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* Indicates correction from TA highlight communication.

Appendix A Wage Scale

- 4-year contract with an option to increase wages in the fourth year
  - Year 1 – a $1.00 market rate adjustment added to all steps plus 6.00 percent which equates to an 8 percent increase.
  - Year 2 = 5.50 percent
  - Year 3 = 4.00 percent
  - Year 4 = 3.00 percent

Increases across all steps.

Effective first full pay period following ratification.

If parties agree to a wage reopener in third year, each party can open one additional article.

COVID Paid Time Off (PTO) Grievance Settlement

Nurses who lost their unused Covid PTO shall have their unused PTO returned to them in a Sick Time Bank that can be used as regular PTO for one year. After one year, it can be used for sick time. No cap applied to this PTO. This PTO will remain available indefinitely until used as sick time or if used within the first year, as PTO.

Article 9 Compensation

- Compensation for Extra Shift (CES) = $22 Year 1; Increasing to $23 July 1, 2025*
- Per diems and per diem no differential eligible for CES if they have met their per diem requirements
- Credit for prior experience = new hires have 90 days to ask for review of step placement
- Mandatory Call Holidays (new) = double rate of mandatory call for hours worked on designated holiday
- Charge Nurse = $5.50 Year 1; Increase to $6.00 July 1, 2024
- Facilitator = $3.75 Year 1, Increase to $4.00 July 1, 2024
- Evening Shift = $3.75 Year 1: Increase to $4.00 July 1, 2024
- Night Shift = $8.50 Year 1; Increase to $9.50 July 1, 2024
- Nurses shall receive an hourly evening shift differential for all hours worked between 3:00 pm and 11:00 pm, an hourly night shift for all hours worked between 11:00 pm and 7:00 am, and no shift differential for all hours worked between 7:00 am and 3:00 pm. However, the last 30 minutes of shifts scheduled to end at 3:00 pm, 11:30 am, or 7:30 am shall be paid the same shift differential, if any, that applied prior to 3:00 pm, 11:00 pm, or 7:00 am respectively. Any nurse who is receiving night shift differential at the conclusion of the nurse’ scheduled shift and who works into the day shift will continue to receive night shift differential for the overtime hours worked.
- University District ED RNs and House Coordinators working night shift shall be paid night shift differential for all hours worked on that shift.
- On-call
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- Voluntary = $5.50 Year 1; Increase to $6.50* July 1, 2024
- Mandatory = $7.00* Year 1: Increase to $8.50 July 1, 2024

- Short Notice Pay for Mandatory call = double rate of call pay including tier call rate if applicable.
- On-call/On Premise = 1 ½ base rate of pay plus on call pay for all hours a nurse is on-call on premise.
- Certification pay = $2.25; increasing to $3.75 July 1, 2025
- Preceptor Pay = $5.50; increasing to $6.00 July 1, 2024
- House Coordinator = $7.50
- Critical Care Float Pool = $6.00
- Float Pool = $5.00
- Float Differential (new) = $1.50 for all hours worked when required to float off home unit and then float back and take a patient assignment.

New language regarding submission of documentation to Human Resources for validation of certifications and advanced degree that offers protection against nurses losing certification or advanced degree differential due to Human Resources error.

### Article 3 Employee Definitions

- **Article 3.3 Charge Nurse** – adds language from Charge Nurse MOU. Charge nurses hired after May 23, 2019, are required to have their Bachelor of Nursing within thirty-six (36) months from the start dated of the charge nurse role. Charge nurses hired prior to May 23, 2019, must have BSN or maintain a specialty certification, to be determined between the nurse and the manager with input from the Unit Based Practice Council (UBPC).
- **Article 3.6 Per Diem Nurse**
  - Per diem nurses shall not be required to take call but may volunteer to do so.
  - Per diem nurses who have maintained a higher rate of per diem differential shall maintain that higher rate when transferring to another per diem position in a different unit.

### Article 6 Employment Status

- **Article 6.5 Notice of Termination** - Human Resources shall make best efforts to notify ONA, including stewards, when they anticipate the termination of a nurse, and shall provide a reasonable amount of time for the nurse to secure a steward before proceeding with the termination. If there is a delay of more than one day caused by the unavailability of a steward, the nurse’s paid administrative leave time, should they be on such leave, shall convert to unpaid leave. No termination notification shall be delayed by more than 48 hours.

### Article 8 Hours of Work

- **8.10 Floating** – Peri Operative Services exempt from floating outside of peri operative units.

**8.14 Rest Between Scheduled Shifts** Unless performing standby duty, each nurse shall be entitled to an unbroken rest period of at least ten (10) hours between shifts. Any time worked without the required rest shall be paid at the premium rate of pay. For purposes of this paragraph,
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(1) working at the request of other nurses or as a result of trades,

(2) working a shift as a result of voluntary sign-up not initiated by the Employer,

(3) attending a non-mandatory meeting, non-mandatory in-service or non-mandatory education day, or

(4) personal preference are not events that disrupt an otherwise unbroken rest period.

- Call shift trades that create no additional possibility of premium pay for the employer shall be eligible for rest between shifts premium pay.

Article 10 Paid Time Off

- **10.7.2 PTO accrual at time of request.** In order for a nurse to receive approval for PTO they must have accrued at least twenty-five (25) percent of the amount of PTO they are requesting at the time they submit their request. If, at the time of their scheduled PTO, the nurse does not have sufficient PTO accrued to cover the time off they must first exhaust their available PTO and any remainder would be without pay.

- **10.7.6 Scheduled Time Off.** The number of nurses who can be off at the same time to be determined by core staffing. Core staffing, is a set pre-determined number based on the individual unit’s average daily census, as reviewed on a quarterly basis, set forth by the Medical Center. It shall not be combined with positions not covered by this collective bargaining agreement for determining the minimum number of nurses to be granted PTO at the same time.

Open or unscheduled positions shall not be considered in the determination of a unit’s core staffing base for purposes of these minimums. Scheduled time off due to absences under FMLA/OFLA or worker’s compensation shall not be included in the minimums set forth in this article.

Article 11 Leaves of Absence

- **11.6 Emergency Volunteer Leave.** Subject to operational needs, Emergency Volunteer Leave may be granted to a nurse, who is an affiliated volunteer with a recognized emergency responder volunteer association, to respond when activated. This leave may be granted for up to seven days. The manager or designee will respond within ten (10) hours or less upon receipt of the request. A nurse may make additional request for days off after the first seven (7) days have passed. The nurse shall be required to use PTO for this leave in accordance with PeaceHealth policy. If the nurse does not have PTO, they can take the leave without pay.

Article 13 Filling of Vacancies

- **13.1 Posting of Vacancies.** Job postings will include shift length. In unit vacancies will be communicated to all nurses on the unit when a requisition is approved. After the seven-day time period has expired, internal candidates shall be offered the position prior to an external candidate until the point in which an offer has been initiated with Talent Acquisition. Should the external
candidate not take the position, an internal applicant shall then be awarded the position per Article 13.

- **13.2.2 Nurses under written corrective action**
  - Corrective actions in the previous six months may prevent a nurse from transferring to a new position. This is down from 12 months.
  - Corrective actions must include measurable outcomes if they are used to prevent a transfer.
  - The Medical Center shall notify the nurse and the Association within 4 days if a nurse is denied a transfer due to a corrective action. This is up from 2 days.

- **13.13. Positions for Recent Graduates**
  - The Medical Center shall maintain the right to hire a maximum of one hundred and sixty-five (165) recent RN graduates per fiscal year. This is up from eighty.
  - The Labor Management Committee shall monitor the effectiveness and outcomes of the nurse residency program.
  - For the Nurse Residency Competency Development Pool (NRCDP), Nurse Residents will be hired into the program through an interview process that will include frontline caregivers.

- **13.14.4 Night Shift Clinical Mentor Nurse.** The Medical Center agrees to provide an additional Night Shift Clinical Mentor Nurse between 2300 and 0730 to serve as an expert clinical resource to a nursing unit on any given shift where the total percentage of post orientation RNs with less than 12 months of experience as a licensed RN, is at fifty percent (50%) or more. Charge Nurses and Meal/Break Nurses shall not be included in this calculation.

**ARTICLE 14 – WORK FORCE REDUCTIONS, LOW CENSUS AND REORGANIZATIONS**

- **14.2.1 Float pool exception.** Prior to the start of the shift, float pool nurses shall be treated as their own separate unit for purposes of low census assignment. After the start of shift, a float pool nurse shall be considered part of the unit to which they are assigned for the purpose of low census.

**Article 15 Health and Welfare**

- Exclusive Provider Organization plan referenced in contract.
- No nurse shall be required to repay an overpayment of benefits premium contributions due to Medical Center error more than 45 days old.

- **15.2 Benefit Maintenance and Changes** – Modified Language. The Medical Center shall not modify its programs of health insurance regarding eligibility, premium payment, or benefits, without providing the Association notice of the intended modifications at least 90 days in advance of their effective date, and shall meet with the Association, upon request, to bargain over the proposed changes prior to their implementation.

- **15.2.2 Advance notification.** Additional language. The Medical Center shall forward to the Association plan changes including changes to pharmacy formularies and provider network.
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- (in-network and out-of-network), and insurance amendments at least ninety days prior to implementation, and rate changes at least **thirty** days prior to implementation.

- **15.4 Communicable Diseases** - New Language.
  - A nurse, under this provision, shall be assumed to have been exposed at work in the event that a co-worker, patient they cared for, others who were present during care, on a shift they worked, who is positive or later test positive for the same disease.
  - However, this provision shall apply, and this benefit utilized to cover the time between the loss of work and when workers compensation or other disability insurance benefits begin.

**Article 16 Professional Development**

- **16.2.3 Required Certifications.**
  - Nurses who are unable to schedule a class due to scheduling conflicts shall consult their Nurse Manager or designee to determine opportunities to obtain the certification, at least sixty forty-five (45) days prior to expiration. This down from 30 days.
  - If a nurse and the nurse manager are unable to resolve the scheduling conflict(s) and the nurse is required to miss a shift of work to attend the scheduled class, the nurse **shall** be compensated for all regular hours the nurse would otherwise have worked on that shift.
  - An evening or night shift nurse who is taken off the schedule under these circumstances shall be compensated for all regular hours the nurse would otherwise have worked on that shift.
  - The Medical Center shall keep track of each nurse’s required certification and their expiration date and ensure the availability of a sufficient number of classroom slots to accommodate those nurses obtaining their certifications in the quarter in which they expire.

- **16.3 Education Hours and Expenses**
  - 16,500 educational hours available every year of contract – moved from education days to hours to better reflect the different shift lengths nurses work.
  - Education Dollars
    - Effective July 1, 2023, equal $295,000
    - Effective July 1, 2024, equal $300,000
    - Effective July 1, 2025, equal $305,000

- **16.3.1 Allocation.** The Professional Nurse Care Committee (PNCC) shall have the authority to review disbursements of these funds in order to ensure they are being allocated per the requirements of this article. Information provided to the PNCC for this review shall include but not be limited to requests, denials, approvals and actual reimbursements.

- **16.4 Tuition Reimbursement**
  - $115,000, increasing to $125,000 July 1, 2025.
  - The Medical Center shall provide the PNCC with bi-annual reports on the disbursement of these funds, including fund balance, and names, FTE and unit of nurses who have applied for the funds, whether those applications were accepted or rejected, and who have received the funds. All bargaining unit nurses, including per diems, shall be eligible for tuition reimbursement funds negotiated under this article.
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Article 18 Nursing Care Delivery

- **18.4 Staffing System – New Language**
  
  In accordance with these legal requirements there shall be an appropriate complement of non-nursing ancillary and support staff to maintain a safe workplace for nurses, other staff, and patients.

  Staffing plans must include a mechanism to measure patient acuity and nursing work intensity. A patient acuity and workload intensity tool shall be adopted by the UBPC in accordance with the process for adoption of a staffing plan as outlined in Article 18.4.4. This tool will be included with the staffing plan for approval by the Nurse Staffing Committee.

  The Medical Center will make every reasonable effort to maintain appropriate staffing levels on each unit, supported by the acuity and intensity tool outlined above, for the duration of the shift.

  The Medical Center will collaborate with the Nurses Staffing Committees to support the development of staffing plans aligned to professional organizations’ standards and guidelines.

- **18.4.2.1 Training. New Language:** Training shall be provided to UBPC chairs and Staffing Committee representatives on any patient acuity and workload intensity tool(s) under consideration by the UBPC. In addition, UBPC chairs and Staffing Committee members shall receive training on any new nurse staffing legislation or revisions to the Oregon Hospital Nurse Staffing Law within 120 days of passage of such legislation. This training shall be developed and delivered jointly by the Medical Center and the Association.

- **18.4.2.3 Pilot Programs. New Language:** Pilot programs that alter the current approved staffing plan shall be brought to the Staffing Committee for review and approval prior to being implemented. Pilot programs shall include timelines for periodic evaluations during the duration of the pilot and a date by which the pilot will be completed. The Staffing Committee shall receive regular updates on the progress of the pilot as well as a final evaluation once the pilot has been completed. No pilot program shall be allowed to continue indefinitely, nor be implemented permanently unless approved through the processes outlined in this article.

- **18.7 Unit-Based Practice Councils.** New language clarifying that managers and assistant nurse managers are ad-hoc non-voting members of UBPCs and that UBPC chair has the responsibility to determine agendas with input from members, manager, and assistant nurse manager. Provides for additional paid time for UBPC to meet without manager or assistant nurse managers.

Article 20 General Provisions

- **20.10 Cultural Transformation Council.** Incorporated into the contract.
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Appendix B OR, PACU, CATH LAB, ENDO AND LABOR AND DELIVERY ON-CALL TIME

- Tier 3 Call = $20 Year 1; increase to $23 July 1, 2024
- Add Labor Delivery to 15-year call exemption.

Appendix H – SPECIALIZED CARDIAC SURGERY TEAM

- Team nurses shall be guaranteed compensation for a minimum of ninety-five (95) percent of each nurse's regularly scheduled position hours per pay period. Up from 85%.

Appendix J Professional Nurse Advancement Program (PNAP)

- Agreed to transition to PeaceHealth system PNAP program effective with the Spring 2026 cohort.
- Any Sacred Heart PNAP participant who is enrolled prior to the Spring 2026 cohort shall remain exempt from the requirement for holding a certification or advanced degree to be eligible for the PeaceHealth PNAP as long as they continue to maintain any level of PNAP.
- Discipline will not be an automatic bar to participation.
- A manager’s approval shall no longer be required.
- SHMC PNAP council chairs shall have seats on the PeaceHealth system PNAP council.
- Differentials = no change
  - First Stage = $2.00
  - Second Stage = $3.00
  - Thirds Stage = $5.00

Meal and Break Nurse MOU – New Appendix

- Charge Nurse meal and break – added language committing to working collaboratively with Labor Management and Nurse Staffing Committee to find strategies to ensure charge nurses can get their meals and breaks. Added specific language for University District meal and break processes.

Charge Nurse Task Force MOU

- Within six months of ratification of this agreement, the Labor Management committee shall convene a charge nurse task force with the intent to review the current charge nurse duties and functions with the goal to minimize non-value-added tasks and restore the charge nurse role with the focus on supporting nursing practice and patient care.

Health Benefits PeaceHealth System Joint Committee MOU

- The Association shall have up to five members, to be selected by the respective PeaceHealth bargaining units (SHMC, SHHCS and Peace Harbor Medical Center) to serve on a PeaceHealth system level health benefits committee with other PeaceHealth represented employees. This committee will have discussions with the goal improving the health benefits offered to employees.