STATE OF ILLINOIS
ILLINOIS LABOR RELATIONS BOARD
STATE PANEL

County of Rock Island and Rock Island Board of Health, Employer and American Federation of State, County, and Municipal Employees, Council 31, Local 2025B, Union	))))))))))))	Case No. S-UC-14-027

ADMINISTRATIVE LAW JUDGE'S RECOMMENDED DECISION AND ORDER

On June 30, 2014, the County of Rock Island and Rock Island Board of Health (County or Employer) and the American Federation of State, County, and Municipal Employees, Council 31, Local 2025B (AFSCME or Union) filed a joint unit clarification petition in Case No. S-UC-14-027 with the State Panel of the Illinois Labor Relations Board (Board) pursuant to the Illinois Public Labor Relations Act, 5 ILCS 315 (2012) as amended (Act), and the Rules and Regulations of the Board, 80 Ill. Admin. Code, Parts 1200 through 1240 (Rules). In the petition, the parties request that the Board determine whether the newly created position of Advanced Practice Nurse Midwife is a confidential employee or supervisor as defined by the Act and, thus, should be excluded from the existing bargaining unit certified in Case No. S-RC-00-041.

A hearing was held on January 21, 2015 before the undersigned Administrative Law Judge in Chicago, Illinois. At that time, all parties appeared and were given a full opportunity to participate, adduce relevant evidence, examine witnesses, and argue orally. Subsequently, both parties timely filed briefs. After full consideration of the parties' stipulations, evidence, arguments, and briefs, and upon the entire record of the case, I recommend the following.

I. PRELIMINARY FINDINGS

A. At all times material, the County has been a public employer within the meaning of Section 3(o) of the Act.

B. At all times material, the County has been subject to the jurisdiction of the State Panel of the Board pursuant to Section 5 of the Act.

C. At all times material, the County has been subject to the Act pursuant to Section 20(b).

D. At all times material, the Union has been a labor organization within the meaning of Section 3(i) of the Act.

E. The County and the Union are parties to a collective bargaining agreement in effect from December 1, 2012 until November 30, 2017.

II. ISSUES AND CONTENTIONS

Essentially, the parties disagree on whether the newly created position of advanced practice nurse midwife should be included in a bargaining unit of employees currently represented by the Union. The County contends that the advanced practice nurse midwife is a supervisory position as defined by the Act.[1] The Union argues that the position does not qualify for any statutory exclusion and, therefore, should be included in the bargaining unit.

III. FINDINGS OF FACT

The Women's Health Department or Clinic (Clinic), a division of the County's Department of Health, provides health services for young adults and women over 26. More specifically, the

[1] On the face of the petition and in its opening statement, the County suggests that the advanced practice nurse midwife meets the Act's definition of a confidential employee. However, the County does not argue this position is confidential in its post-hearing brief, instead relying solely on its statutory supervisor argument. As such, I consider the confidential employee argument waived and will not address it in this decision.

Clinic provides young adults with family planning services, as well as screening and treatment for sexually transmitted diseases. The Clinic also sees women over the age of 26 for non-contraceptive, preventative services such as pap smears and mammograms. Many of the Clinic's clients are the underserved and uninsured members of the community. As such, most of the Clinic's funding comes from grants and Medicaid. The Clinic does have a contract with a private insurance company and plans on contracting with more insurance companies in order to broaden its client base.

Currently, the Clinic employs approximately nine people in several different positions: one administrative director, one medical director, three registered nurses (RNs), one licensed practical nurse (LPN), one receptionist, one billing person, and the advanced practice nurse midwife (APNM). The Clinic's two directors essentially split the management of the Clinic's operations. Director Linda Livengood oversees the Clinic's daily operations, while Medical Director Dr. Jeff Morris oversees the medical aspects of the Clinic.[2] The Union represents a number of the County's employees working in the Clinic. The County and the Union are also parties to a collective bargaining agreement in effect from December 1, 2012 until November 30, 2017.

Director Livengood testified that the County wanted someone in the Clinic to take on "leadership, mentorship, teaching [and] supervisory duties." According to Livengood, the County's goal is to increase its number of private insurance contracts to gain more clients and generate more revenue. Should that happen, the County "would need more personnel [in the Clinic] and more of a manager who could oversee day-to-day functions." Thus, at some point in 2013, the County created the APNM position to allegedly fill that role.[3] On December 27, 2013, the County hired Jessica Morris as its first APNM.

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[2] Because the APNM and the Medical Director share the same last name, I refer to Dr. Morris as "the doctor" to avoid confusion.

[3] This petition was preceded by a dispute between the parties as to whether the APNM was actually a new position. It appears the Union believed that the APNM was essentially the same position as the existing family health practitioner position. Upon learning of the APNM position, the Union filed a grievance arguing

Under Illinois licensure law, the APNM is considered an advance practice nurse. In order to receive the applicable advanced practice nurse license, a prospective APNM must pass certain exams and obtain a higher level of education than registered nurses. When the County hired Morris, she had taken the relevant exams but had not received her results. The County and Morris had an agreement that Morris would initially start as an RN; once she received the advanced practice nurse license, Morris would take on the APNM role. Morris eventually received her license and took on all of the APNM's duties.

As the APNM, Morris spends much of her time engaged in direct patient diagnostic care. She examines patients, orders diagnostic and other laboratory tests, and prescribes medication. According to Morris, she sees approximately 10-15 patients a day. The length of the patient's appointment varies based on a variety of factors, including whether it is the patient's first visit and the reason for the patient's appointment. Morris is also certified to insert long-acting reversible contraceptives and will soon be able to perform colposcopies, a diagnostic procedure, without a physician's observation. When a patient's test results come in, Morris reviews the results and discusses any abnormalities with the doctor. Together, they create a treatment plan for the patient, and the doctor writes any necessary orders which Morris then implements.

The RNs, by contrast, cannot perform the same range of medical procedures and evaluations as the APNM. The RNs can refill prescriptions, perform pregnancy tests, and administer medication and certain treatments. However, they cannot prescribe medication for undiagnosed conditions, insert long acting contraceptives, or perform diagnostic exams.

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the County was attempting to remove the family health practitioner position from the bargaining unit. The County's nutrition site supervisor and Union steward Hilary Knott, who is incorrectly identified in the transcript as Hilark Knolt, testified at hearing regarding the parties' dispute. I note that the Union does not argue that the APNM is not a new position. Instead, it attempts to highlight the similarities between the APNM and the family health practitioner. I also note that the parties agreed to treat the APNM as included in the bargaining unit until the Board determines the position's status under the Act.

Morris works closely with the RNs. Generally, when a patient visits the Clinic, they are first seen by an RN. The RN puts the patient in an examination room, takes the patient's physical information and asks for the patient's medical history. Morris then examines the patient, orders tests, and prescribes any medication. The RNs act as Morris's assistant during procedures and care for the patient after the procedure is completed. The RNs also educate the patient on any follow up care and any prescribed medications or birth control. The RNs can ask Morris if they have questions on how to do a procedure or administer a medication. Director Livengood testified that Morris is responsible for training the RNs if they do not know how to perform a procedure. She also stated that Morris would be responsible for training any new staff and implementing any new policies or procedures.

In addition, Livengood testified that Morris can assign the RNs tasks and write orders for the nurses to follow. But, when asked if Morris directed the RNs to complete specific tasks, Livengood stated "[i]f she asks me, she – yes, yes . . . If she had an idea that she wanted to do back there, I mean, she would have the autonomy to do that . . . She would have the autonomy to that under the direction of Dr. Morris." Livengood further testified that Morris will eventually have the authority to assign the RNs to call back patients for follow up. By all accounts, the RNs generally know what to do on a daily basis. Currently, the RNs work together to determine what work needs to be done and who will handle the task. While Morris tells the RNs what types of medication and birth control to order, she does not assign a particular RN to do the actual ordering.

Morris also reviews the RNs' charting. The Clinic uses electronic medical records or charts to track patients' medical care. Among other things, the chart consists of daily progress notes and any applicable education and treatment plans. Normally, an RN fills out the daily progress notes and education plan portions of the patient's chart. Morris fills out the treatment plan which lists what was addressed during the patient's visit, any medication or treatment provided, and any follow up

required. Morris also reviews the RNs' entries into the chart for accuracy. Morris testified that she checks to make sure the chart states the correct reason for the patient's visit, that the chart does not have any typos, and that the follow up plan is correctly recorded. Morris points out any issues or errors to the RN. Because the notes are password protected, only the individual that entered the notes can update the information. Morris testified that she spends about thirty to sixty minutes a day reviewing charts. According to Livengood, Morris has the authority to issue corrective action or give training to the RNs with respect to the progress notes. However, it does not appear that Morris has every actually used this authority. It is also unclear what affect the corrective action would have on the RNs or under what circumstances Morris can or would issue corrective action. In terms of reviewing the RNs' other work, Morris checks that the RNs ordered the correct lab work for patients and that the lab work was actually sent out.

As a general matter, Morris is not in charge of daily staffing levels. Livengood testified that while Morris is not currently in charge of staffing, "[a]s we grow, with these insurance contracts . . . I foresee that." Instead, Director Livengood handles the RNs' schedules, including granting any requests for time off. However, Livengood testified that she will check in with Morris before granting a request if she believes there might be inadequate coverage in the Clinic. If an RN needs to call in sick, she contacts Livengood or Human Resources.

Additionally, according to Clinic policy, no employee can earn overtime. If the RNs work a longer shift, they earn flex time. The RNs must use their earned flex time within the same week. Morris can also send someone home early to avoid having the RN work longer than eight hours. However, this has only happened once and it did not affect the RN's pay or total hours for the week. Livengood also testified that Morris is responsible for scheduling the RNs for CPR certification retraining. However, when it was time for Morris and the RNs to schedule their most recent CPR retraining, Livengood actually scheduled Morris and the RNs.

Morris also takes part in evaluating the RNs. The RNs are evaluated on their communication with patients, accuracy in filling out charts, and technique in performing certain medical procedures. Once Morris fills out an evaluation form, she is supposed to give the form to Director Livengood, and Livengood and Morris will go over the evaluation with the RN. However, the evaluation has no effect on the RN's pay or working conditions.[4]

Some of Morris's duties used to be performed by the doctor. For example, the doctor used to visit the Clinic two days a month to perform colposcopies and insert long-acting reversible contraception. The doctor still visits the Clinic to review charts. The doctor also writes standing orders for the APNM and RNs to follow. Standing orders allow the nurses to work more independently. For example, one order outlines how often patients must have an annual exam, while another states what kind of birth control can be prescribed depending on the patient's secondary diagnosis. Although he is not at the Clinic frequently, he is always available for questions.

IV. DISCUSSION AND ANALYSIS

The County argues that the APNM is a supervisor within the meaning of the Act and, therefore, should be excluded from the current collective bargaining unit.[5] Under Section 3(r), employees are supervisors if they (1) perform principal work that is substantially different from that of their subordinates; (2) have the authority, in the interest of their employer, to perform any of the

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[4] The County points out that the parties' contract states that an immediate supervisor can resolve an employee's grievance. However, there is no testimony in the record regarding this issue.

[5] Section 3(r) of the Act defines a supervisor as someone:

> whose principal work is substantially different from that of his or her subordinates and who has authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, direct, reward, or discipline employees, to adjust their grievances, or to effectively recommend any of those actions, if the exercise of that authority is not of a merely routine or clerical nature, but requires the consistent use of independent judgment. Except with respect to police employment, the term "supervisor" includes only those individuals who devote a preponderance of their employment time to exercising that authority.

enumerated supervisory functions; (3) consistently use independent judgment in performing those functions; and (4) spend a preponderance of their time exercising that authority. Chief Judge of Circuit Court of Cook Cnty. v. Am. Fed'n of State, Cnty. & Mun. Emps., Council 31, AFL-CIO, 153 Ill. 2d 508, 515 (1992).

As the party asserting the statutory exclusion, the County has the burden to prove by a preponderance of the evidence the APNM's supervisory status. Cnty. of Boone and Sheriff of Boone Cnty., 19 PERI ¶ 74 (IL LRB-SP 2003). The County "cannot satisfy its burden by relying on vague, generalized testimony." State of Ill., Dep't of Cent. Mgmt Servs., 26 PERI ¶ 116 (IL LRB-SP 2010). Rather, it must "support its arguments with specific examples of the alleged supervisory, managerial, or confidential status." Id.

A. Is the APNM's Work Substantially Different?

Under the first prong, the County must establish that the APNM's principal work is substantially different from that of her subordinates. Generally, this requirement is easily satisfied if the alleged supervisor's work is obviously and visibly different from the other employees' duties. Vill. of Bolingbrook, 19 PERI ¶ 125 (IL LRB-SP 2003). If the employee's work is not obviously different from that of the other workers, the Board analyzes whether the "nature and essence" of the employee's work is substantially different. Id.

Here, I find that the APNM's work is obviously and visible different from the RNs' work. While all of the nurses work with patients in a general sense, the RNs are typically engaged in non-diagnostic patient care. For example, the RNs interview patients for their medical history and reasons for visiting the Clinic, measure the patients' vital signs and other physical characteristics, and educate patients on particular medications or follow-up care. The APNM, however, is the only Clinic employee engaged in direct patient or diagnostic care. She orders tests, prescribes

medication, and performs examinations. Thus, the APNM's principal work is substantially different than the RNs' duties.

B. Does the APNM Possess the Requisite Supervisory Indicia?

Under the second and third prongs of the supervisor definition, the County must prove that the APNM has the requisite supervisory indicia. More specifically, the County must establish that the APNM has the authority, in the interest of the employer, to perform one of the 11 enumerated supervisory functions while using independent judgment. 5 ILCS 315/3(r); Vill. of Bolingbrook, 19 PERI ¶ 125. "A finding of actual authority to perform a function cannot be based on mere speculation or even an employer's statement of what authority a supervisor 'would have' if the occasion ever arose." Ill. Dep't of Cent. Mgmt Servs. (Dep't of Prof'l Regulation), 11 PERI ¶ 2029 (IL SLRB 1995).

With regards to independent judgment, employees use independent judgment when they choose "between two or more significant courses of action." Vill. of Bolingbrook, 19 PERI ¶ 125. Conversely, decisions which are "routine or clerical in nature or made on the basis of an individual's superior skill, experience or knowledge" are not indicative of independent judgment. Id. See City of Freeport v. Ill. State Labor Relations Bd., 135 Ill. 2d 499, 532 (1990) (employees' decisions "derived from their superior skill, experience and technical expertise . . . [do] not require the use of independent judgment 'in the interest of the employer' as required by the statute."); Vill. of Elk Grove Vill. v. Ill. State Labor Relations Bd., 245 Ill. App. 3d 109, 120-121 (2d Dist. 1993).

Of the 11 possible supervisory functions, the County contends that the APNM has the authority to direct and to adjust grievances using independent judgment.[6] As to the APNM's alleged authority to adjust grievances, I find this argument unsupported by the record. In support of its

[6] The County does not appear to argue that the APNM has the authority to discipline. I note, however, that Livengood testified that Morris has the authority to issue corrective action to the RNs with regards to their charting. While I do not discuss Morris's authority to discipline as a separate matter, I do address the issue in my analysis of her alleged authority to direct.

argument, the County relies exclusively on the grievance language in the parties' contract which states that grievances can be resolved by the grievant's immediate supervisor. However, the County cannot rest its argument on vague, generalized statements. It must "support its [argument] with specific examples." Contract language, without more, is simply insufficient to establish that the APNM has the type of authority to adjust grievances as required by the Act.

Thus, as in many supervisor cases, the County's case turns on whether the APNM has the authority to direct using independent judgment. Cnty. of Lake, 16 PERI ¶ 2036 (IL SLRB 2000). The Board has stated that the term "direct" encompasses several different functions such as scheduling shifts, approving time off and overtime, assigning duties, overseeing and reviewing work, providing instruction and assistance, and evaluating work performance. Vill. of Bolingbrook, 19 PERI ¶ 125; State of Ill. (Dep't of Cent. Mgmt Servs., Dep't of Emp't Sec.), 11 PERI ¶ 2021 (IL SLRB 1995). However, in order to direct subordinates, employees must "also possess significant discretionary authority to affect their subordinates' employment in areas likely to fall within the scope of union representation, such as discipline, transfer, promotion or hire." Cnty. of Lake, 16 PERI ¶ 2036. Supervisors must be "actively involved in checking, correcting and giving instructions to subordinates, without guidelines or review by others." Id. The County argues that Morris directs the RNs by adjusting their schedules, assigning tasks, providing training and instruction, and overseeing and reviewing their work. I discuss each activity in turn.[7]

1. Does the APNM Direct by Adjusting the RNs' Schedules?

First, the County states that the APNM directs the RNs by adjusting their schedules. However, Morris has very little involvement in scheduling the RNs, granting time off, or approving

[7] The County also argues that the APNM has the authority to evaluate the RNs. "[T]he responsibility to rate employee performance is evidence of supervisory authority to direct only if the evaluation affects the employee's employment status." Cnty. of Lake, 16 PERI ¶ 2036. While I find that Morris does take part in evaluating the RNs, the performance evaluations do not affect the RNs' wages or working conditions. Therefore, Morris's role in evaluating the RNs is not evidence of the supervisory authority to direct.

overtime. Rather, Director Livengood is essentially in charge of the RNs' schedules. Livengood ensures that the Clinic has adequate shift coverage and approves time off. If an RN needs to call in sick, she calls Livengood or Human Resources. While Livengood will contact Morris before granting an RN's time off request if she believes it might impact the Clinic's operations, the record does not establish how frequently this occurs or what weight Livengood gives Morris's opinion.

As to overtime, under Clinic policy, employees cannot earn overtime and the record does not establish that Morris can approve overtime. Instead, RNs can earn flex time to use later in the week. Livengood testified that Morris has the authority to send someone home early to avoid having the RNs work over eight hours. But, on the one occasion Morris sent an RN home early, it did not impact the RN's pay or total hours for the week. Furthermore, it is not clear whether Morris's authority to send an RN home early extends to cutting an RN's hours so that her wages or total hours for a given week were affected.

Additionally, the County states in its brief that it expects Morris to approve time off requests in the future. According to the County, the only reason Morris is not currently doing so is because of the parties' agreement to treat the APNM position as included in the bargaining unit until the Board determines the position's status. I find this contention unsupported by the record. When asked whether Morris was in charge of daily staffing levels, Livengood testified that she could "foresee" Morris being in charge of scheduling. Furthermore, Livengood ties the possibility of Morris handling scheduling to the Clinic's growth, not the outcome of the instant case as the County suggests. As stated earlier, "[a] finding of actual authority . . . cannot be based on mere speculation or even an employer's statement of what authority a supervisor 'would have' if the occasion ever arose." The County cannot prove the APNM has the authority to schedule by relying on testimony that she may have the authority at some point in the future. Therefore, I find that the County failed to establish that the APNM has the supervisory authority to direct by affecting the RNs' schedules.

2. Does the APNM Direct by Assigning Duties?

I also find that the APNM does not direct by assigning duties to the RNs. Although Morris may be able to assign the RNs specific tasks, the evidence does not establish whether she does so using independent judgment. For example, Morris can ask an RN to act as her assistant during procedures or order specific supplies, but I am unable to determine how Morris assigns work. Generally, it appears that the RNs evenly divide work amongst themselves or work collectively with Morris to determine who will handle specific duties. Furthermore, Livengood's testimony suggests that Morris can only assign tasks with the doctor's approval. As such, I cannot find that the APNM assigns tasks using independent judgment.

3. Does the APNM Direct by Providing Instruction and Training?

Similarly, I cannot find that the APNM provides instruction and training using independent judgment. Primarily, Morris provides instruction or guidance by answering the RNs technical and medical questions, such as by explaining how to administer medication or describing the side effects of a particular medication. Morris's guidance, under these circumstances, is derived from her superior skill and expertise as a nurse. The record does not suggest that this function requires the sort of independent judgment required by the Act. Also, Livengood stated that Morris is responsible for training new personnel. However, the record does not reveal what level of autonomy Morris would have in training new employees or if her training would involve the same type of technical and medical guidance she currently give the RNs. Given these issues, I find that the County has not demonstrated that the APNM provides instruction and training using independent judgment.

4. Does the APNM Direct by Overseeing and Reviewing the RNs' Work?

Finally, the County argues that the APNM directs the RNs by reviewing and correcting their charting. While Morris does review and correct the RNs' charting, the County has not proven that she does so using independent judgment. Rather, I find that Morris's review of the charts is largely

ministerial. Both Livengood and Morris testified that Morris reviews the charting for accuracy. More specifically, Morris stated that she makes sure the chart reflects the correct reason for the patient's visit, that there are no typos, and that the correct follow up plan is listed. The evidence does not suggest that Morris reviews the charts to ensure the RNs follow the Clinic's substantive polices which would require the use of independent judgment. Therefore, I cannot find that Morris's oversight of the RNs' charting involves the use of independent judgment as required by the Act.

I do note that, according to Livengood, Morris has the authority to issue corrective action based on the RNs' charting. However, the record does not provide any further explanation or examples of Morris's authority to issue corrective action. Consequently, I am unable to discern from the record what effect the potential corrective action would have on the RNs or under what circumstances Morris can or would give an RN corrective action. With only Livengood's statement as proof, the evidence of Morris's authority to issue corrective action is too tenuous to support a finding that she can exercise significant discretionary authority affecting the RNs' terms and conditions of employment.

In sum, I find that the County did not establish that the APNM performs one of the enumerated supervisory functions using independent judgment. Given the County did not prove the APNM has the requisite supervisory indicia, I could rest my analysis on this point. However, for the convenience of the Board, I will address the only remaining issue.

C. Does the APNM Spend a Preponderance of her Time Engaged in Supervisory Activities?

Under the last prong of the supervisor definition, the County must prove that the APNM spends a preponderance of her time engaged in supervisory functions. To meet the preponderance requirement, the employer must demonstrate that the alleged supervisor "spend[s] more time on supervisory functions than on any one nonsupervisory function." City of Freeport, 135 Ill. 2d at

533. Following City of Freeport, two panels of the Fourth District of the Illinois Appellate Court created two different tests for determining whether the preponderance standard has been met. The first test requires alleged supervisors to spend a majority of their time engaged in supervisory duties: i.e. more than 50%. Dep't of Cent. Mgmt. Servs. v. Ill. State Labor Relations Bd., 249 Ill. App. 3d 740, 746-747 (4th Dist. 1993). By contrast, the second test focuses on the significance of the supervisory duties rather than on the time spent performing specific functions. Dep't of Cent. Mgmt. Servs. v. Ill. State Labor Relations Bd., 278 Ill. App. 3d 79, 85-87 (4th Dist. 1996). Regardless of the test used, the County must support its argument with specific examples; conclusory testimony is insufficient. State of Ill., Dep't of Cent. Mgmt. Servs., 26 PERI ¶ 116. See State of Ill., Dep't of Cent. Mgmt. Servs., (EPA, DPH, DHS, DCEA), 26 PERI ¶ 155 (IL LRB-SP 2011).

As discussed above, the County has not demonstrated that the APNM engages in any of the 11 enumerated supervisory functions while using independent judgment. Therefore, the County cannot establish that the APNM spends a preponderance of her time performing those functions. However, to the extent I can analyze this element in isolation, I find that the County has not satisfied the preponderance requirement under either test.

The County argues that it satisfied the preponderance requirement under the "significance test" because the APNM's work "overseeing and supervising the clinical staff at the Women's Health Clinic in order to ensure that the work of the clinic is accomplished in an efficient, appropriate manner and that its patients are adequately served" is of great importance to the County. Although Morris is expected to answer the RNs' questions, can assign them tasks, and reviews their charting, the record does not suggest that these duties are of particular significance. Instead, the evidence establishes that the central focus and most significant aspect of Morris's job is providing direct patient diagnostic care. Morris is the only person in the Clinic who sees and examines every

patient. Livengood did testify that the County created the APNM position because it was looking for someone to act as a leader in the Clinic. However, it has yet to give the APNM many of the supervisory or leadership duties the County states it wants the APNM to perform. Essentially, the County wants the APNM to take on a supervisory role at some point in the future once it builds its client base and subsequently hires more personnel. While I do not doubt the County's intentions, I cannot base my findings on speculation of what may happen or what may be the APNM's most significant duties in the future.

Furthermore, I find that the evidence is insufficient to establish that Morris spends a majority or preponderance of her time on supervisory duties. In short, the evidence is insufficient to demonstrate how much time Morris spends on the vast majority of her duties. Of all of the APNM's functions, I can only determine to any reasonable extent how much time Morris spends reviewing charts. However, the testimony seems to suggest that Morris spends the bulk of her time engaged in direct patient care. Regardless, the evidence is too ambiguous for me to find that the County has met its burden. Therefore, I find that the County has not demonstrated that the APNM meets the preponderance requirement under either test.

V. CONCLUSIONS OF LAW

I find that the Advanced Practice Nurse Midwife is not a supervisor as defined by the Act.

VI. RECOMMENDED ORDER

IT IS HEREBY ORDERED that the position of Advance Practice Nurse Midwife be included in the petitioned-for bargaining unit.

VII. EXCEPTIONS

Pursuant to Section 1200.135 of the Board's Rules, the parties may file exceptions no later than 14 days after service of this recommendation. Parties may file responses to any exceptions and briefs in support of the responses no later than 10 days after service of the exceptions. In such responses, parties that have not previously filed exceptions may include cross-exceptions to any portion of the recommendation. Within five days from the filing of cross-exceptions, parties may file cross-responses to the cross-exceptions. Exceptions, responses, cross-exceptions, and cross-responses must be filed, if at all, with the General Counsel of the Illinois Labor Relations Board, 160 North LaSalle Street, Suite S-400, Chicago, Illinois, 60601-3103. Exceptions, responses, cross-exceptions, and cross-responses will not be accepted in the Board's Springfield office. Exceptions and/or cross-exceptions sent to the Board must contain a statement listing the other parties to the case and verifying that the exceptions and/or cross-exceptions have been provided to them. If no exceptions have been filed within the 14-day period, the parties will be deemed to have waived their exceptions.

Issued in Chicago, Illinois on April 9, 2015

STATE OF ILLINOIS
ILLINOIS LABOR RELATIONS BOARD
STATE PANEL

/s/ Kelly Coyle
Kelly Coyle
Administrative Law Judge