



June 30, 2018

Attn: Ms. Pat Jones, Director of Health System Finances  
 Green Mountain Care Board  
 89 Main Street, Third Floor, City Center  
 Montpelier, Vermont 05620

**Re: Salary Information**

A)

Provide Headcount & Box 5 Wages from 2017 W2s			Employer Portion (allocation method allowed):	
Salary Range	Total # of Staff	Total Salaries (includes incentives, bonuses, severance, CTO, etc.)	Health Insurance Coverage	Retirement Contributions
\$0 - \$199,999	544	21,508,753	1,435,870	310,174
\$200,000 - \$299,999	4	1,036,741	22,883	20,735
\$300,000 - \$499,999	2	638,422	21,744	12,768
\$500,000 - \$999,999	-	-	-	-
\$1,000,000 +	-	-	-	-

B) See Appendices

C)

Currently, MAH utilizes a few different sources for wage benchmarking and staffing levels. Annually, we submit wage data and receive a full report from the Northern New England Healthcare Compensation Survey. This survey is produced/sponsored by the Maine, New Hampshire, and Vermont Hospital Associations and produced by Gallagher Consulting. Additionally, the VNA and Home Health Associations of those states also participate. Every few years we engage a firm, AMS, to help us look at staffing levels, productivity, and duties. These are key components in considering our wage levels against the market. We use regional compensation data for providers, as well as, MGMA in considering annual market pay discussions. There are also “unofficial” discussions within D-HH and other entities or trade groups.

Primarily, we stick to the Northern New England Healthcare Compensation Survey. This survey lists more than 300 different job descriptions/titles. Ninety four organizations, employing over 54,000 employees, contribute to this survey. There are nineteen cuts of data possible for each position. Note that not all positions have contributing data and there are often positions that are combinations of the standard survey positions.

This survey utilizes the following regions, categories, and characteristics in aggregate and separately to cut the data. The geographic cuts are Maine, Northern Maine, Southern Maine, New Hampshire,

Northern New Hampshire, Southern New Hampshire, Vermont, River Valley, and non-River Valley. The data is also cut by organizational size relative to FTE's (< 350, 350 – 800, >800), Beds (<50, 50 – 150, 150+), and Operating Expense (< \$50m, \$50 – 149m, >\$150m). There are also some cuts specific to Home Health services. Generally, we utilize the following benchmark categories: Vermont, Under 350 FTE's, and 50 Beds or less. When the sample size is inadequate for a particular job, we will look at "All Participants".

Our process is to take minimums, maximums, and the length of service (15 years) to get from the minimum to the maximum from the survey data for all of our non-MD employees. We use our employee's job category and their length of experience to calculate where they would fall in the market. We then compare the result to their actual salary and determine the percentage that they are or are not within market.

Each year we budget a small percentage for "market" increases (as opposed to merit-based increases) and spread those funds as far as we can to all employees who are lagging market. Often times, hard-to-fill positions are given a greater share as wage and labor pressures ebb and flow.

We calculate and track the percent of deficiency by job type, department, and by senior manager area. After discussion internally, we are not comfortable with providing a summary as requested. Currently, we are below average for wages (have been for years) and are hesitant to create additional labor pressures for ourselves by providing the requested data in this submission. Currently, we are in a competitive market with several facilities within easy driving distance. Multiple facilities are across the border but who are not required to produce this type of information but are happy to make use of it. We would be willing to share whatever you request in a less-public forum or published document. Our average department lags market by around 7%. On an individual employee basis the lag is around 5%. Senior leadership lags the market by more than 9%.

Sincerely,

David C. Sanville  
C.F.O./V.P. Finance

# Mt. Ascutney Hospital and Health Center Policy

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**Instructions:** Title Font (Calibri 14), Body Font (Calibri 11) and Section Layout have been defined. For any sections that are not applicable please place a N/A in that section so we can be assured that you have not inadvertently missed completing a section. The *'Policy Oversight'* grid at the end must also be reviewed /completed prior to policy submission.

## **WAGE AND SALARY ADMINISTRATION**

### **PURPOSE**

**The Hospital provides a formal program to establish wages and maintain internal equity for similar positions.**

### **POLICY SCOPE**

Nothing in this policy provides any contractual rights, nor does anything in this policy alter or modify the employment-at-will relationship between MAHHC and its employees.

### **DEFINITIONS**

N/A

### **POLICY**

The Wage/Salary Program consists of series of pay scales for both hourly (non-exempt) and salaried (exempt) employees. Each scale has a pay range with a minimum and maximum rate. The initial placement within each pay scale should reflect the employee's experience.

All employees will be hired according to the hiring matrix with credit for completed years of experience working in the occupational class in which they are hired.

The Wage and Salary Program is kept current through job evaluation reviews, frequent surveys of salary ranges of comparable jobs.

### Nursing Wages

CMA's and LPN's will be granted one-half (1/2) year of credit for each year worked as an LPN or CMA prior to becoming a Registered Nurse. The maximum number of years granted will be three (3).

Supervisors will be granted one half (1/2) year of credit for each year worked as an RN prior to becoming a supervisor. There is no maximum number of years granted.

Nurses who have a Baccalaureate and/or Master's Degree in nursing will be given credit for an additional one (1) year of working experience.

### **EDUCATION**

N/A

### **COMMUNICATION/REPORTING**

N/A

### **REFERENCES**

N/A

### **KEYWORDS**

N/A

# Mt. Ascutney Hospital and Health Center Policy

## POLICY OVERSIGHT

<b>POLICY STATUS:</b>	<b>New Policy: No</b>	<b>Revision to Existing Policy: No</b>
<b>POLICY NAME:</b>	Wage and Salary Administration	
<b>POLICY LOCATION:</b> <small>What Parent and if applicable Sub Folder do you recommend this Policy live in?</small>	Human Resources	
<b>LEAD AUTHOR:</b>	Jean Martaniuk	
<b>CO-AUTHOR(s):</b> <small>(If applicable)</small>	1. Melissa Hale 2. Jennifer Newman	
<b>REVIEWER(s):</b> <small>(If applicable. List individual names.) (Review of a policy means all listed must sign off or decline with comments prior to it being sent for final approval and being published)</small>	1. Candace Hingston 2. 3. 4. 5.	
<b>APPROVER(s):</b>	1. Jean Martaniuk 2.	
<b>COMMITTEE APPROVER:</b> <small>(If applicable)</small>		
<b>SENIOR LEADERSHIP APPROVER:</b> <small>(Sr. Leaders may approve their own policies. All other policies require a Sr. Leader Approver)</small>		
<b>READER(s):</b> <small>(If applicable. List either Outlook Group Distribution or Individual Names)  (Readership is tracked within the policy history however not required prior to approval or publishing.)</small>	1. 2. 3. 4. 5.	

## **VOLUNTEERING FOR COMMUNITY/SPECIAL EVENTS**

### **PURPOSE**

The Hospital believes in and values its contributions to the community. At times, there are requests from the community for the Hospital's support in human resources. There may be an event where medical and non-medical expertise is needed.

### **POLICY SCOPE**

Nothing in this policy provides any contractual rights, nor does anything in this policy alter or modify the employment-at-will relationship between MAHHC and its employees

### **DEFINITIONS**

N/A

### **POLICY**

If Mt. Ascutney Hospital sanctions and/or sponsors the event, the hospital will pay hourly staff for their participation. Salaried staff will not be paid additional compensation.

The pay for hourly staff will be posted to the employee's home department.

### **EDUCATION**

N/A

### **COMMUNICATION/REPORTING**

It is the responsibility of the employee to notify their manager that they will be working on an event in order to prepare for the time in the payroll system.

### **REFERENCES**

N/A

### **KEYWORDS**

N/A

## Vermont Worker's Compensation Plan

### PURPOSE

N/A

### POLICY SCOPE

Nothing in this policy provides any contractual rights, nor does anything in this policy alter or modify the employment-at-will relationship between MAHHC and its employees.

### DEFINITIONS

N/A

### POLICY

Mt. Ascutney employees are covered by workers' compensation insurance, which provides benefits for lost time, medical expenses, disability, and death because of a work-related injury. Unless the nature of the injury or illness prevents it, injured employees must immediately notify their direct supervisor of a work-related injury or illness; if the supervisor is not available, employees should contact a member of Human Resources. Mt Ascutney is required to file a First Report of Injury form with the Vermont Department of Labor ("DOL") within 72 hours of receipt of notice of an injury that requires medical attention or results in one lost day of work or more. Mt. Ascutney Hospital and Health Center may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

#### Reporting Procedure

After notifying their supervisor of a work-related injury, the employee must seek medical attention in the Emergency Room and enter the incident in the online Event Reporting Software. Mt Ascutney reserves the right to designate the treating health care provider to initially treat the injured employee immediately following an injury. At that time, the Benefits Coordinator will be notified so that the required calls can be made to initiate a Workers' Compensation claim with our insurance carrier. The Benefits Coordinator will file a first report to the Worker's Compensation insurance carrier. The Infection Prevention Nurse /Wellness Manager will triage the RL and document follow up with employee. The employee will be encouraged to reach out to a Worker's Compensation case manager if symptoms continue. After the injured employee, with a potential or suspected musculoskeletal problem, has been treated in the ER, a recommendation should be made by the ER staff for the employee to be followed by our Outpatient Physiatrist. If the employee is unable to return to work, the supervisor or department director will be notified by the employee. The Benefits Coordinator will require periodic communication from the employee and written "return to work" status reports from their provider. The Hospital and/or the insurance company also reserve the right to have a Functional Capacity Evaluation (FCE) completed prior to permitting the employee to return to a "full work duty status."

During a workers' compensation absence and/or during the period of disability, injured employees are responsible for:

- (1) keeping the Human Resources department apprised of their recovery; and any change in mailing address;
- (2) submitting to any medical examination permitted by law and requested by the Hospital, the Hospital's workers' compensation insurance carrier, or the DOL;
- (3) contacting the Human Resources Department immediately if their provider releases them to full- or part-time work to see if an appropriate suitable position is available; and
- (4) submitting to the Human Resources Department bills received for medical treatment and other related expenses.

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Direct Supervisor:

The Direct Supervisor is responsible for:

- a. ensuring that an incident report has been completed and that the employee was directed to the ER and/or to the Human Resources Department;
- b. monitoring and enforcing the injured worker's restrictions, if applicable, on a daily basis and notifying Human Resources of any problems or issues;
- c. reminding the employee to provide the supervisor and Human Resources with written documentation as to their work capacity after each doctor's visit;
- d. calling any injured worker on a regular basis if out of work completely; and
- e. scheduling/coordinating re-training, in-services, etc. so as to prevent reoccurrence of similar injuries.

In the event an injury occurs when the Direct Supervisor is NOT present, the House Supervisor must report the following injuries within 24-hours to VOSHA at 1-800-321-6742:

- Death, within six hours of the occurrence
- Amputation
- Loss of an eye
- Inpatient hospitalization – Does NOT include observation or diagnostic testing

Notification Procedure to VOSHA:

1. Direct Supervisor in conjunction with Human Resources.
2. Practice Manager or Department Head in the case of Ancillary Departments.
3. House Supervisor when Direct Supervisor is NOT present.
4. Administration on Call MUST be informed of any notifications to VOSHA.

Injured Employee:

The Injured Employee is responsible for:

- A. notifying direct supervisor and Human Resources of their injury/illness immediately;
- B. obtaining current return to work recommendation form completed at each office visit and providing this documentation to the direct supervisor and Human Resources within 24 hours of the examination;
- C. returning to work upon obtaining release from treating provider; and
- D. reporting any problems or issues that may arise throughout rehabilitation to direct supervisor, Human Resources, and/or the insurance company immediately.

Temporary Staff – Work Related Injury:

When a temporary staffing person, who is employed by an outside agency, injures themselves on our premises, the Supervisor or the charge person must assist this temporary employee in filling out an online report through our event reporting software. This incident report must then be called in to the appropriate staffing agency ASAP, and a hard copy faxed to the agency.

Income Benefits:

The Hospital has a Workers' Compensation insurance policy with a commercial insurance company. The insurance company reviews all reports of occupational injury and illness. Upon their review, in accordance with Vermont law, this company will evaluate, approve, and monitor the employee's progress and their weekly income payments, if applicable. The insurance carrier will be responsible for the following:

- a. conducting a prompt investigation of all claims and allocation of benefits in a timely manner;

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- b. obtaining current medical information and treatment plans from treating providers, therapists, etc;
- c. assisting the employer in identifying appropriate transitional work assignments; and
- d. ensuring that each individual program is progressing consistently, and if not, second opinions, Independent Medical Exams (IME's) will be scheduled.

## Medical Expenses:

Bills for medical treatment and other related expenses, due to a work-related injury or illness, will be submitted directly to the workers compensation carrier for payment.

## Receipt of Benefits:

Workers' Compensation benefit checks are mailed directly to the employee's home.

## Transitional Return to Work-Work Related Injuries:

In order to promote an employee's recovery from a work related injury, we have instituted, in collaboration with our insurance carrier, a transitional return to work program. This program is designed to provide safe, suitable, and controllable temporary job modifications. These modifications are to be enacted in accordance with the employee's physical restrictions as documented by the treating provider.

Transitional work is temporary and intended to be progressive and goal oriented in nature. Injured workers will return to work in adherence to certain physical restrictions imposed by their treating provider. Injured workers will have to show progress in their physical capabilities in order to remain in this program. Transitional work is part of the employee's overall rehabilitation program and its goal is to minimize the employee's time away from the workplace as this has been proven to reduce costs and has been key to maintaining control of the workers' compensation costs. It is monitored by the Hospital, the treating provider and our insurance company to ensure compliance. The Provider and the Supervisor need to determine the level of work the injured employee is capable of performing, with discussion and input from Human Resources.

The Human Resources Department is responsible for initiating and enforcing the Transitional Return to Work Program (TRTW) and will send a written notice of the program to all employees who are on workers compensation. Appropriate transitional work assignments, upon receipt of medical documentation regarding the employee's work capacity, will be provided, if at all possible, by the Human Resources Department. As mentioned above, this transitional work is temporary and should be considered for no more than ninety (90) days.

There may be exceptions to this policy to allow non-work related injuries/illnesses to return to work light duty. These situations will be evaluated on an individual basis.

## Purpose:

The goal of this TRTW is to successfully return injured workers, with limited abilities to safe, meaningful and productive work until they achieve maximum functions and can return to permanent positions. Restrictions, in addition to identified abilities, will be honored by both the injured worker and the Hospital as part of the worker's recovery program.

## TRTW Program:

- a. Provides positive reinforcement to the injured worker to recover faster;
- b. Offers an opportunity to rehabilitate while working and avoid re-injury;
- c. Provides both contact and encouragement from the worker's regular environment;



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- d. Encourages the maintenance of a normal lifestyle pattern; and
- e. Allows the employee to focus on their abilities rather than their injury (disabilities).

## Participants:

All injured employees are expected to:

- a. Honor restrictions 24 hours per day (on and off the job);
- b. Provide supervisor and Human Resources with written information regarding work status (off work and work restrictions) after every Provider visit; and
- c. Perform their Transitional Work to the best of their ability.

Supervisors are expected to:

- a. Assist workers in their department to identify Transitional Work;
- b. Teach the injured worker new duties;
- c. Match the worker's abilities with appropriate duties (honor restrictions);
- d. Discipline employees who work outside their restrictions and/or disrupt the work place according to the Human Resources Policies and Procedures;
- e. Endeavor to find appropriate work for every injured employee released to work either within their own department or in another department; and
- f. Effectively train and educate their employees on the TRTW Program.

The Benefits Coordinator is the designated coordinator for the TRTW Program and is expected to:

- a. Effectively communicate the concept of their TRTW Program to all injured workers;
- b. Demonstrate support for all injured workers; and
- c. Provide a problem solving avenue to supervisors or employees.

## Process

Each department is encouraged to identify possible jobs or duties for possible Transitional Work and should send this information to Human Resources.

- a. Employee provides return to work restrictions to supervisor and the Benefits Coordinator.
- b. Transitional Work option(s) within the worker's designated abilities are identified.
- c. Supervisor of assigned department provides training or has someone else teach worker their new duties.
- d. Employee returns to supervisor and Human Resources after each provider's visit with work slip until released.
- e. Human Resources reviews job duties after each visit for changes and progression.

## Employee Reinstatement Rights

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An employee who recovers within two years of the onset of a work-related disability will be reinstated in the first available, suitable position as defined by Vermont statute and Vermont's Workers' Compensation Rules. An employee is not entitled to such reinstatement if (a) the employee had been given notice, or had given notice, prior to sustaining the injury that employment would terminate; (b) employment would have terminated of its own terms prior to any reinstatement the employee would otherwise be entitled to; or (c) the employee fails to keep Mt. Ascutney informed of his/her continuing interest in reinstatement; his/her recovery; or any change of mailing address.

Prior to being reinstated, an employee must provide the Human Resources department certification from his or her provider indicating the ability to return to work and addressing the employee's physical work capabilities and/or limitations so that the employee can return to work safely.

An employee unable to perform work for which he or she has previous training or experience because of a work-related injury or occupational disease may be entitled to medical and vocational rehabilitation services, including retraining and job placement, as may be reasonably necessary to restore the employee to suitable employment.

## **EDUCATION**

N/A

## **COMMUNICATION/REPORTING**

VOSHA 1-800-321-6742

Administrator on Call

Human Resources Director

## **REFERENCES**

N/A

## **KEYWORDS**

N/A

# Mt. Ascutney Hospital and Health Center Policy

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## **Shift Differentials**

### **PURPOSE**

The Hospital may pay a shift differential for hourly positions (non- exempt employees), in certain org levels (departments).

### **POLICY SCOPE**

All evening and night permanent employees and weekend shifts.

### **DEFINITIONS**

N/A

### **POLICY**

Employees, who work permanent evening or night shift, will receive this differential pay on their earned time and sick time hours.

It is up to the manger to define employee shifts (hours). This policy is to designate how employees are paid by shifts as opposed to how they are staffed.

Shift differentials will be paid as follows:

Days: 7AM to 3 PM

Evenings: 3 PM to 11 PM

Nights: 11 PM to 7 AM

Shift times may vary based on department schedules and needs and will be defined by the organizations needs, not by individual needs or desires.

The org levels (departments) that work traditional office hours (example 8-4:30) currently not eligible for shift differentials are:

Accounting

Administration

Billing

Cardiac Rehab

Development

Grant Employees

Health Information Management

Historic Homes of Runnemedede

Human Resources

Information Services

Marketing

Occupational Health

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Oncology

Pain Management

Physician Practices/support staff

Professional Building Specialists

Purchasing

Quality/Risk

Registration

School Nurses

Social Services

Staff Education

Volunteers/Chapel

## Weekend Differential

The Hospital pays a weekend differential to all non-exempt (hourly paid) employees.

The weekend is a period of time beginning 11:00 PM Friday and ending 10:59 PM Sunday.

## EDUCATION

N/A

## COMMUNICATIONS/REPORTING

N/A

## REFERENCE

N/A

## KEYWORDS

Shift Differential, weekend differential

# Mt. Ascutney Hospital and Health Center Policy

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## POLICY OVERSIGHT

<b>POLICY STATUS:</b>	<b>New Policy:</b> No	<b>Revision to Existing Policy:</b> No
<b>POLICY NAME:</b>	Shift Differentials	
<b>POLICY LOCATION:</b> <small>What Parent and if applicable Sub Folder do you recommend this policy live in?</small>	Human Resources	
<b>LEAD AUTHOR:</b>	Candace Hingston	
<b>CO-AUTHOR(s):</b> <small>(If applicable)</small>	<ol style="list-style-type: none"> <li>1. Jean Martaniuk</li> <li>2. Melissa Hale</li> </ol>	
<b>REVIEWERS(s):</b> <small>(If applicable. List individual names.)  (Review of a policy means all listed must sign off or decline with comments prior to it being sent for final approval and being published)</small>	<ol style="list-style-type: none"> <li>1. Candace Hingston</li> <li>2. <a href="#">Click here to enter text.</a></li> <li>3. <a href="#">Click here to enter text.</a></li> <li>4. <a href="#">Click here to enter text.</a></li> <li>5. <a href="#">Click here to enter text.</a></li> </ol>	
<b>APPROVER(s):</b>	<ol style="list-style-type: none"> <li>1. Jean Martaniuk</li> <li>2. <a href="#">Click here to enter text.</a></li> </ol>	
<b>COMMITTEE APPROVER:</b> <small>(If applicable)</small>	<a href="#">Click here to enter text.</a>	
<b>SENIOR LEADERSHIP APPROVER:</b> <small>(Sr. Leaders may approve their own policies. All other policies require a Sr. Leader Approver)</small>	<a href="#">Click here to enter text.</a>	
<b>READER(s):</b> <small>(If applicable. List either Outlook Group Distribution or Individual Names.)  (Readership is tracked within the policy history however not required prior to approval or publishing.)</small>	<ol style="list-style-type: none"> <li>1. <a href="#">Click here to enter text.</a></li> <li>2. <a href="#">Click here to enter text.</a></li> <li>3. <a href="#">Click here to enter text.</a></li> <li>4. <a href="#">Click here to enter text.</a></li> <li>5. <a href="#">Click here to enter text.</a></li> </ol>	

# Mt. Ascutney Hospital and Health Center Policy

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## PER DIEM CLASSIFICATION

### PURPOSE

This policy establishes a per diem classification at the Hospital in order to address staff shortages which may result from unplanned absences or a sudden increase in census or acuity.

### POLICY SCOPE

All per diem employees of Mt. Ascutney Hospital and Health Center.

### DEFINITIONS

N/A

### POLICY

The rate of pay for all per diem hours worked will be base pay plus 15% and regular shift differential added.

### **Eligibility**

Any RN, LPN, LNA, PTA, COTA, respiratory therapist, MT/MLT, CSR Tech, Terminal Cleaner, Pharmacy Technician or difficult to fill position who does not work regular scheduled budgeted hours at the Hospital is eligible to receive the per diem rate for all hours worked. Per-diem staff may also attend any in-house educational program (including ACLS) space allowed, with no charge. However, they will not be paid a salary for that day unless mandated to attend as a condition of employment.

### **Requirements**

To ensure that per diem staff maintains competence, effectiveness and availability to meet patient needs the following obligations are required of per diem staff:

- a. Submission by the 15th of the prior month, a calendar of date/shift availability to work if needed.
- b. Agreement to work one week day and one weekend shift a month, if needed.
- c. Agreement to work one summer and winter holiday each year, if needed.
- d. Per-diem employees who have not worked during a 3 month period of time may be terminated from employment.
- e. O.R. per diem nurses must demonstrate on-going competency to fulfill these duties. However, they are exempt from the other requirements listed above due to the nature of their job.
- f. Exceptions to the above may be granted by the responsible senior leader.
- g. Orientation will be provided to all per diem staff. These orientations includes a day long General Orientation to the Hospital as facility, a day long General Nursing Orientation and at a minimum 3 days of orientation to the assigned home base unit. This orientation is expected to be completed by 30 days from their date of hire.

### **Additional requirements for all per diem employees:**

- a. Comply with all mandatory in-services, complete learning network requirements; and maintain all mandatory certifications, licenses and skills of the assigned area.
- b. Comply with all mandatory health and safety requirements for the assigned area.
- c. Encouraged to attend 25% of all department unit meetings; required to read/initial all minutes.

### **Payroll Deductions:**

# Mt. Ascutney Hospital and Health Center Policy

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Per diem staff are not allowed to request payroll deductions for any items purchased through the hospital. Examples: over the counter medications, uniforms, hospital accounts receivable, etc.

Nothing in this policy provides any contractual rights, nor does anything in this policy alter or modify the employment-at-will relationship between MAHHC and its employees.

## **EDUCATION**

N/A

## **COMMUNICATIONS/REPORTING**

N/A

## **REFERENCE**

N/A

## **KEYWORDS**

N/A

# Mt. Ascutney Hospital and Health Center Policy

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## POLICY OVERSIGHT

<b>POLICY STATUS:</b>	<b>New Policy:</b> No	<b>Revision to Existing Policy:</b> Yes
<b>POLICY NAME:</b>	<b>PER DIEM CLASSIFICATION</b>	
<b>POLICY LOCATION:</b> What Parent and if applicable Sub Folder do you recommend this policy live in?	<b>Human Resources</b>	
<b>LEAD AUTHOR:</b>	<b>Candace Hingston</b>	
<b>CO-AUTHOR(s):</b> (If applicable)	<ol style="list-style-type: none"> <li>1. Jean Martaniuk</li> <li>2. Melissa Hale</li> </ol>	
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## HOLIDAYS

### PURPOSE

Clarify hospital holidays

### POLICY SCOPE

All Employees of Mt. Ascutney Hospital and Health Center

### DEFINITIONS

N/A

### POLICY

The following days are recognized holidays at Mt. Ascutney Hospital and Health Center:

New Year's Day	Labor Day
Memorial Day	Thanksgiving
Independence Day	Christmas

Night shift staff will be paid holiday premium pay for the shift beginning at 11 PM on the eve of the holiday. For example, if Christmas falls on Monday, December 25, the shifts will receive the premium pay as follows:

Day shift	7:00 AM - 3:00 PM, Dec. 25
Evening shift	3:00 PM - 11:00 PM, Dec. 25
Night shift	11:00 PM, Dec. 24 -7:00AM, Dec. 25

For departments that are not scheduled to work the holiday, Saturday holidays are "observed" (without premium pay) on the preceding Friday. Sunday holidays are "observed" on the following Monday (without premium pay).

**Holiday premium pay is two (2) times the base rate. No differentials are included in this calculation.**

Reasonable steps should be taken to allow employees to have time off to observe religious or other special holidays, not included above. If approved, these may be taken as part of Earned Time Off, or without pay.

**Salaried employees are not eligible for holiday premiums.**

In the event that a salaried employee is on call on one of the Hospital's designated Holidays, the employee will not use Earned Time Off (ETO) for the day.

Nothing in this policy provides any contractual rights, nor does anything in this policy alter or modify the employment-at-will relationship between MAHHC and its employees.

### EDUCATION

N/A

### COMMUNICATIONS/REPORTING

N/A

# Mt. Ascutney Hospital and Health Center Policy

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## **REFERENCE**

N/A

## **KEYWORDS**

N/A

# Mt. Ascutney Hospital and Health Center Policy

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## POLICY OVERSIGHT

<b>POLICY STATUS:</b>	<b>New Policy:</b> No	<b>Revision to Existing Policy:</b> No
<b>POLICY NAME:</b>	Holidays	
<b>POLICY LOCATION:</b> What Parent and if applicable Sub Folder do you recommend this policy live in?	Human Resources	
<b>LEAD AUTHOR:</b>	Jean Martaniuk	
<b>CO-AUTHOR(s):</b> (If applicable)	<ol style="list-style-type: none"> <li>1. Melissa Hale</li> <li>2. <a href="#">Click here to enter text.</a></li> </ol>	
<b>REVIEWERS(s):</b> (If applicable. List individual names.)  (Review of a policy means all listed must sign off or decline with comments prior to it being sent for final approval and being published)	<ol style="list-style-type: none"> <li>1. Candace Hingston</li> <li>2. <a href="#">Click here to enter text.</a></li> <li>3. <a href="#">Click here to enter text.</a></li> <li>4. <a href="#">Click here to enter text.</a></li> <li>5. <a href="#">Click here to enter text.</a></li> </ol>	
<b>APPROVER(s):</b>	<ol style="list-style-type: none"> <li>1. Jean Martaniuk</li> <li>2. <a href="#">Click here to enter text.</a></li> </ol>	
<b>COMMITTEE APPROVER:</b> (If applicable)	<a href="#">Click here to enter text.</a>	
<b>SENIOR LEADERSHIP APPROVER:</b> (Sr. Leaders may approve their own policies. All other policies require a Sr. Leader Approver)	<a href="#">Click here to enter text.</a>	
<b>READER(s):</b> (If applicable. List either Outlook Group Distribution or Individual Names.)  (Readership is tracked within the policy history however not required prior to approval or publishing.)	<ol style="list-style-type: none"> <li>1. <a href="#">Click here to enter text.</a></li> <li>2. <a href="#">Click here to enter text.</a></li> <li>3. <a href="#">Click here to enter text.</a></li> <li>4. <a href="#">Click here to enter text.</a></li> <li>5. <a href="#">Click here to enter text.</a></li> </ol>	

## **Charge Pay and Special Differentials**

### **PURPOSE**

To outline special pay charges

### **POLICY SCOPE**

All Nursing Staff at MAHHC

### **POLICY**

Nursing personnel assuming "Charge Duty" in the absence of a head nurse or clinical coordinator on specified shifts will be paid a \$1.00 per hour differential.

There will be a process to precept nurses who are new to this role. This preceptor process will include both attendance at the Vermont Nurse Internship Preceptor Workshop, and the preceptor credentialing process at Mt. Ascutney Hospital and Health Center with an experienced Charge Nurse. Designated nursing personnel, and predefined departments, when assuming the role of preceptor/mentor for any graduate nurses or new employees, will be paid a \$1.00 per hour differential.

Any ICU RN who agrees to be placed on call for the night shift will be paid a \$5.00 per hour differential.

LNA II designated LNA personnel who have met the qualifications and have been accepted into an LNA II position will receive an additional \$1.00 per hour. The LNA II must maintain 60 hours per biweekly pay period to remain eligible.

"Critical Shifts" is when all avenues have been exhausted to fill critical shifts where patient safety would be compromised. Critical Shift differentials are payable to hospital clinical staff. The designation of critical shifts should be approved through the department manager or supervisor and then to the Senior Administrator Leader of that department. This critical shift designation will carry a bonus pay differential of \$100/shift Monday through Friday or \$150/shift on Saturday and Sunday. This bonus differential will be documented by the manager on the time and attendance sheet and forwarded to payroll for processing.

Ambulance Transfer Pay - \$50.00 per transfer will be paid to qualified hourly staff in recognition of their special expertise. This stipend is paid in addition to the employee's hourly rate of pay.

### **KEYWORDS**

Charge Pay

Special Differential

# Mt. Ascutney Hospital and Health Center Policy

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**Instructions:** Title Font (Calibri 14), Body Font (Calibri 11) and Section Layout have been defined. For any sections that are not applicable please place a N/A in that section so we can be assured that you have not inadvertently missed completing a section. The *'Policy Oversight'* grid at the end must also be reviewed /completed prior to policy submission.

## **ON CALL**

### **PURPOSE**

**The Hospital pays on-call pay to non-exempt employees for time not worked when the employee is placed on call. These on-call hours occur when an employee is not working a scheduled shift but is required to be available to the Hospital in the event of an emergency.**

### **POLICY SCOPE**

Nothing in this policy provides any contractual rights, nor does anything in this policy alter or modify the employment-at-will relationship between MAHHC and its employees.

### **DEFINITIONS**

N/A

### **POLICY**

All employees who are on-call are paid in the following manner:

- a. Weekdays – Two dollars and fifty cents (\$2.50) for every hour spent on-call.
- b. Weekend days and holidays (designated by the Hospital) – Three dollars and fifty cents (\$3.50) for every hour spent on-call.
- c. In the event that a salaried employee is on call on one of the Hospital's designated Holidays, the employee will not use Earned Time Off (ETO) for that day. The designated Holidays are: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day.
- d. Call time for weekdays will begin at the end of the scheduled work shift through the beginning of the following morning shift and will be uninterrupted even if called to the Hospital in the event of an emergency, unless an entire shift is worked.
- e. Call time for weekends will begin at 11 PM on Friday through Sunday at 11:00 PM.
- f. All ICU-RN's who agree to be placed on call for the night shift will be paid \$5/Hr. If called in, the ICU-RN's will be paid regular time with differential, per diem, or OT, whichever is appropriate.
- g. If staff nurses are placed on call due to low census or acuity and are called back in to work, the nurse will be paid straight time unless it places them in an overtime status.

It is the responsibility of an employee who is on call to be within one-half hour traveling distance of the Hospital, so as not to endanger the treatment of a patient in need of service. Hourly (non-exempt) employees responding to a call-in are eligible for:

- a. A minimum of two (2) hours pay for each call-in occurrence even though the actual work-time spent at the Hospital might be less than two (2) hours.
- b. Any on-call staff that can remotely address a call are not eligible for the two (2) hour minimum pay. Time will be paid for the time spent related to the call up to the next quarter hour (example: if a call can be addressed in 20 minutes, staff will be paid for 30 minutes)
- c. All call-in hours worked will be paid at time and a half (1½) plus differential.
- d. When call-in occurs on a holiday, double time will be paid.

# Mt. Ascutney Hospital and Health Center Policy

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Employees taking call are expected to use a pager supplied by the Hospital when away from the Hospital premises and cannot be reached by telephone. The person on call is responsible for making sure the switchboard has a telephone number or pager number where he or she may be reached. If there is an unusual circumstance when the person on call must rely on being notified by the police, these arrangements should be made with the police beforehand and the switchboard notified.

## Call Off

The purpose of the Call-Off policy is to establish standard principles that will guide staffing decisions for staff at times when census is low. The philosophy of Mt. Ascutney Hospital and Health Center is that every effort will be made to meet staff's personal needs within the constraints of providing adequate staffing for patient care. Staffing guidelines are established to match nursing resources with patient care needs related to census, acuity, complexity and technology. Nursing service will work collaboratively to ensure patient needs are met across the continuum of care. This policy will pertain to non-clinical staff as well as clinical staff.

## Decision Making in Times of Low Census:

1. Assess if there is a need somewhere within the hospital, i.e., are they using agency staff, is anyone in overtime, or if a per diem is working
2. Assign staff to be On-Call or called off
3. Attempt to make on-call or call off assignments on a voluntary basis. If no one volunteers, mandatory call off or on-call will be required.
4. In order to be equitable, all staff will be expected to rotate through an on-call/call off system. Supervisors/staffing coordinator will document decision making on staffing algorithm form and send to CNO.
5. Approve ETO for call off or on-call staff. Employees are not required to use ETO if called off.

## **EDUCATION**

N/A

## **COMMUNICATION/REPORTING**

N/A

## **REFERENCES**

N/A

## **KEYWORDS**

N/A