

SEIU District 1199 WV/KY/OH
Department of Health

Agency Professional Committee Meeting
January 22, 2021

Union Attending:

Angela Ball, Health Care Fac Field Surveyor Ind
Christopher Binder, Health Care Fac Field Surveyor Ind
Julie Keegan, Public Health Consultant
Cathy Mockus, Public Health Consultant
Heather Searfoss-Allaire, Public Health Consultant

Management attending:

Jamie Erickson, HR
Kerr, Belinda – HR admin
Sandholdt, Rebecca – Bureau Chief Survey and Certification
Shonk, Jill – Survey and Cert.
Stewart, Elaine - LRO

Housekeeping

1. Scheduling APC dates for 2021 **To be completed**
2. Scheduling Health & Safety Committee meetings 2021
 - a. Were monthly when in building but haven't had one forever. Legionnaires disease in the building. **To be completed.**

Agenda

Vaccination Schedule & Concerns

LTC and NLTC surveyors getting the vaccine – NLTC are going into LTC facilities and NLTC facilities with COVID-19. Email notice since received confirming but need dates and times for NLTC. Also coordination with local boards of health.

Discussion:

Got email recently about phase 1b. NLTC have been identified. When? Need specifics.

JE: Anyone phase 1a does have access depending on responsibilities. Also availability of the vaccine.

We're sending out emails as and when we know its available. Also a lot of retailers and hospitals have switched to 1b so we're having difficulty with 1a folks. We're working with local health and hoping to have dates and locations next week. Also we did reach out to see who in 1a wants it but haven't got it and their location.

Who are you counting in 1a? Survey and cert, and anyone lese that goes into NHs – LTC field surveyors, NLTC, life safety code,

Chris Binder: how did it come that NLTC were left out initially, lot of hurt feelings about that. Partic when going to Covid units in hospitals.

JE: Wasn't overlooked, we looked at diff priority groups. NLTC oversight wasn't specially about them but the definition of the language of 1a. LTC next and lab next in 1a. I do know a lot of surveyors have got vaccine on their own. We're looking at anybody that is left.

CB: hospitals themselves, one hospital saying they're doing their people, how is it that or where is ODH in getting surveyors to those hospitals? Tension from hospitals where unvaccinated surveyors going in. What do we say?

JE: We are working on it to get scheduled in depending on supply.

Can our people get a letter of authorization or something?

JE: healthcare provider direct care, NH staff etc. is pretty specific so there may be different interpretation. We've been reaching out to find out where the issues are. Its not mandatory of.

AB & CB: it has been an issue with providers asking about vaccination and testing – the screener is asking in some places.

ES: I recommend if facility does ask etc. refer them to the supervisor to respond. We don't want.

We will communicate the dates and paces to all as soon as we have it.

Cathy: will it become mandatory? Any expectation?

JE: can't say, haven't heard it. Couldn't speculate.

CB: would there be any incentive, like with flu vaccine?

JE: DAS did offer incentive for flu shot. Not heard but could be a possibility.

OT and Call Center

Script, updates, and up to date information

Members are feeling unsupported, fielding large volumes of calls with out of date scripts. Vaccination questions have not been updated. (edit: January 17). May be a problem in future, need better system to update those on the line. Regular update. Needs to be a functional commencement, its just a rolling update not dated. Its 75 pages now. I you don't work it often it takes a long time to sift through it to get ready for your shift. Accessibility. Needs to be user friendly. Suggestion: how the Lab line does it, also BID test Approval lines, the FAQ is a lot better. Changes are emailed with highlights.

Updates on Governor's comments and conferences – proactive. Call value goes up when governor is speaking, asking what he said. And there is no update from HR about what the governor said, we don't know. Public treating us like 311, also using us as punching bags because of what the governor said.

Discussion:

JE: love to, but we don't always know, we often hear it same time as the public. Only one time we've known in advance. **Stock response: yes we can do that, JE can definitely say if they don't know they take info and we're get more info.**

Belinda Kerr: We do have a process for the updating. E.g. January there have been seven updates. We update once or twice a week, Tuesday and Thursday. Within 15 minutes of getting them they're uploaded. Searching mechanisms – do a control find on any subject. Additionally we have been review the script regularly to take out irrelevant. It is very large, lots of subjects, don't have a choice in it being so large.

Binder: why can't callers be screened for topics, press 1, 2, 3 etc., funnel the calls so you know what they're about?

JE: there is an initial screen and rest is COVID-19. There is one number for the whole state. We don't have staff broken out by staff. It is lengthy, flip side is making it less lengthy.

We'll see if there's anything we can do to make it user friendly, less unwieldy.

Heather: can we utilize more the "get the latest. I have to do a lot of reading to get up to speed. It was updated on the 18th, we do that on the BID line, it's a clear here are the latest changes thing.

Kerr: easy fix, yes.

ES: Coronavirus.gov has an update area.

Chris: is there any disclaimer for the line about medical advice? TO contact your physician?

Kerr; yes at the beginning does say that if medical condition.

Vaccine sites that don't have vaccine – can we take them off the website, public is frustrated when we refer them to places that don't have it.

JE: they're giving the providers who have it or are getting it. Also might be waiting for a shipment or between shipments.

Mockus: sure but one customer called every Kroger and they told them they wont get it until mid spring – don have it and not trained yet.

JE: forward that on so we can update it when it happens. We wont know until we know.

Mockus – can we put that in the get the latest. Also can the supervisor be updated its not u to date.

Heather: if our folks who put the info up there if they can communicate between them and the sites to confirm availability.

JE: will take that forward. Also sometimes callers misrepresent the info when they call.

Also some place have moved on from 1a to 1b. Doesn't mean they don't have it its just the group they're doing doesn't match.

Many people call just to harass or complain. And there's no script to deal with a belligerent caller.

Yes, we'll put guidance in there for members to follow.

Reassignment

What is the pulling plan? The rationale? Who, how and when? How long? Rotation? We have surveyors who could be doing it who are not. Who is being pulled and reassigned? Who has not been?

Comprehensive list. We have requested this information previously – where is it? Perception that its only certain units getting assigned – what is rationale, method, and location. Tracking?

Discussion:

Elaine: in the beginning it was all on deck, or we bugged out. At that time we have both unions involved and trained a hefty number. Since then a lot of programs had urgent need to have folks work on stuff, lab or warehouse, or grant deadline. Its morphed over time into what units we can use. Previously we would just go up the seniority list.

Over time folks have been pulled back to programs, so now we're looking at members current assignment and work load. Some only help a few hours at a time. Where we can use seniority we do, but where there is such an urgent need our number increase so folks

We use seniority where we can but cant guarantee its perfect science.

Right. But CBA is CBA.

Elaine: not everyone can do it though, it's a curve, training.

580 trained? It doesn't mean they're all available, or a lot may be OCSEA.

No-one is permanently reassigned. They're short term. Only three people

Tracy Bear Watkins (has no assignment), Eric Greene, Maris highway, Pam Hatchet have been on it for months and less senior people in her area have not been tapped.

We can't say there are end points. We don't know until the time.

Cathy: the employee and the manager get an email reassigned, no other warning.,

GD: so this is going to last a long time, we need more in terms of a rational step by step in how you're determining who gets reassigned.

We may be pulling for a specific classification, in that group. So they may not be the ones, and there's certain skill sets.

Are we not training others and more? We're not adding more training, working with project employees.

CM: in the email you said you're hiring and training contract employees to be offered the.

We're using the group who were trained. The pool of people set up for the call center.

Will you do anything to provide that info, that process? ES: I understand and have made a note.

Geoff: Does that note contain an action item to do something?

Cathy point of grant pull – ES defers, will come back.

Governor says trained 580 employees to man the line? Who/where are they? We are specifically again requesting this information. If number is real then we could do 1 shift a month.

It getting hard to run our own programs with this pulling. Is there an alternative to the line? An online chat? Email?

Day off tracking and resulting volume.

Kerr: we try to get info from the person or the manager if vacay or if someone calls off. Then me or someone else will jump on to cover. If there's a scheduled vacation we'll pull if there's resources.

Sometimes management let us know. Vacation in advance we'll usually know.

Shift and break structure.

M-F 8 hours shift. Call volume is 30 calls in queue and you get minute between calls Break structure? Hour

Kerr: Currently they get 1 hour lunch, also 15 minutes in morning and arvo. We have no restrictions on someone taking a break if they need one. No requirements that someone can't walk away or a minute. We do monitor though if an absence of long time.

We can reiterate the 15 minutes and can talk about that more about making more permissive

Mockus: we've clearly seen increase in number of calls. You don't get a break in the calls. I've seen the shifts in the OT. There's not a good way to rhyme and reason it, but if we have more people who are available then I can take a five minute breather but is there a way to get more people trained, we know it's not going away.

ES: yeah, we would like to pull more who have been trained, or pull them know but then what happens to their programs.

Heather: when working the center and get a call and hit the wrap up button and get notes in. Is there a way to expand the wrap up time in the software, before the ready button comes back on.

Belinda is right about the permission structure of self care and taking breaks, can we get back to that.

Previously also we had a lunch schedule with set times by person, is that still in place?

Kerr: I think so, will check.

JE: people can use not ready status if had a rough call.

Heather: I appreciate that and I've heard it told to me, but they get the latest said to limit the amount of not ready time. So not helpful.

Kerr: unfortunately, we were having people in not ready status a lot. Some in it for 30 minutes.

Division of overtime opportunities between bargaining units – how is it done now?

OT offered to employees per the relevant union contract. Is it one big seniority list or by depts/units? We don't know because we don't know who gets approved, just if you are. And is it just ODH or other agencies/unions. Members do not know who and when, no transparency.

Rotation of unions and seniority. Which unions? What is the nature of the work vs OCSEA jobs? Life Safety Consultants.

Elaine: I do have a draft that I'll give you to review to make sure it goes over properly.

How many lines? Lab Line, Covid Line

ES: we put this out to both unions, even though customer service. Canvas announcement Tuesday at noon, bid by Wednesday at 10. Aa may ask for one shift B ask for six shifts. Weekend and holidays are six hours, after work is 3 hours. When we look at the bids we look at all and award by seniority. We separate OCSEA and 1199. OCSEA. If last week the last shift we offered was OCSEA the next week would be 1199. Right now 45 names per page on that seniority list. We go top through bottom to review those who asked for shifts. So Heather won't be on page one. If you're not on that first page we suspend it and stop and go to the other union. Go by page, shift to the union. Start at page one each week.

Angela: I understand, and one union to another. The typical surveyor who complains never gotten any overtime but I see the safety consultants getting it, I'm explaining it but if there was a simplified way to simplify that in language to know that's how the process is. Because there's miscommunication. Communication of that would help.

Heather: other members say the call volume is so high, I'm frustrated I'd like to help out and get OT but not getting it even though the volume is so high.

Will COVID-19 line employees being hired be providing relief during working hours, also/union?

Kerr: just got group on board, just getting in and taking calls. Six actually sitting in call center. 9 in training. More coming, doing hires to get those numbers up. It's a process.

Hours – based on business need its day schedule, in place of members being pulled. We're able to move their schedule easier to hit those core times. We're hoping that the numbers we bring on – 20 on board no. We have to assess the numbers and wait times in terms of getting more. Our goal is to provide best service and we're not overburdening our staff.

Union status? They are project employees, they're union, don't have ft privileges 27.08 special project employees. They don't get OT. They last until the grant money is gone. Could be scheduled in place of OT for members. Its 5-8 weekdays and 9-8 weekends.

Surveyors on Covid quarantine could do call center

ES: they're OCSEA employees. Not 1199.

Cathy: morale would be better to put those folks in m-f hours to relieve.

Jamie: our call volume is higher in the week than weekends, most likely they would be during the week. Its to cover the spikes.

Cathy: we've had no complaints other than not getting overtime. Taking it away?

ES: no we control what OT is needed, and assign shifts. Nobody is entitled to overtime. Its straight time for those employees.

Surveyors

PPE, appropriate and fit testing

Need a list. Non fit test need to be sent to non-COVID-19. This is 9 months too late. Why is this a big issue now? Failed fit test is going to facility to facility to find which they can go into, which gives them the heads up. When you fail – different mask? In hospitals they give you suit type helmet instead. What's the long term plan? Also getting different types of mask – fit test only on ne mask. Not all fit tests are universal. 12 surveyors in Angela area, seven failed. What is the plan for those failing fit tests? Providing the half face ones? Mark Young was not fit tested and was in Covid nursing homes. All surveyors are NW region there are 8 who have failed so I've gone to multiple Covid because I've passed. So what are we doing? Also not mandating fit tested people

Jamie: we are monitoring the reason for the fail. Main being is the wrong size. Working with providers to get diff sizes. Orders in for the sizes, they'll get them and retested and put back into rotation. They still have work to do of course, will be assigned to facility where its not required, or other s=assignments in meantime. Short term situation. We're not the only entity trying to get the PPE. We do have access to the appointment and schedules for testing. Mandation: its possible, if we have someone not fit to go into a facility or respond to a complaint.

Chris: why did it take 6-7 months for fit test to come?

JE: PPE being disturb. We knew it had to be fit tested We did have to wait for the contract and did have contact with vendors to get testing in place and

The contract we have in place will continue and for any other situation if the mask changes. We will schedule all new hires for that. And if current issued masks change our goal is to order the same type of mask as had been fit test passed.

Also, process of the fit test?

A lot of the direction we get is based on NH, but we're NLTC. There was a full PPE directive if there's COVID-19. Now direction is if COVID-19 in the building you require a N95, but in hospital they have COVID-19 and negative pressure, not requiring N95. So mixed decisions and not telling you who made the decision.

Chris: fairly clear if you're going to an Covid unit you need an N95, but if going to birthing or OBGYN its less clear. Hospital staff also wont be in N95 all the time.

AB: LTC instructed to wear surg masks first then determine if Covid and switch. Last field mgr. meeting in December instructed N95 and shield into any facility regardless for precautionary measures.

Same for NLTC –

RS: yes, LTC N95 regardless. For hospitals the guidance is same, N95 and eye protection.

Testing schedule – need weekly.

Surveyors are in facilities four or five days a week, LTC are testing weekly and we're being tested every other – we are the weak link in the homes and we're potential spreaders. Rapid testing is getting better

ES: No plans. Cadence works best for our numbers, not finding anyone positive. Not sure we want to go weekly because its time consuming.

Chris: we had a death, how with bi-weekly testing. How did we not catch that?

RS: not sure if anyone is aware of how or where that individual come into contact, not speculating how that person got. No one knows how they caught Covid or if testing every week.

AB: CMS and CDC say when you test regularly you can catch people before they become symptomatic.

Elaine: right we have no plans to do weekly testing. We'll take this back and ask for more conversation

Training for LTC mandates etc.

After the grievance meeting, we did have convos. Jill: we can and will provide structured refresher training for the nine surveyors. Then a field experience with a seasoned surveyor.

Who is making the decisions on the development and implementation of these decisions?

Elaine: medical people are involved at all these kinds of decisions. So many people involved on a plateau that not possible specially but medical professionals inside and outside the agency.

Life Safety Consultants telling the LTC surveyors they have to collect all info for the safety consultant portion of the survey.

We have a very short window to be on site so the longer I'm there gums up the works cannot leave until their survey is completed. Are the Life Safety Cons getting disciplined for not getting their work done? We do. On sire surveys when Life Safety consult not able to come on site. My field managers have told me to follow my CMS provided guide, then throughout the survey I'm getting more than a few consultants saying they cant do their survey until we get them the the info so I'm doing their work. We need an in writing what we need to be doing on site.

Shonk: E24 and Emergency preparedness. We are asking surveyors to request the info as part of their entrance process.

What about 1135 waiver? I've never been trained outhit. Also we're not be on site for extended surveys just short time for ours. I can't wait for their stuff.

Would a better list of what is need be helpful?

No, what is our responsibility? Why would we have to wait for them.

\We've had numerous surveyors who don't have a problem, you have the problem.

Angela – then you need to provide a list that says we are to ask for all of their information?

RS: yes, but if you don't want to ask for that info you need to contact the life consultant to cal the survey themselves.

ES: what is the core issue? You're collecting another set of forms?

AB: I'm supposed to be onsite for 3 hours. We

Elaine: lets have more convo about that

Tag this We'll reconvene and get back within one week to have more cov about it.

What 1199 members are still working downtown and why?

Managers opted to work in the office. Notice about the protest.

Not aware, will find out and send to you. Managers, finance, some IT.