One of the polarities that health care administrators must manage is their desire to recognize workers’ right to organize and bargain collectively and their desire to maintain uninterrupted service at a cost that allows them to sustain the ministry. This is a story of one system’s creative effort to manage the polarity.

Catholic Health Partners (CHP), based in Cincinnati, has a long history of mutually respectful relationships with unions. About 20 percent of its employees are organized. Their unions are the United Auto Workers (UAW), the Service Employees International Union (SEIU), Office of Professional Employees International Union (OPEIU), Ohio Nurses Association (ONA), Teamsters and American Federation of State, County, Municipal Employees (AFSCME).

In January 2005, however, SEIU launched an organizing campaign against CHP using tactics such as white papers, litigation and political pressure. The campaign’s objectives were to gain union organizers’ access to work and break areas and one-sided employer neutrality, that is, a private agreement allowing one party to provide information to employees while the other must remain silent. These goals were in direct contrast to CHP’s beliefs that employees have rights to privacy, to make an informed decision and to cast a secret ballot using the National Labor Relations Board (NLRB) process.

Both sides agreed that mutual trust had been badly eroded and that it was time to make a fresh start.

Connelly asked the parties to see if there were a way to resolve disputes with a new process to determine union representation questions that held true to CHP’s principles and maintained an environment that would not disrupt patient care.

Both sides agreed that mutual trust had been badly eroded and that it was time to make a fresh start. SEIU called off its campaign, and the two sides together crafted a groundbreaking agreement.

NEW GROUND RULES — AN OVERVIEW
In 2007, after several months of work, CHP and SEIU reached a unique election ground rules agreement, and followed it in 2007, 2008 and 2011.

The following are the chief points in the agreement:

- **Eliminate aggressive campaigning from both sides.** Under the agreement, CHP relies upon written demands for recognition to file petitions, a rarely used NLRB process, in an effort to bypass the often disruptive card-signing process. In addition, the election is to be scheduled within a 14-day period (instead of the traditional 42 days).

- **Reduce legal delay.** At the time of filing, all election details such as job classification and unit placement and election date, polling periods and locations are to be agreed upon. To further reduce delay, a consent election agreement is to be filed in case of post-election disputes. And, if an unfair labor practice charge is filed, both parties agree to file a “request to proceed” so the election can move forward.

- **Quickly resolve disputes.** A rapid response team is to be created to resolve allegations of misconduct quickly and informally. If a resolution cannot be reached, cases that affect the results of the election are in the NLRB’s jurisdiction. Other campaigning viola-
tions are handled by an outside arbitrator who is required to render an award within well-defined remedies outlined in the agreement.

- **Provide employees with honest and truthful information, while protecting their privacy.** To make sure campaign information is factual and relevant, a written packet is mailed to employees that includes a white paper from SEIU and a white paper from CHP. The white papers are short and jointly approved; each discusses its group’s views on the proposed union representation and encourages employees to vote no or yes accordingly. The packet also contains a fact sheet that provides information on important topics such as dues, strikes, bargaining and job security.

  If, after receiving the information packet, employees have further questions, they can call CHP or SEIU telephone banks on individual, toll-free numbers. When answering employee questions, phone bank operators are prohibited from making promises or guarantees and from using exaggerations or selective information to create misleading impressions.

  To protect employee privacy, neither CHP nor SEIU conducts meetings, mailings, home visits, telephone calls or engages in any other campaigning beyond the mailed packet and toll-free information numbers. If an employee brings a question to an SEIU organizer or CHP manager, they are required to read from a card referring the employee to the toll-free line.

- **Restrict campaigning after the election if employees do not join.** If employees choose not to join, SEIU agrees not to campaign for a period of at least three years. If employees choose to join, the parties are committed to quickly working together to reach a fair and just contract.

- **Provide an expedited process for decertification.** An expedited process is to be used for decertification if proper evidence is shown that employees no longer want to be represented.

**ELECTION HIATUS**  
On December 13, 2007, a pilot SEIU election under the new rules was held at the Mercy Regional Medical Center in Lorain, Ohio. With five units voting, the technical, professional and business clerical units decided not to join, while the non-professional and skilled maintenance units joined SEIU. (Nurses were already members of SEIU.)

  In February 2008, the election process was expanded to include 47 units covering 8,500 employees in acute care facilities in the Cincinnati, Springfield, and Lima, Ohio, areas. Shortly after the petitions were filed, the California Nurses Association (CNA) launched a campaign to undermine the process as part of a national jurisdictional dispute with SEIU over who would organize nurses.

  There was so much disruption that on March 11, 2008, CHP withdrew all 47 petitions — just one day shy of the scheduled election date. For several years CHP and SEIU held the election process in abeyance until the SEIU-CNA conflict, as well as other key jurisdictional disputes, were resolved.

  After almost three years of hiatus, CHP launched the process again. On January 13, 2011, CHP filed 44 petitions covering 6,500 hospital and long-term care employees in Cincinnati and Springfield. The process proceeded without incident. Forty units decided not to join SEIU, while four units decided to join. There were no unfair labor practice or grievances filed. There were no disruptions by outside organizations. Most importantly, employees were able to focus on patients and residents during the short election period instead of being distracted by a contentious, drawn-out campaign.

  When faced with the prospect of a card check or neutrality agreement or even a traditional campaign, healthcare organizations and unions may want to consider this unique election process. With the agreement we were able to:

- **Maintain excellent working relationships with our employees.** The process is a commitment to our employees, respecting their right to choose whether or not to be represented by a union in a secret ballot election supervised by the NLRB.

- **Increase manager and employee productivity.** Neither our managers nor our employees were burdened or distracted by the sort of aggressive campaigning regularly seen during traditional organizing activity campaigns.

- **Continue quality patient and resident care.** Campaigns can be disruptive, potentially affecting the quality of care provided to patients and residents. CHP’s is a proven election process that significantly reduces such tension.

- **Reduce costs.** The new process provides a framework for a more productive approach, creating future opportunities for collaboration, not confrontation.

- **End public relations challenges.** Over the previous three years, CHP had to respond to such challenges as litigation, political pressure, white papers and newspaper advertisements. With our new agreement, we have ended these types of challenges.

- **Pursue joint advocacy opportunities to improve our community’s health.** Working together, CHP and SEIU will seek joint advocacy efforts so that our community continues to get the best possible care.

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