

**LETTER OF UNDERSTANDING**  
between  
**ST. MARY'S MEDICAL CENTER, SMDC MEDICAL CENTER (MILLER-DWAN)**  
and  
**MINNESOTA NURSES ASSOCIATION**

**EMPLOYER THIRD REVISED**

**October 10, 2022**

**SCHEDULING AND STAFFING DEVELOPMENT AND REVIEW**

The Employer and the Association agree that it is important to ensure appropriate staffing levels on hospital nursing units to provide optimal patient care. As a result, the Employer has developed staffing plans in cooperation with the Minnesota Nurses Association (MNA) in the Labor Management Committee.

Staffing/Scheduling plans (the overall budget plan) include staffing levels for any and all units or services where MNA bargaining unit nurses are assigned to work.

The ongoing responsibility of the LMC is to review all staffing grids **and, where applicable, provide input on the development of staffing grids for new units**, as well as all Concern for Safe Staffing and/or Process for Safe Staffing and Assignment of Patients Forms and any related documentation at least annually prior to budget approval, or more often as staffing issues are identified as listed below. The outcomes of the review shall be used by Nursing leadership in conjunction with MNA to determine when changes in staffing/scheduling and skill mix are warranted. After the initial review, the LMC will develop a system for continued review of grids by developing a subcommittee who will be accountable for the review process.

The LMC will develop staffing/scheduling plans for each unit/service **considering multiple data and information sources including, but not limited to, the following factors:**

- Patient **Intensity (inclusive of holistic nursing care)**
- Nursing Practice Council **Recommendation**
- Comparison of budgeted vs actual daily census
- Staff skills, experience level and abilities
- Staffing mix
- Unit geography
- Type of service
- Nursing quality indicators
- Nursing specialty staffing recommendations
- Overtime worked
- Extra shifts worked

- Call backs
- Complexity compression
- The number of patients assigned to the Charge Nurse
- *Staffing and Scheduling Benchmark Survey*

If the committee is unable to reach consensus on the **initial** scheduling plans/grids, a mediator with background and experience in health care matters shall work with the Committee in attempting to find solutions to areas of disagreement. The mediator may be chosen from the Federal Mediation and Conciliation Service or from other sources as the Committee may determine. **The mediation process under this paragraph must begin within thirty (30) calendar days. During the mediation process the parties agree to negotiate in good faith and meet for a minimum of two times within the following thirty (30) calendar days. Changes will not be implemented until this mediation process is observed.**

A nurse who has concerns about the safety or appropriateness of their assignment or is requesting a modified assignment shall first consult with the charge RN on the unit. Should there be disagreement about modifying the assignment, the nursing leader should be consulted. If there is continued disagreement regarding the assignment, the situation shall continue to be escalated up the chain of command. A nurse shall not be subject to discipline or sent home in response to making a request to review an assignment for safety or appropriateness. A nurse who has used their professional nursing judgment to request a modified assignment will use quantifiable components of the complexity, amount of time and intensity of care required for their existing patients to justify the request for a modified assignment.