

ST. LUKE'S HOSPITAL
PACKAGE COUNTER PROPOSAL
AUGUST 16, 2010
BEST & FINAL OFFER

STAFFING

1. Temporary Unit Closure counter proposal attached.
2. Staffing Plan Letter of Understanding counter proposal attached.

ECONOMICS

3. Wages/Salary Increase - to include Per Diem nurses
 1st Year -- 0% salary increase
 2nd Year -- 1% salary increase
 3rd Year -- 2% salary increase
4. Union Economic Proposal 4 -- Increase Hospital's Contribution to Health Insurance (Section 11.1)
 - Increase Hospital monthly health insurance premium contribution from 70% to 85% for those eligible nurses electing to be covered by the Balance Plan for single plus one and dependent coverage. (Single coverage remains at 85%).
5. Union #7.2 and 7.3 Educational Development (Section 16)
 - Increase Tuition Reimbursement contribution maximum from \$3,000.00 to \$3,500.00;
 - Increase Seminar/workshop amounts from \$500.00 to \$700.00.

OTHER:

6. **Section 20.1. Promotion/Transfer.** Add language to provide that an employee hired after ratification of the 2010 contract who are seeking to transfer units in his/her first 12 months of employment must obtain the consent of both the current manager and hiring manager.
7. **Section 26.1(b). Nurse Identification/Purchase and Maintenance of Scrubs.** Add language clarifying that RNs provide and launder their own scrubs, except nurses working in Operating Room, Birthing Center and Cath Lab.
8. **Code of Conduct.** Adopt St. Luke's Code of Conduct. The Code of Conduct results from an accreditation standard by Joint Commission requiring adoption of an employee code of conduct. It does not alter existing standards of conduct nor does it modify progressive discipline provisions of the labor agreement. Therefore, the acknowledgement will be modified as follows:

By my signature below, I acknowledge that I have received and read a copy of the St. Luke's Employee Code of Conduct. St. Luke's does not tolerate retaliation against anyone who respectfully raises a concern over the quality of care or reports misconduct. I understand that signing this document will not diminish any existing employee rights I may have through a collective bargaining agreement. Specific disciplinary measures will be determined in accordance with St. Luke's policies and applicable collective bargaining agreements for union members.

9. All previously agreed to proposals remain agreed. All other proposals by either party are withdrawn.

August 16, 2010

MNA Response to Employer St. Luke's Counter to MNA of-1
SLH Negotiations
Letter of Understanding

The Employer and Association agree that it is important to assure appropriate staffing levels on hospital nursing units to provide optimal patient care. As a result, the Employer will develop a staffing plan in cooperation with Minnesota Nurses Association (MNA) in the Staffing and Scheduling Sub-committee. Staffing plans shall include staffing levels for ~~any~~ all units or services where MNA bargaining unit nurses are assigned to work.

The Committee will be comprised of bargaining unit members appointed by MNA, nursing management including the CNO, or designee, MNA staff member, and others as the Committee determines necessary. In the event that there are concerns as to the progress of the Committee, the MNA will have the right to meet with the CNO to express those concerns and to identify possible solutions.

Bargaining unit members shall be paid for time spent in attendance at these meetings and authorized preparation time and shall accrue benefits, and hours for the purposes of seniority. Effort will ~~Bargaining unit members shall also be made to schedule meetings in advance so nurses can make arrangements to attend. If nurses identify on request sheets that they wish to attend a sub-paid and accrue benefits and seniority for time spent preparing, or work done away from the committee meeting, good faith efforts will~~ meeting. MNA members shall be made to schedule them accordingly, relieved from duty in order to attend scheduled meetings.

The responsibility of the Committee is to review all staffing grids at least annually, or more often as needed as staffing issues are identified, as well as all Concerns For Safe Staffing and/or related documentation to assess the ability to meet patient needs and identify trends impacting the staffing grids. The outcomes of the assessments will be used by Nursing Management to determine when changes in staffing and skill mix are warranted, based on criteria established by the Committee.

The Committee may recommend changes to Nursing Management, including the use of pilot programs as a method of addressing staffing concerns. Such pilot programs may include changes to past and current scheduling practices at all stages of the scheduling process (e.g., schedule build and daily unanticipated staffing needs). To the extent that pilot programs modify existing contract provisions, they must be mutually agreed to in writing by St. Luke's and MNA prior to implementation.

The Committee will utilize the following data in the recommendation of staffing grids for each unit/service:

- Patient Acuity (including case mix index)
- Nursing Intensity
- Census
- Staffing targets vs. actual staffing
- Staff skills & abilities, including skill mix (RN/LPN/NA/HUC, etc.)
- ~~Staffing Mix~~
- Unit Geography
- Type of service, unit activity (including admissions, discharges, transfers)
- Overtime and extra shifts worked
- ~~Extra Shifts worked~~

- Call backs
- The number of patients assigned to RN's, Charge Nurses, or designee
- Review of RN tasks and delegation
- Quality measures including nursing quality indicators and patient satisfaction
- Nursing Specialty Standards
- Hours per patient day (budgeted and actual)
- New programs or business being considered
- Additional data by mutual agreement

In order to promptly begin initial implementation of the above staffing review process, the parties agree to schedule a special meeting or meetings, up to 8 hours, of the Staffing and Scheduling Committee as soon as possible, but not later than 30 days after the ratification of the labor agreement in effect on July 1, 2010. The purpose of this meeting is to identify and prioritize immediate staffing relief, grid review with recommended adjustments. Deference will be given to the MNA's determination of unit priority. The initial review of staffing grids and patterns for each unit should be completed within 90 days of ratification of the labor agreement.

The Staffing & Scheduling Committee Hospital and MNA will jointly explore and, if appropriate, recommend a patient acuity system and nursing intensity system by July 1, 2011. ~~The final~~ decision on selection and timeline for implementation will be determined by the Employer.

- "Patient acuity" means the measure of a patient's severity of illness or medical conditions including, but not limited to, the stability of physiological and psychological parameters and the dependency needs of the patient and the patient's family. Higher patient acuity ratings may help assess if increased or decreased requires more intensive nursing time and/or advanced nursing skills for continuous surveillance is needed.
- "Nursing intensity" means a patient-specific, not diagnosis-specific, measurement of nursing care resources expended during a patient's hospitalization. A measurement of nursing intensity includes the complexity of care required for a patient and the knowledge and skill needed by a nurse for surveillance of patients in order to make ~~continuous~~, appropriate clinical decisions in the care of patients.

Once established, the overall staffing plan will be reviewed and evaluated by the Staffing and Scheduling Committee annually or more often as needed. If the committee is unable to reach consensus, ~~the impasse resolution outlined in Section 32. Nursing Care Delivery shall be utilized.~~ a mediator with background and experience in health care matters shall work with the Committee in attempting to find solutions to areas of disagreement. The mediator may be chosen from the Federal Mediation and Conciliation Service or from other sources as the Committee may determine. Changes will not be implemented until this conflict resolution process is observed.

Letter of Understanding
St. Luke's Counter 8/16/10

~~August 6, 2010~~
~~MNA Proposal 1-2~~
~~MNA Response to St. Luke's Hospital Counter~~

~~New Language~~

~~The Employer and the Association recognize~~~~recognizes~~ the legal and ethical obligation of a nurse to ~~render appropriate~~ ~~refuse an assignment which she/he believes may result in unsafe or ineffective care of a patient~~ care pursuant to the requirements of the Minnesota Nurse Practice Act." :-

A nurse has the right to notify a supervisor of his or her concerns about a patient assignment without retaliation. Upon receiving such request, the supervisor will commence the process identified in this section and will report back to the nurse within a reasonable period of time as to the status of resolving the nurse's concern.

It is also acknowledged and understood by the Employer and the Association that there may be times in which the unit resources do not allow additional patients to be admitted for a limited period of time and, as a result, ~~admissions we need a process by which to the unit may be redirected or temporarily delayed~~ close a unit to admissions. The following process will be utilized in this determination:

The charge nurse, or designee (e.g., team leader, core nurse, etc.), will evaluate the following factors with the nurse manager/administrative nursing supervisor to assess and determine adequacy of resources to meet patient care ~~needs~~ needs.

- Composition of skill/roles available
- Patient acuity
- Nursing ~~intensity~~ intensity
- Experience level of RN staff
- Unit activity level (admissions, discharges, transfers)
- Staffing Resources
- Availability of the RN to accept a safe assignment at time of anticipated admit

If resources are in question, the charge nurse, or designee (e.g., team leader, core nurse, etc.), and nurse manager/administrative nursing supervisor, in collaboration with Emergency Department, PACU, and supervisors/charge nurse or designee, will consider the following:

- Current patient care assignments for potential redistribution
- Ability to facilitate admissions, discharges, transfers (medical staff may be consulted)
- Availability of additional resources
- House-wide census and staffing and current Emergency Department wait time

If actions taken after consideration of these factors do not resolve the issue, the Administrative Supervisor/Manager will determine if admissions to the unit should

~~be redirected or temporarily delayed, closed to admissions for a period of time.~~ It is recognized that certain situations such as community emergencies, EMTALA, or other legally required admissions and situations that would jeopardize the safety of any patient, may require a unit to admit a patient. In those situations, the charge nurse, or designee, will continue to work with key decision makers to explore alternative solutions. The charge nurse, or designee, may also opt to complete a MNA Concern for Safe Staffing form.

All Concern for Safe Staffing forms or concerns regarding the operation of this section will be reviewed by the Staffing and Scheduling Committee for the identification of any additional solutions that could have been utilized, ongoing staffing issues, or trends that may need to be addressed by the management of a unit.