

1199SEIU League Labor Management Project

The Power of Partnership



John R. Oishei Children's Hospital

HOW A STAFF-DRIVEN LABOR MANAGEMENT INITIATIVE
ANSWERED THE C.A.L.L. FOR EXCEPTIONAL CARE

Table of Contents

Introduction	3
Strategies for Success	4
Answering the C.A.L.L. CARING, ATTENTIVENESS, LEADING, LEARNING	5
Implementation - Answering the C.A.L.L.	7
Impact of the “Answering the C.A.L.L.” Initiative	9
Adopt, Adapt, Spread	11
The Elements of Success	12

INTRODUCTION

The Inspiration for the Labor-Management Partnership at John R. Oishei Children's Hospital

Jim Scordato, Vice-President at 1199SEIU, and Cherie Hepp, Nurse Recruiter for John R. Oishei Children's Hospital (OCH - formerly known as Women & Children's Hospital of Buffalo) and Kaleida Health's long-term care facilities, returned from a trip to Kaiser Permanente inspired to engage in successful labor-management collaboration at their own hospital. Thanks to an opportunity provided by the Healthcare Career Advancement Program (H-CAP)¹ to share best practices in workforce development and planning, the pair was able to hear and learn about a longstanding, successful labor-management partnership between Kaiser Permanente and the Coalition of Kaiser Permanente Unions. Hepp said, "... we saw the progress that people have made [engaging] in labor-management partnerships. They had so many different labor-management projects. I would say to Jim 'we've got to do this, we've got to do this—we can really do it here at this hospital.' That is how everything finally came about."

Building on the Strong Relationship Between Union and Management at John R. Oishei Children's Hospital

Kaleida Health and 1199SEIU have forged positive relationships over the years, most recently working together to plan for a new state-of-the-art hospital facility. OCH is also the only facility within Kaleida Health that has "wall-to-wall" 1199SEIU Union membership. In other words, every single non-managerial staff member at OCH—from the housekeepers to the pharmacists to nurses—is organized under the Union's umbrella. In discussing the prospect of working with OCH on a labor-management initiative, Scordato said, "When the idea of the labor-management project came up, the approach was perfect for us and there was no other facility in the area that we thought would be a better partner than Women & Children's Hospital."



When the idea of the labor-management project came up, the approach was perfect for us and there was no other facility in the area that we thought would be a better partner than OCH."

— Jim Scordato

Vice-President, 1199SEIU

Allegra Jaros, President of OCH, reflected on the idea of partnering with 1199SEIU leadership: "We have been working very closely with Jim and his team at 1199SEIU relative to the move and relocation of the hospital. We really felt this was a good fit to further the partnership throughout the whole organization."

¹The Healthcare Career Advancement Program (H-CAP) is a national labor-management organization that promotes innovation and quality in healthcare career education. Its board includes Service Employees International Union (SEIU) locals and healthcare employers across all sectors of healthcare.

STRATEGIES FOR SUCCESS

Collaboratively Identify the Challenge

Union and management were committed to providing the very best care to patients. The initial planning meeting gathered 15 to 18 Union and management decision-makers—solidifying a joint effort from the start. During that first meeting, Scordato said, “The question posed to administration was ‘What is keeping you up at night? What is always on your mind?’ A lot of the questions people had were regarding the change in healthcare reimbursement moving from pay-for-service to customer satisfaction scores.” In 2012, the Centers for Medicare and Medicaid Services (CMS) mandated that a portion of hospitals’ Medicare reimbursements be contingent on patient satisfaction ratings measured through a national, standardized survey of discharged patients, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Strong HCAHPS scores are of particular importance to safety-net organizations like OCH that cannot afford to lose even a small portion of Medicare reimbursement. With a mutual goal to improve patient care and overall satisfaction at the forefront, the first labor-management partnership of its kind in Western New York was set to embark.

Engage the Staff

Union and management leadership agreed to engage in a staff-driven project that aimed to increase patient-satisfaction scores. Senior leadership at OCH was well aware that patient satisfaction goes hand-in-hand with staff satisfaction, engagement and ownership. Jaros stated, “From a hospital perspective, engaging our staff in solutions and empowering them to do the best for our patients and themselves is really a critical focus.”

Union and management leadership established a labor-management steering committee comprised of Union leadership, Union delegates, managers and administration from OCH, and administration from Kaleida Health. The next step was to hear from staff how the hospital could address the goal of improving patient satisfaction, keeping in mind that Union and management leadership wanted to develop a project that could be quickly implemented with positive results. Nora Moore, an Administrative Organizer for 1199SEIU and co-lead for the initiative, said, “We gave them surveys and told them to let us know what thoughts they had. People were hesitant at first—I think the nurses felt ‘oh no, here we go ... more work for us.’ But we got their input on a lot of the areas, and decided to work on call lights.”

Facility Information



Kaleida Health is the largest healthcare provider in Western New York, serving the area’s eight counties with state-of-the-art technology and comprehensive healthcare services. For more than 125 years, OCH (formerly known as Women & Children’s Hospital of Buffalo)—also a teaching hospital for the State University of New York (SUNY) at Buffalo School of Medicine and Biomedical Sciences—has been the regional center for comprehensive, specialized pediatric and women’s health services in Western New York. Its 185 inpatient beds are allocated to pediatric care, maternity, pediatric intensive care, physical medicine and rehabilitation, neonatal continuing care, neonatal intensive care and neonatal intermediate care.

Don't Reinvent the Wheel—Polish It

The goal had been set: to improve patient scores on responsiveness and communication. The question then became: how would the initiative accomplish its goal? Fortunately for Union and management sponsors, they did not have to look any further than 1199SEIU League Labor Management Project (LMP) Consultant Susan Wasstrom. Backed by a grant from the Service Employees International Union (SEIU), which was used for strategic planning, setting mutual goals, implementation plan development and training of unit-based teams, labor and management stakeholders at OCH contracted with the LMP to support collaborative labor-management work for the very first time. The LMP, an organizational development consulting group that is jointly sponsored by 1199SEIU United Healthcare Workers East (Union) and the League of Voluntary Hospitals and Homes of New York (a hospital association and bargaining agent), has a long history of engaging union and management in activities that improve care delivery and increase patient and employee satisfaction. Since its inception in 1997, the LMP has facilitated and supported joint work in long-term, outpatient and acute-care settings through training, coaching, mediation, team building and technical assistance.

To encourage best practices, Wasstrom shared several examples of labor-management work in New York City and across the country. One such program was the “Why We Care: Heads Up” initiative delivered by Mount Sinai Queens’ Patient Responsiveness Committee, which was also facilitated by an LMP Consultant. The Responsiveness Committee at Mount Sinai Queens was able to improve the patient experience by responding to call bells more quickly and effectively, as well as anticipating patient needs through hourly rounding.

After reviewing case studies and best practices, the OCH steering committee decided that instead of reinventing the figurative wheel, they would build on successful initiatives elsewhere. But which of the units would be the best place to start in a 200-inpatient-bed facility?

The LMP, an organizational development consulting group that is jointly sponsored by 1199SEIU United Healthcare Workers East (Union) and the League of Voluntary Hospitals and Homes of New York (a hospital association and bargaining agent), has a long history of engaging union and management in activities that improve care delivery and increase patient and employee satisfaction.

ANSWERING THE C.A.L.L. CARING, ATTENTIVENESS, LEADING, LEARNING

Variety 8 (V8)—a pediatric medical unit—was ultimately chosen as the pilot unit for the initiative, for multiple reasons. According to Jaros, “choosing the right unit and choosing the right location was a lot of the upfront work. We chose a unit that had the most patient satisfaction scores come through, that had the highest employee engagement scores, the strongest managers and has a dedicated physician team that worked with them to kick off the initiative.” Mary Ellen Creighton, MS, RN, Director of Nursing for Pediatrics in Critical Care, noted, “The reason that I suggested that V8 would be a good place to start is because they have a very seasoned, excellent Nurse Manager and the staff does not have a huge turnover. This is probably our busiest medical unit. We get a lot of service out of that unit, so the thought was ‘why not use the place we get a lot of feedback from?’ ” The pilot unit selection was very strategic and well-thought-out. Hepp noted, “We wanted to select a unit for our pilot project that had all the key elements that would lead us to success.”

Once the pilot unit had been identified by the steering committee, it was time to focus on program structure and implementation. Under the auspices of the steering committee, nearly 40 multidisciplinary staff members (i.e., environmental services, physicians, residents, child life specialist, patient management, social workers, etc.) from V8 took part in a two-day training session that addressed the Affordable Care Act; Delivery System Reform Incentive Payment (DS-RIP); future trends in healthcare and the importance of patient satisfaction scores; value-based purchasing; labor-management partnership; and effective joint teams. With the partnering of the LMP and Kaleida Health’s performance-improvement department, the team also engaged in a four-day Work-out² session from which they developed an action plan and training modules for all disciplines working on the floor. Wasstrom recalled that “the room had both sponsors and team members. It was really effective having sponsors in the room, because they could immediately weigh

in and say whether an idea was feasible or not.” Meryl Mackowiack, Nurse Manager for V8 and co-lead, said, “The entire team worked together on the goals of the initiative and what it would look like—it was a team decision.” It was during one of these synergistic days that a staff member from the Occupational Department proposed a fitting name for the initiative. The team agreed on the phrase “Answering the C.A.L.L.” out of the desire to focus on responsiveness to the patients and the reduction of call lights. C.A.L.L. stands for Caring, Attentiveness, Leading, and Learning.

So, what were the tactics and the strategies that unit staff thought would be effective in improving responsiveness to patients and communication on the unit? How would the multidisciplinary team of various front-line workers, management and Union representatives work together to “Answer the C.A.L.L.?”

CARING
ATTENTIVENESS
LEADING
LEARNING

²Work-out is a problem-solving approach that involves employees in process improvement and addresses communication gaps between management and employees. A Work-out takes place in three phases: planning, the session itself and implementation of the action plan. The Work-out usually follows two or three cycles of idea generation and prioritization: identifying the details of the process under consideration, examining barriers and, finally, producing strategies for improving the process. Work-out tools and techniques are used to create an empowered culture. The focus is on unleashing the know-how of those closest to the work.

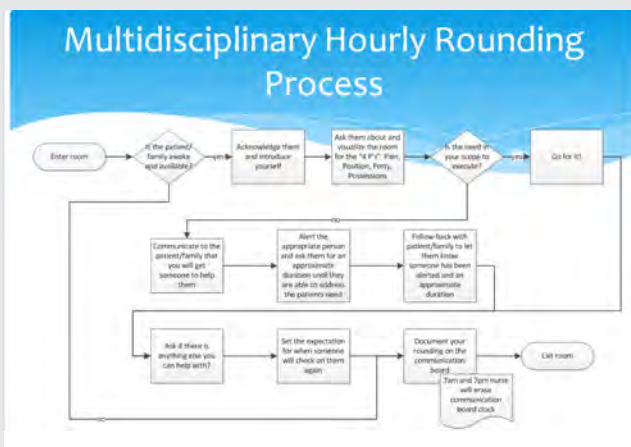
IMPLEMENTATION - ANSWERING THE C.A.L.L.

The approach to implementing the initiative was three-pronged:

- 1) Institute multidisciplinary hourly rounding;
- 2) Employ a no-pass zone; and
- 3) Make consistent use of the communication board.

Multidisciplinary Hourly Rounding

Patients and their families like to know someone is watching over them. Rounding not only fulfills the routine requests that are usually made when the call light is used, but also demonstrates staff availability to the patient and their readiness to anticipate the patient's needs. Hourly rounding is proactive, allowing nurses to manage patient care and their own time more efficiently. Rounding is about building relationships and trust as much as it is about meeting physical needs. The team at OCH developed a multidisciplinary hourly rounding process map to clarify and facilitate hourly rounding using the 5Ps (assistance with pain, potty, position, access to possessions and parents). Multidisciplinary rounding provides a formal mechanism for daily communication among the care team, patients and families. In other words, multidisciplinary rounding gets the entire team caring for the patient together, so everybody knows what everybody else is doing. Multidisciplinary rounding can affect many aspects of the patient stay, including quality and patient satisfaction. Rounding was to take place every hour between 6:00 am and 10:00 pm, and then every two hours between 10:00 pm and 6:00 am.



ANSWERING THE CALL
Care • Attentiveness • Leading • Learning

All members of our team accept the opportunity to never pass up a chance to meet our patients' and families' needs.

- Any staff member who sees a room with the call light on will **NOT** pass the room without answering the call of the patient or family member.
- You may not be able to meet their need, but you can be accountable that the **right person** gets the message.
- Every staff member is important to ensure that our patients and families are satisfied and experience the best possible hospital stay.

When communicating with patients/families always remember to introduce yourself and lead with CARE.

Provide patient/family centered care, be accountable to patients, families and each other, show respect and integrity to everyone, and provide excellence in all that you do.

Kaleida Health **1199SEIU**

Answering the C.A.L.L. Zone

The “Answering the C.A.L.L. Zone” empowers all employees to respond to patient call lights through acknowledging, answering or resolving the patient’s needs. According to the Staff Guide to Answering the C.A.L.L. developed by the multidisciplinary team, all staff members accept the opportunity to never pass up a chance to meet their patients’ and families’ needs. Upon entering the room, team members incorporate the first two elements of the communication framework AIDET³: Acknowledge (greet the patient and family with a friendly smile and use their names if you know them) and Introduce (consistently introduce yourself by name and your role in the department, and let your patients and their families know that you or your coworkers are going to take care of them). The guide also provides a clear outline of what staff can or cannot do when answering the call of the patient or family member. For example, all staff can move items within reach of the patient (call bell, telephone, etc.), assist with making phone calls or answering the phone, or obtain a blanket, pillow, towel or washcloth for the patient. Conversely, non-nursing staff cannot turn off

³AIDET is a framework for healthcare professionals to communicate with patients and each other in a way that decreases patient anxiety, increases patient compliance and improves clinical outcomes. The acronym stands for five communication behaviors: Acknowledge, Introduce, Duration of task, Explain task and what follows, and Thank the patient. AIDET is a registered trademark of StuderGroup.

any alarms, offer pain relief, explain clinical matters or explain tests and treatments for patient scheduling. They must, however, inform nursing staff that a prompt response is required and are held accountable to return to the patient and close the loop.

Communication Board

A communication board is a tool for transparent communication among patients, caregivers, family members, non-caregiving staff and visitors. These dry-erase boards are located in each patient room, and are filled out by team members during each patient encounter. They provide a central location and organized means to communicate information about procedures, care-team contacts, daily plans, rounding schedule and discharge planning. A key advantage of the board is that it's always visible to the team, patient and family. Everyone can see that plan of care at a glance. Medical directors and nurse leaders can verify the board's use simply by glancing into the room.

Prior to implementing the “Answering the C.A.L.L.” initiative, all disciplines (i.e., occupational therapists, physical therapists, etc.) that would be entering the unit were trained and educated on its purpose, goal and three-pronged approach, with particular attention given to the multidisciplinary hourly rounding process. During training, staff were encouraged to practice and engage in role-play so as to feel comfortable when implementing the program components. After nearly eight months of researching, planning and design, the stage was set for the program to go live in February 2016.

Kaleida Health

Communication Board

Today's Day/Date: _____
Room # _____

Unit Phone # _____
Room Phone # _____

Family Member Name: _____

Contact Phone #: _____



MY CARE TEAM

Nurse/ Phone: _____	Doctor: _____
Assistant/Unit Secretary Phone: _____	Housekeeper: _____
Therapist/ Technician: _____	Family Centered Care: _____
Child Life Specialist/ Phone: _____	Other Team Members: _____

ALL ABOUT ME

Today's Plan:

Diet:

**PLEASE CALL
Don't Fall!** Full Risk

Things I like to do: _____

Expected Discharge Date/Time: _____
Discharge Planner: _____

These are the goals that need to be met for discharge: _____

Phone: _____
Social Worker: _____

Phone: _____

Patient and Family Questions: _____

It is our pleasure to care for you. Please let us know how we can make your stay as comfortable as possible.

Nurse Manager: _____
Phone: _____



IMPACT OF THE “ANSWERING THE C.A.L.L.” INITIATIVE

HCAHPS Scores

At the end of 2016, V8 saw an increase in their “Response to Call Button” HCAHPS scores. Approximately 71% of patients/parents of patients reported that they received help as soon as they wanted it after pressing the call button, compared to 70% in 2015. In conjunction with these results, the initiative appears to have influenced other HCAHPS domains as well. The pilot unit increased scores from 2015 to 2016 in the following areas:

Nurse Communication

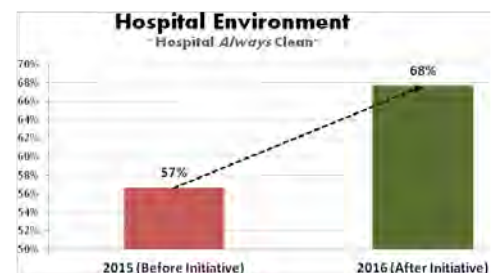
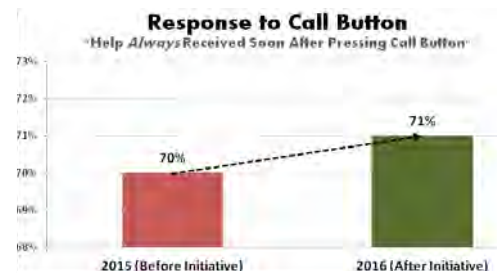
At the end of 2016, 85% of parents of patients reported that nurses always communicated with them, up 4.6 percentage points from 2015. Additionally, 81.4% of survey respondents indicated that nurses always listened carefully to them (versus 75.8% in 2015); 83.9% stated that nurses always provided explanations in a way they understood—up 5.7 percentage points from 2015; and 89.7% of parents of patients reported that nurses always treated them with courtesy/respect, compared to 87.1% in 2015.

Physician Communication

At the end of 2016, 81.9% of parents of patients reported that doctors always communicated with them, compared to 76% in 2015. Additionally, 78% of parents responded that doctors always listened carefully to them (versus 72.9% in 2015); 80.5% stated that doctors always provided explanations in a way they understood—up an impressive 10.6 percentage points from 2015; and 87.3% of parents of patients reported that doctors always treated them with courtesy/respect, compared to 85.2% in 2015.

Hospital Environment

At the end of 2016, 67.7% of parents of patients reported that the hospital was always clean—a remarkable 11.6 percentage-point increase from 2015. Additionally, 56.7% of parents of patients indicated that the hospital environment was always quiet, compared to 52.3% in 2015.



Staff Empowerment

One of the most notable outcomes of the initiative was the empowerment of employees on V8. Staff demonstrated greater willingness to speak up when they saw patient issues that needed addressing—especially EVS workers. Rosemary Speranza, Registered Nurse, said, “We had an environmental services worker cleaning a room and there was a child with a trach and it didn’t sound right to him. So he went to the nurse, which would never have happened a year ago, and said, ‘I’m not a nurse or a medical person but I think this child needs to be suctioned.’ The nurse went into the room and sure enough, the child needed to be suctioned. We empowered that EVS employee to do something that he would have never ever done six or eight months ago.” Hepp recounted, “One of our environmental services persons, who rarely said anything, was like the cheerleader in this last [rollout] session. The pride that staff take in what they are doing, the ancillary department staff are getting in there, and EVS and dietary staff are talking to the patients. They always thought they were just supposed to get in there and clean the room and not to talk to patients. Now they have relationships with our patients and with our staff.”

Cathy DiFlavio, RN, Union Delegate/Chair, RNs/LPNs and co-lead, confirmed the transformation of staff: “I definitely feel like this is the biggest change. It’s almost like the ancillary staff now has permission to interact with the patients and with other staff members, where they didn’t feel they could do that before. It has been huge, and I actually think that they are having the most fun with it.”

The value of staff empowerment was not lost on senior sponsors. Jaros stated, “From a hospital perspective, engaging our staff in solutions, and empowering them to do the best for our patients and themselves is a critical focus of ours. It ties in directly with where we, as an organization (OCH and Kaleida Health), are going: leading with care and focusing on patient needs and patient safety. It reinforces that leadership supports a ‘see something, say something, and then do something’ culture. In this case it’s both their Union and their employer leadership that supports them to

come up with solutions and make change. It is really powerful.”

Staff Engagement

According to OCH’s Press Ganey survey data, there was an overall increase in the employee engagement score from 2015 (pre-initiative implementation) to the end of 2016 (post-initiative implementation). Engagement is defined as the degree to which employees are involved and connected to their work. The engagement score is also used to assess the degree to which staff are ready and willing to make changes. The survey has 39 questions on a 5-point scale ⁴. In 2015, the average employee engagement score was 4.28, which was between agree and strongly agree. In 2016, it increased by 0.21 points to 4.49 ⁵—closer to an average rating of strongly agree. Furthermore, the employee domain score was 4.45 at the end of 2016, indicating that staff on the unit feel favorably about the work that they do and who they work with. In speaking about employee engagement, DiFlavio noted, “One of the EVS workers is teaching the classes that we are rolling out to the other floors. He’s just really engaged—a huge asset.”



It’s almost like the ancillary staff now has permission to interact with the patients and with other staff members, where they didn’t feel they could do that before. It has been huge, and I actually think that they are having the most fun with it.”

**— Cathy DiFlavio
RN, Union Delegate/Chair,
RN/LPNs and co-lead**

⁴ Where 1 = Strongly Disagree and 5 = Strongly Agree.

⁵ Reference point: Kaleida Health’s 2016 engagement score is 4.06.

Teamwork

Participants report that integration of the ancillary staff in the “Answering the C.A.L.L.” initiative changed how “team” was defined on the unit. Jocelyn Belisle, Senior Performance Improvement Project Coordinator, noted, “We have heard some really positive feedback about how integrated our environmental services and dietary staff have been in the patient care.” According to Hepp, reminding team members that they were all on a level playing field facilitated the team approach to patient care. “We have physicians as part of our team. We have our chief attending physician and medical residents on the floor—we have every single level represented. Titles are left at the door. Everyone is equally important.”

One member of the multidisciplinary staff on V8 remarked, “The relationship between us and management has become stronger with this project. I feel closer to the staff and more like a team. It’s easier for me to approach management with any issues that arise because of the increased comfort from this project.”

Families of the patients have noticed the transformation on the unit. Jaros said, “We received a letter from one family that brought tears to my eyes. It was two and a half pages of recognition of the team. It was from a family that has been in and out of our site for 13 years and just couldn’t believe the difference of teamwork that they experienced, the impact of the housekeeper, the impact of the resident, etc. They could tell there was a team. A family that knows us well just recognized the difference and the care that is being provided and this can all be tied back to this initiative.”

ADOPT, ADAPT, SPREAD

Excitement about the success of the “Answering the C.A.L.L.” initiative on V8 spread throughout the hospital before the pilot even reached completion. Scordato and Jaros were both continually approached by staff from other units, wanting to take part in the initiative. “They see the impact and the benefit that’s happened to this particular unit and the patients on that unit,” said Jaros. Union and management leadership had invested heavily in the expansion of the “Answering the C.A.L.L.” initiative, with the ultimate goal of hospital-wide adoption. Five months after the initiative was piloted on V8, the steering committee was ready to roll it out to another two strategically selected units, chosen for their similarity to V8 and a shared manager who had experience with the pilot.



The relationship between us and management has become stronger with this project. I feel closer to the staff and more like a team.”

— V8 Staff Member

Just as with V8, staff from the additional two units were engaged in a Work-out session—although shortened to one day, based on lessons learned from the pilot. Belisle explained, “It was pretty much focused on taking what worked and what had been tweaked. Tweaks were made based on staff input—we took that model to the next two units.” While the three-pronged approach (multidisciplinary hourly rounding, Answering the C.A.L.L. Zone and robust use of communication boards) was to be implemented in the second roll-out, the multidisciplinary teams on these units were handed the reins to make it their own—thus ensuring that the initiative was indeed staff-driven.

Scordato observed, “As we go to other units, there are going to be different ideas, there are going to be different concepts for projects that employees on those units think will help the work day-to-day.”

DiFlavio remarked, “We really let the staff tell us what they wanted and how they were going to do the hourly rounding, where they were going to put the communication boards on the walls, and where they wanted it in the room. Everything was what they told us that they wanted.”

Feeling strongly about the message of the initiative being staff-driven, Hepp said, “I can’t stress enough that the staff knows that it is them making the decision and bringing the ideas. We aren’t just saying ‘here, do it.’ In every different unit, you are going to have to be able to tweak it to work best for your unit.”

Just as planned, the initiative was successfully rolled out to all pediatric floors. HCAHPS scores (shown below) reflect the hard work and commitment of everyone involved in the project. Over the course of two years, OCH’s pediatrics floors saw a significant increase in the areas of nurse and doctor communication with parents. There was a notable improvement in the average responsiveness scores (percent that responded “always”) from 2015 to 2017.

	Pre 1/1/15 – 2/28/16	Post 3/1/16 – 3/1/17	Difference (% Always)
n-size	735	541	
Nurses Communicate w/Parent	78.5	83.3	4.7*
Doctors Communicate w/Parent	78.9	81.3	2.4*
Response to CALL Button	70.7	72	1.3*

*Press Ganey reports that any two-point gain in one year is statistically significant.

THE ELEMENTS OF SUCCESS

It is clear that the “Answering the C.A.L.L.” pilot initiative has accomplished many things since its launch on V8. The initiative at OCH has fostered robust labor-management relationships; facilitated team and relationship building; engaged staff in critical thinking; promoted mutual respect, trust, communication and collective responsibility; improved responsiveness to patients’ needs; promoted worker empowerment and engagement; and most notably—sustainability.

Research has identified eight best practices for achieving measurable outcomes through labor-management partnerships⁶. These elements are:



Active Union and Management Leadership



Clear Partnership Structure



Clear Union and Management Goals



Institutional Support for Partnership



Education



Communication and Accountability



Monitoring and Tracking Results



Redesigned Labor Relations

As it is, OCH and 1199SEIU hardwired all of these elements into the design and implementation of their first collaborative initiative. In addition, an essential factor of success has been perseverance and commitment. The ongoing support of Union and management sponsors cannot be underestimated. They continue to participate in regular steering committee meetings and visit unit floors to speak with staff, listen to staff's thoughts and feedback, and model new behaviors—each of these factors set the tone for a new standard of teamwork at OCH.

It was not only sponsors who showed evidence of this behavior. Exceedingly committed co-leads on both Union and management sides were able to encourage and empower team members, model effective engagement with peers, problem-solve, track metrics, persevere through challenges and/or resistance, and communicate successes and roadblocks.

1199SEIU and OCH have collaboratively laid the foundation and created the opportunity for staff to have their voices heard as they work together to essentially attain excellent patient care and staff satisfaction.

Meryl Mackowiack, Nurse Manager and co-lead stated, “Our focus was always the patient, that’s also what made this project work. We know that all the staff that work here are doing what they do because they want to take care of families and patients. Whether we are managers, or we’re staff, or unionized or not unionized, we still all have that as our goal. That really was the basis of why it was successful.”



Our focus was always the patient, that’s also what made this project work. We know that all the staff that work here are doing what they do because they want to take care of families and patients. Whether we are managers, or we’re staff, or unionized or not unionized, we still all have that as our goal. That really was the basis of why it was successful.”

**— Meryl Mackowiack
Nurse Manager for V8 and
Initiative Co-lead**



1199SEIU LABOR MANAGEMENT PROJECT

330 West 42nd Street, Suite 1303 | New York, NY 10036-6977

Tel (212) 894-4304 | Fax (212) 643-9347

Info@LaborManagementProject.org

1199SEIUBenefits.org | LaborManagementInitiatives.org