**SEIU District 1199 and Ohio Department of Health**

**Agency Professional Committee**

**July 24, 2023**

**Agenda**

Elaine Stewart, Labor Relations

Jaime Erickson, Director HR

Jill Shonk, Assistant Bureau Chief BOSC

Rick Hoover, Survey Operations Administrator at Ohio Department of Health

Geoff Davies, 1199 Coordinator

Julie Keegan, Public Health Consultant

Chris Binder, Reviewer

Sherry Kraft, Surveyor (Non LTC)

David Martin, Surveyor (Non LTC)

Next dates: 9/18, 12/12 current still good. No Heather 9/18.

 New items

1. Patient PHI in Columbus office – lack of privacy with cubicles.

Legally we are protected. For the human piece we have people using services, visitors, coming by. Coworkers knowing, hearing about customer PHI. Perception.

Working from home, comparison? They were told be in a room where no-one else can overhear.

What would you want to do instead? Build out small areas like WIC for teams who have these kinds of interaction. For direct contact with people using our services. We have bigger spaces built out in 4th floor. ES: I hear it but an initiative to move people around? It could be discussed but will that get away from tis issue. People just have to be careful. Pre-covid this happened, there not much difference here. Fewer people on the floor. Its better now is some respect. Supervisors and managers should attend if someone is being noisy etc. Info left lying around. Hear it, we are where we need to be.

JE: I’ll make a note, if there are specific areas/concerns we can address.

HAS: surveillance and HIV used to be double lock. Between them and DAP, they were old it had to be that way.

JE: We did look into it, there’s no fed requirement, or legal. When we came back to the office privacy was a discussion.

ES: Finance, IT they’re moving in. We’re all vacating 35, moving to 246 High Street. Not sure on layout yet.

1. Facilities in the Columbus office – bathrooms and office furniture, and H&S items

Update from H&S Committee: Keith Facilities manager: have increased day porters to three, recognizing issues and increase coverage. Trash more often, stalls for women’s bathroom.

Old items

1. Communications with stakeholders, management follow up.

Communications say they have cleaned up the backlogs, and any issues moving forward if still experiencing issues. No info if it was streamlined.

One issue was updates on the status. And with reports that are literally updates of last years info.

They have filled a lot of vacancies. If there are still issues with timing it could be timing or priorities. Backlog is no longer the issues.

We need to know what the process looks like specially for newer people. Where its going and who is dealing with it. Multiple Bureaus.

Jaime: we will follow up on backlog and process moving forward. What to expect. Workflow expectations.

1. **Current vacancies**

Recent survey shows:

* 70% say pay and benefits not competitive.
* 53% says not attractive as an employer
* 46% say not headed in right direction, 13% unsure.
* 46% would recommend, 30% would not, 23% unsure.

New budget:

*Ohio will increase its oversight of these facilities and penalize those who fail to care for their residents more harshly. Those who exceed care expectations will be eligible for more state dollars. And the state will build a website with "detailed information" on every nursing home in the state so people can compare their options.*

* 1. Please provide comprehensive information on filled and open positions please, excel format preferable

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| --- | --- | --- | --- | --- | --- |
|   | **2019** | **2020** | **2021** | **2022** | **2023** |
| NLTC | **24** | **25** | **11** | **8** | **6** |
|   |   |   |   |   |   |
| LTC Indy | 121 | 102 | 104 | 112 | 103 |
| LTC Entry | 12 | 31 | 21 | 16 | 16 |
|   | **133** | **133** | **125** | **128** | **119** |

Independent number goes down, so not keeping the Entry? Unless losing more Independent than gaining SMQT qualified.

* Do you see this as a problem?
* What has changed?
* Have you identified any problems? If so what?
* Unmerge?

NLTC going down. Merger, new folk rounded? Then why hasn’t whole number gone up?

Why do you see LTC and NLTC as one when the feds don’t treat them as one, they have separate.

CMS sees them as separate

Previous complaint wasn’t what you say it was.

NLTC are still doing the work they were always doing.

We are posting and filing positions.

GD: Do you see a problem?
ES: We see the numbers its more difficult to fill. Nurses have always been short. Looking at new ways. Can bring in newer independent surveyors (recent class change) and looking at the all class we can use.

GD: But what are you doing differently?

ES: Its lots of people retiring. We going to continue to do what we do with recruiting. We’re happy to take suggestions.

GD: We’ve given multiple suggestions. Eliminate the 20 minute rule.

<Management laughs>

SK: majority are not retirees. We are not meeting CMS standards according to State Performance Standard report.

JS: There are a lot of errors on that report. We knew we wouldn’t meet the annual survey requirements.

DM: <lists names of surveyors who have left due to negative environment and mandation>

ES: they may have not enjoyed the job but it wasn’t a mandation issue. When we merged there were folk who would not morph in that where the loss comes from. We hire new.

SK: that would be great if could retain them.

JE: What is the problem. We don’t hear any of these things.

David: they feel like a rescued puppy from an abusive situation now they’ve escaped the ODH.

Chris: we hired a class

JS: We have trainings going on right now.

DM: what were the training requirements prior to the merger?
JS: We follow the CMS plans, we now got approval to train through complaints not validation surveys.

GD: Don’t see a need to do anything different?

JS: Not hearing from other classifications from other areas. We’re hiring in those areas.

HSA: if you’re not seeing the issues in these areas maybe look at those to see the difference.

ES: we’re not hearing what the direct impact is on people of these numbers? No vacations? Mandation? None happening. Survey and cert lets folks flex around holidays. It is a stressful job.

HSA: Right but members are not happy. When they’re not happy it might be from past experience but we’re hearing other things having to do with unhappiness.

SK: Twice recently I’m one doing a survey where there would be two. There is not enough write up time. I had w/u left from two weeks prior. Had to do the IJ and Tuesday to do the writing. So I’m stressed going to my time off knowing what I still have to get done. And here I am on a desk audit, w/u from two complaints last week and I got another IJ for Friday. I have to much work to day to come down today. Before there would be two. They’re giving the time but it’s not a sustainable level to expect. This I everyone.

JS: We’re seeing more hospital complaints and complaints in general. They are up.

DM: why am I being asked to sign off on independent after five?
In line with CMS training.

SK: we can get the survey done but the mental well-being is not healthy, people will be leaving.

GD: if this is not a problem. Please send the vacancy data. Because if there is no recognition of any issue and there is no substantial effective change coming them members need to know this and be truthful so they can make their own decisions based on their self-interest.

SK: I ask myself daily, is this going to get better or do I have to take care of myself.

ES: We’re not going to sit here and be told we don’t care, we do. We just brought in surveyors, tons of PHCs. We are in a difficult situation with nurses. Its hard.

Jaime:

GD: you said your posting and have authority to fill but the numbers are going down. The problem may be state and nationwide but if you’re not changing your offer/dynamic to hire more people.

ES: we’re not contemplating throwing money at the problem.

DM: Suggestions. Think outside of the box. Other states have a week at home to do write up, week of survey etc. Creative ideas, other than just the way it’s been.

SK: a lot of people don’t care about money, its sanity and job satisfaction. You’ve hired 96 people, but why are they leaving? We used to retain, we used to be happy. Its not about us anymore we’re gone.

We need to meet the needs of Ohioans and we’re not. Its not about trying to tell you how to run the dept its about collectively what can we do to have the surveyors to go out and serve the people of the state. It shouldn’t be a battle it should be a joint effort.

HSA: You have said before bring suggestions and I have and you’ve been great, have you tried that with BOSC? Try surveying the staff.

JS: We have workgroup coming up, we did that before. No report come out of that yet.

HSA: Worst could do is ask opinion but nothing happens as a result. No follow up to gauge again. And the venue isn’t comfortable.

* 1. Progress on filling positions, what are posted what are not.
	2. Tele complaint positions – project, why not permanent?

JE: Because they were interested in intermittent, not permanent. They were former employees who wanted to come back. Already trained, no learning curve. All the positions are WFH. These were for help not permanent.

SK: If we have anyone who wants to have them reach out? PT aren’t posted so they don’t know.

JE: intermittent doesn’t have benefits.

1. What did budget mean for ODH, what different/changes?
	1. New priorities outlined in budget, how does that impact us?
	2. Planning for available budget and filling positions

We don’t have that information. We have to find out from leadership, priorities and allocated.

We have some really freaked out people in tobacco. And other programs. Losing programs or jobs.

Timeline of when we would know?

JE: hearing nothing of jobs, if something gets cut it doesn’t mean no money just moved. Don’t have all the information. CFO and leadership working. If anything that is changing we can notify you, just not aware.

We’ll certainly send you all the suggestions.

Nothing new really came from the last round. We did work on some things that came out of last time when Angela and Sherry met with JS. Hopefully surveyors seeing that as a benefit. Do surveyors use that form to take time off from the write up. Ask Angela.

ES: focus group of surveyors?

SK: that was Angela. Offered all the NH training to people in the holding class. The training though whether it would put me back in probationary.

ES: entry level vs independent part. Might make it.

GD: if it’s one classification? No because holding class.

SK: need clarification

ES: convoluted. Entry level. Process.

SK: but also independent.

DM: Why are some allowed to refuse to be posted in provider type? I was told I had to do hospitals. Another said no I’m not doing it, and some other people in LTC said no not going across. Seems unequal.

JS: you were being trained in the hospitals when part of NLTC. There are not validation surveys to put you on.

Follow up on MOU for overnights and NLTC trainings by area?

Agreed to continue to talk and Geoff to consult with Josh and team on any next steps.