



Memorandum of Understanding Nurse Practitioners

MNA/UMPNC and University of Michigan
Agreement, 2008

Agenda

- Background of new approach
- Salary Model
 - Tiers
 - Points
- Salary Progression
- Appeal Process
- Job Postings
- Other Concerns

Background: Differentiation of NPs in the Market

Late 90s: Labor market showed differences between NPs and other advanced practice nurses

- CRNAs had their own market
- Certified Nurse Midwives had their own market
- **NP4** began to be distinguished from **N4**
- Early 2000s: Labor market showed differences among some NP groups as related to specialization
- For example, **Neonatal** and **Cardiac Surgery NPs** distinguished from all others in the previous contract

NPs and PAs in the Current Market

- Labor Market showed 3 groupings for both NPs and PAs (midlevel providers data)
 - **Primary/general care**
 - **Specialty /inpatient care**
 - **ICU care**
- PA Salary Model was in development prior to and during time of Nursing Contract negotiations
- MOU was meant to establish parity with PA salary model and pay zones
 - Tier definition and salary ranges
 - Point system to determine salary range within the Tier

Tiers Reflect Market not Value

All NPs are clearly valued by the institution

Labor market ranges were the drivers of three different levels for NPs, as well as for PAs

Goal of making market informed decisions is to be the “Employer of Choice”, compete for talent and be fiscally responsible

Implementation

- NP and PA tiers and points applied similarly
- Every NP received a raise of at least 3%,
- Descriptions of the tiers were further elaborated by a joint team
- Descriptions developed to parallel the PA tier descriptions

Elements of the Tier Placement Process

1. Tier is descriptive, not definitive, and not all-inclusive
2. Job duties & responsibilities contain some or all of the elements listed for that tier
3. Market informed 3 main groupings of practice
4. Each tier describes a specific skill set
5. Level II privileges, as applied in Tiers 2 & 3, are listed in NP Scope of Services at http://www.med.umich.edu/i/oca/mss/AdvPN_forms.htm
6. Tier may be reassessed if conditions change (e.g., change in acuity of care, market, role etc.)
7. Maintain pay alignment based upon the work of advanced practice professionals

Tier 1

General Medical Care; Medical Specialty;
General Surgery; Surgical Specialty:

- Predominantly outpatients
- Routine H & Ps at 60% effort
- Health Maintenance for healthy pts
- Preoperative H & P exams
- Provides a limited number of therapeutic and diagnostic interventions that may be complex (such as Level II Privileges)
- Pts stable and can be managed at home

Tier 2

General Medical Care; Medical Specialty;

General Surgery; Surgical Specialty:

- Predominately inpatient or subacute (e.g., skilled nursing facility) care or relatively stable patients and/or outpatient management of complex problems
- Admission H & Ps, consults, new patient visits, return visits, subsequent care days
- Provides a moderate amount of therapeutic and diagnostic interventions that require Level II privileges

Tier 3

General Medical Care; Medical Specialty; General Surgery; Surgical Specialty:

- Greater than 60% effort in a critical or intensive care setting that requires complex monitoring and/or medical/surgical intervention
- Managing pts with complex, acute, critical, chronic and hemodynamically unstable conditions. This may include both adult and pediatric medical and surgical sub-specialties
- Provides a broad range of ongoing, high intensity, therapeutic and diagnostics interventions that require Level II privileges

Cardiac Surgery NP, Special Labor Market

Consistent with the collaborative practice agreement, diagnose and treat pts in a Cardiac Surgery settings.

Exercise autonomy in medical decision making and provides a broad range of diagnostic and therapeutic services. Includes managing cardiac surgery pts with complex, acute and chronic conditions

This surgical care may be in a variety of clinical settings and includes both adult & pediatric pts.

May include outpatient duties, inpatient duties and operating room assistance

Coordinate care of acutely ill post-surgical pts in multiple intensive care and acute care settings

Perform advance diagnostic and therapeutic tasks associated with pts undergoing cardiac surgery

Tier Placement Appeals

- Review descriptions of the Tiers
- If you believe current Tier placement is inappropriate, file an intent to appeal by **Friday, April 24**, by emailing Linda Bullard at lindbull@med.umich.edu
- You will be provided a packet which needs to be completed by **Friday, May 8**
- Packet will solicit your description of how your practice meets the criteria of the Tier you regard as most appropriate
- Decisions will be made by a Joint Appeals Board

Point System & Pay Ranges

- Not a step system
- Places the NP in a range, at least at the bottom of the range, and with at least a 3% increase effective 7/1/08
- Used to place all NPs in an equitable pay range with other NPs with similar NP experience, and with PAs

Point Alignment

NPs, assumes
Master's degree

Pay ranges

0 – 4 pts

5 – 8 pts

9 -14 pts

15 – 23 pts

24+ pts

PAs get a point for a
Master's degree

Pay ranges

0 – 5 pts

6 – 9 pts

10 - 15 pts

16 – 24 pts

25+ pts

Salary Progression

- Points not used for salary progression (only for initially placing new NPs on range)
- Annual salary program based on
 - Market changes
 - Performance
- If NP (and PA) labor market moves significantly, money will be allocated to address the change and maintain our market-competitive position
- IN ADDITION, a salary program increase may be available and increases may be granted based upon performance, on top of any market adjustment

Salary Program

- Evaluations completed based upon performance for 12 months, July through June
- Evaluations and increases submitted by management beginning of August.
- Increases effective September 1, appearing in paycheck at end of September

Points for Non-NP Experience

- MOU provides
 - One point per year of NP experience
 - 0.75 points per year of any RN experience, up to a maximum of 7 years including CNS, CCC or other expert role
 - 0.50 points per year up to a maximum of 5 years experience in non-RN clinical role
- Congruent with PA model

Posting of “Advanced Practice Professional” positions

- Technical issue with the current software prevents immediate implementation
- Have submitted a request to UM Campus HR for a new “job family” in the system
- In the interim, hiring departments are posting two positions for each position that could reasonably be performed by either a NP or a PA, and reviewing applicants of both postings

Other Issues

- **Workload/Additional Pay**
 - “NPs are expected to work the hrs necessary to meet the daily pt care needs, without receiving additional compensation. Additional compensation, if approved by the nurse managers, nursing director and/or department administrator, may be provided when additional effort is expected for an extended period of time.”
- **Holiday Pay:**
 - We are still discussing how the Holiday article applies to the NPs.

Issues Not Addressed in the MOU

“Unless otherwise provided by this MOU, all other terms and conditions of the existing agreement apply.”

- Examples:
 - Workload Review
 - Tuition Reimbursement
 - Health and Safety

Review of MOU

“Parties will meet no later than January, 2010, to consider the terms of this MOU and the internal and external labor market conditions as potential for change in these terms, and otherwise consider the interests of either party in connection with the employment of Nurse Practitioners.”

Questions and Discussion
