



## State of Ohio Chapter

### ODRC Agency Professional Committee Meeting

October 21, 2019

Next meeting: December 17, 2019

For the State: Beth Hogon, Don Overstreet (Dir. Labor Relations), Sean Carr (Dir. Quality & Operations), Tereasa Jamison BH, Janet Crawford (Benefits)

For the Union: Joe Daniels (SEIU), Geoff Davies (SEIU), Athena Diven, Executive Board Member (MCI) African Grant (TCI), Nicole Bowshier (DCI), Leah Steven (ORW), Patty Toryan (BeCI), Lisa Ragland (RCI), Meredyth McLaughlin (WCI), Heidi Ferrell (LoCI), Linda Wright (AOCI), Louanna Gladman (SOCF), Teresa Smith (MCI), Monica Ford (LECI), Tamra Hairston (FMC), Laura Stevenson (LorCI), Shelby Bowers (CCI), Joshua Gajewski (ToCI), Jo Ann Ward (CRC)

#### Leave Requests

- a. Personal Time: Issue with Personal time being denied. Mainly RN problem. Problem is that getting it resolved takes too long. It's a stress to be denied, should be approved from begging. Not productive to be fighting this all the time. Asking for an email to the LROs to explain the personal time.

Mgt: around holidays a lot want off. But won't allow an unreasonable amount to be off. Intent is to accommodate. Couple months ago, communicated the PL will not be unreasonably denied. Its not foolproof that each request will be approved. But won't be arbitrarily denied. Specifics?

E.g. if 24-hour notice unless its Christmas etc. it should be approved, or if its an emergency can be denied. OT and mandation is not a reason to deny. But on everyday stuff. Taxpayer is paying for this time we're spending on this. It should just be approved by contract. Can't just put out blanket. Lucasville, Lorain, Grafton, Marion. Only get 4 a year, use it when you have to. Members would rather be mandated because of personal than vacation etc.

Mgt: chain reaction caused. It's a double edge sword.

Shawn: agreed, shouldn't be denied but can be some circumstance.

**ACTION:** At monthly meetings at of healthcare administration we can go through the reasons that it should be approved or denied. Clear communication needed. We can email the LROs to clarify.

- b. Medical: Vacation: two approved days either side of good days, nurse being disciplined/threatened for pattern abuse on this.

**ACTION:** Management understands vacation requests are mutually agreed, it is not pattern abuse. We agree. We'll take care of it.

### **Pregnant Inmates**

ORW nurses would like the same practice as at FMC. November 1 pregnant inmates will be coming to ORW. Issue is that what happened last time is that nurses felt couldn't call squad because needed Dr permission who said they had a limit. At FMC any complaint of pain from abdomen down calls squad, we would like same at ORW.

Mgt disagrees that there's a limitation

Union: agreed, but its doctors being hesitant calling squad and its what we've been told.

Shawn: if it's an emergency then don't wait on Dr. call squad.

Can we adopt same policy as FMC?

Shawn: it's not specific to FMC, they follow same as everyone else rely on physician assessment.

Union: we just don't want a repeat. Can you check into this to make sure that when we need to, we can call squad? Because there are doctors who do it.

Mgt: there's a policy in place and we need to adhere to it. Nurses should follow the policy and protocol. You follow the policy and doctors determine not to send it out then its their responsibility. Need to document.

**ACTION:** Will discuss at next FPC at ORW.

### **Ohio Plan Update on committee Meeting dates?**

Linea Macdonald was heading it up. Still? Yes. We haven't heard anything about setting it up. Can we get moving. It is getting pushed back we just need to get it scheduled and done.

DO: that committee still in infant stages. Laying groundwork. Will talk to her (Aaron Moore). Names of our committee have been set.

### **Ohio Plan Late shift requirement at Mansfield - change from 12-8 to 10-6**

DO: its one of the assessments being done by Linea and Aaron. We'd prefer it be addressed locally. Would Columbus object if we came to an agreement to change it? Can't say that but recommendations locally would be helpful. **ACTION:** Will discuss at next FPC at MCI.

### **Bilingual services at Mansfield**

DO: no one is requiring her to do it. Its not required. Institution is not requiring it. Nor will we pay. We'll take back some on it about some kind of solution. Contractually no but there could be some leeway elsewhere that we could talk about.

**ACTION:** Management will discuss get back to Union on it. Meanwhile Union reserves right to file a grievance.

### **Warren RN position cuts**

Rumor of a position being cut. Not rumor the position will be moved when it becomes vacant. We are opening another unit somewhere else. Not been approved yet. But Warren has been three over ratio for a while but allowed it because was going to add RTU beds but that never materialized. Locally they need to decide how they'll manage the vacancy. Is there a timeframe? This guy retires in three months. Will it be that soon. Yes, as soon as agreed it will be moved.

They need to have ratios. 2.75 over right now.

Its 1 nurse for 200 Outpt.

RTU is 1:25 plus the relief factor

What is the ratio for medical?

Each institution has a base of 8. Then if any special unit or other factors then calculated on top.

### **MEDICAL: RN's Working Short Staffed/Marion RN Schedule-Staffing**

Only have two RNs on weekends now. Refusing to mandate the LPNs. Nurses on second shift feeling pinch. If LPN takes off the don't replace and wont mandate.

Want minimum staffing levels. If it's going to be 2 RNs, then why need LPN?

Mgt: used to be standardize but never fit well. Needs to be more fluid. Would need regional HCA to be involved to find out what the set-up is.

DO: its subject to operational need.

TS: sure, but if it's a Saturday and no doctors then don't need three RNs but if no doctors there and have all the stuff going on then need it. Why can't we have something that is more clear that says this is what we need in this situation etc. etc. We're putting nurses license in jeopardy and they won't want to stick around.

DO: they're not ever requiring LPNs to work overtime or pre-mandating them.

Jo Ward: DRC does not wake up and realize they have to treat the those they've got better your staffing hole will get bigger. Statistically an RN would have 8 people at a hospital. I'll have 2300 at a CRC. Mt Carmel had 2 pts to an RN.

From the outside when circumstances are same, but staffing is different there is no consistency or appropriate judgement. We're held to a higher standard of care.

Mgt: there must be a balance. You want leave approved but also more staff.

Joe: mandation has become part of the regular schedule. If we're starting off with it, you're going to be short staffed all the time. It's so regular at some institutions there's no balance to start with because there's no staff there.

DO: we hear what you're saying, and we'll work on it.

We discussed a float pool before. Not a contract nurse.

DO: In theory yes, promising. We can follow up. There have been conversations on it we're not privy to.

Have new hires work at institution longer before going to the academy. We've had nurses go to the academy and come back and realize more than what they thought. They need to get a full experience.

DO: right now, it's tough to get agency nurses.

Janet Crawford: Agency have 480 contracts so they can apply and get going and bid on the posting so they just need to be aware. We have to pay 5% of their salary to the agency when we hire them after that.

**Belmont: Denial of comp time based on a lack of a code.**

To fix it would have to put in manually. It's a DASOAKS issue, not us.