

# Threat to Public Health and Safety: Emergency Planning

October 1, 2020

# Agenda

- **Background - CEO**
- **Patient Impacts – Janet McInnes, CNE (Acute/JGPH)  
Richard Espinosa, CAO-Post-Acute  
Palav Babaria, MD, CAO-Ambulatory**
- **Labor Relations Process and Update –  
Tony Redmond, CHRO**
  - Status
  - Issues
  - Efforts to Avert Strike
- **Trustee Comments/Questions**

# Patient Impact – Post-Acute

## ❑ Challenges Presented

- ❑ Lack of available and qualified replacement staff for safe patient care
- ❑ Disruption of necessary ancillary and support services
- ❑ CDPH Covid-19 SNF/SA testing requirements
- ❑ Understanding of specific site mitigation plans to prevent Covid exposure
- ❑ Potential Covid exposure from untested contracted staff

## ❑ Mitigation Strategies

- ❑ Lowering census in Acute Rehabilitation Unit
- ❑ Identifying opportunities to delay services – Outpatient Rehab Services
- ❑ Potential move to 12-hour shifts from 8-hour shifts in SNF/SA units

## ❑ Protecting Patients

- ❑ Communication with patients and families to allay concerns
- ❑ Timely communication with patients where/if services will be disrupted

# Patient Impact - Ambulatory

## ❑ Challenges Presented

- ❑ Lack of all support staff (nurses, pharmacists, medical assistants, registration staff) and key providers (NPs/PAs, midwives)
- ❑ Inability to provide in-person visits, procedures, infusion center chemotherapy, pharmacy/nursing services, including flu vaccine efforts
- ❑ Lack of staffing for call center and referral unit, affecting patients ability to call us and access care

## ❑ Mitigation Strategies

- ❑ Conversion of all visits to telehealth to maintain some patient access
- ❑ Re-scheduling of all in-person activities which will lead to some patient delay and likely increased ED visits outside of AHS
- ❑ Keeping clinic sites open w/ leadership staffing to enable walk-ins and urgent care

## ❑ Protecting Patients

- ❑ Patient messaging on phone lines and MyChart to notify of potential delays
- ❑ Access to clinical triage for primary care w/ diversion to EDs as necessary

# Patient Impact – Acute/JGPH

## Challenges Presented

- Lack of available and appropriately trained replacement staff, specifically BH staff at John George.
- Scaling back of some services and elimination of other services for our patients.
- Potential disruption of trauma services at Highland.

## Mitigation Strategies

- Secure as many qualified replacement staff as possible.
- Consider closing one or both of the community hospitals if staff not available
- Consider low number of admissions or transfer patients to other facilities.

## Protecting Patients

- Frequent rounding on staff and patients during work interruption
- Frequent chart reviews to ensure orders carried out timely

# Labor Relations

## ❑ **Bargaining status with affected unions**

- ❑ C.N.A. Alameda in Mediation – Negotiations began November 13<sup>th</sup>, 2018
- ❑ C.N.A San Leandro in Mediation – Negotiations began November 7<sup>th</sup>, 2018
- ❑ S.E.I.U. 1021 Active Negotiations – January 21, 2020

## ❑ **Issues in dispute**

- ❑ C.N.A. Awarding of Shifts, Premium Pay, individual controlled reduction in FTE
- ❑ S.E.I.U. Updating language, standardizing grievance process, agreeing maximum of release time, staffing above census needs

## ❑ **Efforts to avert strike**

- ❑ Negotiations have been ongoing, and we offered mediation to S.E.I.U. C.N.A in an attempt to resolve outstanding issues
- ❑ We entered mediation with C.N.A. and believed we were making progress
- ❑ Bargaining dates have been difficult with S.E.I.U. as they have rejected large numbers of dates offered and at times been unresponsive to our request to agree dates for weeks at a time
- ❑ Agreement to look at alternative bargaining teams
- ❑ Attempts to create time for both sides by moving the majority of issues to a future date