



## **SHARE CHA Glossary of Terms**

*We at SHARE CHA envision a democratic workplace—not just a place where we vote from time to time on this or that, but where our conversations about work evolve, and where we share ongoing experiences and stories. We want Cambridge Health Alliance to reach its full potential. Our community needs CHA to be a financially robust institution, capable of fostering physical, mental, and regional population health. We need to do so in a way that our passion and compassion energize the places we love, live, and where we serve.*

*To do this, we must speak a shared language. Here are some terms you'll hear our union use:*

**Transition periods**—In entering a new relationship, our union and CHA need time to move from a culture of top-down decision-making to a participatory workplace. With the assistance of facilitators, we will use transitions to get acquainted, to explore mutual priorities and interests, to share information, and to develop a cooperative problem-solving relationship. Our work together will require mutual adaptation and accommodation so we can move away from adversarialism, come to mutual understandings, and find common ground.

**Publications** are things we write down and make available to the community. This glossary is one of them. Our publications reflect a deliberative thought process: we mean what we say. We don't write credos, our union is its members. To understand one another, we have to talk with everyone in our community in dynamic conversations.

**Facilitators**—In our line of work, we need experienced, trained professionals to guide us through difficult conversations, to build consensus, and to keep interested parties talking when we might otherwise feel like we are hitting a wall. Facilitators help us interpret, reframe, and envision other options and opportunities.

**Mediators**, like facilitators, help us generate better outcomes when there are tough decisions to be made. The kind of mediators we are interested in aren't the divide-the-pie, give-and-take types. Instead, we will seek out those who can help us find ways to *expand the pie*, who recognize that an organization can be much more than the sum of its parts.

**Joint Learning**—We need to share information and have a common understanding of facts. Healthy relationships always demand this. We must move from agreed-upon observations of *what is actually true* to *inferences*. We won't always agree, but if we come together to understand what the facts may mean, what experts say, and what impact our decisions could have, then we're all better poised to determine what's best.

**Interest-Based Bargaining (IBB)** is our negotiation style, focused on the needs and interests of all parties, to create mutually-beneficial agreements, as opposed to starting from opposing views and positions. It involves open discussion, sharing information, brainstorming, and evaluating together all options. Decisions are made collaboratively, rather than being top-down directives. With IBB, we reach better agreements, build stronger relationships, and increase trust and respect between us.

**Problem-Solving** is an alternative dispute resolution mechanism. Problems will arise at work. We want to solve them productively, minimizing antagonism and strengthening a healthy union-management relationship. We are committed to a non-legalistic relationship, and we have developed a problem-solving process that embodies our values.

**Quality improvement (QI)** is a systematic approach for improving patient care and outcomes by standardizing processes and reducing variation. QI involves frameworks that can be used, for example, to improve patient access to a clinician, streamline hospital outpatient clinics, and reduce avoidable patient harm.

**Process Improvement (PI)** in healthcare is often used synonymously with QI, but focuses on optimizing specific workflows and systems within a healthcare organization to improve efficiency and reduce waste.

**Joint Lobbying**—We recognize our common interests in public policy. We know that public policy determines the reimbursement rates from public payors for the care that Cambridge Health Alliance delivers. Expanded resources would make our hospitals more financially stable. We are committed to aligning our efforts on public policy issues.

**Healthcare Financial Literacy**—The unique budget and financial demands that are imposed on our healthcare system today require a skill set in financial literacy. Understanding the language of healthcare finance will mean successfully influencing the financial decisions that are made about our hospital.

**Love** might seem too poetic for the workplace, but when we say it, we mean, as Hippocrates did, a love for the art of medicine and humanity. To us, *love* means building relationships grounded in patience, kindness, gratitude, and respect. It involves treating others with genuine care and consideration in the pursuit of improving healthcare systems and patient experiences. It's about prioritizing the personal connection in professional interactions and our communities.

**Union-Management Partnership** will be for us to define. As with "love," however, we will not be the first to try to do so. Our sister union at UMass Memorial Hospital memorializes the concept in their own contractual bargaining agreement as the only way for union and management to work together to:

- Continuously improve the care of patients.
- Bring frontline employees into the job of improving the work as respected partners, increasing their participation in decisions and employee engagement.
- Create a culture where all employees treat each other with kindness and respect, no matter what their position, and all employees can reach their full potential.
- Increase flexibility to respond to the rapidly changing healthcare environment.
- Commit to information sharing and consultation at all levels, and to reciprocal accountability and responsibility; and understand that forming a partnership does not mean that they will always agree, but rather that will handle disagreements responsibly.