

2024 Strategy Template for LPPC Access Discussions

This is information for stewards and Labor LPPC members. Do NOT forward to your management partners. Please use this information as a resource as you discuss access concerns in your LPPCs.

INITIAL ENGAGEMENT:

1. **Reminder to management that this is an issue that must be addressed through partnership principles. Regional leadership is supporting this being done in partnership.**
 - a. Utilize Interest Based Problem Solving and Consensus Decision Making
 - i. Ask for a facilitator to be present to help you work through this process
 - ii. If your manager/chief refuses to utilize the IBPS/CDM process, elevate to higher local leadership, UPR/UBT-C for support
 - b. Please keep your rep and District OUB Representative in the loop regarding any proposals or changes.

2. **Request for Information (RFI)**
 - a. **Sample Request for Information (MODIFY the sample Request for Information to match up with your own area and Rep). The RFI is sent by your Rep.**
 - i. In addition to items below, consider adding for more information about 40 minute appointments:
 1. Current # of 40 min appts utilized currently
 2. Break down of the number of patients who are geriatric (over a certain agreed upon age), # patients needing translators, etc) to get a sense for how these appointments might erode appointment availability if they were approved for 40 minute appointments.
 - ii. If your area is already providing units specifically to support ophthalmology access or is engaging in discussions around Medical Optometry Units specifically designed to offset ophthalmology access (ie paid for by OPH), request data on the number of medical visits performed by OPT and break down of FTEs dedicated to OPH access.

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*The Union received notice from Kaiser that South San Francisco Optometry will be moving from 17 DOVs to 18 DOVs due to issues pertaining to ACCESS. The Union would like to formally file a request for information to ascertain documents and information that is pertinent to the suggested change and our ability to bargain over the impact.*

*Pursuant to the National Labor Relations Act, sections 8(a) (1) and (5), the information we seek, being necessary to the representation of our members, is required to be provided.*

*The information we seek includes, but is not limited to:*

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1. Number of medical visits performed by OPT in SSF; disaggregated by OD
2. Total FTEs for SSF including any vacancies or unused FTE
3. Total number of on-call employees and number of hours worked as on-call covering OPT
4. ACCESS Data: 5-10-15 day ITS monthly averages for period of June 2023 - June 2024 for SSF OPT
5. Monthly average of appt seen for period of June 2023 - June 2024 for SSF OPT;
  - a. What counts as seen in the calculation of this monthly average? What goes uncounted (e.g. follow-up appt, etc)?
6. Monthly pending averages for period of June 2023 - June 2024 for SSF OPT
7. Average Daily Patient Demand & Amount Supplied for Last 3 Months for SSF OPT
8. When an on-call covers OPH, does that come out of the OPT budget? Are there any ODs covering OPH units?
9. Number of OT hours worked during the period of June 2023 - June 2024; disaggregated by OD
10. Copy of patient late policy if any exists
11. Copies of current (17 DOV) SSF cadence templates for all ODs
12. Copies of Sasha Penn's 18 DOV cadence templates

Please provide the information and documents requested at your earliest convenience. If any part of this request is denied, or if any material is unavailable, please communicate that fact to us along with the reason(s) for the denial or unavailability of the requested information and provide the remaining items. The Union will accept partial fulfillment of our information request without prejudice to its position that it is entitled to all documents and information requested.

To the extent possible, please provide all information in electronic format, in sortable and searchable documents where appropriate. The Union reserves the right to add, delete, modify, or amend any and all the above information requests.

## Points of ESC L20 OPT Focus/Agreement for Each Service Area

### 1. Late Patient Policy

- a. Establish a late patient policy in writing with specific workflow for addressing issue in LPPC
- b. Example (modify for your area's best interest)**
  - i. At 7-10 minutes late (LPPC decides on best time frame), patient is told they are late to their appointment
  - ii. Receptionist immediately looks for another available appointment and offers that to patient
  - iii. If no available appointment, message OD to see if patient can still be seen
  - iv. If OD agrees, alert patient that there may be a wait that might require them to wait til the end of the unit to be seen
  - v. If OD does not agree, offer to r/s to more convenient time

### 2. Overtime Policy

- a. Establish a clear and concise written guideline for how to deal with overtime and missed meals/breaks in LPPC
- b. Be sure to address how to handle OT/MMB approval for when manager/chief is not in the office and available to approve

- c. Reminder to all to not work off the clock. Have candid conversations with your management partners about how charting and evaluating auxiliary tests are happening currently. (Most likely a large number of ODs are working off of the clock in order to complete their work).
- d. Be sure to document reasoning for OT to share with management
- e. Follow the guidelines set up in your area.
- f. **Examples (modify for your area's best interest)**
  - i. If patient is late, let management know and ask if you should see them if you are close to end of a unit
  - ii. R/S non urgent dilations or necessary testing to a later date
  - iii. If you are taking care of urgent care needs, alert management and ask for OT/MMB approval
  - iv. If you are running into your break with patient care, finish the patient care and then take your break.
  - v. Utilize TAV/VAV as needed for patient care f/u

### **3. Pattern Templates**

- a. Stewards/Co-leads should be allowed blocked paid time to create pattern templates and review with labor which will best address the bargaining units needs, concerns and past agreements
- b. Reach agreement on criteria for two OVNEW20s to be converted to a 40 minute appointment (See section 5)
  - i. Review past LPPC agreements for pediatrics, myopia control, low vision, speciality contacts, etc. Ensure all agreements are being followed in new templates
  - ii. Push for new 40 minute appointment types (or strengthen the ones your currently have): wheelchair, special needs, ASL, BV (prism), translator, geriatric. Try to gain new agreements for 40 minute appointments to help with workflow

### **4. Engage in IBPS Process**

- a. Engage in IBPS around the access issue in the LPPC
- b. Bring ideas to the meeting that can help improve access to help tackle the problem. If you can't offer alternatives then management will supply their ideas as the only solution.

### **5. Problem Focused Exams**

- a. Reminder to do problem focused clinically appropriate exams. Address urgent needs first and have patient reschedule for non-urgent dilations, auxiliary glaucoma testing, cycloplegic evaluations, etc.
- b. Refer back to ophthalmology as needed for support of more complicated concerns.

**6. Medical Optometry**

- a. Across the region, there is a need for Medical Optometry. We are currently engaging in discussions at a regional level on this topic but we are seeing areas that are pushing forward without regional guidance.
- b. Medical Optometry appointments that directly augment ophthalmology access can erode core Optometry access if not thoughtfully planned out.
- c. We support our Optometrist’s desire to utilize their full scope of their license but it needs to be clear to management that participating in Medical Optometry is completely voluntary.
- d. Discussion utilizing Interest Based Problem Solving and Consensus Decision Making should be employed at the LPPC level (regardless if this is being budgeted by OPT or OPH). Topics to consider:
  - i. How will this affect core optometry units?
  - ii. Who will backfill the missing units in optometry?
  - iii. What will be triaged to these units? Agreements should be made on what types of issues are appropriate for these schedules (and for urgent medical appointments in general).
  - iv. Reduced schedules and assistants are recommended in Medical Optometry units. Consider even further reduced schedules if no assistant is available.
  - v. How will auxiliary testing be supported for these units?
  - vi. Any OD volunteering to do this work should be able to go back to core optometry work at any time.
    - 1. Ensure in writing that any positions/hours that are no longer needed/desired to do this work for OPH can be brought back into support core optometry access.
  - vii. If Ophthalmology is willing to pay for units, have a discussion around posting a position specifically to help partner in that work. That will support the need, encourage growth of optometry and not detract from core optometry access. Please work with your rep on specifics around job postings on this matter.
  - viii. Be sure to document any agreements carefully in your LPPC minutes.

**7. Sample of Email Sent to Management Regarding These Issues-Modify for your area and where you are in the process**

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Hello Chief or Manager -----,

Thank you for holding time today for the Labor team to further discuss and design a plan for the new patterns. There are a couple of follow-up items that are necessary to discuss with management as part of your request to increase to 18 DOVs:

1. Establishing a patient late policy in writing. Labor would like to establish a policy whereby patients who are 10 minutes late can be rescheduled if they cannot be accommodated. As we move to 18 DOV, there will be less wiggle room to accommodate patients who are late and we need to plan for this reality.

2. Reach agreement on criteria for two OVNEW20s to be converted to a 40 minute appointment.

3. Discuss process for working through OT issues. As we transition to 18 DOVs, there will likely be a spike in OT as we all grow accustomed to the new schedule and we'd like for there to be a clear process on how we will work through OT concerns that is non-punitive given the changes to working conditions.

In the meantime, the steward ODs are in the process of creating several pattern templates for their individual sites, and would like to have one more hour of admin time held so that they can complete this work. We made a lot of headway today, but we still need to review the templates that currently exist and ensure what we create is in line with the rest of the bargaining unit's needs/concerns. Additionally, if possible, we'd like to utilize the staff meeting on June 24th as our opportunity to present the templates to staff and receive final feedback.

Thank you in advance for your partnership on this item.

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