ARTICLE 14 - PROFESSIONAL CARE COMMITTEE

A. A Professional Care Committee ("PCC") 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.

1. Subcommittees: There shall be three Subcommittees to the PCC: Professional Nursing, Professional Therapy Care, and Professional Social Work and Bereavement Counseling. The clinicians shall elect from the bargaining unit members in that profession the members of that profession's Subcommittees, with at least one representative from each of Home Health and Hospice (where applicable).

2. There shall be no more than seven (7) members of the Professional Nursing Subcommittee, six (6) members of the Professional Therapy Care Committee, and four (4) members of the Professional Social Work and Bereavement Counseling Subcommittee.

3. Subcommittees shall meet once per quarter to discuss the professional issues relating specifically to their profession.

B. Composition: The PCC shall consist of no more than seven (7) Nurses, two (2) Physical Therapists, two (2) Occupational Therapists, two (2) Speech Language Pathologists, and four (4) Social Workers and Bereavement Counselors. For each discipline, representation will be from each Home Health and Hospice (where applicable). Two members of each subcommittee shall be elected by that subcommittee to serve on the Professional Care Committee. The PCC shall appoint a Chair and a Secretary and inform management of the appointments.

C. PCC Meetings: The PCC shall meet monthly twice each quarter, in months that the subcommittees do not meet, and at such times so as not to conflict with the routine duty requirements. Each PCC member shall be entitled to up to eight hours per quarter
at the clinician’s regular straight-time rate, not including shift differential, for the purpose
of preparing for, attending, and following up on PCC meetings. The Chair and Secretary
of the PCC 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 PCC and subcommittee
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 PCC and subcommittees shall prepare an agenda and keep minutes for all
of their meetings, copies of which shall be provided to PHHH’s designated management
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.

E. The PCC and subcommittees 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.

F. The PCC 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 PCC
may invite Home Health and Hospice management and a member of Human
Resources to a meeting in order to share the PCC’s recommendations. The PCC’s
recommendations pertaining to productivity and staffing will be addressed as described
in the Letter of Agreement on Productivity and reviewed by the Task Force as
described in Article 21. If recommendations from the PCC are not adopted, PHHH will
offer a rationale and may propose alternative solutions. If, after exploring alternatives, a
mutually agreeable solution is identified, the solution will be implemented within a
reasonable amount of time.
G. Home Health and Hospice and the Association will make available to clinicians a mutually agreeable form, the Staffing Request and Documentation Form (SRDF), for reporting to Home Health and Hospice specific staffing concerns. 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 PCC member designated by Association, and the appropriate clinical unit manager. Management will provide a response to the 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. The PCC and management will jointly analyze submitted SRDFs to determine systemic trends and discuss potential improvements designed to alleviate staffing concerns.

H. One PCC meeting each quarter will be for management representatives to meet with PCC 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 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 and specialties, missed patient visits, and any other challenges relating to staffing.