



January 18, 2019

Professional Distinction

Personal Dignity

Patient Advocacy

Mark Sorenson
HealthEast Care System
Labor Relations Director
1700 University Ave. W.
St. Paul, MN 55104

VIA USPS and E-Mail: msorenson@healtheast.org

Dear Mark:

This letter is to serve notice, as the representative of the Registered Nurses at HealthEast HealthCare System, pursuant to Section 42. Duration and Renewal of the Contract Agreement, of our intent to open the collective bargaining agreement for purposes of changes or modifications.

It is expected the employer will release our team members from work to participate in the negotiations. We are prepared to formally exchange the names of our bargaining teams at any time you desire. Minnesota Nurses Association (MNA) proposes the following as logistics for bargaining:

1. We will schedule a minimum of three bargaining sessions each in the months of March, April, and May 2019, concluding no later than May 15th.
2. Negotiations will take place at the Hospital, or a mutually agreed upon site if rooms are not available at the Hospital.
3. The employer will compensate RN team members for time spent in negotiations at their regular rate of pay, including differentials.

We received your correspondence dated January 8, 2019 proposing that MNA and Health East bargain jointly for St. John's, St. Joseph's, and Bethesda Hospitals at one table. MNA agrees to bargain on behalf of nurses employed at all three hospitals at one table. However, please be aware that MNA's Metro Negotiating Committees with contracts expiring on May 31, 2019 intend on coordinating bargaining efforts with one another.

We look forward to productive meetings and working with you in the future. On behalf of the nurses, we take pride in continuing our work together. Please provide me with a listing of dates, beginning on March 1, 2019, when the employer is available to negotiate. The Agreement requires that the parties submit proposals to one another on or before March 15, 2019.

In order to prepare for the upcoming negotiations, MNA requests that the following information be provided well in advance of the first bargaining session. It is for this reason that we are submitting the request six weeks prior to bargaining. For each bargaining unit, please provide:

General Information Request

1. An Excel list of bargaining unit Registered Nurses including, for each nurse:

345 Randolph Avenue
Suite 200
St. Paul, MN 55102

Tel: 651.414.2800
800.536.4662

Fax: 651.695.7000

Email: mnnurses@mnnurses.org

Web: www.mnnurses.org



AFL-CIO

- a. Name.
 - b. Address.
 - c. Date of hire.
 - d. Seniority date.
 - e. Seniority hours.
 - f. Department.
 - g. Job classification.
 - h. FTE.
 - i. Shift or shift rotation.
 - j. Hours worked per year for each of the past three (3) years.
2. Most recent Occupational Mix Survey Hospital Reporting Form (CMS-10079).
 3. Copies of any and all disciplinary notices, warnings, counseling, and records of disciplinary personnel action for MNA represented nurses from June 1, 2016 to date.
 4. A listing of nurses who have resigned, retired, or have been terminated, from June 1, 2016 to date, including dates of hire and termination/resignation/retirement as well as FTE at separation of employment.
 5. Listing of open positions in the bargaining unit from June 1, 2016 to date:
 - a. Identify whether these positions were filled or not.
 - b. Identify whether positions were filled internally, externally, or length of time that positions remained unfilled.
 - c. Identify whether positions were reposted or unfilled to date.
 6. Copies of any exit interviews conducted by supervisor(s), manager(s), director(s), hospital designee, its subsidiaries, agents, or consultants with bargaining unit Registered Nurses for the past five years.
 7. Current seniority list.
 8. Copies of current bargaining unit job descriptions.
 9. Differential contributing hours for the period June 1, 2017 through May 31, 2018, please identify:
 - a. The total number of hours for which rotating evening shift differential was paid.
 - b. The total number of hours for which rotating night shift differential was paid.
 - c. The total number of hours for which straight evening shift differential was paid.
 - d. The total number of hours for which straight night shift differential was paid.
 - e. The total number of hours for which weekend differential was paid.
 10. The amount of weekend bonus paid for the period June 1, 2017 through May 31, 2018.
 11. The amount of Critical Shift Bonuses paid for the period June 1, 2016 through May 31, 2018.
 12. A listing of the longevity bonus paid in 2018.
 13. The total hours worked by bargaining unit Registered Nurses for the period June 1, 2017 through May 31, 2018.
 14. The total hours paid to bargaining unit Registered Nurses for the period June 1, 2017 through May 31, 2018.
 15. The total hours that were paid as Charge pay for the period June 1, 2017 through May 31, 2018.
 16. The total hours that were paid as Preceptor pay for the period June 1, 2017 through May 31, 2018.
 17. Total compensation (i.e., "payroll", excluding cost of benefits and employer contributions to FICA, etc.) for the period June 1, 2017 through May 31, 2018.
 18. For the period June 1, 2017 through May 31, 2018:
 - a. A listing of all open shifts that remained unfilled 24 hours or fewer prior to the start of the shift.
 - b. A listing of all shifts that were initially posted as open shifts and were filled 24 hours or fewer prior to the start of the shift, the name of the nurse who filled the shift, their FTE, and indicate whether it was straight-time or premium pay.

19. A copy of all the Hospital's personnel policies, practices, and procedures, including both those policies and procedures as they refer to and/or relate to benefits for both MNA represented nurses and non-MNA represented employees. Also, provide any and all copies of current collective bargaining agreements the Hospital hold with other unions.

Health Care Benefits

20. Plan Information:

- a. 2019 Summary Plan Description and full plan documents for all plans.
- b. Description of all Wellness/Health Promotion programs.
- c. EOCs and/or Plan Summary for each benefit plan.
- d. 9-year premium history for each plan.
- e. 2019 Summary Benefit Comparisons (SBCs).
- f. 3-year complete fund accounting for each plan.
- g. Current premium (or premium equivalent) for each plan.
- h. Employer and employee contributions for each plan.
- i. Current COBRA rates.
- j. Carrier/Administrator contact information.
- k. Broker/Consultant contact information.
- l. All contracts with brokers, administrators, independent review organizations, health care providers, insurers, carriers, and health care plans.
- m. All form 5500s filed with respect to all plans for the past three years.
- n. Providers/beneficiary appeals process and procedures.
- o. Status reporting of provider/beneficiary appeals made over the past three years.
- p. 3-year HEDIS quality measurement reporting for all plans.
- q. Provider network directories for all plan options for past three years.
- r. The determination of actuarial value of each plan.

21. Fully insured plans:

- a. Renewal package for past three years.
- b. Annual review for past three years.
- c. Loss ratio reports for past three years to include:
 - i. Enrollment by month.
 - ii. Paid medical claims by month.
 - iii. Paid provider claims by month.
 - iv. Paid premium by month.

22. Self-insured plans:

- a. Actuarial rate development for past three years.
- b. Current fixed costs to include:
 - i. ASO fee.
 - ii. Network access fee.
 - iii. Utilization management fee.
 - iv. Any ancillary fee.
 - v. Rx administration fee.
 - vi. Any other third-party fees (enrollment portal, COBRA administration, etc.).
 - vii. Broker fee.

23. Paid claims for past three years, including:
 - a. Enrollment by month.
 - b. Paid medical claims by month.
 - c. Paid Rx claims by month.
 - d. Large claim listing (over \$50,000).
 - e. Stop loss costs.
24. Census, eligibility, and enrollment:
 - a. Current number of employees.
 - b. Current number of eligible employees.
 - c. Eligibility rules.
 - d. Employer and employer contribution for past three years.
 - e. Current enrollment by plan by coverage tier.
 - f. De-identified census with employee and dependent enrollment information to include opt-outs and declinations.
25. Future plan changes:
 - a. Any notes, memoranda, internal discussion regarding projected changes to any of the above plans for years 2020-2022.
 - b. Plan documents of any new plans projected to be offered 2020-2022.
26. Premium development based on projected claims:
 - a. Process for developing claim projections.
27. Surplus of funds and/or reserving:
 - a. At the end of the plan year and the subsequent run-out of the claims, what happens if there is a surplus of money in the budgeted premiums for that year?
 - b. What amount do you maintain in reserves in the event that future claims are in excess of anticipated levels?
28. Other
 - a. Copies of all sick leave and absence records of all Registered Nurses.
 - b. Copies of CMS 2552 for each provider within your hospital system from 2015-most recently filed.

Other Benefits

29. Summary Plan Description and full plan document for:
 - a. Dental insurance.
 - b. Vision insurance.
 - c. Long term disability.
 - d. Short term disability.
 - e. Life insurance.
 - f. Health Savings/Flex Benefits Accounts.
 - g. Employee assistance programs.
30. Summary Plan Descriptions and full plan documents for all retirement savings plans.

Health and Safety

31. A listing of all MNA represented employees who are required to have completed Hazmat/Decontamination training pursuant to OSHA requirements, including the following:

- a. Date of completion.
 - b. Date of renewal.
 - c. Number of hours training.
 - d. Copies of training materials, handouts, agendas, objectives, goals and competency validation.
32. Copies of each First Report of Injury Form as well as copies of every internal incident reporting and any other document used to describe or identify injuries/accidents involving registered nurses during the course of employment in the past five years. If employer uses OSHA form 301, please include copies of these records.
33. Copies of OSHA 300 log for the year-to-date and the past four years for each worksite where Registered Nurses are located.
34. Copies of current Exposure Control Plans as required by Occupational Exposure to Blood Borne Pathogens standard, for any employees exposed to blood as part of their job duties.
- a. Listing of all Registered Nurses who are exposed to blood as part of their job duties.
 - b. Copy of employer's Right-to-Know training program.
 - c. Outline of training that will be provided to employees for hazardous substances, harmful physical agents, and infectious agents.
 - d. List of hazardous substances known to be present using an identity that is referenced on the appropriate material safety data sheet.
 - e. Description of labeling system or other forms of warning used in the workplace.
 - f. Methods the employer will use to inform employees of hazards of tasks that involve exposure to hazardous substances, agents, or infectious agents and to inform employees of hazards associated with substances contained in unlabeled pipes in their work areas.
 - g. Listing of any Registered Nurses who have been assigned to any area where exposure may occur.
35. Copy of any policies and procedures concerning incidents of violence in the workplace, including policies and procedures that concern reporting of acts of violence as well as those which concern responding to acts of violence. Please include information regarding policies and procedures for following up with Registered Nurses who are the targets of, witness to or reporters of acts of violence against themselves, other employees or patients.
- a. Please indicate any types of notification systems that are immediately available to staff to gain assistance (phones, beepers, etc.).
 - b. Areas which are under video surveillance or monitoring and the procedure for retaining recordings.
 - c. Description of any capability of the electronic health record to flag history of violence or aggression behavior in patients.
36. The most recent preparedness and incident response action plans.
37. Any review of the effectiveness of the preparedness and incident response action plans.
38. The most recent gap analysis.
39. For the period January 1, 2018 through December 31, 2018: The number of acts of violence that occurred in the hospital during the previous year, including injuries sustained, if any, the type of incident, the date and shift on which the incident occurred, and the unit in which the incident occurred.

Please include copies of all security department incident reports or other reports/data prepared or maintained regarding reports of violence against Registered Nurses. This request includes reports in which the Registered Nurse was the reporter or the incident, witness to the incident and/or the target of the incident of violence.

For purposes of this request, "act of violence" shall mean an act by a patient or visitor against a health care worker that includes hitting, kicking, scratching, spitting, urinating, sexually harassing, or any act defined in sections 609.221 to 609.2241 of the Minnesota Code.

40. A roster or list of names of any workplace violence committee or group formed pursuant to the Violence Against Health Care Workers Act, Minn. Stat. §144.566.

Miscellaneous

41. Average hold time, by month, in the Emergency Department after the transfer order has been written for 2016, 2017, and 2018.
42. Average hold time, by month, for patients in post-operative care after the order to transfer has been written for 2016, 2017, and 2018.
43. Average time, by month, to discharge patient after discharge order has been written for 2016, 2017, and 2018.
44. The name(s) of the individual(s) representing the Hospital who will bind the hospital to an agreement in negotiations.
45. The Union is concerned about the circumstances under which agency or other temporary help is hired. For purposes of bargaining over this issue the Union asks that the employer provide the following information:
 - a. Copies of all contracts with outside temporary personnel agencies.
 - b. A list of all individuals who have been hired as agency or temporary help from June 1, 2016 to date; giving the names, the date of hire, the rate of pay, classification, the date of termination and the reason that the agency or temporary help was hired.
 - c. A copy of any company policies or procedures with respect to the hiring of agency or temporary help.

The Union reserves the right to request further information as it becomes relevant and necessary throughout the bargaining process.

Sincerely,



Evangeline Tutt
Labor Relations Specialist

CC: MNA Negotiating Team