LETTER OF AGREEMENT ON PRODUCTIVITY

A. Productivity. The parties recognize that maintaining adequate productivity is necessary to the essential operations of PHHH, and that each clinician’s productivity is a key part of that clinician’s overall performance. The parties also recognize that productivity goals should appropriately balance workload and high-quality patient care. Accordingly, in applying productivity standards, PHHH will consider visit complexity, travel time, case management, consultation, time spent in meetings, documented educational activities, and other factors that affect the time required to provide patient care.

B. Variances. The parties also recognize that there are many factors that can detract from an individual clinician’s productivity number, and that many of those factors are outside of the control of the individual clinician. For that reason, in conversation with a clinician about whether productivity standards are being met, PHHH will commit to consider in good faith any factor outside the clinician’s control that may have adversely impacted that clinician’s productivity number, including but not limited to:

- traffic (heavy traffic, accidents, construction, etc.);
- technology issues (upgrades, slow sync time, hardware issues, EPIC/network issues, cellular and data connectivity);
- multiple meetings – Staff, IDG, PNCC, Task Force, etc.;
- patient complexity;
- telephone care coordination;
- limited availability of restrooms;
- mandatory education during the course of a workday;
- continuing education;
- preceptorship;
- supervision of care plans when paraprofessionals are involved in patient care;
- and
- supervisory visits for aides.
If clinicians believe that their productivity has been adversely impacted by any of these or similar factors, they are encouraged to bring those factors to the attention of their manager.

C. Productivity Reporting. A clinician’s productivity number will be shared and discussed privately with that clinician. PHHH will not publicly (e.g., share with other clinicians the clinician names associated with productivity numbers) share, discuss, or compare productivity numbers with other clinicians.

D. Corrective Action. A clinician will not be subject to corrective action based upon the clinician’s productivity number.

E. Scheduling. PHHH will neither direct nor permit a Scheduling Coordinator to override the clinical judgment of a clinician by preventing the clinician from downloading a patient/visit when doing so is necessary to maintain a safe daily patient/visit load in the judgement of the clinician. If a Staffing Coordinator has a concern with a clinician downloading a patient, PHHH will direct the Staffing Coordinator to address this concern to the clinician’s manager. In no case will productivity expectations be used as a justification for scheduling beyond a safe daily patient/visit load.

F. PCC. The Professional Care Committee (PCC) may recommend changes to how PHHH applies productivity standards, in areas that may include but are not limited to: consideration of extenuating circumstances; optimization of scheduling; workflow changes; opportunities and challenges with technology; changes in the environment of care; educational opportunities that can help understand and meet productivity standards; or any other factor that may impact productivity. PHHH will consider such recommendations in good faith and will provide a written response within fourteen (14) days of receipt of the recommendation. The PCC may invite PHHH leaders and a member of Human Resources to a meeting to share the PCC’s recommendations. If recommendations from PCC are not adopted, PHHH will offer a rationale and propose alternative solutions. If, after exploring alternatives, the PCC and PHHH reach a mutual agreement, the solution will be implemented within a reasonable amount of time.

G. Notice. PHHH will provide the PCC and the Union with 60 days’ notice before making any changes to productivity standards. Upon request, PHHH will meet with the
PCC and/or the Union to discuss the reasons for the change in the productivity standards and the plans for implementing the changes. PCC and/or the Union may, within 30 days of the planned implementation, make recommendations to PHHH on the changed productivity standards or their implementation. PHHH will consider such recommendations in good faith and will provide a written response within fourteen (14) days of receipt of the recommendation.

H. Effects Bargaining. PHHH will, upon request from the Union within 60 days of implementing the change, meet and bargain with the Union over the impact/effects of any change to the productivity standards.

I. Patient Acuity. PHHH recognizes that patient acuity can impact how clinicians manage their time and help explain patient complexity. PHHH will work with the PCC to adopt acuity measurements for the purpose of facilitating communication and collaboration between clinicians and their managers regarding their workload, the management of a patient assignments, and productivity. If PHHH determines a different acuity measurement is needed, then it will work with the PCC to adopt the new measurement.