

New Limits On Mandatory Overtime Have Now Taken Effect

As of July 1, individual limits on mandatory overtime are limited to 4 hours in a 4 week period for all U of M nurses. Overtime hours worked voluntarily – with few exceptions – count toward this limit. However, despite nearly a year’s notice of this impending deadline, many units throughout the health system remain woefully understaffed; union leadership expects many of these units will prove unable to comply with the terms of our contract ratified last October.

Make no mistake: our contract is a legally binding document, and the overtime limits we fought for are real, and we will fight hard to ensure all managers comply with its terms. However, we expect that managers and supervisors on many units will be left with no choice but to violate the contract and mandate nurses beyond their limit in the weeks and months following July 1. If this happens, do not refuse a direct order from your manager or supervisor. Instead, we urge you to obey the direct order, but to notify union leadership right away.

The language in the above paragraph is not erroneous – it should be a manager or a supervisor, NOT the charge nurse, who makes the decision to mandate. Charge nurses who are placed in a position in which mandating a coworker is necessary to ensure safe patient care should be sure to page their manager or supervisor informing them of the situation. If the six conditions required for any instance of mandatory overtime are not met (see the Contract Corner in the April newsletter), the manager or supervisor should pursue alternatives – including putting on a pair of scrubs and jumping into staffing themselves. In any event, responsibility for mandatory overtime should rest with the manager – not the charge nurse.

How did we get here?

As most nurses are well aware, Medical Director David Spahlinger made an epic blunder last summer with his decision to hire Ann Scanlon McGinity as Chief Nursing Executive for the health system. While McGinity is thankfully gone, the damage she did will take a long time to repair. In a shortsighted effort to maximize profits, McGinity refused to allow nurse managers to backfill open positions. Consequently, staffing on many units has reached crisis proportions.

We applaud managers who have acknowledged the errors made – due in no small part to the decisions of Ann Scanlon McGinity and David Spahlinger. However, we cannot rest on our laurels and wait for management to dig us out of the hole they have put us in. We must be prepared to organize to ensure safe patient care is delivered according to the terms of our contract.

If mandatory overtime remains a major issue on your unit, contact your UMPNC representative or call the UMPNC office; UMPNC leadership will help you and your coworkers develop an action plan to ensure safe staffing without excessive overtime.

Member Profile:

Becky Mammel, RN

Dispute Chair



How long have you been a nurse?

I have been a nurse since January 2005. My first job after graduation was on 8A which used to be adult BMT/hematology/oncology. I then took a break from oncology to work in the medical procedures unit. After realizing I was an oncology nurse at heart, I went back to BMT, but in the outpatient setting. There I worked in the clinic and infusion and eventually became the education nurse coordinator (ENC). In my almost 15 years at UofM, I have worked inpatient, procedures, ambulatory care, and as an educator giving me first-hand experience in many of the areas of nursing here at UofM.

Does your family have a union background? How did that influence you?

I grew up in a union household. My mom worked for the State of Michigan and was an active leader in her local which was part of the UAW. As a child, I remember attending a few of her union meetings and I remember being very intrigued by their conversations, some of which could be very heated. During one meeting at our house, which must have been around negotiations, there was even some table pounding. My dad worked as a machinist and, due to poor working conditions in many of these non-union shops, he job hopped. He was very skilled at his craft and never had trouble finding another job. I could see the stark contrast. My mom was able to maintain employment with a living wage, benefits, and job security, while my dad was forced to change jobs due to poor working conditions, wages that didn't pay what he was worth, and poor management, even though he was skilled and talented. From a young age, even if I didn't know what it all meant, I knew that unions were a good thing.

How did you become a nurse?

In March of 2000, my second daughter was diagnosed with leukemia when she was three weeks old. I never even knew an infant could have cancer. We spent four months straight in the hospital (UofM) while she had chemotherapy, several infections, many nights in the PICU, and finally a bone marrow transplant. Her older sister was her donor, a perfect match. This is clearly the condensed version. But here is where the inspiration came, the nurses! They were/are amazing. We got to know so many of them. My daughter who will be a 20-year cancer survivor in March was even in one of her nurses' weddings as the flower girl when she was three. The nurses loved my baby girl and she received the absolute best care, but what they didn't realize they were doing was inspiring me to be a nurse.

My last manager before I became dispute chair was Paige's transplant nurse coordinator. I have now worked alongside so many people who treated and cared for my daughter. Many ask me why I would choose to work in the same department having so many horrible memories from that time, and my response is always the same. While yes, it was horrible and terrifying, my daughter is alive almost 20 years later because of this team. Why wouldn't I want to work here? It is also my way of giving back and having a different perspective for the patient. I don't often share my story with patients, but I know it has shaped the care I give and it gives me an understanding about being on the other side.

Caption Contest: **Winners!**

In the last UMPNC newsletter, we asked nurses to submit suggested captions for this photo. Here are the winners!



Well, we can see who's really working.

- Joan Meagher, RN

Vacant GOLD parking spots. The administrators must have parked off site, and have taken the bus to work.

- Thea Picklesimer, RN

Member Profile: Becky Mammel, Dispute Chair.

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What do you do in your role as Dispute Chair?

As dispute chair, I do many different things. I sit on leadership committees, I attend Central Nurse Orientation to meet our new nurses, I participate in workload meetings, and I am the union representative for members at problem solving meetings. Since being appointed to this position in November, I have not had two identical days yet.



We seek to understand the interests of each party involved and then come to a solution we can both agree to. This process has allowed us to come to many workable solutions. That being said -- battles are won by nurses coming together in solidarity as the frontline... This is the power of the union, this is where we get our voice."

I also file step two disputes for our union as a whole, as well as individual step two disputes. A step two dispute is a dispute between the member (or our union) and management. These can range from staffing issues to wages and every contract article in-between. The issue is usually started as a step one dispute which is handled by our district and area reps. If an agreement cannot be reached it is escalated to a step two dispute. We use an interest based bargaining approach when we meet for a dispute. We seek to understand the interests of each party involved and then come to a solution we can both agree to. This process has allowed us to come to many workable solutions. That being said -- battles are won by nurses coming together in solidarity as the frontline. We make an issue visible by wearing red shirts or buttons. We sign petitions. We take walks together on our lunches to show our unity. Without frontline involvement, it appears nurses are indifferent. We are so loud when we band together. This is the power of the union, this is where we get our voice.

Contract Corner:

Paid Parental Leave

The 2018 contract contains new language for paid maternity (childbirth) leave – specifically intended for physical recovery from childbirth – as well as paid parental leave, intended to support parental bonding of either parent with a new child in the household.

Any person who has given birth is eligible for 6 weeks (240 hours pro-rated to appointment fraction) of paid time for physical recovery from childbirth. This benefit is effective immediately upon hire for regular employees and must be taken as a single 6-week block of time immediately after childbirth. This benefit is referred to in the contract as Paid Maternity (childbirth) leave – see paragraph 463A.

A separate benefit, known in the contract as Paid Parental Leave, applies to any new parent. Parents are eligible for 6 weeks of paid leave (240 hours pro-rated to appointment fraction), to be used at any time within the first year from the birth, adoption or other event. This time is intended for parental bonding with the new child.

The Paid Parental Leave benefit is applicable to the birth of a child as well as the new adoption, foster care placement, or appointment of legal guardianship. Foster parents and legal guardians may only use this benefit once in a 12-month period. Eligibility for the Paid Parental Leave takes effect six months from date of hire for regular employees with a 50% or greater appointment fraction.

If only the birth parent of a child is a U of M employee, they can take 6 weeks of paid maternity leave immediately after childbirth, then may choose to take the 6 weeks of paid parental leave immediately thereafter or at any time during the first year of the child's life.

If two parents of a child both work for U of M, they are eligible for a combined total of 12 weeks of leave under the Parental and Maternity (Childbirth) Leave benefits. A parent who gives birth must take the 6 weeks of maternity leave immediately after childbirth; the remaining 6 weeks of parental leave could be used by EITHER the birth parent OR the other parent at any time during the first year of the child's life. This time cannot be split (e.g. 3 weeks and 3 weeks) between both parents.

If two parents working for U of M adopt, foster or take on legal guardianship for a child, each could take 6 weeks of paid parental leave.

Paid parental leave is intended to be taken as a single block of time, although incremental use may be permitted at the manager's discretion.

In addition to the paid maternity and parental leaves, unpaid child care leave is also available to new parents at any time for up to one calendar year from the child's date of birth, adoption, foster care placement or appointment of legal guardianship. If the medically necessary time for physical recovery from childbirth exceeds 6 weeks, extended sick leave may also apply.