The original intention of unit-based scheduling was to give nurses a voice in their schedule. Unit-based scheduling in its current state has several identified opportunities for improvement.

Issues with UBS:

- We have a regional scheduling office with trained schedulers who are the right people to do this work. Having nurses doing administrative work with the schedule reduces the time available at the bedside caring for patients.
- UBS requires staff to sign up for 50/50 shifts which necessitates more movement than the contract language would otherwise require.
  - It creates unnecessary holes, which are then posted as needs and filled with staff working bonus shifts.
  - There are separate processes for different areas, i.e. procedural departments, where the 50/50 requirement is limiting.
- The more people involved in the scheduling process results in higher likelihood of having gaps and inconsistencies in approach.
  - There is inconsistency with determining the revocation of scheduling privileges for staff not meeting guideline expectations.
  - There are inconsistencies in the application of balancing principles resulting in more ideal schedules for some staff members than others.
- $48,960 per year at a minimum cost for balancers and super balancers
  - Nurses are pulled from patient care requiring other nurses to back-fill them which is not captured in this dollar amount
    - 6 hours per balancer per schedule per unit
      - 12 hours per schedule * 6 schedules * 13 units = 936 hours/year
      - $45/hr * 936 hours = $42,120
    - 2 hours per month for UBS group (3)
      - 2 hours per month * 12 = 24 hours/year
      - $45/hr * 24 hours = $1,080
    - 2 hours quarterly for all balancers and super balancers (13 & 3)
      - 2 hours * 4 quarters * 16 nurses = 128 hours/year
      - $45/hr * 128 hours/year = $5,760
- Needs are sent to staff during posting of the temporary schedule, which does not allow for fluctuations in needs present at the time of the final post.
  - Unanticipated LOA
  - Position changes within the unit
  - Orientation
  - Resignations
  - Fluctuating procedural and surgical schedules
- Current state requires a lead time of 12 weeks to allow for enough time to complete the current process.
• Moving the scheduling to be done by the schedulers would decrease the lead time required to 6 to 8 weeks prior instead.
• Due to the extensive lead time required staff struggle at times to schedule education.
定义
确认的攻击是指发生的实际以及被记录的暴力事件。

医疗系统和协会认识到暴力事件对患者、访客和员工的影响。医疗系统致力于提供一个安全、健康和安全的工作环境。为了确保所有参与的工作人员的工作场所的持续安全，医疗系统和协会承诺与工作在一起，以防止和响应各种暴力事件。

医疗系统将提供教育，为所有护士提供年度教育，并强化其对工作场所暴力政策的承诺，以及与工作人员、患者和访客沟通其期望。

医疗系统将保持和强化一项应对紧急情况的协议，以应对物理暴力或物理暴力威胁。医疗系统的护士、管理层和安全协调员负责报告所有工作场所暴力事件。将建立一个过程来记录和报告这些事件。如果可能，报告应包括参与的部门和事件的性质。关于可能的工作场所暴力事件的报告将由委员会/小组进行审查。作为其工作流程的一部分，该委员会/小组将审查医疗系统有关工作场所暴力的培训和响应计划。该委员会/小组将包括一名代表的谈判小组。该委员会/小组将有权利指定一名代表的谈判小组，另一名替代代表，以在委员会/小组中服务。委员会/小组应指定一名代表的谈判小组。委员会/小组的会议记录将报告给LMC。与委员会/小组的谈判代表的谈话将按时间分配支付。在委员会/小组会议中花费的时间将不会导致被支付加班工资。

医疗系统将继续评估使用技术、视觉提示和其他合理手段，以提醒工作人员，当病人、病人的家属或访客有暴力历史时。
MAYO CLINIC HEALTH SYSTEM IN MANKATO
AND
MINNESOTA NURSES ASSOCIATION

SECOND REVISED COUNTER for New Subsection E (Workplace Violence):

January 27, 2020

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 provide education on and reinforce its commitment to the Workplace Violence Policy and communicate its expectations to staff, patients and visitors.

The Hospital will maintain and reinforce a protocol for responding to emergency situations where physical violence or the threat of physical violence occurs. Nurses are expected to report all incidents of workplace violence. Management and Security will coordinate follow up to any such report. A process will be maintained to record and report these incidents. Where possible, the reports should include the name of the unit/department and the nature of the incident. Reports and records regarding possible workplace violence will be reviewed by the committee/group designated to address workplace violence. As part of its work process, the committee/group will review and may recommend changes to the Hospital’s training and response programs relating to workplace violence. The union will be given the opportunity to name one bargaining unit nurse, plus one alternate, to serve on the committee/group. Minutes of each meeting will be forwarded to LMC. Bargaining unit nurses on the committee/group shall be paid for time spent in official meetings of the committee/group provided, however, that the time spent in such meetings shall not result in the nurse being paid at overtime rates.

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.

When a significant incident of workplace violence is occurring, other hospital staff may be notified as appropriate. Hospital security will be alerted and engaged as appropriate to support and promote a safe work environment.

The Hospital encourages nurses who experience a confirmed assault in the workplace to recognize the potential emotional impact and will offer counseling or other delayed stress debriefing if appropriate. The Hospital will provide training to each nurse on crisis prevention, intervention or another form of violence prevention training for nurses.
working on units where it has been determined that frequent incidents of workplace violence have occurred.

When it is confirmed that an nurse has been assaulted at work and is unable to continue working, the nurse will be given the opportunity to be free from duty without loss of pay for the remainder of that shift. If the nurse is able to continue working a shift, the nurse normally will not be re-assigned to that same patient for the duration of the shift without the nurse’s consent unless the nurse’s care is vital to the patient’s health needs. Upon the nurse’s request, the Hospital will make reasonable efforts to ensure that the nurse will not be re-assigned to that patient for the duration of that patient’s hospitalization and, on a case by case basis, during future hospitalizations.

Following the report of a confirmed violent event, the involved nurse will be offered the opportunity to participate in a documented debrief if appropriate. Any debrief would include the 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. If a debrief is determined to be appropriate, it will be scheduled to occur within a reasonable period of time after the report of the event has been received and reasonable effort will be made to have such debrief within 72 hours after report of the event has been received.

The Hospital will reimburse a nurse for the cost of replacing the nurse’s personal property which is confirmed to have been damaged due to violence in the workplace. It is understood that reimbursement under this section may be through workers’ compensation.
Mankato Hospital and Minnesota Nurses Association
January 27, 2019 Negotiations

Package
Employer proposal 10

Article 12 – Posting of Positions, Special Assignments, and Special Projects.

Section A – Posting of Positions:
When a nursing position is open, notice of the availability of such position shall be posted online via the Hospital’s current system. Such notice shall include the classification, the number of hours per pay period, the shift or shift rotation, the length of shifts in the position, the unit or location of the available position, the contract status, and the required qualifications for the position. The notice shall be posted for seven (7) days before permanently filling the position. In order to receive seniority preference, a nurse must apply within the 7-day internal posting period.

The Employer accepts
UNION PROPOSAL #2
SECTION 3. SALARY

Subsection E

New language

Nurses will not be disciplined for tardiness related to weather events.

This is a package and must be accept as a package