

**HealthEast Care System | Minnesota Nurses Association
2019 Negotiations**

**TENTATIVE AGREEMENT
June 18, 2019**

HealthEast Care System and Minnesota Nurses Association (MNA or "the Union") have reached a tentative agreement on the terms for a new collective bargaining agreement as follows.

The Union's bargaining team agrees to unanimously favorably recommend this contract settlement for ratification by the bargaining unit.

Duration. The contract effective dates shall be 6/1/2019** through 5/31/2022. Update the Duration and Renewal article of the collective bargaining agreement accordingly.

** This is conditioned upon having a binding and legally enforceable collective bargaining agreement no later than June 26, 2019.

Wage Increases.

- There shall be a three percent (3.0%) wage increase effective June 3, 2019. The June 3, 2019, effective date for this wage increase is conditioned upon having a binding and legally enforceable collective bargaining agreement no later than June 26, 2019.
No employee who separated from employment prior to the ratification date shall receive any form of retro pay.
- There shall be a three percent (3.0%) wage increase effective the first day of the first full pay period commencing on or after June 1, 2020.
- There shall be a two and one-quarter percent (2.25%) wage increase effective the first day of the first full pay period commencing on or after June 1, 2021.

Update the Salary Chart contained in Article 4 of the contract.

Cleanup Language Changes.

Modify Article 3.J. [p. 10] as follows with the language in the rest of this article remaining the same:

FSP Registered Nurse may be canceled with a minimum of ~~two (2)~~ one and one-half (1.5) hours advance notice of any shift for which the R.N. has agreed to work. However, the canceled shift will be counted toward the commitment of six (6) shifts per four (4) week schedule. Cancellation of Registered Nurses will be based on seniority, dependent on skill need and canceled in this order:

Modify Article 6.d. paragraph 4 [p. 24] as follows with the language in the rest of this article remaining the same:

A Casual part-time nurse shall be given a minimum of ~~two (2)~~ one and one-half (1.5) hours advance notice of the cancellation of any shift of work for which the nurse has agreed to work.

Modify Article 4.L. [p. 17] as follows with the language in the rest of this article remaining the same:

Shift Differential: Nurses working schedules rotating into the evening or night shifts shall be paid a shift differential at the rate of ~~one dollar and fifty cents (\$1.50)~~, one dollar seventy-five cents (\$1.75) effective the pay period closest to June 1, 2008.

Regularly scheduled nurses (not casual nurses) who agree to work twelve (12) consecutive weeks or more on the evening shift shall be paid ~~two dollars and fifty cents (\$2.50) per hour~~, two dollars and seventy-five cents (\$2.75), effective the first pay period closest to June 1, 2008.

Regularly scheduled nurses (not casual nurses) who agree to work twelve (12) consecutive weeks or more on the night shift shall be paid four dollars (\$4.00) per hour.

No premium will be paid for an eight (8) hour shift ending at or before 7:00 p.m. These permanent shift differentials shall be included in the pay for vacation, holiday, sick leave, and other paid leaves provided by Section 15 for those nurses permanently assigned the evening and night shifts.

Unit Closure.

Modify Article 24 [p. 51-52] to include the following language regarding unit closure:

Management will recognize the ethical obligations inherent in the nurse/patient relationship and the accountability and authority of the registered nurse related to her or his individual and autonomous practice within the Nurse Practice Act.

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

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

Temporary Closing Units to Admissions:

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

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

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

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

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

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

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

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

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

[Remaining language of Article 24 is unchanged]

Previous Tentative Agreements.

This overall Tentative Agreement includes the following tentative agreements that were reached during the course of the negotiations. In other words, the parties hereby confirm that the following Tentative Agreements (which are attached to and part of this Tentative Agreement) are part of the overall Tentative Agreement.

- 1) Tentative Agreement No. 1 (Wedding Leave), which is attached as Exhibit 1.
- 2) Tentative Agreement No. 2 (Technological Changes), which is attached as Exhibit 2.
- 3) Tentative Agreement No. 3 (Grid Reviews), which is attached as Exhibit 3.
- 4) Tentative Agreement No. 4 (LOU re: Vacation Pilot Program), which is attached as Exhibit 4.
- 5) Tentative Agreement No. 5 (Workplace Violence), which is attached as Exhibit 5.
- 6) Tentative Agreement No. 6 (Scheduling), which is attached as Exhibit 6.
- 7) Tentative Agreement No. 7 (Job Codes), which is attached as Exhibit 7.
- 8) Tentative Agreement No. 8 (Reporting Time Example), which is attached as Exhibit 8.

Unfair Labor Practice and Grievance. The Union shall withdraw the unfair labor practice charge in NLRB case number Case 18-CA-238264 and the corresponding grievance relating to Denial of Access to Breakrooms, which was filed on or about October 29, 2018. The Union shall not file any additional unfair labor practice charges or grievances regarding incidents or events that occurred prior to the date of this Tentative Agreement that in any way relate to the negotiations or communications or statements or management conduct relating to the negotiations and/or the surrounding events.

Requests for Information. The Union hereby withdraws any outstanding requests for information that it made that relate to the parties' contract negotiations.

All other provisions in the 6/1/16—5/31/19 contract document shall remain the same.

Note—Although the parties have agreed that the effective date shall be 6/1/19, so that the old contract and the new contract run continuously (with no hiatus), the parties hereby agree that the agreed-upon substantive changes do not become effective until after ratification. The only exception is the June 3, 2019, wage increase (for those individuals who are eligible), as set forth above. No employee who separated from employment prior to the ratification date shall receive any form of retro pay.

The Union's bargaining team agrees to unanimously favorably recommend this contract settlement for ratification by the bargaining unit.

Minnesota Nurses Association

HealthEast Care System

Bernadette Fielding RN 6-18-19
Date
Stella Obachyja RN 6/18/19
Date
MURRAY 6/18/19
Date
Dick Hebrink RN 6-18-19
Date
Joseph Lutz 6-18-19
Date

Mark Loren 6/18/19
Date
Dylan 6/18/19
Date
Nenice Zoffen 6/18/19
Sharon C. Fangel 6/18/19
Amy Kuffer 6/18/19

Date

Date

Date

Date

Date

9:08 pm

rec'd 5/2/19
9:23 am

TENTATIVE AGREEMENT

Modified Union Proposal #8 -- Article 15(L) to be added to Contract

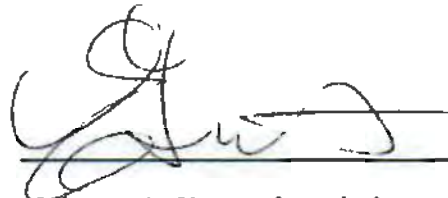
May 2, 2019

L. Wedding Leave:

An unpaid leave of absence of one (1) calendar week will be granted to a nurse for the nurse's wedding provided he/she gives a minimum of sixty (60) days' notice. This week will be counted as part of, not in addition to, any limits on vacation time off that may be taken by an individual nurse.



HealthEast Care System



Minnesota Nurses Association

Date: May , 2019

EXHIBIT
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TA 5/15/19
Mark [Signature]
[Signature]

dist. 11:30 am
5/15/19

HEALTHEAST CARE SYSTEM & MNA
2019 MNA NEGOTIATIONS

HealthEast's Counter-Proposal
5/15/2019

Employer's Counter-Proposal to Union Proposal #13 (New Section)

➤ **Employer's Counter-Proposal (New Section)**

Technological Changes:

Nursing care delivery that may be impacted by technology changes, the following shall apply to all major technology changes related to nursing care:

- a. The Hospital shall give the Association notice of any decision to introduce major technology changes related to nursing care.
- b. Staff nurses, selected by the Association, shall participate on teams or committees which review, evaluate and/or provide input for the selection of new technology involving nursing.
- c. A defined department-based process will be instituted for planning, implementation and evaluation of major technological changes that impact nursing care.

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

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



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Mark
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5/15/19

HEALTHEAST CARE SYSTEM & MNA
2019 MNA NEGOTIATIONS

HealthEast's Counter-Proposal
5/15/2019

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

24. NURSING CARE DELIVERY

A. (Same)

B. (Same)

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

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

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

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

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

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

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

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

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

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

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

Pilot programs involving the type of changes referred to in paragraph A. and B. that are being discussed shall be reviewed and considered prior to the initiation of the program. An evaluation of the pilot program shall be submitted to the joint committee prior to the extension or further continuation of the pilot program.

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

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

Unit Grid Reviews:

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

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

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

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

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

TA 5/15/19

rec'd 3:37 pm
5/15/19



MNA Response to Employers Counter-Proposal on Union's Modified Proposal #6 (Article 6- Vacation)

May 15, 2019

LETTER OF UNDERSTANDING - J

Monitoring the Number of Registered Nurses Allowed off for Vacation

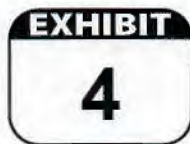
June 1, 200719

The purpose of this Letter of Understanding is to allow additional Registered Nurses time off for vacation. Accrued vacation, position control activity, vacation policy and guidelines, as well as number of staff off per shift, per unit will all be evaluated annually by the site Staffing Advisory Committees or Labor – Management Committee.

The Employer and Union agree to a Pilot Program upon ratification of the 2019 -2022 contract. The Pilot would establish thresholds for the number of additional vacation shifts allowed off in a 24-hour period. The Pilot will base the increased number of vacation shifts on the Productive FTE's. The use of Productive FTE's as the measure of the number of vacation shifts, shall not be used to decrease the current number of vacation shifts allowed nurses in any unit, which is 1 person per shift for units of 20 nurses or more and 2 nurses per 24 hours in unit with less than 20 nurses.

MNA will be provided with the information used by management in establishing additional vacation shifts and the parties will meet and confer in Labor – Management Committee to resolve disputes regarding the number of additional shifts allowed.


An assessment report will then be presented to the Labor – Management Committee.



9:30 pm
3/15/19

HEALTHEAST CARE SYSTEM

MINNESOTA NURSES ASSOCIATION

By /s/ 
~~Virginia Sullivan~~ Mark Sorenson
~~Labor Relations Director~~
~~Vice-President, Human Resources~~

By /s/ 
~~Jerry Hatalla~~
Evangeline Tutt
MNA Staff Specialist, Labor Relations

Date _____

Date _____

TA 5/15/19 9:20 PM
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revised at 7:55 pm
per ET phone call

**HEALTHEAST CARE SYSTEM & MNA
2019 MNA NEGOTIATIONS**

**HealthEast's Proposal re: Workplace Violence
5/15/2019**

Employer's Updated Counter-Proposal re: Workplace Safety

Article 27 - Health and Safety

- A. [Same]
- B. [Same]
- C. [Same]
- D. Nursing Health and Safety Committee: A Nursing Health and Safety Committee will be established as a component part of the Hospital's basic Health and Safety Committee and Workplace Violence Committee. The Nursing Health and Safety Committee shall consist of an equal number of representatives designated by the Hospital and designated by the bargaining unit and shall have standing monthly meetings as part of the labor management committee (LMC). The Committee shall consider and develop recommendations on health and safety matters of particular concern to registered nurses, including but not limited to infectious diseases, chemical hazards, security and physical safety, radiation, and education and development and display of appropriate signage addressing workplace violence. The Hospital will cooperate in providing the Nursing Health and Safety Committee with relevant background information. Recommendations will be sent to the Hospital Health and Safety Committee, and when appropriate the Workplace Violence Prevention Committee Hospital Health and Safety Committee for action. If those recommendations are not implemented, the Committee may bring the matter to the attention of the Chief Nurse Executive. Membership of the Workplace Violence Preventing Committee shall include, but not limited to, representatives from security, employee occupational health, management, quality and patient safety, practice and education, and MNA designated nursing staff.

In addition to providing access to and copies of the OSHA 2300 records and First Report of Injury forms as required by Statute or Rule and Regulations, the Hospital will furnish copies of its Right to Know plan and its over-all AWAIR plan.

- E. Physical Violence and Verbal Abuse: Each facility will have a trained response team(s) which will respond to all emergency situations where physical violence, the threat of physical violence, or verbal abuse occurs. A process will be developed to record and report these incidents of a nonemergency nature. These records will be evaluated by the Nursing Health and Safety Committee when the situation involves a registered nurse.



Employers will encourage registered nurses who are victims of assault in the workplace to recognize the potential emotional impact and offer counseling or other delayed stress debriefing.

In addition, a registered nurse who has been assaulted at work and is unable to continue working will be given the opportunity to be free from duty without loss of pay for the remainder of that shift. Upon receipt of verifiable medical certification confirming physical or emotional injury necessitating additional time off beyond the day of the incident, the Hospital 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. If additional time away is needed, the Employee Occupational Health and Safety Department will explore options with the nurse via programs, resources, and offerings available.

- F. Workplace Violence: The Hospital and Association recognize the effects traumatic events of violence directed at staff have and the obligation of the Employer to provide a safe 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 occur, the Hospital and Union agree to the following commitments:

Preventative Efforts

- The hospital will cooperate in providing the nursing health and safety committee with relevant background information. Recommendations will be sent to the Workplace Violence committee for review and discussion. If those recommendations are not implemented the committee may bring the matter to the attention of the Chief Nursing Executive.
- The Hospital will continue to evaluate available technology, visual cues and other reasonable means to alert that a patient, patient's family member, or visitor has a history of violence on the Hospital campus.
- On obstetric units, a social screen is completed upon admission to determine appropriate security measures.
- Behavioral Restraints: the Hospital will maintain a behavioral restraint policy to be used with the appropriate patient population.

Physical Violence and Verbal Abuse

- Each facility will have a trained response team(s) which will respond to all emergency situations where physical violence, the threat of physical violence, or verbal abuse occurs. A process will be developed to record and report these incidences of a non-emergency nature. These records will be evaluated by the nursing health and Safety committee when the situation involves a registered nurse.

- Employers will encourage registered nurses who are victims of assault in the workplace to recognize the potential emotional impact and offer counseling or other delayed stress debriefing.

Traumatic Events

The Hospital and Association recognize the effects traumatic events of violence directed at staff have on the whole person. In order to ensure the professional longevity and continued health of staff, the Hospital and Association agree to the following provisions for all Registered Nurses:

- When a violent event occurs on a unit there shall be a timely debrief that includes management and all staff involved. Following the report of a violent event, the MNA nurse may report the violent event to MNA co-chairs and designated MNA staff.
- A critical stress debrief will be made available, usually within 72 hours. The debrief team will consist of the appropriate staff involved and other members of a hospital debrief team. The intent of the critical stress debrief is to create a safe space for the staff to discuss the event. The Nurse Leader and Employee Occupational Health and Safety Department will facilitate support and resources for the affected nurse(s). Plain language descriptions of all available resources will be provided to the affected staff.
- A nurse who has been the victim of violence as defined by Minnesota Statute 144.566 that was committed by a patient or that patient's family or visitor shall not be required to assume the assignment of that patient on a future date without the consent of the nurse, except in cases of emergency that would jeopardize patient care.
- The Hospital shall notify all staff working on the premises if there is an event that creates a building lockdown protocol. Staff will be given detailed instructions that include actions to be taken for the protection and well-being of patients, families, and themselves.
- Monthly workplace violence reports will be provided to the MNA chairs and designated MNA staff.
- The Nursing Health and Safety Committee will recommend preparedness and response action plans to acts of violence, review the action plans annually, and propose changes it deems appropriate. When a trend or pattern regarding workplace reports or concerns are noted, the Committee will meet and review relevant policies in order to make recommendations for changes or updates to the Hospital.

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

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

TA 5/15/19
Mark [signature] 10 55 PM

**MNA MODIFIED PROPOSAL #3 (Article 3 -- Scheduling : Hours) to HEALTHEAST CARE SYSTEM
2019 MNA NEGOTIATIONS**

5/15/2019

3. HOURS

(No Changes in this proposal to A and B)

C. Scheduling: The general pattern of scheduling will be as follows:

1. (No Change)
2. (No change)
3. Normally there shall be at least twelve (12) hours between assigned shifts (days, -(evenings) or nights) except on days prior to scheduled days off. For nurses working twelve (12) hour rotating shifts, those nurses shall be afforded at least twenty-four (24) hours between start times, unless the nurse consents to this shift pattern.
4. (No Change)
 5. Except for on call requirements, nurses shall not be scheduled to work more than five (5) consecutive days without the nurse's consent. In addition, nurses shall normally not be scheduled for more than 48 consecutive hours of first call on-call or 72 consecutive hours of 2nd call on-call. (Example: Surgical Services RN may be scheduled for M-F eight (8) hour shifts followed by up to forty-eight (48) hours of off-premises call shifts Saturday and Sunday.)
6. Scheduled Registered Nurses may utilize casual part-time Registered Nurses to cover additional paid time off. The Hospital will not schedule a nurse to work more than three (3) consecutive calendar days of twelve (12) hour shifts without the consent of the nurse. Nurses working three (3) consecutive twelve (12) hour shifts shall not be scheduled for an additional eight (8) hour shift on the day immediately preceding or following such consecutive twelve (12) hours shifts unless the nurse consents to this shift pattern.
7. Within the above guidelines, block schedules may be subject to change around holiday scheduling.

Exceptions to the general pattern of scheduling may be made by agreement between the Hospital and the nurse concerned or in cases of emergency or unavoidable situations where the application of the general patterns would have the effect of depriving patients of needed nursing services.

EXHIBIT
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pg. 1 MNA expressly 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. Said proposals shall not be used in an Administrative Hearing or Arbitration as evidence of interpretation or intent if the proposal is withdrawn by the Union.

5/15/14
1037
Mark Jan



The Employer and the Union hereby agree to remove the job codes that appear at the bottom of Salary Charts A, B and C of the 2016-2019 Contract Agreement.

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SALARY CHART A - EFFECTIVE PAY PERIOD BEGINNING CLOSEST TO JUNE 1, 2016						
Length of Service	Staff Nurse			Assistant Head Nurse		
	AD & D	Bacc.	Masters	AD & D	Bacc.	Masters
	Hourly 3%	Hourly 3.5% above AD & D	Hourly 7% above AD & D	Hourly 3%	Hourly 3.5% above AD & D	Hourly 7% above AD & D
Start	30.89	31.97	33.04	33.99	35.17	36.35
After 1 year	32.80	33.95	35.08	36.07	37.33	38.58
After 2 years	34.17	35.36	36.58	37.62	38.93	40.25
After 3 years	35.50	36.74	37.96	39.04	40.41	41.77
After 3 years*	35.64			39.18		
After 4 years	36.88	38.18	39.46	40.56	41.98	43.39
After 4 years*	37.03			40.71		
After 5 years	37.91	39.25	40.58	41.75	43.21	44.67
After 5 years*	38.09			41.90		
After 6 years	39.14	40.49	41.88	43.03	44.53	46.04
After 6 years*	39.28			43.18		
After 6 years**	39.45			43.34		
After 7 years	40.67	42.11	43.52	44.82	46.38	47.96
After 7 years*	40.83			44.98		
After 7 years**	41.00			45.16		
After 8 years	41.10	42.53	43.97	45.22	46.80	48.38
After 8 years*	41.24			45.38		
After 8 years**	41.41			45.52		
After 9 years	42.68	44.18	45.69	46.93	48.58	50.21

After 9 years*	42.83			47.09		
After 9 years**	43.01			47.26		
After 10 years	43.77	45.31	46.84	48.14	49.82	51.52
After 10 years*	43.93			48.30		
After 10 years**	44.09			48.47		
After 12 years	44.68	46.25	47.81	49.12	50.84	52.56
After 12 years*	44.84			49.28		
After 12 years**	45.00			49.46		
After 15 years	45.88	47.49	49.09	50.45	52.22	53.96
After 15 years*	46.03			50.60		
After 15 years**	46.20			50.78		
After 20 years	47.02	48.67	50.32	51.70	53.51	55.32
After 20 years*	47.19			51.85		
After 20 years**	47.35			52.04		
After 25 years	48.22	49.91	51.59	53.00	54.87	56.70

* With educational requirement met at third year or after.

**With educational requirement met at sixth year or after.

Educational increments do not apply to Individuals hired after May 31, 2001.

This chart is used for the following job codes:

Code	Job-Title	Step-Scale-Name
1365	Assistant Head-Nurse	C5-Assistant-Head-Nurse
1360	RN	C5-RN/New-Grad/RN-Support-Team
1361	RN	C5-RN/New-Grad/RN-Support-Team
1363	Resident-RN	C5-RN/New-Grad/RN-Support-Team
1366	RN-Support-Team	C5-RN/New-Grad/RN-Support-Team

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SALARY CHART B - EFFECTIVE PAY PERIOD BEGINNING CLOSEST TO JUNE 1, 2017

Length of Service	Staff Nurse			Assistant Head Nurse		
	AD & D	Bacc.	Masters	AD & D	Bacc.	Masters
	Hourly 3%	Hourly 3.5% above AD & D	Hourly 7% above AD & D	Hourly 3%	Hourly 3.5% above AD & D	Hourly 7% above AD & D
Start	31.51	32.61	33.70	34.67	35.87	37.08

After 1 year	33.46	34.63	35.78	36.79	38.08	39.35
After 2 years	34.85	36.07	37.31	38.37	39.71	41.06
After 3 years	36.21	37.47	38.72	39.82	41.21	42.61
After 3 years*	36.35			39.96		
After 4 years	37.62	38.94	40.25	41.37	42.82	44.26
After 4 years*	37.77			41.52		
After 5 years	38.67	40.04	41.39	42.59	44.07	45.56
After 5 years*	38.85			42.74		
After 6 years	39.92	41.30	42.72	43.89	45.42	46.96
After 6 years*	40.07			44.04		
After 6 years**	40.24			44.21		
After 7 years	41.48	42.95	44.39	45.72	47.31	48.92
After 7 years*	41.65			45.88		
After 7 years**	41.82			46.06		
After 8 years	41.92	43.38	44.85	46.12	47.74	49.35
After 8 years*	42.06			46.29		
After 8 years**	42.24			46.43		
After 9 years	43.53	45.06	46.60	47.87	49.55	51.21
After 9 years*	43.69			48.03		
After 9 years**	43.87			48.21		
After 10 years	44.65	46.22	47.78	49.10	50.82	52.55
After 10 years*	44.81			49.27		
After 10 years**	44.97			49.44		
After 12 years	45.57	47.18	48.77	50.10	51.86	53.61
After 12 years*	45.74			50.27		
After 12 years**	45.90			50.45		
After 15 years	46.80	48.44	50.07	51.46	53.26	55.04
After 15 years*	46.95			51.61		
After 15 years**	47.12			51.80		
After 20 years	47.96	49.64	51.33	52.73	54.58	56.43
After 20 years*	48.13			52.89		
After 20 years**	48.30			53.08		

After 25 years	49.18	50.91	52.62	54.06	55.97	57.83
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* With educational requirement met at third year or after.

**With educational requirement met at sixth year or after.

Educational increments do not apply to individuals hired after May 31, 2001.

This chart is used for the following job codes:

Code	Job Title	Step Scale Name
1365	Assistant Head Nurse	C5-Assistant Head Nurse
1360	RN	C5-RN/New Grad/RN Support Team
1361	RN	C5-RN/New Grad/RN Support Team
1363	Resident-RN	C5-RN/New Grad/RN Support Team
1366	RN Support Team	C5-RN/New Grad/RN Support Team

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SALARY CHART C - EFFECTIVE PAY PERIOD BEGINNING CLOSEST TO JUNE 1, 2018

Length of Service	Staff Nurse			Assistant Head Nurse		
	AD & D	Bacc.	Masters	AD & D	Bacc.	Masters
	Hourly 3%	Hourly 3.5% above AD & D	Hourly 7% above AD & D	Hourly 3%	Hourly 3.5% above AD & D	Hourly 7% above AD & D
Start	32.14	33.26	34.37	35.36	36.59	37.82
After 1 year	34.13	35.32	36.50	37.53	38.84	40.14
After 2 years	35.55	36.79	38.06	39.14	40.50	41.88
After 3 years	36.93	38.22	39.49	40.61	42.03	43.46
After 3 years*	37.08			40.76		
After 4 years	38.37	39.72	41.06	42.20	43.68	45.15
After 4 years*	38.53			42.35		
After 5 years	39.44	40.84	42.22	43.44	44.95	46.47
After 5 years*	39.63			43.59		
After 6 years	40.72	42.13	43.57	44.77	46.33	47.90
After 6 years*	40.87			44.92		
After 6 years**	41.04			45.09		
After 7 years	42.31	43.81	45.28	46.63	48.26	49.90
After 7 years*	42.48			46.80		
After 7 years**	42.66			46.98		
After 8 years	42.76	44.25	45.75	47.04	48.69	50.34

After 8 years*	42.90			47.22		
After 8 years**	43.08			47.36		
After 9 years	44.40	45.96	47.53	48.83	50.54	52.23
After 9 years*	44.56			48.99		
After 9 years**	44.75			49.17		
After 10 years	45.54	47.14	48.74	50.08	51.84	53.60
After 10 years*	45.71			50.26		
After 10 years**	45.87			50.43		
After 12 years	46.48	48.12	49.75	51.10	52.90	54.68
After 12 years*	46.65			51.28		
After 12 years**	46.82			51.46		
After 15 years	47.74	49.41	51.07	52.49	54.33	56.14
After 15 years*	47.89			52.64		
After 15 years**	48.06			52.84		
After 20 years	48.92	50.63	52.36	53.78	55.67	57.56
After 20 years*	49.09			53.95		
After 20 years**	49.27			54.14		
After 25 years	50.16	51.93	53.67	55.14	57.09	58.99

* With educational requirement met at third year or after.

**With educational requirement met at sixth year or after.

Educational increments do not apply to individuals hired after May 31, 2001.

This chart is used for the following job codes:

Code	Job Title	Step Scale Name:
1365	Assistant Head Nurse	CS Assistant Head Nurse
1360	RN	CS RN/New Grad/RN Support Team
1361	RN	CS RN/New Grad/RN Support Team
1363	Resident RN	CS RN/New Grad/RN Support Team
1366	RN Support Team	CS RN/New Grad/RN Support Team

HealthEas: _____

Minnesota Nurses Association: _____

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Date:

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Tentative Agreement on Union Proposal Article 5(D) (New)-- On Call Duty and Appendix E(8)
Intent Manual

D. Reporting Time. In areas where on-call duty is mandatory, employees are expected to arrive at the Hospital within thirty (30) minutes of the time called to work.

Intent Manual (Modification to Intent example E(8) as follows only)

4- 8. In areas where on-call duty is mandatory, employees are expected to arrive at the Hospital within ~~twenty~~ thirty(30) minutes of the time called to work. Employees are expected to be available for call at the beginning of call shift. **EXAMPLE:** *If on-call shift is 7:00 a.m.-3:30 p.m. a surgery employee may be called at 6: 30 a.m. and expected to be at work at 7:00 a.m.*

Minnesota Nurses Assoc.: _____
Signature

HealthEast Care System: _____
Signature

Date: April , 2019

