Memorandum of Understanding- Agreement between Providence Home Health and Hospice and Oregon Nurses Association

This is an agreement that is in addition to all of the rights, pay practices and processes described in the collective bargaining agreement (CBA) that expires on December 31, 2022. This agreement will be added to the subsequent contract.

Washington Registered Nurse License and Working in Washington

A. Washington License

1. If requested by Providence Home Health and Hospice (PHHH) to acquire a Washington RN license, PHHH will pay for costs associated with the initial licensure and subsequent renewal of a Washington (WA) registered nursing (RN) license retroactively to February 2020. It will be the responsibility of the nurse to complete and submit the timely reimbursement request.

1.2. PHHH will pay for the costs of any subsequent renewal of a Washington (WA) registered nursing (RN) license as requested by PHHH. It will be the responsibility of the nurse to complete and submit the timely reimbursement request.

2. PHHH will pay for all time spent doing administrative tasks for the license—e.g. fingerprinting, drive time, testing, etc.

3. PHHH will compensate each RN for the two (2) Continuing Education (CE) units in the Washington State Nursing Jurisprudence Module, prior to the nurse completing the initial WA license process. Each RN will be paid their hourly rate (plus applicable certifications) for each of the 2 CE units. This is in addition to any paid education hours already covered by the collective bargaining agreement (CBA). In addition, Providence will pay for the cost of the course. It will be the responsibility of the nurse to enroll, complete and submit the timely reimbursement request.

4. PHHH will compensate each RN for the six (6) CE units for the suicide prevention training. Each RN will be paid their hourly rate (plus applicable certifications) for each of the 6 CE units. This is in addition to any paid education hours already covered by the CBA. In addition, Providence will pay for the cost of the course. It will be the responsibility of the nurse to enroll, complete and submit the timely reimbursement request.

5. PHHH will provide an additional eight (8) education hours per year for WA licensed nurses. This is in addition to any paid education hours already covered by the CBA. Providence will provide a $250 annual education stipend to cover the costs of CE courses. This is in addition to any education monies provided by the contract.

B. Working in Washington
1. PHHH will follow the “alternate assignments” language in Article 5, Section M of the CBA.

2.1. Prior to taking a full assignment in Washington, the nurse will be oriented to the geography, patients, lab locations, charting requirements, insurance differences and all other regulatory requirements. Competency in these areas will be demonstrated and evaluated, and resource information will be provided in accordance with current practice.

3. Productivity will be waived while the COVID-related state of emergency remains in effect in WA and/or OR.

4.2. Nurses who have worked 820 hours in WA over the course of the year will qualify for the Washington Family Leave Act (WFLA). Providence will set up a system to track these hours. For nurses working in Washington, Providence intends to follow the qualifications for the Washington Family Leave Act (WFLA) when appropriate.

5. Washington State will be added to the recognition clause (Article 1, Section A) as part of the bargaining unit.

6. Washington State work will be part of the Home Health East and Hospice East branches.

C. Triage, Referrals and Access Nurses

1. PHHH will solicit volunteers for whom should obtain their WA license. If not enough nurses volunteer, then a reverse seniority system will be used. Except in the case of current Home Health Access nurses who may be immediately required to obtain their WA license, PHHH will solicit volunteers from among current nurses to obtain their WA license. If not enough current nurses volunteer, then nurses will be selected on a basis of reverse seniority if, in the opinion of PHHH, the least senior non-WA licensed nurses have the present skills and abilities to obtain the license and patient care will not be adversely affected.

2.3. Until every nurse is WA licensed, a process will be developed for nurses to identify patients requiring a WA licensed RN. This will allow the nurses to transfer the WA patient to an appropriately licensed RN. If it is determined that every RN does not need to hold a WA license, PHHH will develop a process to identify which patients need to be transferred to a WA license RN.

D. Washington Residents

1. Nurses who reside in WA will have all work supplies needed to work in the field delivered to their home and/or available to pick up at a community partner in WA. This includes car stock, lab supplies and personal protective equipment (PPE).

2. The parties will work together to get signed paperwork delivered securely without having to drive to an Oregon office on a more than weekly basis.

E. Task Force and the Professional Nurse Care Committee (PNCC)
1. The Task Force will add one additional ONA leader, for a total of three ONA nurse leaders. In addition, administration will add one additional director.

2. The Professional Nurse Care Committee (PNCC) will add one additional ONA nurse that has agreed to the WA assignment. This will allow a total of seven ONA nurse leaders to be part of the PNCC.

F. Staffing

1. The PNCC will make recommendations to administration based upon staffing concerns as they arise. These concerns will be addressed as articulated in Article 14, Section F.

2. Providence Oregon Nurses who work 50% or more in Clark County Washington in an 8-week period will have the Oregon FTE posted within 2 months.

3. The parties will work together to address concerns of missed visits and getting patients seen on the unassigned list.
   a.) If there is an average of 25 home health patients not being seen each week for an 8-week period, a 1.0 FTE will be posted.
   b.) If there is an average of 15 hospice patients not being seen each week for an 8-week period, a 1.0 FTE will be posted.

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<thead>
<tr>
<th>For ONA</th>
<th>For PHHH</th>
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<tbody>
<tr>
<td>Carlinda Deweese, ONA Chair</td>
<td>Susan Murtha, Director Home Health</td>
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<tr>
<td>Michael Port, Treasurer and Task Force</td>
<td>Jane Brandes, Director Hospice</td>
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<td>Linda Sheffield, Secretary</td>
<td>Julie Heimark, Director Access</td>
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<td>Jamie Aguilar, Membership Chair</td>
<td>Mary Howard, Human Resources</td>
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Maureen Gaine, PNCC Chair

Pamela Bacon, Steward and Task Force

Jocelyn Pitman, Labor Representative