



EXHIBIT A - LOW NEED PROCESS

Mercy and Unity MNA will agree to the following conformed language as package. Any agreement is contingent on Allina Health agreeing to the package in its entirety or all components will revert back any position prior to this package.

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. 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. Before issuing a low need, the Hospital will first provide the nurses the opportunity to float to available assignments in their floating group (community, companion units, floating clusters, etc.) for which they are currently qualified. Casual nurses will float off the unit before regularly scheduled nurses.
2. VLN will be offered to nurses prior to cancelling a nurse's shift. If an insufficient number of nurses take a VLN, nurse will be cancelled in the following order prior to giving and MLN to any nurse. If it is necessary to low need staff, the order of low need will be as follows:

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
 - a. Agency, travelers, or temporary staff (no MLN credit).

The Union reserves the right to add, subtract, modify or withdraw proposals throughout the course of bargaining.

- ~~b. Casual staff on an extra shift/Per diem staffing working above their minimum requirement in reverse seniority order (no MLN credit).~~
- ~~c. Regularly scheduled RN on extra shift on bonus or overtime status in reverse seniority order (no MLN credit).~~
- ~~d. Volunteers as described/Casual/Per diem staff on a shift within their requirement in Section 3 below reverse seniority order (no MLN credit).~~
- ~~ee. Regularly scheduled RN on extra shift regular pay in reverse seniority order (no MLN credit)~~
- ~~f. 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. If a nurse does not use benefit time the NSC must place Benefit No Pay (Ben NoPy) on their timecard in Kronos.

3. **Voluntary Low Need:**

Nurses 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 2359 on the day before shift the low need is requested by the Hospital (in procedural areas designated by the Hospital nurses must sign up prior to 1200 the day before the low need hours occur).

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 on a “first come” basis to the nurse who requested the low need hours designated by the Hospital through the applicable electronic process, 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.

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.

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.

~~All 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 (and 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 ~~floating group (community, companion units, floating clusters, etc.)~~ where the low need is necessary ~~with the fewest MLN hours in the contract year.~~ 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. The Float Pool(s) is/are considered a unit community 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 may be given out of order (to be determined by the charge nurse PCM or supervisor). 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, nurses shall indicate their 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 they 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, not to exceed four (4) occurrences, per contract year.

Regularly scheduled nurses shall be notified two (2) hours prior to the beginning of the affected shift.A nurse to be assigned MLN hours will be given a minimum of ninety (90) minutes' notice.

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). 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. 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. 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.
- 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.

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.

General:

- a. 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 day is oriented or otherwise qualified.
- b. Nurses will not be compensated for mandatory low need shifts/hours; however, nurses will receive benefit credit on mandatory low need hours.
- c. 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.
- d. Preceptors may be mandated. The orientee may be assigned to another preceptor or other orientation work as directed by PCM/PCS.

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.

Float Pool Mandatory

- a. The Float Pool staff will be used to fill staffing needs on patient care units first before any staff is floated from another unit.
- b. 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.
- c. 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.

IF Allina Health agrees to Mercy Proposal #6 and Allina health will agree to the following amended language for Unity MNA Proposal # 7

Notification of time away from work: In the event you are going to be tardy or absent from your scheduled shift or if you need to leave early, you are expected to personally notify your manager (or designee) according to your department guidelines. Some managers require personal notice and do not allow voice mail messages. Unless your department has a specific policy with a different notification standard, you are required to call at least ~~60~~90 minutes before your scheduled start time. However, if you have an emergency situation where you are unable to give proper notification, you must notify your manager as soon as possible. If your department has specific requirements about providing personal notice, finding replacements, or notifying a manager if you have found a replacement, you are expected to be familiar with those requirements.

Unplanned absence or tardiness

An unplanned absence ~~or tardiness~~ is treated as an occurrence. Tardiness is treated as a half occurrence. This is defined as any time away from work (including tardiness or leaving early) that is not defined as a planned absence. You will be considered tardy if you begin work seven (7) or more minutes after your scheduled start time.

Managers will track occurrences for each employee over a rolling 12-month period looking backward from the date of the absence or occurrences.

The Allina guideline for an acceptable level of occurrences is based on your FTE as follows:

Periods of absence	Casual to .49 FTE	.5 to .79 FTE	.8 to 1.0 FTE
In any 12-month consecutive period	64 <u>64</u>	86 <u>86</u>	108 <u>108</u>
In any three-month consecutive period	42 <u>42</u>	43 <u>43</u>	54 <u>54</u>