

"pulled" are "pulled" again, so long as a registered nurse is left in charge.

The Employer may deviate from the above only in cases of internal or external disasters, weather emergencies or where patient safety requires deviation. Employees pulled out of sequence for the reason of patient safety will be paid time and one half for all hours pulled, in lieu of any float differential.

- h) Adequate facilities and equipment.
- i) Adequate in-service and continuing education for employees covered herein.
- j) Participation of employees in determination of personnel policies and improvement of patient care, and
- k) Nurses on each unit will be consulted on the choice of reference material to be maintained on the Unit.

Section 2. Administrative Support

The Employer will make all reasonable efforts to provide to those Employees covered herein relevant policies and procedures (including provision to each newly employed employee a copy of the departmental job description of the position filled by such person) and will provide support to employees attempting to carry out said policies and procedures by supplying, to the maximum, reasonable documentation, interpretation and enforcement. Employees will be responsible for reporting (or encouraging other staff members to report) to their immediate administrative supervisor in nursing, and to any other appropriate authority, those situations which affect nursing care or their performance which require enforcement, interpretation or implementation of existing Employer policy, rules and procedures. The Parties hereto will apprise each other in a timely manner of developments in cases covered by this Section.

Section 3. Supervision and Professional Responsibility

It is understood and agreed that supervisory personnel will not normally be assigned to perform work assignments regularly and customarily performed by bargaining unit employees. Supervisors will, however, perform patient care to the extent necessary to maintain the clinical expertise and competency necessary to fulfill their job responsibilities and to direct the provision of care on the unit.

Bargaining unit nurses are not expected to be responsible for supervisory functions with respect to other employees, including, but not limited to, hire, transfer, suspend, layoff, recall, promote, discharge, reward or discipline, adjust their employment grievances, independently evaluate other employees, or otherwise responsibly direct other employees with respect to their employment with the Medical Center. Routine monitoring, clinical guidance, providing written and/or oral input for

evaluation of other employees' performance, and professional direction of employees to whom bargaining unit nurses delegate nursing tasks or assign professional responsibilities will not be considered supervisory work.

Nothing in this provision relieves employees covered of their professional responsibility to deal with any person when professional judgment indicates the nurse's intervention. In the event of conflicting direction or instruction concerning patient care activities, the professional judgment and inherent authority of the registered nurse shall prevail to the extent not inconsistent with the direction of the supervisors of the registered nurse.

Section 4. Delegation of Nursing and Non-Nursing Activities

No nurse shall be required or directed to delegate nursing activities to other personnel in a manner inconsistent with the Illinois Nurse Practice Act, the standards of the Joint Commission on Accreditation of Healthcare Organizations, the ANA Standards of Practice and the 2004 American Association of Critical Care Nurses "AACN Delegation Hand Book, 2nd Edition." Consistent with the preceding sentence, the individual registered nurse has the autonomy to delegate, or not delegate, those aspects of nursing care she/he determines appropriate based on her or his assessment.

Section 5. Staffing

The parties agree to cooperate in an effort to ensure an appropriate relationship between patient care needs and staffing levels. These matters shall be appropriate subjects for the Nurse Care Committee. The assignment of a patient to a registered nurse for any of the following purposes shall constitute an assignment for the purposes of determining staffing patterns: complete care of the patient; initial assessment of the patient upon admission; determination of and evaluation of the progress of patient problems (nursing diagnosis); ongoing physical assessments; planning for patient discharge; evaluation of patient problem resolution; assessment after a change in patient condition; or assessment of the need for patient referrals.

- a) The parties agree that the unit charge nurse, in coordination with the Patient Care Director, will be responsible for the determination of the acuity of the patients, the evaluation of the appropriate admissions to the unit and the number of registered nurses and ancillary staff needed to provide care to the unit's patients.

Utilizing the Nurse Patient Assessment System (NPAS), the electronic staffing system and/or where appropriate, specific unit professional standards, the charge nurse shall make ongoing assessments of the unit's acuity, unit's staffing resources, and availability of NRO staff. Based upon these factors, she/he will then make appropriate patient care assignments for the oncoming shift. In an effort to assure quality patient care and improve patient outcomes, the charge nurse may, where appropriate, provide direct patient care.

If any nurse's assignment for the oncoming shift pursuant to the NPAS does not meet the unit's need for registered nurse staff or if the acuity changes during the shift for three or more hours (defined as a workload of equal to or greater than the equivalent of 1.25 patient care assignment for the affected nurse) the following shall occur:

1. The charge nurse shall notify the Patient Care Director or in her/his absence the Nursing Resource Supervisor on duty allowing for housewide review of resources.
 2. The charge nurse will indicate on the Increased Acuity Report (IAR) the staffing level submit the report to the unit Patient Care Director. Should the Patient Care Director disagree with the payment of the Increased Acuity Differential the NCC shall review the IAR and determine payment eligibility.
 3. All nurses specifically affected by the increased acuity or noncompliant staffing will be paid an Increased Acuity Differential of \$5.00 per hour for each hour worked during the period in which staffing is inconsistent with NPAS, provided that the conditions set forth in 1 and 2 have been met
 4. If all nurses working on a given unit have reached a workload of 1.25, and the charge nurse has modified her/his assignment to attempt to accommodate patient care needs, the unit shall be closed to admissions until such time as the staffing has been adjusted to reach NPAS compliance. Units designated in section 5c will be exempt from this provision.
 5. A copy of the IAR will be forwarded to the next Nurse Care Committee meeting. The Committee will review the form and use the information obtained to make appropriate recommendations for improvements in staffing.
 6. The employer will endeavor to process payment of Increased Acuity Differentials not disputed by the unit manager in the same pay period it is submitted but will not exceed 2 pay periods.
- b) Charge nurses will carry no direct patient care assignment. Charge nurses can modify their assignment based on patient safety, patient census, unexpected events, and/or potential unit closure utilizing her/his professional nursing judgment.
- c) The Nursing Care Committee will oversee the implementation of professional standards of acuity-based staffing in the following areas: Psychiatry, OR, PACUSurgicenter, ED and L&D. Implementation of acuity based staffing in these areas, including Article XII Section 5a, shall be completed by August 2012.

- d) The Nursing Care Committee will oversee the implementation of a staffing model or models for Ambulatory Care areas.

Section 6. Nursing Care Committee.

A Nursing Care Committee shall be maintained by the Employer and shall meet at least ten (10) times per year and as needed. The purpose of the committee is to discuss and improve nursing practices, including patient care and staffing and to address nurses' concerns about staffing. The committee may develop other objectives to review by the Employer and the Illinois Nurses Association.

Four staff nurse representatives shall be selected by the Illinois Nurses Association, University of Illinois Local Unit. Committee representatives shall be in pay status at their regular straight time rate of pay. Four (4) representatives will be appointed by the Employer. Bargaining unit staff and their designated supervisor will attend as needed in an ad hoc capacity. The INA Local Unit staff representative shall attend as a non-voting member.

The committee shall make recommendations for changes in unit staffing guidelines based upon changes in volume, acuity, the complexity of care required, or from findings established from Increased Acuity Reports submitted together with other relevant data and information as determined by the committee.

Recommendations shall be reached by a simple majority of the eight (8) voting members. Neither the Employer nor the Association shall unreasonably reject the committee's recommendations. The Committee shall have the authority to modify only Article XII Section 5b of the existing collective bargaining agreement based upon data collected from patient care on the individual units.

Resource documents of the Committee shall include, but are not limited to: The Joint Commission (TJC) standards, the Illinois Hospital Licensing Act, relevant professional organization guidelines, staff input, past and present in-house guidelines, expert opinion and current nursing research literature.

Section 7. Staff Development.

- a) The Employer will attempt to maintain a division within its Hospital (Office of Practice Advancement), delegating to it the primary responsibility for developing position related knowledge and skills of personnel assigned to the department.
- b) The Employer agrees to assign and maintain a minimum of one (1) Staff Nurse II position to clinical areas listed below with greater than 20 RN FTE's and a SNII for each multiple of 20 RN FTEs for the following areas: all in-patient units; Operating Room; Recovery Room; Surgi-Center; Float Team; and Emergency Room. The Employer may create additional positions beyond these levels as required by operational needs. A Registered Nurse holding a Staff Nurse II