

14:00:10 Good afternoon, and welcome to the virtual town hall for January 14, thank you as always for being here today.

14:00:18 As we begin the new year we find ourselves yet again facing the many challenges and concerns are so familiar from the past two years of the pandemic, even as I think and talk about the pandemic.

14:00:29 It feels like Groundhog Day, to me, and many of you have told me that it feels like that for you to.

14:00:36 We are all of course hopeful that will soon see that decline in the fourth Church has some analytic models predict to maybe be as early as late January or early February, and hopefully as MIT, some experts have proposed the unique characteristics of the

14:01:00 democrat variant will drive us from pandemic to endemic. But as you know, and I don't have to tell you, the coven 19 pending coven 19 itself has proven to be extremely challenging adversary that continues to flood our hospitals and ambulatory clinics

14:01:15 here in Michigan and across the country. And in doing so.

14:01:18 Not only has this had an impact on you, on our care providers and on our patients but it's been relentless. And I know you're, you're all tired. Even exhausted and many days, it's hard to see if there's a light at the end of the tunnel.

14:01:31 So it's in this setting I want to try to make a few calls positive comments.

14:01:35 First of all let me thank you again, all of you from the bottom of my heart for your continued dedication and perseverance and these such so difficult times.

14:01:46 And now is yet another time we need to fall back on our core values of teamwork and caring and we want to help you do so, our leadership teams are doing everything we can to provide support and resources for our workforce.

14:02:00 David Miller and his teams, meet daily and make operational adjustments necessary to try to create the inpatient capacity that we need.

14:02:09 We're committed to caring for both covered 19 and non COPD patients. And this has meant that hard decisions have had to be made every day, on how to best to achieve that.

14:02:20 But every day employee safety remains a top priority for us.

14:02:25 Our infection prevention team has maintained strict guidelines on protective were masking this to policies, all based on data and guidance from experts like the CDC.

14:02:38 We're doing our best to support employees in and outside of work by offering wellness resources. And by asking all of you who are supervisors and managers to try to be as flexible as possible.

14:02:51 And we're still working diligently on recruitment and retention to address staffing issues.

14:02:58 Do you have we'll have an update today on some of these new recruitment efforts.

14:03:02 It's a complex time, with many moving parts. And while there are no easy answers, compassion, listening and empathy, are powerful tools that we can employ to help and support each other through our day to day struggles with Martin Luther King coming day

14:03:20 coming up on Monday. I think it's also very appropriate that we remind ourselves of what he stood for inclusion, respect in equity exactly those values that demonstrate or care for each other.

14:03:33 And as I see and hear examples about these values being exhibited every day.

14:03:39 I know that you many and all of you are thinking along the same lines. So thank you for your continued dedication and for your compassion, and for your grace as we enter another year with pandemic related challenges.

14:03:54 Today's Town Hall is a pretty packed agenda, it will include information about our current operations, but testing options, HR updates nursing updates and there'll be time for Q amp a is always so please submit your question in the chat questions in the

14:04:07 the chat box. After the speakers have presented their updates. Now I'll turn it over to you and human health President David Miller.

14:04:16 Thank you Dr Rhonda, and good afternoon.

14:04:19 I also want to start with a message of sincere gratitude to all of our team members for your continued commitment to caring for our patients, and to each other during these most challenging times.

14:04:34 As Dr rocky mentioned we are all tired of not exhausted. But every day I see the commitment of our teams to solve problems together to ensure safe and high quality care for our patients.

14:04:47 And to lift each other up. Even under the most difficult of circumstances, so thank you for the next slide please.

14:04:57 At the beginning of every coven 19 update we really reiterate our principles because these are the guidelines against which our decisions are made.

14:05:07 Patient employee safety are paramount.

14:05:10 The continued need to balance the needs of patients with coven and patients with other conditions and efforts to maintain our commitment to citizens of the state of the next slide please.

14:05:21 What we've seen with the American pandemic is yet another rise in both the number of cases, a number of hospitalizations, the data and in this slide illustrate that we set another record for in patient hospitalizations in the state of Michigan.

14:05:38 On January 11 at 4728 hospitalizations, notably the rate of rice is slowed in the last few days, especially in Southeast Michigan offering some cautious optimism, although more time is needed to determine whether this reflects a consistent trend across

14:05:56 the state new admissions continue to rise on a daily basis, drive the next slide please.

14:06:06 One additional aspect of the Amazon search has been the increasing number of hospitalization among pediatric patients.

14:06:12 In fact, on January 5 pediatric hospitalizations reached a new record for the pandemic.

14:06:19 This increase was predominantly in our geographic region or two of the state's largest children's hospitals are located, have the next slide please.

14:06:29 Currently, as of this morning.

14:06:43 There are 117 patients who tested positive for covert in the adult hospitals, including 21 in the ICU.

14:06:43 And in children women's 25 total patients positive with five in the ICU for the next slide please.

14:06:45 In the next several slides, I'm going to talk about some of the adjustments our teams are making every day to help us achieve the goals reflected in our principles, including the balancing care of patients with coven and patients with other conditions,

14:07:00 ensuring the safety of our patients in the safety of our teams.

14:07:04 I'm going to try to do this by putting these activities in the framing of our core values. This is a slide we've seen many times, it reflects our response to an increasing coven census.

14:07:17 Moving from less than 10 patients in the ICU to more than 30 patients in the ICU, and it reflects a number of changes that are hard in terms of their impact on our teams and the impact on our patients.

14:07:28 These include reducing scheduled surgical activity, reducing the number of transfers that we're accepting from outside hospitals, creating more space for patients in need of higher levels of moderate care and creating additional ICU capacity and transitioning

14:07:46 patient populations from one unit to another.

14:07:50 What this figure illustrates that is at its heart is incredible teamwork.

14:07:55 Teamwork across disciplines.

14:07:57 Teamwork across units.

14:08:00 Teamwork to support each other with very difficult decisions that are made every day and teamwork to allow us to reach our principles so we are currently in the midst of another surge the changes that have occurred in both the adult and pediatric and

14:08:13 patient hospitals are consistent.

14:08:15 We're having to accept fewer transfers than usual, or surgical activity is reduced in the adult hospitals at about 80% of baseline.

14:08:24 And we're continuing to create more capacity to care for patients with coven and patients with other conditions.

14:08:31 I want to extend my gratitude for the extraordinary teamwork that's supporting this across the organization to have the next slide please.

14:08:42 At the same time. Another unique feature of the Yama concert has about its impact on our teams as earlier today more than 900 employees in the health system and more than 1100 across both the health system in the medical school have tested positive for

14:08:59 This has had such a big impact on our teams personally and professionally at work and at home, and our ability to continue to balance access to care.

14:09:10 To ensure safety for our patients and for our team members, has been based on an incredible and inclusive planning process.

14:09:19 The slide I share here reflects some of the work being done in our ambulatory care settings.

14:09:24 We are a tear based system has been implemented to make adjustments that allow, not only preservation of access, but also safety for patients and for our staff.

14:09:34 So in tier one. What we're seeing is movement of team members from one clinic to another, to support the needs of patients, where the, where the number of appointments is higher in a given day.

14:09:46 We're also seeing transitions of some visits from inpatient to virtual and settings where we have reduced staffing to allow and maintain access in a safe care environment.

14:09:56 We've also had to see in some circumstances reductions in hours to ensure that we have the right levels of staffing to ensure ensure positive care, but all of these changes have been done through communication and collaboration across all aspects of our

14:10:11 ambulatory care and across team members from our frontline workers in the clinics to executive leaders, truly an inclusive planning process to support staffing access and safety, reflecting our guiding principles throughout the pandemic.

14:10:37 I've the next slide please.

14:10:30 We've also seen innovation.

14:10:33 One of our core values of innovation, and we've seen this in so many ways to support our efforts to stay within our principles throughout the pandemic.

14:10:42 We've talked in prior town halls about our care at home program, which continues to care for patients with covert and patients with other conditions in their own home in a safe fashion with an outstanding patient experience, but we've seen even more innovations,

14:10:56 we've discussed the, the coven care, Cali Connect program where we're reaching out to other health systems across the state to offer expertise and critical care, given the impact of the pandemic and our ability to accept transfers, and more recently we've

14:11:11 seen innovations in our ambulatory care, the creation of rapid access to help reduce crowding in the emergency department with a clinic call first model, encouraging our patients to call ambulatory care before presenting to the emergency department and

14:11:26 creating more access for rapid follow up for patients who are discharged from the emergency room to try to avoid returns to the emergency department and maintain capacity in the hospitals, we've increased our on demand virtual care services, allowing

14:11:40 patients calling for evaluation greater access to care. All of these increasing availability to both urgent care and responses for symptom management, truly innovations to support access and capacity.

14:11:55 Because I have the next slide please.

14:11:57 And throughout this has been our core value of caring.

14:12:02 As I mentioned, every day, as we see each other in the, in the hallways and the units in the clinics in the labs in the classrooms.

14:12:12 Coming Together with our value of caring to support our patients and each other through these extraordinarily difficult times.

14:12:17 This is Michigan medicine at its best.

14:12:20 Thank you again. And I will now transition to Dr. Emily Stoneman.

14:12:30 Good afternoon, everyone. Thank you Dr. Miller.

14:12:34 I am the medical director of occupational health services. And I'm pleased to join you this afternoon to provide an update on covert 19 booster availability and testing for Michigan medicine workforce members.

14:12:50 Next slide please.

14:12:53 So one of the most frequent questions that we receive in occupational health is who should receive a coven 19 booster when they should get a booster, and which booster they should get.

14:13:08 So I'm providing to you today the most updated recommendations from the CDC and FDA.

14:13:14 So for those of our workforce members who received a. The Pfizer or Madonna vaccine as their primary vaccine series. They should receive a booster five months after completing that primary series, and can receive either Pfizer or Madonna as their booster

14:13:35 for individuals to receive the j&j vaccine.

14:13:39 They should receive a booster two months after getting the jnJ vaccine, and the current preference is to receive either Pfizer or Madonna as the booster.

14:13:50 It is possible to receive the jnJ vaccine as a booster but this is typically recommended only for those individuals who have a medical country indication to receiving either the Pfizer or Moderna vaccine.

14:14:05 We also have a number of our workforce members who were vaccinated outside of the United States, or receive their initial vaccine series through a clinical trial, and the recommendation for those individuals now is to receive a Pfizer booster at five

14:14:21 months after completing their primary vaccine series.

14:14:26 Another frequent question we receive is for employees who recently tested positive for COVID-19.

14:14:34 When they can receive a booster. And typically the recommendation is that as soon as you are eligible to leave isolation and qualify for a booster you can go ahead and get your booster at that time.

14:14:45 Next slide please.

14:14:47 So here's some information about a COVID-19 booster availability for our workforce members.

14:14:55 There are a number of different options and boosters are widely available both through University of Michigan as well as in the community. We have our own stress vaccination clinic at Ford Auditorium where we provide the Pfizer vaccine.

14:15:11 There is a sign-up available on our website.

14:15:14 There are also pop-up vaccination clinics, on the UM campus as well as our U of M health vaccination clinics, on North Campus Brighton and North Philadelphia information about these options was provided today and the ops message that went out to all employees

14:15:33 boosters are also widely available in the community through our local health departments, as well as retail locations. Dunch who is presenting after me will provide information about the booster mandate, as well as reporting of boosters.

14:15:49 Next slide please.

14:15:52 I would also like to provide an update on COVID-19 testing for our workforce members for symptomatic workforce members, the primary mode of testing is through occupational health services in OHS, what we do is we actually perform triage and determine

14:16:14 if testing is appropriate, in which case we would arrange for our employees to be tested at either U of M health COVID-19 testing locations that KMS Brighton in Livonia.

14:16:24 We have two different test types that we offer which include rapid PCR for our workforce members who have upcoming clinical duties and need to be able to return to work right away.

14:16:33 And we also have a standard PCR with a longer turnaround time for Workforce members and other situations, our workforce members are also welcome to get tested in the community, using other resources that are available.

14:16:49 And we do accept many different outside test results for asymptomatic workforce members the preference is that they go through the U of M community sampling and tracking program, which is the saliva testing program available at many sites across campus

14:17:07 including in the least Center here at the health system.

14:17:12 This does require pre-registration and an appointment for testing. And then of course there are many testing resources available in the community. We do request that any of our employees who test positive for COVID-19 outside of either occupational health

14:17:28 or CS GP report those results to us through there, through our website. Next slide please.

14:17:35 So over the past few weeks, we in OHS have taken a number of initiatives to improve access to testing for employees.

14:17:46 The first thing we've done is to increase our staffing to respond to the large volume of phone calls, symptom surveys and emails that we have been receiving during the current search.

14:17:57 We've also worked with our ambulatory care partners and pathology, to increase the number of appointments available for covert 19 testing with an emphasis on increasing access to rapid testing.

14:18:09 We have also developed a virtual care module for symptomatic workforce numbers to schedule testing using the my U of M health patient portal, without needing to contact only chest that module is actually going live today and you should look out for communication

14:18:25 about how to access and use that module that will be the preferred mechanism for employee testing going forward.

14:18:33 And of course we have updated our website, with lots of materials about testing isolation and quarantine guidance. So please go ahead and take a look at those materials as well.

14:18:44 And with that, I will go ahead and pass off to our Chief Human Resources officer, different. Thank you.

14:18:53 Thank you back to Spelman. Good afternoon everyone.

14:18:57 I like to provide a few updates on what's going on in HR, to ensure that you're up to date and aware of all the changes, and all the great work that's occurring.

14:19:09 Next slide.

14:19:11 As that just almonds that I wanted to provide an update on the booster shot mandate.

14:19:18 Reminding individuals that the deadline is February the fourth, and we're recommending that you make sure that you get your booster if you've already gotten it you can also report it.

14:19:31 This is for all Michigan Madison faculty bargain for staff and all our learners. Again, for self reporting. This is very similar to what you did for the Colbert 19 regular boosters regular shots.

14:19:47 you just go to what we're bringing assets.

14:19:50 And you can report and attach a copy of your card. We are still accepting medical and religious exemptions for those of you who need to submit that you can go to Wolverine access.

14:20:04 Also, and click on the tab there, and submit your request for that.

14:20:13 Next slide please.

14:20:14 With recruitment and retention we continue to do a lot of work around this the weekend close the gap on the various positions that we need to have feel so we continue to invest in our programs, Both talent acquisition and with nurse recruitment are looking

14:20:31 at ways to increase our applicant flow and then the outcome is to increase our hiring. Um, so that we can provide the necessary help that all of you need in those areas where there are vacancies.

14:20:46 So we continue to work through this process. We're partnering with different organizations as you can see here, we are working diligently on sending text blast various different ways.

14:21:00 But then we are expediting how fast we can get some interviewing done for our leaders, whether it's a virtual pre screen, or if it's an in person.

14:21:10 Interview we're trying to move fast as possible for that. And then, not last but one of the things that we continue to offer is fine on bonuses, that's been implemented for various classifications and continue to be available, but those areas you can

14:21:27 always go to our website and see information about or talk to your leader rather about what sign on bonuses are available for folks to refer your families and friends to.

14:21:44 Next slide.

14:21:44 With regards to retention. We continue to do our market labor reviews and adjustments, we're making salary adjustments for identified staff that is falling, a little bit behind.

14:22:00 So we continue to do that because our goal is to keep those employees the great employees that we have here, but then also recruit and fill some of those gaps I just mentioned, we also have an employee referral program where you can invite your family

14:22:16 and friends to come and join us here at Michigan madness.

14:22:19 with those skill sets who's doing that job someplace else. But just want a different place to be. Well, Michigan medicine can be that place and we know.

14:22:43 But after all the best and best of the best and brightest awards we received. We are a great place to work for.

14:22:51 But I also need to inform you that we know that our leaders are working diligently to retain all our employees, and they've submitted reclassification and equity request.

14:23:03 We do have a backlog we are doing a lot of work very fast, but there is a backlog here and we need to be upfront and transparent, that we are moving through those as quickly as we can and we will be in touch with managers and working with managers and

14:23:19 our HR business partners to complete this body of work.

14:23:24 Next slide please.

14:23:28 Here's some great information I like to share with you we have a new recruitment and marketing campaign that just started and I can't thank our department of communications enough for working with us to get through this process.

14:23:44 We have a lot of work ahead of us to get new employees and and we're sure this it's gonna help. So you've heard of Michigan answers and we're talking about our wonderful medical.

14:23:57 I strategies and initiatives and world changing medical surgeries that we've done well now, Michigan, Madison can answer for careers too. So there's a section that you can go through to, and you can click on career section, and you will see some new and

14:24:19 outstanding ads, where we are going to be marketing this campaign internally externally. We're going to be looking at putting it on various social medias, we will have it outside on billboards, you will see it if you're waiting for an appointment.

14:24:38 You'll see it strolling in our various facilities. So we want to let everybody know that Michigan Madison, we're hiring. And if you meet those qualifications in the background that we need, we can hire you, in many different classifications.

14:24:56 So I encourage you to go and check this out. Tell your friends and family about it. You can see the video on, and have lines or Michigan answers that com website.

14:25:10 And I'm sure you're going to enjoy it as much as we do. But the goal is to recruit new talent to help you get through this surge this covert surge that continues to go through our country, and definitely here through Michigan medicine but we thank you

14:25:28 for the work you're doing to maintain and continue to take care of our patients, and also take care of each other. With regards to this campaign I can't thank our department of communications enough, and our shining stars that are representing Michigan

14:25:47 medicine in this campaign. So thank you all.

14:25:51 Next we'll turn this over to Nancy May our Chief Nursing executive or an update on nursing.

14:25:58 Thank you. Thank you.

14:25:59 I am excited for all the work that our HR team is doing and our nurse recruitment team is doing to try to get us back to level staffing in all areas and my presentation today is going to go over where we're at our current state with open positions as

14:26:14 well as well as some cold would call offs and some tactics that we're doing for staffing as well as an overview of magnet. So if I could have the next slide please.

14:26:25 So this is our graph that we use on a weekly basis to take a look at our open positions, and we are really lucky because we have a quick to fill compared to national benchmark of positions that are open.

14:26:41 Currently, we've been running around 382 390 for several months now. We did have a little bit of a spike in November we went up a few more positions open but we have come back down.

14:26:56 The big take home points with this is that we have are aggressively hiring, we have hired 720 FT easier to date. Last year we had 817 and we still have several months left to continue to hire and so I know our nurse recruitment team has just been extremely

14:27:15 busy and diligent to get those applicants in and in front of our nursing clinical directors to get people hired.

14:27:24 We also know that our termination rate is much lower than national average.

14:27:37 Nationally average is going up to about 20% right now, and our turnover rate right now is 7.8%. So I know that we are have some holes in staffing but I think we're in better shape than many, many other organizations.

14:27:46 I know also that we continue to have some internal churning. We have had about 384 employees which is good that they stayed and are still working with us but have moved to other areas within the health system.

14:28:00 So thank you for those of you that are feeling the pinch right now we truly appreciate all that you're doing to fill in gaps and I'll talk a little bit about that on our next slide, you can advance.

14:28:12 So we put together quickly, some heat maps, and we're opening square I don't expect you to be able to read this, but it gives us a visual cue, of how many parents are asked you to prove it how many unlicensed personnel are out to coven, and how many other

14:28:27 nursing staff are out or care team members are out on units that may have that familiar or other reasons to be out, and it's given us the visual cue to focus in on those areas and use some tactics and countermeasures to address some of the workforce challenges.



14:28:44 I can tell you between UHCVC and cnw, we are seeing things leveling out and more people coming back to work. I'm hopeful that with the return to work going from 10 to seven days, that this will be the trend of that in the next week or two that we continue

14:29:00 to see, we are running between 17% about 17% vacancy right now due to people being out and so we continue to watch that things that we do, we are off data points as far as decision making and it really is about the safety of our patients and our staff,

14:29:20 and how we adjust staffing. I will also tell you that having leader rounding consistently updating our employees has been very impactful with presence and visibility and really everybody pitching and just to help get through the day.

14:29:36 Just as we've talked about micro adjustments with beds, we continue to make those with staffing.

14:29:42 We have a great float team that we utilize on and they make adjustments every day depending upon the needs of the units available staff, what's needed for the specialty needs as well as routine care.

14:29:55 The other thing we've looked at is how we balance orientation and onboarding we continue to look at our experienced staff and shorten the orientation, and take a look at really the skills that they need to be fresh in depth on and move them through orientation.

14:30:09 Maybe a bit quicker than others.

14:30:12 Other times that in the past. In addition, we are very grateful for the approval of incentives not only by our union working closely with them to get our mo use out to have incentives in place for our staff to pick up extra time.

14:30:31 I can't think deeds team and HR as well as our labor relations team for all the work that they've done to help get these mo use completed, as well as the diligent work that our leaders have done to bring up data decision points those units that need those

14:30:48 incentives. That's really helped us tremendously and it comes down to our frontline staff, I will forever be grateful for your dedication to our patients and to our families, as Steve mentioned me a ongoing continuous efforts for recruitment and retention.

14:31:05 I know that it takes a village, and I'm so glad that I'm part of this village because the teamwork that's been exhibited across the organization has really been an amazing thing to watch, and I will forever be grateful for all of your teamwork and collaboration.

14:31:21 The next thing I'd like to talk about is magnetic.

14:31:25 Next slide please. So what is magnet. It's a recognition program, and it was formed by the American Nurses credentialing center, and it recognizes healthcare organizations that continue to demonstrate quality patient care.

14:31:40 And it's more than just quality but it's really about prevention of harm, such as claps the quality falls pressure injuries, things that can harm patients and what we do is we benchmark against other like organizations throughout the country and we share

14:31:57 and disseminate best practice, through our magnet.

14:32:02 It's reflective not only of nursing but the organizational structures that are in place for nursing to be successful. And once again, it leads to better outcomes for patients.

14:32:14 It's about sustaining a culture of professional practice that takes a look at our structure, are things that we offer for our nurses, as well as innovation Rn satisfaction and reduction of turnover of staff, make that organizations overall across the

14:32:42 have higher retention rates. And it's because we have the infrastructure in place to support professional practice. There are only 8.9 magnet organizations in the country. and we have 12% in the state of Michigan.

14:32:50 If I could have the next slide please.

14:32:52 So why am I telling you about this. I'm telling you about this because we are about ready to embark on a re designation journey that will be starting to a virtual platform.

14:33:06 On January, 25 through the 28th. We have been assigned for magnet appraisers that will come into our house, and they will be working with our staff nurses our leadership teams our physician teams.

14:33:17 And they actually could ask to speak to anybody in the organization. All of these meetings have been set up on zoom platform stupid the pandemic. We want to keep our staff safe, and we also want to keep the priests are safe.

14:33:31 And so it's all done virtually.

14:33:35 What they do is come in and they verify our document, we have what they call sources of evidence of professional practice domains that have stories tied to them about the exemplar care that we deliver in nursing here at Michigan medicine, and what they

14:33:50 come in, do and do is they look at our stories and they validate that they are really true stories they verify and they clarify, they'll ask questions to the staff.

14:34:01 And what's the most enlightening is watching the staff talk about the amazing work that we do here at Michigan and how nursing has such a big contribution to our patients and our families.

14:34:13 Once they validate that it is all scored, and it goes to the Commission on magnet for review. Once it's reviewed and it's validated, there's a call that's given to the organization and lets us know whether or not received magnet or not.

14:34:29 We're anticipating after the site visit that we will receive that call, either in March or April.

14:34:35 And so we are gearing up for this visit, I'm excited about it I really am most excited about our nurses being able to tell about the amazing work that they do every day here at Michigan medicine, in spite of the pandemic we have much to be proud of.

14:34:50 Many of our nurses have done amazing work throughout this pandemic. And this award is for you because of that great work that you do in caring for our patients and our family.

14:35:01 So next we're going to go on to our next q amp a session with Keith Dickey our chief strategy officer. Thank you.

14:35:12 Thank you, Nancy and thank you for all the, the updates.

14:35:16 Yeah, we do have time for. Adjust q amp a that's been coming in.

14:35:23 And we have lots of questions so we will as so often the case we will do our best to answer as many as we can during the time we have together now.

14:35:33 But then we'll be following up with written q amp a as well.

14:35:38 So thank you in advance for everybody submitting questions.

14:35:42 Let me start with D if you wouldn't mind coming back.

14:35:50 I'm on, Keith.

14:35:53 Alright so I'm a number of different questions from sort of jumping around a good bit, and I'll do my best.

14:36:00 First question when an employee test positive, and had a recent patient care exposure, how and when is that information given to work connections for permission to use the coded PHP bank

14:36:15 time are you available the answer part of this question. Always can always call on a friend. Yeah.

14:36:25 Id. Thank you.

14:36:25 When individuals test positive for coded and the information that they get from Occupational Health has a link for work connections, there's a survey that needs to be completed.

14:36:35 And then we're connections will work off of the information that's provided by the employee from that, those survey results.

14:36:42 Thanks, Tom.

14:37:01 I do next question for you. We have seen some progress on promotions recently. Where are we in the process for retaining term limited employees with upcoming end dates that need to be renewed.

14:36:57 We are in the process just HR was just talking about this at our last staff meeting, we are in the process of reviewing that options to extend because we need as many people as we can.

14:37:10 Here, so we are discussing that.

14:37:15 Next question is a clarification so I think you actually said this, but I want to make sure people hear this individual rights. I thought if you had an approved exemption from the Cobra vaccine you didn't need to submit an additional exemption for the

14:37:29 Now, you have to submit, you do okay. Yes. Okay.

14:37:37 booster.

14:37:39 I saw a new exemption request separate from the primary new exception request go right to will ring access, and you will see a pile there that's the booster.

14:37:52 You have to request that I good glad I asked, follow that question on and I'm sorry if I misspoke.

14:37:56 Next question. We've heard several times about market salary reviews for clinical staff, but what about for non clinical positions.

14:38:06 What you repeat that. Yep. So this person is, you know, is noting that we've been making market salary reviews and adjustments for clinical staff positions.

14:38:17 But this person is asking about what what plans if any are there for non clinical positions. Oh, as we do our market review we're looking at all that classifications.

14:38:23 we have had some non clinical market adjustments, and I have to state that this is a multi year strategy that Michigan medicine has decided to take on to make sure that we are paying at a market competitive rate.

14:38:45 So this is going to go on, you may not been in this group but you might be in the next group. So we are looking at the mall.

14:38:51 Super.

14:38:53 Next question. Will LPN be a part of the labor market adjustment. This is a challenging position to recruit for due to the pay scale here in Michigan medicine this person right again we're looking at all of them clinical and non clinical what's behind

14:39:08 market and making necessary decisions. Again, it may not happen.

14:39:13 This month or next month but there is an ongoing list compensation is constantly looking at what's our next steps and presenting those to our executive teams.

14:39:25 Thank you.

14:39:26 Next question.

14:39:28 If someone has a full time job, but has availability to work on weekends or evenings, is it possible to assist areas needed help.

14:39:38 In your same classification, we are looking at how we work with our leaders to identify those individuals just like herself. So or herself, so you might want to raise your hand and let your manager know that you have some availability and as information

14:39:56 comes through the various leaders, they can make sure that your name is provided to a department that needs some additional support.

14:40:05 Great. And whoever that person is I want to thank that individual for asking the question and being willing to stretch and pull the screen. Thank you.

14:40:15 I'm with with this resurgence of Cohmad will new hires get paid time off for co but I believe our policy still says you have to have been here since June, July, 2020.

14:40:26 Yes, we have a covert bank that was established.

14:40:38 June Sabbath, 2020, and only those employees who were here at that time, or issue the private bank ability are eligible.

14:40:40 So if you have hours in your bank and you were here then you still can. But we have not extended the bank, an offer to the second time.

14:40:50 And, and I take it down there are plans right now to update the coven banks know where there's no discussions are plans to implement another bank or good.

14:41:03 Alright, well thank you d let me switch gears over to Dr Stoneman now for a handful, more than a handful of questions so if we can squeeze them in there I'm here.

14:41:15 Yeah, I'm here. Thank you Dr snowmen.

14:41:31 Let's see here.

14:41:22 And, by all means pulling others if I'm, I've missed directed this these questions to you. First one, Have you considered letting employees do for a booster vaccine by fit for wait until Pfizer releases booster with oma chronic Berrian coverage.

14:41:39 We have not discussed that it's not totally clear when or if that will happen and we feel that it's more important just to get all of our workforce members boosted as quickly as possible.

14:41:56 I just wanted to provide a clarification about the exemptions for the booster. So if you already have an approved exemption for the covert 19 vaccine, you do not need to reapply for an exemption for the booster.

14:42:12 It's only if you have a new reason for an exemption. For example, if you have a medical reason why you cannot receive a booster say you had a reaction to your previous vaccine series.

14:42:26 That would be the only reason to apply for an exemption at this time so this is only for new exemption requests. Okay, that's, that's helpful, that's that's part of my confusion earlier and I think we'll need to underscore that in the written communication

14:42:39 as well, since I probably created some confusion to start with.

14:42:42 Thank you. Um, there are a number of questions around, around.

14:42:47 Second, booster has there been any information or about subsequent boosters, a number of people now are, you know, coming up on four or five months since there, since they received their first booster.

14:42:59 Yeah, there's no additional information at this time about the need for additional boosters so we'll obviously follow that guidance closely from the FDA and CDC and we will provide those recommendations to our workforce, when appropriate.

14:43:18 Thanks.

14:43:18 Next question. Can you address what percent of Michigan medicine employees are vaccinated, have an approved exemption, and are or are unvaccinated this person writes, it's hard to tell from the coven dashboard.

14:43:32 You know what those percentages are, and then listen digital has very large numbers, which suggests, they're looking at actually the university dashboard, not just Oh sure.

14:43:43 Yeah, I have, I'm going to defer to Tom, or D to help answer that question I don't know if we have those numbers offhand but we could always provide them at a later time if needed.

14:43:55 I see Tom hopped on Tom do any perspective on that.

14:43:58 Yeah, thanks Keith there's over 34,000 employees in the cupboard vaccination Policy Program. And there's over 96% of those employees are compliant with the policy in various forms and the remaining 4% are typically leave of absence is dry appointments

14:44:17 or things of that nature so we're virtually where we need to be at 100% compliance with that. And then we avoid breaking it down too much with the exemptions and whatnot for various reasons, but we can probably answer some of those on the FAQs and some

14:44:30 different things that come out at the town hall.

14:44:34 Good, thank you and I think it would be valuable to put out as much information as we can on that.

14:44:39 Emily. And this may not pertain to employees per se, I can't tell will boosters be available through Michigan medicine for kids 12 to 15 clinics, such as NCR see those appointments are not currently available to schedule and the patient portal.

14:44:56 Yeah, I don't know that I can speak to that since I'm not often that okay yeah vaccination program. Yeah.

14:45:05 Keep I can go Thank you The rain, sorry washer.

14:45:09 Those, um, for ages, 12, to 15, the new category of boosted patients.

14:45:16 It is my understanding that that is built into the my chart logic, and if not already available as the individual and say the question so they're not available, if not all are already available, they will be available very soon.

14:45:32 And maybe Lorraine you can stay on this another one I don't think is actually specific to two employees.

14:45:41 But for both of you. If you aren't feeling well and call your PCP and they say they are only seeing well visit patients, and that you should go to the end.

14:45:49 Where can you go to keep the DEA open for emergencies if you can't see your PCP.

14:45:55 In other words, this person is saying, you know, he or she is symptomatic they're being directed to the end but they recognize our ideas swamped and they don't want to exacerbate the problem are there other options.

14:46:05 So, I can, I don't know if there's anyone from ambulatory care here. No, there isn't. But maybe it sounds like David can help. I can help thanks so I think it's an important question which is what are the what are the options available for patients, developing

14:46:20 symptoms and how are we thinking about

14:46:24 creating alternatives to presenting the emergency department. So, first, from from, first and foremost, there's been significantly expanded capacity in ambulatory care for urgent in person visits but also for video visits so video assessments as I mentioned

14:46:39 earlier in my comments Keith, have been increased specifically for this reason there's potential for, He visits as well. And.

14:46:49 And so really expanded access predominantly in the virtual care setting in through an increased number of acute care visits and both of those are under underway and under development, as we speak.

14:47:01 In addition, what we are working to do particularly within, within the health system is increase access to testing. So we know that many of our employees if they're having symptoms are seeking testing to help understand decision making both returning

14:47:15 to work and quarantining and, and how to manage things both at home and at work.

And so, as Dr stone and mentioned earlier and with leadership from Dr Stoneman and Tom man and da dee and many others around the organization we've increased the ability

14:47:29 of of away chest to, to respond to the different methods by which we communicate whether email survey or phone, and then also the availability of testing which were we are in the process of expanding ours expanding the, the number of sites to make those

14:47:43 more easily available we are also working to acquire antigen tests that we envisioned being used in several different scenarios to facilitate this so expanded access for symptom assessment in different settings including through our, our nurse answer

14:47:59 line including through video visits with both physicians and advanced practice providers and expanded Acute Care Access to help patients stay out of the emergency department.

14:48:10 Fantastic. And thank you for popping in actually while I've got you David before, let me just ask you one other one. That's Ambulatory Care Access related.

14:48:18 This person rights, both providers and patients have expressed concerns with the lack of access over the phone. What are some practical improvements that are being made to call center operations to improve access for patients, rather than telling them

14:48:31 to go to the Ed.

14:48:43 Thanks, Andy.

14:48:43 I think it's an important question and so I think when when patients call there. They're often seeking to schedule an appointment or to have their symptoms assessed and I'll actually ask, Nancy to join in a moment to talk a little bit about our, our any

14:48:50 answer line and symptom assessment, but for the contact center, there is significant work underway to enhance access through the context and that includes hiring of Call of team members for our call center that has been an area of emphasis and reflected

14:49:04 in some of the information that D shared, we are working on working with an implementation partner to continue to support our call center agents in a number of ways, and then partnering with our clinical departments to create some standardized approaches

14:49:21 to scheduling to decision trees for scheduling and all of these are intended to ultimately improve the ease with which patients can call and schedule an appointment and there's one other technology component in addition to the work we're doing with our 14:49:35 teams, and that's a transition from our current phone system to a different phone system that will occur over the next three months and we believe that enhanced technology will offer some additional benefits and options for patients, rather than waiting 14:49:49 on the line for an answer. We may we look forward to scenarios where we're able to offer callbacks as soon as an agent is available. So there are a number of significant activities under way.

14:49:59 Thank you. Really appreciate it and see if there are any answer line that would be great.

14:50:13 experience in this area, and we're listening to feedback from our patients and our team members and all the clinics to continue to to advance this work.

14:50:18 Yeah, it's really exciting because the nurse triage answer line for primary care was launched on December 1 and they've hired about 17 nurses to add into that staff to be able to handle calls, they've developed a means and ways in which symptom calls

14:50:37 directly to nursing. Once identified that their symptom, and those nurses are handling anywhere from 1000 to 1500 calls a day. And that in itself is been instrumental in ensuring that we provide care that gets escalated to a provider if need be.

14:50:57 So that we avoid those Ed admissions or er admissions and so there's an amazing amount of work that's been happening in the ambulatory care to help streamline many of these bottlenecks that we've had for a good while.

14:51:09 And through some of these practice optimizations we will be in a better place when salaries are up on some similar programs and platforms.

14:51:19 Thank you both. Appreciate it.

14:51:22 Let me flip back then to dr Washington dr stone and again if I may, with some more of the.

14:51:29 See here.

14:51:36 I'm just doing this. I think this is not a correct perspective. Let me ask you for clarification, this person writes, why is testing, only for coven 19 only available for employees who are on site and not those who work remotely.

14:52:00 So we do have a, you know, the goal of our occupational health program is really to manage work related injury and illness.

14:52:09 And with regard to covered 19 testing, really what we want to do is to preserve our onsite workforce. So we want to test those people who are needing to physically come in to, to our buildings, to make sure you know that it's it's safe for them to come

14:52:28 in and we have.

14:52:31 There are a lot of complexities to this answer but we have really developed a protocol focusing primarily on our staff who are working on site primarily.

14:52:42 Okay.

14:52:45 Thank you

14:52:49 for staff who were coven positive, and received the antibody infusion. How long should they wait to receive the booster vaccination.

14:52:58 So, typically the recommendation is to wait 90 days before receiving a covert 19 vaccine. After getting the monoclonal antibody treatment.

14:53:09 So those individuals can apply for a medical exemption for receiving the booster, and we would basically grant a temporary exemption.

14:53:19 That would expire after that 90 day mark.

14:53:25 Another person writes them are still no and 95 and 95 masks at front entrances. When will these be provided for patients and staff.

14:53:35 Oh, I can answer that. Thank you. So this question is related to personal protective equipment and universal masking policy.

14:53:43 The Universal masking policy requires medical mass and mass at all times when you're in the building, unless you are in a private office with the door closed, or if you're taking a short time to eat or drink.

14:54:00 As long as you are six feet or more away from other individuals.

14:54:05 There is no plan to provide and 95 masks at the entrances. We've been providing surgical masks or medical masks at the entrances to everyone who enters patients, family, and visitors, as well as, as well as healthcare workers.

14:54:26 Those healthcare workers who are required and 95 mask for their work.

14:54:31 Patient facing can get those in their units or their place of work but not at the entrance.

14:54:40 Thank you.

14:54:42 Scanning here for you see for for you, Lorraine let me just see if there's any thing else here that I can grab for you at the moment.

14:55:03 All right, no i think i think that's.

14:55:07 Yeah, I think that's it slipped Me, me ask David, come back for

14:55:16 just two more questions and then we'll go back to dancing. Yet, just two more questions for you, David.

14:55:22 One, I just lost it.

14:55:30 Oh, person rights.

14:55:36 I'm sorry I was trying to find it again.

14:55:41 Now I've lost it earlier and the person was asking

14:55:45 if there's a, if you could speak to the recent power outage, and this person was disappointed in the lack of communication around that following.

14:55:56 Thank you. Keith that was a significant event and made for a very difficult day, in many ways, and there was extraordinary work to facilitate a, a recovery but the the events surrounding that that loss of power, related to.

14:56:18 And I'm hesitant to go into the technical details because it will be a little bit out of my comfort area but there's a there's a common circuit box and a switch complex, the data center has a has a uninterrupted power supply, but this circuit breaker

14:56:47 beyond that and and that was the root cause, but what I will say is that the recovery in the work done to recover was remarkable by our teams and that a root cause analysis is underway to clarify and help us understand and prevent moving forward and we

14:56:49 have received feedback about communicating additional details and having active conversations about how best to do that so that that feedback is is appreciated.



14:56:58 I agree, and thank you for, for sharing that perspective, all right with that we just have a few minutes left, I'd like to ask. Nancy to pop on before I let you all go I just want to remind you all that our next town hall will be on February 25.

14:57:16 And if you are on our last Town Hall, you probably saw that are we, Tony Denton seriously up to the game

14:57:25 and added a reflection at the end, we thought that was really powerful. And so I would like to invite Nancy to close us out with a closing reflection.

14:57:34 Thank you all.

14:57:36 Thank you so much, Keith.

14:57:38 So I'd like to just start out with Dr. Randy's comment about us being kind of stuck like word groundhogs day.

14:57:47 And we've just been wondering you know when we're going to get out of this, it we feel like we're stuck in this time loop, and we're still back in May of 2020.

14:57:57 And one of my colleagues needed a little inspiration and went online and took a look at what was out there. And on the web, she found a nurse.org, and it really was about inspirational things that healthcare workers friends, families, patients coworkers,

14:58:16 loved ones and strangers shared their words of encouragement to health care workers.

14:58:22 And we really became inspired by one of these messages and I just wanted to share it with you today to you, the healthcare workers, but also the human beings behind the PP.

14:58:35 We want to encourage you to continue to tell you that you are in our thoughts and our prayers.

14:58:44 Like you told my 14 year old son will when he broke see four and see five, leaving him paralyzed from the neck down.

14:58:54 The advice was take it one day at a time.

14:58:58 Don't look in the rearview mirror anymore but only forward.

14:59:03 Don't let the scary thoughts win and continue the fight, and never quit.

14:59:12 Today will is walking climbing stairs and can bike over 70 miles, and so will you.