

STATE OF IOWA  
BEFORE THE PUBLIC EMPLOYMENT RELATIONS BOARD

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IN THE MATTER OF: MARY GREELEY MEDICAL CENTER, Public Employer,	)	
	)	
and	)	CASE NO. 8560
	)	
MARY GREELEY MEDICAL CENTER PARAMEDICS, Petitioner.	)	
	)	

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PROPOSED DECISION AND ORDER

On August 31, 2012, Mary Greeley Medical Center Paramedics (Union) filed a combined bargaining unit determination and representative certification with the Public Employment Relations Board (PERB or Board) pursuant to Iowa Code sections 20.13 and 20.14 and PERB rules 621 IAC 4.1(20) - 4.4(20). The Union seeks PERB's determination of a bargaining unit comprised of paramedics employed in the Mobile Intensive Care Services Department and seeks to represent these employees for purposes of collective bargaining. Specifically, the Union proposed the following bargaining unit:

**INCLUDED:** Eighty (80) Hour Full Time Paramedics, Seventy-two (72) Hour Full Time Paramedics, Weekend Package Paramedics, Regular Part-time Paramedics, and Part-time Paramedics operating under Mobile Intensive Care Services Department.

**EXCLUDED:** "PRN" Paramedics, Mobile Intensive Care Services Director, Mobile Intensive Care Services Supervisor, Mobile Intensive Care Coordinator, and all other employees of Mary Greeley Medical Center.

Mary Greeley Medical Center (Hospital) resists the Union's proposed bargaining unit since it only includes one classification of patient care employees. The Hospital instead proposes a unit comprised of all patient care employees. Specifically, the Hospital proposed the following bargaining unit:

**INCLUDED:** All professional and nonprofessional patient care employees of the Hospital including those in the following job classifications: Blood Bank Section Head, Infection Control Practitioner, Laboratory Section Head, Microbiology Section Head, Nurse Case Manager, Social Work Case Manager, Admitting Nurse, Anesthesia RN, Bachelor's Social Worker, Behavioral Health Coordinator, Bereavement Coordinator, Cancer Care Navigator, Cancer Research Center Coordinator, Cardiovascular Technologist, Cardiac Catheterization Laboratory Radiologic Technologist, Certified Athletic Trainer, Chaplain, Chemistry Section Head, Clinical Coordinator Operating Room Service Line, Clinical Documentation Specialist, Clinical Resource Nurse, Clinical Dietician, Clinical Social Worker MSW, Clinical Trials Coordinator, Clinical Trials RN, Crisis Nurse, CT/MRI Coordinator, CT/MRI Technologist, Diabetes Educator/Registered Dietician, Diabetes Educator RN, Diabetes Inpatient Clinical Resource Nurse, Discharge Planner RN, Dosimetrist, Echocardiograph Technologist, First Nurse, First Nurse Coordinator, Hematology Coagulation Section Head, Homeward Home Liaison, Hospice Care Coordinator, Hospice Volunteer Coordinator, License Practical Nurse, LPN Support Team, Mammographer, Massage Therapist, Medical Laboratory Technician, Medical Social Worker BA, Medical Technologist, Mental Health Therapist, Mobile Intensive Care Services Operations Coordinator, Neurodiagnostic Technologist, Nuclear Medicine Technologist, Nuclear Medicine Coordinator, Nurse Practitioner, Occupational Therapist, Occupational Therapy Assistant, Pain Clinic Coordinator, Paramedic Specialist, Pastoral Care Chaplin, Pharmacist, Physical Therapist, Physical Therapy Clinic Coordinator, Public Health Nurse, Radiation Therapist, Radiological Technologist, Registered Nurse, Respiratory Therapist, RN Support Team, Special Procedures Technician, Special Procedures Respiratory Therapist, Speech Language Pathologist, Stroke Program Coordinator, Substance Abuse Counselor, Surgical Technician Certified, Surgical Technician, Therapeutic Recreational Therapist, Ultrasound Technologist, Wound Healing Clinical RN Coordinator, Wound Ostomy Continence RN, Ancillary Services Aide, First Responder, Fitness Consultant, Fitness Specialist, Home Equipment Representative, Home Services Representative II,

Home Care Aide, Hospice House Aide, Monitor Technician, OR Surgical Aide, Outreach Assistant, Patient Care Technician, Pharmacy Technician Certified, Pharmacy Purchasing Agent, Phlebotomist, Phlebotomy Coordinator, Physical Therapy Assistant, Psychiatric Assistant I, Psychiatric Assistant II, Respiratory Technician Certified, Transporter, and Wellness Instructor.

EXCLUDED: All remaining Hospital employees, including support-services employees of the Hospital and all employees excluded under Iowa Code section 20.4.

On October 1, 2012, an evidentiary hearing was held before me on the unit determination portion of the petition. Attorneys Frank Harty, Mary Funk and Amanda Atherton represented Mary Greeley Medical Center, and Mike Bryant of the International Association of Fire Fighters (IAFF) represented Mary Greeley Medical Center Paramedics. The parties submitted post-hearing briefs which were filed on November 2, 2012.

On October 12, 2012, the Hospital offered as evidence a document containing the list of all job classifications at Mary Greeley Medical Center. The list contained non-patient care job classifications as well as “excluded” classifications which the Hospital described as “administrative, personnel and supervisory.” Additionally, the list contained the patient care bargaining unit as proposed by the Hospital with the professional and nonprofessional classifications distinguished by color. Because I did not receive any objection to this list by the Union, the exhibit has been marked as Exhibit 12 and admitted into evidence. Based upon the record and arguments presented by the parties, I make the following findings of fact and conclusions of law.

## FINDINGS OF FACT

Mary Greeley Medical Center is a public employer within the meaning of Iowa Code section 20.3(10). It is a 220 bed acute care facility located in Ames, Iowa and is governed by a Board of Trustees. The Hospital's President/CEO reports directly to the Board. The Hospital employs approximately 1,360 employees in 84 departments which are organized into four branches: Operations, Financial and Support, Quality Improvement, and Clinical Nursing Support and Medical Staff. Each branch has a vice-president who reports directly to the President/CEO.

Employees at the Hospital are categorized as either patient care or non-patient care. Non-patient care employees provide support services and have limited contact with patients whereas patient care employees provide health care services and have contact with patients. Although all employees contribute to the Hospital's mission of "providing high quality, cost effective health care services through specialized care and personal touch," the duties of patient care employees directly reflect the mission as they are responsible for the diagnosis or treatment of patients.

Two of the Hospital's four branches provide patient care; Operations and Clinical Nursing Support and Medical Staff. These two branches employ approximately 900 patient care employees, including the 21 paramedic specialists. The Hospital has designated 102 patient care positions which are

all listed in the Hospital's proposed bargaining unit description.<sup>1</sup> Of these positions, 80 are professional and 22 are nonprofessional.<sup>2</sup>

The paramedic specialists are located in the Emergency Medical Services unit. This unit is located on the first floor of the six floor hospital. The unit is made up of two departments; the Mobile Intensive Care Services Department and the Emergency Department. In the Emergency Department, there are 29 employees, consisting of registered nurses and patient care technicians. There are 23 employees in the Mobile Intensive Care Services Department, consisting of 21 paramedic specialists, an emergency management coordinator (a non-patient care position) and a paramedic supervisor. The paramedic specialists report to the paramedic supervisor, who in turn reports to the Emergency Medical Services Director, who reports to the Vice-President of Operations.

Patient care employees are directly responsible for the diagnosis or treatment of patients. In most cases, this care takes place in the Hospital. In the case of the Homeward Health Services Department, however, the staff (consisting of home health aides, nurses and physical therapists) travels off-site to provide patient care. The Hospital uses a multi-disciplinary approach to

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<sup>1</sup> Entered into evidence were 15 patient care job descriptions: Paramedic Specialist; Radiologic Technologist; Registered Nurse (Nursing and Emergency Departments); Respiratory Technician; Cardiovascular Technologist/Cardiac Cath Lab; Bachelors Social Worker; Respiratory Therapist; Patient Care Technician; Radiation Therapist; Physical Therapist; Phlebotomist; Pharmacy Technician, Certified; Pharmacist; Medical Laboratory Technician; and Registered Nurse (3 South Medical Surgical). It is these descriptions upon which I based my analysis of patient care employees.

<sup>2</sup> See Exhibit 12. The following positions are nonprofessional: Ancillary Services Aide, First Responder, Fitness Consultant, Fitness Specialist, Home Equipment Representative, Home Services Representative II, Home Care Aide, Hospice House Aide, Monitor Technician, OR Surgical Aide, Outreach Assistant, Patient Care Technician, Pharmacy Technician Certified, Pharmacy Purchasing Agent, Phlebotomist, Phlebotomy Coordinator, Physical Therapy Assistant, Psychiatric Assistant I, Psychiatric Assistant II, Respiratory Technician Certified, Transporter, and Wellness Instructor.

patient care with employees from various departments working together in the delivery of health care. Although job duties differ among patient care employees, all patient care employees perform patient assessments, take vital signs, use technology to assess or provide treatment and document the care that was provided.

The primary job duties of the paramedic specialists are to provide medical treatment in pre-hospital settings as well as assisting in the Hospital's Emergency Department. They transport patients, complete medical documentation and maintain equipment and ambulances. In addition, the paramedic specialists provide hospital security. No evidence was presented as to the breakdown of time spent on the various duties. However, the primary responsibility of a paramedic specialist is patient care and these duties take priority over security duties. Even though only the paramedic specialist job description contains these duties, security duties are performed by other employees when a paramedic specialist is not available. All employees can assist with security since the codes related to security are known by all employees. Additionally, certain employees who have received training in how to deal with confrontational or violent patients or guests also perform security duties when necessary.

All patient care employees are required to have a license or certification to perform their various job duties. However, the specific certification or licensure is dependent upon the job classification. A paramedic specialist must possess a valid Iowa Paramedic Specialist certification. Although not

specifically required by the Hospital, a supervisor or manager in that department or unit desired that the paramedic specialists also be certified as a health care security officer and placed this requirement in the job description. As a result, some paramedic specialists received certification upon completion of the Healthcare Security Officer examination. However, this certification is not required for the position and is not included in the official job description.

The Hospital has a uniform hiring process. After the hiring request is approved by the applicable vice-president, the position is posted internally within the department, then within the Hospital. Due to its multi-disciplinary approach, the Hospital favors transfers between positions. If the position is not filled, the Hospital may “go outside” to fill the position. A Human Resources employee reviews and initially screens the applications which are then sent to the hiring manager. Qualified applicants are interviewed by a team of peers which includes both managers and staff. Once a hiring decision is made, the offer is conveyed by Human Resources. All applicants are required to sign the hospital’s “Act of Pride,” and references and backgrounds are checked. If the applicant accepts the offered position, a drug screening test is performed.

All employees complete a 90-day probationary period during which a competency checklist is completed. There is a great deal of overlap on these competencies. Not only does each job classification have its own set of competencies, but there are additional competencies required for all patient care employees as well as all Hospital employees.

Because the Hospital is a 24-7 operation, there are various shifts. Both patient care and non-patient care employees work the day and evening shifts. However, only patient care employees (including paramedic specialists) are employed on the night or rotating shifts.

All employees use the same parking lot, cafeteria, coffee shop and break room, have a 30-minute unpaid meal break and have two-15 minute rest breaks. Currently the paramedic specialists have their own locker room but after the Hospital completes its renovations the paramedics and Emergency Department employees will share a locker room.

In order to enhance communication, the hospital publishes “the gram” a weekly newsletter. On a monthly basis, employees attend departmental meetings and meet one-on-one with their respective supervisor. The hospital’s CEO meets quarterly with employees in a “town hall” setting to update employees on new programs or services, as well as to answer questions from the employees.

With regards to compensation, the Hospital has established a pay matrix with pay grades numbered with a designated job code. Each job code has a separate pay range. Currently there are 32 job codes and a majority of the job codes contain both patient and non-patient care classifications. Job code 10 contains 20 classifications which includes the paramedic specialist, 3 other patient care classifications (Bachelor Social Worker, Medical Lab Technician

and Respiratory Technician, Certified), and 16 non-patient care positions.<sup>3</sup> Employees are paid every two weeks. Raises are given at the beginning of each fiscal year and all employees are eligible to receive a merit raise.

The Hospital's employee handbook provides an overview of the various policies applicable to all employees, both patient and non-patient care. In addition, the paramedic specialists are also covered by the "Peace Officers Bill of Rights" found in Iowa Code section 80F. No evidence was offered as to its applicability and effect upon employment at the Hospital.

All employees have a name badge which is used for the hospital's time keeping system and allows access to the Hospital. Employees are classified by full-time, part-time, regular part-time or weekend employees. All employees receive identical benefits which include, in part, insurance, holidays, various leaves of absence, vacations, flexible spending accounts, and retirement plans. However, benefit accruals are dependent upon how the employee is classified (full-time, regular part-time, part-time or weekend package). Because transfers between positions are encouraged, the Hospital provides education and training reimbursement. One paramedic specialist holds both a paramedic certification and RN license.

There is one other bargaining unit currently at the Hospital. Prior to the present bargaining unit petition, the International Union of Operating

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<sup>3</sup> The non-patient care positions are: Accounting Technician, Administrative Secretary, Construction Engineer, COTA, Education Specialist, Executive Secretary, Financial Analyst, Help Desk Coordinator, Human Resources Specialist, Maintenance Engineer, Media Services Coordinator, Media Services Specialist, Medical Social Worker, Neurodiagnostic Technician, Physical Therapy Assistant, and Purchasing Contract Analyst.

Engineers Local 234 (IUOE) filed a petition with PERB which sought a bargaining unit of skilled maintenance employees who were employed by Mary Greeley Medical Center in the plant operations department.<sup>4</sup> This petition was resisted by the Hospital which contended that the appropriate unit consisted of all non-patient care employees of the Hospital employed in the support-services departments. The Hearing Officer, in 1988, determined that the appropriate bargaining unit included all support-services employees.<sup>5</sup> The bargaining unit proposed in this case for patient care employees is similar to the one proposed by IUOE for skilled maintenance employees. In both instances, the unions petitioned for limited bargaining units.

Most of the evidence advanced by the petitioner's primary witness, a City of Ames fire fighter, centered on the International Association of Fire Fighters (IAFF); who IAFF can represent (only fire fighters and paramedics) as well as the types of benefits IAFF can provide to both the employer and the employees it represents. However, this testimony is not relevant to the unit determination factors specified in Iowa Code section 20.13(2) and thus will not be considered.

#### CONCLUSIONS OF LAW

The issue in this case is what constitutes the appropriate bargaining unit. The Union seeks a bargaining unit consisting of all paramedic specialists

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<sup>4</sup> Exhibit 3, *Mary Greeley Medical Center*, 98 HO 5888.

<sup>5</sup> The Support-services bargaining unit included the following departments: Accounting and Clerical, Environmental Service, Laundry, Education, Homeward, Information Systems, Materials Management, Medical Records, Nursing, Pharmacy, Physical Therapy, Plant Operations, Planning and Research, Radiology, Valet Services, Business Office, Human Resources, Dietetic Services and Volunteer Services. The ALJ incorrectly stated the above departments as classifications in the unit description contained in the decision.

employed at Mary Greeley Medical Center. The Hospital contends that this is too small of a unit and that the appropriate unit would be a bargaining unit consisting of the Hospital's patient care employees (professional and nonprofessional).

In determining an appropriate unit, section 20.13(2) provides in relevant part:

.... In defining the unit, the board shall take into consideration, along with other relevant factors; the principles of efficient administration of government, the existence of a community of interest among public employees, the history and extent of public employee organization, geographical location, and the recommendations of the parties involved.

Bargaining unit determinations are made on a case-by-case basis after taking into consideration all of the section 20.13(2) factors and giving appropriate weight to those factors deemed most relevant under the circumstances. *See, e.g., Anthon-Oto CSD v. PERB*, 404 N.W.2d 140, 143 (Iowa 1987); *City of Des Moines*, 09 PERB 7933 at 95; *Oskaloosa Assoc. of Prof. Fire Fighters, Local 636, IAFF*, 97 PERB 5653 at 9; *Muscatine Co.*, 13 HO 8396, 8404 at 8.

In this case, having considered all of the factors and weight given to those which are most relevant, I conclude that the appropriate unit includes all patient care employees as proposed by the Hospital.

**History and Extent of Organization:**

The “history and extent of organization” factor has two components: history and extent of organization. As to the “history,” there is no evidence that the paramedics have attempted to organize nor have they interacted with the Hospital in a bargaining context. *See e.g., English Valley CSD*, 98 PERB 5739 at 9; *City of Lake Mills*, 96 PERB 5499 at 6.

There exists at Mary Greeley Medical Center one bargaining unit which includes all support-services employees. Even though bargaining units are determined on a case-by-case basis, due to the existence of the non-patient care unit, some weight must be given to the creation of a similar patient care bargaining unit as advanced by the Hospital.

The “extent of organization” component requires that consideration be given to the groups of employees on which the Union has focused its organizing efforts. *See e.g., City of West Des Moines*, 10 PERB 8043 at 19; *Broadlawns Medical Center*, 99 PERB 5942 at 8; *State of Iowa (Board of Regents)*, 98 PERB 5834 at 15; *Spencer Municipal Hospital*, 94 PERB 4749 & 4799 at 19. In this case, the Union focused its efforts on paramedic specialists. Given this focus, “extent of organization” supports the Union’s proposed unit.

Although not specifically argued, it appears that the Union believes “extent of organization” should be controlling in determining the appropriate bargaining unit in this case. However, it is well established that “extent of organization” by itself is not controlling and the Union’s proposed bargaining unit will only be given weight if supported by other section 20.13(2) criteria.

*See e.g., City of West Des Moines, supra.* at 19; *Oskaloosa Assoc. of Prof. Fire Fighters, Local 636, IAFF, supra.* at 9-10.; *Spencer Municipal Hospital, supra.* at 21; *Mary Greeley Medical Center, 98 HO 5888* at 9. Thus, in order for me to conclude that the Union's proposed unit of paramedic specialists is appropriate, "extent of organization" must be supported by the other section 20.13(2) criteria discussed below.

**Geographical Location:**

With regards to the "geographical location" factor, the vast majority of the patient care employees, including paramedics, are based at the Hospital. Paramedics as well as the Hospital's Homeward Health Services staff travel off-site to provide patient care. Thus, the same geographic distribution of employees would exist regardless of whether paramedic specialists and other patient care employees are combined in the same or different bargaining unit. *See e.g., City of West Des Moines, supra.* at 12; *City of Des Moines, supra.* at 96-97. While this factor is not significant under the circumstances of this case, it equally favors both proposed bargaining units.

**Recommendations of the parties involved:**

Although both parties agree that the paramedics provide patient care, the parties are diametrically opposed to the preferred composition of the bargaining unit; the Union seeks a bargaining unit of paramedic specialists whereas the Hospital seeks a "wall-to-wall" patient care unit. When parties agree as to the bargaining unit's composition, the Board generally gives controlling weight to this factor and approves the agreed upon bargaining unit so long as it is not

plainly repugnant or inimical to the statute. See e.g., *City of West Des Moines, supra.* at 11; *Spencer Municipal Hospital, supra.* at 11. When parties disagree concerning the composition of the bargaining unit, PERB generally gives this factor little weight. See e.g., *City of West Des Moines, supra.* at 11; *City of Des Moines, supra.* at 96. Due to the parties' disagreement, I have given little weight to this factor in the determination of the appropriate bargaining unit.

**Efficient Administration of Government:**

PERB has consistently held that the "efficient administration of government" factor requires the designation of the fewest number of bargaining units possible consistent with employees' rights to form organizations of their own choosing so as to represent them in a meaningful and effective manner. See e.g., *Anthon-Oto CSD, supra.* at 143; *City of West Des Moines, supra.* at 12; *City of Des Moines, supra.* at 97; *Mary Greeley Medical Center, supra.* at 10. Thus, analysis with regards to this factor involves balancing the employer's interest in a large unit weighed against the employee's interest in self-determination. See e.g., *Anthon-Oto CSD, supra.* at 143; *City of West Des Moines, supra.* at 12; *City of Des Moines, supra.* at 97. It is this required balancing in the overall analysis of this factor that weighs in favor of the Hospital's patient care unit.

The Union seeks a small bargaining unit of paramedic specialists which the Hospital contends would be extremely burdensome. The Hospital argues that this small unit would require costly reprogramming of the Hospital's time and attendance keeping system, would interfere with the administration of pay

and benefits, and would cause a proliferation of bargaining units. Admittedly, these arguments are speculative; there is no evidence in the record which supports the Hospital's contention that the Union's proposed unit is likely to unduly burden the Hospital. See e.g., *Spencer Municipal Hospital, supra.* at 20 ("no evidence exists to indicate that proliferation of bargaining units is likely to result").

However, the Hospital also contends that the smaller unit would threaten the Hospital's multi-disciplinary approach to patient care, which is at the core of its treatment philosophy. In *Mary Greeley Medical Center*, a bargaining unit determination case involving the same employer and a very similar scenario, the ALJ stated:

small bargaining units are contrary to the efficient administration of government when the evidence does not demonstrate that there are such diverse interests or unique employment problems to warrant the determination of a small bargaining unit....

*Mary Greeley Medical Center, supra.* at 11-12, citing *Dickinson County Memorial Hospital*, 84 PERB 2759; *State of Iowa (Board of Regents), supra.*; *Spencer Memorial Hospital, supra.*

In the instant case, the evidence supports a larger bargaining unit than envisioned by the Union. The Hospital uses a multi-disciplinary approach which requires employees from different departments to work together to deliver patient care. Each classification, including the paramedic specialist, provides care which meets the medically related needs of the patient and the treating physician. A larger unit would support the hospital's multi-disciplinary approach and ease its administration. Furthermore, there is no

evidence that the paramedic specialists have diverse interests or unique employment problems which require a small unit. Instead, as seen in the “community of interest” factor discussed below there exists a strong community of interest between the paramedic specialists and the other patient care employees. Consequently, I find that the application of this component favors the Hospital’s interest in creating a patient care bargaining unit.

However, this finding does not end the examination of this factor because consideration must also be given to the component that employees be permitted to form organizations of their own choosing. See *e.g.*, *City of Des Moines, supra.* at 99; *Muscatine Co., supra.* at 10.

In this case, there is no evidence in the record as to the paramedic specialists’ interest in support of the petitioner, Mary Greeley Medical Center Paramedics. In fact, the only testimony by an eligible bargaining unit employee centered around the confusion with regards to the security duties and whether a certification was required by the Hospital. Nor was there any evidence indicating that other potential bargaining unit members do not wish to bargain collectively. See *e.g.*, *City of West Des Moines, supra.* at 12. In balancing the lack of evidence with regards to employees’ support of this particular bargaining unit against the Hospital’s interest in creating a unit which will not diminish the Hospital’s multi-disciplinary approach, I conclude that the “efficient administration of government” factor weighs in favor of the Hospital’s proposed patient care bargaining unit.

**Existence of a Community of Interest:**

The determination of the “existence of a community of interest” is a fact-dependent inquiry in which the totality of the circumstances is examined. See e.g., *Central Clinton CSD*, 97 HO 5568 at 15; *Marshall County*, 95 HO 5229 at 15. It involves consideration of such criterion as functions performed by the respective employee classifications, skills, training and qualifications, the location of employment and contact with other employees, methods of compensation, hours and fringe benefits, pursuit of a common mission and the existence or absence of common policies. See e.g., *City of West Des Moines*, *supra*. at 14; *State of Iowa (Board of Regents)*, *supra*. at 14; *Muscatine Co.*, *supra*. at 11; *Mary Greeley Medical Center*, *supra*. at 9. Under the circumstances of this case, I believe that this factor is entitled to the greatest weight.

The evidence clearly demonstrates that the paramedic specialists are almost identical to the other patient care employees. The hiring process is essentially identical and all employees complete a 90-day probationary period during which a competency checklist is completed. A large portion of these checklists are also similar. Because the Hospital is a 24 hour operation, the paramedics as well as patient care employees work a day, evening, night or rotating shift. Additionally, lunch and breaks are identical based upon the number of hours worked during a shift. All employees use the same common areas such as cafeteria, coffee shop and break rooms. Currently the paramedics have their own locker room but after renovations are completed,

the Emergency Department employees and paramedic specialists will share a common locker room.

Paramedic specialists and all employees have identical compensation and benefits. All employees use the same time recording system and the same pay periods. All employees are covered by a uniform employee handbook and receive identical benefits. Benefit amounts are determined not by department or position but by number of hours worked. With regards to the compensation structure, the Hospital has established a pay matrix with pay grades ordered by job code. The paramedic specialist job classification is contained in job code 10 which includes both patient care and non-patient care classifications. Additionally, all employees are eligible to receive merit pay increases.

With regards to job duties, qualifications, skills and training, all patient care employees have some degree of medical related training and all classifications require either a license or certificate. Although the job duties vary, the Hospital fulfills its mission by using a multi-disciplinary approach to patient care with employees of multiple departments working together to coordinate a patient's treatment plan. Specifically, the paramedic specialists staff the ambulances and provide medical care following established protocols and procedures when responding to these calls. They also provide patient care when assisting in the Emergency Department. As a result all patient care classifications, including paramedic specialists, meet the medical needs of the patient either by administering care directly to patients or preparing treatments that are involved in patient care. Further, all patient care classifications

perform patient assessments, monitor vital statistics, use technology to provide treatment and maintain treatment records.

Paramedic specialists are different from other patient care employees as they are covered by the “Peace Officers Bill of Rights.” However, limited weight is given to this difference as the “Peace Officers Bill of Rights” was only mentioned and no evidence was presented to its applicability and relevance.

Paramedic specialists vary slightly from other patient care employees as the paramedic specialists, in addition to their patient care duties, also provide hospital security. Although the record contained evidence that other employees also provide security, only the paramedic specialist job description contained these duties. But due to the paucity of evidence with regards to the percentage of time paramedic specialists spend on the performance of security duties, I cannot conclude that the security distinction is sufficient to justify a separate unit for the paramedic specialists. See *e.g.*, *Spencer Community Hospital, supra.* at 21. Consequently, I conclude the “community of interest” factor overwhelmingly weighs in favor of the patient care unit proposed by the Hospital.

In light of the existence of a non-patient care, support-services bargaining unit already existing at Mary Greeley Medical Center as discussed in the “history and extent of organization” factor, as well as the factors of “efficient administration of government” and “community of interest,” I conclude that the facts in this case demonstrate that Mary Greeley Medical

Center's proposed patient care bargaining unit constitutes an appropriate unit within the meaning of section 20.13(2).

In accordance with Iowa Code section 20.13, the following grouping of employees of Mary Greeley Medical Center constitutes a unit appropriate for purposes of collective bargaining pursuant to Iowa Code chapter 20:

**INCLUDED:** All professional and nonprofessional patient care employees of the Hospital including those in the following job classifications: Blood Bank Section Head, Infection Control Practitioner, Laboratory Section Head, Microbiology Section Head, Nurse Case Manager, Social Work Case Manager, Admitting Nurse, Anesthesia RN, Bachelor's Social Worker, Behavioral Health Coordinator, Bereavement Coordinator, Cancer Care Navigator, Cancer Research Center Coordinator, Cardiovascular Technologist, Cardiac Catheterization Laboratory Radiologic Technologist, Certified Athletic Trainer, Chaplain, Chemistry Section Head, Clinical Coordinator Operating Room Service Line, Clinical Documentation Specialist, Clinical Resource Nurse, Clinical Dietician, Clinical Social Worker MSW, Clinical Trials Coordinator, Clinical Trials RN, Crisis Nurse, CT/MRI Coordinator, CT/MRI Technologist, Diabetes Educator/Registered Dietician, Diabetes Educator RN, Diabetes Inpatient Clinical Resource Nurse, Discharge Planner RN, Dosimetrist, Echocardiograph Technologist, First Nurse, First Nurse Coordinator, Hematology Coagulation Section Head, Homeward Home Liaison, Hospice Care Coordinator, Hospice Volunteer Coordinator, License Practical Nurse, LPN Support Team, Mammographer, Massage Therapist, Medical Laboratory Technician, Medical Social Worker BA, Medical Technologist, Mental Health Therapist, Mobile Intensive Care Services Operations Coordinator, Neurodiagnostic Technologist, Nuclear Medicine Technologist, Nuclear Medicine Coordinator, Nurse Practitioner, Occupational Therapist, Occupational Therapy Assistant, Pain Clinic Coordinator, Paramedic Specialist, Pastoral Care Chaplin, Pharmacist, Physical Therapist, Physical Therapy Clinic Coordinator, Public Health Nurse, Radiation Therapist, Radiological Technologist, Registered Nurse, Respiratory Therapist, RN Support Team, Special Procedures Technician, Special Procedures Respiratory Therapist, Speech Language Pathologist, Stroke Program Coordinator, Substance Abuse Counselor, Surgical Technician Certified, Surgical Technician, Therapeutic Recreational Therapist, Ultrasound Technologist, Wound Healing Clinical RN Coordinator, Wound Ostomy Continence RN, Ancillary Services

Aide, First Responder, Fitness Consultant, Fitness Specialist, Home Equipment Representative, Home Services Representative II, Home Care Aide, Hospice House Aide, Monitor Technician, OR Surgical Aide, Outreach Assistant, Patient Care Technician, Pharmacy Technician Certified, Pharmacy Purchasing Agent, Phlebotomist, Phlebotomy Coordinator, Physical Therapy Assistant, Psychiatric Assistant I, Psychiatric Assistant II, Respiratory Technician Certified, Transporter, and Wellness Instructor.

**EXCLUDED:** All remaining Hospital employees, including support-services employees and all employees excluded under Iowa Code section 20.4.

This proposed bargaining unit includes both professional and nonprofessional employees. Because Iowa Code section 20.13(4) provides that professional and nonprofessional employees shall not be included in the same bargaining unit unless a majority of both agree, either can effectively veto this unit determination, which is necessarily contingent upon the outcome of a professional/nonprofessional election pursuant to PERB subrule 621-4.2(5).

Iowa Code section 20.13(2), however, requires that PERB define the appropriate unit upon the filing of a proper petition. Accordingly, I further conclude that, should separate majorities of the professional and nonprofessional employees not agree to their inclusion in the combined unit, the following separate bargaining units of patient care employees are appropriate for purposes of collective bargaining within the meaning of section 20.13(2):

Professional bargaining unit:

INCLUDED: All professional patient care employees of the Hospital including those in the following job classifications: Blood Bank Section Head, Infection Control Practitioner, Laboratory Section Head, Microbiology Section Head, Nurse Case Manager, Social Work Case Manager, Admitting Nurse, Anesthesia RN, Bachelor's Social Worker, Behavioral Health Coordinator, Bereavement Coordinator, Cancer Care Navigator, Cancer Research Center Coordinator, Cardiovascular Technologist, Cardiac Catheterization Laboratory Radiologic Technologist, Certified Athletic Trainer, Chaplain, Chemistry Section Head, Clinical Coordinator Operating Room Service Line, Clinical Documentation Specialist, Clinical Resource Nurse, Clinical Dietician, Clinical Social Worker MSW, Clinical Trials Coordinator, Clinical Trials RN, Crisis Nurse, CT/MRI Coordinator, CT/MRI Technologist, Diabetes Educator/Registered Dietician, Diabetes Educator RN, Diabetes Inpatient Clinical Resource Nurse, Discharge Planner RN, Dosimetrist, Echocardiograph Technologist, First Nurse, First Nurse Coordinator, Hematology Coagulation Section Head, Homeward Home Liaison, Hospice Care Coordinator, Hospice Volunteer Coordinator, License Practical Nurse, LPN Support Team, Mammographer, Massage Therapist, Medical Laboratory Technician, Medical Social Worker BA, Medical Technologist, Mental Health Therapist, Mobile Intensive Care Services Operations Coordinator, Neurodiagnostic Technologist, Nuclear Medicine Technologist, Nuclear Medicine Coordinator, Nurse Practitioner, Occupational Therapist, Occupational Therapy Assistant, Pain Clinic Coordinator, Paramedic Specialist, Pastoral Care Chaplin, Pharmacist, Physical Therapist, Physical Therapy Clinic Coordinator, Public Health Nurse, Radiation Therapist, Radiological Technologist, Registered Nurse, Respiratory Therapist, RN Support Team, Special Procedures Technician, Special Procedures Respiratory Therapist, Speech Language Pathologist, Stroke Program Coordinator, Substance Abuse Counselor, Surgical Technician Certified, Surgical Technician, Therapeutic Recreational Therapist, Ultrasound Technologist, Wound Healing Clinical RN Coordinator, Wound Ostomy Continence RN.

EXCLUDED: All remaining Hospital employees, including patient care nonprofessional employees, support-services employees and all employees excluded under Iowa Code section 20.4.

Nonprofessional bargaining unit:

INCLUDED: All nonprofessional patient care employees of the Hospital including those in the following job classifications: Ancillary Services Aide, First Responder, Fitness Consultant, Fitness Specialist, Home Equipment Representative, Home Services Representative II, Home Care Aide, Hospice House Aide, Monitor Technician, OR Surgical Aide, Outreach Assistant, Patient Care Technician, Pharmacy Technician Certified, Pharmacy Purchasing Agent, Phlebotomist, Phlebotomy Coordinator, Physical Therapy Assistant, Psychiatric Assistant I, Psychiatric Assistant II, Respiratory Technician Certified, Transporter, and Wellness Instructor.

EXCLUDED: All remaining Hospital employees, including professional patient care employees, support-services employees and all employees excluded under Iowa Code section 20.4.

This proposed decision will become PERB's final decision on the bargaining unit determination portion of the combined petition in accordance with PERB rule 621-9.1(20) unless, within 20 days of the date below, a party aggrieved by the proposed decision files an appeal to the Board or the Board, on its own motion, determines to review the proposed decision.

IT IS ORDERED that an election be conducted pursuant to PERB subrule 621-4.2(5), at a time and place to be determined by the Board, to determine whether a majority of both the professional and nonprofessional employees in the combined professional/nonprofessional bargaining unit agree to be included in such a unit. Eligible to vote are all employees in the above-described unit who were employed during the payroll period immediately preceding the date this proposed decision becomes final and who are also employed on the date of the election.

IT IS FURTHERED ORDERED that the public employer shall submit to the Board, within seven days of this proposed decision becoming final, an alphabetical list of the names, address, and job classifications of all eligible professional employees and a separate list of the names, addresses and job classifications of all eligible nonprofessional employees in the bargaining unit described above.

DATED at Des Moines, Iowa this 19<sup>th</sup> day of April, 2013.

PUBLIC EMPLOYMENT RELATIONS BOARD

*Susan M Bolte*

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Susan M. Bolte  
Administrative Law Judge

Original filed.

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