Collective Bargaining Agreement

Between

Willamette Valley Medical Center

And

Oregon Nurses Association

September 25, 2021, through September 24, 2024
# TABLE OF CONTENTS

**ARTICLE I – RECOGNITION** .......................................................... 1

**ARTICLE II – ONA MEMBERSHIP AND PAYROLL DEDUCTION** .......... 1

2.A  Professional Responsibility ............................................................ 1
2.B  Membership Informational Material ................................................. 1
2.C  Membership and Financial Obligations ........................................... 2
2.D  Remedy for Non-Payment ............................................................... 3
2.E  Address for Notice and Changes in Membership Status ................. 3
2.F  Dues Deduction ............................................................................. 3

**ARTICLE III – ASSOCIATION BUSINESS** ....................................... 4

3.A  Access to Premises ........................................................................ 4
3.B  Orientation ................................................................................... 5
3.C  Bulletin Boards ............................................................................. 5
3.D  Employee Lists ............................................................................ 5
3.E  Negotiations ................................................................................ 5
3.F  Union Leave .................................................................................. 6

**ARTICLE IV – FLOATING** ................................................................. 6

4.A  Floating ....................................................................................... 6
4.B  Float Pool Nurses Classification ................................................... 6

**ARTICLE V – MANAGEMENT RIGHTS** .......................................... 7

5.A  Management Rights .................................................................... 7
5.B  Association Rights ....................................................................... 8

**ARTICLE VI – JOINT RESPONSIBILITY** ........................................... 8

6.A  High Quality Nursing Care ............................................................. 8
6.B  Shared Commitment .................................................................... 8
6.C  Safety Or Security Concerns ......................................................... 8
6.D  Safe Patient Handling .................................................................. 9
6.E  Employee Assistance Program ...................................................... 9
6.F  Changes & New Technologies ....................................................... 9

**ARTICLE VII – NO STRIKE/NO LOCKOUT** .................................... 9

7.A  No Strike ...................................................................................... 9
7.B  No Lockout .................................................................................. 10

**ARTICLE VIII – NON-DISCRIMINATION** ..................................... 10
ARTICLE IX – EMPLOYMENT STATUS AND DEFINITIONS ............................................. 11

9.A Regular Full-Time Employee ........................................................................ 11
9.B Regular Part-Time Employee ..................................................................... 11
9.C PRN Staff. .................................................................................................. 11
9.D Temporary Employee. ................................................................................ 11
9.E Traveler. .................................................................................................... 12

ARTICLE X – PROBATIONARY PERIOD AND ORIENTATION ................................ 12

10.A Regular Full-Time & Part-Time Employees .............................................. 12

ARTICLE XI – PER DIEM NURSES ...................................................................... 13

11.A Core Staffing Requirements. ..................................................................... 13

ARTICLE XII – PERFORMANCE EVALUATIONS ................................................ 14

12.A Annual Evaluation. .................................................................................. 14
12.B Acknowledgements & Rebuttals. ............................................................... 14

ARTICLE XIII – CORRECTIVE ACTION ................................................................ 14

13.A Discharge, Suspend or Discipline. ............................................................. 14
13.B Performance Improvement Plans. ............................................................. 15

ARTICLE XIV – GRIEVANCE AND ARBITRATION .............................................. 16

14.A Grievance Defined. .................................................................................. 16
14.B Employee and Immediate Supervisor. ...................................................... 16
14.C Employee and Chief Nursing Officer. ...................................................... 16
14.D Chief Executive Officer. ......................................................................... 17
14.E Arbitration. .............................................................................................. 17
14.F Limits Of Arbitrator. ................................................................................ 18
14.G Grievance Meetings. ................................................................................ 19
14.H Union Steward. ....................................................................................... 19

ARTICLE XV – HOURS OF WORK AND SCHEDULING ...................................... 20

15.A Workday. .................................................................................................. 20
15.B Overtime. .................................................................................................. 20
15.C Work Schedules. ....................................................................................... 21
15.D Time Off Between Shifts. ......................................................................... 22
15.E Rest and Meal Periods. ............................................................................. 22
15.F Weekend Scheduling. .............................................................................. 22
ARTICLE XXII – LIABILITY COVERAGE .............................................................. 33
ARTICLE XXIII – PAID TIME OFF (PTO) ............................................................... 33
  23.A The Paid Time Off (PTO) .......................................................................... 33
  23.B Accrual of PTO. ......................................................................................... 33
  23.C PTO is Accrued as follows: ........................................................................ 34
  23.D Use of PTO ............................................................................................... 34
  23.E Redemption of PTO .................................................................................. 35
  23.F PTO Scheduling. ....................................................................................... 36
ARTICLE XXIV – PER DIEM SICK LEAVE ........................................................... 38
  24.A PRN Paid Sick Leave. ............................................................................... 38
  24.B Per Diem Employees. ................................................................................ 38
  24.C Eligible Employees. ................................................................................... 38
  24.D Unused Time. ............................................................................................ 38
ARTICLE XXV – HOLIDAYS .................................................................................. 39
  25.A Holidays Observed. ................................................................................... 39
  25.B Holiday Worked Premium. ......................................................................... 39
  25.C Rotation of Holidays. ................................................................................. 39
ARTICLE XXVI – INSURANCE .............................................................................. 39
  26.A Health Insurance. ...................................................................................... 39
  26.B Dental Plan. ............................................................................................... 40
  26.D Short Term Disability. ................................................................................ 40
  26.E Long Term Disability. ................................................................................ 40
  26.F Other Benefits. .......................................................................................... 41
ARTICLE XXVII – RETIREMENT ........................................................................... 41
ARTICLE XXVIII – LEAVES OF ABSENCE .......................................................... 41
  28.A Administration of Leaves. .......................................................................... 41
  28.B Maternity Leave. ........................................................................................ 42
  28.D General Leave. .......................................................................................... 43
  28.E Military Leave. ........................................................................................... 46
ARTICLE XXIX – BEREAVEMENT LEAVE / JURY DUTY ................................. 46
  29.A Bereavement Pay. ..................................................................................... 46
  29.B Jury Duty and Court Proceedings. ............................................................. 46
ARTICLE XXX – TRANSITIONAL WORK ............................................................. 47
ARTICLE XXXI – ON-CALL & CALL-BACK ......................................................... 47
  31.A On-Call. ..................................................................................................... 47
  31.B OR & PACU On-Call. ................................................................................. 48
  31.C Call-Back. .................................................................................................. 48
  31.D Voluntary Call-In. ....................................................................................... 49
ARTICLE XXXII – COMPENSATION ..................................................................... 49
  32.A Adoption of Wage Scale. ........................................................................... 49
  32.B Step Increases. ......................................................................................... 50
  32.C First Anniversary. ...................................................................................... 50
  32.D Second Anniversary. ................................................................................. 50
  32.E BSN .......................................................................................................... 50
  32.F All Payroll Actions. ..................................................................................... 50
  32.G Wage increases........................................................................................ 51
  32.H Duration of this Agreement. ....................................................................... 51
  32.I Evaluating Applicants. ............................................................................... 51
  32.J Paycheck Errors. ....................................................................................... 51
ARTICLE XXXIII – SHIFT DIFFERENTIAL ............................................................ 52
ARTICLE XXXIV – RELIEF CHARGE NURSES .................................................... 52
ARTICLE XXXV – PRECEPTOR ........................................................................... 52
ARTICLE XXXVI – EXTRA SHIFT INCENTIVE ..................................................... 52
ARTICLE XXXVII – FEDERAL AND STATE LAWS .............................................. 53
ARTICLE XXXVIII – SUCCESSORSHIP............................................................... 53
ARTICLE XXXIX – DURATION AND RENEWAL .................................................. 54
APPENDIX A – WAGE SCALE .............................................................................. 55
LETTER OF UNDERSTANDING – SAFETY AND SECURITY .............................. 56
LETTER OF UNDERSTANDING – ESTABLISHMENT OF PART-TIME
  INSURANCE PLAN PREMIUMS ........................................................................ 57
LETTER OF UNDERSTANDING – PERMANENT CHARGE NURSE .................. 58
LETTER OF UNDERSTANDING – FROZEN EIB .................................................. 59
LETTER OF UNDERSTANDING – 401(K) MATCHING CONTRIBUTION ............ 62
ADDENDUM ........................................................................................................... 63
CONTRACT RECEIPT FORM ................................................................................ 67
This Agreement is made and entered into this 25th day of September 2021 by and between Willamette Valley Medical Center (hereinafter “Hospital,” “Medical Center,” or “Employer”) and the Oregon Nurses Association (hereinafter “ONA,” “Union,” or “Association”).

ARTICLE I – RECOGNITION
Pursuant to a Certification of Representative issued by the National Labor Relations Board in Case No. 19-RC-252286 on December 27, 2019, the Hospital recognizes the Union as the exclusive collective bargaining representative for all full-time, regular part-time and PRN Registered Nurses employed by the Employer at its acute care hospital located at 2700 SE Stratus Avenue in McMinnville, Oregon, but excluding all managers, confidential employees, SBHU Nurse Managers, OR/PACU Nurse Managers, Short Stay Nurse Managers, Acute Care Services Directors, Directors of ER, Managers of Birthing Center, Directors of Acute Care Services, Managers of Case Management, Employee Health/Infection Prevention, Clinical Reviewer/Quality Analysts, Clinical Educator Specialists, Patient Advocacy and Clinical Informatics, Assistant Nurse Managers, Clinical Coordinators, Clinical Decision Informatics, Birthing Center Team Lead/Education Coordinators, Trauma Coordinators, and supervisors as defined by the National Labor Relations Act.

ARTICLE II – ONA MEMBERSHIP AND PAYROLL DEDUCTION
2.A Professional Responsibility.
Because a nurse has a high degree of professional responsibility to the patient, the nurse is encouraged to participate in the ONA to define and upgrade standards of nursing practice and education through participation and membership in the nurse’s professional association. Membership in the Oregon Nurses Association shall in no manner be construed as a condition of employment.

2.B Membership Informational Material.
The Medical Center will help to distribute membership informational material provided by the Association to newly employed nurses. Such material will include the ONA’s form authorizing voluntary payroll deduction of monthly dues, if such form expressly states that such deduction is voluntary, and a copy of this Agreement.
2.C Membership and Financial Obligations.

By the 31st day following initial ratification of this Agreement, or the 31st day of employment for nurses hired after such ratification, each nurse must do one of the following as a condition of employment:

2.C.1 become and remain a member in good standing of the ONA and pay membership dues;

2.C.2 pay the ONA a representation fee (fair share) established by the Association in accordance with the law;

2.C.3 exercise the nurses’ right to object on religious grounds. Any nurse 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 ONA and the WVMC. Such payments must be made to the charity within fifteen (15) calendar days of the time that dues would have been paid.

2.C.4 Any nurse who does not notify the ONA of their intent not to join the Association as set forth in Section 1(c) above shall be required to do one of the following within ten (10) calendar days following the completion of the first thirty-one (31) days of employment:

(a) join the ONA and pay membership dues,

(b) pay to the ONA the designated representation fee established by the ONA, or

(c) make payments to a charity if objecting to membership or representation fees on religious grounds.
2.D Remedy for Non-Payment.

Consistent with this Article, the Employer will terminate the employment of a nurse who fails within thirty-one (31) days of ratification or hire to become and remain an Association member, representation fee payer, religious objector, or who fails to provide notice of his or her choice not to become a member via mail, email or facsimile as set forth in Section 1(c). The Employer will discharge an employee who fails to become and remain a Union member, agency payor or establish that he/she is a bona-fide religious objector, including making the required payments to a charity. The Employer will terminate an employee after receiving written notice from the Union that the employee is delinquent, so long as such discharge is lawful. The Employer will terminate the employee no later than seven (7) days after receiving the written notice from the Union.

2.E Address for Notice and Changes in Membership Status.

Any notice to the Association to opt out of membership obligations pursuant to this Article, and any notice of a nurse’s desire to change his or her membership status (from full member to representation fee payer or vice-versa) shall be provided to the Association at:

Oregon Nurses Association
Attention: Membership Coordinator
18765 SW Boones Ferry Road, Suite 200
Tualatin, Oregon 97062

2.F Dues Deduction.

WVMC will deduct the amount of ONA dues from the wages of all nurses covered by this Agreement who voluntarily agree to such deductions and who submit an appropriately written authorization to the Employer.

2.F.1 The deductions will be made every pay period. Changes in amounts to be deducted from a nurse’s wages will be made on the basis of specific written confirmation by the Association received not less than one (1) month before the deduction. Deductions made in accordance with this section will be remitted by the Medical Center to the
Association monthly, with a list showing the names and amounts regarding the nurses for whom the deductions have been made.

2.F.2 The ONA will indemnify and hold the Hospital harmless against any and all third-party claims, demands, suits, and other forms of liability that may arise out of, or by reason of action taken by the Medical Center in connection with this Article.

2.F.3 The parties will work together to reach a mutual agreement on the information to be provided to the ONA, to track the provisions in this Article.

ARTICLE III – ASSOCIATION BUSINESS

3.A Access to Premises.

The Hospital shall allow duly authorized representatives of the Union to visit the Hospital to ascertain whether or not this Agreement is being observed and to assist in adjusting grievances, including any Hospital-approved and authorized educational purpose. Notification of each such visit will be made at least (12) hours in advance, if possible. Upon arrival at the Hospital the representative will notify the Director of Human Resources (or the Nursing Administrative Supervisor if such visitation occurs in the evening or on a weekend) of his/her presence.

Access to the Hospital (other than public areas) shall be limited to meeting rooms selected by the Hospital for grievance meetings or for the Union Representative’s use in meeting with employees on their non-working time; public areas shall be used consistent with their intended purpose. The Hospital will make a reasonable effort to accommodate meeting room requests, however, it is understood that room availability is subject at all times to the Hospital’s operational needs and priorities. Requests for a meeting room must be directed to and approved by the Hospital’s Director of Human Resources or designee.
If it is necessary for the Representative to examine a working area of the Hospital, the time, place, and parameters of such visit shall be determined in advance and by mutual agreement of the parties, and without interference with patient care or the work of any employee.


New RNs who will be in the ONA bargaining unit will be scheduled for a thirty-minute unpaid lunch break during orientation to facilitate the introduction of RNs to the ONA and a discussion of union matters. The Hospital will notify the ONA representative of the date of each upcoming orientation at least thirty (30) days in advance.


The Hospital will provide space on designated bulletin boards in break rooms/lounges for the posting of materials related to bargaining unit business. Any materials posted must be dated and signed by the Union representative or steward responsible for the posting and a copy of the material being posted will be provided to the Hospital’s Human Resources Director or designee, prior to posting. No material of an inflammatory or a political nature, or which contains criticism or personal attacks upon any other bargaining unit or non-bargaining unit employees or the Hospital, its management, or Hospital policies or practices, will be posted.

3.D Employee Lists.

Upon the signing of this Agreement and each six (6) months thereafter, the Employer shall provide the Union with an electronic list of names, departments, addresses, phone number, employee ID numbers, dates of hire, and rates of pay of those nurses covered by this Agreement. On a monthly basis, the Hospital shall additionally supply the Union with a list of new hires and terminations during the preceding month.

3.E Negotiations.

The Hospital will make every reasonable effort to accommodate the attendance of bargaining team members at negotiations. Bargaining team
members who are excused from work to attend part or all of a scheduled face-to-face bargaining session will have the choice of accessing PTO, or time off without pay, at the employee’s option. To the extent alternative days of work are available, the Hospital will cooperate with bargaining team members in scheduling additional hours to replace those missed as the result of bargaining.

3.F Union Leave.

Employees seeking time off from work to serve as elected delegates or Board members of the Union shall be granted up to three (3) days of unpaid time off per year, subject to patient care requirements and the needs of the employee’s department as determined by the nurse’s department director or supervisor. Such leave shall not be unreasonably denied.

ARTICLE IV – FLOATING

4.A Floating.

The Hospital may require a nurse to float to a different unit to meet emergent nursing care needs required by patients. The Hospital retains the right to change the nurse’s daily work assignment to meet patient care needs. Nurses will be expected to perform all basic nursing functions but will not be required to perform tasks or procedures specifically applicable to the nursing unit for which they are not qualified or trained to perform. Nurses who do not have the knowledge or experience with a particular assignment are encouraged to speak up when circumstances put the nurse and/or the patient at risk of harm.

4.B Float Pool Nurses Classification.

Nurses who have a designated assignment in the Float Pool will be expected to take a full patient assignment in a variety of units throughout the Hospital, where they have completed their unit competencies checklist and general orientation in the respective unit. Any designated Float Pool full-time or part-time nurse shall receive three dollars and twenty-five cents ($3.25) per hour premium for all hours worked in addition to his/her applicable rate of pay.
Nurses in the Float Pool will not regularly be expected to accept a Charge Nurse assignment.

**ARTICLE V – MANAGEMENT RIGHTS**

5.A **Management Rights.**

Prior to the execution of this Agreement with the Union, the rights of the Employer to manage were limited only by applicable federal and state law. Except as specifically set forth by an express provision of this Agreement, the parties agree the management rights of the Employer have not been limited or abridged by this Agreement. Without in any manner limiting the generality of the foregoing, the parties agree that among the rights of the Employer, which are not abridged or limited by this Agreement, are the right to discipline and discharge for just cause, determine and re-determine the composition of its work force (including the mix of employees required and the composition of work teams); to determine the number of employees required on any shift and department and the staffing requirement and criteria; the right to determine and require standards of clinical performance and to determine the competency of employees; to direct employees and to determine job assignments, to determine the working schedules; assign overtime and place employees on stand-by as needed to assure availability in emergency situations in accordance with departmental expectations; to determine whether the whole or any part of the operation shall continue to operate and whether what work will be performed by employees of the Employer who are employed under this Agreement, or assigned to employees outside this bargaining unit (including supervisors); to implement changes in operational methods, procedures, policies and rules; and to determine the kind and location of its facilities and equipment and where its services will be performed. All matters not covered under the provision of this Agreement shall be administered by the Employer on a unilateral basis.

The Association does not abrogate its rights nor the Hospital its obligations to negotiate with respect to all matters which are otherwise the subject of negotiations under the National Labor Relations Act.

ARTICLE VI – JOINT RESPONSIBILITY

6.A High Quality Nursing Care.

The responsibility and obligation to provide high quality nursing care for patients is governed by the Oregon State Nurse Practice Act. The parties acknowledge their shared commitment and responsibility to abide by the governing principles contained in that Act and, with applicable state Staffing law. Moreover, the parties agree to collaboratively work together in the development, implementation and maintenance of the Hospital’s comprehensive Staffing Plan in accordance with state law.


The parties acknowledge their shared commitment and responsibility to maintain a safe and secure work environment in all respects, and to work together to that end for the benefit of patients, staff, and the community. Accordingly, the Hospital will comply with all applicable federal, state, and local laws and regulations in the protection of its constituents and, in continuing consultation with the Union, will seek ways in which to enhance the safety and security of the hospital environment, including in such matters as workplace violence, workplace exposure to infectious disease and occupational illnesses and injuries, to include safe patient handling.


An employee with a safety or security concern, of any nature, is expected and required to immediately report such concern to the immediate supervisor, appropriate manager and/or Human Resources representative. The parties acknowledge the right of a nurse to notify law enforcement if he/she is physically assaulted.
The parties agree to recognize and support the efficacy of tools such as the NIOSH guidelines to address the problem of work-related injuries in the workplace and will work together to consider ways to reduce workplace injuries and create a safe environment for the patient. One bargaining unit RN designated by the Union from each clinical unit shall be appointed to the Hospital-wide Health and Safety Committee where the issue of workplace safety will be a part of the meeting’s agenda. The RN’s participation in the Health and Safety Committee meetings shall not cause a loss of paid hours associated with his/her regularly scheduled hours of work.

6.E Employee Assistance Program.
The Hospital shall make an Employee Assistance Program (EAP) available to bargaining unit members on the same basis as such program is available to all other employees of the Hospital.

The parties acknowledge their shared commitment and responsibility to engage collaboratively in changes that necessarily occur over time in the delivery of care within the Hospital, including such subjects as new programs, facility planning, and new technology. When new technology is introduced, the Hospital will take into consideration a nurse’s patient care assignment when determining the appropriate method for training on that technology.

ARTICLE VII – NO STRIKE/NO LOCKOUT

7.A No Strike.
In view of the importance of the operation of the Hospital’s facilities to the community, the Hospital and the Association agree that there shall be no lockouts by the Hospital and no strikes, picketing, work stoppage, or work slowdown, or other actual or attempted interruptions or interference of work by nurses or the Association during the term of this Agreement. The Employer will notify the Union in writing if employees engage in such activity. Disciplinary action based upon just and sufficient cause, including discharge,
may be taken by the Hospital against a nurse(s) engaged in a violation of this Article. In the event of any activity prohibited by this Article, the Union, its officers, agents, and representatives will take appropriate steps to end or avert same, including notifying all employees of the Union’s disapproval of such prohibited action and shall, in good faith, use reasonable efforts to have such practices terminated.

The Hospital and the Association further agree that there shall be no sympathy strikes by nurses or the Association during the term of this Agreement.


There shall be no lockout of employees during the life of this Agreement. Neither the Hospital nor Administration shall, during the term of this Agreement, instigate, engage in, or support any lockout. In the event that a lockout occurs, the Employer will notify the involved administrator(s) to cease the activity and to use reasonable efforts to have such practices terminated.

In the event of a claimed violation of this Article, both the Union and the Hospital shall have the right, without waiving any of their other rights or remedies available under this Agreement or in law or equity, to seek and obtain immediate judicial restraint of the prohibited action and damages.

ARTICLE VIII – NON-DISCRIMINATION


In the administration of this Agreement, neither party shall discriminate against any employee because of that employee’s status in a state or federally prescribed protected class or membership or non-membership in the Union. The parties agree to fully cooperate with the investigation and resolution of any claims made in this regard through the state and/or federal administrative and judicial processes made available to all employees in the protection and enforcement of said claims, which shall be pursued through said processes. If a nurse alleging discrimination/harassment begins litigation or an administrative proceeding with a government agency, such action will
constitute a waiver of any claims under this Agreement regarding the alleged discrimination.

8.B Administration of this Agreement.
In the administration of this Agreement, the Hospital will provide reasonable accommodations to qualified nurses with a disability, upon request and within the guidelines mandated by federal law, state law, and consistent with this Agreement.

ARTICLE IX – EMPLOYMENT STATUS AND DEFINITIONS

A regular full-time employee is an employee designated as such and scheduled to work a minimum of sixty-four (64) hours per fourteen (14) day pay period on a regularly scheduled basis.

A regular part-time employee is an employee designated as such and scheduled to work a minimum of forty (40) hours and less than sixty-four (64) hours per fourteen (14) day pay period on a regularly scheduled basis.

9.C PRN Staff.
A PRN employee is an employee designated as such and works on an intermittent or availability basis. PRN employees may be required by the Hospital to be available to work a designated minimum number of four (4) shifts per month, to include designated weekends and holidays.

A temporary employee is an employee who is hired as an interim replacement or to fill a temporary full-time or part-time need, not expected to exceed one-hundred eighty (180) days without mutual agreement. Such agreement shall not be withheld where the Employer is actively recruiting a regular full-time or part-time employee to fill said position. Temporary employees are not covered by this Agreement.

A Traveler is an individual who is placed on assignment by a contract agency for a period of time usually not to exceed thirteen (13) weeks. Travelers are not covered by this Agreement but are utilized as a means of temporarily covering the staffing needs of the Hospital as the result of unfilled positions, leaves of absence by regular staff, and other emergent needs.

The parties will monitor the utilization of Traveler nurses and before they are assigned to a unit in the Hospital, there shall be discussions that occur in advance with the Union and nursing staff assigned in that unit to determine the feasibility of adequate coverage and possible viable alternatives to utilizing travelers, with the goal of ensuring adequate coverage and avoiding loss of hours by bargaining unit staff.

ARTICLE X – PROBATIONARY PERIOD AND ORIENTATION

10.A Regular Full-Time & Part-Time Employees.

All regular full-time and part-time employees shall be in a probationary status for the first ninety (90) days following the date of most recent employment.

Newly graduated nurses and nurses hired as Per Diem employees shall be in a probationary status for the first one hundred and fifty days (150) days of employment.

No probationary employee shall have seniority rights during the probationary period. Upon successful completion of any probationary period, nurses shall acquire seniority from the date of their most recent employment. Any probationary employee shall be subject to discipline and/or discharge without recourse to the grievance and/or arbitration procedures of this contract during the probationary period or any extension thereof. By mutual agreement of the Hospital, the union, and the employee, the probationary period may be extended up to an additional sixty (60) days if the employee has not yet demonstrated an ability to satisfactorily perform the duties of the position; however, there is no obligation on the part of either party to agree to such extension.
All newly-hired employees will be required to complete a hospital–provided mandatory orientation on paid time.

**ARTICLE XI – PER DIEM NURSES**

11.A **Core Staffing Requirements.**

Per Diem staff functions as flexible supplement staffing to support the Core Staffing Requirements to ensure adequate, safe patient care.

Per Diem staff must meet the same competency requirements as full-time and part-time staff.

Per Diem staff fills in Core Staffing Requirements as indicated by need in the unit-specific staffing schedule, and as an adjunct to full-time and part-time staff. Per Diem nurses shall submit available dates of work prior to the posting of the schedule or will be notified of available open shifts prior to the posting of the schedule in accordance with departmental procedure.

Depending upon Hospital needs, Per Diem nurses may be required to be available to work a designated minimum number of four (4) shifts per month, to include one (1) weekend shift per month and one (1) designated summer and one (1) designated winter holiday in a calendar year. However, Per Diem nurses having five (5) or more years of recognized, relatable experience will be excused from the four (4) shift per month minimum as described below.

Per Diem nurses are not eligible for Incentive Pay, unless expressly authorized by the Chief Nursing Officer in an emergency or time of extraordinary need.

On January 15 and July 15 of each year, Per Diem nurses will designate their level of commitment to work, as follows.

11.A.1 Per Diem nurses having five (5) or more years of recognized relatable experience who commit to fill a minimum of two (2) open shifts per month shall receive a ten percent (10%) wage differential above the applicable rate of pay designated in Appendix A.
11.A.2 Per Diem nurses who commit to fill a minimum of four (4) open shifts per month shall receive a twenty percent (20%) wage differential above the applicable rate of pay designated in Appendix A.

Per Diem nurses who fail to fulfill their designated work commitments will no longer be eligible to receive the associated Per Diem differential or retained on the Hospital’s Per Diem roster.

ARTICLE XII – PERFORMANCE EVALUATIONS

All employees who are subject to the terms of this Agreement shall continue to receive an annual evaluation using Hospital-developed evaluation formats. The performance evaluations are conducted to provide the nurses and the manager the opportunity to discuss the nurse’s job duties, encourage and recognize strengths, identify areas for improvement, and approaches to meeting performance goals.

All employees shall date and sign their evaluations and will be provided a copy at the time of their evaluation. A nurse’s signature only acknowledges receipt of the evaluation. Employees may submit a written rebuttal for inclusion in their personnel file with the evaluation. Any written rebuttal must be received by Human Resources within seven (7) calendar days (not including weekends and holidays) after the evaluation was received by the employee. The employee may request a meeting with his/her direct supervisor and the Director of Human Resources to discuss the employee’s rebuttal.

ARTICLE XIII – CORRECTIVE ACTION

13.A Discharge, Suspend or Discipline.
The Hospital shall have the right to discharge, suspend or discipline any non-probationary employee within the bargaining unit for just cause.
It is recognized that the Hospital has the right to implement and enforce work rules, policies and procedures which shall not be inconsistent with this Agreement, and which shall be made available to all employees. Discipline will not be applied arbitrarily or capriciously.

Disciplinary action shall be determined by the Hospital in relation to the seriousness of the offense. The employee is to be informed that disciplinary action is being taken and, if the discipline imposed is less than termination, what the future consequences might be for other infractions.

Discipline may include any of the following progressive steps, but no step is mandated before applying any particular level of discipline, as justified by the specific conduct at issue: formal counseling; written warning; final written warning; disciplinary suspension; and discharge. Formal counseling shall not be subject to the Grievance and Arbitration provision of this Agreement.

An employee receiving discipline will be given a copy of that written record and shall sign the document to indicate receipt. Acknowledging receipt of that document shall not constitute an admission of any misconduct by the employee.

Any employee may request the presence of a union representative/steward at an investigatory interview that the employee reasonably believes would result in disciplinary action, and in accordance with the principles fully articulated by the United States Supreme Court in NLRB v. J. Weingarten, Inc. Should such a meeting be required during an employee’s or union steward’s work shift, such time shall be considered work time for purposes of pay.


The Hospital may utilize action plans/performance improvement plans when it believes appropriate to improve behavior/action. Such plans may accompany discipline, with the exception of termination, but will not be
considered disciplinary action. An ONA representative may attend the action plan meeting at the request of the nurse.

ARTICLE XIV – GRIEVANCE AND ARBITRATION


A grievance is defined as an alleged breach of the terms and conditions of the Agreement. If any such grievance arises, it shall be submitted to the following grievance procedure. Time limits set forth in the following steps may only be extended by mutual written consent of the parties hereto. A grievance will be deemed untimely if the time limits herein for the presentation or advancement of a grievance are not met, unless the parties agree in writing to extend such time limits. This Article and the rights and obligations of the parties hereunder shall be applicable only to disputes or disagreements which arise during the term of this Agreement or extension hereof.

A nurse who believes that the Hospital has violated a provision of this Agreement is expected to discuss the matter informally with the nurse’s manager before undertaking the following grievance steps.

14.B Employee and Immediate Supervisor.

In the event the grievance cannot be resolved informally, the employee and/or Union representative may advance the grievance by presenting it in writing to the employee’s immediate supervisor within ten (10) calendar days from the date the employee knew or should reasonably have known of the event which caused the grievance. The grievance shall state the contractual articles violated and the relief sought. The immediate supervisor or designee shall respond in writing to the employee within ten (10) calendar days following receipt of the written grievance.

14.C Employee and Chief Nursing Officer.

If the matter is not resolved to the employee’s satisfaction at Step 1, the employee and/or Union representative shall refer the written grievance to the Chief Nursing Officer or designee within ten (10) calendar days following the
date of the mailing of the written decision at Step 1. A conference between
the employee, a Union representative and the Chief Nursing Officer shall be
held at a mutually agreeable time. The Chief Nursing Officer or designee
shall issue a written reply within ten (10) calendar days following receipt of
the grievance or the Step 2 meeting, whichever is later.

14.D Chief Executive Officer.
If the matter is not resolved to the employee's satisfaction at Step 2, the
employee and/or Union representative shall refer the written grievance to the
Hospital's Chief Executive Officer or designee within ten (10) calendar days
following the date of the mailing of the decision at Step 2. A conference
between the employee, a Union representative, and the Chief Executive
Officer or designee shall be held at a mutually agreeable time. The Chief
Executive Officer or designee shall issue a written reply within ten (10)
calendar days following receipt of the grievance or the Step 3 meeting,
whichever is later.

If the grievance is not settled on the basis of the foregoing procedures, either
the Employer or the Union may submit the issue to arbitration by written
notice to the other party within twenty (20) calendar days following the
Union's receipt of the Hospital's response at Step 3. Within seven (7)
calendar days of the notification that a dispute is submitted for arbitration,
either party may request that the Federal Mediation and Conciliation Service
submit a panel of seven (7) arbitrators having hospital arbitration experience.
Upon receipt of the list, the arbitrator shall be selected by each party
alternately striking names until only one remains. Either party may reject one
(1) panel in its entirety. To determine which party strikes the first name, the
parties shall flip a coin. The arbitrator shall promptly conduct a hearing on the
grievance. The expenses of any arbitration will be shared equally by the
Employer and the Union; however, each party shall bear its own expenses of
representation and witnesses. Subject to judicial review for those limited
circumstances where courts have found such review to be appropriate, the
arbitrator's decision shall be final and binding on all parties.

14.F.1 The arbitrator shall have no power to: (1) add to or subtract from, or modify any of the terms of this Agreement; (2) establish or change any wage scale or any other compensation formula; (3) award back pay for any period more than thirty (30) days prior to the filing of the grievance; (4) hear any dispute over whether just cause existed to give an employee an oral warning; (5) arbitrate any matter after this Agreement has expired; or, (6) modify or alter the penalty imposed by the Employer unless the Arbitrator determines that the weight of the evidence contained in the record shows there was not just cause for the specific penalty imposed.

14.F.2 If there is an issue as to whether a grievance is arbitrable (procedural arbitrability) under this Agreement, a bifurcated hearing procedure shall be used so as to determine the issue of arbitrability prior to a hearing on the underlying merits. The arbitrator shall consult with the parties in advance of such hearing to determine a reasonable timeframe in which to schedule the subsequent hearing should such prove necessary.

14.F.3 Either party may utilize the services of a court reporter. The costs of the court reporter shall be borne by the party or parties that order a copy of the transcript. The transcript will only be available to the party or parties that order a copy at the arbitration hearing.

14.F.4 All time limits set forth in this Article are of the essence and may be extended only by specific written mutual agreement in a single document signed by the Hospital and the Union. If the Hospital fails to set a meeting or provide a timely response, the Union may advance the grievance to the next Step if it wishes to keep the grievance active.

14.F.5 Grievances challenging discharges are to be presented initially at Step 3 within ten (10) calendar days from the date of the discharge. Grievances challenging disciplinary suspensions are to be presented
initially at Step 2 within ten (10) calendar days from the date of the suspension.

14.F.6 Grievances that directly impact a group of nurses from different units will be considered “group” grievances and are to be presented initially at Step 2. A “group” grievance is not intended to and will not expand the powers or the scope of the arbitration process.


Any individual employee shall have the right to file and present the employee’s own grievance in accordance with the above procedure without the intervention of any representative. A Union representative may be present at any grievance meeting. Grievance meetings will normally be scheduled during the non-working time of the grievant. If a grievance meeting is scheduled by the Hospital during the grievant’s work shift, the grievant will be paid for such time. Otherwise, time spent in grievance meetings by grievants will be unpaid time. Grievance meetings shall be scheduled without undue delay and at mutually agreeable dates and times. Investigation of grievances by bargaining unit representatives outside of grievance meetings shall be conducted in non-working areas and on the non-working time of all involved bargaining unit employees.


A Union steward required by the Hospital to attend an investigatory interview while on-shift will not be required to clock-out.
ARTICLE XV – HOURS OF WORK AND SCHEDULING

The Hospital’s payroll period begins every other Sunday at 12:01 a.m., and continues for fourteen (14) days, until midnight every other Saturday. In the event the Hospital changes the payroll period, it will provide at least thirty (30) days advance notice to employees.

15.A Workday.

The normal workday shall consist of eight and one-half (8-½), ten and one-half (10-½), or twelve and one-half (12-½) hours, which includes an uninterrupted non-compensated meal break of thirty (30) minutes. A workday is defined as the consecutive twenty-four (24) hour period beginning when a Registered Nurse first begins to work.

15.B Overtime.

Employees who work in excess of forty (40) hours per week or, as applicable, eighty (80) hours per two-week pay period, will be paid overtime pursuant to the federal Fair Labor Standards Act. Time paid for but not worked shall not count as time worked for purposes of computing overtime pay. All overtime must be approved by supervisor. Overtime shall be authorized in advance whenever possible. If it is not possible on the day overtime is worked to secure authorization in advance, the employee shall record the overtime on the day the overtime is worked and the reasons therefore and the overtime documentation shall be given to the unit supervisor or designee at the earliest opportunity.

Whenever time and one-half (1-½) as premium or overtime is payable for hours worked under one provision of this Agreement, those hours will not be considered again for determination of premium or overtime pay under another category. When a nurse is eligible for two (2) or more types of overtime and/or premium pay at time and one-half or above, the employee will receive the highest pay rate.
15.C Work Schedules.

It is recognized and understood that deviations from the schedule may occur from time to time, resulting from several causes, such as but not limited to vacations, leaves of absence, absenteeism, employee requests, temporary shortage of personnel, low census, patient care needs and emergencies. A nurse shall have an opportunity to review their schedule in advance. Any concerns on the schedule will be sent to the manager in writing. The manager will assess the concerns, make changes as needed and approve the final schedule.

Final work schedules will be posted at least fourteen (14) days prior to the beginning of the next schedule, which shall encompass at least a four (4) week work period. Except as otherwise specified in this Agreement, and for emergent situations that could impact patient care, individual scheduled hours of work set forth on the final work schedule may be changed only by mutual consent of the employee and his/her manager.

The Medical Center will seek to accommodate, consistent with operational needs, nurses' desires for regularity in their scheduling patterns. When there are changes to the scheduling pattern, the Hospital will discuss those change(s) with the affected nurse(s) and provide as much notice as possible of said changes. Prior to changing any nurse's regularly occurring schedule, the Hospital will utilize Per Diem RNs and Travelers to the full extent possible.

If the nurses on a unit present a proposal to create a template or self-schedule, supported by the majority of the nurses on a unit, management will approve or deny the proposal based upon articulated patient care or operational needs. To receive support, any schedule must meet core staffing needs without incurring additional overtime or extra shift premium. Open templates or patterns will be bid based upon skill mix and departmental seniority in each unit.
15.D **Time Off Between Shifts.**

Subject to the respective rights, responsibilities and obligations promulgated by the Oregon Health Authority applicable to the Hospital and nursing staff with respect to rest time, no nurse may be required to work during the ten (10)-hour period immediately following the twelfth (12th) hour worked during a twenty-four (24)-hour period (beginning when the nurse begins a shift).

Should a nurse receive less than ten (10) hours rest between shifts he/she will be paid time-and-one-half (1-½) that individual’s regular rate of pay for any hours actually worked within that ten (10) hour rest period.

15.E **Rest and Meal Periods.**

All nurses working six (6) or more consecutive hours shall receive an unpaid meal period of thirty (30) minutes. Nurses required to remain on duty or required to return to their nursing unit to perform nursing duties during this thirty (30) minute meal period shall be compensated for this entire period at the appropriate rate of pay, or as otherwise provided under Oregon state law.

Nurses will be permitted one (1) paid rest period of ten (10) minutes for every segment of four (4) hours worked. The Hospital will comply with state law regarding this section.

Nurses must contact their supervisor as soon as reasonably possible if it is anticipated that patient needs may result in a missed meal or rest period. If a meal or rest break is missed, that fact must be recorded by the nurse in the payroll timekeeping system during or as soon as possible at the conclusion of that shift.

15.F **Weekend Scheduling.**

The Hospital shall make a good-faith effort, consistent with the needs of each unit and the number of available staff, to ensure nurses are scheduled for a minimum of every other weekend off, or if staffing levels allow, two (2) of every three (3) weekends off. This section shall not apply to PRN nurses, or to full-time or part-time nurses who voluntarily agree to more frequent or
alternative weekend work, or to nurses who trade weekends for their own convenience. For purposes of this section, “weekends” shall be defined as both Saturday and Sunday for day shift employees, and as both Friday and Saturday nights for night shift employees, or, depending upon the needs of the unit, both Saturday and Sunday nights.

The above does not prohibit self-scheduling in a manner consistent with these principles.

Any nurse who works a minimum of two (2) hours between 11:00 p.m. Friday and 11:00 p.m. Sunday shall receive a weekend differential of two dollars ($2.00) per hour for each such hour worked.

15.G Mandatory Meetings.
Time spent by nurses during off duty hours at any mandatory meeting shall be treated as compensable working time. Overtime will be paid as applicable in accordance with federal and state law.

ARTICLE XVI – REDUCED WORKLOAD/LOW CENSUS

16.A Reduced workload/low census
Reduced workload/low census is defined as a department’s reduced workload or decline in patient care requirements resulting in a temporary staff decrease.

During periods of reduced workload/low census, agency/traveler nurses shall be reduced/floated prior to any full or part-time employee within that unit being involuntarily low censused from a regularly scheduled shift, provided the remaining staff have the necessary competencies to fully care for the patients on that unit.

16.C Per Diems.
Subject to the above, employees on overtime or other premium pay will be reduced first, followed by volunteers, and then by Per Diems. In the event
there are no employees on overtime/premium pay, volunteers, or Per Diem employees, the Employer will endeavor to rotate reduced workload/low census equitably among employees by shift, subject to skill, competence, ability, continuity of care, and availability If an individual volunteers to take a reduced workload/low census day off, that day off shall be counted for purposes of the rotation list.

Travelers may be retained during periods of low census by the Employer in lieu of nurses who are receiving overtime or other incentive pay.

16.E Accrued PTO.
Employees who are subject to reduced workload/low census may use accrued PTO and such time off will count in the reduced workload/low census rotation. The Employer will attempt to make floating opportunities available to employees subject to reduced workload/low census. Employees who are called off from their scheduled hours pursuant to this paragraph will accrue PTO on those hours on the same basis as if the employee had actually worked those scheduled hours (for which they were called off).

16.F 200 or More Hours.
Any nurse who has received two hundred (200) or more hours of mandatory low census (paid or unpaid) in that calendar year may elect not to take low census as long as there is another nurse with requisite skills on that same shift and unit who can be placed on low census instead and who has not yet received two hundred (200) hours of low census in that calendar year.

If a nurse is assigned to partial day low census (whether designated “on-call” or not) and is scheduled to report to work for any portion of a scheduled shift, the nurse will be paid the nurse’s regular hourly rate for hours worked during such period. If a nurse designated “on-call” is called into work, the “on-call” provisions of this contract will apply.
16.H In Lieu of “On-Call”.

In lieu of “on-call” and with the approval of the manager, a nurse may have the option to take required Hospital educational modules, attend cross training orientation, participate in committee work, or any other unit tasks as approved by the manager.

ARTICLE XVII – JOB POSTING

17.A Job Openings.

Job openings within the bargaining unit will be posted electronically for a period of at least six (6) days before permanently filling those positions. Postings shall designate, at a minimum, the hours per pay period (FTE) and shift (day, night, variable) of the position posted. The Hospital will use its best efforts to maintain an automated system whereby nurses are provided electronic alerts regarding open positions within the Hospital.

17.B Qualified Internal or External Candidate.

The Hospital will fill open positions with the most qualified internal or external candidate. Selection criteria will include the quality and amount of education, skills, competence, and experience for the job opening. Selection criteria will be job-related, factually supported and related to the ability to work successfully and applied to all candidates consistently.

17.C Candidate Reviews.

All internal candidates meeting the minimum qualifications of the position shall be interviewed for the position, and the parties will continue to utilize a nurse peer review process for external candidates when an opening exists to gain a more complete idea of a candidate’s suitability and ability before making a final determination. The foregoing sentence shall not apply to lateral transfers described in paragraph 17.D, below.

17.D Same Unit.

When an internal candidate from the same unit applies for an open position in their unit it shall be considered a lateral transfer. Bargaining unit seniority shall be the determining factor between two (2) or more internal candidates
with equal skills, competence, ability and prior job performance. An internal candidate shall have priority to transfer prior to hiring a candidate from another unit or an external candidate.

17.E Selected Bid.
An internal candidate whose bid is selected for a bargaining unit vacancy will ordinarily be transferred to the new position within four (4) weeks, subject to the operational needs of the Hospital.

17.F Bidding on Another Positions.
Unless otherwise approved by Nursing Administration, a nurse accepting a bid in another position will be precluded from bidding on another position for the next six (6) months.

ARTICLE XVIII – SENIORITY/REDUCTION IN FORCE/LAYOFF

18.A Definition.
Seniority is defined as a full-time or part-time nurse’s continuous length of service as a registered nurse with the Employer from that nurse’s most recent date of hire. Seniority shall not apply to a nurse until completion of the required probationary period. Upon satisfactory completion of this probationary period, the nurse shall be credited with seniority from his/her most recent date of hire.

Benefits accrual will be determined based on an employee’s hospital seniority regardless of job classification. A nurse’s bargaining unit seniority will be used in accordance with the explicit terms of this Agreement, including for purposes of layoff, recall, transfer, job bidding and vacation bidding.

Upon ratification of this Agreement, all current regular full-time and regular part-time nurses will be credited with and accrue one (1) year of bargaining unit seniority credit for each one (1) year of service at the Hospital as a full-time or part-time nurse, commencing with their most recent date of hire. Similarly, current PRN nurses (as of ratification) who return to regular full-time or regular part-time status without a break in service will receive past
bargaining unit seniority credit for those years in which they worked in a full-
time or part-time status as a WVMC nurse.

Regular full-time or regular part-time nurses who change to PRN status and
subsequently return to regular full-time or regular part-time status without a
break in employment shall have previously accrued bargaining unit seniority
restored. Any WVMC nurse who accepts a non-bargaining unit position and
subsequently returns to a bargaining unit position shall have previously
accrued bargaining unit seniority restored. If an employee is terminated but is
re-employed within ninety (90) days, the Employer will credit the employee
with the prior hospital seniority date. An employee on unpaid leave of
absence will not have his/her seniority date adjusted for unpaid leaves of less
than ninety (90) days.

18.B Layoff.

A layoff is a permanent or prolonged reduction in the number of employees
employed by the Hospital. Layoffs shall be by departmental unit, shift, and
job classification. In the event of a layoff or permanent reduction in hours,
bargaining unit seniority within the departmental unit, shift, and job
classification shall be the determining factor providing that skills, competence
and ability in a specific area are considered relatively equal. Decisions
regarding skills, competence and ability shall be based on specific job-related
duties. An employee whose position has been eliminated or permanently
reduced in hours pursuant to this section will have the right to: (a) accept the
layoff/reduced FTE position; (b) accept a vacant position for which s/he is
fully qualified; or (c) displace the position of any less senior employee whose
name appears on the Low Seniority Roster (defined in Section (B)(1), below),
provided that all of the following conditions are met: the two (2) employees’
skills, competence, ability and prior job performance (within the previous
twelve (12) months) are relatively equal, and the displacing employee can
carry a full patient load. Employees unable to displace another individual
under the foregoing procedure will be placed on layoff. Once advised of
her/his layoff, an employee must exercise displacement rights by 5:00 p.m.
on the second weekday following the day on which s/he was advised of layoff.

Prior to implementation of any layoff, the Hospital shall evaluate whether the need for such action might be mitigated by measures such as solicitation of volunteers and voluntary changes in employee FTE status and will adopt any such measure subject to the needs of the unit. Additionally, the Hospital will not extend the contract of any Traveler or Temporary employee working within a unit affected by layoff provided that regular bargaining unit staff are capable of fully providing those necessary services and provided further that such action will not increase the scope of the layoff. Provided further, the Hospital will not contract for the services of any Traveler or Temporary nurse for service in a unit in which a fully capable and qualified laid-off nurse from that unit is available for recall, except as necessary to bridge the gap between the time of recall and the time it takes for the recalled nurse to return to work.

The Low Seniority Roster consists of the least senior twenty-five percent (25%) of all full-time and part-time nurses in the bargaining unit. Subject to the requirements of Section B, above, an employee on the Low Seniority Roster whose position has been identified for layoff, and any employee who has been displaced by another employee pursuant to the above process, may displace the position of a less senior employee on the Low Seniority Roster. Provided, however, that the displacement (bumping) process identified in this Article is limited to not more than two (2) bumps, regardless of seniority among the remaining employees on the Low Seniority Roster.

Notice will be given to the Union of a layoff when employees are informed. Upon request of the Union, the Employer and the Union will meet to address the subject of the impact of the layoff and review the Seniority Roster and layoff process. Each employee subject to layoff will receive fourteen (14) calendar days’ notice or pay in lieu thereof for scheduled shifts during that notice period. Employees who are laid off will be allowed to work for the Hospital in a PRN capacity without adversely impacting their recall rights.
18.C Recall.

Employees on layoff status shall be placed on a reinstatement roster for a period of twelve (12) months from the date of layoff. When vacancies occur, the order of reinstatement shall be the reverse order of layoff providing the employee's skills, competency and ability in a specific area are considered equal. A nurse shall not accrue seniority while on layoff status. Upon reinstatement, the nurse shall begin to accrue seniority and other benefits and shall have previously accrued seniority and benefits restored (subject to any plan eligibility requirements). The Employer will notify the Union of any recall procedures prior to the recall.

18.D Removal from Recall List.

18.D.1 If an employee does not respond within seven (7) calendar days and return to work within fourteen (14) calendar days of a recall notice sent by certified mail, the employee will be removed from the recall roster and the Employer’s recall commitments shall terminate. The employee shall notify the Employer by certified mail of any change in the employee’s current mailing address.

18.E Termination.

Seniority shall terminate upon cessation of the employment relationship; for example, discharge, resignation, retirement, failure to comply with specified recall procedures, or after twelve (12) consecutive months of layoff.

18.F Seniority Roster.

The Employer will maintain a Seniority Roster which will be available at the Human Resources Department.

18.G PTO Payout and Benefit Continuation.

Registered nurses displaced by layoff shall, upon request be paid out at 100% for all accrued and unused PTO and shall continue to have access to the Employer’s benefit plans in accordance with the terms thereof and in accordance with applicable federal and state law.
ARTICLE XIX – NURSE PRACTICE COUNCIL

The purpose of the Nurse Practice Council (NPC) is to provide a collaborative effort to foster a positive nursing environment at WVMC and promote problem solving through improved communications between staff nurses and nursing administration, and:


Make recommendations for improvements in patient care and nursing practice, safety, introducing new evidence-based practice in patient care, analysis of objective data including patient acuity, standards of care, improved patient outcomes, and staff education.

At the first meeting of the Nurse Practice Council, the Council shall develop a mission statement that reflects the purpose and goals of the NPC.

The Union shall select one (1) nurse from each of the following clinical nursing units: OB, MedSurg, ICU, Surgical Services, ED, SBHU, and Short Stay, one of whom shall be the Local Bargaining Unit Chairperson. (For the above purposes, Short Stay, Cath Lab, Endo, and Pre-Admit will be considered one unit due to the overlap in staff who work in multiple areas.) These nurses, along with an equal number of nurse managers and the Chief Nursing Officer, shall constitute the Nurse Practice Council. Additionally, the Union shall select one (1) nurse from each of the above clinical units to serve as an alternate.

The Nurse Practice Council shall meet monthly for at least one (1) hour initially, and a mutually agreed schedule shall be agreed to in advance. Additional meeting times may be added by mutual agreement. At the Chief Nursing Officer’s discretion, paid time may be authorized for work projects outside of Council meetings. Each Nurse Practice Council member shall be compensated at the Nurse’s regular straight-time rate of pay while in attendance at scheduled Nurse Practice Council meetings. By mutual agreement, additional nurses or guests may be invited to attend.
The Nurse Practice Council shall have two (2) Co-Chairs, the Chief Nursing Officer and the Local Bargaining Unit Chairperson. Only Council members or their formally designated alternate will attend as Council representatives at the Council meetings. The chairpersons shall agree on an agenda at least one (1) week in advance of each meeting, with agenda items to be gathered from front line staff. Agenda items shall not include active matters being processed through the grievance procedure, nor shall any negotiations occur to alter the terms or scope of this Agreement. Meeting minutes and outcomes shall be posted once approved by the NPC.

The Chairs have joint authority to cancel or reschedule meetings if a significant number of Committee members are unable to attend.

**ARTICLE XX – STAFFING COMMITTEE**

**20.A Hospital Staffing Plan.**

The Hospital acknowledges its responsibility to comply with applicable provisions of the Nurse Staffing Law and Regulations found in ORS Chapter 441 and OAR Chapter 333-510 relating to a written staffing plan for nursing services being developed, monitored, evaluated and modified by the Hospital staffing committee.

**20.B Staffing Committee.**

20.B.1 (1) The ONA bargaining unit shall work with the Hospital in the establishment of a selection process by which the direct care registered nurses who work at the Hospital select the members of the committee who are direct care registered nurses. Such selection will be done consistent with State law, rules and procedures. The structure and operation of the staffing committee will include the selection of co-chairs, rules of quorum, impasse and mediation procedures. (2) The primary goals in developing the staffing plan will be to ensure that the Hospital is staffed to meet the health care needs of patients. (3) The committee will consist of an equal number of hospital nurse managers and direct care staff, one of whom shall be a
direct care staff member who is not a registered nurse and whose services are covered by the written hospital-wide staffing plan.

20.B.2 The following units shall be represented: (1) OR/PACU, (2) Short Stay/Endo/Cath Lab, (3) ER, (4) Med Surg, (5) ICU, (6) Birthing Center, (7) Behavioral Health, (8) Wound Care, (9) Cancer Center.

ARTICLE XXI – EDUCATION AND TRAINING


A nurse required by the Hospital to attend educational training or required classes (above and beyond the entry level prerequisites and requirements for the nurse’s position) will be compensated at the individual’s regular hourly rate for all time actually spent and verified in that approved educational training. Nurses will be reimbursed for the fees associated with the pre-approved training and reasonable travel expenses in accordance with the Hospital’s legally compliant travel policies. A nurse’s initial and ongoing licensure requirements are the responsibility of the individual and not reimbursable.


The Hospital will maintain continuing educational opportunities and training via the Hospital’s computer-based learning system. Additionally, the Hospital will consider nurses’ requests for financial assistance associated with other professional development and continuing education opportunities on a case-by-case basis, consistent with the needs and resources of each department. This may include fees and expenses for attendance at conferences, seminars and workshops for the purpose of maintaining and enhancing nursing skills. Managers will encourage attendance at educational programs that will enhance the nurses’ professional development.

A bargaining unit RN designated by the Union may participate in Hospital Education Committee meetings in which employee requests for educational financial assistance are considered and evaluated for approval. The RN’s
participation in Education Committee meetings shall not cause a loss of paid
hours associated with his/her regularly scheduled hours of work.

Nurses will be eligible to participate in the Hospital’s Tuition Reimbursement
policy under the same terms and conditions as this benefit is made available
to all other employees of the Hospital.

ARTICLE XXII – LIABILITY COVERAGE
The Hospital will continue to maintain liability insurance coverage for WVMC
bargaining unit nurses while acting within the scope of their employment.

ARTICLE XXIII – PAID TIME OFF (PTO)
The Paid Time Off (PTO) Plan provides employees with a biweekly accrual of
hours to be used as paid time off during periods of short-term illness, family
emergencies, personal business and leisure. PTO shall be used up to the
maximum amount available and in compliance with eligibility guidelines
during any qualified leave of absence.

23.B Accrual of PTO.
PTO is provided to regular full-time and part-time employees and begins
accruing on the first day of employment up to the employee’s designated
FTE.
23.B.1 PTO does not accrue during periods when an employee is on any
form of leave of absence (e.g., Workers’ Compensation, Short Term
Disability, Long Term Disability) unless otherwise required by law.
23.C PTO is Accrued as follows:

<table>
<thead>
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<th>Years of Continuous Service</th>
<th>Employee Norm</th>
<th>Annualized PTO Accrual Hrs.</th>
<th>Per Pay Period PTO Accrual Hrs.</th>
<th>Maximum Accrual Hours</th>
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<td>80</td>
<td>192</td>
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| Level Two 5+ to 10 Years    | 80            | 232                         | 8.92                          | 348                   |
|                             | 72            | 209                         | 8.03                          | 312                   |
|                             | 64            | 186                         | 7.14                          | 279                   |
|                             | 60            | 174                         | 6.69                          | 261                   |
|                             | 56            | 116                         | 4.46                          | 174                   |
|                             | 48            | 104                         | 4.01                          | 156                   |
|                             | 40            | 93                          | 3.56                          | 139                   |

| Level Three 10+ Years       | 80            | 272                         | 10.46                         | 408                   |
|                             | 72            | 245                         | 9.41                          | 366                   |
|                             | 64            | 217                         | 8.37                          | 326                   |
|                             | 60            | 204                         | 7.85                          | 306                   |
|                             | 56            | 136                         | 5.23                          | 204                   |
|                             | 48            | 122                         | 4.70                          | 183                   |
|                             | 40            | 108                         | 4.17                          | 162                   |

(Accrual rate changes are effective the first full pay period following the employee's anniversary date or change in FTE classification.)

23.D Use of PTO.

23.D.1 PTO hours may be used for vacation, holidays, short-term illness, family emergencies, religious observances, preventive health or dental care, personal business or other excused elective absences.

23.D.2 PTO is paid at the employee’s base rate in one (1) hour increments and is not counted as hours worked for purposes of computing overtime.
23.D.3 PTO begins accruing on the date of employment and may be used as it is earned after the employee has successfully completed his/her probationary period as a regular employee.

23.D.4 With the exception of emergency or illness, PTO must be scheduled in advance with the written approval of the Department Director. Employees who fail to report unexpected absences to their supervisor at least two (2) hours prior to the start of their shift are subject to denial of their PTO for that absence.

23.D.5 Employees taking time off will be required to utilize PTO for absences from scheduled shifts up to the employee’s FTE status, except in low census situations where utilization of PTO will be optional.

23.D.6 Unless otherwise specified, PTO must be used up to the maximum amount available during any Leave of Absence.

23.D.7 PTO may be used for the elimination period of an approved workers’ compensation claim provided such time is unpaid in accordance with workers’ compensation law, e.g., where the three (3) day elimination period is unpaid due to the length of absence. PTO may also be used for the elimination period of a short-term disability claim; however, PTO may not be used to supplement short term disability (STD) once the STD claim has been activated in accordance with the STD plan document.

23.D.8 An employee is not eligible to use PTO during the fourteen (14) day notice period prior to resignation without authorization from the Director of Human Resources or as otherwise required by law.

23.E Redemption of PTO.

23.E.1 Upon termination or transfer to a non-benefited position, the employee’s entire PTO balance will be paid. The rate at which such
hours are paid will be at the employee’s base rate immediately prior to 
the transfer or termination.

23.E.2 PTO hours may not be used to extend employment beyond the last 
day actually worked.

23.E.3 Eligible employees with one (1) year or more of service may elect to 
convert accrued PTO to cash at ninety cents ($0.90) on the dollar in 
increments of at least sixteen (16) hours. Payment of converted PTO 
hours is subject to all required deductions. Eligible full-time employees 
must maintain a minimum PTO balance of forty (40) hours to exercise 
the cash conversion option (twenty (20) hours for part-time 
employees). Employees may not convert PTO while on a leave of 
absence, workers’ compensation, short term disability (STD), or long-
term disability (LTD).

23.E.4 PTO cash-out requests must be submitted on a PTO Cash-out 
Request form signed by the employee. Employees wishing to convert 
PTO to cash must submit a Cash-out Request Form for approval by 
the employee’s Department Director, and to Payroll prior to the pay 
period in question.

23.F  PTO Scheduling.
In scheduling PTO/vacations, each unit/department will adhere to the 
following:

23.F.1 From December 1 through December 31 of each year, there shall be a 
thirty (30) day “window” or “bidding” period during which full-time and 
part-time RNs shall designate their first, second, and third preference 
for vacation time to be taken in the upcoming twelve (12) month period 
extending from March 1 through February 28, up to the RN’s PTO 
accrual.

23.F.2 Vacations will be granted based on bargaining unit seniority, with all 
“first preferences” to be filled in seniority order, followed by this same
selection process for “second preferences,” and then, as applicable, any remaining designated “third preferences.” If an employee’s first preference has been filled, the employee will be awarded his/her next available designated preference instead. Based on those selections, a departmental vacation schedule shall be posted by February 1.

23.F.3 Requests for PTO that are submitted after the bidding period shall be awarded on a “first come - first serve” basis. PTO requests shall be submitted in writing and shall be responded to within fourteen (14) days of the Department Director’s receipt of the request.

23.F.4 The Employer shall schedule PTO in such a way as will least interfere with patient care and workload requirements of the Hospital. The number of nurses who may be pre-scheduled PTO/Vacation in any given unit at any one time will be determined by the Nurse Manager in consultation with staff annually with the purpose of producing a balanced schedule that meets core staffing needs. In those unique departments where a single employee’s absence would be expected to significantly impair daily operations, the Hospital will meet with the employee to discuss and, to the extent feasible, implement reasonable accommodations for the employee’s vacation time.

23.F.5 The Hospital shall designate “prime time” vacation periods from Memorial Day through Labor Day and limit, in cases of conflict, vacations to two (2) weeks during such prime time. Otherwise, vacation periods shall be limited to three (3) consecutive weeks (21 days). However, provided that the department needs are fulfilled, management retains the discretion to grant vacation time in excess of these timeframes.

23.F.6 Holiday work schedule rotations shall take precedence over PTO scheduling.
ARTICLE XXIV – PER DIEM SICK LEAVE

The Hospital will provide paid sick leave to PRN employees in accordance with the Oregon Paid Sick Leave law and in accordance with any applicable amendments and judicial interpretations. In the event of material changes in the law the Hospital agrees to negotiate the impact of such changes with the ONA.

24.B Per Diem Employees.
Per Diem employees, as identified in this Agreement, will accrue one (1) hour of sick time for every thirty (30) hours worked up to a maximum accrual of forty (40) hours per calendar year (January 1st through December 31st).

24.C Eligible Employees.
After successfully completing ninety (90) days of employment, eligible employees may begin to use paid sick time under this policy in increments of one (1) hour. PRN employees’ hours must have been scheduled or PRN employee must have been working at the time to collect this benefit.

Accrued, unused time under this policy will carry over up to forty (40) hours. The PRN sick leave bank will accumulate up to a maximum of eighty (80) hours. Unused time under this policy is not paid out at the time of separation from employment.
ARTICLE XXV – HOLIDAYS


The following holidays are observed by the Hospital:

New Year’s Day  Labor Day
Memorial Day  Thanksgiving Day
Independence Day  Christmas


Nurses who are required to work on the actual holiday shall receive holiday pay of time and one-half (1-1/2) their hourly rate for the hours worked.

Holiday time begins at 12:01 a.m. the day of the holiday and ends at 12:00 midnight. Only actual hours worked within the defined holiday period will be paid at the rate of time and one-half (1-1/2).

In those units/departments that are closed on holidays, nurses who have not accrued enough PTO to cover an observed holiday (i.e., during the initial period of employment) will be granted PTO for the holiday, if they choose, and the time will be deducted from their accrued PTO/Vacation at a later date upon accrual.

25.C Rotation of Holidays.

Holiday work shall be equitably rotated among nurses within the designated work area and shift without regard to seniority; in accordance with this approach a nurse’s individual preferences for specific holidays off will be accommodated to the extent feasible. Volunteers to work will be sought before holidays are assigned.

ARTICLE XXVI – INSURANCE


Group health insurance is available to regularly scheduled full-time registered nurses in accordance with the terms of the Hospital’s 2021 Benefits Plan.

Regular part-time registered nurses shall be eligible for said insurance plan effective January 1, 2023, at the premium differentials specified in the Letter
of Understanding between the parties appended to this Agreement. The Hospital will provide an annual open enrollment period during which eligible employees may select a plan and coverage options. Changes in coverage options during the course of the year may be made based upon any legal qualifying event.

The Group Health Insurance plans provided by WVMC shall include the following, and shall remain in effect for the duration of this Agreement:

1. PPO Plan
2. HRA Plan
3. Healthcare HSA Plan

The employee premiums for these plans shall remain the same for the term of the Agreement and are to be paid through payroll deduction.

A summary of benefits of coverage shall be as provided in the Addendum to this Agreement.

The Employer shall maintain for the term of this Agreement the same or equivalent dental plan as is currently available to bargaining unit employees.

The Employer shall maintain for the term of this Agreement the same or equivalent vision plan as is currently available to bargaining unit employees.

26.D Short Term Disability.
The Employer shall maintain for the term of this Agreement the same or equivalent Short Term Disability plan as is currently available to bargaining unit employees.

The Employer shall maintain for the term of this Agreement the same or equivalent Long Term Disability plan as is currently available to bargaining unit employees.
26.F Other Benefits.
The Employer shall maintain for the term of this Agreement the same or equivalent Life Insurance, Accidental Death and Dismemberment, and Critical illness benefits as are currently available to bargaining unit employees. At its discretion, the Employer may offer voluntary benefit plans in which employees may choose to enroll in at their own cost. The Association shall be notified in advance of any new benefit plans that are offered to bargaining unit employees.

ARTICLE XXVII – RETIREMENT
The Employer shall maintain the same 401k retirement plan or its equivalent currently available to the employees during the term of this Agreement, including the Employer matching contributions specified in the Letter of Understanding between the parties appended to this Agreement.

ARTICLE XXVIII – LEAVES OF ABSENCE
28.A Administration of Leaves.
28.A.1 In General. All leave requests are to be submitted in writing via the Employer’s leave request process as far in advance as possible, stating the reason for the leave and the amount of time requested. A written reply to grant or deny the request shall be given by the Employer as soon as administratively possible in accordance with the Leave Administrator’s processes not later than thirty (30) days after the employee has submitted the requisite documentation to determine eligibility. A Leave of Absence shall commence on the first day of absence from work. Employees returning from a Leave of Absence will have their benefits reinstated to the same levels as they enjoyed at the time the leave commenced, except for any paid leave benefits used during the leave and changes in benefits which took place during the leave at the employee’s election due to annual enrollment or family status change. Changes in benefits which would have occurred had the employee not taken the leave will also apply.
28.A.2 **Leave With Pay.** Leave with pay shall not alter an employee’s anniversary date of employment or otherwise affect the employee’s compensation or status with the Employer.

28.A.3 **Leave Without Pay.** When an Employee returns to duty from an authorized leave of absence, he/she shall be reinstated in the same classification, position, unit, shift and number of hours in which he/she was employed before his/her absence, provided such position is available. If operational conditions have changed so that it is not reasonable to so reinstate him/her, the Employer will reinstate him/her to a position that is as nearly comparable to his/her original position as is reasonable under the circumstances. Employees returning from approved leaves will be returned as described above, except employees returning from leaves with job protection provisions under state or federal law will be reinstated in accordance with those applicable provisions.

28.A.4 **Continuing Health Coverage.** An employee on an approved leave may continue group insurance coverage(s) during the leave. If any portion of the leave is paid (i.e., PTO, EIB), the premiums normally paid by the employee will be deducted from such pay. If the leave is unpaid or paid benefit time is exhausted before completion of the leave, the employee may continue group insurance coverage(s) by paying the normal share of the cost of such coverage(s) directly to the facility on or before the due date.

28.B **Maternity Leave.**

Maternity leave shall be available to eligible employees in accordance with applicable state and federal laws. Benefits will continue as required by state or federal law under a maternity leave, or as long as the nurse is using PTO or EIB. Nurses may use their EIB as applicable prior to using Short Term Disability.

Leave under the federal Family and Medical Leave Act (FMLA) and the Oregon Family Leave Act (OFLA) shall be available to eligible employees in accordance with federal and state law. If a particular period of leave qualifies under both the federal and state law, the leaves shall run concurrently. Benefits will continue as required under FMLA or OFLA, or as long as the nurse is using PTO or EIB. Nurses may use their EIB as applicable prior to using Short Term Disability.

A nurse will also be eligible for an intermittent or reduced schedule FMLA leave as prescribed by the federal FMLA.

A nurse returning from a FMLA/OFLA leave shall be returned to his/her original position and shift as prescribed by federal and state law.


Employees who are unavailable for work due to personal illness and who do not qualify for FMLA or OFLA, may request a General Leave of Absence. In addition, employees may request a General Leave for a variety of reasons and/or situations. An employee on a General Leave of Absence is required to use PTO hours (and EIB hours as applicable) in place of normal scheduled hours until a zero balance is reached in each account.

28.D.1 Eligibility. Full-time and part-time benefit eligible employees are eligible to request and be granted a General Leave of Absence regardless of length of service. All LOA requests must be filed with the Leave Administrator by telephone or Website (see Attachment A) along with the required certifications. When possible, the leave must be submitted well in advance (at least two (2) weeks) of the start date of the LOA in order to avoid disruption to the business operation of the department.

28.D.2 All requests for a General LOA are reviewed by Human Resources in conjunction with the appropriate Department Director for recommendation for approval prior to processing. A General LOA may
be granted at facility discretion for a time period not to exceed twelve (12) weeks in a rolling twelve (12) month time period. The duration of a LOA for an occupational injury may exceed twelve (12) weeks where required by law.

NOTE: The total amount of LOA (that includes a General Leave component) in one rolling twelve (12) month time period may not exceed twenty-four (24) weeks (twelve (12) weeks of OFLA or FMLA plus a potential extension of twelve (12) weeks of General Leave via the interactive process in instances of personal injury or illness) unless for the care of a Military Member, a qualifying exigency, or otherwise required by law.

28.D.3 If the employee is requesting a General LOA as a result of personal illness, he/she must submit the request and required certification as soon as it appears the employee will remain medically unable to work beyond the expiration of his/her Vacation/PTO/EIB accrual balances, if any. The LOA request must be accompanied by a physician’s statement detailing the employee’s specific condition, the date the illness began (or is expected to begin), the date the employee is expected to be able to return to work, and any additional information that may be required by the Leave Administrator.

NOTE: Failure to provide the requested information in a timely manner may result in denial of the LOA.

28.D.4 For leave based on personal illness, the Employer reserves the right, at reasonable intervals to require proof or medical verification of an employee’s ability or inability to work. Such proof or verification may include periodic reports from, or consultation with, the employee’s physician, an examination by a physician selected by the Employer, or other methods acceptable to the Employer.

28.D.5 If the employee does not return to work by the end of the General LOA and/or if the combined and extended consecutive leave time exceeds
twenty-four (24) weeks, the employee may be terminated, unless otherwise required by law.

28.D.6 Benefits – Paid General Leave using PTO/EIB (as eligible). During a General Leave, medical and other insurance coverages will remain in effect while PTO/EIB are used and employee contributions for benefits are deducted from pay up to a maximum of twenty-four (24) weeks except where additional leave is required by law. Life, STD, LTD and AD&D coverage will remain in effect while PTO/EIB is used and employee contributions are deducted from pay up to a maximum of twenty-four (24) weeks, except where additional leave is required by law.

28.D.7 Unpaid General Leave. The employee must pay his/her benefit premiums directly to the Human Resources department or third-party administrator if General Leave is unpaid or at the time that PTO/EIB (as eligible) is exhausted. If the employee’s portion of any premium is not paid within thirty (30) days of its due date, his/her insurance coverage will terminate.

Employees may choose not to continue insurance coverage during leave. If an employee elects not to continue coverage during leave, the employee will have the option to re-enroll upon his/her return from leave.

Once benefits terminate, the employee may continue medical insurance coverages by electing COBRA. Life insurance may be continued by applying for continuation, within thirty (30) days of coverage ending, through the Portability and Conversion options available under the plan. For additional detailed information, employees may contact the Benefit Service Center.

28.D.8 Accrual of paid benefit time while on leave. Paid benefit time (i.e., PTO) does not continue to accrue during a paid or unpaid General
leave of absence. However, employees retain paid benefit time accrued prior to, but not used during, the leave. The employee's credit for length of service is protected, but the employee's anniversary date may be adjusted to reflect the time away from work.

28.D.9 **Regular status reports required.** While on General Leave, the employee may be required at reasonable intervals to report to the Human Resources department regarding his/her status.

28.E **Military Leave.**

Military leave will be granted in accordance with State and Federal regulations.

**ARTICLE XXIX – BEREAVEMENT LEAVE / JURY DUTY**

29.A **Bereavement Pay.**

Bereavement pay is limited to three (3) shifts for full-time or part-time employees. Bereavement pay is usually granted between the date of the death and the day following the funeral. Pay during bereavement absence shall be granted only for scheduled workdays and for the actual number of hours the employee was scheduled to work. An employee who wishes to take bereavement pay due to the death of an immediate family member should notify his or her supervisor immediately. Appropriate documentation of familial death may be required. Immediate family member is defined as an employee’s spouse, domestic partner, child, parent, parent-in-law, son-in-law, daughter-in-law, brother, brother-in-law, sister, sister-in-law, stepfather, stepmother, stepbrother, stepsister, stepson or stepdaughter, grandparent, grandchild and relationship arising from adoption or guardianship may also be covered.

29.B **Jury Duty and Court Proceedings.**

Full-time and part-time employees summoned for jury duty shall be granted pay for missed shifts of normally scheduled work. Employees classified as PRN or Temporary are not eligible for Jury Duty pay.
Employees must notify and present their supervisor with jury duty summons as soon as possible after it is received.

Employees normally scheduled to work the evening shift will have the same day off as the day of jury duty. Employees who are scheduled to work the night shift should make arrangements with their Supervisor for one shift off for each day of jury duty (either the night shift prior to the jury duty day or the night shift following the jury duty day).

Employees must report to work on scheduled workdays if the court is not in session. If the employee is not selected for jury duty and more than four (4) hours remain on the employee’s normally scheduled shift, the employee must check with the supervisor to determine if he/she is needed for the remainder of the shift. If the court recesses and more than four (4) hours remain on the employee’s normally scheduled shift, the employee must check with the supervisor to determine if he/she is needed for the remainder of the shift. Employees who do not work the remainder of their normally scheduled shift after being requested to do so, will only receive jury duty pay for hours served in the court.

ARTICLE XXX – TRANSITIONAL WORK
The Hospital will continue to maintain a Transitional Work for Injured Employees policy consistent with Oregon Workers’ Compensation law and regulations as a means of facilitating the return to work of injured employees. Upon request, the Hospital will consult with the Union regarding potential accommodations for affected employees.

ARTICLE XXXI – ON-CALL & CALL-BACK

31.A On-Call.
Any employee designated by the Hospital for on-call status will be compensated at the rate of four dollars ($4.00) per hour for time actually spent in such status. Nurses that are called in on the night shift shall also be eligible for the applicable shift differential.
31.A.1 When on-call, a nurse must be available to respond and report to work within thirty (30) minutes of being called to work, unless mutually agreed between the nurse and manager. It is understood that scheduled on-call is part of a nurse’s normal job responsibilities in the OR, PACU, Endoscopy, Cath Lab, Birthing Center, and Short Stay units.

31.A.2 Any swapping of on-call assignments between nurses within a unit must be done with the approval of the supervisor.

31.B OR & PACU On-Call.

In accordance with current practice, Operating Room and Recovery Room nurses remain eligible for extra on-call pay as follows:

OR – RNs taking more than five (5) days on-call in a given month will be paid fifty dollars ($50.00) extra for each fourteen- (14-) or sixteen-hour (16-) shift (weekday), and one hundred dollars ($100.00) extra for each twenty-four-hour (24-) shift (weekend) of call.

PACU - RNs taking more than seven (7) days of call-in a given month will be paid fifty dollars ($50.00) extra for each thirteen point five-hour (13.5-) shift (weekday) and one hundred dollars ($100.00) extra for each twenty-four-hour (24-) shift (weekend) of call.

Nurses are responsible for notifying the OR department manager within seven (7) days following any month in which the nurse became eligible for the above pay premium. Staff may divide the call shifts and the extra pay as authorized by the department manager. Holiday on-call is excluded from the above, unless undertaken by an RN to cover for an employee who leaves, and the position has not been filled.

31.C Call-Back.

On-call employees who are called back to work will be compensated at the rate of time and one-half (1-1/2) their regular rate of pay for the duration of
any call-back assignment extending until the nurse’s next regularly
scheduled shift. Employees called back to work pursuant to this section shall
be allowed to work a minimum of two (2) hours, and on-call pay shall cease
when the employee reports to work.

Employees assigned to a scheduled call team are guaranteed a minimum of
two (2) hours pay when called-in while so assigned, not to exceed two (2)
hours of pay during any two (2) hour period.

31.D Voluntary Call-In.

Once schedules are posted, a nurse may volunteer to fill any vacancy in the
schedule, including shifts designated as Extra-Shift-Incentive eligible.

ARTICLE XXXII – COMPENSATION

32.A Adoption of Wage Scale.

Effective within sixty (60) days following ratification of this Agreement, the
Hospital agrees to process a formalized Wage Scale as described below,
and as set forth in Appendix A. Upon implementation of said Wage Scale, the
Hospital shall place all current employees on the wage step number that
equals or exceeds their existing rate of pay. In the event that the above
placement results in an employee being assigned to a tenure-based “step”
that is lower than the step corresponding with that employee’s verifiable
years of relevant work experience as a Registered Nurse, the employee will
be reassigned to the next higher “step” for purposes of initial placement on
said Wage Scale. No employee shall receive less than a two percent (2%)
wage adjustment as a result of this initial placement.

In the event an employee remains assigned to a tenure-based step lower
than his/her verifiable years of relevant work experience as a Registered
Nurse at the time of initial placement on the scale, said employee will receive
one (1) additional step increase (for a total of two (2)) at the next scheduled
step adjustment date, effective March 1, 2022.
In addition to the above placement, effective immediately upon ratification of this Agreement, all currently employed bargaining unit RNs shall be eligible for a two percent (2%) lump sum bonus on all hours worked from August 23, 2020, to the date of ratification, calculated on the employee’s then current rate of pay. Such bonus shall be processed through payroll as soon as administratively possible following ratification.

32.B Step Increases.
Six (6) months following the above implementation date, all employees with one (1) year or more of service at WVMC will advance to the next higher Step indicated in Appendix A, with the employee to become eligible for subsequent applicable Step increases at twelve (12) month intervals. Employees having less than one (1) year of service at WVMC on the date of the Step Increase will advance to the next step on the next designated Step Increase date, following the completion of one (1) year of service.

32.C First Anniversary.
Effective the first anniversary of the above Wage Scale implementation, the Wage Scale shall be increased by two and a quarter percent (2.25%).

32.D Second Anniversary.
Effective the second anniversary of the above Wage Scale implementation, the Wage Scale shall be increased by two and a quarter percent (2.25%).

32.E BSN.
RNs who have earned a BSN or hold a currently valid national nursing certification recognized for this purpose by the Hospital and applicable to the department in which they work will receive a wage stipend of two dollars ($2.00) per hour for each hour worked. To receive and remain eligible for this stipend, the RN is responsible for providing the appropriate documentation.

32.F All Payroll Actions.
All payroll actions described above shall occur on the first full pay period following the date specified.
32.G Wage increases.

Wage increases in excess of the above may be granted by the Hospital, provided that the amount of the increase shall be the same for all employees in that department.

32.H Duration of this Agreement.

During the term of this Agreement, the parties agree that the Hospital may, without bargaining with the Union, establish or terminate RN sign-on bonuses within the Hospital and to notify the Union of such action.

32.I Evaluating Applicants.

When evaluating applicants for employment during the term of this Agreement, the Hospital shall assess and determine the appropriate amount of relevant experience to be credited to that applicant upon hire.

32.J Paycheck Errors.

Paycheck errors shall be handled in the following manner:

32.J.1 Hospital errors resulting in underpayments to employees shall be corrected and an additional check for the underpayment amount shall be issued to the employee as soon as possible after that error is brought to the attention of Payroll.

32.J.2 Employee errors resulting in underpayments will generally be corrected no later than the next paycheck after an error has been identified. However, where the error results in an overpayment to the employee, that error shall be corrected by the same amount and over the same number of pay periods as that error(s) occurred, or may be deducted in a lump sum payment, at the employee’s option.

32.J.3 Hospital errors resulting in underpayments to employees shall be corrected and an additional check for the underpayment amount shall be issued to the employee as soon as possible.
ARTICLE XXXIII – SHIFT DIFFERENTIAL
Nurses scheduled to work the night shift will receive night shift differential of six dollars and fifty cents ($6.50) per hour for each hour worked between 7:00 p.m. and 7:30 a.m., provided the nurse works a minimum of two (2) hours during that period.

ARTICLE XXXIV – RELIEF CHARGE NURSES
In units in which a permanent Charge Nurse is not designated or assigned, the Hospital reserves the right to designate a Relief Charge Nurse for any given shift as deemed necessary and appropriate by the Chief Nursing Officer, Department Director, or authorized designee.

The parties agree that Registered Nurses who fill-in to work as a Relief Charge Nurse will not be excluded from the bargaining unit on the basis of their relief work in that managerial/supervisory capacity. While performing in a Relief Charge capacity, Nurses will continue receiving the current Charge differential of one dollar and fifty cents ($1.50) per hour.

ARTICLE XXXV – PRECEPTOR
A preceptor is a formally trained nurse designated as such by his or her nurse manager to assess and educate: (a) new graduate nurses; (b) new hires; (c) nurses new to a nursing specialty; or (d) nurses reentering the nursing profession. When performing such duties, the preceptor shall receive an additional hourly payment of one dollar and fifty cents ($1.50) for each hour of work in that role. Preceptor differential shall not apply to any assignments involving student nurses. In determining patient assignments, the Charge Nurse will consider the fact that a nurse is serving as a preceptor, and the experience of the preceptee.

ARTICLE XXXVI – EXTRA SHIFT INCENTIVE
The Hospital, at its sole discretion, may designate a shift as Extra Shift Incentive eligible based on critical need, at a rate of time and one-half (1-½) the employee’s base rate of pay.

Full-time and part-time nurses may sign up for an Extra Shift Incentive when a shift remains open after all regular and PRN employees have had the opportunity to
meet their obligation to the schedule, and upon designation of that shift as Extra
Shift Incentive eligible. Shifts will be awarded on a first come first served basis. PRN
employees are not eligible for this incentive unless specifically authorized by
Hospital Administration.

A nurse who fails to work his/her regular schedule is not eligible for Extra Shift
Incentive during that work week. A nurse who fails to work his/her regular scheduled
shift due to involuntary low census is eligible for Extra Shift Incentive. Nurses
scheduled for such shifts will be the first to be cancelled or called off in the event of
low census.

In times of extraordinary need, the Hospital, at its sole discretion, may temporarily
increase this incentive to time and one-half (1-½) the employee’s base rate of pay, plus an additional twenty dollars ($20.00) per hour.

ARTICLE XXXVII – FEDERAL AND STATE LAWS
This Agreement shall be subject to all present and future applicable federal and
state laws and applicable regulations of government authority. Should any provision
or provisions become unlawful by virtue of the above or by declaration of any court
of competent jurisdiction, such action shall not invalidate the entire Agreement. Any
provisions of this Agreement not declared invalid shall remain in full force and effect
for the term of the Agreement. If any provision is held invalid, the Employer and
Union shall enter into immediate negotiations for the purpose, and solely for the
purpose, of arriving at a mutually satisfactory replacement for such provision.

ARTICLE XXXVIII – SUCCESSORSHIP
In the event the Hospital consummates a transaction involving a merger,
consolidation, sale of assets, lease, franchise or any other such change in structure,
management or ownership which would affect the existing collective bargaining unit,
the Hospital shall so inform the Association. The Hospital shall call this Agreement
to the attention of any entity, business or person who is succeeding to the
management or ownership of the Hospital, and, if such notice is given, the Hospital
shall have no further liability or obligations of any sort under this Section.
ARTICLE XXXIX – DURATION AND RENEWAL

This Agreement shall take effect on September 25, 2021, except as otherwise provided herein, and shall remain in full force and effect through midnight, September 24, 2024. Thereafter, the Agreement shall automatically renew, from year to year, unless either party notifies the other, by facsimile or email, at least ninety (90) days prior to September 24, 2024, or the expiration date of any renewal thereof, of its desire to modify or terminate the Agreement.

IN WITNESS WHEREOF, the parties have hereunto executed this Agreement effective the 25th day of September 2021.

Willamette Valley Medical Center Oregon Nurses Association
## APPENDIX A – WAGE SCALE

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LETTER OF UNDERSTANDING – SAFETY AND SECURITY
1 The parties recognize that the health and well-being of nurses is important and to
2 that end will work together to enhance security standards. To this end, this contract
3 will provide a stronger voice to nurses who shall have a seat on the Health and
4 Safety Committee during the term of this Agreement. The current safeguards will
5 continue to apply with a recognition that improvements need to be considered to
6 address the issue of increased assaults in the workplace. Additionally, and within
7 six (6) months of ratification, the parties agree to a meeting that includes the CEO
8 and/or representatives from senior levels of Hospital Administration, Security
9 Personnel, three (3) registered nurses, and a union representative to have a
10 discussion to monitor progress.
LETTER OF UNDERSTANDING – ESTABLISHMENT OF PART-TIME INSURANCE PLAN PREMIUMS

Pursuant to the 2020-21 negotiations for an initial contract between the above parties, the insurance premiums for part-time employees shall be established by multiplying the full-time employee premium contribution by the applicable factor shown below.

**PPO and HRA:**

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<th>Factor</th>
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<tr>
<td>EE Only</td>
<td>2.084</td>
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<tr>
<td>EE + Child(ren)</td>
<td>1.890</td>
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<td>1.799</td>
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<td>EE + Family</td>
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**HSA:**

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<tr>
<th>Coverage</th>
<th>Factor</th>
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</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>2.678</td>
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<tr>
<td>EE + Child(ren)</td>
<td>2.678</td>
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<tr>
<td>EE + Spouse</td>
<td>2.254</td>
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<tr>
<td>EE + Family</td>
<td>2.018</td>
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</table>

For example, the part-time premium for the “Employee Only” (EE Only) category of coverage under either the PPO or HRA Plan shall be determined by multiplying the existing full-time premium by a factor of 2.084.

Similarly, the part-time premium for the “Employee plus Family” (EE + Family) category of coverage under the HSA Plan shall be determined by multiplying the existing full-time premium by a factor of 2.018.
LETTER OF UNDERSTANDING – PERMANENT CHARGE NURSE

The Parties agree to the following resolution of the status of Charge Nurses vis-à-vis their status as bargaining unit employees:

- Nurses will be allowed to self-select (if desired) into a newly designated “Permanent Charge Nurse” supervisory (non-bargaining unit) role in the following areas: Emergency Room, Medical Surgical, Birthing Center, Surgery, and Short Stay. Individuals filling these roles will serve as the designated Charge Nurse within their departments on any shift on which they work. Should the Hospital decide that operations require the appointment of Permanent Charge Nurses in other units/departments, the Hospital will so advise the union and meet and confer with the Union upon request regarding the impact thereof.

- Responsibilities for Charge Nurses include planning, coordinating, and evaluating unit nursing activities and responsibility for managing the shift.

- Permanent Charge Nurses are not meant to replace a staff member taking a full patient assignment but may take patient assignments to assist the nursing staff when at risk of exceeding the normal nurse to patient ratio, to cover breaks and lunches, and on an urgent situational basis.

- In the absence of a “Permanent Charge Nurse” (either because that individual is off-work, or because the “Permanent Charge Nurse” role has not been filled), Nurses will continue to perform in a (non-Permanent) Relief Charge role, in the same manner and under the same terms as currently exist. It is agreed that Relief Charge Nurses will not be considered statutory supervisors under Section 2(11) of the NLRA.

- While performing in a Relief Charge capacity, Nurses will continue receiving the current Charge differential of one dollar and fifty cents ($1.50) per hour.
LETTER OF UNDERSTANDING – FROZEN EIB

1. Although the EIB plan was eliminated and replaced by an employer-paid Short Term Disability Plan on January 1, 2018, “frozen” EIB hours shall remain accessible to bargaining unit employees until December 31, 2025.

2. EIB may be utilized for the employee’s own illness or non-work-related injury, pregnancy/childbirth, and for dependent illness.

3. Total EIB hours granted within a pay period cannot exceed an employee’s norm hours, nor used congruently with Short Term Disability (“STD”) and Long-Term Disability (“LTD”).

4. An employee may use time from accrued EIB provided that the first twenty-four (24) hours of absence are deducted from the employee’s PTO balance. An employee with less than twenty-four (24) hours of accrued PTO must use unpaid time off to satisfy any remaining portion of this twenty-four (24) hour EIB access threshold.

The PTO utilization requirement of the above paragraph shall not apply to the fourteen (14)-day elimination period (or the optional seven (7)-day elimination period) of a STD, approved leave, in which case the PTO utilization requirement shall be waived.

5. EIB may be accessed immediately in the following four (4) instances only for employees (not a family member):
   a. Absence due to the employee receiving pre-scheduled inpatient or outpatient treatment resulting in their absence of longer than two (2) scheduled workdays. This does not include treatment in a provider’s office, dentist office, emergency department or diagnostic testing.
   b. Emergency department visit that results in immediate surgery or inpatient hospitalization.
c. Absence due to the employee’s work-related injury; limited to three (3) scheduled workdays.

d. Where an employee returns to work from an EIB-covered absence and has a relapse for the same condition within seventy-two (72) hours of the employee’s return to work.

6. EIB usage for family illness is limited to twenty-four (24) hours per continuous episode except as otherwise prescribed by applicable state law. The employee must be the primary caregiver for a family member defined below. A continuous episode is an occurrence that is uninterrupted by a full day return to work. An employee may use time from accrued EIB provided that the first twenty-four (24) hours of absence are deducted from the employee’s PTO balance. An employee with less than twenty-four (24) hours of accrued PTO must use unpaid time off to satisfy any remaining portion of this twenty-four (24) hour EIB access threshold.

a. By marriage: current spouse, stepparent, stepchild, brother/sister-in-law, mother/father-in-law, son/daughter-in-law

b. By blood, legal adoption or guardianship: parent, child, grandparent, grandchild, brother, sister, half-sister/brother

7. An employee who is eligible to use accrued EIB may choose to use his or her accrued PTO instead of using accrued EIB.

8. When using EIB with Intermittent Family Medical Leave, once the employee has submitted a medical certification (and the intermittent leave is approved), an additional eight (8) hours of PTO utilization is required prior to EIB for any related absence. An employee with less than eight (8) hours of accrued PTO must use unpaid time off to satisfy any remaining portion of this eight (8) hour EIB access threshold.

9. Employees must submit a doctor’s medical certificate for all EIB time used. This statement must include an estimate of the length of time the employee will be unable to work. The facility may request verification by a second
physician. Employee must submit request for FMLA/OFLA through the Hospital’s leave administrator.

10. Following EIB usage, the Hospital reserves the right under appropriate circumstances to require a doctor’s medical certificate stating the employee is able to return to work and perform the essential functions of his/her job.

11. EIB is not counted as hours of work when computing overtime.

12. EIB is for leave purposes only and may not be converted or paid out under any circumstances, including upon separation of employment. However, a separated employee’s EIB balance will be preserved for three (3) months in the event of reemployment at the Hospital within that period.

13. A full or part-time employee changing to a non-eligible status (PRN) will have up to eighty (80) hours of accrued EIB converted into “PRN Sick.” Any remaining hours of EIB remain “frozen” for such time that the employee remains in a non-eligible status, until this benefit sunsets on December 31, 2025.

14. A terminating employee may not use EIB during the notice period.
LETTER OF UNDERSTANDING – 401(K) MATCHING CONTRIBUTION

1 The Employer shall make matching 401(k) contributions of one hundred percent
2 (100%) of the first two percent (2%), plus twenty-five percent (25%) of the next four
3 percent (4%), of a nurse’s salary deferral contributions each year.
ADDENDUM
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(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 Willamette Valley Medical Center, Sept. 25, 2021 through Sept. 24, 2024

Signature: ______________________________________________________________

Today's Date: ___________________________________________________________

Your Mailing Address: ___________________________________________________

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Home Phone: ___________________________________________________________
Work Phone: ___________________________________________________________
Cell Phone: ___________________________________________________________
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Unit: _________________________________________________________________
Shift: _________________________________________________________________