

Presented  
to Mediator  
@ 3:57

The Minnesota Nurses Association and Methodist Hospital Negotiations  
Proposed settlement offer on June 18, 2019 for the following:

Across the board wage increase 3.0% for year 2019, 3.0% for year 2020, and 2.25% for 2021.

Year 1 commencing with the pay period beginning closet to June 1, 2019

Year 2 commencing with the pay period beginning closet to June 1, 2020

Year 3 commencing with the pay period beginning closet to June 1, 2021

The Union will hold a ratification vote on or by June 26, 2019

All tentative agreements reached since the commencement of negotiations on March 27, 2019

Proposal 21:

Duration and Renewal

This Agreement will be in full force and effect from June 1, ~~2016~~2019, through and including May 31, 2019  
2022 This Agreement shall remain in full force and effect from year-to-year thereafter, unless either party shall notify the other party in writing at least ninety (90) days prior to May 31, ~~2019~~ 2022, or May 31 of any year thereafter of its intention to change, modify, or terminate this Agreement. When the Agreement has been reopened as provided in the preceding sentence, each party shall submit to the other in writing its proposals with respect to the terms and provisions it desires to change, modify, or terminate. Such proposals shall be submitted on or before March 15 of the year the Contract has been reopened.

Proposal 22:

Renewal of LOUs and re-number each LOU

Renew Letters of Understandings, excluding 2007 Action Plan

Injured, Ill, or Disabled #1

Labor Management Committee #2

New Designated Resource Nurse is Replaced and will be #3

Peri-natal Services #4

Pension #5

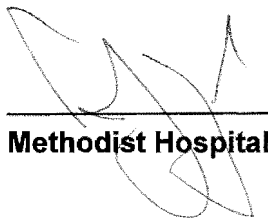
*Minnesota Nurses Association reserves the right to propose language, "clean up," and to agree to make technical corrections during the contract drafting process. Minnesota Nurses Association reserves the right to add, subtract, or modify its proposals and the right to make counter-proposals regarding any proposal submitted by the Employer.*

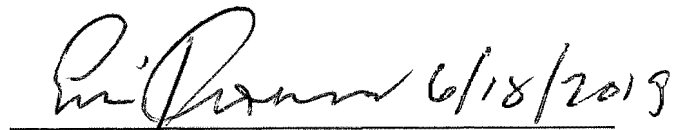
The Union will drop all outstanding requests for information

Both the Employer and Union will drop all remaining proposals.

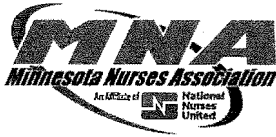
The Union and Hospital will not file ULPs for activity that occurred between March 15, 2019 and June 18, 2019 and that is related to these negotiations.

The Minnesota Nurses Association Bargaining Team will unanimously recommend the tentative agreement for ratification to MNA members.

 6/18/19  
\_\_\_\_\_  
Methodist Hospital

 6/18/2019  
\_\_\_\_\_  
Minnesota Nurses Association

*Minnesota Nurses Association reserves the right to propose language, "clean up," and to agree to make technical corrections during the contract drafting process. Minnesota Nurses Association reserves the right to add, subtract, or modify its proposals and the right to make counter-proposals regarding any proposal submitted by the Employer.*



## Methodist Hospital and Minnesota Nurses Association Tentative Agreement April 1, 2019

### Section 3. HOURS Subsection C.1. Scheduling:

The general pattern of scheduling will be as follows:

1. Nurses will have two (2) consecutive days off and alternate weekends (Saturday and Sunday) off. When staffing patterns allow for nurses to work less than every other weekend, preference for additional weekend time off will be given to nurses by seniority on the unit.

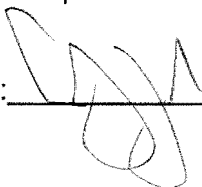
If necessary, to allow for flexibility in scheduling, non-consecutive days off during weekdays (Monday through Friday) may be utilized. The scheduled workweek need not correspond to the calendar week, and the pattern of scheduling may be such that more or fewer than five (5) days of work are scheduled in one (1) week provided that not more than ten (10) days of work are normally scheduled in any two (2) workweeks.

Nurses with 25 years (52,000 hours) of seniority shall not be required to work weekends. Nurses currently working less than an alternate weekend may need to be scheduled additional weekends to accommodate such 25-year nurses on their unit. In no instance shall a nurse be scheduled more than every other weekend.

Prior to and after the schedule is posted, nurses may trade a weekend shift or find a replacement for a regularly scheduled weekend, provided that overtime does not result.


Methodist Hospital:

Signature: \_\_\_\_\_

 4-1-19

Minnesota Nurses Association:

Signature: \_\_\_\_\_

  
4-1-19



## **Methodist Hospital and Minnesota Nurses Association Tentative Agreement 4/15/2019**

### **Article 13, Section B Serious Illness or Death in the Immediate Family:**

A leave of absence without pay will be granted to nurses for serious illness or death in the immediate family (parents, parents-in-law, brothers, sisters, sons, daughters, grandparents, grandchildren, husbands, wives, step-parents, step-sons, step-daughters, ~~life partners~~, foster children, and such others as may be agreed upon between the nurse and the Hospital) for the period of up to ninety (90) calendar days. The nurse will also be granted such leave for family members and others for which the nurse is the appointed legal guardian. The nurse will be required to produce legal documentation of such guardianship upon request. Length of service benefits will not accrue, but will remain the same as at the beginning of the leave. The Hospital will not permanently fill the nurse's position during the period of leave of absence.

The Hospital will provide nurses the benefits contained in the Hospital's Primary Caregiver Policy as it exists from time to time.

### **Article 13, Section C Bereavement Leave:**

A leave of absence of three (3) days without loss of pay will be granted to nurses in case of death in the immediate family (loss of parents, parents-in-law, brothers, sisters, sons, daughters, grandparents, grandchildren, husbands, wives, step-parents, stepsons, step-daughters, ~~life partners~~, foster children, and such others as may be agreed upon between the nurse and the Hospital) for the purpose of attending the funeral. Such three (3) day leave shall be for work days lost during a five (5) day period starting two (2) days prior to the funeral through two (2) days after the funeral or any other work days lost to attend a ceremonial event associated with death. A fourth (4th) day of funeral leave with pay shall be permitted if travel to the funeral event is greater than 300 miles.



## Methodist Hospital and Minnesota Nurses Association Tentative Agreement 4/15/2019

### Section 28 INSURANCE BENEFITS:

#### A. Hospitalization Insurance:

The Hospital shall provide nurses the benefits contained in the Hospital's Group Hospitalization and Medical Insurance Program existing from time to time on the following basis:

1. The Hospital shall pay twenty-five dollars (\$25.00) per month or eighty-five percent (85%) of the single employee premium, whichever is greater, toward the cost of single employee coverage under the Methodist Hospital Primary Plan for those nurses electing to be covered by the insurance program. The Hospital shall pay 75% per month toward single plus one or family coverage under the Methodist Hospital Primary Plan for those nurses electing such coverage. Eligible dependents shall include, among others, ~~spousal equivalents defined as same sex partners who submit an "Affidavit of Spousal Equivalency" and~~ dependent children. The balance of the premium cost shall be paid by the nurse.

Contributions to other health insurance plan options shall be based on the dollar contributions noted above or the current dollar contributions to the other plan options, whichever is greater.

### Article 28, Section A INSURANCE BENEFITS:

#### B. Hospitalization Insurance:

The Hospital shall provide nurses the benefits contained in the Hospital's Group Hospitalization and Medical Insurance Program existing from time to time on the following basis:

1. The Hospital shall pay twenty-five dollars (\$25.00) per month or eighty-five percent (85%) of the single employee premium, whichever is greater, toward the cost of single employee coverage under the Methodist Hospital Primary Plan for those nurses electing to be covered by the insurance program. The Hospital shall pay 75% per month toward single plus one or family coverage under the Methodist Hospital Primary Plan for those nurses electing such coverage. Eligible dependents shall include, among others, spousal equivalents defined as same sex partners who submit an "Affidavit of Spousal Equivalency" and



## Methodist Hospital and Minnesota Nurses Association Tentative Agreement 4/15/2019

dependent children. The balance of the premium cost shall be paid by the nurse.

Contributions to other health insurance plan options shall be based on the dollar contributions noted above or the current dollar contributions to the other plan options, whichever is greater.

2. Part-time nurses meeting the hours requirement in Section ~~6-C3-10(A)~~ of this Agreement shall be eligible for the same hospitalization insurance benefits as full-time nurses. No change in said insurance program shall diminish overall benefits for nurses.
3. A nurse who terminates employment at or after age 55 and is eligible and has applied for pension benefits under the pension plan to which the Hospital has contributed shall have the opportunity to continue employee and dependent coverage in the group hospitalization and medical insurance program at the Hospital as said program is provided for in Section 28 at the group rate and at the nurse's expense up to the time that the nurse and her or his dependents qualify for Medicare.

~~A nurse who terminates employment prior to January 1, 2007, and is pension eligible under the Rule of 85 (age plus pension benefit credit years equal 85 or more) and has applied for pension benefits is entitled to have the Hospital continue paying the Hospital's portion of the health insurance for two (2) years after termination. Any nurse who is actively receiving this support as of January 1, 2007, shall continue to receive such support for the remainder of the two (2) year benefit time period.~~

An additional hospitalization insurance provision relating to senior nurses at the time of a layoff or major nursing restructuring is set forth in Section 14 F relating to Layoff of this Contract Agreement.



## Methodist Hospital and Minnesota Nurses Association Tentative Agreement 4/15/2019

### Article 28, Section C Life Insurance:

The Hospital shall provide and pay the full cost of a group term life insurance program for full-time nurses and regular part-time nurses meeting the hours requirement in Section ~~6-C3~~ 10(A) of this Agreement. The Plan shall include the following basic provisions:

4. The amount of coverage shall be \$50,000.00 for full and part-time nurses.
5. Nurses shall be covered by the plan on the first day of the month following the date of employment.
6. Coverage shall continue to age seventy (70).
7. Eligibility for benefits and all payments hereunder shall be subject to the terms and provisions of the insurance contract establishing the group term life insurance plan. Copies of the insurance contract and any amendments shall be furnished to the Association and Summary Plan Descriptions shall be provided to the Association and to all eligible nurses.

### C. Article 28, Section E Dental Insurance:

The Hospital shall provide and pay the full cost of a group term dental insurance program for full-time nurses and regular part-time nurses meeting the hours requirement in Section ~~10(A)6-C3~~ 10(A) of this Agreement. The plan shall include the following basic provisions:

1. The plan shall be a "reasonable and customary" plan providing reimbursement for three types of expenses. The definition of expenses is attached hereto as Appendix A and incorporated as part of this Agreement. Type 1 expenses shall be reimbursed at 80% of the reasonable and customary charge with no deductible; Type 2 expenses shall be reimbursed at 80% of the reasonable and customary charge with a \$25.00 deductible per year; and Type 3 expenses shall be reimbursed at 50% of the reasonable and customary charge with a deductible of \$25.00 per year.
2. All benefited nurses employed shall be automatically covered by the plan, and newly-hired nurses shall be covered on the first day of the month following the nurse's date of hire with the Hospital.

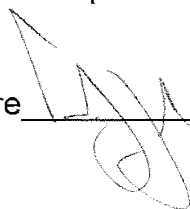


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3. The Hospital will make a program providing dependent group dental coverage available, the additional premium for such dependent coverage to be paid by the nurse.
  
4. Eligibility for benefits and all payments hereunder shall be subject to the terms and provisions of the insurance contract establishing the group dental insurance plan. Copies of the insurance contract shall be furnished to the Association and Summary Plan Descriptions shall be provided to the Association and to all eligible nurses.

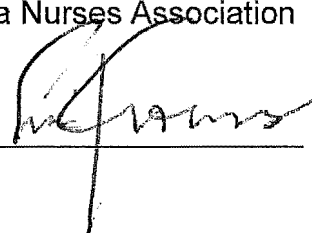
Methodist Hospital

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 4-15-19

Minnesota Nurses Association

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**Methodist Hospital and Minnesota Nurses Association Tentative Agreement  
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**Article 3. Section L Floating:**

Nurses with twenty-five (25) or more calendar years of service as an RN in the Bargaining Unit at the Methodist Hospital shall not be required to float off of their home unit.

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 4-8-19

Minnesota Nurses Association

Signature

 4-8-2019





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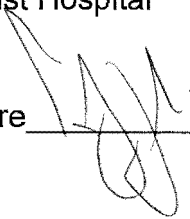
DEFINITIONS

The term "agency nurse" applies to any nurse who is employed by an outside agency utilized by the hospital to fill in for day to day emergent needs.

The term "traveling nurse" applies to any nurse who is employed by an outside company and is contracted by the hospital over a predetermined period of time.

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 4.6.2019



**Methodist Hospital and Minnesota Nurses Association Tentative Agreement  
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Section 23. ORIENTATION


Subsection B.

Clinical Resource Mentor Preceptor:

1. To be considered and selected for a position of a Preceptor Clinical Resource Mentor, an RN must have worked on the unit for at least six months. It is preferred that the RN work authorized hours of 48 to 80 per pay period in order to ensure regular presence, knowledge, and understanding of nursing practice at Methodist Hospital. Authorized hours of less than 48 may be considered if the nurse has consistently worked more hours than authorized for the past six to 12 months to equal or greater than 40 hours per pay period. If a nurse has recently reduced hours to less than 48, the nurse's worked hours will be evaluated within one year to ensure regular presence, knowledge, and understanding of the hospital. Casual and per diem staff are typically not eligible for the CRM-Preceptor role unless they meet the above criteria.
2. To be selected for a position of a Preceptor CRM, the nurse must also demonstrate knowledge and nursing clinical competence, effective communication skills, teamwork, professionalism, and leadership skills and qualities.
3. If selected as a Preceptor Clinical Resource Mentor, the nurse must complete the Clinical Resource Course offered by the hospital.
4. Annually, the Nurse Manager and CRM Preceptor will evaluate the nurse's ability to continue in the role of the CRM Preceptor based on the needs of the unit, skills and competency, and also considering such factors as the nurse's demonstrated interest in the role, professionalism, and leadership skills and qualities.
5. The value of the stated guidelines notwithstanding, it is not the intent of the guidelines to serve as a barrier to assuring that each unit have enough CRMs-Preceptors.


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Article 4, Section P Longevity Bonus:

Each June 1<sup>st</sup>, for all full time and part time Registered Nurses with twenty (20) or more calendar years of service as of June 1<sup>st</sup>, a bonus payment will be determined. The bonus will be calculated based on the previous six (6) months authorized hours as follows:

- 20-24 calendar years      \$1500.00 prorated for FTE status
- 25-29 calendar years      \$2000.00 prorated for FTE status
- 30-34 calendar years      \$2500.00 prorated for FTE status
- 35-39 calendar years      \$3000.00 prorated for FTE status
- 40+ calendar years      \$3500.00 prorated for FTE status

For all on-call (casual) and per diem nurses with twenty (20) or more calendar years of service as of June 1<sup>st</sup>, a bonus payment will be determined. The bonus will be calculated based on all hours worked in the previous six (6) months and calculated as follows:

Average hours worked is between .8-1.0 FTE = \$300 bonus

Average hours worked is between .6-.8 FTE = \$200 bonus

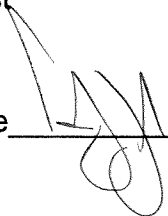
Average hours worked is between .4-.6 FTE = \$100 bonus

A Average hours worked is .4 = \$50 bonus

Effective June 1, 2005, the longevity bonus shall be calculated based upon the nurse's actual hours worked, including scheduled time off (not including sick leave) or the nurse's authorized hours, whichever is greater


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Article 14 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. 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 Contract 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.

B.A. Definitions:

As used in this Section 14, the following terms shall be defined as follows:

1. "Clinical Group" means a unit or group of units which require similar nursing skills.
2. "Qualified" means the ability to independently provide safe, direct patient care for the standard case load on the unit within a reasonable period of orientation not to exceed four (4) weeks, but said term does not require proficiency in all technical skills or the performance of leadership roles.
3. "Seniority" means the total compensated hours accrued by a nurse since her or his most recent date of employment into the bargaining unit at the Hospital. Compensated hours, as qualified in this paragraph, shall include all hours for which a nurse is paid. Each overtime hour worked shall be counted as one (1) compensated hour. Off-premises on-call shall be counted at the conclusion of each W-2 year at the rate of one-fourth (¼) of the on-call hours paid. In addition, compensated hours shall include hours which Section 13, "Leave of Absence," subparagraphs A, D, E, G, and I provide are hours worked or hours for which length of service increments accrue.

The above notwithstanding, seniority for a nurse who transfers to a nonsupervisory and non-managerial nursing position that is not



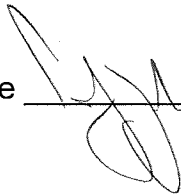
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covered by the Contract Agreement and is on the continuous contiguous Methodist Hospital campus ~~in the same hospital in which the nurse is employed in a bargaining unit position~~, shall accrue no further seniority. The nurse's accrued seniority shall be maintained on the nurse's record and shall be restored to the nurse if she or he transfers back to a bargaining unit position within one (1) year. The nurse may not exercise frozen seniority for any purpose under this Contract while in the non-bargaining unit position. If the nurse does not return to a bargaining unit position within one (1) year from the date of the transfer out of the bargaining unit, all bargaining unit seniority is lost.

A revised and up-to-date listing of the seniority for each nurse in the bargaining unit will be posted by the Hospital each six (6) months and provided to the Minnesota Nurses Association.

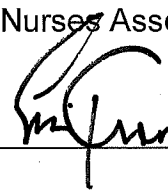
Methodist Hospital

Signature

 4-8-19

Minnesota Nurses Association

Signature

 4.8.2019



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- e. Modify Appendix A. (Dental Plan Specifications) Section IV to indicate orthodontia is an *included* rather than excluded benefit.

**APPENDIX A - DENTAL PLAN SPECIFICATIONS  
Employee Only Coverage**

I.	Type I Expenses	
A.	Deductible	None
B.	Reimbursement	80%
I.	Type II and III Expenses	
A.	Deductible	\$25 per calendar year
B.	Type II Expenses Reimbursement	80%
C.	Type III Expenses Reimbursement	50%
III.	Calendar Year	
	Individual Maximum	\$1500.00
IV.	Orthodontia	<u>Included</u> <del>Excluded</del>
V.	Service Waiting Period of hire	First of the month following date
VI.	Employee Contribution	None

**General Schedule of Dental Services (Reimbursable Expenses)**

- A. Type I Expenses (Diagnostic and Preventive)
- \* Oral examinations
  - \* X-Rays
  - \* Prophylaxis (cleaning)
  - \* Emergency treatment for pain
  - \* Fluoride treatments
  - \* Space maintainers
- B. Type II Expenses (Basic Services)
- \* Anesthesia

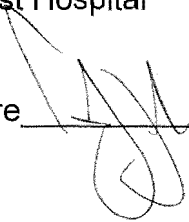


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- \* Restorations (Fillings other than gold). Effective 1-1-08, coverage includes composite (white) resin restorations for anterior (front) and posterior (back) teeth.
  - \* Endodontics (such as pulp capping and root canal therapy)
  - \* Periodontics
  - \* Maintenance and repair to dentures, fixed bridges \* Extractions
- C. Type III Expenses (Major Services) \* Gold inlay, crowns, etc.
- \* Prosthodontics (removable and fixed)
    - Complete dentures
    - Partial dentures


Methodist Hospital

Signature

 4-8-19

Minnesota Nurses Association

Signature

 4.8.2019





**Methodist Hospital and Minnesota Nurses Association Tentative Agreement  
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- f. Modify Appendix C (Recognized Certification Programs) by replacing the current listing with the most recent LMC approved listing.

**APPENDIX C – RECOGNIZED CERTIFICATION PROGRAMS**

The hospital may agree to recognize the following or other certifications it agrees are applicable to an individual nurse's area of practice. (Updated 2013<sup>9</sup>)

<b>Credential</b>	<b>Certification</b>	<b>Certifying Body</b>
<del>(A)ACRN</del>	<del>(Advanced)AIDS Certified RN</del>	<del>HIV/AIDS Nursing Certification Board</del>
<del>AHN-BC</del>	<del>Holistic Nurse (Advanced)</del>	<del>American Holistic Nurse Certification Corporation</del>
<del>ANP-BC</del>	<del>Adult Nurse Practitioner— Board Certified</del>	<del>American Nurses Credential Corporation</del>
<del>AOCNP</del>	<del>Advanced Oncology Certified NP</del>	<del>Oncology Nurses Certification Corporation</del>
<del>AOCNS</del>	<del>Advanced Oncology CNS</del>	<del>Oncology Nurses Certification Corporation</del>
<del>APHN-BC</del>	<del>Advanced Practice Holistic Nurse</del>	<del>American Holistic Nurse Certification Corporation</del>
<del>GAPA</del>	<del>Certified Ambulatory Perianesthesia Nurse</del>	<del>American Board of Perianesthesia Nursing Certification</del>
<del>CARN</del>	<del>Certified Addictions RN</del>	<del>National League for Nursing Certification of Addictions Nursing</del>
<del>CBN</del>	<del>Certified Bariatric Nurse</del>	<del>American Society for Metabolic and Bariatric Surgery</del>
<del>CCNS</del>	<del>Critical Care CNS</del>	<del>American Association of Critical Care Nurses (AACN)</del>



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CCRN	Critical Care RN	American Association of Critical Care Nurses (AACN)
CDE	Certified Diabetic Educator	American Association of Diabetes Educators
GEN	Certified Emergency Nurse	Board of Certification for Emergency Nursing
C-EFM	Certified Electronic Fetal Monitoring	Nursing Certification Corporation
CEPS	Certified Electrophysiology Specialist	International Board of Heart Rhythm Examiners
CFRN	Certified Flight RN	Board of Certification for Emergency Nursing
CGRN	Certified Gastroenterology RN	American Board of Certification for Gastroenterology Nursing
CHN	Certified Hemodialysis Nurse	Board of Nephrology Examiners and Technology
CHPN	Certified Hospice and Palliative Care Nurse	National Board of Certification for Hospice and Palliative Nurses
CHTP	Certified Healing Touch Practitioner	Healing Touch, International

**APPENDIX C — RECOGNIZED CERTIFICATION PROGRAMS  
(Continued)**

<b>Credential</b>	<b>Certification</b>	<b>Certifying Body</b>
GIC	Certified Infection Control	Certification Board of Infection Control and Epidemiology
CMC	Adult Cardiac Medicine	American Nurses Credentialing Corporation
CNM	Certified Nurse-Midwife	American Midwifery Certification Board
CNN	Certified Nephrology Nurse	American Nephrology Nurses Certification Commission
CNOR	Certified Nurse in the Operating	Competency and Credentialing Institute



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	Room	
CNRN	Certified Neuroscience RN	American Board of Neuroscience Nursing
CPAN	Certified Post-Anesthesia Nurse	American Board of Perianesthesia Nursing Certification
CPDN	Certified Peritoneal Dialysis Nurse	Board of Nephrology Examiners and Technology
CPN	Certified Pain Nurse	American Nurses Credential Corporation
CPN	Certified Pediatric Nurse	Pediatric Nursing Certification Board
CPHON	Certified Pediatric Hematology Nurse	Oncology Nursing Certification Corporation
GPSN	Certified Plastic Surgery Nurse	American Society of Plastic and Reconstructive Surgery Nurses
CRNA	Certified RN Anesthetists	National Board on Certification and Recertification of Nurse Anesthetists
CRNFA	Certified RN First Assist	Competency and Credentialing Institute
CRNI	Certified RN in Infusion Therapy	Infusion Nurses Certification Corporation
CRNO	Certified RN Ophthalmology	National Certifying Board for Ophthalmology Nurses
CRRN	Certified Rehabilitation RN	Rehabilitation Nurses Certification Board
GSC	Adult Cardiac Surgery	American Nurses Credentialing Corporation
GURN	Certified Urology RN	Certification Board for Urologic Nurses
GCNS-BC	Gerontology CNS	American Nurses Credential Corporation



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GNP-BC	Gerontological Nurse Practitioner	American Nurses Credentialing Corporation
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**APPENDIX C – RECOGNIZED CERTIFICATION PROGRAMS  
(Continued)**

<b>Credential</b>	<b>Certification</b>	<b>Certifying Body</b>
HNB-BC	Holistic Nurse (Baccalaureate)	American Holistic Nurse Certification Corporation
HN-BC	Holistic Nurse – Board Certified	American Holistic Nurse Certification Corporation
IBCLC	International Board Certified Lactation Consultant	International Board of Lactation Consultants Examiners
LCCE	Lamaze Certification in Childbirth Education for Licensed Professionals	Lamaze International
NC-BC	Nurse Coach	American Holistic Nurse Certification Corporation
NNP-BC	Neonatal Nurse Practitioner	Nursing Certification Corporation
(-) NP-BC	Nurse Practitioner – Board Certified (various per ANCC)	American Nurses Certification Corporation
OCN	Oncology Certified Nurse	Oncology Nurses Certification Corporation
ONC	Orthopaedic Nurse Certified	Orthopaedic Nurses Certification Corporation
PCCN	Progressive Care Certified Nurse	American Nurses Certification Corporation
PMHCNS-BC	Psychiatric and Mental Health CNS	American Nurses Credentialing Corporation
PMHCNS-BC	Child/Adolescent Psychiatric Mental Health CNS	American Nurses Credentialing Corporation
PNP-BC	Pediatric Nurse Practitioner	American Nurses Credentialing Corporation



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RN-BC	Pediatric Nurse	American Nurses Credentialing Corporation
RN-BC	Gerontology Nurse	American Nurses Credentialing Corporation
RN-BC	Psychiatric and Mental Health Nursing	American Nurses Credentialing Corporation
RN-BC	Medical-Surgical Nurse	American Nurses Credentialing Corporation
RN-BC	Cardiovascular Nursing	American Nurses Credentialing Corporation
RN-BC	Psychiatric and Mental Health	American Nurses Credential Corporation

**APPENDIX C — RECOGNIZED CERTIFICATION PROGRAMS (Continued)**

<b>Retired Credential*</b>	<b>Certification</b>	<b>Certifying Body</b>
AOCN	Advanced Oncology Certified Nurse	Oncology Nursing Certification Corporation
CPON	Certified Pediatric Oncology Nurse	Oncology Nursing Certification Corporation
RN-BC	Home Health Nurse (retired)	American Nurses Credentialing Corporation
RN-BC	Cardiac Rehabilitation Nurse	American Nurses Credentialing Corporation
RN-BC	High-Risk Perinatal Nurse	American Nurses Credentialing Corporation
RN-BC	General Nursing Practice	American Nurses Credentialing Corporation
RN-BC	Perinatal Nursing	American Nurses Credentialing Corporation
RN-BC	High-Risk Perinatal Nurse	American Nurses Credentialing Corporation
RN-BC	Maternal-Child	American Nurses Credentialing Corporation
RNG	RN Certified—Ambulatory Care	Nursing Certification Corporation



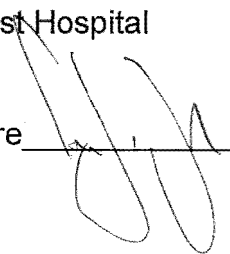
**Methodist Hospital and Minnesota Nurses Association Tentative Agreement  
4/02/2019**

	Nurse	
RNC-MNN	Maternal Newborn Nurse	Nursing Certification Corporation
WHNP-BC	Women's Healthcare Nurse Practitioner	Nursing Certification Corporation

The attached has the new agreed upon MNA Approved Certifications


Methodist Hospital

Signature

 4/8/19

Minnesota Nurses Association

Signature

 4.8.2019

## MNA Approved Certifications

Credential	Certification	Certifying Body
(A)ACRN	(Advanced)AIDS Certified RN	HIV/AIDS Nursing Certification Board
AHN - BC	Holistic Nurse (Advanced)	American Holistic Nurse Certification Corporation
ANP-BC	Adult Nurse Practitioner – Board Certified	American Nurses Credential Corporation
AOCNP	Advanced Oncology Certified NP	Oncology Nurses Certification Corporation
AOCNS	Advanced Oncology CNS	Oncology Nurses Certification Corporation
APHN-BC	Advanced Practice Holistic Nurse	American Holistic Nurse Certification Corporation
CAPA	Certified Ambulatory Perianesthesia Nurse	American Board of Perianesthesia Nursing Certification
CARN	Certified Addictions RN	National League for Nursing Certification of Addictions Nursing
CBN	Certified Bariatric Nurse	American Society for Metabolic and Bariatric Surgery
CCNS	Critical Care CNS	American Association of Critical Care Nurses (AACN)
CCRN	Critical Care RN	American Association of Critical Care Nurses (AACN)
CCTN	Certified Clinical Transplant Nurse	American Board for Transplant Certification (ABTC)
CDE	Certified Diabetic Educator	American Association of Diabetes Educators
CEN	Certified Emergency Nurse	Board of Certification for Emergency Nursing
C-EFM	Certified Electronic Fetal Monitoring	Nursing Certification Corporation
CEPS	Certified Electrophysiology Specialist	International Board of Heart Rhythm Examiners
CFRN	Certified Flight RN	Board of Certification for Emergency Nursing
CGRN	Certified Gastroenterology RN	American Board of Certification for Gastroenterology Nursing
CHN	Certified Hemodialysis Nurse	Board of Nephrology Examiners and Technology
CHPN	Certified Hospice and Palliative Care Nurse	National Board of Certification for Hospice and Palliative Nurses

Credential	Certification	Certifying Body
CHTP	Certified Healing Touch Practitioner	Healing Touch, International
CIC	Certified Infection Control	Certification Board of Infection Control and Epidemiology
CLC	Certified Lactation Counselor	Academy of Lactation Policy and Practice (ALPP)
CMC	Adult Cardiac Medicine	American Nurses Credentialing Corporation
CMSRN	Certified Registered Medical Surgical Nurse	Medical Surgical Nursing Certification Board (MSNCB)
CNM	Certified Nurse Midwife	American Midwifery Certification Board
CNN	Certified Nephrology Nurse	American Nephrology Nurses Certification Commission
CNOR	Certified Nurse in the Operating Room	Competency and Credentialing Institute
CNRN	Certified Neuroscience RN	American Board of Neuroscience Nursing
CPAN	Certified Post-Anesthesia Nurse	American Board of Perianesthesia Nursing Certification
CPDN	Certified Peritoneal Dialysis Nurse	Board of Nephrology Examiners and Technology
CPEN	Certified Pediatric Emergency Nurse	Board of Certification of Emergency Nurses (BCEN)
CPN	Certified Pain Nurse	American Nurses Credential Corporation
CPN	Certified Pediatric Nurse	Pediatric Nursing Certification Board
CPHON	Certified Pediatric Hematology Nurse	Oncology Nursing Certification Corporation
CPSN	Certified Plastic Surgery Nurse	American Society of Plastic and Reconstructive Surgery Nurses
CRNA	Certified RN Anesthetists	National Board on Certification and Recertification of Nurse Anesthetists
CRNFA	Certified RN First Assist	Competency and Credentialing Institute
CRNI	Certified RN in Infusion Therapy	Infusion Nurses Certification Corporation
CRNO	Certified RN Ophthalmology	National Certifying Board for Ophthalmology Nurses
CRRN	Certified Rehabilitation RN	Rehabilitation Nurses Certification Board



Credential	Certification	Certifying Body
CSC	Adult Cardiac Surgery	American Nurses Credentialing Corporation
CURN	Certified Urology RN	Certification Board for Urologic Nurses
FNP or NP-C	Family Nurse Practitioner	American Academy of Nurse Practitioners (AANP)
AGCNS-BC	Adult-Gerontology CNS	American Nurses Credential Corporation
GNP-BC	Gerontological Nurse Practitioner	American Nurses Credential Corporation
HNB-BC	Holistic Nurse (Baccalaureate)	American Holistic Nurse Certification Corporation
HN-BC	Holistic Nurse -- Board Certified	American Holistic Nurse Certification Corporation
IBCLC	International Board Certified Lactation Consultant	International Board of Lactation Consultants Examiners
LCCE	Lamaze Certification in Childbirth Education for Licensed Professionals	Lamaze International
NC-BC	Nurse Coach	American Holistic Nurse Certification Corporation
RNC-MNN	Maternal Newborn Nurse	Nursing Certification Corporation
NNP-BC	Neonatal Nurse Practitioner	Nursing Certification Corporation
( ) NP-BC	Nurse Practitioner -- Board Certified (various per ANCC)	American Nurses Certification Corporation
OCN	Oncology Certified Nurse	Oncology Nurses Certification Corporation
ONC	Orthopaedic Nurse Certified	Orthopaedic Nurses Certification Corporation
PCCN	Progressive Care Certified Nurse	American Nurses Certification Corporation
PMHCNS-BC	Psychiatric and Mental Health CNS	American Nurses Credentialing Corporation
PMHCNS-BC	Child/Adolescent Psychiatric Mental Health CNS	American Nurses Credentialing Corporation
PPCNP-BC	Pediatric Primary Care Nurse Practitioner	American Nurses Credentialing Corporation
FNP-BC	Family Nurse Practitioner	
RN- BC	Pediatric Nurse	American Nurses Credentialing Corporation

<b>Credential</b>	<b>Certification</b>	<b>Certifying Body</b>
RN- BC	Gerontology Nurse	American Nurses Credentialing Corporation
RN- BC	Psychiatric and Mental Health Nursing	American Nurses Credentialing Corporation
RN- BC	Medical-Surgical Nurse	American Nurses Credentialing Corporation
RN- BC	Cardiovascular Nursing	American Nurses Credentialing Corporation
RN-BC	Psychiatric and Mental Health	American Nurses Credential Corporation
RN-BC	Certified Gerontology Nurse	American Nurses Credential Corporation
RNC-LRN	Low Risk Neonatal Nurse	Nursing Certification Corporation
RNC-NIC	Neonatal Intensive Care Nurse	Nursing Certification Corporation
RNC-OB	Inpatient Obstetric Nurse	Nursing Certification Corporation
SCRN	Stroke Certified Registered Nurse	American Board of Neuroscience Nursing (ABNN)
VABC	Vascular Access Board Certified	Vascular Access Certification Corporation (VACC)

Certification Addition Notes:

- CPEN added November 2013
- VABC added June 2014
- SCRN added August 2014
- CMSRN added November 2014
- FNP or NP-C added December 2014
- CCTN added November 2015
- RNC-MNN moved from “retired” to “approved” list

Retired* Credential	Certification	Certifying Body
AOCN	Advanced Oncology Certified Nurse	Oncology Nursing Certification Corporation
CPON	Certified Pediatric Oncology Nurse	Oncology Nursing Certification Corporation
GCNS-BC	Gerontology CNS	American Nurses Credential Corporation
RN- BC	Home Health Nurse (retired)	American Nurses Credentialing Corporation
RN-BC	Cardiac Rehabilitation Nurse	American Nurses Credentialing Corporation
RN-BC	High-Risk Perinatal Nurse	American Nurses Credentialing Corporation
RN-BC	General Nursing Practice	American Nurses Credentialing Corporation
RN-BC	Perinatal Nursing	American Nurses Credentialing Corporation
RN-BC	High-Risk Perinatal Nurse	American Nurses Credentialing Corporation
RN-BC	Maternal Child	American Nurses Credentialing Corporation
RNC	RN Certified – Ambulatory Care Nurse	Nursing Certification Corporation
WHNP-BC	Women’s Healthcare Nurse Practitioner	Nursing Certification Corporation

\*Retired- means that the test is no longer administered although a nurse may still hold the credential and continue to be eligible to receive the certification bonus.



**Methodist Hospital and Minnesota Nurses Association Tentative Agreement  
4/02/2019**

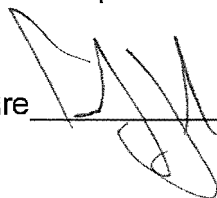
- d. For clarification purposes only, modify the first paragraph of Article 7 (Rotation and Shift of Choice) to reflect total seniority hours required (20,800) to be eligible to request shift of choice.

Article 7 ROTATION AND SHIFT OF CHOICE:

Nurses with ten (10) or more years of seniority (20,800 hours) as defined in Section 14 will be afforded the opportunity to work a permanent shift assignment of the nurse's choice subject to the need to provide proper staffing on all shifts. In order to provide greater opportunities for nurses to select a shift of choice, the Hospital will create more straight shifts. The parties recognize that complete implementation of this provision will need to be phased in, and the period of implementation will be governed by the following:


Methodist Hospital

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 4-8-19

Minnesota Nurses Association

Signature

 4-8-2019

Minnesota Nurses Association and Methodist Hospital Negotiations  
May 6, 2019  
Tentative Agreement

Effective Date: June 1, 2019  
End Date: Ongoing

During the course of negotiations for 2019-2022 contract between Methodist Hospital and the Minnesota Nurses Association mutually agreed to place the Alternative Weekend Schedules into a Letter of Understanding which shall remain dormant while the provision of Article 3 (I) (Weekend Schedule Program) remains current. Should the Weekend Schedule Program be discontinued, the parties will meet to review and discuss the status of the Alternative Weekend Schedules Plan in the LOU.

A. Alternative Weekend Schedules:

The opportunity for alternative weekend schedules will be made available at a level equal to 5% of budgeted RN FTEs. Flexible schedules of both eight- (8) and twelve- (12) hour shifts every weekend will be offered. A nurse may agree to work additional shifts, but such agreement shall not be a condition of being accepted for available alternative weekend schedules. Alternative weekend schedules will be unit-specific wherever possible. The remaining alternative weekend schedules will be in the float pool. Plans established under this Section 3 I shall be subject to the following conditions:

1. Unless otherwise expressly modified by this subsection I, the provisions of Section 3 H, "Flexible Work Schedules," shall be fully applicable to the alternative weekend schedules.
2. Twelve- (12) Hour Alternative Weekend Schedules:
  - a. Alternative weekend schedules developed under this program shall be within a forty-eight (48) consecutive hour period between 3:00 p.m. Friday and 7:00 a.m. Monday.
  - b. A nurse electing this program will be scheduled to work two twelve- (12) hour shifts on consecutive days during the forty-eight (48) hour period on every weekend. Payment shall be at time and one-half (1½) the hourly rate.
  - c. A nurse working two (2) twelve- (12) hour weekend shifts on an alternative weekend schedule shall be credited with thirty-six (36) hours per weekend (seventy-two [72] hours per payroll period) toward accumulation of all contractually provided benefits, including pension. Seniority will accrue on actual hours worked plus actual hours lost under Section 14 B and D. A nurse will receive one (1) hour of credit toward benefits for each additional hour the nurse agrees to work.
  - d. For purposes of Section 14 E, a nurse on an alternative weekend schedule shall be considered to be regularly scheduled for seventy-two (72) compensated hours per payroll period. If a nurse agrees to take a voluntary low-need day for a portion of her or his scheduled twelve- (12) hour weekend shift, the nurse will receive one and one-half (1½) hours of

pay for each hour worked on the partial shift and, in accordance with Section 14 B, will be given one and one-half (1½) hours credit toward benefits for all hours lost.

- e. Vacation and sick leave used shall be paid and be deducted from the nurse's accumulated vacation and sick leave at the same rate as it is accrued. A nurse will, therefore, receive eighteen (18) hours of pay for each twelve (12) hour weekend shift taken as vacation or sick leave.

3. Eight- (8) Hour Alternative Weekend Schedules:

- a. A nurse electing this program will be scheduled to work five eight- (8) hour shifts in a two-week period. Payment shall be at the rate of one and one-half (1½) times the hourly rate. For the 16-hour weekend, it is likely that straight p.m. or straight nights would work Friday/Saturday. When working a weekend p.m./night shift, the normal schedule will be Friday, Saturday and Sunday. The weekend is between 3:00 p.m. Friday and 7:00 a.m. Monday.
  - b. A nurse working eight- (8) hour shifts on an alternative weekend schedule shall be credited with one and one-half (1½) hours toward accumulation of all contractually provided benefits, including pension, for each hour worked on the alternative weekend schedule. A nurse will receive one hour of credit toward benefits for each additional hour the nurse agrees to work. Seniority will accrue on the actual hours worked plus the actual hours lost under Section 14 B and D.
  - c. If a nurse agrees to take a voluntary low-need day for a portion of her or his scheduled eight- (8) hour weekend shift, the nurse will receive one and one-half (1½) hours of pay for each hour worked on the partial shift and, in accordance with section 14 F, will be given one and one-half (1½) hours credit towards benefits for all hours lost.
  - d. Vacation and sick leave used shall be paid and be deducted from the nurse's accumulated vacation and sick leave at the same rate as it is accrued. A nurse will, therefore, receive 12 hours of pay for each eight- (8) hour weekend shift taken as vacation or sick leave.
4. A nurse electing an alternative weekend schedule may be scheduled to work on each holiday falling on a weekend.
5. Holiday pay shall be based on the number of hours regularly scheduled under the alternative weekend program.
6. Section 3 D relating to the weekend bonus and Section 4 M relating to the weekend premium and Section 4 K relating to shift differential shall not apply to the weekend shifts for which a nurse is normally scheduled under the alternative weekend schedules, but will apply to any additional weekend shifts a nurse agrees to work.

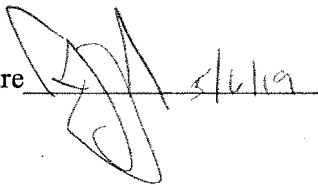
7. The basic workweek for nurses on the alternative weekend program shall be forty (40) hours per week. A nurse shall be paid time and one-half (1½) for all hours in excess of forty (40) hours per week. For purposes of determining eligibility for overtime only, a nurse will be credited with thirty-two (32) hours of work for each twenty-four (24) hours worked under this alternative weekend program. Further, a nurse working in excess of her or his scheduled workday shall be paid time and one-half (1½) for all excess hours so worked except that hours in excess of twelve (12) consecutive hours in a workday shall be paid at the rate of double (2) time.
8. Nurses on the alternative weekend program may elect permanent assignment to the night shift. The remaining night shifts shall be shared proportionately by nurses electing to work twelve- (12) hour shifts on weekends under this program or other schedules including twelve- (12) hour shifts on a weekend developed in accordance with Section 3 H above.
9. A nurse may revoke her or his consent to an alternative weekend schedule pursuant to this program by giving written notice in accordance with Section 3 H. The nurse shall be entitled to return to an open available position for which the nurse is qualified and which has an equal number of hours per payroll period as the nurse had prior to electing the alternative weekend program.

The alternative weekend schedule will be offered for the life of this Contract, but not less than three years. The Hospital shall give the nurses no less than twelve (12) months notification that the program will be discontinued. If alternative weekend schedules are discontinued, the nurse will be returned to the previously scheduled hours and shift rotation held prior to joining the alternative weekend schedule.

10. A nurse participating in this alternative weekend program may, with Hospital approval, trade hours with a nurse who is not on an alternative weekend schedule. Each nurse involved in the trade will be paid at that nurse's regular rate of pay excluding the alternative weekend schedule premium and in accordance with that nurse's standard for overtime eligibility. A nurse on an alternative weekend schedule who trades hours with another nurse who is scheduled to work a twelve- (12) hour shift between 3:00 p.m. Friday and 7:00 a.m. Monday shall continue to receive pay as set forth in this Section 3 I. Any nurse who agrees to work a scheduled shift for a nurse on an alternative weekend schedule shall be paid at the rate of pay the nurse would otherwise receive for weekend work.

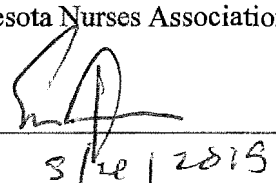
Methodist Hospital

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Minnesota Nurses Association

Signature



3/12/2015

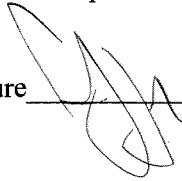
Minnesota Nurses Association and Methodist Hospital Negotiations  
May 6, 2019  
Tentative Agreement

Packaged Drop

Hospital agrees to drop Hospital proposals #7 and #5 and The Union agrees to drop Union proposals #17 and #19

Methodist Hospital

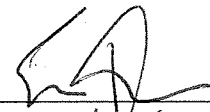
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5/6/19

Minnesota Nurses Association

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5/6/2019



Minnesota Nurses Association and Methodist Hospital Negotiations  
May 6, 2019  
Tentative Agreement

Article 4D

Recognition of ~~LPN or Other~~ Non-RN Experience:

~~An licensed practical nurse or other~~ employee who completes the educational and licensure requirements and becomes a registered nurse and who continues employment at this Hospital and within this bargaining unit, shall maintain earned sick leave and vacation benefits. In addition, such employee shall commence receiving vacation as a registered nurse which shall equal the level of vacation received in the prior position. Satisfaction of any waiting periods for eligibility for coverage under the insurance programs provided by this Contract shall be based upon total length of employment at said Hospital(s). Seniority for purposes of Section 14, "Low-Need Days and Layoff," shall begin to accrue as of the date the employee commences employment as a registered nurse.

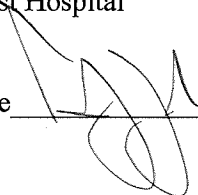
Article 21 A/5

Staffing and Scheduling

~~Units that have Licensed Practical Nurses (LPN) will ensure that the LPN is paired or partnered with a Registered Nurse. RN/LPN assignments will be made with due consideration for patient care needs and staff competency. The team designated to review staffing grids will be also review and reach consensus regarding LPN/RN pairing and partnering. The same team that will be authorized to review and reach consensus regarding charge nurse assignments. If consensus cannot be reached, the issue will be referred to the Chief Nursing Officer (CNO)~~

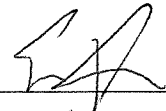
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and  
Methodist Hospital Negotiations  
May 6, 2019  
Tentative Agreement

Union Drops

1. Union Proposals the remainder of Union # 1
2. Union Drops Differential portion of the WSP proposal found in Union #3 Section 3. HOURS New K.
3. Union proposal #3 Subsection B Breaks and Subsection M Floating
4. Union Proposal #9 Low Need and Lay off and Union #10 Schedule and Postings Subsection B
5. Union proposal 15 Insurance Benefits.

Union Accepts Employers Proposal 1C, 1F, and 3E

Employer drops Employer proposal #11 Open Enrollment

Packaged

Union 10D (Extended Shift Cancel Notice)

Subsection D.

Nurses agreeing to work four (4) or more hours beyond their scheduled shift shall receive minimum of one (1) hour cancellation notice prior to before the end beginning of their scheduled extended shift if they are not needed to work overtime. If such timely notice is not provided, the nurse shall be guaranteed four (4) hours of work or pay.

**Hospital Proposal 6**

14E Mandatory

Article 14, Section E Mandatory Low-Need Days:

If additional reductions are indicated, low-need days shall be taken by the least senior regularly scheduled part-time nurse scheduled for the particular unit and shift where the reduction is necessary.


No regularly scheduled part-time nurse shall be required by the Hospital to take more than three (3) low-need days per Contract year. If the least senior part-time nurse on a particular unit and shift has been assigned three (3) low-need days, the next least senior part-time nurse scheduled for the particular unit and shift may be assigned the low-need day. In any case, the total of low-need days under Part E of this provision shall not exceed three (3) per Contract year for any regularly scheduled part-time nurse. A part-time nurse regularly scheduled for sixty-four (64) compensated hours or more per pay period shall be considered as a full-time nurse for purposes of this Section and shall not be assigned low-need days. A nurse to be assigned a low-need day pursuant to this Part E shall be given a minimum of four (4) two (2) hours advance notice before the beginning of the shift.

Casual part-time or temporary nurses shall not be assigned to work on units for which the nurse receiving low-need days is oriented or otherwise qualified. Part-time nurses having hours reduced shall be given

first opportunity for subsequent additional work hours that may become available to replace work hours lost.

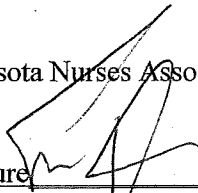
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and  
Methodist Hospital Negotiations

May 6, 2019  
Tentative Agreement

4. Holidays:  
A. Holiday

Full-Time Nurses:

Full-time nurses will be granted the following six (6) holidays with pay: Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Day, and New Year's Day. Full-time nurses shall be provided with three (3) personal floating holidays each contract year at a time mutually agreed upon between each individual nurse and the Hospital.

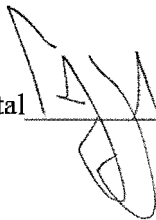
Part-Time Nurses:

A part-time nurse who works on Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, or the nurse's birthday will be paid, in addition to the regular rate of pay for the hours worked, one (1) hour of straight time pay for each hour worked on the holiday, regardless of the shift starting time. Holiday pay will be paid for any hours worked on the holiday. A Holiday shift worked is defined as a shift in which greater than 50% of the hours are worked within the Holiday window. (Example: a nurse not scheduled to work the Thanksgiving Holiday who works 7p.m. Thursday to 7 a.m. Friday would be paid holiday pay from 7p.m to 11p.m. but would not be credited with working Thanksgiving holiday.)

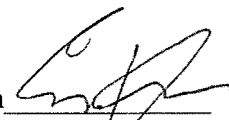
A regularly scheduled part-time nurse, as defined in Section 39 of this Agreement, shall be provided with two (2) personal floating holidays each Contract year at a time mutually agreed upon between each individual nurse and the Hospital.

Packaged with Union Drops U-3 (L) change in block scheduling from .8-.7 FTE

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Minnesota Nurses Association and Methodist Hospital Negotiations  
May 6, 2019  
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Hospital 8 Limits of transfers within one year  
Union #4 Preceptor Pay

Article 4(H)  
Add the following language

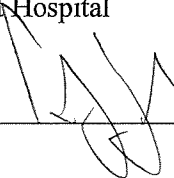
A nurse is who assigned to work as a charge nurse and also to precept a new charge nurse will be eligible for both the charge and preceptor differentials. A nurse who at the hospital's request agree to fill in for a preceptor shall be eligible for the preceptor differential for all hours worked in which they have assumed the preceptor duties regardless of whether the nurse has taken the preceptor training course.

Article 16 (E) Amended as follows

If a nursing position is or will be open, the Hospital will post the position electronically on the bulletin board for a period of at least 7 days before permanently filling the position. Said notice shall include a listing of the station-unit/department, the FTE number of shifts per payroll period, the shift rotation, and required qualifications for the position person to whom to apply. A nurse must be employed in their current unit/department for a period of six (6) months post-orientation before transferring to another unit/department. This limitation may be waived where there is mutual agreement between the nurse and nursing leaders.


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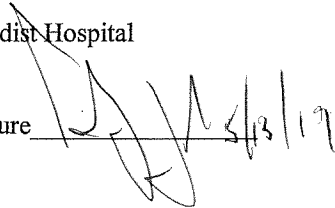
  
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Minnesota Nurses Association and Methodist Hospital  
May 13, 2019  
Tentative Agreement

1. Union drops Union Proposal #14 Section 27 Paid Chair Time with the proviso that starting no later than forty-five (45) days following ratification of the 2019-2022 CBA the Union and the Employer agree to renegotiate the paid chair time letter dated April 16, 1997 to increase paid chair time after these negotiations have concluded.
2. Union drops Union proposal #11 Subsection B Temporary Unit Closure
3. Union agrees to drop Union Proposal #16 Staffing Crisis Bonus
4. Union agrees Employer proposal #3a For clarification purposes only, modify Article 2, Section D (Educational Development) to reflect the \$600 available for workshops, courses and other educational programs comes out of the dollars provided for in Article 2A and are not in addition to the dollars provided in Article 2A.
5. Employer drops Employer Proposal #10 Modify Article 39 (Duration and Renewal) to remove the requirement that the parties exchange proposals by a specific date.

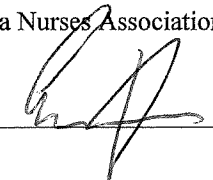
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5.13.2019

Minnesota Nurses Association and Methodist Hospital Negotiations  
May 13, 2019  
Tentative Agreement

**LETTER OF UNDERSTANDING**

Designated Resource Nurse

During the negotiations for the ~~2007-2010~~ 2019-2022 contract between Methodist Hospital and the Minnesota Nurses Association, the following agreements were reached regarding Designated Resource Nurses:

~~As soon as practicable after June 1, 2007, The Hospital will add at~~ commit to at least six (6) Registered Nurse FTEs to be used as Designated Resource Nurses. The Designated Resource Nurse will be an assignment and not a posted position. It is the intent of the parties that the Designated Resource Nurse will typically be assigned from the unit on which they will be utilized as an additional resource to augment the provision of patient care used and would be in addition to authorized FTEs. The Designated Resource Nurse is not counted into the staffing grid. Nursing Administration, with input from the Staffing Advisory Committee and unit grid evaluation committees, will develop a process by which nursing units can request a Designated Resource Nurse FTE allocation.

The purpose of the Designated Resource Nurse is to:

1. Support novice staff while they gain the experience and confidence to develop their skills;
2. Provide clinical assistance for the bedside nurse when intensity is high;
3. Support all staff when new technologies/therapies/interventions are implemented or when other needs are identified by patient care staff.
4. Perform Admissions, Discharges, and Patient transfer Duties.

When done well, this will:

1. improve the timely provision of quality patient care;
2. improve overall staff satisfaction;
3. improve the personalized care and service given to patients and their families;
4. improve inter-departmental relationships (EC, lab, and x-ray) by making turnaround processes more efficient;
5. decrease incremental overtime.
6. Not to interrupt orientation/keep preceptors and orientees whole/together.

Starting no later than thirty (30) days following ratification of the 2019-2022 CBA and for twelve (12) months thereafter, the Hospital and the Union agree to use the Labor Management Committee process to gather and analyze data on DRN utilization. LMC will then use that data to make recommendations designed to fully utilize the allotted DRNs to support patients and staff. Within thirty (30) days following the twelve (12) month review process above, nursing leadership will take action to begin implementing LMC's recommendations.

To assist with creating relevant and current data, the DRNs that are allotted in the June 2019 DRN application process will not be pulled unless one of the following is present:

1. The Unit is short Staffed, or
2. The Hospital is experiencing high patient acuity or intensity, or
3. The Unit/Department is closed, or
4. Emergency Center, Operating Room and/or procedural areas are holding patients for an excessive amount of time.

Thereafter and for the life of the current CBA, LMC will continue to analyze data, assess the success of efforts to maximize the utilization of DRNs and may mutually agree upon other modification to the plan.

Hospital #4 Vacation Limits May to September  
Union #7 Vacation Scheduling

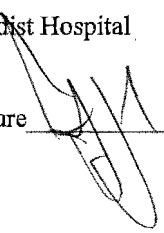
D. Vacation Scheduling

Nurse may replace themselves with up to twelve (12) hours of overtime per posted schedule to cover a vacation request that was denied during the original vacation granting period. These hours may be used in four (4) hour blocks.

No individual nurse maybe granted more than eighty (80) vacation hours during the six (6) week schedule blocks that include Memorial Day and Labor Day and the time period between the two holidays. If vacation days remain available after the vacation granting period, nurses, by seniority, may be granted additional vacation hours during the period defined above. Vacation scheduling shall be reviewed quarterly by the Staffing Advisory Committee.

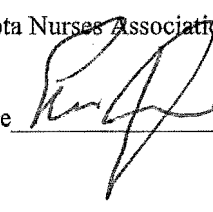
Methodist Hospital

Signature

 5/15/19

Minnesota Nurses Association

Signature

 5/18/2019



Minnesota Nurses Association and Methodist Hospital Negotiations  
May 13, 2019  
Tentative Agreement

Workplace Violence

The Hospital and Association recognize the effects that incidents of violence have on patients, visitors and staff. The Hospital is committed to providing a safe, healthy and secure environment for patients, visitors, and staff. In order to ensure the professional longevity and continued health of staff who work in areas where violent events may occur, the Hospital and the Association are committed to working together to prevent and respond to incidents of violence.

The Hospital will ~~communicate~~ provide education on and reinforce its commitment to the Hospital's Violence Free Workplace Policy and will communicate its expectations to staff, patients and visitors.

The Hospital will continue to evaluate the appropriate use of technology, visual cues and other reasonable means for alerting staff that a patient, patient's family member or visitor has a history of violence on the Hospital campus.

Hospital security will be alerted and engaged as appropriate to support and promote a safe work environment.

Nurses are encouraged to report all incidents of workplace violence and to contact the Employee Occupational Health and Safety Department following any incident of workplace violence. Employee Occupational Health and Safety will contact the nurse's leader to coordinate the implementation of post-incident protocols. Employee Occupational Health and Safety will facilitate support and resources for the affected employee(s) such as the Employee Health Clinic, Employee Assistance Program and stress management resources.

A nurse who has experienced workplace violence will be given the opportunity to be free from duty without loss of pay for the remainder of that shift. If additional time away is needed the Employee Occupational Health and Safety Department will explore options with the nurse via programs and resources and offerings available such as paid administrative leave and assistance with the Workers' Compensation process.

Upon receipt of verifiable medical certification confirming physical or emotional injury necessitating additional time off beyond the day of the incident, the Hospital ~~may~~ agrees to grant the nurse up to three consecutive calendar days off without loss of pay immediately following the date of the incident, in the form of paid administrative leave. Furthermore, the incident of workplace violence must be reported by the nurse in order to be eligible for any paid administrative leave. However, if a report is made more than three days after the event (but in no event later than ten days) administrative leave may be provided retroactively

A nurse who has experienced violence that was committed by a patient or <sup>J</sup> that patient's family, or that patient's visitor shall not be required to assume the assignment of that patient on a future date without the consent of the nurse or in the case of emergency, ~~unless the nurse's care is vital to ensuring the patient's need for care is met.~~

*[Handwritten initials]*

Following the report of a violent event a documented debrief will take place as appropriate that includes staff involved and other members of a typical debrief team or their designee(s). The intent of the debrief is to create a safe space for staff to discuss the event. The debrief will be scheduled to occur as soon as reasonably possible (and reasonable effort will be made have this debrief in 72 hours) after report of the event has been received.

Reported incidents of violence will be reviewed monthly in 2019 and regularly thereafter by the Labor-Management Committee or its delegate. The Labor Management Committee will review trends and through mutual agreement make recommendations for change.

Methodist Hospital

Signature

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5/13/19

Minnesota Nurses Association

Signature

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5/13/2017