

## **Community Medical Center**

### **Montana Nurses Association**

#### **Professional Conference Committee (PCC) Charter**

##### **Mission Statement:**

The Professional Conference Committee's purpose is to provide a collaborative process to facilitate communications and cooperation between professional Nurses and Management. The intention is to establish a forum for open discussion, to address mutual concerns and develop plans to improve patient care and Nurse/Management relationships.

##### **Goals and Objectives**

1. Prioritize and resolve issues
  - Foster full understanding of issues
  - Reach consensus on identified issues
2. Foster respectful communication
  - Effective issue identification
  - Collect and share Information
3. Build trust within the facility
  - Collect and share information
  - Member responsibility for attending and following up on PCC agenda items and minutes

##### **Membership**

The Union-Management Committee will be comprised of representatives from both Management and the Union as outlined in the CBA.

Alternates will be identified from each party, not to exceed that which is outlined in the CBA. Alternates may attend any and all meetings and participate in discussions. Alternates will participate in the decision making process when there are less than three members of the alternate's team present.

50% of both parties will constitute a quorum.

##### **Co-Chairs**

The co-chairs will be the Vice President of Patient Care Services and the Bargaining Unit President. The co-chairs will set the agenda; gather needed information, and alternate chairing of the meetings.

Agenda items should be presented to the co-chairs no later than the close of business on the Monday preceding the meeting.

### **Decision Making**

Decisions will be made by consensus. If the committee cannot reach consensus on an issue, it will be put in the “parking lot” to be considered at the next PCC meeting. Issues may remain in the parking lot until resolved.

### **Sphere of Influence**

The co-chairs will determine the level of authority the committee has over a single issue (1= full authority; 2=recommend; 3=no authority). Items determined to be “no authority” will be explained by the co-chairs to the committee.

### **Behavior Norms**

The PCC will use Federal Mediation and Conciliation Service’s (FMCS) recommended rules for getting the most out of meetings:

### **Behavior Norms**

- The program belongs to you, and its success rests largely with you.
- Enter the discussion enthusiastically.
- Give freely of your experience, but don’t dominate the discussion.
- Confine the discussion to the problem.
- Say what you think.
- Only one person should talk at a time. Avoid private conversations while someone else is speaking.
- Listen alertly to the discussion.
- Be patient with other members.
- Appreciate the other person’s point of view.
- Be prompt and regular in attendance.
- The group will stick to issues-no personal attacks.
- Limited use of cell phones.
- Caucuses may be called .

### **Guests and Observers**

Committee members can invite guests provided they notify the other team prior to the PCC meeting. Guests and observers will follow all meeting protocols.

### **Meeting Frequency**

Meeting frequency and logistics as outlined in the CBA contract. Rescheduling or cancellation may be done by mutual agreement.

### **Adopted**

The present Community Medical Center and Montana Nurses Association Professional Conference Committee (PCC) Charter was approved by the voters of RN PCC Committee and became effective on the second day of April 2014, in the County of Missoula, State of Montana.

### **Voting Members:**

Janice Perry	Karla Langlois
Regina Lee	Geri Unbehend
Kristine Haasl	Kristin Mayo
Marcie Willmore	Margret Steinberg
Shannon St. Onge	Madalyn Crouch
	Rebecca Carlson