May 2023 Leadership Meeting

1) Ambulatory Care Transition to Onsite:
    a. Directive to managers from ACNO is at least 50% onsite
    b. Management has the right to dictate where people work from (on site vs offsite); we have the right to demand to bargain the impact of that.
    c. Further discussion will occur in JIT-L, will have more information in the coming weeks
    d. Question about parking availability for nurses being brought back onsite in setting of valet taking p4 spots
    e. Discussion about what equipment wok-from-home ambulatory care nurses should be provided in terms of phones and laptops
2) Covid Banks
    a. 80hr PTO bank and 120hr PTO bank both disappearing as of May 14, 2023; OHS covid testing also stopping
    b. Concern regarding effects of this expiration; will need further discussions on what protections remain for nurses who test positive. MOU on contagious disease, workers comp, etc. remain as protection
    c. Members who provide proof of positive COVID test and follow normal department procedure for calling in, reporting to OHS, etc. will have the absence excused so it does not count towards the PSM process
    d. Concern regarding insurance no longer covering antigen tests for COVID; barrier to testing may be a problem for nurses. Nurses without access to testing should call OHS, however OHS reporting very limited tests
3) Lauren: Motion to require participants to raise their hand before speaking in order to keep us on topic and moving through the agenda. 2nd: Ted
    a. Discussion: Some people listening while driving, can't interact with screen
    b. Meg: Proposed amendment to the motion: Motion to require participants to raise their hand before speaking in order to keep us on topic and moving through the agenda; members may verbally place themselves in line to speak if they cannot interact with their screen due to safety concerns. 2nd: Terry
        i. Ted: The word "stack" is often used in meetings in other groups in the chat to indicate being in line to speak, so members could say "stack" as well in lieu of interacting with screen.
        ii. Lauren: agreed to amendment
    c. Motion passed by voice vote
4) Remote Telemetry:
    a. We have units that do floor telemetry patients, units that do remote telemetry patients, and units that do a combination of the two. In some spaces, the workload of the nurse for remote telemetry patients does not change much. In other spaces, the workload of the nurse for remote telemetry patients is significantly increased, similar if not equivalent to the workload for a unit telemetry patient. The contract just states telemetry is a 3:1 ratio but does not differentiate between remote telemetry being cared for by a non-tele nurse,

remote telemetry being cared for by a telemetry trained nurse who is still expected to pull and interpret strips etc. the same way they would for a unit tele patient, and unit telemetry. We need clarity regarding our stance as a union on when these patients should be 3:1 or 4:1. Issue has come up on multiple units. Want to make sure we are all giving nurses the same answer.

i. Question of liability if something goes wrong with a remote telemetry patient; Renee clarified it is a process related response situation in regards to liability. Nurse can only be expected to function to the extent of their training in situations where a non-tele-trained nurse must rely on a phone call from a telemetry tech. Unclear what this means for nurses who do have telemetry training and are caring for a remote telemetry patient.
ii. Renee: Ratios are dictated by the highest acuity patient in the assignment. Tele is tele and that should set the ratios.
iii. Discussion from multiple telemetry reps pointing out that there are basically three groups of telemetry patients in terms of workload: 1) Remote telemetry patients on floors where nurses are not telemetry trained; workload is similar to any gen care patient and not largely impacted by the remote telemetry status. 2) Remote telemetry patients on floors where nurses ARE telemetry trained, and unit guidelines require those nurses to chart and monitor the same way they would for unit telemetry patients, which results in a significantly increased workload. 3) Floor telemetry patients where the nurse charts, monitors, and intervenes without remote tele input.
    1. On 7A, if a non tele-trained nurse is assigned a remote telemetry patient, the charge nurse has to do the telemetry monitoring (making it clear that this is a heightened workload assignment)
    2. On 4B, telemetry patients still being placed in 4:1 assignments
iv. UMPNC Position Conclusion: If the nurse is being required to do the increased telemetry work, we should be enforcing 3:1.
v. Discussion of how to advance dispute on the topic if necessary; recognition that this will also require organizing and membership engagement. Make sure each unit has acuity tool.

b. Volunteers to form a Remote Telemetry taskforce to organize and move this issue forward: Sierra, Terry, Ted, Brittney, would like Aaron to lead it but he's not able to be in attendance tonight so will need to reach out to him about it. Kate willing to serve as consult.

5) Round Robin:
    a. Disputes and Arbitration: 22 arbitrations left on the docket; 8 are termination, 6 are DLO, the rest are contract violations of some kind (6 APRN related, 1 unilateral implantation of covid policy, 1 related to covid pto). Disputes: 21 left on the docket, 17 scheduled and 4 not yet scheduled. 4 DLOs, no terminations, the rest are contract violation related (CVC Ecmo, COC in Mott PACU, etc). Association Disputes: Staffing grids that require charge to take full assignment,

charge nurse equitability, turning on-call on and off multiple times per ansos. Victory in parking pass related dispute. In the last 6 months, we've brought 2 nurses back to work who never should have been fired and secured about 50k on behalf of nurses on a variety of issues that without a union would have gone unaddressed. Celebrating our wins and leaning into the work still left to do.

   b. VAST: development of outpatient picc problem brings ambulatory care language into a unit that functions as 24/7. Renee to attend VAST workload meeting.
   c. 4C staffing matrix change may require dispute. New grid will require 4 patients per nurse for some overnight nurses which is likely to result in ratio violation.
   d. Briarwood Clinic having bathroom access issues

6) June 2 is next rep ed day meeting, IBPS training
7) Ted: Motion to adjourn