



## MERCY/UNITY MNA RESPONSE- EXHIBIT A - LOW NEED PROCESS

Mercy and Unity MNA will agree to the following conformed language

### **XX TEMPORARY STAFFING ADJUSTMENTS, LOW-NEED DAYS, AND LAYOFF**

Reduction of registered nurse staff may be made only in the event of a diminished number of needed nursing care hours in relation to the pre-established core staffing targets. Scheduling targets will be reviewed before any adjustments are made to the RN scheduling targets, whether an increase or decrease; review of the data and indicators will be initiated and brought forward to the LMC/SAC committee. A review will also be done on an annual basis. Unanticipated declines in patient needs may result in the need to temporarily reduce hours, but it is recognized by the parties that the basic policy shall be to use the layoff procedures of this Contract to accomplish staff reductions when a reduction in patient needs is reasonably expected to occur over a continuing period of time. Non-bargaining unit personnel shall not be utilized to replace any bargaining unit nurse whose hours are so reduced.

The order for cancellation of shifts (temporary reduction of scheduled hours):

1. Agency/Pool Travelers
2. Per Diem
3. Casual
4. Regular low-need process for regularly scheduled and confirmed staff as outlined in this section
5. In the event of a mandatory low-need, the regularly scheduled Registered Nurse will be given first opportunity for subsequent additional work hours for which she/he is qualified. She/he will have the ability to replace a casual or per diem nurse who is scheduled for a shift if necessary to maintain her/his work agreement.

A. Definitions: As used in this Section 15, the following terms shall be defined as follows:

1. "Clinical Group" means a unit or group of units which require similar nursing skills.
2. "Qualified" means the ability to independently provide safe, direct patient care for the standard case load on the unit within a reasonable period of orientation, not to exceed four (4) weeks, but said term does not require proficiency in all technical skills or the performance of leadership roles.
3. "Seniority" means the total compensated hours accrued by a nurse since her or his most recent date of employment into the bargaining unit at the

Hospital. Compensated hours, as qualified in this paragraph, shall include all hours for which a nurse is paid. Each overtime hour worked shall be counted as one (1) compensated hour. Off premises on-call shall be counted at the conclusion of each W-2 year at the rate of one-fourth ( $\frac{1}{4}$ ) of the on-call hours paid. In addition, compensated hours shall include hours which Section 14, "Leaves of Absence," subparagraphs A, D, E, G, and J provide are hours worked or hours for which length of service increments accrue.

Prior to June 1, 2007, seniority for a nurse who transfers to a non-supervisory and non-managerial nursing position that is not covered by the Contract Agreement and is in the same hospital in which the nurse is employed in a bargaining unit position shall accrue no further seniority. The nurse's accrued seniority shall be maintained on the nurse's record and shall be restored to the nurse if she or he transfers back to a bargaining unit position within one (1) year. The nurse may not exercise frozen seniority for any purpose under this Contract while in the non-bargaining unit position. If the nurse does not return to a bargaining unit position within one (1) year from the date of the transfer out of the bargaining unit, all bargaining unit seniority is lost.

Effective on or after June 1, 2007, seniority for a nurse who transfers to a position outside the bargaining unit that is not covered by the Contract Agreement and is in the same hospital in which the nurse is employed in a bargaining unit position shall accrue no further seniority. The nurse's accrued seniority shall be maintained on the nurse's record and shall be restored to the nurse if she or he transfers back to a bargaining unit position within two (2) years. The nurse may not exercise frozen seniority for any purpose under this Contract while in the non-bargaining unit position. If the nurse does not return to a bargaining unit position within two (2) years from the date of the transfer out of the bargaining unit, all bargaining unit seniority is lost.

A revised and up-to-date listing of the seniority for each nurse in the bargaining unit will be posted by the Hospital and provided to the Minnesota Nurses Association each month concurrent with the end of the last pay period of that month.

- B. Voluntary Low-Need Days and Leave: Before resorting to Part XX of this Section or any layoff procedure, the Hospital will offer the full-time and part-time nurses an opportunity to voluntarily request a low-need leave of absence without pay for up to ninety (90) calendar days. The Hospital will not permanently fill the nurse's position. In addition, the Hospital may, on a day-to-day basis, offer individual low-need days to full-time and part-time nurses. A nurse taking low-need days pursuant to Parts XX and XX of this Section shall be given credit toward all benefits provided by this Contract and the Pension Plan for the hours lost.

Voluntary Low Needs: In the event that the Hospital is over-staffed on a particular unit or shift, nurses working on that particular shift may be offered the option of not reporting to work or leaving early for all or part of the shift, referred to as a voluntary low need.

Process:

- a. Nurses can request Low Need shifts for the current schedule beginning at 12:00am on the Saturday after the final schedule has been posted up to three (3) hours prior to the start of the shift in Kronos. Requests outside this timeframe will not be honored.
- b. Staffing may offer nurses voluntary low need days anytime up to the start of the shift.
- c. There is no limit to the number of voluntary low needs a nurse may take.
- d. Nurses will not be compensated for voluntary low needs; however, nurses will receive benefit credit on low need hours.
- e. A nurse may choose to receive compensation by using vacation time, PTO or personal holiday for the missed hours. If a nurse uses vacation time/PTO/Personal Holiday, the benefit credit is already a part of vacation pay.
- f. If a nurse does not use vacation/PTO, the NSC will enter Benefit No Pay (Ben NoPy) on their timecard in Kronos in order to receive the benefit credit.
- g. Sick time (Mercy Campus) cannot be used as compensation for a voluntary low need.

Granting a Voluntary Low Need Prior to the Start of the Shift:

- a. During NON-Holiday times, voluntary low needs will be granted on a first-come, first-served basis, with consideration being given to individual unit needs, staff mix and required specialized skills.
- b. If the Low Need List has been exhausted and there is still a need to grant a low need on a specific unit, the Staffing Office will call and offer a voluntary low need, in order of seniority, to the remaining nurses that are scheduled on the affected unit.
- c. During contractually-identified holidays (excluding birthday and personal/floating holidays), voluntary low need shifts will be given to nurses who have submitted a Low Need request in Kronos and will be granted by seniority. Nurses who have not submitted a request for a low

need shift in Kronos will not be considered. The Staffing Office will only call nurses who are on the Low Need List prior to giving mandatory low needs. Nurses who are not on the Low Need List will not be offered a voluntary prior to mandating.

Granting a Voluntary Low Need Once the Shift Has Started:

1. In the event that the charge nurse determines fewer nurses are required due to changes in patient care requirements, the following process will be used:
    - a. The charge nurse will determine which skills are required.
    - b. If the surplus is discovered in the first half hour after the shift has started, the Staffing Office will use the Low Need List in Kronos to offer voluntary low needs, as defined above.
    - c. If the surplus is discovered later than the first half hour after the shift has started, the most senior nurse will be offered the option of a voluntary low need.
- C. Floating in Lieu of Mandatory Low-Need Days: If additional low-need reductions are needed, nurses will be given the opportunity to float to available assignments in other units for which they are oriented or otherwise qualified. Casual nurses will float off the unit before regularly scheduled nurses.
- D. Mandatory Low-Need Days (MLN): After the voluntary low need process has taken place, if additional reductions are necessary, mandatory low need hours may be issued by the Hospital in 4, 8, or 12-hour increments (or full shifts for nurses working 10 hours shifts) on the particular unit and shift where the reduction is necessary. However, the nurses may only receive one mandatory low need per shift and nurses' shifts cannot be split with a mandatory low need. Mandatory low need days shall be issued to a nurse by reverse seniority on a rotating basis based off of the last mandatory low need date. Regularly scheduled nurses shall be notified two (2) hours prior to the beginning of the affected shift.

At the time the MLN hours are issued, the hospital shall offer affected nurses to be called back if work becomes available (and will have the responsibility to answer or return the call). If no designation is made, the nurse will not be called back. If the nurse agrees to be called back for work after receiving MLN hours, the nurse will continue to be credited as if she received a MLN and these hours will count towards the maximum MLN hours. RN's will be called back per unit in seniority order.

General:

- a. No regularly scheduled nurse shall be required by the Hospital to take more than ~~three (3)~~ 3 mandates totaling no more than 24 hours low-need days per Contract year. ~~If the least senior nurse on a particular unit and shift has been assigned three (3) low need days, the next least senior nurse scheduled for the particular unit and shift may be assigned the low need day. In any case, the total of low need days under Part D of this provision shall not exceed three (3)~~

~~per Contract year for any regularly scheduled nurse. A nurse to be assigned a low-need day pursuant to this Part D shall be given a minimum of two (2) hours advance notice before the beginning of the shift.~~

- b. Casual part-time, per diem, or temporary nurses shall not be assigned to work on units for which the nurse receiving the mandatory low-need days is oriented or otherwise qualified. Regularly scheduled nurses having hours reduced shall be given first opportunity for subsequent additional work hours that may become available to replace work hours lost.
- c. Nurses will not be compensated for mandatory low need shifts/hours; however, nurses will receive benefit credit on mandatory low need hours.
- d. A nurse may choose to receive compensation by using vacation time, PTO, or personal holiday for the missed hours. If a nurse uses vacation time, PTO, the benefit credit is already a part of vacation pay, PTO.
- e. If a nurse does not use vacation time, PTO, the NSC must place Benefit No Pay (Ben NoPy) on their timecard in Kronos in order to receive the benefit credit.
- f. Sick time (Mercy Campus) cannot be used as compensation for mandatory low need.
- g. Any nurse who picks up an open shift on a unit is considered part of the unit staff and will be considered as such in the Mandatory Low Need process.
- h. During contractually-identified holidays (excluding birthday and personal/floating holidays), the Staffing Office will only call nurses who are on the Low Need List prior to giving mandatory low need. Nurses who are not on the Low Need List will not be offered a voluntary prior to mandating. Nurses shall not be mandated for hours scheduling on Thanksgiving, Christmas Holiday or New Year's Holiday.
- i. Preceptors may be mandated. The orientee may be assigned to another preceptor or other orientation work as directed by PCM/PCS.
- j. The Staffing Office will document details regarding the timing of the calls, etc.
- e.k. If the hospital is unsuccessful reaching a staff RN, and can demonstrate clear documentation, when the nurse reports to work, he/she will be sent home for the mandatory low need shift without pay. If proper notification is not given or not documented clearly, staff will receive 4 hours reporting pay.

Mandatory Low Need Process:

- a. Regularly scheduled nurses shall be notified a minimum of two (2) hours prior to the beginning of the affected shift.

- b. Mandatory low need shifts will be given in the following order of cancellation:
  - i. Non-contracted agency staff
  - ii. Per Diem nurses
  - iii. Casual Nurses
  - iv. Nurses working confirmed regularly scheduled shifts

#### Float Pool Mandatory

- a. The Float Pool is considered a unit for purposes of assigning mandatory low need hours/shifts.
- b. The Float Pool staff will be used to fill staffing needs on patient care units first before any staff is floated from another unit.
- c. In the event that there are limited or no supplemental needs on patient care units, the Float Pool staff will be given mandatory low need hours per the process.
- d. If there is a need to mandate on a particular unit and shift, if a Float Pool nurse was floated there for the day, they would be the first to be floated from the unit. However, if a Float Pool nurse picked up an open shift for that specific unit, they are considered part of the unit staff for the day and would be assigned to float in turn with the unit's floating procedure.
- e. If a mandate needs to be issued when a Float Pool RN is precepting a Float Pool orientee, the Float Pool preceptor should be removed from the unit and a discussion should occur between the Float Pool PCS/PCM and Staffing to determine how to utilize the Preceptor and orientee. After the Float Pool Preceptor and orientee are removed from the unit and if additional mandates are necessary, then a unit RN will be mandated.

#### Making Up Hours Lost as a Result of a Mandatory Low Need Day:

In the event of a mandatory low need, the regularly scheduled RN will be given first opportunity for the subsequent additional work hours. The process for picking up subsequent hours is as follows:

When a nurse is given a Mandatory Low Need (MLN), if they are interested in making up the hours, they must notify the unit's Nursing Support Coordinator (NSC) within 7 calendar days of receiving the MLN.

- a. Open Shifts: The NSC will offer current available open shifts from the nurse's home, companion and/or cross-trained unit(s) from the current posted schedule(s).
- b. The nurse will have the ability to replace a casual or per diem nurse who is scheduled for a shift, if necessary, to maintain his/her work agreement.

- c. Shifts will be offered at straight time. Full-time nurses (1.0 FTE) may work the additional shift at OT.
- d. The extra shift must be worked Monday 7am through Friday 3pm and cannot be a shift for which a weekend bonus would normally apply.
- e. Shifts will be offered to nurses who have received mandatory low needs in the previous 7 days on a first-come, first-served basis, unless the requests are simultaneous, and then seniority will be followed. For example, if a Senior Nurse and a Junior Nurse both receive a MLN over the weekend, if the Junior Nurse requests an open shift before the Senior Nurse notifies the NSC of their interest, the Junior Nurse will be granted the hours first. If, however, both nurses come to the NSC at the same time, the Senior Nurse's request will be granted first.
- f. If the nurse works, this fulfills the hospital's obligation to offer subsequent hours.
- g. If the nurse is unable to work any of the open posted shifts, he/she will follow the procedure identified in process described below, "If there are no open shifts..."

If there are no open shifts in the current posted schedule(s):

- a. The nurse may increase her/his work agreement in the following schedule.
- b. Shifts will be offered at straight time. Full-time nurses (1.0 FTE) may work the additional shift at OT.
- c. The extra shift must be worked Monday 7am through Friday 3pm and cannot be a shift for which a weekend bonus would normally apply.
- d. If the nurse declines opportunities in the above process, the hospital's obligation to offer subsequent hours has been met.

IF Allina Health agrees to MNA's initial Unity Union Proposal #7