

April 3, 2019

Professional Distinction

Personal Dignity

Patient Advocacy

Mark Nordby
Director of Employee and Labor Relations
Park Nicollet-Methodist Hospital
6500 Excelsior Blvd
Saint Louis Park, MN 55426

VIA USPS and E-Mail: Mark.Nordby@ParkNicollet.com

Dear Mark,

In order for the parties to understand potential impact of certain proposals as they are currently written, we are seeking additional information. In order that we may accomplish this, please provide the Union with the following information:

Family Leave

1. Please provide the names of all nurses who took FMLA for the last three (3) years.
 - a. Please indicate the reason for the leave.
 - b. Please indicate if the leave was intermittent or not.
 - c. For each name, please provide the amount of vacation banked hours and sick bank hours they had prior to the leave and immediately after their leave ended.
 - d. Please provide the start date and end date of the nurses leave.
 - e. Please provide a of list all sick calls (date and shift) for these nurses after they returned from their leave.
2. Please provide the names of all nurses who took maternal/parental leave for the last three (3) years.
 - a. For each name, please provide the amount of vacation banked hours and sick bank hours they had prior to the leave and immediately after their leave ended.
 - b. Please provide the start date and end date of the nurses leave.
 - c. Please provide a list of all sick calls (date and shift) for these nurses after they returned from their leave.
3. Please provide the names of all nurses who took adoption leave for last three (3) years.
 - a. For each name, please provide the amount of vacation banked hours and sick bank hours they had prior to the leave and immediately after their leave ended.
 - b. Please provide the start date and end date of the nurses leave.
 - c. Please provide a list of all sick calls (date and shift) for these nurses after they returned from their leave.

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St. Paul, MN 55102
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AFL-CIO

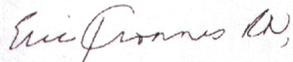
4. Please provide the names of nurses who were denied FMLA because they did not qualify for the leave for the last three (3) years.
 - a. Please provide a list of all sick calls (date and shift) for these nurses once their leave was denied.

Staffing

1. Please provide a copy of all pages, texts, phone calls to nurses requesting additional help to staff the hospital for the last twelve (12) months.
2. Please provide copies of MySchedule for all units which indicates the date and or time a message was left for a nurse to work and whether that nurse worked that shift requested by the hospital for the last twelve (12) months.
3. Dates of all shifts worked by agency nurses for the last twelve (12) months.
4. Copies of the final posted schedule for all nursing departments/units for the last twelve (12) months. Please include with these schedules the unit/department staffing target(s) by shift, all open shifts at time of posting, granted vacation and schedule requests.
5. Dates and times Methodist Emergency Department was on divert for the last twelve (12) months.
6. Dates and times a nurse manager or director were called in from home to provide help on a unit for the last twelve (12) months.
7. Please provide dates, times and shift in which nursing requested to close a unit, and which unit(s) was closed for the last twelve (12) months.
8. Please explain the process for documenting when a unit is closed.

If you have any questions, please email or call me.

Respectfully,



Eric Tronnes
Labor Relations Specialist

CC: MNA Negotiating Team
Paul Zech, Felhaber Larson Law Firm