ONA proposals, April 27, 2021

PROFESSIONAL AGREEMENT

between

OREGON NURSES ASSOCIATION

and

SAMARITAN ALBANY GENERAL HOSPITAL

October 16, 2017 through June 30, 2020

July 1, 2021 through June 30, 2022

ONA reserves the right to add, change, modify or delete any of the above proposals at any time during negotiations.
PROFESSIONAL AGREEMENT

THIS PROFESSIONAL AGREEMENT, entered into between SAMARITAN ALBANY GENERAL HOSPITAL of Albany, Oregon, hereinafter referred to as “the Hospital,” and OREGON NURSES ASSOCIATION, hereinafter referred to as “the Association.”

ARTICLE 1 – PURPOSE

The purpose of this Agreement is to:

1. Provide an orderly collective bargaining relationship between the Hospital and the Association representing the employees in the bargaining unit;

2. To promote equitable and harmonious relationships between the Hospital and the nurses covered hereunder; and

3. To make clear the basic terms upon which such relationship depends.

All relationships are to be guided by the core values of Samaritan Health Services (SHS); leadership, respect, excellence, integrity, stewardship, compassion and service. It is the intent of both the Hospital and the Association to cooperate to provide and maintain satisfactory terms and conditions of employment; to prevent, as well as adjust, misunderstandings or grievances relating to employment; to maintain efficient operations and to work toward improved patient care through effective nursing practices.
ARTICLE 2 – RECOGNITION AND MEMBERSHIP

2.A. The Hospital recognizes the Association as the exclusive bargaining representative of all staff nurses for the purpose of collective bargaining with respect to salaries, hours of work and other terms and conditions of employment. A staff nurse is defined as a full-time, part-time, per diem, temporary nurse or Oncology Infusion nurses (other than a supervisory nurse) who is primarily engaged in patient care and whose work requires a current Oregon registered nurse license.

2.B. The Association shall provide each new nurse with a copy of this agreement.

2.C. Definitions:

1. Regular Nurse - Any nurse regularly employed full or part-time.

2. Full-Time Nurse - A full-time nurse shall be defined as any nurse who holds a 0.9 FTE to 1.0 FTE and who is regularly scheduled to work thirty-six (36) hours per week to forty (40) hours per week.

3. Part-Time Nurse - A part time nurse shall be defined as any nurse who holds a 0.1 FTE to 0.89 FTE and who is regularly scheduled to work eight (8) hours per week to thirty-five (35) hours per week. For the purpose of determining benefit eligibility, nurses working 0.8 and above shall be granted benefits consistent with full-time employees as offered to the majority of SHS employees. Nurses working 0.5 to 0.79 shall be granted benefits consistent with part-time employees as offered to the majority of SHS employees.

4. Per Diem

   a. Per Diem Nurses are those who work on an as needed basis as determined by the employer. Upon hire or transfer, the nurse is
assigned to a home department and may be floated according to float guidelines. Per Diem Nurses will be assigned to a forty (40) hour work rule and must work variable lengths of shifts and will receive overtime on the basis of the length of the shift posted to which they agreed upon or forty (40 hours in a work week.)

b. Per Diem Nurses who for the previous six (6) months have on average worked forty (40) hours or more per pay period will upon request be granted health insurance and TSA, appropriate to number of hours worked. These nurses will forfeit the Per Diem differentials in lieu of health insurance and TSA. Nurses must maintain the forty (40) hours per pay period average which will be reviewed on a quarterly basis in order to remain eligible for these benefits.

5. Temporary Nurses

a. Temporary Nurses are those who are hired by the Hospital as employees for a temporary period not to exceed six (6) consecutive months.

b. An Agency Nurse is defined as a short-term nurse who is contracted by the hospital from an agency to fill immediate needs or holes in a schedule.

c. A Traveler Nurse is defined as a short-term nurse who is contracted by the hospital and generally fulfills a contract for a specific number of weeks e.g. a thirteen (13) week assignment.

6. Charge Nurses – A nurse who performs assigned clinical functions in addition to serving as a resource regarding patient care/unit specific needs
The Hospital and the Association agree that Charge Nurses will remain in the ONA bargaining unit during the term of this agreement.

If the Charge Nurse is unable to complete their Charge duties, they will work with their manager towards an equitable solution.

Primary Charge Nurse positions vacant due to vacations/illness will be filled in the following order:

1. Primary Charge Nurse – on a regularly scheduled shift.


A minimum of twelve (12) three (3) months’ primary status within the nurse’s home department will be required for charge role at Samaritan Albany General Hospital.

The Charge Nurse will act as a liaison between staff and management in identifying staff/departmental needs and communicating with the manager to resolve issues in a timely manner. Charge Nurses do not enact disciplinary actions.

Preceptor Nurse – A staff nurse who has met the eligibility requirements and has received the additional training to act as a preceptor.

Introductory Nurse – See Article 9.A

Each nurse covered by this agreement shall at all times have in writing in their personnel file the status (full-time, part-time, per diem, etc.) of their position. This
ONA reserves the right to add, change, modify or delete any of the above proposals at any time during negotiations.
5. It is understood and agreed that the Association will indemnify and save
the Hospital harmless against any and all claims, demands, suits or other
forms of liability that may arise out of, or by reason of action taken or not
taken by the Hospital in connection with, this Section E. Errors in
deduction of Association dues shall be corrected no later than the first pay
period following notification of such errors.

6. The Hospital will provide thirty (30) minutes during new hire site specific
orientation for a bargaining unit nurse designated by the Association to
discuss, contract and Association membership matters with orienting
nurses. Hospital will notify the designated ONA chair as soon as
reasonably practicable prior to scheduled orientation.

2.F. Duly authorized representatives of the Association may visit the Hospital at any
reasonable time to carry out the Association’s duties as the collective bargaining
representative, provided that they first inform the Vice President of Patient Care
Services or the Hospital Human Resources Director of their presence and
purpose of such visit, and the Hospital may exercise reasonable control over the
times and places for such visits in accordance with its operating needs. The
Association shall be allowed reasonable use of the Hospital facilities for contract
administration meetings. However, any scheduling must be done through the
Administrative Secretary.

2.G. Hospital will furnish to the unit chairman and Association semi-annually (January
and July) a list of all staff nurses covered by this Agreement with their names,
addresses, status (i.e., full-time, part-time, or per diem), pay rates, employee
identification numbers, department names, shifts, and hire dates. Hospital will
also furnish to the unit chairman and Association each month a list of such
nurses who terminated and the names, addresses, status (i.e., full-time, part-time, or per diem), assigned nursing service department, and employee identification number, of staff nurses newly hired in the preceding calendar month.

2.H. The employer will allow designated unit representative paid Union time when representing bargaining unit members at management called investigatory and disciplinary meetings.

2.I. If a nurse serving on the bargaining team is scheduled to work on a negotiation day they will be given mandatory absence hours. For contract negotiations, nurses on the bargaining team are not expected to report to work on the day of a negotiation session. Night shift nurses shall not be required to work a shift immediately before or after a negotiation session. It is the responsibility of the nurse to request the shift(s) off by email for the purpose of negotiations.

2.J. “Variable shift/position” is a nurse who is assigned to work variable day shifts prior to 1259 or variable night shifts after 1300, providing the nurse shall have twenty-four (24) hours off after any shift before moving to a different shift start time or the nurse consents to fewer hours between shifts, or a variable/variable is a combination of days/night. Nurses will have a signed document (e.g., a job application or status change) of understanding which states position/shift prior to starting. A nurse assigned a variable shift/position will also be assigned to a full-time or part-time status, unless the nurse is a per diem.
ARTICLE 3 – MANAGEMENT RIGHTS

All powers, authorities, functions and rights not specifically and expressly restricted by this agreement are retained by the Hospital. All policies, practices and procedures not covered by this Agreement shall continue to be subject to exclusive management control.
ARTICLE 4 – EDUCATION COMMITTEE

A. Responsibility - The Hospital recognizes the responsibility of the Education Committee to equitably distribute continuing education funds.

B. Composition- The chair and committee members shall be selected according to the bargaining unit bylaws.

C. Continuing education. Paid education shall be granted for voluntary educational opportunities that will improve the nursing practice. In collaboration with the staffing office, the education committee shall approve nominees for paid educational opportunities. Nurses returning from paid educational opportunities may be required to make a written or oral presentation to the nursing staff.

D. During each calendar year, each nurse shall upon request be entitled to forty (40) hours of voluntary education to attend an educational program or sit for examinations leading to certifications related to nursing that have been approved in advance by the education committee. The Hospital shall provide the following amounts for registration examination fees and expense reimbursement related to educational leave: forty thousand dollars ($40,000) annually beginning January 1, 2021. Hospital required classes shall not be deducted from the nurses paid education fund. The Hospital agrees to consider additional requests above the allotted annual amount for educational purposes on an individual basis.

E. The Education Committee will provide an annual report to the hospital vice president of patient care services on the use of the funds by January 30. The annual report shall list total number of nurses utilizing the funds, nurses’ names, the number of education days utilized, and the total dollar amount expended. The Hospital shall pay the Education Committee chair up to two (2) additional paid hours in January the nurse’s regular straight-time hourly rate of pay for the
purpose of preparing the annual report. The Association will notify the Hospital whenever a new Education Committee chair is selected.

F. Remaining funds after the fourth quarter will be made available on a first come first serve basis for nursing department education. Applications need to be submitted after February 1 to the Education Committee and will be considered depending upon funds available. A response to the application will be within 14 days of receipt of application.

ARTICLE 4—PROFESSIONAL NURSING CARE COMMITTEE AND CONTINUING EDUCATION

A. Recognition - A Professional Nursing Care Committee shall be established at the Hospital.

B. Responsibility - The Hospital recognizes the responsibility of the Committee to recommend measures objectively and to improve patient care and will duly consider such recommendations and will so advise the Committee of action taken.

C. Objectives - The objectives of the Committee shall be:

1. To consider constructively the practice of nurses;

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

3. To be responsible for equitable distribution of continuing education funds;

4. To recommend to the Hospital ways and means to improve patient care; and
5. To exclude from any discussions any matters involving the interpretation of the agreement.

D. Composition - The Committee shall be composed of four (4) registered nurses employed by the Hospital and covered by this agreement. The Committee members shall be appointed by the ONA Executive Team at the Hospital.

E. Frequency of Meetings - The Committee shall schedule regular meetings not to exceed two (2) meetings per month. Each of the four (4) appointed Committee members shall be entitled to three (3) paid hours per month at their regular straight-time rate for the purpose of attending Committee meetings. Such meetings shall be scheduled so as not to conflict with the routine. The Committee shall prepare an agenda and keep minutes of all meetings, copies of which shall be provided to the Bargaining Unit Leadership, Vice President of Patient Care Services, and the Association. The PNCC agenda and minutes shall be posted on the nursing units.

F. Special Meetings - The hospital administration may request special meetings with the Committee, but such meetings shall not take the place of the regularly scheduled meetings of the Committee.

G. Time spent in meetings of all other committees required by the Hospital shall be compensated for at the nurse's regular rate of pay.

H. Nurse Staffing Discussions - The Committee may request meetings with the Vice President of Patient Care Services to discuss release of staff for educational opportunities. Such recommendations shall be given due consideration by the Vice President of Patient Care Services. The VP must respond in writing to written recommendations from the PNCC within a fourteen day period.
1. Paid Educational Leave

1.1 Paid educational leave shall be granted for voluntary educational opportunities designed to improve the practice of nursing at the Hospital. The Professional Nursing Care Committee (PNCC) in cooperation with the Staffing Office may approve nominees for paid educational leaves. Nurses returning from a paid educational leave may be required to make a written or oral presentation to the nursing staff.

2. During each calendar year, each nurse shall, upon request, be entitled to forty hours (40) of voluntary educational leave to attend an educational program or sit for examinations leading to certifications related to nursing that have been approved in advance by the PNCC. The Hospital shall provide the following amounts for registration, examination fees and expense reimbursement related to educational leave: $28,000 annually beginning January 1, 2018. Hospital required classes shall not be deducted from a nurse’s paid educational leave. The Hospital agrees to consider approving requests for additional funds above the allotted annual amount for educational purposes on an individual basis.

3. The PNCC will provide an annual report to the Hospital VP of Patient Care Services on the use of the funds by January 30th. The annual report shall list total number of nurses utilizing the fund, nurses’ names, the number of education-days utilized, and the total dollar amount expended. Two (2) PNCC members may receive two (2) additional paid hours in January for the purpose of preparing the annual report. Each January, and anytime PNCC members change, ONA will notify the Hospital in writing.
ARTICLE 5 – PROFESSIONAL DEVELOPMENT

A. The Hospital shall provide counseling and evaluation of the professional performance of each nurse covered by this agreement not less than once per year.

B. The Hospital shall maintain a continuing in-service education program that is not in conflict with specific requirements for in-service programs which are issued by the appropriate accrediting organization of Hospitals.

C. In the event a nurse is authorized by the Hospital to attend in-service education programs, the nurse shall be compensated for time spent at such programs at the nurse's established rate of pay. Prior approval must be secured by each nurse before attending in-service education programs.

D. Each nurse may, upon request, be granted forty (40) hours' paid education leave per year to attend educational conferences recommended by the Education Professional Nursing Care Committee and approved by the Hospital administration. Nurses may take hours from the forty (40) hour eligibility in increments matching the nurse’s regularly scheduled shifts. Education leave days are to be considered as on-duty time and, except when necessary in cases of unavailability of sufficient staff, shall not be scheduled for the express purpose of occurring on days off. Such days are considered as duty time for purposes of PTO and pension accrual. The nurse upon return shall, upon request, make a written or oral presentation to the nursing staff.

1. In the case of an education leave of ten (10) days or more, payment of education leave and travel, meals and lodging expenses shall be conditioned on successful completion and continued employment for one (1) year. To obtain such payment, the nurse shall execute a payroll deduction authorization for repayment if conditions are not met.
2. In the case of an education leave of four (4) consecutive days or more, up to nine (9) consecutive days, payment of education leave and travel, meals and lodging expenses shall be conditioned on successful completion and continued employment for six (6) months. To obtain such payment, the nurse shall execute a payroll deduction authorization for repayment if conditions are not met.

E. Hours used for attendance for or maintenance of required certifications (for example, BLS, ACLS, NRP, and TNCC) or mandated educational programs will not be counted in the forty (40) hours. Mandatory SHS education must be done either online or at any SHS facility. If a nurse chooses to complete an SHS offered mandatory competency outside SHS, at their convenience, PNCC monies will apply, e.g. ACLS or PALS including registration/re-certification fees. Any extenuating circumstances must be pre-approved by the manager. Payment for hours will be equivalent to the time paid for Samaritan Professional Development classes. Nurses must use the time and attendance process to account for all time spent in education. Travel, meals and lodging expenses shall be paid by the Hospital on a usual, customary and reasonable basis. The first year a nurse obtains ACLS certification it may be done in a two day class setting. On recertification the RN may choose to take a class with the Hospital contributing the same dollar cost of the online course and a maximum of eight (8) hours of education time.

F. The Educational Reimbursement Policy of Samaritan Health Services will apply to Registered Nurses.

G. Paid educational leave can be taken for independent on line learning approved by the manager. One (1) hour of paid educational leave will be granted for each CEU hour successfully completed and documented. On line learning may occur
during work hours if approved by the manager/supervisor. The nurse must
transfer time to Education/In-service/Workshop time and may not be counted
towards eligibility for overtime.

H. A full-time nurse granted an education day on the nurse’s regularly scheduled
day of work or through schedule adjustment to meet FTE shall be compensated
for all hours that the nurse otherwise would have worked. A part-time nurse
granted an education day on the nurse’s regularly scheduled day off and Per
Diem nurses will be compensated for actual hours attended at education days.

I.  Paid time For pre-course work. (NEW)
All mandatory training time is considered paid time, including any required study, pre-
work, pre-tests, and assessments assigned as preparation for classroom courses and
for mandatory online training. The Hospital shall pay each nurse their regular straight-
time hourly rate of pay for actual time spent on pre-coursework. Additional time needed
due to extenuating circumstances will need to be discussed with manager and/or HR in
advance for approval.

For these courses, the Hospital shall pay pre-coursework hours as follows:
ACLS, 2-5 hours
ECG, 6-8 hours
ENPC, 5-7 hours
Fetal heart monitoring, 1 hour
Heartsaver Pedi First Aid & CPR, 1 hour
NRP, 4-6 hours
PALS, 2-5 hours
PEARS 1-3 hours
TNCC, 2-4 hours
ARTICLE 6 – EQUALITY OF EMPLOYMENT OPPORTUNITY

Samaritan Albany General Hospital shall be in compliance with all state and federal regulations regarding discrimination. The parties agree that there shall be no discrimination against any nurse on account of membership or lack thereof in or lawful activity on behalf of the Association. It is specifically and expressly understood that taking an alleged violation of this article to arbitration constitutes an election of remedies and a waiver of any and all rights by the appealing party, the Association and all persons it represents to litigate or otherwise contest the appealed subject matter in any court or other available forum. Likewise, litigation or other contest of such alleged violation in any court or other available forum shall constitute waiver of arbitration.
ARTICLE 7 – HOURS OF WORK AND OVERTIME

A. The basic workweek shall be forty (40) hours in seven (7) consecutive twenty-four (24) hour periods or a variation totaling eighty (80) hours in fourteen (14) consecutive twenty-four (24) hour periods. The workweek shall be defined as Monday through Sunday so long as SHS defines it as such.

B. Except as otherwise agreed upon, the workday shall be eight (8) hours, ten (10) hours, or twelve (12) hours plus one-half (1/2) hour unpaid meal period. The Association will be notified of such agreed upon exceptions at least ten (10) days before implementation. The Hospital and the nurses shall be responsible for working together to arrange suitable meal and rest periods according to state and federal law. The Hospital and ONA agree to allow nurses to take their meal period between the fourth (4th) and seventh (7th) hour worked, for work periods of more than seven (7) hours. [preceding from February 1, 2018 MOU]. If a meal break is not provided by the end of the seventh (7th) hour of work for twelve-hour shifts or sixth (6th) hour for shifts less than twelve hours, all subsequent hours worked shall be paid at the time and one-half rate until the end of the shift or the nurse receives a meal break.

C. Nurses covered by this agreement shall be paid at one and one-half (1½) times their regular straight-time rate of pay for all hours worked in excess of one (1) of the following:

1. Hours worked in excess of eight (8) hours, ten (10) hours, or twelve (12) within a twenty-four (24) hour period commencing at the beginning of the nurse's first shift.

2. Hours worked in excess of forty (40) hours per week (or eighty (80) hours per pay period, where applicable), beginning at 12:01 a.m. Monday.

D. Compensable overtime must be properly authorized in advance or as soon as practicable if the nature of such overtime is such that advance authorization is
impractical.

E. One fifteen (15) minute break will be allowed for each four (4) hour period of work. Restrooms and lockers shall be provided by the Hospital.

F. Work schedules or two (2) pay periods shall be prepared and posted electronically two (2) pay periods in advance of the schedule. Changes in posted electronic schedules shall not be made without mutual agreement of the Hospital and the affected nurse unless specified in other sections of this Agreement. Nurses may electronically request trades in their schedules when such trades will not result in overtime or premium pay obligations which would not otherwise have existed. Trades may not result in an imbalance of core or primary staffing. The Hospital shall respond to such requests within seven (7) days after receipt.

G. Every full-time and part-time nurse covered by this agreement shall share in the responsibility of working weekends. Hospital will allow regular nurses every other weekend off (except per diem RNs), or three (3) out of five (5) weekends off for those RNs working twelve (12) hour shifts. In the event nurses are not scheduled every other weekend off, Hospital shall meet with the nurses concerned to discuss the reasons. The provisions of this paragraph may be waived by mutual agreement in writing of the nurse and Hospital. Copies of such waivers signed after the effective date of this Agreement will be sent promptly to the Association. A weekend means Saturday and Sunday for day and evening shifts; and Friday and Saturday for night shift.
H. Per Diem Nurses receive a list of open shifts four weeks prior to schedule publishing. For the purpose of continuity of care, preference will always be given to the nurse signing up for entire shift as posted. Once a per diem nurse has accepted a shift and it is scheduled, fulfillment of that shift will be subject to the same attendance requirements for the shift as would a full or part-time nurse.

1. Per Diem nurses assigned to inpatient departments are required to be available to work one (1) holiday per calendar year, six (6) weekend shifts and fourteen (14) weekday shifts per six (6) months that the hospital has identified on the open shift or “needs” list.

I. Nurses who are scheduled to report to work for a shift when no work is available shall be paid an amount equivalent to four (4) hours’ pay at their regular rate (plus applicable differential) unless the nurse volunteers to leave before four (4) hours and waives the four (4) hours of pay and duly reports off to their immediate supervisor before leaving the facility. If the Hospital fails to contact the RN prior to their arrival, and it has been determined by the supervisor that the RN is not needed to maintain safe staffing levels, the RN may leave immediately and still be compensated for two (2) hours of pay. This provision shall not apply (1) if the Hospital, at least two (2) hours before the shift begins, attempts to notify the employee or some person of suitable age or discretion at the telephone number which the employee has given the Hospital for reaching the employee that the employee will not be needed; or (2) if the employee has not given the Hospital an operating telephone number where the employee can be reached.

J. In order to decrease the number of telephone calls made to nurses at home, the parties agree to the following measures. Nurses will notify the Nursing Supervisor at least three (3) hours prior to the start of their shift any time they will not be able to report to work and the Nursing Supervisor or Staffing Office will notify the
nurses at least two (2) hours prior to the start of their shift if they will not be
needed to report for work. Nurses are strongly encouraged to take advantage of
the opportunity to sign up for extra work generally or on specific days or shifts; to
sign up to volunteer for cuts, if needed, and/or to sign up for being unwilling to
volunteer for extra work or cuts if that is the case. If sick calls are received after
the two (2) hour shift reduction time limit, nurses who have been cut from a
regularly scheduled shift will be notified that work is now available and if they
choose to come in at straight time pay, the entire shift will be paid.

K. Temporary Staffing Reductions - The Hospital maintains responsibility for
following the approved Staffing Plan to determine the determining a sufficient
number of nurses who have demonstrated the necessary skills to care for the
represented patient populations. While maintaining safe staffing and necessary
core staffing as defined in the approved Staffing Plan, nurses shall be placed on
voluntary absence, mandatory absence, or on-call in the unit and shift where the
low census occurs.

Definitions:

1. Mandatory Absence (MA) - Involuntary cancellation from a regularly
   scheduled shift, paid at the regular rate, which is part of the nurse’s FTE.
   Cancellation may be the entire shift or a portion of a shift. The Hospital
   may require the MA nurse to remain on call for only the first four (4) hours
   of the shift, but the MA nurse may choose to remain on call for the
   remainder of the shift.

2. Voluntary Absence (VA) - Voluntary cancellation from a regularly
   scheduled shift, paid at the regular rate, which is part of the nurse’s FTE.
   Cancellation may be the entire shift or a portion of a shift. The Hospital
   may require the VA nurse to remain on call for the duration of the shift.
(NEW)

L. For Mandatory Absence, the Hospital will proceed as follows:

   1. Offer employees on the shift to be affected the possibility of taking MA as unpaid time or use PTO, if accrued; provided, however, that the employees remaining on that shift have the ability to immediately perform the necessary work. The method of implementing MA shall be as described below. The staffing office will call nurses who have volunteered through Kronos as a VA or by providing the staffing office with a memo stating they can be called at any time to be offered a day off. Supervisors may make phone calls to identify additional volunteers.

   2. If the staffing office determines that use of the voluntary procedure above has not been satisfactory, MA employees will be cut in the reverse order of seniority among employees on the shift where the reduction occurs; provided, however, that the employees remaining on the shift where the reduction occurs have the ability to immediately perform the necessary work. Employees will be considered for MA cut in the following order per calendar quarter:

      a. Temporary Nurses, which includes, agency, or traveler.

      b. Per Diem nurses on overtime.

      c. Regular Nurses on extra shifts that are subject to the day off premium

      d. Per Diem Nurses.

      e. Regular Nurses not covered in subsection (c) above.

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3. Traveler Nurses are part of the regular schedule and shall be considered for mandatory absence if their contract allows. Mandatory cuts will not exceed traveler contract language. If the maximum allowable cuts have been met, the traveler nurse will be skipped and cuts will occur in the following order:
   a. Hospital will cut a regular nurse on extra shift before a contracted nurse, except as limited in (b), below.
   b. Hospital may cut a per diem or regular nurse before a contracted nurse, but only once per calendar quarter for any given nurse. The calendar quarter begins January 1st.
   c. The Hospital will cut the least senior employee on the affected shift who the Hospital has not already cut during the current calendar quarter.
   d. Should all the employees on the affected shift already have been cut once during the calendar quarter, the Hospital will cut the contracted nurse on the shift.

(OLD)
L. Nurses scheduled to work, but assigned to Mandatory Absence on-call or Voluntary Absence on-call in lieu of such work, will be paid the on-call and holiday on-call rate specified in Article 20.J. $4.50 for each hour of such scheduled on-call. Holiday on-call will be compensated at the rate of $5.50 per hour. While on-call, nurses shall accrue PTO at the current rate of accrual (See Article 8.D).

1. When the Hospital intends to assign nurses to on-call in lieu of scheduled work, it will first notify the involved nurses of its intent. Preference for such on-call assignments will be given to volunteers.

2. If a nurse is called back to work while on such scheduled on-call, the
nurse will be paid for each hour actually worked on the call-back at one and one-half (1-1/2) times the nurse’s regular straight-time hourly rate of pay.

3. If a nurse is on call, any hours not actually worked may be compensated through the use of accrued PTO.

4. If a nurse is called back to work while on such scheduled on-call the nurse will be paid the appropriate shift differential at one and one-half (1 ½) times the regular differential rate. (This also applies to callback in Articles 21 and 22.)

5. Reduction in work hours of nurses shall not exceed 12% of a nurse’s positioned hours for each two (2) week pay period, unless a nurse voluntarily waives this provision, requests to be on-call, reports illness, or trades shifts. Benefitted nurses who are at guaranteed hours shall be excluded from the low census cancellation procedures. Nurses who will reach guaranteed hours during the shift may be required to work the hours up to the guaranteed hours, beginning at the start of the nurse’s regularly scheduled shift or as mutually agreed upon. For purposes of calculating the work hours, all compensated hours will be used. Cuts shall be calculated in fifteen (15) minute increments. A regular nurse will not mandatorily lose more than a total of twenty-four (24) hours (in four (4) hour increments) of regularly scheduled work hours per pay period, not including shifts when the nurse volunteers. Nurses who have reached their maximum twenty-four (24) hour cut hours mid-shift will be given the option to return to work in place of the next least senior nurse (who has not reached maximum cut hours) or stay home on voluntary cut on-call for the remainder of the shift. The nurse will be responsible to track their hours and notify the staffing office/supervisor before the shift if their maximum
cut hours will be reached during that shift. In the event that the scheduled
nurses have all been assigned cut/on-call according to seniority in one pay
period, the rotation will begin again.

M. There shall be no pyramiding of one and one-half (1-1/2) or greater premiums or
time. No pyramiding means that no more than one (1) rate of pay will be paid
on any hour worked, unless identified by a specific provision of this agreement
and any hour for which such a premium is payable under any provision of this
Agreement shall not be counted again in determining whether such a premium or
overtime should be paid for it or any other hour.

N. Reorganization/restructure may happen when the Hospital determines a
department(s) needs to be reorganized due to business needs. Should a reorganization
take place, the following process will be followed:

1. The Hospital will give the Association and affected nurses thirty (30)
calendar days’ notice.

2. The Association may request a meeting within five (5) days of such
notification with the Hospital to discuss the need for the reorganization,
process and timeline.

3. Nurses will be given a current department seniority list.

4. A nurse will have ten (10) days to challenge their seniority date with
Human Resources by notifying the Association and Human Resources in
writing.

5. Nurses will be given the new schedule(s) and patterns. Nurses will rank all
schedule options based on their primary job classification, shift and FTE
status. Nurse will write their phone number on the selection paper where
they can be reached during the selection process meeting. Nurses will be
awarded positions based on classification and seniority. The Association
will be invited to the selection process meeting. Per Diem nurses may not
ONA → Samaritan Albany General Hospital

Date of Proposal: _____/_____/

1. Bid for open positions, nor may they displace any other nurse during this process, regardless of their seniority.

2. The Hospital will let nurses know of their awarded selection within twenty-four (24) hours.

3. The new schedule will begin at least forty-five (45) days from the selection date.

4. The Hospital is committed to increasing the number of part-time nurse positions to maximize staffing efficiency, nurse satisfaction and retention. Modifications to the staffing mix shall occur at the next department reorganization after ratification of this Agreement.

5. For those departments with greater than thirty-two (32) regular nurse positions, at least twenty percent (20%) of the positions offered shall be at 0.79 or lower (i.e., fewer than 32 hours per week).

6. For those departments with twelve (12) to thirty-one (31) regular nurse positions, at least ten percent (10%) of positions offered shall be at a 0.79 or lower.

7. For those departments with fewer than twelve (12) regular positions, modifications to the staffing mix shall be evaluated on a departmental basis and shall be conducted by the Hospital in consultation with the Association. The goal shall be a mix of full-time and part-time positions that maximizes the efficiency of the schedule (i.e., staffing levels by day and shift shall meet the unit’s patient care needs). The Hospital shall have final approval.

8. Departments that increase or decrease regular positions relative to these tiers shall offer the appropriate number of part-time positions at the next departmental reorganization.

ONA reserves the right to add, change, modify or delete any of the above proposals at any time during negotiations.
ARTICLE 8 – PAID TIME OFF

A. Purpose

PTO is for the nurse to utilize as the nurse determines it best for their own personal needs or desires, in accordance with the following provisions. PTO is in lieu of sick, holidays and vacation.

B. Coverage

All full-time and all part-time nurses assigned to work twenty (20) hours per week or more shall be eligible for PTO. If a Per Diem nurse works an average of twenty (20) hours or more per week in the six-month period of January 1 – June 30 or July 1 – December 31, the Hospital shall deposit 0.0115 PTO hour per compensated hour in their PTO bank in the first pay period following the six-month period. This plan does not apply to per diem or temporary nurses.

C. Scheduling

PTO days, with the exception of illness, must be scheduled far enough in advance so as to provide for adequate staffing.

1. Time off request during a posted schedule

For any requested time off of two (2) shifts or less, the request must be submitted via the electronic scheduling system at least two (2) weeks prior to the requested day.

2. Future published schedules

For any requested time off, the request must be submitted via the electronic scheduling system prior to the next posted schedule, but not more than twelve (12) six (6) months, prior to the requested time off.
3. It is understood that Sections C(1) and (2) (a) and (b) above describe the process for requesting time off (subject to 6.4(h) below) and nothing herein prohibits a manager or the Staffing Office from using discretion to approve any other requested time off. It is understood that the earliest request will receive more favorable consideration. In the cases of the same minute receipt, preference will be given to the more senior employee.

4. All time off requests will be responded to within ten (10) calendar days of receipt not including the automated response. Initial response to include one of the following:
   a. Approval of PTO
   b. Denial of PTO
   c. Pending approval or denial, based on ability of coverage. (If a pending approval or denial is given, it must be finalized no later than twenty-one (21) days after the initial request is submitted.)

5. The nurse must have sufficient accrued PTO, or will have sufficient accrued PTO by the affected day(s) to actually request time off. Scheduled PTO may be rescinded at any point if sufficient PTO cannot be accrued to cover the requested absence. The Hospital will review approved PTO requests no later than eight (8) weeks prior to the effected pay period. As soon as it becomes evident (including prior to the eight (8) week mandatory review) the RN will not have sufficient PTO to cover the requested absence, the PTO will be rescinded and the next RN with a denied request will be offered that time off. Time off will be scheduled after taking into consideration departmental staffing needs and employee.
preference. Nurses will be informed of the status of their requests as soon as possible. Once time off has been granted under this article, it will not be cancelled, unless agreed to by the nurse and the Hospital.

6. PTO which occurs during the pay periods containing Spring Break, Thanksgiving, Christmas Day, Christmas Eve, and New Year’s Day will be arranged according to departmental staffing practice. Nurses will be notified no later than eight (8) weeks prior to the above mentioned holidays.

7. PTO requests for the months of June, July, and August will be limited to two (2) week blocks at a time so more nurses may enjoy a part of the summer months off. Within three (3) months of the affected PTO dates, if no other employees in the department have requested the same time, additional time may be granted.

8. If there are time off request(s) for a specific date, at least two (2) one (1) of the requesting nurses for each shift and department will be granted that time off under C (1) and (2) either a or b unless such grant would be to the only nurse regularly scheduled for that department and shift who would be available on that date. For this section, mid-shifts shall be considered their own shift. For the purpose of granting time off requests for departments with mid-shifts, shifts beginning prior to 1259 will be considered a day shift. Shifts that start at 1300 or later will be considered a night shift.

9. When a PTO request is submitted prior to schedule being published, the Hospital will make every attempt to grant such requests while maintaining core staffing levels. It is the responsibility of the Hospital to find a replacement for the nurse requesting PTO (i.e., Per Diem, Part-time, trades, schedule/pattern adjustments, floats etc.) If such a replacement

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cannot be found, the PTO request may be denied. See Article 8 C, 1, h. At
the time of denial of the requested PTO under C (1) and (2), the nurse
may seek a qualified Per Diem or Part time RN to work the requested
shifts so the RN can take PTO as requested.

10. After schedules are balanced (including utilization of all available staff i.e.,
Per Diem RNs) and schedules are published and final, an RN who has
requested, but who has been denied PTO for some part of the period
covered by the schedule, may request an available Per Diem or Part-time
RN to work the shift(s) in question so that the RN can take the PTO
requested, but denied, provided the Per Diem RN is qualified to replace
said RN. Once PTO is granted based on Per Diem RN acceptance of such
request to cover, and the Per Diem or Part-time is available for such shifts,
it will not be rescinded. The hours worked would not create any overtime
payment to the Per Diem or Part-time nurse. The requesting nurse has
and uses PTO for the shifts taken off. The nurse requesting Per Diem or
Part-time coverage for PTO must find replacement for all hours scheduled.

11. (NEW)

Prior to the schedule being published, a nurse may rescind PTO. After the
schedule is published and time off has been granted, the time off will not
be cancelled unless agreed to by both the nurse and the Hospital.

During a pandemic or similar government declared emergency, a nurse
may rescind a PTO request fourteen (14) days before the shift.

11. An employee who needs time off because of an illness, FMLA/OFLA, or
emergency must apply accrued PTO to such time off if the employee has
more than forty (40) hours of accrued PTO. When taking time off for illness
or emergency, the immediate supervisor must be notified at the earliest
possible time of the employee’s inability to report for work. The ability to
work regularly is a requirement for continued employment. This
expectation will govern decisions on employees who repeatedly take time
off for illness or emergency. Excessive use of time off for illness or
emergency purposes may result in disciplinary action and the Hospital
reserves the right to require reasonable proof of illness.

12. When an employee is eligible for Workers’ Compensation, the amount of
PTO payable will be reduced by the amount of Workers’ Compensation
received so that the daily pay does not exceed the regular pay when
working a normal shift.

13. All employees will be expected to continue sharing the responsibility for
working on holidays. Holidays include New Year’s Day, Easter, Memorial
and Christmas Day. Hours worked on such holidays shall be paid premium
pay at one and one-half (1-1/2) times the employee’s regular straight-time
rate of pay. An hour worked on a holiday is defined as worked within the
twenty-four (24) hour period from the 12 midnight when the holiday begins.
Effective the first pay period following July 1, 2018, hours worked on such
holidays shall be paid premium pay at one and one-half (1-1/2) times the
employee’s regular straight-time rate of pay when the majority of hours
worked fall on the holiday. The Holiday is defined as the twenty-four (24)
hour period from midnight until 2359 on the date of the holiday.

14. A nurse that works an extra shift on a holiday will receive two and one-half
times (2-1/2) the regular rate of pay. Effective January 1, 2019, a nurse
that works an extra shift on a holiday will receive two (2) times the regular
rate of pay.

15. When a nurse agrees to work an extra shift and is placed on on-call, PTO

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proposals at any time during negotiations.
D. **Accrual**

1. Full-time and part-time nurses hired on or before July 9, 2014 shall accrue PTO at the applicable rates as set forth below, determined by the number of their hours worked, or scheduled but not worked because of low census days.

<table>
<thead>
<tr>
<th>Month of Service</th>
<th>Accrual Rates</th>
<th>Approximate Annual Accrual (for 40-hour / week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st through 48th</td>
<td>0.11920-1077 hours per compensable hour</td>
<td>3128</td>
</tr>
<tr>
<td>49th through 108th</td>
<td>0.13840-1269 hours per compensable hour</td>
<td>3633</td>
</tr>
<tr>
<td>109th &amp; each month of service thereafter</td>
<td>0.15770-1462 hours per compensable hour</td>
<td>4138</td>
</tr>
</tbody>
</table>

2. Full-time and part-time nurses hired on or after July 10, 2014 shall accrue PTO at the applicable rates as set forth below, determined by the number of their hours worked, or scheduled but not worked because of low census days.

<table>
<thead>
<tr>
<th>Month of Service</th>
<th>Accrual Rates</th>
<th>Approximate Annual Accrual (for 40-hour / week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st through 48th</td>
<td>0.10770-0962 hours per compensable hour</td>
<td>2825</td>
</tr>
</tbody>
</table>

ONA reserves the right to add, change, modify or delete any of the above proposals at any time during negotiations.
2. Employees within the introductory period will accumulate, but are not eligible for PTO pay until they have completed ninety (90) days from their most recent date of employment.

3. An employee may accrue up to seven hundred sixty (760) hours of PTO.

4. PTO pay will be computed on the employee's regular hourly rate of pay at the time the leave is taken, including shift differential if applicable.
   a. Cash out of accrued PTO shall be done in accordance with SHS policy. Requested cash outs shall be submitted by the nurse no later than November 30 for any of the designated pay-out dates identified for the subsequent year.

5. If appropriate notice is given, accrued but unused PTO time will be paid upon termination in accordance with this Agreement, provided that the nurse has successfully completed the introductory period. PTO time cannot be used as termination notice time.

6. Accrued PTO will be noted on the employee's paycheck, it being understood that such notation is subject to verification and that, in the case of any discrepancy between it and the actual accumulation, the latter will control.
ARTICLE 9 – EMPLOYMENT STATUS

A. A nurse employed by the Hospital shall be introductory and shall not become a
regular employee until they have been continuously employed by Hospital as a
nurse for a minimum of six (6) months. The introductory period may be extended
by mutual agreement in writing of Hospital and Association. Nurses on
introductory status may be dismissed or disciplined without recourse to the
Grievance Procedure article. The nurse is to be advised, in writing, of the reason
for their dismissal or discipline. The provisions of this article shall not apply to the
establishment of eligibility for benefit accruals.

B. A nurse shall have the right to a representative to accompany them to any
meeting with managers which the nurse believes may result in disciplinary action.
A nurse shall receive copies of any material of an evaluative or disciplinary
nature that is placed in the supervisory or personnel files and shall have the
opportunity to attach a response. Corrective actions shall not be considered in
future progressive discipline after a period of one (1) year unless there has been
another corrective action or the nurse exhibits the same behavior, performance
or practice again.

B. In order to avoid staffing and replacement difficulties, nurses are encouraged to
give as much advance notice of resignation as possible but at least fourteen (14)
calendar days (not including the day when notice is given) written notice of
intended resignation.

C. The Hospital shall give regular nurses fourteen (14) calendar days’ written notice
of the termination of their employment provided, however, that no such advance
notice or pay in lieu thereof shall be required for nurses who are discharged for
violation of professional nursing ethics, insubordination, intoxication, drug abuse
or theft.
D. The Hospital shall have the right to suspend, discipline or discharge non-introductory nurses for just cause. Any non-introductory nurse who feels they have been suspended, disciplined or discharged without just cause may present a grievance for consideration, following the Grievance Procedure article.

E. Nurses in orientation may be exempt from low census cancellation while actively orienting when coded “Orientation” in the payroll program. The newly trained nurse in specialty areas (OR, CCU, ED, and WC) may not transfer to another SHS facility for two (2) years without written agreement of the manager.
ARTICLE 10 – LEAVES OF ABSENCE

A. Unless otherwise specified in this contract, leaves of absence will be granted in accordance with policy and applicable state and federal laws and will be administered by Human Resources.

B. A nurse will not lose previously accrued benefits as provided in this agreement, but will not accrue any additional benefits during the term of a properly authorized leave of absence. Personal leaves of absence may be granted after six (6) months’ continuous employment at the option of the Hospital for good cause.

C. Nurses returning from a personal leave of absence of more than twelve (12) weeks’ duration, within the specified time, shall be offered whatever posted assignment is vacant when they return, and shall be placed in a position comparable to and on the same shift as that which they left as soon as such position becomes vacant. Nurses who are granted a personal leave of absence not to exceed twelve (12) weeks and who return within the specified time shall be returned to the assignment which they left.

D. Employees required to appear in court as a witness on behalf of the Hospital shall be paid their regular rate of pay for such witness time.

E. Jury Duty

Employees required to perform jury duty on days when they would otherwise be scheduled for work shall receive their regular daily pay for such days; provided, however, that the salary paid shall be reduced by the amount of money received by the employee for such jury duty and further providing that, upon being excused from jury duty during any day, an employee shall immediately contact their immediate supervisor for assignment for the remainder of that shift. When an employee receives a summons, they shall notify immediately their supervisor,
so that arrangements can be made for work assignments. If a nurse must report for Jury Duty, they will immediately notify the appropriate scheduler or supervisor. A night shift employee shall not be required to work a shift immediately before expected jury duty service. If scheduled for the shift immediately following jury duty (e.g. jury duty ends at 1700 and the nurse is expected to report at 1900) the nurse may choose to take mandatory absence rather than report for the scheduled shift or the nurse may request to trade to another open shift within the same work week by notifying the appropriate scheduler or supervisor as soon as reasonably practicable.

F. Bereavement Leave.

1. **General** - In the event of a death of an immediate family member of a full or part-time employee, they will be allowed up to three (3) normally scheduled working days off with pay following the death to arrange for and/or attend the funeral. “Immediate family” is defined as: mother, father, sister, brother, parents-in-law, step-parents, step-children, siblings-in-law, grandparents, grandparent-in-law, and grandchildren. Employees will be granted up to five (5) normally scheduled working days off with pay following the death of a spouse, significant other living as an integral member of the household, or child.

2. **OFLA Bereavement Leave** - Under OFLA an eligible employee may take up to two (2) weeks off to; attend the funeral or alternative to the funeral, make arrangements necessitated by the death of a family member, or grieve the death of a family member. Family member is defined as “spouse, parent, biological, adopted or foster child, parent-in-law, same-sex domestic partner, grandparent and grandchild.”

   a. If the employee experiences the death of more than one family member in a year, the employee may take up to two (2) weeks for each death. The leave does not need to be taken in concurrent two-
ONA reserves the right to add, change, modify or delete any of the above proposals at any time during negotiations.
ARTICLE 11 – SENIORITY

A. Seniority shall mean the length of continuous employment by the Hospital of a type covered by this agreement. A nurse who moves from covered employment into other Hospital employment, without a break in Hospital employment, will retain their accrued seniority. Seniority will not accrue while not in covered employment. Should two or more nurses be hired on the same date the following procedure will break the tie:

1. Seniority within the Department.

2. Hospital wide Seniority.

3. Seniority within Samaritan Health Services.

4. Date of original Oregon RN licensure.

5. Lowest Oregon RN license number.

B. Qualified senior nurses (with regular nurses deemed to be more senior for purposes of this section than per diem and temporary nurses) will be given first opportunity for shift preference and/or to move to another nursing service department within their areas of experience and qualifications, except that Hospital may, in its discretion, give such first opportunity to a junior qualified nurse if the latter has greater experience, education or ability to perform the work in question. In assessing the relative experience, education and ability of the nurses, Hospital’s judgment shall not be arbitrarily or capriciously exercised. If no qualified nurse employed by Hospital applies for an available job vacancy, Hospital may fill the vacancy from any source, subject to the limitations set forth in Section G of this article. A nurse may not move to another nursing service department more than once within a four (4) month period, or within a twelve (12) month period when the nurse is in the LDRP or Surgical Services departments.
C. The Hospital shall electronically post a list of all job vacancies to be filled, including with such posting no less than the job vacancy's scheduled number of hours per shift, shifts per week, and predominant shift. A job vacancy will not be permanently filled until it has been posted for one (1) week.

D. Extra Shifts/Needs List - Available extra shifts will be electronically posted.

1. If more than one nurse signs up for an extra shift, and both nurses requesting the shift would be entitled to overtime for that shift worked, the Hospital will give preference to the nurse signing up for the entire shift as posted then will schedule the more senior nurse for the extra shift, provided that the nurse signed up for the shift within the seven (7) days after the day the Needs List was posted, meets department skills requirements, and has agreed to be first cut.

2. If more than one nurse signs up for an extra shift after the seven (7) days the nurse who signs up first for the complete shift has rights to the overtime shift even if a more senior nurse has signed up at a later time.

3. A nurse may sign up for extra shifts; however, the Hospital may limit nurses to one hundred eight (108) hours in a pay period. If the Hospital is concerned about patient care and safety, the Hospital reserves the right to limit the number of extra shifts a nurse may work. Once a nurse picks up an extra shift, it is considered part of their schedule.

E. Layoff. In the case of reduction in force, the Hospital will proceed as follows:

1. Nurses will be laid off and/or have their FTE and shift adjusted by the Hospital within the bargaining unit in the reverse order of seniority provided that the remaining nurses currently possess the necessary competencies and skills to perform the work to be done. All job shares will be suspended during the layoff. Should removing the least senior nurse
result in inadequate competency and skills in the unit, then that nurse shall remain and the next least senior nurse shall be laid off.

2. No bargaining unit positions will be awarded to non-bargaining unit applicants until the conclusion of the layoff/reorganization is completed.

3. All nurses who meet qualifications shall be considered for available positions within their current unit.

4. Employees will be paid severance in accordance with the current Hospital Severance policy. Nurse will waive recall rights by accepting severance.

5. The Hospital will provide the Association a list of the employees to be laid off, a seniority roster and a list of vacant positions within the bargaining unit. The list will include department, unit, FTE and shift. The Association and affected nurses will have ten (10) days to review and contest seniority dates.

6. Nurses shall be recalled from layoff in the order of seniority provided that they have the necessary skills and competency to perform the work. If a laid off nurse is recalled to a shift different from the nurse’s assigned shift at the time of the layoff, the nurse may refuse such recall. The nurse may not refuse more than on two occasions or recall rights will be forfeited.

7. The Hospital will notify the employee by certified mail and e-mail on file with Human Resources of a position to which the employee may be recalled.

E. Layoff - In the case of reduction of force, Hospital will proceed as follows:

1. Offer employees on the shift to be affected the possibility of taking voluntary layoff as unpaid time or as PTO, if accrued; provided, however, that the employees remaining on that shift have the ability to immediately perform the necessary work. The method of implementing voluntary layoffs shall be as follows. The staffing office will call nurses who have volunteered through sign up on the “request off list” in the staffing office or by providing the staffing office with a memo stating they can be called at any time to be offered a day off. Supervisors may make phone calls to
identify additional volunteers. ONA will share the responsibility to orient
nursing staff to this volunteer layoff process upon ratification of this
agreement and at new hire orientation.

2. If it determines that use of the voluntary procedure above has not been
satisfactory, lay off employees in the reverse order of seniority among
employees on the shift where the reduction occurs; provided, however,
that the employees remaining on the shift where the reduction occurs
have the ability to immediately perform the necessary work. Employees
will be considered for layoff according to the following categories:
   a. Temporary Nurses, which includes agency, or traveler.
   b. Per Diem nurses on overtime.
   c. Regular Nurses on extra shifts that are subject to the day off
      premium
   d. Per Diem Nurses.
   e. Introductory Nurses.
   f. Regular Nurses not covered in subsection (c).

3. Traveler Nurses are part of the regular schedule and shall be considered
   for mandatory absence if their contract allows. Mandatory cuts will not
   exceed traveler contract language. If the maximum allowable cuts have
   been met, the traveler nurse will be skipped and cuts will occur in the
   following order:
   a. Hospital will cut a regular nurse or extra shift nurse on extra shift
      before a contracted nurse, except as limited in (b), below.

ONA reserves the right to add, change, modify or delete any of the above
proposals at any time during negotiations.
b. Hospital may cut a per diem, regular shift nurse or extra shift nurse before a contracted nurse, but only once per calendar quarter for any given nurse. The calendar quarter begins January 1st.

c. The Hospital will cut the least senior employee on the affected shift who the Hospital has not already cut during the current calendar quarter.

d. Should all the employees on the affected shift already have been cut once during the calendar quarter, the Hospital will cut the contracted nurse on the shift.

4. In the event that Hospital determines that a layoff under the preceding paragraph will last for more than one (1) month, lay off employees after that period in the reverse order of seniority; provided, however, that the employees remaining after such layoff have the ability to immediately perform the necessary work.

5. Reductions under (2) above will occur separately within the Hospital and Outpatient Hospice.

6. Prior to a layoff under (3) keep above, Hospital will notify Association at least (30) calendar days in advance of its determination of such layoff and, upon request, will meet with Association to discuss and the expected layoffs and application of this section of the Agreement.

F. Recall - Employees with seniority shall be recalled from layoff in the reverse order of layoff, provided the recalled employee has the ability to immediately perform the necessary work upon return to work. If a nurse is recalled to a shift assignment different from the nurse’s shift assignment at the time of layoff, the
nurse may choose to remain on layoff, provided (1) another nurse on layoff accepts the shift assignment and (2) the nurse may not in any event refuse more than one such shift assignment during the layoff. If the nurse accepts recall to a different shift assignment, the nurse will continue to be in layoff status for purposes of recall to the nurse’s position at the time of layoff, for up to six (6) months from the date of the original layoff.

G. **Termination of Seniority** - Seniority shall be broken and terminated if an employee quits; is discharged for just cause; fails to report for work at the termination of a leave of absence or extension thereof; is on leave of absence for personal or health reasons and accepts gainful employment without permission; is laid off for six (6) consecutive months; or is laid off for less than six (6) consecutive months and the nurse fails to report for work within three (3) working days after being notified by telephone or, if not available by telephone, by certified mail at their last known address. The period may be extended to seven (7) calendar days if the nurse notifies the Hospital within three (3) working days that additional travel time is needed.

H. Nurses will not be regularly scheduled to work different shifts unless they agree to do so in writing. Nurses will not be temporarily scheduled to work different shifts for more than three (3) days in any calendar month unless they agree to do so in writing. A nurse who is temporarily scheduled, without the nurse’s agreement, to work different shifts for three (3) or fewer days in any calendar month will receive an additional $175 for each different shift worked. For temporary schedules under this section, seniority will apply provided the nurse has the ability to immediately perform the necessary work. Hospital may in its discretion pay additional bonuses to nurses who are scheduled to work different shifts under this section, but not to exceed $2,100 per month for up to three (3) consecutive months within a calendar year. Hospital will promptly notify Association of such bonuses paid after the effective date of this Agreement.
ARTICLE 12 – NO STRIKE

In view of the importance of the operation of Hospital's facilities to the community, Hospital and Association agree that there shall be no lockouts by Hospital and no strikes, sympathy strikes, picketing, sympathy picketing or other attempted or actual interruptions of work by nurses or Association during the term of this agreement.

ARTICLE 13 – GRIEVANCE PROCEDURE

A. A grievance is defined as a complaint by one (1) or more nurses regarding Hospital's interpretation or application of the provisions of this agreement, including discipline or dismissal of the nurse (except for discipline or dismissal of an introductory nurse, which shall be final and binding on Hospital, the Association and the introductory nurse).

B. It is the express intent of the parties that grievances be resolved informally whenever possible and at the lowest level of supervision. If a nurse cannot resolve a prospective grievance with their immediate supervisor, the nurse may present a grievance exclusively in accordance with the procedure set forth below. Time limits contained in this procedure may be extended by mutual agreement of the Employer and Association.

C. Dismissal grievances must be filed in writing within the first fourteen (14) days following the dismissal and shall be initially filed with the VP of Patient Care Services or designee.

Step 1 - The nurse may present the grievance in writing to the immediate manager to whom the nurse reports, within fourteen (14) calendar days from the occurrence or the time when the nurse should reasonably have been aware of the occurrence giving rise to the grievance. A written grievance shall set forth the nurse's complaint, provisions(s) of this Agreement allegedly violated, and the specific
remedy requested.

The immediate manager shall meet with the nurse to consider the grievance within fourteen (14) calendar days of the grievance’s presentation to the immediate manager. The immediate manager shall, regardless of such meeting, respond to the grievance in writing within fourteen (14) calendar days of the grievance’s presentation to the immediate manager.

**Step 2** - If the grievant is not satisfied with the immediate manager’s response, or has not received such response in the described time, the grievant may present the grievance in writing to the Vice President of Patient Care Services or designee, within fourteen (14) calendar days after the period specified for the departmental manager's response at Step 1.

The Vice President of Patient Care Services or designee shall meet with the nurse to consider the grievance within fourteen (14) calendar days of the grievance’s presentation to the Vice President or designee. The Vice President of Patient Care Services or designee shall, regardless of such meeting, respond to the grievance in writing within fourteen (14) calendar days of the grievance’s presentation to the Vice President of Patient Care Services or designee.

**Step 3** - If the grievant is not satisfied with the response of the Vice President of Patient Care Services or designee or has not received such response in the described time, the grievant may submit the grievance in writing to the Chief Executive Officer (CEO) or their designee within fourteen (14) calendar days after the period...
specified for the response of the Vice President of Patient Care Services or designee at Step 2.

The Chief Executive Officer or their designee shall, within fourteen (14) calendar days after submission to Step 3, meet with the nurse and a representative of the Association, if the nurse so desires. The Chief Executive Officer or his designee shall make a determination of the matter in writing within fourteen (14) calendar days following said meeting or, if no meeting is held, within fourteen (14) calendar days following the period during which said meeting could have been held at this step. The determination shall be in writing, with copies sent to both the grievant and the Association.

Step 4 - If the CEO's determination at Step 3 is unsatisfactory to the grievant or if such determination has not been made within the described time, the Association, with the written consent of the grievant, may present the grievance to arbitration if written notice is given to the CEO within 14 calendar days after the CEO's determination or, if such determination is not given as described, within fourteen (14) calendar days after the date when such determination should have been issued.

D. In the event a grievance is submitted to arbitration, the arbitrator shall be selected by mutual agreement between representatives of the Association and Hospital. If they cannot agree on an arbitrator within five (5) calendar days after written notice of submission to arbitration, the Federal Mediation and Conciliation Service shall be jointly requested to submit a list of seven (7) Oregon arbitrators from which each representative shall strike alternately a name until only one name remains. The remaining person shall be selected as the arbitrator.
E. The arbitrator's decision shall be final and binding upon the nurse, Association, and Hospital; provided, however, that they shall not have the authority to modify, add to, alter, or detract from provisions of this Agreement, or to award any monetary or other relief for any period earlier than twenty-one (21) days prior to the date on which the written request was submitted to the Vice President of Patient Care Services or designee. The Hospital and the Association agree to jointly request that the arbitrator issue the written decision within thirty (30) days of the closing of the hearing or the submission of the briefs, whichever is later. The arbitrator's decision and award shall be based solely on their interpretation of the meaning or application of the terms of this Agreement to the facts of the grievance presented. If the matter sought to be arbitrated does not involve an interpretation or application of the terms or provisions of this Agreement, the arbitrator shall so rule in their award and the matter shall not be further entertained by the arbitrator. The arbitrator shall not render an award inconsistent with the Management Rights article of this Agreement.

F. Failure of the Hospital to respond within the specified time shall allow the nurse to submit the request to the next level. Failure of the nurse or the Association to submit the request to the next level within the specified time shall constitute abandonment of the request, except that the time limits set forth in this article may be waived by mutual agreement of the Association and Hospital in writing.

G. The fee and expenses of the arbitrator shall be borne equally by the Association and the Hospital. Each party shall otherwise bear its own expenses related to the arbitration.
ARTICLE 14 – HEALTH AND WELFARE

A. Laboratory examinations and/or immunizations, when indicated because of exposure to communicable disease during the course of employment in the Hospital, shall be provided by the Hospital at no cost to the nurse.

B. The Hospital will provide the present Health and Dental programs, or substantially similar programs which the Hospital may offer in their place(s).

C. All nurses who are eligible for the Samaritan SHS health, dental, and vision plans will participate in accordance with the terms of such plans.

Nurses may opt out of the Medical/Pharmacy benefit with proof of other insurance and receive $55.39 per pay period. Such proof must be provided annually to Human Resources. In addition to providing documentation, the employee must opt-out electronically in the benefits enrollment system annually.

D. **Premium Rate Determination** - The employee’s contribution rate will be the same as the rest of the majority of the Hospital employee’s, provided, however, that the Health Welfare Plan will not increase more than ten percent (10%) from the previous year’s contribution.

E. The Hospital will provide life insurance coverage for each nurse (half time or more), with the Hospital paying the full cost of the basic coverage.

F. The Hospital will offer a plan or plans under which employees may, as permitted by law, direct the use of their pre-tax compensation for the payment of (1) the employee's share of the subscription cost of the applicable coverage under C or D above, (2) the employee's eligible health, dental, and vision expenses not covered by such programs or any other insurance, and (3) the employee's eligible dependent care expenses. For prescription eye wearers, vision
coverage shall include $500.00 insurance payment for mandatory use of goggles. Health coverage shall include ten (10) massage therapy sessions annually at no charge to the nurse.

G. Nurses will receive the Hospital’s provided long-term disability insurance program, in accordance with its terms, offered to a majority of the Hospital’s employees not in the bargaining unit.

H. Impact of Health Care Reform - The parties agree that Health Care Reform legislation may impact the provision of health insurance benefits under this Article. Given that, either side may reopen this Article once during the term of the Agreement to bargain over required changes. The party desiring such reopener shall provide written notice to the other party initiating the reopener. The parties will then meet promptly and bargain for a period of no more than 90-days over any proposed changes to this Article. At the end of the 90-day bargaining period, Article 12 (No Strike. No Lockout) and Article 13 step 4 (Arbitration) will be suspended, but only for any disputes that may arise under this Article 14).

I. Samaritan Health Services (SHS) will establish a Health Insurance Advisory Committee within six (6) months of ratification. The committee will include a representative from the SAGH ONA bargaining unit. The SAGH ONA Executive Committee will establish a list of four (4) nurse candidates from the bargaining unit, from which the Hospital shall make one (1) appointment to the committee. The nurse will be paid for time attending meetings. This time will not drive contractual overtime. The purpose of the committee will be to review claims experience, utilization and trends in the insurance industry. The committee will be a forum to provide and share information, ask questions, address concerns and make recommendations regarding the insurance plan. The committee will meet at least annually or more often as decided by the committee.
ARTICLE 15 – PENSIONS

A. The Hospital will provide a retirement plan known as the Samaritan Health Services Retirement Plan, in which employees may participate in accordance with its terms. As of 2001, the Plan formerly known as the Albany General Hospital Employee Retirement Plan (“Albany Plan”) will be known as the Samaritan Health Services Retirement Plan, but nurses formerly participating in the Albany Plan may continue to participate under the terms previously provided by the Albany Plan until 2011. Nurses will participate in accordance with the terms of the Samaritan Health Services Retirement Plan which will include a contribution of the Hospital of four (4%) of eligible compensation. Upon request, the Hospital will request from the Plan’s administrators all available information with regard to the nurse’s status and eligibility in the Plan.

B. The Hospital will afford each employee the opportunity to participate in the Samaritan Health Services Tax Sheltered Annuity Plan according to the terms of the plan. For nurses hired on or before July 9, 2014 the Hospital will match the contribution of the eligible nurses up to three (3) percent of gross pay. For nurses hired on or after July 10, 2014 the hospital will match the contribution of the eligible nurses up to two (2) percent of gross pay.

C. Hospital will not change the benefit or eligibility provisions of the Plan without first notifying Association of the projected change and, if requested by Association, entering into bargaining regarding such change. If, in such bargaining, the parties do not agree on the change, it will not be implemented as to nurses covered hereunder during the term of this Agreement, except as required by law.

ARTICLE 16 – SEPARABILITY

In the event that any provision of this agreement shall at any time be declared invalid by a court of competent jurisdiction or through government regulation or decree, such decision shall not invalidate the entire agreement, it being the express intention of the
parties hereto that all other provisions not declared invalid shall remain in full force and
effect.

ARTICLE 17 – SUCCESSORS

In the event that the Hospital shall by merger, consolidation, sale of assets, lease,
franchise, or any other means, enter into an agreement with another organization which
in whole or in part affects the existing collective bargaining unit, then such successor
organization shall be bound by each and every provision of this agreement. The
Hospital shall have an affirmative duty to call this provision of the agreement to the
attention of any organization with which it seeks to make such an agreement as
aforementioned, and if such notice is so given, the Hospital shall have no further
obligations hereunder from date of takeover.
ARTICLE 18 – FLOATING

A. Nurses will float to other units, except as limited below:

B. Nurses will not be required to float out of their regular unit while an agency nurse is working on the same unit and shift, unless:
   1. The nurse volunteers to float, or
   2. Hospital has attempted without success to call in per diem, part-time, or off-duty nurses to perform the assignment to which floating is contemplated, and the agency nurse working on the potential floating nurse's unit and shift is not qualified for the float assignment.
   3. If a nurse is floated to another unit under B.2 above, such floating will be in accordance with the nurse's unit floating plan.

C. Nurses covered by this Agreement shall not be required to float to another medical facility unless the nurse mutually agrees to do so.

D. No nurse shall be assigned to float to a fully staffed unit that has placed department nurses on regular shift mandatory absence on-call without the on-call nurse being given the opportunity to work. The only exceptions to this are as follows:
   1. All nurses on a unit and shift have reached their maximum cut hours and have regularly scheduled nurses who are qualified and willing to float to another unit to maintain their FTE equivalent hours.

ONA reserves the right to add, change, modify or delete any of the above proposals at any time during negotiations.
2. When there is insufficient work available within the home department of primary core staff who are required to be in house at all times, these nurses may be floated to another unit in which they are qualified to work.
ARTICLE 19 – DURATION AND TERMINATION

A. This agreement shall be effective upon signing by both parties, except as otherwise provided herein, and shall remain in full force and effect through June 30, 2022.

B. If either party desires to modify or amend any of the provisions of this agreement, it shall give written notice to the other party not less than ninety (90) days in advance of June 30, 2022.

ARTICLE 20 – COMPENSATION

Rates of compensation are set forth below, which is hereby made a part of this agreement.

A. STEP SYSTEM OF PAY

The wage is composed of a series of progressing steps established to recognize experience and length of service ending with a thirty (30)-years-of-service step. There will be a years of service requirement to move to a higher wage step after new hire initial step placement.

1. The wage rate increase between each year-of-service step will be three (3) percent.

2. A nurse will progress to the next step on the scale on the nurse’s most recent anniversary date of employment with the Hospital as a nurse, provided that on such date (1) the nurse has completed at least the years of service with the Hospital that correspond to the next step; (2) the nurse has completed 1100 hours of service with the Hospital for the preceding twelve (12) months or since their last step increase; and (3) the nurse has satisfied the requirements set forth in B below. If the nurse has not completed the requirements of this paragraph the nurse will progress to
the next step effective with the first full pay period beginning after he or
she has satisfied all such requirements.

3. Between step 7 through 15, a nurse will meet the years of service
requirement and move to the next step if they work 2200 hours, is
employed twenty-four (24) months and has satisfied the requirements set
forth in B below. Between steps 15 through 30, a nurse will meet the years
of service requirement and move to the next step if they work 5500 hours
is employed sixty (60) months, and has satisfied the requirement set in B
below.

B. PROFESSIONAL ACCOUNTABILITY REQUIREMENTS

To be eligible to progress to a higher step on the wage scale set forth below,
have successfully completed during the twelve (12) months preceding the
nurse’s anniversary date:

1. Completion of the annual competency requirements

2. TB Mask Fit Testing

3. Basic Life Support

4. Maintenance of current licensure

If the above requirements are not met by the anniversary date, the increase will
be effective with the first full pay period beginning after completion of the
requirements. This will become the date for future step adjustments.

C. STEP PLACEMENT

1. New hires and transfers into the bargaining unit will be given year-for-year
credit for prior experience toward step placement for recent related
experience in an acute care (or hospice, if appropriate) setting. Other RN experience will be credited as one year of credit for every two (2) years of experience. New hires will be placed at the wage step corresponding to the years of prior experience.

2. Once a nurse is placed on the SAGH wage scale, the hours requirement and years of service rule will govern their progression through the scale. For example, nurses hired with fifteen (15) years of acute care (or hospice if appropriate) experience will be put on Step 15 and those nurses will be eligible to move to Step 20 after working 5500 hours is employed sixty (60) months, and has satisfied the requirement set in B above.

D. WAGES

The following wage increases will apply to nurses during the term of this agreement. All wage increases will become effective the first day of the first pay period following the increase effective date.

Effective retroactive to August 21, 2017, two percent (2%) across the board. The Hospital may pay the retroactive pay in two (2) payments so long as one payment is made within two weeks of ratification and the second payment is made prior to January 1, 2018.

January 1, 2018—2% Across The Board
July 1, 2018—2% Across The Board
January 1, 2019—2% Across The Board
July 1, 2019—2% Across the Board

ONA reserves the right to add, change, modify or delete any of the above proposals at any time during negotiations.
3.75% across the board to match GSRMC Wage scale. All wage and differentials will be effective in the first pay period following ratification.

### Wages Effective 7/1/21

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<th>Years of Experience</th>
<th>Step</th>
<th>Wage</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
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<tr>
<td>15</td>
<td>15</td>
<td>$61.50</td>
</tr>
</tbody>
</table>

ONA reserves the right to add, change, modify or delete any of the above proposals at any time during negotiations.
E. **CERTIFICATION DIFFERENTIAL**

1. A nurse may apply for and will receive a three (3) percent per hour certification differential as of the application date, if the nurse has a current state or national specialty certification recognized in Appendix A on file with the Hospital. The differential will commence the first day of the pay period following the date that written evidence of the passing test score or continuing certification is received by SAGH HR. For a second and additional certification, the Hospital shall pay two (2) percent per hour differential with the same provisions above.

2. Eligibility for the certification differential will cease beginning with the first full pay period following the expiration of the certification, unless the nurse submits proof to SAGH HR of certification renewal prior to that date.

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

F. **PRECEPTOR DIFFERENTIAL**

A staff nurse trained as a preceptor at the request of the Hospital shall receive a 4.5% differential for all hours worked in the first pay period after completing their training. A staff nurse acting in the capacity of a preceptor at the request of the Hospital will receive a differential of seventy-five cents ($0.75) per hour for hours spent acting as a preceptor. To be eligible to act as a preceptor and to receive the differential, the nurse must comply with the criteria of the Hospital “Preceptor Criteria/Guidelines.” Nurses who act as preceptors will receive feedback on their annual performance appraisal related to such duties.

G. **BSN/MSN PREMIUM**

A two and one-half percent (2.5%) differential will be added to the base hourly wage for those nurses who have a BSN degree. A three and a half percent
ONA → Samaritan Albany General Hospital       Date of Proposal: _____/_____/_____

(3.5%) differential will be added to the base hourly wage for those nurses who have an MSN degree. Nurses will be eligible for only one advanced degree differential. Effective the first day of the first pay period following ratification, any nurse holding a BSN/MSN will receive a differential of one dollar ($1.00) per hour for the highest degree attained. BSN/MSN diploma or transcripts must be received in SAGH HR for differential to begin. The differential will commence the first day of the pay period following the date the diploma or transcript is received by SAGH HR.

H.  SHIFT DIFFERENTIAL

Nurses on evening shift shall earn a differential of six (6) percent. Nurses who work night shift at the Hospital shall receive a night shift differential based on the years working night shift as follows:

<table>
<thead>
<tr>
<th>Number of Years on Night Shift at the Hospital</th>
<th>Applicable Night Shift Differential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than four (4) years</td>
<td>12.5%</td>
</tr>
<tr>
<td>Between four (4) and eight (8) years</td>
<td>15.0%</td>
</tr>
<tr>
<td>Between eight (8) and ten (10) years</td>
<td>17.5%</td>
</tr>
<tr>
<td>More than ten (10) years</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

The evening shift differential will be $1.75 per hour, and the night shift differential will be $5.00 per hour.

Nurses working hours on both evening and night shifts will be paid the differential based on the majority of time the hours are worked. Evening shift is considered to be between 3:00 pm and 11:30 pm. Night shift is considered to be between 11:00 pm and 7:30 am.

I.  WEEKEND PREMIUM

For any shift predominately worked on a Saturday or Sunday

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the nurse shall be compensated an additional five percent (5%) per hour in addition to any other applicable differentials. For weekend work on which the nurse is not eligible for time and one-half or greater pay under any provision of this Agreement and is not eligible for day off premium, the nurse will be paid a weekend differential of $1.75 per hour worked. This premium will not be paid for any unworked hours. Weekend work for purposes of this section is defined as work on day and evening shifts on Saturday and Sunday and on night shift on Friday and Saturday. The twelve (12) hour shift weekend begins on Friday at 1900 and ends on Sunday at 1930. No more than twenty-four (24) hours of weekend differential will be paid to twelve (12) hour shift nurses.

Hours worked on a scheduled weekend off will be paid a $20 premium for all hours worked on weekend off. Hours worked in determining eligibility for this premium will not include hours worked as a result of trades; or at the request of other nurses. This section will apply only if the nurse also works all of their scheduled shifts in the same workweek, other than such shifts that were not worked because of a low census day, because of a previously approved protected state and federal leaves or because they had previously been scheduled as PTO prior to the schedule being published.

J. **ON-CALL**

1. Regular nurses shall be required to be on on-call as described in Article 7 Hours of Work, Article 21 Surgical Services Provisions, and Article 22 Hospice

2. The base on-call rate for all nurses shall be $5.00 per hour and the holiday on-call rate shall be $7.50 per hour.

K. **DAY OFF PREMIUM**

1. Full-time nurses will be paid at one and one-half (1-1/2) times their regular straight-time rate of pay for all hours worked at the request of the Hospital.

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on their regularly scheduled day or days off, except when there is a
time of schedule agreed upon by the Hospital and nurse. Part-time
nurses will be eligible after working the equivalent of 36 hours per week;
however any part-time nurse that accepts a shift with the approval of
management or the staffing office within one (1) week of the need will be
paid one and one-half (1 ½) times their regular straight time rate of pay.
Hours worked in determining eligibility for this premium will not include
hours worked as a result of trades; at the request of other nurses; or of
being called back to work while on on-call. This premium will not be paid
for any un-worked hours. This section replaces all other premiums for
working extra or unscheduled shifts which may have been in existence
before this section’s effective date.

a. This section will apply only if the nurse also works all of their
regularly scheduled shifts in the same workweek, other than such
shifts that were not worked because of a low census day or
because they had previously been scheduled as PTO.

b. Once the shift has been accepted by the nurse and the schedule
has been posted the nurse will fall under the same requirements as
a regularly scheduled nurse to fulfill the shift.

2. This section K will be subject to the no pyramiding provisions of this
Agreement. (Example: If a nurse is paid the premium under this section,
the hours so paid will not be counted toward the computation of weekly
overtime.) No hour will be eligible for the payment of two (2) such
premiums.

L. The hourly rate of pay for per diem and temporary nurses shall be per hour
above the appropriate base rate of pay and no additional fringe benefits (except
for weekend premium under l) will accrue. Effective the first day of the first pay
period following ratification the per diem differential will be $4.50 per hour.

M. MERIT

Association recognizes this Agreement to contain the basic standards of employment. Hospital may reward individual nurses’ performance over and above the prescribed standards called for in this Agreement. Hospital will give Association notice and an opportunity for discussion before implementing any reward under this section.

N. CHARGE NURSE

The Charge Nurse wage scale is five percent (5%) above the Staff RN scale. Primary Charge Nurses will receive this rate for all hours worked. Nurses who hold a secondary assignment as a Charge Nurse will receive the five percent (5%) increase for hours worked while in the secondary assignment.
ARTICLE 21 – SURGICAL SERVICES PROVISIONS

Surgical Services departments shall be comprised of the Operating Room and Ambulatory Surgery (Post Anesthesia Care Unit, Outpatient Surgery, and Endoscopy).

A. ON-CALL

1. Regular nurses in Surgical Services (except Surgery Pre-Admission Nurse) shall be required to be on-call as scheduled. Nurses scheduled for on-call and holiday on-call will be paid as specified in Article 20.J. $4.50 per hour for each hour of scheduled on-call.

2. Holiday on-call will be compensated at the rate of $5.00 per hour.

3. On-call pay shall continue through periods of call back.

4. Nurses will sign up for call in Kronos when call schedule is open. Weekends will be scheduled by Hospital in accordance with 21.F.2.b and 21.G.1.b. On-call is scheduled and posted. Surgical Services nurses may trade on-call or pick up extra on-call after the schedule is posted. The Hospital shall assign vacant call shifts in the preliminary schedule first to those nurses who have not signed up for call. Prior to schedule posting, the Hospital shall notify a nurse of any changes made to the preliminary schedule.

5. Nurses who voluntarily accept additional call from peers are not eligible for a premium.

6. Orphan on-call is defined as previously scheduled on-call which must be filled after the schedule is published and the vacancy is posted by a supervisor. Volunteers who agree to take orphan call will receive Bonus Call payment. If there are no volunteers to take orphan on-call, it will be
assigned on a rotating basis.

a. Bonus on-call rate shall be double the regular on-call rate. Call back shall be compensated at the rate of time and one half the nurse’s regular hourly rate and \textbf{fifteen (15) ten ($10.00)} dollars per hour.

b. Orphan turn is defined as:
   1. From end of shift to 2300
   2. From 2300 to 0700
   3. Twelve (12) hours on a weekend
   4. 1530/1730 until 0700
   5. Not counted are the 2-3 hours that a person may pick up to help out a peer.

7. A nurse who volunteers to take an orphan turn shift will be moved to the bottom of the mandatory assigned call list.

8. \textit{At age sixty-two (62) Surgical Services nurses may request to be relieved of routine call assignments. Should the nurse choose to stay in the routine call rotation, they are not subject to mandatory call assignment. These RN’s are not subject to mandatory call assignments. At age sixty-two (62), Surgical Services nurses are no longer required to sign up for call and may request to be removed from the weekend call rotation. If the nurse chooses to take call, they may sign up in Kronos. These RN’s are not subject to mandatory call assignments.}

B. \textbf{CALL BACK}
1. Call back is defined as reporting to the hospital from scheduled on-call after being released from work. Call back will be compensated at the rate of time and one half the nurse’s regular hourly rate of pay for not less than three (3) hours of pay.

2. When nurses for their convenience split call, in the event that a three (3) hour call back is still in effect for one (1) nurse and the other nurse is called in, the call back pay for the first nurse will stop when the second nurse swipes in to call back.

3. The number of hours paid for call back shall not exceed the number of hours assigned on-call.

4. Call back shall not be paid in combination with regular pay for the same hours worked. Call back rate will be in effect until completed then moved to regular rate.

5. Nurses on-call back shall check with the department manager or house supervisor before being released to leave the hospital.

6. A nurse who has a scheduled start time of 0700 or later and has been called back and has worked between 2300 and 0500 or a nurse who has a scheduled start time of 0530-0600-0659 and has been called back and has worked between 2130-2200-0500 during a scheduled on-call shift or and has not had at least eight (8) consecutive hours off before the nurse’s next regularly scheduled shift of work, may request not to work the next regularly scheduled shift before that shift begins. If, after a nurse has made such a request, the Hospital cannot accommodate the time off request, the nurse will be paid one and one-half times (1-1/2) the nurse’s straight-time hourly rate of pay for work during such regularly scheduled shift. In the event of a reduction in force in that unit and shift, a nurse

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working under the preceding sentence will be the first nurse to be reduced in hours on that shift under Article 11.E or given the option to go to straight time for the remainder of their shift.

Alternatively, the nurse may request to be excused from the beginning of the next regularly scheduled shift to rest and then report to work later when the nurse has determined that they have had sufficient rest to provide safe patient care. If such a request is granted, when the nurse returns to the shift the nurse shall not be eligible for time and one-half compensation. The nurse must report for work in time to meet the four (4) hour minimum work requirement.

7. Pursuant to ORS 653.261, any Surgical Service nurse called back for a shift may waive their rights to meal and rest periods on a shift-by-shift basis and the nurse shall be paid for 30-minutes for their missed meal period if they are required to be at the hospital for six (6) or more consecutive hours at the call back rate of pay.

C. SURGICAL SERVICES AFTER SHIFT DIFFERENTIAL

If a nurse is unable to leave work at the end of the shift because there are more OR cases than the Call Crew can manage, the nurses will be paid at time and one half for the first hour of work. After the first hour of overtime worked, the nurses will receive overtime and a bonus of $15.00 per hour until they are released from work.

D. SURGICAL SERVICES SECOND CREW DIFFERENTIAL

If a nurse who is not on-call agrees to come in to take an unscheduled case because the Call Crew has already been deployed, the nurse shall receive the extra shift premium of time and one half the regular rate of pay plus a bonus of $10.00 per hour for a minimum of three (3) hours or the number of hours worked,
whichever is greater.

E. CHARGE NURSE AND CLINICAL COORDINATOR DIFFERENTIAL
OPERATIONS LEADER/SURGICAL SERVICES DIFFERENTIAL
A nurse assigned by the Hospital to work in the capacity of Operations Leader/Surgical Services will receive a five (5) percent differential for hours worked in that capacity.
Surgical services charge nurses and clinical coordinators meet the definition of charge nurse as described in Article 2.C.6 and shall receive the charge nurse differential described in Article 20.N.

F. AMBULATORY SURGERY

1. Ambulatory Surgery nurses required to be on on-call may arrange for qualified nurse volunteers from other nursing service department to take such on-call; provided that this would not lead to total compensation for the involved nurses greater than that which would have been payable if such arrangement had not been made, and provided further that the specific arrangement has been approved by Hospital.

2. Ambulatory Surgery nurses shall be scheduled for on-call in Kronos to meet the following requirements as follows:
   a. On a rotating basis Monday through Friday, not to exceed sixteen (16) hours
   b. On a rotating basis on a weekend (Saturday and Sunday), not to exceed one (1) weekend every five (5) weeks; weekends will be scheduled by the staffing office, and
   c. On a rotating basis for holidays referred to in the PTO Article 8 and days when the operating room is closed.
d. If a holiday falls on a weekend, the nurse may choose to take the entire weekend on-call which would count in the five (5) week weekend rotation.

3. PACU nurses required to be on on-call shall be called back to recover surgical patients except that Hospital may use OB nurses to recover OB patients instead of such callback.

G. OPERATING ROOM

1. Operating Room nurses shall be scheduled for on-call on a rotating basis as follows:
   
a. Up to sixteen (16) hours in the period Monday through Friday:
   
   b. Up to sixty-four (64) hours in five (5) consecutive weekends. A weekend for this purpose is defined as from Friday afternoon to Monday 0700. Weekends will be scheduled by the staffing office.

   c. Holidays, as defined in Article 8 PTO and days associated with holidays when the department is closed.

   d. If a holiday falls on a weekend, the nurse may choose to take the entire weekend which would count in the five (5) week weekend rotation.

H. PER DIEM

Per Diem nurses assigned to Surgical Services shall be required to be available to work a minimum of fourteen (14) shifts per six (6) month period which have been identified on the open shift or “needs” list. Per Diem nurses may elect to
take call. If the percentage of vacant regular nurse positions, in either ambulatory surgery or operating room, falls below 75%, the Hospital may require per diem nurses in that department to sign up for call shifts for one weekend within a ten-week period and two weekdays within a ten-week period.

ARTICLE 22 – OUTPATIENT HOSPICE PRACTICES

Hospice nurses provide services under conditions and in settings which are significantly different than acute inpatient care and ambulatory care.

A. ON-CALL

1. Hospice nurses shall be required to be on-call as scheduled.

[Verbatim from MOU Hospice Out-Patient On-call Coverage, January 8, 2021]

1. For both expected and unexpected leave coverage, including PTO and FMLA, of the regular on-call RNs, the department would continue to ask for volunteers via a sign-up sheet. Bargaining unit nurses shall not be required to fill these on call shifts mandatorily. If vacant shifts remain on the sign-up sheet, the Hospital shall identify other qualified non-bargaining unit replacements to fill these vacancies, whether expected or unexpected.

2. The on-call coverage shall be converted to two shifts on the weekdays: 1630 – 0030 and 2400 – 0830 and three shifts on weekends: 0800 – 1700, 1630 – 0030, and 2400 – 0830. The Hospital shall compensate nurses for these hours worked at the nurse’s hourly base rate plus any applicable shift differentials.

3. If a nurse signs up for the converted on-call shifts, (weekends, evening and night) shifts, the Hospital shall compensate them for all hours worked, including PTO accrual with the following exceptions: the Hospital shall not be required to pay overtime on those combined call shifts and the Hospital shall not be required to pay callback for home visits (Article 22, Paragraph B, Section #1).
4. Nurses picking up on call shifts may be given Hospice Outpatient nursing tasks for the times they are not triaging calls or visiting patients. The primary core tasks of the on-call position shall be urgent patient care needs. These additional tasks shall not interfere with urgent patient care needs. If urgent care tasks fill the shift, the nurse shall report the unfinished assignments to the manager.

5. The nurse would be given the option of taking the day before and the day after a night shift off, which waives the 8-hour rest rule (Article 22, Paragraph B, Section #4). If a weekend shift is picked up in lieu of days off around a call shift, the extra weekend differential of $20/hr. would not apply (Article 20, Section I). The nurse would continue to be eligible for the $1.75/hr. weekend differential per Article 20, Section I. Should a nurse not pick up additional hours to meet their full FTE, the nurse shall choose to take PTO or MA for the shift before and/or the shift after a night shift to bring them up to their FTE.

2. Nurses scheduled for on-call and holiday on-call will be paid as specified in Article 20.J$4.50 for each hour of scheduled on-call.

3. Holiday call will be compensated at the rate of $5.00 per hour.

4. On-call pay shall continue during periods of call back.

5. On-call is scheduled and posted. Hospice nurses may trade on-call or pick up extra on-call after the scheduled is posted.

6. Nurses who voluntarily accept additional call from peers are not eligible for premium.
ONA → Samaritan Albany General Hospital

Date Accepted: / / 

7. Orphan on-call is defined as previously scheduled on-call which must be filled after the schedule is published due to illness or termination/resignation. In lieu of the hourly on-call pay rate specified above, Hospice nurses will be paid double the on-call rate for each hour of orphan on-call. If there are no volunteers to take orphan on-call, it will be assigned on a rotating basis.

B. CALL BACK

1. Call back is defined as performing a home visit after being released from work and placed on-call. Call back will be compensated at the rate of time and one half the nurse’s regular hourly rate of pay for not less than three (3) hours of pay.

2. The number of hours paid for call back shall not exceed the number of hours assigned on-call.

3. Call back shall not be paid in combination with regular pay for the same hours worked.

4. If a Hospice nurse has worked, by making home visits between 2400 and 0700 during a scheduled on-call shift and has not had at least eight (8) consecutive hours off before the nurse’s next regularly scheduled shift of work, the nurse may request not to work the scheduled shift. If, after a nurse has made such a request, the Hospital cannot accommodate the time off request, the nurse will be paid one and one-half times the nurse’s straight-time hourly rate of pay for work during such regularly scheduled shift. In the event of a reduction in force that unit and shift, a nurse working under the preceding sentence will be the first nurse to be reduced in hours on that shift under Article 11.E.

C. WEEKEND
The weekend is defined for Hospice as 1630 Friday to 0800 Monday.

D. **SHIFT DIFFERENTIAL**
Hospice nurses will receive shift differential only when working a regularly scheduled 1500 - 2300 or 2300 - 0700 shift or when making a necessary home, nursing home, or hospital visit during the applicable shift hours, or when completing necessary charting and other documentation during such hours.

E. **CELL PHONE SUBSIDY**
The Hospital will provide a monthly subsidy to support personal cell phones used by Hospice nurses. Full-time (seventy-eight (78) hours per pay period) Hospice nurses will receive $75.00 and part-time (forty (40) to seventy-eight (78) hours per pay period) Hospice nurses will receive $50.00. **Per Diem nurses will receive $35.00.** In the event that the Hospital identifies comparable, more cost effective alternative means or technologies or is able to negotiate more favorable terms with a service provider, the Hospital may reduce the reimbursement level. The Hospital will provide thirty (30) days notice of any such change.

F. **PER DIEM** Per Diem nurses assigned to Outpatient Home Hospice are required to be available to take three (3) on-call periods of eight (8) hour increments six (6) on-call periods (up to twenty-four (24) hours) or scheduled weekend shifts per six (6) months, one (1) holiday on-call per calendar year and twelve (12) weekday shifts per six (6) months which have been identified as “needs” shift.

G. **Mandatory Absence (MA), Voluntary Absence (VA) or Standby status** for nurses in the Outpatient Hospice setting will be assigned on a rotating basis. The rotation will start with the nurse with the lowest seniority and will be for the duration of one (1) entire shift. After a nurse is assigned a MA, requests

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<th>Date Accepted</th>
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<tr>
<td>Accepted by ONA</td>
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<td>Accepted by Employer</td>
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ONA reserves the right to add, change, modify or delete any of the above proposals at any time during negotiations.
and receives a Voluntary Absence (VA) or is placed on Standby, their name will be moved to the bottom of the list. Mandatory/voluntary absences/standby status will continue to rotate through the list on an ongoing basis regardless of pay period. It is the intention that each nurse will receive only one MA/standby shift (unless for voluntary reasons) until the rest of the nurses have been rotated through the list. [Verbatim from MOU 2/1/18.]

H. Hospice Coastal On-call. The Hospital shall create and maintain one scheduled benefitted 1.0 FTE on-call position for Hospice Coastal within the bargaining unit following these guidelines. The on-call nurse will share call responsibilities with the rest of the Hospice Coastal nurses. The on-call nurse will work an alternate schedule of seven days of call coverage, followed by seven days off duty.

For each weekday 16-hour shift, the on-call position nurse shall be paid a minimum of eight (8) hours and evening shift differential. For each weekend 24-hour shift, the on-call position nurse shall be paid a minimum of twelve (12) hours and weekend differential. For actual hours worked beyond eight (8) hours on weekdays and twelve (12) hours on weekends, the on-call position nurse shall be paid straight time and the evening differential for weekdays or weekend differential on weekends.

On the uncovered days, the other Hospice Coastal nurses shall cover call using the system described below and the non-bargaining unit Albany-based on-call nurses will continue to take phone calls from the Coast, but assign needed home visits to the Hospice Coastal nurses covering call.

Hours of coverage provided by the on-call nurse when on duty will include:
- Monday, 1630 thru Tuesday, 0800
- Tuesday, 1630 thru Wednesday, 0800
- Wednesday, 1630 thru Thursday, 0800
• Thursday, 1630 thru Friday, 0800
• Friday, 1630 thru Monday, 0800

If any on-call nurse reports to work, but then is unable to complete the shift, or experiences an overload, the nurse will call the manager.

The Hospital shall maintain the right to assign patient care visits for existing patients or admission evaluations for new patients during an on-call shift in those circumstances that are deemed critical and/or time sensitive based on the patient’s medical condition and needs. The Hospital will make every reasonable effort to assign such visits at the beginning of the on-call shift.

If the Hospital is unable to fill this position, the Hospital and the Association agree to Hospice Coastal nurses providing on-call coverage until such time as the on-call position is filled. Hospice Coastal nurses will provide back-up on-call coverage in the case of emergencies or sickness when the on-call nurse is unable to cover, or when an on-call position is vacant.

Emergency back-up on-call status shall be scheduled on a rotating basis among all Hospice Coastal nurses. Prior to activating the rotational system, the manager will ask for Hospice Coastal nurse volunteers. If a nurse volunteers, her/his name will be placed at the bottom of the rotational list. The Hospital will regularly update and post the rotational list.

If a Hospice Coastal nurse has an on-call shift immediately preceding or after a scheduled shift, the Hospital will provide a requested rest period and/or adjusted work schedule as needed.
ARTICLE 23 – LABOR MANAGEMENT COOPERATION COMMITTEE

A. The Hospital and Association will participate in a joint Labor Management Cooperation Committee ("LMCC"). The goal and purpose of the LMCC shall be to foster a more positive and collaborative relationship between the parties leading to fewer grievances, more expeditious contract negotiations and the ability to resolve issues which arise during the term of the collective bargaining agreement based on mutual respect and the acknowledgment of each party’s legitimate organizational interests.

B. The LMCC shall be composed of eight (8) members, four (4) from the Association, and four (4) from the Hospital who, by virtue of their positions within their respective organizations possess the authority to make decisions on behalf of their constituents. The Association members shall be the ONA Labor Representative and three (3) nurses elected or selected from the Bargaining Unit Leadership, preferably having had contract negotiation experience. All members shall be compensated for time spent in LMCC meetings or working on bona fide LMCC projects.

C. Initially the parties agree to the following:
1. A commitment to the exchange of information including current financials.
2. A commitment to make every reasonable effort to solve problems as they become evident.
3. To meet at regularly established times. Each January a year-long calendar of meetings shall be established by mutual agreement. Meetings may be canceled and/or rescheduled by mutual agreement. Chairperson responsibility will alternate between the parties and rotate every six (6) months, or as mutually agreed upon among the eight (8) LMCC members. The chairing party will be responsible for developing the agenda, presiding...
over the meetings, completing and distributing the minutes after each
meeting during their term as chair.

4. To furnish written records of LMCC discussions to the RN Bargaining Unit
and Nursing Managers.
ARTICLE 24 - SHARED GOVERNANCE (NEW)

A. The Hospital and the Association encourage nurses to be actively involved in planning, developing, implementing, and evaluating unit-specific and hospital-wide processes related to the provision of safe, quality patient care. The Hospital and Association recognize that nurse input is imperative for shared governance to function properly.

B. The Hospital shall act in compliance with the Oregon Hospital Nurse Staffing Law: ORS 441.151 to 441.177 and ORS 441.179 to 441.186. Due to licensure, the Hospital and Evergreen Hospice House shall each have a separate Staffing Committee, who each follow the provisions below.

C. Each Staffing Committee shall be responsible for developing, monitoring, evaluating, and modifying a facility-wide staffing plan for nursing services. The Hospital shall be responsible for implementing these staffing plans and ensure that both meets all state regulatory requirements.

The Hospital and Association recognize the critical aspect of nurse input in this process. Prior to implementing any staffing change, the Association will have the opportunity to poll/survey those nurses to be impacted by the change to assure accurate input has been processed. This poll/survey shall not impede implementation by more than one (1) month.

D. Each Staffing Committee shall be comprised and function in accordance with all state regulatory requirements and shall have as its primary consideration the provision of safe patient care and an adequate nursing staff. Each Staffing Committee shall develop and operate according to its own charter. Each Staffing Committee shall vote on an annual meeting schedule before November 1 of each year for the following calendar year. Each Staffing Committee’s co-chairs shall develop and distribute an agenda one week prior to each scheduled meeting. At
the beginning of each meeting, the agenda shall be approved by a majority vote, including additions or subtractions.

By November 5 of each year, each Staffing Committees’ co-chairs shall notify the Staffing Office and/or other appropriate managers of the Staffing Committee meeting schedule. The Hospital shall ensure that Staffing Committee members have no work obligations, so they are able to attend meeting(s) of direct care Staffing Committee representatives—as arranged by the direct care Staffing Committee co-chair—and the Staffing Committee meetings.

Meetings of the Staffing Committees shall be considered work time and will be compensated at straight time. Staffing Committee members shall be paid for time spent in Staffing Committee duties outside of the Staffing Committee meetings up to two (2) hours per month, which shall include the direct care Staffing Committee representatives meetings. Each direct care Staffing Committee co-chair shall be paid for time spent in Staffing Committee duties outside of the Staffing Committee meetings up to six (6) hours per month.

The charge or relief charge nurse will work in collaboration with the nurse manager, or the house coordinator in the nurse manager’s absence, to apply their unit’s written staffing plan and determine the number and skill mix of staff needed to ensure safe patient care and adequate nursing staff. Any disputes that arise will be resolved through the facility’s chain of command.

The Hospital shall provide departmental data on low census cuts quarterly to the appropriate Staffing Committees and Unit Based Committees, who shall review and recommend plans to remedy cuts.
E. Each unit or grouping of units shall develop a Unit Based Council (UBC) consisting of staff nurses, management representatives, and other non-nurse unit staff. Staff nurse representatives shall be elected by unit nurses in accordance with the unit’s UBC charter. UBC members shall ensure the flow of communication regarding UBC decisions and recommendations to all staff and represent the voice of all staff at the committee.

The UBC is the foundation for shared governance at the unit level. Its structure provides for the involvement of the UBC in local decision making by creating an environment in which nurses have a voice in determining nursing practice, standards and quality of care. It also ensures a system of shared decision-making and accountability with the goal of improving patient care and staff engagement.

Each UBC shall ensure a fair and democratic process is used to elect members to the UBC. The Hospital shall not interfere with the UBC electoral process. If needed, administrative support for the election process may be provided by the Association.

1. Recommendations, functions and authority. The UBC is responsible for making recommendations and performing functions that advance the delivery of professional nursing, including but not limited to:
   a. Unit goals related to nursing practice, quality of care, patient safety, and workplace violence shall be coordinated with Hospital nursing administration and be evidence based.
   b. While each Staffing Committee has primary responsibility for the development, monitoring, and evaluation of the unit staffing plan, the UBC plays a supportive role. On an annual basis, each UBC will conduct a review of the staffing plan’s performance and recommend adjustments where appropriate.
c. Review and provide input into unit patient care policies.

d. Other tasks agreed to or assigned by the Hospital.

Decisions and recommendations made by a UBC must be in compliance with the current contract, statutory regulations, and hospital policy and procedure, and shall be made in a collaborative manner.

2. Each unit or unit grouping shall establish a charter that includes

   a. A process for electing members representing nursing staff from each shift and non-nursing staff
   b. Staggered terms with a defined term length
   c. A clear decision-making process that shall incorporate a secret ballot
   d. The chair shall be a staff nurse elected by other staff on the committee
   e. The chair shall set the agenda for all UBC meetings, except where a majority of the UBC votes otherwise
   f. The committee may exclude the management team for portions of each UBC meeting

Nursing staff members shall have access and input into agendas and decisions. The agenda and meeting minutes shall be available to all unit staff. UBC meetings shall be open to all staff not on duty or who can be released from duty. Time and location will be communicated to unit staff.

The UBC must obtain consent of another department over decisions which interact with that other department’s operations.

3. UBC members shall be paid at the straight time rate for time spent in UBC meetings and other duties related to UBC work up to three (3) hours per month. UBC Chairs shall be paid for additional time (e.g., for preparation and research) up to eight (8) straight time hours per month, which include the

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three (3) hours provided to each member. Meetings will be scheduled to
minimize impact on patient care and to accommodate nurses’ schedules as
much as possible.

4. All provisions of Article 24 shall be implemented immediately upon ratification
of this Agreement, except E.1 and E.2 shall be implemented in the
departments listed below within the specified days after ratification of this
Agreement:

   a. Emergency department within ninety (90) days
   b. Med Surg, Hospice Outpatient, and Hospice Inpatient within one
      hundred eight (180) days
   c. All remaining departments within three hundred sixty-five (365) days

F. The Association will select one (1) bargaining unit nurse to serve on the Hospital
   Safety Committee.
IN WITNESS WHEREOF the parties hereto have signed and executed this agreement this 22 day of February, 2018.

For Oregon Nurses Association

Amina Topp, RN
Karen Jantz, RN
Melissa Pfleiger, RN
Misty Samard, RN
Regina Leytem, RN
Donna Gilman, RN
Peggy Wiifong, RN
Evonna Westlund, RN
Kathie Davis, RN
Christine Hauck, ONA Labor Relations Representative

For Samaritan Albany General Hospital

David Triebes, CEO
Daniel Keteri, VP of Patient Care Services
Scott Russell, Labor Relations Director
Erin Frenzel, HR Director
Crystal Smith, Nurse Manager – Acute Care
DeLisa Smith, Nurse Manager – E.D.
Allison Reid, Supervisor – O.R.
Lonnie Owens-Wink, HR Generalist

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APPENDIX A – SPECIALTY CERTIFICATIONS

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<thead>
<tr>
<th>No.</th>
<th>Certification</th>
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<tbody>
<tr>
<td>1</td>
<td>AOCN Advanced Oncology Certified Nurse</td>
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<tr>
<td>2</td>
<td>CAPA Certified Ambulatory, Peri-Anesthesia Nurse</td>
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<tr>
<td>3</td>
<td>CCCN Certified Continence Care Nurse</td>
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<tr>
<td>4</td>
<td>CCRN Critical Care RN</td>
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<td>5</td>
<td>CEN Certified Emergency Nurse</td>
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<tr>
<td>6</td>
<td>CFRN Certified Flight Registered Nurse</td>
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<tr>
<td>7</td>
<td>CGRN Certified Gastroenterology Registered Nurse</td>
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<tr>
<td>8</td>
<td>CHPN Certified Hospice and Palliative Nurse</td>
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<td>9</td>
<td>CMSRN Certified Medical Surgical Registered Nurse</td>
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<td>10</td>
<td>CNOR Certified Nurse, Operating Room</td>
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<tr>
<td>11</td>
<td>COCN Certified Ostomy Care Nurse</td>
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<td>12</td>
<td>CPAN Certified Post-Anesthesia Nurse</td>
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<td>CPN Certified Pediatric Nurse</td>
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<td>15</td>
<td>CPON Certified Pediatric Oncology Nurse</td>
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<td>CRNI Certified Registered Nurse Intravenous</td>
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<td>CVN Certified Vascular Nurse</td>
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<td>18</td>
<td>CWCN Certified Wound Care Nurse</td>
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<td>19</td>
<td>CWOCN Certified Wound, Ostomy, Continence Nurse</td>
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<td>20</td>
<td>HNC Holistic Nurse Certification</td>
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<td>21</td>
<td>IBCLC Certified Lactation Nurse</td>
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<td>22</td>
<td>LCCE Lamaze Certified Childbirth Educator</td>
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<td>OCN Oncology Certified Nurse</td>
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<td>24</td>
<td>ONC Orthopaedic Nurse Certificate</td>
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<td>RNC Maternal/Neonatal Nursing Certificate</td>
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<td>SANE Sexual Assault Nurse Examiner</td>
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<tr>
<td>4</td>
<td>TCRN Trauma Certified Registered Nurse</td>
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APPENDIX B – WOMEN’S CENTER CLOSED UNIT PLAN

As a result of the SAGH Women’s Center Closed Unit Plan entering the contract in 2017, both parties agree that if any revisions are needed in the course of the contractual period, the WC Closed Unit Committee and Management will collaborate.

The Women’s Center (WC) closed unit means that WC nurses will not float to other departments within the hospital unless they request to do so and other nurses do not float into WC unless they request to do so. As a result, WC nurses cover all fluctuations in census on the unit. The House Supervisor and/or VP of Patient Care Services may initiate staffing changes outside of this guideline if there is an emergent or critical need to maintain short term safe patient care; this does not apply to routine staffing issues.

- Goal of 4-6 RN staff per shift (day and night) per day based on census and patient care activity.

- When there are less than 5 RNs staff scheduled, the complement of 5 will be made up with scheduled call shifts.

- If reduction in staff within the department is required and there are staff on call, the on call staff may be cut since the on duty RN cut (voluntary or mandatory) will then be put on on-call. Extra shift and on call staff will be sent home before regular scheduled staff even if the regularly scheduled staff have requested to go home or be put on on-call.

Per Diem RNs will be able to view the upcoming schedule three (3) weeks before the beginning of the posted schedule. Per Diem RNs will be able to pick up shifts where there is a need as they always have done. Per Diem RNs are required to take twelve (12) hours of call per four (4) week schedule unless the requirement is less. Extra shifts will close on Friday prior to call signup to allow accurate account of needed call shifts.

Required Call
The on-call required hours will be available for sign up by the regular staff two (2) weeks before the beginning of the schedule. The call hours needed will be communicated to all staff members and they will be able to sign up for their hours of preference two (2) weeks before the schedule begins. The time for call sign up will be opened in Kronos. Call can be scheduled in a minimum of four (4) hours or more by staff preference. If the twelve (12) hour shift is divided into four (4) hour increments of call, only the first person called back will be eligible for the minimum three (3) hour call back.

If staff do not sign up for required call, their call hours will be assigned. Call will not be assigned when a staff member is taking PTO or marked unavailable. The unit will strive to cap required on-call at twenty-eight (28) hours per four (4) week schedule unless the RN chooses to pick up additional hours.

**Variable Staff RNs**

Variable Staff RNs have a position that requires their scheduled shifts to ‘vary’ to meet the needs of the department. Shifts may be rotated in six (6) week increments of days or nights.

**Schedule Review Committee**

There will be a “Schedule Review Committee” who will determine the number of call hours required each schedule and will review the schedule to see if all staff are participating in signing up for call hours. The committee is made up of staff RNs, Closed Unit Committee members and a designated Management Advisor. There will be equal representation of day shift and night shift members. The staff RNs will be volunteers.

If a staff RN, either a Women’s Center nurse or a nurse from another department is interested in Floating, they will still be able to pick up shifts in Women’s Center or other departments of the Hospital. Maintaining comfort and competency will be the individual staff RN’s responsibility.
LETTER OF UNDERSTANDING – WOMEN’S CENTER

Association and Employer will meet within 90 days of ratification to discuss mandatory
cuts/skill mix. Implementation will be no later than 120 days of ratification.

For Oregon Nurses Association

[Signature]

For Samaritan Albany General Hospital

[Signature] 2/22/18

ONA reserves the right to add, change, modify or delete any of the above proposals at any time during negotiations.
Memorandum of Understanding

Between

Samaritan Albany General Hospital (SAGH) the “Hospital”

And

Oregon Nurses Association (ONA)

This Memorandum of Understanding (the Memorandum) is made on this 2/1/18, by and between the Hospital, and ONA.

PURPOSE

The purpose of this Memorandum is to outline the basis upon which the Hospital and ONA agree to collaborate in the following area: Article 7: B, Hours of Work and Overtime, and specifically, pertaining to meal periods, and when they are to be taken. According to Oregon law and the Bureau of Labor and Industries (BOLI) if the work period is at least six hours but less than seven hours, the meal period is to be taken between the second (2nd) and fifth (5th) hour worked. If the work period is more than seven (7) hours, the meal period is to be taken between the third (3rd) and sixth (6th) hour worked.

TERMS OF COLLABORATION

The Hospital and ONA agree to allow nurses covered under the current collective bargaining agreement (CBA) to take their meal period between the fourth (4th) and seventh (7th) hour worked, for work periods of work of more than seven (7) hours. This memorandum of understanding will be in effect for the term of the CBA, dated October 16, 2017 through June 30, 2020.

IN WITNESS WHEREOF, the parties hereto have executed this MOU on the 1st day of Feb. 2018

Daniel Keteri
Vice President of Patient Care Services
Samaritan Albany General Hospital

Scott Russell
Director of Labor Relations
Samaritan Health Services

Christine Hauck
ONA Labor Relations Representative

Erin Frenzel
Director of Human Resources
Samaritan Albany General Hospital

ONA reserves the right to add, change, modify or delete any of the above proposals at any time during negotiations.
Memorandum of Understanding

Between

Samaritan Albany General Hospital (SAGH) the “Hospital”

And

Oregon Nurses Association (ONA)

This Memorandum of Understanding (the Memorandum) is made on this 21/1/18, by and between the Hospital, and ONA.

PURPOSE

The purpose of this Memorandum is to adjust how Outpatient Hospice nurses are assigned Mandatory Absence, Voluntary Absence or Standby status. This change does not affect any other nurses at SAGH. This will be located in Article 22 – Outpatient Hospice Practices and will become letter “G”.

NEW LANGUAGE

Mandatory Absence (MA), Voluntary Absence (VA) or Standby status for nurses in the Outpatient Hospice setting will be assigned on a rotating basis. The rotation will start with the nurse with the lowest seniority and will be for the duration of one (1) entire shift. After a nurse is assigned a MA, requests and receives a Voluntary Absence (VA) or is placed on Standby, their name will be moved to the bottom of the list. Mandatory/voluntary absences/standby status will continue to rotate through the list on an ongoing basis regardless of pay period. It is the intention that each nurse will receive only one MA/standby shift (unless for voluntary reasons) until the rest of the nurses have been rotated through the list.

Standby will continue to be paid in accordance with Article 22.B.

IN WITNESS WHEREOF, the parties hereto have executed this MOU on the 1st day of Feb, 2018

Daniel Keteri
Vice President of Patient Care Services
Samaritan Albany General Hospital

Scott Russell
Director of Labor Relations
Samaritan Health Services

Christine Hauck
ONA Labor Relations Representative

Erin Frenzel
Director of Human Resources
Samaritan Albany General Hospital

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