AGREEMENT

between

OREGON NURSES ASSOCIATION

and

PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL

April 1, 2022 through March 31, 2024
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THIS AGREEMENT is made between the OREGON NURSES ASSOCIATION ("Association") and PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL (the "Hospital"). In consideration of the mutual covenants and promises hereinafter related, the parties enter into this Agreement to secure and preserve the rendition of uninterrupted patient care in an atmosphere of harmony between the Hospital management and the nurses employed by the Hospital.

ARTICLE 1 – DEFINITIONS

1.1 Nurse. A registered professional nurse.

1.2 Continuous Employment. For all purposes under this Agreement, except as it affects Article 13.2, all time paid by the Hospital. Under Article 14.2, any time spent on an unpaid leave of absence will not be counted as continuous employment during a newly hired period.

1.3 Newly Hired. An employee during the first one hundred and eighty (180) days of employment. During the newly hired period, a nurse may be dismissed without recourse to the grievance procedure.

1.4 Full-time Nurse. A nurse who is regularly scheduled to work thirty-six (36) hours or more in one (1) week or seventy-two (72) hours or more in two (2) weeks.

Any nurse designated as a full-time nurse will accumulate and receive all fringe benefits as provided in this Agreement when they become and for as long as they remain a full-time nurse.

1.5 Part-time Nurse. A nurse who is regularly scheduled to work at least twenty-four (24) but less than thirty-six (36) hours in one (1) week or less than seventy-two (72) hours in two (2) weeks.

1.6 Variable Shift Nurse. A nurse who is full or part time who does not have a master schedule. Variable positions will be defined upon hire. It will be
defined as day-variable, night-variable, day/evening-variable, night/evening variable, or rotating.

1.7 **Float Nurse.** A nurse who is hired into a float position, either full- or part-time, and is regularly scheduled to an assigned unit. The float nurse is the first to float out of the assigned unit or operational unit and will equitably rotate low-census days with floats in other units or operational units. Float nurses must meet competency skills for secondary nurses as set forth in the job description for the unit or operational unit to which the float nurse is floating.

1.8 **Short-hour Nurse.** A nurse who is regularly scheduled to work twenty-three (23) hours or less per week.

1.9 **Per Diem Nurse.** A nurse who is on the per diem list and who makes themself available at times when the Hospital needs additional nurses, with a minimum availability of three (3) shifts per month. One (1) out of every three (3) shifts must be a weekend or a holiday, if such a shift is available. To maintain per diem status, a per diem nurse must sign up for at least three (3) unfilled shifts during each four (4) week schedule period. Unfilled shifts are shifts not already signed up for by another per diem RN. Shifts will be considered filled once the manager receives confirmation by email to be used as a time stamp on a first-come basis. Standby call shifts will satisfy this requirement. Per Diem nurses in surgical services are required to sign for a weekend standby call shift (forty-eight (48) hours) once every twelve (12) weeks per call scheduling period. If for any reason a nurse is unable to meet the three (3) shift requirement, they are to notify their manager. Per Diem nurses must meet the patient care unit’s education requirement for the year. A nurse may completely opt out of one (1) four (4) week schedule period each calendar year, provided the nurse requests time off in accordance with Article 6.

1.10 **Resident.** Registered nurse who has completed a pre-licensure nursing program and is newly licensed (twelve (12) months or less).
1.11 **Fellow.** Registered nurse with more than twelve (12) months of nursing experience but new to specialty of hire.

1.12 **Supervisor.** A nurse who in the interest of management performs duties that make them an exempt employee under the National Labor Relations Act. A supervisor may adjust grievances and finalize employment evaluations in addition to directing the work of a department.

1.13 **Immediate Supervisor.** The person to whom a nurse directly reports. On the afternoon and night shifts, for general Hospital purposes, the afternoon or night supervisor is the immediate supervisor.

1.14 **Charge Nurse.** Registered Nurse who in collaboration with unit manager and Nurse Supervisor, has unit leadership duties, including patent assignments for nurses/bed planning, staffing, and who assist in patient care. The charge nurses also responsible for mentoring staff, committee work, and reporting performance issues, operational problems, and care team concerns to the Unit Manager/Nurse Supervisor. The parties agree that if the Hospital creates or posts charge nurse positions or lead nurse positions, the Hospital will not challenge their status as bargaining unit nurses for the term of the collective bargaining agreement.

1.15 **Probationary Period.** The first one hundred and eighty (180) calendar days of any nurse’s employment by the Hospital.

1.16 **Operational Unit.** An operational unit is one or more units within the Hospital, with related functions. The ACU and the ICU together comprise a single operational unit, and the PACU, Same Day Surgery, and the Operating Room (OR) together comprise a single operational unit. The following are the recognized operational units:

- Emergency Department.
- Operating Room, Same Day Surgery, and PACU.
- ACU and ICU.
• Family Birth Center (including postpartum only nurses that work in Lactation Clinic).
• Lactation Inpatient and Outpatient who are not scheduled for a postpartum shift.
• Infusion.
• Wound Care Outpatient & Inpatient.
• Dialysis.
• Hospice.
• Home Health.

1.17 Temporary Lead. A nurse who, in addition being responsible for the direct or indirect total care of patients, temporarily assists and coordinates as assigned by the Hospital, in the continuity of patient care responsibilities and clinical activities of an Operational Unit.

ARTICLE 2 – RECOGNITION AND MEMBERSHIP

2.1 The Hospital recognizes the Association as the collective bargaining representative with respect to the rate of pay, hours of work, and other conditions of employment for a bargaining unit composed of all registered nurses employed by the Hospital at thirteenth (13th) and May Street, Hood River, Oregon, as general duty nurses, but excluding administrative and supervisory personnel and nurses employed exclusively in the following departments and areas: Admissions, Physical Therapy, EEG, Anesthesia, Radiology, Laboratory, Pharmacy, Occupational Therapy, Quality Assurance, Utilization Review, Nursing Education, Dietary, Medical Records, Personnel, Doctor's Offices, and Housekeeping. Should the Hospital move nurses currently within the bargaining unit to a location contiguous with the Hospital property but not specifically located at Thirteenth (13th) and May Streets, those positions will remain within the bargaining unit.

2.2 The Hospital also recognizes the Association as the collective bargaining representative with respect to the rate of pay, hours of work, and other conditions of employment for all registered nurses employed in the Home
Health Care and Hospice, and Outpatient Dialysis Departments as general-duty nurses, but excluding administrative and supervisory personnel.

2.3 Because a nurse has a high degree of professional responsibility to the patient, the nurse is encouraged to participate in the Association to define and upgrade standards of nursing practice and education through participation and membership in their professional association. An ONA membership packet will be provided by ONA to each nurse at the time of new employee orientation. A bargaining unit nurse designated by the Association will be given the opportunity to meet with newly hired nurses who are on paid time for thirty (30) minutes, to discuss contract administration. The meeting will occur within the first (1st) month of employment. If the nurse designated by the Association has been released from otherwise scheduled work, the nurse will also be paid for the thirty (30)-minute period.

2.4 The following provisions apply to any nurse hired before December 14, 2009 (“Effective Date”): Membership in the American Nurses Association through Association shall be encouraged, although it shall not be required as a condition of employment. Notwithstanding the prior sentence, if a nurse hired before December 14, 2009, voluntarily joins the Association or has voluntarily joined the Association as of December 14, 2009, the nurse must thereafter maintain such membership, as an ongoing condition of employment, or exercise one of the two options listed in 2.5A(2) or 2.5A(3) below.

A. **Transfers.** Nurses who are members of the Association or have exercised one of the two options listed in 2.5A(2) or 2.5A(3) below will maintain such status upon transfer to Providence Portland Hospital, Providence St. Vincent Hospital, Providence Willamette Falls Hospital, and Providence Home Health and Hospice. Nurses who are not members at another facility in the Portland metro area where they are represented by a union may continue such status, at their option, upon transfer to Providence Portland Hospital, Providence St. Vincent Hospital, and Providence Home Health and Hospice, unless they elect to exercise one of the two options listed in 2.5A(2) or 2.5A(3) below.
B. Promotions within a facility. A nurse subject to paragraph A above as of December 14, 2009 who assumes a position at the Hospital outside of the bargaining unit will retain their respective status (as a nonmember, a member whose membership must be maintained, or one of the two options listed in 2.5A(2) or 2.5A(3) below) if they to the bargaining unit within one year of the date that the nurse assumed a non-bargaining position. A nurse who returns to the bargaining unit after one (1) year will be subject to the choices in paragraph 2.5A below.

2.5 The following provisions apply to any nurse hired after December 14, 1 2009:

A. By the thirty-first (31st) calendar day following the day that the nurse begins working, each nurse must do one of the following, as a condition of employment:

1. Become and remain a member in good standing of the Association and pay membership dues (Association member); or

2. Pay the Association a representation fee established by the Association in accordance with the law; or

3. Exercise their right to object on religious grounds. Any employee who is a member of, and adheres to established and traditional tenets or teachings of a bona fide religion, body, or sect, that holds conscientious objections to joining or financially supporting labor organizations, will, in lieu of dues and fees, pay sums equal to such dues and/or fees to a non-religious charitable fund. These religious objections and decisions as to which fund will be used must be documented and declared in writing to the Association and the Hospital. Such payments must be made to the charity within fifteen (15) calendar days of the time that dues would have been paid.

B. The Hospital will provide a copy of the collective bargaining agreement to newly hired nurses, along with including a form
provided by the Association that confirms the provisions in 2.5A above. The nurse will be asked to sign upon receipt and return the signed form directly to the Association. The Hospital will work in good faith to develop a procedure to retain copies of such signed forms.

C. A nurse should notify the Association’s Membership Coordinator, in writing, of a desire to change their status under the provisions of 2.5A above by mail, to the business address for the Association.

D. The Association will provide the Hospital with copies of at least two (2) notices sent to a nurse who has not met the obligations to which they are subject, pursuant to this Article. The Association may request that Hospital’s terminate the employment of a nurse who does not meet the obligations to which they are subject, pursuant to this Article. After such a request is made, Providence will terminate the nurse’s employment no later than fourteen (14) days after receiving the written request from the Association. The Hospital will have no obligation to pay severance or any other notice pay related to such termination of employment.

2.6 The following provisions apply to all nurses.

A. **Dues Deduction.** The Hospital shall deduct the amount of Association dues, as specified in writing by Association, from the wages of all employees covered by this Agreement who voluntarily agree to such deductions and who submit an appropriately written authorization to the Hospital. Changes in amounts to be deducted from a nurse’s wages will be made on the basis of specific written confirmation by Association received not less than one month before the deduction. Deductions made in accordance with this section will be remitted by the Hospital to Association monthly, with a list showing the names and amounts regarding the nurses for whom the deductions have been made.
2.7 Association will indemnify and save the Hospital harmless against any and all third (3rd)-party claims, demands, suits, and other forms of liability that may arise out of, or by reason of action taken by the Hospital in connection with, this Article.

2.8 The parties will work together to reach a mutual agreement on the information to be provided to the Association, to track the provisions in this Article.

2.9 The Hospital will supply the Association and the chairperson of the bargaining unit with an electronic list showing the names, addresses, phone numbers, hire dates, unit/department, shift, and pay steps of nurses covered by this Agreement, on a monthly basis. The Hospital will work with the Association to provide a unique identifier such as the nurse’s license number, as part of the electronic list. The Hospital will also supply a monthly list showing the names of each nurse whose employment has been terminated, who has been hired, and who has completed their newly hired period, including addresses, phone numbers, hire dates, and pay steps, during the preceding month. The Hospital will provide the Association with reasonable updates of this information as requested during contract negotiations.

2.10 The Association will provide the Hospital with a copy of this Agreement for each new hire, which the Hospital will distribute to such newly hired nurse. The Association will also supply the Hospital with five (5) copies of the Agreement for use by Hospital management.

2.11 The Association shall be permitted to post notices related to activities of the Association on one 2' x 2' bulletin board in a place of mutual agreement on each floor of the north wing where patient care is provided. The bulletin boards are for the exclusive use of the Association.
ARTICLE 3 – NONDISCRIMINATION

3.1 The Hospital may not discriminate against any nurse on account of membership in or activity on behalf of the Association provided that such activity does not interfere with the nurse's regular duties. The Hospital may not discriminate against any nurse because of sex, gender identity, religion, race, creed, color, marital or family status, national origin, physical or mental disability, age, sexual orientation, military status, or political affiliation.

ARTICLE 4 – WORK SCHEDULE AND OVERTIME

4.1 Except as modified under Article 4.02(B) or elsewhere in this Agreement, a standard workday will consist of eight (8) hours' work to be completed within eight and one-half (8.5) consecutive hours with a thirty (30)-minute meal period on the nurse's own time. If the nurse is required by the Hospital to remain on duty or in the Hospital during the meal period, that time will be considered as time worked for pay purposes. It is understood that unpaid meal periods are uninterrupted thirty (30)-minute periods in which the nurse is not required to perform any duties on behalf of the Hospital.

4.2 The standard work period consists of eighty (80) hours within a fourteen (14)-day period, or a forty (40) hour period within a seven (7) day period, except as modified by agreement at Article 4.02(B).

A. Overtime will be compensated for at the rate of one and one-half (1.5) times the regular rate of pay for all time worked in excess of: (1) thirty-six (36) hours in each workweek of seven (7) consecutive days, defined as Sunday 0001 (12:01 a.m.) to Saturday 2400 (12:00 a.m.), or eight (8) hours in a workday, except as defined at Article 4.02(B), defined as beginning with the start of the nurse's shift on that day worked unless nurse is attending meetings and education, in which case overtime begins after forty (40) hours in a workweek; or (2) for nurses on an eight-eighty (8/80) pay period, eight (8) hours in a workday, defined as above, or eighty (80) hours in a fourteen (14) day period, defined as Sunday 0001 (12:01 a.m.) to the second Saturday 2400 (12:00 a.m.), beginning with the first Sunday in a calendar year. All full-time nurses will have the option of being on an
eight-eighty (8/80) pay period. That option is to be exercised in writing and will be effective upon receipt by the Hospital.

B. All overtime must be approved in advance by the supervisor except in case of emergency. A nurse may be scheduled for shifts of eight (8), nine (9), ten (10) or twelve (12) hours in a day. Nurses scheduled for shifts of nine (9) or twelve (12) hours in a day qualify for time and one-half (1.5) premium pay after working any hours in excess of the department's established workday or thirty-six (36) hours in a workweek, except that straight time will be paid for hours thirty-six (36) to forty (40) to attend meetings and education. No nurse may be required to work more than twelve (12) consecutive hours without a ten (10) hour break immediately following the (twelfth) 12th hour worked during a twenty-four (24)-hour period. No nurse may be compelled to work more than four consecutive days on twelve (12)-hour shifts. There will be three (3) fifteen (15)-minute breaks, one (1) for each four (4) hours worked, for a nurse scheduled for a twelve (12)-hour shift. The Hospital will not require nurses to work an unreasonable amount of overtime on a repetitive or continual basis.

C. As near as possible, full-time nurses will be scheduled either four (4) on, two (2) off, or every other weekend off with various workdays scheduled to equal or exceed seven regularly scheduled workdays per semimonthly pay period. Part-time nurses agree to work every other weekend. If part-time nurses make their shift preferences, requested number of days, and department preferences known to the Chief Nurse Executive or their designee, they will be scheduled as needed on days off of full-time personnel with attention when practicable to these preferences and requests.

If a nurse is required by the Hospital to work on a weekend that is not the nurse's regularly scheduled weekend and the nurse has worked at least one (1) full shift during the previous regularly scheduled
weekend, then the nurse will receive pay at the rate of one and one-half (1.5) times their regular straight-time hourly rate.

Restrictions on weekend scheduling and all financial disincentives to scheduling weekend work will not apply (except for the weekend differential) pursuant to (Appendix A.07) when that schedule is part of the master schedule (see Appendix D).

Nurses will be added to the schedule in the following order:

1. Master schedule nurses (if any);

2. Variable schedule nurse, and

3. Per diem nurses.

D. A workday for overtime purposes will be calculated from the time a nurse begins work and will end twenty-four (24) hours following the start of that shift.

E. There shall be no pyramiding of time and one-half (1.5) and/or double-time premiums under this agreement. When a nurse qualifies for multiple premiums, the highest of the premiums will be paid.

F. A nurse finding it difficult to find adequate time away from patient care duties to complete mandatory education should inform their manager or supervisor. The nurse and the manager/supervisor will then work together to schedule a reasonable amount of paid time away from patient care, consistent with patient care needs, for the nurse to complete the education. This may include up to two (2) hours per month to complete required education modules remotely: overtime will not be incurred.
Nurses scheduled for eight (8) or nine (9)-hour shifts will receive two (2) fifteen (15)-minute rest periods during each standard workday. Nurses scheduled for twelve (12)-hour shifts will receive three (3) fifteen (15)-minute rest periods during each standard workday. Because the scheduling of regular rest periods may not be possible due to the nature and circumstances of work in an acute care facility (including emergent patient care needs, the safety and health of patients, availability of other nurses to provide relief, and intermittent and unpredictable patient census and needs), the parties therefore agree as follows:

A. Scheduling of breaks is best resolved by unit-based decisions, where the affected nurses are involved in creative and flexible approaches to the scheduling of rest periods. Unit-based decisions will meet operational needs and be approved by the unit manager, charge nurse, or house supervisor, as applicable. Unit level staffing plans will address minimum staffing requirements during meals and breaks.

B. Each unit has the flexibility to develop a process for scheduling nurses for the total amount of rest and meal periods subject to the following:
   1. The process must be approved by the unit manager;
   2. The preferred approach is to relieve nurses for two (2) fifteen (15)-minute rest periods and one (1) thirty (30)-minute meal period within an eight (8) or nine (9)-hour shift, and to relieve nurses for three (3) fifteen (15)-minute rest periods within a twelve (12)-hour shift (although other options, consistent with applicable law, may be explored); and
   3. If a nurse believes that they are (or will be) unable to take a break or lunch period, the nurse should inform their immediate supervisor as soon as possible. The nurse’s immediate supervisor will make reasonable efforts to provide the nurse with such break(s) or lunch period.
4. If a nurse is not able to take a thirty (30)-minute uninterrupted meal period, the nurse will be paid for such thirty (30) minutes.

4.4 The Hospital shall provide restrooms, lockers, and adequate facilities for meal breaks.

4.5 When the Hospital posts a variable shift nurse position that requires rotating shifts, the Hospital will work to minimize the impact of such rotating position by communicating and collaborating with the nurse in the development of the nurse’s schedule and will make every reasonable effort not to require nurses to rotate from days to nights (or vice versa) no more than once every two (2) pay periods.

4.6 The Hospital retains the right to adjust work schedules to maintain an efficient and orderly operation, consistent with the other provisions in this Agreement.

A. Scheduling. Work scheduled will be prepared for two (2) month periods and will be posted by the tenth (10th) of the month preceding the scheduling period. Requests for days off are to be input into the electronic timekeeper system to the unit manager or designee by the first (1st) day of the month immediately preceding the month in which the schedule is effective. Annual leave requests will be responded to per Article 6. Once the schedule is posted, changes may be made only with mutual agreement of the affected nurse and the Hospital unless it is necessary for the Hospital to adjust the schedule to ensure efficient operations.

B. Schedule Changes. Any mutually agreed upon changes within the nurse’s FTE and at the request of the Hospital that are made after the schedule is posted to the nurse will be paid at a ten percent (10%) differential added to the nurse's regular rate. If the schedule is not agreed upon by the nurse, see Section D. Mandatory Critical Shifts.
C. **Trades.** Subsequent requests for days off must be arranged by the nurse in the form of a trade with, or substitution, by a qualified nurse. The trade or extra day's work must not place either employee in an overtime situation. The request for trade is to be submitted in the electronic timekeeping system to the unit manager or designee as much in advance of the time for the trade or substitution as is possible. A trade or substitution is not effective unless approved by the unit manager or designee and will not be unreasonably denied. If a trade shift request does not meet the ten (10)-hour break rule but causes the nurse to return within the twenty-four (24)-hour rule, the nurse coming back within twenty-four (24) hours will complete the paperwork to waive the two (2) hours of overtime. This form must be completed by both the RN and the manager prior to the shift trade being approved. The timecard will reflect the adjustment.

D. **Mandatory Critical Shifts.** Before requiring a nurse to work a mandatory critical shift (defined as a mandated shift that was not assigned to the nurse when the schedule was posted and has the potential to disrupt the operation of the Hospital if not filled), the Hospital will attempt to fill that shift using all other avenues (e.g. open shift offers, share care, agency and nursing leadership). If all other avenues have been exhausted and a critical shift is necessary, the Hospital will notify the nurse of the mandatory critical shift assignment as soon as practicable. Mandatory critical shifts will be filled on a rotating basis starting in reverse seniority order, provided skill mix is maintained. This rotation will include per diem nurses. The Association understands that the Hospital will not call a nurse in to work on a day off without good cause. Mandatory critical shifts will be paid at a thirty percent (30%) differential and open shift premium in accordance with Appendix A.14. Mandatory critical shifts should not become a pattern or common practice for a unit.
E. **Infusion Services Patient Coverage on the Weekends.**

Nurses who are required to care for infusion patents on the weekend (Saturday and Sunday from or between the hours of 8:00 a.m. to 5:00 p.m.) will be paid for a minimum of two (2) hours or their actual hours worked beyond two (2) hours, whichever is greater, at one and a half (1.5) times their straight time rate.

4.7 **Low Census.**

A. If the Hospital does not make all reasonable attempts to contact a nurse at least two (2) hours before the nurse is scheduled to start the shift and let them know that they are not needed for that shift on their operational unit, then the nurse has the following alternatives:

1. Be placed on call, be paid for the nurse's scheduled hours at the applicable call rate of pay per Appendix F and be paid for one quarter (0.25) of the nurse's scheduled hours at straight time pay.

2. To take an alternate staff position.

3. To take an alternate staff position for at least four (4) hours and then be placed on-call or take the time off without pay.

4. The nurse is required to be sure that the Hospital has a current address and phone number where he or she can be reached; failure to do so exempts the Hospital from this notification requirement. In no event will pay pyramid under this section; a nurse who receives regular pay will not receive call pay for the same period.

B. On low-census days, the procedure set forth in A above will be followed. A nurse may request approval from their supervisor to complete any pending HealthStream courses at straight time prior to being placed on low census. If the Hospital is repeatedly unable to utilize one or more nurses, the Hospital will rotate low census among
nurses on the unit where the low census is occurring in the following order, provided the necessary skill mix is maintained:

1. Nurses receiving open shift incentive pay;

2. Volunteers;

3. Agency nurses or share care nurses;

4. Per diem nurses;

5. Short hour nurses;

6. Both full-time and part-time nurses.

A full-time or part-time or short-hour nurse may also agree to voluntarily, at the request of the Hospital, adjust their start or end time in order to avoid having to take low census and preserve their hours of work for that day. The parties agree that such voluntary adjustment of start or end times are not subject to the provisions of Section 4.6(A). Long-term agency nurses (agency nurses who fill open positions for more than one (1) week) will rotate low census with Hospital nurses as if they were full- time or part-time.

No nurse will suffer a loss of benefits or tenure hours as a result of having their scheduled work hours reduced in accordance with this section.

C. A nurse’s call turn will be counted as fulfilled when on call for at least one third (1/3) of that nurses regularly scheduled shift, i.e. four (4) hours for twelve (12) hour shift. Open shift on call time will not count towards call turn rotations. In the event of a low census tie, the nurse to be sent home will be the nurse who has had the least amount of call that week.
D. **Mandatory Low Census Cap.** Effective January 1, 2023, no nurse will be asked to take mandatory low census beyond a cap of one hundred seventy-six (176) hours (pro-rated based on FTE) in a rolling calendar year, and no more than one (1) shift per pay period for a full-time nurse. It is the joint responsibility of the nurse and their manager to track low census hours and inform one another that the cap on mandatory low census has been reached. To be eligible for the cap described above, a nurse must be willing to float to other hospital-based units. Nurses who volunteer to be placed on low census will not have those hours count towards the low census cap. Nurse who decline the option to float to another unit or do not accept another alternate assignment will then take low census for their own unit and those hours will not count toward the low census cap. It is the responsibility of the unit-based and hospital-based staffing committees to review low census and float data and discuss the possibility of modifying the cap or further reducing the cap. The parties will annually meet to review low census data and discuss the possibility of modifying the cap and/or further reducing low census.

4.8 Nurses who reside greater than thirty (30) minutes from the Hospital and who work in a department that requires a thirty (30)-minute call-in response time will upon request be provided with accommodations. If conventional beds are not available, a hotel room will be provided. The Emergency Department, Operating Room, PACU and Family Birth Center are departments that require a thirty (30)-minute call-in response. All other departments require a sixty (60) minutes call-in response. No nurse will receive any form of disciplinary action for arriving later than thirty (30) minutes after being called in during inclement weather of bridge work or closures.
ARTICLE 5 – HOLIDAYS

5.1 Nurses who work on these holidays will receive time and one-half (1.5) pay for all hours worked on the holidays:
   - New Year's Day
   - Martin Luther King Jr. Day
   - Memorial Day
   - Independence Day
   - Labor Day
   - Thanksgiving Day
   - Christmas Day

5.2 Nurse who are on call during a holiday will be compensated at the rate of eleven dollars ($11.00) per hour.

5.3 It is agreed that holiday work will be determined within the unit-based staffing committee in accordance with Article 4.06.

5.4 All holidays, except for Independence Day, begin on the evening preceding the holiday at 1900 (7:00 p.m.) and continue to 1859 (6:50 p.m.) on the holiday. Independence Day begins on July 4th at 0700 (7:00 a.m.) and continues to 0659 (6:59 a.m.) on July 5th.
ARTICLE 6 – ANNUAL LEAVE

6.1 Annual leave benefits accrue for all full-time nurses as follows:

<table>
<thead>
<tr>
<th>Hours of Employment</th>
<th>Hours Per Year of Accrued Leave</th>
<th>PTO hours accrued per hour of employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 1st hour through 935</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>After 936</td>
<td>84**</td>
<td></td>
</tr>
<tr>
<td>After 1,872</td>
<td>176**</td>
<td>.0940</td>
</tr>
<tr>
<td>After 7,488</td>
<td>192</td>
<td>.1026</td>
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<tr>
<td>After, 13,104</td>
<td>204</td>
<td>.01090</td>
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<tr>
<td>After 18,720</td>
<td>232</td>
<td>.1240</td>
</tr>
<tr>
<td>After 28,080</td>
<td>248</td>
<td>.1325</td>
</tr>
<tr>
<td>After 35,360</td>
<td>272</td>
<td>.1453</td>
</tr>
</tbody>
</table>

***less any annual leave taken during the first (1st) three (3) months of employment

A. Annual leave for part-time nurses accrues on a prorated basis calculated by hours worked (one-thousand eight hundred and seventy two (1,872) hours is equivalent to one (1) year).

B. Annual leaves accrues during Low Census.

C. Annual leave payment will be computed at the nurse’s hourly rate of pay plus certification pay and shift differentials.

6.2 Annual leave is cumulative from the first (1st) day of employment. Annual leave may be carried over from one (1) year to the next. Carryover may not exceed the combined total of earned annual leave accrued on seven thousand, four hundred and eighty-eight (7,488) hours worked.

A. When a part-time nurse becomes full-time, years of service will be calculated from the most recent date when the nurse began to work on a continuous part-time basis.

6.3 A nurse’s unused accrued annual leave will be paid to the nurse upon termination of employment.
6.4 Annual leave requests may be submitted to the unit manager through the electronic timekeeping system. Requests may be submitted up to three-hundred and sixty-five (365) days in advance of the requested annual leave dates. So long as a proper request in writing to the immediate supervisor is made for annual leave time, preference in scheduling will be granted as follows: first come, first served, followed by seniority. A prior request by any nurse, however, once confirmed in writing by the immediate supervisor, may not be bumped by any other nurse. Nothing in this paragraph diminishes a nurse's obligation to work on holidays as assigned on a rotating basis under Article 5.02.

6.5 Each Unit Based Staffing Committee will define the minimum number of annual leave requests that will be approved per shift per day to ensure that minimum staffing requirements are met.

6.6 Annual leave request will be responded to within thirty-one (31) days of submission. If the request maintains minimum staffing requirements, as defined by the Unit's Unit Based Staffing Committee, it will be approved. If the scheduler is unable to maintain the minimum staffing requirement, as defined by the Unit's Unit Based Staffing Committee, the request will be pending or denied. The nurse may follow up with the scheduler regarding a pending request (i.e. dates may need to shift to ensure adequate staffing). Pending requests will be approved or denied when the schedule for the requested time period is posted.

ARTICLE 7 – SICK LEAVE

7.1 A. Each full-time nurse will accumulate sick leave at the rate of twelve (12) hours per month of employment with the Hospital, commencing with the first month of employment, up to a maximum of ninety-six (96) hours per year, until a maximum total of nine-hundred and sixty (960) hours of sick leave has been accumulated. A nurse may use accumulated sick leave after the nurse's date of hire.
B. Each part-time nurse will accumulate sick leave on a prorated basis calculated by hours worked (one-hundred and seventy-three (173) hours is equivalent to one month). A nurse may use accumulated sick leave after the nurse's date of hire.

7.2 Pay for sick leave will commence on the first day of an illness. Any nurse who has not purchased supplemental long-term disability insurance through the Hospital may at any time buy out any accumulated hours over four hundred (400) at a rate of thirty-five (35%) percent of the nurse's current hourly (straight-time) wage. Any nurse who has purchased supplemental long-term disability insurance through the Hospital may not buy out sick leave hours.

7.3 Sick leave credit will not accrue during leave of absence, layoff, absence from employment because of illness, or period of non-regular part-time employment, provided, however, that a nurse receiving sick leave who has worked more than seventy-two (72) hours during the month in which sick leave is used will nevertheless receive twelve (12) hours sick leave credit for that month.

7.4 The Hospital may require reasonable evidence of illness from the nurse's medical doctor as a condition of receiving sick leave benefits.

7.5 Sick leave benefits will be paid for illness due to complications of pregnancy or delivery or for parental leave cases.

7.6 A. Full-time and part-time nurses who have worked for the Hospital fewer than one-hundred and eighty (180) days or who work an average of twenty-four (24) hours per week or less at the time of the request (average for prior one-hundred and eighty (180) calendar days) may utilize up to the hourly equivalent of four accumulated sick leave days per year because of an illness of a member of the employee's immediate family as defined in Article 9.01 of this Agreement. If the leave requires the hourly equivalent of three (3) consecutive leave
days, then the Hospital may require a physician’s verification of the family member’s illness before the commencement of the leave or within fifteen (15) days’ notice to the Hospital of the leave. It is also understood that employees will be expected to work their regularly scheduled days immediately before and after taking annual leave in order to remain eligible for the family member sick leave utilization.

B. A request for family medical leave by a nurse who has been employed for one-hundred and eighty (180) days or more on the first day of a family medical leave of absence and who has averaged twenty-five (25) or more hours’ work per week during the prior one-hundred and eighty (180) calendar days will be treated in accordance with applicable state and federal law. Such an employee may use up to four (4) days’ accumulated sick leave per year for purposes covered by the family medical leave law.

7.7 The Hospital agrees to allow any nurse injured on the job who is unable to work a scheduled shift to receive sick leave benefits for all scheduled work hours for which workers’ compensation does not reimburse the employee, to the extent that the employee has sufficient sick leave accumulated.

ARTICLE 8 – LEAVES OF ABSENCE

8.1 Personal Leave. The Hospital may grant a personal leave of absence without pay to any nurse who has completed one (1) year of service, if:

A. The absence of the nurse will not unduly interfere with the business or operational needs of the Hospital and the Hospital considers the reason for the leave justifiable.

B. A qualified replacement is reasonably available. If no qualified replacement is available, the Hospital may perform the operation in any manner it so chooses for the duration of the leave.

C. The leave is requested, in writing, at least two (2) weeks in advance, except in emergencies.
D. The leave is for a specified period not to exceed ninety (90) calendar days in duration.

8.2 Temporary Disability Leave – (Non-Occupational). Any nurse who has completed one (1) year of service or is eligible under state and federal laws will be granted a temporary disability (medical) leave of absence, if:

A. The leave is for a non-occupational illness or injury, including illness or injury resulting from a pregnancy, and the nurse is physically or mentally unable to report for work.

B. The leave is requested, in writing, at least two (2) weeks in advance, except in emergencies.

C. The leave does not exceed six (6) calendar months in duration unless necessary to allow reasonable accommodation without undue hardship. In all cases of temporary disability leave of absence, except pregnancy, the nurse shall, upon request of the Hospital submit a release to return to work from a health care provider.

8.3 Parental Leaves of Absence:

A. Parental Leave. The Hospital shall grant a parental leave of absence after the birth or adoption of a child without pay to any nurse who has worked at least ninety (90) days, if:

1. The leave does not exceed six (6) calendar months in duration.

2. The nurse notifies the Hospital of expected date of delivery, adoption, or foster placement as certified by the employee’s physician.

3. The leave is requested as far in advance as reasonably and practically possible and, if need for the leave is anticipated, at least thirty (30) days in advance.
If an emergency exists, additional leave beyond the originally granted leave may be requested as long as the total parental leave of absence does not extend beyond six (6) months.

4. **Pregnancy Accommodation.** Consistent with Oregon and federal law, the Hospital will provide reasonable accommodation for known limitations related to pregnancy, childbirth, or related medical conditions, absent undue hardship.

8.4 **Disability Leave (Occupational):**

A. Any nurse who has incurred a compensable on-the-job injury will be granted a leave of absence and reinstatement in accordance with state or federal law, except as modified in this article.

B. All disability leaves of absence for occupational illness or injuries will be limited to the maximum total provided by state law. A nurse who does not return to work within this maximum time period as a result of an occupational injury or illness will lose all seniority and the rights and benefits it confers.

8.5 During the term of a properly authorized leave of absence, a nurse will not lose previously accrued benefits or seniority as provided in this Agreement. Any revisions to nurses’ seniority made in 2020 will be reverted to the nurses’ original seniority dates; however, no decisions based on such revised seniority dates will be reversed.

8.6 **Reinstatement:**

A. Any nurse on an approved leave of absence will be entitled to reinstatement in accordance with applicable state or federal law.

B. A nurse returning from a leave of absence shall advise the Hospital of their expected date of return at least two (2) weeks prior to that expected date of return. A nurse who decides not to return to their
former job classification shall notify the Hospital in writing at least thirty (30) days prior to the scheduled date of return.

8.7 If a nurse wishes to retain insurance coverage while on an authorized federal family and medical leave of absence, the Hospital will continue to pay its portion of the group health insurance benefits, if any, and the nurse must continue to pay their share. If a nurse wishes to retain insurance coverage while on an authorized state family medical, pregnancy, or parental leave, the nurse must pay the required premiums necessary for continued Hospital medical-dental insurance coverage. This Article 8.7 applies to all leaves.

8.8 Whenever a nurse is entitled to any type of leave governed by state or federal law, the nurse will be entitled to, at a minimum, the amount of leave required under the law. If this contract provides for additional leave, the terms of this contract will govern.

ARTICLE 9 – BEREAVEMENT LEAVE

9.1 After six (6) months of employment, a full- or part-time nurse working in an established scheduled position who has experienced a death in the family will be granted up to a defined number of regularly scheduled workdays off with pay. Up to five (5) regularly scheduled workdays will be granted with pay because of the death of a spouse or child (including foster- and stepchild). Up to three (3) regularly scheduled workdays will be granted with pay because of a death of a member of the nurse’s immediate family. “Immediate family” for this purpose is defined as the parent, grandparent, mother-in-law, father-in-law, spouse, grandchild, sister, or brother of the nurse; parent, or sibling of the nurse’s spouse; spouse of the nurse’s child; the parent of the nurse’s minor child; or the person whose association with the nurse was, at the time of death, equivalent to any of these relationships.

Nurses may be eligible for additional bereavement leave pursuant to the Oregon Family Leave Act ("OFLA"). Nurses who do not qualify for
bereavement leave under OFLA but who need additional time off related to a
death in the family are encouraged to request personal leave pursuant to
Article 8.

ARTICLE 10 – JURY DUTY

10.1 A nurse who is required to report for jury service will be paid the difference
between the nurse's regular straight time pay and jury duty pay received, not
to exceed ten (10) days per calendar year.

10.2 Witness Leave. Nurses who are requested to appear as a witness in a court
case regarding Hospital business during their normal time off duty will be
compensated for the time spent in connection with such an appearance in
accordance with this Agreement. The nurse will notify their manager of the
need for witness leave as soon as practicable.

ARTICLE 11 – EDUCATIONAL/PROFESSIONAL LEAVE

11.1 Educational Leave:

A. Unpaid Education Leave. Nurses may request unpaid leaves of
absence to attend professional activities such as, but not necessarily
limited to, educational workshops, seminars, continuing education
courses, and participation in bona fide activities of the Association.
Such requests will be given equitable consideration and may be
granted at the sole discretion of management.

B. Paid Education Leave:

1. After completing one (1) year of service from the date of employment,
each nurse will be eligible for paid educational leave of twenty-four
(24) hours per year. After completing one calendar year of service from
the date of employment, each part-time nurse will be eligible for paid
educational leave at the rate above, prorated based on the number of
hours that the nurse normally works.
2. Educational leave must be for bona fide nursing education including college course work in nursing that will benefit both the Hospital nursing staff and the nurse. The nurse shall be prepared to make a written or oral presentation regarding their educational experience to the nursing staff at the completion of their educational leave. Compensation will be made for registration fees, travel, meals, and lodging. Up to a maximum of six hundred ($600) annually per nurse. Reimbursement will be made after proof of successful completion is submitted to the Hospital.

3. This leave can include, but is not limited to, workshops, seminars, conferences, and professional Association activities that will benefit the Hospital, the nurse, and the profession. Educational leave will be subject to the final approval of the Hospital.

4. Eligibility for paid educational leave will be dependent on the nurse participating in at least eighty percent (80%) of the department meetings and in-services that have been designated as "required" by the nurse's department manager. Mandatory or "required" meetings shall be posted on the schedule per Article 4. If a nurse is on duty during the presentation of a department meeting or required in-service and cannot be relieved to attend or if the nurse has an excused absence, the nurse will receive credit toward the eighty percent (80%) requirement, as long as the nurse reads and initials a copy of the minutes of the missed meeting or in-service. In implementing this requirement, the Hospital will count only in-services scheduled after the date of ratification of this Agreement or the nurse's date of hire, whichever is later. The percentage calculation described in this paragraph will be based on the prior calendar year. The Hospital will post in-service opportunities at least two (2) weeks in advance and will schedule alternative dates for each in-service in order to increase a nurse's opportunity to attend. In-services falling within the above requirement will be designated as "required" at the time of posting.
C. Tuition Reimbursement. Regular full-time and regular part-time nurses who have completed their probationary period may participate in the Hospital’s tuition reimbursement program offered to a majority of the Hospital’s employees, in accordance with its terms.

- Up to five thousand two hundred and fifty dollars ($5,250) a year for eligible full-time caregivers.
- Up to two thousand six hundred and twenty five dollars ($2,625) a year for eligible part-time caregivers.

Tuition can be used toward:

- Clinical, professional, or technical certificates.
- Certifications or re-certifications that enhance practice in the current role.
- Continuing education programs (Continuing Medical (“CM”) and Continuing Education Units (“CEUs”) expressly for the purpose of certification or recertification.
- Degree-related (i.e., GED, Bachelor’s, Master’s, Doctorate) course that must be taken from an accredited school.

If a nurse voluntarily quits Hospital employment within one (1) year of the date of the tuition reimbursement, the nurse will refund to the hospital the reimbursement amount. If the reimbursement amount is more than five percent (5%) of the nurse’s paycheck, the nurse will have the choice to be able to work out a mutually agreeable payment plan with the Hospital.

D. Nothing precludes the Hospital from assigning any nurse to educational leave at the Hospital’s expense. When educational leave of more than forty (40) hours occurs because (1) it is at the request of the Hospital or (2) it is granted in order to accommodate the nurse’s request, then the following will apply: The Hospital may require written agreement by the nurse that the nurse will continue working for the Hospital for at least nine (9) months after the training is completed. In the event that a nurse should breach this agreement,
the Hospital may deduct the cost of the training on a pro rata basis with one-ninth (1/9th) forgiven after each month worked. For example, if the nurse quits one (1) month and twenty (20) days after completing the training, they lose from the final pay eight-ninths (8/9th) of the cost of the training.

11.2 Professional Leave. After one (1) year of continuous employment, professional leave for study, not to exceed one calendar year, will be granted without pay for full-time nurses.

11.3 Part-time nurses will qualify for educational/professional leave on a pro rata basis.

ARTICLE 12 – SENIORITY AND LAYOFF

12.1 For nurses that are hired in a RN position prior to January 1, 2018 the following applies: "Seniority" means length of continuous service (calculated from the first date of employment with the Hospital in any capacity). For purposes of this section only notwithstanding Section 2.1, "employment with the Hospital" shall include any employment at any Providence Health and Services Facility location in the Columbia Gorge Service Area.

12.2 For Nurses hired on January 1, 2018 for thirty (30) days after ratification of the negotiated 2022 collectively bargained agreement (November 20, 2022), the following applies: Seniority means length of continuous service calculated from hire date into a nursing position (RN, LPN, CNA) with the Hospital at any Providence Health and Services location in the Columbia Gorge Service Area.

12.3 Nurses hired thirty (30) days after ratification of the negotiated of November 20, 2022, seniority means length of continuous service as a registered nurse in the bargaining unit, based on calendar days from the most recent date of hire in the bargaining unit.
12.4 The Hospital will provide ONA a seniority list within thirty (30) days of the ratification this contract. The employer will annually provide an updated seniority list. The list will incorporate all currently employed nurses in the bargaining unit. In the event, two (2) or more nurses have the same amount of seniority, the cutting of a standard deck of cards (Aces high) will break the tie with the high card determining the most senior nurse.

12.5 A nurse will lose all seniority rights and the employment relationship will be terminated for any of the following reasons:

A. If the nurse quits for any reason and is not rehired within one (1) year of the resignation date.

B. If the nurse is discharged for just cause.

C. If the Hospital discontinues or transfers operations.

D. If the nurse is absent for three (3) consecutive working days without notifying the Hospital unless he or she has a valid reason. Valid reason is limited to a circumstance in which it is impossible for the nurse to notify the Hospital or to cause someone else to notify the Hospital on their behalf. For instance, having amnesia or being kidnapped would constitute a valid reason if the nurse were unable to notify the Hospital; being imprisoned would not constitute a valid reason because the nurse could get word to the Hospital.

E. If the nurse fails to notify the Hospital within five (5) workdays after receiving notice of recall from the Hospital of their intention to return to work or fails to report for work after receiving notice of recall from the Hospital sent to the nurse’s last address on file with the Hospital.

F. If the nurse is laid off for a period exceeding the nurse’s length of service or twelve (12) months, whichever is less.

G. If the nurse is laid off before completing the newly hired period.
H. If the nurse falsifies the reasons for a leave of absence.

12.6 Insofar as the efficient operation of the Hospital allows, and consistent with patient-care needs, the Hospital will exercise its best efforts to avoid laying off (temporarily or permanently) any nurse for lack of work. In situations requiring a reduction in work force, the Hospital will normally first equitably reduce the work force in accordance with the provisions of Article 4.7(A) for low-census days.

12.7 If the Hospital believes it necessary to reduce the nurses’ work force through an actual layoff of nurses, the Hospital will give the Association a minimum of thirty (30) days’ notice detailing purpose and scope of the reduction and the likely impacted unit or units, shifts, and positions and provide an updated seniority list. The Hospital will provide the Association with a list of open RN positions at the Hospital and, at the request of the Association, at any other Providence facilities within Oregon. An “open position” is any position for which the facility is still accepting applications. Upon notice to the Association, representatives of the Hospital and the Association will meet to discuss scope of the reduction and the likely impacted unit or units, shifts, and positions as well as options for voluntary lay-offs, reduction of the scheduling of intermittently employed nurses, conversion from regular nurse status to an intermittently employed nurse and FTE reductions (full-time nurses going to part-time status). The Hospital will consider the options suggested by the Association but will not be required to implement the suggested options.

12.8 Layoff will occur on any unit deemed necessary by the Hospital starting with volunteers, temporary nurses, agency nurses if any, then the nurse or nurses with the lowest seniority. Volunteers for layoff who would not otherwise have been selected based on their seniority will be offered severance benefits; such benefits will be offered at the level of seventy-five percent (75%) of the benefit available to non-represented employees based on the Hospital’s severance policy then in effect. Layoffs may require shift reassignments and
part-time to full-time changes among remaining nurses, and a nurse who declines may be laid off.

12.9 Recall from layoff will be departmental in inverse order of layoff. The Hospital will inform other employers within Providence-Oregon of the existence of the reduction in force, and request that they consider hiring the impacted nurses, if any, for any open position.

All layoff and recall will be considered within a unit on a seniority basis unless a less senior nurse is substantially better qualified. In addition, by order of seniority, laid-off nurses will have rights to recall in other units for which they are qualified ahead of new hires. Such a nurse will retain seniority rights in the unit from which the nurse was laid off.

ARTICLE 13 – JOB BIDDING

13.1 Intradepartmental Transfers will be completed in the following order:

1. Open positions will be offered within the unit to the most senior regularly scheduled full time and part time nurse who has completed their probationary period where the position is posted per Appendix D, Section H. A candidate will not have received documented verbal warning or greater in the six (6) months preceding the application.

2. If no such nurse is in the unit as described as above in A.1, a per diem nurse who has completed their probationary period where the position is posted per Appendix D, Section H. A candidate will not have received documented verbal warning or greater in the six (6) months preceding the application.

3. If no such nurse is in the unit as described above in A.2, the senior float nurse in the unit, who as completed their probationary period and has regularly floated in the unit and has completed unit
competencies in the department where the position is posted and per appendix D, Section H. A candidate will not have received documented verbal warning or greater in the six (6) months preceding the application.

If there is no such nurse applicant on the unit as described in A.3, then the position will be posted according to Section B listed below.

B. Interdepartmental Transfers.

1. A nurse is encouraged to communicate with their manager regarding a nurse’s desire to move to a different nursing unit within the Hospital. The nurse’s manager will not prohibit a nurse from making or requesting an otherwise permitted transfer, and the provisions of job bidding will apply regarding such transfer requests.

2. If a vacancy is not filled through an interdepartmental transfer, the Hospital will post permanent vacancies online as they occur at least seven (7) calendar days prior to filling each position. If the Hospital elects to post a temporary vacancy, it must be posted at least seven (7) calendar days prior to filling the position.

3. When hiring an internal candidate to a new unit, the Hospital shall offer the job to the most qualified nurse, based on factors including whether the nurse meets both required and preferred qualifications as set forth in the job description, history of job performance, and the nurse’s performance in the selection and interview process (which will include bargaining unit members). The Hospital and the interview committee will objectively determine the most qualified RN according to the above standards. In the event two (2) or more candidates’ qualifications are substantially equal, the position will be awarded on the basis of seniority. A candidate will not have received documented verbal warning or greater in the six (6)
months preceding the application. The same standards are applied to fellowship opportunities.

4. Placement. The Hospital will place the nurse in their new position no later than ten (10) weeks after the date the nurse is notified of selection.

13.2 A per diem or part-time nurse, other than one employed to fill positions because of any combination of leaves of absence, vacations, holidays, and sick leave for a period of time not to exceed six (6) months, who regularly works the equivalent of a part-time or full-time nurse for such six (6) month period may request reclassification to part-time or full-time status consistent with such hours worked. In the event of a request under such circumstances, the position will be posted pursuant to this Article.

ARTICLE 14 – EMPLOYMENT STATUS

14.1 The Hospital has the right to hire, promote, and transfer and to discipline, suspend, and discharge for just cause.

14.2 A nurse employed by the Hospital will not become a regular employee until they have been continuously employed for one-hundred and eighty (180) days.

14.3 All nurses shall give the Hospital not less than fourteen (14) calendar days' written notice of intended resignation.

14.4 The Hospital shall give any nurse twenty (20) calendar days' written notice of the termination of the nurse's employment, or if less notice is given, then the difference between twenty (20) working days and the number of calendar days of advance notice herein required will be paid to the nurse at their regular rate of pay, the number of hours regularly worked per working day. No such advance notice or pay in lieu thereof will be required, however, for nurses who are discharged for violation of professional nursing ethics or other just causes.
14.5 Any nurse who thinks he or she has been suspended, disciplined, or discharged without just cause may present a grievance for consideration under the grievance procedure.

14.6 Upon the termination of their employment, and upon request, a nurse will be granted an interview with the Chief Nursing Officer or designee.

ARTICLE 15 – PROFESSIONAL PATIENT-CARE COMMITTEE

15.1 A Professional Patient-Care Committee will be established at the Hospital.

The Hospital recognizes the responsibility of the Professional Patient-Care Committee to objectively recommend measures to improve patient care, will duly consider such recommendations, and will report any action taken to the Professional Patient-Care Committee.

15.2 The objectives of the Professional Patient-Care Committee are:

A. To consider constructively the practice of nurses;

B. To work constructively for the improvement of patient care and nursing practice;

C. To recommend to the Hospital ways and means to improve patient care and assist in implementing any recommended changes; and

D. To exclude from any discussion matters involving contract grievances or interpretation of this Agreement.

15.3 The Professional Patient-Care Committee is to be composed of four (4) registered nurses employed at the Hospital and covered by this Agreement. The Committee members will be elected by the registered nurse staff at the Hospital.

15.4 The Professional Patient-Care Committee will schedule regular meetings not to exceed one (1) meeting per month. Each Committee member will be entitled to two (2) paid hours per month at their regular straight-time rate for
the purpose of attending Committee meetings. The meetings are to be scheduled so as not to conflict with routine tasks.

The Professional Patient-Care Committee shall prepare an agenda and keep minutes of all meetings, copies of which will be provided to the Associate Administrator/Patient Services, the Hospital Administrator, and the Association.

15.5 The Hospital may request special meetings with the Professional Patient-Care Committee, but such meetings are not to take the place of the regularly scheduled meetings of the Committee.

15.6 The Professional Patient-Care Committee may request meetings with the Hospital to discuss nurse staffing problems if, in the opinion of the Committee, a critical nurse staffing shortage affecting the nursing care of patients exists or constructive improvement relating to utilization of personnel should be considered, including the establishment of clinical classifications. At the request of the Committee, a representative of the Association may be in attendance at such a meeting. Recommendations will be given due consideration by the Hospital Administrator but will not be binding on the Hospital unless mutually agreed.

15.7 Recommendations presented in writing by the Committee will be responded to in writing by the Associate Administrator/Patient Services or the Hospital Administrator, whichever is appropriate.

**ARTICLE 16 – PROFESSIONAL DEVELOPMENT**

16.1 The Hospital agrees to maintain a continuing in-service educational program for all nurses covered by this Agreement. If a nurse is required by the Hospital to attend in-service educational functions outside of the nurse's normal shift, compensation will be at the straight-time established rate of pay.
16.2 As a condition of employment, nurses covered by this Agreement will be required to participate in a minimum of eight (8) hours per year of in-service education.

16.3 Notice of in-service educational programs will be posted two (2) weeks in advance in each nursing unit when possible.

16.4 An In-service Advisory Committee composed of three (3) nurses elected by the general unit shall function in an advisory capacity to the designated in-service coordinator in planning all in-service programs.

16.5 The Hospital shall provide a written evaluation of each nurse covered by this Agreement at least once per year for the purpose of encouraging professional development. The evaluation will be performed by the nurse's immediate supervisor.

ARTICLE 17 – ASSOCIATION BUSINESS

17.1 Duly authorized representatives of the Association will be permitted at all reasonable times to enter the facilities operated by the Hospital for the purpose of transacting Association business and observing conditions under which nurses are employed; provided, however, that the Association's representatives shall, upon arrival at the Hospital, notify the Hospital Administrator or designee of the intent to transact Association business. Transaction of any business is to be conducted in an appropriate location subject to the general Hospital and clinic rules applicable to nonemployees and is not to interfere with the work of the employees.

17.2 Negotiations. The members of the Association negotiating team will work with their managers to make good faith attempts to adjust their schedules to accommodate negotiations, including arranging for schedule trades. If, because of patient care needs, the Hospital cannot arrange the nurse's regular FTE around the requested time off, the nurse may take an unpaid day to attend a negotiation meeting.
ARTICLE 18 – GRIEVANCE/ARBITRATION

18.1 A nurse who believes that the Hospital has violated provisions of this Agreement is encouraged and expected to discuss the matter with the nurse’s manager before undertaking the following steps. A grievance shall be presented exclusively in accordance with this Article beginning with the Step one (1) procedure set out at Article 18 within fourteen (14) calendar days of the occurrence (“occurrence” is defined as the time when the alleged violation first became known to the nurse or the Association) that gave rise to the grievance and must be processed in accordance with the following steps, time limits, and conditions herein set forth. If the Hospital fails to give a written response to the grievance within the time limit specified, the grievance may be immediately processed to the next step. If the Association or nurse fails to process a grievance in a timely manner or fails to observe the time limits or procedural requirements so specified herein, the grievance will be deemed to have been dropped by the Association or nurse and may not be resubmitted. Any deadline may be extended by express written agreement of both the Hospital and the Association. If anyone other than the personnel expressly identified below will attend any grievance meeting, this information must be communicated to the other party at least three working days before the meeting. During a nurse’s probationary period, the nurse may present grievances under this Article to the same extent as a nurse, except that the question of a probationary nurse’s continued employment shall be determined exclusively by the Hospital and shall not be subject to this Article.

18.2 Grievances may be processed during working time or nonworking time except that employees will not be paid for processing grievances during their working time.

18.3 These procedures can be extended by the mutual agreement of the parties.

18.4 Step 1. Within the first fourteen (14) calendar days after the occurrence, the nurse shall first take up the grievance in writing and clearly marked as a grievance with the nurse’s immediate supervisor or, if the immediate
supervisor is unavailable during the allotted time, with the nurse’s next higher
supervisor. If the aggrieved nurse requests representation, a unit
representative, delegate, steward or association representative will be
allowed to be present for the grievance meeting. The meeting is to be set at
a time within fourteen (14) calendar days of when the grievance is received
by the Hospital and will be of mutual convenience to be set by the supervisor.
If the grievance is not settled or dropped pursuant to the meeting, the
supervisor shall, within fourteen (14) calendar days after the meeting ends,
give a written answer to the grievant and email a copy to the union steward
or Association representative.

18.5 Step 2. If the grievance is not settled in Step 1, the nurse may appeal it by
giving written notice of appeal within fourteen (14) calendar days of receipt of
the supervisor’s written answer to the Chief Nursing Officer who shall discuss
the matter with the nurse within fourteen (14) calendar days of the appeal.
The meeting will be set at a time of mutual convenience set the Chief
Nursing Officer. The Chief Nursing Officer shall give a written answer within
fourteen (14) calendar days after the close of the discussion and mail a copy
to the union steward or Association representative.

The Association may initiate a grievance at Step 2 if the grievance negatively
affects five (5) or more nurses or negatives affects two (2) or more nurses
from different work units.

18.6 Step 3. If the grievance is not settled in Step 2, the Association or grievant
may appeal it by giving written notice of appeal to the Chief Executive within
fourteen (14) calendar days after receipt of the Chief Nursing Officer answer.
The Chief Executive shall discuss the matter with the union steward or
Association representative within fourteen (14) calendar days of the appeal.
The Chief Executive shall give a written answer within fourteen (14) calendar
days after the close of the discussion.
18.7 **Step 4.** If the grievance is not settled in Step 3, it may be appealed to arbitration by a written notice given by the Association to the Hospital within fourteen (14) calendar days after receipt of the written answer by the Hospital representative at Step 3.

18.8 If the dispute or grievance is not settled in the foregoing steps and it involves the interpretation, application, or claimed violation of any of the provisions of this Agreement, then either party may, upon written demand given to the other party within fourteen (14) calendar days after the Hospital's answer in the last step, submit the dispute or grievance to arbitration as follows:

A. The Hospital and the Association will attempt to select an arbitrator from a panel of arbitrators submitted by the Federal Mediation and Conciliation Service. If an arbitrator cannot be agreed upon, the parties will follow the American Arbitration Association's procedures for selecting one (1).

B. The arbitrator's authority shall be limited to making a decision in accordance with the terms of this Agreement only. The arbitrator shall not have authority to add to, take from, or modify any of the provisions of this Agreement.

C. The cost of the arbitration is to be borne by the losing party. Any other expenses such as wages, fees, and living and traveling expenses of representatives or witnesses must be paid by the party incurring those expenses.

D. The arbitrator shall render their decision within thirty (30) days after the grievance is submitted to them, unless the parties by mutual agreement extend that time limit.

E. The decision of the arbitrator shall be final and binding on all parties.
ARTICLE 19 – HEALTH AND WELFARE AND RETIREMENT

19.1 Laboratory examinations, when indicated because of exposure to communicable diseases at work, will be provided by Hospital, without cost to the nurse. Once each calendar year, the Hospital will provide a routine blood examination (CBC) if medically necessary and ordered by a physician, at no cost to the nurse.

When expressly permitted by statute or regulation, the Hospital will disclose positive HIV results of patients to all nurses involved in the care of such patients. The Hospital shall also grant at no cost to the nurse HIV tests of the nurse as soon as practicable after the nurse informs the Hospital that they believe that they may have been exposed to the AIDS virus in the course of their duties. At the request of the nurse, subsequent tests will be offered at six (6) weeks, twelve (12) weeks, six (6) months, and one (1) year following the potential exposure to the AIDS virus. In addition, a nurse may request any treatment recommended by the Federal Centers for Disease Control, a department of Health and Human Services (the "CDC").

The Hospital agrees to pay for testing for and immunization against HBV for nurses who request it in accordance with the guidelines from the CDC.

To meet potential infectious exposures, the Hospital shall also make available at all times adequate face protection, full-length plastic aprons, and high-quality surgical gloves, and nurses shall use adequate protection in accordance with the guidelines regarding personal protective equipment published by the CDC.

19.2 The Association will work with the Hospital in establishing health standards for employment.

19.3 Each regular full-time nurse and regular part-time nurse may participate in the Hospital’s flexible health-and-welfare benefits program offered to a majority of the Hospital’s employees who are not in a bargaining unit, in accordance with its terms. Relief, on-call, and temporary nurses are not
eligible to participate in the program. From the program, nurses may select: (1) medical coverage (Health Reimbursement Medical Plan or Health Savings Medical Plan) and, (2) dental coverage, (3) supplemental life insurance, (4) voluntary accidental death and dismemberment insurance, (5) dependent life insurance, (6) health care reimbursement account, (7) day care reimbursement account (8) long term disability coverage, (9) short term disability, and (10) vision coverage. The Hospital will offer all such benefits directly or through insurance carriers selected by the Plan.

19.4 For 2023 the nurses will participate in the plan, as offered to the majority of the Hospital’s non-represented employees; notwithstanding the foregoing, for 2023, the Hospital will maintain the following medical plan features as they were in 2022: (1) amount of net in-network deductible (defined as each nurse’s deductible based on coverage choice minus any Health Reimbursement Account contributions from the Hospital), (2) the percentage of employee premium contribution; and (3) the in-network out of pocket maximum.

In 2023, medical plan premiums shall not be increased by more than seven percent (7%) on a blended average basis, meaning for some categories the increases may be greater than seven percent (7%) and other less than seven percent (7%). In 2024, medical plan premiums shall not increase by more than eight percent (8%) on a blended average basis, meaning for some categories the increases may be greater than eight percent (8%) and others less than eight percent (8%).

19.5 The Hospital will make available optional long-term disability policy that covers the nurses’ income up to at least sixty percent (60%) and begins paying benefits after no more than one-hundred and eighty (180) days of absence from work.

19.6 Nurses will participate in the Hospital’s retirement plans in accordance with their terms.

A. At the time of ratification, the retirement plans include:
1. The Core Plan (as frozen);
2. 401(k) Savings Plan; and
3. The 457(b) Plan

B. The Hospital shall not reduce the benefits provided in such plans unless required by the terms of a state or federal statute during the term of this Agreement.

C. The Hospital may from time to time amend the terms of the plans described in this article; except (1) as limited by B above and (2) that coverage of nurses under A above shall correspond with the terms of coverage applicable to a majority of Hospital employees.

19.7 The Hospital will make available the pharmacy discount that is available to the majority of the Hospital's non-represented employees. This discount will apply only to purchases permitted by law for nurses and their dependent immediate family members.

19.8 Nurses agree to drug, and alcohol testing as set forth at Appendix B.

19.9 Affordable Care Act.

A. The Hospital will comply with the provisions of the Affordable Care Act (ACA) which, require employers to offer medical insurance to employees who qualify by working a certain number of hours over a particular measurement period. The Hospital will offer such medical insurance to such qualifying nurses on the same basis that it does the majority of the Hospital's qualifying non-represented employees.

B. The parties acknowledge that the Hospital may be required by law to make changes to its medical plan design to comply with the Affordable Care Act or other applicable laws or regulations. The parties agree that the Hospital does not have an obligation to bargain over such changes. The Association may request interim bargaining
over the impact of such changes and the employer would be obligated to bargain in good faith over the impact of such changes.

ARTICLE 20 – MANAGEMENT RIGHTS

20.1 Except as expressly abridged by a specific provision of this Agreement, the following are sole and exclusive rights of the Hospital: the management of the Hospital; the direction and control of the work force; the right to determine the means, methods, processes, materials, and schedules of operation; the right to alter, rearrange, change, extend, curtail, or discontinue the Hospital’s operation, partially or completely; the right to determine the location of the Hospital’s business; the right to determine the size and assignment of the Hospital’s work force; the right to contract and subcontract for material, services, supplies, and equipment; the right to establish standards of performance and to determine whether any individual meets those standards; the right to establish and amend Hospital rules and regulations and require employees to observe them, as long as the rules and regulations do not amend the intent of any other provisions of this Agreement; and the right to suspend, demote, discipline, and discharge employees for just cause.

20.2 The foregoing enumeration of rights are not intended to be all-inclusive but are intended to be representative of the type of rights normally inherent to the Hospital. The Hospital's not exercising rights, powers, authority, and function reserved to it or its exercising them in a particular way is not to be deemed a waiver of those rights, powers or authority.

20.3 The Association recognizes this Agreement to be the minimum standard of employment. This Agreement should not be construed to limit management’s right to compensate nurses over and above the specifications in this Agreement. The Hospital will inform the Association representative, however, of any application of this section when requested by the Association, but no more often than every six (6) months.
ARTICLE 21 – DURATION OF AGREEMENT

21.1 This Agreement will become effective upon ratification and will remain in full force and effect through March 31, 2024, and from year to year thereafter unless modified, amended, or terminated in accordance with the following provisions.

21.2 If either party wishes to modify or amend any provision of this Agreement or to terminate this Agreement, as of March 31, 2024, or any subsequent anniversary date, notice of desire to modify, amend, or terminate this Agreement must be given by certified mail to the other party not more than one-hundred and twenty (120) days nor less than ninety (90) days prior to March 31, 2024, or any subsequent anniversary date.

21.3 If notice to modify or amend has been given, as provided above, and if the Association gives proper notice pursuant to Section 8(g) of the Labor Management Relations Act, as amended, and if no agreement has been reached by the expiration date of this Agreement, this Agreement will be considered terminated by the parties.

21.4 It is agreed that during the negotiations leading to the execution of this Agreement, the Association has had full opportunity to submit all items appropriate to collective bargaining; and that this Agreement incorporates the parties’ full and complete understanding, superseding and invalidating any previous commitments of any kind, oral or written, and all prior employee and union rights and benefits not specifically incorporated in this Agreement. The specific provisions of this Agreement are the sole source of any rights that the Association or any member of this bargaining unit has to raise a grievance against the Hospital.
ARTICLE 22 – SEPARABILITY

If any provision of this Agreement is at any time declared invalid or inoperative by any court of competent jurisdiction or through government regulations or decree, that decision will invalidate only the provisions involved, not the entire Agreement, it being the express intention of the parties hereto that all other provisions not declared invalid will remain in full force and effect.

ARTICLE 23 –-successors

If the Hospital shall, by merger, consolidation, sale of assets, lease, franchise, or any other means, enter into an agreement with another organization which transfers in whole or in part the existing collective bargaining unit, then such successor organization shall be bound by each and every provision of the Agreement. Hospital shall have an affirmative duty to call this provision of the Agreement to the attention of any organization with which it seeks to make such an agreement as aforementioned, and if such notice is so given Hospital shall have no further obligations hereunder from the date of take-over.

ARTICLE 24 – NO STRIKE -- NO LOCKOUT

24.1 Neither the Association nor any of its agents or members will during the term of this Agreement cause, permit, threaten, or participate in any strike, sympathy strike, walkout, slowdown, boycott, picketing, refusal to work, or any other work stoppage at the Hospital. The Hospital agrees that it will not lock out nurses during the term of this Agreement.

24.2 The Hospital retains the right to discharge or otherwise discipline nurses who participate in any activity listed in Article 24.1. The Association shall have the right to file a grievance; however, the sole issue of such grievance shall be limited to whether or not such nurses participated in the prohibited activity.

Article 25 – Workplace Safety and Technology

The Hospital recognizes it is subject to national and state laws, professional and regulatory standards for use of medical and safety equipment. The Hospital commits to making good faith efforts toward ensuring appropriate medical and
safety equipment is available based on patient care requirements and caregiver health protections.

Clinical technology is intended to help support a registered nurse’s clinical judgment in the assessment, evaluation, planning, and implementation of care. Ultimately, technology and equipment decisions are at the sole discretion of the Hospital.

A. Safety Protection Devices – The Hospital shall provide appropriate safety devices and required personal protective equipment to all registered nurses engaged in their work where such items are necessary to meet the requirements of applicable laws, regulations, and policies. Registered nurses must use such items in accordance with Hospital policies.

B. Mutual Responsibility – Registered nurses and leaders recognize they have a mutual responsibility for promoting safety and health regulations and complying with health and safety practices. These shall include but not be limited to the following:

1. Adherence to Hospital policies and procedures.

2. Proper use of personal protective equipment and safety devices.

3. Use of equipment according to manufacturer's instructions for use (IFU) or in accordance with state and national guidelines and standards.

4. Use of mechanical safeguards.

5. Following known safety practices.

C. Nurse Input into Technology – Registered nurses who have concerns about safety, technology and/or equipment should escalate via the chain of command. These concerns may require urgent resolution or be appropriate to refer to the Unit Based Practice Council. When feasible, registered nurses shall be given the
opportunity to provide input whenever new technology affecting the delivery of nursing care is being considered. Registered nurses are encouraged to identify deficits, malfunctions, and/or outdated equipment and bring proposals for new equipment to the nurse leader of the Nursing Unit.

D. Workplace Concerns – A registered nurse who has workplace concerns related to their personal health status should inform their core leader immediately. A registered nurse who has concerns about their workplace environment or safety shall follow their chain of command and escalate as needed for resolution.

E. Exposure to a Communicable Disease in the Workplace – If a registered nurse is exposed to a communicable disease at work and is determined by Caregiver Health to have had a high-risk exposure to a disease that would require immunization, testing, or treatment, the registered nurse shall be provided immunization against, testing for, and/or treatment for such communicable disease without cost to the registered nurse, in accordance with Hospital policy.

No unscheduled absence from work shall be counted as an “occurrence” under the PHRMH attendance policy if:

- The unscheduled absence occurs during the forty-eight (48) hour period following the administration of any employer required or recommended vaccination/booster; and caregiver health has advised a nurse not to come to work.

- The nurse receives a positive communicable disease test covering the absence and caregiver health has advised a nurse not to come to work.

- In each circumstance, caregiver Health will notify the core leader and the caregiver that the nurse is to be away from work.
F. **Personal Safety** – The Hospital is committed to providing regular education and training for registered nurses to promote their personal safety in the workplace setting. The Hospital maintains a safety committee and a workplace violence committee, and registered nurse participation is highly encouraged. The Hospital monitors the incidents of reported behavioral/combative persons (code gray), weapons/hostage situations and active threat on campus (code silver), and the reported occurrences of workplace violence.

G. **Testing** – The Hospital shall arrange to provide a tuberculin test (Quantiferon-TB Gold testing, as available), and a chest X-ray when indicated by the tuberculin test, at no cost to the nurse. This test will be done at the beginning of employment, when indicated by exposure, or when required by the employee health department. The Hospital will provide annual complete blood count (CBC), upon the nurse’s request, at no cost to the nurse.

**Article 26 – Healthy Work Environment**

The Hospital and the Association agree that mutual respect between and among managers, employees, co-workers, and supervisors is integral to a healthy work environment, a culture of safety and to the excellent provision of patient care. Behaviors that undermine such mutual respect, including abusive or “bullying” language or behavior, are unacceptable and will not be tolerated.

A. Any nurses who witness or believes they are subject to such behavior should raise their concerns with their manager as soon as possible. If the manager is unavailable, or if the nurse believes it would be inappropriate to contact that person, the nurse should raise their concerns with Human Resources and are strongly encouraged to include specific situations and include documentation.

B. Any nurse who in good faith reports such behavior, or who cooperates in an investigation of such behavior, will not be subject to retaliation by the Hospital, the Association or by co-workers. Any nurse who believes they are being retaliated against for reporting
such behaviors should raise their concerns with an appropriate manager, supervisor, the Association, or human resources representative as soon as possible. The nurse may also contact the Association.

C. The Hospital will promptly investigate any reports of such behavior and, based on such investigation and, applying appropriate discretion, take appropriate action to prevent the reoccurrence of such behavior. Any Hospital employee who has been found to have engaged in such inappropriate behavior will be subject to disciplinary action, up to and including termination.

D. The Hospital will communicate to the nurse who was subject to such alleged bullying behavior whether the investigation supported the allegation, did not support the allegation, or was inconclusive. The Hospital may choose to keep confidential, consistent with Hospital policy, the level of discipline given to an employee who has been found to have engaged in such behavior.

E. A union representative may be present during an investigatory meeting with a represented nurse whether they filed a complaint, or someone filed a complaint against them. Human Resources and the ONA Representative (or steward) will have a discussion prior to the meeting to determine if a conflict of interest exists when two or more nurses are involved. In such cases, a different representative will be identified for each nurse involved. Such participation by the union representative or other PHRMH employee in the meeting shall be for the purpose of observation and support. The additional participant shall be bound by confidentiality for the purposes of maintaining the integrity of the investigation.
Article 27 – Nurse Staffing

27.1 House-Wide Staffing Committee. The Hospital will adhere to the Oregon Nurse Staffing Law, and as such shall maintain the structure, duties, and role of the House-Wide Staffing Committee. In doing so, the House-Wide Staffing Committee supports the Hospital with compliance with all ORS pertaining to nurse staffing, nurse staffing plans, and nurse staffing committee conduct.

A. The Hospital Staffing Plan.

1. The Hospital Staffing Plan as referenced in the Oregon Nurse Staffing Law will be the accumulated unit staffing plans of all nursing units for which the hospital is required by OHA to have a staffing plan.

2. Unit staffing plans will be developed by unit-based staffing committees in a manner consistent with the staffing law as a shared responsibility of registered nurses and nursing leaders. Nurses with concerns regarding staffing are encouraged to raise those concerns without fear of retaliation, and to work with their staffing committee to identify solutions.

3. Unit based staffing committees (UBSC) will evaluate the regularity of incoming floats as well as resource hours and Education Leave approval, to assess the adequacy of their unit’s core staffing and inform their work on the staffing plans.

B. The Hospital will pay for unit-based staffing committee-related time performed in collaboration with the core leader directly related to the development of the unit staffing plan, in anticipation of presenting to the Housewide Staffing Committee for review and/or approval. Unless pre-approved by core leader, outside preparation time for unit-based staffing committee meetings will not be compensated.
C. Meetings of the Unit Based Staffing Committee (UBSC) and Housewide Staffing Committee.

1. The members of the Housewide Staffing Committee will be paid for the time spent during meetings. Alternates will be paid for attendance at meetings if a nurse representative is unable to attend or where the alternate's attendance was requested.

2. The Hospital will release members (or alternates when necessary) of the Housewide Staffing Committee from scheduled shifts to attend committee meetings.

3. As a routine part of the House-Wide Staffing Committee, the parties agree to review relevant data and dialogue on issues related to workforce planning. Routine data to be reviewed at House-Wide Staffing Committee meetings includes, but is not limited to current vacant positions, turnover of RN staff since previous meeting, and RN new hire data since previous meeting.

27.2 Nurse Staffing Plan Criteria

A. Newly hired nurses will not be counted in the regular staffing during orientation. When being precepted, the new nurse will share a single assignment with their preceptor. The Hospital shall determine the duration and scope of orientation to be given based upon the Nurse's prior experience and/or training.

B. Nurse Staffing Plan Requirements. As required by the Oregon Nurse Staffing Law, each unit's staffing plan will be based on the specialized qualifications and competencies of the nursing staff and provide for the skill mix and level of competency necessary to ensure the Hospital is staffed to meet patient care requirements. The Housewide Staffing Committee will review unit staffing plans to ensure they are consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations. The staffing plan must establish minimum
numbers of nursing staff (registered nurses and certified nursing assistants) required on specified shifts, recognizing differences in patient acuity and nursing care intensity. In addition, the unit staffing plans must include a mechanism for meal breaks and rest breaks on each shift, which shall be implemented consistent with professional nursing judgment and patient care needs. The Hospital will undertake every reasonable effort to staff to the unit staffing standards within their approved staffing plans, and to administer meals and breaks consistent with the unit’s nurse staffing plan. Disputes regarding this section shall be referred to the Housewide Staffing Committee.

C. Unit-Level Staffing Plan Reviews. If there is an inability to gain agreement on a plan, the unit’s Housewide Staffing Committee representative (or, if none, the UBSC co-chair) may escalate the matter to the Housewide Staffing Committee to request time on the agenda at the next Housewide Staffing Committee for the unit to present concerns and request guidance from the Housewide Staffing Committee. As required by the Oregon Nurse Staffing Law, if the Housewide Staffing Committee is unable to reach an agreement on the staffing plan, the parties will follow the Nurse Staffing Plan mediation process.

27.3 Safe Staffing Concerns

If a nurse identifies unsafe staffing, the nurse will immediately notify the house supervisor or Unit Manager (if present) and will work to promote a solution that restores safe staffing.

A. A nurse who believes there has been an unsafe staffing occurrence will complete the staffing concern form electronically or paper form and file it with their manager.

B. The manager has forty-eight (48) hours, per the form, to respond to the person who has filed the staffing concern form.
C. The nurse manager will assemble the unit-based staffing committee for a review based on applicable factors to determine whether a staffing concern existed.

D. Unit based staffing committee will develop recommendation(s) to prevent future unsafe staffing if applicable. The unit-based staffing representative and unit Manager will present to the House Wide Staffing committee for consideration and actions as appropriate.

ARTICLE 28 – APPENDIXES

Appendix A and any successive supplements or addendums are intended to be part of this entire Agreement and are by this reference made a part hereof.
IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of
April 1, 2022 through March 31, 2024.

PROVIDENCE HOOD RIVER

Rebecca Kopecky
PHR CNO

Jamell McCaslin
Human Resources

Ashley Watson, RN, BSN
MHA-Nurse Manger of Clinical Operations

OREGON NURSES ASSOCIATION

Timothy Welp
ONA Labor Representative

Brittany Foss
Bargaining Unit Co-Chair

Paula Chakowski
Bargaining Unit Co-Chair

Chad Mayo
ONA Representative

Davina Craig
ONA Representative

Nicole Chambers
ONA Representative
APPENDIX A – WAGES AND DIFFERENTIALS

A.1  The following are the regular hourly rates of pay for all part-time and full-time nurses employed under the terms of the Agreement:

Market Adjustment Year 1: Effective the first full pay period following ratification: five dollars and fifteen cent ($5.15) increase from start of scale through and including step 10; four dollars and seventy-five cent ($4.75) increase to steps 11 through and including step 22; and four dollar ($4.00) increase to steps 25 and above.

Across the Board (ATB) Increase Year 1: effective first full pay period following ratification three-point seven five percent (3.75%).

If ratified by October 22, 2022, retroactive wages will be paid by a lump sum to nurses employed as of ratification date, calculated as follows: Apply difference between current step rate and new step rate at ratification to hours worked between April 10, 2022, through November 5, 2022. Lump sum payable on December 9, 2022.

Across the Board (ATB) Increase Year 2: Effective March 31, 2023 (3/31/2023): three percent (3.0%).

•  Effective the first full pay period following November 1, 2023: New Step 6, 9, 12, 15, 17, 18, and 23 (at midpoint between prior and next steps)
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<th>Effective October 23, 2022; Market Adjustment plus a 3.75% COLA</th>
<th>Full and Part-time Year 2</th>
<th>Effective March 31, 2023 (3% ATB)</th>
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<td>$62.59</td>
<td>After 23 years</td>
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</tr>
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<td>After 25 years</td>
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</tr>
<tr>
<td>After 27 years</td>
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<td>After 27 years</td>
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<td>After 30 years</td>
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<tr>
<td>Casual Call Year 1</td>
<td>Effective October 23, 2022; Market Adjustment plus a 3.75% COLA</td>
<td>Casual Call Year 2</td>
<td>Effective March 31, 2023 (3% ATB)</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Start</td>
<td>$ 51.98</td>
<td>Start</td>
<td>$ 53.54</td>
</tr>
<tr>
<td>After 1 year</td>
<td>$ 53.33</td>
<td>After 1 year</td>
<td>$ 54.93</td>
</tr>
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<td>After 2 years</td>
<td>$ 54.83</td>
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<td>$ 56.47</td>
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<td>After 3 years</td>
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<td>$ 58.02</td>
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<td>After 4 years</td>
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<td>$ 59.00</td>
<td>After 5 years</td>
<td>$ 60.77</td>
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<td>After 6 years</td>
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<td>After 7 years</td>
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<td>After 8 years</td>
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<td>After 8 years</td>
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<td>Following Jan 1, 2023, After 9 years</td>
<td>$ 62.21</td>
<td>After 9 years</td>
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<td>After 10 years</td>
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<td>$ 64.62</td>
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<td>After 11 years</td>
<td>$ 62.92</td>
<td>After 11 years</td>
<td>$ 64.81</td>
</tr>
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<td>Following Jan 1, 2023, After 12 years</td>
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<td>After 12 years</td>
<td>$ 65.42</td>
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<td>$ 64.10</td>
<td>After 13 years</td>
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<td>After 14 years</td>
<td>$ 64.68</td>
<td>After 14 years</td>
<td>$ 66.62</td>
</tr>
<tr>
<td>Following Jan 1, 2023, After 15 years</td>
<td>$ 65.26</td>
<td>After 15 years</td>
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<td>After 16 years</td>
<td>$ 65.84</td>
<td>After 16 years</td>
<td>$ 67.82</td>
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<td>$ 66.75</td>
<td>After 17 years</td>
<td>$ 68.75</td>
</tr>
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<td>Following Jan 1, 2023, After 18 years</td>
<td>$ 67.20</td>
<td>After 18 years</td>
<td>$ 69.22</td>
</tr>
<tr>
<td>After 19 years</td>
<td>$ 67.65</td>
<td>After 19 years</td>
<td>$ 69.68</td>
</tr>
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<td>After 20 years</td>
<td>$ 68.27</td>
<td>After 20 years</td>
<td>$ 70.32</td>
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<tr>
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<td>$ 70.32</td>
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<td>After 22 years</td>
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<td>$ 71.57</td>
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<td>$ 70.08</td>
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<td>$ 72.18</td>
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<td>After 23 years</td>
<td>$ 70.08</td>
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<td>$ 72.18</td>
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<td>After 25 years</td>
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<td>$ 72.79</td>
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<tr>
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<td>$ 73.96</td>
</tr>
<tr>
<td>After 27 years</td>
<td>$ 71.81</td>
<td>After 27 years</td>
<td>$ 73.96</td>
</tr>
<tr>
<td>After 27 years</td>
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<td>After 27 years</td>
<td>$ 73.96</td>
</tr>
<tr>
<td>After 30 years</td>
<td>$ 73.01</td>
<td>After 30 years</td>
<td>$ 75.20</td>
</tr>
</tbody>
</table>

Following Jan 1, 2023, After 6 years
Following Jan 1, 2023, After 9 years
Following Jan 1, 2023, After 12 years
Following Jan 1, 2023, After 15 years
Following Jan 1, 2023, After 17 years
Following Jan 1, 2023, After 18 years
Following Jan 1, 2023, After 23 years
A.2 In addition to the regular hourly rates of pay listed above, a shift differential will be paid as follows:

A. Evening-shift differential of two dollars and eighty-five cents ($2.85) per hour for all hours worked between 1500 (3:00 p.m.) and 2330 (11:30 p.m.);

B. Night shift differential of six dollars and twenty cents ($6.20) per hour for all hours worked between 2300 (11:00 p.m.) and 0730 (7:30 a.m.).

A.3 A nurse temporarily assigned to a higher position for eight (8) consecutive hours or more will be compensated at no less than the minimum rate of pay applicable to the higher position or one (1) step above their regular rate of pay, whichever is higher.

A.4 A full-time or part-time nurse will progress to the next step on the wage scale set forth in Section A.1 at the end of the time specified, on the employee’s anniversary date. A short-hour or per diem nurse will progress according to the year-to-year wage progression set forth in Section A.1 above at the end of each anniversary date, provided that the nurse has made themselves available at least six hundred (600) hours in that year. If a short-hour or casual nurse has not made themselves available six hundred (600) hours during any anniversary year, advancement to the next wage step will be delayed until completion of six hundred (600) hours of availability has been met. Computation of six hundred (600) hours in the following years will commence upon completion of the prior six hundred (600) hour requirement.

Nurses must accumulate at least twenty (20) hours of continuing education/department in-services annually in order to be eligible for movement to the next step set forth in Appendix A.

A.5 Each new hire will be placed on the salary schedule commensurate with the nurse’s years of experience in an acute care facility and/or in home health and hospice.
A.6  A nurse working on a weekend will be paid a differential of two dollars ($2.00) per hour.

A.7  If the Hospital or the Association becomes affiliated with a qualified credit union during the term of this Agreement and if the Hospital check-preparation service can accommodate this deduction, nurses may make contributions to the credit union through payroll deduction.

A.8  If a nurse believes that an error has been made in a paycheck, the nurse must bring the suspected error to the attention of the Hospital's payroll department as soon as possible. The payroll department shall investigate promptly, and any amount owed to the nurse must be paid as soon as practicable. Pay stubs must show accrued annual leave and sick leave. Pay stubs must also indicate the number of overtime hours paid for the current pay period. The figures recorded on the pay stub are subject to the capabilities of the service used by the Hospital.

A.9  The Hospital will pay a differential of three dollars ($3.00) per hour to any nurse who consents to serve as a preceptor as designated by the Hospital to assess the learning needs of a nurse plan the nurse’s learning program; implement the program; provide direct guidance and supervision to the nurse during the program; and, in conjunction with the nurse manager and/or designee, evaluate the nurse’s progress during the program. The differential will be paid only during those hours when the preceptor is actively training a preceptee. For purposes of this differential, a “nurse” will include a student nurse who is performing an internship or Capstone program.

A.10 Nothing in this Agreement restricts the Hospital either from offering additional incentive to a nurse applicant or from requiring the nurse to repay the cost of the incentive from the nurse’s final pay if he or she leaves the employ of the Hospital after working less than one (1) full year.
A.11 A regular, full-time or short-term bilingual nurse who has passed the language test and is properly certified under criteria solely determined by the Hospital and whose language in addition to English is one that has been approved by the Associate Administrator/Patient Services as being necessary to the efficient provision of nursing care at the Hospital and who is serving as a medical interpreter will receive on the one (1)-year anniversary of their certification and annually thereafter a payment of fifteen hundred dollars ($1,500). A regular part-time nurse who is so certified will receive a pro rata payment based on hours worked during the preceding twelve (12) months. To qualify for payment under this provision, the nurse must be employed by the Hospital on each twelve (12)-month anniversary date of certification.

A.12 The Hospital will pay a regular full-time or part-time or short-hour nurse a differential of nineteen dollars ($19.00) per hour for all “open” shifts that the nurse volunteers to cover. Any nurse who is working on such “open” shift will be assigned as the “second” (2nd) nurse, where possible. In the event the Hospital determines that low census is necessary on the operational unit to which the nurse on the “open” shift is assigned, the nurse will have the option of floating to another operational unit (if such floating is needed by the Hospital) or being placed on call. Shifts are “open” for this purpose only if the Hospital has exhausted recruits from the on-call and casual list.

This premium will apply to per diem nurses only when the Hospital needs to fill a position that is designated as an “open shift” and only after the casual nurse has completed their minimum working obligations as set forth in Article 1.9.

An “open” shift is defined as one that is not filled when the schedule is posted in accordance with this Agreement, sudden vacancies that occur after the schedule has been posted (due to illness or other unforeseen circumstance), or an additional shift that is added due to increased census or acuity.
A.13 The Hospital will make every reasonable effort to schedule assigned call time equitably, Call schedules will be available through the electronic scheduling tool.

A.14 The Hospital has the right to assign a nurse to float to an operational unit other than the operational unit to which the nurse is normally assigned to take a patient assignment and/or perform functional duties. The Hospital will not assign the nurse any duties or responsibilities that are in conflict with the facility-based competencies and orientation in accordance with the Oregon State Board of Nursing and the “Oregon Nurse Practice Act,” All nurses floating will receive orientation or training appropriate to the function they are performing. If a nurse believes that they are not qualified and competent for a specific assignment with a primary patient load, the nurse should escalate and discuss the reasons why with their manager, house supervisor, or charge nurse at the time of the request to explore options available.

A.15 The Hospital will pay a nurse who is required to float to a different operational unit a differential of three dollars ($3.00) per hour for all hours worked in an operational unit other than the nurse’s normal operational unit.

A.16 The Hospital will pay a Charge Nurse a differential of three dollars and sixty cents ($3.60) an hour for all hours worked as a Charge Nurse.

The Hospital will pay a Temporary Lead nurse a differential of three dollars ($3.00) an hour for all hours worked as a Temporary Lead nurse.
APPENDIX B – DRUG AND ALCOHOL POLICY

PHILOSOPHY:
In keeping with the Hospital’s mission to create an environment of caring, the Hospital recognizes alcohol/drug dependency as a disease with serious consequences for its employees, their co-workers, and the patients who trust the Hospital for their care. Therefore, all attempts will be made, within the scope of the relevant laws, to protect the patients and co-workers and to provide a uniform method of management in dealing with the alcohol/drug-dependent employee.

OBJECTIVES:
A. To recognize that employee involvement with drugs and alcohol can have a significant impact on the workplace and can present serious risk to the employee involved, to co-workers, and to others.

B. To establish guidelines to ensure a safe, alcohol/drug-free work force.

C. To facilitate recovery of impaired employees through problem identification, intervention, and possible treatment.

D. To increase productivity, maintain quality services, reduce accidents, and lower the costs of health services.

E. To notify employees that except in limited circumstances, involvement with drugs and alcohol on the job is prohibited and that submission to drug/alcohol testing may be required as a condition of continued employment.

F. To communicate the potential consequences for violating this policy.

POLICY:
A. The Hospital is concerned about the welfare of its employees and desires a healthy, drug-free work force.

B. The Hospital will require pre-employment drug and alcohol testing.
C. Employees are subject to discipline up to and including discharge for use, possession, sale, transfer, offering, or being under the influence of alcohol or any narcotic, hallucinogen, stimulant, sedative, or drug while on Hospital premises or while on Hospital time. The following condition is the only exception to this rule: 1. An employee may possess or use as directed a drug that is prescribed for that employee by a physician and that does not impair safe or efficient job performance.

D. Alcohol may be served on Hospital grounds by physician order. For example, this exception is intended to cover the times when a family requests champagne at the birth of their child.

Alcohol may be served at social functions that are sanctioned by Hospital administration and approved by the Hospital Administrator.

At no time may an employee who uses prescribed drugs or consumes alcohol under these exceptions use these substances to the extent that he or she becomes “under the influence.”

IMPORTANT:
The conduct prohibited by this rule includes consumption of any amount of such substances during breaks or lunch periods or on the job. An employee who tests positive for any other substance regulated by this policy will be deemed “under the influence” for purposes of this rule.

A. When a manager or supervisor has reasonable suspicion that an employee has used or is under the influence of a substance regulated by this policy, the manager or supervisor will initiate an investigation in accordance with the procedures below.

B. The Hospital will not engage in random alcohol or drug testing of the general employee population.

C. Test results will be given to the department manager or nursing supervisor in the manager’s absence. If the test results are positive, a second (2nd) and
confirming test that has accepted scientific credibility will be performed. A record of the test results will be maintained under strict control and confidentiality in the personnel office.

D. All employees must abstain from alcohol or other substances regulated by this policy while on “on-call” status.

PROCEDURE/RESPONSIBILITY:

A. When a manager/supervisor has reasonable suspicion that an employee is under the influence of alcohol or another substance regulated by this policy, he or she will:
   1. Find another member of the Hospital’s management staff to verify the suspicions or actions and document the behavior.
   2. Confront the employee with the suspicion if the two (2) managers agree that there are reasonable grounds to suspect that the employee is under the influence of alcohol or drugs. This will be done at a suitable location that will promote privacy and freedom from distractions.
   3. If the employee denies using or being under the influence of a substance regulated by this policy and the manager/supervisor and second staff member both still believe the employee to be under the influence of or to have used a substance in violation of this policy:
      A. Obtain employee consent for lab personnel to collect specimen(s) for alcohol/drug testing.
      B. Lab personnel will be responsible for overseeing the specimen collection for alcohol/drug testing.
      C. Send the employee off duty after the interview and specimen-collection process.
D. Arrange transportation for the employee to their home. A taxi may be called, if necessary, at Hospital expense. If the test is negative, the employee will be compensated for the loss of any scheduled work time on the shift from which he or she was sent home at the rate of double time and for the remainder of any other scheduled lost time at the rate of time and one-half (1.5).

E. Refer information on the incident and subsequent testing to the personnel director as soon as possible.

4. If the employee does not consent to a drug test:
   A. Provide/arrange transportation home for the employee immediately.

   B. At the earliest opportunity, contact the personnel director and proceed with disciplinary action, up to and including termination, based on observable behavior and/or refusal to consent to a drug test.

B. Results of the tests will be forwarded to the personnel director.

C. If the Hospital determines from test results or from an employee admission that the employee used or was under the influence of a prohibited substance or violated this policy in any other way, appropriate disciplinary action will be taken.

D. The employee will be allowed to provide evidence of prescription usage. Discipline may be imposed for improper use of a prescription drug or for use of a prescription drug that impairs safe or efficient work performance.

E. Although the Hospital recognizes that alcohol and drug abuse can be successfully treated and is willing to work with an employee who may suffer from such a problem, it is the employee’s responsibility to seek assistance before the Hospital begins investigatory or disciplinary actions against the
employee. Once the Hospital has begun investigatory or disciplinary procedures, the employee’s willingness to seek assistance with a substance-abuse problem will not “excuse” the violation and generally will have no bearing on the determination of an appropriate penalty. The Hospital will take strong action against employees who do not seek treatment on their own. If an employee believes that they have a problem involving the use of alcohol or drugs, the employee should ask a supervisor or the personnel director for assistance. In the case of such a request:

1. The employee will ordinarily be referred for assessment and referral to an appropriate program, or directly to a substance abuse program.

2. A medical leave of absence will take effect if the employee so chooses.

3. A “Performance Contract” (copy attached) must be signed before the employee returns to work.

4. If the employee refuses treatment, the employee may be terminated.

F. It is recognized that, consistent with medical ethics and Hospital standards, it is appropriate for an employee to responsibly express a concern over the possible violation of this policy by another employee.
EMLOYEE CONSENT TO URINE TESTING FOR ALCOHOL/DRUGS

I, ________________________________, hereby authorize Providence Hood River Memorial Hospital personnel to collect urine specimen(s) for testing for alcohol and/or drug levels.

1. I understand that the specimen will be sent to ________________________________, for testing.

2. I hereby authorize ________________________________, to furnish the test results to Providence Hood River Memorial Hospital.

3. I understand and agree that ________________________________, is not responsible for the consequences of this information being given to Providence Hood River Memorial Hospital.

4. Release of these test results to any other party will require a further specific written consent by me. I HAVE TAKEN THE FOLLOWING PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS WITHIN THE LAST TWO (2) WEEKS:

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

5. I certify that this is my urine specimen, that I have initialed my custody seal, and that I have applied this seal to my urine specimen(s).

Dated: _________________________________

Signature: __________________________________________________

Witness: ___________________________________________________

NOTE: Refusal to sign this consent form without qualification or refusal to give the above requested sample may result in disciplinary action up to and including dismissal.
PERFORMANCE CONTRACT AGREEMENT TO CONDITIONS OF CONTINUING
EMPLOYMENT

I, ______________________________, understand that my reinstatement to employment by Providence Hood River Memorial Hospital is based on the following terms:

1. I accept admission to an alcohol/drug recovery program.

2. I recognize the importance of the involvement of my spouse and adult children in my recovery program.

3. I will comply with all of the program requirements to their successful conclusion.

4. I recognize the adverse impact that working overtime may have on my recovery and waive my rights to assignment to overtime.

5. I understand that my previous job performance warrants close supervision for a minimum of six (6) months upon return to work, and I will accept such supervision as a constructive part of my recovery.

6. I understand that upon return to the workplace, I must meet all established standards of conduct and job performance and that I will continue to be subject to the Hospital’s disciplinary procedures for any failure to meet these standards. I understand further that I must comply with the Hospital’s Drug and Alcohol Policy.

7. I agree that for six (6) months following the date below, I will be subject to a random drug-screening procedure. This will be done at the discretion of my manager/supervisor.

8. I understand that I will be subject to the terms of this Performance Contract until I have completed at least six months of work. Upon completion of six months of work, my manager will review my job performance and recovery
progress and determine whether the terms of this Performance Contract will be removed or continued for a maximum of thirty (30) additional days.

9. I understand that if I am a union-represented employee, a copy of this Performance Contract will be provided to the union.

I understand and agree that my reinstatement and continued employment are contingent upon my satisfactorily meeting all the above terms of this Performance Contract and that my failure to do so relinques all defenses on my part and subjects me to immediate termination of my employment with Providence Hood River Memorial Hospital.

Dated: ______________________________,

Signature: ______________________________
LIST OF POSITIVE CUTOFF LEVELS AND DETECTION TIMES FOR DRUGS OF ABUSE IN URINE:

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>EMIT SCREEN</th>
<th>CG/MS CONFIRMATION</th>
<th>DETECTION TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>300 ng/mL</td>
<td>500 ng/mL</td>
<td>2-3 days</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>1000 ng/mL</td>
<td>500 ng/mL</td>
<td>2-3 days</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>300 ng/mL</td>
<td>250 ng/mL</td>
<td></td>
</tr>
<tr>
<td>Secobarbital</td>
<td></td>
<td></td>
<td>1-2 days</td>
</tr>
<tr>
<td>Phenobarbital</td>
<td></td>
<td></td>
<td>10-14 days</td>
</tr>
<tr>
<td>Benzoylecognine (cocaine metabolite)</td>
<td>300 ng/mL</td>
<td>150 ng/mL</td>
<td>10-14 days</td>
</tr>
<tr>
<td>Opiates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>300 ng/mL</td>
<td>300 ng/mL</td>
<td>2-4 days</td>
</tr>
<tr>
<td>Morphine</td>
<td>300 ng/mL</td>
<td>300 ng/mL</td>
<td>2-3 days</td>
</tr>
<tr>
<td>THC (as metabolite)</td>
<td>100 ng/mL</td>
<td>15 ng/mL</td>
<td>variable</td>
</tr>
<tr>
<td></td>
<td>50 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20 ng/mL</td>
<td>15 ng/mL</td>
<td></td>
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<tr>
<td>PCP</td>
<td>25 ng/mL</td>
<td>25 ng/mL</td>
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</tr>
<tr>
<td>Propoxyphene</td>
<td>300 ng/mL</td>
<td>250 ng/mL</td>
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APPENDIX C – HOME HEALTH AND HOSPICE NURSES

Because home health and hospice nurses (“HH&HN”s) are covered by the Agreement and their schedules are sufficiently different from those of Hospital nurses, the Hospital and the Association agree as follows:

A. **Workday/Work Week.** The workday for HH&HNs will be eight (8) hours paid at the nurse’s regular rate. As a general guide, and subject to variation based on numerous factors (e.g., location of patient), approximately eighty percent (80%) of each workday will be for scheduled appointments twenty percent (20%) will be set aside for travel, education, tech updates, care coordination, scheduling, telephone calls, and charting only. If a nurse is asked to make an unscheduled patient visit/appointment outside of HH&H business hours of eight (8:00) a.m. to four-thirty (4:30) p.m., and the nurse has performed eight (8) hours of work for the workday, the nurse will be paid at the call out rate described in this Appendix in Letter F. The work week will be forty (40) hours.

B. **Telephone.** Each HH&HN shall maintain a telephone log and will be paid each pay period at the HH&HN’s regular straight-time rate or overtime rate for time spent on the telephone.

C. **Shift Differential.** HH&HNs will receive evening differential after six thirty (6:30 p.m.) and night differential after eleven (11:00 p.m.), with the weekend differential on the weekends.

D. **Schedule.** The HH&HN schedule (days to be worked) will be posted one (1) full month in advance and may be modified by the Hospital in accordance with Section 4.6 of this Agreement.

E. **Standby/Call Out.** If an HH&HN is called out to an unscheduled patient visit while on standby call, the HH&HN will be paid time and one-half premium with a two-hour minimum. The two (2)-hour minimum applies to each such call-out. The time and one-half (1.5) premium will not be pyramided if two (2)-hour call call-out periods overlap. If an HH&HN agrees to take an unscheduled appointment while not on call/standby, the HH&HN will be paid at their regular straight-time rate.
F. **Overtime.** An HH&HN will receive overtime for all hours worked over eight (8) hours per day or over forty (40) hours (including travel time) in a week.

G. **Alternating Schedules.** The parties acknowledge and agree that there is a shared interest in engaging nurses on alternate work schedules and in reducing daily overtime. Toward that end, the parties agree that the Hospital will consider requests for alternate work schedules that reduce daily overtime for Home Health and Hospice nurses. Such request will not be unreasonably denied.

H. **Travel Time.** The HH&HN shall maintain a travel log and will be paid each pay period at the HH&HN’s regular straight-time rate for actual time spent in travel. When travel time occurs during call-out/on-call, it will be counted as part of the two (2)-hour minimum and paid at the time and one-half (1.5) rate. Travel time is to be included in calculating overtime after eight (8) hours per day or forty (40) hours in a workweek.

I. A usual HH&HN shift is eight (8) hours as specified in Paragraph A above, but if the nurse and the Hospital agree, shifts of four (4), eight (8), nine (9) or ten (10) hours in length may be scheduled to accommodate hospital or HH&HN needs.

J. Any HH&HN who is required to maintain a Washington State Nursing License will be provided an additional one-hundred dollars ($100) in annual continuing education compensation beyond what is provided in Article 11.

K. The Hospital shall provide full-time and part-time HH&HN quality roadside assistance coverage that provides coverage throughout the geographic area nurses are responsible to work.

L. HH&H will make good faith efforts to reasonably distribute low census hours among HH&HN.
M. Assignments: Home Health and Hospice will work collaboratively with nurses when determining appropriate assignments.

Assignments will be prorated or adjusted for nurses working less than a 1.0 full-time equivalent. Nurses who are experiencing difficulty meeting patient care needs due to the acuity or complexity of the patients assigned, travel time, or required documentation, will inform their supervisor and/or manager. The supervisor or manager will work collaboratively with the nurse to adjust the nurse’s caseload appropriately.

N. Productivity Performance: The parties recognize that maintaining adequate productivity is necessary to the essential operations of Home Health and Hospice, and that each nurse’s productivity is a key part of that nurse’s overall performance. The parties also recognize that there are many factors that can detract from an individual nurse’s productivity and that many of those factors are outside of the control of the individual nurse.

For that reason, in any performance conversation with a nurse regarding productivity, Home Health and Hospice will commit to considering in good faith any factor outside the nurse’s control that may have adversely impacted that nurse’s productivity, including but not limited to:

- Traffic (heavy traffic, accidents, construction, fallen trees, icy roads, etc.);
- Computer issues (upgrades, slow sync time, hardware issues, EPIC/network issues); staff meetings;
- Multiple Meetings;
- Patient complexity;
- Continuing education; and
- Preceptorship

If a nurse believes that the nurse’s productivity has been adversely impacted by any of these or similar factors, the nurse is encouraged to bring those factors to the attention of the nurse’s manager.
If a nurse has reported such instance(s) and it is determined that those instance(s) did cause the nurse to not meet productivity, that nurse will not be put on a work plan, disciplined, or terminated.
APPENDIX D – MASTER SCHEDULES

A. The Hospital and the Association recognize that the master schedule for each unit will be beneficial to both parties.

1. A master schedule is defined as one (1) that consists of regular schedules that have a regular pattern of days of the week and weekends to work, including call shifts for units that have regularly scheduled call, and variable schedules where there is no regular pattern. It is understood that, each nurse will work a fair share of weekends and call shifts in a scheduling period or month as determined by the unit-based staffing committee.

2. When formulating or changing a master schedule, the Hospital and the Association will present for discussion schedules that each finds workable, and the Hospital will get nurses’ input in formulating the schedules.

3. Whenever the Hospital formally meets with a nurse about forming a master schedule, the Association team will be notified, and a member will be invited to attend.

B. The Hospital will find recruits to fill openings in the master schedule created by annual leave, bereavement, jury duty, and sick days on the schedule.

C. The Hospital will not find replacements for single days of annual leave after the schedule has been posted; the nurse whose master schedule will be affected will be responsible for finding a qualified replacement nurse whose working that shift will not require overtime pay.

D. Master schedules will be altered by the Hospital to rotate holidays in accordance with Article 5.2.

E. Each unit will have a member of its unit-based staffing committee also serve on the Hospital Staffing Committee.
F. Copies of each unit’s master schedule will be forwarded to the Hospital Staffing Committee. Each unit’s master schedule will become an addendum to each unit’s individual staffing plan.

G. To allow for some flexibility in scheduling and to provide coverage when other nurses are absent (leaves of absence, sick leave, annual leave, etc.), the Hospital will have the right to have a limited number of FT or PT nurse positions on each unit that do not have a regular or pattern schedule. That number will be agreed to by both the Hospital and the nurses on the unit.

H. When a position with a schedule is vacated, and the schedule is not being changed, the nurse manager will notify the unit of the opening via the unit’s primary method of communication and the position will remain “open” for seven (7) to ten (10) days. Any staff interested in filling such a vacated position should notify the manager in writing within the seven (7) to ten (10) day “open” period. The position will be filled based on the provisions of Article 12 - Seniority.

I. **Vacated Schedules.** When a position with a regular schedule is vacated the nurse manager and members of the unit-based staffing committee may evaluate the needs of the unit and may alter the vacated regular schedule to meet patient and operational needs of the unit. An alteration to a vacated regular schedule position may be made by the unit manager to meet departmental needs and can also be proposed by a nurse or a group of nurses. The position will be posted in accordance with letter H of this Appendix.

J. If an opening on the master schedule cannot be filled by recruitment efforts within the seven (7) to ten (10)-day open period, the manager and the unit-based staffing committee may propose an alternative schedule. The new schedule will be filled in accordance with letter H of this appendix.

K. If an individual nurse or a group of nurses feels the master schedule on their unit requires alteration, they should approach their manager and the unit-
based staffing committee. If the manager and the unit based staffing committee believe the proposed change or changes will best serve the unit’s operational needs then the proposed change or changes will be presented to the unit staff at a staff meeting or at the unit’s primary method of communication. Changes will be implemented subject to agreement of the Unit Manager and any nurses whose schedule will change, and the majority of the nurses on the unit. Staff will have fourteen (14) days from the presentation of the proposed change to signify their agreement or disagreement or forfeit their right to participate in the process. The unit’s staffing committee will sign off on the updated master schedule. A copy will be forwarded to the Hospital Staffing Committee.

L. Once a nurse has bid into a position or is placed on a regular schedule he or she will not be required to move to a position without a regular schedule.

M. If the unit-based staffing committee cannot come to consensus and/or decision, a proposal will be made to the Hospital Staffing Committee for review and consideration.


APPENDIX E – CERTIFICATION

A. Certification Differential.

1. A nurse who meets the requirements of this section shall receive two dollars and fifty cents ($2.50) per hour certification differential.

   A. The nurse must have a current nationally recognized certification on file with the Hospital for the area where the nurse works a significant number of hours. Eligibility for the certification differential will cease beginning with the first full pay period following the expiration date of the certification unless the nurse submits proof to the Hospital of certification renewal before that date. If the proof is submitted to the Hospital after that date, the certification differential will be resumed beginning with the first full pay period following the submission.

   B. A nurse will be deemed to have worked a significant number of hours in the area if at least one-half (1.5) of the nurse’s hours worked are in that area. The Hospital may, in its discretion, determine that some lower portion of hours worked in an area qualifies as a significant number of hours worked for the purpose of this section.

   C. Only one (1) certification and one (1) certification differential will be recognized at a time for the purposes of this section. Nurses with multiple recognized certifications will receive certification differential for only one (1) at a time.

   D. The following certifications are approved by the Hospital and eligible for the certification differential:
<table>
<thead>
<tr>
<th>Acute Care Unit</th>
<th>Intensive Care Unit</th>
<th>Emergency Department</th>
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<tbody>
<tr>
<td>CHFN Certified Heart Failure Nurse</td>
<td>CCNS Critical Care</td>
<td>CPEN peds</td>
</tr>
<tr>
<td>ANCC Medical Surgical Registered Nurse</td>
<td>CCRN Critical Care</td>
<td>CEN Emergency</td>
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<tr>
<td>ANCC-GS gastro</td>
<td>PCCN Progressive</td>
<td>RN-BC gerontology</td>
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<tr>
<td>CMSRN Certified Medical Surgical Registered Nurse</td>
<td>CHFN: heart fail</td>
<td>RN-BC pain management</td>
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<tr>
<td>CPN Certified Pediatrics Nurse</td>
<td>SCRN Stroke</td>
<td>SANE-P</td>
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<tr>
<td>ONC-ortho</td>
<td>TCRN trauma</td>
<td>SANE-A</td>
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<tr>
<td>PCCN Progressive Care Cert</td>
<td>RN-BC gerontology</td>
<td>CVRN Cardiovascular Registered Nurse</td>
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<tr>
<td>SCRN stroke cert</td>
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<td>SCRN Stroke Care Registered Nurse</td>
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<tr>
<td>PMH-RN psych mental</td>
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<td>TCRN Trauma Care Registered Nurse</td>
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<tr>
<td>RN-BC med surg</td>
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<td>PMH-RN psych mental</td>
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<td>RN-BC gerontology</td>
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<td>RN-BC gerontology</td>
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<td>CVRN cardiovascular</td>
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<tr>
<th>Family Birth Center</th>
<th>Infusion/Chemotherapy</th>
<th>PACU/SSU</th>
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<tr>
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<td>CRNI</td>
<td>CAPA</td>
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<td>RCN-OB</td>
<td>OCN-onc</td>
<td>CPAN</td>
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<td>RNC-LRNB</td>
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<td>CGRN</td>
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<tr>
<td>Home Health &amp; Hospice</td>
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<td>---------------------------------------------</td>
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<tr>
<td>CHPN hospice/palliative</td>
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<tr>
<td>CHHN home health</td>
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<tr>
<td>ANA Medical/Surgical</td>
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<tr>
<td>Nursing National Oncology</td>
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<tr>
<td>ANA Maternal and Child Nurses</td>
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<tr>
<td>Cardiovascular Nursing</td>
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<td>Mental Health</td>
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<tr>
<td>Nero Registered Nurses</td>
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<tr>
<td>ANA Gerontology</td>
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<tr>
<td>Nurse Educators’ Association</td>
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<tr>
<td>Nurses Society Diabetes</td>
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**B. Tuition for Classes to Obtain Certification.** The Hospital will reimburse nurses for up to a total of five hundred ($500) (three hundred ($300) for part-time nurses) for (1) the cost of the tuition or registration fees necessary to take classes to obtain certifications; or (2) expenses incurred related to courses or exams necessary to obtain certification (such as travel or exam fees). A nurse will be entitled to such reimbursement only for a certification that is relevant to the position in which the nurse spends the majority of their work hours. Reimbursement will be paid after the nurse provides proof of certification.
APPENDIX F – CALL IN AND STAND-BY PAY

A. Call in and Stand-by pay.

1. Nurses on stand-by call will be paid a differential of six dollars ($6.00) per hour. Ten percent (10%) of all scheduled stand-by call hours will be counted as hours worked for purposes of accruing benefits, seniority, and step increases.

2. The Hospital will pay a regular full-time, part-time, or short-hour nurse a differential of twelve dollars ($12) per hour for all “stand-by call, low-census open shifts”.

3. Any nurse on stand-by call who is called in to work will be paid time and one-half (1.5) the nurse’s regular hourly rate for all hours worked when called in to work, regardless of the number of hours worked during the nurse’s regular shift. A nurse will be paid for a minimum of two (2) hours under this section when called in, regardless of the number of hours worked.

4. The Hospital will make every reasonable effort to schedule assigned call time equitably. (Per diem nurse stand-by call is described in Article 1.9.)

B. Call in and call pay in Surgical Services.

1. Nurses on stand-by-call in Surgical Services will be paid a differential of eight dollars ($8.00) per hour. Ten percent (10%) of all scheduled on-call hours will be counted as hours worked for purposes of accruing benefits, seniority, and step increases.

2. The Hospital will pay a regular full-time, part-time, or short-hour nurse in surgical services a differential of twelve dollars ($12) per hour for all “Standby-call, low-census open shifts”.
3. Any nurse on stand-by call who is called in to work will be paid time and one-half (1.5) the nurse's regular hourly rate for all hours worked when called in to work, regardless of the number of hours worked during the nurse's regular shift. A nurse will be paid for a minimum of two (2) hours under this section when called in, regardless of the number of hours worked.

A. Distribution of the Standby/Call Obligation in Surgical Services. The Hospital and the Association agree that they will establish the standby/call schedule utilizing the principles of Appendix D Master Schedules. The Hospital will make every reasonable effort to schedule assigned call time equitably. (Per diem nurse standby call is described in Article 1.9.)

4. Nurses who are called in will be afforded an opportunity for adequate rest at a minimum of eight (8) hours before reporting to work for their next scheduled shift. If the employer cannot provide for adequate rest, the nurse will be paid time and a half for all hours worked on their scheduled shift following the hours actually worked due to call (call in).
LETTER OF AGREEMENT – TASK FORCE FOR HEALTH INSURANCE

The parties acknowledge and agree that there is a shared interest in engaging employees in their own health and the impact of their health management on the insurance program offered by the Hospital. Toward that end, the Hospital agrees that it will include two (2) nurses selected by the Association and one (1) representative from the Association to review the medical insurance provided by the Hospital. The Task Force will meet at least quarterly.

The purpose of this committee is to review relevant data and provide input and recommendations to the Hospital as to whether the insurance program is achieving the goal of improved wellness of employees and reduction in associated costs. The work of the Task Force could also include, e.g., an assessment of whether the anticipated cost increases were realized, whether there are plan design elements that might positively affect the cost of the most common diseases or reasons for utilization, etc. The parties further agree that if Providence creates a regional committee or task force (that is created to include employees at multiple Providence facilities in Oregon); the representatives on the Hospital's Task Force will be included in that regional Task Force.

This Task Force will jointly make recommendations for plan design. The Task Force will not, however, have the authority to negotiate or to change the terms of the contract.
LETTER OF AGREEMENT – HIRING PREFERENCES FOR OTHER

PROVIDENCE NURSES

The parties recognize and agree that it is a unique experience to work in Oregon as a nurse in an acute-care facility that adheres to the mission and core values of Providence. In recognition of that unique experience tied to the mission and core values of Providence, the Hospital agrees that nurses who are otherwise in good standing with a separate Providence employer in Oregon and who have been laid off from such employment within the prior six (6) months and who apply for an open position will be hired over other external applicants, provided that the Hospital determines in good faith that such nurse is qualified for the job.

For purposes of this Letter of Agreement, “good standing” includes: (1) the nurse has not received any corrective action within the previous two (2) years; (2) the nurse has not received an overall score of “needs improvement” or lower at any time in the last two (2) years; and (3) that the nurse has not engaged in any behaviors or misconduct that would have reasonably resulted in corrective action from the time of the announcement of the layoff until the time of the nurse’s application for employment following the announcement of the layoff provided that such behaviors or misconduct is documented in writing in the nurse’s personnel file and communicated in writing to the nurse.

In any case where there are more qualified applicant nurses from other Providence employers than there are open positions at the Hospital, the Hospital will select the nurse with the earliest Providence hire date, unless another nurse is substantially better qualified.

This agreement will only be honored for Providence nurses with a different Providence employer when a similar agreement with regards to hiring exists in the association contract if any of that nurses former Providence employer.
LETTER OF AGREEMENT – HEALTH CARE UNIT RESTRUCTURING

The parties recognize that the Health Care Industry is now undergoing an unprecedented level of change, due in part to the passage and implementation of the Affordable Care Act. One possible effect of that change is that employers throughout the industry are considering how best to restructure their care delivery models to best provide affordable health care to their patients and communities. This may include the moving or consolidation of health care units from one employer to another, including to this Hospital. In an effort to minimize disruption to the delivery of patient care and to ease the way of groups of new nurses who may be joining the Hospital, the parties agree as follows:

A. A health care unit restructure is defined as the moving or consolidation of an existing health care unit or units from another employer (either from another Providence employer or from outside Providence) to the Hospital campus as defined in this Agreement.

B. In the event of a health care unit restructure, the Hospital will, if possible, give the Association forty-five (45) days’ notice to allow adequate time to discuss concerns and transition plans and bargain over any items not addressed in this Letter of Agreement or in the parties’ collective bargaining agreement. If the Hospital cannot, in good faith, give forty-five (45) days’ notice, it will give the Association as much notice as is practicable.

C. The Hospital will determine the number of positions that the restructured health care unit or units will have.

D. In the event of a health care unit restructure, the nurses joining the Hospital from the other employer will have their seniority calculated in accordance with Article 12 as if they had worked at the Hospital. To the extent that such nurses do not have a record of hours worked, the parties will meet to agree upon a system to calculate the nurses’ seniority based on the other employer’s existing seniority system (if any), an estimate of hours worked, or on the nurses’ years worked for the other employer. The Association may
revoke this Paragraph (D) regarding seniority if the other employer does not
offer a similar agreement or policy with regard to health care unit
restructuring with regard to giving Hospital nurses, hired by the other
employer in the event of a health care unit restructure, reciprocal seniority.

E. If new positions result from the restructure, nurses from the unit or units
affected by the restructure will be given the first opportunity to apply for those
newly created positions. The job bidding and posting processes for such
position will adhere to the seniority and job posting provisions of Article 12 –
Seniority and the interdepartmental transfer provisions of Article 13 – Job
Bidding, section 13.1(B). Any positions not filled by nurses from within that
unit will then be posted and offered to other Hospital nurses consistent with
Article 13.

F. If as a result of a health care unit restructure there are any position
reductions or eliminations at the Hospital, those will be handled according to
Article 12 – Seniority and Layoff, however any layoff will take place first
among any nurses hired following the restructure and who are still in their
probationary period, followed by those nurses who joined the Hospital under
the provisions of this Letter of Agreement, then finally among nurses who
were employed by the Hospital at the time of the restructure.

G. The newly restructured unit or units at the Hospital will comply with all other
provisions of the contract including Article 4 and Appendix D, though in the
case of Appendix D a restructure as is contemplated in this Article will trigger
the revision of the schedule as follows: Nurses’ existing master schedules
will be retained in the restructured unit as far as is feasible. If not, all nurses’
master schedules can be retained, preference will be given to nurses’ master
schedules in seniority order. Any changes to the remaining nurses’ master
schedules will then be determined using the process set forth in Appendix D,
Section K.
H. Nurses’ wage rates will be set in accordance with the provisions of Appendix A, including the provisions regarding experience and placement on wage steps. If as a result a newly hired nurse would be paid a rate less than he/she was paid at the nurse’s prior employer, the Hospital will meet with ONA to discuss options, with consideration given to both the economic impact on the nurse and internal equity among the wage rates for existing nurses in the bargaining unit. All differentials will be paid to the nurse in accordance with Appendices A, C, E and F of the parties’ collective bargaining agreement.

This Agreement will only be binding for Providence nurses with a different Providence employer when a similar agreement with regard to health care unit restructuring exists between the Association and the other Providence employer.
MEMORANDUM OF UNDERSTANDING UNIT – SCHEDULING

In order to meet patient care needs and offer nurses a better work-life balance, the parties agree that for the duration of the agreement, each unit-based staffing committee may create an alternative process for scheduling variable nurses and posting schedules in accordance with Section 4.6A and Appendix D. Nurses will work with their manager to find time to work on scheduling.

Any alternative process must be subject to vote and supported by at least seventy-five percent (75%) of the nurses on the unit who vote. Staff will have fourteen (14) days from the presentation of the proposed change to signify their agreement or disagreement or forfeit their right to vote. The process will be inclusive to staff who are on leave or other time off. The process must then be approved by the unit manager, who will not unreasonably withhold approval. In order to receive approval, the alternative process must provide for manager approval of each final schedule. Any such approved alternative process will replace the process set forth in Section 4.6 of this Agreement. The unit-based staffing committee will report the unit’s alternative process to the house-wide staffing committee and provide quarterly updates on the process to the house-wide staffing committee.

At any time during the agreement the nurses of each unit will meet with the unit manager to evaluate the alternative process. If a majority of the nurses and manager agree, the alternative process may at that point be permanently adopted. At any point during the agreement, a majority of nurses on the unit or the unit manager can revert to the scheduling process set forth in Section 4.6 of this Agreement.
MEMORANDUM OF AGREEMENT

A regular full-time nurse who is both a Certified Wound Ostomy Clinic Nurse and a Certified Foot Care Nurse (CFCN) will annually receive a payment of one-thousand dollars ($1,000.00), less withholdings. This payment will be prorated for part-time nurses. To qualify for payment under this provision, the nurse must be employed by the Hospital continuously during the year preceding the payment date. For currently employed nurses, the first payment will be received the first full pay period following ratification.
MEMORANDUM OF UNDERSTANDING

CRITICAL ACCESS SHORT NOTICE SHIFT

For the duration of this Agreement, renewable only upon mutual agreement, a nurse who works a shift that became open seventy-two (72) hour or less before start time due to an unexpected staffing shortage will receive a differential of twenty-five dollars ($25) per hour.
PHRMH/Nurse Task Force Memorandum of Understanding
Effective February 13, 2023

A. The Hospital and the Association reiterate their mutual commitment to
quality patient care. In a joint effort to assure optimal nursing care and
maintain professional standards, a task force shall be established to
examine nursing practice, the status of outstanding grievances that are not
disciplinary, staffing issues, patient load, patient assignment, payroll issues,
notices, and updates regarding unit restructures, key nursing initiatives, and
hospital process improvement projects. The task force will designate co-
chairs to prepare an agenda prior to each meeting. The parties will strive to
formulate the agenda one week prior to the meeting. If subsequent issues
arise, the affected party will inform the other as soon as possible. Minutes
for each meeting will be prepared and furnished to members of the task
force prior to the next meeting. Each co-chair will alternate months to chair
the meeting. Agendas will be developed jointly along with an annual
calendar scheduling routine outline updates (where possible). Agenda will
include a schedule of staffing committee meetings. Failure of the task force
to agree on a matter will not be grievable and will not be deemed to be a
reopener of the Agreement. No person will be penalized for or benefit from
participation in this group.

B. The Association shall appoint three (3) members and one (1) alternate to
the task force. Two of whom the members and the alternate shall be
employed in different units of the Hospital. The Labor Representative will be
one of the members. If an alternate is present during decision-making, they
shall be recused from the decision.

C. The Hospital shall appoint up to three (3) members and one (1) alternate to
the task force, and two (2) of them shall be the Chief Nursing Executive and
the Director of Human Resources, or such other persons as may be
designated by the Administrator in their place(s). If an alternate is present
during decision-making, they shall be recused from the decision.
D. The task force shall meet at least once a month, or as otherwise agreed to by the Hospital and the Association, to accomplish its assignment. All nurse members and one (1) designated nurse alternate (when attending in place of a nurse member) shall be paid up to 90 minutes per month for attendance at task force meetings. Management will ensure that Association representatives will be able to attend task force meetings. Association representatives will work proactively with unit schedulers to provide notice of task force meeting dates and times.

E. Both parties agree that unit-based issues should attempt to be resolved at the lowest possible level. Unit issues should only be brought to the Nurse Task Force meeting after credible attempts have been made on the unit to resolve those issues. If after exploring alternatives, the task force reaches a solution that is acceptable to the task force, such a solution will be implemented by the Hospital and communicated to impacted management and staff by both the Hospital and Association. Any agreed-upon solution reached by the task force will not be grieved, nor is the task force’s failure to agree on a matter subject to grievance.

F. The minutes will reflect Task Force recommendations, dates for follow-up on Task Force agenda items, and who is responsible to bring follow-up Information. The minutes from each Task Force meeting will be reviewed at the next meeting. The minutes and information furnished by the task force are confidential and may be disclosed to other persons only by mutual agreement of the Hospital and the Association.

G. The parties further agree that if the Hospital creates a regional committee or task force (that is created to include employees at multiple Providence facilities in Oregon), the representatives on the Hospital's Task Force will be included in that regional task force.
Timothy Welp, ONA

Brittany Foss/Executive Committee & bargaining team

Rebecca Kopecky, Chief Nursing Officer

Jami McCaslin, Human Resources

Date

2/10/2023

2/10/2023

2/10/2023
CONTRACT RECEIPT FORM

(Please fill out neatly and completely.)

Return to Oregon Nurses Association,
18765 SW Boones Ferry Road Ste 200,
Tualatin OR 97062-8498 or by Fax 503-293-0013.

Thank you.

Your Name: __________________________________________

I certify that I have received a copy of the ONA Collective Bargaining Agreement
with PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL April 1, 2022 through
March 31, 2024.

Signature: __________________________________________

Today's
Date: ________________________________________________

Mailing
Address: ____________________________________________

Cell
Phone: ___________________ Work Phone: ___________________

Email: ________________________________________________

Unit: ___________________ Shift: _________________________