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

**Agency Professional Committee**

**October 2, 2023**

**AGENDA**

Elaine Stewart, Labor Relations

Yolanda Ferguson, Labor Relations

Jaime Erickson, HR

James Hodge, Reg Ops and BOSC

Geoff Davies, 1199 Coordinator

Julie Keegan, Public Health Consultant

Chris Binder, Reviewer

Susan Thompson, Reviewer

Angela Thomas, Surveyor (LTC)

Sherry Kraft, Surveyor (Non LTC)

David Martin, Surveyor (Non LTC)

**1. Department for Children and Youth**

* Programs and positions identified for transfer.
* Conditions of employment at DCY – hours, locations, program structure.
* Method of selecting positions, contractual implications under Article 30.01.

**Discussion:**

* Legislative language and structure created
* OCB meeting with Union EVP Josh Norris; Maternal and Child Vitality Bureau going through changes.
* Concerns about lack of information from OCB; CAKE meeting mentioned but limited substantive details provided.

*JE: created with legislative language. Structure in there.*

*Biweekly meetings, those staff included.*

*OCB meeting with Josh Norris (Union EVP).*

*Whole Maternal and Child Vitality Bureau is going.*

*Some of it was utility and function.*

*Jamie: we don’t have any oversight or decision makers. We go to the meetings for the info. We’re getting email addresses. We provide what we need to them. It’s an OCB lead thing. Maybe next meeting Josh has with them to find out from them. Cake meeting. See the legislative language and how employee components were tied to it.*

*GD: I’ve talked to Josh, that is where this is coming from. They’ve told him nothing substantive, just this CAKE meeting which is limited at this point*

**Outcome**: Lack of substantive information from OCB; concerns raised about communication and transparency. Plans to gather more details in future meetings.

**2. Communications Policy Follow-Up (from July APC)**

* Content, timeframes, ticketing system/feedback.

**Discussion:**

* Backlog in communications cleared; program areas assigned Public Information Officers.
* Issues with delays and changes during the policy review process.
* Concerns about the lack of clarity in the process and delays in communications.

*JE: I met with Chief. Backlog has been cleared. Each of the program areas have been signed PIO. They can meet with PIO for Bureau/office. Get a plan mapped out. That way they know what to prioritize. No ticketing system. Program liaison with PIO, frequently have touch points. They would complete a routing memo. She asked expected timeframes? They go off the routing document. If questions or concerns they can bring it up to their PIO. They should not see backlog like during COVID. Everyone wanted to know who is reviewing-if policy-policy group, communications-also for content (terminology/grammatical) so possibly two different groups.*

*GD: PIO is that new since July*

*JE: Sounds relatively new. They are having communication with Bureau Chief.*

*GD: June through August example. Shared Heather’s example. June 7th submitted for presentation in August. Due date of Aug 4th. Chain of command. Program Manager on 6/7/23 to Bureau signed off July 20th. July 26 MD’s office. Communications said to send to legal but legal had already signed off. Comm’s changes were grammatical and changing things in a federal document that we cannot change. Got back finally two days before meeting. It is frustrating. Our member survey said that ODH gets in the way of members trying to do their jobs.*

*JE: I think we talked about this last time. Employees do not make decisions for the agency. Employee does not determine what goes out on behalf of the agency. They were talking about a routing memo and a process. It must be coming, I have not seen it. Seems like COMS was not the issue in this case. It would be up to Bureau Chief to go back to COMS. COMS did not seem to have it that long.*

*GD: It is part of the overall process. It took from almost three months. It gets signed off by three people, then COMs says we can’t use it. They are coming back and telling health professionals how to do their jobs. Debating health terminology to health professionals.*

*JE: I will take that back (information)*

*GD: What kind of outcome/timeframe can we get on feedback? Prior to next APC*

*JE: IF I get feedback I can send it to the group or your way. When I talked to them it was not ready for distribution.*

**Outcome:** Acknowledgment of cleared backlog; commitment to improving clarity in the process and addressing concerns raised by the union.

**3. Vacancy Data – All Bureaus**

* Overview of filled/vacant positions in each Bureau.

**Discussion:**

* Sent a week ago.

**Outcome:**

Union to review

**4. Surveyor Licensure and Volunteering**

* Expectations for surveyors volunteering for different provider types.
* Questions about opting out and training obligations.

**Discussion:**

* Surveyors expressing concerns about the quantity over quality focus and lack of thorough training.
* Issues raised about the fairness in the distribution of survey types among staff.
* Concerns about the impact on the quality of surveys and potential risks.

*David: Twisted. They consider my hospitals voluntary. But did it four years ago. Can we limit the number of provider types. We’re just task oriented now. You should ask for more time but when you ask… pushing us too hard.*

*Totally different types of surveys.*

* + - *Other states have limits.*
		- *Can we opt out of certain areas? We volunteered and now were saddled with it.*
		- *Some people are allowed to refuse to learn certain survey types and some weren’t.*
		- *Angela selected for ICFRs because she was the least senior.*

*What is expectation: can I opt out since I initially volunteered.*

*If you have something you prefer, e.g. more complaints than annuals, they can let them know. If there’s something they like more. But if a survey needs done and you’re trained in it then-*

*David: Issue is how can we be experts in everything? Some surveyors didn’t have to do hospitals. Why are some forced and some not*

*Jill: we just did a canvass to volunteer for hospital l training, how we’ve been doing it for 8 years.*

*David: if people were on hospital teams would learn for years and never be alone,*

*Sherri: the bottom line is it feels like ODH is focused on quantity of surveys complete rather than quality of surveys. We feel we’re doing an injustice t the people of Ohio we’re not doing a thorough enough job because doing these surveys with not enough education. We just did a focus group with union members and what I’ve heard through training people is consistency and seeing is that the focus is getting bodies in the places not the quality anymore.*

*Jill: who are these people who don’t have it?*

*Sherri: it’s not a time thing its an experience thing. On their mentor forms I fill out they’ve done the COPs for these two but there’s so many more they didn’t go to but they’re being signed off to says they’re independent.*

*David: time is an issues, on of the biggest issues we face. Main thing is you guys may not have ever done NLTC facilities that time is different in Home Health Agency vs one roof in a nursing home.*

*A complaint to be done in day is wrong.*

*Well you just need to ask.*

*SK: people don’t feel they can speak up to ask that, they feel pressured.*

*DM: its not that simple to call the supervisor. They’re saying just go down here to get it started.*

*Jill; if people are afraid what is your suggestion? If people aren’t going to tell their managers they’re not done.*

*DM: people do tell them, and they don’t always get cooperation.*

*You all aren’t seeing the problem. We’re not sinking we’re sunk.*

*Sherry: LTC used to look at NLTC and want to come here the gold standard and now they wont.*

*Numbers have gone down, turnover people aren’t staying. We’ve brough tit up again and again*

***Elaine: we are hearing you. We are looking at serious solution that we cant share, but we do hear you and things on the table we are reviewing and we’ll give you information when we have it.***

*Sherri: I appreciate that sincerely that you hear us.*

*Elaine: we do care, we have some things being discussed. I do want you to have your time to express your feelings and members feelings.*

*Sherri if you’re hearing something and doing something then I’m happy to hear.*

*David if I’ve heard tings are on the table.*

*Elaine: I hear the angst. We would love to have more surveyors.*

**Outcome:** Concerns regarding the quantity-over-quality focus acknowledged; commitment to review and address surveyor concerns. Ongoing discussions expected.

**5. BOSC Waiting Lists/Backlogs**

* Overview of waiting lists/backlogs for various survey types and providers.
* Clarification on the backlog status.

**Discussion:**

* Questions raised about the backlog status, particularly for certain provider types.
* CMS S&C memo mentioned for detailed information.

*JS: Prioritized complaints-no backlog. We have prioritized them over recertifications surveys. We are pushing to be in compliance with survey timeframes. We have 20 different provider types.*

*GD: Asked for more specific information.*

*JS: We are not doing validation surveys, no backlog there. No backlog complaints. We are not going to go through every provider. We are in contact with CMS about the priorities. We cannot do all the standard work to get back up. Our goal was 50% we are at 47%.*

*GD: What is the backlog consist of?*

*JS: Oct surveyor meeting we are going over performance standards with surveyors and explain.*

*SC: It shows we didn’t meet for the three columns, you all said was not correct. We assumed there was a backlog.*

*JS: All those complaints were finished. When we switched over to IQIES to ACTs for like HHA. It was looking like we did not do the complaints. We were not meeting the S5 measures.*

*JS: 50% reduction on the backlog,*

*CB: Provider type*

*JS: Acute and continuing care and Nursing Home. Back log changes. If after 15.9 months for annuals for nursing homes. We will go into detail at our surveyor meeting on Oct 30.*

*GD: Can you provide that information to the Union either prior to or after.*

*JS: It is all available in the CMS S&C memo.*

*ES: Your delegates should have the information. Everyone will be there and pose questions. I would hate for you to have to wait.*

*GD: That is why I am asking for it now, not asking to have a staff meeting.*

*CB: Will the union have time to discuss afterwards.*

*ES: You all can choose to caucus. It may not be that afternoon.*

*SC: How soon can I share the information with the delegates.*

*ES: It would be up to you, is it in person.*

*JS: Yes.*

*SC: We will share it with you, after we attend Chris.*

*CB: I remember 3-4 years ago when the members were agitated. We had time after the meeting to discuss with members without management.*

*ES: What you do, it is a management meeting. I am not sure when everyone is exiting is having a staff meeting? We are going to be clear, we are not doing for that to happen since we are convening the space.*

*CB: meeting with members (answered question ES question yes)*

*ES: Please use TRC because it is union time.*

*SC: You skipped over #3 with vacancy data. Technology info. ES did provide it before our original meeting that was cancelled. I forgot we had it. I will send to delegates. If I put this in the agenda and ask for specific information, what is missing to see what the specific information.*

*ES: We are not always as clear if what you are asking is what you want? There are lots of things in the response. It may be clear to you, but we don’t have.*

*GD: I don’t think I got that from you, what do you want or what do you mean?*

*ES: I am not sure what you are looking for in Agenda item #3*

*GD: I am asking for #5,*

*ES: JS is there a site to look at*

*JS: If you are looking for specific information. Qcore, It is public information. Qcore* [*https://qcor.cms.gov/*](https://qcor.cms.gov/)

*QCOR CMS website, can pull it all from Ohio Department of Health, other state, all CMS data.*

**Outcome:** The Union to receive detailed information for further review.

After meeting note: QCOR information is overly complex and not what we are asking for.

**6. Surveyor Certifications/Qualifications**

* Number of surveys per provider type and qualifications.
* Concerns raised about the number of surveys assigned, training, and potential for opting out.
* Issues regarding expertise in multiple provider types and the impact on survey quality.

*GD: What is the obligation to perform and how often? Can they opt out?*

*JS: Can you opt out if you are assigned something?*

*GD: After a while I decided this provider type is not for me?*

*JS: If you have a preference-like I know Angela prefers complaints and the scheduling unit tries to make efforts. Angela will tell. IF a survey needs done and you are assigned it needs done.*

*DM-some surveyors opting out of hospitals, I have been pushed into hospitals it is my 8th provider type. Lists all provider types. There are a lot of moving parts to be an expert. It also increases your risks for being mandated. Why are some people are forced to do hospitals and some are not?*

*JS: We just did a canvass and we had volunteers for hospitals. We choose the number.*

*DM: There were hospital teams and you would learn for years. You would be on a team. It is much different. You go to Columbus, but info may be in Dayton. Hospitals are different. They were trained for years in this environment. I went a few times and had to sign a form that I am trained. Validation surveys are being done but I don’t know how to do but I am independent.*

*JS: Your training was based on CMS training plans, where it has trained. We don’t have validation surveys any more, just complaints. You will not see all areas on a complaint. Use your knowledge or background, phone a friend, check the regs and apply the regs.*

*CB: You have to have the medical background, more than an surveyor.*

*JS: You go the training.*

*CB: It is not nursing school.*

*JS We hire nurse, and different professionals.*

*CB: You have to have the medical training.*

*JS: What are we trying to solve?*

*SC: It feels as if ODH is focused a quantity of surveys complete versus quality. We feel injustice on citizens who rely on us, we are not doing a thorough enough job, because the people doing the surveys have not had the training. What we are seeing and hearing and the members, it is just getting bodies in place. We are all going to rely on the healthcare of Ohio, just putting in numbers for CMS is just an injustice to the citizens of Ohio.*

*JS Who are these people?*

*GD: We are not trying to identify who is saying this, the training and resources provided are not doing allowing the surveyors to do the quality to do the surveys in hospital.*

*JS is it a time issue?*

*SC. No. I had trained some for CoP there are so many. They did not get trained on off, but I can’t train them on all. Can’t just signed off on. Dana is leaving she just learned hospitals, only did two and was told she is independent. People want to feel supportive. They are afraid to give feedback to supervisors. We need hospital surveyors, many have quit. They need more training. If you ask them they will tell you they need training. People fear retaliation.*

*DM: Time is an issue. Main thing you may not have ever done NLTC. Everything is different for HHA.*

*SC: NLTC has been the gold standard. You are hiring, but people are not staying.*

*ES: We hear you, are looking at some solutions. We can’t resolve it today. It doesn’t mean we are not reviewing things. We will give you more information we when have it finalized.*

*SC: thank you*

*ES we do care. It is complicated ball of yarn. It is like turning the queen Mary. We are not able to discuss today, but you all will be one of the people to hear it. I want you to have time to express your feeling and also discuss other agenda items. We can move on to other items.*

*DM: First step is identifying there is a problem.*

*ES: we are meeting the goals and Guidelines. We will be sharing more information there. Maybe some misinformation will be put to bed. For today…. Our number 7 different for us.*

*GD: Discussed agenda items. On 9/15 I resent with two new agenda items.*

*JS: We have 20 different provider types from one person to 129 people. We look at cross trainings monthly. We have several going on now, sometimes short amount of time, others longer. Surveys are not always available in that provider area.*

*Hospital, Hospice, PRPS??, we have some people waiting to finish up portable x-ray.*

*GD: How many surveyors per provider type.*

*JS: One person to 129.*

*GD: what is it specific to each provider type and number.*

*JS: Did you want me to read it?*

*GD: No I wanted you to have it prepared prior to the meeting?*

*JE: Let’s relax. Let’s make it a partnership. Speak respectfully or we will end the meeting? Tone it down.*

*GD: I am not sure how to be respectful? I am asking the question why are we looking for the information. We have waited a month and that is disrespectful so we can have these conversations.*

*ES: We will get you that information this week. I am not sure it will help you but if you want raw numbers I am not sure that will be helpful. Without context. One survey type one person is trained. What I think would be helpful. I think the more important things, what are the key important ones. How many people are in those? What are the heavy hitters. We can conclude #6 you will get raw numbers.*

*GD: Asking for numbers allows us to review and then ask questions at the meeting. Delegates are the subject matter experts and can provide the context.*

*ES: Is it possible to give the provider types and numbers, Ricky is shaking her head (Jill said yes).*

*DM: Rural Healthcare surveys, I was curious why we would not be put in overnights and trying to fix one percent or less of the type of surveys.*

*ES: Elaine: is it possible we can get that this week. You will have that.*

*Sherri: me and the delegates can provide the context.*

*ES: Next.*

**Outcome:** Management to provide the information.

**7. Management Workgroup – follow up from last APC. What was the result?**

* Results of the management workgroup, particularly regarding the NLTC merger.

**Discussion:**

* Updates on small group sessions and upcoming information sharing.
* Clarifications on the phased approach to the workgroup.

*GD: Management workgroup: we had raised concerns about the happiness and experience of members. You had said you were doing a work group. Heather had given the suggestion to ask members. We are asking for results of that workgroup.*

*JS: We have some small groups surveyors have been going to with Ryan Carney. We will share information on October 30.*

*DM: Last November we did not get the information.*

*JS It was a customer service training. It was different a training.*

*DM: Just asking why we did not get the results.*

*JE: IT was a phased approach. There was additional trainings, the Bureau Chief will be provided with that information.*

**Outcome:** Updates on small group sessions provided; additional information expected to be shared on October 30. A phased approach to addressing concerns explained.

**8. Union Member Suggestions (see attachment).**

* Overview of member suggestions and concerns.

**Discussion:**

* Feedback on specific issues like respect during training sessions and support from supervisors.
* Concerns about the treatment of new surveyors during training.

*Jaime: was this just for surveyors? We don’t know and can’t see. Numbers, how many responded? What bureaus.*

*Geoff: not getting the numbers for you to pick apart. It was representative, and from all areas. Did you read it?*

*Jamie: Yes, but it’s not specific to these issues that you’re raising here surveyors.*

*Geoff: Jamie, the context of the survey was general happiness of concerns discussed in our last meeting.*

*Sherri: if you key search surveyor you’ll see them all there are lots.*

*Jamie: where it says more respect during trainings, more specifics in that?*

*Sherri: Angela should take that.*

*Angela: We’re not aiming people to single people out, there are a few that the new surveyors tell us they don’t feel respected. (More like a boot camp environment). Once they get in the field realize its not as bad but they’re asked over and over what’s wrong with the training and they don’t want to say anything that will come back on them. We tried to name people in previous APCs but we agreed not to name people.*

*Angela: A couple examples from recent training class. Wore wrong shirt in meeting and instead of an email I was called out in front of the entire team. Instead of privately. I was made an example. That’s a theme through the training. Was the same theme as back in 2014. People not treated as professionals.*

*Elaine: We can reinforce professional behavior in those instances.*

*SC: Do you all do feedback after the training group*

*JS: throughout and at the end of the training? Ryan has these groups for feedback. Sometimes surveyors are training surveyors. Discussed online versus in person how was it? The conversation led into the management trainers. I feel they were making me an example instead of reaching out.*

*ES no one should be outing someone, if they are management. As soon as we hear that we will protect that person. Could be mis-communication or a different sensitivity.*

*David: example of supervisor sharing other employees’ issues/struggles.*

*Elaine: suggesting that as soon as that happens that Jill, Ricky or Labor know so we can correct when these things happen.*

*SC: One of the most frustrating thing, does not matter how nice supervisor is. You should be able to reach out to supervisor and get an hour. I feel like I have no support in the field. I cannot call my supervisor and get any help. They are only trained in nursing homes. I get this a lot from surveyors. They are saying leaning hospitals this is great. The supervisor in my opinion should give immediate answers. Surveyors do not feel supported. I would love to be able to reach out to Tracy. My field supervisor is wonderful but has no clue.*

*JS: What happens when you call your supervisor?*

*SC: They want me to put in an email and CC others, told me they were tired of getting emails they were not sure who was answering.*

*JS: We can take that back for consideration.*

*David: the only long term solution is to unmerge.*

*Sherri: how does my supervisor give me an evaluation each year? She doesn’t know, Tracy has to do it.*

*Susan: field manager of the week by provider types?*

*Angela: : Possible some rearranging.*

*Geoff: So what is your feedback based on the suggestions and concerns presented?*

*Elaine: its helpful. That could be followed by what Ryan is doing. Certainly not dismissed.*

**Outcome:** Acknowledgment of member suggestions and concerns. Commitment to addressing issues raised during training and fostering a more respectful environment

**9. Budget Impact and Future Plans**

* Impact of new budget priorities on ODH.
* Planning for the available budget and filling positions.

**Discussion:**

* Limited details on the budget impact; focus on potential contracting out of surveys.
* Concerns about recruitment, retention, and potential solutions.

*Jaime: honestly, we don’t have a lot. Will have to wait or the planning to take place. Cut concern and meaning. No concerns about anyone losing function, jobs. Other areas that got increases, currently assuming they’re working on plans for those dollars moving forward.*

*A lot of the areas is business as usual.*

*DM: I would hope we’re looking for staff.*

*Jaime: I know there are areas not survey that were cut, but they can shift money. For survey they could be concerned but not in survey. We’re trying to get people hired, if we can get contractors in we’d like to do that.*

*Sherri: contractors tsking away from union jobs?
JE: there’s more work than people to do it, we’re trying to be creative with getting some of that work.*

*JE: we are trying to be creative*

*Geoff: GD: Are you contracting out?*

*JE: We’re not currently but looking at contracting out some surveys all of the options trying to hire we need more people need to get the work done. In our regular normal hiring process. We don’t have a huge applicant pool as in past. Happy to explore the other options.*

*Sherry: see the job postings, starting salary in this area posted the salary in this are is $40 an hour.*

*David: the word has got out this isn’t the job it once was.’*

*JE: If we hire people at step one, and raise the amount. Recruitment is one thing we want to address. We don’t want to tank retention in order to gain recruitment. Sign on bonuses, would that be beneficial. Does it make the person who has been here 20 years upset by that? I look at it for the HR perspective?*

*David: then you raise it all, to float the ship*

*JE: feasibility and what we’re able to do within government salary confined. We don’t have a plan to bring forward. Looking to your team for ideas.*

*David: I officially recommended unmerge to fix NLTC.*

*JE: are the former NLTC doing lots of LTC currently? Those left?*

*DM: We’re not because we’re overwhelmed with NLTC because we so few. But the prospect of being mandated to LTC is hanging over their heads, so they’re leaving. hard work/life balance. If I have a daughter getting married on Saturday, I have to take off on Thursday. Mandation is always hanging over your head.*

*NLTC being mandated?*

*They have been voluntold. It’s always maybe going to happen.*

*Sherri: actually, yes two people did a continuation and were told they had to return on a Friday.*

*Geoff: I refer you to the document we have shared.*

**Outcome:** Limited details provided on budget impact. Discussions about potential contracting out surveys, concerns about recruitment, and exploration of creative solutions.