Time: _____

Minnesota Nurses Association Proposal to Allina Health
May 31, 2019

PROFESSIONAL NURSING PRACTICE

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all Sections/paragraphs not addressed in this Proposal are to remain status quo unless otherwise addressed in the Local Union Proposals.

Modify to Read

UNITY PROPOSAL #14

ARTICLE 11 - LABOR MANAGEMENT COMMITMENT

1. Professional 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 in case management with other health care professionals. Only a registered nurse in a supervisory role will evaluate the professional nursing practice of a bargaining unit registered nurse. Minnesota Nurses Association Representatives will be included in any care delivery changes, including cost-reduction initiatives.

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 assistive personnel, are responsible for the patient's nursing care. The registered nurse is

responsible for the nursing tasks and functions she/he delegated to assistive personnel in the practice setting. The registered nurse also has the accountability and authority to define a reporting relationship to ensure that the assistive personnel 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.

~~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~~

a) 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.

b) Nursing Care Delivery Committee (NCDC):

A Nursing Care Delivery Committee will be established with equal number of representatives of the Association and the Hospital. The Chief Nursing Officer of the Hospital and the Minnesota Nurses Association Chairpersons of the bargaining unit shall be members of this committee. Association representatives will also be selected by the bargaining unit to serve on this committee along with an equal number of management representatives. ~~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.~~

~~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 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 NCDC~~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 NCDC~~Committee~~ may also refer issues for consideration to existing Hospital committees. Minutes of meetings of the ~~Committee~~NCDC, 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:

i. 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.

~~ii. 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~~

~~iii.~~ii. 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 departments and disciplines, it will notify the NCDC~~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 NCDC~~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. The Hospital shall provide the NCDC relevant information necessary to evaluate and to make any recommendations relating to 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.

~~iv.~~iii. The NCDC will 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/grid development will be jointly determined by this Committee.

~~v.~~iv. The NCDC 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~~.

~~vi.~~v. Pilot Projects: Pilot programs or tests of change 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 NCDC~~committee~~ prior to the extension or further continuation of the pilot program.

~~vii. 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.~~

~~viii. 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.~~

~~ix. 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.~~

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

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

2. 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.

3. Non-Nursing Functions:

Bargaining unit nurses shall not~~to~~ perform non-nursing functions supportive to nursing care such as housekeeping, dietary, clerical functions, or the transport of supplies or stable patients.

4. Staffing and Scheduling:

The committee will develop a process to utilize Concern for Safe Staffing Reports to identify and address professional concerns and develop the guidelines for weekend, holiday, and vacation scheduling, on-call, floating, overtime, weekends, and breaks.

5. Health and Safety:

The representatives of labor and management shall consider and develop recommendations on health and safety matters of particular concern to registered nurses, including workplace violence prevention.

In considering issues related to workplace violence prevention, the LMC may discuss the length of necessary education provided to bargaining unit nurses. The LMC may also review incidents of workplace violence regarding bargaining unit nurses.

Workplace violence will be a topic for discussion at LMC quarterly or as necessitated by incidents occurring in the Hospital.

6. Patient Care Equipment:

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

7. 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.~~

Time: _____

ANW/PEI PROPOSAL #23

ARTICLE 20 - LABOR MANAGEMENT PRINCIPLES AND ACTIVITIES:

1. Professional 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 in case management with other health care professionals. Only a registered nurse in a supervisory role will evaluate the professional nursing practice of a bargaining unit registered nurse. Minnesota Nurses Association Representatives will be included in any care delivery changes, including cost reduction initiatives.

   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 physicians' telephone and verbal orders which are to be implemented by the nursing staff.

~~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.~~

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~~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.~~

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~~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~~

The Union reserves the right to amend, add delete, or withdraw without prejudice any and all proposals submitted. The Union also reserves the right to submit future amended, revised or new proposals.

~~2. Focusing on understanding what caused the error~~

~~3. Implementing changes to prevent recurrences~~

~~4. Limiting discipline only to misconduct or impairment~~

c) 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.

d) Nursing Care Delivery Committee (NCDC):

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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 NCDC~~Committee~~ may also refer issues for consideration to existing Hospital committees. Minutes of meetings of the ~~Committee~~NCDC, 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:

~~xii.~~vi. 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.

~~xiii. 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~~

~~xiv.~~vii. 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 departments and disciplines, it will notify the NCDC~~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 NCDC~~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. The Hospital shall provide the

NCDC relevant information necessary to evaluate and to make any recommendations relating to 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.

~~xv.~~viii. The NCDC will 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/grid development will be jointly determined by this Committee.

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~~xvii.~~x. Pilot Projects: Pilot programs or tests of change 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 NCDC~~committee~~ prior to the extension or further continuation of the pilot program.

~~xviii. 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.~~

~~xix. 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.~~

~~xx. 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.~~

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

The Union reserves the right to amend, add delete, or withdraw without prejudice any and all proposals submitted. The Union also reserves the right to submit future amended, revised or new proposals.

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

2. 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.

3. Non-Nursing Functions:

Bargaining unit nurses shall not~~to~~ perform non-nursing functions supportive to nursing care such as housekeeping, dietary, clerical functions, or the transport of supplies or stable patients.

4. Staffing and Scheduling:

The committee will develop a process to utilize Concern for Safe Staffing Reports to identify and address professional concerns and develop the guidelines for weekend, holiday, and vacation scheduling, on-call, floating, overtime, weekends, and breaks.

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

7. 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.~~

MERCY ARTICLE 21 PROFESSIONAL NURSING PRACTICE

UNITED ARTICLE 20 PROFESSIONAL NURSING PRACTICE

Modify Section F in each of the contracts

Non-Nursing Functions:

Bargaining unit nurses shall not~~to~~ perform non-nursing functions supportive to nursing care such as housekeeping, dietary, clerical functions, or the transport of supplies or stable patients.

New Section

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.