

4-26-23 EC Meeting

In attendance: Renee Curtis, Kate Wesley, Meg Suell, Vickie Schlak, Kris Michaels, Ted McTaggart, Jeremy Lapham, Julia Heck, Tim Olson, Jenn DelVer0, Jackie Lampe, Kim Leavens, Jon Hoadley (guest)

1. Call to order
 - a. Added CROS to agenda
2. Announcements (not discussed)
3. Approval of past minutes (not discussed)
4. Office Computer System (Jeremy)
 - a. Need to decide as a group which platform to use.
 - b. Dynamic Edge: DE sent us a breakdown of costs; it is expensive but per Jeremy in line with general market costs for these services.
 - c. -Microsoft Enterprise project management tools could do this too; would be significantly cheaper. Would require more training for use though. Health system uses this too, so would be familiar as time goes on.
5. Jon Hoadley: member of Michigan Nurses Foundation, former House Rep
 - a. Presentation on MNF. What they do: scholarships, research grants, recovery grants
 - b. Asking for financial contribution to support scholarships and operational work with goal of total 10k in new scholarship funds this year.
 - c. Jeremy: Motion to donate 10k. Ted: 2nd
 - i. Kate: would like it earmarked to go to the rehab portion of what the Foundation does
 - ii. Ted: It's all the same fund; might be difficult to divide it that way. Suggests do 70-80% requesting to be used towards rehab & recovery, and 20-30% to be earmarked towards the scholarship fund.
 - iii. Jeremy: amicable to friendly amendment of 8k to recovery, 2k to scholarship.
 1. Unanimous assent for amendment to motion.
 - iv. Motion carries by unanimous voice vote.
6. Nominations
 - a. Bethany resigned as chief rep
 - b. Jeremy: Motion to appoint Vickie Schlak as onsite ambulatory care chief rep. Meg: 2nd
 - i. Passed by unanimous voice vote
7. Roberts Rules
 - a. Training at capital action day in Lansing for those in attendance; parliamentarian will present
8. Support for Sparrow Nurses
 - a. Leadership committee passed motion to send support video; need a point person to follow through with this task

- i. Jeremy volunteered to create video; will reach out soon to solicit video snippets from people
- 9. More Nominations
 - a. Kate: Motion to appoint Doug Macarthur, Darcie Day, Bret Kelly, and Val Convertino as district reps. Meg: 2nd
 - i. Passed by unanimous voice vote
 - b. Meg: Motion to appoint Josie Morehouse to the Nominations Committee. Ted: 2nd
 - i. Passed by unanimous voice vote
- 10. Executive Session. Motion to enter executive session: Jeremy. MNA staff left during session and rejoined after. Session lasted 1hr 2 minutes.
- 11. Office Receptionist:
 - a. Renee says Raedeane's daughter-in-law is interested in part time
 - b. Tabled discussion because Raedeane is not in attendance
- 12. CROS: unarmed crisis response team
 - a. CROS background: AA city council in April 2021 passed a resolution directing city admin to develop unarmed public response program. CROS is a coalition of community members/groups who have since formed and created a proposal for how to enact that.
 - b. Wide range of community organization endorsements. LEO/GEO have endorsed. Other healthcare unions at UM have not at this time.
 - c. Renee: if someone feels passionately about acting on this topic, they should contact her personally and we could then entertain inviting both CROS and police officers to present and bring their perspectives.
- 13. Ambulatory Care Remote Work
 - a. Renee: Management has rights under article 4 but have duty to negotiate the effects of the change. Management stated partnership with UMPNC in forcing nurses back onsite; we did not support this. We need to ascertain where there is and isn't space for this, what the impact is, etc. In info gathering stage.
 - b. Discussion of parking availability, adequate equipment and office space, next steps.
- 14. 6A Rehab
 - a. Rumors of moving 6A rehab to Chelsea. Working on finding out what the plans are and will respond accordingly.
- 15. Workload
 - a. Contract says workload will have role in determining unit budget, HPPD, etc. Need to make sure WRCs are engaging in these discussions.
- 16. NICU
 - a. Kate: Encouraging ADO use to document unsafe or short staffing so that we have the data we need to respond.
- 17. 7A tele
 - a. 7A is a mixed tele & gen care unit. Sounds like they're being told they can have 4 pts if they're not all telemetry, however the highest acuity pt should dictate the

ratio. A telemetry pt in the assignment would mean the assignment is bound to 3:1 even if the other two pts are gen care.

- b. Discussion of staffing ratio interpretation and enforcement regarding remote tele
 - i. Clarification that there seem to be sort of 3 groups of tele patients: 1) Remote tele patients on gen care floors where the nurses are not tele trained; very little increase in monitoring or nurse workload associated with these pts, and they seem to be routinely 4:1 ratio. 2) Remote tele patients on floors where the nurses ARE tele trained and are being expected to treat these pts the same as if they were floor tele patients in terms of increased monitoring, pulling/reading strips, interpreting rhythms, etc., despite their 'remote tele' status. 3) Floor telemetry patients for whom the nurse is the only one watching the monitor (no remote telemetry monitors watching them).
 - ii. Renee will review any cases related to remote tele and liability of the nurse and bring that back to the group. Remote tele is monitored by tele techs, not nurses.
18. Jenn: APP leadership structure & changes to lead roles. Jenn is working through it
19. Next meeting: Renee will send out an invite tomorrow for an EXCI meeting two weeks from now.