

MARO Lecture Series

Building a Labor Action Plan through EM Principles

Hospitals must be ready to navigate labor actions effectively. This presentation explores practical strategies to maintain essential services, support staff, and ensure patient care during challenging times.



TODAY'S AGENDA

1. Background and Recent Events
2. Phase One – Mitigation
3. Phase Two - Preparedness
 - Key Principles
 - Clinical Department Needs Assessment
 - Support & Ancillary Departments
4. Phase 2.5 – Documentation & EOC Operations
5. Phase Three – Sample – Abbreviated T-10 Day walkthrough

TRENDS (OVER PAST 90 DAYS)

Thousands of nurses vote to authorize strike at Brigham and Women's Hospital

Story by Beth Treffeisen • 3d • 4 min read

U. OF C. MEDICAL CENTER WORKERS GO ON STRIKE

Herald staff report Jul 16, 2024 Updated Jul 16, 2024 0

2,300 SFDPH nurses expected to hold strike vote over staffing

CBS NEWS BAY AREA

Updated on: May 10, 2024 / 12:03 PM PDT / CBS San Francisco



Asheville nurse strike? Mission/HCA 'gave some ground'; groups support nurses with fund



Joel Burgess

Asheville Citizen Times

Published 5:08 a.m. ET July 22, 2024 | Updated 5:08 a.m. ET July 22, 2024



ASHEVILLE - A nurse union negotiator has said HCA HealthCare, the owner of Mission Health, has "given some ground" on key issues — but nurses are still preparing for a potential strike over staffing numbers at Western North Carolina's biggest hospital.

Rady Children's Hospital Nurses to Strike Monday and Tuesday After Contract Deal Rejected

Story by Times of San Diego • 6d • 1 min read

800 Michigan nurses prepare for strike as Ascension leads the industry in cost cutting

Katy Kinner

20 May 2024

Oregon nurses announce 3-day strike against Providence

More than 3,000 nurses at the Providence St. Vincent, Newberg, Willamette Falls, Medford, Hood River and Milwaukie facilities will strike on June 18.

Inquirer.com

Fox Chase Cancer Center's nurses and techs plan to go on a five-day strike starting June 4

Nurses and technical staff at Temple Health's Fox Chase Cancer Center voted Wednesday to start a five-day strike on June 4,...

May 9, 2024



DEVELOPING A COMPREHENSIVE PLAN

Emergency Management should be heavily involved in the weeks leading up to any labor action. Utilizing principles from incident command, hospital leadership will develop their action plan following the four EM principles:

- **Mitigation** (On-going)

Labor Relations team will lead negotiations with union representatives. Each contract will vary by scope and length. By law, the union must formally provide a written, 10-Day Notice to the employer before any labor action may occur.

- **Preparedness** (T-60 to T-11 from labor action event)

Months prior to receiving a 10-Day Notice, site leadership will begin building and implementing their *Labor Action Response Plan*. This process will evaluate:

- Service interruptions
- Logistical needs
- On-site Incident Management Structure
- Site Security assessment
- Temporary/Agency Staffing Requirements
- Public Relations (PR) & Internal Communications
- Coordination with external healthcare stakeholders
- IT access and restrictions

- **Response** (T-10 to labor action resolution)

Once inside the 10-Day window, clinical and non-clinical response actions start. This comprehensive response will operationalize your site plan.

- **Recovery & Resumption of Normal Operations** (post labor action)

This phase begins after the labor action is concluded. The Incident Management Team will focus on returning your site to normal operations.

PHASE ONE – MITIGATION

Lead: Site Labor Action Team (i.e. negotiators)

PHASE TWO - PREPAREDNESS

Lead: Site Leadership; Clinical Operations Group; Department Heads

PHASE TWO – PREPAREDNESS OVERVIEW

The site's Labor Negotiations team will provide senior leadership with updates on the Collective Bargaining Agreement (CBA) contract expiration date. At the site leadership's discretion, clinical and non-clinical management may be briefed on the following areas:

- **Scope of Action**

Identify which collective bargaining group is in negotiations and when current contract ends. The response plan will vary if labor action is clinical-based (nursing, aides, techs) – versus – support staff (non-clinical, facilities/engineering, custodial, administrative) // **THIS PRESENTATION FOCUSES ON A CLINICAL LABOR ACTION**

- **Geographical**

Staff under a collective bargaining agreement may work at an off-site, ambulatory and/or Article 28 location. Ensure there's a complete assessment of these locations to understand operational impacts.

Once briefed on these key areas, site leadership may direct clinical & non-clinical service line managers to develop three (3) staffing and operational plans based on the following scenarios:

PLAN #1

Site remains fully operational, with some services postponed; internal Staff reassigned; Staffing Agency used to supplement elective cases

PLAN #2

Site remains open, but non-elective cases are postponed; patient consolidation & transfers; 3rd Party Staffing Agency widely used

PLAN #3

Site is closed, patient population is decanted to other facilities; arriving emergent cases are stabilized and transferred

PHASE TWO - PREPAREDNESS: T-60 – T-11

Clinical Staffing Assessment

Clinical unit leaders are responsible for assessing their unit needs. Although each unit's patient care mission will vary, leaders may provide the following information:

- Identified workforce – CBA staff, non-CBA staff
- Department staff overview
- Actions required to remain 100% open, operate at reduce capacity and/or process for safely suspending services

Dept	Beds	Staffing (12hr)	Job Type	CBA Staff	Non-CBA staff available	Impact
ED	45	12	RN	12	1 (Quality Mgmt)	High
ED	45	12	RN	12	1 (Nursing Ed)	High

Sample – Departmental Staff Overview

Emergency Department			
Contact Name and Info	Location	Workforce	Operations Impact
Jimmy Smits (865) 223-9887 Jimmy.smits@empire.org	Main Building	ACME Union; Non-CBA	Moderate Impact
<p>Policy: Maintain clinical operations in the Emergency Department during an ACME union labor action against Empire Hospital.</p> <p>Based on Empire Hospital's Labor Action Response Plan, ED leadership will begin the following action when instructed by hospital leadership and/or Incident Management Team:</p> <ul style="list-style-type: none"> • Staffing agency request submitted to CNO & AED of HR • List of ED non-ACME union represented staff will be compiled and categorized for redeployment. • Communication/coordination with ED service-line/Ambulatory practices will be initiated to identify support staff/resources that can be allocated to Empire Hospital from other Empire Hospital sister sites. • Expedite filling all non-Empire hospital vacancies. • Just-in-time training for the environment of care • Refresher courses for non-union represented RNs who have not clinically practiced > 3 years • Implement diversion based on available coverage <p>ED Nursing/Operational Leadership and Assistant Nurse Manager</p> <ul style="list-style-type: none"> • Requiring on-site 24-hour leader coverage during 10-day strike notice and duration of event • Nurse Leader PTO suspended during 10-day strike notice and duration of event • Charge RN Coverage <p>Staffing Agency</p> <ul style="list-style-type: none"> • Determine pre-book ahead of Strike minimum number of RNs to run Emergency Department (ED Only RNs) <p>LPN Coverage</p> <ul style="list-style-type: none"> • Task oriented - Medication administration <p>Provider Leadership</p> <ul style="list-style-type: none"> • Requiring on-site 24-hour leader coverage during 10-day strike notice and duration of event 			

Sample – Department Assessment Plan

PHASE TWO - PREPAREDNESS: T-60 – T-11

Engineering			
<u>Contact Name and Info</u>	<u>Location</u>	<u>Workforce</u>	<u>Operations Impact</u>
Howard Hughes (865) 223-9885 Howard.hughes@empire.org	Main Campus 123 Main St (A28)	7668 Union	No Impact
Policy: The department will discuss and confirm with all vendors regarding the ability to support Empire Hospital. Coordinate with Empire Hospital System Facilities Services on any projects to ensure vendor work continues.			

Environmental Services			
<u>Contact Name and Info</u>	<u>Location</u>	<u>Workforce</u>	<u>Operations Impact</u>
Joseph Chestnut (865) 223-9855 Joseph.chestnut@empire.org	Main Campus	7668 Union	No Impact
Policy: The department will discuss and confirm with all vendors regarding the ability to support Empire Hospital. Coordinate with Empire Hospital System Facilities Services on any projects to ensure vendor work continues.			

Sample – Department Assessment Plan

Non-Clinical Staffing Assessment

Support services unit leaders are responsible for assessing their unit needs and any impacts to supporting clinical departments. Although each unit’s patient care mission will vary, leaders may provide the following information:

- Identified workforce – CBA staff, non-CBA staff
- Narrative & requirements to maintain operations during labor action, if applicable

PHASE TWO - PREPAREDNESS: T-60 – T-11

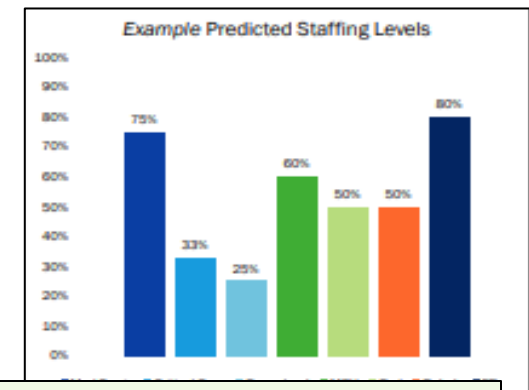
Site Incident Management will review data and *Operational Assessment Forms* from each unit and develop a common operating picture.

Intensive Care Unit			
Contact Name and Info	Location	Workforce	Operations Impact
James Connor (865) 223-9822	Main Building	ACME Union; Non-CBA	High Impact
7South – Med/Surg Unit			
Contact Name and Info	Location	Workforce	Operations Impact
Tina Turner (865) 223-9821	Main Building	ACME Union; Non-CBA	High Impact
Maternity/Mother-Baby Unit			
Contact Name and Info	Location	Workforce	Operations Impact
Chelsea Clinton (865) 223-9876	Main Building	ACME Union; Non-CBA	High Impact
Emergency Department			
Contact Name and Info	Location	Workforce	Operations Impact
Jimmy Smits (865) 223-9887 Jimmy.smits@empire.org	Main Building	ACME Union; Non-CBA	Moderate Impact
Policy: Maintain clinical operations in the Emergency Department during an ACME union labor action against Empire Hospital.			
Based on Empire Hospital's Labor Action Response Plan, ED leadership will begin the following action when instructed by hospital leadership and/or Incident Management Team:			
<ul style="list-style-type: none"> Staffing agency request submitted to CNO & AED of HR List of ED non-ACME union represented staff will be compiled and categorized for redeployment. Communication/coordination with ED service-line/Ambulatory practices will be initiated to identify support staff/resources that can be allocated to Empire Hospital from other Empire Hospital sister sites. Expedite filling all non-Empire hospital vacancies. Just-in-time training for the environment of care Refresher courses for non-union represented RNs who have not clinically practiced > 3 years Implement diversion based on available coverage 			

Clinical Operations Group

- Review potential staffing needs throughout site
- Cross-reference specialty skills (i.e. critical care, trauma) of non-CBA staff for temporary reassignment
- Develop tiered suspension of “Non-essential” services/units to begin during 10-day Countdown
- Begin initial coordination with other healthcare partners on specialty care patient transfers (NICU, Burn, Cardiac Cath)
- Conduct initial needs assessment for 3rd party staffing agency
- Review on-unit onboarding needs; assume initial orientation occurs off-site

Unit Staff Board							
Med/Surg				Procedural			
IA	IB	IC	ID	Main	PAU	IR	CATH
IE	IF	IG	IH	CAS	CTOR	ENDO	IP
Critical Care				MCH			
ICU	CCU	CCU	SICU	Peds	PNICU	L&D	
Burn	CTU	ED		ED	PCU		
Imaging				Inpatient Rehab			
CT	VZ	MR	Mono	GA/Rehab			
IR							

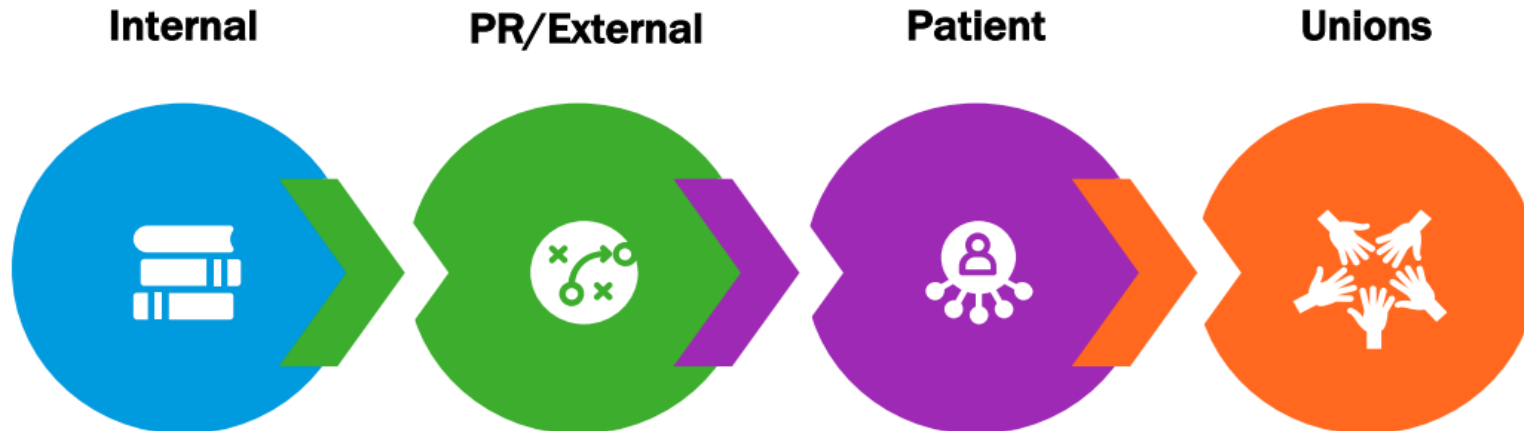


Utilize Dashboards & graphical data whenever possible

PHASE TWO - PREPAREDNESS: T-60 – T-11

Communications

- Site Communications Team – augmented by your health system’s corporate team – should handle any official press inquiries
- External websites will need updating should hospital services be suspended; templates should be created during this timeline
- Communications should also monitor social media posts
- Establishing a staff and patient call center may help alleviate questions



PHASE TWO - PREPAREDNESS: T-60 – T-11

Security

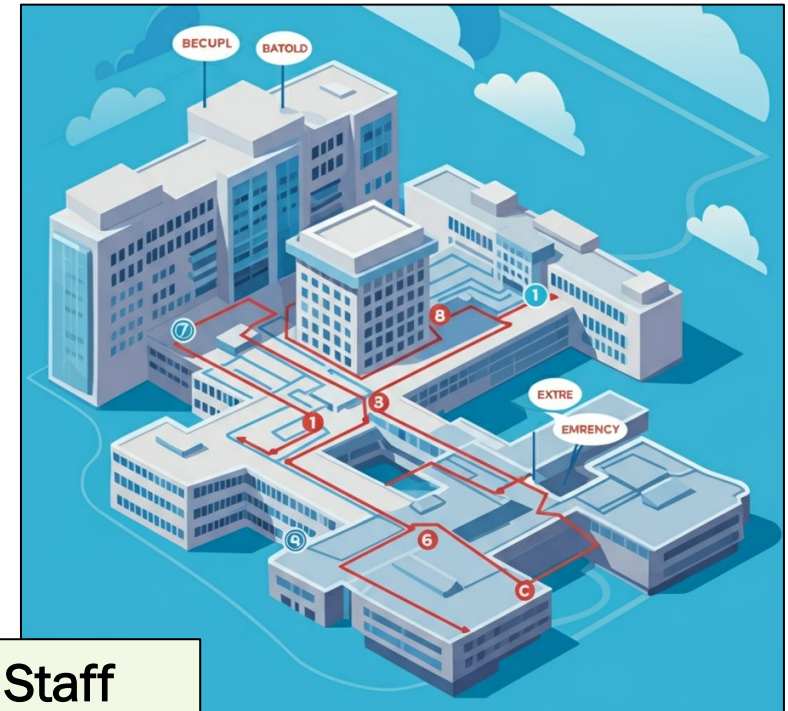
Site safety and access control requires close coordination with your HR, IT and overall Incident Management Team. Security leadership should consider the following matters:

- Informational Picketing

Picketing may occur outside your site; leadership should review where this may occur to ensure vehicular traffic safety of all parties

- Building access

- All building access points – public entrances, staff entrances, emergency egress exits, loading docks – should be assessed and reviewed for potential security and/or safety risks
- In coordination with IT, develop process for rapid de-activation of electronic Access Cards (i.e. *prox readers*) at start of event, and rapid reactivation at event end
- Review site security camera coverage; identify known blackout areas for increased patrol during event



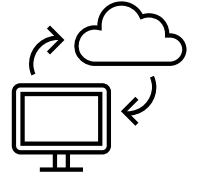
Informational Picketing, Building Access Points and Staff Entrances should be overlaid onto an isometric site photo.

PHASE TWO - PREPAREDNESS: T-60 – T-11

Information Technology

Most site IT infrastructure provides staff with remote access to email, personal Human Resource information and health information & electronic medical records systems. Your plan should address:

- Staff access to remote HR applications (payroll stubs, 1099/tax information)
- Rapid deactivation of patient care applications (EMR, scheduling, patient management)
- Augmenting on-site support of event



3rd Party External Staffing

The Clinical Operations Group will determine on-site staffing needs and – in coordination with the HR Team – may request a 3rd party staffing agency to augment identified-essential services. In general, 3rd party agencies are responsible for their contracted staff’s logistical needs (travel, lodging), clinical competencies and required documentation. However, your plan should address at minimum:

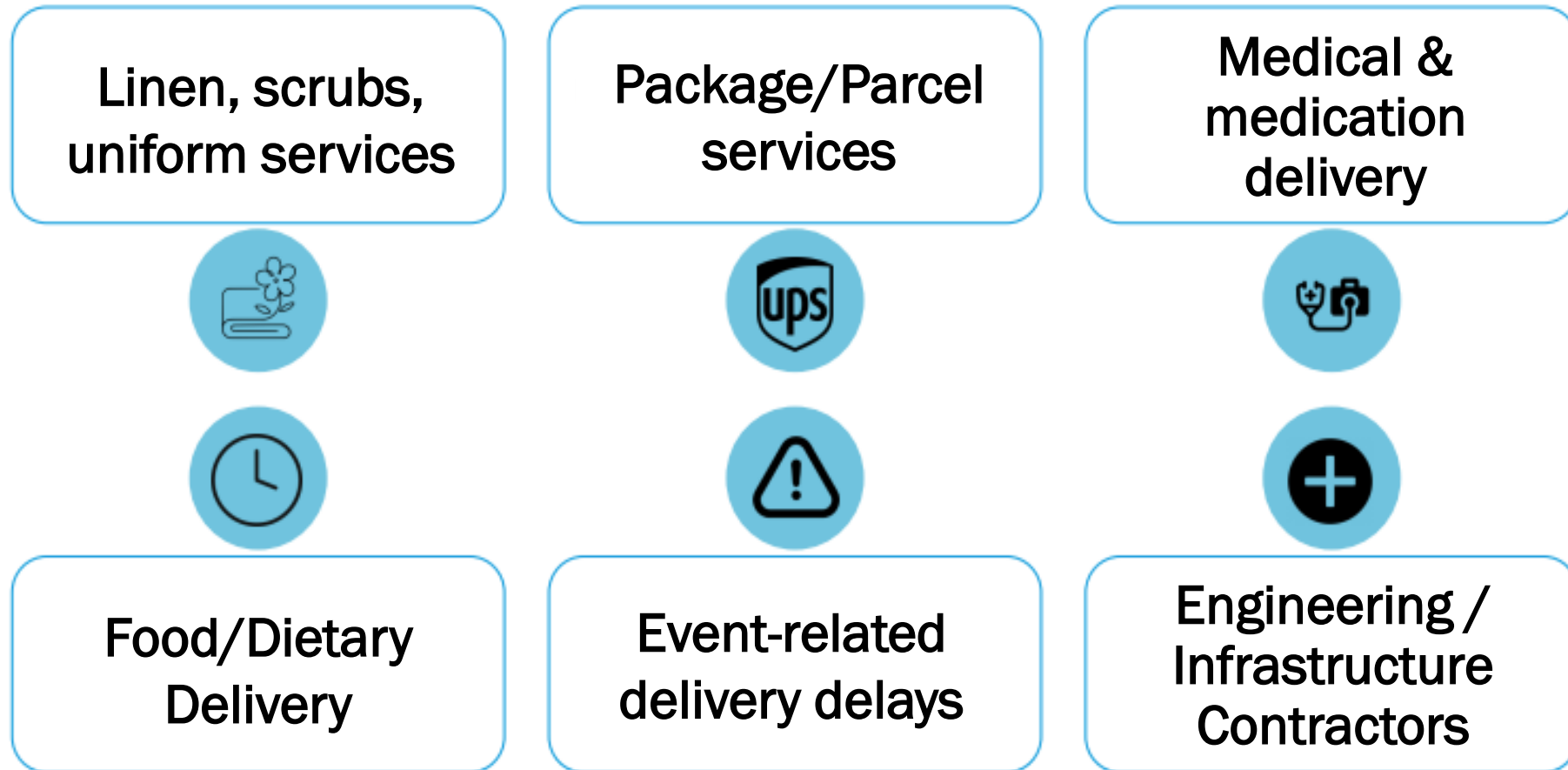
- Appropriate and sufficient location to conduct site on-boarding and orientation requirements
- IT Application privileges for assigned duties (EMR, email, on-unit medication dispensers)
- Building & unit access privileges
- Any non-clinical education requirements (Environment of Care safety codes)
- Transportation to/from their lodging, including appropriate site entry points



PHASE TWO - PREPAREDNESS: T-60 – T-11

External Logistics & Services

Departments responsible for external suppliers, vendors and contractors should review current agreements and document/report any potential disruptions during a labor action. Areas for consideration include, but not limited to:



PHASE TWO - PREPAREDNESS: T-60 – T-11

Administrative Actions

Planning Meetings

- Initial planning meetings are typically reserved for site leadership to receive negotiation progress updates and begin high level discussions on possible operational disruptions
- Around **T-45**, planning meetings are formalized and extended to key hospital & health system stakeholders; service line leaders should have completed their *Departmental Assessment Plan*

PHASE 2.5 - PLAN ORGANIZATION

Lead: Site Leadership; Clinical Operations Group; Emergency Management

PHASE 2.5 – PLAN ORGANIZATION & EOC STRUCTURE

Response Plan

Organization, documentation and task management are essential during the Preparedness Phase. Site Emergency Managers should take an active role in coordinating with all stakeholders, assist with information gathering and ultimately provide Site Leadership with a clear situational assessment for deciding on the most appropriate actions.

Empire Hospital
Member of Empire Health System

123 Main Street
Albany, NY 11223

LABOR ACTION
RESPONSE PLAN

Confidential

Admin

Plan #1

Plan #2

Plan #3

PLAN #1	PLAN #2	PLAN #3
Site remains fully operational, with some services postponed; internal Staff reassigned; Staffing Agency used to supplement elective cases	Site remains open, but non-elective cases are postponed; patient consolidation & transfers; 3 rd Party Staffing Agency widely used	Site is closed, patient population is decanted to other facilities; arriving emergent cases are stabilized and transferred

Takeaways

- Your Response Plan's purpose is to organize departmental actions and provide decision-makers with a framework of available options
- Topics covered are just a snapshot, not comprehensive; Plan content and level of detail is ultimately up to your site leadership
- Work with your *Clinical Operations Group* to develop a properly formatted, professional *Department Assessment Plan* template
- Use your Response Plan to build out the 10-Day Master Checklist and EOC structure

PHASE 2.5 – PLAN ORGANIZATION

T-10 Day Master Planning Checklist

The T-10 Day Master Checklist is a daily, line-item task sheet that systematically initiates each department’s Response Plan. Action items are sorted by department, assigned a lead and monitored for completion.

- Site Leadership, Incident Management Team members and Department heads will work collaboratively to develop daily tasks
- Like the Response Plan, this is a living document and may not be 100% complete by T-10
- As necessary, checklist action items should correlate with department’s Response Plan (see below)

Dept.	Item	Lead	Completed By	Item Status	Notes
Administration	Coordinate orders for supplies at risk for interruption with identified departments.	J. Doe	P. Anderson	In Progress	Will update/send communication after calls with vendors are completed and anticipate any interruptions
Administration	Prioritizing elective cases / bring in sooner if necessary (by service)	M. Smith		Complete	
Administration	Assess OR Schedule and cancel cases if needed	M. Smith		Complete	
Administration	Evaluate surgical staffing ratios/census	E. Moore		Complete	
IR	Order specialty and non-stock items	M. Foley	T. Thompson	Complete	
IR	Increase ancillary staffing to expedite throughput and scheduling	M. Foley	G. Nichols	Complete	Virtual
IR	Implement communications plans (Leadership, Service line, and Staff)-(daily)	M. Foley	G. Nichols	Complete	
IR	Prioritize urgent elective cases / bring in sooner if necessary	M. Foley	G. Nichols	Complete	Virtual

Ensure “Communications Plan” details are in the Interventional Radiology (IR) Departmental Response Plan

Sample – 10-Day Master Checklist

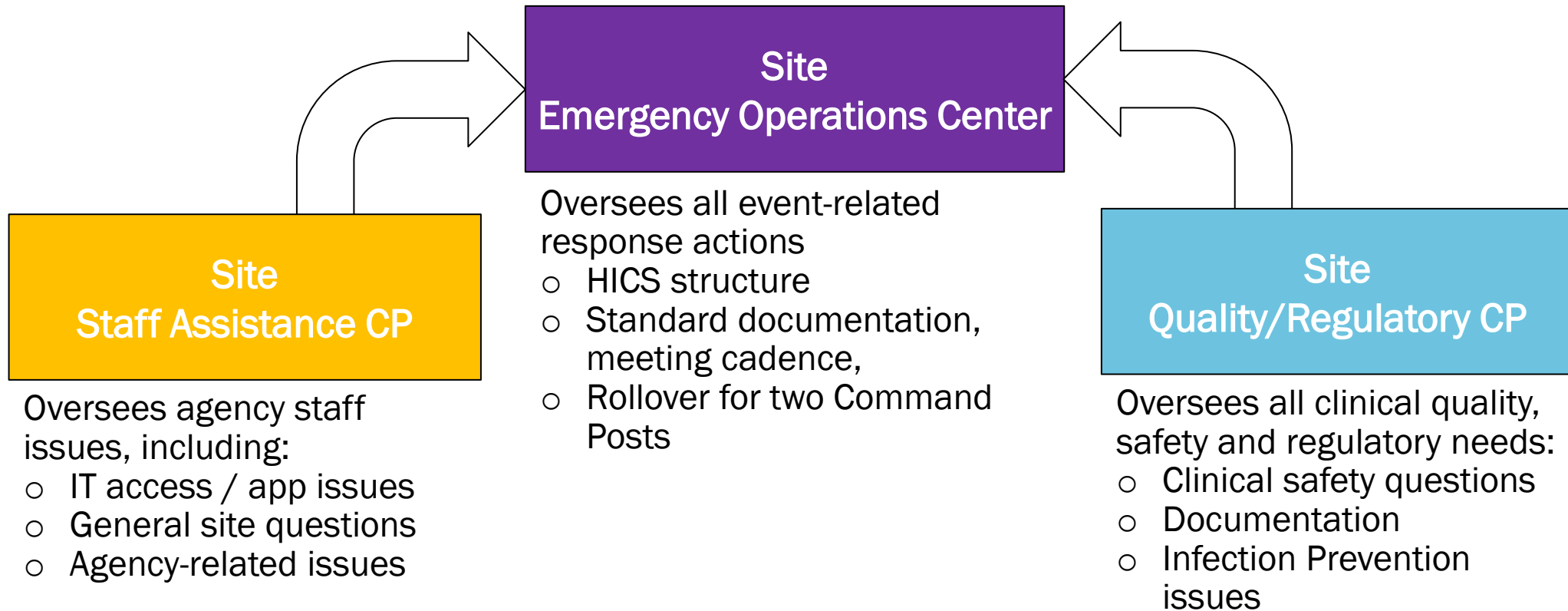
PHASE 3: RESPONSE – T-10 – EVENT CONCLUSION

Lead: Site Leadership; Clinical Operations Group; Emergency Management

PHASE 3 – RESPONSE

Incident Management & Emergency Operations Center

Due to the extensive pre-planning and on-going site preparedness, formal Incident Command and EOC activation is typically not required until T-3/T-2. During this leadup, site Emergency Managers should consider:



Establish two satellite Command Posts

PHASE 3 – RESPONSE

Incident Management & Emergency Operations Center

- EOC Manager
- PIO
- Scribe/PM Support

Incident Commander

- *Quality/Regulatory CP
- *Staff Assistance CP

Medical Operations

Patient Care Branch

- Inpatient
- Critical Care
- Surgical Svcs
- BHU
- Maternal-Child Health
- Emergency Department
- Clinical Education

Patient Flow Branch

- Patient Transfers
- Bed Management

Logistics

Services & Support Branch

- EVS
- Patient Transport
- Dietary/Food
- Engineering
- Biomedical Engineering
- Materials Mgmt
- Security

Ancillary Services Branch

- Radiology/Imaging
- Laboratory
- Respiratory Therapy
- Pharmacy

Example – Labor Action modified HICS Structure

PHASE 3 – RESPONSE

Initiate the T-10 Day Master Checklist

Site Leadership will begin daily meetings and utilize the Checklist

T-10 <i>Tuesday, July 30th</i>	T-09 – T-08 <i>Wednesday July 31st / Thursday Aug 1st</i>	T-07 <i>Friday, Aug 2nd</i>
<ul style="list-style-type: none"> Formal, written labor action notice delivered to Empire Hospital Leadership Hybrid EOC opens (documentation) Adult Critical Care transfer process 	<ul style="list-style-type: none"> OR schedule assessment; begin case cancellations Staff Town Hall Meetings PTO suspended for managers and above 	<ul style="list-style-type: none"> NICU patient transfer process Burn patient transfer process Staff Town Hall Meetings Begin 830a daily coordination meetings
T-06 <i>Saturday, Aug 3rd</i>	T-05 <i>Sunday, Aug 4th</i>	T-04 <i>Monday, Aug 5th</i>
<ul style="list-style-type: none"> FINAL NEGOTIATION DAY Begin facility/access prep for incoming Agency Staff Staff Town Hall Meetings 	<ul style="list-style-type: none"> Contractor/Vendor communication on impending labor action Refresher courses for Non-CBA staff being redeployed Staff Town Hall Meetings 	<ul style="list-style-type: none"> Provide comms to impacted patients (transfers, cancellations) L&D transfer process Cancel most elective cases
T-03 <i>Tuesday, Aug 6th</i>	T-02 <i>Wednesday, Aug 7th</i>	T-01 <i>Thursday, Aug 8th</i>
<ul style="list-style-type: none"> HICS-2 // 12hr EOC Open Staffing agency leadership walkthrough of facility Instructions for non-CBA staff arriving 	<ul style="list-style-type: none"> Arrival of agency staff; begin competency training Facility sweep for potential D/C's 	<ul style="list-style-type: none"> HICS-3 // 24hr EOC Open Continued Agency staff competency training (off-site) Security 12hr shifts

THANK YOU