PROFESSIONAL AGREEMENT

BETWEEN

OREGON NURSES ASSOCIATION

AND

ST CHARLES HEALTH SYSTEM - REDMOND

December 1, 2019 through November 30, 2023
ONA's purpose is to work for the improvement of health standards and the availability of health care services for all people, foster high standards of nursing, stimulate and promote the professional development of nurses, organize and represent the interests of RNs and advance their economic and general welfare.
**Vision:** Creating America’s Healthiest community, together

**Mission:** In a spirit of love and compassion, better health, better care, better value

**Values:** Accountability, Caring, and Teamwork

- The vision is the organization’s North Star. It defines our destination
- The mission represents what we do each day to achieve our vision
- The values represent how we will get there. Values are brought to life each day by the caregivers of St. Charles
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AGREEMENT

This Agreement is made and entered into by and between St. Charles Health System – Redmond, 1253 North Canal Boulevard, Redmond, Oregon, hereinafter referred to as the "Hospital," and the Oregon Nurses Association (ONA), hereinafter referred to as the "Association."

WITNESSETH

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

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

ARTICLE 1 – RECOGNITION

1.1 The Hospital hereby recognizes the Association as the exclusive bargaining representative for all Registered Nurses employed by St. Charles Health System – Redmond in the capacity of staff nurses as defined in Article 5.5, excluding all administrative, supervisory and clerical personnel.

1.2 Upon completion of thirty (30) days of employment, each nurse covered by this Agreement shall, as a condition of employment either joins and maintain membership in the Oregon Nurses Association or pay to the Oregon Nurses Association a Fair Share equivalent in the same amount as regular dues.
A. Upon written request, on the Association form to be available at the Hospital, nurses may have regular monthly dues or Fair Share contributions deducted from their paychecks.

B. The amounts to be deducted shall be certified to the Hospital by the Executive Director of the Association, and the aggregate deduction shall be remitted monthly, together with an itemized statement to the Association.

C. The Association hereby agrees to hold the Hospital harmless from liability in the event that the Association commits an error resulting in an incorrect deduction by the Hospital.

D. Nurses employed by the Hospital who were not members of the Association at the time of contract ratification in 1983, will not be required to join the Association nor pay any fair share payments.

1.3 In order to safeguard the rights of non-Association Registered Nurses who belong to a recognized church or religious group which holds a bona fide tenet or teaching against membership or financial contribution to a labor organization, then such Registered Nurse shall be permitted to contribute his/her Fair Share to the St. Charles Health System Foundation, and can designate their contributions towards a specific fund so long as this is allowed by the Foundation guidelines.

1.4 Hospital agrees to provide each new hire with a copy of this Agreement upon their employment, together with Association membership information and application forms as provided by the Association. The Association will provide sufficient copies of the Agreement for this purpose. The Hospital will share 50% of the cost associated with publishing the labor agreement up to a cap of $2,500, which includes copies for the St. Charles-Redmond leadership team.

1.5 Duly authorized representatives of the Association shall be permitted at all reasonable times to enter the facilities operated by Hospital for the purpose of transacting the Association business and observing conditions under which nurses
are employed, provided however, that Association's representatives shall upon
arrival at Hospital notify the Redmond Chief Nursing Officer or his/her designee
of the intent to transact the Association business, and that visitations other than on
the day shift shall be after notification in advance to the Redmond Chief Nursing
Officer or designee during normal office hours. Transaction of any business shall
be conducted in an appropriate location subject to general Hospital rules
applicable to non-caregivers and shall not interfere with the work of the
caregivers.

1.6 The Hospital will provide bulletin board space in each nursing unit lounge or
utility room, which the Association may utilize for Association business.

1.7 The Hospital shall provide the Association and unit chairperson monthly, a list of
the nurses in the bargaining unit, including names, addresses, phone numbers,
RN license number, dates of hire and membership or Fair Share status.

ARTICLE 2 - NON-DISCRIMINATION

2.1 The Hospital shall continue its present policy that age, sex, race, marital status,
color, national origin, creed, religion, gender identity, gender expression, disability
(provided that reasonable accommodation
can be made), sexual orientation or any other applicable federal or state law or
statute prohibiting discrimination, will not be considered in the hiring, placement,
promotion, salary determination, or any other terms of employment of nurses
covered by this Agreement.

2.2 The Hospital and Association agree that there shall be no discrimination against
any nurse on account of membership or non-membership in the Association or
other lawful activity on behalf of the Association, provided that it does not
interfere with normal hospital routine, the nurse's duties, or those of other
hospital caregivers.

ARTICLE 3 - EARNED TIME OFF

3.1 In order to ensure each nurse the maximum flexibility of paid time off, the
Hospital shall provide each nurse with the following Earned Time Off (ETO) benefit in lieu of any vacation, holiday, and sick leave benefits otherwise previously enjoyed. ETO cannot be used to supplement additional non-scheduled work days. In extenuating circumstances, time off without pay, other than approved leaves of absence without pay, may be requested up to forty-five (45) days in advance. If available, ETO will be used prior to leave without pay (LWOP). The leave time is subject to approval by the nurse’s supervisor/manager/director. When requests for scheduled unpaid time off conflict with staffing requirements on a unit, preference will be given to ETO requests over requests for time off without pay.

3.2 Earned Time Off will be accrued for each regular and part-time nurse on the basis of time scheduled to work, time worked and time taken as ETO. Relief nurses will not earn ETO benefits while in a relief status. Nurses transferring from a relief position will have their original date of hire used as the ETO eligibility accrual date.

A. Nurses with less than four (4) years of continuous service shall be entitled to accrue ETO at the rate of .0923 hours for each hour scheduled, worked or paid for a maximum annual accrual of one-hundred ninety-two (192) hours (24 days) of ETO.

B. Nurses with four (4) years but less than ten (10) years continuous service shall be entitled to accrue ETO at the rate of .1115 hours for each hour scheduled, worked or paid for a maximum annual accrual of two-hundred thrity-two (232) hours (29 days) of ETO.

Nurses with ten (10) years but less than fifteen (15) years of continuous service shall be entitled to accrue ETO at the rate of .13846 hours for each hour scheduled,

C.
worked or paid for a maximum annual accrual of two-hundred eight-eight 288 hours (36 days) of ETO.3

D. Nurses with fifteen (15) years or more of continuous service shall be entitled to accrue

ETO at the rate of .154 hours for each hour scheduled, worked or paid for a maximum annual accrual of three-hundred twenty 320 hours (40 days) of continuous years of service.

ETO will accrue for each participating nurse from their beginning date of employment and may be utilized during their introductory period with supervisor approval.

Nurses who are scheduled but not allowed to work their shift as the result of low census or other reasons will not lose ETO accrual for such hours not worked.

3.3 ETO will be accrued on a bi-weekly basis. Nurses may utilize their accrued ETO at any time after employment with supervisor approval. ETO shall be paid at the nurse’s regular rate of pay with applicable differentials defined as base wage plus certification and shift pay.

3.4 ETO will be scheduled in the normal manner for vacation and holidays with prior Hospital approval required.

3.5 All reasonable ETO requests will be granted, with management approval, when they do not cause undue hardship on other nurses, overtime, or compromise ability to provide services. Managers will make every reasonable attempt to assist nurses to get their preferred vacation request.

Nurses may replace themselves utilizing part time and/or relief nurses, provided the relief staff agrees to meet their required hours in addition to the replacement coverage, and the replacement does not result in overtime or premium pay unless approved by the manager.
3.6 **Prime Time Vacation.** During Memorial Day through Labor Day, a maximum vacation period of one and one half (1.5x) times the nurse’s two (2) week regularly scheduled hours will be approved off as vacation. For example, a nurse scheduled for eighty (80) hours in a two (2) week period would be allowed to take up to one hundred twenty (120) hours of ETO during prime time; a forty-eight (48) hour nurse in a two (2) week pay period would be allowed to take up to seventy-two (72) hours of ETO during prime time.

3.7 All requests for ETO must be submitted on the appropriate request form. ETO requests can be submitted up to twelve (12) months in advance, and will be approved or denied within two (2) weeks of submission to manager.

3.8 Nurses shall not allow more than two (2) years of Earned Time Off accrual. Once a nurse reaches his/her two-year maximum ETO amount he/she will cease to continue to accrue ETO until his/her ETO amount falls below the maximum amount. Once per calendar year, he/she is eligible for an ETO cash out of up to eighty (80) hours of ETO, when the nurse has an accrued balance of at least one hundred twelve (112) hours. It will be the nurse’s responsibility to request this cash out once per calendar year.

3.9 Premium pay for one and one-half (1-1/2) times the nurse’s regular rate of pay will be paid for time worked on the following holidays: New Year’s Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas. For pay purposes, Memorial Day, July 4th, Labor Day, and Thanksgiving will commence at 2300 the night before the holiday, and will conclude at 2259 the night of the holiday. For Christmas and New Year’s, the holiday will commence at 1500 hours the day before the holiday, and will conclude at 2259 hours on the day of the holiday.

3.10 Peri-Operative days of closure will be published on or before January 15th each year.
ARTICLE 4 - HOURS OF WORK

4.1 The basic work period shall be forty (40) hours in a seven (7) day period, or eighty (80) hours in a fourteen (14) day period commencing Sunday 0300, or every other Sunday 0300 for the fourteen (14) day pay period.

4.2 The basic workday shall be eight (8), ten (10), or twelve (12) hours plus one-half (1/2) hour for lunch on the nurse's own time, beginning at the time the nurse reports for duty and ending twenty-four (24) hours later.

4.3 Alternative work schedules for an individual nurse may occur with mutual agreement between the Hospital, the Association, and the affected nurse. If such an alternative schedule involves more than one nurse, such schedule shall first be offered to the most senior nurse desiring such schedule. Alternative work scheduled positions will be dissolved with the withdrawal of the work waiver from any party.

4.4 Overtime compensation will be paid at one and one-half (1-1/2) times the nurse's straight time for all hours worked in excess of:

- Forty (40) hours in a workweek, or eighty (80) hours in a pay period, depending on the nurse's usual schedule.
- Hours over a scheduled shift of eight (8) or more hours in a day.

There shall be no pyramiding or duplication of overtime pay. Whenever time and one half as premium or overtime is payable for hours worked under one provision, those hours will not be considered again for determination of premium or overtime pay under another category.

Overtime compensation will be paid at one and one-half (1-1/2) times the nurse’s straight time for hours worked over a scheduled shift length of either (8) hours or greater and/or returning for a regularly scheduled shift after ten (10) hours or less off.
**Extra Shift Compensation**

**A.** Time and one half (1-1/2) will be paid for working extra shifts over seventy-two (72) hours in a pay period. Nurses are eligible for the extra shift premium only if all scheduled hours in the pay period are worked or prescheduled ETO. For purposes of this article, low census call off by the Hospital will count as hours worked. Nurses who volunteer to work straight time when shifts are posted will be offered the work before a nurse offering to work at premium or overtime rates.

**B.** For weekend shifts worked in addition to the required contract weekend obligation or if the nurse agrees to work an unscheduled SCHS recognized holiday as defined by the contract, the nurse will be compensated at the rate of one-and-one-half (1.1/2) times the nurse’s regular hourly rate of pay, plus $12 per hour for each hour worked on that shift.

**C.** For weekend after hour on-call, where the nurse is called back and works eight (8) or more hours of the sixteen (16) hour period beginning at 1500 on Sunday, the nurse shall be paid one-and-one-half (1-1/2) times the nurse’s regular hourly rate for all hours worked on the following Monday.

4.5 Work in excess of the basic workday or workweek (to attend meetings, complete eLearnings, or other education) must be authorized in advance by the nurse’s manager. In the event of an emergency, the nurses will notify the manager or as soon as possible.

4.6 Rest Periods.

**A.** One fifteen (15) minute rest period shall be allowed during each four (4) hour period of employment. Rest rooms and lockers shall be provided by Hospital.

**B.** It is the intention of the Hospital to provide rest breaks and meal periods separate from each other. The option to combine one rest break with the meal
period will be allowed when mutually agreed upon. Patient care and unit staffing
will be the primary consideration when combining one rest break and the meal
period. The combination of one rest break and meal period will be administered
on a unit by unit and/or shift by shift basis.

C. When possible, meal breaks will be taken during the following working
hours:
- For eight hour shifts between the third and sixth working hour
- For nine hour shifts between the third and seventh working hour
- For ten hour shifts between the fourth and eighth working hour
- For twelve hour shifts between the fourth and ninth working hour

4.7 Work schedules shall be prepared for each month and will be posted by the
fifteenth (15) of the preceding month. Once schedules have been posted, they
are not subject to change unless the nurse desiring the change makes
arrangements to trade shifts with another nurse who is qualified, or finds his/her
own replacement who is qualified. Changes to the posted schedule must be
mutually approved in advance by management and the affected nurse. Schedule
changes which result in overtime will not be approved. Any schedule changes will
be marked on the department schedule and the master schedule in the staffing
office by the supervisor.

4.8 Nurses shall normally be scheduled for every other
weekend off. Regular full-time and part-time nurses working three (3) or more
weekends in a four-week scheduling period shall receive compensation at the
rate of time and one-half (1-1/2) times their regular rate of pay plus $12 per hour
for hours worked. This provision shall not apply where the nurse requests to work
such a schedule or if the consecutive weekends occur when nurses trade
weekends or requests their normal weekend off. Any non-premium weekend
work arrangements shall be made by mutual agreement at the time of the nurse's
request. Nurses with twenty (20) complete years or more of continuous service to
the Hospital may request to have weekends off. Nurses with ten (10) completed
years or more of continuous service to the Hospital may request to be scheduled
for only one (1) weekend during each four (4) week schedule cycle. Such
requests shall be accommodated provided the staffing needs of the unit would be
maintained. If extra weekends off are available they will be offered in order of
seniority.

4.9 Regular full-time nurses and regularly scheduled part-time nurses shall not suffer
the loss of any fringe benefits as a result of not working any of their scheduled
working days at the request of the Hospital. Nurses are expected to accept work
outside their "home" department according to the following criteria:

A. **Float:** Performs basic nursing skills from department list.

B. **Secondary:** Takes an assignment of less intensity. Does not function
   alone.

C. **Primary:** Takes an equal assignment. May function alone.

4.10 Nurses who are assigned to standing approved committees will be reimbursed by
the Hospital on an hour-for-hour basis.

4.11 If a full-time nurse or part-time nurse wishes additional work that does not result
in overtime, he/she must notify the staffing office, in writing, requesting to be
considered for additional work as it becomes available. Nurses requesting such
additional work will normally be called, in order of seniority, and offered such
work before the relief nurses are offered the available work.

4.12 Nurses who are scheduled to report for work and who are permitted to come to
work without receiving prior notice that no work is available in their regular
assignment shall perform any nursing work to which they may be assigned,
provided the nurse has received proper orientation to that unit, or elect to take
the day off without pay. When Hospital is unable to utilize such nurse, the nurse
shall be paid an amount equivalent to four (4) hours times the straight time hourly
rate, plus applicable shift differential provided, however, that nurses scheduled to
work less than four (4) hours on such date shall be paid for their regularly
scheduled number of hours of work. The provisions of this section shall not apply
if the lack of work is not within the control of Hospital or if Hospital makes a
reasonable effort to notify the nurse by telephone not to report to work at least
one and one-half (1-1/2) hours before the scheduled time to work. It shall be the
responsibility of nurses to notify Hospital of their current addresses and
telephone numbers.

4.13 Nurses who are placed on standby for call back to work shall be compensated for
hours worked at the rate of one-and-one-half (1-1/2) times the nurse’s regular
hourly rate inclusive of differentials, if applicable. If the nurse is called back to
work from Standby, the nurse shall be paid for a minimum of two (2) hours.

4.14 Nurses will not be regularly scheduled to work different shifts (day, evening, and
night shifts) unless there is mutual agreement between the nurse and the
manager.

4.15 For the purpose of managing staffing on a daily basis, outside of nurses’ regular
schedules, availability for straight time hours will be managed as follows:

A. When work is available, it will be granted to the most senior nurse in the
following order:
   1. Nurse called off for any of their regular hours
   2. Part time nurses seeking additional hours at straight time
   3. Relief nurses

B. The nurse has the responsibility to notify the staffing office of availability
   as follows:
   • By no later than the first day of each pay period the nurse will update
     the staffing office of specific department, days, shifts and hours of
     availability. If the nurse’s availability changes during this time he/she
     must notify staffing as soon as possible.

C. After a nurse has been called off, the nurse may add himself/herself to the
   availability list at any time during the posted schedule.
4.16 If a nurse is working extended hours and requests to be replaced during the shift or for the next shift, reasonable efforts will be made to accommodate such request.

ARTICLE 5 - EMPLOYMENT STATUS

5.1 The Hospital shall have the right to hire, promote, transfer and layoff nurses and to discipline, suspend and discharge nurses for proper cause. The Hospital shall forewarn any nurse of possible disciplinary action in order that the nurse may request a representative to accompany him/her to the disciplinary meeting.

5.2 Introductory Employment Period: A nurse employed by the Hospital shall become a regular nursing employee following ninety (90) calendar days of continuous employment, except that if a relief nurse has not worked a minimum of three hundred (300) hours during that ninety (90) day period, then the nurse’s initial employment period shall continue until the three hundred (300) hours have been worked.

5.3 The Hospital may terminate the employment relationship with a nurse in the introductory period at any time. Nurses in the introductory period do not have access to the grievance and/or arbitration articles (Article 9 and Article 10), in cases of discipline or discharge, but may access either Article for other issues.

5.4 Any nurse who feels he/she has been suspended, disciplined, or discharged without proper cause may present a grievance for consideration under the grievance procedure. Any nurse terminated shall be given the specific reasons therefore in writing. The nurse shall previously have been counseled on any deficiencies, or have been terminated for cause according to the progressive discipline policy.

A disciplinary warning shall not be considered in subsequent disciplinary activity if there has been at least a one (1) year period since the last disciplinary action of a related nature unless the prior disciplinary warning relates to sexual harassment, bullying, creation of a hostile work environment, work place violence, or the
creation of a significant patient safety event.
A nurse may be suspended pending investigation in the event of an allegation of serious misconduct. St. Charles Redmond will notify the nurse of his or her right to consult with the Association. St. Charles Redmond will also forward the name of any nurse who is suspended to the Association when such suspension is initiated. The investigation will be concluded as soon as reasonably possible given the circumstances. Determination of the appropriate discipline in compliance with this article shall be made at the completion of the investigation. If the nurse is exonerated of misconduct or given a verbal or written corrective action, the nurse will be made whole for wages and benefits for the suspension period. If the nurse is suspended or discharged for just cause, the nurse will not receive pay or ETO accrual for the suspension period. If the nurse is given a final written warning, the investigatory suspension may or may not be paid, depending on the severity of misconduct.

5.5 Nurse - A Registered Nurse currently licensed to practice professional nursing in Oregon.

Full-Time Nurse - Any nurse in a position that is a 0.9 or greater full time equivalent (FTE).

Part-Time Nurse - Any nurse in a position that is a 0.25-0.89 full time equivalent (FTE).

Relief Nurse - Any nurse who works on an intermittent or as needed basis, and who is not included in the daily/work stand-by rotation system.

Retiree Relief Nurse - A nurse employed in a relief position that prior to moving into the retiree relief nurse position meets the following requirements: twenty (20) years’ service as defined in Article 14, age eligible for 403B retirement, and in a regular benefited position as defined in Article 5 at the time of transfer into the retiree relief nurse position. The retiree relief nurse will be required to meet the requirements of Article 5.9.
Positioned Weekend Relief Nurse - A relief nurse regularly scheduled for every other weekend.

Charge Nurse- A nurse who is awarded a position with additional duties to assist the unit leadership in the administration of an organized nursing unit, but who does not carry a twenty-four (24) hour responsibility for the unit.

Relief Charge Nurse – A nurse who has been awarded additional duties to replace the charge nurse on an intermittent basis

Temporary Nurse - Any nurse employed for a specific, limited duration of three (3) months or less in the event no full-time, part-time or relief nurses are available. This can be extended by up to an additional three (3) months by mutual agreement.

Seasonal Nurse – A nurse who works for a specific length of time during the year. This can be up to twelve (12) continuous weeks per twelve (12) month rolling calendar. It can be extended for up to four (4) weeks with joint approval. Seasonal nurses will have an obligation to schedule to work available shifts as determined by the Hospital. The seasonal nurse will not accrue seniority or benefit status while in the seasonal position.

5.6 All nurses shall give the Hospital not less than twenty-one (21) days' notice of intended resignation. If a nurse resigns without giving such twenty-one (21) days' notice he/she shall lose one (1) day of accrued ETO for each working day less than twenty one (21) days of resignation notice.
5.7 A nurse shall be granted an exit interview upon the voluntary termination of his/her employment.

5.8 Hospital shall give regular nurses twenty-one (21) days' notice of the termination of their employment or, if less notice is given, then the difference between twenty-one (21) days and the number of working days of advance notice shall be paid the nurse at regular rate of pay, for regularly scheduled hours, 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 or discharged for cause.

5.9 Relief nurses hired or existing nurses transferring into a relief position will have an obligation to schedule to work shifts for which they are needed to fill a scheduling hole, as determined by the Hospital, hereinafter referred to as “available shifts”. They will be required to schedule to work at least twenty four (24) hours per four-week work schedule and at least 432 hours each calendar year, including three weekend shifts per quarter and, if called to work on those days, must work, except in unusual circumstances. Relief nurses are expected to sign up for available shifts.

Available shifts will be rewarded as follows:

- Shifts will be awarded according to article 4.11
- By seniority up to the first thirty six (36) hours per relief nurse
- All remaining shifts will be awarded according to seniority and availability.

If there are no available shifts in the relief nurse’s department, the relief nurse will commit available hours to specific shifts. In the event those specific shifts become available, the relief nurse will work the shift at straight time.

Relief nurses may request to replace a peer on shifts for which they have committed to be available, with manager/director approval, but must commit to be available for another shift in the same scheduling period. All hours worked by Relief
nurse will be counted toward total hour obligation. Relief nurses who have
committed to be available for a specific shift shall be notified in accordance with
Article 4.12 as if they were scheduled. Relief nurses shall have the obligation to
make themselves available to work one (1) summer and one (1) winter holiday as
defined in Article 3.9 each year.

5.10 Relief nurses hired before January 1, 2008 shall have an obligation to make
themselves available to work at least four (4) days per month, including two (2) weekend days and,
if called to work on those days, must work, except in unusual circumstances. Relief
nurses shall have the obligation to make themselves available to work one (1) summer
and one (1) winter holiday as defined in Article 3.9 each year. If the Relief nurse is not
scheduled for an available day on the posted schedule, he/she shall be released from
further obligation when he/she notifies the coordinator or manager. Relief nurses are
not eligible to receive premium pay other than Fair Labor Standards Act (FLSA) eligible
overtime.

5.11 Nurses shall have the right to review their personnel files during normal
administrative office hours. The Association shall have the right, with written
authorization from the nurse, to review the nurse's personnel file.

ARTICLE 6 - LEAVES OF ABSENCE

6.1 Leaves of absence may be granted at the option of the Hospital for good cause shown when applied for in writing in advance.

6.2 Leaves of absence will be granted only in writing.

6.3 Leaves of absence for service in the Armed Forces of the United States will be granted in accordance with State and Federal law.

6.4 A nurse will not lose previously accrued benefits as provided in this Agreement, but will not accrue additional benefits during the term of a properly authorized leave of absence.

6.5 The portion of the insurance premium paid by the Hospital will continue to be paid by the Hospital for leaves of absence of fifteen (15) calendar days or less. Insurance benefits can be continued on an individual basis for leaves of absence of sixteen (16) calendar days or longer, at the nurse's expense. It is the responsibility of the nurse to make the individual insurance payment to the Human Resources Department prior to the 20th of any month in which coverage is to be continued in the following month.

6.6 Nurses with ten (10) or more years of service may, once every five (5) years, take a pre-planned sabbatical leave for a full one hundred eighty (180) days during which time ETO must be used to a minimum of seventy-five per cent (75%) of the nurse’s positioned hours per pay period, down to a minimum balance of eighty (80) hours, but no additional compensation is paid by the hospital. The nurse must request the sabbatical, by prior written notice, at least sixty (60) days in advance. Such notice shall include the date of the nurse’s return to work. Benefits will cease to accrue when the nurse is on unpaid leave. If the nurse chooses to continue benefits-eligible insurance covered by COBRA regulations, the nurse assumes personal financial responsibility for continuing
that coverage. The nurse will return to the nurse's original position or, in the event that the position no longer exists, to a position comparable in hours and shift.

The nurse shall give the Hospital two (2) weeks' written notice of intent to return to work. If such notice is not given, any obligations incumbent on the Hospital under Article 6.7 and 6.8 shall begin from the time two (2) weeks' notice is received, unless otherwise regulated by law.

6.7 For an education leave of ninety (90) days or less, a nurse will return to their current position. For an education leave of ninety-one (91) days or more, up to two (2) years, a nurse is eligible to return to any available position with bargaining unit seniority restored. 6.8 With an unpaid personal leave of absence of thirty (30) days or less, the nurse shall return to the same position as left. With an unpaid personal leave of thirty-one (31) days or more, the nurse will be returned to the next available equivalent (i.e. same shift, same unit, and position hours within 8 hours per pay period of the position left) position for which they are qualified subject to and in accordance with the provisions in Article 14.3. If the nurse declines an offer of an available equivalent position for which they are qualified, the nurse may choose designation as a relief nurse or the nurse's employment will be terminated.
Leaves of absence for parental reasons and family medical leave shall be granted in accordance with applicable statute, assuming no more favorable provision exists in this contract.

6.9 **Jury Duty.** A nurse who is required to perform jury duty will be permitted the necessary time off to perform such service, and will be paid the difference between his/her regular straight-time pay for the scheduled work days he/she missed and the jury duty pay received, provided that the nurse has made arrangements with his/her supervisor in advance. The nurse must furnish a signed statement from a responsible officer of the court as proof of jury duty service and jury duty pay received. For nurses who serve on jury duty, if there is at least four (4) hours remaining in the nurse’s scheduled hours the nurse is required to call into the staffing office or supervisor, as appropriate, for work assignment or to request HR. Evening and night shift nurses required to perform jury duty will not be required to report for duty if they have served jury duty that day. The Hospital will provide work if the nurse does not request HR. Nurses who are requested by the Hospital to appear as witnesses in a court case during their normal time off will be compensated for the time spent in connection with such an appearance in accordance with this Agreement.

6.10 **Bereavement Leave.** A regular full-time or regular part-time nurse who has a death in his/her immediate family or immediate family of spouse/domestic partner (father, mother, husband, wife, domestic partner brother, sister, son or daughter, grandparent, grandchild) will be granted time off with pay for up to three (3) regularly scheduled work days. An additional two (2) days' paid time may be granted when such death of an immediate family member requires travel of more than five hundred (500) miles' distance one way to attend the funeral. Such nurses will also be granted up to three (3) days off with pay for a critical illness in his/her immediate family not to exceed six (6) days per year. The leave for critical illness will count toward FMLA and/or OFLA leave if applicable.
ARTICLE 7 - HEALTH & WELFARE

At the beginning of employment, the Hospital shall arrange to provide any physical tests, examinations, and/or vaccinations as required to meet government, industry and Hospital standards at no cost to the nurse. If the nurse has received Hepatitis B vaccine in the past, he/she may request a Hepatitis B surface antibody screen to assess immunity status.

7.1. Laboratory examinations, when indicated and ordered by the Hospital because of exposure to communicable diseases, shall be provided by Hospital without cost to the nurse.

7.2. The Hospital will offer the St Charles Health System Caregiver Benefit Plans, including the premium contributions offered under the agreement between St. Charles – Bend and ONA to all eligible nurses in accordance with the terms of the plans. In the event St. Charles – Bend and ONA negotiate changes to such benefit plans, the changes shall be applicable to, and binding upon, nurses covered under this agreement.

Caregiver Directed Health Plan
Effective January 1, 2016 through December 31, 2018 (need new dates and charts)

<table>
<thead>
<tr>
<th>Position</th>
<th>Hospital Portion of Employee</th>
<th>Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 hours per pay period to 80 hours</td>
<td>95%</td>
<td>85%</td>
</tr>
<tr>
<td>60 hours per pay period to 71 hours</td>
<td>95%</td>
<td>70%</td>
</tr>
<tr>
<td>48 hours per pay period to 59 hours</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>40 hours per pay period to 47 hours</td>
<td>60%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Caregiver Directed Health Plan Effective January 1, 2020 – December 31, 2021
PPO Health Plan Effective January 1, 2017 – December 31, 2018
If during the medical insurance benefit year, a nurse's position hours or FTE changes, his/her status for the purposes of determining hospital premium portions will be changed immediately. The Hospital will continue to pay its portion of the premiums for medical insurance for a nurse on Workers' Compensation leave per the medical plan summary plan description (SPD). The nurse will continue to be responsible for paying his/her share of the premium.

7.3. The Hospital shall contribute an amount no less than that scheduled in Article 9.3(?) for the cost of Hospital provided group Dental program for each regular full-time and regular part-time nurse and their dependents.

7.4. It is the responsibility of the individual nurse to know and meet the appropriate enrollment dates. Hospital agrees to adequately publicize such dates.

7.5. Hospital will continue to offer a medical and dental insurance program substantially equivalent to the existing program.

A. Hospital shall bargain with the ONA prior to any plan changes. Plan summaries will be provided to the Association.

7.6 The Hospital will provide at no expense to the nurse, a group life and accidental death and dismemberment (AD&D) insurance policy for all benefit eligible nurses. Coverage will be equivalent to the nurse’s annual base wage, as defined in the summary plan description, with a minimum benefit of $35,000.
The Hospital shall continue to provide a long term disability program for all benefit eligible nurses. The Hospital will pay the premiums for a program that provides an income replacement benefit of 60% of gross base pay, to a maximum benefit of $5,000 per month, following a 180 consecutive day elimination period.

AirLink Membership. The hospital shall provide AirLink membership to all full-time nurses enrolled in a St. Charles medical plan the first of the month after they are hired or accept a full-time position at no cost to the nurse as long as this benefit is provided at no cost to SCHS.

Drug and alcohol testing will be performed as follows:

A. There shall be no random testing of Registered Nurses.
B. Any testing shall be for reasonable suspicion.
C. Any nurse requested to be tested shall be offered representation by a local Bargaining Unit representative prior to interview.
D. Any back to work agreement must be negotiated with ONA.

Medical Benefits Advisory Committee: ONA Redmond Executive Team will appoint two (2) RNs from the Redmond bargaining unit to participate on this advisory committee. All nurse representatives on the committee will be paid at their straight time rate for time spent in scheduled meetings. This committee will meet quarterly to review the current medical plan, anticipated cost increases, or significant designed changes, as well as data on utilization of the plan. The committee may also provide recommendations regarding plan design and cost control. Including but not limited to the prescription drug programs, premiums, co-pays, and inpatient and outpatient benefits provided under the plan.

Short Term Disability. The Hospital shall continue to provide a short-term disability program for all benefit-eligible nurses.

Short term disability will have a seven (7) calendar day elimination period, unless the nurse is hospitalized for twenty-four (24) hours or more (in which case benefits will begin immediately). The seven (7) calendar day elimination period
may be taken as unpaid leave provided the caregiver submits the request to the Human Resources Leave Team and the short-term disability is approved. Benefits will be payable for up to twenty six (26) weeks (including the elimination period).

Effective 1/1/2016 through 12/31/2018 (CHANGE DATES)

Short term disability benefits during weeks one (1) through thirteen (13) will be paid as follows:

| 3 months through 3 years of service: | 66 2/3% of weekly earnings |
| 4 years of service through 9 years of service: | 75% of weekly earnings |
| 10+ years of service: | 95% of weekly earnings |

Short term disability benefits during weeks fourteen (14) through twenty six (26) will be paid as follows:

| All tiers of service | 60% of weekly earnings |

7.12 Use of ETO for Short Term Illness. A nurse who becomes ill/injured will be required to use ETO or unpaid days as specified in Article 3.1 for hours they were scheduled to work and missed due to illness/injury during the elimination period. If the illness/injury results in the nurse qualifying for STD, the nurse must use ETO (or unpaid days to the limit specified in Article 3.1) for the elimination period before STD benefits are eligible to be paid. ETO for such purposes will require the nurse to notify the Hospital in advance of the absence. Reasonable notification of illness shall normally be two (2) hours prior to the beginning of the scheduled shift. The Hospital reserves the right to request verification for use of ETO/ STD beyond twenty-four (24) hours absence from consecutive scheduled
shifts, and may require the nurse to report their continued absence according to SCHS guidelines.

ARTICLE 8 - RETIREMENT PLAN

8.1 Hospital agrees to continue participation in the existing 403 B plan for all eligible nurses during the life of this Agreement, or a successor plan, provided that the
benefit levels and conditions for qualification are at least equivalent to existing benefits. Nurses may contribute to the 403B plan up to the legal limit allowed by law from date of hire.

After one (1) year of positioned employment, the Hospital will match the nurse’s contribution dollar for dollar, up to a maximum of six percent (6%) per pay period for nurses in benefit eligible positions.

ARTICLE 9- WORKPLACE SAFETY

Both parties agree workplace safety is a shared responsibility and are committed to working toward a safe and healthy work place. Nurses and the Hospital will collaborate to support a culture of respect, free of incivility, bullying, and workplace violence. Nurses are encouraged to actively participate in the Hospital Safety committees. Nurses who are members of the safety committees will be paid for meeting time.

Workplace safety will be a standing agenda item for JLRC meetings. Workplace safety incident statistics will be reported to JLRC so trends and best practices may be discussed. Nurses are asked to report all incidents of workplace violence through occurrences reporting process to ensure accurate statistics are maintained. Nurses affected by workplace violence are encouraged to utilize the Hospital’s employee or caregiver assistance program, discuss concerns with manages and work with Human Resources to address accommodations or leave options if time off is needed.

ARTICLE 10 - GRIEVANCE PROCEDURE

1. The purpose of this Article is to provide the sole method for the settlement of disputes in connection with the interpretation and application of any specific provision of this Agreement. Any such dispute shall be defined as a grievance and must be presented and processed in accordance with the following steps, time limits and conditions provided herein.

2. **STEP 1** - Any regular nurse may first present a grievance to his/her unit supervisor within ten (10) calendar days of the date of occurrence, or when he/she should have reasonably known of the occurrence. The unit supervisor shall meet with the nurse and attempt to resolve the matter within seven (7) calendar days. If the nurse is dissatisfied with the decision of the unit supervisor, the nurse may pursue the matter further by submitting a written grievance to the Redmond Chief Nursing Officer within five (5) calendar days from the date of the unit supervisor's response or date when the unit supervisor's response was due if
10.3 **STEP 2** - The Redmond Chief Nursing Officer shall meet with the grievant and a representative of the Association, if the nurse so desires, within seven (7) calendar days and attempt to resolve the matter. The Association may effectuate a grievance on behalf of a nurse or group of nurses at this step, subject to the same initial ten (10) calendar day filing period. The Redmond Chief Nursing Officer shall have seven (7) calendar days in which to respond in writing to the grievant with a copy to the Association. If the matter is not resolved at this step, the grievant or the Association may pursue the matter further by submitting the
written grievance to the Redmond President within five (5) calendar days from the date of the Chief Nursing Officer’s response, or when the response was due if none was given.

10.4 **STEP 3** - The Redmond President, or designee, shall meet within seven (7) calendar days after the grievance is presented with the grievant and a representative of the Association in an attempt to resolve the matter. The Redmond President will advise the grievant(s) and the Association of his/her decision in the matter within seven (7) calendar days from the date of the last meeting. If the matter is not resolved at this step, the grievant or the Association may pursue the matter further by submitting the written grievance to the President & CEO of St. Charles Health System within five (5) calendar days from the date of the Redmond President’s response, or when the response was due if none was given.

10.5 **STEP 4** - The President & CEO, or designee, shall meet within seven (7) calendar days after the grievance is presented with the grievant and a representative of the Association in an attempt to resolve the matter. The President & CEO will advise the grievant(s) and the Association of his/her decision in the matter within seven (7) calendar days from the date of the last meeting.

10.6 If the grievance is not settled at the conclusion of **STEP 4**, either party may proceed to the Arbitration Clause (Article 12). A notice of intent to seek arbitration must be filed by the moving party to the other party within ten (10) calendar days of the response in **STEP 4**. Said notification must be in writing.

10.7 A grievance involving a discharge shall be instituted at **STEP 2** with the Redmond Chief Nursing Officer or designee within ten (10) calendar days from the date of discharge. The Hospital shall present each nurse with a written letter of termination at the time of the nurse’s termination, outlining the specific reason(s) for the discharge, with a copy to the Association.
The parties agree that they will follow the foregoing grievance procedures in accordance with the respective steps, time limits and conditions contained therein. If, in any step, the Hospital's representative fails to give his/her written answer within the time limit set forth, the grievance may be appealed to the next step at the expiration of such time limit. If the nurse or the Association fails to follow the foregoing grievance procedure in accordance with the steps, time limits and conditions contained therein, the grievance shall be deemed settled on the basis of the Hospital's last answer. Timelines may be waived by mutual consent in writing of the parties involved if such is deemed necessary due to illness, accident, vacation, etc.

No nurse shall be paid by the Hospital for time spent in grievance meetings, negotiations, or in conducting any other Association business. PNCC and Shared Practice Forum are not considered Association business under this Article.

No nurse in the bargaining unit shall engage in any Association activity on Hospital time except as specifically provided for in the provisions of this Agreement.

The Hospital and Association agree during the term of the Agreement that pending the raising, processing and settlement of a grievance, there shall be no strikes or lockouts as provided by Article 18.

ARTICLE 11 – ARBITRATION

If the grievance is not settled on the basis of the Grievance Procedure in Article 10, the grievance may be appealed in writing to final and binding arbitration within ten (10) calendar days after receipt of the written answer from the President and CEO (or designee) in STEP 4. The appeal to arbitration shall be in accordance with the procedure set forth below.

A. Within five (5) calendar days of the notification that the dispute is submitted for arbitration, the Hospital and the Association shall attempt to agree on an arbitrator. If the Hospital and the Association fail to agree on
the arbitrator, a list of seven (7) arbitrators shall be requested from the
Federal Mediation and Conciliatory Services. The parties shall thereupon
alternate in striking a name from the panel until one name remains. The
person whose name remains shall be the arbitrator.

B. The award of the arbitrator shall be final and binding on all parties.

11.3 No matter, other than grievance, which is an alleged violation of a specific
provision as written and expressed in this Agreement, can be reviewed on the
merits by the arbitrator.

11.4 The arbitrator shall have no authority to add to, subtract from, modify, change,
alter or ignore in any way the provisions of this Agreement or any expressly
written amendment or supplement thereto, or to extend its duration, unless the
parties have expressly agreed, in writing, to give him specific authority to do so,
or to make an award which has this effect.

11.5 Under no circumstances will a nurse, under disciplinary suspension or in their
introductory period, be allowed to act as a designated representative of the
Association.

11.6 The settlement of a grievance in any case shall not be made retroactive for a
period exceeding sixty (60) calendar days prior to the date the grievance was first
presented in writing.

11.7 When under this Agreement the Hospital has the right to exercise its judgment,
the arbitrator shall have no right or power to substitute his judgment for the
Hospital's judgment.

11.8 The arbitrator shall arrive at his/her decision solely upon the facts and conten-
tions as presented by the parties during the arbitration proceeding. The arbitrator
shall not consider any facts/contentions, which were not introduced by the parties
in the four (4) Steps of the Grievance Procedure. Should either party become
aware of new facts or contentions prior to the arbitration hearing, such party shall
request to reopen the Grievance Procedure at the last Step and the parties shall meet to discuss such new facts/contentions.

11.9 Pending the raising, processing and settlement of the Grievance and the award of the arbitrator, and during the term of this contract, the parties agree to abide by all of the provisions of Article 18 of this Agreement.

11.10 The arbitrator shall render his/her decision within thirty (30) days of the close of the arbitration hearing unless both the Association and the Hospital agree, in writing, to permit a longer period. It is the duty of the Association Representative and the Hospital Representative to bring this paragraph to the attention of the arbitrator.

11.11 The expenses and fee of the impartial arbitrator are to be borne equally by both parties.

11.12 Either party may obtain a transcript of the arbitration at that party's expense and for that party's sole use, unless the other party wishes a copy, in which case the expense of the transcript shall be shared equally.

**ARTICLE 12 - PROFESSIONAL DEVELOPMENT**

12.1 Hospital shall provide coaching and evaluation of the work performance of each nurse covered by this Agreement at least once per year.

12.2 Hospital shall provide general and individualized orientation and training for all newly employed nurses or nurses new to a department/unit. The length of time for department/unit-specific orientation will vary based upon the needs identified for each nurse. Additional orientation may be necessary as recommended by the nurse’s management team. Orientation shall be directed by specific learning objectives and plan, and will occur under close supervision by a Registered Nurse.

12.3 Each calendar year the Hospital shall provide sixteen hundred (1,600) paid educational hours for continuing education of nurses covered by this Agreement. It is understood that paid educational hours shall not be used for any educational
experiences required by the Hospital. Each calendar year the Hospital shall also provide thirty thousand dollars ($30,000) toward the reimbursement for tuition, books, travel and other reasonable expenses related to educational leaves.

12.4 Nurses desiring to access PNCC funds may do so after the completion of their introductory period and must submit all requests in writing, explaining the purpose of the request and the number of hours and/or other expenses to be reimbursed. Requests should be submitted to the PNCC as far in advance as possible.

A. The Hospital and the PNCC shall ensure that an accounting of dollars and days will be maintained so that the balance of funds and hours will be known to both parties. The Director of Clinical Practice and Professional and Redmond Chief Nursing Officer may meet with PNCC as needed to review the usage and balance of funds.

B. A nurse shall not make application to PNCC when the Hospital requires her/him to attend an educational program.

C. If the PNCC funds are exhausted but paid hours off remain unused, the nurse shall apply to PNCC for hours off and then to the Hospital for funds for the educational experience. It will be at the discretion of the Hospital to decide if additional funding will be provided.

D. When the PNCC funds and paid hours off are exhausted, a nurse may apply directly to the Hospital for optional education experience monies and time off, understanding that the request may or may not be granted.

E. The parties agree that they will both work actively to educate the nursing staff in the usage of the educational benefits.

12.5 All required hours of in-service/continuing education each year will be paid to each nurse during the pay period in which the hours were accrued. There is no
set number of hours of required in-services.

A. Mandatory classes and education are required for each nurse each year; and, nurses may meet mandatory required in-services by individual video review or in informal educational presentations. Nurses not meeting mandatory requirements described above by their anniversary date may be subject to discipline, provided the Hospital has given the nurse notice of such inservice being due and has adjusted the nurse’s schedule to enable attendance.

B. If a nurse exceeds eight (8) hours in a day or eighty (80) hours in a fourteen (14) day pay cycle due to attendance at mandatory in-service classes, she/he will be paid at one and one-half (1½) their normal rate of pay. If a nurse working ten (10) hour shifts exceeds ten (10) hours in a day or forty (40) hours in a week or a nurse working twelve (12) hour shifts exceeds twelve (12) hours in a day or forty (40) hours in a week due to attendance at a mandatory in-service classes she/he will be paid at one and one half (1 ½) their normal rate of pay.

C. All in-service/continuing education hours will be paid at the nurse's straight time hourly rate of pay except as noted in number B above.

12.6 The Hospital will reimburse regular full-time and part-time nurses for the cost of tuition and books for classes that are part of a program to obtain a BSN. The Hospital will establish an annual fund in the amount of forty thousand dollars ($40,000) to assist the part time and full time nurses in obtaining a BSN. Annually each fall, the JLRC will review the current year’s usage of tuition reimbursement to evaluate the equitable distribution of funds for the following year.

To qualify for reimbursement, the nurse must successfully complete the class or program with a minimum grade of C for undergraduate courses and a minimum grade of B for graduate courses.
12.7 The Hospital will reimburse regular full-time and part-time nurses the program cost, material expense, and testing fee for the initial certification for an Advanced Certification that qualifies for Advanced Certification incentive. (See Addendum A.8) Hospital will also pay for re-certification fees for the same Advanced Certifications. To qualify for reimbursement, the nurse must successfully complete the re-certification with a passing score.

12.8 Tuition and certification requests must be submitted under the Hospital Tuition Reimbursement program.

12.9 As defined by the bylaws, the Shared Practice Forum, which includes a separate nursing forum is recognized and supported as the collaborative model for the development of evidence-based professional practice at St. Charles – Redmond. A staff RN shall be co-chair of the separate nursing forum. The ONA represented nurses will participate on this Hospital wide committee. The purpose of the committee is improving patient care quality and nursing practice. The committee will work in collaboration with nursing leadership and support evidence based practice and patient care outcomes. The shared practice nursing forum will meet monthly unless otherwise mutually agreed upon. Management will collaborate with nurses to support attendance.

ARTICLE 13 – SENIORITY

13.1 Continuous Employment is defined as the performance of all scheduled hours of work including time off because of vacation, paid sick leave, and authorized leaves of absence which has not been interrupted by the occurrence of the following:

A. Termination

B. Layoff for lack of work which has continued for six (6) consecutive months

C. Continued absence following the expiration of a written leave of absence or emergency extension thereof granted by Hospital
D. Absence from work for three (3) consecutive working days without notice to the Hospital

E. Failure to report for work promptly after an accident or sickness when released to return to work by a physician

13.2 Seniority shall mean the length of continuous employment by Hospital of a type covered by this Agreement. Relief nurses shall accumulate seniority separately based upon hours worked. For the purpose of calculating seniority if a nurse moves to or from relief, one year of seniority shall equal two thousand (2000) hours.

13.3 The Hospital shall review the qualifications of each applicant and shall select the best applicant considering seniority, qualifications and experience. If two (2) or more applicants have relatively equal qualifications, the most senior nurse shall be selected. Regular nurses, Charge nurses, and relief nurses shall be given preference over outside applicants for both advancement and shift preference provided such nurses meet the qualifications. Required qualifications should be included on position postings.

13.4 Nurses who desire to change shifts or move to another nursing service department in the Hospital shall make their desires known in writing to their manager and the manager responsible for the area of interest. Nurses shall utilize the on-line application system to apply for positions. The nurse assumes responsibility for discussing requests periodically with the nurse manager.

13.5 Hospital will post notice of all nursing job vacancies including necessary qualifications, to be filled as vacancies occur, for a period of seven (7) calendar days. Postings will include unit, hours, shift and weekend obligation. The Hospital may fill vacancies temporarily, without regard to the above paragraph, pending the filling of vacancies permanently. Notification of all applicants for positions occurs,
regarding final disposition of the position opening, within five (5) days once the
selected candidate has accepted the position.

13.6 Based upon the availability of qualified applicants, selection to fill permanent
vacancies shall be made within six (6) weeks from the date of initial posting, and
the nurse selected shall be assigned to the new position at the earliest possible
time, subject to training, replacement availability and other patient care
considerations.

13.7 **Call Off (HR)**

A. In the event the Hospital must reduce the work force for a given unit or
shift for a short term staffing adjustment, then such reduction shall occur
according to the following order: (1) agency nurses, (2) Shared Nursing
Pool (SNP), (3) volunteers within the unit, (4) travel nurses with unpaid call
off available, (5) any regular full or part-time nurses who are working an
extra shift above their positioned hours, (6) seasonal nurses on a
rotational basis, (7) relief nurses on a rotational basis, (8) then by a
system of rotation among regular full and part-time nurses based on
seniority. The above order does not prevent the Hospital from calling off a
nurse who would receive overtime or premium pay before any of the
nurses listed. Travel nurses without unpaid call off available will be called
off before nurses working a regularly scheduled shift at their regular rate of
pay (unless volunteering in accordance with the above order). Nurses on
premium pay or overtime will be called off before travel nurses without
unpaid call off available. Nurses who are working an extra shift at premium
compensation may be called off by the Hospital out of order, however this
shall not apply when the nurses on premium are working their regularly
scheduled shift and are on premium because of previous extra shift worked
at the Hospital’s request.

B. The number of times a Caregiver was called off will be included in the
determination of the call off rotation. In the event that the nurses have an
equal number of turns, the least senior nurse shall be called off and the
rotations will begin again. One and a half hours prior to the start of the
scheduled shift, a nurse may be called off entirely or placed on standby. If
the nurse is placed on standby, he or she will be informed that the standby period is the first four (4) hours, or the entire twelve (12) hour shift. When the nurse reports for work at the end of the standby shift, he or she will be paid for hours worked thereafter at straight time. If called back while on standby, the nurse will be paid at the call back rate for the duration of the designated standby period and will thereafter continue working at straight time for any hours worked during the remainder of the scheduled shift.

The Hospital may adjust the length of the standby period one time within the first three hours of the standby period for newly arisen short term staffing adjustments in accordance with 13.7A.. Nurses may volunteer for call off in lieu of being placed on standby. Reasonable efforts will be made to grant such requests.

C. Voluntary HR/call off can be requested up to two weeks in advance but a minimum of two hours before the start of the shift. When two or more nurses within the unit volunteer for low census (HR) of the same shift, they will be called off in the following order:

1. Nurses who requested but were denied ETO for the shift
2. Nurses will confer among themselves to see if they can reach mutual agreement as to who will be called off first.
3. In the event the nurses do not reach agreement among themselves call off order among the volunteers will be based on the following rotation
   - The number of the times a nurse was awarded contested call off in the four week cycle will be included in the determination of the call off (HR) rotation
   - In the event the nurses have equal number of awarded turns, the most senior nurse shall be granted call off (HR)

D. Call off of three and one half (3.5) hours or more shall count as a call off rotation turn for any shift length of eight (8) or more hours.

E. All regular part-time and fulltime nurses on guaranteed wages will not be included in the call off rotation.

F. Charge nurses and/or relief charge nurses will be considered regular nurses for purposes of call off (HR) in accordance with 13.7A above provided there is a qualified charge nurse and/or relief charge nurse remaining on the unit.

G. When a hospital unit is closed temporarily, and re-opened within fourteen (14) days, the provisions on short-term layoff and recall shall be followed
according to established hospital policy.

H. Reduction in work hours of nurses shall not exceed 25% of a nurse’s positioned hours for each two (2) week schedule cycle rotation unless a nurse: voluntarily waives this provision, requests to be on-call, reports illness, trades shifts, or refuses work appropriate on another unit. Regular full-time and regular part-time nurses who are at guaranteed hours shall be excluded from the call-off rotation. 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, unless the nurse waives the receipt of guaranteed wages for such period. For purposes of calculating the work
I. When a nurse is HR’d they shall have the option to use ETO or unpaid time off.

13.8 Layoff. In the event the Hospital must reduce the work force for a period of fourteen (14) consecutive calendar days or more in a unit or on a shift in a unit, the Hospital shall institute a layoff in the reverse order of seniority, of the nurses in the unit or on the shift in the unit, as applicable, provided the nurses remaining on the affected unit and/or shift are qualified and maintain required certification, to perform the work to be done. A laid off nurse or a nurse subsequently replaced as a result of a layoff may request and shall be entitled to replace the least senior nurse (1) in the unit and shift affected then (2) in the unit affected then (3) in the Hospital, provided the laid off nurse or replaced nurse has greater seniority than such other nurse and is qualified to perform the work independently, following a department specific orientation.

A. The Hospital shall notify the Association of such layoffs in a timely manner to facilitate Association participation in any appropriate bumping process.

B. Recall from such layoff will be in the reverse order of the layoff. There shall be no agency/traveler nurses, relief nurses or any new hires employed while qualified laid off regular nurses are immediately available.

13.9 When a nurse moves out of the bargaining unit he/she shall cease accruing seniority under this Agreement.

When/if the nurse returns to the bargaining unit from other positions in St. Charles Healthcare System, they shall have the same seniority time as

on the day he/she left the bargaining unit after six (6) months of service in the Redmond facility

13.10 The Hospital shall provide a list of all relief nurses, with the number of hours they
have worked, to the Association once each quarter. If seniority questions develop
between such lists, the Human Resources Department will determine the
seniority status of the nurses in question.

ARTICLE 14 – JOINT LABOR RELATIONS COMMITTEE

The Hospital and Association will establish and maintain a Joint Labor Relations
Committee (JLRC). The goal and purpose of the JLRC will be to further foster a
collaborative relationship between the parties. Issues discussed will represent issues of
mutual concern involving labor relations. The parties will establish and maintain ground
rules and guidelines to be followed for conducting regular meetings.

The composition of the JLRC is set in the ground rules and guidelines. Up to nine (9)
ONA JLRC members shall be compensated for their time spent in the general meetings,
up to a maximum of three (3) hours per meeting at the member’s regular straight time
rate. The hours compensated for JLRC meetings will not count toward hours worked for
purposes of calculating overtime and shall not be compensated at the extra shift
premium level.

ARTICLE 15-- SCOPE OF AGREEMENT

15.1 Agreement expressed herein in writing constitutes the entire Agreement between
the parties. It is understood that the specific provisions of this Agreement shall be
the sole source of the rights of the Association and any nurse covered by this
Agreement and shall supersede all previous oral and written Agreements
between the Hospital and the nurses or the Hospital and the Association. It is
agreed that the relations between the parties shall be governed by the terms of
this Agreement only; no prior agreements, understandings, past practices,
existing conditions, prior benefits, oral or written, shall be controlling or in any
way affect the relations between the Parties, or the wages, hours and working
conditions unless and until such Agreement, understandings, past practices,
existing conditions, and prior agreements shall be reduced to writing and duly
executed by both parties, subject to the date of this Agreement.

15.2 It is mutually understood that the Hospital must notify the Association if the
Hospital intends to modify any mandatory term of employment. Negotiations shall
commence on that specific change only, at the earliest possible, mutually agreeable time.

ARTICLE 16 - MANAGEMENT RIGHTS

16.1 In order to operate its business, the Hospital in its sole discretion, retains and shall have the following exclusive rights: to determine the number, location and type of facilities; to determine the type and/or quality of services rendered; to determine the methods, techniques and equipment utilized; to hire, supervise, evaluate, discipline, discharge, promote, demote, lay off, transfer and recall the work force; to assign work and change, combine, create or abolish job classifications and job content; to establish and make known reasonable work rules and safety rules for all RN’s; to contract; and to determine the number of RN’s including the number of RN’s assigned to any particular operation or shift.

16.2 Any of the rights, powers, authority and functions the Hospital had prior to the negotiation of this Agreement is retained by the Hospital, and the expressed provisions of this Agreement constitute the only limitations on the Hospital's right to manage its business. The Hospital not exercising rights, powers, authority and functions reserved to it, or its exercising them in a particular way, shall not be deemed a waiver of said rights, powers, authority and functions or of its right to exercise them in some other way not in conflict with a specific provision of this Agreement.

16.3 All other traditional rights of management are also expressly reserved to the Hospital and the express provisions of this Agreement constitute the only limitations upon the Hospital's right to manage its business.

ARTICLE 17 - NO STRIKE/NO LOCKOUT

In view of the importance of the operation of the Hospital’s facilities to the community, the Hospital and the Association agree that there will be no lockouts by the Hospital, and no strikes or other interruptions of work by nurses or by the Association during the term of this Agreement.
ARTICLE 18– SEPARABILITY

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

ARTICLE 19 - DURATION AND TERMINATION

19.1 This Agreement shall be effective December 1, 2019, and shall remain in full force and effect through November 30, 2023, and annually thereafter, unless either party gives notice to the other party to amend or terminate the Agreement as provided in this Article.

19.2 If either Party hereto desires to modify or amend any of the provisions of this Agreement, it shall give written notice to the other Party at least ninety (90) days, but not more than one hundred twenty (120) days prior to the above noted expiration date.

19.3 Letters of Agreement. All letters of agreement that do not have a specific expiration date attached to them are subject to renegotiations at the expiration of the contract at the request of either party.
APPENDIX A

A.1 Wage: The following are the rates of pay for all nurses employed at St. Charles Health System – Redmond covered under the terms of this Agreement. Pay rate increases will be placed in effect on the first day of the payroll period that begins closest to the effective date noted.

The following are the rates of pay for all nurses employed under the terms of this agreement:

Redmond RN Wage Chart- the tables have not been updated with increases beginning 06/01/2020

Step 30 to be added

Ratification Bonus: If contract ratified prior to 12/1/2019, nurses employed at ratification will receive a ratification bonus of $1,000 per nurse, prorated by FTE with minimum bonus of $250 to each relief or retiree relief nurse.

Step and Grade Redmond ONA 12/1/2019-11/30/2023

<table>
<thead>
<tr>
<th>Step</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>1.5% 6/1/2020</td>
</tr>
<tr>
<td>15</td>
<td>1.25% 12/1/2020</td>
</tr>
<tr>
<td>16</td>
<td>1.5% 6/1/2021</td>
</tr>
<tr>
<td>17</td>
<td>1.25% 12/1/2021</td>
</tr>
<tr>
<td>18</td>
<td>1.5% 6/1/2022</td>
</tr>
<tr>
<td>19</td>
<td>1.25% 12/1/2022</td>
</tr>
<tr>
<td>20</td>
<td>1.25% 6/1/2023</td>
</tr>
</tbody>
</table>
1 Step increase 06/1/23

2 N3 - Additional 4.0% for nurses with a BSN and an Advanced Certificate

4

5 N4 - Additional 5.0% for nurses with a MSN.
A.2 **Specialty Coordinator** will be compensated at $2.00 per hour until the Specialty Coordinator positions are filled.

A.3 **Charge Nurse Differential:** $3.50 per hour will be paid charge RNs for all compensated hours in the charge nurse role and for ETO, education, and meetings, excluding standby hours. Charge RNs will not receive Charge pay when working extra shifts as a staff nurse outside of their regularly scheduled hours.

A.4 **Relief Charge Nurse Differential.** Add $5.00 per hour for all hours during which the nurse is performing assigned Charge Nurse duties.

A.5 **Seasonal, Relief, Retiree Relief and Positioned Weekend Relief Nurses:** Nurses shall be compensated at the appropriate wage step to reflect their hospital experience. These positions shall not receive non-required benefits but shall receive the following differentials above the nurse’s hourly rate of pay on all hours worked in lieu of such benefits.

- Seasonal, relief and positioned weekend relief nurses – 15%
- Retiree relief nurses – 20%

Relief nurses who work the evening and night shifts will also receive shift differential as indicated in this agreement.

A.6 **Standby:** Standby compensation for nurses will be $5.00 per hour. Standby compensation will be paid for each hour the nurse is actually on standby, including hours worked at the call back rate.

A.7 **Shift Differential:**

<table>
<thead>
<tr>
<th>SHIFT DIFFERENTIAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EVENINGS 3pm-11pm</td>
<td>$2.35 per hour</td>
</tr>
<tr>
<td>NIGHTS: 9pm-5am 11pm-7am, 7pm-7am</td>
<td>$5.35 per hour</td>
</tr>
<tr>
<td></td>
<td>6:30pm-6:30am 12 hour shift</td>
</tr>
</tbody>
</table>

After two (2) years continuous employment as a bargaining unit nurse, night shift
23 differential is compensated at $6.80 per hour

24

25 A.7.1. Nurses who are called back from standby/on-call during the above defined
26 evening or night shift hours shall receive the appropriate shift differential
27 for all call back hours.

28

29 A.7.2. Nurses scheduled for hours on the evening or night shifts will receive the
30 appropriate shift differential. Nurses working over their scheduled shift,
being paid overtime, will receive the appropriate shift differential after completion of two and one-half (2-1/2) hours into the next shift. At that time, the appropriate differential will be paid for all time worked during that shift.

A.7.3. **Weekend Differential.** Weekend shifts commence at 11pm on Friday and end at 11pm on Sunday. When more than half of the shift has been worked on a weekend shift, all hours worked will be paid a differential of $1.80 per hour worked. For nurses on standby for the duration of a weekend, weekend differential shall be paid for all hours worked on call back between 11pm on Friday and 11pm on Sunday.

A.8 **Preceptor Differential.** A nurse designated by the hospital to function as a preceptor for a newly hired employee or an employee transferring to a different unit requiring orientation will receive a preceptor differential of $2.00 per hour for the duration of the assigned preceptor shifts.

A.9 **Advanced practice certifications or BSN,** will be paid at a premium rate of 3% of the nurses base wage for all hours worked. Nurses with both a BSN and Advanced practice certification will be paid at a premium rate of 4% of the nurses base wage for all hours worked. Nurses with an MSN will receive 5% of the nurse’s base wage for all hours worked. Advanced practice certifications are those certifications from a national organization recognizing advanced practice in a defined functional or clinical area of nursing practice. Examinations based on nationally recognized standards demonstrate special knowledge and skills above and beyond basic nursing education and licensure. Since these certifications have a worked hour requirement, if the nurse is able to maintain the qualifications, any certification may be valid for any nurse. Certifications qualifying for premium rate will be reviewed annually by the Joint Labor Relations Committee.

(See Article 12Professional Development.)
Classes/examinations such as ACLS, ENPC, PHTLS, NRP, PALS, TEAM, and TNCC do not qualify since they are a completion course for specific skills that may be needed in a work area. Completing and passing the course does not indicate an advanced knowledge in a specific area of nursing. In areas in which these classes are required the course is paid in full as well as the nurse’s time to take the class.

A. 10 Nurses are required to report to the Hospital within thirty (30) minutes of being called while on paid standby. If the Hospital specifically requests that a nurse stay on the Hospital premises the standby pay will be at the nurse’s regular rate of pay inclusive of differentials. If the nurse stays on the Hospital premises for her/his own convenience, the standby pay will be as described in Section A4. Standby responsibilities shall be equitably rotated among staff in those units where standby occurs regularly.

A.11 a. Nurses will move to Step 7 after two (2) years on Step 5
   b. Nurses will move to Step 9 after two (2) years on Step 7
   c. Nurses will move to Step 11 after two (2) years on Step 9
   d. Nurses will move to Step 13 after two (2) years on Step 11
   e. Nurses will move to Step 15 after two (2) years on Step 13
   f. Nurses will move to Step 17 after two (2) years on Step 15
   g. Nurses will move to Step 20 after three (3) years on Step 17
   h. Nurses will move to Step 23 after
      three (3) years on Step 20
      g. Nurses will move to Step 30 after seven (7) years on Step 23.

A.12 At the discretion of the Redmond Chief Nursing Officer, nurses first employed during the term of this Agreement may be compensated at a salary level reflective of their recent relative experience.

A.13 Nurses who terminate and are rehired within one (1) year will return to the same pay rate and ETO accrual level.
LETTER OF AGREEMENT SHARED NURSING POOL (SNP) FOR ST. CHARLES MEDICAL CENTER - BEND, REDMOND AND PRINEVILLE HOSPITAL

St. Charles Health System Inc., d/b/a St. Charles Bend ("Hospital"), Redmond and Prineville Hospital ("Hospital") and the Oregon Nurses Association ("Association") agree that the following provisions shall apply to the establishment and implementation of a SHARED NURSING POOL for St. Charles Health System Bend, Redmond and Prineville Hospital. The SHARED NURSING POOL (SNP) is a nursing resource pool separate from the currently established float pool at the Bend Hospital. This agreement will only apply to nurses regularly assigned to one Hospital and “floating” to the other Hospital for temporary shift assignment(s). Shift assignments may not be in the nurse’s regular department or regular Hospital. Nurses will be assigned to departments they are qualified to perform the work to be done. Initial orientation will be provided when a nurse first works for a new unit.

Provisions in this LOA will only apply to the SNP.

The goals of the Shared Nursing Pool are:

- Provide opportunities for nurses to supplement periods of call off.
- Use nursing resources where needed in times of shortages.
- Allow nurses an opportunity to pick up additional shifts.

Definition of Terms:

Primary Contract: The collective bargaining agreement which the nurse receives benefits under. For relief nurses this is the collective bargaining agreement which they were first hired under.

Provisions of this LOA:

1. All participation in the SNP will be voluntary.
2. Nurses participating in the SNP must be regular (FT / PT) or relief nurses at one of the Hospitals.
3. Nurses must indicate their interest and willingness to participate in the SNP prior to being assigned in this capacity. Patient Care Support Services in
Bend will have forms for nurses to sign up for SNP assignments.

4. Nurses currently in formal unresolved corrective action (written and/or final written) will not be eligible to participate in the SNP. Nurses can be removed from the SNP for performance concerns which have been documented through the Corrective Action process.

5. Hours worked in the SNP will be credited to the nurse’s primary contract seniority accrual.

6. Nurses will be assigned to shifts in the SNP in the following order provided they are qualified for the assignment:

I. Nurses called off due to low census within the current payperiod.
II. Nurses still in straight time hours. If more than one nurse is eligible then by rotation.
III. Then by equal rotation within the SNP.

7. Call Off/Low Census: In event of low census nurses will be called off in the order of: Agency, SNP, Volunteers, Travelers, then per contract at each location.

8. The nurse’s primary contract shall prevail in all matters NOT addressed in this LOA.

9. Nurses on an SNP assignment shall not be shifted from one campus to another once they have begun their shift, unless the nurse agrees to be shifted. The nurse may be asked to float from one unit to another provided they are qualified and can be oriented to that unit.

10. Nurses in relief positions other than their primary location will not be eligible to participate in the SNP unless they give up one of their other relief position(s).
11. Nurses on standby will not be eligible to accept an assignment in the SNP that will conflict with their standby hours.

12. The administration of the SNP will be performed by Patient Care Support Services in Bend.

13. This LOA does not circumvent management’s right to employ Travelers and Agency nurses as needed.

10 Compensation

1. Nurses will be paid an SNP Premium of $15 per hour for all hours worked in an SNP assignment. Nurses will be paid their straight time hourly wage plus applicable shift differential (i.e. evening, night or weekend differential) from their primary contract position.

2. Nurses will be paid overtime when they have worked in excess of 40 hours in a work week or 80 hours in a pay period. All hours worked by the nurse for either location will be included in this calculation.

3. If a nurse calls in, i.e., an unscheduled absence, during the involved pay period, the SNP premium will not apply.

4. If a nurse works one of the six recognized holidays they will receive 1.5 times their primary base rate plus any applicable shift differential as stated above plus the SNP premium. The SNP premium will not be subject to the overtime calculation.

5. Overtime will be calculated at 1.5 times the nurse’s primary contract base rate plus any applicable shift differential (i.e. evening, night or weekend differentials). The SNP premium will be added to this wage but will not be subject to the overtime calculation.

6. All other contractual premiums will not apply to hours worked in the SNP.
IN WITNESS WHEREOF the parties hereto have signed and executed this Agreement this 24th day of February, 2017.

Oregon Nurses Association

[Signature]

Courtney Niebel, Labor Representative

St. Charles Medical Center - Redmond

[Signature]

Robert D. Gomes, FACHE, President
LETTER OF AGREEMENT EXTENDED ILLNESS BANK (EIB)

St. Charles Health System, Inc., d/b/a St. Charles Medical Center – Redmond ("Hospital") and Oregon Nurses Association ("Association") hereby agree that the following provisions shall apply to EIB.

1. All EIB language will be removed from the body of the Labor Agreement and will be contained within this Letter of Agreement (LOA).

2. EIB will be compensated at the nurse’s regular rate of pay including applicable differentials, defined as base wage plus certification and shift pay.

3. This LOA applies to nurses who have an EIB balance.

4. Use of ETO for Short Term Illness. A nurse who becomes ill/injured will be required to use ETO or unpaid days to the limit specified in Article 3.1 for hours they were scheduled to work and missed due to illness/injury during the elimination period. If the illness/injury results in the nurse qualifying for EIB or STD, the nurse must use ETO (or unpaid days to the limit specified in Article 3.1) for the elimination period before EIB or STD benefits are eligible to be paid. ETO for such purposes will require the nurse to notify the Hospital in advance of the absence. Reasonable notification of illness shall normally be two (2) hours prior to the beginning of the scheduled shift. The Hospital reserves the right to request verification for use of ETO/EIB/STD beyond twenty-four (24) hours absence from consecutive scheduled shifts, and may require the nurse to report their continued absence according to SCHS guidelines.

5. Extended Illness Bank. EIB hours are intended to be used only in cases of extended illness or accident. Therefore, they can only be used after a nurse has been ill or disabled for three (3) consecutive working days or twenty-four (24) scheduled working hours, whichever comes first, or on the first day of hospitalization or surgery with anticipated recovery duration.
of five (5) or more days. The hospital reserves the right to request a
physician verification of illness or injury.

6. Because workers compensation benefits are not subject to withholding
taxes, and are intended under state law to replace net pay, EIB is not
used to supplement workers compensation benefits. If a nurse is
receiving disability benefits, the nurse should check the plan coverage and
requirements before using EIB, to ensure that the EIB benefit does not
reduce the nurse’s disability benefits.

7. Short term disability payments (for nurses with EIB) will not be paid until
the nurse has exhausted his/her EIB.

8. Relief and temporary nurses do not accrue EIB. EIB is a non-vested
benefit, which means there is no payment of EIB accrual upon termination
of employment. For Nurses moving from position to relief, EIB banked
hours will be frozen and reactivated in the event relief status is changed
back to a position.

9. If a nurse retires due to a physical disability, he/she may use accrued but
unused EIB before retiring.

IN WITNESS WHEREOF the parties hereto have signed and executed this Agreement
this 24th day of February, 2017.

[Signatures]

Oregon Nurses Association
Courtney Niebel, Labor Representative

St. Charles Medical Center - Redmond
Robert D. Gomes, FACHE, President
LETTER OF AGREEMENT REDMOND PERIOP DEPARTMENT MANDATORY STANDBY

St. Charles Health System – Redmond and Oregon Nurses Association agree that the following provisions shall apply to Mandatory Standby for nurses within the Peri-Operative Services Department (OR and Same Day Unit). Standby will be a requirement of all full-time and part time nurses practicing within the department.

1. Nurses called back to the hospital during standby will receive a minimum of three (3) hours of call back pay.

2. Cases occurring at any time within the three (3) hour minimum paid time will not incur an additional three (3) hour minimum.

3. Callback will be paid at double time if the average number of standby hours (averaging the total standby hours of the nurses in the department divided by the number of nurses sharing in the standby hours) in the pay period is 40 or more; callback will be paid at time and three quarters if average number of standby hours in the pay period is 30 to 39.99; and call back will be paid at time and a half if the average number of standby hours is below 30 hours per pay period.

4. If the nurse is required to report to work with less than an eight (8) hour break between worked hours or total worked hours exceeds sixteen (16) in the previous twenty-four (24), the nurse will be paid time and a half (1 ½) for all hours on the subsequent shift. Hours on standby or non-worked hours as part of the minimum guarantee will not count as worked hours for purposes of the letter of agreement.
5. Nurses called back to work from standby will be expected to report ready for work within thirty (30) minutes from the time they receive the call to report.

6. Short notice standby (after schedule has been posted) will be filled with volunteers first and the senior volunteer will be awarded the shift. If there are no volunteers, short notice standby will be assigned by reverse seniority and then in rotation by number of cumulative short notice shifts in a rolling calendar year. Credit is given for volunteering into a short notice standby shift of any length.

7. Charge nurses may be assigned to take up to 50% of the amount of standby hours allotted to regular staff nurses in the department if regular nurses call hours exceed one hundred twenty (120) hours per month. Standby hours will be reviewed quarterly at the Redmond Staffing Committee to determine appropriateness of total standby hours the Charge nurse and staff is taking.

IN WITNESS WHEREOF the parties hereto have signed and executed this Agreement this 24 day of February, 2017.

Oregon Nurses Association

Courtney Nielb, Labor Representative

St. Charles Medical Center - Redmond

Robert D. Gomes, FACHE, President
LETTER OF AGREEMENT FOR CRITICAL NEEDS SHIFTS IN THE EMERGENCY DEPARTMENT

Effective June 1, 2020 at the Hospital’s discretion, critical needs pay may be offered to a regular full-time or part-time ED nurse who is requested by the Hospital to fill an ED shift on short notice. The shift must be scheduled 48 hours or less at the manager’s discretion, before the beginning of the start of the identified shift. The nurse will be compensated at the rate of one and one half the nurse’s regular hourly rate of pay plus $10.00 per hour for each hour worked on the shift. The critical needs Pay will be clarified at the time the nurse agrees to work the extra shift. ED nurses eligible for this extra premium only if all scheduled hours in the pay period are worked or prescheduled ETO. For purposes of this LOA only, low census call off by the Hospital will count as hours worked.

ED nurses will no longer be eligible for 13.7 Call off subpart H- reduction of hours of nurses shall not exceed 25%

This LOA sunsets effective November 30, 2023. It will cease to be part of the collective bargaining agreement on that date.
CONTRACT RECEIPT FORM

(Please fill out neatly and completely.)

Return to Oregon Nurses Association,
18765 SW Boones Ferry Road Ste 200, Tualatin OR 97062-8498
or fax to 503-293-0013. Thank you.

Your Name: ________________________________

I certify that I have received a copy of the ONA Collective Bargaining Agreement with
Saint Charles Medical Center - Redmond, December 1, 2016, until November 30, 2019.

Signature: ___________________________ Today’s Date: ____________

Your Mailing Address: ______________________________________
________________________________________________________________
________________________________________________________________

Home Phone: __________ Work Phone: _________________
Email: _________________________________
Unit: _________________________________
Shift: _________________________________