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Nurses represented by MNA at University of Minnesota Medical Center - West Bank (including University of Minnesota Masonic) and Fairview Southdale Hospital:

The Fairview and MNA negotiation teams met again Thursday, May 2, for our second session this week. Unfortunately, we did not make any real progress in this session. Please take time to review specifics of our workplace safety proposal, our perspective on grid review, and our response to misleading information in MNA's communication after our last session.

### **Continuing discussion on workplace safety**

We all agree: Together, we need to do more to ensure a safer workplace for everyone. This is an important issue for all of us, and we've been working hard to find language we can all agree to.

We presented an updated proposal on workplace violence to advance our partnership on this important issue. We were pleased the union accepted many of the provisions in our updated proposals and were quite taken aback by the union's statements that they were disappointed in our progress.

Anyone reviewing Fairview's current proposals would see how hard we have worked to meet the union's stated interests and reflect our commitment to addressing violence in the workplace. Under our proposal:

- We would develop and display appropriate signage addressing workplace violence.
- Nurses would directly influence the prioritization and implementation of plans related to workplace violence prevention, preparedness, and response. In addition to nurses having a voice on site-specific violence

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committee would enhance that voice, and further use our nurses' expertise.

- Review a summary of workplace violence incident reports involving a staff nurse.
- Staff nurses may request an assessment of the unit which may include resources, physical geography, patient population, and staff educational needs on the unit in order to address unit concerns in the prevention of workplace violence.
- Nurses would recommend preparedness and incident response action plans and annually review and propose change to those plans.
- We would evaluate new technology, visual cues and other reasonable means available to alert staff of any potential threats of violence.
- Following the report of a violent event a debrief will take place as appropriate that includes staff involved and other members of a typical debrief team. The intent of the debrief is to create a safe space for staff to discuss the event. A nurse who has experienced violence will be able to explore additional time off and access additional programs and resources to help aid in recovery.
- A nurse who has experienced violence by a patient or that patient's family will not be required to assume the assignment of that patient on a future date without the consent of the nurse unless there is no other reasonable alternative to ensure the provision of needed nursing services.

### **Grid review and other proposals**

The union continues to argue that the staffing grid review process should be amended to include language stating that if changes cannot be mutually agreed to, the matter would be settled by a labor arbitrator. From the perspective of nursing leadership, and we believe from the perspective of most of our nurses, this makes no sense.

*Why would we want to turn over something as important as the staffing of nursing units to an individual who likely has never even worked in a hospital, let alone studied best practices for staffing one?*

Both parties worked hard to bundle some of the proposals that remain on the table in a further effort to focus on the most important open issues. We offered

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proposals. The union ended the day without responding to the hospitals' bundle proposals.

### Addressing misleading information

We are troubled by the increasingly negative tone we are seeing in the MNA's communications after our negotiating sessions. After Tuesday's meeting, the union made misleading statements on some of our proposals:

- **We never proposed to “force nurses over 60 to work on-call.”** Here is our proposal: *A nurse who has attained the age of sixty (60) shall not be required to take on-call duty provided it does not have the effect of depriving patients of needed nursing services.*
- **We never proposed to “remove holiday exemptions earned by senior nurses.”** Here is our proposal for full-time nurses: *A full-time nurse who has fifteen (15) calendar years of service shall not be required to work on the holidays specified in Section 8 of this Contract Agreement provided it does not have the effect of depriving patients of needed nursing services.*

We did not see these as controversial proposals, as we know our nurses would never want to see patients deprived of nursing care. Nevertheless, as the union noted, we withdrew them on Tuesday in a further effort to reach an agreement. We have made every effort to be factual and transparent with you in our negotiations updates.

### What's next

We have one remaining scheduled session on May 15. Going into the last session, many issues with significant economic impact remain. Based on the number of proposals the union continues to hold on to, we suggested the assistance of a federal mediator would be helpful at our next session. The union agreed to consider that.

We entered this process with a spirit of collaboration. We value our partnership with you and we believe, working together, we can find common ground on the issues we care about and do what is right and fair for all, and most importantly, for our patients.

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