



Meeting minutes form SLRN call with Local 7 3-21-2022 and Follow Up from 3-22-2022 Meeting

Local 7 Townhall Minutes

Joan Heller started the meeting thanking everyone for being on despite the short notice.

Ground Rules – Union members only. No management allowed in meeting. No recording of meeting. Ok to take notes for others.

Introductions: Joan Heller, Nate Bernstein, Teri Smith, Amy Inglis, Becky Sassaman, Jaci Jackson, Melissa Pappert

Local 7 was given notice on 2/15 that reorg of SLRN was happening. Previous meetings were focused on Nurse Clinic and plans to reintegrate back into Primary Care. Discussion at that time also included what was role of SLRN. Explained to company that it's hard to capture the data of RN's. Too many duties that are done aren't able to be appropriately documented. Eliminating the SLRN wasn't something Local 7 agreed to during those meetings.

First meeting was used to discuss what company was planning on doing. Union did not agree with the decisions made. Second meeting involved Jaci and Melissa to provide lists of all duties various SLRN roles were doing. Thanks to all of you for providing those duties. Upper management was unaware and shocked of the amount you all do. Third meeting was to get answers to questions and see if company was willing to adjust roles versus eliminating the position. Was very clear that they planned to continue with reorg so next meeting (3/22) will be focused on how placement will work and how work will get distributed.

20 positions will be added in primary care/nurse clinic. These will all be 1.0 FTE. They are holding all RN positions in primary care/float pool that have been vacated as well to provide additional options for placement.

Official notice will be given 60 days prior to implementation so probably around 4/26/22. Once official notice is given you have "superseniority".

Placement will begin a few weeks later. Has to be done 5-6 weeks prior to 6/26/22 so schedules can be out for new positions.

Placement will happen over 2 separate days. Goes by seniority.

Options at placement:

You can be placed in an open position, this includes in primary care/float pool positions that are being held for you as well as any open position for which you almost qualify or will qualify in 90 days and keep your SLRN pay x 1 year under EISA (employment income security agreement)

You can opt to apply for another position prior to placement date but will lose your EISA benefits and will get the salary of the position you take and not get superseniority.

You can bid on a position outside of primary care/float pool during the placement time and continue with EISA as well but you do have to qualify almost qualify or qualify within 90 days for the position. It doesn't just happen because of displacement.

You can go to transition status for up to 12 months and take a position in float pool until a position comes up that you

are interested in. If you go with this option, you will keep your current fte and they will try to keep your shifts the same as your current schedule as much as possible. This isn't always guaranteed though.

You can take contractual severance which pays 1 week of salary to every year of service. Has to be a minimum of 4 weeks and maximum of 26 weeks.

Bumping is allowed. You can bump least senior RN in your facility. If not able to do in facility, can bump least senior RN in region.

We have asked that all vacation bids be honored once placement occurs.

We have also asked that staff that choose severance can convert their float holidays to vacation days so they can get paid for them. The company is looking into that question and will get back to us.

QUESTIONS:

How many SLRN's are getting displaced? - 27, includes float pool + 1 short hour employee

What clinics are getting the additional RN positions? - Discussion still taking place. Original list sent out but has already been revised. Will be looking at the list in more detail to determine appropriate clinics are being opened.

Where is the focus on leadership? SLRN was told training would happen but it didn't. Who is going to be taking charge of our responsibilities in the clinic? – This has been difficult because data collection of RN is not accurate. We are unable to capture all duties in documentation. We are working on having management assign leader roles but they have not fully committed to this yet. For now their answer is that management and consult doctors are able to handle those roles.

As SLRN we have expected duties. How are we going to transition into a new role and not have everyone still have same expectations of us? – Management has stated that they are increasing expectations of MOD, Medical Chief, Professional Development Consultants and Consult Doctors. They expect them to step up and handle these issues.

What happens if management decides this is a bad idea and brings SLRN role back? – It would fall under "Recall Rights". If they bring the position back within 1 year of the transition, the staff that was previously in that position gets first right to it.

What happens to open positions once each SLRN is placed? – They will be open to any RN who wants to bid if they don't get filled by SLRN's.

When would we start our new position? – Implementation goes in place on 6/26/22. You would start your new position at that time unless it gets negotiated to start earlier. This is for positions filled during placement only. If you bid out prior to placement, that would depend on department going to.

FYI – Issue resolution currently being done regarding inappropriate bookings. Especially those booked by patients online.

Next meeting with management is (3/22/22). Further updates will be given after that meeting.

Thanks for all that you do! You have been rockstars!

Follow Up from SLRN Meeting with the Company 3/22/2022

We met again with the company and discussed your concerns. We did request an algorithm concerning who staff would go to for assistance now that the SLRN will no longer exist. The Company will work on this. We also discussed Radiology IV issues as well as teaching (insulin, lovenox) issues. There was discussion to have teaching visits in the template. There will be further discussion with Radiology concerning booking appointments requiring IV or port access.

We did discuss the contractual Lead RN. We will discuss this further as Local 7 believes this could be an option in the future.

Soft notification will occur on April 14th at 2 pm. You should all be released from your clinic duties to attend. The first 30 minutes of this meeting is management discussing their decision to eliminate the role. The last 30 minutes will be union only to discuss the process. You will receive an official notice of the reorganization that evening. You will receive a packet of information on April 15th that will include seniority list, open positions, options under placement, severance and EISA. You will need to reply with your contact information.

Placement will occur April 25th and April 26th. Implementation is June 26, 2022.

Next week we will be reviewing the grid of where PC RN positions openings will be after which we can share that information with you. We may be able to set up time to review that with Mena Yaft and the SLRNs.