

Professional Agreement

between

Oregon Nurses Association

and

Sacred Heart Home Care Services

May 23, 2019

through

April 15, 2023

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This Agreement is made and entered into by and between SACRED HEART MEDICAL CENTER d/b/a SACRED HEART HOME CARE SERVICES, hereinafter referred to as the “Agency,” and the OREGON NURSES ASSOCIATION, INC., hereinafter referred to as the “Association.”

PREAMBLE

WHEREAS, the Agency is engaged in furnishing an essential public service of the highest quality, vital to the health, safety, and comfort of the population of the communities which the Agency services; and

WHEREAS, both the Agency and its licensed professional nurses have a high degree of professional responsibility to the public in so serving the public without interruption of this essential quality service; and

WHEREAS, both parties recognize this mutual responsibility and acknowledge the need for flexibility and innovation in meeting the current and future challenges facing health care providers and their employees. They have entered into this Professional Agreement as an instrument and means to permit them to fulfill said responsibility, and with the intention and desire to foster and promote sound, stable, peaceful and harmonious relations between the Agency and the Association, and to that end the parties hereto have reached an understanding governing the conditions of employment within the bargaining unit; and

WHEREAS, it is the further intent and desire of the parties hereto to establish an orderly relationship between the Agency and the Association so that potential or actual problems arising under this Agreement shall be settled quickly and satisfactorily to both parties and that the quality service to the public shall not be disrupted; and

WHEREAS, the Agency and the Association jointly recognize that, in order for the Agency to survive and achieve long-range prosperity and growth, and to ensure secure employment, they must work closely together in a cooperative relationship to solve problems quickly and in a cooperative manner. The cooperative relationship must extend from the patient’s place of residence to the executive offices. To achieve this goal, the Agency and the Association agree to the following principles:

- We are dedicated to the Agency being a leading provider of healthcare services through continuously improving levels of service, quality, value and innovative work design.
- Our mutual survival depends on our ability to deliver quality healthcare efficiently and cost effectively.
- We must be dedicated to continuous improvement and a collaborative relationship model in support of high quality and affordable healthcare.
- When barriers to our mutual success occur, the appropriate people from both parties will work together to attempt to resolve problems and recommend solutions to our mutual benefit.

- The success of our collaborative relationship is a shared responsibility between the Agency and the Association, including each member of the ONA bargaining unit and Association staff.

Accordingly, the Agency and the Association, including all members of the bargaining unit, strongly desire to develop a positive, collaborative alliance. We believe that such an alliance will help to promote high quality and accessible and affordable health care, as well as the fulfillment of PHOR's mission, vision and business strategies. In furtherance of these interests, it is to our mutual benefit that registered nurses become key contributors and active participants in organizational planning and other decision making processes and structures.

NOW, THEREFORE, in consideration of the mutual promises and obligations herein assumed, the parties agree as follows:

ARTICLE 1 – RECOGNITION AND MEMBERSHIP

1.1 Bargaining Unit. The Agency recognizes the Association as the collective bargaining representative of all professional registered nurses, including coordinators, employed by the Agency in providing Home Health, Hospice and Home Infusion services, excluding all other employees and supervisors as defined in the Act. Throughout this Agreement, Home Health, Hospice and Home Infusion services shall be referred to individually as programs, and collectively as the Agency.

1.1.1 Upon request from the Association, the Agency will provide the Association with the job description of new non-bargaining unit positions for which an RN license is required.

1.2 Membership. Each nurse covered by this Agreement shall, as a condition of employment, within thirty (30) days after the nurse's hire date or the full execution of this Agreement, whichever occurs later, become and remain a member of the Association or make payment in lieu of dues to the Association.

1.2.1 Remedy for non-payment. If a nurse is not in compliance with the provisions described in this section, the Association will notify the nurse in writing that he/she is delinquent in the satisfaction of his/her obligations, and will provide a copy of the notice to the Human Resources Director or designee of the Agency. The Association will allow the nurse a reasonable period of time of not less than twenty (20) days to cure the delinquency. If the nurse fails to cure within the allotted time, then the Association may contact the Human Resources Director or designee for the purpose of proceeding with termination of employment. Should a termination occur, a duly authorized representative of the Association will be present for the termination proceeding.

1.2.2 Religious exemption. A nurse who is subject to the membership or payment requirements of this Article, but who is a member of and adheres to established and traditional tenets or teachings of a bona fide religion, body or sect which has historically held conscientious objections to joining or financially supporting labor organizations, shall not be required to continue membership in or financial support of the Association; except that such nurse shall contribute an amount equivalent to the Association dues to a nonreligious, tax-exempt charitable fund of his/her choice for the duration of the membership or payment requirements had they been applicable.

1.2.3 Dues deduction. The Agency will deduct Association membership dues from the salary of each nurse who voluntarily agrees to such deductions and who submits an appropriately written authorization form to the Agency setting forth standard amounts and times of deduction. Deductions shall be made monthly and remitted monthly to the Association together with a list of those authorized deductions.

1.2.4 Indemnification. The Association will indemnify and hold the Agency harmless for any and all claims, charges, suits or damages that may arise against the Agency as a result of the Agency taking action pursuant to subparagraph 1.2.1 above.

1.2.5 Payment in lieu of dues. Payment in lieu of dues will be less than or equal to the regular monthly Association dues as established by the Association.

ARTICLE 2 – ASSOCIATION REPRESENTATIVE

2.1 Access to Premises. Duly authorized representatives of the Association shall be permitted at all reasonable times to enter the facilities operated by the Agency wherein bargaining unit members are employed for purposes of transacting Association business and observing conditions under which nurses are employed. The Association's representative shall, upon arrival at the Agency, notify the Home Care Services Director or his/her designee of the representative's presence. Visitations other than during regular business hours shall occur only after advance notification to the Home Care Services Director or his/her designee during normal office hours. Transaction of any business shall be conducted in an appropriate location subject to the rules of Home Care Services applicable to non-employees and shall not interfere with the work of employees.

2.2 Bulletin Boards, Mailboxes and Intranet. The Agency shall provide space for posting of Association notices and newsletters on a bulletin board designated by the Agency. The Agency shall additionally allow distribution of such items to nurses' mailboxes. The Association shall also be allowed to send email messages to groups of bargaining unit employees utilizing the Intranet maintained by PeaceHealth, provided that the Association follows the established procedures and approval process and that the content of the messages or linked messages are not inflammatory or offensive in nature. All notices allowed under this paragraph shall be limited to the date, time, place and subject matter of proceedings, lists of Association committee members, notices of joint Association/ Home Care Services committee activities, and references to the Association's website.

2.3 Bargaining Unit Meetings. The Association may hold bargaining unit meetings in the Agency for purposes of professional education, contract negotiations and contract administration by scheduling such meetings with the Home Care Services Director or his/her designee at mutually agreeable times and places.

2.4 Orientation of Newly Hired Nurses. During the orientation of newly hired nurses, the Agency shall provide an Association representative with a 30-minute period to discuss the Association. This period will be paid time for the newly hired nurses and the Association representative. The Association representative, if a bargaining unit nurse, will be paid at the regular rate of pay for the assigned 30-minute period. The paid time will not count toward premium or overtime pay. The Agency will cooperate in releasing an Association representative, if a bargaining unit nurse, from duty to attend such meeting, and the Association

will cooperate to provide an alternate representative where such release would cause staffing problems for the Agency.

The Agency will distribute to newly employed nurses membership informational material provided by the Association to the Agency for such purpose. Such material may include Association form authorizing voluntary payroll deduction of monthly dues (if such form expressly states that such deduction is voluntary) and a copy of this Agreement.

2.5 Rosters. The Agency will provide the Association electronically with (1) a quarterly bargaining unit member seniority list and a list of nurses showing name, address, date of hire, job classification, employee number, telephone number (unless unlisted), date of birth, RN license number, FTE and program, and (2) a monthly list of newly hired nurses, including rehired nurses, terminations and transfers with the same information.

2.6 Printing and Distribution of Agreement. The Agency and the Association shall equally share expenses for the printing of an adequate supply of copies of this Agreement.

2.7 Representative Time Off. The Agency shall make a good faith effort to grant requested time off for all bargaining unit elected/appointed Association members to attend local Negotiating Committee, State and National Association meetings and conventions that are required of them to fulfill the obligations of their office. The nurse must give reasonable advance notice of any such request to the Agency. Nurses shall not be required to utilize PTO for such meetings, except when attending state or national conventions. Nurses may access educational days and funds for state and national Association meetings to the extent that the criteria set forth in Section 16.3.3 are met.

ARTICLE 3 – EMPLOYEE DEFINITIONS

3.1 Nurse. A registered professional nurse covered by this Agreement who is currently licensed to perform professional nursing in the State of Oregon.

3.2 Staff Nurse. A nurse responsible for the direct or indirect nursing care of a patient, including all case managers and field nurses.

3.3 Coordinator. A nurse who has been assigned to assist supervisory personnel in administrative duties, as a result of having been either (1) selected to fill a coordinator vacancy in accordance with Section 13.3, or (2) designated by the Agency to be a coordinator on a fill-in basis, known as a facilitator. The following positions shall be classified as Coordinator positions: Patient Care Coordinator, Community Liaison, CQI/Insurance Coordinator and Client Community Coordinator.

3.4 Probationary Nurse. A newly hired nurse shall be on probationary status from the date of hire through the first six (6) months following completion of program orientation or a formal specific training program, as long as such probationary period does not extend beyond eight (8) months from the date of hire. In addition, however, the probationary period of a nurse evaluated as less than satisfactory may be extended by mutual agreement between the Agency and the Association for up to sixty (60) additional days.

3.5 Regular Nurse. A nurse regularly scheduled in an established position, either for thirty-six (36) or more hours per week as a full-time nurse or for less than thirty-six (36) hours

per week as a part-time nurse (including a nurse occupying an on-call benefited position as defined in Appendix C .

3.6 Per Diem Nurse. A nurse employed to work on an intermittent basis to supplement the regular work force on a scheduled or unscheduled basis. Per diem nurses must submit their availability dates by email fourteen (14) days in advance of the posting of the schedule.

At the request of a nurse, who is currently in a benefit eligible position and has twenty (20) years of service in the bargaining unit at PeaceHealth, ten (10) of which were in the bargaining unit at Home Care Services, a per diem position may be posted. If more than one nurse applies for the position it shall be awarded on the basis of seniority.

3.6.1 Work requirements. Per diem nurses shall be required to work up to five (5) days per posted work cycle, which may include one weekend. The weekend requirement shall be prorated in those nursing programs that require partial or occasional weekend work. Weekend work shall consist of a combination of scheduled time on Saturday and Sunday. Per diem nurses shall also participate in the on-call program on a rotating basis and in the scheduling of holidays on a rotating basis per Section 8.12. If a per diem nurse works in place of a regular nurse on an uneven schedule exchange, it does not count toward the per diem nurse's work requirement.

Per diem nurses may be required to satisfy the working requirements of this section to cover for unfilled posted days in the schedule on the posted work schedule. Working when called on short notice shall also count toward satisfying these working requirements. Signup on an availability list shall not fulfill per diem work requirements, nor shall such signup obligate the nurse to be available to work.

3.6.2 Pay differential in lieu of benefits. Per diem nurses shall be paid in accordance with the wage rates set forth in Appendix A. In addition, per diem nurses (excluding nurses in temporary per diem positions) shall receive a differential of fifteen percent (15%) of their straight hourly rate.

Per Diem nurses who have been receiving a differential in lieu of benefits higher than fifteen percent (15%) as of the first full pay period following ratification shall retain their current percentage as a per diem nurse until they relinquish their per diem position.

3.6.3 PTO cashout. When a nurse transfers from regular status to per diem status, all of the nurse's accrued PTO shall be cashed out within one (1) year from date of transfer.

3.6.4 Additional weekend pay. Per diem nurses shall not be eligible for consecutive weekend premium pay described in Section 9.4.3.

3.6.5 Non-compliance with work requirements. Per diem nurses who do not meet their commitment to work or be scheduled for the required number of days for at least two (2) consecutive calendar quarters shall be subject to removal from per diem employment following one (1) written warning administered after the first quarter of non-compliance. This notice shall be sent via certified mail to their home address. A nurse shall not be penalized for being unavailable for time periods of thirty (30)

cumulative days per calendar year, provided that notice of such time off is communicated to the Agency in the same manner and time frame that is required of a regular nurse requesting PTO. A nurse will not be penalized for failure to meet his or her work requirements for reasons outside of the nurse's control, including a lack of opportunity to work the required shifts, subject to the provisions of Section 3.6.1. Any exceptions to these requirements must be pre-approved by Agency leadership.

3.7 Temporary Nurse. A nurse initially hired to work for a defined period not to exceed three (3) months, subject to extension for up to an additional three (3) months. A temporary nurse shall not accrue seniority. A temporary nurse who is later hired from this status as a regular or per diem nurse shall be considered a probationary nurse as defined in 3.4 from the nurse's initial date of employment as a temporary nurse.

ARTICLE 4 – EQUALITY OF EMPLOYMENT OPPORTUNITY

4.1 Nondiscrimination. The Agency and the Association agree to abide by all applicable local, state and federal laws that prohibit discrimination or harassment on the basis of age, sex, race, creed, color, disability, sexual orientation, or national origin in the hiring, placement, salary determination, or other terms or conditions of employment for nurses employed or to become employed in job classifications covered by this Agreement.

4.2 Compliance with Laws Requiring Accommodation. The Agency and the Association further agree that the Agency shall be permitted to take any and all actions necessary to comply with the Americans With Disabilities Act or any other law requiring accommodation of employees in the workplace. If such actions necessitate violation of a provision of this Agreement, then the parties agree to bargain with regard to the effect of such action on other bargaining unit employees.

4.3 Association Membership and Activities. The Agency and the Association agree to abide by all applicable local, state and federal laws with respect to eligibility for membership and participation in the Association for nurses employed or to become employed in job classifications covered by this Agreement. The parties further agree that there shall be no discrimination by either party against any nurse on account of membership or non-membership or lawful activity in respect to the Association.

ARTICLE 5 – MANAGEMENT RIGHTS

5.1 Management Rights. Except as modified by the terms of this Agreement, the Agency retains all rights of management to operate and manage the Agency and to operate the workforce. These rights of management shall include, but not be limited to, the right to require standards of performance and to maintain order and efficiency; to direct nurses; to schedule staff to perform work; to determine materials and equipment to be used; to determine methods and means by which operations are to be conducted; to determine staffing requirements; to extend, limit, curtail or subcontract all or any part of its operations; to establish new jobs, or eliminate or modify existing job classifications; to hire, promote, assign and retain nurses; to lay off nurses and to relieve nurses from duty because of lack of work; to recall nurses; and to promulgate rules, regulations and personnel policies.

5.2 Non-Waiver of Rights. The Agency's failure to exercise any right, prerogative or function hereby reserved to it, or the Agency's exercise of any such right, prerogative or function in a particular way, shall not be considered a waiver of the Agency's right to exercise such right, prerogative or function or preclude it from exercising the same in some other way not in conflict with the express provisions of this Agreement, or with the Agency's rules, regulations and personnel policies.

ARTICLE 6 – EMPLOYMENT STATUS

6.1 Discipline and Discharge. The Agency shall have the right to discharge or otherwise discipline a nurse for proper cause. During a nurse's probationary period as specified in Section 3.4, such action shall not be subject to the grievance procedure. A non-probationary nurse who feels he/she has been discharged or otherwise disciplined without proper cause may present the matter for consideration under the grievance procedure.

6.1.1 Progressive discipline. The form of corrective action taken may vary depending upon the nature and severity of the infraction and any mitigating circumstances. Where appropriate, corrective action follows a systematic and progressive method by using increasingly stronger action, and may include a performance improvement action plan. Corrective action may include one or more of the following: level one written warning, level two written warning, final written warning, suspension pending investigation, or discharge. Corrective action on successive offenses may be less severe, parallel or progressive, depending on the nature of and relationship between the offenses.

6.1.2 Disciplinary actions. All disciplinary actions shall be recorded in writing. The written document shall be placed in the nurse's personnel file and a copy of the document shall be provided to the nurse receiving such discipline at the time it is administered. Any and all corrective actions or directives set forth in corrective action notices shall, unless otherwise specifically designated, be considered mandatory. The Agency shall notify the Association and the impacted nurse in writing when it has reported a bargaining unit nurse to the Oregon State Board of Nursing in connection with any disciplinary action.

6.1.3 Suspensions pending investigation. A suspension pending investigation shall be paid until the investigation is complete and a determination of the appropriate discipline is made for investigations resulting from an allegation of serious misconduct that involves compromising patient or work place safety and that has been communicated to the nurse and the Association, provided that such investigation and report is completed within a seven (7) calendar day period. This seven calendar day period shall be extended, if the nurse is unavailable to meet with the Agency within this time period, until such meeting takes place. Any nurse on suspension shall have the right to be informed of the general nature of the investigation, and shall receive notice of the status of the Agency's investigation on a weekly basis.

6.1.4 Meetings. The parties agree that it is desirable that investigatory and disciplinary meetings occur at either the beginning or the end of a nurse's scheduled shift or on a mutually agreed day off from work.

6.2 Disciplinary Record. No document other than routine payroll and personnel records will be inserted in a nurse's personnel file without knowledge of the nurse. A nurse shall have the opportunity to have a result statement placed in his or her personnel file twelve (12) months after the administration of a prior disciplinary action. The Agency, upon request from the nurse, will review the nurse's performance related to the original disciplinary action and produce a written statement addressing the nurse's success at resolving the issues that gave rise to the discipline. The statement thereafter shall be given to the nurse and placed in his or her personnel file. In addition, written disciplinary notices will not be considered for purposes of further disciplinary action after more than 24 months, and will be removed upon request from the nurse, if there have been no further disciplinary occurrences of any kind during that period. However, the Agency reserves the right to maintain all required employment information in a separate file in order to comply with legal and regulatory requirements.

6.3 Notice of Resignation. A nurse shall give the Agency not less than ten (10) working days' notice of intended resignation.

6.4 Exit Interviews. Upon request a nurse shall be granted an exit interview conducted by the Human Resources department or another leader as designated by Human Resources when transferring to a different program or upon discharge/resignation of employment. A summarized copy of the interview will be provided to the Association upon authorization of the exiting nurse.

6.5 Notice of Termination. In the event of terminations, the Agency shall give a non-probationary, non-temporary nurse ten (10) working days' notice of the termination of his/her employment or, if less notice is given, then the difference between ten (10) working days and the number of working days of advance notice shall be paid the nurse at his/her regular rate of pay based upon the nurse's normal scheduled hours. No such advance notice or pay in lieu thereof shall be required for a nurse who is discharged for cause.

6.6 Personnel Files. Nurses may have access to their personnel files in accordance with Oregon Revised Statute 652.750. When any document is added to, deleted from or amended in a nurse's personnel file, with the exception of routine payroll and personnel records, the nurse will be notified within a reasonable time period and be given an opportunity to copy the document and add a written rebuttal to the file.

ARTICLE 7 – GRIEVANCE PROCEDURE

7.1 When Applicable. This Article shall be the exclusive method to be used to settle grievances regarding interpretation or application of this Agreement which may arise between the Agency and the Association or any nurse during the term of this Agreement. A probationary nurse may file grievances under this Article except that issues relating to discipline, including discharge, of a probationary nurse shall be determined exclusively by the Agency and shall not be subject to this Article. A grievance shall be presented exclusively in accordance with the following procedure:

7.2 Grievance Procedure.

- Step 1 A grievance must be presented in writing to the Human Resources Director or designee within twenty-one (21) calendar days from the time the employee knew or should have known of the occurrence giving rise to the grievance. If a nurse

presents a grievance hereunder, the grievance shall include, to the best of the nurse's understanding, a description of the problem and the contract provisions alleged to be violated. A grievance relating to pay shall be timely if received by the Agency within twenty-one (21) calendar days after the employee knew or should have known of the payroll error. In the event of an issue concerning a discharge, the issue must be presented within seven (7) calendar days following termination. The immediate supervisor's or designee's written reply is due within fourteen (14) calendar days of such presentation. A Step 1 meeting may be held within fourteen (14) calendar days following the filing of the grievance, in which case the immediate supervisor's or designee's written reply is due within fourteen (14) calendar days after this meeting.

- Step 2 If not resolved at Step 1, the issue may thereafter be presented in writing to the director or his/her designee within ten (10) calendar days from receipt of the supervisor's reply of the date such reply was due in Step 1. The director or designee shall then meet within fourteen (14) calendar days with the nurse and a representative of the Association, if the nurse so desires, to resolve the matter, and shall reply in writing within fourteen (14) calendar days after the meeting.
- Step 3 If not resolved at Step 2, the grievance may thereafter be presented in writing to the appropriate next appropriate level of leadership for consideration and determination within ten (10) calendar days after receipt of the department/division head's response or if the department/division head's response is not received within that period, within ten (10) calendar days after the expiration of time allotted in Step 2 for the department/division head's response. The next level of leadership shall meet within fourteen (14) calendar days with the nurse and a representative of the Association to resolve the matter and shall reply in writing within ten (10) calendar days after the meeting.
- Step 4 If the grievance is not resolved at Step 3, the Association may thereafter present it to an impartial arbitrator for determination by giving the Agency written notice within twenty-one (21) calendar days after receipt of the Step 3 reply of the Association's intent to refer the matter to arbitration. Alternatively, by mutual agreement, within 21 calendar days after the receipt of the step 3 reply the parties shall request the services of a mediator by submitting the dispute to the Federal Mediation and Conciliation Service. If the parties do not resolve the dispute in mediation, the parties may proceed to the arbitration procedure in article 7.6 within 21 days of the conclusion of mediation.

7.3 Association Grievance. A grievance, as defined in Section 7.1, relating to occurrences actually involving at least three (3) nurses or arising under the Association Representative article, may be initiated by the Association at Step 2 of the above-mentioned procedure by the filing of a written grievance, signed by a representative of the Association, within 35 calendar days from the date of occurrence. Such grievance shall describe the problem and the contract provisions alleged to have been violated.

7.4 Timeliness. A grievance will be deemed untimely if the time limits set forth above for presentation of a grievance at Step 1 or of an Association grievance at Step 2 are not met, unless the parties agree in writing to extend such time limits. Subsequent grievance

advancements and responses will be deemed untimely if the time limits set forth above are not met, unless the parties mutually agree in good faith to extend such time limits. Such extension shall be documented in writing if requested by either party. If a response is untimely, the grievance shall be considered automatically elevated to the next Step in the grievance process. Agency grievance responses must be sent to the grievant and copied to the Association.

7.5 Contract Provision Alleged to Have Been Violated. If, at any time subsequent to initial presentation of the grievance, the grievant or Association believes contract provision(s) additional to those described upon initial presentation have been violated, the grievant or Association shall file an amended grievance specifying the additional contract provision(s) alleged to be violated and stating the reasons for believing such provision(s) have been violated. After advancing the grievance to arbitration under Section 7.6, the Association can call for reconvening of the parties if any additional contract provisions are alleged to be violated based upon the discovery of additional information. If the Association does not notify the Agency, the grievance cannot be amended at arbitration.

7.6 Arbitration Procedure.

A. The Agency and the Association shall, within 21 calendars days of the conclusion of the process outlined in step 4 of the grievance process to select a mutually acceptable arbitrator. . In the event that the parties cannot agree upon an arbitrator within seven (7) working days after the meeting, the Federal Mediation and Conciliation Service shall be jointly requested to submit a list of seven (7) names from which each representative shall alternately strike one name until only one name remains; this person shall be selected to arbitrate the matter.

B. The decision or decisions of the arbitrator shall be final and binding on both parties. It shall be announced in writing to the parties within thirty (30) days following the hearing of the arbitration. The expenses of the arbitration shall be borne equally by the Agency and the Association. Each party shall bear the expenses of its own representation and witnesses.

C. It is further understood and agreed that the arbitrator's decision may provide retroactivity not to exceed six (6) months from the date of the written filing of the complaint set forth in this Article.

D. The jurisdiction of the arbitrator shall be confined in all cases exclusively to questions involving the interpretation and application of existing clauses or provisions of this Agreement. The arbitrator shall not have authority to modify, add to, alter or detract from provisions of this Agreement.

7.7 Nurse Representatives. One bargaining unit nurse representatives shall be granted a reasonable amount of release time to assist in the investigation and settlement of grievances, provided that the granting of such release time does not interfere with the work of employees or patient needs. If release time is unable to be granted during work time, the nurse representative shall be paid for their time to attend disciplinary and grievance meetings. The nurse representative shall be paid their regular rate of pay for their time and shall not receive overtime or other premium pay.**7.8 Association Investigation of Grievances.** The Association, including nurse representatives, shall give advance notice to the designated Human Resource representative prior to conducting an investigation of a grievance or potential grievance in a work area.

ARTICLE 8 – HOURS OF WORK

8.1 Work Week and Work Day. The work week shall consist of forty (40) hours commencing at 0000 hours on Sunday and continuing through 2359 hours on Saturday. The normal work day shall consist of eight (8) consecutive hours, plus an unpaid meal period of one-half (½) hour (subject to management approval, coordinator positions may take up to one hour). Where mutually agreeable to the Agency and the nurse concerned (on a posted work schedule to posted work schedule basis), a normal work day may consist of alternate shift lengths as defined in 8.5 or short shifts as defined in Appendix G. Nothing in this or any other provision of this Agreement constitutes a minimum guarantee of work.

8.2 Flexible Work Schedules. Nurses and the Agency shall have the ability to make adjustments to their normal work day start and stop times on a daily basis to accommodate individual and patient needs which may arise. The nurse's ability to make adjustments in his/her schedule shall require notification to the nurse's manager (or designee), and may not impair the ability of the Agency to meet its operational needs. The adjustment of a nurse's schedule by the Agency must be communicated to the nurse by 1800 hours on the day prior to the adjustment and may not deviate by more than one (1) hour from the nurse's scheduled work times without the nurse's consent. Such an involuntary adjustment shall not result in a lengthened work day. A good faith effort to contact other available nurses must be made by the Agency prior to requiring a nurse to deviate from his/her schedule. Nurses and the Agency may use this provision to adjust their individual schedules in a way that does not result in either premium or overtime pay or lost pay in a pay period. However, a nurse who flexes their schedule may receive excess of standard work day pay if, at the Agency's request, they work in excess of their daily schedule. Nurses implementing flex schedules will not receive a two-hour minimum at any time throughout their shift, unless the nurse qualifies for report pay under 8.10.

8.3 Advance Authority. A nurse will be expected to obtain proper advance authorization, except in an emergency, from an appropriate manager or designee for work in excess of the nurse's work week or work day.

8.4 Voluntary Alternatives. Regularly scheduled weekend tours of duty or alternate consecutive work day schedules requested in writing by a nurse may be arranged by mutual agreement with the program manager, and shall not be subject to such time and one-half (1½) premium pay provisions described in Section 9.4 that are specifically waived by the nurse.

8.5 Alternate Length Shifts. Where mutually agreeable to the Agency and the nurse concerned, an alternate work day may consist of nine (9), ten (10) or twelve (12) hours. Such agreement shall be in writing. In addition, the Agency reserves the right to create additional positions of 9, 10 or 12 hours, which shall be subject to the established posting criteria set forth in Article 13.

8.5.1 The nurse concerned shall be scheduled on the basis of a forty (40) hour work week. Nurses who work regular schedules involving shifts of more than eight (8) hours shall be paid daily overtime for hours worked in excess of the applicable scheduled shift hours, instead of eight (8) hours.

8.5.2 Whenever the initiation of a nine (9), ten (10) or twelve (12) hour shift is contemplated, and at least a portion of the hours for such shift are currently being worked in an eight (8) hour position, the Agency must offer the alternative length shift to all staff

in the same program. If the Agency cannot accommodate the resulting multiple requests for alternative length shifts, the most senior nurse(s) requesting such shift(s) shall be granted such shift(s). The Association shall be notified in writing of the available shifts, applicants, and final appointments for each such alternative length shift when it is granted.

8.6 Meal and Rest Periods. The parties acknowledge the requirements and importance of rest and meal periods for nurses. The basic workday shall be eight (8) hours to be worked within eight and one-half (8 ½) hours, including a one-half (1/2) hour unpaid, duty free meal period; and one fifteen (15) minute paid rest period during each four (4) hour period of work. The Agency shall arrange for coverage if break relief is necessary. For field nurses, the Agency will provide break coverage where possible. During the unpaid meal period, the nurse is on his/her own time. It is the goal of both parties that the meal period shall occur during the middle four (4) hours of the nurse's work day whenever practicable. Rest periods may be allowed in conjunction with the meal period or combined and taken separately from the meal period. If a nurse is unable to take a 30 minute meal period, the nurse will be paid for such 30 minutes. Missed break or meal periods due to patient care requirements or accurate reporting of missed meal or rest periods shall not constitute a basis for disciplinary action. There will be no public or publicized criticism of individual RNs for missing meal and/or breaks or for accurate reporting.

8.7 Work Schedules. Work schedules, including on-call schedules, shall be posted at least fourteen (14) calendar days in advance of the applicable work cycle. Per diem nurses shall be offered the opportunity to be placed on the schedule before temporary or "agency" nurses are placed on the schedule. Regular nurses, upon request, shall have first priority for available extra shifts prior to the posting of the work schedule; per diem nurses shall have first priority following the work schedule posting. For purposes of this section, the work schedule shall be deemed officially posted as of the date that is 14 days prior to commencement of the applicable work cycle.

8.7.1 After a schedule is posted, a nurse's scheduled times to begin and end his/her work day during that period may be modified by the Agency without the nurse's consent only in connection with adjustment of scheduled hours under Sections 8.2 and 14.2.

8.7.2 Mandatory overtime may not be assigned on a routine basis. The Association and the Agency agree that every reasonable effort should be made to obtain nurses for unfilled hours or shifts before requiring a nurse to work overtime. No nurse shall be required to work when the nurse, in his or her judgment, is unsafe to perform patient care duties. For all required work under this paragraph, a nurse shall be compensated at not less than the highest premium rate of pay being paid in the nurse's program during that particular shift.

8.7.3 The Agency shall not schedule a nurse to work more than five (5) consecutive days without the nurse's consent.

8.8 Temporary Positions. When a nurse, volunteers to fill a position temporarily to fill in for an anticipated or actual leave of absence or a vacancy, the nurse shall be compensated for such work at his/her current rate of pay plus the difference between the rates of the two positions calculated on an hourly basis. If a nurse voluntarily takes a temporary assignment, they

shall have the right to return to their position, with-in program seniority restored. However, if the temporary assignment exceeds three (3) months, the nurse shall have the right to return to their position, if available, or to his/her original program as a per diem nurse. A nurse shall not be required to stay in a temporary assignment for greater than three (3) months.

8.9 Orientation and Skills Maintenance. Nurses shall receive orientation and training upon hire to include but not limited to the patient population and setting, clinical procedures, regulatory compliance and general agency procedures. All nurses new to the agency will be assigned a preceptor for a time period that is mutually agreed upon between the manager and the nurse. The Agency will take into consideration the nurse's previous clinical experience, skills and expressed needs in determining individualized orientation which shall be sufficient to allow the nurse to reach core competency.

8.9.1 If a nurse determines in her or his professional judgement that the nurse does not have the skills or experience required for a particular patient assignment, the nurse's judgement will be respected. In that situation, another nurse who has received sufficient orientation may be assigned to conduct a co-visit with the nurse assigned to the patient.

8.10 Report Pay. If the Agency is unable to utilize a nurse who reports for work for an assigned work day, he/she shall be paid two (2) hours at the regular rate of pay, unless (a) the reasons giving rise to non-utilization of the nurse are caused by acts of God, utility failure or like occurrences, or (b) the Agency makes a reasonable effort to notify the nurse by telephone by 0715 on the scheduled work day that he/she should not report. It shall be the responsibility of the nurse to notify the Agency of his/her address and telephone number; failure to do so shall preclude the Agency from the notification requirements and payment of the above guarantee.

Scheduled per diem staff will be notified no later than 1745 the prior evening if they are assigned to work the following day. After the assessment of staffing needs the following morning, scheduled per diem staff who remain unassigned will be notified by 0715 and told they are not needed. Scheduled per diem staff who are not notified by 0715 are expected to report to work.

8.11 On-Call Scheduling. Written on-call guidelines shall be maintained by the Agency for each program and forwarded to the Association. The Agency shall only have the right to implement changes in such guidelines after having notified and bargained with the Association over such proposed changes (either to agreement or to impasse) during the term of this Agreement. These guidelines shall be in compliance with the provisions of Article 9.7. Nurses who have been assigned low census may volunteer to be placed on on-call status in accordance with Article 9.7.

8.12 Schedule Exchanges. There are no restrictions on the number of uneven schedule exchanges a nurse can take with PTO provided that the replacement on the schedule is qualified to do the work. Even schedule exchanges must occur within a period of thirty (30) days. A schedule exchange is not allowed to result in the payment of premium or overtime pay, except when the nurse performs additional work assigned by the Agency after the schedule is posted and performed by the nurse following approval of the exchange. Uneven schedule exchanges can only be submitted after the schedule is posted, unless the request is needed to complete an otherwise approved PTO request for a block of four (4) scheduled days or more. The Agency may deny an uneven schedule exchange request only if the nurse making the request

is not qualified, the exchange will result in overtime or premium pay, or the request is made within seven (7) calendar days of the requested exchange.

8.12.1 Nurses with an FTE appointment of 0.7 or above may take a maximum of five (5) uneven schedule exchanges (and no more than one (1) during a prime time period, unless the requested is needed to complete an otherwise approved PTO request for a block of four (4) scheduled days or more) without PTO use within a calendar year. All other uneven schedule exchanges, including all uneven schedule exchanges taken by regular nurses with less than a 0.7 FTE, shall be taken with PTO.

8.12.2 Schedule exchanges made for the purpose of conducting Agency business (committees, education/in-service, etc.) do not constitute uneven schedule exchanges.

8.12.3 There are no restrictions on a regular full-time nurse utilizing any other qualified nurse for an uneven schedule exchange to cover for any of the scheduled holidays specified in Section 9.4.5. Such uneven schedule exchanges shall not be counted toward the cap specified in Section 8.12.1.

8.13 Scheduling. Regular part-time and full-time nurses shall participate in weekend coverage based on the Agency's patient care and operational needs. They shall also be included in holiday scheduling on a rotating basis within their program. They shall also participate in the Agency's on-call program in accordance with on-call scheduling guidelines. Due to critical staffing needs, the Agency will limit full-time Home Health and Hospice Program nurses to no more than one (1) weekend out of any eight (8) week period consisting of two (2) full months.

ARTICLE 9 – COMPENSATION

9.1 Progression. Progression through the salary range for nurses shall be one step at a time and shall be on an annual anniversary basis, as reflected in Appendix A, and the step increase shall be effective at the beginning of the pay period following the later of the nurse's anniversary or adjusted anniversary date of employment as a nurse.

9.2 Wage Rates and Additional Compensation.

9.2.1 Nurses covered by this Agreement shall be compensated at the wage rates set forth in Appendix A hereto.

9.2.2 This contract should not be construed to limit the Agency's right to reward an individual nurse's performance over and above the prescribed conditions called for in this Agreement. The Association further acknowledges that the Agency has the right to compensate nurses over and above the amounts set forth in this Agreement in response to needs for limited periods of time. The Agency agrees to notify the Association of all new pay enhancement plans prior to implementation. The Agency further agrees to consider prior to implementation all reasonable objections, suggestions and/or concerns raised by the Association within five (5) calendar days after such notification. At the time of implementation of the plan, the Agency shall provide terms, including criteria, of the plan to the Association.

a. In the event the Agency activates a pay enhancement plan for specific time periods in specific programs, then regardless of when during the work cycle the commitment to perform additional work has occurred, all nurses

who meet the criteria for such additional compensation during the specified time period in the specified program(s) shall be entitled thereto.

b. The Agency shall provide notice to all nurses within the affected program of the activation of an intermittent pay enhancement plan as soon as a determination of its availability is known. Such notice may be actual or constructive. The intent of this provision is to provide notice of the terms of the plan to such eligible nurses.

9.2.3 The Agency agrees that it may not unilaterally establish, without first bargaining with the Association (either to agreement or to impasse), a system of compensation that is not time-limited. In the event that an agreement is reached, it shall be considered part of this Agreement for the duration of the Agreement.

9.2.4 Compensation for extra shifts. A Compensation for Extra Shift (“CES”) incentive plan will be in effect for the duration of this Agreement. Under the terms of this plan, a CES differential of \$19 per hour shall be paid during a shift designated by the Agency as a CES eligible shift to any nurse who is eligible for the differential under the terms of the plan. Effective the first full pay period following July 1, 2022 the CES differential shall increase to \$20.00 per hour. Upon notification of an evening shift, night shift or Home Infusion vacancy or extended leave the Staffing Task Force will convene to evaluate current staffing and potential for initiating CES or other incentive pay to fill open shifts.

a. A nurse shall not be eligible for the CES differential if the nurse is being paid premium pay for the same hours worked pursuant to Section 9.4, with the exception of overtime pay under section 9.4.1 or holiday pay under Section 9.4.5.

b. Regularly scheduled nurses are eligible for CES pay if they are working in excess of their assigned FTE during the CES eligible shift. Hours that count toward a nurse’s FTE to determine eligibility are set forth in the Agency’s CES guidelines.

c. Per diem nurses must have worked two (2) shifts at the regular or holiday rate of pay in the previous pay period in order to be eligible for CES pay in the current pay period.

d. Nurses who are eligible for the CES differential during a CES eligible shift shall be deemed to be working at a premium rate of pay for purposes of placement on low census under Section 14.2.

9.3 Credit for Prior Experience. Nurses shall receive credit for years of relevant experience and be placed on the applicable pay step in Appendix A, as determined by the employer. A nurse that disagrees with their step placement may request a review by Human Resources within 30 days of the date of hire with PeaceHealth.

A nurse who transfers from the Medical Center acute care bargaining unit without a break in service to the Agency will be started at not less than his or her Medical Center pay step.

9.4 Overtime and Premium Pay. A nurse shall be paid at the rate of one and one-half (1½) times the nurse's regular rate of pay for all hours worked in any one category listed below, including statutory overtime pay under 9.4.1 or premium pay under 9.4.2 through 9.4.4. Except where otherwise noted, whenever time and one-half is payable for hours worked under one category, such hours will not be considered again for determination of premium payments under another category.

9.4.1 Overtime. In excess of forty (40) hours worked within the standard work week as defined in Section 8.1.

9.4.2 Excess of standard work day. Hours worked in excess of the nurse's standard pre-scheduled work day noted on the posted schedule in one day, which is defined as a calendar day (0000-2359). Flex time at the nurse's initiation or request shall not result in such time and one-half pay.

9.4.3 Additional weekends. For part-time regular nurses, on any consecutive weekend which is not a regularly scheduled weekend for the nurse, provided that a nurse shall not be eligible for premium pay under this provision more frequently than every other weekend. For full-time regular nurses, (1) on any weekend exceeding two weekends worked in any eight-week period consisting of two full cycles, and (2) on any consecutive weekend which is not a regularly scheduled weekend for the nurse, provided that a nurse shall not be eligible for premium pay under this provision more frequently than every other weekend. A nurse shall not be regularly scheduled to work consecutive weekends.

a. Exempt from this provision are those nurses who have agreed in writing to work schedules calling for additional weekend work, and those nurses who express a desire in writing to work additional weekends when work is available. Nurses who have agreed in writing to work consecutive weekends may withdraw such authorization in writing with two (2) cycles notice. This request will not be unreasonably denied by the manager.

b. A weekend is defined as Saturday and/or Sunday.

9.4.4 Call-back. Time actually worked during a nurse's on-call status under Section 9.7, for a minimum of two (2) hours.

9.4.5 Holiday pay. Hours worked on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve and Christmas Day. Holiday pay shall apply for all hours worked from 11:00 p.m. on the day preceding the holiday until 10:59 p.m. on the actual holiday. A regularly scheduled nurse who does not work because of a holiday may either use PTO or take the day off without pay. Work on a holiday weekend shall be counted toward fulfilling the nurse's weekend work requirement. Nurses shall not be scheduled to work above their scheduled FTE during a holiday week.

9.5 Coordinator Differential. A nurse assigned to Coordinator responsibilities, as defined in article 3.3, shall be paid a minimum differential of either \$3.60 per hour for the duration of the nurse's assignment to such a Coordinator vacancy in accordance with Section 13.3; or \$2.65 per hour worked when designated by the Agency to perform the duties of such a Coordinator in the role of Facilitator. . Effective the first full pay period following July 1,

2022, the Coordinator differential shall increase to \$3.75 and the Facilitator differential shall increase to \$2.80 per hour.

9.6 Hourly Differential.

9.6.1 Evening Differential. All nurses who work a minimum of three (3) consecutive hours after 1500 shall be paid a differential of \$2.80 per hour. Effective the first full pay period following July 1, 2022 the evening shift differential will increase to \$3.00 per hour. This provision shall not apply to nurses who choose to flex their regular schedule beyond 1700 hours.

9.6.2 Night Differential. A nurse who works the third shift shall be paid a shift differential for all hours worked after 2300 hours of \$7.15 per hour. Effective the first full pay period following July 1, 2022 the night shift differential will increase to \$7.50 per hour.

9.7 On-call. On-call compensation shall be paid when a nurse has been placed on “on-call” status. Such nurse will remain available to report to work, to respond to pages/patient calls, and/or to make home visits on short notice.

9.7.1 Compensation. A nurse placed on on-call status shall be paid \$5.00 per on-call hour, whether or not the nurse works while on-call.

9.7.2 Extended on-call time. In lieu of the on-call compensation noted above, nurses scheduled for more than 64 hours on-call in a scheduled monthly cycle will receive double the call rate under Section 9.7.1 for all scheduled on-call hours in excess of said 64 hours. This provision shall not apply to nurses who volunteer for additional on-call time. Scheduled on-call hours of the benefited on-call position shall be excluded from this provision.

9.7.3 Scheduled on-call hours. For each program in the Agency, required on-call will be effective during all hours that the program’s office is closed. No nurse shall be required to work more than one call shift per pay period. Nurses may volunteer for additional call.

9.7.4 Repeated or lengthy visits. If a nurse is required to make repeated or lengthy visits during an on-call period immediately preceding a scheduled work day, and the nurse requests all or part of the scheduled work day off, the Agency shall accommodate the nurse’s request.

9.7.5 Telephone consultation. Telephone consultation (including documentation of telephone contact) that is necessary for the guidance of personnel on duty, for telephone conferences and/or for patient evaluation, documentation, or advice, shall be considered hours worked and shall be compensated at the applicable rate of pay. Nurses are responsible for duly and accurately recording all such working time.

9.8 Overpayments. If a nurse is paid more than required under this Agreement, the Medical Center may obtain reimbursement by payroll deduction, if agreed to by the nurse, for up to 90 days of such overpayments preceding the date of the Agency’s notification to the nurse of such overpayment. The Agency will provide the nurse with a repayment plan within fifteen (15) days after having been notified of the overpayment. The amount of the overpayment and the basis for that amount will be indicated in the plan. The nurse may request a meeting to verify the

overpayment error and the amount owed with a payroll representative via teleconference. The nurse may also propose an alternate repayment plan at the meeting or in writing within the above-referenced 15-day time frame. If the nurse fails to respond within fifteen (15) days after the proposed repayment plan is sent by e-mail and by certified mail, the nurse will be deemed to have accepted the plan as written. The letter providing the repayment plan will advise the nurse of his/her rights under this section. This section is without prejudice to any other legal means that the Agency may have to obtain reimbursement for overpayments not covered by payroll deduction.

9.9 Parking and Bus Passes. All parking charges (but excluding parking tickets or fines) incurred on behalf of the Agency while on duty shall be paid by the Agency. Field nurses whose job requires use of their personal vehicle shall not be charged for parking. The Agency will pay for the cost of nurses' Lane Transit District bus passes that are utilized for travel to and from work.

9.10 Weekend Work. For weekend work on which the nurse is not eligible for time and one-half pay under any provision of this Agreement (including for additional weekend work under Section 9.4.3), the nurse will be paid a weekend differential of \$2.00 per hour worked. A weekend for purposes of this section shall be defined as all hours between 1900 Friday and 0700 Monday, except that the differential shall not be payable to nurses working a Friday shift that is scheduled to end either at 1900 or 1930 or to nurses working a Monday shift that is typically considered to be a day shift.

9.11 Certification Pay. A nurse who obtains and maintains a nationally recognized nursing certification shall receive a differential of \$1.75 per hour for all compensated hours. If initial certification is obtained during the prior calendar year, only those hours that are compensated beginning with the first full payroll period subsequent to certification shall be considered. An approved certification list shall be established by mutual consent between the PNCC and the Home Health Director or designee and shall be updated on an annual basis.

9.11.1 Eligibility. To be eligible for the commencement of certification pay under this provision, the nurse must submit a document from the accrediting body or testing facility which indicates that the nurse has successfully completed the certification requirements. For continued pay eligibility under this provision, the nurse must submit a document within 120 days following the commencement of certification pay that provides verification of the nurse's certification, the certification number, and the certification's beginning and end dates.

9.12 Advanced Education Pay. Nurses holding a baccalaureate degree in nursing (BSN or BAN) will be compensated four percent (4%) above their Appendix A rate and nurses holding a master's degree in nursing (MSN or MAN) will be compensated five percent (5%) above their Appendix A rate.

9.12.1 Eligibility: To be eligible for the commencement of Advanced Education Pay, the nurse must submit either a copy of their transcripts, which indicate the degree awarded, or a copy of their diploma from the accrediting program to the Human Resources Service Center. All new hires shall be informed of this requirement in writing including the specific documentation required and where to submit the documentation. Advance Education Pay will commence the first full pay period following the receipt of the documentation.

9.13 Mileage Reimbursement. Agency nurses required to use their automobiles while on duty shall be paid

mileage reimbursement equivalent to the existing allowable IRS rate per reimbursable mile incurred on behalf of the Agency (other than for mileage equivalent of travel from home to office and return).

9.14 Preceptor Pay. A nurse assigned by the Agency to mentor new nursing program nurses, RN and LPN students (but not including students whose instructors are present at the facility) under the Medical Center's preceptor program shall receive \$2.50 per hour in addition to the nurse's regular rate of pay for each hour worked while performing in this role. The Agency will select preceptors based on clinical skills, experience, communication skills and teaching skills. Nurses may be required to attend an approved preceptor class in order to qualify for preceptor pay.

9.15 Interpreter Differential. Nurses shall be eligible to receive an interpreter pay differential in accordance with Medical Center policy. To be eligible for this differential, an employee must consistently use interpreter skills on the job at least 15% of the employee's working time and pass the qualifying language proficiency examination. Occasional interpreting during the normal course of work does not qualify for the interpreter differential. The amount of such differential shall be 7% of the nurse's straight rate of pay.

9.16 Payroll Practices. The Agency shall maintain payroll records and payroll practices in accordance with federal and state law. The Agency shall make available to nurses, on or before the designated payday for each pay period, detailed earnings data for each category of pay that allow the nurse to verify the accuracy of his or her compensation. The Agency shall also make available a readability key that defines the acronyms and categories that appear on a nurse's earnings statement all new hires will receive education regarding payroll readability during their new employee orientation.

9.17 Cellular Phone Reimbursement. The Agency shall make available to each field nurse a cellular phone for Agency-related business at no cost to the nurse.

ARTICLE 10 – PAID TIME OFF

10.1 General Provisions. Paid Time Off (PTO) provides compensated time off for the nurse to use as he/she determines it best fits his/her own personal needs or desires, as set forth below, for absences from work. PTO supersedes and is in lieu of provisions for vacations, holidays and sick leave, except as specifically referred to below.

10.2 Eligibility. All nurses regularly scheduled to work at least 20 hours per week (excluding per diem and temporary nurses) are eligible for PTO. In addition, per Oregon Paid Sick Leave Law, ORS 653.601 – 653.661 (2016) all nurses are eligible for paid sick leave.

10.3 Accrual. PTO shall be accrued on the basis of hours compensated, including hours compensated as PTO or extended illness bank time (but excluding on-call hours compensated under Section 9.7, hours donated pursuant to Section 10.6 and hours cashed out pursuant to Section 10.10), all of which are referred to as accrual base hours, at the accrual rates set forth below.

10.3.1 Accrual Rates.

Eligible nurses shall accrue PTO as follows:

- a. First through Fourth Year of employment – .10385 hours of PTO for each accrual base hour (approximately 27 PTO days (216 hours) per year for a full-time nurse).
- b. Fifth through Ninth Year of employment – .12308 hours of PTO for each accrual base hour (approximately 32 PTO days (256 hours) per year for a full-time nurse).
- c. Tenth through Fourteenth Year of employment – .13846 hours of PTO for each accrual base hour (approximately 36 PTO days (288 hours) per year for a full-time nurse).
- d. Fifteenth through Nineteenth Year of employment – .14615 hours of PTO for each accrual base hour (approximately 38 PTO days (304 hours) per year for a full-time nurse).
- e. Twentieth and Subsequent Year of employment – .15385 hours of PTO for each accrual base hour (approximately 40 PTO days (320 hours) per year for a full-time nurse). However, nurses accruing at the rate of .15769 hours of PTO for each accrual base hour (approximately 41 PTO days (328 hours) per year for a full-time nurse) as of June 30, 2013 shall continue to accrue at that higher rate.
- f. There shall be a maximum PTO accrued balance for each nurse of 600 hours. Once an accrual balance reaches 600 hours, accrual shall stop until the balance is reduced below 600.

10.4 Sick Time Bank. Non-benefit eligible nurses shall accrue Oregon Paid Sick Leave at the rate of 1 hour per every 30 hours worked. This Sick Time is accessible to non-benefited eligible nurses through their Sick Time Bank. Nurses may accrue up to 80 hours in their Sick Time Bank. Up to 40 hours may be carried over for use in the following year.

10.5 Use of PTO.

10.5.1 PTO may be used as soon as it is earned, up to the amount accrued in the pay period immediately preceding the time off, in accordance with the provisions of this Article. PTO may not be used in advance of its accrual, on regularly scheduled days off, or to claim pay for time lost due to tardiness. Nurses may choose to use accumulated PTO on days they are placed on low census or on-call due to insufficient work or client assignments. Moreover, time off for vacation purposes may not be taken until successful completion of the probationary period.

10.5.2 Except where otherwise required by law or by a specific provision of this Agreement, PTO must be used for all time off taken by a nurse. If the nurse has no accrued PTO, unpaid time off shall be allowed for illness and emergencies, and may be granted under other extenuating circumstances on a case-by-case basis subject to approval by the nurse's supervisor. When requests for scheduled time off conflict with staffing requirements, preference will be given to PTO requests over requests for time off without pay. PTO may be used at the nurse's discretion for time taken off due to low census.

10.5.3 Up to 40 hours of a benefit-eligible nurse's PTO may be considered protected time that shall not be subject to the Agency's Attendance and Punctuality Policy if the PTO is used for reasons eligible under Oregon Paid Sick Leave law.

10.6 Donation of PTO. A nurse may donate a minimum of one (1) hour and a maximum of 250 hours per year of his or her accrued PTO for the benefit of another employee (1) who has a medical hardship and/or (2) who is a member of the Association negotiating committee, subject to the following:

10.6.1 Medical hardship. A medical hardship for purposes of receiving donated PTO is defined as a medical condition of an employee or a family member. The hardship must require the prolonged absence, of the employee from work and result in a substantial loss of income because the employee has exhausted all accrued time-off benefits. Employees wishing to donate PTO to another employee shall complete a request to donate paid time off form. Employees wishing to receive PTO donations shall complete the request to receive donated Paid Time Off form. These forms are located in the Agency Paid Time Off policy.

10.6.2 Negotiating committee. Hours donated for the benefit of members of the Association negotiating committee will be transferred by the Agency to committee members as designated by the Association and will be restricted to the time period of negotiations for a successor agreement.

10.6.3 Irrevocable transfer. Any hours donated through this process shall be transferred to the other employee on an irrevocable basis.

10.7 Requesting and Granting PTO. PTO must, except in unusual circumstances, be requested in advance of the time off desired. Consistent with the Agency's and the nurse's responsibilities to provide adequate patient care, the Agency will not unreasonably deny said request. The requesting and granting of PTO shall be in accordance with Article 10.9 and the Agency's PTO guidelines, provided that the guidelines do not violate any provision of this Agreement.

10.7.1 Time parameters. A nurse shall request the supervisor of his/her program to schedule time off by giving notice electronically not more than six (6) months prior to the posting date of the earliest schedule covering such time off. The Agency will respond in writing to such request no later than thirty (30) days after receipt of the request.

10.7.2 Conflicting requests. When requests are received by the Agency on the same date and the number of PTO requests in the same program exceeds the number of nurses that can be approved during the same time period, the senior nurse shall be given preference provided he or she (a) requests such seniority preference in writing not later than five (5) days after notification by the Agency of the excess PTO requests, and (b) the nurse shall not be eligible to exercise such right of seniority if he or she exercised it during the preceding two (2) years. If a request is not controlled by rotation or seniority preference, nurses shall be given the opportunity to accommodate each other's conflicting requests, and if not resolved shall then be granted on a random basis. **10.7.3**

Unscheduled time off. When time off is requested without prior approval due to an emergency or illness, a specific reason for the request is to be given. A nurse requiring time off without prior approval and on short notice must contact his/her manager, or designee, no later than 0630, unless the employee does not become aware of the reason to be absent until after 0630. A nurse whose scheduled work day begins after 0800 must contact his/her manager, or designee, no later than 1½ hours before his/her

start time, unless the employee does not become aware of the reason to be absent until after that.

10.7.4 Rescission of authorized PTO. Except in cases of disaster, the Agency may not rescind PTO once it is granted. A nurse may rescind a PTO request up to 30 days prior to the date when the schedule covering such time off is to be posted. Thereafter, rescission of such requested time off may be accomplished only if the Agency consents.

10.7.5 Inclement weather. In the event that inclement weather conditions prevent a nurse from safely traveling to make home visits during all or a portion of the nurse's scheduled work day, the inability of the nurse to perform such visits will not be considered an occurrence under the Employer's attendance policy. Under such circumstances, the nurse will be paid for any work actually performed at home at the Agency's direction. The nurse may elect whether to use PTO for the missed hours of work.

10.8 PTO Guidelines. The Agency's PTO guidelines may be altered only by agreement between a majority of all impacted nurses and the Agency. Copies of PTO guidelines will be kept in each program and revisions shall be sent to the Association.

10.9 Scheduled Time Off. Regularly scheduled bargaining unit staff nurses shall be granted scheduled time off, per program, at least in the following numbers. Consistent with current practice and whenever possible, educational leave shall be granted in addition to these numbers.

1. Where core staffing is one (1) through four (4) nurses, a minimum of one (1) nurse shall be granted time off.
2. Where core staffing is five (5) through eleven (11) nurses, a minimum of two (2) nurses shall be granted time off.
3. Where core staffing is twelve (12) through twenty (20) nurses, a minimum of three (3) nurses shall be granted time off.
4. Where core staffing is twenty-one (21) through twenty-nine (29) nurses, a minimum of four (4) nurses shall be granted time off.
5. Where core staffing is thirty (30) nurses or more, a minimum of five (5) nurses shall be granted time off.

Open or unscheduled positions shall not be considered in the determination of a program's core staffing base for purposes of these minimums. Core staffing shall be calculated separately for field staff and office staff for each program. The Agency will provide notice to the Association of its current core staffing in each program on a quarterly basis, upon request. Time off for coordinators and Hospice evening and night shift positions, shall not be considered part of core-staffing and PTO guidelines for these positions shall be developed within sixty(60) days of the ratification of this agreement through the Labor management Committee.

Scheduled time off due to absences under FMLA/OFLA shall not be included in the minimums set forth above. A maximum of one nurse with scheduled time off due to worker's compensation, however, may be included. When requests for time off are received after the schedule has been posted for the work cycle that includes the requested period of time off, the Agency may consider absences under FMLA/OFLA as well as educational requests in determining whether or not to approve the time off request

10.10 Payment of PTO.

10.10.1 PTO will be paid at the time of use at the nurse's straight-time hourly wage rate on the nurse's regularly scheduled hours and classification.

10.10.2 All accrued but unused PTO will be paid upon termination. A nurse may also cash out up to the full amount of PTO hours the nurse has accrued but not used during the calendar year, provided that the employee makes an irrevocable election during open enrollment in the preceding year. Such cashout will be paid at any time after the PTO to be cashed out has accrued for the nurse during the calendar year, as a one-time lump sum payment or as a per pay period amount, but in no event later than December 31 of that year. Except as otherwise provided in this Article, a nurse is not required to cash out accrued PTO and may allow it to accumulate for future use or payment upon termination.

ARTICLE 11 – LEAVES OF ABSENCE

11.1 General Provisions. Upon completion of probation, a regular nurse may be granted a leave of absence without pay. All such requests must be presented in writing to the appropriate supervisor as far in advance as possible. Each case will be reviewed and considered for approval by the Agency.

11.1.1 Use of PTO. A nurse will be required to take his or her accrued PTO during the leave, except where required by law.

a. Notwithstanding the foregoing, for absences greater than thirty (30) days, a nurse will be allowed to leave up to eighty (80) accrued hours remaining in his/her PTO bank. Such a nurse shall designate to the Agency, prior to the announcement of such absence, the date by which compensation for PTO is to be discontinued.

b. The number of hours of PTO used per week during the leave may not be less than the number of hours that the nurse was regularly scheduled to work. However, nurses receiving Short Term Disability (STD) may supplement their STD payments with PTO to make up the difference between their weekly scheduled hours and STD payments.

11.1.2 Continuation of insurance benefits. Group insurance benefits for a nurse on a family or medical leave of absence may be continued for up to three (3) months following the last day of the month in which the nurse received compensation. A nurse shall not be eligible for continuation of insurance benefits during a leave of absence for more than three (3) months within any twelve (12) month period, except for a nurse performing light duty work as specified in Section 11.8 below, subject to the

Continuation of Coverage self-pay provisions maintained by the Employer and patterned after COBRA. A nurse taking a personal leave of absence shall initially be responsible for self-payment for continued insurance benefits following the last day of the month in which the nurse received compensation, but shall be eligible following completion of the 12-month period for appropriate reimbursement for premium amounts paid, subject to the Continuation of Coverage self-pay provisions maintained by the Employer and patterned after COBRA and to the foregoing limitation in this paragraph.

11.2 Family and Medical Leave. Family, pregnancy and medical leaves of absence will be administered by the Agency consistent with applicable state and federal laws. For the purposes of granting family leave under state or federal laws the Agency shall consider hours compensated to be the equivalent of hours worked when calculating eligibility for the family leave benefit for nurses in on-call positions.

11.3 Military Leave. A military leave of absence will be automatically approved upon the employee's receipt of military orders. Moreover, if a nurse is a member of the armed service reserve organization, a leave of absence of sufficient time may be granted to fulfill annual active duty requirements. A nurse is not required to use his or her PTO during the military leave. No length of service restrictions apply to this policy if the program head is notified at the time of employment or enlistment. Nurses returning from military leave will be treated in accordance with federal and state law.

11.3.1 Military family leave. To the extent required by applicable law, leaves of absence will be granted to spouses of members of the U.S. Armed Forces who have been notified of an impending call or order to active duty or who are on leave from deployment.

11.4 Personal/Educational Leave. A personal leave of absence may be granted for personal or educational reasons, including the pursuit of study toward an educational degree. A personal leave may be granted for up to one (1) year.

11.5 Crime Victims Leave. Leaves from employment for victims of sexual assault, domestic violence or stalking will be administered by the Agency consistent with applicable federal and state laws, including the Oregon Victims of Certain Crimes Leave Act (OVCCLA).

11.6 Return from Protected Leave. Except as specifically provided elsewhere in this article, nurses returning from a protected leave will be reassigned to their former position or an equivalent position. For purposes of this provision, protected leave shall include leaves designated as FMLA or OFLA family or medical leave, military family leave, and OVCCLA leave.

11.6.1 Qualification on right to reinstatement. Notwithstanding the foregoing, the Agency will not be required to reinstate a returning nurse to his/her former position even had he or she been employed during the leave, provided further that proper notification of layoff or reorganization was made to the nurse in his/her absence.

11.6.2 Extension. In the event that a nurse seeks extension of leave following an FMLA-designated or OFLA-designated leave and wishes to involve the Association in the discussion, the Agency and the Association will meet to discuss a potential leave extension.

11.6.3 Same pay and benefits. Upon return from a leave of absence, the nurse will receive the same step rate of pay, and accrue benefits at the same service level as prior to the leave of absence.

11.6.4 Worker's compensation. In the event of a leave of absence caused by an injury for which the nurse has received worker's compensation benefits, the nurse will be reinstated to his/her former position if the leave is for less than four (4) months. If such injury leave is for (4) months or more, and the nurse's previous position is not available, the first position suitable to his/her qualifications and interests will be offered.

The filling of such suitable and available positions shall proceed in accordance with the job bidding and posting process described in Article 13. Said process shall be modified, however, in the following respects. First, the process shall not continue beyond eight (8) weeks from the date the nurse is released to return to work and is offered the opportunity to apply for a suitable and available position. Second, the process shall not result in the elimination of all suitable and available positions for the injured worker. Accordingly, at the conclusion of the eight (8) week period, or such time when there is no application from a senior qualified nurse whose position would be suitable for the injured worker, whichever occurs sooner, the returning nurse shall be placed in a remaining available and suitable position without regard to the bidding and posting process.

11.7 Return from Unprotected Leave. If the nurse is on an unprotected leave, and their position has been filled by another nurse, the nurse may bid on any open position suitable to his/her qualifications and interests or, if agreed to between the nurse and the Agency, may be granted a per diem position in the nurse's previously held shift and program.

11.8 Absences with Pay.

11.8.1 Bereavement. After 90 days of employment, a nurse who has experienced a death of a significant person in the family life of the nurse will be granted up to four (4) scheduled shifts with pay within sixty (60) consecutive calendar days from notice of death. For purposes of this paragraph, a significant person in the family life of the nurse shall be defined as a grandparent, parent, spouse, sibling, child, grandchild, the step or in-law equivalent of parent, sibling or child, or a person who was an integral part of the employee's household. If the nurse is scheduled for less than four (4) shifts during the unanticipated absence, the employee will be granted bereavement leave for the total number of scheduled shifts during that period. Per diem nurses may receive bereavement leave only when scheduled in advance to work and the bereavement leave conflicts with the scheduled work. All bereavement leave requests must be approved by the nurse's supervisor prior to the leave. Additional time for the leave will be granted in accordance with Oregon state law. PTO for such additional time must be used in accordance with Section 11.1.1. The supervisor has the right to require proof of death (i.e., a copy of the death certificate) from the nurse.

11.8.2 Jury duty. A nurse who is required to perform jury duty will be permitted the necessary time off to perform such service. The nurse will be paid the regular straight time rate of pay for the scheduled work days missed. The nurse must report for work if his/her jury service ends on any day in time to permit at least four (4)

hours of work in the balance of the normal work day. A nurse on jury duty will be scheduled for day shift for the period of required jury service.

11.8.3 Court witness. Nurses who are subpoenaed or requested by the Agency to appear as a witness in a court case during their normal time off duty will be compensated at the straight time rate of pay for the time spent in connection with such an appearance. The court witness pay will be assigned to the Agency.

11.9 Light Duty. The Agency shall make a reasonable effort to accommodate light or modified duties for a nurse on Workers Compensation. A regular nurse on worker's compensation who is assigned light duty shall continue to be eligible for accrual of PTO and accrual of seniority, and shall be eligible for continuation of retirement benefits and continuation of insurance benefits in accordance with the terms of the applicable benefit plan.

ARTICLE 12 – SENIORITY

12.1 Seniority. Seniority shall mean length of continuous service as a nurse with the Agency, combined with length of continuous service as defined in the professional agreement between the Association and the Medical Center covering the acute care unit. Agency seniority shall be computed on the basis of hours paid as a nurse since the most recent date of hire by the Agency. A nurse must be continuously employed with the Agency, the Medical Center or PeaceHealth Oregon Region (PHOR) for the application of combined bargaining unit seniority.

12.2 Service Outside Bargaining Unit. A nurse who has accepted or accepts employment in a position outside the scope of this Agreement, and outside the scope of the professional agreement between the Association and the Medical Center covering the acute care unit, and who is later employed by the Agency as a nurse in the bargaining unit without a break in Medical Center or PHOR service, will be credited with (1) his/her previously accrued seniority as a nurse (and accordingly will not be placed on probationary status) under this Agreement, (2) his/her PTO accrual rate based upon total consecutive years of Medical Center or PHOR service, and (3) no less than his/her previously existing wage step (including credit for prior service within the pay step) as a nurse.

12.3 Recent Hires. The Agency shall prepare and furnish to the Association a seniority list within thirty (30) days of the close of the last pay periods in the months of November, February, May and August. Seniority shall be fixed upon issuance of each such list until the next seniority list is issued. Nurses hired between these quarterly seniority lists shall be deemed to have less seniority than all nurses on the most recent such list. The length of continuous service of such a nurse shall be based on his/her most recent date of hire (not hours) until the nurse is placed on a seniority list, at which time the nurse's length of continuous service shall be computed on the basis of hours paid since the most recent date of hire.

12.4 Loss of Seniority. Length of service shall be broken by (1) layoff for lack of work which has continued for twelve (12) or more consecutive months; (2) leave of absence, other than a military or worker's compensation leave, which has continued for twelve (12) or more consecutive months; or (3) termination.

ARTICLE 13 – FILLING OF VACANCIES

13.1 Posting of Vacancies. The Agency shall post vacancy notices for a minimum of seven (7) calendar days. Postings shall identify the minimum qualifications, program, regular hours, and number of hours per week of the position. Qualifications will be based on program needs and will not be developed in order to favor a particular applicant.

13.2 Staff Nurse Vacancies. If the candidates under consideration for a posted position in a program other than a Coordinator position are from that same program, the position will be awarded based on seniority. In all other cases, if more than one applicant for the position meets the minimum qualifications, the most senior qualified nurse then employed in the Agency who applied during the posting period will be given the first opportunity to fill the vacancy, subject to the exception in Section 13.2.1 below.

13.2.1 More qualified junior nurse. A more qualified nurse with less seniority may instead be awarded the position if (1) both candidates have been employed at the Agency for greater than one calendar year, and (2) the nurse is clearly more qualified for the position based upon (a) qualifications as evidenced by documented experience, certifications, educational or workshop credits, or similar materials, and/or (b) demonstrated abilities as evidenced by documented satisfactory, exemplary or specialty service in a performance evaluation or other document(s). The Agency's choice of the most senior qualified nurse shall not be subject to challenge under the grievance procedure.

13.2.2 Nurses under written corrective action. A nurse who has received a written corrective action within the previous twelve (12) months may be denied a transfer to a position in a different nursing program, unless the nurse has made satisfactory progress, as determined by the Agency, on an existing action plan. The Agency will, at least two (2) business days before denying any transfer under this section, notify the Association and the affected nurse in writing of its intent to deny the transfer and, upon request, meet with the Association and the nurse before taking this action.

13.3 Coordinator Vacancies. Coordinator vacancies shall be filled on the basis of seniority, provided that the demonstrated skills and the documented qualifications and experience of the nurses applying for the position are substantially equal. Coordinators, as defined in Article 3.3, will be selected by the Agency with input from a program-based nursing service interview committee including staff-selected bargaining unit members. The nurses 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.

13.4 Trial transfer period. A nurse who transfers from one program or position to another shall be on a one-month trial period following orientation, as long as such trial period does not extend beyond three (3) months from date of transfer. If, during such trial period based upon performance identified in writing, the Agency or the nurse determines that the nurse should not be continued in the new position, the nurse shall be returned to his/her former position (if available), with in-program seniority restored, or to his/her original program as a per diem nurse.

13.5 Eligibility to Apply for New Position. A nurse who has filled a regular position vacancy shall not be eligible to apply for a position in another program for six (6) months following

the conclusion of the orientation, unless (1) the nurse is oriented to the program to which the nurse is apply, (2) the nurse, the Agency and the Association mutually agree to an earlier transfer application date.

13.6 In-Program Seniority. A nurse will have “program preference” if, as of the date of posting, the nurse has been continuously assigned to the program where the vacancy exists for at least one year previous to and including such date. Nurse applicants who have program preference in the program where the vacancy exists will have their seniority multiplied by three (3) for the purpose of comparing their seniority with that of other qualified applicants. Nurse applicants who have returned from a leave of absence without pay to a position other than in their former program, and who had program preference when they began such leave, will be deemed to have program preference as of the date of posting if the vacancy occurs within six (6) months after beginning such leave and the nurse specifies on his/her application that such preference is being sought. Per diem nurses will be eligible to earn program preference as follows: Per diem nurses entering per diem positions will be deemed to be in the program into which they are hired or transferred.

13.7 Posting/Bidding Exceptions. No vacancy under this section will be deemed to have occurred when the Agency, in its discretion and with the consent of the nurse, decreases the scheduled hours per week of a nurse by no more than one shift. Moreover, no vacancy will be deemed to have occurred if the Agency, in its discretion and in lieu of posting, desires to increase the scheduled hours per week of a nurse by no more than one shift. Such hours will be posted in the program involved for seven (7) calendar days. The qualified senior, part-time nurse applicant whose primary job class is in the program where such hours will be scheduled, will be given the first opportunity for such hours.

13.8 Temporary Nurse Bidding. Any temporary nurse without seniority shall be treated as an outside applicant for purposes of job bidding.

13.9 Regional Assignment. Available regularly scheduled regional patient care assignments shall be noticed to bargaining unit nurses by PeaceHealth email and in-house voice mail. The Agency shall offer these assignments to the senior nurse that expresses an interest in writing within seven (7) calendar days of the notice. When no nurse has expressed an interest in the assignment, it shall be assigned to the least senior qualified nurse for a period not to exceed twelve (12) months.

13.10 Position Review. Per diem nurses shall not be utilized in lieu of posting a new regular position. At the request of the Association, the Agency and the Association will jointly review the staffing pattern and the utilization of per diem and other nurses in a program and shift to determine whether additional regular positions/hours should be posted.

13.11 Restoration of Prior Standing upon Reinstatement. Any non-probationary, non-temporary nurse who terminates from employment at the Agency or the Medical Center and is rehired by the Agency to a position covered by this Agreement within a period of less than one year from the date of termination will (a) be returned to the nurse’s same wage step and position within the wage step as prior to termination, (b) not be required to complete a new probationary period, (c) have his/her seniority restored exclusively for purposes of this Article, and (d)

continue receiving the same employer matching retirement contribution the nurse had been receiving prior to termination.

ARTICLE 14 – WORK FORCE REDUCTIONS, LOW CENSUS AND REORGANIZATIONS

14.1 Work Force Reductions. The Agency retains the right to determine whether a permanent or prolonged reduction in personnel is necessary, the timing of such reduction in personnel, the number of FTEs to be eliminated, and the program(s) in which such reduction shall occur.

14.1.1 Definition. A workforce reduction occurs whenever one or more bargaining unit members experiences the involuntary elimination of their position or the prolonged involuntary reduction of a nurse's regularly scheduled hours of greater than one shift per week.

14.1.2 Order of reduction. Reduction or displacement shall occur in the following order: temporary nurses, volunteers, probationary nurses and regular nurses.

14.1.3 Notice. The Agency shall provide at least thirty (30) calendar days' advance notice to displaced nurses and the Association prior to implementation. The notice shall provide detailed information regarding the purpose and scope of the reduction and the likely impact on units and positions. The Agency will meet with the Association, upon request, to discuss such action, provided that the Association promptly responds so as to allow the Agency to implement such reduction in personnel within thirty (30) days of receipt of such written notice. Failure to act in such prompt manner shall constitute a full and unequivocal waiver of the Association's right to participate further in this process.

14.1.4 Procedure. The least senior nurse in the program where the workforce reduction occurs, which shall include the application of in-program seniority as defined in Section 13.6, shall be the first to be displaced, provided that the nurses remaining in the program have the skills and ability to immediately perform the necessary work. Displaced nurses in the affected program shall choose, within twenty one (21) calendar days of receiving notice of displacement including the program and Agency seniority lists, a list of open positions, a copy of the severance policy and their contractual rights, and in order of seniority, whether to exercise the option to fill a vacant position in the bargaining unit if s/he is qualified for that position, bump into the position of the least senior nurse(s) in the bargaining unit for which such nurses have the skills and ability to immediately perform the necessary work. They also have the right to choose to transition to a per diem position as defined in Article 3, if eligible, or the severance benefit as specified in Appendix B.

14.1.5 If there are any open positions posted at the time of notice of the reduction in force, the Agency shall wait to fill such positions unless both parties mutually agree the positions should remain posted, until nurses impacted by the reduction in force have had an opportunity to exercise their layoff rights as detailed in 14.1.4

14.1.6 Layoff status. Displaced nurses who are not qualified for an open bargaining unit position shall be on layoff status as of the date of displacement. Except

where otherwise expressly provided, benefits and seniority shall not accumulate during the layoff period. Such nurses may also choose the severance benefit as specified in Appendix B.

14.1.7 Performance of remaining work. The work remaining after a workforce reduction shall be performed by currently employed nurses until the Agency determines that recall shall be initiated. Neither temporary nurses nor contracted nurses shall be utilized to perform bargaining unit work as long as nurses qualified for and interested in such work remain on layoff status. Nor shall per diem nurses or LPN's be utilized to perform work on a regularly scheduled basis that could be performed by a nurse on layoff status who is qualified for and interested in being recalled for such work.

14.1.8 Recall. Nurses shall have reemployment rights in the reverse order of layoff. When reemployment is offered by verbal or certified written notice to a nurse who has been laid off, the nurse will have 72 hours to accept or reject the position(s) offered. The Agency shall offer all open and available bargaining unit positions to nurses on layoff status. If the nurse fails to respond within the 72 hours, or if the nurse rejects all positions for which he or she is qualified, the nurse forfeits all further right to recall, and employment with the Agency shall be terminated. It shall be the responsibility of the nurse who has been laid off to provide the Agency with the current telephone and/or address where he/she may be reached. Nurses outside the Agency shall not be employed for a vacancy in the bargaining unit if there is a nurse on the layoff list with interest in the vacancy and with the required experience and qualifications.

14.2 Low Census. In the event of low census days/hours, nurses shall be placed on low census in each Agency program in the following order: (1) "agency" traveler and temporary nurses (unless a bargaining unit nurse volunteers to be placed on low census ahead of such a nurse), (2) nurses working at a premium rate of pay, including sixth and consecutive day pay, (3) volunteers, (4) per diem nurses scheduled following the posting of the work schedule, (5) regular nurses who are working that shift in excess of their regularly scheduled hours, (6) per diem nurses scheduled on the posted work schedule, and (7) finally, by a system of equitable rotation among the remaining nurses, provided the remaining nurses shall be qualified and available to perform the available work. For purposes of this provision, equitable rotation shall be defined as a system that assures that individual nurses over a span of two (2) consecutive work cycles do not bear a burden of placement on low census disproportionate to their assigned FTE. The system of equitable rotation shall be established by consensus of the manager of each program and a majority of the nurses in that program. Nurses who are intermittently assigned to an area shall be deemed qualified to perform in those areas for purposes of low census staffing adjustment.

14.2.1 Equitable rotation groups. The Home Infusion Program will implement equitable rotation among regular nurses in its program. The Home Health and Hospice Programs will implement equitable rotation within two separate groups of field nurses and office nurses in each program. When a nurse is placed on low census, the Agency will attempt to find work opportunities for which the nurse is qualified that are outside of his or her equitable rotation group. Nurses in Coordinator positions do not belong to a specific group but will similarly be eligible for such other work opportunities when placed on low census.

14.2.2 Partial cancellation. In the event of a partial cancellation of a nurse's regular hours, the low census hours shall occur consecutively at the end of the scheduled hours unless otherwise mutually agreed between the nurse and the Agency.

14.2.3 Low Census Data. Nurses will have the opportunity to view the low census data in their program so they may see their order in the low census rotation and alert their supervisor of any potential errors in the calculation of their low census hours.

14.2.4 Excess low census. If low census results in a reduction of at least 10% of the core scheduled hours in a program's equitable rotation group over a span of two (2) consecutive cycles, representatives of the Agency and the Association shall meet to consider ways to remedy the situation, including:

- Allowing nurses to voluntarily reduce scheduled hours with continued benefit level and guaranteed return to schedule hours for a specific number of cycles
- Allowing nurses to voluntarily be removed from the schedule for a specific period of time with continued benefit level and guaranteed return to scheduled hours without utilizing PTO
- Potential reorganization and/or implementation of layoffs as provided in this article.

All time that a nurse is prevented from working his/her scheduled hours because of low census will be included in calculating these percentages, regardless of whether the nurse uses PTO for any of the low census hours. Furthermore, whenever a nurse's scheduled work hours are reduced by more than 25% in a given cycle because of low census, the Agency will seek to provide that nurse, upon written request from the nurse, any available work on the nurse's regular shift that the nurse is qualified and able to perform. The Agency will provide low census data on a monthly basis to the Association for each program in the Agency.

14.3 Work Force Reorganization. The provisions of this section shall apply in the event of a work force reorganization that does not involve layoffs. A work force reorganization shall include staffing changes resulting from a merger or consolidation of two or more programs, increases or decreases in FTE status among bargaining unit members, and changes of positions within a program.

14.3.1 Notice. Prior to implementing a work force reorganization, the Agency shall present the reorganization plan at a staff meeting with an invitation to the Association. The Agency shall subsequently provide the Association a detailed tentative reorganization plan at least sixty (60) days in advance of the scheduled implementation date.

14.3.2 Bargaining rights and obligations. The Agency shall, upon demand by the Association, bargain the impact of the work force reorganization. The parties' bargaining rights and obligations shall be as follows: The Agency shall agree to meet on a minimum of three (3) occasions during the allotted 60-day period. After notice of reorganization is provided, nurses in a program designated for reorganization will not

change status or hours within the program until position selection is completed. At the written request of either party, the negotiation timeline shall be extended not to exceed 30 days without mutual agreement. At the conclusion of the timeline bargaining over the proposed reorganization plan shall be deemed to be at an impasse and the Agency shall have the right to implement the terms of its last proposal to the Association.

Unresolved reorganization negotiations shall be suspended 30 days prior to the expected start date for renegotiations of this agreement and remain suspended until a new agreement is implemented.

14.3.3 FTE reductions. In the event a program reorganization involves reductions in FTEs, the procedure outlined in Section 14.1.4 shall be followed.

14.3.4 FTE increases. In addition to the procedural obligations of this Section, the Agency agrees that it shall not implement increases in bargaining unit members' FTE status without the Association's consent. The Association agrees to work collaboratively with the Agency in a sincere and cooperative attempt to reach consent in the event the Agency has proposed such increases, and to exercise a leadership role in this regard.

14.3.5 Evaluation. The Agency and Association shall agree to evaluate the effectiveness of the reorganization to identify additional changes that may need to be made, and evaluate whether the goals originally identified were met. This will occur within 60 and 120 days after the implementation of the reorganization.

ARTICLE 15 – HEALTH AND WELFARE

15.1 Health Insurance Benefit Program. All nurses in regular, established positions who are consistently scheduled for forty (40) or more hours per two-week period shall be eligible, as of the first day of the month following the first full month of employment, to participate in the health insurance benefit program offered by the Agency. Employees shall continue to be offered benefit options, in accordance with the terms of the program, with regard to medical, dental, vision, life, AD&D, long-term disability and short-term disability plans, critical illness insurance, accident insurance and healthcare and dependent care spending accounts. Medical and dental coverage shall continue to be extended to legally domiciled adults as defined in the health insurance benefit program.

15.1.1 Premiums. The Agency shall contribute a dollar amount sufficient to cover the following portions of the total premium costs for the medical plans offered:

For nurses working at least 64 hours per pay period, the Agency will pay 93% of the cost of the PPO medical plan premiums for employee coverage and 77% of the cost of said premiums for dependent coverage.

For nurses working at least 40 hours but less than 64 hours per pay period, the Agency will pay 85% of the cost of the PPO medical plan premiums for employee coverage and 65% of the cost of said premiums for dependent coverage.

For nurses working at least 64 hours per pay period, the Agency will pay 100% of the cost of the ABHP medical plan premiums for employee coverage and 82% of the cost of said premiums for dependent coverage.

For nurses working at least 40 hours but less than 64 hours per pay period, the Agency will pay 90% of the cost of the ABHP medical plan premiums for employee coverage and 70% of the cost of said premiums for dependent coverage.

For nurses working at least 64 hours per pay period, the Agency will pay 66% of the cost of the dental plan for employee coverage and 62% of the cost of said premiums for dependent coverage.

For nurses working at least 40 hours but less than 64 hours per pay period, the Agency will pay 55% of the cost of the dental plan premiums for employee coverage and 45% of the cost of said premiums for dependent coverage.

15.2 Benefit Maintenance and Changes. The Agency shall continue the current or a substantially equivalent level of aggregate benefits existing under the health insurance benefits program, including the level of premium contributions, for each of the insurance plans referenced in Section 15.1. In the alternative, in the event that the Agency does not maintain a substantially equivalent level of aggregate benefits under any of these insurance plans, as determined by an independent actuary retained by the Agency, the Agency shall notify the Association of the proposed changes and shall meet with the Association, upon request, to bargain over the proposed changes prior to their implementation. The provisions of Article 19 shall be waived for the duration of such bargaining. In no event shall bargaining unit nurses receive a level of benefits that is less than the level received by a majority of the Agency's non-bargaining unit employees.

15.2.1 Information requests. The Agency shall respond to all reasonable information requests from the Association regarding insurance plan premiums and plan design in a timely manner, and shall regularly provide plan utilization and actuarial data upon request. Requested information related to insurance changes shall be shared with the Association as soon as it is available and prior to the implementation of premiums during enrollment each insurance year.

15.2.2 Advance notification. The Agency shall forward to the Association plan changes and insurance amendments at least ninety (90) days prior to implementation, and rate changes at least sixty (60) days prior to implementation.

The Agency will provide notice of the time frame for open enrollment at least two (2) weeks prior to the commencement thereof, and will make available accurate information regarding covered benefits at the time of open enrollment.

15.2.3 Health care reform changes. Bargaining unit nurses will receive the same benefits resulting from federally legislated health care reform changes that other employees of the Agency receive.

15.3 Employee Health Services. At the beginning of employment and thereafter as determined by the Agency based on a TB assessment, the Agency shall arrange to provide tuberculin tests and x-rays, if necessary, at no cost to the nurse. Laboratory examinations when indicated because of exposure to communicable diseases while on duty shall be provided by the Agency at no cost to the nurse.

15.4 Communicable Diseases. When a nurse is required by the Agency to be absent from all work because of exposure to a serious communicable disease, which likely occurred while on duty as determined by Employee Health, the Agency will pay the nurse at the nurse's straight-time rate of pay for scheduled hours lost, for up to fourteen (14) days. This section will not be applicable when (a) the nurse is eligible for workers' compensation or other disability insurance benefits for which the Agency has made contributions, or (b) the nurse, after having received actual or constructive notice in writing of this provision, has refused the Agency's offer of timely vaccination in connection with such disease except for medical reasons. In the event of a potential epidemic, the Association and the Agency will meet to discuss guidelines for maintaining employee and patient safety and compensation for hours lost.

15.5 Retirement Plan. The Agency shall continue to offer all eligible nurses a retirement plan which offers a level of benefits substantially equivalent to the current plan and consists of a noncontributory Base Plan, matching contributions from the Employer, and a tax-sheltered annuity plan.

15.6 Health and Safety. The Agency and the Association agree to comply with all state and federal regulations pertaining to the health and safety of employees in the workplace. The parties further agree to promote all practices necessary to assure safety in the workplace and to work collaboratively in developing additional policies and practices to that end.

15.7 Pharmacy Benefit for Retirees. Nurses currently enrolled on the plan prior to August 18, 2016 will be given the option to remain on the plan.

15.8 Premium Reduction Program. The Medical Center will continue to offer a Premium Reduction Program through the duration of this Agreement. Through this benefit, eligible Nurses may receive financial assistance to cover 100% of the cost of their Employer provided medical premiums.

Participation in this program is based on total household income and the Federal Poverty Level, as determined by the U.S. Department of Health and Human Services. Employees whose household income is less than 250% of the Federal Poverty Level will be eligible to receive a health insurance plan at no premium cost to the employee for themselves and eligible dependent(s) first of the month following the approval of their application.

15.9 Employee Discount. The Medical Center will offer Nurses and their dependents covered under Employer medical plans the most favorable discount for services rendered at PeaceHealth facilities, providers and laboratories.

15.10 Enhanced Chronic Condition Program. Nurse and covered dependents enrolled in the Enhanced Chronic Condition Program are eligible to receive free preventive medications, including diabetic testing supplies. These chronic conditions covered under this program include: diabetes, COPD, asthma, congestive heart failure, coronary artery disease and hypertension.

15.11 Insurance Expenses incurred at PeaceHealth Facilities. Nurses covered under PeaceHealth Health Insurance plans who have outstanding balances to PeaceHealth Facilities and/or providers will be offered a reasonable payment plan upon request. Nurses that comply with the payment plans will not be subject to further collections or garnishment.

ARTICLE 16 – PROFESSIONAL DEVELOPMENT

16.1 Performance Assessment. In order to promote professional development, each nurse will be assessed and counseled regarding competencies and goals by his/her immediate supervisor, or designee, on at least an annual basis. Assessment and goal setting is a collaborative process which may include self-assessment, goal setting, and/or peer review. The nurse will select those individuals who may participate in that nurse's peer review, and the contents of these peer reviews shall remain confidential. The nurse will be shown all final written assessment and goal statements and have the right to respond in writing to such documentation. Both the assessment and goal statements, and the response, will be placed in the nurse's personnel file. A copy of the assessment and goal statements will be furnished to the nurse.

16.1.1 The performance assessment is not intended to be a mechanism for disciplinary action, but may be referenced in future disciplinary actions. Employees who do not meet standards in specific areas will be expected to develop an action plan to bring their competencies up to standard. These action plans are to be mutually agreed upon between the individual nurse and his/her immediate supervisor or designee.

16.1.2 Nursing competency and skills checklists shall be reviewed and amended on each nursing program, as appropriate, by the Professional Nursing Care Committee.

16.2 Continuing Education Program. Professional development is a shared responsibility. The Agency agrees to maintain a continuing education program for all nurses. Each nurse is encouraged to present suggestions for improving the program to his/her supervisor. Nurses are expected to attend in-service educational functions during their normal shifts, with the prior approval of the Agency. When it is not possible for a nurse to attend a voluntary in-service educational function during his or her normal shift, the nurse may choose to attend and be compensated for that function held at an alternative time outside of his or her normal shift, provided that the nurse's attendance does not otherwise cause the nurse to receive a premium or overtime rate of pay. In the event a nurse is required by the Agency to attend in-service educational functions or staff meetings outside of his/her normal work hours, time spent at such functions will be considered as time worked under this Agreement. A minimum of one (1) hour's pay shall be paid for attendance under the preceding sentence, if the time spent at such functions is not continuous with the nurse's normal work hours. Voluntary educational functions and staff meetings outside of a nurse's scheduled hours shall be compensated at the nurse's straight-time rate of pay without a minimum one (1) hour requirement.

16.3 Educational Hours and Expenses. The Agency shall provide an annual maximum of 600 educational hours paid at straight-time rates for nurses who have been employed by the Agency for at least six (6) months, to attend non-mandatory educational programs either on site or off site. The Agency shall further provide an annual maximum of

\$24,000 to assist participating nurses in meeting registration fees and related expenses in conjunction with attending such educational programs. Such days and funds shall be allocated proportionally to each program, subject to being pooled together on or after February 1 of each year and determined based on protocols set by the Professional Nursing Care Committee. Educational days and funds must be used for bona fide education related to the nurse's position or likely nursing opportunities within the Agency, which will benefit both the Agency and the nurse.

16.3.1 Procedure and program guidelines. Requests for educational days should be made no later than two (2) weeks prior to the posting of the schedule covering the period in which the days are sought. The Agency will respond to all requests for time off within thirty (30) calendar days of receipt of the nurse's request. If nurses are concerned about registration or refund deadlines, they shall make such concerns known, with supporting documentation, at the time of the request for educational days. Approval of educational day requests shall be subject to staffing needs on the date(s) requested and shall not be unreasonably denied. When the full number of educational day requests cannot be approved, preference will be given to the earliest received request(s). A nurse's education day request shall not be granted if the same day has previously been granted as PTO.

16.3.2 Criteria for use. Educational days and funds must be used for bona fide education related to the nurse's current position or likely nursing opportunities within the Agency, which will benefit both the Agency and the nurse. Educational offerings for basic core competencies required for the nurse's current position shall be excluded. The days and funds utilized for non-mandatory in-house educational offerings shall be limited to formalized public class or workshop offerings typically associated with CEU credits or nursing practice enhancement, unless otherwise approved by the Professional Nursing Care Committee. The funds may also be utilized for reimbursement to a nurse for the cost of a certification or re-certification examination upon the nurse's successful completion of the examination. The PNCC shall determine compliance with these fund criteria. The Agency may require nurses to make oral and/or written presentations regarding their educational experience to other Agency staff.

16.3.3 Hours compensated. A nurse granted time off to attend an educational program outside of the Eugene/Springfield area shall be compensated eight (8) hours at the nurse's regular rate of pay. A nurse granted time off to attend an educational program in the Eugene/Springfield area of less than six (6) hours, on the nurse's regular scheduled day of work, shall have the opportunity to work for the remainder of his/her eight-hour work day, to avoid a reduction in hours compensated.

16.3.4 Disclaimer of liability. The Agency assumes no liability whatsoever for any nurse while traveling to or from or attending any non-Medical Center related outside activity, off the premises of the Medical Center, to the extent allowable by law.

16.4 Tuition Reimbursement. In addition to the funds available under Section 16.3 herein, the Agency shall provide an annual maximum of \$15,000 to assist regular nurses, in the aggregate, in meeting the cost of tuition, books and associated expenses for classes that are part of a program to obtain a BSN or MSN. To qualify for reimbursement, the nurse must complete the class or program with at least a grade of B. The Agency and the PNCC shall be jointly

responsible for developing and periodically revising the criteria and parameters pertaining to access and distribution of these funds.

16.5 Required Certifications. Regarding certifications required for the role such as but not limited to: BLS, WOCN, and OASIS; nurses will be compensated at the applicable rate of pay for all hours spent in the certification course. The Agency shall reimburse a nurse for the cost of obtaining any certifications required for their position.

ARTICLE 17 – PROFESSIONAL NURSING CARE COMMITTEE

17.1 Recognition. A Professional Nursing Care Committee shall be established at the Agency. Its objectives shall include:

- a. Coordinating constructive and collaborative approaches with the Agency to problem solving regarding professional issues.
- b. Considering the improvement of patient care.
- c. Considering issues related to the practice of nursing.
- d. Working to improve patient care and nursing practice.
- e. Recommending to the Agency ways and means to improve patient care.

17.2 Responsibility. The Agency recognizes the responsibility of the Committee to make written recommendations to the Home Health Director regarding objective measures to improve patient care and to advise and assist the Agency regarding guidelines and priorities for expenditures from the professional development funds specified in Article 16.3. The recommendations will be duly considered. A written response will be made to the Committee within ten (10) working days or a mutually acceptable period of time. The Agency will thereafter give due consideration to the recommendation and will advise the Committee of action taken.

17.3 Composition. The Professional Nursing Care Committee shall be composed of up to six (6) registered nurses employed at the Agency and covered by this Agreement. The Committee members shall be elected annually by the registered nurse staff covered by this Agreement at the Agency and shall serve staggered two-year terms to ensure continuity. Vacancies on the Committee may be filled by appointment at the discretion of the Association. The Committee shall annually elect one person from within the Committee to serve as chairperson. When practical, at least one representative covered by this Agreement should be selected from home infusion, home health, and hospice.

17.4 Committee Meetings. The Committee shall, with the Home Health Director's coordination of time and place, schedule monthly meetings, as deemed appropriate by its members. The Committee shall be entitled to a total maximum of seventeen (17) hours per month, payable at each nurse's regular straight time rate of pay, for the purpose of conducting Committee business. In addition, a representative from the Committee shall be compensated at his/her regular straight time rate of pay for the purpose of attending meetings of an interdisciplinary Patient Care Committee and other special projects to which the Agency mutually agrees. Committee meetings shall be scheduled on a regular basis, and the Agency will make every reasonable effort to release Committee members from duty when necessary so that

they may attend scheduled meetings. The Committee shall prepare an agenda and keep minutes of all meetings, copies of which shall be provided to the Home Care Services Director and the Oregon Nurses Association.

17.5 Committee Invitations. The Committee may invite the Agency Director or his/her designee to its meetings at mutually agreeable times for the purpose of exchanging information and/or to provide them with recommendations on pertinent subjects. The Agency Director or his/her designee shall meet quarterly with the Committee to discuss staffing. The Agency Director or his/her designee may bring to Committee meetings such other individuals whose participation may help to enhance the parties' dialogue and/or to further their collaborative alliance.

17.6 Agenda. Appropriate agenda items may be submitted for consideration to the chairperson of the Committee from members of the nursing staff and Agency administration. These shall include, but not be limited to, patient safety, employee safety, quality improvement and development and amendment of nursing competency and skills check lists. Items involving the interpretation of this Agreement will be excluded from discussion by this Committee unless a mutually agreed special project necessitates such discussion.

17.7 Staffing. The Agency further recognizes the responsibility of the Committee to consider staffing issues, and to facilitate communications between bargaining unit members and management regarding staffing issues that arise. Moreover, in the mutual interest of resolving such issues internally whenever possible, the Committee shall meet with the Director of Home Care regarding any issue involving unsafe staffing or patient care that they are considering taking to an outside agency. In addition, the PNCC will notify the chief nurse executive in writing prior to contacting such agency.

Nurses are encouraged and expected to notify their supervisor of staffing issues. The Association will make available copies of the ONA Staffing Request and Documentation Form (SRDF) on each nursing program and shift. The Agency will also make available an electronic version of the form to all nursing staff. The PNCC shall conduct an annual training on the purpose and process for completing an SRDF for all ONA represented RNs. The Agency will assure that documentation of staffing deficiencies and requests are not discouraged. A nurse who fills out such a report shall submit it to his/her immediate supervisor with a copy to the Committee for concurrent review. A member of nursing administration, upon the Committee's request, will attend the Committee's next scheduled meeting to review with the committee any such reports received within the past month. The appropriate nursing administrator or designee shall respond within one month in writing to each nurse submitting such a report and will send a copy to the PNCC chair.

ARTICLE 18 – NURSING CARE DELIVERY

18.1 Legal Authority. The Agency recognizes the legal and ethical obligations inherent in the nurse/patient relationship and the accountability and authority of the registered nurse in his or her individual practice.

18.2 Nursing Assessment. Only the registered nurse coordinates a patient's total nursing care needs, including assessment, diagnosis, planning, intervention and evaluation.

18.3 Delegation. A registered nurse will not be required or directed to assign or delegate nursing activities to other personnel in a manner inconsistent with the Oregon Nurse Practice Act.

18.4 Electronic Medical Records (EMR) and Department issued technological equipment. Hands-on time spent by nurses utilizing the EMR system to upload and download patient information will be treated as paid time. It is expected that such activity will be incorporated into the nurse's regular workday. The Agency agrees to seek input from the Labor Management Committee in conjunction with the development of protocols and the acquisition of technology, for use with the EMR system and technological equipment. Nurses who observe written Agency protocols for use of the EMR system and equipment will not be held responsible for any loss or disclosure of patient information that may occur as a result of their use of the system or equipment.

ARTICLE 19 – NO STRIKE, NO LOCKOUT

19.1 In view of the importance of the operation of the Agency facilities in the community, the Agency and the Association agree that, during the term of this Agreement, (a) there will be no lockouts by the Agency, and (b) neither the nurses nor their agents or other representatives shall authorize, assist or participate in any strike, including any sympathy strike, picketing, walkout, slowdown, or any other interruption of work by bargaining unit nurses, including any refusal to cross any other labor organization's picket line. This provision shall not be interpreted to prohibit nurses from voicing conscientious quality of patient care concerns in any manner other than as specifically set forth above.

ARTICLE 20 – GENERAL PROVISIONS

20.1 Sale, Merger or Transfer. In the event the Agency merges, is sold, leased, or otherwise transferred to be operated by another person or firm, the Agency shall have an affirmative duty to call this Agreement to the attention of such firm or individual and, if such notice is so given, the Agency shall have no further obligation hereunder. The Agency will also provide notice to the Association of any such sale, lease or transfer at least ninety (90) days prior to the closing date.

20.2 Superseding Document. This Agreement constitutes the entire Agreement and understandings arrived at by the parties after negotiations and replaces all previous agreements, written or oral.

20.3 Bargaining During Agreement. The parties acknowledge that during the negotiations which resulted in this Agreement, all had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from the parties' consideration, and that all written agreements arrived at by the parties after the exercise of that right and opportunity are set forth in this Agreement. Therefore, the parties hereto, for the life of this Agreement, each voluntarily and unqualifiedly waives the right, and each agrees that the other shall not be obligated, to bargain collectively with respect to any subject or matter, excluding the parties' legal obligation to bargain the alteration of existing terms or working conditions of employment. The parties further agree, however, that this Agreement may be amended by the mutual consent of the parties in writing at any time during its term.

20.4 Non-Reduction of Benefits/Past Practices. The signing of this Agreement shall not result in a reduction of benefits or terms and conditions of employment that are currently in effect and are not expressly covered herein, provided that such benefit or working condition is well established at the Agency. In addition, past customs or practices shall not be binding on the parties unless they are well established. Well established practices which affect the terms and conditions of employment of the bargaining unit shall not be unilaterally reduced or discontinued by the Agency without first bargaining with the Association. For purposes of this paragraph, “well established” shall mean that the benefit or working condition is unequivocal and readily ascertainable as an established practice accepted by both the Association and the Agency over a reasonable period of time.

20.5 Labor Management Team. A joint team consisting of Agency representatives and bargaining unit representatives shall meet at least six times per year, not to exceed two hours with the intent of proactively resolving contract, staffing and other workplace issues. For the duration of this Agreement, mutually agreed periods of time in Committee meetings will be dedicated to a discussion of subjects related to the impact of health care reform on the delivery of patient care at the Agency, including enhancement of the patient experience and reductions in cost. These meetings shall be utilized to clarify contract interpretations, address workplace issues as they arise, and reach new supplemental agreements when necessary. Time spent by bargaining unit members of the team attending such meetings shall be compensated at the nurse’s regular rate of pay. The Agency will seek in good faith to allow nurses the necessary time off for participation in team meetings, subject to the operational requirements of the Agency. Nurses shall not suffer a loss of scheduled hours due to their participation in team meetings, provided they are willing to work the make-up hours (at the regular rate of pay) necessary to reach their scheduled status.

20.6 Labor Management Health Benefits Committee. The Employer and the Association, recognize the importance of undertaking joint efforts to ensure that employees have access to cost effective, quality health care and other insurance coverage. Both the Employer and the Association share a mutual interest in researching best practices in cost containment features and benefits that ensure quality but also address increasing costs.

To address these issues, the parties will maintain a Labor Management Health Benefits Committee. The Association and Employer will each appoint up to four representatives to the committee. The committee agenda shall be developed with input from representatives of all committee members; minutes shall be taken at the committee meetings and made available to all committee members. The Committee shall be advisory and shall meet quarterly and more often as mutually agreed. All employee representatives on the committee will be paid for time attending meetings. The parties agree to engage in a fully transparent process of information sharing that will lead to stronger engagement and overall success.

This committee will research, review and adopt incentive-based programs and may provide recommendations regarding plan design and inpatient and outpatient benefit provided under the plan. The committee will work to:

1. Maximize prevention benefits
2. Incentivize healthy behaviors and wellness programs

3. Remove barriers to chronic disease management such as lower or free pharmaceutical costs and free office visits.
4. Encourage use of high value benefits and discourage benefits of low value but high costs such as high-end imaging.
5. Educate and incentivize on the use of generic drugs.
6. Develop a plan to educate and assist Employees on the various financial assistance programs available including those offered by PeaceHealth.

If the committee produces mutually agreed upon recommendations for incentive-based wellness programs, the Employer and the Association shall convene a meeting to review the recommendations for potential adoption. The parties' discussion at such meeting shall not constitute formal bargaining.

The committee may include representatives from the Service Employees International Union Local 49 and other represented employee groups. In addition, the committee will meet twice annually with a PeaceHealth system benefit representative to review trends, data (including PeaceHealth system-wide and facility specific data) and discuss suggestions.

Committee participants shall receive an annual training on Health Insurance plan design and other information to facilitate participation and effectiveness of the committee.

20.7 Workplace Violence Prevention Committee. The Agency and the Association aim to create a culture where violence and aggressive behavior will not be tolerated in the work environment. The work environment for Home Care Services shall include patient homes, personal automobiles and any other location a nurse is required to be in the course of performing the duties of their positions.

20.7.1 - The PeaceHealth Oregon Workplace Violence Prevention Committee shall meet on a set schedule for a minimum of two hours a month, unless the parties mutually agree to alter this schedule, with dedicated time on the agenda to discuss nurse-related issues . A staff nurse shall serve as co-chair of this committee.

20.7.2 - The committee shall include representatives from management and staff to include one (1) Home Care Services nurse and one (1) alternate, to be selected by the Association. The Agency will pay for a maximum of one (1) nurse to attend the committee and subcommittee meetings. The nurse serving on this committee shall be provided with 90 minutes of paid time to prepare input to inform the work of the committee and work on sub-committee assignments as defined in the charter.

20.7.3 Home Care Services Workplace Violence Prevention Committee. In addition to the PeaceHealth Oregon Workplace Violence Prevention Committee, the Agency shall maintain an interdisciplinary committee to address workplace violence and prevention issues unique to Home Care Services. This committee shall be provided with 60 minutes of paid time per month and shall include three (3) nurses appointed by the Association.

20.7.4 Policy Development, Evaluation, Education and Training. - The Agency is committed to developing policies, education, and training with input from nursing staff,

to support a comprehensive Workplace Violence Prevention Program. These policies, including the Unsafe Home Visits policy and procedure, and other Home Care specific policies shall be presented to the Home Care Services committee for review and feedback, prior to implementation, and also reviewed and evaluated annually.

Workplace Violence Prevention education and training will be required at least annually and incorporated into new employee orientation and for any nurse transferring to a different program or position within the agency. The Agency shall provide, upon request, the Association with documentation of these trainings and education modules.

20.7.5 The Agency will provide Employee Assistance Program and Spiritual Care information to affected nurses within 72 hours of receiving notice of an incident.

20.7.6 The Agency is committed to providing timely notification of workplace violence events that may impact all agency staff with the emphasis on preventing future incidents. Upon request from a Home Care Services Workplace Violence Prevention Committee member, within 72 hours of an incident, a subcommittee of the agency committee shall meet to review the incident with appropriate representation from the network committee. The incident shall also be reviewed by the overall PeaceHealth Oregon Workplace Violence Prevention Committee. Incidents that rise to this level will be reviewed and analyzed at the Workplace Violence Committee.

20.7.7 The subject of workplace violence prevention should be a standing agenda item for the Labor Management Committee.

20.8 Continuous Improvement Processes. Nurses will be invited to participate in continuous improvement processes addressing patient care. There will be meaningful inclusion of nurses in these discussions and processes. Nurses' participation will be in numbers sufficiently meaningful to represent their perspective. All time spent by bargaining unit members participating in these processes will constitute working time and will be compensated accordingly. The Agency will seek in good faith to allow nurses the necessary time off for such participation, subject to the operational requirements of the Agency. Nurses shall not suffer a loss of scheduled hours due to their participation in these processes, provided they are willing to work the make-up hours (at the regular rate of pay) necessary to reach their scheduled status.

20.9 Separability. In the event that any provision of this Agreement shall at any time be declared invalid by any court or government agency of competent jurisdiction, 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.

20.10 Introductory Meeting for Managers. The Agency and the Association will schedule a meeting for nurse managers, directors, and chief nursing officers who are new to their leadership role to meet with the Association and Human Resources Director within 90 days of hire. The Association and Agency will agree to the content of such meeting within 60 days of ratification and annually thereafter. The purpose of the meeting is to provide information as to the Agreement, the role of the Association and ways to collaborate and build relationships.

20.11 Agreement Training. The Agency and the Association will collaborate to develop and conduct training for nurses and leaders regarding the Agreement and changes annually or more frequently as needed. The training will be jointly conducted and provided within 90 days of ratification of a new agreement. The Agency will coordinate scheduling to accommodate access for all shifts and locations. All nurses who attend the training will be paid at their straight-time hourly rate.

ARTICLE 21 – DURATION AND TERMINATION

21.1 Duration. This Agreement shall be effective the first full payroll period following its ratification by the nurses, except as otherwise specifically provided for herein, and shall remain in full force and effect through April 15, 2023, and from year to year thereafter if no notice is served as hereinafter provided.

21.2 Notice of Modification or Termination. If either party wishes to modify or terminate this Agreement, it shall serve notice of such intention upon the other party no more than one hundred twenty (120) days and no less than ninety (90) days prior to the expiration or subsequent anniversary date. In the event that notice of modification only is provided, the terms of this Agreement shall remain in effect and shall thereafter be terminated only upon written notice of termination provided by either party.

SIGNED this ____ day of _____, 2019.

SACRED HEART MEDICAL CENTER d/b/a
SACRED HEART HOME CARE SERVICES

OREGON NURSES ASSOCIATION

Appendix A WAGE RATES

Section 1. Nurses shall receive the following hourly wage rates effective the first full pay period subsequent to the following dates

<u>Step</u>	<u>July 1, 2019</u> <u>3%</u>	<u>July 1, 2020</u> <u>3%</u>	<u>July 1, 2021</u> <u>3%</u>	<u>July 1, 2022</u> <u>3.5%</u>
1	37.70	38.83	39.99	41.39
2	38.84	40.01	41.21	42.65
3	40.11	41.31	42.55	44.04
4	41.41	42.65	43.93	45.47
5	42.82	44.10	45.42	47.01
6	44.32	45.65	47.02	48.67
7	45.96	47.34	48.76	50.46
8	46.94	48.35	49.80	51.54
9	47.88	49.32	50.80	52.58
10	49.89	51.39	52.93	54.78
11	52.04	53.60	55.20	57.14
12	53.22	54.82	56.46	58.44
13	54.40	56.04	57.72	59.74
14	55.61	57.28	59.00	61.06
15	56.87	58.57	60.33	62.44
16	58.29	60.04	61.84	64.00
17	-	-	63.38	65.60

Section 2. Advancement to higher steps:

- A. Nurses will move from Step 1 through Step 9 after one (1) year of service as a nurse at the previous step, beginning with Step 1. B. Nurses will move from Step 9 through Step 14 after two (2) years of service as a nurse at the previous step, beginning with Step 9.
- C. Nurses will move from Step 14 through Step 16 after three (3) years of service as a nurse at the previous step, beginning with Step 14.
- D. Effective the first full pay period following July 1, 2021, nurses will move from Step 16 through Step 17 after four (4) years of service as a nurse at the previous

step, beginning with Step 16. Effective the first full pay period following July 1, 2021, nurses who have been at a Step 16 for four (4) years or more as of the beginning of the first full pay period of July 2021 will move to the new Step 17 and will have that date as their new anniversary date for purposes of subsequent step advancement

Appendix B

SEVERANCE BENEFITS

Sacred Heart Home Care Services (“Employer”) and the Oregon Nurses Association (“Association”) hereby agree as follows:

1. PeaceHealth has adopted a new system-wide Severance Policy (“Policy”). Under the terms of the Policy, its provisions shall apply to caregivers covered by a collective bargaining agreement if their bargaining representative agrees in writing that the provisions are subject to the right of PeaceHealth to modify or terminate the provisions unilaterally at any time.

2. Accordingly, the parties agree that caregivers represented by the Association are eligible to receive benefits under the Policy, in accordance with the terms of the Policy as determined by the Employer in its sole discretion, in the same manner and for as long as the Policy applies to all other non-supervisory caregivers of the Employer.

3. Under the terms of the current Policy, severance benefits are available to an employee in the event of a termination of employment, resulting from position elimination or reduction in force, with no opportunity for recall. Under the terms of the parties’ Agreement, however, nurses who are subject to layoff have recall rights pursuant to Section 14.1. Accordingly, the terms of the parties’ Agreement as written preclude the eligibility of bargaining unit members for severance benefits if their employment is terminated.

4. The parties wish to avoid the outcome described in Paragraph 3 above. Accordingly, the parties agree that a nurse, after having been notified of elimination of his/her position or of his/her displacement pursuant to Section 14.1, may elect to receive severance benefits in accordance with the terms of the Policy. Nurses must make this election in writing within seven (7) calendar days after having received notice of elimination of their position or of their displacement. Failure to satisfy this requirement shall result in forfeiture of the opportunity to elect severance benefits.

5. The election described in Paragraph 4 above is not available in the event of a reduction of hours worked or a reduction in FTE status. An employee’s receipt of severance benefits is conditioned on the employee’s termination of employment.

6. A nurse’s election to receive severance benefits in accordance with Paragraph 4 above shall constitute a waiver by the nurse of any of the rights described in Section 14.1 of the parties’ Agreement.

7. In addition to application of the severance benefit as described above, upon request by the Association after it has received notice of layoff under Section 14.1.3, the parties will meet to discuss possible application of the severance benefit to nurses prior to implementing the reduction in force provisions in Section 14.1 of the parties’ Agreement.

Appendix C

ON-CALL POSITIONS FOR HOME INFUSION

The Agency in its discretion may create and maintain benefited positions in its Home Infusion Program consisting exclusively of on-call hours within the following parameters:

1. Benefited on-call positions shall be created in complementary pairs with the intent to cover available routine call hours seven days per week. The positions consist of no regularly scheduled hours of work. Each position will be scheduled to cover the equivalent of eight shifts per pay period for an approximately equal division (within 3 hours) of the 251 available hours of call per pay period. A weekend shift equals one and one-half of a weekday shift for purposes of meeting the per pay period scheduling obligation. Each position shall have a regularly scheduled pattern, with no more than every other weekend scheduled unless otherwise agreed by mutual consent between the nurse and the Agency. No additional on-call scheduling will be required (except for holiday rotation as noted below). Nurses occupying the on-call positions may have input in the scheduling of complementary positions.
2. Scheduled on-call hours shall be from 1630 to 0800 (15½-hour shifts) on weekdays (Monday through Friday), and from 1630 on Friday through 0800 on Monday.
3. The position shall be defined and treated as a regular benefited position with benefits, including but not limited to health and welfare coverage/contributions and PTO accrual.
4. The equivalent of forty-eight (48) hours of compensation per pay period at the nurse's regular straight time hourly rate shall be paid to the nurse for scheduled on-call without regard to the number of hours actually worked from an on-call status.
5. In addition, compensation for all hours worked from on-call status greater than forty-eight (48) hours per pay period shall be consistent with the current compensation for work from an on-call status, paid at time and one-half the nurse's regular straight-time hourly rate plus applicable differentials. The first forty-eight (48) hours per pay period of work performed from this status during the nurse's regularly scheduled on-call shifts shall be compensated at the nurse's straight time regular hourly rate of pay, unless otherwise entitled to more under another contract provision or applicable federal overtime law.
6. All hours worked on call-back in excess of eight (8) hours in one on-call shift shall be paid at one and one-half times the nurse's regular straight-time hourly rate of pay.
7. All on-call contractual provisions shall apply, except as expressly modified by this agreement. Work from an on-call status shall be consistent with the Agency's past practice utilization of nurses in an on-call status. Specifically, the Agency may utilize nurses in an on-call status for unanticipated consultations and home visits (whether known or unknown prior to the call-back), but may not utilize a nurse in an on-call position for work that would be considered routine and could be covered by an existing or new regularly scheduled evening or night shift position.

8. The program's on-call scheduling guidelines shall be revised to be consistent with this Appendix E. The guidelines shall specify that regular nurses shall not be pre-scheduled on-call when a sufficient number of on-call positions are filled to provide coverage for call requirements. The guidelines may specify that holiday on call scheduling rotation shall include the on-call positions. They shall specify on-call scheduling guidelines for coverage in the event the on-call nurse is unavailable due to PTO utilization or other leave.

9. PTO utilization shall be paid at a rate of six (6) hours per regularly schedule on-call work shift. This is based on the anticipated average number of compensated hours of work from an on-call status (48 hours per pay period divided by the equivalent of eight days), and such block of PTO shall not be construed as an alternative length shift. For each on-call shift the on-call nurse is absent from work, PTO will be utilized in this 6-hour block (or the reduction of on-call compensation if no PTO is available), and such block of PTO shall offset six (6) of the forty-eight (48) hours of pay during the pay period. For full, 24-hour weekend shifts, PTO will be used in nine (9) hour blocks.

10. Health insurance premiums shall be shared as specified in 15.1 for nurses regularly scheduled to work at least 40 but less than 64 hours per pay period.

11. Work from an on-call status on a holiday shall be compensated at the premium rate as specified in 9.4.5, and shall count toward the first forty-eight (48) hours worked in the pay period if part of the nurse's regular schedule or required holiday rotation.

12. A nurse working in the on-call position shall be eligible for hourly differentials payable under Section 9.6 and for weekend work payable under Section 9.10, but shall not be eligible for call pay compensation under Section 9.7.

Appendix D SECONDARY JOBS

The parties mutually agree to the following provisions applicable to bargaining unit nurses who concurrently occupy a contract and non-contract position at PeaceHealth Oregon Region or who concurrently occupy a position in this bargaining unit and in the SHMC acute care bargaining unit.

1. **Service Credit.** All regularly scheduled position hours both in and out of the bargaining unit shall be counted toward employment service credit normally awarded by policy or specific benefit plans to PeaceHealth employees (PTO accrual rates, retirement, medical insurance, etc.).

2. **Per Diem Requirements.** Per diem work requirements, described in Section 3.6 of the Collective Bargaining Agreement, shall not apply to the nurse's secondary job class. One position (typically the one with regularly scheduled or greater number of hours) shall be designated as the primary job class.

A per diem nurse who does not meet the minimum requirements set forth in section 3.6.1 shall be removed from the per diem position pursuant article 3.6.5.

3. **Grievance.** Grievances, including arbitration, shall be applied by primary position for nurses who hold positions both in and out of the bargaining unit (exception: single stand-alone offenses that result in termination):

(a) Primary position in the bargaining unit:

The nurse may utilize the grievance procedure as outlined by contract, which shall be applied to both primary and secondary job classes;

(b) Primary position not in the bargaining unit:

(i) If the incident which is the subject of the grievance arises from the nurse's bargaining unit position, the contract grievance procedure shall control.

(ii) If the incident which is the subject of a grievance arises from the nurse's non-bargaining unit position, Agency policy controls and the contract grievance process is not applied.

Incidents resulting in progressive discipline originating from a non-bargaining unit position shall not be utilized as the basis for further progressive discipline for a bargaining unit position, unless the Agency can affirmatively demonstrate that such disciplinary action would have withstood any challenge through the grievance process had the nurse been represented by the Association. Discipline arising within the bargaining unit may be utilized in the discipline or termination of a nurse regarding that nurse's non-bargaining unit position.

Single stand-alone incidents that result in termination from all PeaceHealth employment (not discipline based upon prior work performance or discipline) shall be subject to the contractual grievance and arbitration procedure to the extent it has an effect on employment in the bargaining unit position, regardless of whether the incident giving rise to the discharge originates from a bargaining or non-bargaining unit position.

4. **Paid Time Off.** The nurse shall receive Paid Time Off (PTO) accrual and rates of pay in accordance with contractual requirements or HR policy applicable only to the nurse's primary job class for all hours compensated. This application is without regard to bargaining unit or non-bargaining unit status of hours worked or compensated.

A nurse holding positions of approximately equal hours both in and out of the bargaining unit shall, at the nurse's discretion and at the time of acceptance of a secondary job class, declare which position shall be considered the nurse's primary job class. This declaration shall determine the applicable PTO accrual rate and pay benefit the nurse shall receive.

5. **General Policies.** Health and welfare, bereavement leave, jury duty, and court witness benefits shall be based upon regularly scheduled position hours and continue to be applied to and coordinated between all of an employee's scheduled PeaceHealth hours.

6. **Work Schedules/Floating.** Although there may be coordination of scheduling between bargaining and non-bargaining unit positions for the posted work schedules, bargaining unit position scheduling shall be governed exclusively by the contract. There shall be no scheduled partial work days, including on-call assignments, nor floating from bargaining to non-bargaining unit positions, or vice-versa, during a shift of work.

Section 9.7.4 of the Collective Bargaining Agreement shall apply to all PeaceHealth hours.

7. **Supervisory Nurses.** Nurses may not hold a position in the bargaining unit if they simultaneously hold a supervisory PeaceHealth position. This provision shall not prevent said nurses from performing fill-in work provided such work does not displace or deny any bargaining unit nurse from work to which they otherwise would have been entitled under the Agreement.

8. **Bargaining/Non-Bargaining Unit Hybrid Positions.** Bargaining unit positions, as defined by contract, shall be posted and awarded separately from non-bargaining unit positions.

9. **Unpaid LOA.** A scheduled unpaid absence from a bargaining unit position shall be considered a "leave of absence" for purposes of return rights following the absence, even though the nurse may continue to work in his or her non-bargaining unit position. In this circumstance the nurse's bargaining unit position will only be available if the absence is for twelve (12) weeks or less, as more specifically detailed in Section 11.6 or for absences of 12 weeks or more, Article 11.7 of the Collective Bargaining Agreement shall apply.

10. **Roster.** The Agency shall forward to the Association each calendar quarter a list of all bargaining unit nurses holding a secondary job under this Agreement. This list shall note

the nurse's name, primary and secondary job titles and regularly scheduled hours (or per diem/casual status), and date that the secondary job was initiated.

Appendix E

MANDATORY TRAINING

The parties hereby agree to the following provisions pertaining to the fulfillment of annual mandatory training activities.

1. Responsibility of the Agency to offer. The Agency shall provide nurses advance notice of at least four (4) months of annual mandatory trainings and educational requirements. This obligation may be satisfied by providing such information on the Learning Management System. It shall also inform nurses by e-mail and program posting of training requirements that become mandated by law or regulation during the interim annual period. The Agency shall provide to nurses sufficient opportunity to timely complete their annual mandatory trainings. Such opportunity may be made available through various measures, which may in the Agency's discretion include any or all of the following:

- a. Providing a specified number of non-regularly scheduled hours for a nurse to devote to mandatory training.
- b. Conducting seminars and/or program in-services on mandatory training issues.
- c. Establishing specific days and times for conducting training that is not on-line. Notice of such specific days and times will be provided as far in advance as possible, and no less than fifteen (15) days in advance.
- d. To the extent required during regularly scheduled hours, allowing the nurse sufficient uninterrupted time to complete training modules.

Measures provided to the nurse may vary from program to program, and from nurse to nurse within a particular program.

2. Responsibility of nurses to complete. It shall be the responsibility of each nurse to gain a clear understanding of all mandatory trainings he/she must complete, and to make individual arrangements to assure such training is timely completed. All nurses are accountable for timely completing on an annual basis 100% of their mandatory training requirements by the date designated by the Agency, which will not be changed more than once during the life of this Agreement.

3. Agency notification. The Agency will remind nurses in writing of their obligation to timely complete their mandatory training requirements at least two (2) months prior to the designated annual completion date. Within thirty (30) days after the designated annual completion date, the Agency shall notify each nurse who according to its records has not completed his/her mandatory training requirements, and shall provide clear direction that the nurse may obtain all information for completing such requirements from the nurse's manager. Nurses will have the opportunity to correct any perceived errors in the Agency's notice of non-compliance.

4. Exception to four (4)-month notice provision. If there is a compelling regulatory or patient safety issue(s) that requires a more vigorous timeline, training may be exempt from the four (4) month notice. An exception to the four (4)-month notice obligation in Paragraph 1 above may apply when the Chief Nurse Executive or designee authorizes such an exception and submits such authorization to the Association and local Association executive committee members for review and approval. The Association may, within ten (10) business days of such notice, contact the Chief Nurse Executive or designee to discuss any concerns or issues the Association may have. Failure to establish such contact will be deemed an agreement with the exception. If agreement cannot be reached on the conditions for implementing the training, an exception will not be granted. The Association will not unreasonably withhold its agreement. The Agency will not implement any training pursuant to the exception in this paragraph during the last thirty (30) days of the mandatory training year.

5. Preservation of contract rights. This provision shall not impede the Agency's right to administer discipline pursuant to Article 6.1, nor impede the nurse's or Association's right to file a grievance pursuant to Article 7 for noncompliance with the intent of this appendix.

Appendix F
PROFESSIONAL NURSE ADVANCEMENT PROGRAM (PNAP)

Sacred Heart Home Care Services and the Association are committed to the professional development, satisfaction, recruitment, and retention of nursing staff. The Professional Nurse Advancement Program (PNAP) is designed to provide staff nurses more opportunity to grow and advance professionally. Therefore, the PNAP program will be made available to Home Care Services Nurses following the development of the program criteria and committee members selection. The program will collect its first applications no later than September 9, 2019,

1. **Participation.** All ONA represented nurses at Sacred Heart Home Care Services will be eligible to participate in the PNAP program. This includes all per diem nurses that are in compliance with their work requirements.

If a nurse is disciplined during the two years they are in the Clinical Ladder, they will not lose their differential. However, if a nurse has a discipline for behavior or performance on record in the 12 months prior to application deadlines, they will not be eligible for the program at that time.

2. **Development and Implementation.** Three (3) nurses, including one representative of the PNCC, shall participate in the committee along with the appropriate Agency representatives. This committee shall be charged with development of the program criteria. Once the Program is developed, a standing committee shall be formed to be responsible for administering the PNAP program including the review of application and program criteria. The PNCC shall continue to have a designated seat on the standing committee.
3. **Paid time for PNAP Board and Review Committees.** All time spent by the council members to oversee the program, including review of applications and appeals, shall be paid at the nurse's regular straight time rate of pay.
4. Beginning the first full pay period following implementation of this program, hourly compensation for program participants shall be as follows:
 - a. First Advancement Stage - Competent Nurse (PNAP-C), \$2 per hour
 - b. Second Advancement Stage - Proficient Nurse (PNAP-P), \$3 per hour
 - c. Third Advancement Stage - Expert Nurse (PNAP-E), \$5 per hour

PNAP certifications are valid for two years.

5. **Biannual review process.** The PNAP program will be reviewed twice a year by the standing committee and that evaluation shall be provided to the PNCC and Labor Management Committee.

Appendix G

SHORT SHIFT POSITIONS The parties agree that, notwithstanding Sections 8.1 and 8.5 of the Agreement, the Agency may post and fill part-time positions consisting of shift lengths of either four (4) or six (6) hours consistent with current practice, including the following provisions:

1. A maximum of two (2) short shift positions per shift in the Home Health and Hospice programs and one short shift position in Home Infusion may be scheduled in each nursing program.

2. Short shift positions shall be a minimum of .5 FTE and filled in accordance with article 13.
3. Combinations of positions with short and standard shift durations shall only occur by mutual agreement between the nurse and the Agency.
 - a. The Agency must offer any such combined position to all regular nurses on the same nursing program where the short shift hours are available. If the Agency cannot accommodate multiple requests for the combined position, it will be granted to the most senior nurse.
 - b. All combined position, regularly scheduled hours shall count toward the determination of hours per pay period for purposes of Section 15.1.1 – health insurance premiums.
4. Each position shall have a regularly scheduled start and stop time.
5. Short shift nurses shall be included in low census rotation.
6. Short shift nurses may not be required to work beyond the length of their shift except in emergent and unanticipated events. When a nurse is required to work beyond the length of the scheduled shift, the nurse is eligible for premium pay under 9.4.2
7. The Association shall, upon request, receive a list of all posted and filled short shift positions.

MEMORANDUM OF UNDERSTANDING
Task Force re Staffing for Home Health, Home Infusion and Hospice Programs

The Oregon Nurses Association (“Association”) and Sacred Heart Home Care Services (“Agency”) agree as follows:

1. The parties agree that adequate staffing is essential to the delivery of quality patient care. The parties further agree that nurses and their managers should work together toward the establishment and maintenance of evidence-based staffing models at the Agency.
2. The parties agree to establish a joint task force consisting of five (5) representatives of each party, two each from Home Health and Hospice and one from Home Infusion within sixty (60) days following ratification of the new Agreement. Each party shall choose its own representatives. A staff nurse shall serve as a co-chair of the joint task force with the appropriate Agency representative as the other co-chair. Each party may also, with adequate advance notice to the other party, invite participation from individuals who may provide resource support to the task force. Nurse representatives on the task force will be paid for time spent in attendance at joint task force meetings, and must furnish reasonable advance notice to their supervisor of such meetings.
3. The task force will be responsible for making recommendations to the Agency regarding the components and parameters of an appropriate staffing model. Factors the task force will consider when developing a model should include, but not be limited to, case management functions, caseloads, geographic efficiencies, care coordination, admission visits, complex visits, routine visits and complexity of patients. In addition, the task force shall develop a methodology for determining and accounting for weight of visits in its staffing recommendations. The taskforce shall also develop criteria that accounts for technological impacts on nurses’ workloads. The Agency will accommodate reasonable requests for relevant data from the task force for its use in evaluating current staffing practices and potential alternatives.
4. The task force shall meet once every other month, or less if mutually agreed upon, in order to review and address staffing issues. The task force may form subcommittees for each program area to work on program specific staffing issues and those subcommittees will report to the joint task force. The task force shall provide a progress report to the Labor Management Committee and PNCC. If the task force is unable to reach a consensus in each program area, the issue will be brought to the Labor Management Committee for further discussion and review.

SACRED HEART MEDICAL CENTER D/B/A
SACRED HEART HOME CARE SERVICES

OREGON NURSES ASSOCIATION

By:_____

By:_____

Date:_____

Date:_____

MEMORANDUM OF UNDERSTANDING
Name Badges with Credentials

The Agency agrees to provide to nurses, upon request by the nurse and at no cost to the nurse, name badges that contain advanced education degrees and nationally recognized nursing certifications in accordance with Section 9.11 of the parties' Agreement. At the time of the request the nurse must provide the specific information desired on the badge. Requests for new badges shall not be made less than twelve (12) months after issuance of a prior badge. This agreement is made with the understanding that the size of the badge may limit the information that can be contained on the badge.

SACRED HEART MEDICAL CENTER D/B/A OREGON NURSES ASSOCIATION
SACRED HEART HOME CARE SERVICES

By:_____

By:_____

Date:_____

Date:_____

MEMORANDUM OF UNDERSTANDING
Orientation Task Force

The parties agree that orientation of newly hired nurses in all three program areas, Home Health, Hospice and Home Infusion plays a vital role in supporting nurses in delivering quality patient care in a safe and efficient manner. In order to support this goal, the Orientation Task Force shall expand its scope to include Home Health, Hospice and Home Infusion.

The charge of this Task Force shall be to develop preceptor guidelines, a competency assessment tool and a standardized onboarding process.

Once the Task Force has concluded its work, the orientation program shall be periodically reviewed by both the PNCC and Labor Management Committee to ensure its continued value and effectiveness.

SACRED HEART MEDICAL CENTER D/B/A
SACRED HEART HOME CARE SERVICES

OREGON NURSES ASSOCIATION

By:_____

By:_____

Date:_____

Date:_____

MEMORANDUM OF UNDERSTANDING
Coordinator Education Requirements

- 1. Coordinator Education Requirements.** Following the ratification date of this contract, the Agency may require all current Coordinators, as defined in Article 3.3 to either:
 - a. obtain their Bachelor of Nursing within 48 months, or
 - b. obtain and maintain a certification relevant to their specialty within 24 months of eligibility
 - c. the appropriate certification shall be determined by mutual agreement between the manager and the Coordinator with input for the PNCC based on the list of approved certifications.
 - d. The certification, including renewal, shall be compensated per Article 16.5.

2. **New Coordinators.** All new Coordinators hired after ratification may be required to have their Bachelor of Nursing within 36 months from the start date of the Coordinator role.
3. **Differentials.** All new Coordinators hired after ratification shall remain eligible for Education Pay under 9.12.

SACRED HEART MEDICAL CENTER D/B/A
SACRED HEART HOME CARE SERVICES

OREGON NURSES ASSOCIATION

By:_____

By:_____

Date:_____

Date:_____

MEMORANDUM OF UNDERSTANDING
Reimbursement for Education Expenses

Nurses shall submit their approved educational expenses to the designated representatives for the Agency within sixty (60) days of the conclusion of the program for reimbursement.

All educational expenses will be reimbursed within sixty (60) calendar days of submission of the required documentation.

Effective July 1, 2020, nurses shall submit their approved educational expenses to the designated representatives for the Agency within forty-five (45) days of the conclusion of the program for reimbursement.

Effective July 1, 2021, nurses shall submit their approved educational expenses to the designated representatives for the Agency within forty-five (45) days of the expenditure for reimbursement. For PNCC Pooled funds, for the duration of the collective bargaining agreement, reimbursement shall be allowed for up to thirty days after pooled funds are available regardless of the timeframe for the expenditure.

SACRED HEART MEDICAL CENTER D/B/A OREGON NURSES ASSOCIATION
SACRED HEART HOME CARE SERVICES

By:_____

By:_____

Date:_____

Date:_____

MEMORANDUM OF UNDERSTANDING EPIC go-live for Home Health and Hospice

- **Staffing.** The Agency shall develop staffing plans for each program and shift during the training and implementation period with representatives from the ONA Executive Committee and Staffing Taskforce. This includes plans to increase staffing during the training and implementation period.
- **Communication:**
 - ONA shall be included in communications to members about the training and implementation.
 - The Agency will send out a communication that clearly states all of the required trainings timeframes, (both how long each training is estimated and when they need to be completed).

- **Pay for trainings:** Nurses should be made whole for Mandatory Trainings. Nurses shall be offered the option of completing training modules or other options to make up time lost from regular shift. Nurses should not lose pay in the form of shift differentials for taking the trainings.
- Nurses shall not be required to work above their FTE but may volunteer to do so. Contract provision for overtime and premium pay apply.
- **Nurses that don't pass the test(s) or miss classes:** Remediation will be in the form of one-on-one coaching/follow up with individual so that a nurse receives the necessary training to not suffer any loss in hours or pay.
- **Time and Attendance:** The Agency shall not require a greater burden of proof or apply the Attendance and Punctuality policy differently to nurses in this process.
- The Agency and ONA mutually agree that if nurses miss training due to illness or other reasons – managers shall coordinate with the nurse to reschedule.
- PTO should be granted during the training and implementation period per Article 10 of the contract.
- **Timing of trainings:** All trainings will be scheduled during the week, during the day.
- The Agency shall notify the Association of implementation and training plans as more information becomes available and will meet to discuss upon request.
- An ONA representative may be appointed as a liaison to the EPIC Go Live Agency Committee if designated by the Executive Committee

SACRED HEART MEDICAL CENTER D/B/A
SACRED HEART HOME CARE SERVICES

OREGON NURSES ASSOCIATION

By:_____

By:_____

Date:_____

Date:_____

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