

July 12 EC Meeting Minutes

In Attendance:

Ted McTaggart, Jeremy Lapham, Julia Heck, Kris Michaels, Meg Suell, Jenn DelVero, Jackie Lampe, Vickie Schlak, Tim Olson, Renee Curtis, Christine Vanderkolk, RaeDeane Hawthorne, Aaron McCormick

1. Jenn: Motion to table approval of past meeting minutes. 2nd: Jackie
 - a. All to read and submit any concerns or suggestions for change before next meeting.
 - b. 7 in favor, one opposed, motion passes
2. Motion to approve agenda: Jenn 2nd: Aaron
 - a. Passed by unanimous voice vote
3. Area Round Robin
 - a. Christine
 - i. SICU workload meeting today; Christine & Jeremy attended; large unit attendance
 - ii. ER reps active
 - iii. HPPD cuts in most units
 - iv. Interpersonal/cultural difficulties in some departments
 - v. Difficulty scheduling area meetings 2/t incompatibility of rep schedules; Christine checking in with reps individually
 - b. Jenn
 - i. Brighton CRNA workload changes
 - ii. Multiple changes in ambulatory care with ongoing meetings
 - iii. Changes in APP leadership structure
 - iv. Several grievances in varying stages, most related to not following process of work redesign
 - v. Working to support CNS's; they don't have a workload
 - vi. NP point rounding and floating disputes ongoing
 - vii. Would be helpful to have a CNS rep
 - c. Renee: Would like internal running document of all step 2s for EC
 - i. Discussion of what to include in this document (all grievances vs. excluding individual discipline grievances for privacy reasons). Could remove names and use case numbers.
 - d. Aaron:
 - i. Nurse concern about being forced to be charge
 - ii. Charge nurses taking full assignments
 - iii. Attending multiple workload meetings; repeated pattern of decreased HPPD resulting in less staffing and tighter ratios
 - iv. Telemetry issues:
 - v. Management on some units requiring nurses on mixed floor tele/remote tele units to complete tasks like charting strips on remote tele patients and monitor rhythms despite remote tele status

1. Continuing to gather info, noting impact on units switching from tele to gen care
- vi. Multiple step 1s
- e. Jackie:
 - i. On call and how to handle abrupt vacancies; ongoing conversations
 - ii. Discussions with Radiology department about appropriateness/feasibility of prostate biopsies happening in that space; waiting for further information
 - iii. Cardiac device unit nurses facing difficulties when devices have to be turned off for MRIs; discussions ongoing
 - iv. Cath lab seeing high frequency call back for on call; on call being used as staffing modality. Workload committee forming
 - v. COC step one disputes on pause pending discussion with upper level leadership; Had 4hr IBPS meeting including nurses from the areas
 - vi. Met with district reps last week
 - vii. Step 2 about pto has been filed
 - viii. OR service lead and service educators concerned HPPD cuts may impact business time; working on protective resolution
 - ix. Overpayment meetings
 - f. Vickie:
 - i. Two disputes ongoing, both filings pending further investigation and discussion with members
 - ii. Clinic nurses forwarding triage calls to CCCs, confusion of roles, working to straighten out
 - iii. Lack of coverage in clinics, clinic nurses doing the job of multiple nurses when people are out on pto
 - iv. Transplant clinic staffing deficits; excellent collective response from nurses asserting high level of specialization between units to protect against inappropriate temporary reassignment
 - g. Motion to Adjourn: Jenn 2nd: Christine
 - i.
 - ii. And Kim left early