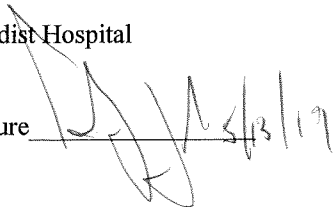


Minnesota Nurses Association and Methodist Hospital  
May 13, 2019  
Tentative Agreement

1. Union drops Union Proposal #14 Section 27 Paid Chair Time with the proviso that starting no later than forty-five (45) days following ratification of the 2019-2022 CBA the Union and the Employer agree to renegotiate the paid chair time letter dated April 16, 1997 to increase paid chair time after these negotiations have concluded.
2. Union drops Union proposal #11 Subsection B Temporary Unit Closure
3. Union agrees to drop Union Proposal #16 Staffing Crisis Bonus
4. Union agrees Employer proposal #3a For clarification purposes only, modify Article 2, Section D (Educational Development) to reflect the \$600 available for workshops, courses and other educational programs comes out of the dollars provided for in Article 2A and are not in addition to the dollars provided in Article 2A.
5. Employer drops Employer Proposal #10 Modify Article 39 (Duration and Renewal) to remove the requirement that the parties exchange proposals by a specific date.

Methodist Hospital

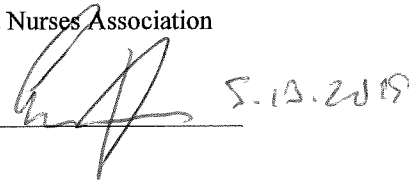
Signature



Handwritten signature of a representative from Methodist Hospital, dated 5/13/19.

Minnesota Nurses Association

Signature



Handwritten signature of a representative from the Minnesota Nurses Association, dated 5.13.2019.

Minnesota Nurses Association and Methodist Hospital Negotiations  
May 13, 2019  
Tentative Agreement

**LETTER OF UNDERSTANDING**

Designated Resource Nurse

During the negotiations for the ~~2007-2010~~ 2019-2022 contract between Methodist Hospital and the Minnesota Nurses Association, the following agreements were reached regarding Designated Resource Nurses:

~~As soon as practicable after June 1, 2007, The Hospital will add at~~ commit to at least six (6) Registered Nurse FTEs to be used as Designated Resource Nurses. The Designated Resource Nurse will be an assignment and not a posted position. It is the intent of the parties that the Designated Resource Nurse will typically be assigned from the unit on which they will be utilized as an additional resource to augment the provision of patient care used and would be in addition to authorized FTEs. The Designated Resource Nurse is not counted into the staffing grid. Nursing Administration, with input from the Staffing Advisory Committee and unit grid evaluation committees, will develop a process by which nursing units can request a Designated Resource Nurse FTE allocation.

The purpose of the Designated Resource Nurse is to:

1. Support novice staff while they gain the experience and confidence to develop their skills;
2. Provide clinical assistance for the bedside nurse when intensity is high;
3. Support all staff when new technologies/therapies/interventions are implemented or when other needs are identified by patient care staff.
4. Perform Admissions, Discharges, and Patient transfer Duties.

When done well, this will:

1. improve the timely provision of quality patient care;
2. improve overall staff satisfaction;
3. improve the personalized care and service given to patients and their families;
4. improve inter-departmental relationships (EC, lab, and x-ray) by making turnaround processes more efficient;
5. decrease incremental overtime.
6. Not to interrupt orientation/keep preceptors and orientees whole/together.

Starting no later than thirty (30) days following ratification of the 2019-2022 CBA and for twelve (12) months thereafter, the Hospital and the Union agree to use the Labor Management Committee process to gather and analyze data on DRN utilization. LMC will then use that data to make recommendations designed to fully utilize the allotted DRNs to support patients and staff. Within thirty (30) days following the twelve (12) month review process above, nursing leadership will take action to begin implementing LMC's recommendations.

To assist with creating relevant and current data, the DRNs that are allotted in the June 2019 DRN application process will not be pulled unless one of the following is present:

1. The Unit is short Staffed, or
2. The Hospital is experiencing high patient acuity or intensity, or
3. The Unit/Department is closed, or
4. Emergency Center, Operating Room and/or procedural areas are holding patients for an excessive amount of time.

Thereafter and for the life of the current CBA, LMC will continue to analyze data, assess the success of efforts to maximize the utilization of DRNs and may mutually agree upon other modification to the plan.

Hospital #4 Vacation Limits May to September  
Union #7 Vacation Scheduling


D. Vacation Scheduling

Nurse may replace themselves with up to twelve (12) hours of overtime per posted schedule to cover a vacation request that was denied during the original vacation granting period. These hours may be used in four (4) hour blocks.

No individual nurse maybe granted more than eighty (80) vacation hours during the six (6) week schedule blocks that include Memorial Day and Labor Day and the time period between the two holidays. If vacation days remain available after the vacation granting period, nurses, by seniority, may be granted additional vacation hours during the period defined above. Vacation scheduling shall be reviewed quarterly by the Staffing Advisory Committee.

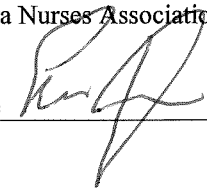
Methodist Hospital

Signature

 5/15/19

Minnesota Nurses Association

Signature

 5/18/2019

Minnesota Nurses Association and Methodist Hospital Negotiations  
May 13, 2019  
Tentative Agreement

Workplace Violence

The Hospital and Association recognize the effects that incidents of violence have on patients, visitors and staff. The Hospital is committed to providing a safe, healthy and secure environment for patients, visitors, and staff. In order to ensure the professional longevity and continued health of staff who work in areas where violent events may occur, the Hospital and the Association are committed to working together to prevent and respond to incidents of violence.

The Hospital will ~~communicate~~ provide education on and reinforce its commitment to the Hospital's Violence Free Workplace Policy and will communicate its expectations to staff, patients and visitors.

The Hospital will continue to evaluate the appropriate use of technology, visual cues and other reasonable means for alerting staff that a patient, patient's family member or visitor has a history of violence on the Hospital campus.

Hospital security will be alerted and engaged as appropriate to support and promote a safe work environment.

Nurses are encouraged to report all incidents of workplace violence and to contact the Employee Occupational Health and Safety Department following any incident of workplace violence. Employee Occupational Health and Safety will contact the nurse's leader to coordinate the implementation of post-incident protocols. Employee Occupational Health and Safety will facilitate support and resources for the affected employee(s) such as the Employee Health Clinic, Employee Assistance Program and stress management resources.

A nurse who has experienced workplace violence will be given the opportunity to be free from duty without loss of pay for the remainder of that shift. If additional time away is needed the Employee Occupational Health and Safety Department will explore options with the nurse via programs and resources and offerings available such as paid administrative leave and assistance with the Workers' Compensation process.

Upon receipt of verifiable medical certification confirming physical or emotional injury necessitating additional time off beyond the day of the incident, the Hospital ~~may~~ agrees to grant the nurse up to three consecutive calendar days off without loss of pay immediately following the date of the incident, in the form of paid administrative leave. Furthermore, the incident of workplace violence must be reported by the nurse in order to be eligible for any paid administrative leave. However, if a report is made more than three days after the event (but in no event later than ten days) administrative leave may be provided retroactively

A nurse who has experienced violence that was committed by a patient or by that patient's family, or that patient's visitor shall not be required to assume the assignment of that patient on a future date without the consent of the nurse or in the case of emergency. ~~unless the nurse's care is vital to ensuring the patient's need for care is met.~~

*[Handwritten initials]*

Following the report of a violent event a documented debrief will take place as appropriate that includes staff involved and other members of a typical debrief team or their designee(s). The intent of the debrief is to create a safe space for staff to discuss the event. The debrief will be scheduled to occur as soon as reasonably possible (and reasonable effort will be made have this debrief in 72 hours) after report of the event has been received.

Reported incidents of violence will be reviewed monthly in 2019 and regularly thereafter by the Labor-Management Committee or its delegate. The Labor Management Committee will review trends and through mutual agreement make recommendations for change.

Methodist Hospital

Signature

*[Handwritten signature]* 5/13/19

Minnesota Nurses Association

Signature

*[Handwritten signature]*  
5/13/2017