



## **UNITY PROPOSAL #14**

### **ARTICLE 11 - LABOR MANAGEMENT COMMITMENT**

#### **ANW/PEI PROPOSAL #23**

### **ARTICLE 20 - LABOR MANAGEMENT PRINCIPLES AND ACTIVITIES:**

#### **PROFESSIONAL NURSING PRACTICE**

Practice Philosophy: Management will recognize the ethical obligations inherent in the nurse/patient relationship and the accountability and authority of the registered nurse related to her or his individual practice.

Only a registered nurse will assess, plan, and evaluate a patient's or client's nursing care needs. The bargaining unit registered nurse is the recognized care coordinator to advance the patient/client plan of care. The registered nurse collaborates with other health care professionals in case management.

There is no substitute for professional judgment. All decisions to delegate nursing care must be based on the safety and welfare of the client. The employer and co-workers must support registered nurses and share responsibility to provide safe, high quality patient care. The registered nurse plans, coordinates, and manages the nursing care of patients. Other workers have a place and are equipped to assist, not replace, the registered nurse in patient care. Nursing is a knowledge-based discipline and cannot be reduced to a list of tasks.

Only a registered nurse will evaluate the professional nursing practice of a bargaining unit registered nurse.

Delegation: Only a registered nurse shall delegate nursing care and functions. No nurse shall be required or directed to delegate nursing activities to other personnel in a manner inconsistent with the Minnesota Nurse Practice Act, the standards of the Joint Commission on Accreditation of Healthcare Organizations, the ANA Standards of Practice, the ANA Code of Ethics for Nurses, or Hospital policy. Consistent with the preceding sentence, the individual registered nurse has the autonomy to delegate (or not delegate) those aspects of nursing care the nurse determines appropriate based on her or his assessment. The registered nurse has the authority and accountability over the independent nursing practice and the medically delegated dependent functions. Registered nurses, supported by the licensed practical nurses (LPN) and unlicensed assistive personnel (UAP), are responsible for the patient's nursing care. The registered nurse is responsible for the nursing tasks and functions she/he delegated to the LPN and the UAP in the

practice setting. The registered nurse also has the accountability and authority to define a reporting relationship to ensure that the LPN or UAP has accepted the assignment and understands the need to report on actions taken, the results of those actions, and the need to communicate untoward events or unusual data collected. A task, once delegated by a registered nurse, may not be re-delegated without the consent of the registered nurse.

Only the registered nurse will receive the physician's telephone and verbal orders which are to be implemented by the nursing staff.

Ethics: The hospital shall support an ad hoc Nursing Bedside Ethics group to assist nursing staff in dealing with ethical issues. The group will convene as mutually agreed upon by labor and management. At least one bargaining unit nurse will be selected by the Association to serve on the Hospital Bioethics Committee.

Allina and the Association will support on-going education about the ANA Code of Ethics for Nurses (bargaining unit, educators, managers, administrators, specialists, etc.).

Reporting of Errors: It is Allina's intent to develop a system of blameless reporting of errors that recognizes the complexity of our systems. It is our goal to create a just culture recognizing individual and organizational accountability that includes:

1. Identifying errors
2. Focusing on understanding what caused the error
3. Implementing changes to prevent recurrences
4. Limiting discipline only to misconduct or impairment

Floating: When a nurse is floated to a unit or area where the nurse receives an assignment that she or he feels she or he cannot safely perform independently, the nurse has the right and obligation to request and receive a modified assignment which reflects the nurse's level of competence.

Non-Nursing Functions: ~~The Hospital will make reasonable and continuing efforts to minimize the need for~~ Bargaining unit nurses shall not perform non-nursing functions supportive to nursing care such as housekeeping, dietary, clerical functions, or the transport of supplies or stable patients.

Changes in the Health Care Delivery System Impacting Nursing Practice: The Association and the Hospital recognize that changes in the health care delivery system have and will continue to occur, while recognizing the common goal of providing safe, quality patient care. The parties also recognize that registered nurses have a right and responsibility to participate in decisions affecting delivery of nursing care and related terms and conditions of employment. Both parties have a mutual interest in developing delivery systems which will provide quality care on a cost-efficient basis which recognizes the accountability of the registered nurse in accordance with the Minnesota Nurse Practice Act, ANA Code of Ethics for Nurses, and the Joint Commission on Accreditation of Healthcare Organizations.

Nursing Care Delivery Committee: There shall be established in each Hospital a joint committee of labor and management representatives. This Committee shall be composed of an equal number of representatives of the Association and the Hospital. ~~There shall be co chairs—one designated by the Association and one by the Hospital.~~ The senior nursing executive shall be one of the Hospital representatives. The Minnesota Nurses Association chairperson of the bargaining unit shall be one of the Association representatives. Association representatives selected by the bargaining unit to serve on this Committee shall be paid at straight time for meeting time spent in serving on this Committee.

This Committee shall meet at a frequency equal to the Labor Management Committee on a regular basis to consider issues of mutual interest to the Hospital and the Association as may be agreed upon by the parties. Individual registered nurses and/or nurse managers/leaders may bring concerns about proposed changes in, or problems related to, hospital practices/policies which impact on patient care and nursing practice to the Nursing Care Delivery Committee (NCDC). Unresolved issues related to the equipment/technology at the unit level may be brought to the LMC for discussion and determination of the next steps. Involved bargaining unit nurses and management personnel have the responsibility to attend NCDC meetings to respond to the concerns and to mutually reach resolution to the issues and concerns. The Committee may recommend to the Labor Management Committee to appoint a task force as it deems appropriate. Such task force shall include staff nurses with knowledge and expertise in a particular subject being considered. The Committee may also refer issues for consideration to existing Hospital committees. Minutes of meetings of the Committee, minutes of any task force established by the Committee, and minutes of internal Hospital committees, including committees at department levels or unit levels that relate to the type of changes referred to below shall be routinely shared with all members of the committee.

#### Committee Role and Functions:

1. The Committee, through use of a joint decision-making process, has the authority and accountability to specify the role implementation of the registered nurse in the patient care delivery system of the organization and the application of the nursing process in that delivery of patient care.
2. The scope of the Committee's work in this area may include, but not be limited to, the development of a data set to understand patient outcomes related to nursing care which may include the ANA Quality Indicators. In addition, the Committee will consider utilization of nursing research findings to evaluate current practices, introduce innovations in practice and create an environment to facilitate excellence.
3. Changes in the System for Delivery of Nursing Care: If the Hospital is considering a change affecting the system for delivery of patient care that may affect how the nurses practice, the environment of practice, the interaction with assistive personnel, or the interface with other department and disciplines, it will notify the Committee in a timely and proactive manner. If there is consideration of changing the person or position performing a patient care task or procedure, the proposed change will be brought before the NCDC for consideration,

evaluation, and consensus prior to any implementation. This will include any consideration of including patient care tasks or procedures in the position descriptions of non-direct care employees. Bargaining unit nurses will be involved in any patient care redesign initiatives, including those related to cost reduction. The Committee is responsible for, and has the authority to, identify the appropriate use of assistive nursing personnel and define the reporting relationship of assistive nursing personnel. The parties will jointly review, discuss, and consider possible consultants to work with the Hospital and bargaining unit nurses regarding any changes in the system for delivery of nursing care, use of assistive personnel, or job responsibility of the registered nurse. Upon receipt of the notice referred to, the Committee shall review, discuss, and analyze the change for which the notice was given. The Hospital shall provide the Committee relevant information necessary to evaluate the impact of any proposed change being considered and to make any recommendations relating thereto. The Committee will jointly analyze proposed changes and consider possible options to work with the parties regarding the change. The Committee will jointly review plans for evaluation of changes proposed.

~~4. Plan and facilitate (a) the process(es) by which Allina Finance and the Association leaders will discuss budget assumptions and (b) the process by which Association leaders actively participate in the development of Allina Nursing and Patient Care budgets.~~

~~5.4.~~Jointly determine changes in the registered nurse hours per patient day for the planned/budgeted staffing matrix/grid. Changes in the nursing hours per patient day and/or skill mix for planned/budgeted matrix development will be jointly determined by this Committee.

~~6.5.~~The Committee will develop and implement an evaluation tool to assess the effectiveness of staffing matrix/grid changes. This tool will include an assessment of whether patient care needs and cost parameters were met. The outcomes of the assessment will be used to make further decisions in staffing and skill mix, especially in regard to a criteria-based nurse-patient assignment system which categorizes patients in no more than four (4) groups which reflects acuity, intensity, and activity.

~~7.6.~~Pilot Projects: Pilot programs involving the type of changes referred to in preceding paragraphs that are being discussed shall be reviewed and considered prior to the initiation of the program. An evaluation of the pilot program shall be submitted to the joint committee prior to the extension or further continuation of the pilot program.

~~8.7.~~Committee Development: The Labor Management Committee will jointly develop a process or mechanism to assure consistent Association representation on hospital committees, task forces, and work groups, including the hospital's Biomedical Ethics Committee, which requires registered nurse participation.

~~9.8.~~Committee Mergers: By mutual agreement, the functions of the Staffing Advisory Committee and other committees as deemed appropriate may be merged with the Joint Committee for Nursing Care Delivery.

10.9. Excellence in Nursing Award: As part of the recognition of National Nurses Week, the hospital will establish an annual “Excellence in Nursing Award” to be awarded to bargaining unit nurses ~~and others~~. A joint MNA/management panel will determine the recipients of such award.

11.10. Committee Powers and Impasse Resolution: The Committee shall have no power to modify the terms of the Agreement or to adjust grievances.

12.11. Required Education: At least quarterly, the committee will review required education for opportunities to consolidate and recommend methodologies to enhance learning.

13.12. Patient Care Equipment: The hospital will seek and consider staff nurse input before purchasing equipment that nurses would regularly be expected to use in performing their patient care duties.

14.13. Acuity (Levels of Care) and Activity Evaluation:

MNA and management, which includes the representation from system quality function, will meet and develop an acuity tool ~~continue to utilize the acuity (Levels of Care) and activity tool developed in the 1998-2001 negotiations~~ to evaluate acuity for purposes of assignment of patients and longitudinal studies of acuity and activity. The charge nurse using professional nursing judgement will have the authority to override any acuity tool. The Charge Nurse, using professional judgement, shall have the authority to override any acuity tool.

The provisions of this Section have been established for the discussion and good faith consideration of the subjects included within the scope of this Section. It is the intent and desire of the parties that mutual agreement be reached on these subjects. If the Committee is unable to reach agreement, a mediator with background and experience in health care matters shall work with the Committee in attempting to find solutions to areas of disagreement. The mediator may be chosen from the Federal Mediation and Conciliation Service or from other sources as the Committee may determine.

In the event of a dispute regarding the provisions of this Section, changes or decisions will not be implemented until a conflict resolution process is observed.