LOCATION: Video: Microsoft Office Teams

ATTENDANCE:
Present: Steve Lowler, Amy Gonzalez, Joy Choy, Tiffany Eder, Lori Curtis, Gabriel Erbs, Erika Nieto
Guest: Emily Bennet, Kristin O'Halloran

PNCC Business

Members and Leadership
- Change in ONA Leadership:
  - Steve Lowry to take role of PNCC Chair (interim)
  - Nomination to close 2/09
  - 2 years
- Gabriel Erbs
  - Stand in for Ashley (on family leave)
- Officers Meetings
  - 1st Thursday of month
  - Linda, Pam, Jamie
- Task Force
  - 2nd Thursday of each month

PNCC Past and Recent Accomplishments and Concerns
- PCRN
- SRDF
- LPN supervision
- Productivity
- Case management
- Clinical Ladder
- COVID-19 clinician declaration (stickers applied to employee badges)

- Per ONA Contract 06/28/2019-12/31/2022
- **ARTICLE 14 - PROFESSIONAL NURSING CARE COMMITTEE**

- A. A Professional Nursing Care Committee 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. Composition:
- The nurses in the bargaining unit shall elect from its membership not to exceed six (6) members of the unit (at least two from each department) who shall constitute the Professional Nursing Care Committee.

C. Committee Meetings
- This Committee shall meet twice each quarter, in months 2 that Nursing Tasking Force does not meet, and at such times so as not to conflict with 3 the routine duty requirements.
- Each Committee member shall be entitled to up to two (2) paid hours per month at the nurse’s regular straight-time rate, not including shift differential, for the purpose of attending Committee meetings.
- Provided, that during the first twelve (12) months following ratification of this Agreement, each Committee member shall be entitled to three paid (3) hours per month (or a maximum total of 144 8 hours per year for all Committee members).
- 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.

D. The 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 five (5) days after each meeting.

E. The Committee shall consider matters which are not proper subjects to be processed through the grievance procedure, including the improvements of patient care and nursing practice.

F. The Committee 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 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.

- G. Home Health and Hospice and the Association will make available to nurses a mutually agreeable form for reporting to Home Health and Hospice specific staffing concerns.
  - Nurses will leave completed forms in a designated place in the Nursing Department staffing office.
  - 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.

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New Business

- **Professional Issue**
  - Job description changes without nurse knowledge
  - Request: Job description for SN, PCRN, MHRN, hospice WOCN, LPN (as they work under RN) from HR

- **Dual state license territory**
  - Work in WA but OR taxes

- **Productivity and Case Management**
  - New focus on fixing problems rather than prevention
  - Case management is non-productive time
  - Patients with high acuity most effected
  - Lacks holistic approach and focus on speed of visit and ability to get more visits made
  - Push for virtual visits
  - Push to avoid LUPA

- **COVID-19**
  - Pandemic Pay
  - What is this?
  - How to access?
  - Not everyone is using? Some are using while waiting for COVID-19 results
- Nurses are losing PTO which is important part of balancing a fulfilling work and personal life balance
- Disclosure of vaccine status to patient/patient families
  - Inconsistent messages (patients “firing” caregivers for not disclosing)
  - Some caregivers disclosing status while others do not
  - Request management to develop a script and consistent message for all caregivers to use in addressing vaccine status to patient/families

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**Meeting with Management (Kristin, Emily)**

- Management requesting PNCC to help development of weekend scheduling visit process
  - 1x week patient visits have been pushed to weekend
    - Due to case managers working short week (in anticipation of weekend rotation), resulting in 1x week visits pushed to weekend
  - What visits should be made on weekends?

- PNCC shared concerns with COVID-19
  - Pandemic Pay- agreeable to follow up and provide PNCC with information about this
  - Mixed messages about time off, quarantine etc.
  - Disclosure of vaccine status to patient/patient families; lack of consistent practice, need for script

- Next meeting plan to discuss Employee Survey

Next meeting February 17, 2022 via TEAMS 1430-1630
Invite management: Kristine, Corinne, Emily, Gretchen