

TENTATIVE AGREEMENT

Cooper University Health Care and HPAE

Date: May 29, 2024

Side Letter 4

MIU RNs with greater than fifteen (15) years of service and who are not already competent shall be trained to care for patients that are greater than 24 weeks gestation by December 31, 2024 and shall not be assigned to care for those patients until the training is provided. When MIU RNs with greater than fifteen (15) years of service are floated to MFCU, they will first be given a non-monitored assignment if available.

Terry Leone  
Terry Leone  
HPAE Representative

5.29.2024  
Date

Beth Green  
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Sr. Vice President/CHRO

5/29/2024  
Date

prior to the scheduled meeting, the Union and Medical Center will submit an anticipated agenda to each other. Committee members will be afforded time, with no loss of pay, during their workday to attend such meetings, as approved by their manager and subject to staffing needs and patient care requirements. New legislation affecting members of the bargaining unit may be an agenda item presented by either party.

- For each of the following committees, the Union may appoint up to six (6) members to participate in the activities of these committees (may be different individuals to each committee) and may request additional individuals to attend a meeting to discuss unit specific issues. Appointed members of these committees shall not suffer loss of pay for attendance and shall be paid regular pay for time attending committee meetings.
  - Safe Patient Handling Committee
  - Violence Prevention Committee
  - Blood Borne Pathogen Committee

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8. Review and discuss recruitment and retention information, exit interview aggregate data, agency utilization and RN overtime use. Recommendations shall be made to the CNE.

The Staffing Committee will provide to the union, upon written request, relevant information pertaining to staffing issues. Both parties acknowledge that the information reviewed in these committee meetings shall be of a sensitive nature and will not be used for any purpose beyond the submission of reports and/or recommendations to the Medical Center.

Minutes of committee meetings shall be maintained. There shall be a rotation of agenda planning and recording of minutes. Committee recommendations shall be in writing to the CNE and the CNE shall promptly respond in writing to such recommendations, but in no event later than thirty (30) calendar days after the receipt of the recommendations.

Additional patient care units may be identified by the staffing committee as distressed as a result of, but not limited to, high vacancy rates, high staff turnover, changes in patient population, significant increases in admission and discharge activity. The identified units will be targeted as a priority by the staffing committee and an Action Team may be appointed to address the issues of that unit and make recommendations to improve overall unit operations to the staffing committee. The recommendations may include, but shall not be limited to, restructuring of staffing matrices, unit support, physical plant alterations, professional education, or development and evaluation of alternative care delivery models.

- **Labor Management Committee:** The Union and the Medical Center agree to the continuation of a Labor/Management Committee. This Committee shall consist of representatives from the Union (not to exceed ten (10) and representatives from the Medical Center (not to exceed ten (10)). The Committee shall meet up to twelve (12) times per year to discuss mutual problems and concerns to the Union and to the Medical Center. One (1) week

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**Date: May 22, 2024**

### **36.3 Committees**

- **Staffing Committee:** During the term of this Agreement, the parties shall maintain a Staffing Committee made up of five (5) members appointed by the Union, and five (5) members appointed by the Medical Center. Either party may request additional individuals to attend a meeting to discuss unit specific issues. Members of the Committee shall not suffer any loss of pay for attendance. Committee members attending a meeting that is not scheduled in their normal working time will be paid for their attendance. Cooper shall make a reasonable effort to provide coverage so that members may attend the meetings. Members will make every reasonable effort to schedule themselves so that the meetings will not interfere with patient care. The meetings shall be held monthly, or as mutually agreed upon.

The Staffing Committee will:

1. Jointly discuss staffing levels, and nurse to patient ratios on all units/departments. Make recommendations to the CNE on all levels of professional nursing and ancillary staff and skill mixes on the nursing units and departments.
2. Review (or discuss the implementation of) acuity of patient classification systems and the application of such systems.
3. Review patient experience and hospital functioning.
  - a) Monitor and make recommendations to the CNE to improve patient experience.
4. Review on a periodic basis the clinical groupings and floating and assignment guidelines.
5. Review unit specific staffing issues that enhance or interfere with the appropriate delivery of quality patient care.
6. Review current unit/area staffing needs and recommend adjustments to staffing matrix guidelines where appropriate to the CNE.
7. Review the staff orientation programs on a regular basis, and recommend modifications or enhancements to the CNE. Part of this review shall include a periodic review of the preceptor program.

	<ul style="list-style-type: none"> <li>• Critical Care (ICU, CCU, TSICU, INCU, Neuroscience Unit, TSDU, P6I, P8I, P9I, ED/PACU for Critical Care/ Intermediate Holds)</li> <li>• Emergency (CDU, ED/Pediatric Emergency, ED Holds)</li> </ul>
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- \*TSICU, L&D, Neuroscience Unit, and PICU pull back in emergent situations.
- \*\*As per Articles 11.6 and 11.3, Psychiatric nurses may be reassigned to another area to serve as a helper.
- \*\*\*RNs who were bargaining unit members and notified their nurse manager by April 10, 2004 may choose not to accept an assignment that includes GYN patients. Nurses who have done so will be subject to the low census PTO process when there is a need for a nurse to care for GYN patients.
- Nurses will be floated based on competencies required for identified patient assignment (i.e. respiratory competencies, telemetry, etc.)
- If any area opens during this contract, bargaining will occur to place the area in the appropriate float district(s).
- Appropriate competencies required for assignments are determined by the medical center in all cases above.
- Women's Care Center nurses shall not float.
- RNs who are floated will receive a brief overview to the unit.

Terry Leone 5-29-2024  
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 HPAE Representative

Beth Green 5/29/2024  
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	greater than 1 year of age), MIU (see Article 11.1)
PACU/OR Holding	PACU/OR Holding, Surgery Center, SCU/SPU/PAT
Radiology	Special Tests, Surgery Center, SCU/SPU/PAT, S4 Pre Post
IR	Special Tests, CCL, Radiology
SCU/SPU/PAT	Radiology, Special Tests, Surgery Center, OR Holding
Special Tests	SCU/SPU/PAT, Radiology, Surgery Center, Mt. Laurel, Willingboro
Mt. Laurel	Special Tests, SCU/SPU/PAT, Surgery Center, Radiology, Willingboro
Willingboro	Mt. Laurel, Surgery Center, SCU/SPU/PAT, Special Tests, Radiology
ED	No Float
MDA Cooper Clinical Practice	MDA Clinical Practice Camden/Voorhees
MDA Cooper Infusion	MDA Infusion Camden/Voorhees
MDA Cooper Radiation Oncology	MDA Radiation Oncology Camden/Voorhees
MDA Cooper Triage Camden	No Float
RN Float I	<ul style="list-style-type: none"> <li>Medical Surgical Float (P5, P6, P7, P8, P9, K7 (N), K8, K9, K10, CDU/EXAU, Neuroscience Unit, ED/PACU for Medical Surgical Holds)</li> <li>Critical Care Float (ICU, CCU, TSICU, INCU, Neuroscience Unit, TSDU, and ED/PACU for Critical Care Holds)</li> <li>Children's Regional Hospital (Peds, PICU, NICU, MIU for baby assignment)</li> </ul>
RN Float II	<ul style="list-style-type: none"> <li>Intermediate Med Surg Telemetry (P5, P6, P7, P8, P9, Psych S5, K7 (N), K8, K9, K10, CDU/EXAU, INCU, TSDU, ED/PACU/Critical Care For Intermediate and/or Med Surg Holds)</li> </ul>

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**11.2** The Clinical Groupings should be as follows (locations are provided for convenience but may change based on unit moves):

<b><u>Unit</u></b>	<b><u>Floats to:</u></b>
Medical Surgical  (K10 (N/S), K9 (N/S), K8 (N/S), K7 (N), P5, P6, P7, P8, P9, CDU/EXAU	Medical Surgical, Psych (S5)**, Medical Surgical ED Holds, Medical Surgical PACU Holds
Psych S5	Medically cleared ED Psychiatric patients waiting for placement
Adult Intermediate Stepdown  (TSDU, INCU, P8I, P6I, P9I)	Adult Intermediate Stepdown; Intermediate ED Holds, Intermediate PACU Holds
Critical Care Adult  (ICU, CCU, TSICU*, Neuroscience Unit*)	Critical Care Adult, Critical Care ED Holds, Critical Care PACU Holds, INCU (ICU/CCU only), TSDU (TSICU* only)
CCL  (CCL, EP, S4 Pre/Post)	Radiology, IR, Special Tests (Pre/Post), Echocardiography
OR	Surgery Center
Surgery Center	Radiology, SCU/SPU/PAT, OR, Special Tests, Mt. Laurel, Willingboro
MFCU (MICU)	LD*, MIU
MIU***	MFCU
PICU*	PEDS/PIMU & NICU, MIU, (see Article 11.1)
L&D*/***	MFCU***, MIU
PEDS/PIMU	PICU (see Article 11.1), NICU, MIU (see Article 11.1)
NICU	PEDS/PIMU, PICU less than 1 year of age - (see Article 11.1 for