

****This is the labor developed staffing workload document to be used for discussion for staffing workload. The intent or application can be found in the Tentative Agreement "Addressing Workload Issues at the Medical Centers & Staffing". It is understood areas may differ from this model, and that this document is intended as a framework for discussion.**

STAFFING WORKLOAD MODELS

The following workload models shall be utilized, however if there are existing models that provide a Health Care Professional better staffing workload guidelines the existing model shall be utilized for that criteria within the guidelines.

Speech Language Pathologist Staffing Workload

SLP Outpatient Staffing Workload

Speech Language Pathologists will follow the general principles as outlined below:

1. Patient management time (charting time) of six (6) hours per work week per full time equivalent (FTE). This patient management time allotment will be prorated for part-time Health Care Professionals.
2. New consultation appointments of sixty (60) minutes is a general standard. Augmentative and Alternative (AAC) evaluations will be 120 minutes.
3. Return appointments of forty-five (45) to sixty (60) minutes depending on need, is a general standard.
4. Management and Health Care Professionals want to ensure patients are receiving follow-up appointments at a clinically appropriate frequency. Health Care Professionals who are challenged meeting a clinically appropriate frequency will work with their local Management to develop and implement a plan for addressing the issue(s). When appropriate, local labor and Management will meet to resolve appointment frequency issues that are occurring at a departmental level. The Parties will use LMP principles to develop and implement plans for resolution.
5. All open appointment slots will be filled based on patient care needs.
6. Canceled return appointments will first be scheduled with a return patient. A cancelled return appointment may be filled with a new consult that is booked within two (2) business days of the canceled appointment.
7. Management agrees to consider additional documentation time when multiple modifications/additions/adjustments to the schedule are made in each day including when meetings or other duties are assigned to the Health Care Professional(s).

8. Health Care Professionals who have ongoing concerns about patient care, staffing shortages or excessive workloads (hereafter referred to as “staffing concerns”) are encouraged to document their concern and address the issues directly with their supervisor/manager.
9. If the supervisor/manager has not addressed a documented patient care or staffing concern, local Labor and Management will meet to resolve using LMP principles to develop and implement plans for resolution.

SLP Inpatient Staffing Workload

It is understood that the Speech Therapy caseload for inpatient workload may fluctuate daily. To plan for adequate staffing, the following should be followed as a guideline, additional time may be needed with patients based on acuity and needs of the patient:

10-hour day

Speech/Swallow Evaluations- 60 minutes, including documentation- 4/day: 4 hours.

Follow ups- 30 minutes, including documentation 6/day: 3 hours.

Modified Barium Swallow studies (MBSS)/Fiberoptic Endoscopic Evaluation of Swallow (FEES)- 60 minutes, 2/day: 2 hours.

Incidental time: participating in clinics (Botox, ALS) educating staff, communicating with MDs, gathering supplies, etc.

8-hour day

Speech/Swallow Evaluations - 60 minutes, including documentation- 3/day: 3 hours.

Follow ups- 30 minutes, including documentation 6/day: 3 hours.

Modified Barium Swallow studies (MBSS)/Fiberoptic Endoscopic Evaluation of Swallow (FEES)- 60 minutes, 1/day: 1 hour.

Incidental time: participating in clinics (Botox, ALS) educating staff, communicating with MDs, gathering supplies, etc.

If local Management and affected inpatient Health Care Professionals agree that their medical center’s existing staffing model is effective in meeting patient care needs, then individual medical centers may continue to follow their current staffing practices.

SLP Home Health Staffing Workload

The Parties agree to the following general principles regarding Home Health Care Professionals’ work: The establishment and implementation of productivity is essential to providing quality care, identifying staff needs, researching quality issues and ensuring workload equity for therapists that work in Home Health. Average Visits Per Week (VPW) may be adjusted based on anticipated daily travel and patient care needs in consultation with management.

Home Health Speech Language Pathologists will achieve be scheduled at least three (3) Visits Per Day (VPD) and an average of fourteen (14) VPW. Speech Language Pathologists shall not be scheduled more than two (2) Starts of Care VPD. It is the intent of the Employer not to schedule more than five (5) SOC

per week, however, should a Health Care Professional be scheduled more than five (5) SOC a week, then adjustments to VPW will be made.

The Parties recognize that achieving and consistently maintaining an average of: Fourteen (14) for Speech Language Pathologist VPW requires a collaborative effort between Labor and Management.

Management agrees to adjust the Health Care Professional(s) VPW when meetings, or other duties are assigned to the Health Care Professional(s).

Time spent on Care Coordination and Administrative Time may allow for adjustment to VPD in consultation with management.

Inpatient Dietitians Staffing Workload

Inpatient Dietitians will utilize the following process in developing their staffing model at each medical center:

If local Management and affected inpatient Health Care Professionals agree that their medical center's existing staffing model is effective in meeting patient care needs, then individual medical centers may continue to follow their current staffing practices.

If local Management and affected inpatient Health Care Professionals cannot agree that their medical center's existing staffing practices are meeting patient care needs, then an alternative staffing model should be developed by the Staffing/Workload Committee using Labor Management Partnership principles that is agreeable to both local Management and the affected inpatient Health Care Professionals.

1. Once the committee has reached consensus on a recommendation, the affected Inpatient Health Care Professionals shall decide whether to adopt the recommendation using consensus. Absent consensus, an agreement shall be reached when management and at least seventy-five percent (75%) of the affected Health Care Professionals agree.
2. If the affected Inpatient Health Care Professionals have already passed an alternative staffing model, the Staffing/Workload Committee will discuss the agreement during their meetings to review staffing/workload and how effective it is in meeting patient care needs.
3. Should the Staffing/Workload Committee deem a change to their alternative model to be substantial, step 1 will be repeated.

Health Educators Staffing Workload

Indirect Work: Health Educators and Wellness Coaches will be provided at least 5% of their time per week as indirect work to complete follow-up with members, participate in special department/medical center/ or regional activities, obtaining additional trainings, etc.

Dietitian Health Educator with full day Consults and no workshop--Time allotment:

1. If RD is scheduled for a full day of consults, at least ninety (90) minutes of patient management time will be allotted in the RD eight hours schedule. Health Care Professionals working alternative schedules shall receive an equal amount of patient management time for the week.

2. Initial consults (in-person and telephone appointment visit (TAV) and Integrated Video Visit (IVV)) will be scheduled in sixty (60) minutes block in RD schedule (patients are booked into a 45-minute slot and 15 minutes documentation time is included).
3. Follow-up consults (in-person and telephone appointment visit (TAV) and Integrated Video Visit (IVV)) will be scheduled in sixty (60) minutes blocks in RD schedule (patients are booked into a 45-minute slot and 15 minutes documentation time is included).
4. Health Care Professional will grant fifteen (15) minutes for member to arrive to their scheduled appointment in-person before RD convert the appointment to no show.
5. For telephone appointment visits (TAV), if member does not pick up the phone at first call attempt, the Health Care Professional will attempt to reach the patient a second time after five (5) minutes; if there is no answer the appointment will convert to a no show.
6. Adult and pediatric tube feeding consult will be scheduled in ninety (90) minutes blocks. If interpreter is needed for the tube feeding consult, the appointment will be scheduled in two (2) hours block
8. In situation where language interpreter is needed for initial or follow up appointment, the appointment will be scheduled in two (2) hours block
9. For Integrated Video Visit (IVV) the Health Care Professional will wait for member to arrive to the video visit for up to fifteen (15) minutes before converting it to a now show.
10. One (1) urgent consult may be added at the management's discretion forty-eight (48) to seventy-two (72) hours prior to consult day in the urgent consult slot. An urgent consult can include: newly diagnosed gestational diabetes, swallowing difficulties, new tube feeding, pediatric tube feeding, and failure to thrive. If the urgent consult slot is not utilized, it will be converted to a TAV/IVV slot forty-eight (48) hours prior to consult day.
11. Patients will not be double booked or booked into patient management time or indirect work time.
11. For the sub-specialties, pediatric endocrinologist, pediatric, renal dietitian, eating disorder dietitian working at clinics, new consult appointment duration will be sixty (60) minutes. For tube feeding consults, the appointment is scheduled in ninety (90) minutes slots. The parties agree to meet within 120 days of ratification to discuss the possible identification of additional sub-specialty consult appointments with new consults appointment duration to vary between sixty (60) minutes. These are general standards and additional time may be necessary depending on diagnosis.

Dietitian Health Educator with ½ Day Consult & 1 Workshop --Time Allotment:

1. If RD is scheduled for a half day of consult with 1 workshop, at least sixty (60) minutes of patient management time will be allotted in the RD schedule eight (8) hours shift schedule. Health Care Professionals working alternative schedules shall receive an equal amount of patient management time for the week. Patient management time will be prorated for those working less than forty (40) hours per week. Patient management time will be prorated for those working less or more than eight hours shift.
2. Initial consults (in-person and telephone appointment visit (TAV) and Integrated Video Visit (IVV)) will be scheduled in sixty (60) minutes block in RD schedule (patients are booked into a 45-minute slot and 15 minutes documentation time is included).
3. Follow-up consults (in-person and telephone appointment visit (TAV) and Integrated Video Visit (IVV)) will be scheduled in sixty (60) minutes blocks in RD schedule (patients are booked into a 45-minute slot and 15 minutes documentation time is included).

4. Health Care Professional will grant fifteen (15) minutes for member to arrive to their scheduled appointment in-person before RD convert the appointment to no show.
5. For telephone appointment visits (TAV), if member does not pick up the phone at first call attempt, the Health Care Professional will attempt to reach the patient a second time after five (5) minutes; if there is no answer the appointment will convert to a no show.
7. Adult and pediatric tube feeding consult will be scheduled in ninety (90) minutes blocks. If interpreter is needed for the tube feeding consult, the appointment will be scheduled in two (2) hours block.
8. In situation where language interpreter is needed for initial or follow up appointment, the appointment will be scheduled in two (2) hours block.
9. For Integrated Video Visit (IVV) the Health Care Professional will wait for member to arrive to the video visit for up to fifteen (15) minutes before converting it to a now show.
10. One (1) urgent consult may be added at the management's discretion forty-eight (48) to seventy-two (72) hours prior to consult day in the urgent consult slot. An urgent consult can include: newly diagnosed gestational diabetes, swallowing difficulties, new tube feeding, pediatric tube feeding, and failure to thrive. If the urgent consult slot is not utilized, it will be converted to a TAV/IVV slot forty-eight (48) hours prior to consult day.
11. Patients will not be double booked or booked into patient management time or indirect work time.
11. Patients will not be double booked or booked into patient management time or indirect work time.
12. For virtual and in-person workshops, thirty (30) minutes of workshop prep time will be allotted in Health Care Professional schedule. At the end of the class, ninety (90) minutes of wrap up and documentation will be allotted in Health Care Professional schedule. Additional thirty (30) minutes documentation time will be allotted in Health Care Professional if more than fifty (50) people are registered for any workshop.

Full Day Health Educator Schedule (non dietitian) with Two Workshops and no TAVs Time Allotment:

1. Health Educator will be allowed sixty (60) minutes of patient management time per day on days per eight (8) hours shift.
2. Health Care professional will not be assigned more than two (2) workshops per eight (8) hours shift. Health Care Professionals working alternative schedules shall receive an equal amount of patient management time. Total number of workshops per day will be prorated for more than eight (8) hours shift.
3. Patients will not be double booked or booked into patient management time or indirect work time.
4. For virtual and in-person workshops, thirty (30) minutes of workshop prep time will be allotted in Health Care Professional schedule. At the end of the class, ninety (90) minutes of wrap up and documentation will be allotted in Health Care Professional schedule. Additional thirty (30) minutes documentation time will be allotted in Health Care Professional if more than fifty (50) people are registered for any workshop.

Health Educator Schedule with one Workshop and TAV/Outreach --Time Allotment:

1. Health Educator will be allowed sixty (60) minutes of patient management time per day on days where they are assigned a workshop and telephone appointment visits (TAVs) and/or Outreach phone calls.

2. For virtual and in-person workshops, thirty (30) minutes of workshop prep time will be allotted in Health Care Professional schedule. At the end of the class, ninety (90) minutes of wrap up and documentation will be allotted in Health Care Professional schedule. Additional thirty (30) minutes documentation time will be allotted in Health Care Professional if more than fifty (50) people are registered for any workshop.
3. Virtual Telephone Appointment Visits (TAV), will be scheduled in thirty (30) minutes block in health educator schedule.
4. For telephone appointment visits (TAV), if member does not pick up the phone at first call attempt, the Health Care Professional will attempt to reach the patient a second time after 5 minutes; if there is no answer the appointment will convert to a no show.
5. Patients will not be double booked, or booked into patient management time or indirect work time.

WCP Coaches Workload

In an 8-hour shift:

- #1 Initial calls: 6 (30 minute)
- # 2 Follow up calls 11 (20 minute)
- Admin time 90 minutes (6 X 15 minutes) per day, scheduled at the Health Care Professional's preference

Audiologists Staffing Workload

General Description

In general, an audiologist scheduled to work eight (8) hours per day shall have a total of fourteen (14) half hour appointment slots and sixty (60) minutes of indirect work. All audiologists working eighty (80) hours per biweekly period shall be scheduled a total of six (6) hours of indirect work per week (*sixty minutes per day, and an additional sixty minutes that may occur at any time during the week*). If the audiologist finds themselves in need of additional indirect work time to complete assigned work, they will consult with their coordinator to determine how much extra time is needed and when it is to be scheduled. Staff meetings and mandatory trainings shall use as many of these slots as the coordinator determines are necessary for meetings to be completed (in consultation with staff to ensure staff issues can be addressed).

Hearing Evaluations

The standard appointment length for patients needing a basic hearing evaluation is thirty (30) minutes. The parties recognize that there are patient populations who benefit from appointments of sixty (60) minutes in length. The goal of this practice is to provide adequate time to diagnose and counsel patients in the first appointment without the need to rebook due to running over appointment time.

The following is a non-exhaustive list of patient populations who presumptively benefit from a longer appointment time:

- Patients that require the use of an interpreter.

- Patients with developmental delays, such as autism, down syndrome, etc
- Advanced age patients (over the age of 80).
- Patients with cognitive dysfunction or dementia.
- Patients with significant mobility needs that require a gurney or assistance of additional staff.
- Those who are coming from skilled nursing facilities and need additional assistance.
- Patients who are expected to need a repositioning maneuver in addition to the hearing evaluation.
- Patients who require ototoxic monitoring.

Audiology staff recognize that not all patients from the above categories will always and every time need an extended appointment. Should an audiologist note that any patient scheduled for an extended appointment does not require the additional time in the future, they shall note this in the patient's chart to assist with future scheduling. Likewise, should an audiologist note that a patient that does not currently fall into those groups nevertheless needs additional time for future appointments, this shall be noted in the patient's chart to assist with future scheduling.

ABR/ASSR Testing

The standard appointment length for unседated ABR (auditory brainstem response) / ASSR (auditory steady state response) testing is one hundred twenty (120) minutes. If the audiologist intends for only a portion of the test to be performed (for example, ASSR testing without ABR testing), the audiologist may request a reduced appointment length. Audiology staff recognize the need to only book appointments for the amount of time required.

Sedated testing is understood to require extended time on the clinician's schedule owing to the need to coordinate with other departments combined with the need to minimize the need for sedation in the future. As a general practice, an audiologist scheduled to perform testing under sedation shall have their schedule held for generally half their day. Should the audiologist and their coordinator agree, it may be possible to schedule multiple patients for sedated testing in the same block of time. The audiologist and their coordinator will collaborate to determine the appropriate amount of time needed to complete said testing and any accompanying documentation.

Vestibular Testing

The standard appointment length for vestibular testing shall vary depending on the test being performed.

- Dix-Hallpike + Epley, no other testing: thirty (30) minutes)
- Video/Electronystagmography (including vHIT): one hundred twenty (120) minutes
- cVEMP or oVEMP: sixty (60) minutes
- cVEMP and oVEMP: ninety (90) minutes
- Rotary Chair: sixty (60) minutes
- Electrocochleography: sixty (60) minutes
- Computerized Dynamic Posturography: sixty (60) minutes
- Dynamic Visual Acuity: sixty (60) minutes
- Vestibular Autorotation: sixty (60) minutes

Appointments can be booked for a longer duration if the need is present (eg, patient will need a translator, patient with significant mobility limitations, etc); conversely, if only a portion of any test is to be performed, the duration may be shorter.

Cochlear Implants

Cochlear implant work shall be distributed in such a way as to enable bargaining unit members to meet criteria to reach level two. Once a bargaining unit member achieves this threshold, the next senior bargaining unit member interested in obtaining level two shall receive this work.

Cochlear Implant Evaluation (with initial audio):	one hundred eighty (180) minutes
Cochlear Implant Follow-up Mapping, eval without audio:	one hundred twenty (120) minutes
Programming the Device, follow up:	sixty (60) to one hundred fifty (150) minutes

Newborn Hearing Screening

Outpatient Screening:	sixty (60) minutes
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Class

Hearing/Vertigo/Tinnitus:	ninety (90) to one hundred twenty (120) minutes
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Telephone/Virtual

All	thirty (30) minutes
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Combined Appointments

It may be beneficial at times to schedule patients for multiple evaluations to occur in the same appointment. When this occurs, the appointment durations noted previously should be added together. For example, a patient undergoing videonystagmography (120 minutes) and combination cVEMP/oVEMP testing (90 minutes) should be scheduled for a total of 210 minutes.

Other/Unlisted Appointments

If in the future additional tests or testing methods are offered at Kaiser, the employer and the union will meet and negotiate regarding appropriate appointment times prior to patients being scheduled.

Urgent Appointment Slots

At least two (2) thirty (30) minute slots should exist for one (1) bargaining unit member per medical center per day to accommodate urgent same day appointments. Additional slots may be created if this is proving to be insufficient (for example, if the local HNS department has frequent same day add ons). If disagreement arises over the need for additional same day appointment slots, the employer and the union will negotiate to resolve the disagreement using labor management partnership principles.

Overbooking

To accommodate late patients, to allow for both the technical and professional aspects of evaluations to be completed in a single appointment, and in recognition of the fact that audiology appointments can be

followed by a same day HNS appointment, overbooking should not be standard practice. In the event that an urgent appointment is needed (urgent meaning the patient will suffer injury if not seen the same day) and the urgent appointment slots are already taken, the appointment shall be scheduled in such a way as to minimize disruption to the operations of the department and in light of the relative workload of the clinicians in the department on that day. It is appropriate for management personnel to see urgent appointments if there is no available slot for the patient to be seen by bargaining unit providers.