

Executive Committee Meeting Minutes 1/21/24

UH/CVC Acute Care Areas: Sierra Ptietroytys

- 8A – Management requesting code of conduct form to be signed
- 4A – time sheet issues
- 6B – filing step 2 re: team lead being taken away
- 7W –Holiday scheduling issues for 3 RNs – working with Ted to file step 2
- 8E – Val Convertino needs to touch base with Ted and Sierra, to set up time for HPPD Step 1
- Many Investigation Meeting – Send meetings to Britt and she will help pair people up
- Lots of people solving step 1s verbally with management, but we don't have documentation
 - Need a way to document and report this back to chief reps
 - Standing education around disputes
 - Create a checklist for starting step 1 dispute, another checklist for follow up, email template for follow
 - Worksheet we already have could be revamped
 - Down the road could use a fillable forms document – AA or MNA coms could create that would go to a shared inbox so information isn't living with one person

APRNs: Jeremy

- CVC ICU - PA manager that is not friendly to the union. Filed a disruptive behavior report against a workload member.
- Subacute Rehab- physicians trying to intimidate APRNs, undue scrutiny to documentation. Going right to disciplinary framework rather.
- 6A/B leadership told them there's no more money for nursing. May see more pressure on senior nurses to leave
- Suspect using feature of MiChart for AI chart audits.
- We have a new technology agreement in our contract, can bargain over the effects to make sure it's implemented fairly
- Jeremy is going to round CVC ICU after work this week, Ted to join
 - Make sure you fill in rounding google form, give yourself credit!
- Seems like some units have some sort of reporting system in/out of work. We have a right to information to see which units have a structure for this. How equally is the practice being instituted across the hospital

On-Site Procedural Area: Erin Lemma

- Continued argument re: definition COC. Made as a workaround for mandation
 - For COC management is asserting you must continue care of patient regardless of what phase or part of the process they are in
 - Ted: Make sure we are using phrase, "completion of care" not continuation of care. Completion of care is the only thing we have in our contract
 - Not being used the way it was negotiated

- A few from management willing to restart COC conversations and reached out to Kara. Lori Pelham allegedly does not want to be involved
 - Will want to have chiefs and others that were at the negotiating table there for conversations. Desire to have more people involved rather than less, so we can agree to things that work for nurses in all areas
 - Think there is new energy to get this resolved
 - One of biggest questions surrounding COC is who is supposed to stay, and how long can they stay for
 - ambiguity of 1 hour at a time for a total for 4 hours, or 4 hours at once
 - Tim: there had been a proposal that said if completion of care was supposed to go on, you were supposed to contact someone on call.
 - Issue is that there aren't on-call teams at 4, 5, 6pm...etc.
 - Need to delineate what is on the table for this discussion:
 - 4 hour vs 1 hour for procedure hours – we didn't define enough and we need to work through this
 - Completion vs continuation – there's no ambiguity (from Ted perspective)
 - Erin was part of conversations re COC in the last year
- Disputes going to step 2, some in abeyance
 - Significant underreporting from units because they didn't see any action from prior disputes/ADOs
- Units switching around WRC appointments that were made from UMPNC
- WRC redesigns in almost every unit
- No radiologists/physicians in locations where RNs are alone with techs – Livonia center for specialty care. Moving toward this for all the offsite locations
- Tim: regarding # of individual disputes in abeyance – can we combine into association dispute. Talk to individual folks and see if they're willing to come to step 2
- We will need to get on the same page re: our stance on MOUs – previous leadership didn't want to treat any other group as “special”
- Issue with people having to re-bridge with PTO to continue accessing their extended sick after reapplying for FMLA
 - If It's the same condition, need to disclose at least that with manager so they don't make you re-bridge

PPP – Kelley Howell

- Leadership of PPP reached out to Kara for a meet and greet. She included Ted, Aaron and Kelley
- NICU, VVWH, and PCTU filing step one disputes related to holiday staffing, NCNS, etc.
- VVWH going to step 2 re: clothing change
- VAST repeatedly above 5% for leaves when reviewing WRC data
 - Manager not offering LOA coverage citing a balanced schedule
 - Should bring forward to discuss in JIT

- JIT prep
 - Go through minutes from previous meeting
 - Designate someone to offering corrections
 - Go through agenda topics for discussion
 - Go through completion of care report that management committed to sending
 - JIT (first Monday of the Month) February 5th 1-3pm
 - Submit agenda items to Kara this week
 - Minutes review on Jan 31st
 - February 5th 11am or 12pm
- Ability to reserve space through scheduleon – Ted to putting info in ECXII Signal
 - Scheduleon <https://michmed.emscloudservice.com/web/>
 - Level 2 password
 - Select University Hospital Shared Space
 - Select Date and Time
 - Click green + and choose number of people
 - Enter Reservation Details
 - Space for Kelley, etc reserved on 2/5 for JIT

Tim

- Logistics: out this coming Tuesday – available in the AM, Feb 2-14 on PTO and out of the country wedding anniversary. Coverage will be Julia or boss Dan

GMMS – Ted tentatively scheduled

- Wed, Feb 21: 8am (Sheldon 7:30-9am must be out by 9am – can cancel if needed) & 4pm (3:30-5:30 in Danto Auditorium CVC) – rooms pending confirmation
- Feb 22: 12pm (Sheldon 12:00-1:30pm) & 8pm (7:30-9:30 in Danto CVC)
- Will continue to have conversations about cancelling the in person locations that have a tight timeline and potentially make only virtual
- Next GMMs – next quarter would be to consider May 19-25