COLLECTIVE BARGAINING AGREEMENT

BETWEEN

OREGON NURSES ASSOCIATION

AND

PROVIDENCE PORTLAND MEDICAL CENTER

JANUARY 1, 2019 through DECEMBER 31, 2024
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(To be updated reflecting final copy)

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AGREEMENT

THIS AGREEMENT made and entered into by and between PROVIDENCE PORTLAND MEDICAL CENTER, 4805 N.E. Glisan Street, Portland, Oregon, hereinafter referred to as “the Medical Center,” and OREGON NURSES ASSOCIATION, hereinafter referred to as “the Association.”

WITNESSETH

The intention of this Agreement is to formalize a mutually agreed upon and understandable working relationship between Providence Portland Medical Center and its registered professional nurses which will be based upon equity and justice with respect to wages, hours of service, general conditions of employment and communication, to the end that the dedicated common objective of superior patient care may be harmoniously obtained and consistently maintained.

For and in consideration of the mutual covenants and undertakings herein contained, the Medical Center and the Association do hereby agree as follows:

ARTICLE 1 – RECOGNITION

The Medical Center recognizes the Association as the collective bargaining representative with respect to rates of pay, hours of work and other conditions of employment for a bargaining unit composed of all registered professional nurses employed by the Medical Center as staff nurses, charge nurses and relief charge nurses in the Departments of Nursing, Mental Health, Emergency, Surgery, IV Therapy, Blood Bank, Cardiovascular Laboratory Radiation Oncology, Care Management and Family Maternity Center, or their successor departments, excluding Sisters of Providence, administrative and supervisory personnel, and all other employees.

ARTICLE 2 – DEFINITIONS

A. Definitions:

1. Nurse - Registered nurse currently licensed to practice professional nursing in Oregon.

2. Staff Nurse - Responsible for the direct or indirect total care of a patient or patients.
3. **Charge Nurse** – A nurse who assists the nurse manager in the administration of an organized nursing unit.

4. **Nurse Manager** - Responsible for administration of an organized nursing unit, including providing patient care.

5. **Relief Charge Nurse** – A staff nurse who relieves the charge nurse in accordance with the assignment of such work by the Medical Center. The Medical Center will work to identify nurses who are willing to voluntarily assume the role of relief charge nurse on an on-going basis. The parties acknowledge, however, that there may be unusual and infrequent situations when the Medical Center will assign such duties.

6. **Resident** – Registered nurse who has completed a pre-licensure nursing program and is newly licensed (twelve [12] months or less).

7. **Fellow** – Registered nurse with twelve (12) months of nursing experience but new to specialty of hire.

8. **Organized Nursing Unit** - As designated by the Medical Center, shall have a nurse manager, charge nurse or relief charge nurse on each shift.

9. **Cluster** – A group of organized nursing units that typically share similar patient condition(s) and acuity.

10. **Regular Nurse** - A part-time or full-time nurse.

11. **Part-time Nurse** - Any nurse who is regularly scheduled to work forty (40) or more hours per pay period, but less than seventy-two (72) hours per pay period (a 0.5 to 0.89 FTE).

12. **Full-time Nurse** - Any nurse who is regularly scheduled to work at least seventy-two (72) hours per pay period (a 0.90 or higher FTE).
13. Per Diem Nurse - Any nurse (a) who is scheduled to work fewer than twenty four (24) hours per week or (b) who is not regularly scheduled to work or (c) who is employed on a temporary basis not to exceed ninety (90) calendar days, or one hundred eighty (180) calendar days where replacing a nurse on an approved leave of absence. In order to remain per diem, other than for those nurses described by (d) in the preceding sentence, the per diem scheduling obligations under Article 9, Scheduling will apply:

14. The Medical Center may initiate the reclassification of a part-time nurse with an FTE of less than 0.9 to a higher FTE status when the following circumstances apply, unless a mutually agreeable exception is made for patient care or staffing needs:
   (a) for a 0.7 FTE or less, if the nurse has worked three (3) extra shifts in the same job, shift and unit, in each of the six (6) consecutive schedule periods immediately preceding the schedule period in which the reclassification is made; or
   (b) for a 0.7 FTE or greater, if the nurse has worked six (6) extra shifts in the same job, shift and unit, in each of the six (6) consecutive schedule periods immediately preceding the schedule period in which the reclassification is made.

   In either of these circumstances, the reclassification to full-time status will occur in the following posted schedule period, and the new FTE will not be subject to posting as a vacancy.

**ARTICLE 3 – MEMBERSHIP**

A. ONA Membership:

1. Because a nurse has a high degree of professional responsibility to the patient, he or she is encouraged to participate in the Association Union 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. The Medical Center will distribute membership informational material provided by the AssociationUnion to newly employed nurses. Such material will include the AssociationUnion’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.

3. During departmental nursing orientation of newly hired nurses, if any, the Medical Center will, on request of the AssociationUnion, provide up to thirty (30) minutes for a bargaining unit nurse designated by the AssociationUnion to discuss AssociationUnion membership and contract administration matters. The Medical Center will notify the AssociationUnion or its designee of the date and time of this orientation, at least two (2) weeks in advance. During the first thirty (30) days of the newly hired nurse’s employment, a bargaining unit nurse designated by the AssociationUnion may arrange with the newly hired nurse for fifteen (15) minutes to discuss AssociationUnion membership and contract administration matters. In either situation, if the designated nurse has been released from work for this orientation, the time will be compensated as if worked. A newly hired nurse involved in this orientation will be released from otherwise scheduled work, and will be paid for this released time.

B. Membership and Financial Obligations.

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

2. The following provisions apply to any nurse hired after December 14, 2009:
By the thirty-first (31st) calendar day following the day that the nurse begins working, each nurse must do one of the following, as a condition of employment:

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

ii. Pay the AssociationUnion a representation fee established by the AssociationUnion in accordance with the law; or

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

The Medical Center will provide a copy of the collective bargaining agreement to newly hired nurses, along with including a form provided by the AssociationUnion that confirms the provisions in B.2.(a) above. The nurse will be asked to sign upon receipt and return the signed form directly to the AssociationUnion. The Medical Center will work in good faith to develop a procedure to retain copies of such signed forms.

A nurse should notify the AssociationUnion’s Membership Coordinator, in writing, of a desire to change his or her status under the provisions of B.2. (a) above by mail, to the business address for the AssociationUnion.
d) The AssociationUnion will provide the Medical Center with copies of at least two (2) notices sent to a nurse who has not met the obligations to which he/she is subject, pursuant to this Article. The AssociationUnion may request that the Medical Center terminate the employment of a nurse who does not meet the obligations to which he/she is subject, pursuant to this Article. After such a request is made, the Medical Center will terminate the nurse’s employment no later than fourteen (14) days after receiving the written request from the AssociationUnion. The Medical Center will have no obligation to pay severance or any other notice pay related to such termination of employment.

3. The following provisions apply to all nurses.
   a) Dues Deduction. The Medical Center shall deduct the amount of AssociationUnion dues, as specified in writing by the AssociationUnion, from the wages of all employees covered by this Agreement who voluntarily agree to such deductions and who submit an appropriately written authorization to the Medical Center. 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 AssociationUnion received not less than one month before the deduction. Deductions made in accordance with this section will be remitted by the Medical Center to the AssociationUnion monthly, with a list showing the names and amounts regarding the nurses for whom the deductions have been made.

4. The AssociationUnion will indemnify and save the Medical Center 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.

5. The parties will work together to reach a mutual agreement on the information to be provided to the AssociationUnion, to track the provisions in this Article.
ARTICLE 4 – EQUALITY OF EMPLOYMENT OPPORTUNITY

A. The Medical Center and the Union agree that they will, jointly and separately, abide by all applicable state and federal laws against discrimination in employment on account of race, color, religion, national origin, age, sex, veteran’s status, sexual orientation, or disability.

B. There shall be no discrimination by the Medical Center against any nurse on account of membership in or lawful activity on behalf of the Association, provided, however, the parties understand that any activity must not interfere with normal Medical Center routine, or the nurse’s duties or those of other Medical Center employees.

ARTICLE 5 – PAID TIME OFF

A. The Paid Time Off (“PTO”) program encompasses time taken in connection with vacation, illness, personal business, and holidays. Except for unexpected illness or emergencies, PTO should be scheduled in advance.

B-1. Accrual: Effective through the final pay period in 2019 regular nurses will accrue PTO as follows:

1. From the nurse’s most recent date of hire

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Accrual-per Hour*</th>
<th>Accrual-per Year**</th>
</tr>
</thead>
<tbody>
<tr>
<td>0—3.99</td>
<td>0.0924 hours</td>
<td>192 hours</td>
</tr>
<tr>
<td>4—8.99</td>
<td>0.1116 hours</td>
<td>232 hours</td>
</tr>
<tr>
<td>9+</td>
<td>0.1308 hours</td>
<td>272 hours</td>
</tr>
</tbody>
</table>

*Not to exceed eighty (80) hours per pay period.

**Based on a full-time nurse (1.0)

2. For regular nurses on schedules consisting of three (3) days each week, with each workday consisting of a twelve- (12-) hour shift, or four (4) days each week, with each workday consisting of a nine- (9-) hour shift:
<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Accrual per Hour*</th>
<th>Accrual per Year**</th>
</tr>
</thead>
<tbody>
<tr>
<td>0—3.99</td>
<td>0.0963 hours</td>
<td>180 hours</td>
</tr>
<tr>
<td>4—8.99</td>
<td>0.1155 hours</td>
<td>216 hours</td>
</tr>
<tr>
<td>9+</td>
<td>0.1347 hours</td>
<td>252 hours</td>
</tr>
</tbody>
</table>

*Not to exceed seventy-two (72) hours per pay period.
**Based on a full-time nurse zero point nine (0.9)

3. Accrual will cease when a nurse has unused PTO accrual equal to one and one-half (1½) times the applicable annual accrual set forth above.

B-1-2. Accrual: Effective with the pay period beginning January 5, 2020, regular nurses with a full-time equivalent (FTE) status of at least 0.5, will accrue PTO as follows:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Accrual per Hour Worked*</th>
<th>Accrual per Year**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 years</td>
<td>0.0961 hours</td>
<td>200 hours</td>
</tr>
<tr>
<td>3 to less than 5 years</td>
<td>0.1078 hours</td>
<td>224 hours</td>
</tr>
<tr>
<td>5 to less than 10 years</td>
<td>0.1154 hours</td>
<td>240 hours</td>
</tr>
<tr>
<td>10 to less than 15 years</td>
<td>0.1269 hours</td>
<td>264 hours</td>
</tr>
<tr>
<td>15 or more years</td>
<td>0.1346 hours</td>
<td>280 hours</td>
</tr>
</tbody>
</table>

*Not to exceed eighty (80) hours per pay period
**Based on a full-time (1.0 FTE) nurse

Accrual will cease when a nurse has unused PTO accrual equal to one and one-half (1½) times the applicable annual accrual set forth above, which is not prorated for nurses whose FTE status is less than 1.0.

B-2-3. Accrual: Effective with the pay period beginning January 5, 2020, regular nurses with a FTE status of 0.9, which includes those with work schedules consisting of three (3) days each week, with each workday consisting of a twelve-(12-) hour shift, or four (4) days each week, with each workday consisting of a nine-(9-) hour shift, will accrue PTO as follows:
### Years of Service

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Accrual per Hour Worked*</th>
<th>Accrual per Year**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 years</td>
<td>0.1004 hours</td>
<td>188 hours</td>
</tr>
<tr>
<td>3 to less than 5 years</td>
<td>0.1122 hours</td>
<td>210 hours</td>
</tr>
<tr>
<td>5 to less than 10 years</td>
<td>0.1197 hours</td>
<td>224 hours</td>
</tr>
<tr>
<td>10 to less than 15 years</td>
<td>0.1314 hours</td>
<td>246 hours</td>
</tr>
<tr>
<td>15 or more years</td>
<td>0.1389 hours</td>
<td>260 hours</td>
</tr>
</tbody>
</table>

*Not to exceed seventy-two (72) hours per pay period

**Based on a full-time (0.9 FTE) nurse

Accrual will cease when a nurse has unused PTO accrual equal to one and one-half (1½) times the applicable annual accrual set forth above.

C. Definition of a Paid Hour: A paid hour under B above will include only: 1) hours directly compensated by the Medical Center and 2) hours not worked on one of a nurse’s scheduled working days in accordance with Article 24 of this Agreement; and will exclude overtime hours, unworked standby hours, hours compensated through third parties, hours paid in lieu of notice of termination, or hours while not classified as a regular nurse.

D. Pay: PTO pay will be at the nurse’s straight-time hourly rate of pay, including regularly scheduled shift, certification, clinical ladder, and charge nurse differentials provided under Appendix A, at the time of use. PTO pay is paid on regular paydays after the PTO is used.

E. Scheduling:

1. In scheduling PTO, the Medical Center will provide a method for each eligible nurse to submit requests for specific PTO.

2. The number of persons who may be on pre-scheduled PTO at one time (or per shift, where possible) will be defined at the unit or cluster level annually by the unit’s nursing manager in the first week of December of each year. In the event a unit subsequently undergoes a significant staffing increase or a decrease, the unit manager may adjust the number
of nurses who may be on pre-scheduled PTO at one time, consistent with the staffing change, no later than the first week of May each year.

3. The following schedule applies to requests for prescheduled PTO:

<table>
<thead>
<tr>
<th>For time off during this period (“PTO Scheduling Period”):</th>
<th>Requests must be submitted between:</th>
<th>Written decision will be provided by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 19, Jan 20, Feb 20, Mar 20, Apr 20*</td>
<td>August 2019 – August 31, 2019</td>
<td>September 30, 2019</td>
</tr>
<tr>
<td>May, June, July and August</td>
<td>January 1 – January 31</td>
<td>February 28</td>
</tr>
<tr>
<td>September, October, November and December</td>
<td>May 1 – May 31</td>
<td>June 30</td>
</tr>
<tr>
<td>January, February, March, April</td>
<td>September 1 – September 30</td>
<td>October 31</td>
</tr>
</tbody>
</table>

*In order to transition from two (2) scheduling periods per year to three (3) scheduling periods per year, the first scheduling period will consist of five (5) months. After the transition, all PTO scheduling period will be four (4) months in length.

Each unit will make requests for prescheduled PTO submitted during these periods public and visible before the requests are approved.

4. If more nurses within a unit request dates for PTO, for a PTO Scheduling Period, than the Medical Center determines to be consistent with its operating needs, then preference in scheduling PTO will be in order of seniority for nurses within the unit, based on the seniority list that is available on the first day of the request submission period. Nurses are expected to seek trades if they need time off for major life events, but if a nurse is unable to find a trade, managers may use their discretion to increase the number of nurses allowed off, based on operational needs.

5. For requests submitted after of the PTO Scheduling Period, preference will be in order of the Medical Center’s receipt of the written requests for
nurses within the unit. All requests will be approved or denied within three (3) weeks of the date the request is submitted.

6. For single day PTO requests, the nurse may request, at the time of submission, that the schedule be adjusted to avoid the use of PTO. The Medical Center will make a good faith effort to adjust the nurse’s schedule so that the nurse is not required to use PTO.

7. Notwithstanding the prior provisions of subsections 4 and 5 above, the Medical Center will attempt to rotate holiday work.

8. PTO requests that cross over the PTO scheduling periods will be honored in accordance with subsections 4 and 5 of this section with the understanding that if the PTO request is approved for the latter part of the scheduling period, then approval will automatically extend to the beginning of the next scheduling period.

9. Float nurses within a given cluster are deemed a “unit” for purposes of scheduling PTO.

10. Once PTO has been approved, the Medical Center will not require a nurse to replace himself or herself on the schedule. Once a vacation request has been approved, it can only be changed by mutual agreement between the Medical Center and the nurse. Vacation requests shall not be converted to requests for unpaid time off absent Medical Center approval, and nurses are expected to have enough accrued PTO available at the point the PTO is to be used. The Medical Center may deny a PTO request if a nurse has demonstrated a pattern of not having enough accrued PTO available to cover the nurse’s request, unless the nurse has accrued less PTO than expected due to an approved leave of absence, or mandatory low census.

11. Once the PTO has been approved, the PTO utilization schedule will be posted in a manner that is accessible for nurses to view.
12. In the event nurses on a particular unit or units have concerns about a pattern of denial of PTO or a specific situation involving denial of PTO, nurses are encouraged to discuss the issue with the unit manager or director, and if the concern has not been resolved, representatives of the Association may raise it with the Nursing Task Force.

13. The nurses on a unit or department may develop an alternative method of PTO scheduling, such as “prime time” scheduling. Any alternative method will only be adopted following first manager approval and then a majority vote of the staff nurses on the unit or department.

F. Use:

1. Accrued PTO may be used once accrued and available in the nurses PTO bank.

2. PTO will be used for any absence of a quarter hour or more, except that the nurse may choose to use or not to use PTO for time off:

   (a) Under Article 24 of this Agreement, by making the appropriate entry on the nurse’s time card; if the nurse chooses to use PTO under this paragraph, the nurse may change to non-use of PTO for the number of hours worked by the nurse on an extra shift of at least eight (8) hours (other than while on standby on-call) in the same pay period and thereby maintains the nurse’s FTE level, by giving the Medical Center written notice of the change before the end of the same pay period;

   (b) For leaves of absence under applicable family and medical leave laws when the nurse’s accrued PTO account is at forty (40) hours or less;

   (c) When a nurse is assigned to a paid eight- (8-) hour in-service in the Medical Center instead of a regularly scheduled nine- (9-), ten- (10-), or twelve- (12-) hour shift and the nurse is not assigned to work the remaining hours of the regularly scheduled shift; or
(d) When a nurse is required by the Medical Center to attend a committee meeting in the Medical Center during a regularly scheduled shift and the nurse is not assigned to work the remaining hours of the regularly scheduled shift.

(e) Under (c) and (d) above, the nurse will make herself/himself available for assignment to work the remaining hours of the regularly scheduled shift.

(f) When a nurse is being paid standby pay according to Appendix B of this contract.

(g) When a nurse on the night shift is working fewer hours than his or her regular shift due to Daylight Saving Time.

3. **PTO may be used in addition to receiving workers’ compensation benefits if EIT is not available, up to a combined total of PTO, EIT (if any), and workers’ compensation benefits that does not exceed two-thirds (2/3) of the nurse’s straight-time pay for the missed hours. Effective January 5, 2020, nurses can choose to have available PTO hours used to supplement workers’ compensation benefits to one hundred (100) percent of pay while out on an approved leave.**

4. **Effective January 5, 2020, available PTO hours can also be used to supplement Oregon Paid Leave, short-term disability and paid parental leave benefits to one hundred (100) percent of pay for the life of the claim or until PTO is exhausted.**

5. **PTO may not be used when the nurse is eligible for the Medical Center compensation in connection with a family death, jury duty, or witness appearance, or EIT.**
G. Change in Status: A nurse’s unused PTO account will be paid to the nurse in the following circumstances:

1. Upon termination of employment, in cases of resignation, if the nurse has also provided the required two (2) weeks’ notice (per Article 12.E) of intended resignation.

2. Upon changing from a benefits-eligible (FTE status of 0.5 to 1.0) to non-benefits-eligible status (FTE less than 0.5).

H. Oregon Paid Leave: The Medical Center, in alignment with the Oregon Paid Leave program, will continue the appropriate employee deductions and employer contributions into the program. Employees can begin to apply for benefits starting September 3, 2023. The State benefits are managed by the State. Nurses can apply directly with the State and any eligible payments will be paid directly from the State.

ARTICLE 6 – HOLIDAYS

A. The Medical Center will observe the holidays of New Year’s Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. If the Medical Center recognizes any additional holiday(s) for it’s non-represented employees, it will also observe such holiday(s) for bargaining unit nurses. On an observed holiday, the following will apply:

1. When a nurse is scheduled to work an observed holiday and requests time off, PTO will be used for the time off. However, if the nurse, with the manager’s approval, works (or if the nurse requests but is not assigned to work) a substitute day in the same workweek, the nurse is not required to use PTO for the holiday.

2. If a nurse works on an observed holiday, the nurse will be paid one and one-half (1 ½) times the nurse’s straight-time rate and will retain accrued PTO hours for use at another time.

3. If an observed holiday occurs on a Saturday or Sunday, nurses in departments that are regularly scheduled only Monday through Friday will
observe the holiday on the Friday or Monday that is closest to the holiday and designated by the Medical Center.

4. If an observed holiday occurs on a Sunday, nurses in departments that are regularly scheduled only Monday through Saturday will observe the holiday on the Monday that is closest to the holiday and designated by the Medical Center.

5. A night shift will be eligible for holiday pay if a majority of hours worked are within the observed holiday (for example, a nurse working a shift beginning at 7:00 p.m. on December 24 and ending at 7:30 a.m. on December 25 will be eligible for holiday pay).

6. If an observed holiday occurs before completion of a regular nurse’s first ninety (90) days of employment and the nurse does not have sufficient PTO hours accrued, the PTO hours used for the holiday under this section will be charged against the next PTO hours accrued by the nurse.

7. A nurse will not be required to use PTO if (1) a nurse works in a unit that is normally scheduled only Monday through Friday and the unit is closed for the holiday; (2) the nurse is placed on standby for the holiday; or (3) the unit is open, but minimally staffed for the holiday.

ARTICLE 7 – EXTENDED ILLNESS TIME

A. The Extended Illness Time ("EIT") program encompasses time taken in connection with illness, injury, and parental leave.

B. Accrual: Through January 4, 2020, regular nurses will accrue 0.0270 EIT hours per paid hour, not to exceed eighty (80) paid hours per two- (2-) week pay period (approximately seven [7] days of EIT per year with fifty-six [56] hours’ pay for a full-time nurse). A paid hour under this section is defined the same as a paid hour under the PTO program. Accrual will cease when a nurse has one thousand forty (1,040) hours of unused EIT accrual. Effective with the pay period that begins Sunday, January 5, 2020, no further EIT accruals will occur. All existing EIT accruals for then-current nurses shall be frozen as of that date and shall be placed in an Extended Illness bank for each
respective nurse. Nurses hired on or after January 1, 2020 will not accrue or participate in EIT.

C. Pay: EIT pay will be at the nurse’s straight-time hourly rate of pay, including regularly scheduled shift, certification, Clinical Ladder, and Charge Nurse differentials provided under Appendix A, at the time of use. EIT pay is paid on regular paydays after the EIT is used.

D-1. Use (through January 4, 2020): Effective through January 4, 2020, EIT continues to be available as follows:

1. Accrued EIT may first be used in the pay period following six (6) months of employment and then in or after the pay period following the pay period when accrued.

2. EIT will be used for any absence from work due to the following:

   (a) The nurse’s admission to a hospital, including a day surgery unit, as an inpatient or outpatient, for one or more days and any necessary absence immediately following hospitalization. If, during the term of this Agreement, the Medical Center makes any improvement in the benefit covered by this subparagraph for a majority of the Medical Center’s other employees who are not in a bargaining unit, the improvement will also be provided to bargaining unit employees.

   (b) When a nurse receives outpatient procedures under conscious sedation, spinal block, or general anesthesia in a free-standing surgical center or in a surgical suite at a physician’s office.

   (c) The nurse’s disabling illness after a waiting period of missed work due to such condition which is equal to the shorter of three (3) consecutive scheduled work shifts or twenty-four (24) consecutive scheduled hours. If, during the term of this Agreement, the Medical Center makes any improvement in the benefit covered by this subparagraph for a majority of the Medical Center’s other employees who are not in a bargaining unit, the improvement will also be provided to bargaining unit employees.
(d) Partial day absences related to a single illness of the nurse, without an intervening full scheduled shift being worked, after a waiting period of missed work due to such condition which is equal to the shorter of the equivalent of three regularly scheduled work shifts or twenty-four (24) scheduled hours.

(e) After qualification for use under subsections (c) or (d) above and a return to work for less than one (1) scheduled full shift, when the nurse misses work due to recurrence of such condition.

(f) Approved parental leave under applicable law.

(g) Approved leave under the Oregon Family Leave Act ("OFLA"), as outlined in the provisions of OFLA.

3. EIT may be used when the nurse is receiving workers' compensation pay after the normal workers' compensation waiting period and is otherwise eligible for EIT use, but such EIT use will be limited to bringing the nurse's total compensation from workers' compensation and EIT to two-thirds (2/3) of the nurse's straight-time pay for the missed hours.

D-2. Use (January 5, 2020—December 31, 2021): Effective January 5, 2020 and for a period of two (2) years (until December 31, 2021), accrued EIT may be used for the following purposes:

1. Top-up short-term disability pay to one hundred percent (100%)

2. Top-up paid parental leave pay to one hundred percent (100%)

3. Top-up Workers' Compensation pay to one hundred percent (100%)

4. Use to care for a family member when out on an approved FMLA, after a waiting period of missed work that is equal to three (3) days up to a maximum of twenty-four (24) hours.
5. For absences shorter than seven (7) days, EIT can be used as described in D.1. above.

6. For absences longer than seven (7) days, EIT can be used for scheduled shifts missed during the seven-(7-) calendar day waiting period for short-term disability benefits (regardless of whether STD is approved or denied).

D-3. Use (January 1, 2022 – December 31, 2022): Between January 1, 2022 and December 31, 2022, accrued EIT may be used for an approved OFLA/FMLA to care for a family member after the twenty-four (24) hour elimination period unless a paid family leave plan is otherwise provided by statute.

E. Change in Status: Through January 4, 2020, upon changing from benefits-eligible to a non-benefits-eligible status, if the nurse has been employed for at least six (6) months, a nurse’s accrued but unused EIT will be placed in an inactive account from which the nurse may not use EIT. Upon return to EIT-eligible status, the inactive account will be activated for use in accordance with this Article. In the event of termination of employment, a nurse’s active and inactive accounts will be terminated and will not be subject to cash-out, but such an account will be reinstated if the nurse is rehired within twelve (12) months of the termination of employment.

F. The EIT program existing on January 1, 2019 will continue through December 31, 2019.

ARTICLE 78 – HOURS OF WORK OVERTIME AND BREAKS

A. The basic workweek shall be forty (40) hours in a designated seven (7) consecutive day period commencing at 12:01 a.m. Sunday for day and evening shift nurses and at 12:01 a.m. Saturday, or the beginning of the night shift closest thereto, for night shift nurses. When agreed to by the nurse and the Medical Center, a work period of eighty (80) hours in fourteen (14) consecutive days may be adopted in conformity with the Fair Labor Standards Act and corresponding Oregon law Federal Wage and Hour Act.

B. The basic workday shall be the length of the shift that is agreed upon by the Medical Center and the individual nurse at the time of hire or upon the change of
position (e.g., eight [8], nine [9], ten [10] or twelve [12] consecutive hours) in a twenty-four (24) hour period, including:

1. An unpaid meal/lunch period of one-half (½) hour on the nurse’s own time in addition to the length of the shift. If a nurse is not able to take a thirty (30) minute uninterrupted meal period, the nurse will be paid for such 30 minutes; and

2. One (1) fifteen (15)-minute rest periods shall be provided, without loss of pay and consistent with Oregon wage and hour law, during each shift. Upon mutual agreement of the nurse and the nurse’s supervisor/designee, such rest periods may be combined with meal periods and shall, to the greatest extent possible, be near the middle of such work duration.

2. When the nurse believes that they will be unable to take a meal or rest period, the nurse will notify the Charge Nurse who will make reasonable effort to have the nurse relieved.

3. The parties acknowledge the legal requirements and the importance of rest and meal periods for nurses. The parties further acknowledge that the scheduling of regular rest periods may not be possible due to the nature and circumstances of work in an acute care facility (including emergent patient care needs, the safety and health of patients, availability of other nurses to provide relief, and intermittent and unpredictable patient census and needs). The parties therefore agree as follows:

   (a) Scheduling of breaks is best resolved by unit-based decisions, where the affected nurses are involved in creative and flexible approaches to the scheduling of rest periods.

   (b) Each unit has the flexibility to develop a process for scheduling nurses for the total amount of rest and meal periods set forth in subsections B.1 and B.2 above, subject to the following:

   i. The process must be approved by the unit manager;
The preferred approach is to relieve nurses for two (2) fifteen (15-) minute rest periods and one (1) thirty (30-) minute meal period within an eight (8-) hour shift, but other options, consistent with applicable law, may be explored; and

If a nurse is not able to take a thirty (30-) minute uninterrupted meal period, the nurse will be paid for such thirty (30) minutes. If a nurse follows department protocol for preventing interruption and the meal period is still interrupted, the nurse shall be entitled to additional meal period time equivalent to the amount of time spent interrupted. The nurse must inform his or her supervisor if the nurse anticipates he or she will be or actually is unable to take such thirty (30-) minute uninterrupted meal period.

In the event nurses on a particular unit or units have concerns about the implementation of this subsection B.3., the concern may be raised with the Task Force, in addition to the remedies provided by the grievance procedure.

A. Overtime compensation shall be paid at one and one-half (1½) times the nurse’s regular straight time hourly rate of pay for all hours worked in excess of:

1. The hours of the scheduled shift of eight (8) hours or greater, or

2. Forty (40) hours in each basic workweek, or thirty-six (36) hours in each basic workweek shall be paid at the overtime rate for (a) a nurse whose schedule consists exclusively of three (3) days each week, with each workday consisting of a twelve (12) hour shift, or (b) a night shift nurse whose schedule consists of exclusively four (4) days each week, with each workday consisting of a nine (9) hour shift, provided in either situation that during the workweek the nurse works such number of days on the applicable shift, or
2. Eight (8) consecutive hours, or eight (8) hours in each basic workday, except that hours worked in a prior workday because of a change in shift beginning time shall not be treated as overtime hours. (This subsection shall not be used as a basis for changing a nurse’s scheduled starting time, without the nurse’s consent), or

3. In lieu of section C 2 above and consistent with the requirements of the Federal Wage and Hour Act, Fair Labor Standards Act, eight (80) hours in a two-week pay period when a work schedule of eighty (80) hours in fourteen (14) consecutive days has been properly established, adopted, or

4. Those hours agreed to when different work schedules are selected under C above, except that hours worked in excess of thirty-six (36) hours in each workweek shall be paid at the overtime rate for (a) a nurse whose schedule consists exclusively of three (3) days each week, with each workday consisting of a twelve- (12-) hour shift, or (b) a night shift nurse whose schedule consists exclusively of four (4) days each week, with each workday consisting of a nine- (9-) hour shift, provided in either situation that during the workweek the nurse works such number of days on the applicable shift.

E. There shall be no pyramiding of time-and-one-half premiums for overtime, holidays and Appendix B. In calculating such premiums, the multiplier used shall be the hourly compensation under Appendix A applicable to the hours worked for which such premiums are being paid.

F. A nurse will be expected to obtain proper advance authorization, except when not possible, for work in excess of the nurse’s basic workday or basic workweek. Excess work will be by mutual consent, except that a nurse may be required to remain at work beyond a nurse’s scheduled workday, subject to applicable limitations under state law or administrative rule.

G. Nurses who are required to change at the Medical Center into Medical Center-required clothing will be permitted five (5) minutes included in the beginning and end of each scheduled shift to change into and out of such clothing.
ARTICLE 89 – SCHEDULING

A. Work schedules shall be prepared for twenty-eight (28)-day or monthly periods and will be posted at least two (2) weeks prior to the beginning of the scheduled period. A unit may opt to post the schedule for the two (2) scheduling periods that include Thanksgiving, Christmas and New Year’s.

1. At the time of initial posting, the Medical Center will schedule nurses for at least every other weekend off, or for two (2) consecutive weekends off after every scheduled weekend in the case of each full-time or part-time nurse who has been continuously employed by the Medical Center as a nurse for twenty (20) or more years, unless (a) a nurse agrees to be scheduled for any of such weekends or (b) scheduling is based on rotation of holiday work and an observed holiday falls on a weekend.

(a) When the Medical Center determines that it is reasonably feasible, consistent with staffing needs and patient care needs, the Medical Center will not require full and part-time nurses with at least thirty (30) years of continuous employment by the Medical Center as a nurse or twenty-five (25) years for Operating Room nurses, to work weekend shifts or full and part-time nurses with at least twenty-five (25) years of continuous employment by the Medical Center as a nurse to take mandatory call-back rotation in those units where being on-call is a requirement.

i. Notwithstanding subsection (a) above, the Medical Center will not schedule full-time and part-time nurses for shifts (excluding standby shifts) more than once every four (4) consecutive weekends if they have been continuously employed by the Medical Center as a nurse for thirty (30) or more years.

2. After the schedule is posted, a nurse will not be required to work an unscheduled weekend, except in emergencies, on which occasions Appendix A, Section L, will apply in accordance with its terms.

B. Nurses who are scheduled to report for work and who are permitted to come to work without receiving prior notice that no work is available in their regular assignment, shall either: (1) perform any nursing work to which they may be assigned, or (2) if
nursing service determines after consultation with the nurse that he or she is unqualified for the temporary assignment, then the nurse may elect to take the day off with PTO or as mandatory low census without pay. Except in emergencies, the nurse’s temporary assignment will not be to a unit where the nurse has not been oriented and no nurse familiar with the unit will be available during the assignment. When the Medical Center is unable to utilize such nurse and the reason for lack of work is within the control of the Medical Center, the nurse shall be paid an amount equivalent to four (4) hours, or one-half (½) the scheduled hours of the shift canceled if that number is greater than four (4), times the straight-time hourly rate plus applicable shift, certification and Clinical Ladder differentials; provided, however, that a nurse who was scheduled to work less than four (4) hours on such day shall be paid the nurse’s regularly scheduled number of hours of work for reporting and not working through no fault of the nurse.

The provisions of this section shall not apply if the lack of work is not within the control of the Medical Center or if the Medical Center makes a reasonable effort to notify the nurse by telephone not to report for work at least two (2) hours before the nurse’s scheduled time to work. It shall be the responsibility of the nurse to notify the Medical Center of the nurse’s current address and telephone number. Failure to do so shall preclude the Medical Center from the notification requirements and the payment of the above minimum guarantee. If a nurse is dismissed and is not notified before the start of the next shift that he or she would have otherwise worked, he or she shall receive four (4) hours’ pay in accordance with the provisions of this section.

C. Nurses will not be regularly scheduled to work different shifts, except that for the purpose of participation in an educational program, any nurse may agree to be regularly scheduled to work different shifts. Upon completion of the nurse’s agreed-upon participation in such program, the nurse will be reinstated in the nurse’s former regular shift. If more nurses within a unit request to be so scheduled than the Medical Center determines to be appropriate for its operations, preference will be given to the earliest of such requests.

Nurses will not be required to work more than three (3) consecutive twelve- (12-) hour shifts without their consent.
D. Nurses should notify the Medical Center of any unexpected absence from work as far in advance as possible, but at least two and one-half (2½) hours before the start of the nurse’s shift.

E. Per Diem Nurse Scheduling.

1. A per diem nurse must be available for at least four (4) open shifts during each twenty-eight- (28-) day or monthly schedule period, which may include any open shifts of between four and twelve hours in length, at the nurse’s discretion;

2. A per diem nurse may completely opt out of one (1) work schedule each calendar year, provided the nurse notifies the Medical Center in advance of the preparation of the work schedule;

3. The four (4) available shifts must include any two of the following: weekend, evening, night, holiday, and/or standby or on-call shifts as assigned by the Medical Center, if those shifts are regularly scheduled in the unit where the nurse is to be assigned;

4. At least one (1) of the assigned shifts in a calendar year will be on a holiday, and the holiday will be rotated between winter (New Year’s Day, Thanksgiving Day, or Christmas Day) and summer holidays (Memorial Day, Fourth of July, or Labor Day), in alternate calendar years (for per diem nurses in units or departments with standby scheduling on holidays, one [1] holiday standby shift will apply); and

5. The per diem nurse must meet the patient care unit’s education requirement for the year.

6. A per diem nurse who has averaged twenty-four (24) or more hours of work per week during the preceding twelve (12) weeks may apply in writing for reclassification, except that a per diem nurse employed on a temporary basis to replace a nurse on an approved leave of absence will not be eligible for this reclassification. An eligible nurse applicant will be reclassified as of the next schedule to be posted to a regular part-time or full-time schedule, as appropriate, closest to the nurse’s work schedule.
(including shifts and units) during the preceding twelve (12) weeks. A nurse who is reclassified under this paragraph will not be eligible to return to per diem status for one (1) year from the date of reclassification.

F. Unit Based Scheduling

1. The Medical Center and AssociationUnion will allow unit based staff scheduling for any unit that has a consensus of the unit’s nurses for this practice. Within ninety (90) days of ratification, the topic of inequality between shifts in relation to unit based scheduling and pattern scheduling will be discussed at Task Force which may, for example, explore pilot programs in designated units.

2. A nurse or team of nurses from the unit will take and maintain responsibility for assigning nurses into the unit core schedule, as determined by the Medical Center, according to the provisions of this agreement.

3. Units making use of this provision will determine their scheduling process, and assignment of the nurses into the core schedule will be a fair and equitable process. This process will have been agreed upon by members of the unit, including the nurse manager, and with notification by the ONA/Medical Center Task Force. If a nurse has a concern about the scheduling process that has not been adequately addressed on the unit level, that nurse may raise the issue with the ONA/Medical Center Task Force.

4. After the nurses schedule themselves, the manager (or designee) will ensure the schedule is balanced and meets the skill mix needs of the unit, or will make changes to adjust the schedule accordingly.

5. The AssociationUnion agrees that the nurse manager for such units has final approval for each monthly schedule in a manner that is not arbitrary or capricious.
ARTICLE 910 – FLOATING

A. All nurses on a unit may be required to float to another unit in the Medical Center, although the Medical Center will endeavor to minimize floating when reasonably feasible. When the Medical Center determines that floating is needed:

1. Nurses will only be floated first within their cluster (where they exist), unless mutually agreed upon by the registered nurse and oriented per Section A(4) below. The clusters are:
   - Med-Surg
   - Emergency Department
   - Critical Care
   - Mental Health
   - Surgical Services
   - Maternity/NICU

   The Medical Center and the Union may amend the clusters by mutual agreement.

   The Medical Center will keep the Professional Nursing Care Committee (PNCC) informed with regard to clusters as they exist and are changed, and will take comments and suggestions from PNCC on proposed changes.

2. Registered Nurses shall be floated only to work environments for which they have been oriented. For the purpose of this article, “oriented” means that the registered nurse has received the basic information needed to work on the unit. Nurses will receive or have been previously given information needed to work on the unit, including the layout of the unit, codes and passwords, and location of supplies, and essential work protocols applicable to that unit.

3. Each unit, in consultation with the registered nurses from that unit (UBC if they have on) will develop its own written orientation guidelines for registered nurses who float to their unit. Such guidelines will be available for viewing on each unit. Guidelines will be posted on the PPMC Nursing SharePoint page for ease of viewing.
4. Nurses required to float within the Medical Center will receive orientation appropriate to the assignment/unit. Orientation will occur before the nurses assume patient care duties on the unit(s) to which they have been floated. Orientation will be dependent upon the nurse's previous experience and familiarity with the nursing unit to which the nurse is assigned. Nurses who volunteer to float outside of their cluster may schedule orientation and training with the manager/designee of the unit to which they would float, prior to taking the float assignment.

5. If during the floating assignment a nurse is asked to perform a task or procedure for which the nurse does not feel qualified or trained to perform, the nurse should immediately inform escalate up the chain of command, beginning with the charge nurse, who will assign the nurse a different task or procedure consistent with the nurse's skills and competencies.

6. All registered nurses who are floated will be supported by a nurse and/or charge nurse from the unit's primary staff for clinical guidance.

7. Nurses will generally be floated on a rotational basis, unless the charge nurse determines that the skill mix of the unit or the patient needs warrant a change in the rotation.

8. The Medical Center will not require a nurse to float on an eight (8) or twelve (12) hour shift to more than two (2) distinct patient assignments, except for unusual or emergent situations.

9. When the Medical Center requires a registered nurse to float, the nurse will not have more than two distinct patient care assignments during their eight (8) or twelve (12) hour shift.

10. All units not defined in the clusters above shall not be required to float outside of their department, unless agreed upon by the registered nurse and oriented per section A(4) above.

11. In determining patient assignments, the charge nurse will consider the fact that a nurse is floating to a unit for only four (4) hours, and thus should
receive an appropriate assignment, in addition to the other factors normally considered.

ARTICLE 1011 – STAFFING

A. Minimum Staffing. The Medical Center and the Union agree that quality patient care is the parties’ most important priority and staffing levels should permit the delivery of safe, transformative patient care. The parties acknowledge that Oregon HB 2697 will amend Oregon’s Hospital Nurse Staffing Law to establish minimum staffing levels in most areas of the Medical Center as well as mandate that nurses are provided their meal and rest breaks. The Medical Center will comply with the requirements of the Hospital Nurse Staffing Law, including as amended by HB 2697 as it goes into effect.

A.B. Staffing Request Documentation Form (SRDF) Concerns. Nurses are encouraged to raise any staffing concerns, without fear of retaliation. For specific staffing concerns, the Medical Center will make available a form that is mutually-agreeable to the Medical Center and the Association. Nurses will leave completed forms in a designated place, and the Medical Center will not discourage the reporting, documentation and submission of such forms. A copy of Staffing Request Documentation Form (SRDF) such reports received by the Medical Center will be provided to the Association, the Hospital Nurse Staffing Committee (“HNSC”), a member of the PNCC designated by the Association, and the appropriate unit manager. No nurse shall suffer reprisal for raising any staffing concerns.

B.C. The Hospital Staffing Plan.

1. The Medical Center is required under ORS 441.155 and OAR 333-510-0110 and any subsequent versions the Oregon Nurse Staffing Law, to maintain a written hospital-wide staffing plan for nursing services, which may include mechanisms, decision-making tools and/or techniques for each unit to determine its appropriate staffing such that the hospital is staffed to meet the health care needs of patients;

2. The plan must generally be developed, monitored, evaluated and modified by the HNSC, a hospital nurse staffing plan committee (“the Hospital Nurse Staffing Committee”).
C-D. The Hospital Nurse Staffing Committee. The parties acknowledge the legal will adhere to the requirements set forth in the Oregon Nurse Staffing Law ORS 441.154 and OAR 333-510-0105, including its enforcement mechanisms. The parties agree to the following specific contractual provisions:

1. The Hospital Nurse Staffing Committee will be comprised of an equal number of Medical Center nurse managers and direct care registered nurses as its exclusive membership for decision-making. Hospital Nurse Staffing Committee meetings are open to any observer from the direct care nursing staff (including a liaison from the Professional Nursing Care Committee and/or an Association/Union Representative);

2. Direct care registered nurse representatives will be selected by the direct care nurses, through a process determined by the Union Association’s bargaining unit.

3. Term or time on the Hospital Nurse Staffing Committee will be two years and will include Specialty Areas members as set by the Hospital Staffing Plan Committee, and will include rotational terms and the ability of nurses to serve multiple terms. One direct care registered nurse representative will serve as the committee co-chair, and one direct care registered nurse representative, who serves on a different term rotation, will serve as the alternate ———co-chair. New direct care registered nurse representatives will receive no less than two paid hours of orientation, which may take place at the last committee meeting of the year, before beginning their terms on the committee.

4. The decision-making process for the Hospital Nurse Staffing Committee will generally be by consensus.

5. The Medical Center has defined the following specialty areas and will include at least one (1) direct care registered nurse from the following specialty areas on the Hospital Nurse Staffing Committee (subject to change upon the consensus of the Hospital Nurse Staffing Committee):
   (a) Medical;
(b) Surgical;

(c) Cardiology

(d) Critical Care;

(e) Perioperative;

(f) Perinatal/Neonatal;

(g) Oncology

(h) Behavioral Health;

(i) Emergency Services.

6. Any nurse or nurses desiring staffing changes on his/her/their unit may will meet with the unit manager or Hospital Nurse Staffing Committee direct care representative to discuss such requested changes. If the issues leading to the requested changes remain unresolved, a nurse or nurses may bring those concerns to the attention of the Hospital Nurse Staffing Committee.

7. HNSC direct care registered nurse representatives will be provided the following for each unit within their specialty area:

   a. Access to the UBC site
   b. Access to all Staffing Plan drafts

   If a nurse representative is unable to access any of the items a-b above, the nurse should contact their nurse manager for access.

7-8. Meetings.

   (a) The meetings of the Hospital Nurse Staffing Committee will be co-chaired by one direct care registered nurse and one nurse manager.
(b) The Hospital Nurse Staffing Committee will determine how often it needs to meet to achieve its duties, but the Committee will endeavor to meet no less than every other month.

(c) The members of the Hospital Nurse Staffing Committee will be paid for the time spent during meetings, preparation, and follow-up time, and communication with units included in their specialty areas, up to a maximum of sixteen (16) hours quarterly, except that the RN co-chair may use up to a maximum of twenty-four (24) hours quarterly.

(d) Minutes of the meetings will be taken and will be available for review by all nurses on the Providence Portland Nursing website within two weeks following the meeting.

(e) The annual schedule for meetings will be set in advance, including a calendar of plan approval dates set in January or February of each year, and available for review by nurses on the Providence Portland Nursing website.

(f) The names of the members of the Hospital Nurse Staffing Committee and their respective units to be represented will be communicated to the nurses on the Providence Portland Nursing website.

(g) Nurses and/or representatives of the Association may request time on the agenda at the Hospital Nurse Staffing Committee to raise issues or concerns.

(h) The Hospital Nurse Staffing Committee will be asked to develop a plan to educate nurses on its role and responsibilities.

E. Direct Care Nurse Feedback.
a. Direct Care nurses shall be given an opportunity to provide input on which
acuity tool and factors shall be used in determining safe staffing levels. Acuity
tools may be EMR based.

b. The unit staffing plan will be posted within 7 calendar days to the unit
webpage and HNSC web page following approval by the HNSC.

F. Staffing Effectiveness. The Medical Center and the Union are committed to
adequate nurse staffing on each unit in order to meet the patient care requirements and
promote a healthy work environment. To that end, the Medical Center and the Union will
follow the below practices:

a. Notice of Leave of Absence: Upon notice of a leave of absence, the Medical
Center will demonstrate its commitment to adequate staffing by posting any
resulting shift vacancies necessary to maintain core staffing prior to each
scheduling posting or during the current schedule period. If the period
between notice and the next schedule posting is less than 72 hours, then the
Employer shall comply with the above within 5 calendar days of the notice.

b. Registered Nurse Staffing Updates: Upon request by the Unit Based
Council (UBC), the Medical Center will share available information about
registered nurse FTEs and vacancies.

c. Publication of vacant shifts: The Union and the Medical Center will meet in task
force to determine how information on vacant shifts can best be shared with nurses
throughout the Medical Center.

G. Patient Capacity Concerns. The Medical Center, in collaboration with Charge
Nurses, will consider factors such as patient acuity, skill mix, admissions,
discharges, transfers, and staffing plan guidelines. If a registered nurse has
concerns about staffing, they will escalate said concerns to the charge nurse, unit
leadership, or Medical Center Leaders to problem solve staffing and capacity
constraints in order to meet patient care and community needs while complying
with unit staffing plans and minimum staffing standards. The Charge nurse will
play an instrumental role in problem solving capacity concerns, and their input
will be sought in the decision-making process.

H. Staffing for Rest Breaks and Meal Periods:
a. Break Relief Nurse Framework: Within three (3) full scheduling periods of ratification of this Agreement, PPMC will commence a six (6) month break relief shift pilot in eight (8) departments. These departments will be selected by the ONA board and communicated in writing to the CNO within 1 week of ratification.

b. In each affected department, the existing Unit Based Committee (UBC) and manager will assess the need and reach agreement on the number of break relief shifts, including the shifts to which apply. If the agreement isn’t reached at the unit level, it will go to the HNSC for consideration.

c. At the conclusion of the pilot, each UBC will report out data, learnings, and opportunities to the HNSC.

d. Using that information, the HNSC will update the staffing plan to include the break relief process.

e. If the HNSC does not agree with any of the UBC’s recommendations, the parties will follow the existing dispute resolution process set forth in the charter.

ARTICLE 1112 – EMPLOYMENT STATUS

A. Discipline. The Medical Center shall have the right to suspend, discharge and discipline nurses for proper cause. Disciplinary action may include verbal warning, written warning, suspension without pay, or discharge. These forms of discipline will generally be used progressively, but the Medical Center may bypass one or more of these disciplinary steps. Consistent with the principles of proper cause, the Medical Center will consider the nature of the offense and the time periods between offenses in determining the level of progressive discipline. A nurse will also be permitted to submit to their personnel file a written rebuttal or explanation, which will be included with any documentation of discipline or discharge.

B. Removal of Materials. After two (2) four (4) years, if no further disciplinary action for the same infraction is applied, the employee may submit a written request seeking that written disciplinary notices be removed from their file. For discipline based on documented instances of actual patient harm, any removal of material from the personnel file shall be at the sole discretion of the Chief Nursing Officer and Human Resources Director, which shall not be unreasonably withheld. The Medical Center
may keep a copy of otherwise removed disciplinary notices in a separate confidential litigation file if it chooses to do so.

C. Disciplinary Meetings. It is the Medical Center’s intent to conduct disciplinary discussions regarding a specific nurse’s performance in private. When sharing information about nurses collective performance, the Medical Center will endeavor to do so without identifying individual nurses. If any nurse(s) have concerns about how information is being shared, the nurse(s) are encouraged to share that concern with the unit manager, the PNCC, and/or the members of the Nursing Task Force, for discussion and resolution. A nurse has the right to request a representative of the Union to be present for an interview by the Medical Center as part of an investigation that might lead to discipline.

DB. Reports to the State Board of Nursing. Under normal circumstances, the Medical Center will inform a nurse if the Medical Center is making an official report of the nurse to the Board of Nursing. Failure to inform a nurse of a report to the State Board will not and cannot affect any action that might be taken by the Medical Center and/or the Board.

EC. Attendance. Unplanned and unreported absences, including tardiness or partial day absences, may result in disciplinary action up to and including termination. Nurses are expected not to exceed a total of five (5) occurrences of unscheduled, unapproved absences or tardy events in a rolling twelve (12) month period. Consecutive day absences for the same reason are counted as one (1) occurrence. Unplanned absences related to family medical leave, military leave, work-related illness or injury, jury duty, bereavement leave and other approved bases are not counted as occurrences under this policy, unless related to an intermittent leave and the employee does not appropriately communicate the time off as intermittent leave, in accordance with the Medical Center’s practice or instructions. Nurses are expected to give notice of the need for time away whenever possible. A nurse who is absent from work for three (3) consecutive working days without notice to the Medical Center is subject to discipline, suspension or discharge.

FD. Hire, Promotion, Transfer. The Medical Center shall have the right to hire, promote and transfer nurses, except as expressly limited by the Agreement.
E.G. Introductory Period. A nurse employed by the Medical Center shall be considered introductory during the first one hundred eighty (180) calendar days of employment. If a nurse is terminated by the Medical Center during the introductory period, but after one hundred twenty (120) calendar days of employment, and the nurse has not been given a written evaluation after sixty (60) calendar days of employment and before completion of one hundred twenty (120) calendar days of employment, then the Medical Center shall give the nurse no less than three (3) weeks’ notice of termination of employment or pay in lieu thereof for any part of the three-week period for which such notice was not given, unless the termination is for violation of professional nursing ethics. The preceding notice provision, when applicable, is in place of the notice provisions in Section F below.

H.F Notice of Resignation. Nurses shall give the Medical Center not less than two (2) weeks’ notice of intended resignation.

G.I. Notice of Termination. The Medical Center shall give nurses no less than two (2) weeks’ notice of termination of employment. If less notice is given, then the Medical Center will provide pay in lieu thereof for any days which would have been worked within that part of the two- (2-) week period for which such notice was not given; provided, however, that no such advance notice or pay in lieu thereof shall be required for nurses who are discharged for violation of professional nursing ethics.

H Disputes Regarding Discipline. A nurse who feels he or she has been suspended, disciplined, or discharged without proper cause may present a grievance for consideration under Article 19, Grievance Procedure, except as limited in Section A therein. A nurse will also be permitted to submit to his or her personnel file a written rebuttal or explanation, which will be included with any documentation of discipline or discharge.

J.I. Review of Performance Following Discipline. Upon request from a nurse who has received discipline, the Medical Center will review the nurse’s performance and provide a written summary addressing the nurse’s efforts at resolving the issues that led to the discipline. In responding to such requests, the time between the original disciplinary action and the nurse’s request for a follow up review may be taken into...
account and reflected in the summary. The statement will be given to the nurse and placed in the nurse’s personnel file.

K. Individual Work Plans. Work plans are not disciplinary actions. The goal of a work plan is to provide a tool to enable a nurse to develop skills and/or improve performance. Work plans will outline job requirements, performance expectations, and objectives. The Medical Center will seek input from the nurse in the development of a plan, but the parties acknowledge that the Medical Center has the right to determine when to implement a plan and to decide on the terms set forth in the development of the work plan. If a plan is in place and there is a significant change in circumstances (e.g., significant change in workload or assignment), the nurse may request an adjustment to the plan to address the changed circumstances.

L. Personnel File. A nurse may review the contents of their personnel file upon request, in accordance with ORS 652.750. A nurse will also be permitted to submit to their personnel file a written rebuttal or explanation, which will be included with any documentation of discipline or discharge.

M. Exit Interview. A nurse shall, if he or she so requests upon request, be granted an interview upon the termination of the nurse’s employment.

N. Assignment. A nurse who is scheduled to work shall not be assigned to other than that nurse’s scheduled working assignment because of the use of unscheduled nurses. The preceding sentence shall not apply if it would result in a nurse in the latter category being assigned to work for which such nurse is not qualified; however, when such nurse(s) is needed, the Medical Center shall make a reasonable effort to obtain a nurse who is qualified.

O. Video Surveillance. There will be no video surveillance cameras placed where employees would have a reasonable expectation of privacy.

N. Absence without notice. A nurse who is absent from work for three (3) consecutive working days without notice to the Medical Center is subject to discipline, suspension or discharge.
O. Disciplinary Meetings. It is the Medical Center’s intent to conduct disciplinary
discussions and have discussions regarding a specific nurse’s performance in private.
Similarly, if the Medical Center posts information about nurses’ practice (e.g., such as
bar-coding), it will be done without any names. If any nurse or group of nurses on a
patient-care unit have concerns about how information is being shared, the nurse(s) are
couraged to share that concern with the unit manager, the PNCC, and/or the
members of the Nursing Task Force, for discussion and resolution. A nurse has the
right to request a representative of the Association to be present for an interview by the
Medical Center as part of an investigation that might lead to discipline.

ARTICLE 1213 – RESTROOMS AND LOCKERS
Restrooms and lockers shall be provided by the Medical Center. Each unit will have a
mechanism for mail delivery (e.g. mailboxes or file cabinets - labeled with their full
name) available for nurses in their departments. The Medical Center will make good
faith reasonable efforts to provide a room for nurses to rest during breaks, which is
reasonably accessible to the nurses on the unit. If a nurse or the Association has
concerns about the provision of a room for breaks, prior to filing a grievance alleging
that such a good faith reasonable effort is lacking, the nurse or the Association should raise the issue at the Task Force where the parties will discuss potential for
resolution of the concerns.

ARTICLE 1314 – LEAVES OF ABSENCE
A. Leaves Without Pay (Non-Medical). Leaves of absence without pay may be
granted to regular nurses, who have been continuously employed for at least six (6)
months, at the option of the Medical Center for good cause shown when applied for in
writing in advance, except that no leaves of absence for extended professional study
purposes will be granted between June 1 and September 1 each year unless it is an
approved Providence Bachelors of Science of Nursing Program with a leave
requirement. Leaves of absence will be granted only in writing. However, a nurse will
be deemed to be on a leave of absence from the beginning of any approved period of
unpaid absence, other than layoff, regardless of the completion of paperwork under this
section.

B. Medical Leaves.
   Parental, family medical, and workers’ compensation leaves of absence
will be granted in accordance with applicable law. The Medical Center will permit a nurse who is approved for leave FMLA/OFLA leave to use accrued EIT for him/herself and/or qualifying family members, as outlined in the provisions of leave laws and this section.

2. Medical Leave of Absence. Regardless of eligibility for leave under FMLA or OFLA, nurses who have completed the first six (6) months of employment are eligible for up to six (6) months of leave to care for their own serious health condition (including maternity). Such leave will not be taken on an intermittent basis. Time taken under FMLA or OFLA will count toward the six-month maximum. Benefits will continue as required under FMLA, or as long as the nurse is using appropriate paid time off as outlined in Article 5, PTO or EIT. Nurses are not guaranteed reinstatement while on non-FMLA or non-OFLA medical leave to the same position except (a) as required by law or (b) as stated in Section I (“Return from Leave”) below.

C. Military Leave. Leaves of absence for service in the Armed Forces of the United States will be granted in accordance with federal law. A leave of absence granted for annual military training duty, not to exceed two (2) weeks, shall not be charged as vacation time unless requested by the nurse.

D. Mission Leave. Any nurse may request a personal leave of absence for the purpose of medical mission work. The nurse will provide documentation demonstrating that the work is in furtherance of Providence’s mission. Such leave will be granted only with the approval of the nurse’s manager. The nurse may use PTO during the time of the leave, or, with manager approval, take the leave unpaid.

E. Benefits While on Leave. A nurse will not lose previously accrued benefits as provided in this Agreement but will not accrue additional benefits during the term of a properly authorized leave of absence. A nurse’s anniversary date for purposes of wage increases and vacation accrual rates shall not be changed because of being on a leave for thirty (30) days or less.
F. Bereavement Leave. A regular nurse who has a death in the nurse’s family will be granted time off with pay as follows: up to three (3) days will be paid when the days that the nurse needs to be absent fall on the nurse’s regular workdays to attend a funeral or memorial service of a member of the nurse’s immediate family (provided that the leave is taken within a reasonable time of the family member’s death). A member of the nurse’s immediate family for this purpose is defined as the parent, grandparent, mother-in-law, father-in-law, spouse, child (including foster child), grandchild, sibling, or brother of the nurse; parent, child, or sibling of the nurse’s spouse; spouse of the nurse’s child; the parent of the nurse’s minor child; or other person whose association with the nurse was, at the time of death, equivalent to any of these relationships.

G. Jury Duty. A nurse who is required to perform jury duty will, if he or she requests, be rescheduled to a comparable schedule on day shift during the Monday through Friday period and be permitted the necessary time off from such new schedule to perform such service, for a period not to exceed two (2) calendar weeks per year. A nurse who is required to perform jury duty will be paid the difference between the nurse’s regular straight-time pay for the scheduled workdays he or she missed and the jury pay received, provided that he or she has made arrangements with the nurse’s manager in advance. The nurse must furnish a signed statement from a responsible officer of the court as proof of jury service and jury duty pay received. A nurse must report for work if the nurse’s jury service ends on any day in time to permit at least four (4) hours’ work in the balance of the nurse’s normal workday.

H. Appearance as a Witness. Nurses who are subpoenaed to appear as a witness in a court case, in which neither nurses nor the Association is making a claim against the Medical Center, involving their duties at the Medical Center, during their normal time off duty will be compensated for the time spent in connection with such an appearance as follows: They will be paid their straight-time rate of pay, not including shift differential, provided that the subpoenaed nurse notifies the Medical Center immediately upon receipt of the subpoena. Such pay will not be deemed to be for hours worked. They will also be given, if they so request, equivalent time off from work in their scheduled shift immediately before or their scheduled shift immediately after such an appearance, provided that the subpoenaed nurse makes the request immediately upon receipt of the subpoena.
I. Return from Leave.

1. A nurse who continues to be absent following the expiration of a written leave of absence, or emergency extension thereof granted by the Medical Center, is subject to discipline, suspension or discharge.

2. The following provisions apply to leaves other than those under FMLA, OFLA and workers’ compensation: Upon completion of a leave of absence of sixty (60) days or less, the nurse will be reinstated in the nurse’s former job (including position, unit, shift and schedule). Upon completion of a leave of absence of over sixty (60) days, the nurse will be offered reinstatement to the nurse’s former job (including position, unit, shift and schedule), if such job has not been filled. If such job has been filled, the nurse will be given preference for a vacancy for which the nurse applies in the same or a lower position on the nurse’s former shift which the nurse is qualified to fill and, if the former job thereafter becomes available within one hundred fifty (150) days of commencement of such leave, preference upon application for the nurse’s former job (including position, unit, shift and schedule). The layoff provisions of Article 23 of this Agreement are not applicable to a nurse who is eligible for reinstatement, but has not yet been reinstated, under the preceding two sentences; except for purposes of the recall provision. Under the recall provision, such a nurse’s position for recall from among the nurses eligible for recall will be determined as if the nurse was laid off in accordance with his/her seniority.

(Leaves of absence for educational purposes are also referred to in the Professional Development article of this Agreement.)

ARTICLE 1415 – HEALTH AND WELFARE

A. Laboratory examinations and prophylactic treatments, when indicated because of exposure to communicable diseases at work, shall be provided by the Medical Center without cost to the nurse.
B. The Medical Center will provide annual complete blood count and sedimentation rate determination, basic metabolic panel, and urinalysis at no cost to the nurse. A nurse, upon request, will be furnished a copy of all results of the aforementioned tests.

C. The Medical Center will provide Group Life Insurance on the same terms as provided to a majority of the Medical Center's other employees.

D. Each actively working regular nurse will participate in the benefit program offered to a majority of the Medical Center's other employees, in accordance with their terms and Appendix D. From the Providence benefits program, the nurse will select: (1) medical coverage (Health Reimbursement Medical Plan or Health Savings Medical Plan: effective January 1, 2020, the EPO Plan will be added as a third plan option), (2) dental coverage (Delta Dental PPO 1500 or Delta Dental PPO 2000), (3) supplemental life insurance, (4) voluntary accidental death and dismemberment insurance, (5) dependent life insurance, (6) health care Flexible Spending Account (FSA), (7) day care Flexible Spending Account (FSA), (8) long term disability coverage, and (9) short term disability, and (10) vision coverage. The Medical Center will offer all such benefits directly or through insurance carriers selected by the Medical Center.

E. The nurse will pay, by payroll deduction unless some other payment procedure is agreed to by the nurse and the Medical Center, the cost of the total benefits selected which exceeds the portion paid by the Medical Center under the preceding section.

F. Providence will provide a short-term disability and paid parental leave benefit, effective with the pay period beginning Sunday, January 5, 2020.

1. Short-term disability and paid parental leave will be paid at sixty-five-six and two-thirds percent (66.67%) of the employee's base rate of pay plus all applicable shift, certification, clinical ladder, and charge nurse differentials provided under Appendix A and Appendix C, at the time of use.

2. Beginning the first full pay period in 2024, the Medical Center will provide an enhanced short-term disability benefit, in which benefit-eligible caregivers will be eligible for up to eight weeks of leave with 100% pay following the 7-day waiting period (when PTO can be used) and then 66.67-2/3% thereafter for a combined total of 26 weeks, including base pay plus all applicable shift, certification, clinical
ladder, and charge nurse differentials provided under Appendix A & Appendix C, at the time of use.

G. For the term of this collective bargaining agreement, the Medical Center will not make any significant or material changes in the medical, dental, and vision insurance plan design with regard to (a) amount of the in-network net deductible (defined as deductible minus monetary contributions from the Medical Center for either the HRA or the HSA); (b) the percentage of employee medical premium contributions; (c) annual out-of-pocket maximums for in-network expenses; and (d) amount of spousal surcharge. The spousal surcharge will be the only such surcharge in the medical and dental insurance plan.

H. For the term of the collective bargaining agreement the Medical Center will not charge or create any significant or material newly contemplated never before charged fee for the medical, dental and visions insurance plans.

ARTICLE 1516 – PENSIONS

A. Nurses will participate in the Medical Center’s retirement plans in accordance with their terms.

B. At the time of ratification, the retirement plans include:
   1. the Core Plan (as frozen);
   2. the Service Plan;
   3. the Value Plan (403[b]); and
   4. the 457(b) plan.

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

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

**ARTICLE 1617 – ASSOCIATION/UNION BUSINESS**

A. Duly authorized representatives of the Association/Union shall be permitted at all reasonable times to enter the facilities operated by the Medical Center for purposes of transacting Association/Union business and observing conditions under which nurses are employed; provided, however, that the Association/Union’s representative shall comply with the Medical Center’s security and identification procedures. Transaction of any business shall be conducted in an appropriate location subject to general Medical Center and clinic rules applicable to non-employees, shall be confined to contract negotiation and administration matters, and shall not interfere with the work of the employees.

B. The Medical Center will provide the Association/Union with designated bulletin board space of approximately two (2) feet by three (3) feet in each nursing unit, which will be the exclusive places for the posting of Association/Union-related notices. Such postings shall be limited to notices that relate to contract negotiation and administration matters.

C. Nurses who serve as delegates, cabinet members, bargaining team members or board members, stewards/unit representatives, of the Association/Union or its parent (ANA) will be granted time off, up to a total of two hundred (200) hours for all such nurses, to attend to official union business, as outlined below.

1. Nurses must submit such a request for time off as soon as possible but no later than the schedule cutoff date, when possible.

2. Nurses who submit requests pursuant to this Section C will be permitted to either
   
   (a) Use accrued but unused PTO in the nurse’s account; or
   
   (b) Access a bank of one hundred twenty (120) hours per calendar year, if the nurse’s accrued PTO account is then at eighty (80) hours or less.

   Nurses who access this bank of unpaid hours will be permitted to take time off without loss of PTO or EIT.
3. If more than three (3) nurses on the same unit and shift request time off pursuant to this section C for the same or overlapping periods of time, the Medical Center will determine whether all of the nurses’ requests may be granted, consistent with patient care needs, and, if such requests cannot be granted, the Medical Center will meet with the Association to determine which of the nurses’ requests will be granted. The parties commit to the importance of participation of nurses in contract negotiations. The members of the Association negotiating team will work with their managers to make good faith attempts to adjust their schedules to accommodate negotiations, including arranging for schedule trades. If they are unsuccessful, the parties will promptly discuss the issue to strive to mutually reach a solution to better ensure staff nurses are included in scheduled negotiations.

D. The Association will supply the Medical Center with a list of designated Union Stewards from among the various units of the Medical Center.

E. The Medical Center will supply the Association chair at the Medical Center and the Association monthly, by electronic means, a list of all bargaining unit nurses showing their addresses, listed telephone numbers, beginning dates of their last period of continuous employment, status (full-time, part-time, or per diem), and the assigned shifts and unit of each nurse. The Medical Center will also supply each month a list showing the names and addresses of all nurses who terminated during the preceding month.

F. The Medical Center will post a seniority list, sorted by unit, on the Medical Center’s nursing intranet site three (3) times a year. The seniority list will include the name of each nurse and the nurse’s total number of seniority hours. The Medical Center will email the seniority list to the Union Chair and the ONA Labor Representative when it is posted to the intranet.

ARTICLE 17-18 – NO STRIKE

A. In view of the importance of the operation of the Medical Center’s facilities to the community, the Medical Center and the Association agree that there shall be no
lockouts by the Medical Center and no strikes, picketing or other actual or attempted
interruptions of work by nurses or the Association/Union during the term of this
Agreement.

B. The Medical Center and the Association/Union further agree that there shall be no
sympathy strikes by nurses or the Association/Union during the term of this Agreement.
If, however, an individual nurse in good conscience does not want to cross a lawful
primary picket line, the nurse may request absent time without pay or benefits. Such
request will be considered by the Medical Center, which may grant the request if it
determines, in its sole discretion, that patient care will not be adversely affected. If the
request is not granted, it shall not be a violation of this Article for a nurse to engage in
sympathy picketing on the nurse’s own time, in support of the lawful primary picket line,
if such picketing does not interfere with the nurse’s assigned hours of work.

ARTICLE 1819 - GRIEVANCE PROCEDURE

A. A grievance is defined as any dispute by a nurse over the Medical Center’s
interpretation and application of the provisions of this Agreement. During a nurse’s
probationary period, the nurse may present grievances under this Article to the same
extent as a nurse, except that the question of a probationary nurse’s continued
employment shall be determined exclusively by the Medical Center and shall not be
subject to this Article.

A nurse or nurses who believes that the Medical Center has violated provisions of this
Agreement is encouraged and expected to discuss the matter with the nurse’s manager
before undertaking the following grievance steps. A grievance shall be presented
exclusively in accordance with the following procedure:

- Step 1: The grievance will be presented on a Union-developed grievance
  form to the aggrieved nurse(s)’ unit manager within fourteen (14) days of
  when the Union or the nurse(s) knew or should have known of the
  violation. The unit manager, Union representative, and the nurse(s)
  involved shall promptly meet at a mutually scheduled time, to discuss and
  attempt to resolve the issue. The unit manager shall respond to the
  Union representative in writing within fourteen (14) days from the date of
  the meeting. If the unit manager does not respond, the grievance will be
  considered denied effective fourteen (14) days from the date of the
  meeting. Group grievances in which four (4) or more nurses are involved
in the same issue, will be initiated at Step 2, unless all nurses involved share the same unit manager, in which case the grievance shall be initiated at Step 1. -- If a nurse has a grievance, he or she may present it in writing (containing, to the best of the nurse’s understanding, the facts and Agreement provisions involved) to the nurse’s manager within fourteen (14) days after the date when he or she had knowledge or, in the normal course of events, should have had knowledge of the occurrence involved in the grievance (ten [10] days after the date of notice of any discharge or other discipline which is the subject of the grievance). Only a nurse who was actually involved in the occurrence may present a grievance, unless (a) another nurse presents the grievance because the former nurse is mentally or physically incapable of doing so or (b) any nurse who is an officer of the bargaining unit (“Association officer”) presents a group grievance where the occurrence actually involved at least four (4) nurses. The manager’s reply is due within fourteen (14) days of such presentation. The Association may choose to present such a group grievance at Step 1 if the affected nurses have the same manager. Otherwise, the grievance will be presented at Step 2. If a meeting is held at Step 1, the nurse may bring his or her Association representative.

- **Step 2**: If the grievance is denied, the Union or the aggrieved nurse(s) may appeal it in writing to the appropriate nursing director within fourteen (14) days of the unit manager’s denial. The nursing director, Union representative and the nurse(s) shall promptly meet at a mutually scheduled time to discuss and attempt to resolve the issue. The nursing director shall respond to the Union representative within fourteen (14) days from the date of the meeting. If the nursing director does not respond, the grievance will be considered denied effective fourteen (14) days from the date of the meeting. -- If the grievance is not resolved to the nurse’s satisfaction (or to the satisfaction of the Association officer presenting a group grievance) at Step 1, the nurse may present the grievance in writing to the appropriate person responsible for the nurse’s department, or designee, within fourteen (14) days after the date when he or she had knowledge or, in the normal course of events, should have had
knowledge of the occurrence involved in the grievance (ten [10] days after
the date of notice of any discharge or other discipline which is the subject
of the grievance), whether or not he or she has received the manager’s
reply by that time. If the grievance has been presented to Step 2 in
accordance with this Article, the written response is due within fourteen
(14) days of such presentation.

- Step 3: If the grievance is still denied, the Union or the aggrieved
nurse(s) may appeal it in writing to the Chief Nursing Officer within
fourteen (14) days of the nursing director’s denial. The Chief Nursing
Officer, Union representative and the nurse(s) shall promptly meet at a
mutually scheduled time to discuss and attempt to resolve the issue. The
Chief Nursing Officer shall respond to the Union representative within
fourteen (14) days from the date of the meeting. If the Chief Nursing
Officer does not respond, the grievance will be considered denied
effective fourteen (14) days from the date of the meeting. — If the
grievance is not resolved to the nurse’s satisfaction (or to the satisfaction
of the Association officer presenting a group grievance) at Step 2, he or
she may present the grievance in writing to the Administrator or designee
within fourteen (14) days after receipt of the response in Step 2 or, if this
response is not received within that period, within fourteen (14) days after
the expiration of time allocated in Step 2 for the response. The
Administrator’s or designee’s written response to the grievant and the
Association is due within fourteen (14) days after a meeting between the
Medical Center representative and the grievant and the grievant’s
representative, if any. If no meeting is held, such written response is due
within twenty (20) days after presentation of the grievance in accordance
with this Article to the Administrator or designee.

- Step 4: Arbitration. If the grievance is still denied following Step 3, the
Union may submit the grievance to an impartial arbitrator for determination
by notifying the Medical Center in writing of such submission within
fourteen (14) days of the Chief Nursing Officer’s denial. — If the grievance
is not resolved to the nurse’s satisfaction (or to the satisfaction of the
Association officer presenting a group grievance) at Step 3, the
Association may submit the grievance to an impartial arbitrator for determination. If it decides to do so, the Association must notify the Administrator in writing of such submission not later than fourteen (14) days after receipt of the Administrator’s Step 3 response or, if such response has not been received, within fourteen (14) days after proper presentation of the grievance to Step 3.

B. It is the intent of the parties that meeting(s) will be held at Steps 1, 2 and/or 3 among the grievant, and representatives of the Association and the Medical Center, if requested by grievant, the Association or the Medical Center. At such meeting(s), the grievance will be discussed in good faith. The parties may mutually agree in writing not to hold any of the meetings in Steps 1 through 3. If the parties agree not to hold a meeting, the grievance will be advanced to the next step. If meeting(s) are not held because of the unavailability of the grievant or persons from either the Medical Center or the Association, the grievance will continue to be processed as set forth above.

C. A grievance will be deemed untimely if the time limits set forth above for presentation or escalation of a grievance to a step are not met, unless the parties agree in writing to extend such time limits.

D. If the parties are unable to mutually agree upon an arbitrator at Step 4, the arbitrator shall be chosen from a list of five (5) names furnished by the Federal Mediation and Conciliation Service. The parties shall alternately strike one (1) name from the list, with the first strike being determined by a flip of a coin, and the last name remaining shall be the arbitrator for the grievance.

E. The arbitrator’s decision shall be rendered within thirty (30) days after the grievance has been submitted to the arbitrator, unless the parties by mutual agreement extend such time limit.

F. The decision of the arbitrator shall be final and binding on the grievant and the parties, except that the arbitrator shall have no power to add to, subtract from or change any of the provisions of this Agreement or to impose any obligation on the Association or the Medical Center not expressly agreed to in this Agreement.
G. The fee and expenses of the arbitrator shall be borne by the losing party, if the arbitrator designates a losing party shared equally by the Association and the Medical Center, except that each party shall bear the expenses of its own representation and witnesses.

H. As used in this Article, “day” means calendar day.

ARTICLE 19 – WORKPLACE SAFETY

Health and Safety Laws. The Medical Center will follow all local, state, and federal laws applicable to health and safety.

Personal Protective Equipment. The Medical Center agrees to provide all necessary personal protective equipment. Nurses shall be permitted to use such equipment according to the manufacturer’s standards.

Occupational Exposure. The Medical Center will notify nurses in a timely manner when it is aware of an occupational exposure to infectious disease. When a nurse is exposed, as determined by Caregiver Health, to a disease which requires immunization, testing, or treatment, the nurse will be provided immunization against, testing for, and/or treatment for such communicable disease without cost to the registered nurse. The nurse will be paid for all actual time, including travel time, related to testing as a result of occupational exposures.

The Medical Center will develop a process for expedited testing related to occupational exposures and bring it to Task Force.

ARTICLE 20 – PROFESSIONAL DEVELOPMENT

A. The Medical Center shall provide counseling and evaluations of the work performance of each nurse covered by this Agreement not less than once per year.

B. The Medical Center agrees to maintain a continuing in-service education program for all personnel covered by this Agreement. In the event a nurse is required by the Medical Center to attend in-service education functions outside the nurse’s normal shift, he or she will be compensated for the time spent at such functions at the...
nurse’s base rate of pay as well as the applicable shift differential to which the nurse is assigned. The term “in-service education” shall include the Medical Center requested individual training in specialty as well as other educational training. If the Medical Center specifically instructs a nurse, in writing, to purchase instructional materials or equipment for mandatory in-service education, the Medical Center will reimburse the nurse for the reasonable cost of such materials. Before incurring any such expense, the nurse must seek the written approval of his/her manager.

C. The philosophy of the Medical Center’s orientation program shall be to provide the newly graduated registered nurse employee with a supervised first hospital work experience. In accordance with this policy, the Medical Center agrees to maintain an orientation program to help newly graduated registered nurses achieve clinical nursing experience. The Medical Center further agrees to discuss in advance any changes in Medical Center orientation program with the ONA Task Force.

D. The Medical Center endorses the concept of professional improvement through continuing professional education. The Medical Center may grant unpaid educational leaves of absence of up to one (1) year. Extensions of time beyond one (1) year may be granted at the discretion of the Medical Center. Paid educational leaves of absence will be granted consistent with prudent Medical Center management. The Medical Center will attempt to offer educational leave opportunities to as broad a spectrum of its nurses as practicable under existing circumstances.

E. Nurses shall make reasonable efforts to complete mandatory education (such as HealthStream) and the annual nursing evaluation during regularly scheduled shifts. A nurse who is finding it difficult to find adequate uninterrupted time away from patient care duties to complete mandatory education or the nursing evaluation may bring this difficulty to the attention of his or her manager. The nurse and the manager will then work together to schedule a reasonable amount of paid time away from patient care, consistent with patient care needs, for the nurse to complete the education or evaluation. If after discussing the issues with the manager the nurse continues to find it difficult to find adequate uninterrupted time away from patient care duties to complete mandatory education or the nursing evaluation, the nurse may escalate the concern through the chain of command.
F. For any education time, the nurse will apply in advance to the appropriate
nursing manager or designee for approval prior to the requested time. Approval of such
requests will be granted or denied within two (2) weeks of application.

G. During each calendar year, the Medical Center will provide paid non-mandatory
educational leave as follows:

1. Sixteen (16) hours of paid educational leave for use by each full-time
nurse, and each part-time nurse, who worked at least eight hundred (800)
hours in the preceding calendar year, to attend educational programs on
or off the Medical Center premises which are related to clinical nursing
matters where attendance would be of benefit to both the Medical Center
and the nurse. Any full-time or part-time nurse who has not worked at
least eight hundred (800) hours due to an approved leave of absence may
request an exception.

2. Each per diem nurse who worked at least eight hundred (800) hours in the
preceding calendar year may apply for a maximum of eight (8) hours of
educational leave under this paragraph. The Medical Center will provide a
quarterly report to Professional Nursing Care Committee showing the
number of educational leave hours used by registered nurses.

3. At the time the leave is approved, the nurse and the manager will agree
on a format and/or process for the purpose of sharing the contents of the
educational program, upon return from the leave.

The Medical Center may grant more extended educational leave in cases
it deems appropriate.

4. The first year’s educational leave shall be available for use in the calendar
year in which the nurse reaches his/her first anniversary date of
employment as a nurse, but may not be used until after such anniversary
date. Each subsequent calendar year’s educational leave shall be
available for use during such calendar year.

5. Specific programs are subject to prior approval by the Medical Center.

Requests for educational leave and the Medical Center’s response will be
in writing on the Medical Center’s form(s). The nurse will make best
efforts to submit their education leave request prior to the schedule
posting. If the nurse is requesting educational leave after the schedule is
posted, the nurse will exhaust all efforts to find a replacement for them to
attend appropriate educational events. If all options have been exhausted
the Nurse Managers will evaluate additional educational requests and may
approved based on staffing levels/needs. If a request for educational
leave is not approved, the nurse may ask the Professional Nursing Care
Committee to review the request. The PNCC will review the request and
forward its recommendation and explanation to the division director in
charge of the nurse’s unit. The division director’s decision will be final and
binding on all concerned.

6. Educational leave not used by nurses in the applicable year shall be
waived, except that if the reason for not using the educational leave in the
year is that it was not approved by the Medical Center, after having been
requested no later than one (1) month before the end of such year, the
waiver shall not become effective until three (3) months following the end
of such year.

7. Upon return from an educational leave, the nurse will, upon request by the
Medical Center, submit a report or make an oral presentation for the
purpose of sharing the contents of the educational program.

H. Education Fund. The Medical Center will provide up to $175,000 in each
calendar year of the contract, for assistance for regular full time, part time and per diem
nurses for registration fees and required materials. For in person/off site travel for
educational courses, reasonable travel, lodging, meals and or parking expenses will be
reimbursed in accordance with organizational standards for business travel. A regular
status nurse will be eligible for up to $475 per calendar year from the above annual
amount. A per diem nurse will be eligible for up to $225 per calendar year from the
above annual amount, if the nurse has worked at least 800 hours in the immediately
preceding calendar year.
1. Registered nurses will apply for funds via the Medical Center’s form for continuing education, reimbursement and certification resources.

   a. The registered nurse will be notified whether the request is approved or denied within two weeks of application.

   b. Payment up to the registered nurse’s eligibility amount will be made to the registered nurse after completion of the course. The registered nurse will submit the required materials following the completion of the course, including certification of attendance and itemized receipts. The Medical Center may, in its discretion, provide additional sums as it deems appropriate.

2. At the end of a calendar year, any funds remaining unpaid from the above annual amount will be prorated and paid to registered nurses who applied for and would have received further assistance if there had been no maximum annual amount per registered nurse. No registered nurse will receive payments under this paragraph in excess of the registered nurse’s actual expenses.

3. The medical center will provide the Professional Nursing Care Committee with a quarterly report of the amount of education funds used.

I. Tuition Reimbursement. Registered nurses are eligible to receive tuition reimbursement per calendar year in accordance with the terms of the Medical Center policy. Eligibility requirements:

   • Benefit eligible with 0.5 or higher
   • In good standing for previous six months
   • Eligible upon 90 days of the most recent date of hire

   A full-time registered nurse (0.9 FTE and above) who meets eligibility requirements may receive up to $5,250 per calendar year. A part-time registered nurse may receive up to a prorated amount in accordance with their FTE.

ARTICLE 21 – PROFESSIONAL NURSING CARE COMMITTEE

A. The Employer recognizes the Professional Nursing Care Committee (PNCC) as a resource to direct care nurses at PPMC on matters related to patient care and professional development.

B. Committee Members. The nurses in the bargaining unit shall elect from its membership not to exceed eight (8) members of the unit who shall constitute the
Professional Nursing Care Committee. The Employer shall provide two-hundred twenty (220) paid hours in aggregate per fiscal year for PNCC members to attend to PNCC responsibilities described herein.

C. Attendance at Committee Meetings. Nurses will seek to obtain, as far in advance as possible, scheduled non-productive time for attendance at committee meetings covered in this agreement. Members of Management will undertake reasonable efforts in assisting the nurse to obtain and in granting the requested time off. If a nurse arranges for coverage by a qualified nurse which does not lead to overtime or premium pay, the coverage will be approved.

D. This Committee shall meet not more than once/twice a month at such times so as not to conflict with the routine duty requirements. Each Committee member shall be entitled to up to two (2) paid hours per month at the nurse’s regular straight-time rate, not including shift differential, for the purpose of attending Committee meetings.

E. The Committee shall establish a charter in partnership with the CNO, prepare an agendas, and keep minutes for all of its meetings, copies of which shall be provided to the Medical Center’s designated nurse executive within a month-days after each meeting. The minutes shall be made available on the Nursing Portal.

F. The Committee shall consider matters which are not proper subjects to be processed through the grievance procedure, including the improvements of patient care and nursing practice.

G. The Medical Center recognizes the responsibility of the Committee to recommend measures objectively to improve patient care and will duly consider such recommendations and will so advise the Committee of action taken.

**ARTICLE 22 – SENIORITY**

A. Continuous Employment — The performance of all scheduled hours of work including time off because of vacation, paid sick leave, and authorized leaves of absence, which has not been interrupted by the occurrence of the following:

1. Voluntary Termination.

2. Is discharged for proper cause.

3. Layoff for lack of work which has continued for twelve (12) consecutive months.

4. Is absent from work without good cause for three (3) consecutive working days without notice to the Medical Center.

5. Fails to report for work promptly without good cause after an accident or illness when released to return to work by physician or other health care practitioner.

B. Definition. Seniority shall mean the length of continuous employment by the Medical Center. If a nurse enters bargaining unit employment, for the first time, from other non-bargaining unit Medical Center employment without a break in Medical Center employment, the nurse’s seniority will be limited to a maximum of three (3) years. A nurse who moves from bargaining unit employment into an interim supervisory position within Medical Center employment, without a break in Medical Center employment, will accrue additional seniority while not in bargaining unit employment. Otherwise, the nurse will not accrue additional seniority but will retain his/her seniority for use if the nurse later returns to bargaining unit employment within twelve (12) months or less, and without a break in Medical Center employment. All such seniority will be computed on the basis of hours paid at straight-time rates or higher, plus hours not worked as a result of Article 24 (together called “seniority hours”), subject to the following:

1. For the period prior to June 27, 1993, and for any periods of seniority defined above as in addition to covered employment, the seniority hours will be deemed to be equal to forty (40) hours per week.

2. Within thirty (30) days of the close of the last pay period beginning in the months of December, April, and August (three [3] times a year) the Medical Center will furnish to the AssociationUnion a seniority list of nurses in the bargaining unit covering seniority hours through such pay period. The seniority of the nurses on the semi-annual list will be fixed upon issuance of the list until the next semi-annual seniority list is issued.
3. Between seniority lists, nurses entering the bargaining unit (a) with accrued seniority under this Section B, will be added to the most recently furnished seniority list in accordance with her/his seniority hours; or (b) without accrued seniority, will be deemed to have less seniority than all nurses with accrued seniority. The length of continuous service of nurses without accrued seniority will be based on their most recent date of starting work (not seniority hours) until they are placed on a seniority list at which time their length of continuous service will be computed as set forth above.

4. A bargaining unit nurse who returns to bargaining unit employment within twelve (12) months or less of ending employment will have his or her seniority restored back to the date employment was ended.

ARTICLE 23 – FILLING OF VACANCIES AND JOB POSTING

AC. Job Posting. When the Medical Center intends to fill a general duty or charge nurse vacancy, it will post the vacancy for no less than seven (7) days and shall not fill the vacancy, except temporarily, for seven (7) days beginning with the date when first posted. The information provided with such posting will include the unit, FTE, and shift(s). A nurse who desires to fill such vacancy may apply in writing and, if the nurse applies during such seven- (7-) day period, shall be eligible for the opportunity under Section B above Article 22.

1. No vacancy under this Article will be deemed to exist when the Medical Center and a regularly scheduled nurse mutually agree, not more than once per calendar year, to increase or decrease the nurse’s scheduled hours per week by no more than one (1) shift. If two (2) or more nurses on the same shift of a patient care unit are willing to enter into an agreement under the preceding sentence, the most senior such nurse will be given preference, provided the nurse is qualified and the extra hours, if any, will not result in scheduled overtime hours.

2. Notwithstanding the forgoing, the Medical Center may temporarily schedule new graduate/new-to-specialty nurses onto a day or night shift based on operational needs for the duration of the residency plus up to an
additional one hundred twenty (120) days. Should a vacancy exist, it will be posted according to the provisions of this article.

3. Upon notice of upcoming registered nurse vacancies, the Medical Center shall post the vacant position within two weeks of receiving the notification, unless determining factors require additional consideration and time to determine need for posting.

4. Prior to utilizing a Travel/Agency nurse, the Medical Center shall offer vacant shifts to its regular nurses who are qualified to perform the work.

5. Seniority Consideration.
   1. For Charge Nurse vacancies, the Medical Center shall consider factors including whether the nurse meets both required and preferred qualifications as set forth on the job description, history of job performance, and the nurse’s performance in the select interview process. In the event that two (2) or more candidates’ qualifications are substantially equal, the position will be awarded on the basis of seniority. The Medical Center shall make the choice, according to the above-stated standards, objectively applied, with input from a unit-based committee that will include bargaining unit nurses. The candidates interviewed shall be given the opportunity to supply the committee with a brief written resume, summarizing the candidate’s past experience, length of experience, reason for application and qualifications.

2. For all other vacancies, qualified senior nurses will be given preference within their areas of experience and qualifications. A qualified nurse who has worked at least one (1) year continuously in a unit as of the time when the nurse applies for a vacancy on another shift within that same unit will be deemed to have seniority for this purpose equal to his/her seniority as defined in Section B above Article 22, plus the length of service in the unit. A qualified nurse who has worked at least one (1) year continuously in a permanent nursing float pool cluster as of the time when the nurse applies for a vacancy on another shift within that cluster will be deemed to have seniority for this purpose equal to his/her seniority as defined in
Article 22 Section B above, plus one-half the length of service in the cluster. When all applicants for the vacancy who do not come within the preceding sentence have been eliminated from consideration for any reason under this Article, the remaining applicants for the vacancy will be deemed to have seniority for this purpose equal to their seniority as defined in Section B above Article 22.

3. To exercise seniority in any position, the senior nurse must agree to work the number of days or weeks of the vacant position.

C. Alternative Process for FTE Changes. Subject to operational needs, the Medical Center may solicit requests for FTE changes. Such solicitation will be posted via email to the unit for seven (7) days inviting nurses to identify their requested FTE in writing. To the extent that all such requests cannot be accommodated, available FTE reductions or FTE increases will be awarded by seniority per Section B2 above.

ARTICLE 2423 – REDUCTION IN FORCE

A. A reduction in force is defined as the involuntary elimination of a regular nurse’s position or an involuntary reduction of a regular nurse’s scheduled hours or shifts.

B. For purposes of this article, “qualified” means that the nurse is able to be precepted on site at the Medical Center up to six (6) weeks of assuming the new role or position.

C. If the Medical Center determines that a reduction in force as defined in Section A of this article is necessary, a minimum of forty-five (45) days’ notice will be given to the Association detailing purpose and scope of the reduction and the likely impacted unit or units, shifts, and positions. The Medical Center will provide the Association with a list of open RN positions at the Medical Center and, at the request of the Association, at any other Providence facilities within Oregon. An “open position” is any position for which the facility is still accepting applications.

D. Upon notice to the Association, representatives of the Medical Center and the Association will meet to discuss the scope of the reduction and the likely impacted unit or units, shifts, and positions as well as options for voluntary lay-offs,
reduction of the scheduling of per diem nurses, conversion from regular nurse status to
a per diem nurse and FTE reductions (full-time nurses going to part-time status). The
Medical Center will consider the options suggested by the AssociationUnion, but will not
be required to implement the suggested options.

E. If after meeting with the AssociationUnion, the Medical Center determines that a
reduction in force is still needed the nurse or nurses on the unit or units to be impacted
will be given a minimum of thirty (30) days’ notice. If there are any posted RN positions
within the Medical Center at the time of a reduction in force, the Medical Center will wait
to fill such positions with an external applicant until it has become clear which nurses
will be impacted by the reduction in force (either laid off or displaced into another
position), and those nurses have had an opportunity to apply for those positions. The
Medical Center may immediately post and fill nursing positions if either (1) it is apparent
that the nurses likely to be impacted by the reduction in force are not qualified for the
open position or (2) the Medical Center has an urgent need to fill the position for patient
care reasons. The Medical Center will inform other employers within Providence-
Oregon of the existence of the reduction in force, and request that they consider hiring
the impacted nurses, if any, for any open positions.

F. Upon notification to the impacted nurse or nurses on the unit or units the Medical
Center will displace the nurses in the following manner. Where more than one nurse is
to be impacted in a unit or units, the impacted nurses will progress through each step of
the process as a group so that the nurse or nurses with the most seniority will have the
first choice of displacement options and progress in a manner so that the nurse or
nurses with the least seniority will have the least options.

1. The nurse or the nurses with the least seniority as defined in Article 22
among the nurses in the shift or shifts of the patient care unit or units
where such action occurs, will be displaced from his/her position provided
that the nurse or nurses who remain are qualified to perform the work.
The displaced nurse or nurses whose position is taken away will become
the displaced nurse or nurses for the purposes of the following
subsections and will then have the following options:

2. Any initially displaced nurse may, within seven (7) calendar days of his or
her notification of the layoff, choose to accept layoff with severance pay in
lieu of further layoff rights or options. Such severance pay will be based on the severance policy applicable to non-represented employees then in effect, except that the nurse will receive severance payments equal to seventy-five percent (75%) of the severance wages available to non-represented employees with the same number of years of service as the nurse. In order to receive severance payments, the nurse will be required to sign the Medical Center’s standard severance agreement that includes a release of all claims (including the right to file any grievance relating to the nurse’s selection for layoff). Any nurse who chooses severance (including a nurse who chooses severance and then refuses to sign the severance agreement) forfeits any further rights under this Article. Severance is not available to nurses who become displaced due to the application of the “bumping rights” described below.

3. If he or she does not accept severance, the displaced nurse or nurses will take the position of the least senior regular nurse in their same patient care unit or units, regardless of shift, provided he or she is qualified to perform the work of that position (the nurse or nurses whose position is thus taken will become the displaced nurse or nurses for the purposes of the following subsections); or

4. The displaced nurse or nurses will take the position of the least senior regular nurse in any patient care unit in which the displaced nurse or nurses is permitted to float, provided he or she is qualified to perform the work of that position (the nurse or nurses whose position is thus taken will become the displaced nurse or nurses for the purposes of the following subsections); or

5. The displaced nurse or nurses will take the position of the least senior regular nurse or nurses in the bargaining unit, provided he or she is qualified to perform the work of the position. For this sub-section only a nurse is qualified to perform the work of a position if he or she has held a regular position performing the duties of that position at the Medical Center within the two (2) years immediately prior to the date the Medical Center provided notice to the Association of the need for a reduction
in force. (The nurse or nurses whose position is thus taken will become the displaced nurse for purposes of the following subsection); or

6. The displaced nurse will be laid off.

G. In the event the Medical Center undergoes a layoff and a position exists in a unit affected by the layoff that requires special skills and/or competencies which cannot be performed by other more senior nurses in that unit, the Medical Center will notify the Association of the need to potentially go out of seniority order. The parties agree to promptly meet and discuss the unit, scope of layoff, the job skills required, and how to address the situation in order to protect seniority rights and care for patients. In analyzing the special skills and/or competencies, the ability to provide training to more senior nurses will be considered. Special skills and competencies will not include a specific academic degree, non-mandatory national certifications, disciplinary actions or work plans.

H. Recall from a layoff will be in order of seniority, provided the nurse or nurses laid off is/are qualified to perform the work of the recall position. A displaced nurse under any of the preceding sections or subsections of this article, including recalled nurses under the previous sentence, will be given preference for vacancies in the same unit and/or cluster, in order of their seniority. Such recall rights continue for up to twelve (12) months from date of displacement. It is the responsibility of the displaced nurse to provide the Medical Center with any changes in address, telephone number or other contact information. If the displaced nurse fails to provide the Medical Center with such changes and the Medical Center is unable to contact him or her with available contact information, he or she forfeits any recall rights.

ARTICLE 2524 – LOW CENSUS

A. In the event of nurses not working all or part of one of their scheduled working days at the request of the Medical Center, the following order for assigning time off shall be used, provided the nurse remaining on the unit is qualified to perform the assignment:

1. Volunteers to take the time off (both regular and per diem nurses) shall be sought in the shift of the patient care unit, then the cluster (for those units...
in a cluster) affected, and then all medical surgical units together (for medical surgical units only) using the “Wants Off” list. For purposes of the preceding sentence, a “same shift and unit” and/or cluster (for those units in a cluster)” exists where both the volunteer and the per diem nurse on a shift of the same patient care unit and/or cluster (for those units in a cluster) have the same starting and ending times for that shift, consistent with Section B below.

2. Agency or traveler nurses, followed by Sharecare nurses, will be assigned time off.

3. Per Diem and Regular nurses eligible for any time-and-one-half or other premium (for example, overtime and/or incentive pay) for working on the shift of the patient care unit and/or cluster (for those units in a cluster) affected will be assigned such time off using a system of rotation. Per Diem nurses shall be assigned low census prior to regular nurses.

4. Volunteers to take the time off (both regular and per diem nurses) shall be sought in the shift of the patient care unit, then the cluster (for those units in a cluster) affected, and then all medical surgical units together (for medical surgical units only) using the “Wants Off” list. For purposes of the preceding sentence, a “same shift and unit” and/or cluster (for those units in a cluster)” exists where both the volunteer and the per diem nurse on a shift of the same patient care unit and/or cluster (for those units in a cluster) have the same starting and ending times for that shift.

4. Regular nurses working an extra shift on the shift of the patient care unit and/or cluster (for those units in a cluster) affected will be assigned such time off using a system of rotation listed below.

(a) Lists of requested voluntary Low Census will be maintained in the patient care unit and/or staffing office (for those units using the staffing office);

(b) Volunteers will have the option of indicating preference for taking the full-shift off, partial-shift, or being placed on standby, as follows
i. The nurse must designate his or her preference related to Standby at the time the nurse places his or her name on the list.

ii. Such preference will be considered by the Medical Center in determining which nurse will be given the Low Census, based on the determination as to the standby needs for the unit then the cluster (for those units in a cluster) (e.g., with or without standby). Where multiple requests are received for the same status of voluntary low census (e.g., with or without standby), the earliest request(s) will be given preference and the order will be viewable by nurses on-line from a nurse's home, provided that a nurse on the same unit or cluster is qualified to perform the work of the nurse given the time off.

   a. The parties agree that a nurse may not file a grievance if he/she was not selected for voluntary low census because the Medical Center determined that it needed a nurse who was willing to be on standby.

   b. The parties also acknowledge that the Medical Center may assign Low Census to a nurse in the categories below, if the only volunteer does not indicate the standby preference needed by the Medical Center.

   c. The Medical Center is responsible for calling nurses on standby, if they are needed to work.

   d. A nurse from a medical surgical unit who elects voluntary standby will be on standby for any medical surgical unit.

4. Per diem nurses who have worked twenty four (24) hours in a week will be assigned low census prior to Per Diem nurses who have not yet worked twenty four (24) hours in a week. When no Per Diem nurse has worked twenty four (24) hours in a week, Per diem nurses will be assigned low-census using the system of rotation visible to all nurses on the Providence Employee Intranet, on the shift of the patient care unit and/or cluster (for...
those units in a cluster) affected will be assigned such time off using a system of rotation.

5. The remaining regular nurses on the shift of the patient care unit and/or cluster (for those units in a cluster) affected (for the Med-Surg units only, all Med-Surg units will be counted together) will be assigned mandatory low census based on who has the lowest “Factor” on the low census list and who has not reached their cap for the scheduling period or year:

(a) For the purpose of mandatory low census the clusters are (a) all medical/surgical together and (b) all critical care units together (c) all maternal/child units together (d) all mental health units together.

If there are no opportunities to work within the cluster the nurse may be assigned to work any responsibilities within nursing services consistent with the terms of Article 9, Floating.

B. Voluntary Low Census

1. Process

(a) Lists of requested voluntary Low Census will be maintained in the patient care unit and/or staffing office (for those units using the staffing office):

(b) Volunteers will have the option of indicating preference for taking the full shift off, partial shift, or being placed on standby, as follows

i. The nurse must designate his or her preference related to Standby at the time the nurse places their name on the list.

ii. Such preference will be considered by the Medical Center in determining which nurse will be given the Low Census, based on the determination as to the standby needs for the unit then the cluster (for those units in a cluster) (e.g., with or without standby).

Where multiple requests are received for the same status of voluntary low census (e.g., with or without standby), the earliest request(s) will be given preference and the order will be viewable by nurses on-line from a nurse’s home, provided that a nurse on
the same unit or cluster is qualified to perform the work of the nurse
given the time off.

a. The parties agree that a nurse may not file a grievance if
he/she was not selected for voluntary low census because the
Medical Center determined that it needed a nurse who was
willing to be on standby.

b. The parties also acknowledge that the Medical Center may
assign Low Census to a nurse in the categories below, if the only
volunteer does not indicate the standby preference needed by
the Medical Center

c. The Medical Center is responsible for calling nurses on
standby, if they are needed to work.

d. A nurse from a medical surgical unit who elects voluntary
standby will be on standby for any medical surgical unit.

6. No nurse will be asked to take mandatory low census beyond a cap of
twenty four (24) hours per scheduling period, and not to exceed one
hundred sixty-eight (168) hours in a calendar year, with the exception of
emergency situations. It is the responsibility of the nurse to inform the
nurse’s manager that the cap on low census has been reached in the
scheduling period.

7. The remaining regular nurses on the shift of the patient care unit and/or
cluster (for those units in a cluster) affected (for the Med-Surg units only,
all Med-Surg units will be counted together) will be assigned based on
who has the lowest “Factor” on the low census list and who has not
reached their cap for the scheduling period or year:

(a) For the purpose of mandatory low census the clusters are (a) all
medical/surgical together and (b) all critical care units together. If
there are no opportunities to work within the cluster the nurse may
be assigned to work any responsibilities within nursing services.
(b)(a) “Factor”. A low census list will be compiled, by assigning each nurse a Factor calculated as follows:

<table>
<thead>
<tr>
<th>Nurse's Total Low Census Hours (voluntary and mandatory) in a rolling calendar year</th>
<th>Nurse's FTE (expressed in annualized hours for the rolling calendar year)</th>
</tr>
</thead>
</table>

Cancelled Extra Shifts are not included in the Low Census hours.

(c) The Low Census list will be updated every twelve (12) hours, and will be available for viewing on-line from a nurse’s home, by nurses. Each nurse is responsible for checking the Low Census list and alerting his or her manager to any concerns with the calculation for that nurse or the nurse’s relative placement on the list. The manager will use best efforts to investigate and make corrections, if needed, in a timely manner.

(d) The Medical Center will record each nurse’s total unpaid low census hours for the year to date on the low census list. “Unpaid low census hours” means scheduled working hours that the nurse did not work due to low census (whether mandatory or voluntary) and for which the nurse did not receive compensation (such as through the nurse’s choice to use paid time off or otherwise). The Medical Center will highlight on the low census list any nurse who has received two hundred (200) or more hours of unpaid low census for the year.

(e) Situations that will alter the assignment of Voluntary and Mandatory Low Census by the lowest Factor are:

   i. The nurse’s qualifications may not meet the needs of an area. Example: Charge nurse or clinical instructor required, new graduate available. Special care nurse needed, staff nurse available.
ii.i. The nurse whose turn it is to be off is already on an assigned day off.

iii.i. The Factor process shall be subject to temporary variation because of scheduled days off, absences, inability to contact the nurse whose turn in the rotation it is, or when the Medical Center cannot otherwise provide from among available and qualified nurses for the remaining work required to be done.

(f) The Medical Center will create a mechanism for tracking mandatory low census only.

8.2. Nurses’ Status While on Voluntary Low-Census. A nurse may agree to be placed by the Medical Center in one (1) of the following three (3) categories by mutual agreement:

(a) Full Low Census. This means that the nurse is not obligated to the Medical Center for that shift.

(b) Partial Day Low Census.

i. With Standby for the patient care unit and/or cluster (for those units in a cluster). The nurse will be placed on standby for a portion of the shift and will be given a scheduled time to report to work for a portion of the shift at the nurse’s straight-time hourly rate.

ii. Without Standby. The nurse will be given a scheduled time to report to work for a portion of the shift at the nurse’s straight-time hourly rate, but will not be placed on standby for the other portion of the shift.

(c) Standby Shift for the patient care unit and/or cluster and/or cluster (for those units in a cluster), by mutual agreement. Nurses may be placed on standby, and if called into work, the standby provisions of this contract will apply (provided, however, that a nurse assigned “Low Census Standby” will have one hour to report to work, if
called). Nurses called in from standby will be called in the reverse order of signing up.

C. Mandatory Low Census

1. Mandatory Low Census “Factor”. A low census list will be compiled, by assigning each nurse a Factor calculated as follows:

<table>
<thead>
<tr>
<th>Nurse’s Total Low Census Hours (voluntary and mandatory) in a rolling calendar year</th>
<th>Nurse’s FTE (expressed in annualized hours for the rolling calendar year)</th>
</tr>
</thead>
</table>

Cancelled Extra Shifts are not included in the Low Census hours.

(ac) The Low Census list will be updated every twelve (12) hours, and will be available for viewing on the Providence Employee Intranet on-line from a nurse’s home, by nurses. Each nurse is responsible for checking the Low Census list and alerting his or her manager to any concerns with the calculation for that nurse or the nurse’s relative placement on the list. The manager will use best efforts to investigate and make corrections, if needed, in a timely manner.

(bd) The Medical Center will record each nurse’s total unpaid low census hours for the year to date on the low census list. “Unpaid low census hours” means scheduled working hours that the nurse did not work due to low census (whether mandatory or voluntary) and for which the nurse did not receive compensation (such as through the nurse’s choice to use paid time off or otherwise). The Medical Center will highlight on the low census list any nurse who has received two hundred (200) or more hours of unpaid low census for the year.

(ce) Per Diem nurses on the shift of the patient care unit and/or cluster (for those units in a cluster) affected will be assigned time off
(d) The Factor process shall be subject to temporary variation because of scheduled days off, absences, inability to contact the nurse whose turn in the rotation it is, or when the Medical Center cannot otherwise provide from among available and qualified nurses for the remaining work to be done.

(e) If the nurse whose turn it is to be off is already on an assigned day off, the nurse present with the lowest factor will be assigned low census.

(f) In an effort to alleviate nurses from incurring multiple incidents of low census within the same pay period, each time a nurse experiences an incident of low census of four (4) hours or more, voluntary, or mandatory, the nurse’s factor will be increased by 1.0 for the duration of that pay period. The nurse’s factor will then be decreased by 1.0 at the end of that pay period.

Situations that will alter the assignment of Voluntary and Mandatory Low Census by the lowest Factor are:

______ The nurse’s qualifications may not meet the needs of an area.
Example: Charge nurse or clinical instructor required, new graduate available. Special care nurse needed, staff nurse available.

______ The nurse whose turn it is to be off is already on an assigned day off.

______ The Factor process shall be subject to temporary variation because of scheduled days off, absences, inability to contact the nurse whose turn in the rotation it is, or when the Medical Center cannot otherwise provide from among available and qualified nurses for the remaining work required to be done.

(f) The Medical Center will create a mechanism for tracking mandatory low census only.
9.2. Nurses’ Status While on Mandatory Low-Census. The Medical Center will provide an alternate assignment (e.g. alternate patient care assignment, Health Stream mandatory education, chart audits, department projects, break relief) within nursing services to the nurse prior to any mandatory low census. The nurse may choose voluntary low census in lieu of the alternate assignment. A nurse may be placed by the Medical Center in one (1) of the following three (3) categories if they have not reached their cap:

(a) Full Low Census. This means that the nurse is not obligated to the Medical Center for that shift.

(b) Partial Day Low Census. The nurse will be placed on standby for the patient care unit and/or cluster (for those units in a cluster) for a portion of the shift and will be given a scheduled time to report to work for a portion of the shift at the nurse’s straight-time hourly rate.

i. Without Standby. If the nurse agrees with the Medical Center’s request for partial day low census without standby, the nurse will be given a scheduled time to report to work for a portion of the shift at the nurse’s straight-time hourly rate, but will not be placed on standby for the other portion of the shift.

ii. Partial shift reductions at the beginning of a day or evening shift nurse’s schedule will be no greater than eight (8) hours. Partial shift reductions at the beginning of a twelve-(12-) hour night shift nurse’s schedule will be no greater than four (4) hours.

(c) Standby Shift for the patient care unit and/or cluster (for those units in a cluster), the nurse may be placed on standby, and if called into work, the standby provisions of this contract will apply (provided, however, that a nurse assigned “Low Census Standby” will have one hour to report to work, if called). For those units with staggered start and end times, the unit may call off nurses based on start and end times, rather than based
on shift, subject to patient care needs. The unit may then offer available alternative shifts to the nurse who has been called off.

i. For those units with staggered start and end times, the unit may call off nurses based on start and end times, rather than based on shift, subject to patient care needs. The unit may then offer available alternative shifts to the nurse who has been called off.

D. If the Medical Center places a nurse on partial shift low census, whether voluntary or mandatory, and the nurse has informed the Medical Center of their preference to be placed on full shift low census, that nurse will be moved to the top of the list for voluntary low census. To better ensure consistency of patient care and safety, if there is subsequent low census in that nurse’s cluster before the nurse has reported to work such that the nurse could be given full shift low census, the Medical Center will grant that nurse’s request for voluntary low census before granting the request of any other nurse who has already reported to work or who would have been ahead of the nurse on the voluntary low census list.

E. Mandatory Low-Census Caps. No nurse will be asked to take mandatory low census beyond a cap of twenty-four (24) hours per pay period, and not to exceed one hundred and sixty-eight (168) hours in a calendar year. It is the responsibility of the nurse to inform the nurse’s manager that the cap on low census has been reached in the scheduling period. If all nurses scheduled for the shift have reached the scheduling period or annual cap, and no alternate assignment is available, the nurse with the lowest factor will be given the mandatory low census, with pay.

The identified nurse will be paid at their straight time rate, plus all applicable differentials, for the scheduled hours not worked beyond the cap for the canceled shift.

For any cancelled shift prior to reaching the cap, the nurse may choose to use accrued PTO or take the hours unpaid. In the event the Medical Center experiences an unexpected major disruption in its operations with the potential to have a long-term impact on the need for mandatory low census, the Medical Center and the Union will meet in task force to identify and implement solutions.
F. The assignment of either Voluntary or Mandatory Low Census may be altered if the remaining nurses’ skills do not meet the needs of an area.

G. If the Association believes that the process described herein for the preceding posted work schedule has resulted in inequitable distribution of such days not worked, it may ask to discuss this with the Medical Center. Upon such a request from the Association, the Medical Center will meet with an Association committee to review the matter and consider other approaches. Regular nurses shall not suffer the loss of any benefits (excluding retirement) as a result of not working all or part of one of their scheduled working days under this section.

H. Unpaid Low Census Caps. Any nurse who has received two hundred (200) or more hours of unpaid low census (whether mandatory or voluntary) in that calendar year will not be required to take low census as long as there is another nurse on the same shift and unit and/or cluster (for those units in a cluster) who can be placed on low census and who has not yet received two hundred (200) hours of unpaid low census in that calendar year. However, in the event that the Medical Center determines that it is necessary to assign mandatory low census and all the nurses on the same shift and unit and/or cluster (for those units in a cluster) who can be placed on low census have received two hundred (200) hours or more of unpaid low census in that calendar year, mandatory low census shall be assigned according to the factor system set forth in this Article. Exceptions to this process may be made on the same criteria that the assignment of low census may be altered pursuant to this Article in Section A (6)(e) (such as ensuring that the remaining nurses’ qualifications meet the needs of the unit and/or cluster). Nothing in this subsection will limit a nurse’s ability to choose to volunteer for low census.

I. Agency nurses will not be assigned to work on the shift of a patient care unit and/or cluster (for those units in a cluster) that a nurse is not working as scheduled because of being assigned time off under this section, except when the nurse is not working as a result of volunteering to take the time off.

I. Standby Pay for Low Census will be paid at $4.75 per hour.
ARTICLE 265 – SEPARABILITY

In the event that any provision of this Agreement shall at any time be declared invalid by any court of competent jurisdiction or through government regulations or decree, such decision shall not invalidate the entire Agreement, it being the express intention of the parties hereto that all other provisions not declared invalid shall remain in full force and effect. In such event, the parties shall meet, upon request, to negotiate replacement provision(s), which shall be incorporated in this Agreement upon mutual agreement of the parties.

ARTICLE 276 – SUCCESSORS

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

ARTICLE 287 – DURATION AND TERMINATION

A. This Agreement shall be effective on its date of ratification, except as expressly provided otherwise in the Agreement, and shall remain in full force and effect until January 1, 2025, and annually thereafter unless either party hereto serves notice on the other to amend or terminate the Agreement as provided in this Article.

B. If either party hereto desires to modify or amend any of the provisions of this Agreement, it shall give written notice to the other party not less than ninety (90) days in advance of January 1, 2025, or any January 1 thereafter that this Agreement is in effect.

C. If either party hereto desires to terminate this Agreement, it shall give written notice to the other party not less than ninety (90) days in advance of January 1, 2025, or any January 1 thereafter that this Agreement is in effect.

D. This Agreement may be opened by mutual agreement of the parties at any time.
ARTICLE 298 – APPENDICES

Appendices A, B, C, and D are intended to be part of this Agreement and by this reference are made a part hereof.

ARTICLE 3029 – TASK FORCE

A. The parties reiterate their mutual commitment to quality patient care. In a joint effort to ensure optimal nursing care and maintain professional standards, a task force shall be established to examine nursing practice, staffing and payroll issues, status of outstanding grievances that are not disciplinary, notices and updates regarding unit restructures, key nursing initiatives (which could include Magnet status, Releasing Time to Care, Medicare Hospital Value Based Purchasing) and Medical Center workplace process improvement projects. Agendas will be developed jointly along with an annual calendar scheduling routine outline updates (where possible). Agenda will include a schedule of staffing committee meetings. Failure of the task force to agree on a matter will not be grievable and will not be deemed to be a reopener of the Agreement.

B. The Association shall appoint four (4) members to the task force, at least three (3) of whom shall be employed by the Medical Center.

C. The Medical Center shall appoint four (4) members to the task force, and two (2) of them shall be the Chief Nursing Officer, and the Director of Human Resources, or such other persons as may be designated by either in their place(s).

D. The task force shall meet at least once a month, or as otherwise agreed to by the Medical Center and the Association, to accomplish its assignment. Nurse members and one (1) designated nurse alternate shall be paid up to three (3) hours per month for attendance at task force meetings.

E. The minutes and information furnished by the Medical Center to the Association and its task force members in connection with the functioning of the task force may be disclosed to other persons only by mutual agreement of the Medical Center and the Association.
IN WITNESS WHEREOF the Medical Center and the Association have executed this Agreement as of the ___10th day of May, August 2023-2019 on which date it shall be effective except as specifically provided for otherwise in this Agreement.

For the Association:

__________________                                     __________________
Sabra Bederka, RN                                     Krista Farnham, Chief Executive

__________________                                     __________________
Richard Botterill, RN                                  Jennifer Gentry, Chief Nursing Officer

__________________                                     __________________
Beth Gately, RN                                        Jeannie Mikulic, Director of Human Resources

__________________                                     __________________
Rudolph Francis, RN                                     

__________________                                     __________________
Christine Bernier, RN                                    

__________________                                     __________________
Kim Martin, RN                                          

__________________                                     __________________
Kristin Harman, RN                                       

__________________                                     __________________
Jaime Newman, Labor Relations Representative


A. The following are the step rates of pay of all nurses employed under the terms of this Agreement:

Effective the pay period beginning 1/1/23: the wages shall be as set forth below.

With the addition of the resident Step, all nurses currently on steps 1-30 will maintain their current step.

Effective the first full pay period following 1/1/2024: 3% across the board increase.

Recognition Bonus. Effective the second full pay period following the date of ratification, nurses at Steps 25 and 30 as of ratification will receive a $2000 recognition bonus.

Effective the first full pay period following 1/1/2019: 2.75% across the board increase.

Effective the first full pay period following 1/1/2020: 2.5% across the board increase.

Effective the first full pay period following 1/1/2021: 2.5% across the board increase.

Effective the first full pay period following 1/1/2022: 2.5% across the board increase.

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*A nurse will progress to Step twenty-five (25) after being on Step twenty-two (22) for three (3) years.

**A nurse will progress to Step thirty (30) after being on Step twenty-five (25) or higher for five (5) years

B. Nurses’ compensation shall be computed on the basis of hours worked.

C. Charge Nurses shall be paid a differential of $4.003.50 per hour in addition to their applicable hourly rate of pay.

D. Relief Charge Nurses shall be paid for hours worked in such position a differential of $3.002.25 per hour in addition to their applicable hourly rate of pay. The Charge Nurse differential shall be paid exclusively for hours worked and shall not be included in any other form of compensation or benefits.

E. Shift differentials:

1. Nurses are scheduled for shifts according to the following:

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<thead>
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<th>Shift</th>
<th>Majority of Scheduled Hours are Between:</th>
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<tr>
<td>Day</td>
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<tr>
<td>Evening</td>
<td>3 p.m. and 11 p.m.</td>
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<tr>
<td>Night</td>
<td>11 p.m. and 7 a.m.</td>
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</tbody>
</table>

2. Nurses scheduled for evening and night shifts shall be paid, in addition to their applicable rates shown above, the following shift differentials:

   Evening shift: Effective on the later of the date specified in Section A.1
above or the initial date of the first full pay period beginning after ratification of this Agreement: \$2.852.80\ per hour.

Night shift: Effective on the later of the date specified in Section A.1 above or the initial date of the first full pay period beginning after ratification of this Agreement: \$6.205.75\ per hour.

3. A nurse who works daily overtime shall be paid shift differential, if any, for such overtime hours, according to the nurse’s scheduled shift for that workday. However, if a nurse works two (2) or more hours of daily overtime in a workday, the applicable shift differential for such daily overtime hours shall be the higher of (a) the shift differential of the nurse’s scheduled shift or (b) the shift differential of the shift in which the majority of such overtime hours are worked. For purposes of (b) in the preceding sentence, the day shift is considered to be 7:00 a.m. to 3:00 p.m., the evening shift 3:00 p.m. to 11:00 p.m., and the night shift 11:00 p.m. to 7:00 a.m.

F. Credit for prior experience: A newly hired nurse may be hired at any Step, but not less than the Step number that corresponds with the number of years of the nurse’s related experience as a nurse employee of an accredited acute care hospital(s) during the immediately preceding five (5) years. Newly hired nurses will not be placed higher than step twenty-two (22) unless approved by the CNO. For nurses hired in the Behavioral Health Unit, experience at the Oregon State Hospital shall be counted as equal to that of an accredited acute care facility. A year of experience under this section is at least one thousand eight hundred seventy-two (1,872) hours of related work. The Medical Center may, in its discretion, place a newly hired experienced nurse at a higher step rate of pay.

G. A per diem nurse will be paid a differential of \$4.00\ per hour in lieu of receiving PTO, EIT, and insurance benefits. A per diem nurse who has been continuously employed in a position in the bargaining unit for thirty (30) years or more will be paid a differential of \$6.00\ per hour in lieu of receiving PTO, EIT, and insurance benefits. However, a break in service of less than twelve (12) months surrounding retirement shall not disqualify a nurse from receiving the higher Per Diem differential.

Redline Draft ONA/PPMC Collective Bargaining Agreement 2023-2024
H. The standby on-call compensation policies for nurses are set forth in Appendix B to this Agreement.

I. A nurse temporarily assigned to a higher position shall be compensated for such work at no less than the minimum rate of pay applicable to the higher position if such assignment lasts for a period of four (4) hours or more.

J. Merit Raises -- The Association recognizes this contract to be the minimum standards of employment. This contract should not be construed to limit management’s right to reward an individual nurse’s performance over and above the prescribed conditions called for in this Agreement.

K. A nurse will ordinarily progress to the next year’s step rate of pay under Section A above (for example, Step two [2] to Step three [3] on the later of (1) the anniversary of the nurse’s last such step placement or two (2) upon completion of seven hundred (700) hours compensated at straight-time rates or above. Such anniversary date will be extended by the length of any leave of absence, since the nurse’s last step placement, of more than thirty (30) days.

L. Weekend differential:

1. Effective upon ratification of this Agreement, a regular nurse will be paid a weekend differential of $10.00 per hour worked on a weekend shift which is part of a schedule under which the nurse has agreed to work at least sixteen (16) weekend shift hours every weekend and is doing so at the Medical Center’s request defined as the request of or agreement of a unit supervisor or manager or because of a job posting.

2. A per diem nurse will be paid a weekend differential of $6.00 per hour worked on a weekend shift which exceeds two (2) weekend shifts worked in a schedule period, excluding weekend shifts worked as a result of trades. A nurse may waive this differential by requesting in writing, at least two (2) weeks before the posting of a schedule, to be scheduled at least eight (8) weekend shifts in that schedule.
3. A weekend shift is defined as a shift whose scheduled beginning time is
within a forty-eight- (48-) hour period commencing at 12:01 a.m. Saturday,
or for night shift employees, the beginning of the night shift closest thereto.

4. For hours worked on a weekend shift when the nurse is not eligible for the
weekend differential specified in either subsection one (1) or two (2) above
the nurse will be paid a weekend differential of $2.001.25 per hour
worked.

5. No weekend differential will be paid for any unworked hours.

M. Extra shift differential:

1. A regular or per diem nurse will be paid an extra shift differential of
$20.0048.00 per hour for all hours worked per pay period in excess of the
number of the nurse’s regularly scheduled hours (including regularly
scheduled weekend hours) for the pay period when such excess hours
result from the nurse’s working extra shift(s) of at least four (4) hours each
in duration, at the request of the Medical Center. For the purposes of the
preceding sentence, regularly scheduled hours actually worked, regularly
scheduled hours not worked because of the application of Article 24, Low
Census, and regularly scheduled hours not worked because the Medical
Center has required attendance at a specific education program, or any
hours compensated by the Medical Center in connection with a family
death, will be counted as regularly scheduled hours worked for the pay
period. Hours worked in determining eligibility for this extra shift
differential will not include hours worked as a result of trades or of being
called in to work while on standby on-call. A nurse on pre-scheduled PTO
who is called in to work a shift in lieu of their PTO at the request of the
Medical Center will be paid the extra shift differential.

2. A per diem nurse will be paid an extra shift differential, in the applicable
amount specified in the preceding paragraph, for all hours worked in
excess of sixty-four (64) in the pay period when such excess hours result
from the nurse’s working extra shift(s) of at least four (4) hours each in
duration, at the request of the Medical Center. For the purposes of the
preceding sentence, hours actually worked, hours not worked because of
the application of Article 24, Low Census, and hours not worked because
the Medical Center has required attendance at a specific education
program, will be counted in determining eligibility for this extra shift
differential. Hours worked in determining eligibility for this extra shift
differential will not include hours worked as a result of trades or of being
called in to work while on standby on-call.

3. If, prior to the date of posting the schedule, a regular or per diem nurse
notifies the person responsible for staffing his or her patient care unit that
the nurse will be available to work a particular shift(s) as an extra shift(s),
the nurse(s) will be given preference for assignment to work the shift(s) if it
is open, in the following order:
(a) regular nurses, in order of their seniority, who agree to waive extra
shift differential for the extra shift and who would not become
eligible for payment of overtime rates in connection with working
the extra shift;

(b) per diem nurses, in order of their seniority, if the nurse’s total hours
worked are expected to be sixty-four (64) or fewer hours in the pay
period;

(c) regular nurses, in order of their seniority; and

(d) per diem nurses, in order of their seniority, if the nurse’s total hours
worked are expected to be in excess of sixty-four (64) hours in the
pay period.

4. If, once the schedule is posted, bargaining unit nurses will be able to view
vacant shifts. After viewing available vacant shifts, a regular or per diem
nurse will notify the person responsible for staffing his or her patient care unit that the nurse will be available to work a particular shift(s)
as an extra shift(s), the nurse(s) will be given preference for assignment to
work the shift(s) if it is open, in the order in which the notifications are
received. However, if two (2) or more nurses give such notification on the
same date and at least thirty-six (36) hours before the shift’s starting time,
the nurse(s) will be given preference for assignment to work the shift(s) if it is open, in the following order:

(a) regular nurses, in order of their seniority; and
(b) per diem nurses, in order of their seniority.

(b)(c) per diem nurses, in order of their seniority.

5. Subsections 3 and 4 above establish preferences when extra shift work is actually assigned in the circumstances described, it being understood that there is no guarantee that all nurse requests for extra shift work will be granted.

6. A nurse who is assigned to work a particular shift under subsections 3 or 4 above and who does not work the shift as assigned, will not be given preference for the next schedule period.

7. If a regular nurse’s FTE status is reduced or a regular nurse changes to intermittently employed status, the extra shift differential will be payable to the nurse only for extra shifts worked after the completion of thirteen (13) full pay periods following the nurse's FTE reduction or change in status, provided, however, that this provision will not apply if a nurse reduces his/her FTE from 1.0 to 0.9 FTE by accepting a full-time thirty-six-(36-) hour per week position.

8. A weekend shift has the same definition as under Section L above.

9. No extra shift differential will be paid for any unworked hours.

N. Preceptor differential: A nurse assigned as a preceptor will be paid a differential of $3.00 per hour worked as a preceptor. A preceptor is a nurse who is designated by his or her nurse manager to: assess the learning needs of (a) an inexperienced, re-entry, or new-to-specialty nurse or (b) a capstone, immersion, practicum or student of similar level; plan that person’s learning program; provide direct guidance to that person’s learning program or implement such program; provide direct guidance and supervision to that person during the program; and, in conjunction with the nurse manager and/or designee, evaluate that person’s progress during the program.
Float Pool Nurses: A nurse assigned to the float pool will be paid a differential of $2.001.25 per hour.
APPENDIX B – STANDBY ON CALL

A. The following standby on-call policies-procedures shall apply to nursing units with mandatory required call schedules:

1. Standard standby on-call pattern: A nurse who is scheduled to be on standby on-call shall be paid $8.004.75 per hour on-call. If called in to work during an on-call shift, the nurse shall be assigned a minimum of three hours (3) of work, or pay in lieu of such hours not assigned by the Medical Center, at time-and-one-half the nurse’s straight-time rate of pay as shown in Appendix A, including regularly scheduled shift, certification, clinical ladder, and AHN differentials.

B. Nursing units with mandatory scheduled standby will develop unit guidelines regarding the scheduling and assignment of standby time. The Medical Center will notify the Association before establishing a standby requirement in a unit where standby is not currently mandatory and will bargain upon request.

C. The Medical Center will attempt to contact all qualified and available personnel prior to mandating additional Standby On-Call. In the absence of a qualified volunteer, the Medical Center may assign Standby On-Call hours on a rotational basis consistent with Section B above.
A. Certification Differential: A nurse who meets the requirements of this section shall receive a $3.002.25 per hour certification differential.

1. The nurse must have a current nationally recognized certification on file with Human Resources for the area where the nurse works a significant number of hours. Initial eligibility for the certification differential will begin on the first full pay period following submission to Human Resources. Eligibility for the certification differential will cease beginning with the first full pay period following the expiration date of the certification, unless the nurse submits proof to Human Resources of certification renewal before that date. If the proof is submitted to Human Resources within sixty (60) days after that date, the certification differential will be paid from the renewal date. If the proof is submitted Human Resources more than sixty (60) days after the renewal date, the certification differential will be resumed beginning with the first full pay period following the submission.

2. A nurse will be deemed to have worked a significant number of hours in the area if at least one-half of the nurse’s hours worked are in that area. The Medical Center may, in its discretion, determine that some lower proportion of hours worked in an area qualifies as a significant number of hours worked for the purposes of this section.

3. Only one (1) certification and one (1) certification differential will be recognized at a time for the purposes of this section.

4. On the recommendation of the PNCC or otherwise, the Medical Center may, in its discretion, specify areas and certifications; provided, however, there shall not be less than one certification recognized for each area covered by this Agreement, including but not limited to the following:
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<td>Day/Surg</td>
<td>ANA Child/Adolescent Nursing</td>
</tr>
<tr>
<td>Float</td>
<td>National Oncology Nurses Society</td>
</tr>
<tr>
<td></td>
<td>Diabetes Nurse Educators' Association</td>
</tr>
<tr>
<td></td>
<td>ANA Gerontology</td>
</tr>
<tr>
<td></td>
<td>ANA Nurse Practitioner in Gerontology, Pediatrics, Adult Nursing or Family Nursing</td>
</tr>
<tr>
<td>Surgery</td>
<td>Association Operating Room Nurses</td>
</tr>
<tr>
<td>Critical Care</td>
<td>American Association Critical Care Nurses</td>
</tr>
<tr>
<td>IV Therapy</td>
<td>Intravenous Nurses Society</td>
</tr>
<tr>
<td>Emergency</td>
<td>Emergency Nurses Association</td>
</tr>
<tr>
<td></td>
<td><strong>Certified Emergency Nurse</strong></td>
</tr>
<tr>
<td>Family Maternity</td>
<td>ANA Maternal and Child Nurses</td>
</tr>
<tr>
<td></td>
<td>Association of College of Obstetrics and Gynecology</td>
</tr>
<tr>
<td></td>
<td>ANA High Risk Perinatal Nurse</td>
</tr>
<tr>
<td>Recovery</td>
<td>American Society of Post Anesthesia Nurses</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>Orthopedic Nurse Certified</td>
</tr>
<tr>
<td>Neuroscience</td>
<td>Certified Neuro Registered Nurse</td>
</tr>
<tr>
<td></td>
<td>Stroke Certified Registered Nurse</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>National Association of Rehabilitation Nurses</td>
</tr>
<tr>
<td>Kidney Dialysis Assoc.</td>
<td>American Nephrology Nurse</td>
</tr>
</tbody>
</table>

5. If a certified nurse transfers to another department within the Medical Center, the nurse will retain their certification differential for two (2) years, provided their certification has not expired. After two (2) years, the nurse will only be eligible for certification differential for certifications approved for their current unit.

B. Clinical Ladder Program: The program existing on January 1, 2015, will continue in its entirety for the duration of this Agreement, except that (1) the compensation for Levels II, III, and IV are, respectively, $2,004.60, $3,502.90, and $5,004.50 per hour,
and (2) the program will be subject to termination or other modification only in accordance with Article 27 - Duration and Termination of this Agreement.

C. Additional Education Leave: Nurses approved for, and participating at Level II, III, or IV of the Clinical Ladder Program, or who have been approved and receive payment for a Certification Differential, shall be eligible for eight (8) hours of paid education leave annually, in addition to those hours to which the nurse might otherwise be entitled pursuant to Article 20, Section E.1.

D. Educational Expense Reimbursement.

1. The Medical Center will reimburse nurses for the fee(s) (such as exam or application fees) associated with obtaining approved certifications (as described in this Appendix), once the nurse successfully obtains the certification(s) or recertification(s).

2. Nurses approved for, and participating at Level III, or IV of the Clinical Ladder Program, or who have been approved and receive payment for a Certification Differential (“Certified Nurses”), shall be eligible for the following amounts, in addition to the expense reimbursements they may otherwise qualify for pursuant to subsection D 1 above, to defray the cost of registration and attendance in connection with the additional paid educational leave set forth in section C above:

   (a) Certified Nurses, and Level III: up to $250.00

   (b) Level IV Nurses only: $350.00
APPENDIX D – HEALTH, DENTAL, AND VISION INSURANCE

The Medical Center and the Association/Union agree that the nurses will participate in the medical, prescription, dental, and vision plans, as offered to the majority of the Medical Center’s employees, provided, however, that the Medical Center agrees that the plan will have the following provisions in 2019, subject to the terms and conditions of the plans:

Benefits Eligibility: Any nurse who is in an assigned FTE of 0.5 FTE to 0.74 FTE will be considered part-time for the purposes of benefits.

Any nurse who is in an assigned FTE of 0.75 or greater will be considered full-time for the purpose of benefits.
A. Medical Benefit Design In-Network

[NOTE – all charts have been updated to accurately reflect the 2019 medical plans]

<table>
<thead>
<tr>
<th>In-Network Plan Feature</th>
<th>Health Reimbursement (HRA) Medical Plan</th>
<th>Health Savings (HSA) Medical Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$1,150.00 per person. $2,300.00 max per family</td>
<td>$1,500.00 per employee only. $3,000.00 if covering dependents</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (with deductible)</td>
<td>$3,300.00 per person $6,600.00 max per family</td>
<td>$3,000.00 per employee only $6,000.00 if covering dependents</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Primary Care Provider visits (non-preventive)</td>
<td>PCP: $20.00 copay</td>
<td>PCP: 10% after deductible</td>
</tr>
<tr>
<td>Specialist visits (non-preventive)</td>
<td>Tier I: 10% after deductible Tier II: 20% after deductible</td>
<td>Tier I: 10% after deductible Tier II: 20% after deductible</td>
</tr>
<tr>
<td>Lab and x-ray</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Alternative care (chiropractic, acupuncture)</td>
<td>20% after deductible Combined 12 visit limit per calendar year; all therapies combined</td>
<td>20% after deductible Combined 12 visit limit per calendar year; all therapies combined</td>
</tr>
<tr>
<td>Naturopathy</td>
<td>Covered as Specialist</td>
<td>Covered as Specialist</td>
</tr>
<tr>
<td>Outpatient behavioral health care providers</td>
<td>No charge</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td>Outpatient hospital/surgery facility fees (except hospice, rehab)</td>
<td>Tier I: 10% after deductible Tier II: 25% after deductible</td>
<td>Tier I: 10% after deductible Tier II: 25% after deductible</td>
</tr>
<tr>
<td>Inpatient hospital facility fees, including behavioral health</td>
<td>Tier I: 10% after deductible Tier II: 25% after deductible</td>
<td>Tier I: 10% after deductible Tier II: 25% after deductible</td>
</tr>
<tr>
<td>Hospital physician fees</td>
<td>Tier I: 10% after deductible Tier II: 20% after deductible</td>
<td>Tier I: 10% after deductible Tier II: 20% after deductible</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$250.00 copay (waived if admitted)</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Urgent Care professional fees</td>
<td>Tier I: 10% after deductible Tier II: 20% after deductible</td>
<td>Tier I: 10% after deductible Tier II: 20% after deductible</td>
</tr>
<tr>
<td>Maternity Pre-natal as Preventive Care</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Delivery and Post-natal Provider Care</td>
<td>No Charge</td>
<td>Tier I: 10% after deductible Tier II: 20% after deductible</td>
</tr>
<tr>
<td>Maternity Hospital Stay and Routine Nursery</td>
<td>Tier I: 10% after deductible Tier II: 25% after deductible</td>
<td>Tier I: 10% after deductible Tier II: 25% after deductible</td>
</tr>
<tr>
<td>Plan Provision</td>
<td>EPO Medical Plan</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Portland metro area only</td>
<td></td>
</tr>
<tr>
<td>$300.00 per person</td>
<td>$900.00 max per family</td>
<td></td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$2,500.00 per person</td>
<td></td>
</tr>
<tr>
<td>$7,500.00 max per family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No charge</td>
<td></td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>$20.00 copay</td>
<td></td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$40.00 copay</td>
<td></td>
</tr>
<tr>
<td>X-ray and Laboratory</td>
<td>20% after deductible</td>
<td></td>
</tr>
<tr>
<td>In-patient hospital facility fees</td>
<td>20% after deductible</td>
<td></td>
</tr>
<tr>
<td>Hospital physician fees</td>
<td>20% after deductible</td>
<td></td>
</tr>
<tr>
<td>Outpatient hospital/surgery facility fees</td>
<td>20% after deductible</td>
<td></td>
</tr>
<tr>
<td>Emergency Room (in-network and out-of-network)</td>
<td>$250.00 copay, waived if admitted</td>
<td></td>
</tr>
<tr>
<td>Outpatient behavioral health</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Express Care Virtual</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Express Care Clinics</td>
<td>$10.00 copay</td>
<td></td>
</tr>
<tr>
<td>Urgent care</td>
<td>$60.00 copay</td>
<td></td>
</tr>
</tbody>
</table>

1 No PCP referral required for specialist care
## B. Medical Premiums

The following are the premium contribution for the nurses for each pay period for a total of twenty-four (24) pay periods for the year.

<table>
<thead>
<tr>
<th>Level of Benefit</th>
<th>Health Reimbursement Medical Plan</th>
<th>Health Savings Medical Plan</th>
<th>EPO* where offered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full-Time</strong></td>
<td>2019</td>
<td>2020</td>
<td>2019</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$12.60</td>
<td>$13.45</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee and child(ren)</td>
<td>$24.70</td>
<td>$26.40</td>
<td>$12.00</td>
</tr>
<tr>
<td>Employee and Spouse/ABR</td>
<td>$33.50</td>
<td>$35.80</td>
<td>$20.00</td>
</tr>
<tr>
<td>Employee and Family</td>
<td>$46.10</td>
<td>$49.30</td>
<td>$32.00</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$26.15</td>
<td>$27.95</td>
<td>$12.50</td>
</tr>
<tr>
<td>Employee and child(ren)</td>
<td>$46.60</td>
<td>$49.85</td>
<td>$32.00</td>
</tr>
<tr>
<td>Employee and Spouse/Partner</td>
<td>$60.20</td>
<td>$64.50</td>
<td>$45.00</td>
</tr>
<tr>
<td>Employee and Family</td>
<td>$80.60</td>
<td>$86.20</td>
<td>$64.45</td>
</tr>
</tbody>
</table>

*without health incentive
### C. Prescription Drug Design In-Network

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Health Reimbursement (HRA) Medical Plan</th>
<th>Health Savings Medical (HSA) Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier I Network Retail Pharmacies</strong>&lt;br&gt;(30-day supply)</td>
<td>Preventive: No charge</td>
<td>Preventive: No charge</td>
</tr>
<tr>
<td></td>
<td>Generic: $10.00 copay</td>
<td>Generic: 10% after deductible</td>
</tr>
<tr>
<td></td>
<td>Formulary brand: 20% of cost after deductible (maximum $150.00 per Rx)</td>
<td>Formulary brand: 20% of cost after deductible (maximum $150.00 per Rx)</td>
</tr>
<tr>
<td></td>
<td>Non-Formulary brand: 40% of cost after deductible (maximum $150.00 per Rx)</td>
<td>Non-Formulary brand: 40% of cost after deductible (maximum $150.00 per Rx after deductible)</td>
</tr>
<tr>
<td><strong>Tier II Network Retail Pharmacies:</strong>&lt;br&gt;(30-day supply)</td>
<td>Preventive: No charge</td>
<td>Preventive: No charge</td>
</tr>
<tr>
<td></td>
<td>Generic: $10.00 copay</td>
<td>Generic: 10% after deductible</td>
</tr>
<tr>
<td></td>
<td>Formulary brand: 30% of cost after deductible (maximum $150.00 per Rx)</td>
<td>Formulary brand: 30% of cost after deductible (maximum $150.00 per Rx)</td>
</tr>
<tr>
<td></td>
<td>Non-Formulary brand: 50% of cost after deductible (maximum $150.00 per Rx)</td>
<td>Non-Formulary brand: 50% of cost (maximum $150.00 per Rx)</td>
</tr>
<tr>
<td><strong>Mail order</strong>&lt;br&gt;(90-day supply)</td>
<td>3 times retail copay</td>
<td>3 times retail copay</td>
</tr>
<tr>
<td><strong>Specialty</strong>&lt;br&gt;(30-day supply) from Plan designated pharmacy network providers</td>
<td>20% after deductible (maximum $150.00 per Rx)</td>
<td>20% after deductible (maximum $150.00 per Rx)</td>
</tr>
<tr>
<td>Plan Provision</td>
<td>EPO Medical Plan – Portland Portland-metro area only</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Covered pharmacies</td>
<td>Tier I and Tier II network retail pharmacies covered at same level</td>
<td></td>
</tr>
<tr>
<td>Annual medical/Rx deductible</td>
<td>Deductible does not apply to prescription drugs</td>
<td></td>
</tr>
<tr>
<td>Preventive drugs</td>
<td>No charge</td>
<td></td>
</tr>
<tr>
<td>Generic drugs, 30 day supply</td>
<td>$10.00 copay</td>
<td></td>
</tr>
<tr>
<td>Formulary brand name drugs, 30 day supply</td>
<td>20% coinsurance maximum of $75.00 per prescription</td>
<td></td>
</tr>
<tr>
<td>Non-formulary brand name drugs, 30 day supply</td>
<td>40% coinsurance maximum of $125.00 per prescription</td>
<td></td>
</tr>
<tr>
<td>Specialty drugs, 30 day supply, only at plan-designated specialty pharmacy</td>
<td>20% coinsurance maximum of $200.00 per prescription</td>
<td></td>
</tr>
<tr>
<td>90- day supply/mail order</td>
<td>3 times retail cost</td>
<td></td>
</tr>
</tbody>
</table>
D. Medical Savings Account

Nurses will have a choice of either a Health Reimbursement Account (HRA) or a Health Savings Account (HSA) based on their medical plan election.

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Health Reimbursement (HRA) Medical Plan</th>
<th>Health Savings (HSA) Medical Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned health incentive contribution</td>
<td>$700.00 per person</td>
<td>$700.00 employee only</td>
</tr>
<tr>
<td>Note: Amounts are prorated for nurses hired mid-year</td>
<td>$1,400.00 max per family</td>
<td>$1,400.00 if covering dependents</td>
</tr>
<tr>
<td>Annual in-network net deductible (deductible minus full health incentive)</td>
<td>$450.00 per person</td>
<td>$800.00 employee only</td>
</tr>
<tr>
<td></td>
<td>$900.00 max per family</td>
<td>$1,600.00 if covering dependents</td>
</tr>
<tr>
<td>Annual in-network out-of-pocket maximum (with in-network deductible)</td>
<td>$3,300.00 per person</td>
<td>$3,000.00 employee only</td>
</tr>
<tr>
<td></td>
<td>$6,600.00 max per family</td>
<td>$6,000.00 if covering dependents</td>
</tr>
<tr>
<td>Annual in-network net out-of-pocket maximum (out-of-pocket maximum minus full health incentive)</td>
<td>$2,600.00 per person</td>
<td>$2,300.00 employee only</td>
</tr>
<tr>
<td></td>
<td>$5,200.00 max per family</td>
<td>$4,600.00 if covering dependents</td>
</tr>
</tbody>
</table>

Any balance left in year in the Health Reimbursement Account (HRA) or the Health Savings Account (HSA) that is unused at the end of the plan year may be rolled over to the HRA or HSA account for the next plan year in accordance with the terms of the accounts. If the nurse has been employed for at least five (5) consecutive years with the Medical Center, he or she may use the money in the HRA deposited prior to 2016 upon termination of employment for purposes permitted by the plan. Nurses on an unpaid leave may also use the balance in the HRA to pay for COBRA premiums.
E. Coordination of Benefits.

The plan provisions relating to the coordination of benefits will follow the provisions under the plan in 2019.

F. Dental

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Delta Dental PPO 1500</th>
<th>Delta Dental PPO 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPO Dentist</td>
<td>Premier and Non-PPO Dentist</td>
</tr>
<tr>
<td>Diagnostic and Preventative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays, Study Models Prophylaxis (cleaning), Periodontal Maintenance, Fissure Sealants, Topical Fluoride, Space Maintainers, Resin Restoration</td>
<td>No cost and no deductible.</td>
<td>20% of the cost and no deductible.</td>
</tr>
<tr>
<td>Restorative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings, Stainless Steel Crowns, Oral Surgery (teeth removal) Denture Insertion Treatment of pathological conditions and traumatic mouth injuries</td>
<td>Deductible and 20% of the cost</td>
<td>Deductible and 30% of the cost</td>
</tr>
<tr>
<td>General Anesthesia Intravenous Sedation</td>
<td>Deductible and 20% of the cost</td>
<td>Deductible and 30% of the cost</td>
</tr>
<tr>
<td>Endodontics Pulpal and root canal treatment services: pulp exposure treatment, pulpotomy, apicoectomy</td>
<td>Deductible and 20% of the Cost</td>
<td>Deductible and 30% of the cost</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Crowns, veneers or onlays, crown build-ups,</td>
<td>Deductible and 50% of the cost</td>
<td>Deductible and 50% of the cost</td>
</tr>
<tr>
<td>Post and core on endodontically treated teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures, Fixed partial dentures, (fixed bridges) inlays when used</td>
<td>Deductible and 50% of the cost</td>
<td>Deductible and 50% of the cost</td>
</tr>
<tr>
<td>as a retainer, (fixed bridge) removable partial dentures, adjustment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or repair to prosthetic appliance,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical placement or removal of implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum that the plan pays</td>
<td>$1,500.00 per person</td>
<td>$1,500.00 per person</td>
</tr>
<tr>
<td>Annual Deductible Per person</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Annual Deductible Family Maximum</td>
<td>$150.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
G. Dental Premiums

The following are the premium contribution for the nurses for each pay period for a total of twenty-four (24) pay periods for the year.

<table>
<thead>
<tr>
<th>Level of Benefit</th>
<th>Delta Dental PPO 1500</th>
<th>Delta Dental PPO 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee and child(ren)</td>
<td>$4.47</td>
<td>$4.78</td>
</tr>
<tr>
<td>Employee and Spouse/Partner</td>
<td>$7.45</td>
<td>$7.45</td>
</tr>
<tr>
<td>Employee and Family</td>
<td>$11.91</td>
<td>$12.74</td>
</tr>
<tr>
<td><strong>Part Time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$4.96</td>
<td>$4.96</td>
</tr>
<tr>
<td>Employee and child(ren)</td>
<td>$10.92</td>
<td>$11.68</td>
</tr>
<tr>
<td>Employee and Spouse/Partner</td>
<td>$14.89</td>
<td>$14.89</td>
</tr>
<tr>
<td>Employee and Family</td>
<td>$20.84</td>
<td>$22.30</td>
</tr>
</tbody>
</table>

*Employee is responsible for the budget/premium cost for the Delta Dental PPO 2000 plan that exceed the subsidy provided for the Delta Dental PPO 1500 plan.

H. Vision

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Vision Service Plan network providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam (every 12 months)</td>
<td>$15.00 co-pay</td>
</tr>
<tr>
<td>Prescription Lenses (every 12 months)</td>
<td></td>
</tr>
<tr>
<td>Single vision, lined bifocal and lined trifocal lenses</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Progressives, photochromic lenses, blended lenses, tints, ultraviolet coating, scratch-resistant coating and anti-reflective coating</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Polycarbonate lenses for dependent children</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Frame (every 24 months)</td>
<td>$120.00 (or up to $65 at Costco) and then 20% off any additional cost above $120.00.</td>
</tr>
<tr>
<td>Contact Lens (every 12 months)</td>
<td>$200.00 in lieu of prescription glasses</td>
</tr>
</tbody>
</table>
The $200.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation) provided the nurse does not purchase glasses.

I. Vision Premiums.
The following are the premium contribution for the nurses for each pay period for a total of twenty-four (24) pay periods for the year.

<table>
<thead>
<tr>
<th>Level of Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Full-Time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$2.96</td>
<td>$2.82</td>
</tr>
<tr>
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J. Working Spouse Surcharge
The nurses will participate in the working spouse surcharge on the same basis as the majority of the Medical Center’s non-represented employees as follows: If the nurse’s spouse has access to a medical plan through his or her employer, but waives that coverage and instead enrolls in a Providence medical plan, a $150.00 monthly surcharge will apply. The surcharge will be deducted on a pre-tax basis in $75.00 increments twice a month. The surcharge will not apply if the nurse’s spouse:

1. Does not have coverage through his or her employer, is not employed or is self-employed.

2. Is enrolled in his or her employer’s plan and a Providence plan (as secondary coverage)
3. Is enrolled in Medicare, Medicaid, Tricare or Tribal health insurance (and is their only other coverage)

4. Is a Providence benefits-eligible employee

5. Has employer-provided medical coverage with an annual in-network out-of-pocket maximum greater than $6,600.00 for employee-only coverage and $13,200.00 if covering dependents. The amount of the maximum may be adjusted annually, not to exceed the annually adjusted out-of-pocket limit under the Affordable Care Act or other measure as determined by the Plan in the event the Affordable Care Act is repealed during the term of the contract.
MEMORANDUM OF UNDERSTANDING –
SCHEDULING PRACTICES IN THE DEPARTMENTS OF SURGERY, EMERGENCY, 
KIDNEY DIALYSIS AND FLOAT POOL

It is understood by the parties that the Departments of Surgery, Emergency, the Kidney 
Dialysis Unit and Nursing Float Pool regularly schedule nurses to work different shifts. 
Such practices may continue and are accepted as an exception to the provisions of 
Articles 8 and 9, Section C.
MEMORANDUM OF UNDERSTANDING – CHARGE NURSES

The Medical Center will not challenge the status of nurses holding positions currently called Charge Nurses and/or Relief Charge Nurses as bargaining unit nurses based on the National Labor Relations Board ruling of Kentucky River.
MEMORANDUM OF UNDERSTANDING – CONTRACT TRAINING

Contract Training. Within ninety (90) days of ratification, joint Association and Medical Center trainings will be conducted for interested nurses, regarding changes to this Agreement and areas where the parties agree there are many questions. The training will be jointly designed and provided by the Association and Medical Center Human Resources, and will be held a minimum of three times, in order to reach interested parties on different units and shifts. All nurses who attend the training will be paid for the time attending such training, and Charge Nurses will be encouraged to attend.
MEMORANDUM OF UNDERSTANDING – OPERATING ROOM PAID TIME OFF SCHEDULING PROCESS

The Medical Center and the Association hereby agree that the nurses will follow the provisions of Article 5 of the collective bargaining agreement. The parties further, agree, that the following provisions are additional unit-specific processes for the registered nurses working in the Operating Room.

A. Definitions

1. “Prime time” in the Operating Room is defined as the months of June, July and August and December.

2. There are two shifts for purposes of Paid Time Off (PTO) scheduling, based on the time the nurse’s shift begins: A shift= 0700-1200 and B shift= 1300-1900. Nurses with rotating start times for their shifts are included in the block where the majority of their hours have been worked in the preceding 6 months.

3. There are three (3) vacation scheduling block periods: See Article 5 for Scheduling Periods. The number of nurses that can be on PTO at any given time will be posted one (1) month in advance of these three (3) scheduling block periods.

B. PTO Determination. Based on current staffing in the operating room, at least six percent (6%) of PT eligible RNs, consistent with core staffing requirements could be off work weekly for scheduled PTO purposes. The parties acknowledge that the number of regular nurses and staffing needs may change in which case there will be discussion with the RNs in the unit to determine the percentage of RNs who may be off on scheduled PTO per week. The percentage will be converted into a number so that it can easily be determined how many nurses may be scheduled off with PTO. If the decimal place determining the number of nurses off is greater than 0.5, then the number of nurses will be rounded to the next highest number and conversely rounded to the lower number when there is a decimal place of 0.49 or less.
C. The PTO sign up process.

1. There will be three (3) four-month PTO schedules posted per year. Prior to the scheduling process beginning a seniority list will be posted. The list will then be divided into thirds.

   a. Tier one (I) will consists of the one third (1/3) of nurses with the most seniority.

   b. Tier two (II) will consist of the next one third (1/3) of the nurses who are not in the first category based on seniority.

   c. Tier three (III) will consist of all the nurses whose seniority is not enough to have them in the tier one (I) or tier (II) two groups.

2. In the first week of the PTO scheduling period, tier one (I) nurses will sign up for PTO.

3. In the second week of the PTO scheduling period, tier two (II) nurses will sign up for PTO.

4. In the third week of PTO scheduling period, tier three (III) nurses will sign up for PTO.

5. The fourth or last week of the PTO scheduling period, will be available to any nurse based on seniority to sign up for any additional PTO time that has not been taken.

Managers will make visible to all nurses the dates that have been chosen by the more senior nurses.

D. Prime Time PTO request.

1. All nurses taking or making PTO requests during prime time will be limited to a maximum of two (2) weeks.

2. A nurse must request the actual days that he or she wishes to be gone. The nurse should not just request the days that he or she projects he/she
will need. (For example, the nurse wants the first week in March off on
PTO. He or she should request the actual days March 3-9 not the days he
or she believes they might be scheduled for.)

3. If a nurse wants to trade days off or days worked or arrange his or her
schedule differently to extend his or her time off with normal days off, he
or she may do so with the approval of management. Trades granted will
not incur additional overtime and staffing levels must be maintained.

3. The PTO scheduling process is not to be used to request blocks of time
off: it is not to be used to arrange one’s schedule, i.e. putting in PTO for
every Monday off all summer.
MEMORANDUM OF UNDERSTANDING –

EMERGENCY DEPARTMENT PAID TIME OFF SCHEDULING PROCESS

The Medical Center and the Association Union hereby agree that the nurses will follow the provisions of Article 5 of the collective bargaining agreement. The parties further, agree, that the following provisions are additional unit-specific processes for the registered nurses working in the Emergency Department.

A. Definitions

1. “Prime time” in the Emergency Department is defined as the months of June, July and August and December.

2. There are three (3) vacation scheduling block periods: See Article 5 for Scheduling Periods. The number of nurses that can be on PTO at any given time will be posted one (1) month in advance of these three (3) scheduling block periods.

3. The Maternity Department is divided into three (3) operating units: Labor and Delivery/Triage Unit, the Mother Baby Unit and the Perinatal Special Care Unit.

There are two (2) shifts for purposes of Paid Time Off (PTO) scheduling, based on the time the nurse’s shift begins: A shift= 0700 – 1200 and B shift= 1300 - 1900. Nurses with rotating start times for their shifts are included in the block where the majority of their hours have been worked in the preceding six (6) months.

B. PTO Determination. The number of persons who may be on the pre-scheduled PTO per shift, per day will be defined annually at the unit level by the Maternity Department nurse manager in the first week of December of each year. In the event that a unit subsequently undergoes a significant staffing increase or decrease, the unit manager may adjust the number of nurses who may be on the pre-scheduled PTO at one time consistent with the change in staffing no later than the first week of May each year. A nurse who regularly works on the evening shift will be considered as day shift for the purpose of PTO scheduling.
In the Emergency Department, at least fifteen percent (15%) of benefitted nurses on day shift 0700 to 1200 start times and ten percent (10%) of those benefitted nurses on evening and night shift 1300 to 1900 start time can be scheduled for PTO. The parties acknowledge that the number of nurses as well as staffing needs may change, in which case there will be discussion with the RNs prior to the biannual PTO sign up in the unit to determine the number of RNs who may be off on scheduled PTO per week. The percentage will be converted into a number so that it can easily be determined how many nurses may be scheduled off with PTO. If the decimal place determining the number of nurses off is greater than 0.5, then the number of nurses will be rounded to the next highest number and conversely rounded to the lower number when there is a decimal place of 0.49 or less.

C. The PTO sign up process.
1. There will be three (3) four- (4-) month PTO schedules posted per year. Prior to the scheduling process beginning a seniority list will be posted. The list will then be divided into thirds.
   (a) Tier one (1) will consists of the one third (1/3) of nurses with the most seniority.
   (b) Tier two (2) will consist of the next one third (1/3) of the nurses who are not in the first category based on seniority.
   (c) Tier three (3) will consist of all the nurses whose seniority is not enough to have them in the tier one or tier two groups.

2. In the first week of the PTO scheduling period, tier one nurses will sign up for PTO.

3. In the second week of the PTO scheduling period, tier two nurses will sign up for PTO.

4. In the third week of PTO scheduling period, tier three nurses will sign up for PTO.
5. The fourth or last week of the PTO scheduling period, will be available to any nurse based on seniority to sign up for any additional PTO time that has not been taken.

D. Prime Time PTO request.

1. From and after the nurses’ most recent date of employment until the nurse’s fourth anniversary of continuous employment, the nurse may take one (1) week of Prime Time in a calendar year.

2. From and after the nurse’s fourth anniversary of continuous employment until the nurse’s ninth anniversary of continuous employment, the nurse may take two (2) weeks of Prime Time in a calendar year.

3. From and after the nurse’s ninth anniversary of continuous employment until the nurse’s twentieth anniversary of continuous employment of employment, the nurse may take three (3) weeks of Prime Time in a calendar year.

4. Nurses with twenty years or more of employment can take up to four (4) weeks of Prime Time in a calendar year.

E. Miscellaneous.

1. No nurse will be granted PTO above the nurse’s Prime Time limitations unless there are additional PTO days available (as calculated by the Medical Center) during or after the fourth week of PTO scheduling. Requests during or after that third week of PTO scheduling will be granted based on seniority.

2. Prime time PTO, once granted, will count towards a nurse’s yearly accrual. Nurses who choose to not take their granted Prime Time PTO may not reschedule this Prime Time later in the calendar year unless rescheduling was done to accommodate a request of the Medical Center.

3. A nurse must request the actual days that he or she wishes to be gone. The nurse should not just request the days that he/she projects he or she will need, as blocks can change over time. (For example, the nurse wants
the first week in March off on PTO. He or she should request the actual
days March 3-9 not the days he/she believes they might be scheduled
for.)

4. If a nurse wants to trade days off or days worked or arrange his or her
schedule differently to extend his or her time off with normal days off, he
or she may do so with the approval of management. Trades granted will
not incur additional overtime, roles must match and staffing levels must be
maintained.

5. The PTO scheduling process is not to be used to request blocks of time
off: it is not to be used to rearrange one’s schedule, i.e. submitting PTO for
every Monday off all summer.

6. PTO requests that are received outside of the tri-annual sign up periods
that would take the requests above the percentage or number that can be
scheduled will be responded to as soon as possible by the scheduler. The
latest date of response will be the contractual posting date for the time
period requested by the staff member.
MEMORANDUM OF UNDERSTANDING –
MATURENITY DEPARTMENT PAID TIME OFF SCHEDULING PROCESS

The Medical Center and the Association/Union hereby agree that the nurses will follow the provisions of Article 5 of the collective bargaining agreement. The parties further, agree, that the following provisions are additional unit-specific processes for the registered nurses working in the Maternity Department.

A. Definitions

1. “Prime time” in the Maternity Department is defined as the months of June, July and August and December.

2. There are three (3) vacation scheduling block periods: See Article 5 for Scheduling Periods. The number of nurses that can be on PTO at any given time will be posted one (1) month in advance of these three (3) scheduling block periods.

3. The Maternity Department is divided into three (3) operating units: Labor and Delivery/Triage Unit, the Mother Baby Unit and the Perinatal Special Care Unit.

B. PTO Determination. The number of persons who may be on pre-scheduled PTO per shift, per day will be defined annually at the unit level by the Maternity Department nurse manager in the first week of December of each year. In the event that a unit subsequently undergoes a significant staffing increase or decrease, the unit manager may adjust the number of nurses who may be on pre-scheduled PTO at one time consistent with the change in staffing no later than the first week of May each year. A nurse who regularly works on the evening shift will be considered as day shift for the purpose of PTO scheduling.

C. The PTO sign up process.

1. There will be three (3) four- (4-) month PTO schedules posted per year. A seniority list will be posted prior to the start of each request period. The seniority list will be divided into three (3) tiers.

   (a) Tier one (1) will consist of the top one third (1/3) seniority nurses.
(b) Tier two (2) will consist of the next one third (1/3) most senior nurses.

(c) Tier three (3) will consist the lowest one third (1/3) seniority nurses.

2. In the first (1st) week of the PTO scheduling period, tier one (1) nurses will sign up for PTO.

3. In the second (2nd) week of the PTO scheduling period, tier two (2) nurses will sign up for PTO.

4. In the third (3rd) week of PTO scheduling period, tier three (3) nurses will sign up for PTO.

5. The fourth (4th) or last week of the PTO request period, will be open for any nurse to sign up for additional PTO time that is still open and available.

Managers will make visible to all nurses the dates that have been chosen by the more senior nurses.

D. Prime Time PTO request.

1. From a nurses' first employment PTO eligibility until the nurses' ninth (9th)

2. From the nurses' ninth (9th) anniversary of continuous employment, s/he may take up to three (3) weeks of Prime Time in a calendar year

3. Nurses with twenty (20) years or more of continuous employment may take up to four (4) weeks of Prime Time in a calendar year.

E. Miscellaneous.

1. No nurse will be granted PTO above the nurse's Prime Time limitations unless there are additional PTO days available (as calculated by the Medical Center) during or after the fourth (4th) week of PTO scheduling.
Requests during or after that third (3rd) week of PTO scheduling will be granted based on seniority.

2. Prime Time PTO, once granted, will count towards a nurse’s yearly accrual. Nurses who choose not to take their granted Prime Time PTO may not reschedule this Prime Time later in the calendar year unless rescheduling was done to accommodate a request of the Medical Center.

3. A nurse must request the actual days that he or she wishes to be gone. The nurse should not just request the days that he/she projects he or she will need, as blocks can change over time. (For example, the nurse wants the first (1st) week of March off on PTO. He or she should request the actual days March 3-9, not the days he/she believes they might be scheduled for.)

4. If a nurse wants to trade days off or days worked or arrange his or her schedule differently to extend his/her time off with regular days off, s/he may do so with the approval of management. Trades granted will not incur additional overtime, roles must match and staffing levels must be maintained.

5. The PTO scheduling process is not to be used to request blocks of time off: it is not to be used to rearrange one’s schedule, i.e. submitting PTO for every Monday off all summer.

6. PTO requests that are received outside of the tri-annual sign up periods that would take the requests above the percentage or number that can be scheduled will be responded to as soon as possible by the scheduler. The latest date of response will be the contractual posting date for the time period requested by the staff member.
MEMORANDUM OF UNDERSTANDING
REGARDING 2019 HEALTH INSURANCE OPTION

Subject to the provisions of Article 15, the Medical Center agrees to offer nurses an HMO-like plan that limits benefits to care provided by in-network providers, starting in Plan Year 2020. The exclusive provider organization (EPO) network for the HMO-like medical plan will be made up of Providence Health & Services facilities and Providence Medical Group as well as other partner organizations. The Medical Center agrees that the HMO-like plan will have features similar to those outlined below.

The HMO-like plan will require that care be provided by an EPO network to be defined by the employer. It will be necessary for plan participants to select a primary care provider (PCP) from a list of participating providers and the PCP will help manage patient care. The HMO-like plan will include an annual deductible not to exceed $300.00 per individual / $900.00 per family per year. The deductible will not apply to physician office visits, but rather the cost to the member will be a fixed dollar copay per visit. The HMO-like plan will have physician office visit member copays not to exceed $20.00 per PCP visit and $40.00 per specialist visit (note: additional services provided in conjunction with the visit may be subject to other charges). All medical care other than provider office visits will be subject to the annual deductible, and will require that the member pay a coinsurance percentage of the allowed cost of the services not to exceed twenty percent (20%).

Nurses will be offered a prescription drug benefit that requires the use of preferred (Tier 1) network pharmacies, which currently include all Providence and Walgreens retail pharmacies. The member cost will not exceed a $10.00 copay for generic and approved preventive care prescriptions provided for up to a thirty-(30-) day supply (retail). Nurses will be responsible for a percentage of the cost (coinsurance) not to exceed twenty percent (20%) for formulary brand drugs or forty percent (40%) for non-formulary brand and specialty drugs. The most that the nurse will be charged for any single covered retail prescription cost will not exceed $200.00. The member amount required for a ninety-(90-) day supply or mail order copay will not exceed three (3) times that of the retail copay.

The most a nurse will have to pay in deductibles, copayments or coinsurance amounts will be limited. This annual out-of-pocket maximum (OOPM) (which includes the cost of

the deductible) will encompass both medical and prescription drug benefits. The OOPM will not exceed $2,500.00 per individual / $7,500.00 per family.

Premium contributions will be driven by cost difference between this new HMO-like plan and the HRA Medical Plan. The premium contribution will be based on twenty-four (24) pay periods for the year.
LETTER OF AGREEMENT ON TASK FORCE FOR HEALTH INSURANCE

The parties acknowledge and agree that there is a shared interest in engaging employees in their own health and the impact of their health management on the insurance program offered by the Medical Center. Toward that end, the Medical Center agrees that it will include two (2) nurses selected by the AssociationUnion and one representative from the AssociationUnion to review the medical insurance provided by the Medical Center. The Task Force will meet at least quarterly. The purpose of this committee is to review relevant data and provide input and recommendations to the Medical Center as to whether the insurance program is achieving the goal of improved wellness of employees and reduction in associated costs. The work of the Task Force could also include, e.g., an assessment of whether the anticipated cost increases were realized, whether there are plan design elements that might positively affect the cost of the most common diseases or reasons for utilization, etc.

The parties further agree that if there is a committee or task force established with employees at other Providence facilities in Oregon, the representatives on this Task Force will be included in that Task Force.

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

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

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

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

This agreement will only be honored for Providence nurses with a different Providence employer when a similar agreement with regards to hiring exists in the Association/Union contract if any of that nurses former Providence employer.
The parties recognize that the Health Care Industry is now undergoing an unprecedented level of change, due in part to the passage and implementation of the Affordable Care Act. One possible effect of that change is that employers throughout the industry are considering how best to restructure their care delivery models to best provide affordable health care to their patients and communities. This may include the moving or consolidation of health care units from one employer to another, including to this Medical Center. In an effort to minimize disruption to the delivery of patient care and to ease the way of groups of new nurses who may be joining the Medical Center, the parties agree as follows:

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

B. In the event of a health care unit restructure, the Medical Center will, if possible, give the Association thirty (30) days’ notice to allow adequate time to discuss concerns and transition plans and bargain over any items not addressed in this Letter of Agreement or in the parties’ collective bargaining agreement. If the Medical Center cannot, in good faith, give thirty (30) days’ notice, it will give the Association as much notice as is practicable.

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

D. In the event of a health care unit restructure, the nurses joining the Medical Center from the other employer will have their seniority calculated in accordance with Article 22. To the extent that such nurses do not have a record of hours worked, the parties will meet to agree upon a system to calculate the nurses’ seniority based on the other employer’s existing seniority system (if any), an estimate of hours worked, or on the nurses’ years worked for the other employer. The Association may revoke this Paragraph (D) regarding seniority if the other employer does not offer a similar agreement or policy with regard to health care unit restructuring with regard to giving
Medical Center nurses, hired by the other employer in the event of a health care unit restructure, reciprocal seniority.

E. If new positions result from the restructure, nurses from the unit or units affected by the restructure will be given the first opportunity to apply for those newly created positions. The job bidding and posting processes for such position will be worked out by the Association and the Medical Center, but will generally adhere to the seniority and job posting provisions of Article 22 – Seniority. Any positions not filled by nurses from within that unit will then be posted and offered to other Medical Center nurses consistent with Article 22.

F. If as a result of a health care unit restructure there are any position reductions or eliminations at the Medical Center, those will be handled according to Article 23 – Reduction in Force.

G. The newly restructured unit or units at the Medical Center will comply with all other provisions of the contract including Articles 8 and 9.

H. Nurses’ wage rates will be set in accordance with the provisions of Appendix A, including the provisions regarding experience and placement on wage steps. If as a result a newly hired nurse would be paid a rate less than he/she was paid at the nurse’s prior employer, the Medical Center will meet with ONA to discuss options, with consideration given to both the economic impact on the nurse and internal equity among the wage rates for existing nurses in the bargaining unit. All differentials will be paid to the nurse in accordance with Appendices A, B and C of the parties’ collective bargaining agreement. If a nurse coming to the Medical Center from another employer is then currently on a similar clinical ladder program, the nurse may apply for placement on the closest corresponding step on the Medical Center’s clinical ladder program, based on the Medical Center’s clinical ladder application schedule.

I. This Agreement will only be binding for Providence nurses with a different Providence employer when a similar agreement with regard to health care unit restructuring exists between the Association and the other Providence employer.
LETTER OF AGREEMENT ON THE ABILITY OF A NURSE TO VIEW HIS OR HER FACTOR FOR PURPOSE OF IMPLEMENTING ARTICLE 24 FROM HOME

So that nurses who are employed at the Medical Center can more easily monitor their factor and the “wants off list”, the Medical Center, will place the factor and the “wants off” sign-up list and any updates to the factor and the “wants off” list on the Providence Employee internet page by June 30, 2013.
MEMORANDUM OF UNDERSTANDING –
DEVELOPMENT OF PATTERN SCHEDULING

A. At the written request of thirty percent (30%) of staff nurses or twenty (20) staff nurses on the unit or in a department (or by shift if determined to be operationally feasible) the Unit Based Council shall be convened within one (1) month of the request to address the creation of a pattern scheduling system for that shift, unit or department using the method below.

1. The Medical Center, in accordance with SB469 (2015), will identify the core staffing needs and the number of nurses needed per shift, including the number of pattern schedules and flexible schedules on which to bid.

2. The Unit Based Council solicits the top three (3) schedule choices of each RN on the unit.

3. The Unit Based Council develops at least one (1) pattern schedule (based on seniority preference and with nurses identified on the pattern/schedule) on which the unit may vote.

4. If approved by the manager, the selected pattern shall be implemented within two (2) schedule periods. The manager will not withhold approval for arbitrary or capricious reasons.

No such system will be implemented without approval by both the unit manager and the majority vote of the nurses on the unit. Any such system will adequately address, at a minimum:

a. Scheduling that is as predictable and regular as possible with regard to the days of the week to be scheduled and worked over the course of a pay period or a scheduling period as defined in Section A of Article 9.

b. Adhering to the weekend and holiday scheduling provisions of Article 9 unless the unit unanimously votes to suspend them. Such unanimity may be signified by a vote, signed letter or petition that is provided to both the unit manager and the Association.
c. A method to adapt any pattern schedule to meet changing patient and operational needs, including a method for the nurse manager to adjust the pattern/schedule on a case-by-case basis.

d. A method for nurses to bid into the patterns that are created and posted based on the provisions of Article 22 – Seniority.

e. Charge Nurses may also have a pattern or predictable schedule template, separate from staff nurse patterns, that meets the leadership needs of the unit.

B. In order to facilitate the implementation of pattern schedules, a unit may choose to temporarily suspend the process on that unit by which intermittently employed nurses who average twenty-four (24) or more hours of work per week in a twelve (12)-week period, as set forth in Article 2(A)(12), for a period of no more than six (6) months.

C. If necessary to implement a pattern schedule on a particular unit, the Medical Center may post positions whereby a nurse would work different shifts notwithstanding the provisions of Article 9, Section C.

D. For the duration of this Agreement, the development and implementation of pattern schedules will be a standing agenda item for the ONA-PPMC task force.
MEMORANDUM OF UNDERSTANDING—LOW CENSUS FACTOR

In an effort to help alleviate nurses from incurring multiple incidents of low census within the same pay period, the factor used to determine the order of low census (Article 24, Section A6), will be modified. Each time a nurse experiences an incident of low census of 4 (four) hours or more, voluntary or mandatory, the nurse’s factor will be increased by 1.0 for the duration of that pay period. The nurse’s factor will then be decreased by 1.0 at the end of that pay period. Nurses will continue to be assigned to mandatory low census in accordance with Article 24, Section A.

This modification will be piloted for nurses in the Family Maternity cluster (Labor and Delivery, PSCU, Mother Baby) as soon as possible, but no later than two (2) months from the ratification of this agreement. Once the pilot shows the modification is successful (as agreed upon by both parties), it will be implemented for all nursing units as soon as is practicable.

The factor list will be modified to include both paid and unpaid low census hours.

No grievances related to this Memorandum may be filed during the pilot period. Any unintended consequences of the modification of the low census factor will be reviewed and adjusted at Task Force.
LETTER OF AGREEMENT – RN CARE MANAGERS

Providence Portland Medical Center ("PPMC") and Oregon Nurses Association ("ONA") agree to the following provisions:

1. RN Care Managers will be covered by the parties’ existing collective bargaining agreement.

2. RN Care Managers will be paid as follows:
   a. Each nurse will be placed on the wage step that corresponds to their years of experience as a registered nurse in an acute care facility, including experience as a Care Manager. Any nurse that is currently being paid above this step will be held at that step until such time that their years of service match their wage step. No Care Manager will receive a reduction in pay.

3. RN Care Managers will be paid all applicable differentials in accordance with Appendix A of this collective bargaining agreement.

4. RN Care Managers who maintain either the Certified Case Manager or Accredited Case Manager certification recognized by the American Nurses Credentialing Center will be paid the differential in accordance with Appendix B of this collective bargaining agreement.

5. RN Care Managers will be eligible to participate in the bargaining unit’s Clinical Ladder program

6. RN Care Managers will accrue PTO according to the provisions of Article 5 of this collective bargaining agreement.

7. A department staffing plan or guideline shall be developed in collaboration with staff, subject to manager approval, and shall take into consideration Social Workers and other non-RN staff. The plan or guideline will establish a core number of staff per day, taking into account census and acuity on the floors as well as the number of ACM floats or helpers.
8. The Medical Center retains the ability to adjust an RN Care Manager's shift length and days worked, but not FTE, based on operational and patient needs. Before making any such adjustments, the Medical Center will provide the affected nurse(s) with thirty (30) days' notice of such change, and seek the agreement of the affected nurse(s).
LETTER OF UNDERSTANDING—

INCREASE PTO HOURS IN CERTAIN SERVICE BANDS

Increase PTO Hours in certain service bands, as follows:

• For nurses with a 0.9 FTE at Step 9: Any 0.9 FTE nurse whose years of service is between nine (9) to ten (10) years as of January 5, 2020 and/or January 3, 2021 will receive additional paid time off hours equal to thirty-six (36) hours. The additional PTO hours will be added to the eligible nurse’s PTO bank by the end of January in 2020 and/or 2021. In the event that the nurse’s PTO accruals are at the maximum limit, the additional hours will be paid as taxable earnings.

• For nurses with a 1.0 FTE and prorated by FTE for nurses other than 0.9 FTE at Step 9: Any 1.0 FTE nurse whose years of service is between nine (9) to ten (10) years as of January 5, 2020 and/or January 3, 2021 will receive additional paid time off hours equal to forty (40) hours. The additional PTO hours will be added to the nurse’s PTO bank by the end of January in 2020 and/or 2021. In the event that the nurse’s PTO accruals are at the maximum limit, the additional hours will be paid as taxable earnings. Nurses whose FTE is less than 1.0 FTE (other than those with a 0.9 FTE) will be prorated based on this schedule. As an example, a 0.6 FTE nurse whose years of service is between nine (9) to ten (10) years as of January 5, 2020 and/or January 3, 2021 will receive twenty-four (24) additional PTO hours by the end of January 2020 and/or 2021.

• For nurses with a 0.9 FTE at Step 4 and Steps 10-14: Any 0.9 FTE nurse whose years of service is between four (4) to five (5) years or between ten (10) to fifteen (15) years as of January 5, 2020 and/or January 3, 2021 will receive additional paid time off hours equal to fourteen (14) hours. The additional PTO hours will be added to the nurse’s PTO bank by the end of January in 2020 and/or 2021. In the event that the nurse’s PTO accruals are at the maximum limit, the additional hours will be paid as taxable earnings.

• For nurses with a 1.0 FTE and prorated by FTE for nurses other than 0.9 FTE at Step 4 and Steps 10-14: Any 1.0 FTE nurse whose years of service is between four (4) to five (5) years or ten (10) to fifteen (15) years as of January 5,
2020 and/or January 3, 2021 will receive additional paid time off hours equal to sixteen (16) hours. The additional PTO hours will be added to the nurse’s PTO bank by the end of January in 2020 and/or 2021. In the event that the nurse’s PTO accruals are at the maximum limit, the additional hours will be paid as taxable earnings. Nurses whose FTE is less than 1.0 FTE (other than those with a 0.9 FTE) will be prorated based on this schedule. As an example, a 0.6 FTE nurse whose years of service is between four (4) to five (5) years or ten (10) to fifteen (15) years as of January 5, 2020 and/or January 3, 2021 will receive 9.6 additional PTO hours by the end of January 2020 and/or 2021.
LETTER OF AGREEMENT—

SEXUAL ASSAULT NURSE EXAMINER PROGRAM (SANE) PROGRAM

Providence Portland Medical Center ("the Medical Center") and Oregon Nurses Association ("ONA") have met and discussed the Sexual Assault Nurse Examiner (SANE) compensation at the Medical Center. This agreement will be incorporated into the Collective Bargaining Agreement when next negotiated.

Except as set forth or modified below, all other provisions of the collective bargaining agreement will apply:

The Providence Portland Medical Center sponsored SANE Program begins on January 6, 2019.

SANE nurses work in this role on a voluntary basis.

SANE nurses are called to work on cases at various Providence medical facilities in the region: Providence Milwaukie Hospital, Providence Newberg Medical Center, Providence Portland Medical Center, Providence St. Vincent Medical Center, Providence, and Providence Willamette Falls Medical Center. Other than specific modifications set forth herein, SANE nurses are paid according to their home facility’s collective bargaining agreement, regardless of location of work performed.

Compensation:

SANE Exams: SANE nurses that are contacted by the Medical Center for a SANE case will be paid at the call-back rate [time and a half (1/2) their hourly rate] plus incentive pay of eighteen dollars ($18.00) per hour for hours worked, and will be paid twelve (12) hours of on-call / standby pay (or more should the shift worked be in excess of twelve [12] hours).

Standby/Call: SANE nurses will be paid the on-call/standby rate of pay for call shifts of $4.75 per hour or as otherwise later defined by the ONA/PPMC contract Appendix A.

Travel: SANE nurses will receive mileage at the IRS rate for miles traveled (round trip) to a case at a Providence facility according to this mileage chart:
Mileage Chart from PPMC—Round Trip

<table>
<thead>
<tr>
<th>Location</th>
<th>Miles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milwaukie</td>
<td>17</td>
</tr>
<tr>
<td>Newberg</td>
<td>54</td>
</tr>
<tr>
<td>St. Vincent</td>
<td>23</td>
</tr>
<tr>
<td>Willamette Falls</td>
<td>31</td>
</tr>
</tbody>
</table>

**Court Appearances:** Overtime rate of time and one-half (½) hourly rate

**Training:** Regular rate of RN’s primary position

**Retroactive Pay:** Retroactive pay for SANE RNs at the agreed upon SANE exam rate for independent evaluations and preceptored cases (not applicable to other training or class time) on or after November 1, 2018.

**Trial Preparation:** SANE nurses will get a maximum of two (2) hours of straight time pay for each trial that they are subpoenaed or requested by Providence to participate in as a witness.

**Description of SANE Responsibilities**

- Obtain training and education consistent with the Oregon Attorney General Sexual Assault Task Force guidelines, with certification within one (1) year of didactic training.

- Collaborate with a multidisciplinary team to collect medical forensic evidence in accordance with the OR-SATF guidelines for SAFE kit collection and SANE exam policies and procedures.

- Demonstrate compassion and caring to all patients, family members, visitors and community partners.

- Document all findings and interventions performed in a professional and thorough manner, in compliance with all required components of the standard of care for sexual assault patients.
• Provide evidence-based, trauma-informed care and consultation as the on-call specialist for Providence in the area of sexual assault.

Commitment

• All work including work on an overtime basis is voluntary and has been agreed upon by the RN.

• A cumulative total of twenty four (24-) hours in call shifts in a scheduling period [shifts of eight (8) or twelve (12) hours in duration as determined by management].

• Response time target is one hour to the unit from dispatch. Expectation that dispatch site is made aware of estimated arrival time and potential traffic delays.

• Availability for one (1) recognized holiday a year.

• Availability for one (1) weekend shift per scheduling period, as needed.

• Attend staff meetings and in-services as needed throughout the year.

• Maintain current SANE certification.

• Attend ongoing education and training opportunities.

• Maintain chain of evidence.

• Complete SAVE fund application with patient and seal medical records.
Registered Nurses may work six (6) pay periods on their home unit and have two (2) consecutive pay periods off work that are paid.

A. Implementation & Review: The parties will conduct joint discussions at Task Force to identify units where the 6/2 Retention Scheduling Program can be piloted, to establish start dates for the pilot, and to review the effectiveness of the scheduling program. The proposed details of the pilot are subject to change, given mutual agreement through Taskforce. The pilot may begin upon signed agreement over the terms below:

B. Eligibility:
   a. Only 0.9 and 1.0 FTE nurses are eligible for the 6/2 schedule program.
   b. RN must have completed the 180 days of successful unit employment.

C. Work Schedule: The available 6/2 cycles will be established by the manager, depending on the number of allocated 6/2 cycle shifts available for a particular unit. This will be communicated, by email, to all staff and made available for response for no less than 7 days. 6/2 schedules will be awarded by seniority after eligibility criteria have been met.

D. RNs will not accrue PTO while participating in the 6/2 program. RNs will remain eligible for other paid and unpaid statutory leave programs according to their individual terms. The parties will discuss the use of existing accrued PTO and compliance with Oregon paid leave to ensure RNs have access to incidental sick leave. RNs will receive 40 hours of sick time annually, pursuant to the Oregon Paid Sick Time law.

E. The health and welfare benefits described in Article 15 will continue while participating in the 6/2 Program.

F. RNs who begin the 6/2 Program with a PTO balance will not have their PTO cashed out upon entry into the Program.

G. The parties commit to discuss at Task Force how to manage the impacts of the 6/2 program on the following terms and conditions of participating nurses’ employment:

   1. Short Term Disability;
   2. Benefits;
3. 6/2 Adjustment Pay/ Supplemental pay;
4. Extra Shifts;
5. FTE changes
6. Eligibility Requirements; and
7. Retirement contributions
8. Any other topics necessary for the successful implementation of the 6/2 Program.
LETTER OF AGREEMENT – FRONT LOADING OF PTO HOURS TO RNS PTO BANKS

Providence Portland Medical Center (“PPMC”) and Oregon Nurses Association (“ONA”) hereby enter into the following letter of agreement:

- **Year 1:** Twenty (20) hours pro-rated per .9 FTE added to PTO banks of eligible RNs. Deposits available the first full pay period following September 1, 2023.

- **Year 2:** Twenty (20) hours prorated per .9 FTE added to PTO banks of eligible RNs. Deposits available the first full pay period following January 1, 2024.

If in either year the addition of twenty (20) hours of PTO would cause an eligible RN’s PTO bank to exceed the RN’s maximum PTO accrual permitted under Article 5 of the CBA, the amount in excess of the maximum accrual shall be paid to the RN in the form of a cash bonus, subject to required withholdings.

This agreement shall be effective upon signature and will not be modified or extended without mutual agreement.

For ONA: ___________________________________________ For PPMC: ___________________________________________
CONTRACT RECEIPT FORM

(Please fill out neatly and completely.)
Return to Oregon Nurses Association,
18765 SW Boones Ferry Road Ste 200, Tualatin OR 97062-8498
or by Fax 503-293-0013. Thank you.

Your Name:________________________________________

I certify that I have received a copy of the ONA Collective Bargaining Agreement with
Providence Portland Medical Center, January 1, 2019 through December 31, 2022.

Signature:________________________________________

Today’s Date:_______________________________

Your Mailing Address_____________________________________
_____________________________________________________
_____________________________________________________

Home Phone:____________________ Work Phone:____________________

Email:_________________________ Unit:___________________________

Shift:_________________________