ARTICLE 13 – PATIENT CARE ADVOCACY AND PROFESSIONAL PRACTICE

1301 **Patient Care Advocacy**

1302 The Parties recognize that bargaining unit Occupational Therapists, Physical Therapists and Recreation Therapists are obligated by licensure, and are accountable for providing safe, high quality patient care through the use of independent clinical judgment within their licensed scope of practice. Bargaining unit Health Care Professionals are dedicated to the principles of excellence, caring, ethics, respect, communication and accountability, and to work together with other professionals to achieve optimal health and wellness in the individuals and communities they serve.

1303 **Regional Professional Committees**

1304 The Parties agree to convene several Regional Professional Practice Committees for the purpose of providing a forum to advance the physical medicine and rehabilitative practice of bargaining unit Health Care Professionals using a joint decision making process. The Parties will use interest-based problem solving techniques to accomplish each Committee's charter.

1305 **Regional Professional Practice Committee – Physical Therapy**

1306 A Regional Professional Practice Committee for Physical Therapy shall be composed of one Physical Therapist from each medical center and/or an associated medical office building, to include at least one Affiliate officer, and a Staff Representative from the State Office. Should the release of multiple Professional Practice Committee members from one service area result in a hardship for the department, management may request a joint review to discuss the release of the Health Care Professional. The Employer should have at least three (3) Representatives, to include a minimum of two (2) Management Representatives and one (1) Regional Labor Relations Representative or HR designee.

1307 The Committee should focus on the review of issues, policies, or contract interpretation issues which have a region-wide impact, and should not include issues relating to individual employees, or practices or policies which are not applicable on a region-wide basis, except by mutual agreement.

1308 The subjects to be addressed shall include, but are not be limited to:

1. Quality of care
2. Clinical guidelines and standards
3. Practice models
4. Specialty training programs
5. Evaluate unit-based team (UBT) work for appropriateness in developing as a best practice for sharing region-wide
6. Policies and procedures related to therapy

1309 The Committee shall meet quarterly, but may determine to meet more or less frequently by mutual agreement. The Parties will mutually agree upon the setting of the agenda and scheduling of meetings.

1310 **Regional Professional Practice Committee – Occupational Therapy**

1311 A Regional Professional Practice Committee for Occupational Therapy shall be composed of one Occupational Therapist from each medical center and/or an associated medical office building, to include at least one Affiliate officer, and a Staff Representative from the State Office. Should the release of multiple Professional Practice Committee members from one service area result in a hardship for the department, management may request a joint review to discuss the release of the Health Care

Professional. The Employer should have at least three (3) Representatives, to include a minimum of two (2) Management Representatives and one (1) Regional Labor Relations Representative or HR designee.

1312 The Committee should focus on the review of issues, policies, or contract interpretation issues which have a region-wide impact, and should not include issues relating to individual employees, or practices or policies which are not applicable on a region-wide basis, except by mutual agreement.

1313 The subjects to be addressed shall include, but are not be limited to:
1. Quality of care
2. Clinical guidelines and standards
3. Practice models
4. Specialty training programs
5. Evaluate unit-based team (UBT) work for appropriateness in developing as a best practice for sharing region-wide
6. Policies and procedures related to therapy

1314 The Committee shall meet The Committee shall meet quarterly, but may determine to meet more or less frequently by mutual agreement. The Parties will mutually agree upon the setting of the agenda and scheduling of meetings.

1315 **Regional Professional Practice Committee – Home Health**
1316 A Regional Professional Practice Committee for Home Health Therapists (both Physical and Occupational Therapists) shall be composed of one Home Health Therapist from each licensed home care agency from each discipline, to include at least one Affiliate officer, and a Staff Representative from the State Office. The Home Health Occupational Therapists and Home Health Physical Therapists will meet separately. The Employer should have at least three (3) Representatives, to include a minimum of two (2) Management Representatives and one (1) Regional Labor Relations Representative or HR designee.

1317 The Committee should focus on the review of issues, policies, or contract interpretation issues which have a region-wide impact, and should not include issues relating to individual employees, or practices or policies which are not applicable on a region-wide basis, except by mutual agreement.

1318 The subjects to be addressed may include, but are not be limited to:
1. Quality of care
2. Clinical guidelines and standards
3. Workload and staffing as related to access and quality of care
4. Practice models/professional license
5. Scheduling practices/issues as related to access and quality of care
6. Access as related to quality care
7. Weekend staffing as related to access and quality of care
8. Registry/traveler/non-bargaining unit employee utilization as related to access and quality of care
9. Review unit-based team (UBT) work related to therapy for appropriateness in developing as a best practice for sharing region-wide
10. Policies and procedures related to therapy

1319 The Committee shall meet The Committee shall meet quarterly, but may determine to meet more or less frequently by mutual agreement. The Parties will mutually agree upon the setting of the agenda and scheduling of meetings, and review effectiveness of frequency of meetings.

2021 Alliance National Bargaining – Tentative Agreement

Subcommittee: Staffing, Backfill and Travelers

(This language is meant to be added into the National Agreement as is)

By the end of the first full quarter following ratification of this agreement, Alliance union leaders and senior KP leaders in each region will meet and establish a labor-management staffing committee for each of the regions and for each Alliance bargaining unit. This committee is not intended to supersede or replace any existing staffing committees established by local bargaining agreements. For regions and bargaining units that do not currently have a labor-management staffing committee, the aforementioned parties will determine the structure(s) to be established that would best meet the region's needs.

The committees will meet at a minimum, on a monthly basis, but may mutually agree to change the meeting frequency at any time. The topics to be discussed include but are not limited to: position vacancies, posting and filling of positions, backfill, time off, hard to fill positions, staff utilization (including contingent staff, use of non-bargaining unit personnel, and scenarios where staffing challenges lead to contracting outside services), staffing models, flexibility as defined in the National Agreement, budgets, and member/patient needs. (See sample labor-management staffing committee agenda in exhibit ***(insert exhibit title/location here).** The committee will develop recommendations to address issues raised and strive to reach consensus, and jointly develop plans to implement those recommendations. Issues regarding staffing at the department or unit level may be escalated to these committees when attempts to resolve concerns at the department or unit level are unsuccessful.

If consensus on recommendations cannot be reached, or issues brought to the committee by departments or units remain unresolved, the parties may bring issues to the local and/or regional LMP Council. Each party retains their respective rights under their local or national agreement.

The Labor-Management Staffing committee(s) will oversee the following staffing-related provisions of the National Agreement:

A. Posting & Filling Vacancies

Labor and management will work together to develop strategies for hard-to-fill positions. To this end the union and the employer will meet to consider options both short term and long term to ensure the timely filling of positions with appropriately qualified employees. These solutions could include, by way of example but not limitation:

- Short-term: collaboration between labor and management on recruitment, signing bonuses and other incentives. Wage scale considerations impacting recruitment may be referred, as appropriate, to procedures under local collective bargaining agreements.

- Long- term: develop joint training programs potentially utilizing jointly (Ben Hudnall) and employer funded training funds. Creating internal career ladders with appropriate mentorship/preceptorship/apprenticeship opportunities. Identification of external and internal sources for future candidates for these positions.

B. Position Control

On a monthly basis, the designated labor leader(s) for an impacted bargaining unit and manager(s) will review the status of all vacated and modified positions at the unit or department level and discuss backfill needs and strategies to meet them. Any decision to not fill a vacated position or to modify the position must be discussed with the labor leader(s). Management will keep the UBT or UBT representative group informed on the status of filling the position.

In the event the union and the employer disagree with respect to any decision to hold replacement or modify the position, the union may escalate that decision to the appropriate labor-management staffing committee.

The labor-management staffing committee(s) will discuss and review position control processes and any changes to the process or targets (position add or elimination goals).

C. Traveler and Registry

Labor and management have a mutual interest in reducing the use of travelers and registry (staffing provided through outside agencies). In an effort to do so, the parties will meet on a quarterly basis, at the service areas or regional level to review the usage of traveler and registry (for example, traveler and/or non-bargaining temporary employee use exceeding 13 weeks) and the reason for the traveler or registry usage. The parties will also develop alternatives such as voluntary temporary upcoding of current employees, development/expansion of a float pool which can be a long-term assignment for float staff at employee choice, the creation of additional part-time positions which can be used to pick up additional hours, and the appropriate level of per diem/on-call staffing.

Non-Bargaining unit temporary employees (traveler/registry) will not be extended beyond 180 days without labor and management meeting to discuss alternatives as mentioned above.

It is recognized that certain units/classifications can be impacted by seasonal fluctuation in patient volume/workload demand. For such positions, on request of the local union, discussions will begin to evaluate and consider opportunities to account for seasonal

fluctuation with bargaining unit employees including but not limited to the use of temporary bargaining unit seasonal positions, the creation of positions which have seasonal hours (higher FTE during periods of peak/higher demand), and the appropriate level of part-time and per diem/on-call staffing which can be used to flex up. Any such discussions would be by consensus between the local union and their management counterparts in the region. On request, either party may request assistance through facilitation and engagement of the national labor management parties.

D. Disseminating Information

The employer will provide the following information to the Labor-Management Staffing Committee on a monthly basis for the purposes of disseminating the data, as appropriate, to departments that enables them to develop successful projects aligned with the Value Compass, improve the service and quality of care provided to patients by front-line staff, and foster staff well-being and job satisfaction.

D1. Vacancies

Monthly, the employer shall provide a report on status of vacancies by classification, department, and bargaining unit to the Labor-Management Staffing Committee. The report will include the following information:

- Position status: active (vacant or filled) or inactive (the business has determined position no longer needed, has been purposed for another position, or created erroneously and needs to be deleted).
- Requisition status: Requisition number is present if posted. Field is blank if not posted.
- Action Reason
    - Create requisition- currently in the approval queue
    - Requisition status update – currently posted
    - Non-Requisition – no action taken with the position

D2. Service, Patient Access, Patient Satisfaction Data

Monthly, the employer shall provide the following information to the Labor-Management Staffing Committee:

- Data related to patient satisfaction scores and care experience
- Data related to access

D3. People Pulse Scores

Aggregate People Pulse scores will be provided to the Labor-Management Staffing Committee within 30 days of the scores becoming available.

E. Budgeting and Backfill

The employer shall share the backfill calculations, backfill strategy, and budgeting information on a quarterly basis. (See Exhibit 1F as an example). The information will be shared at the departmental/UBT level, and at the regional or service area level with the appropriate local union representatives.

F. Charter Language

Within 60 days of ratification, the LMP Tri-Chairs will appoint a committee comprised of labor and management representatives to craft a sample Labor-Management Staffing Committee Charter which will be included, along with a sample Labor-Management Staffing Committee agenda, as an exhibit in the National Agreement.

Agreed:

11/11/21	11/11/2021
Hal Ruddick Executive Director Alliance of Health Care Unions	Steve Shields Senior Vice President National Labor Relations, Kaiser Permanente
Date	Date