Recruitment and Retention Initiatives
February 8, 2022

Below is a summary of the meeting held between Union representatives and DRC management on February 8, 2022 to discuss ideas for retention initiatives in DRC. The intent of the meeting was to discuss Union recommendations with the aim of improving the day to day working lives of our members. DRC had previously deferred on all proposals that had a budget impact – incentives, bonuses, increase in wages. The Union will be taking those proposals up directly with the Office of Collective Bargaining.

For the Union:
Geoff H. Davies, Coordinator, SEIU District 1199
Sandra Gladding, Executive Board (PA2, NERC)
James Snowden, Executive Board Member (Nurse 1, GCI)
Athena Diven, Executive Board Member (CPS, MCI)
Mish Pachtler, Delegate (Psychiatric/DD Nurse, GCI)
Linda Wright, Delegate (Nurse 1, AOCI)
Lis Ragland, Delegate (Nurse 1, RCI)
Craig Wachauf, Delegate (CPS, MaCI)
African Grant, Delegate (CPS, TCI)
Darrel Parsley, Delegate (Nurse 1, SOCF)

For DRC:
Don Overstreet, DRC, Bureau of Labor Relations
Beth Hogon, Labor Chief
Alison Vaughn, Bureau of Labor Relations
Jennifer Urra, Dep. Director Holistic Services
Kevin Runyon, Medical Operations Director
Kelly Storm, Behavioral Health Director
Lyneal Wainwright, Internal Reentry Administrator.
Roberta Banks, Chief Bureau Personnel
Shawn Carr, Quality Ops Director
Norm Evans, LRO, WCI
Richard Shutek, LRO3, Operations Support Center

Nurses self-scheduling
Kevin Runyon: We're open to scheduling as long as doesn't create overtime. It has to be all on board in the institution on the labor side. A lot of times it comes back to backfill. We're all for it, never said you have to do a straight 8/40 etc. its whatever works. Seniority issue – can be difficult, has to have buy in and not alienate young nurses. Would also have to take into account LPNs.

Limit RNs being mandated to LPN positions, on weekends and other days – use LPNs instead.
LPNs can be frozen to the next shift but not on a good day. Initial idea for LPNs was to not work weekends, however over time LPNs have been scheduled weekends leading to mandation of RNs. There is language that prevents us from mandating LPNs to any thing but the abutting shift.

Update: it has been confirmed by DRC that there exists t no agreement or prohibition on the mandation of LPNs to LPN positions.

Better criteria to approve flex time*. There is currently too much ability for supervisors to say no to all requests just because they don't want to do it. Create criteria to approve gives members more flexibility and improves morale.*
Every institution has that latitude to consider on a case by case basis, but I don't think it's for us to make that determination, not for this particular meeting. Just because that management determines no it shouldn't just be no just because, but many times it because it just doesn't work.
Runyon – be very difficult for nursing staff. How do you choose who would get it without alienating another staff member?
Union position: it is entirely possible to create fair criteria to judge every request for flex time, it is within DRCs ability if there is willingness. The Union remains willing to find agreement in this area. Its up to DRC if they want to.

Minimum staffing levels at institutions: *Let members to know the minimums so they can plan around and more so that there can be consistency in requests for time off.*
We have day to day challenges in mission and backlog makes it impossible. We leave it up to management team to say whether they can drop down. Without falling out of policy etc. Our policy and protocol drive timeframes to see individuals. This is assessed regularly by management. They should know backlogs and opportunities. We'd like ideally for them to be looking at that constantly.

Mandation *Why do we mandate?*

- *Because there is no buffer for leave or call off?*
- *Staffing – running on minimum?*
- *Reducing staff – why are you cutting if there is mandation?*
- *Call offs – because sick of getting g mandated?*
- *Not filling long term absences vacancies – disability/medical leave?*

Runyon: with Covid its difficult. Hiring and agency. Prior to covid we could go back and look to see what the main driver was but right now its vacancies.

Union suggestions for staffing:

Create a real float pool (of FT state nurses): *state or regional. Limit the number but create classification with higher pay and mileage who would fill in in institutions where there are vacancies.*
Beth: creating new classification would be OCB, can't do ourselves.
We use a float pool now – we've sent out requests for volunteers, sent to all nurses and response to the institutions.
Runyon: its hit and miss, some do some don't. Challenge is that folks who sign up at their facility but not their own. So it leads to mandating back at their facility. Not getting bites, would have to look at data to know why.
Geoff: If we have the resources, why deny them just because they don't want to pick up at their own institution?
Runyon: I can't look at a nurse and mandate them because someone else didn't pick up because they worked somewhere else.
Overstreet: Also, it reduces the internal resources potentially. Limits their own availability, it a catch 22.

Part Time positions: *create positions to supplement current and to retain current nurses who otherwise would leave and opportunities for nurses who would come ion but don't want to be full time*
Don't think we've looked at it for nurses. But it is something we can look at it. Issues obviously with how it works with the full time workforce. Challenge would be the schedule: who would get what and how.

Retiree positions: *bring in as temporary, avoid agency. Each according to nurses' ability, not a set minimum. Make union positions.*
Mgt: Worth looking at.

Reinstate all current reduced positions: *if not getting filled then no cost. Why are we eliminating where there is mandation?*
Hogan: If not filling positions it's not going to affect positions. If we reinstate those positions we'd mandate more.
Runyon: when they're eliminated management look at how they're used. We need to make sure we have the bodies where the patients are.

Temp positions: Create more temporary positions to fill positions vacant due to disability.
Runyan: lack of agency is a challenge. We can't also create a new position.
Union: Is the only option you have agency?
Runyon: Basically yes.

No mandate on a day you pick up, or 24 hours before or after (incentivizes more senior)
Overstreet: it's something to consider for sure. Also, other incentives for volunteering.

Pick up bonus: *Bonus of some form for every shift picked up, total number of shifts within a timeframe = benefit, either money on the hour, a lump sum, or comp time. Link it to attendance to avoid manipulation but not approved leave. Create a real incentive besides time and a half to pick up.*
Hogan: would have to take it to get authorization from OCB

Mandation Pass: *Both management and union discussed the idea of a mandation waiver where nurses earn exemptions of mandation if they pick up shifts. Concern now raised by nurses that it could be manipulated so that it is the more senior less flexible nurses who are left with mandation*
Our idea is that you would have to pick up nine shifts in one quarter to earn one exemption, not sure how that could be manipulated
Nurses aren't going to pick up nine times just for one exemption.
The number could be modified for each institution through Local Agreements
We would have to discuss further.

Supervisors should work the floor when short. *What criteria is given if any to qualified management for when they should work the floor. Our anecdotal experience is it is few and far between.*
Runyon: just got approval for QICs to pick up overtime to work the floor. Also, though we need to talk so that my team specially speaks to managers to iterate that being a leader is by example. If there is going to be no-one there at all management will come in. What does the union think?
Union: If it's been offered and no-one picks it up management is free to take it, we're talking about involuntary overtime. If a volunteers to come in and not be mandated if someone called off the next shift then management working it would be optimal.
Runyon: my team and I are going to discuss where management is picking and choosing where to work.

Feed staff a decent meal if they are held over. Focus should be on making food available to nurses within the department
Management: We can look into that

Guarantee nurses' good days *Being mandated is bearable if you know for sure you get your two days off in a row when you're supposed to have them off. You can plan family time, catch up on housework, any of it. Constant uncertainty if you're going to have to work on your good days is mentally draining*
Pros and Cons: could ends up being the same people getting mandated to the next shift, but it could also incentivize nurses to pick up if good days protected
Management: it's a tool we cannot give up, but we can pull data on who is on good days to see if its in specific places? We can see if those managers have other options. Give us a proposal, we would look at them.

QIC and HITs doing more and delegating less: *they are having nurses doing reports/duties that they could or should be doing*
Runyon: it's important for quality improvement process. Where its appropriate thought we can address.

Hiring/recruitment methods, union recommendations

- *Dedicated unit for DRC hiring, avoid bottleneck*
- *Outreach to colleges – there is no program to recruit nurses out of college. Combined with incentives an aggressive strategy can capture more new nurses. Nurses currently leave school with a list of offers, with recruiters at the school. DRC don't figure because we're not there.*
- *Make Nurses as part of that process*
- *Advertise the position better*
    - *state website is confusing, you have to search and search, DRC takes you to state portal, not to DRC*
    - *OSU have a dedicated page all about nurses at OSU, searching the internet and DRC doesn't even figure when searching the internet for nursing jobs*
    - *Job postings don't sell the position, all it says is $X per hour – and where are they?*
        - *Union rights and representation*
        - *72 hours sick leave*
        - *5 days personal leave*
        - *2-6 weeks' vacation a year depending on service*
        - *Overtime opportunities*
        - *12 paid holidays a year*
        - *Seniority*
        - *Guaranteed raises every year*
        - *Step raises each year or service*
        - *OPERS pension*
        - *Disability leave and benefits*
        - *Health insurance*

Roberta: we'll take it under advisement. We're looking at our website. For recruitment we do recruit everywhere we can post we do. And will continue to. We're working with IT to revamp websites. No idea on timeframes. Have met once or twice already so is a work in progress.

Runyon: The ONA has a newsletter and email. We took out an ad in there that spoke to benefits and packages etc. with a link to our site. We need to accentuate our best things; we're making efforts and can work to improve that.
Overstreet: I've recommended someone go to the website and they said it was an easy process.

To be followed up at the next APC:

- Preceptor program for new nurses, comprehensive orientation checklist (when staffed)
- More support for new nurses
- Create incentives and avenues for current nurses to develop

Mental Health

- Caseloads – audit to compare caseloads now to five years ago
- Added work as well as caseloads.
    - Doing HIT work – institutions without HIT at all
    - more audit work
    - Keep adding more - more documentation, notes, med compliance, liaison, treatment team
    - Covering other staff caseload
    - Scheduling doctors and contract people – not utilizing staff as they should

- Not given time to do eLearning or training/CEU to do from home or work
- Getting R&R at institutions with R&R when pick up
- Incentive to help other institutions – as actual overtime?
- Late nights
- Just being used as bodies. Morale killer.
- Inmates don't use that time
- What is the good reason for MH to be there on a late night?

General

- **Vacation planning – see MOU from 2020**
    - Calling off because no guarantee of time off
    - Need consistent practice across all institutions
        - When to request, when get response, and a consistent criterion for approval/denial

- **Less strict on flex time**, some give when needed in non-medical areas – allow more, give people a break. Not specifically a flexible schedule, but leeway to flex when needed and not have to use leave.

- **Fewer Q&As** – members are investigated because they clocked in late, or forgot to clock out, or because someone questioned their judgement. A Q&A is an official process with documentation, frivolous Q&As creates a hostile environment it also wastes everybody's time. Culture of incident reports and discipline for everything

- **Stop management managing by watching cameras** – get out on the floor and help.