

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD

POMONA VALLEY HOSPITAL MEDICAL
CENTER

Employer

and

Case 21-RC-166499

SERVICE EMPLOYEES INTERNATIONAL
UNION, UNITED HEALTHCARE WORKERS-WEST

Petitioner

DECISION ON REVIEW AND ORDER

Pursuant to a Decision and Direction of Election, an election was conducted on January 21 and 22, 2016,¹ in a unit of all full-time and regular part-time nonprofessional and technical employees employed by the Employer at its acute care hospital facility in Pomona, California. The Tally of Ballots shows 531 for and 458 against the Petitioner, with 218 determinative challenged ballots. No objections were filed.

On June 9, following a hearing, the hearing officer issued a report in which he recommended sustaining the challenges to 153 of the ballots and overruling the challenges to 65 of the ballots. The Employer filed exceptions with respect to the challenges the hearing officer recommended sustaining. On March 17, 2017, the Regional Director issued a Supplemental Decision and Direction to Sustain Certain Challenged Ballots and Count the Remaining Challenged Ballots. The Regional Director agreed with the hearing officer that 136 challenges should be sustained, finding that 135 of these voters were business office clericals (BOCs) excluded from the unit and that one challenge should be sustained on other grounds. Contrary to the hearing officer, the Regional Director overruled 17 challenges, finding these voters were not BOCs and thus were properly included in the unit.

Thereafter, in accordance with Section 102.67 of the Board's Rules and Regulations, the Employer and the Petitioner each filed a timely request for review. The Employer argued that the Regional Director improperly sustained 131² out of the 136 sustained challenged ballots, and that those ballots should be overruled. The Petitioner contended that the Regional Director erred by overruling the challenges to the 17 ballots. The Employer filed an opposition to the Petitioner's request.

¹ All dates are 2016 unless otherwise indicated.

² The Employer stated that it requested review of 132 of these ballots, but the Request for Review only discussed 131.

On December 15, 2017, the Board³ granted review of the Employer's Request for Review solely with respect to the Regional Director's exclusion of the Information Technology (IT) Clericals, Telecommunications Technician, Worker's Compensation Claims Specialist, Education Coordinator, Charge Revenue Representatives, System Coordinator Laboratory, and Nursing Staff Coordinators from the unit. The Board also granted the Petitioner's Request for Review solely with respect to the Regional Director's inclusion of the Specialist HIM Data Integrity, Application Specialist, and Application Specialist, Perioperative.⁴ The Requests for Review were denied in all other respects. Thereafter, the Petitioner and the Employer filed briefs on review.

The National Labor Relations Board has delegated its authority in this proceeding to a three-member panel.

Having carefully considered the entire record in this proceeding, including the briefs on review, for the reasons stated below, we affirm and reverse the Regional Director's disposition of the challenges in the following respects.

First, for the reasons he stated, we affirm the Regional Director's exclusion of the following IT Clericals as BOCs: Executive Secretary, Information Systems; Enterprise Practice Management (EPM)-Electronic Medical Record Information System (EMRIS) Specialist⁵; System Analysts I, II, III; Software Engineers III; Applications Specialist Materials Manager; Healthcare Intelligence Architect; Clinical Support Liaisons, Information Services; System Engineers I, II, III; Helpdesk Technicians; Desktop Engineers; Network Engineers; Enterprise Practice Management (EPM) Specialist; and Senior Security Administrator.⁶

³ Former Chairman Miscimarra and Member Kaplan; former Member Pearce dissenting in part.

⁴ In total, the grant of review covers the ballots of 69 employees (64 subject to the Employer's request for review, 5 subject to the Petitioner's).

⁵ Contrary to the Employer's contentions, we find that the excluded EPM-EMRIS Specialist classification is distinguishable from the Nursing Service Systems Analyst position, which we find should be included in the unit for the reasons discussed below. Unlike the Analysts, who work in the main Hospital, the Specialist works in the separate Chaney Seinfeld building with other IT employees and is supervised under that department. Further, unlike the Analysts, she works primarily with the Hospital clinics located off-site from the main campus, where she manages, monitors, and evaluates the EPM-EMRIS, and works with the senior systems analysts and vendors to plan and implement the EPM-EMRIS. Although the Analysts and the Specialist both troubleshoot computer systems, they are responsible for different systems and the Specialist, unlike the Analysts, is also responsible for the health information exchange. Finally, there is no specific evidence to show that the Specialist has substantial contact with unit employees.

⁶ In affirming the Regional Director's exclusion of these IT Clericals, we note that the Board has typically considered IT positions to be BOCs, and the Regional Director's decision with respect to these classifications is consistent with precedent in this area. See e.g., *Rhode Island Hospital*, 313 NLRB 343, 360-361 (1993); *Trumbull Memorial Hospital*, 218 NLRB 796, 797 (1975). We do not rely on the Regional Director's citation to *Silver Cross Hospital*, 350 NLRB 114 (2007),

Second, we affirm the Regional Director's exclusion of the Infrastructure Technician, another IT Clerical, but on the basis that the Infrastructure Technician is a skilled maintenance employee.⁷

Third, we affirm the Regional Director's exclusion of the Workers Compensation Claims Specialist,⁸ Education Coordinator,⁹ and Telecommunications Technician.¹⁰

as that case presented the issue of whether computer operators at an acute care facility should be included in a skilled maintenance unit, and did not address whether they are BOCs.

Member Kaplan agrees with his colleagues that, under existing precedent, the Regional Director properly excluded the IT Clericals set forth above as BOCs. However, in light of the changes in computer systems over the past forty years, it is his view that the Board should revisit its sparse and dated precedent concerning whether IT Clericals should be excluded on this basis. Member Kaplan believes that many of the IT Clericals set forth above should instead be excluded as skilled maintenance employees. But he does not believe this is the appropriate case to revisit the precedent on this issue because the Employer did not argue that the IT Clericals should be included in the skilled maintenance unit.

Skilled maintenance employees “perform functions apart from those of unskilled service, maintenance, and clerical employees in that these employees deal with highly complex and sophisticated systems and equipment. . . . While they occasionally perform routine unskilled tasks, skilled maintenance employees are generally engaged in the operation, maintenance, and repair of the hospital’s physical plant systems, such as heating, ventilation, air conditioning, refrigeration, electrical, plumbing, and mechanical. . . . Work on these systems requires abstract skills and knowledge at levels considerably higher than those of other nonprofessional hospital employees.” *St. Luke’s Health Care Assn.*, 312 NLRB 139, 140 (1993) (quoting *Collective-Bargaining Units in the Health Care Industry*, 53 FR at 33920). In Member Kaplan’s view, many of the IT Clericals set forth above belong in a skilled-maintenance unit because they use more “abstract skills and knowledge” on “highly complex and sophisticated systems and equipment.” He further observes that the hospitals’ IT infrastructure is part of the modern physical plant together with the traditional heating, ventilation, air conditioning, refrigeration, electrical, plumbing, and mechanical.

Chairman Ring agrees that existing precedent regarding the placement of IT Clericals warrants review in a future appropriate case in light of changes in the nature of IT functions over the past forty years. At this time, he expresses no view as to the potential unit into which such employees would appropriately be placed.

⁷ The Regional Director included Infrastructure Technician Augustus Prieto’s name in the list of challenges that were sustained, but inadvertently omitted any analysis of this classification or individual. In affirming the Regional Director’s exclusion of Prieto, we emphasize, as noted by the hearing officer, that Prieto’s functions—troubleshooting computer systems and installing hardware, network, and telephone cabling—are more typical of a skilled maintenance employee. See e.g., *Presbyterian University Hospital d/b/a University of Pittsburgh Medical Center*, 313 NLRB 1341, 1341, 1343, 1345-1347 (1994) (telecommunications specialists responsible for installing and repairing the employer’s telephone network found to be skilled maintenance employees); *Toledo Hospital*, 312 NLRB 652, 653-654 (1993).

Fourth, we affirm the Regional Director's inclusion of the Applications Specialist¹¹ and Application Specialist, Perioperative.¹²

Finally, for the reasons explained below, we reverse the Regional Director's findings in several respects. Specifically, we find that the following classifications should be included in the unit: Nursing Service Systems Analysts (an IT Clerical classification), Charge Revenue Representatives, System Coordinator Laboratory, and Nursing Staff Coordinators. We also find that the Specialists HIM Data Integrity should be excluded from the unit.

⁸ In affirming the Regional Director's exclusion of the Workers' Compensation Claims Specialist from the unit, we find, contrary to the Employer, that the Specialist is part of Human Resources (HR), as she performs HR functions, the Occupational Health Services and Workers' Comp section and her position are listed under HR in the Employer's organizational chart, and her supervisor reports to the vice-president of HR.

⁹ In affirming the Regional Director, we emphasize that 1) the Education Coordinator's responsibilities are specific to assisting Hospital employees and external patrons with continuing education and training, and her tasks are not directly related to patient care services; 2) she is part of the education department and functions in the HR realm; 3) although she is located in the main Hospital, she has her own office which is not in a patient care area, and she does not have patient interaction; 4) her supervisor does not supervise any unit employees; and 5) there is no evidence or contention that she works in a department with unit employees and her contact with unit employees is limited to assisting them with continuing education and training.

¹⁰ As the Board has typically found that such employees perform skilled maintenance functions, we affirm the Regional Director's exclusion of the Telecommunications Technician on the basis that he is a skilled maintenance employee. In doing so, we note his involvement in the extensive repair and installation of hospital communications equipment and that he works with Infrastructure Technician Prieto pulling cable. See *Presbyterian University Hospital d/b/a University of Pittsburgh Medical Center*, supra.

¹¹ In affirming the Regional Director's inclusion of the Application Specialist, we emphasize that he 1) works in the pharmacy department (a patient care-related department); 2) reports to the Director of Pharmacy, who also supervises the pharmacy technicians (undisputed unit employees); 3) was trained as a pharmacy technician (although he does not work in that capacity); and 4) has contact with unit employees when training pharmacy technicians on the computerized pharmacy and clinical information systems and performing troubleshooting. Finally, the Board traditionally considers pharmacy department clericals to be hospital clericals. *Medical Arts Hospital of Houston*, 221 NLRB 1017, 1018-1019 (1975).

¹² In affirming the Regional Director, we emphasize that the Application Specialist, Perioperative 1) works in the main Hospital in the operating room suite and near the surgical suites; 2) reports to the Director of Perioperative Services, who also supervises unit employees; and 3) has contact with unit employees when she trains them on the surgery information systems and assists them with access issues. See *Newington Children's Hospital*, 217 NLRB 793, 795 (1975) ("hospital clericals...are located geographically throughout the hospital, within various departments composed of other service and maintenance employees" and "[t]heir work and working conditions are materially related to unit work").

Nursing Service Systems Analysts: The Regional Director, in agreement with the hearing officer, excluded Nursing Service Systems Analysts Araceli Arriaga and Judy Carrillo from the unit along with all of the other IT Clericals, as the Board generally views nontechnical IT work as BOC work. *Rhode Island Hospital*, supra at 360-361; *Trumbull Memorial Hospital*, supra at 797.¹³ Contrary to the Regional Director, and in agreement with the Employer, we include the Analysts in the unit. The Analysts are not part of the IT department, they work in the main Hospital (Analyst Arriaga works adjacent to the nursing staff office and Analyst Carrillo adjacent to Hospital rooms, in an area known as “Surgery”), and they report to supervisors who supervise other unit employees.¹⁴ Further, the Analysts have contact with unit employees (LVNs, CNAs, and patient care associates) in the course of their duties troubleshooting issues regarding information systems in each of their areas. Finally, Carrillo wears scrubs all of the time for convenience due to time spent in the surgery area.

Charge Revenue Representatives: The Charge Revenue Representatives reconcile the data that doctors or nurses complete regarding a patient (both electronic and written), and chart that information into a single report, so that information can be used as a basis for charging the patients. They do not generate bills, but generate charges that ultimately carry over to patient billing. The Representatives perform data entry and communicate with billers in the business office daily (through phone, email, and reports) to ensure that all of the data for billing is received, and need a minimum of two years of billing experience to work in the position.¹⁵ The Regional Director, in agreement with the hearing officer, excluded the Charge Revenue Representatives from the unit as BOCs because their work directly affects billing, a BOC function, and they do not work alongside unit employees the majority of the time.¹⁶ He also relied on the fact that they are currently not located in the emergency room (ER), and it is unclear where they will be permanently located.

¹³ According to the job description, the Analysts must have a working knowledge of the nursing staff office or surgical services scheduling systems, and are responsible for 1) all system functionality, reporting and support; 2) the prevention, detection, diagnosis and resolution of computer-related issues for the nursing office or surgical services operating systems; 3) the creation and maintenance of databases; 4) developing reports; and 5) instructing end users in these systems as needed.

¹⁴ Analyst Arriaga reports to Lola Mitchell, the Director of Nursing Operations and Clinical Practices, and Analyst Carrillo reports to Martha Soto, the Director of Clerical Services. Mitchell and Soto also supervise LVNs, CNAs, patient care associates, and other unit employees.

¹⁵ As set forth in the job description, the Charge Revenue Representatives are responsible for 1) processing observation unit or emergency room held report on a daily basis; 2) posting charges to the financial system and reconciling revenue reports and patient accounts; 3) maintaining communication with the business office on a daily basis; 4) ordering office supplies and equipment on-line and distributing this to staff; and 5) knowing medical billing codes in order to ensure proper billing.

¹⁶ The Regional Director grouped all of the coder classifications together in his discussion, and found that while they occasionally work in the hospital for training and other duties, they mostly work from home. However, there is no evidence that the Charge Revenue Representatives work from home.

Contrary to the Regional Director, we find that the Representatives are more akin to hospital clericals than BOCs and accordingly include them in the unit. Significantly, the Representatives report to the Director of the ER, who also supervises unit employees, such as nurses and ER techs. Further, the Representatives are clearly an integral part of the ER department, which is intimately involved in patient care. Under normal conditions they have worked in the ER and were only temporarily moved to a medical office building across the street due to a construction project in the ER. However, they will eventually relocate back to the main Hospital after the construction in the ER is complete. The Representatives interact with unit employees in the ER in the normal course of performing their functions. Finally, they do no actual billing or coding.

System Coordinator, Laboratory: The Coordinator assures that charges for lab tests generated in the laboratory are done properly so that when they go to patient billing the charges are accurate. Thus, she ensures the proper functioning of the billing processes and performs data entry. She also performs departmental payroll and attendance documentation functions for the entire laboratory.¹⁷ The Regional Director, in agreement with the hearing officer, excluded the System Coordinator, Laboratory from the unit as a BOC, since most of her work involves billing and personnel, typically BOC functions. Contrary to the Regional Director, we find that the Coordinator is more akin to a hospital clerical than a BOC, and accordingly include her in the unit. The Coordinator works in the main Hospital in a cubicle in the laboratory across from the Laboratory Director's office, and reports to the Laboratory Director and not to the business or personnel office. She performs clerical functions such as taking minutes at staff meetings, in addition to her billing-related functions. In the laboratory, she is surrounded by unit employees, and has daily interactions with them (particularly the phlebotomists and laboratory customer service liaisons) as part of performing payroll and attendance functions or when she takes minutes at staff meetings. Finally, there is no evidence that she has regular contact with the business office.

Nursing Staff Coordinators: The main role of the Nursing Staff Coordinators is to ensure that each unit is appropriately staffed on a daily basis. The Coordinators specifically ensure the staffing of RNs, LVNs, nursing assistants, patient care support technicians, and ward clerks. The staffing numbers are generated by a system dependent on the number of patients in any given unit. If a unit needs more staffing, the Coordinators will call employees and ask if they can work, or they may tell employees that they are not needed. In doing so, they interact with all of those classifications. The Coordinators work with HR as they record employees' shifts and time off through data entry.¹⁸

¹⁷ According to her job description, the Coordinator performs primary billing functions for the laboratory, ensures proper function of the billing processes, provides general oversight of billing functions in the absence of the Laboratory Information System manager, monitors daily computer function and performs required maintenance, performs maintenance of the physician and CDM tables in the laboratory information system, and performs departmental payroll and attendance documentation functions for the entire laboratory.

¹⁸ The Nursing Staff Coordinators' job description summarizes their major function as follows: "Under the direction of the resource supervisor, performs a specific set of duties culminating in the appropriate and timely staffing, patient acuity, productivity, and payroll needs of the Nursing

The Regional Director, in agreement with the hearing officer, excluded Nursing Staff Coordinators from the unit as BOCs because they basically perform a personnel/HR function, relying on *St. Luke's Episcopal Hospital*, 222 NLRB 674, 676 (1976) (excluding the personnel department as BOCs).

In reversing the Regional Director, we emphasize that the Coordinators work in the main Hospital away from the business and personnel offices. Although they work in collaboration with HR/payroll, i.e., they record employees' shifts and time off, it appears that this work is done through data entry, and there is no evidence of additional contact with HR. Further, the function of the Coordinators of ensuring proper nursing staff ratios is not specifically an HR function and this function is instrumental to patient care. In addition, the Coordinators do not specifically work as part of the HR department, but rather come under the general umbrella of nursing operations. Thus, they work under the direct supervision of the Director of Nursing Operations and Clinical Practice,¹⁹ who also directly supervises unit employees in the "float pool," (including LVNs, RNs, nursing assistants, and ward clerks that do not have a permanent assignment). Finally, the Coordinators clearly have contact with unit employees when they call them in or tell them that they are not needed.

St. Luke's Episcopal Hospital, supra, relied on by the Regional Director, is distinguishable from the instant case. In that case, unlike here, the disputed employees found to be BOCs worked in the personnel department, while the Coordinators at issue here work in the main Hospital away from the business and personnel offices. By contrast, *Lincoln Park Nursing Home*, 318 NLRB 1160, 1163-1164 (1995), although not involving an acute care hospital, is more on point. In that case, the Board included the nursing department payroll clerk in the service and maintenance unit. The payroll clerk was responsible for, inter alia, scheduling employees on a master schedule and meeting staffing quotas, and tallying employees' hours from their time card and submitting this information to the business office. The Board reasoned that the payroll clerk and other included secretaries did not perform functions associated with BOCs, were not grouped in isolation from other nonprofessionals (unlike BOCs described in rulemaking), and therefore fit within the "other types of clericals" (id. at 1164) classifications that have traditionally been included in the service and maintenance units, even though they did not perform work closely related to the functions performed by employees in the service and maintenance unit. Ibid.²⁰ Here, too, the Coordinators do not perform functions associated with

Service. Works collaboratively with the Human resources/payroll department, Specialty Nursing Service Coordinators and Nursing Administration."

¹⁹ The record indicates that the Coordinators also report to the House Supervisor, who is part of the nursing department and engages in placing patients in the correct beds and ensuring adequate staffing. There is no contention, however, and the evidence does not establish, that the House Supervisor is a statutory supervisor.

²⁰ See also *Duke University*, 226 NLRB 470, 471 (1976) (in including those secretaries and clerks in the service and maintenance unit who did not physically work in the business office, the Board found that that they spent a majority of their work time "devoted to activities that are imminently connected with and functionally related to the Employer's health care objectives", and that "[w]hile some of them may perform...functions which are similar to duties performed in

BOCs and are not grouped in isolation from other nonprofessionals. Rather, they work in the main hospital under the general umbrella of nursing operations, interact and share common supervision with unit employees, and perform functions instrumental to patient care.

Accordingly, we include the Coordinators in the unit.

Specialists HIM Data Integrity:

As background, Health Information Management (HIM) is a department that maintains and controls the medical records of all patients admitted to the Hospital. The Director of HIM ensures privacy and the accuracy of the medical records, and oversees the collection and completion of these records and their retention.

The Specialists HIM Data Integrity monitor and repair patient identity issues so that the correct patient is identified for billing purposes, and also review certain insurance claims that have been denied.²¹ The record shows that a patient may be misidentified (such as a father and son with the same full name) when the patient arrives at the Hospital and upon registration, and incorrect information can be put into that patient's medical record. It is the Specialist's responsibility to desegregate those records and put them in the appropriate medical record electronically. A patient identity issue could be identified by nursing personnel as they are treating the patient, and the nurse would contact the Specialist about a potential identity issue. If an insurance claim is denied because of potential documentation issues or the incorrect service type was chosen when the patient was registered, the Specialists review the chart and the registration process after notification from the supervisors at the Central Billing Office that a claim was denied for a particular reason, and ensure the patient was accurately assigned to the correct service type. The Specialists then inform the supervisors at the Central Billing Office of their findings. The Specialists' duties are unrelated to actual patient or insurance billing, as their responsibility is simply to correct the patient's account to ensure that the correct patient is identified or that the service type is correct.

The Board has generally found medical records employees not to be BOCs, but rather hospital clericals, based on factors such as their work location, contact with service and maintenance employees and physicians, and the relationship of their clerical functions to patient care. See, e.g., *Rhode Island Hospital*, 313 NLRB at 362-363; *Baptist Memorial Hospital*, 225 NLRB

the business office, these duties are related to patient care.”); *Trumbull Memorial Hospital*, supra at 796 (including clerks, typists and secretaries who worked in areas other than the employer's personnel, BOC, and other specified departments).

²¹ According to their job description, the Specialists HIM Data Integrity 1) are responsible for ongoing monitoring and repair of patient identity issues, duplicate medical record numbers, and patient overlays; 2) actively collaborate with end users to resolve issues and ensure that appropriate documentation errors are corrected; 3) may review insurance payments and denials and recommend billing corrections; 4) participate in initiatives related to the legal health record, all supporting systems, and developing policy and procedures related to data integrity and the legal health record; and 5) are subject matter experts on all systems impacting the legal health record and participate in system design, validation, and testing.

1165, 1168 (1976); *William W. Backus Hospital*, 220 NLRB 414, 415 (1975); *St. Catherine's Hospital of Dominican Sisters of Kenosha*, 217 NLRB 787, 789 fn. 20 (1975). However, the Board has also included medical records employees in BOC units, considering such factors as their isolation from unit employees and whether their functions were integrated with patient account services. See *St. Luke's Episcopal Hospital*, 222 NLRB at 677; *Seton Medical Center*, 221 NLRB 120, 122, fn. 21 (1975).

The Regional Director, reversing the hearing officer, included the Specialists HIM Data Integrity in the unit.²² Contrary to the Regional Director, and in agreement with the Petitioner, we find that the Specialists from the unit are more akin to BOCs. In this regard, while the Regional Director found that the Specialists ensure the integrity of patient health records and are not involved with patient billing or insurance claims, it is also clear, as urged by the Petitioner, that the Specialists work closely with supervisors in the Central Billing Office regarding insurance denials and billing corrections. Thus, the corrections that they are involved with appear to pertain to patient misidentification and billing and insurance matters, not patient care issues. Further, although the Specialists apparently interact with unit employees when alerted about possible errors and verifying information, the record does not detail the frequency or extent of these interactions. In addition, the Specialists for the most part do not interact with or work near patients,²³ but rather work in the basement alongside other HIM employees. Finally, we find that the exclusion of the Specialists is consistent with the Board's finding, in agreement with the Regional Director, that other Medical Records Technicians, who also work in HIM and perform similar functions, are BOCs. See Order dated 12/15/17.²⁴

Accordingly, we reverse the Regional Director and exclude the HIM Data Integrity classification from the unit as a BOC position.

CONCLUSION

²² In the December 15, 2017 Order granting review in part in this case, the Board agreed with the Petitioner that the Regional Director made a drafting error with respect to the Specialists HIM Data Integrity by discussing them in two separate sections and making contradictory findings regarding their status (sustaining the challenges on pages 5-6 but overruling the challenges on page 10). After viewing the Supplemental Decision as a whole, the Board concluded that the Regional Director intended to overrule their challenged ballots and that his inclusion of the Specialists HIM Data integrity raised a substantial issue warranting review.

²³ The Specialists may occasionally interact with patients when verifying information after an issue regarding that patient has been identified.

²⁴ Those medical records employees function as a contact point between medical records and billing and their job is to correct patient records, review insurance payments, and recommend billing corrections. In agreeing that the Medical Records Technicians were BOCs, the Board, relying on *St. Luke's*, supra, emphasized that they function as a contact point between medical records and billing (including recommending billing corrections), and the evidence did not establish that they work in patient care areas or have frequent or substantial contact with unit employees in the course of performing their functions. While it appears here that the Specialists may have more contact with unit employees than the Medical Records Technicians, the evidence, as noted, does not indicate that this contact is substantial.

In sum, the Regional Director's Supplemental Decision and Direction to Sustain Certain Challenged Ballots and Count the Remaining Challenged Ballots is affirmed with respect to the exclusion of the Employer's 1) IT Clericals (Executive Secretary, Information Systems; Enterprise Practice Management (EPM)-Electronic Medical Record Information System (EMRIS) Specialist; System Analysts I, II, III; Software Engineers III; Applications Specialist Materials Manager; Healthcare Intelligence Architect; Clinical Support Liaisons, Information Services; System Engineers I, II, III; Helpdesk Technicians; Desktop Engineers; Network Engineers; EPM (Enterprise Practice Management) Specialist; Senior Security Administrator; and Infrastructure Technician), 2) Workers Compensation Claims Specialist, 3) Education Coordinator, and 4) Telecommunications Technician. The Regional Director's Supplemental Decision is also affirmed with respect to the inclusion of the Applications Specialist and Application Specialist, Perioperative. The Regional Director's Supplemental Decision is reversed with respect to the exclusion of the Nursing Service Systems Analysts, Charge Revenue Representatives, System Coordinator Laboratory, and Nursing Staff Coordinators, and the inclusion of the Specialist HIM Data Integrity.

ORDER

This proceeding is remanded to the Regional Director for Region 21 for further appropriate action consistent with this Decision on Review and Order, including, as soon as practicable thereafter, from the date of this Decision and Order, opening and counting the ballots of the Applications Specialist; Application Specialist, Perioperative; Nursing Service Systems Analysts; Charge Revenue Representatives; System Coordinator Laboratory; and Nursing Staff Coordinators. The Regional Director shall serve on the parties a revised tally of ballots and issue the appropriate certification.

JOHN F. RING, CHAIRMAN

LAUREN McFERRAN, MEMBER

MARVIN E. KAPLAN, MEMBER

Dated, Washington, D.C., January 11, 2019.