

Section 1.10 Labor Management Committee

The Medical Center and the Association agree that the delivery of quality patient care is the centerpiece of the work conducted at the Medical Center. Both parties are committed to working together to resolve issues that may interfere with the safe and effective delivery of quality patient care.

Our nurses are vital contributors to the work of the Medical Center. The Medical Center and the Association are committed to creating a work environment that enables our nurses to deliver the highest quality of care to our patients.

To these ends, the Labor Management Committee shall be the forum for the Medical Center and the Association to discuss matters of mutual concern, including issues related to patient care, workplace and workforce matters and staffing.

The Chief Nursing Officer and the Regional Human Resources Officer shall co-chair the Labor Management Committee. The Committee shall be composed of up to six additional (6) representatives appointed by the Medical Center, and the Association may appoint up to six (6) representatives and up to two (2) Association staff representatives. The employee representatives shall be in paid status.

The Committee will be scheduled every other month unless changed by mutual agreement of the parties. The co-Chairs will prepare the agenda, with the input of any Committee member. Agenda items should be submitted to one of the co-Chairs and the Union Chair at least 7 days in advance of the meeting. Any items not meeting the deadline will be deferred to the next meeting unless otherwise mutually agreed by the parties.

Section: 1.11 Staffing and Acuity Committee

- A. Purpose.** The Medical Center and the Association have a strong and mutual interest in achieving a climate where patients receive a consistent high quality of patient care. It is recognized that staffing of professional registered nurses based upon the complexity of patients' acuity and patients' care needs aligned with identifiable nursing skills promotes quality patient care, consistent with recognized nursing standards. Accordingly, the Medical Center and professional nurses shall jointly participate through a Staffing and Acuity Committee in the development and recommendation to the Medical Center of staffing, standards and tool(s) to include acuity and a hospital wide written staffing plan for nursing care services, as outlined herein.
- B. Composition and Participation.** There shall be a Staffing and Acuity Committee comprised of the Chief Nurse Officer or designee, four (4) direct patient care registered nurses designated by the Association from separate service lines, two (2) direct patient care registered nurses designated by the Medical Center, a non-voting Association ex-officio representative, and two (2) nursing leadership representatives, which may include the House Operations Administrator, designated by the Chief Nurse Officer or designee.

In an effort to ensure full commitment to the Staffing and Acuity Committee and to obtain

widespread input from the bargaining unit, bargaining unit nurses will only participate in either Labor Management or Staffing and Acuity Committee at one time, except that two bargaining unit nurses may participate in both committees.

- C. **Meeting Frequency.** Through 2014, the Committee shall meet monthly and every other month thereafter unless otherwise agreed by the parties. The employee members of the Committee shall be in paid status.
- D. **Responsibilities and Authority.** The Chief Nurse Officer or designee shall be the chairperson of the Staffing and Acuity Committee. Recommendations will be made by a majority of the voting members to the Chief Nurse Officer, who will make decisions after reasonably evaluating all recommendations.
- E. **Vice-Chairs.** There will be two vice-chairs of the committee, who are existing committee members, one selected by the Association and one selected by the Medical Center. The vice-chairs shall alternate creating the agenda, which shall be made available to the members at least seven (7) days prior to a meeting. Any member of the Committee can submit suggestions for an agenda item. The vice-chair who creates the agenda for the meeting will be responsible for gathering information needed for the committee to review the issues on the agenda; the other vice-chair is responsible for giving a report of the meeting at the next Labor-Management meeting.
- F. **Invitees.** The Chief Nurse Officer or designee and the Association may invite other persons appropriate for discussion of an agenda item if such invitees are identified seven (7) days in advance and are agreeable to both parties.
- G. **Staffing.** The Medical Center will staff based on the following considerations: nurse staffing plan and guidelines, patient census, acuity and care needs, skill mix and experience levels, professional association recommendations, applicable law (if any) and budget considerations, which shall not preclude the delivery of safe and quality patient care. The Committee shall take guidance from the provisions of the Nurse Staffing by Patient Acuity Act.

The Committee will review unit staffing guidelines on a rotational basis, and each unit will be evaluated at least annually. Changes in nurse staffing guidelines will be presented to the Staffing and Acuity Committee for review prior to implementation.

If nurses identify regular inconsistencies with the guidelines or if more than five (5) ADOs are filed in a unit within a one-month time frame, the committee will review the guidelines and/or staffing patterns of that unit.

Section 1.12 Pay for INA Negotiation Team Members During Negotiations

Members of the INA/SJNA negotiating team will be in paid status during contract negotiations, with a limit of 480 hours of pay for those members in total.

LETTER OF AGREEMENT

May 23, 2014

Tom Ellett
Illinois Nurses Association
105 West Adams Street
Suite 1420
Chicago, Illinois 60605-4109

RE: Patient Safety

For patient safety, any bargaining unit nurse should speak up to inform the charge nurse, patient care manager or HOA, when they feel they are assigned a patient for which they do not possess the clinical competency necessary for safe care.

Hand-off communications are expected when health care providers transfer responsibility for any component of patient care to another health care provider. This happens at time of admission, transfer, at change of shift or care provider, and at discharge. Hand-off communication should include up to date information regarding the patient, which may include the patient's condition, care, treatment, medications, and any significant recent or anticipated changes. Patient hand-offs provide an opportunity for both the sending and receiving nurse to ask questions and receive answers about the hand-off. Tools such as OptiVox, the patient kardex and plan of care are available to assist in the hand-off of information between care providers.

Annually at a minimum, the Medical Center conducts a culture of safety survey to assess our risks. Some of the action steps the Medical Center takes to ensure a culture of safety include:

- Rapid response team activation
- Use of SBAR communication for hand-offs
- Leadership Rounds
- Staffing plans for each unit

The Medical Center strives to ensure a safe and secure environment for the patients, their families, staff and physicians.

Improving the culture of safety within health care is an essential component of preventing or reducing errors and improving overall health care quality. According to the Agency for Healthcare Research and Quality (AHRQ), the following key elements are necessary to ensure a "culture of safety":

- acknowledgment of the high-risk nature of an organization's activities and the determination to achieve consistently safe operations
- a blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment
- Encouragement of collaboration across ranks and disciplines to seek solutions to patient safety problems

LETTER OF AGREEMENT

May 23, 2014

Tom Ellett
Illinois Nurses Association
105 West Adams Street, Suite 1420
Chicago, Illinois 60605-4109

Re: Staffing Optimization

The parties agree that the following action will be taken in the specified time frames or as otherwise agreed by the parties:

- I. ***Assistive Personnel Allocation:*** At the first Staffing and Acuity meeting following ratification, the committee will review data related to unit activity in an effort to determine appropriate allocation of assistive personnel in an effort to allow the RNs to perform the role for which they are uniquely qualified. An initial plan will be developed by August 1, 2014.
- II. ***Linen, Supply, Equipment and Instrumentation Management:*** Review by service line and department leaders to ensure required resources for patient volume needs and to establish accountable partnerships with ancillary support departments and develop ongoing reconciliation plan starting July 1, 2014. The plan will focus on gaps identified in par levels in linen, supplies, equipment and instrumentation.
- III. ***Acuity Tool and Process Reevaluation:*** At the first Staffing and Acuity meeting following ratification, the committee will review the acuity tool and process and proposed tools. The committee will complete its evaluation by the third meeting following ratification. The vice chairs may assemble an ad hoc committee to provide input.
- IV. ***Managing Throughput:***
 - A. At the fourth Staffing and Acuity meeting following ratification, the committee will develop a throughput team deployed from CCRT for peak churn shifts/days. The committee will establish criteria to determine these shifts. An initial plan for the team will be developed by October 1, 2014.
 - B. At the fifth Staffing and Acuity meeting following ratification, the committee will develop a process to promote throughput (i.e., admission/transfer) within sixty (60) minutes of bed availability and patient readiness. An initial plan will be developed by November 3, 2014.

- C. At the fifth Staffing and Acuity meeting, the committee will review and redesign of batching and transfers during shift change. An initial plan will be developed by November 3, 2014.

- V. *Peak Census Models*: The agenda for the sixth Staffing and Acuity meeting will include review of data on unit activity and census trends as well as historical data to scheduling of IHR/CCRT staff and seasonal staff to ensure right staffing at the right time during peak season. An initial plan will be developed by December 1, 2014.

- VI. *Recruitment*: Pursue aggressive recruitment strategies for vacancies and on-board new graduate nurses three times per year (March, August and November).


- VII. *ADOs*: Managers will make good faith efforts to respond in writing to ADOs in a timely fashion.

Respectfully,
Paul Skiem
Chief Human Resources Officer

AGREED:



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Date