

Allina Health
2019 Metro MNA Negotiations
Ninth Written Response to Union Proposals
Low Need Counter-Proposal

May 9, 2019

Time: 2:55 PM

Allina Health makes the proposal set forth below.

1. **Low Needs:** Allina Health modifies its low proposal as described in the attached Exhibit A-2. (Edits show changes to Allina's proposal from March 15, 2019.)

Allina Health will provide proposals on certain economic items, including wages, at a later time.

Allina Health reserves the right to propose language "clean up" items and to agree to make technical corrections during the contract drafting process.

Allina Health reserves the right to add, subtract, or modify its proposals and the right to make counter-proposals regarding any proposals submitted by the Union.

EXHIBIT A-2
LOW NEED PROCESS

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. 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 Agreement 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.

[NOTE: In the Mercy Hospital – Mercy Campus contract, the text between the end of the first paragraph and Section A should be deleted. In the proposal supplement delivered to the union on March 15, 2019, the text was inadvertently not shown as deleted.]

[B/(b)] Temporary Staffing Adjustments:

1. ~~When making temporary staffing adjustments due to low need on a shift-by-shift basis,~~Before issuing a low need, the Hospital will first provide the nurses the opportunity to float to available assignments in other units for which they are currently qualified. Casual nurses will float off the unit before regularly scheduled nurses.
2. If it is necessary to ~~reduce low need~~ staff, the order of ~~cancellation low need~~ will be as follows:
 - a. Agency, travelers, or temporary staff (no MLN credit).
 - b. Casual staff on an extra shift in reverse seniority order (no MLN credit).
 - c. Regularly scheduled RN on extra shift in reverse seniority order (no MLN credit).
 - d. Volunteers as described in Section 3 below (no MLN credit).
 - e. Regularly scheduled full- and part-time staff as described in Section 4 ~~(below)~~.

A nurse who takes voluntary or mandatory low need hours shall receive credit for purposes of seniority, benefit accrual, and eligibility for benefits for all scheduled work hours lost due to the low need. Alternatively, the nurse may elect to use accrued and unused [vacation time/PTO].

3. **Voluntary Low Need (see Section XX.[B/(b)].2.d):**

Nurses ~~who may be~~ interested in voluntary low need (VLN) hours, should they become available on a future shift for which they are scheduled, may request a VLN through the designated electronic sign up process. Nurses may request VLN hours for the current schedule beginning at 0001 on the Saturday after the final schedule is posted through-prior to 2359 on the day before shift the low need is requested by the Hospital (in procedural areas designated by the Hospital nurses must sign prior to 1200).

Nurses may request VLN hours in 4, 8, or 12-hour increments (and 10-hour increments for nurses working 10-hour shifts). If the nurse wants to be considered for VLN hours covering either the full or part of a shift, the nurse may submit requests for both. For VLN hours covering only part of a shift, the nurse must specify the hours for which the nurse would like to be considered for VLN hours.

VLN hours will be given to nurses who have submitted a low need request and will be granted ~~by seniority~~ on a “first come” basis to the nurse who volunteered for the hours designated by the Hospital, with consideration being given to individual unit needs, staff mix, and required specialized skills (e.g. charge, chemo, heart-trained, preceptors, etc.). Nurses who have not submitted a request for a low need shift will not be considered.

If the VLN request list is exhausted, the Hospital may, at its discretion, send an electronic message (e.g., group page, group text) to nurses in the unit/department notifying them of the VLN hours. The VLN will be awarded to the first nurse who responds once unit needs, staff mix, and required specialized skills are verified with charge nurse. Nurses who want to receive electronic messages notifying them of open VLN hours must notify their manager or supervisor.

VLN hours are considered provisional and the nurse must be available to be called back into work up until 30 minutes after the start of the shift or the until the VLN hours start for hours beginning mid-shift. If a nurse is called back, the nurse is expected to arrive at work within 45 minutes of being called in to work from a provisional low need. If the nurse arrives within the 45-minute limit, the nurse will be paid from the start of the shift. Otherwise, the nurse will be paid for hours worked.

At its discretion, the Hospital may request nurses to be voluntarily placed on-call in lieu of a low need (such on-call duty will not count toward any scheduled on-call shift requirement). A nurse accepting such on-call duty in lieu of a low need will be given benefit credit for the hours on-call, including full seniority credit [(and not the partial seniority credit described in Section 5.D)]. The nurse may also elect to take accrued and unused [vacation time/PTO] instead of receiving benefit credit. The 4-hour

guarantee provision in Section 5.A and the holiday on-call rate provision in Section 5.C of the collective bargaining agreement will apply to on-call in lieu of a low need.

4. **Mandatory Low Need (see Section XX.[B/(b)].2.e):**

Mandatory low need (MLN) hours may be issued by the Hospital in 4, 8, or 12-hour increments (~~or and full shifts~~ 10-hour increments for nurses working 10-hour shifts). However, the nurse may receive only one MLN per working shift and a nurse's shift cannot be split with an MLN.

The MLN hours will be issued to the least senior nurse in the particular unit where the low need is necessary~~floating groups (e.g., community, companion unit, float cluster, etc.)~~ with the fewest MLN hours in the contract year. The Float Pool is considered a unit for purposes of MLN. The rotation system will be followed except if in doing so the unit would be left without special skill set. In that case the MLN hours maybe given out of order (to be determined by the charge nurse). A nurse may be skipped in the rotation if the nurse is scheduled to be on-call immediately after the shift.

At the time the MLN hours are issued, a nurse shall indicate his/her desire 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. Registered nurses will be called back in seniority order (most to least) after considering skill mix. A nurse called in from low-need status will be guaranteed the minimum reporting pay.

A nurse shall be required to take no more than twenty-four (24) MLN hours per contract year.

If all nurses on the station or unit and shift which is the subject of staff reduction have been assigned the maximum number of involuntary low-need hours in a contract year, thereafter such nurses shall be assigned to other stations or units for which they are qualified and if, as a result, nurses in such other unit or station are displaced and assigned a low-need day, no such displaced nurse shall be required to accept more than the maximum number of involuntary low-need hours in a contract year.

A nurse who requests and is allowed to take a low-need day rather than accept an assignment to float to another station or unit shall not have that day counted as MLN hours.

A nurse to be assigned MLN hours will be given a minimum of ninety (90) minutes' notice.

Nurses who received an MLN in the previous seven days will have preference for extra hours over nurses who have not received an MLN during that period. The preference will apply within each level of priority in Sections [X.B.2 and 3/X(b)(2) and (3)] (Subsections a-f), respectively. The extra hours only need to be posted by the Hospital during the 7-day period. The extra hours do not need to be worked during that period. Such priority only applies to the number of hours for which the nurse received MLN.

~~A nurse called in from low need status will be guaranteed the minimum reporting pay.~~

