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HEALTHEAST CARE SYSTEM & MNA
2019 MNA NEGOTIATIONS

HealthEast's Counter-Proposal
5/15/2019

Employer's Counter-Proposal to Union Proposal #11 (Unit Closure)

The Hospital will agree to the following language regarding unit closure to be added to Article 24 (Nursing Care Delivery) if the Union agrees to Employer Proposal #1 (Typos), Employer Proposal #2 (Outdated Language), and Employer Proposal #6 (Low Need).

➤ **Employer's Counter-Proposal (Article 24)**

24. NURSING CARE DELIVERY:

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 and autonomous practice within the Nurse Practice Act.

Prior to the start of each shift, the bargaining unit charge nurse, or equivalent, will identify a unit plan addressing the number, frequency, and complexity of all anticipated admits, discharges, transfers, and individual patient activities and nursing care needs. The designated administrative nursing supervisor will collaborate with the charge nurse in planning and overseeing the flow of patients and timing of admits, discharges, and transfers based on patient acuities and current available RN staffing levels. The charge nurse and administrative nursing supervisor will develop a plan for nursing care delivery in the event of fluctuation in the above-patient flow. This collaborative process will include:

- Evaluation of hospital-wide activity and patient flow each shift and ongoing based on the collaborative assessments of the charge nurse and administrative nursing supervisor with consideration given to community activity, if applicable, (EMTALA Code Orange and other legally required admissions or situations), and internal emergency situations.
- Hospital-wide alert systems/patient-flow processes will be utilized collaboratively and at the discretion of the charge nurse and administrative nursing supervisor to address patient flow as it relates to RN staffing levels and other available sources needed to provide safe quality patient care using defined status alert criteria/patient-flow processes.
- The alert system, along with patient flow, will be evaluated by the Nursing Care Delivery Committee on a regular basis.

Temporary Closing Units to Admissions:

If the staffing grid is not met, the charge nurse will evaluate the following factors to assess and determine the adequacy of resources on the unit to meet patient care needs:

- i. Patient acuity
- ii. Unit acuity level
- iii. Experience level of RN staff
- iv. Composition of skills/roles available
- v. Potential redistribution of the unit's current patient assignments
- vi. Unit admissions, discharges, and transfers

The charge nurse will document her or his evaluation of the unit.

If the charge nurse determines unit resources to be inadequate, the charge nurse, nurse manager or designee, and other key decision makers will consider options based on the following:

- i. Review of current and future house-wide census, staffing, and patient assignments
- ii. The ability to facilitate discharges, transfers, and admissions
- iii. The availability of additional resources

If the issue cannot be resolved and resources cannot be reallocated, the unit in question will temporarily close to admissions for a time period not to exceed two hours after appropriate communication of the closure has occurred. During this time period, further evaluation of the unit staffing will continue to take place.

However, it is recognized that certain situations such as community emergencies, EMTALA, or other legally-required admissions and situations that would jeopardize the safety of the patient may require a unit to admit a patient. In those situations, the charge nurse will continue to work with key decision makers to explore alternative solutions.

The parties will jointly discuss, review, and evaluate information related to closing units as part of the Committee's regularly scheduled meetings. Joint Administrative Nursing Supervisor, Patient Care Supervisor, and Patient Placement Manager education will be conducted regarding unit closure.

Recognizing the importance of the nurses' individual and autonomous practice, as defined by the Nurse Practice Act, an MNA representative, Chair, or RN designee will be identified on existing patient flow committees or other appropriate committees where patient flow is discussed.

[Remaining language of Article 24 is unchanged]

The Employer proposes such other language changes to the agreement as may be necessary to conform the agreement to the counter-proposals set forth above.

The Employer reserves the right to add to or modify these counter-proposals.