

**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 Subcommittee, 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 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

1 at the clinician's regular straight-time rate, not including shift differential, for the purpose  
2 of preparing for, attending, and following up on PCC meetings. The Chair and Secretary  
3 of the PCC shall be entitled to an additional four (4) hours per quarter to be shared  
4 between them for producing meeting minutes, further preparation and follow up tasks.

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

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10 D. The PCC ~~and subcommittees~~ shall prepare an agenda and keep minutes for all  
11 of their meetings, copies of which shall be provided to PHHH's designated management  
12 within seven (7) days after each meeting. This requirement may be met by posting the  
13 agenda and minutes electronically in an area known and accessible to management.

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15 E. The PCC and subcommittees shall consider matters which are not proper  
16 subjects to be processed through the grievance procedure, including the improvements  
17 of patient care and ~~nursing~~ **clinical** practice.

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19 F. The PCC will recommend measures objectively to improve patient care and  
20 Home Health and Hospice will duly consider such recommendations and will provide a  
21 written response within fourteen (14) days of receipt of the recommendation. The PCC  
22 may invite Home Health and Hospice management and a member of Human  
23 Resources to a meeting in order to share the PCC's recommendations. The PCC's  
24 recommendations pertaining to productivity and staffing will be **addressed as described**  
25 **in the Letter of Agreement on Productivity and** reviewed by the Task Force as  
26 described in Article 21. If recommendations from the PCC are not adopted, PHHH will  
27 offer a rationale and may propose alternative solutions. If, after exploring alternatives, a  
28 mutually agreeable solution is identified, the solution will be implemented within a  
29 reasonable amount of time.

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- 1 G. Home Health and Hospice and the Association will make available to clinicians a  
2 mutually agreeable form, the Staffing Request and Documentation Form (SRDF), for  
3 reporting to Home Health and Hospice specific staffing concerns. Clinicians will  
4 submit completed forms via email. A copy of such reports received by Home Health  
5 and Hospice will be provided to the Association, a PCC member designated by  
6 Association, and the appropriate ~~clinical unit~~ manager. Management will provide a  
7 response to the clinician who filed the SRDF no later than seven (7) days following  
8 submission of the SRDF. Management's response will aim to evaluate the root cause  
9 of the staffing concern and suggest actions to be taken to address the concern. The  
10 PCC and management will jointly analyze submitted SRDFs to determine systemic  
11 trends and discuss potential improvements designed to alleviate staffing concerns.  
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- 13 H. One PCC meeting each quarter will be for management representatives to meet  
14 with PCC to review relevant data and dialogue on issues related to workforce  
15 planning. Routine data to be reviewed includes, but is not limited to, current vacant  
16 positions, turnover of clinicians since the previous meeting, productivity, new hire data  
17 since previous meeting, changes to patient census since the previous meeting,  
18 distribution of patient census across territories and specialties, missed patient visits,  
19 and any other challenges relating to staffing.