ARTICLE 14 - PROFESSIONAL NURSING CARE COMMITTEE

A. A Professional Nursing 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 nursing 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 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 Two members of each subcommittee shall be elected by that subcommittee to serve on constitute the Professional Nursing Care Committee. The PCC shall appoint a Chair and a Secretary and inform management of the appointments.

C. PCC Committee Meetings: This Committee The PCC shall meet twice each quarter, in months that the subcommittees Nursing Tasking Force does not meet, and at such times so as not to conflict with the routine duty requirements. Each PCC Committee member shall be entitled to up to two (2)-paid-hours-per-month 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 PCC 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 hours per year for all Committee members). 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 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 PCC and subcommittees Committee shall prepare an agenda and keep minutes for all of its their meetings, copies of which shall be provided to PHHH's Home Health and Hospice's designated management nurse executives within five (5) 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 Committees 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 PCC 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 PCC Committee may invite Home Health and Hospice nurse management executives and a member of Human Resources to a meeting in order to share the PCC's Committee's recommendations. The PCC's Committee's recommendations pertaining to productivity and staffing will be 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 nurses 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 leave completed forms via email 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 PCC Committee member designated by Association, and the appropriate clinical unit manager supervisor. 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.