ON A Settlement Supposal  
August 11, 2023-Third Pass

Appendix A – Wages – ONA Supposal 08.10.2023

- Newly represented clinicians’ step placement adjusted within 2 periods of ratification if documentation of additional experience submitted by ratification.
- Strike language not allowing for step advancement for clinicians hired above years of experience.
- 14% per diem differential for non-nurse clinicians; retain $4.00/$6.00 for per diem nurses
- $20/hr extra shift differential, all extra shifts
- Wage tables as attached:
  - RN scale proposed by PPMC to ONA, except Resident (PPMC)= Step 1 (PHHH)...Step 30 (PPMC)=Step 25 (PHHH)
  - PT scale offered by PHHH 6/7/2023
  - OT scale is PT scale offered by PHHH 6/7/2023
  - SLP scale is PT scale offered by PHHH 6/7/2023
  - CSWA scale is CSWA scale offered by PHHH 6/7/2023
  - LCSW scale starts at PHHH scale offered 6/7/2023, ends at $57.64 with equal steps 1-10 to get to midpoint and equal steps 11-30 (flexible on shape—trying to accomplish similar sized raises for Social Workers as other newly represented clinicians)

Year 1

- Add 3% to current base hourly rate and place on nearest step on wage grid at or above that amount
- Clinicians who are below appropriate step based on years of experience move up three steps or to the appropriate step, whichever is lower

Year 2

- 4.0% ATB
- First full pay period in January 2024 – if below appropriate step based on years of experience move up three steps or to the appropriate step, whichever is lower
- First full pay period in July 2024 – if below appropriate step based on year of experience move up three steps or to the appropriate step, whichever is lower
- First full pay period in December 2024 – if below appropriate step based on years of experience move up three steps or to the appropriate step, whichever is lower

Appendix B – Certification, RCAP, and Clinical Ladder – Agreement Except:

- $6240 annual 1.0 FTE (pro-rated by FTE) paid in bonus to SW and hourly to Therapists if possible or quarterly or more frequently bonus

Article 3 – PTO – PHHH Proposal 08.10.2023 Except:

- Year 1: 20 hours loaded into PTO bank (pro-rated per FTE status) within 1 pay period of ratification
- Year 2: 20 hours loaded into PTO bank (prorated per FTE status) on January 1, 2024

Letter of Agreement on Productivity and MOU Workforce Scheduling and Staffing Committee – PPHH LOA on Productivity plus ONA Supposal on MOU SC-2 08.11.2023

Article 8 – Health and Welfare – PPHH 06.27.2023 Proposal Except:

B. In the event of an exposure, PHHH will provide any exposure specific testing as defined by the Center for Disease Control (CDC) at no cost to the clinician. A clinician, upon request, will be furnished a copy of all results of the aforementioned tests. If PHHH requires a clinician quarantine, PHHH will provide the clinician with work from home duties, if in PHHH’s discretion such work is available. Clinicians may not work from home without PHHH’s authorization.

Article 19 – Duration and Termination – Two Year Agreement
*Contingent upon contract tentative agreement and ratification. If supposal isn’t accepted and ratified, bargaining position reverts to prior bargaining position.

All ULPs and grievances will be resolved according to their merits per their respective dispute resolution processes.
Memorandum of Understanding: Workforce Scheduling and Staffing Committee

PHHH and the union acknowledge the unique and wide range of health care services that are provided in Home Health and Hospice. The acuity of the patient population can impact visit durations and daily schedules. The parties recognize both the importance of patients receiving individualized and compassionate care and the importance of visiting patients in a way that is personally and economically sustainable.

A. Committee Charge. A Workforce Scheduling and Staffing Committee will be established with the goal of identifying and sharing improved practices and operational recommendations for providing safe, high-quality, efficient patient care, including but not limited to scheduling process improvements, proactive admission capacity process, and case management skills training. The Committee will also be charged with creating written staffing plans for all clinical units at PHHH.

B. Committee Composition and Selection. The committee will be comprised of two (2) representatives (one each from Home Health and Hospice, as applicable) from PCC, Clinical Ladder, RCAP, and SWCAP, and four (4) representatives from PHHH. The committee will meet monthly for the 6 months following ratification of this contract. The Committee will be composed of an equal number of direct care clinicians and members of PHHH management. The Committee will include:

   a. One direct care clinician from each of the following:
      i. Home Health Speech Language Pathologist
      ii. Home Health Social Worker
      iii. Home Health Psychiatric Mental Health Nurse
      iv. Home Health Palliative Care Nurse
      v. Home Health Wound Ostomy Nurse
      vi. Home Health Occupational Therapist
      vii. Home Services Liaison
      viii. Hospice Social Worker
      ix. Home Health Physical Therapist
      x. Home Health Skilled Nurse
      xi. Hospice Nurse

Direct care clinicians on the Committee shall be selected by the Association. The Committee will have two co-chairs. One co-chair must be a member of PHHH management. The other co-chair must be a direct care clinician elected by the majority of the Committee members who are direct care clinicians.

C. Committee Meetings. The Committee will meet at least once per month for the first six months of the Agreement and at least once every two months thereafter. Committee meetings will be conducted on paid time. There will be an equal number of voting members of the Committee for each Committee meeting. Members of the Committee will receive up to one additional hour per Committee meeting to prepare for and follow up after Committee meetings.

D. Scheduling Practices. The Committee will establish scheduling standards that address visit complexity/acuity, specialty clinician visits, case management, and the changed requirements for Start of Care visits. Unless the Committee arrives at scheduling standards that otherwise address Start of Care visits and time-intensive (complex or acute) visits, the following will be implemented as of March 1, 2024:

1. Starts of Care. The following daily scheduling limitations will be implemented by PHHH. If a clinician has one or more Start of Care (SOC) visits on their schedule, they will be scheduled to no more than the following:

<table>
<thead>
<tr>
<th>SOCs</th>
<th>8 Hour Clinician</th>
<th>10 Hour Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SOC</td>
<td>2 repeat (or same weight) visits</td>
<td>3 repeat (or same weight) visits</td>
</tr>
<tr>
<td>2 SOCs</td>
<td>No additional visits</td>
<td>1 repeat (or same weight visits)</td>
</tr>
</tbody>
</table>
2. **Time-Intensive Visits.** The following visit types will be deemed time-intensive:

- All AAC-SLP, CWON, MHRN, PCRN, Social Worker, and Hospice visits;
- All visits to nonverbal patients;
- All visits to patients with cognitive communication disorder, aphasia, severe dysarthria, or AAC, regardless of clinician making the visit;
- All visits that require interpretive services; and
- All visits that include initial wheelchair or shower chair evaluation

PHHH will implement the following limitations to daily scheduling of time-intensive visits:

<table>
<thead>
<tr>
<th>8-Hour Clinician</th>
<th>10-Hour Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 in-person time-intensive visits</td>
<td>4 in-person time-intensive visits</td>
</tr>
</tbody>
</table>

E. **Staffing Plans.** The PHHH staffing plan will be the accumulated staffing plans from the clinical units of Home Health and Hospice. The Committee will review and approve a clinical unit staffing plan that defines the minimum staffing required to care for the current patient census. Minimum staffing standards must consider aggregate visit complexity and anticipated PTO and other leaves. Staffing plans for each clinical unit must be approved by the direct care clinicians from the unit.

F. **Workforce Planning.** As a routine part of the Staffing Committee meetings, the parties agree to review relevant data and dialogue on issues related to workforce planning. Routine data to be reviewed at Committee meetings includes, but is not limited to, current vacant positions, turnover of clinicians since the previous meeting, new hire data since previous meeting, changes to patient census since the previous meeting, changes to aggregate visit complexity since the previous meeting, distribution of patient census across territories and specialties, and missed patient visits.