HEALTHEAST CARE SYSTEM & MNA
2019 MNA NEGOTIATIONS

HealthEast's Counter-Proposal
5/15/2019

Employer's Counter-Proposal to Union Proposal #12 (Section 24.C.)

24. NURSING CARE DELIVERY

A. (Same)

B. (Same)

C. Staffing Adequacy: The Care Delivery Committee will review:

1) Trends for all Concern for Safe Staffing forms on a quarterly basis.
2) Data gathered related to patient acuity such as nurses' evaluation of staffing adequacy.
3) Census trends.
4) Other data as deemed necessary.
5) Any nurse's appeal to the Care Delivery Committee if he/she feels a concern for Safe Staffing has not been adequately addressed.

The Care Delivery Committee will pursue the feasibility of an acuity-based staffing system.

Definition: Staffing adequacy is not simply measured by applying numbers and ratios, but rather by evaluating a constellation of factors. HealthEast Hospitals (the Employer) and the Minnesota Nurses Association Registered Nurses Bargaining Unit (MNA) agree on the shared goal of a safe, compassionate care experience, that is cost effective and high quality for all patients that the Hospital services. Both are committed to develop an atmosphere that fosters mutual decision-making. Nursing leadership believes that nursing judgment supersedes projected calculations. This belief, however, is best supported when staff trusts that their input is valued by leadership and leadership trusts that the bedside nurses' assessment of patient or family needs is valid. Open communication fosters consensus. Cooperative relationships between management and the Registered Nurses will be strengthened through the Staffing Advisory Committee. The intent of this committee is to develop a framework ensuring that the Staff Nurse voice is heard regarding staffing needs.

As we focus on staffing needs the following factors may trigger further discussion/investigation. They include, but are not limited to:

1) The number of admissions, transfers and discharges per shift, per day, per month.
2) Inability to meet approved staffing grids on a regular basis.
3) Greater than a 15% increase or decrease in patient/surgical volume for a period of one month.
4) A change in patient assignment throughout the shift resulting in assessments not completed in required time and failure to advance the plan of care or complete documentation.
5) 25% of staff working greater than 30 minutes of overtime on a particular shift on a regular basis.
6) Inability to find adequate staff to fill core shifts.
7) Increased trends in medication errors and falls.
8) Increased vacancy or turnover rates greater than 15%.
9) A pattern of increasing need for Voluntary Low Need Days, or need for Mandatory Low Need Days.

10) RN to patient ratio at maximum level on the grid, and expected to absorb additional patients at least 50% of the time.
11) Increase in patient or family concerns for a particular unit.
12) Increase in RN work related injuries.

Once a trigger has been identified, the following guidelines may be used for further investigation, either with the Clinical Manager/Director or SAC, as appropriate:

1) Staffing adequacy completed for one month with results reviewed at SAC.
2) The appropriate data will be collected and reviewed based on the problem identified.
3) Assess patient needs and determine if variances are needed from the normal staffing pattern or patient assignments. Staffing adjustments can be made based on professional judgment by the nursing staff in collaboration with nursing leadership to best meet patient needs.

Any plan for change will include joint measures to determine their effectiveness and a time frame for evaluation. Indicators of effectiveness will be jointly developed, and will include staff satisfaction; financial impact and patient care quality. A report of these conclusions will be made to the Care Delivery Committee.

The Hospital will make reasonable and continuing efforts to minimize the need for bargaining unit nurses to perform non-nursing functions supportive to nursing care such as housekeeping, dietary, clerical functions or the transport of supplies or stable patients.

Pilot programs involving the type of changes referred to in paragraph A. and B. 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.

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

The Committee shall have no power to modify the terms of the Agreement or to adjust grievances.

Unit Grid Reviews:

A structured review of the staffing grid of each unit will be completed annually. Nursing leadership will coordinate this review in their areas. The Minnesota Nurses Association will participate in this review.

Staffing grids will not be changed downward unless evaluated by a team. The team evaluating the staffing grids will be composed of staff nurses, the Minnesota Nurses Association co-chairs or designee, the nurse manager, the director of nursing, and other appropriate nursing leadership individuals.

If the character of a unit changes, the staff nurses or nursing leadership may initiate a structured review of that unit's grid or pattern for staffing. Absent mutual agreement, changes shall not be implimented prior to utilizing the mediation resolution process set forth in paragraph 9 of this Section 24.

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.