

TENTATIVE AGREEMENT
Cooper University Health Care and HPAAE
Date: May 31
May 31, 2024

ARTICLE 39. SCOPE OF AGREEMENT

This Agreement shall become effective on June 1, 2024 and shall continue in full force and effect through May 31, 2027, unless the parties mutually agree in writing to extend, revise or modify the contract for an additional specified term.

Terry Leone
Terry Leone
HPAAE Representative

5-31-2024
Date

Beth Green
Beth Green
Sr. Vice President/CHRO

5/31/2024
Date

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36.5 The Medical Center reserves the right to increase the parking fees. There will be no raise in parking rates in 2025 for bargaining unit nurses. Effective January 1, 2026, there may be an annual increase not to exceed \$5 per pay period during the term of this Agreement.

Terry Leone
Terry Leone
HPAAE Representative

5-31-2024
Date

Beth Green
Beth Green
Sr. Vice President/CHRO

5/31/2024
Date

the CNE, copying the medical center co-chair. Within 2 two weeks of the written recommendation to the CNE, the CNE will respond in writing to the Staffing Committee. Level of care indicates an adjustment in hours per patient day. The following exceptions shall apply:

- Unforeseen circumstances, patient emergencies,
- Changes in volume

It is understood by both parties that instances may arise when the contract guidelines cannot be maintained.

The medical center will make every reasonable attempt to return to established guidelines throughout the shift.

Terry Leone
Terry Leone
HPAE Representative

5.31.2024
Date

Beth Green
Beth Green
Sr. Vice President/CHRO

5/21/2024
Date

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Cooper University Health Care and HPAE

Date: May 31, 2024

33.1 The Cooper Health System and Union agree that in any patient care situation, patient safety and quality care is of utmost importance and must be insured for the benefit of the patient, the staff and the Medical Center.

Recognizing the importance of staffing levels for the provision of patient safety and care, the Medical Center agrees that there should be an appropriate number of staff in all units and departments on each shift. In determining staffing requirements for a clinical area, the Medical Center will, at all times consider patient safety, patient level of care, the competency of the registered nurses, and the unit census. All of the above factors will be considered when assignments are made. It is also recognized that these factors are dynamic, and the input of the unit nurses will be considered in determining unit activity.

33.2 The Medical Center will staff to guidelines based on inpatient level of care regardless of location reflecting:

- Medical Surgical/Telemetry and Oncology – average ratio 1:4-5
- Adult Critical Care – 1:2

The Staffing Committee will review unit/department specific staffing issues that enhance or interfere with the appropriate delivery of quality patient care. In addition, the Staffing Committee will review current unit/area staffing ratios. The union and the medical center members do not have to agree to the recommendations made to the CNE but all recommendations shall be reflected in the minutes. The Union Chair of the Staffing Committee may make recommendations for adjustments to contractual staffing guidelines as reflected in the minutes to