

**ST. JOSEPH'S MEDICAL CENTER  
BRAINERD  
AND  
MINNESOTA NURSES ASSOCIATION**

**Employer Counter to Union Proposal #29**

**February 10, 2023  
8:15 p.m.**

**1. Revise Article 18 as follows:**

**18. LABOR MANAGEMENT COMMITTEE**

- A. A Labor Management Committee shall be established consisting of an equal number of representatives designated by the Medical Center and representatives designated by the bargaining unit. **The LMC shall designate co-chairs, one designated by the Association and one by the Medical Center, to manage the business of the Committee. The senior nursing executive at the Medical Center shall be one of the Employer's representatives and the Association bargaining unit chair(s) shall be at least one of the Association representatives. At least one nurse designated by the Association from each unit will be appointed to the Committee. A representative of the Association and the Medical Center from each unit relevant to the agenda will be present at each meeting.**
- B. The purpose of the Committee shall be to develop a better understanding between administration and members of the bargaining unit, to assist in working out mutual problems of administration and bargaining unit members, to consider suggestions of the bargaining unit relative to the delivery of patient care, and to facilitate communication between the parties. Such discussion may include the following items and other issues as mutually agreed:
1. Discuss and review staffing matters in order to provide direct input to nursing administration in formulating staffing policies and making staffing decisions. **This input shall include a review at least twice annually of unit grids and/or staffing plans as applicable for each unit. This input shall also include a review of each temporary unit closure since the prior meeting.**
    - i. **In evaluating staffing plans, it is the intent and desire to reach mutual agreement about appropriate staffing. If the Committee reaches consensus on the unit grids and/or staffing plans, they will be implemented.**
    - ii. **If the Committee does not reach consensus on the unit grids and/or staffing plans, the Committee will refer the planned grid and/or**

**staffing plan to the next-scheduled Unit Council for further input and feedback. If there are additional recommendations from Unit Council, those recommendations shall be brought back to the next LMC meeting. The Medical Center will not implement changes to the unit grids or staffing plans until this Unit Council process is observed.**

2. Discuss and make recommendations regarding on-call guidelines, floating, orientation, overtime concerns, and vacations and holiday scheduling problems consistent with provisions of the contract.
  3. Discuss and make recommendations regarding which types of classes, institutes, and workshops will be recognized for purposes of Article 11.
  4. Discuss and make recommendations regarding the use of educational funds provided for in Article 11 to purchase medical equipment and/or software.
- C. The Committee may also 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. The Medical Center will cooperate in providing the Committee with relevant background information.
- D. ~~Staff selected to serve on this Committee will be kept whole from loss of pay for regularly scheduled work hours lost because of serving on the Committee.~~ **Up to five bargaining unit members shall be paid at the appropriate rate of pay for time spent in attendance and shall accrue hours for the purposes of seniority and contractual benefits.** Minnesota Nurses Association staff members may attend at the request of the bargaining unit members.
- E. The Committee shall develop a mutually agreeable meeting schedule and minutes will be kept and made available to staff and administration. Where specific recommendations are made, a report of the response or action taken by administration will be given in writing to the staff and to Committee members.
- F. The services of the Federal Mediation and Conciliation Services will be requested for the initial training, development, and facilitation of this committee.
- G. This Section of the Contract may not be used by either party as the basis, in whole or in part, for alleging a violation of the Contract and, further, shall not be considered by an arbitrator when deciding a grievance except that either party may use the grievance/arbitration procedure in an effort to enforce the obligation to pay nurses who have attended Labor Management meetings as specifically set forth in the fourth (4th) paragraph of that Section.

**2. Add the following Letter of Understanding regarding Nursing Care Delivery:**

The Employer and the Association agree that it is important to ensure appropriate staffing levels on hospital nursing units to provide optimal patient care. The Hospital and the Union thereby agree to the following provisions for an inclusive approach to staffing structures and situational needs that include nurse input on units where bargaining unit nurses are scheduled.

**Staffing Plan Review**

When LMC reviews staffing levels, the following factors shall be considered in determining appropriate staffing levels. They include, but are not limited to:

1. Budgeted census
2. Patient volume trends
3. Availability of other in-house resources

**Daily Staffing**

The parties agree that adequate staffing on a day-to-day basis is the best method to ensure that the delivery of patient care is safe and efficient. The factors used to determine the daily staffing shall include, but not be limited to:

1. Census
2. Staff skills, experience level and abilities
3. Unit admissions, discharges and transfers
4. Patient acuity

A nurse who has concerns about the safety or appropriateness of their assignment or is requesting a modified assignment shall consult with the charge RN on the unit to identify if any modifications can be made. Should there be disagreement about modifying the assignment, the House Supervisor or the Nursing Administrator On Call 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, raising concerns about, or advocating for, additional resources regarding their patient assignment for safety or appropriateness based on their nursing judgment and in accordance with the governing Nurse Practice Act.

**The Employer and Association both agree that between the hours of 10 p.m. and 5 a.m. (when the staffing office is closed), there may be occasions where the need for additional nursing resources in the Emergency Department may suddenly arise to meet additional patient needs.**

**Therefore, the parties agree that within ninety (90) days of ratification of the Agreement they will create and implement guidelines that will provide a mechanism to expediently increase staffing between the hours of 10 p.m. and 5 a.m. The Labor Management Committee can develop this mechanism or can delegate this responsibility to a subcommittee.**

**The goal of these guidelines is to develop a process for the overnight charge nurse to independently utilize a mechanism (whether via texting nurses to notify them of the need for assistance or by other means) to access additional resources when needed due to escalating patient care needs.**

**In the event that patients who meet the Medical Center's criteria for admission are in a boarder status in the ED and no beds are available on an appropriate inpatient unit for transfer, the Medical Center will page out for nurses to assist from the unit that would provide appropriate care if the ED Charge Nurse determines such assistance is needed.**

3. **Revise Appendix F as follows:**

**APPENDIX F  
PILOT LETTER OF UNDERSTANDING – TEMPORARY DEFERRAL OF  
ADMISSIONS**

It is acknowledged and understood by the Employer and the Association that there may be times when there are constraints on a unit's resources in support of the admission or transfer of additional patients to the unit. The parties have agreed to this Letter of Understanding establishing a process by which to consider the temporary of new admissions/transfers to a unit.

If a charge nurse objectively concludes that a new admission or transfer to the unit should be delayed temporarily for reasons of patient safety, the charge nurse should notify the manager or supervisor. Before contacting the nurse manager or supervisor (or, where appropriate, administrative representative) the charge nurse should refer to the Hospital's Patient Placement policy and evaluate the following factors:

- Composition of skill/roles available on the unit;
- Patient acuity;
- Possible patient transfers from the unit;
- Anticipated discharges/possibility of expediting discharges;
- Availability of RNs on the unit to accept an assignment at time of anticipated admission;
- Current patient care assignments and potential redistribution.

If there remains a question regarding the availability of needed resources for a new admission/transfer, the nurse manager or supervisor/administrative representative will consult with the charge nurse including, where appropriate, coming to the unit. The charge nurse and nurse manager or supervisor/administrative representative, in collaboration with the Emergency Department, PACU, or other transferring unit, will consider the following:

- Ability to facilitate admissions, discharges, transfers;
- Availability of additional resources;
- House-wide census and staffing and current Emergency Department conditions.

If actions taken after consideration of these factors do not resolve the issue, the charge nurse and the administrative representative will jointly determine if the unit should temporarily defer admissions for a period of time not to exceed two hours~~30 minutes~~. It is recognized that certain situations such as community emergencies, EMTALA, or other legally required admissions and situations that would jeopardize the safety of any 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.

In any situation where the above process was used to temporarily defer admissions or where a charge nurse's assessment was that the unit should have temporarily deferred admissions but did not, a retrospective review can be initiated by the individuals involved and completed at the unit level at a time mutually agreed upon with management.

*The Employer Reserves the Unconditional Right to Add to, Modify or Withdraw any Proposals Prior to a Final Agreement on all Terms.*