

a. Recognizing that the Hospital operates every day of the year and that it is not possible for all employees to be off on the same day, DCMH shall have the right to require full-time employees to work up to three (3) and part-time employees to work up to two (2) of the above-named holidays. If permitted by operational and patient care needs, employees shall alternate the holidays so that no employees will be required to work 2 consecutive holidays unless they choose to.

b. A full- or regular part-time bargaining unit RN who works on a holiday enumerated in this Article shall be paid time and one-half their regular rate of pay for all hours worked. Such premium pay shall not be considered time worked for purposes of calculating overtime. Full-time bargaining unit RNs shall, each January, receive forty-eight (48) hours of "holiday" time in a bank; regular part-time RNs shall receive twenty-four (24) holiday hours each January. The holiday bank shall be capped at forty-eight (48) hours per year. Employees must use the prior year's banked holiday time (48 hours accrued between January 1 and December 31) by January 15<sup>th</sup> of the following year. In November, December, and through January 15, employees shall be limited to one (1) day per month and such holiday request shall not be unreasonably denied. Per diem employees shall be paid time and one-half (1 ½) for working on Holidays.

c. Employees may continue the practice of equal switching of holidays worked. The original schedule as posted will determine whether an employee will be counted as working that holiday.

d. Full-time bargaining unit RNs shall, each January, receive forty-eight (48) hours of personal holiday time; regular part-time RNs shall receive twenty-four (24) personal holiday hours each January. Per diem RNs shall not receive personal holiday time. Such time may be used at any point during the calendar year, in accordance with departmental scheduling policies. Scheduling of personal holiday time shall not be unreasonably denied. Unused personal holidays shall not be paid in the event an RN leaves the employ of DCMH. Unused personal time shall be forfeited in the event an employee has any balance of personal days remaining at the end of the calendar year. In the event an employee resigns or is terminated and has used more than the amount of personal time s/he would have earned on a prorated basis, the used but unearned time will be deducted from the employee's remaining vacation balance, if any, which remains before such balance is paid out to the employee.

2. Vacation:

a. Full-time RNs working at DCMH on or before the Date of Ratification of this Agreement will accrue annual vacation with pay as follows:

<b>Years of Service</b>	<b>Amount of Vacation Per Year</b>
90 days - 4.99 years	120 hours

5 years – 19.99 years	160 hours
20 or more years	200 hours

Full-time RNs hired after the Date of Ratification of this Agreement will accrue annual vacation with pay as follows:

<b>Years of Service</b>	<b>Amount of Vacation Per Year</b>
90 days – 4.99 years	80 hours
5 – 9.99 years	120 hours
10 or more years	160 hours

b. Accrual: The vacation allowance for each year accrues on a bi-weekly basis to the employee. RNs with an FTE of 0.5 and 0.9 and with a minimum of one year of continuous service will accrue a prorated vacation allotment based on their budgeted FTE. Per diem RNs shall not accrue or receive any paid vacation.

c. At no time will an active employee receive pay in lieu of vacation.

d. Vacation scheduling will be subject to the Employer's interpretation of operating needs, scheduling and work requirements and seniority. Vacation requests must be made as far in advance as possible and must be approved by Management prior to the anticipated vacation period. Such requests shall not be unreasonably denied and, except for December 15 through January 3, there shall be no "black out" periods for the scheduling of vacations if such proposed vacations represent less than fifteen percent (15%) of the FTEs of the department. The Employer will attempt to honor scheduled vacations; however, the Employer reserves the right to alter or rearrange vacation schedules based on operating needs. Except for vacation that has been utilized due to involuntary cancellation, employees who exhaust their available vacation time prior to their scheduled vacation period (for example, by using vacation time concurrently with FMLA leave) forfeit their scheduled vacation period.

e. Up to two times entitlement of unused vacation time may be carried over into the following year. At the end of a calendar year, any accrued vacation time beyond two times the yearly entitlement shall not be carried over and shall be forfeited.

3. Sick Leave:

a. Full-time, non-probationary RNs shall accrue twelve (12) sick days per year on a bi-weekly basis. Part-time, non-probationary RNs shall accrue six (6) sick days per year on a bi-weekly basis. Per diem RNs shall not accrue sick leave.

b. Sick leave may be banked up to nine-hundred sixty (960) hours; once an RN has nine-hundred sixty (960) hours in their sick leave bank, no further sick leave shall accrue until the bank falls below nine-hundred sixty (960) hours.

c. Sick leave may be used only in the event an RN is ill or otherwise personally medically unable to work.

d. An RN absent for three (3) consecutive days or longer, or whom a supervisor suspects of using sick leave in a manner not permitted by this Article, will be required to provide a doctor's note certifying the illness. If a doctor's note is not provided within fifteen (15) days, the RN at the discretion of management may be disciplined and sick leave will not be paid.

e. Sick leave shall not be paid or cashed out.

## **ARTICLE 11 - OTHER LEAVE BENEFITS**

1. **Bereavement**: Three (3) workdays off with pay may be taken by full-time employees within the seven (7) calendar day period following the death of a parent, stepparent, spouse, child, brother, sister, stepbrother, stepsister, legal guardian, relative residing in the same household or same-sex domestic partner. One (1) workday off with pay may be taken by full-time employees within the seven (7) calendar day period following the death of a parent-in-law, brother-in-law, sister-in-law, grandparent, or grandchild. Full-time employees working other than 8-hour shifts will receive a maximum of 24 hours' bereavement pay.

Part-time employees working 20 or more hours per week shall be eligible for bereavement leave equal to one-half the benefit of a full-time employee. A part time employee working less than 20 hours per week will be eligible for time off under this provision but will not be eligible for paid leave.

2. **Jury Duty**: An employee who is called to jury duty shall be entitled to paid leave. The employee shall be paid the difference between his regular pay and the compensation for jury duty received from the court. An employee called to jury duty shall be required to present a statement issued and signed by the clerk of court stating the number of days the employee was on jury duty and the compensation paid.

3. Family Medical Leave: The parties agree to follow the Employer's Leave of Absence/FMLA policy, except as modified as follows: Employees returning from a leave of absence for their own serious medical condition shall retain recall rights for up to one (1) year. Upon an employee's return from leave after twelve (12) weeks, the employee shall return to their prior position, if available, or to a comparable position, if available. If no such positions are available, employees may elect per diem status and retain the right of first refusal to their prior position when such position becomes available. In the event the Family Medical Leave Act is amended or modified in any way, the Employer will meet with the Union upon request to discuss the implementation and impact of such amendment or modification on the employees in the bargaining unit.

4. Further Extensions for Employee's Own Medical Condition. If an employee on leave is not able to return at the end of the twelve weeks of FMLA, due to their own serious ongoing health condition, he or she may request a further extension of unpaid leave three (3) months within a rolling year dating back from the date the leave is requested. Leaves will be granted if operational and patient care needs, in the Hospital's judgment, allow. If the employee returns within such three-month period, they are not necessarily guaranteed reinstatement to the individual's same position if their position becomes unavailable during the extended leave. However, if the employee's same position is not available upon return to work/fitness for duty certification from an extended leave, he or she shall be given preference for vacancies in the bargaining unit provided the employee is qualified. If no vacancy exists, the employee returning from leave shall have the right to a PRN position.

5. Health Insurance will be continued up to six (6) months for employees on leave of absence who are plan participants if they continue to pay their designated employee share of the contribution. Premiums must be forwarded to the Benefits Department by the employee to stay a member of the plans.



Full time employees on leave of absence will also be covered under the Long-Term Disability Insurance for six (6) months. If an employee's payment is more than 15 days late, management will send a letter notifying the employee that coverage will be dropped if payment is more than 30 days late unless the copayment is received before that date. Whenever such employees are receiving pay from Prospect Health during any leave, the hospital will deduct the employee portion of the group health plan premium from the employee's paycheck in the same manner as if the employee was actively working.

6. All other leave benefits within the Crozer Family/Medical Leave of Absence policy shall apply, if the Hospital changes the policy the hospital shall have the right to meet with the Hospital to discuss the effects of the changes to the policy on bargaining unit employees.

7. Personal, Educational & Military Leave: Bargaining unit RNs will be eligible for personal and military leaves in accordance with Employer policies governing these subjects, provided that the policies apply equally to bargaining unit and non-bargaining unit employees.

8. Other Leave: It is the Employer's intent to fully comply with any applicable federal, state or local law that requires the Employer to provide employees with paid or unpaid leave in excess of what is described in this Article.

## **ARTICLE 12 - SENIORITY**

Two types of seniority shall be used; hospital system seniority and bargaining unit seniority. Hospital system seniority will be used for calculating applicable benefit entitlement such as vacation accrual and health benefits. Bargaining unit seniority will be the primary factor in connection with choosing vacations, layoff and recall. Bargaining unit seniority will be considered as a factor in connection with promotions and transfers.

### i. Definitions and Application:

2. Hospital system seniority shall be defined as the total length of time an employee has been continuously employed in any capacity by CKHS/Prospect Medical Holdings. This time includes work for any CKHS predecessor(s). Cessation of employment for longer than three (3) months with any CKHS entity shall cause a break in hospital system seniority.

3. Bargaining unit seniority shall be defined as the length of time an employee has worked continuously in a classification within the bargaining unit. For employees on the DCMH payroll as of the date of the ratification of this Agreement, uninterrupted time spent in any other classification at DCMH shall also count in the calculation of bargaining unit seniority. Bargaining unit seniority for employees hired after the date of ratification shall be defined as the length of time continuously employed in a bargaining unit classification.

i. Accrual

4. Bargaining unit seniority shall commence after the completion of the probationary period and shall be retroactive to the date of hire, provided the employee's employment has been continuous.

5. Seniority shall accrue during a continuous authorized leave of absence without pay, up to twelve (12) months for illness, injury and maternity, provided the employee returns to work immediately upon expiration of the leave of absence.

i. Loss of Bargaining Unit Seniority

ii. Seniority shall be broken when an employee:

- b. Quits, resigns, retires or takes a job outside the bargaining unit when the employee's job in the bargaining unit is available;
- c. Is discharged for just cause;
- d. Is laid off for a period of twelve (12) months or the length of their employment, whichever is shorter;
- e. Is absent due to any illness or injury (compensable or non-compensable) for twelve (12) consecutive months;

- f. Fails to report to work for two (2) consecutive working days after being recalled from layoff, being reinstated to work, or being scheduled to return to work from a disciplinary suspension;
- g. Fails to return immediately following the end of a leave of absence, vacation or sick leave;
- h. Is employed by another employer during a leave of absence, except for military duty;
- i. Is absent from work for two (2) consecutive shifts without management approval.

1. DCMH agrees to provide, upon PASNAP's request, an updated seniority list on January 1 and July 1 each year during the life of this Agreement.

2. An employee who leaves the bargaining unit and who maintains continuous service with CKHS shall have all of her bargaining unit seniority restored, provided the employee returns to a bargaining unit position within one (1) year. Seniority shall not be considered as a factor, or otherwise entitle the employee to preferential treatment, when bidding on a job to re-enter the bargaining unit.

6. Tiebreaker: In the event employees have identical bargaining unit dates, then hospital system seniority shall determine an RN's position on the seniority list. In the event RNs have identical hospital system seniority, the date of the RN's DCMH job application shall prevail.

7. Seniority shall equally accrue for all employees no matter the position, hours of work or appointment fraction the employee works

### **ARTICLE 13 - LAYOFF AND RECALL**

1. A layoff is defined as the elimination of a position which results in the permanent termination of the employment relationship for an RN.

2. Layoffs shall be by unit, floor or work areas. In the event a layoff is necessary, probationary employees shall be laid off first. Thereafter, RNs will be selected for layoff and recall according to classification seniority.
3. When possible, DCMH will give ten (10) days' notice to PASNAP when a layoff is to occur, along with the number of positions that are being eliminated and their location. The Union shall have the opportunity to negotiate the effects of the layoff.
4. For a period of one (1) year, laid off employees shall be entitled to recall to bargaining unit positions that become available, in accordance with the process and criteria described in paragraph 2 above.

## **ARTICLE 14 - POSTING AND TRANSFERS**

1. Posting:
  - a. DCMH will endeavor to post on the intranet vacancies, as soon as practicable, for all available bargaining unit positions. Job postings shall include required qualifications.
  - b. Job postings shall remain on the intranet for seven (7) calendar days prior to the filling of such positions. DCMH shall consider such applicants in accordance with qualifications and length of service. When selecting among current RNs in the bargaining unit, when qualifications among employees are relatively equal, the employee with the most classification seniority shall be awarded the position. However, nothing in this Article shall restrict DCMH from selecting a non-bargaining unit applicant who is substantially more qualified for a position, as determined at management's sole discretion. Employees without Level II or above disciplinary actions within the previous rolling twelve (12) month period who are seeking to change shifts in the same unit and department shall have preference over candidates from outside

the bargaining unit. The RN must accept or decline the position within three (3) working days of personal contact with Human Resources or the position is forfeited.

2. Transfers:

a. DCMH shall have the right to temporarily transfer or reassign an employee to a position or unit/department within the bargaining unit as business needs require. Transfers to other positions or units/departments do not warrant a rate adjustment. A transfer to another position or unit/department shall not be considered a promotion, demotion or discipline.

b. A present employee of DCMH permanently moving into a new job shall not be considered a probationary employee but shall be evaluated on a 30, 60, and 90 day basis after the employee begins work in the new position. If such individual shall be deemed not to have the competencies necessary for the new job classification, they shall be returned to their original position if it has not been filled. If the original position has been filled, the returning employee shall be returned to an open position for which they are qualified. If there is no available open position, the employee shall be converted to per diem status and have the right of first refusal for the next open position for which they are qualified to perform.

## **ARTICLE 15 - PAST PRACTICE**

Unless specifically enumerated in this Agreement, no practice, procedure or policy of the Employer shall be construed as a “past practice” subject to enforcement under the terms of this Agreement. Notwithstanding the above, the Employer agrees to maintain the following practices:

1. In IR, employees shall be scheduled on call every other holiday.

2. Upon reasonable notice to the Union, the employer may, at its discretion, continue to offer extra shift incentive bonuses

provided such bonuses are administered in a non-discriminatory manner.

3. Registered nurses who work the 7:00 am – 7:00 pm shift shall continue to receive the evening shift differential between the hours of 3:00 pm and 7:00 pm.

## **ARTICLE 16 CANCELLATION (LOW CENSUS)**

1. Voluntary Cancellation Day: If management determines, based on the agreed upon staffing grids, that a Cancellation Day (CD) is necessary, the Hospital shall offer a voluntary CD. An RN may volunteer to take the offered CD and shall have the option to use unscheduled vacation or personal holiday time or take the day off without pay at the RN's option. In the event two RNs volunteer for one CD opportunity, the Employer shall award the CD to the RN with greater classification seniority on a rotational basis.

2. a. Mandatory Cancellation Day: In the event there are an insufficient number of volunteers to take an CD and management determines that RNs must be cancelled Delaware County may mandate the RN on the unit with the least bargaining unit seniority to take an CD. Mandation of CD shall be done on a rotational basis within the unit by inverse seniority. A nurse who has volunteered for CD during the rotation shall be skipped and shall not be made to take a mandatory CD until that rotation is complete. However, an RN shall receive credit for voluntary CD only once during a rotation. The rotation list shall be maintained on the unit, and the unit will advise the scheduling office of the name of the RN to take an CD. This shall be limited to no more than eight (8), ten (10) or twelve (12) hours (whichever corresponds to the employee's shift length) per pay period.

b. Mandatory Cancellation Order:

a. Agency (if can be moved to another facility)

- b. SSS (supplemental staffing services) by specialty
- c. Employees working overtime
- d. PRN by specialty
- e. RN working beyond their FTE status
- f. Rotation by the current pull sheet on each unit

3. On-Call: Employees who are given a low census day for a part of the shift may be placed “on-call” for the first 4 hours of their shift. These employees will be paid \$3.25 per hour. Employees must report to work within 1 hour after they have been called to work.

- a. This “on-call” will be limited to 12 hours per pay. And if their shift is cancelled this will meet the requirement of 1 shift under section 2 above.
- b. The Employee may volunteer to remain “on call” for the remainder of their shift at the employee’s discretion.

### **ARTICLE 17 – ON CALL PROCEDURES**

1. An employee who has been called in to work while “on-call” shall be paid a minimum of four (4) hours at time and one-half (1 ½).

2. Employees required to be available “on-call” as part of their job requirement (not cancellation) shall be paid \$3.25 per hour while “on-call.”

3. Employees may request a beeper for “on-call” or have the Hospital contact them on their personal cell phones.

4. The Employer shall make reasonable attempts to assign “on-call” assignments on an equitable basis. Any dispute relating to “on-call” scheduling shall be handled exclusively through the Labor-Management process in this Agreement. After “on-call” has

been scheduled, employees may continue to switch call shifts as per the current practice.

5. If an RN who is on-call is called into work anytime within six (6) hours prior to the start of their next scheduled shift, they may leave that day as soon as possible provided workloads and working conditions permit. Management will attempt to secure volunteers and PRN staff to alleviate workloads and permit the employee to leave. If the RN is permitted to leave early, the RN may elect to use vacation, banked holiday or personal leave for all hours scheduled but not worked on that day.

6. The Employer shall not violate the law of Mandatory Overtime to fill extra work opportunities. The Employer shall endeavor to fill such extra work opportunities in accordance with the procedure contained in this Agreement.

a. Employees that are mandated to stay after the end of their shift due to workflow and/or add on cases, and are scheduled on call immediately after their shift shall be paid time and ½ all hours work after the end of their regular schedule shift.

## **ARTICLE 18: TIMEKEEPING AND ATTENDANCE**

1. Timekeeping:

a. All employees are responsible for accurately recording any and all time worked. Using the applicable time reporting system, employees must “clock in” by recording the exact time when they begin work and “clock out” by recording the exact time when they end work every time they work, which may be different from the time at which their shift was scheduled to begin or end.

b. Falsification of time records will be grounds for termination. Falsification of time records includes, but is not limited to, written or verbal misrepresentations of timesheets, time worked, time in or out, length of breaks, or adjustments to time; clocking in or out for another employee; and permitting



another person to clock in or out for another employee or oneself. Nothing in this section shall preclude the Employer at its discretion from imposing discipline lesser than termination.

c. Employees who fail to clock in or out as described in Section 1(a) of this Article must notify their manager and may be subject to discipline under DCMH's attendance policy. d.

Employees are expected to be ready for work, in uniform, except those units required to change at work, at the start of their assigned shift time. Employees are expected to cease work entirely after clocking out. Employees are prohibited from "volunteering" unpaid time, or otherwise working "off the clock" either before or after their shift or during an unpaid break. Employees who work "off the clock" will be subject to discipline, up to and including termination."

2. Attendance:

a. RNs are expected to attend work as scheduled at the work area designated by Management. RNs must notify management of any absences. In order to notify Management of an absence, the RN must have a direct, two-way conversation with the Staffing Office over the phone or other designated managerial personnel over the phone. Voice mails and text messages will not be considered notification under this Article. At the discretion of the department manager, another method of notice may be established for a department, provided such method of notice has been communicated to employees in writing.

b. Where an RN calls out of a shift, the RN must notify management at least two (2) hours before the start of a day shift and three (3) hours before the start of a night shift.

c. RNs who cannot notify management within the time described in section (b) above prior to the beginning of the shift from which they will be absent they must notify management of the absence as soon as practicable. Insufficient notice of an absence shall be grounds for discipline, absent exigent circumstances.

d. Non-Productive time (example, vacation and personal days) may be used for call outs or emergency absences not covered under sick leave.

An emergency call out is defined as a call off that occurs with less than twenty-four (24) hours of notice to management.

Management agrees that bargaining unit employees may utilize up to 1 shifts of non-productive time which shall not exceed 12 hours for an emergency call out and not have it count towards attendance management discipline.

## **ARTICLE 19 - MISCELLANEOUS**

1. Errors in paycheck. Paycheck errors shall be rectified and employees made whole for such errors no later than the pay period following the date when such error has been identified and acknowledged. In cases where the amount is over \$100, the employee will be made whole within five (5) business days.
2. Reimbursement for Parking. Employees who are required by the Employer to travel to other facilities within the health system shall be reimbursed for parking costs above any parking costs normally incurred by the employee, if such costs are incurred.
3. Employees with 25 or more years of Hospital service as of January 1, 2020, shall be entitled to parking at fifty percent (50%) of the applicable parking fee. The applicable parking fee as of the ratification of this Agreement shall be twenty-five dollars (\$25.00) per month for the garage.
4. Parking shall be free for all employees in the flat lot.
5. Employees shall receive one hundred and fifty (\$150) dollars per year for uniform allowance.

## **ARTICLE 20 - DISCIPLINE AND DISCHARGE**

DCMH shall have the right to discharge, suspend or discipline any employee for just cause. In the event of a suspension or discharge, DCMH shall contact the grievance chairperson or the Union President, prior to the disciplinary meeting.

## **ARTICLE 21 - GRIEVANCE AND ARBITRATION**

1. A grievance shall be defined as any complaint, dispute, controversy or disagreement involving one (1) or more employees and the Employer, between the Union and the Employer, or between the Employer and the Union which may arise concerning the application, meaning or interpretation of this agreement.

Grievances shall be processed and disposed of in the following manner:

**STEP ONE** – The employee or employees affected shall present the grievance to his or her immediate manager within seven (7) calendar days of its occurrence, in an attempt to affect a satisfactory settlement on a non-precedent setting basis. The manager shall have seven (7) calendar days after receipt of the grievance to meet with the grievant in the Union representative and, once the meeting has occurred, seven (7) calendar days to give his or her response. If no satisfactory settlement is reached, the grievant or the Union may, within seven (7) calendar days after the manager’s response, appeal to Step Two.

**STEP TWO** – The grievant and the Union representative shall submit the written grievance to the grievant’s Department Head or his or her designee. The Department Head or his or her designee shall have seven (7) calendar days after receipt of the grievance to meet with the grievant and his or her Union representative and, once the meeting has occurred, seven (7) calendar days to give his or her answer in writing. If no satisfactory settlement is reached, the grievant or the Union may, within seven (7) calendar days after the Department Head’s answer, appeal the matter to Step Three.

**STEP THREE** – The grievant and the Union representative shall submit the written grievance to a Human Resource Manager, who shall have fourteen (14) calendar days after receipt of the grievance to meet with the grievant and the Union representative and, once the meeting has occurred, fourteen (14) days to give his or her answer in writing. If no satisfactory settlement is reached, the Union may, within thirty (30) calendar days after Human Resource’s answer, appeal the matter to Step Four.

A grievance by the Employer against the Union shall be initiated at Step Three. Such meeting shall be held between the Employer’s representative and the Executive Director of the Union or his designee within seven (7) calendar days of the occurrence giving rise to the grievance. The Union shall have seven (7) calendar days after the meeting to give its response. If no

satisfactory settlement is reached, the Employer may, within thirty (30) calendar days after the Union's response, appeal the matter to Step Four.

**STEP FOUR** – If the grievance is still not satisfactorily settled, the matter may be appealed to an impartial Arbitrator. The Arbitrator shall be selected in accordance with the prevailing rules of the American Arbitration Association applicable to labor arbitrations.

2. The cost of the arbitration shall be shared equally by the parties.

3. The Arbitrator's decision shall be rendered within thirty (30) calendar days after the hearing of the dispute, unless extended by mutual agreement. The findings of the Arbitrator shall be final and binding upon the parties.

4. The Arbitrator shall have jurisdiction only over disputes arising out of grievances as defined in Section 1 of this Article, and he or she shall have no power to add to, subtract from, or modify in any way the terms of this agreement.

5. Effect of Failure to Appeal – Any grievance shall be considered as settled on the basis of the last answer of the Employer, or the Union in the case of a grievance filed by the Employer, if not appealed to the next step or to arbitration within the time limitations set forth herein.

6. Effect of Settlement – The disposition of any grievance at any step of the grievance procedure, or prior to actual receipt of the decision of an arbitrator, by agreement between the employer and the union shall be final and binding upon the employee, employees, or persons who are involved and were affected thereby. Any interpretation of this agreement agreed upon by the employer in the union shall be final and binding on employees or any person affected.

7. If the Employer fails to answer a grievance at any step, the grievance shall automatically proceed to the next step.

## **ARTICLE 22 - DRUG & ALCOHOL TESTING**

DCMH may test employees for drugs and/or alcohol in accordance with its applicable written policy. DCMH reserves the right to revise such policy from time to time, after providing notice and the opportunity to bargain with the Union so long as such revisions apply equally to all employees, both bargaining unit and non-bargaining unit.

## **ARTICLE 23 - PERSONNEL FILES**

1. Minor infractions on an RN's record shall not be considered for purposes of issuing further discipline after one (1) year has passed from the date of the infraction, provided that the one (1) year is free of infractions. Minor infractions include oral and written warnings. Suspensions shall not be considered for purposes of issuing further discipline after two (2) years, provided that the two (2) years are free of infractions. Nothing in this Section shall be construed to require that DCMH remove discipline from an RN's personnel file.

2. Any bargaining unit RN or PASNAP, with the RN's written consent, shall have the right to review the contents of the employee's personnel file to determine any matter affecting such employee. Notice to review such files shall be given by the RN or PASNAP in writing and the files shall be made available by DCMH within two (2) business days after receipt of such notice. PASNAP agrees not to utilize this right in an abusive or excessive manner.

## **ARTICLE 24 - INSERVICE EDUCATION**

1. DCMH will continue to provide in-service education for staff nurses on a continuing and regular basis, and it shall be the responsibility of the employee to seek opportunities to meet individual learning needs.

- a. Nurses in the bargaining unit are required to attend mandatory in-services as designated by DCMH.
- b. Nurses in the bargaining unit will be required to attend courses and classes as judged by DCMH as necessary to the job.
- c. Whenever possible, in-service education will be repeated to provide access for nurses on all shifts.
- d. Non-mandatory conference time will be granted at management's discretion.
- e. DCMH shall compensate RNs at their regular base hourly rate for all time spent at mandatory in-services, courses or conferences.

2. DCMH shall allocate up to \$250.00 per calendar year to reimburse each employee in the bargaining unit for costs incurred for attending approved CE conferences, professional membership which provides free CEUs based upon the profession, continuing education conferences or classes locally. In no event shall any employee receive a cash-out for any unused continuing education funds. RNs will also have two (2) paid days off per year to attend educational conferences/CEU; such days will be granted off if operational and patient care needs permit.

## **Article 25 - Non-Discrimination**

### **1. Non-Discrimination Policies**

a. The Employer shall continue to apply its existing policy of non-discrimination on the basis of race, color, ancestry, religion, sex, sexual orientation, national origin, age, pregnancy, physical or mental disability, citizenship status, veteran status, gender identity or expression, genetic information or any other characteristic that is protected by

federal, state or local law. Specifically, the Employer shall apply and enforce the Hospital's Equal Employment Opportunity Policy.

b. The Employer shall not be required to notify or bargain with the Union prior to implementing modification to its Equal Employment Opportunity Policy so long as that Policy, as modified, continues to apply to all employees, both bargaining unit and non-bargaining unit.

2. Investigations: The Union acknowledges that the Hospital's Equal Employment Opportunity Policy prohibits discrimination or harassment of employees. If any bargaining unit employee notifies the Union of an alleged violation of this Article, the Union will encourage the employee to bring the matter to the attention of the Employer in accordance with the Hospital's Equal Employment Opportunity Policy. Once a complaint has been presented to the Employer, the Union will cooperate with the Employer in its investigation.

3. Gender Neutral Language: Where the masculine or female gender is used in any job classification or provision in this Agreement, it shall not be deemed to refer to either or both sexes and is not intended, or shall it be deemed to limit, job eligibility or the application of any provision of this Agreement to members of either sex.

4. Respect, Dignity and Safety: DCMH's policy is to ensure that all employees, supervisors, physicians, business visitors, patients, and/or other customers or visitors promote a culture of safety and conduct themselves in a manner which protects and respects the rights, privacy and dignity of all individuals with whom they come into contact.

DCMH prohibits any individual, regardless of position, from threatening, bullying, intimidation, or engaging in other unlawful and/or unprofessional harassment or related conduct.

DCMH has established policies to enforce these standards.



5. Election of Remedies: In the event an employee has filed a charge or complaint with any federal, state or local human relations agency alleging conduct that violates this Article, neither the employee nor the Union, on behalf of the employee, shall be permitted to pursue a grievance under the Grievance and Arbitration procedure in this Agreement arising from the same set of circumstances as the employee's administrative charge or complaint.

## **ARTICLE 26 - UNION VISITATION & BULLETIN BOARD**

1. Union Visitation: Any authorized Union representative wishing to visit the facility for the purpose of administering this Agreement shall provide the Employer with one (1) hour advance notice of such visit. The Employer will not unreasonably withhold permission for such a visit. When the Union representative enters the premises in which the Employer operates, he or she shall notify the appropriate HR representative so that his or her activities do not interfere with Hospital operations. The conducting of Union business shall not, under any circumstances, interfere with the Hospital's operations or delivery of patient care services in any way. Authorized Union representative(s) will be restricted to the public areas of the Hospital and shall at no time access patient care areas, patient access areas or work areas/stations.

2. Bulletin Board: The Employer will provide an enclosed bulletin board, in a mutually agreed upon location that is not in, or in the immediate vicinity of, a patient access area, for the exclusive use of the Union. The Union will use the bulletin board for the purpose of posting proper PASNAP notices. The Employer may remove any material that is profane, obscene or defamatory to the Employer, its representatives, its patients or to any individual.

## **ARTICLE 27 - MONTHLY LABOR-MANAGEMENT MEETING**

1. Representatives of DCMH and PASNAP will meet monthly, except July through August and December, to cover the following agenda:

- a. Management Update – State of the Hospital
- b. Union-Management Items of Mutual Interest
- c. Professional Staffing and Development
- d. Special Topics
- e. Collaborative Projects
- f. Other labor management problems that may arise from the previous month
- g. New items since Agenda developed.
- h. Nurse staffing. The Employer shall educate the members of the Labor Management Committee regarding the hours per patient day (HPPD) model. The Parties agree to discuss all issues which either party may raise relating to staffing. The Employer's management rights shall be maintained in the course of such discussions. The Employer recognizes the mutual benefit of hiring qualified nurses and retaining them during the life of this Agreement. The issue of vacancies may be discussed at Labor-Management meetings, and the Employer shall provide the Union with information related to vacancies for discussion at each meeting.

2. On a regular basis, no more than seven (7) individuals for each party may attend. Such meetings will be conducted on a mutually agreed-upon date and time to be determined after ratification of this agreement.

3. Five (5) days prior to the monthly labor-management meeting, the Union and Management will agree on the Agenda for the meeting. The Agenda development will be the responsibility of the HR Director, or designee, for Management, and the Staff Rep,

or designee, for the Union. The Union and Management also will mutually agree upon which additional employees will be needed in the meeting to address a specific Agenda item during a monthly meeting. Management will make every attempt to release the requested union members to attend; however, if Management is unable to release the requested union members due to patient care requirements, the Union will identify other employees who can attend without impacting the staffing schedule.

4. If a meeting is scheduled during the working hours of any employee representative, he or she will be permitted to attend without loss of pay, except there will be no payment of premium day.

5. Management will provide a note taker to take joint notes, and the Union and Management agree to work together to modify the draft to reflect the key discussions of the meetings and to review and approve the notes of the prior meeting at the beginning of each labor-management meeting.

## **ARTICLE 28 - SEPARABILITY AND SAVINGS CLAUSE**

1. If any Article or Section of this Agreement is held invalid by operation of law or by any tribunal of competent jurisdiction, or if compliance with or enforcement of any Article or Section should be restrained by such tribunal pending a final determination as to its validity, the remainder of this agreement shall not be affected thereby.

2. In the event that any Article or Section of this Agreement is held invalid or enforcement of or compliance therewith has been restrained, as set forth above, DCMH and PASNAP shall enter into immediate collective bargaining negotiations for the purpose of arriving at a mutually satisfactory replacement provision. During such negotiations, all other provisions of this Agreement shall remain in full force and effect.

## **ARTICLE 29 - TEMPORARY REASSIGNMENT**

1. The Employer shall have the right to temporarily reassign or transfer a nurse to a unit/department within the bargaining unit as needed upon by the agreed upon staffing grids. A transfer to another position or unit/department shall not be considered a promotion, demotion or discipline. In the event of a need to transfer a nurse, the Employer shall first utilize PRNs who regularly float to fulfill the need. If this is not possible, the Employer may then reassign nurses from other units. Employees temporarily assigned to another unit will perform duties customarily performed by an RN.

- a. Whenever possible, an employee transferred to a unit shall not be required to be in charge.
- b. Employees who are new graduates shall not be temporarily reassigned from one unit to another during the first one hundred twenty (120) days of employment.
- c. No nurse will be reassigned while working past their scheduled shift unless the employee agrees.
- d. If management decides that the employee who has been temporarily reassigned is not needed on the unit, the employee will be returned to their unit immediately.
- e. There shall be no pulling back to work where a nurse is attending an off-site conference or education session outside of the CKHS system.
- f. Reassignment will be divided as follows:
  - 1) Agency by specialty (consistent with their agency contract restriction)
  - 2) SSS (supplemental staffing services) by specialty
  - 3) PRN by specialty (DCMH)
  - 4) Rotation by the current pull sheet on each unit

7. Nurses reassigned between floor units will be assigned and expected to function to the level of their training.

8. The hospital will not reassign nurses out of the Emergency Department and Operating Room units. Nurses may be pulled from the floor units to the Emergency Department and will be assigned and expected to function to the level of their training.

9. The Hospital normally will not reassign nurses out of the Emergency Department, Operating Room, and Maternity, and will only do so in the event of unforeseen emergent circumstances as defined by Act 102 (including unforeseeable national or state emergencies; highly unusual or extraordinary event affecting the need for health care services; and unexpected absences discovered at or before the commencement of a scheduled shift which could not be prudently planned for by a health care facility and which could significantly affect patient safety). Nurses reassigned under this Section 9 will be assigned and expected to function to the level of their training.

### **ARTICLE 30 - WEEKEND PROGRAM**

The initial postings of the weekend program shall be the 0.6 FTE positions below:

- **ICU:** 1 Day / 1 Night
- **ED:** 1 Day / 1 Night
- **5 Definitive Observation:** 1 Day/ 1 Night
- **3 East:** 1 Day
- **4th Floor** 1 Day / 1 Night

After the initial posting the hospital shall post weekend positions to reach the level below, or more, provided the schedules and needs of the hospital are met.

- **ICU:** 1 Day / 1 Night
- **ED:** 2 Day / 2 Night
- **5 Definitive Observation:** 4 Day/ 4 Night
- **3 East:** 1 Day
- **4th Floor** 2 Day / 2 Night

1. The weekends positions shall be initially offered to the current employees of the unit. If after the initial bidding process the positions have not been filled, then the open weekend positions shall be posted externally, if the FTE are available.

a. If there are no applicants for the .6FTE positions the employer shall post two .3FTE positions.

b. After the initial program launch when a need arises, the Employer may post weekend positions on an as needed basis. The position first for seven (7) days and the employer shall select qualified applicants from the bargaining unit on the basis of seniority. Thereafter, the Employer will follow the procedures contained in Article 14 (Job Posting and Transfers).

2. Employees who convert to a weekend position who have time in their sick time account shall be frozen and restored if they bid back into a non-weekend position

3. The positions offered will be either every weekend, or every other weekend, nurses shall work twelve (12) hour shifts. The weekend schedule begins Friday at 6:45 PM and ends on Monday at 7:15 AM.

4. The weekend rate for the day shift is stated in Article 7 Appendix A. The weekend rate for the night shift is stated in Article 7 Appendix A

5. Benefits: .6 weekend nurses shall receive full-time health and welfare benefits, and .45 and .3 nurses shall receive part-time health and welfare benefits.

6. Vacation: .6 Weekend nurses shall accrue forty-eight (48) hours of vacation per year. .3 and .45 weekend nurses shall accrue twenty-four (24) hours of vacation per year. Vacation shall accrue on a biweekly basis.

7. Weekend nurses who are scheduled .6 FTE may request up to four (4) twelve (12) hour shifts off per calendar year, on an unpaid basis.
8. Weekend nurses who work on any of the holidays enumerated in the CBA shall be paid time and one-half (1 ½) the applicable hourly rate for all hours worked, provided that the prohibition on pyramiding of overtime shall apply.
9. If an RN categorized as a “weekend nurse” works a weekday shift, the RN shall be paid the applicable base hourly rate.
10. All annual increases provided in the CBA shall also apply to a weekend RN’s base hourly rate.
11. Vacation coverage for weekend program nurses will be the responsibility of the scheduling committee and management not on the employee.

## **ARTICLE 31 - CRITICAL CARE FLOAT POOL**

1. Scheduled Critical Care Float Nurses at DCMH shall receive two dollars and fifty cents (\$2.50) per hour added to their rate. DCMH shall post 1 permanent .9 day position and 1 permanent .9 night positions. Such postings shall not add to the existing FTE. To be eligible for the differential, Critical Care Float Nurses must:

- a. Be available to float from unit to unit, including within the same shift, if needed.
- b. Work the days scheduled by DCMH to meet the needs of DCMH provided such schedule is not inconsistent with other provisions of this agreement.
- c. In the event that all units are fully staffed the critical care float department will be placed on call. If a situation arises that the critical care float nurse has been place on call **once** in a pay period and there

are no needs, then the order of on call would be as follows:

1. Volunteers
2. Med-surg
3. Telemetry
4. CICU

## **ARTICLE 32 - STAFFING**

1. The Hospital and the Union recognize the importance of adequate staffing in providing the highest quality of patient care and in ensuring that the highest standards of patient and employee safety and satisfaction are upheld. The Hospital recognizes the responsibility to maintain staffing levels and the employees recognize the commitment to limiting call-offs that may impact staffing. It is agreed that issues concerning staffing may be raised in the manner set forth in this Article and the Hospital agrees in good faith to address staffing needs. The parties agree that such issues are first to be addressed by collaborative efforts in a good faith manner by both parties. The parties further agree that the Hospital has not waived any of its management rights relating to staffing issues except as set forth in this Article and this Agreement.

2. The parties agree to unit specific staffing guidelines (attached), (hereinafter referred to as the "agreed upon guidelines"). The "agreed upon guidelines" shall be posted near the schedule in each unit. Within six (6) months of ratification of the contract, the Hospital shall adhere to the agreed upon guidelines, and shall adjust the guidelines as appropriate based upon complexity of care, patient acuity, work area activity, and other factors that are relevant in the Hospital's judgment. The Hospital shall post schedules based upon the agreed upon guidelines in a manner intended to minimize the need to increase or decrease staff



once the schedule is posted. Schedules will be consistent with the guidelines.

2. If there are significant technological changes, clinical advances or changes, significant business changes, or if the grids are not adequate to provide quality patient care,, either party may notify the other of the desire to meet and discuss changes to the agreed upon guidelines. The parties agree to meet within 10 days notification to discuss the changes to the guidelines. No changes shall be made to the guidelines unless the parties reach agreement or a bargaining impasse.

3. The parties recognize that the adherence to agreed upon guidelines on an isolated shift or portion of a shift can be affected by the availability of RNs and unexpected emergent events. In the event of emergent circumstances that render the Hospital unable to adhere to the minimum staffing ratio in a particular work area 14 Employer Proposal – Nurse Unit November 19, 2020 11:00 AM for an isolated shift or portion of a shift, the Hospital shall exhaust all reasonable steps to bring the work area into adherence with the guideline.

a. The temporary reassignment language in this Agreement shall be used if possible to remedy the situation, to remedy the situation, failing which the following procedure shall be followed:

1. First, offering voluntary hours to regularly scheduled employees, including overtime. (Those employees who have made themselves available to the staffing office)
2. Second, non-bargaining unit staff.
3. Third, attempting to utilize third party agency staff.

4. Nurses who have not completed their orientation shall not be counted in the staffing guideline.
5. Units that currently have an unencumbered charge nurse shall continue the practice for the life of the agreement.
6. Consistent with existing practice, the guidelines contemplate adequate coverage for breaks, lunches, and time off.
7. In the event of a dispute about implementation or utilization of the agreed upon guidelines, the parties agree to the following process to review and resolve the matter.
  - a. The Union shall bring its claim that the Hospital is not following the agreed upon guidelines to the unit manager for explanation and collaborative resolution.
  - b. If the discussion with the unit manager does not resolve the dispute, the Union shall bring its claim to a labor-management meeting.
  - c. If the labor-management meeting does not result in a resolution, the disagreement may be advanced to the grievance procedure in this Agreement.

### **ARTICLE 33- Nurse Practice Council**

1. The Nurse Practice Council (“Council”) will be made up of bargaining unit members from each unit who are selected by members on their unit (through an election on the unit) and shall serve for two years and will meet regularly for up to 8 hours per month. There shall be at least one nurse from each unit on the Council.
2. The Council will endeavor to have one meeting per month (excluding one summer month chosen by the members, and

December). Staff will be compensated at their hourly rates for attending committee meetings when off. The council shall be co-chaired by a management representative and a bargaining unit RN staff nurse selected by the Union.

3. In this forum, participation and decision-making is expected from all council members. The Council, with co-chair approval, may invite other staff to participate in Nurse practice Council meetings from time to time if they deem their participation valuable and relevant to the work of the Council. Information from these meetings will be Communicated by Council representatives to their designated nursing units. The minutes will be posted emailed to the members following each meeting.

a. The Council Secretary will use the Council's agenda template to document agenda items. Agenda items for the next upcoming meeting will be decided by members at the end of the current meeting and emailed to the members by the secretary after the current meeting along with the current meeting minutes. Members will be encouraged to email additional agenda items as needed to all members.

b. Council recommendations shall be presented by them to Nursing Administration, which shall be given full consideration and a response in a timely way to the cochairs.

15 Employer Proposal – Nurse Unit November 19, 2020 11:00 AM

c. The Shared Governance Practice Council shall have access to relevant information from DCMH to carry out its work. Council members may also introduce relevant documents from outside DCMH, such as academic scholarship or regulatory standards, for review by Council.

d. The Employer shall make reasonable efforts to arrange coverage to facilitate Nurse Practice Council member's

attendance at Nurse Practice Council meetings held while on duty.

e. The Union and the Employer support the concept of shared governance. Unit based staffing councils shall be composed of work area staff and management representation. They will meet regularly at a frequency as mutually agreed upon.

f. Unit based councils will work with their nursing leadership to operationalize the approved resources.

### **ARTICLE 34 -SAFETY and SECURITY**

1. The Union shall have the right to appoint a member of the bargaining unit have a seat as part of the Hospital Safety Committee. The employee shall not lose time nor pay as a result of attending committee meetings.

2. The Hospital shall provide a safe work environment for staff and patients. To that end, the Hospital will continue to provide adequately trained security personnel on all shifts who will respond promptly to calls from nurses and other staff in need.

3. The Hospital will continue to develop and implement programs to prevent violence against staff. The Union agrees that workplace safety is a team effort and agrees to cooperate with the Hospital in its ongoing efforts in developing and implementing programs to prevent violence in the workplace. Among other things, this means encouraging its members to immediately and accurately report and document any and all safety incidents to the appropriate management representatives.

4. The Union agrees that workplace safety is a team effort and agrees to cooperate with the Hospital in its ongoing efforts in developing and implementing programs to prevent violence in the workplace. Among other things, this means encouraging its

members to immediately and accurately report and document any and all safety incidents to the appropriate management representatives.”

## **ARTICLE 35- TUITION REIMBURSEMENT**

1. Reimbursement of 100% of tuition up to a maximum of four thousand dollars (\$4,000.00) per year (September 1-August 31) for full-time employees following successful completion of the probationary period. Part-time employees receive reimbursement of 100% of tuition up to a maximum of two thousands dollars (\$2,000.00) per year (September 1-August 31). Employees will be paid by Crozer Health System with proof of a passing grade of C or above, or a rating of Pass in a pass or fail system or receipt of a passing grade on a CLEP or Challenge Examination.

2. Courses that are approved are those which an employee takes towards a Bachelors' or Graduate Degree in Nursing or in related health care fields. Employees who take CLEP or Challenge Examinations toward a Bachelors' or Graduate Degree in Nursing or in related fields or an employee who takes a professional certification examination shall be reimbursed for the examination fee and recording fee upon presentation of proof of receiving a passing grade.

3. Crozer Health agrees to pay a one (1) time certification payment of five hundred dollars (\$500.00) for any employee who is certified or becomes certified in a specialty field. A recertification bonus of five hundred dollars (\$500.00) will be paid for any employee who is certified in a specialty field annually.

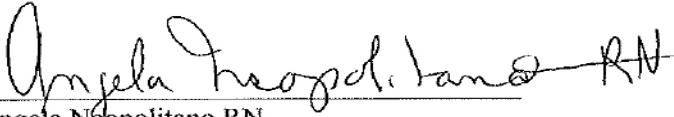
4. This Article shall be administered in accordance with the Crozer policy in effect as of the Date of Ratification of this Agreement.

## **ARTICLE 36 – EQUIPMENT & SUPPLIES**

The parties recognize that safe patient care requires up-to-date equipment that is in good working order, and enough of the necessary supplies for nurses to provide the highest quality of care in each unit. The Employer will endeavor to keep all equipment in good working order. If a nurse feels that a unit is not sufficiently resourced with supplies, the nurse is encouraged to bring the issue to management in real time.

## **ARTICLE 37 - DURATION**

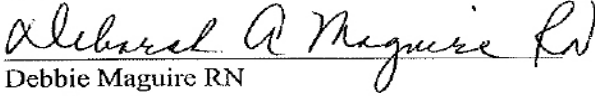
This Agreement shall be effective from 12:01 AM on December 21, 2020 through 11:59 PM on December 20, 2024.



Angela Neopolitano RN



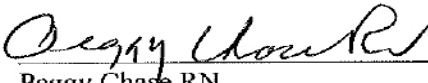
Lori Conrad RN



Debbie Maguire RN

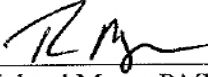


Allen Bruno RN

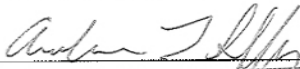


Peggy Chase RN

Sue Burns RN



Richard Myers PASNAP Staff Representative



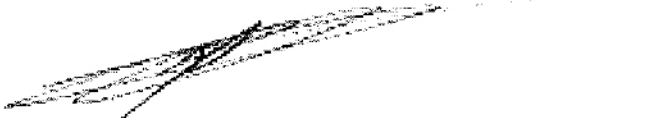
Andrew Gaffney Regional Director

**PENNSYLVANIA ASSOCIATION OF NURSES AND  
ALLIED PROFESSIONALS / DELAWARE COUNTY  
HOSPITAL NURSES ASSOCIATION**

Chief Executive Officer, Peter Adamo



Vice President Human Resources, Charles Johnson



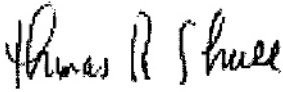
Hospital Administrator, Matt Shelak



Chief Nursing Officer, Allison Monaghan



Regional Director Employee & Labor Relations, Thomas Shull



**PROSPECT DCMH LLC/ DELAWARE COUNTY  
MEMORIAL HOSPITAL**



# APENDIX A. Staffing Grids