ARTICLE 14 - PROFESSIONAL NURSING CARE COMMITTEES

A. A Professional Nursing Care Committee (PNCC) will be established at Home Health and Hospice. Its objectives include providing input to Home Health and Hospice regarding professional issues related to nursing practice, the improvement of patient care, productivity and staffing issues.

B. A Professional Therapy Care Committee (PTCC) will be established at Home Health and Hospice. Its objectives include providing input to Home Health and Hospice regarding professional issues related to clinical practice, the improvement of patient care, productivity and staffing issues.

C. A Professional Social Work and Bereavement Counseling Care Committee (PSWBCCC) will be established at Home Health and Hospice. Its objectives include providing input to Home Health and Hospice regarding professional issues related to clinical practice, the improvement of patient and community care, productivity and staffing issues.

D. Composition:

1. PNCC: The nurses in the bargaining unit shall elect from its membership not to exceed seven (7) nurse members of the bargaining unit (at least two from Home Health and two from Hospice) who shall constitute the Professional Nursing Care Committee. The PNCC shall appoint a Chair and a Secretary and inform management of the appointments.

2. PTCC: The Physical Therapists, Occupational Therapists, and Speech Language Pathologists in the bargaining unit shall elect from its membership not to exceed (5) therapist member of the bargaining unit (at least one from each discipline) who shall constitute the Professional Therapy Care Committee. The PTCC shall appoint a Chair and a Secretary and inform management of the appointments.

3. PSWBCCC: The Social Workers and Bereavement Counselors in the bargaining unit shall elect from its membership not to exceed four (4) Social
Worker and Bereavement Counselor members of the bargaining unit (at least one from Home Health and at least one from Hospice) who shall constitute the Professional Social Work and Bereavement Counseling Care Committee. The PSWBCCC shall appoint a Chair and a Secretary and inform management of the appointments.

E. Committee Meetings: Each Professional Care Committee shall meet up to monthly at the discretion of the Professional Care Committee members and at such times so as not to conflict with the routine duty requirements. Each Professional Care Committee member shall be entitled to up to eight hours per quarter at the nurse’s clinician’s regular straight-time rate, not including shift differential, for the purpose of preparing for, attending, and following up on Professional Care Committee meetings. The Chair and Secretary of the PNCC each Professional Care Committee shall be entitled to an additional four (4) hours per quarter to be shared between them for producing meeting minutes, further preparation and follow up tasks.

Committee members are responsible for requesting time for committee meetings prior to the schedule being posted, and for timely recording and reporting such time to management in accordance with Home Health and Hospice policy.

F. The Each Professional Care Committee shall prepare an agenda and keep minutes for all of its meetings, copies of which shall be provided to Home Health and Hospice’s designated nurse executives within seven (7) days after each meeting. This requirement may be met by posting the agenda and minutes electronically in an area known and accessible to management.

G. The Each Professional Care Committee shall consider matters which are not proper subjects to be processed through the grievance procedure, including the improvements of patient care and nursing clinical practice.
H. The Professional Care Committees will recommend measures objectively to improve patient care and Home Health and Hospice will duly consider such recommendations and will provide a written response within fourteen (14) days of receipt of the recommendation. The A Committee may invite Home Health and Hospice nurse executives and a member of Human Resources to a meeting in order to share the Committee’s recommendations. The Committee’s recommendations pertaining to productivity and staffing will be reviewed by the Task Force as described in Article 21. If recommendations from the PNCC a Professional Care Committee are rejected, Home Health and Hospice will offer a rationale and may propose alternative solutions. If, after exploring alternatives, mutual agreement acceptable to the PNCC Professional Care Committee is reached, the solution will be implemented within a reasonable amount of time.

I. Home Health and Hospice and the Association will make available to nurses clinicians a mutually agreeable form, the Staffing Request and Documentation Form (SRDF), for reporting to Home Health and Hospice specific staffing concerns. Nurses Clinicians will submit completed forms via email. A copy of such reports received by Home Health and Hospice will be provided to the Association, a Committee member designated by Association, and the appropriate unit supervisor. Management will provide a response to the nurse clinician who filed the SRDF no later than seven (7) days following submission of the SRDF. Management’s response will aim to evaluate the root cause of the staffing concern and suggest actions to be taken to address the concern. PNCC The Professional Care Committees and management will jointly analyze submitted SRDFs to determine systemic trends and discuss potential improvements designed to alleviate staffing concerns.

J. One PNCC meeting will be for Once each quarter, the Professional Care Committees will meet jointly with management representatives to meet with PNCC to review relevant data and dialogue on issues related to workforce planning. Routine data to be reviewed includes, but is not limited to, current vacant positions, turnover of nurses clinicians since the previous meeting, productivity, new hire data since previous
meeting, changes to patient census since the previous meeting, distribution of patient census across territories, disciplines, and specialties, missed patient visits, and any other challenges relating to staffing.