

Mercy Hospital – Unity Campus:

<u>LOU</u>	<u>Action</u>
LOU – Pension Plan Note	Renew for duration of successor agreement.
LOU – Workers’ Compensation Pay Supplement	Renew for duration of successor agreement.
LOU – Current Scheduling and On-Call Benefits	Renew for duration of successor agreement.
LOU – Clinical Nurse Leaders	Renew for duration of successor agreement.
LOU – Community- or Region-Wide Emergency Response	Renew for duration of successor agreement.
LOU – Orientation Travel Time	Renew for duration of successor agreement.
LOU – Shifts Less Than Eight Hours	Renew for duration of successor agreement.
LOU – Mandatory Education Scheduling	Renew for duration of successor agreement.
LOU – Changes to Open Shift and Low Need Process	Remove from contract book. See Items 1 and 2.
LOU – Weekend Scheduling Program	Incorporate LOU in contract replacing Section 2.I as provided in LOU. Remove from contract book.
LOU – Weekend Bonus on Weekdays	Renew for duration of successor agreement.
LOU – Health Insurance Committee	Renew for duration of successor agreement.
LOU – ED Security	Renew for duration of successor agreement.

LETTER OF UNDERSTANDING - PENSION PLAN NOTE

Unity Hospital RNs shall continue to be eligible to participate in Allina's non-contract pension plan on the same terms and conditions as non-contract employees.

Effective January 1, 2009, all bargaining unit Registered Nurses will be covered under the Twin City Hospitals - Minnesota Nurses Association Pension Plan. Allina will take the necessary steps to implement this change.

The Twin City Hospitals Retirement Plan for Registered Professional Nurses Represented by the Minnesota Nurses Association, previously established as a result of negotiations between the Minnesota Nurses Association and the participating hospitals, has been amended. The Plan is now known as Twin City Hospitals-Minnesota Nurses Association Pension Plan.

The Pension Plan is funded by the Hospitals without nurse contributions. The instruments for the Plan are kept for your inspection at each participating hospital and at the Minnesota Nurses Association office. A Summary Plan Description is available from Wilson McShane Corporation.

The Plan, as amended, provides for certain rules relating to when a nurse becomes a participant in the Plan, how benefits are accrued under the Plan, how benefits may be lost by a break in service, and how benefits may be vested.

When considering dates for a leave of absence or termination of employment, it is important that you specifically check with one of the offices listed below to determine the effect that a leave of absence or termination may have on your eligibility for benefits under the Plan. This Pension Plan Note and the Summary Plan Description represent only a summary of Plan provisions. In all events, the legal documents are controlling.

If you have questions, be sure to contact one of the following offices:

WILSON McSHANE CORPORATION

(The Plan Administrator)

3001 Metro Drive #500

Bloomington, MN 55425-1412

952-854-0795

800-535-6373

MINNESOTA NURSES ASSOCIATION

345 Randolph Avenue #200

St. Paul, MN 55102

651-414-2800 / 800-536-4662

UNITY HOSPITAL HUMAN RESOURCES OFFICE

UNITY HOSPITAL

SIGNED
Kathy Wilde

Dated

MINNESOTA NURSES ASSOCIATION

SIGNED
Matthew LaBo

Dated

LETTER OF UNDERSTANDING - WORKERS' COMPENSATION PAY SUPPLEMENT

Letter of Understanding
between
Unity Hospital
and
Minnesota Nurses Association

Unity Hospital is committed to provide a Workers' Compensation Pay Supplement for injured nurses who meet the eligibility requirements as defined below:

Participants: All MNA members within the Unity bargaining unit.

Eligibility:

- ◆ Nurses receiving Temporary Total Disability (TTD) or Temporary Partial Disability (TPD) from Allina and maintaining employment status within Allina;
- ◆ Nurses whose Workers' Compensation average weekly wage (as defined by state statute) exceeds the applicable maximum approved by the state (currently \$1125 per week) and;
- ◆ Nurses whose injury occurred after the effective date of this contract.

Calculation of Workers' Compensation Pay Supplement:

- ◆ Average weekly wage (as defined by state statute) minus the gross wage maximum (currently \$1125 or the maximum as changed by the State of Minnesota).
- ◆ The above benefit to be reduced by:
 - Gross wages from Allina if on TPD
 - STD payments
 - LTD payments
 - TPD payments
 - TTD payments
 - SSD payments
- ◆ The result is the gross taxable amount of the workers' compensation pay supplement.

Benefit Period:

- ◆ Up to twelve (12) consecutive months from the date of eligibility for TPD or TTD attributable to a specific date of injury.
- ◆ For nurses injured prior to the effective date of the contract, the one-year benefit period will begin on the date of eligibility for TPD or TTD of the injury.
- ◆ For nurses who become injured on or after the effective date of the contract, the one-year benefit period will begin as of the date of eligibility for TPD or TTD attributable to a specific date of injury.
- ◆ A new injury or an aggravation of a previous workers' compensation injury would qualify as a new twelve- (12) month eligibility period.

UNITY HOSPITAL

SIGNED
Kathy Wilde

Dated

MINNESOTA NURSES ASSOCIATION

SIGNED
Matthew LaBo

Dated

LETTER OF UNDERSTANDING - CURRENT SCHEDULING AND ON-CALL BENEFITS

Letter of Understanding
between
Unity Hospital
and
Minnesota Nurses Association

Current Scheduling and On-Call Benefits for Unity Nurses

The parties agree that nurses currently enjoying the benefits of a reduced weekend schedule or no weekend schedule shall maintain that benefit.

Additionally, the parties agree that nurses in Surgical and Ambulatory Recovery Rooms (PACU) currently enjoying the benefit of reduced on-call schedules shall retain that benefit.

UNITY HOSPITAL

MINNESOTA NURSES ASSOCIATION

SIGNED
Kathy Wilde

SIGNED
Matthew LaBo

Dated

Dated

LETTER OF UNDERSTANDING – CLINICAL NURSE LEADERS

Letter of Understanding
between
Unity Hospital
and
Minnesota Nurses Association

April 12, 2007

The parties agree to the following:

1. The Clinical Nurse Leader position will be retained at Unity Hospital
2. After reviewing the current assigned work for each Clinical Lead, we have determined the following FTE status by individual and department:

1 West	0.1 FTE Joe Deggendorf; 0.1 FTE Sue Gallagher
2 West	None
3 West	0.3 FTE Cheryl Clark
ICU	0.1 FTE Nicole Kveton
Emergency Department	0.2 FTE Ellen Fastner
4W	0.4 FTE Annette Peterson
Labor and Delivery	None
Float Pool	0.1 FTE Alicia Sohr
PACU / SARS	0.1 FTE Alison Husak
3. We have agreed that the hospital will continue to follow the scheduling process in place as of February 22, 2007, which includes flexing time based on available work.
4. If a Clinical Nurse Leader leaves the position, the Hospital will post a replacement position with an FTE between 0.5 to 0.1. The FTE status will be determined by the Unit Manager.

Effective Date: August 1, 2008

Expiration Date: Ongoing

LETTER OF UNDERSTANDING

between

Minnesota Nurses Association

(Abbott Northwestern Hospital, Buffalo Hospital, Cambridge Medical Center, Mercy Hospital, New Ulm Medical Center, Owatonna Hospital (RNs), Owatonna Hospital (LPNs), Phillips Eye Institute, River Falls Hospital (RNs), River Falls Hospital (LPNs), St. Francis Regional Medical Center, United Hospital, Unity Hospital)

and

Allina Hospitals and Clinics

Subject: Community- or Region-Wide Emergency Response

The purpose and intent of this Agreement between the Minnesota Nurses Association (MNA) and Allina Hospitals and Clinics (Allina) is to provide a consistent framework and processes for response, staffing, and other related terms and conditions of employment in an Emergency Response event for MNA bargaining unit members at all Allina facilities.

For purposes of this document, an Emergency Response situation is a community- or region-wide event that anticipates a rapid and/or prolonged influx of patients which cannot be handled with available staff. It does not include weather-related situations that may affect staffing such as a blizzard, unless such weather-related situation anticipates a rapid and/or prolonged influx of patients or requires evacuation of patients.

In implementing an Emergency Response process, it is explicitly agreed that the health and safety of employees is a priority. To that end, Allina will provide adequate and appropriate Personal Protective Equipment (P.P.E.), training, and rest breaks as required with use of P.P.E. to its employees. Further, the employee will not be requested or permitted to work without P.P.E. when such use is indicated. This Agreement applies to all members of the MNA Bargaining Unit at all Allina facilities. Wherever the term "registered nurse" or "nurse" is used, it applies equally to non-RN members of an MNA Bargaining Unit.

1. The parties agree to establish a voluntary pool of registered nurses at each facility who agree to be a member of an Emergency Response Team which will report to duty on short notice to emergency response situations. Those employees would agree to:
 - A. work twelve (12) hours on, twelve (12) hours off shifts during a 96-hour period of an emergency response situation. An additional 96-hour rotation may be added after the employee has had four (4) twelve- (12) hour shifts of rest.

- B. have a "GO" kit to bring to or store at the hospital with sufficient clothing, toiletries, and personal medication to cover the above ninety-six (96) hour period.
 - C. receive additional training on infection control, hazardous chemicals, harmful physical agents, use of P.P.E., and other necessary information.
 - D. become a Resource nurse to other staff regarding B above, which may include assisting with training other staff as needed
 - E. A nurse who has not completed orientation, is on a leave of absence, or has work restrictions which do not permit working twelve- (12) hour shifts is not eligible to volunteer to be a member of the Emergency Response Team while these situations apply.
2. The nurses who agree to short notice response would be designated into teams; e.g., Team A, Team B, and so forth. The teams called in would supplement the staff already on duty:
3. Teams:
- A. Could include nurses from all areas of the hospital (General Team).
 - B. Could be specialized; e.g., ER, Triage, Decontamination, Critical Care, Burn, Hospice.
 - C. May be deployed away from their usual place of employment; e.g., a Convention Center or other hospitals within Allina or to another hospital system with the consent of the nurse.
 - D. The nurse would determine whether she/he will accept assignment to a specialized team and/or a general team.
4. The size of the teams should be consistent with the number of extra staff needed. For example, if you need to have 25 extra staff nurses at level X of an emergency, that would determine the base number for a single general team.
- A. As the need for the number of nurses increases, it would result in more teams being called in at one time.
 - B. The base number for a team should be at least 25%-50% higher than the number of nurses actually needed because some of the nurses on a team may already be at work, on vacation, sick leave, or otherwise unreachable.
 - C. The number of teams called in would be related to the magnitude and type of emergency:
 - 1. The first team(s) called in would be expected to work 12 hours and would be replaced with the second team(s) at the completion of that 12 hours.
 - 2. The initial team(s) would be directed to return in 12 hours and so forth until 96 hours, at which time they would be relieved for at least 96 hours.
 - 3. The start of the emergency may not correspond to a set time of day such as 7:00 a.m. to 7:00 p.m., so the 12-hour shift might be 1:00 a.m. to 1:00 p.m., depending on the Incident Action Plan.
 - 4. The nurse will be given the option of staying on site when not on duty. The employer will provide for secure sleeping areas at no cost to the nurse.

5. At the conclusion of the ninety-six (96) hour initial or extended response period, the nurse will be allowed twenty-four (24) to forty-eight (48) hours off before reintegrating into the nurse's regular schedule as posted. The nurse will determine the amount of time off, up to the forty-eight (48) hour maximum.
5. Other Terms and Conditions of Employment for the Response Team Members:
 - A. The overtime status of the nurse (e.g., 8/80 or 40) would remain unchanged as a result of working twelve- (12) hour shifts.
 - B. The nurse will be paid at her/his rate of pay as established in the MNA Contract, including all premium pay (e.g., holiday, differentials, bonuses, and overtime, if applicable).
 - C. When a response team is called in, the nurse will be guaranteed 12 hours of pay, even if the call in is cancelled or the emergency is of short duration.
 - D. The employer would reimburse the nurse for extraordinary out-of-pocket expenses incurred that would not normally occur but for the emergency situation, based on criteria which will be jointly developed by Allina and MNA.
 - E. Team members may be deployed to areas of the hospital where they are qualified to work, but which may not be the nurse's usual unit.
 - F. If Emergency Response Teams are called in, there will be a concurrent switch to a modified, abbreviated, charting process.
 - G. All training will be on paid time.
 - H. The employer may not offer incentives for participation on Emergency Response Teams, but may provide a uniform.
 - I. Other recognition/reward which has been mutually agreed upon between Allina and MNA may be given to team members who have been called in.
 - J. The nurse may be requested to forgo travel or vacation plans in advance of an event; however, the nurse may not be required to do so.
6. Unless otherwise modified in this document, all provisions of the existing Contract between an Allina facility and the MNA are fully applicable.
7. The following agreements apply to all members of the MNA Bargaining Unit:
 - A. In the event the payroll system (KRONOS) is not functioning, a nurse will be paid based on the hours worked/paid in the previous pay period. The difference in hours will be reconciled at a time when it is possible to do so.
 - B. Allina will develop an alternative method for recording hours of work to be used when it is not possible to use KRONOS.
 - C. A plan will be developed and shared with MNA that assures the availability of adequate and appropriate PPE.
 - D. In the event of an Emergency Response situation, all staff may be directed to report to a secure off-site location. Transportation to and from that location will be provided by the employer at no cost to the member.
 - E. Allina agrees to provide a statement for the nurse that indicates the hospital/Allina will indemnify and hold harmless (from liability and prosecution and defense) a nurse who is subject to civil and/or criminal action as a result of providing care in an emergency as long as the acts are within the course and scope of employment, the nurse acted in good faith, and, in the case of a criminal action, the nurse did not have reasonable cause to believe that the involved conduct was unlawful.

- F. Allina and MNA will jointly develop a definition of essential nursing care to be provided in an Emergency Response situation by January 1, 2009. This definition will include which tasks may be delegated under specific Emergency Response situations.
- G. Workers' compensation benefits are applicable.
- H. Long-term disability insurance may be applicable to those otherwise eligible for coverage.

MINNESOTA NURSES ASSOCIATION

ALLINA HOSPITALS & CLINICS

Elizabeth Shogren 8-11-08
 Elizabeth Shogren
 Labor Education, Occupation Health &
 Safety Specialist
 Date

Timothy J. Caskey 8/1/08
 Timothy J. Caskey
 Labor Relations Consultant
 Date

Susan A. Mason 4/12/08
 Susan Mason
 Labor Relations Specialist
 Date

Elayne Best 8/13/08
 Elayne Best
 Labor Relations Specialist
 Date

Matt LaBo 8/25/08
 Matt LaBo
 Labor Relations Specialist
 Date

COUNCIL OF CHAIRPERSONS

**Abbott Northwestern Hospital
 Philips Eye Institute**

Terry Graper 9/3/08
 Terry Graper
 VP Pt Care Svcs - ANW
 Date

Sharon A. Henry 9/19/08
 Sharon Henry
 Dir Pt Care Svcs - PEI
 Date

Dianne Corrine Johnson RN 9/5/08
 Dianne Corrine Johnson
 ANW/PEI Co-Chair
 Date

Robert Paplison 9/2/08
 Robert Paplison
 ANW/PEI Co-Chair
 Date

Buffalo Hospital

Gretchen Frederick 8/1/08
 Gretchen Frederick
 Dir Pt Care Svcs
 Date

Deb Kosciolok 8/1/08
 Deb Kosciolok
 BUFF Chair
 Date

Cambridge Medical Center

Roberta Ballot 9-23-08
 Roberta Ballot
 Administrator Pt Care Svcs
 Date

Leanne Reichel 9-23-08
 Leanne Reichel
 CAM Co-Chair
 Date

Marcia Whitman 9-23-08
 Marcia Whitman
 CAM Co-Chair
 Date

Mercy Hospital

Cheryl Vogel 9/30/08
Cheryl Vogel
VP Pt Care Svcs
Date

LbuAnn Uhr 9/30/08
LbuAnn Uhr
MCY Chair
Date

AnnMarie DeMarais 10-6-08
AnnMarie DeMarais
MCY Co-Chair
Date

New Ulm Medical Center

Dennis J Salter 11/4/08
Dennis J Salter
Dir Pt Care Svcs
Date

Cornie Grams RN 11/5/08
Cornie Grams
NU Chair
Date

Lana Owens RN 11/5/08
Lana Owens
NU Co-Chair
Date

Owatonna Hospital

Patricia Angelucci 11-14-08
Patricia Angelucci
Dir Pt Care Svcs
Date

Susan Bishop LPN 12-11-01
Susan Bishop
OWA Co-Chair LPN
Date

Wendy M Clasena RN 12/10/08
Wendy Clasena
OWA Co-Chair RN
Date

Aileen Motz
Aileen Motz
OWA Co-Chair RN
Date

Rose Randall 12-10-08
Rose Randall
OWA Co-Chair LPN
Date

River Falls Area Hospital

Jane M Peterson 10/27/08
Jane M Peterson
Dir Pt Care Svcs
Date

Julie Schommer 10-27-08
Julie Schommer
RF Chair
Date

Amy Tryba 10-28-08
Amy Tryba
RF Co-Chair
Date

St Francis Regional Medical Center

Deb Ryan 12/29/08
Date
VP Nursing

Pam Solberg 01/15/09
Date
STF Co-Chair

Cindy Dikmen 12/29/08
Date
STF Co-Chair

United Hospital

Sue Penque 9-1-08
Date
VP Pt Care Svcs

Marie Stuewe 9-17-08
Date
UHI Co-Chair

Linda Stattgren 9-17-08
Date
UHI Co-Chair

Unity Hospital

Jillie Lapensky
Date
VP Pt Care Svcs

Norma Doty 1-28-09
Date
UTY Co-Chair

Gail Olson
Date
UTY Co-Chair

Robbie Stiefel
Date
UTY Co-Chair

**Letter of Understanding
between
Minnesota Nurses Association
and
Allina Hospitals and Clinics**

May 1, 2009

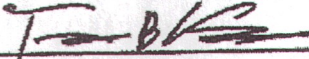
As part of the ongoing discussions regarding the development of a standardized nursing orientation program, the parties have agreed to the following:

- A. All time spent in travel will be paid at the nurse's base rate of pay, excluding any premiums, bonuses, or other special pays, but including mileage and parking, if applicable.
- B. All time spent in travel will not be considered time worked for purposes of calculating overtime payments.
- C. If weather warnings or advisories occur while traveling, overnight stays will be reimbursed, including meals.
- D. It is expressly agreed that the payment of travel time is for time spent going to and from centralized orientation. All other time spent in travel by nurses will be in accordance with the appropriate Allina policy or collective bargaining agreement.

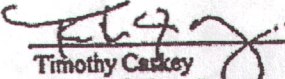
Travel Time To/From Standardized Orientation Hubs

From	To	Time
Abbott / Commons	Mercy – Unity	30 minutes
Abbott	Shakopee	30 minutes
Buffalo	Abbott / Commons	1 hour
Buffalo	Mercy – Unity	45 minutes
Buffalo	Shakopee	1 hour
Cambridge	Abbott / Commons	1 hour
Cambridge	Mercy – Unity	45 minutes
New Ulm	Abbott / Commons / United	2 hours
New Ulm	Shakopee	1 hour 30 minutes
Owatonna	Abbott / Commons / United	1 hour 15 minutes
Owatonna	Shakopee	1 hour
Owatonna	United	1 hour 15 minutes
Shakopee	Mercy – Unity	45 minutes
United	Mercy – Unity	35 minutes
Mercy – Unity	Shakopee	45 minutes
Unity – Mercy	Abbott	30 minutes

ALLINA HEALTH SYSTEM



Timothy Kohls
Director, Labor Relations



Timothy Caskey
Labor Relations Consultant

MINNESOTA NURSES ASSOCIATION

SIGNED

Susan Mason
Labor Relations Specialist

SIGNED

Elayne Best
Labor Relations Specialist

SIGNED

Matthew LaBo
Labor Relations Specialist

LETTER OF UNDERSTANDING

between

UNITY HOSPITAL and

MINNESOTA NURSES ASSOCIATION

Subject: Shifts Less Than Eight Hours

Notwithstanding the provision in Section 2.A of the collective bargaining agreement between Unity Hospital and the Minnesota Nurses Association stating that the regular workday will be eight (8) hours in length, effective June 1, 2013, for a two (2)-year trial period, the Hospital may establish a maximum of ten (10) new positions with the regular workday being less than eight (8) hours. These new positions will be posted and filled in accordance with Section 4.C ("Posting and Filling of Positions"). At least sixty (60) days prior to the conclusion of the two (2)-year trial period, the Hospital and Association will meet to determine if the positions will be continued by mutual agreement and/or if more such positions will be added. If the decision is made to discontinue the positions, the incumbent nurse(s) will remain in the position until such time as they voluntarily bid to another position.

No positions of less than eight (8) hours will be posted for 4 East and 4 West until January 1, 2014.

AGREED TO:

UNITY HOSPITAL

MINNESOTA NURSES ASSOCIATION

By Johanne Lepore
Its VP Pt. Care
Dated 6-15-2013

By [Signature]
Its MNA Staff Specialist + Lab Rep
Dated 7-10-13

Paul Olson
Ruth Olson RN
Mitchell King RN

Unity Hospital

and

Minnesota Nurses Association

SUBJECT: Mandatory Education

Unity Hospital and the Minnesota Nurses Association (MNA) reached this agreement regarding educational activity deemed mandatory/required.

This LOU is intended to complement the language in the current collective bargaining agreements. To the extent this LOU covers topics or issues addressed in other LOUs, LMAs, or policies, this LOU shall supersede the others.

Mandatory/required education is education that is required by the Employer subsequent to employment. Mandatory/required education generally includes the learning modalities of instructor-led classes, on-line computer, or self-learning study packets.

Scheduling and Completion of Mandatory Education:

1. Each quarter each registered nurse will be given the option either:

Option 1: to be pre-scheduled prior to the posting of the final schedule ("pre-scheduled" as used below) to complete the mandatory education within her or his work agreement, or

Option 2: to complete the mandatory education on her or his own time at the regular rate with applicable shift differentials including permanent shift differential.

2. Nurses who are pre-scheduled for mandatory education will be relieved of patient assignments and assigned to a quiet work place off the unit, to complete the education.
3. If a nurse who has been pre-scheduled cannot complete the education at the scheduled time, for whatever reason, then the nurse and the manager will mutually agree on alternate arrangements, which could include completing the education on time adjacent to a shift at the overtime rate of pay if applicable, during low need time, another scheduled time, or other arrangement.
4. Quarterly education is required to be completed within (eight) 8 weeks of the bundle

release date. The nurse will be notified of the assigned deadline date for each quarterly bundle based on the release date.

5. Nurses who have not completed the mandatory education will be reminded one week prior to the end of the 8-week period. This notice will include the reminder that nurses may not take voluntary low need time after the 8-week period unless/until the mandatory education is completed.
6. Registered Nurses on leave of absence will complete the required education on the first scheduled shift in which the nurse returns to work from leave of absence.
7. Casual and Per Diem nurses will follow the requirements outlined above.

C. Recourse When Mandatory Education Has Not Been Completed:

1. A nurse who is assigned a mandatory low need day will be required to complete his or her education activities (if not completed at the time of the low need), unless the nurse is pre-scheduled to complete the education on a subsequent day. Credit for mandatory low need will occur based on the applicable contract language and not less than four hours, eight hours, or twelve hour blocks of time.
2. After the 8-week period, nurses who have not completed mandatory education during the 8-week period will not be eligible for a voluntary low need shift or hours until the required education has been completed.
3. If a nurse fails to complete required education after the 8-week completion period, then the nurse may be subject to progressive discipline.

AGREED TO:

Unity Hospital

MINNESOTA NURSES ASSOCIATION

By *Maureen Olson*

By *Aimee Mann*

Its *VP Patient Care (Interim)*

Its *Minnesota Nurses Assn.*

Dated *1-9-14*

Dated *2/6/14*

*Gail C. Olson RN
UnityMNA chairperson 2/6/14.*

LETTER OF UNDERSTANDING

between

UNITY HOSPITAL

and

MINNESOTA NURSES ASSOCIATION

SUBJECT: Changes to Open Shift and Low Need Process

Effective July 4, 2014, Unity Hospital and the Minnesota Nurses Association agree to modify certain sections of the collective bargaining agreement. Replacement sections are set forth below.

Section 4.B:

B. Requested Additional Hours (Open Shift Process):

Changes made to the current procedure will be made by mutual agreement between the Association and the Hospital.

Section 7.D.3:

3. Cancellation Order during Mandatory Low-Need:

- a. Agency, traveler or temporary nurses shall be cancelled first
- b. Overtime shifts with bonus
- c. Overtime shifts without bonus
- d. Per Diem nurses
- e. Low need will be offered according to staffing guidelines
- f. Casual nurses
- g. Extra shift non-bonus, non-overtime
- h. Full-time and part-time regularly scheduled nurses in least to most seniority order

With regard to paragraph D.3.h., nurses having hours reduced shall be given first opportunity for subsequent additional work hours that may become available to replace work hours lost, based on seniority, most to least.

AGREED TO:

UNITY HOSPITAL

By *F. B. K.*

Its Director, Labor Relations

Dated 08-15-2014

*Mari Holt
Mo of Holt 8-12-14
Ken St. Louis 8-12-14
Director, Human Resources*

MINNESOTA NURSES ASSOCIATION

By *Robin Larson*

Its Minnesota Nurses Assn

Dated 8-12-14

*Robin Larson
Robin Larson
8-12-2014
Linda Olson x2
8/12/2014.*

LETTER OF UNDERSTANDING

between

UNITY HOSPITAL

and

MINNESOTA NURSES ASSOCIATION

SUBJECT: Weekend Scheduling Program

Unity Hospital and the Minnesota Nurses Association have agreed to replace Section 2.1 (Alternative Weekend Schedules) in its entirety with the new Section 2.1 (Weekend Scheduling Program) described below. Any nurses working a "Baylor" schedule pursuant to the current contract provision on the effective date of this agreement will be provided notice per Section 2.H.1 and an open available position(s) will be reviewed with the nurse per Section 2.H.7.

I. Weekend Scheduling Program:

The Hospital may establish flexible scheduling plans providing work schedules of only two twelve (12) -hour shifts (Saturday and Sunday) or three (3) eight (8)-hour shifts (Friday, Saturday, and Sunday). A nurse may agree to work additional shifts, but such agreement shall not be a condition of being accepted for the Weekend Scheduling Program. Schedules established under this section shall be subject to the following conditions:

1. Unless otherwise expressly modified by this Subsection, the provisions of Section "Hours," Subsection Flexible Work Schedules, shall be fully applicable to the Weekend Scheduling Program.
2. The Weekend Scheduling Program developed under this program shall be within a Seventy-two (72) consecutive hour period between 7:00 a.m. Friday and 7:30 a.m. Monday.
3. A nurse electing this program will be scheduled to work two twelve (12) -hour or three eight (8) -hour shifts on consecutive days during the seventy-two (72) hour period on every weekend. The nurse will receive her or his regular rate of pay plus an hourly differential of ten dollars (\$10.00) for each hour worked under this program. Unless otherwise specified in this section, no other premiums, differentials, bonuses, or other special pays will apply, provided that nurses designated as preceptors or charge will continue to receive such pay in addition to the Weekend Scheduling Program differential. All hours worked in addition to the Weekend Scheduling Program will

be paid at the nurse's regular rate of pay unless overtime rates apply. Hours worked in addition to the Weekend Scheduling Program will be eligible for the Bonus for Extra Unscheduled Weekend Shift defined in Section 2.D.

4. Eight (8)-hour shifts will be day/night, day/evening, straight evenings, straight nights. Twelve (12)-hour shifts will be posted as A/Q rotating.
5. A nurse working two (2) 12-hour or three (3) 8-hour weekend shifts on the Weekend Scheduling Program shall be credited for each hour worked toward accumulation of all contractually provided benefits, including pension and seniority.
6. If a nurse agrees to take a voluntary low-need day off for a portion of her/his scheduled eight (8) or twelve (12)-hour weekend shift, the nurse will receive one hour of pay for each hour worked on the partial shift and, in accordance with Section 7.B (Voluntary Low-Need Days, Excused Absences, and Voluntary Leave prior to Lay off), will be given one (1) hour of credit toward benefits for all hours lost.
7. Paid Time Off used shall be paid and deducted from the nurse's accumulated PTO at the same rate as it is accrued.
8. A nurse electing the Weekend Scheduling Program will be scheduled to work on each holiday that falls on a weekend. If the nurse is holiday exempt, he/she will be scheduled to work the weekend holiday shift and will receive the holiday bonus pursuant to Section 8.E (Holidays).
9. Holiday pay shall be based on the number of hours worked on each holiday.
10. The basic workweek for nurses on the Weekend Scheduling Program shall be forty (40) hours per week. A nurse working the Weekend Scheduling Program of two twelve (12) -hour shifts shall be paid time and one-half (1½) for all hours in excess of forty (40) hours per week and double (2) time for all hours in excess of twelve (12) consecutive hours in a workday. A nurse working the Weekend Scheduling Program of three eight (8)-hour shifts shall be paid time and one-half (1½) for all hours in excess of forty (40) hours per week, time and one-half (1½) for all hours in excess of eight (8) consecutive hours in a workday, and double (2) time for all hours in excess of twelve (12) consecutive hours in a workday. Overtime shall not be duplicated.
11. A nurse participating in the Weekend Scheduling Program may, with Hospital approval, trade hours with a nurse who is not on the Weekend Scheduling Program. The Weekend Scheduling Program rate of pay shall not apply to trades. However, a nurse on the Weekend Scheduling Program who trades hours with another nurse who is scheduled to work an eight (8)-hour or twelve (12)-hour shift between 7:00 p.m. Friday and 7:30 a.m. Monday shall continue to receive the rate of pay in the Weekend Scheduling Program. Any nurse who agrees to work a scheduled shift for a nurse on the Weekend Scheduling Program shall be paid at the rate of pay the nurse would otherwise receive for that weekend work.

12. A nurse may revoke her or his consent to the Weekend Scheduling Program by giving written notice in accordance with Section 2.H.1. The nurse shall be entitled to return to an open available position for which the nurse is qualified and which has an equal number of hours per payroll period as the nurse had prior to electing the Weekend Scheduling Program

The Hospital shall, likewise, give a nurse notice of equal length in the event the Weekend Scheduling Program is discontinued. If the program is discontinued at the conclusion of a pilot or trial period of specified length, not to exceed six (6) months, the nurse shall be returned to the position she or he held prior to the pilot period. If the Weekend Scheduling Program is otherwise discontinued, the nurse shall be offered vacant or new registered nurse positions within the hospital for which the nurse is qualified and which has an equal number of hours per payroll period as the nurse had prior to electing the Weekend Scheduling Program.

AGREED TO:

UNITY HOSPITAL

MINNESOTA NURSES ASSOCIATION

By Kenneth Dyer
Its Director, Human Resources
Dated October 7, 2014

By Susan A. Mason
Its Minnesota Nurse Assn
Dated 10/7/14

By Me J. Hill
Its VP of Patient Care Services
Dated 10/7/14

By Gail Olson
Its MNA chair Unity
Dated 10/7/14

By FBK
Its Director, Labor Relations
Dated 10/13/2014

By Robin Loun
Its MNA chair Unity
Dated 10/7/14

Letter of
Understanding
Between Unity
Hospital and

Minnesota Nurses Association

The parties agree that the Hospital may extend the weekend bonus of \$100 to extra weekday shifts picked up by nurses above their regularly scheduled shifts to meet temporary staffing needs.

The hospital will notify the MNA chairs when such bonus is being offered and in which areas of the hospital.

The bonus will be offered to all nurses that pick up extra shifts above their regularly scheduled shifts in the designated area during the time such bonus is being offered.

Unity Hospital

Jackie Jensen

Dated 12-14-07

Abreeh Swabi

Dated 12/14/07

Minnesota Nurses Association

Matthew LaBo

Dated 12/14/07

Gail Olson RN

Dated 12-14-07

**Abbott Northwestern Hospital and Phillips Eye Institute
Mercy Hospital
United Hospital
Unity Hospital**

and

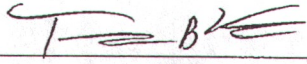
Minnesota Nurses Association

SUBJECT: Health Insurance Committee

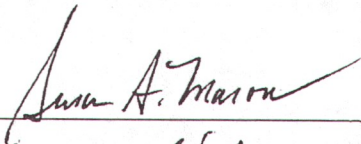
A Health Insurance Committee shall be created that will meet at least four (4) times per year. The purposes of this committee will be to review health insurance information, costs, benefit designs, administration issues, and trends. The committee shall have equal participation of management and labor, which shall have at a maximum twelve (12) members. The Union shall appoint MNA-represented nurses to this committee. By mutual agreement, the committee shall determine the length of the meeting which shall not exceed four (4) hours.

AGREED TO:

ALLINA HEALTH

By 
Its VP, Labor Relations
Dated 02-01-2017

MINNESOTA NURSES ASSOCIATION

By 
Its Minnesota Nurses Assoc. 471
Dated 2-7-17

Unity Hospital
and
Minnesota Nurses Association
SUBJECT: ED Security

Abbott Northwestern, Mercy, United, and Unity hospitals will staff a security officer in the Emergency Department 24 hours per day. This security officer will not have primary responsibility for other areas of the hospitals and will not be on the house-wide Code Green team.

AGREED TO:

UNITY HOSPITAL

By *[Signature]*
Its VP Patient care services
Dated 1/19/17

MINNESOTA NURSES ASSOCIATION

By *[Signature]*
Its Minnesota Nurses Association
Dated 2-7-17

ALLINA HEALTH LABOR RELATIONS

By *[Signature]*
Its VP, Labor Relations
Dated 02-01-2017