

**AGREEMENT BETWEEN
SANTA ROSA MEMORIAL HOSPITAL
AND
STAFF NURSES ASSOCIATION OF
SANTA ROSA MEMORIAL HOSPITAL**

OCTOBER 27, 2023 – SEPTEMBER 30, 2026

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**AGREEMENT BETWEEN
SANTA ROSA MEMORIAL HOSPITAL
AND
STAFF NURSES ASSOCIATION OF
SANTA ROSA MEMORIAL HOSPITAL**

PREAMBLE

THIS AGREEMENT is made and entered into by and between Santa Rosa Memorial Hospital, hereinafter referred to as the “Hospital,” and the Staff Nurses Association of Santa Rosa Memorial Hospital, hereinafter referred to as the “Association.” Both parties recognize that it is to their mutual advantage and for the protection of the patients to have efficient and uninterrupted operation of the Hospital. This Agreement is for the purpose of establishing such harmonious and constructive relationships between the parties that such results will be possible.

It is the intent of the Parties to this Agreement that it shall remain in force and effect for its term, notwithstanding any sale or transfer by the Hospital to any other entity. This contractual obligation will be included in the terms of sale, merger or other transaction involving a change in Hospital ownership or management.

WITNESSETH

That the Parties hereto have agreed as follows:

ARTICLE I – RECOGNITION

The Hospital hereby recognizes the Association’s right to bargain and act with respect to wages, hours, and other terms and conditions of employment for Registered Nurses, as hereinafter provided. The Association recognizes its professional obligation to assist the Hospital in maintaining the highest degree of professional standards and the highest quality of patient care.

ARTICLE II – RIGHTS AND RESPONSIBILITIES

A. Assignment of Nurses

The Hospital has the right and responsibility to assign Nurses, including the assignment of Nurses to other shifts or service areas as deemed necessary by the Hospital management to maintain adequate coverage of Nurses for the assurance of quality patient care. In the

exercise of its rights, however, the Hospital recognizes the responsibility of Nurses to their licenses and the assignment of Nurses to other service areas will be in accordance with Sections B, C, and D below.

B. Temporary Assignments

Nurses will be assigned only to areas, in which they are qualified, have received training, and have been properly oriented. However, a Nurse may be temporarily assigned to other areas under the following conditions:

1. **In the event of an emergency**

An emergency is defined as a sudden, unplanned occurrence such as, but not limited to, a major fire, epidemic, earthquake, etc., which results in a dramatic increase in patient census or increase in acuity of illness. All qualified Nurses will be called to work before a Nurse will be assigned outside their area of normal expertise. Consistent with patient care, the Hospital will use reasonable efforts to alleviate the staffing problems created by the emergency.

2. **In order to fill vacancies in other service areas**

A Nurse may be assigned outside their area of normal expertise (i.e., where they have not received training) in order to fill vacancies which occur in the regular functioning of the Hospital, such as absences of scheduled Nurses due to illness, a shortage of qualified Nurses in a service area, etc. In such situations, the Hospital will make every reasonable effort to secure other coverage, including calling all qualified Relief Nurses. A Nurse who floats (i.e., is assigned) to a department shall have been oriented to that department per Title 22 regulations. Orientation shall include but is not limited to a tour of the department and the identification to the floating nurse of the location of medications, supplies, equipment, and the disaster board.

A Nurse who floats into a department shall be subject to the process of competency validation for their assigned patient case. Department competencies are to be made available to the Nurse floating into the department and discussed between the Lead Nurse and the Nurse floating to the department to identify competency gaps. Prior to the completion of validation, of the competency standards for a patient care department, patient care assignments shall be subject to the following restrictions:

- a. Assignments shall include only those duties and responsibilities for which competency has been verified by the floating nurse; and
- b. A resource nurse shall be assigned responsibility for those duties for which the floating nurse has not demonstrated competency; and
- c. Nurses assigned to “closed staffing” departments (Critical Care Department, Mother/Baby, Neonatal Intensive Care Unit (NICU), Pediatrics, Emergency Department, Peri-Op, Pre-Op and Post Anesthesia Care Unit (PACU), Ambulatory Surgery Center Surgical, Ambulatory Surgery Center Pre-Op and PACU, Endoscopy, Cardiovascular Services (including Cardiovascular PACU), Electrophysiology, and Radiology) are not required to float. However, Nurses who have transferred into a closed department as part of the Clinical Academy program are subject to floating to an area where they have demonstrated competency only after they have completed six (6) months working in the closed department to assure a successful transition. Thereafter, they may be required to float to the area of demonstrated competency a total of six (6) times in the following six (6) months, but in no event more than one (1) time per pay period. Nothing in this section prohibits the mandatory floating from “closed staffing” departments of Nurses to other departments in which they have voluntarily sought and received cross-training from the Hospital and continue to have demonstrated competency in that department.
- d. To assure continuity of care and patient safety, after receiving a patient assignment in a department, the Nurse will not be required to float more than once to another distinct department during an eight (8) hour shift or more than twice to another distinct department during a twelve (12) hour shift. This floating restriction does not apply to Float Pool Nurses, Nurses who have not received a patient assignment, Nurses assigned to provide break coverage, or Nurses floating back to their home department.
- e. A Nurse hired as a Staff Nurse I will not be required to float for six (6) months after completing their department orientation with their assigned preceptor. However, that Nurse can float during their orientation with their assigned preceptor. A Nurse can also float six (6) months after their hire date as a Staff Nurse I if the Nurse is agreeable to do so.

- f. A Nurse hired as a Staff Nurse II will not be required to float for one (1) month after completing their department orientation. This will not prevent an experienced new hire Nurse from floating sooner if they are agreeable to do so.
- g. A Nurse hired with less than six (6) months of Registered Nurse employment within the last three (3) years on a regular basis in an Acute Care Facility will not be eligible for hire into the Float Pool Department.

C. Supervision for Certain Assignments

It is the Hospital's intent that when temporary transfers to different service areas are made and the Nurse being transferred does not have current training or proper orientation, the Nurse will be assigned to work under the direct supervision of qualified personnel present at the station, so the Nurse will not have to work alone.

D. Resolution of Disputes

If a Nurse was required to work in another service area and believes that the conditions described above did not exist, and the Nurse has been unable to resolve the dispute through direct discussion with their manager, they may request that a meeting between the Chief Nursing Officer (or designee) and the Association be held. The meeting shall be scheduled within seven (7) business days. The Chief Nursing Officer's designee (if appointed) shall hold a position of Director or equivalent. The purpose of such meeting is to determine the specific facts of the situation with the objective of settling the question. If it is not settled to the Nurse's satisfaction, the Nurse may file their grievance within the twenty (20) daytime period specified in the grievance procedure.

ARTICLE III –MANAGEMENT RIGHTS

The Hospital will retain and have exclusive right to exercise the customary functions of management, including but not limited to, the right to manage and control the premises and equipment; the right to select, hire, promote, suspend, discharge, assign, supervise and discipline employees; to determine and change starting times, quitting times and shifts; to transfer employees within departments and to other departments and other classifications; to determine and change the size of, composition of and qualification of working forces; to establish, change and abolish its policies, practices, rules and regulations and to adopt new policies, rules and regulations; to determine and modify job descriptions (30 days' notice will be given before job descriptions are

changed), job classifications and job evaluations; to determine or change methods and means by which its operations are to be carried on including the right to subcontract; to assign duties to employees in accordance with the needs and requirements determined by the Hospital; and to carry out all functions of management - whether or not exercised by the Hospital prior to execution of this Agreement - subject only to provisions expressly specified in this Agreement. In the exercise of its management rights, the Hospital shall not act in a discriminatory, unreasonable, or unfair manner.

ARTICLE IV –COVERAGE

A. Covered Positions

The Nurses covered by this Agreement are all Registered Nurses performing nursing services. Not included are Administrative, Executive, and Supervisory personnel having independent judgment and authority to hire, transfer, suspend, layoff, discharge, assign, adjust grievances or responsibly direct other employees, or to effectively recommend such action, or to determine personnel policies. The term “Nurse,” when used in this Agreement, shall refer to a Registered Nurse employed by the Hospital who is covered by this Agreement.

B. Removal of Covered Positions

The Hospital will not establish jobs or job titles for the mere purpose of excluding Nurses from the bargaining unit as identified above - it being understood and agreed, however, that said provisions will not limit the Hospital from the right to promote Nurses from the bargaining unit to existing or future jobs classified outside the bargaining unit. Based on such promotion, the employee will cease to be represented by the Association.

ARTICLE V –MEMBERSHIP

A. Association Security Requirement

As a condition of employment, within thirty-one (31) days after employment or within thirty-one (31) days after the execution date of this Agreement, whichever is the later date, each Nurse covered by the Agreement shall join and maintain membership in the Association or, at the Nurse’s election, (1) pay monthly to the Association a service fee equal to the monthly dues paid by Association members or (2) pay monthly to a nonreligious charitable fund exempt from taxation under the Internal Revenue Code a sum

equal to the monthly dues paid by Association members, such charitable fund to be designated in writing by the Nurse.

B. New Employee Notices

1. **Meetings With New Hires**

A representative of the Association shall be permitted to meet with new hires/transfers to the Hospital during an in-person orientation day within the first week of their orientation. The Association representative will be given up to thirty (30) minutes if the new hire/transfer group has 10 Nurses or less and up to one (1) hour if the new hire/transfer group has more than 10 Nurses. The purpose of such meeting is to explain the purpose and functions of the Association, to distribute copies of the Agreement and to get signatures on the Payroll Deduction forms.

2. **Monthly Reports**

On or before the fifteenth (15th) of each month, the Hospital will forward to the Association the following reports:

- a. Master Employee Membership Report to include Employee ID Number, First Name, Last Name, Age, Phone Number, Address, Department, Job Name (*e.g.* Acute Care RN, Acute Care Charge RN, Acute Care Resident RN, etc.), Job Grade (*e.g.* SN I, SN II, SN III, SN IV, SN V), Step (1-9), Hourly Wage Rate, FTE (*e.g.* Full Time, Part Time, Relief 25%, Relief 20%, Casual Pool 15%, Casual Pool 0%), Working Hours Commitment, Work Shift, Core Leader, Original Hire Date, SRMH Hire Date, Service Award Date, Union Seniority Date, Step Entry Date
- b. Hire, Termination and Transfer Report (to include all Nurses entering or leaving the Union)
- c. Step Change Report (*e.g.* Step changes, Job Grade changes)
- d. Leave of Absence Report
- e. Name Change Report
- f. Departmental Change Report

3. **Biweekly Reports**

Every two (2) weeks after the closure of the pay period, the Hospital will forward to the Association a dues report and limited membership report.

C. **Payroll Deduction of Association Dues**

1. **Written Assignment**

During the term of this Agreement, the Hospital will deduct Association membership dues, service fees, or charitable donations from the salary of each Nurse who submits an appropriate written authorization. Once signed, the authorization cannot be canceled for a period of one (1) year from the date appearing on such written assignment or the termination date of this Agreement, whichever occurs first, and provided further, that it cannot be canceled during the fifteen (15) day period prior to such termination date.

2. **Remittance**

Deductions shall be made each pay period and remitted to the Association within fifteen (15) days.

D. **Nonpayment of Dues or Fees**

Nurses who refuse and/or fail to comply with the provisions of Section A of this Article shall, thirty (30) days following receipt of notification of default from the Association to the Nurse with a copy of such notice to the Hospital, be terminated upon written demand from the Association to the Hospital.

E. **Indemnification**

The Association shall indemnify the Hospital and hold it harmless against any and all suits, claims, demands and liabilities that shall arise out of or by reason of any action that shall be taken by the Hospital for the purpose of complying with the foregoing Section of this Article unless the Hospital was intentionally or grossly negligent.

F. **Nondiscrimination**

There shall be no discrimination by the Hospital against any Nurse on account of membership in or activity on behalf of the Association or any other conduct protected by

the National Labor Relations Act, provided that such activity does not interfere with the Nurse's regular duties.

There shall be no discrimination by the Association or the Hospital against any Nurse or Nurse applicant because of an individual's sex (which includes pregnancy, childbirth, breastfeeding and related medical conditions), gender, gender identity, gender expression, sexual orientation, race, religious creed (including religious dress and grooming practices), color, national origin (including certain language use restrictions), ancestry, disability (mental and physical including HIV and AIDS), medical condition (including cancer and genetic characteristics), genetic information, political affiliation, marital status, military and veteran status, or age, in accordance with Federal and State laws, where applicable.

G. Mutual Assistance

In the application or administration of this Article, the Hospital and the Association shall have the right to call upon the other party for assistance in joint interpretation or discussion of any problem which affects a Nurse, a group of Nurses or the Hospital. Each party shall honor such request promptly and seek, in conjunction with the other party, a harmonious solution to such problems as may arise.

H. Negotiating Committee - Time Off

The Association may select no more than seven (7) Nurses covered by this Agreement to participate in the negotiation sessions with Hospital management. Upon being notified by the Association of the names of the Nurses selected, the Hospital will make every reasonable effort to assure that they receive time off from their regular schedule to participate in negotiation sessions scheduled in advance. Specifically:

1. For Nurses working the day or PM shift, the Hospital will attempt to grant the day or PM shift off on the actual day the negotiations are to be held; and,
2. For Nurses working the night shift, the Hospital will attempt to grant the night off immediately preceding the day of negotiations.

ARTICLE VI – CATEGORIES OF NURSES

A. Regular, Temporary, Relief and Casual Categories

1. Regular Nurses

a. Regular Full-Time

Full-time Nurses are regularly scheduled to work seventy-two (72) hours up to eighty (80) hours in each fourteen (14) day pay period.

b. Regular Part-Time (RPT) Nurses

(1) RPT–4: Part-time Nurses who are regularly scheduled to work sixty (60) hours up to seventy-one (71) hours in each fourteen (14) day pay period.

(2) RPT–3: Part-time Nurses who are regularly scheduled to work forty-eight (48) hours up to fifty-nine (59) hours in each fourteen (14) day pay period.

(3) RPT–2: Nurses classified as RPT2 on the date of ratification of this Agreement, will continue to be in this classification until the Nurse(s) change to a different status.

2. Temporary Nurses

Temporary Nurses are employed by the Hospital to cover regular positions for a period not to exceed six (6) months. Temporary Nurses are entitled to holiday pay (for working a holiday), but to no other employee benefits. Temporary Nurses are not entitled to participate in the benefit plans set for the in Article IX, unless offering participation in a plan is required by law.

3. Relief Nurses

Relief Nurses are employed by the Hospital for coverage of regular positions when Regular Nurses are not available or in exceptional circumstances.

a. **Assignments**

The Hospital may post Relief positions as either Group B or Group C. All Relief Nurses will be assigned to a department (including the Float Pool) consistent with their competency and level of training, and will be called or scheduled for work on the basis of seniority, using the following procedure;

- (1) When the advance nursing schedule is being prepared, Relief Nurses will be scheduled for two (2) shifts a week, starting with the senior Relief Nurse. After two (2) shifts have been scheduled for each Relief Nurse, then any remaining work will be scheduled by seniority, starting again with the senior Relief Nurse. This is subject to the Relief Nurse's minimum availability schedule and the amount of work available. The schedule shall reflect the Relief Nurses availability for shifts not scheduled.

b. **Availability Requirements**

- (1) The Hospital reserves the right to terminate a Relief Nurse's employment if they consistently do not comply with the minimum availability requirements listed below.

(a) **Relief Nurse Group B:** A Relief Nurse in Category B will be required to work:

- (i) Every other weekend; and
- (ii) One (1) major and one (1) minor holiday each calendar year.

The Nurse must be available a minimum of four (4) shifts per month for departments that normally close on the weekend. For departments that close on recognized holidays, the Nurse must be available for shifts one (1) day prior or one (1) day after one (1) major and one (1) minor holiday.

(b) **Relief Nurse Group C:** A Relief Nurse in Category C will be required to work:

- (i) Every other weekend; and
- (ii) One (1) major and two (2) minor holidays each calendar year; and
- (iii) Five (5) shifts each four (4) week scheduling period or eight (8) shifts each six (6) week scheduling period (in addition to requirements set forth in (i) and (ii) above).

The Nurse must be available a minimum of four (4) times per month for departments that normally close on the weekend. For departments that close on recognized holidays, the Nurse must be available for shifts one (1) day prior or one (1) day after one (1) major and two (2) minor holidays.

- (c) Relief Nurses in Relief Groups B and C scheduled to work 12 hour shifts shall be required to be available no more than every third (3rd) weekend. In the event of extraordinary department needs (such as vacations, leaves, or vacancies, etc.), a Nurse may be required to be available every other weekend, no more than one (1) six (6) week scheduling period per calendar year. Any additional weekend shifts scheduled as a result of the foregoing provision shall be assigned in order of reverse seniority.
- (d) In departments where Nurses are required to be on call, the shifts/hours a Relief Nurse participates in call coverage shall be counted toward the Relief Nurse's minimum availability requirement for each scheduling period.
- (e) Relief Nurses will be excused from providing periods of availability for any period of time in which they will be on an approved vacation or leave of absence.
- (f) Each Relief Nurse shall, upon initial assignment as a Relief Nurse, indicate their preference for availability on either Thanksgiving or Christmas. Fifty percent (50%) of the

Relief Nurses shall be available on Thanksgiving and fifty percent (50%) shall be available on Christmas, provided however any conflicts shall be decided by seniority. Holiday availability assignments shall be rotated between the two (2) major holidays each succeeding calendar year. No Relief Nurse shall be required to be available to work on both major holidays in a calendar year.

(2) The Relief Nurses' selection of groups, and changes in groups, shall be in accordance with the following:

(a) Relief Nurses designated as Group B who meet the availability requirements will be paid a differential of twenty percent (20%) above the base hourly rate in lieu of all fringe benefits. Relief Nurses designated as Group C who meet the specified availability requirements, will be paid a differential of twenty-five percent (25%) above the base hourly rate in lieu of all fringe benefits. In the event healthcare reform requires the hospital to provide medical benefits to Nurses covered by this paragraph, the Association agrees to discuss modification of the differential set forth herein.

(b) Relief Nurses may change groups, upon written request to their Manager. Relief Nurses must give written notice of their intent to change status in either May or November of each calendar year. The change will take effect at the beginning of the next six (6) week work schedule following the written request provided that the written request is submitted at least thirty-five (35) calendar days before the first day of that schedule. All other requests will take effect at the beginning of the second six (6) week work schedule following the written request. Relief Nurses may not request a status change more frequently than once per calendar year. In special circumstances, a Manager has the ability to change the status more frequently based on the needs of the department if the Nurse and the Manager are agreeable. A newly hired Nurse to a Relief Nurse position may not make

a change of group until they have worked six (6) months in the group to which they were hired.

- (3) Regular Nurses who wish to convert to Relief status and for Relief Nurses who wish to change their department and/or shift, the bidding provisions set forth in Article XIII will be followed.

c. **Availability Schedule**

- (1) Each Relief Nurse will submit an availability schedule thirty-five (35) calendar days before the first day of the ensuing six (6) week work schedule.
- (2) Advance scheduling will be done in order to grant Regular Nurses requests in a timely manner. Each Regular Nurse will submit schedule requests thirty-five (35) calendar days before the first day of the ensuing six (6) week work schedule. The Manager will have schedules available in the department ten (10) calendar days before the first day of the ensuing six (6) week work schedule.
- (3) If Relief Nurses have not been prescheduled they may cancel their availability up to eight (8) hours prior to the start of that shift.
- (4) When the Relief Nurse is scheduled they cannot cancel unless there is a replacement Nurse available.
- (5) The Relief Nurse must notify the Staffing Coordinator where and when they can be reached if they will be away from their phone for an extended period of time during the eight (8) hours prior to the shift.
- (6) When a Relief Nurse's availability schedule is submitted after the date required, in sub-paragraph one (1) above, the date of submission, not seniority, will be the determining factor in which the Relief Nurse will be scheduled to work.
- (7) Current and future Schedulers and Managers shall receive a one-time training to the scheduling process. The Association shall have input into the training content. The content shall include all

pertinent provisions of this Agreement as well as all applicable Hospital policies.

(8) **Standards for Absence**

- (a) If a Relief Nurse is obligated to work every third (3rd) weekend and is absent on scheduled weekends in excess of two (2) weekends per calendar year, the Relief Nurse must substitute an alternate weekend no later than the end of the next schedule or find a substitute.
- (b) If a Relief Nurse is obligated to work every other weekend and is absent in excess of three (3) weekends, the Relief Nurse must substitute an alternate weekend no later than the end of the next schedule or find a substitute.

d. **Vacation**

Each Relief Nurse who is obligated to work every third (3rd) weekend is entitled to pre-schedule two (2) available weekends per year for vacation, and each Relief Nurse who is obligated to every other weekend is entitled to pre-schedule three (3) weekends per year for vacation, subject to seniority. The request for vacation must be made at least two (2) schedule periods in advance.

4. **Casual Nurses**

- a. Casual Nurses are used to supplement Registered Nurses in the Regular, Relief and Temporary categories. The purpose of this provision intent is to provide the Hospital with access to Nurses in the community who wish to continue Nursing but are unable to work on a regularly scheduled basis or are unable to commit to the standard minimum availability requirements of the categories' set forth in this Article, and to offer continued employment to Nurses who might otherwise be forced to resign because of these same schedule and availability problems.
- b. The Hospital will employ as Casual Nurses, Nurses desiring such employment, including those Nurses currently employed by the Hospital.

Casual Nurses shall be subject to the terms set forth below:

- (1) Casual Nurses will be hired based upon the Hospital's evaluation of their abilities and on the Hospital's needs. A Casual Nurse employed as Staff Nurse I will be identified to the Manager/Lead Nurse in the department/shift to which they are assigned and will be given assistance by the Manager/Lead Nurse as needed to assure that the Casual Nurse is competent to fulfill their assigned duties and responsibilities.
- (2) Casual Nurses shall be scheduled or assigned to work on an "as available" or "as needed" basis.
- (3) The ROH Standard in effect as of the current Agreement is to be used for ROHs under this Agreement, including Casual Nurses.
- (4) Casual Nurse A: A Casual Nurse A must be available to work at least two (2) shifts in each three (3) month period. A Casual Nurse A is not entitled to pay in lieu of benefits and shall not be entitled to participate in the Hospital's benefit plans, except as provided by law or the terms of a particular plan.
- (5) Casual Nurse B: A Casual Nurse B must be available to work at least ninety-six (96) hours in each six (6) month period. If the Casual Nurse B is ROH'd they will be credited for such hours.
- (6) A Casual Nurse B will be paid a differential of fifteen percent (15%) above their base hourly rate in lieu of all fringe benefits. In the event Health Care reform requires the Hospital to provide medical benefits to Nurses covered by this paragraph, the Association agrees to discuss modification of the differential set forth herein.
- (7) The Hospital reserves the right to terminate a Casual Nurse's employment if they consistently do not comply with the minimum availability requirements listed above.
- (8) A Casual Nurse A may change to Casual Nurse B by providing a written request to their manager. A Casual Nurse B may not change

to a Casual Nurse A status.

- (9) Newly hired Casual Nurses will receive one (1) year of seniority for every one (1) year worked of Casual employment in the bargaining unit and will be on probationary status per Article XIC. Nurses reclassified as a Casual Nurse will retain their accumulated seniority and will accumulate additional seniority on the same basis.
- (10) A Casual Nurse will be hired or reclassified and move through the salary range on their Step Entry date in accordance with Article XI and Article VII, Section A of this Agreement. Provided further, Casual Nurses will receive the applicable shift differential when working a PM or Night shift, will be covered by the overtime and scheduling provisions of Article VIII, A through F of this Agreement, and will receive Lead Nurse or relief in higher classification, when applicable.
- (11) The date a newly hired Nurse shall begin to be credited with employment toward eligibility for the retirement plan, PTO, health plan and educational leave, will be the date they become a Relief or Regular Nurse in accordance with such plans and/or policies as provided for in Article IX and in accordance with Article XI.
- (12) A maximum of three percent (3%) of the Hospital's paid Nursing hours in each calendar year will consist of Casual Nurse hours. Any increase in that percentage will be mutually agreed upon between the Association and the Hospital.

Except as specified in sub-paragraphs (1) through (12) above, all terms and conditions of the Agreement shall apply to Casual Nurses.

Twice a year the Hospital will provide the Association, at its request, with information as to the number of hours worked by Casual Nurses and RN hours worked during the preceding six (6) month period.

B. Change In Category Status

When a Nurse changes from one category to another, the Nurse shall be subject to the following terms and conditions:

1. Full-Time To Part-Time, Or Part-Time To Full-Time

- a. Stay in same salary step;
- b. Keep same Step Entry date for salary step progression and benefits;
- c. Carry over fringe benefit accumulation to date of change; thereafter, benefits are to be accrued in accordance with Article IX and Article XI.

2. Full- or Part-Time To Relief

- a. Stay in same salary step;
- b. Eligible for progression to next salary step on next Step Entry date provided that the Nurse has complied with the requirements of Section A-3-b of this Article.
- c. Pay out Paid Time off (PTO) accrual.

3. Relief To Regular

- a. Stay in same salary step;
- b. Eligible for progression to next salary step on next Step Entry date, provided that the Nurse has complied with the requirements of Section A-3-b of this Article.
- c. Relief Nurse's fringe benefit accumulation set forth in Section A above shall commence on the effective date of their change in status in accordance with the plans and/or policies as provided for in Article IX. However, a Nurse shall retain benefit accumulation provided such retention of such benefit accumulations is allowed under the terms of the plans and/or policies as provided for in Article IX and in accordance with Article XI.

4. Temporary To Regular

If, during the term of temporary employment or at the conclusion thereof, a Temporary Nurse moves to Regular Nurse status, service credit for probation and salary step progression will be retroactive to the date of their employment as a Temporary Nurse.

C. Process for Change of Category

The Hospital and Association have a shared interest in remaining sensitive to work-life balance while assuring patient care needs of the community are met. The Hospital and Association agree to partner together to explore limited additional part-time opportunities to advance both goals in a balanced way that is fiscally responsible. The Nurse Coordinating Council will hold a special meeting upon request to explore these issues.

D. Nurses Retained from External Staffing Sources

1. The Hospital and the Association agree that the Hospital may employ and/or contract with Registry or Travel Nurses for the following purposes only: provide staffing coverage for a Nurse's leaves of absence, for temporary coverage of posted Nurse positions until the positions are filled, and to provide staffing coverage when Nurses must be relieved from duty to attend extensive mandatory education. The Hospital may also employ and/or contract with Registry or Travel Nurse for temporary coverage during a sustained increase in census anticipated to last longer than thirty (30) days. The Hospital shall not use Registry or Travel Nurses to avoid hiring Regular, Relief, or Casual Nurses.
2. It shall be considered a violation of this Agreement to schedule a Nurse retained from external staffing agencies (Registry or Travel Nurse) for any shift before scheduling Regular Nurses for their full-time or part-time commitment and before scheduling Relief/Casual Nurses for shifts for which they have submitted availability per Article VI A, 3 c. (1) and Article VI A, 4 b. (4). Nurses who do not submit timely availability as set forth herein shall not be entitled to displace a scheduled Agency or Travel Nurse. In the event that a Registry or Travel Nurse works a shift for which a Regular and/or Relief/Casual Nurse should have been scheduled for as set forth herein, such Nurse shall be paid in accordance with Article-VIII – Hours of Work. Shift Differentials will be paid in accordance with Article VII, Compensation.

ARTICLE VII – COMPENSATION

A. Salaries

1. Salary Schedules

Salary schedules and increase effective date(s) for Nurses covered by this Agreement are set forth in Appendix A, and become effective in accordance with Article VII, Section H.

2. Hiring Rates

a. Staff Nurse I

A Nurse with less than one (1) year of Registered Nurse employment within the last three (3) years on a regular basis, as defined in Article VI-A-1, in an acute care facility accredited by the Joint Commission on Accreditation for Hospitals or Medicare Accreditation (Acute Care Facility) shall be hired at Staff Nurse I. The probationary period of the Staff Nurse I will end upon satisfactory completion of six (6) months of service. A Staff Nurse I shall advance to Staff Nurse II Step 1 at the completion of one (1) year of service.

b. Staff Nurse II

New Nurses with at least one (1) year of Registered Nurse employment within the last three (3) years on a regular basis in an Acute Care Facility shall be hired as a Staff Nurse II.

(1) A new Nurse who has Registry or Relief Nurse experience of at least one thousand (1,000) hours within the last three (3) years in an Acute Care Facility shall be hired as a Staff Nurse II, Step 1. The Nurse's verification of experience, as to the hours worked and the facilities for which they have worked, must comply with paragraphs 2-c-(1) (b) & (c) and 2-c-(2), of this Section A.

(2) If a Nurse is rehired after six (6) months or more have elapsed since the Nurse's last day of work at the Hospital, the Nurse shall be given credit for purposes of Staff Nurse I or Staff Nurse II, Step 1 placement, for the Nurse's prior Regular or Relief employment with

the Hospital, provided that the Nurse had at least one (1) year of regular employment or at least one thousand (1,000) hours of Relief work within the three (3) years immediately prior to their rehire.

- (3) Section A-4 of this Article VII shall be applicable to Nurses with prior Relief or Registry experience, or who were rehired, in the same fashion in which it is applied to other Nurses.

c. **Salary Step Credit For Previous Experience**

- (1) For salary purposes only, newly hired Nurses are eligible to receive one salary step credit for three (3) years of previous experience within the last four (4) years prior to the date of employment at the Hospital, and two (2) salary steps credit for six (6) years of previous experience within the seven (7) years prior to the date of employment at the Hospital. The specifications regarding hiring step may be exceeded by hiring Nurses at the step that most closely reflects their years of nursing experience in a “like” or similar position. However: a Nurse hired at Step 5 will not be eligible for progression to Step 6 in the wage scale until they have completed ten (10) years’ service at the Hospital. Hiring at Step 6 or higher is discouraged as this represents wage steps designed to reward longevity at the Hospital. If a Nurse is hired at Step 6 or higher, they will not progress to the next step on the wage scale until they have the requisite years of service at the Hospital to advance to the next step. The following will govern whether a new Nurse’s prior experience is eligible for salary step credit under this provision:

- (a) **Scheduled Hours of Applicable Experience**

At a minimum, the experience must have been on a permanent part-time basis of at least twenty (20) hours per week.

- (b) **Nature Of Prior Employer And Employment**

The experience must have been as a Registered Nurse in an Acute Care Facility in a position similar to the position of

employment at the Hospital. This shall not preclude the Hospital from paying a higher step or higher classification if the quality of experience or the qualification of the newly hired Nurse justifies placement on a higher step.

(c) **Verification of Experience**

(i) Satisfactory verification of previous experience must be submitted to the Hospital before any credit will be given for such experience. Credit for prior experience will be effective the first day of the pay period closest to the date such verification is received by the Hospital.

(ii) The Hospital will attempt to verify the amount and type of experience listed by the Nurse on their employment application by contacting the prior employer directly. However, if the Hospital's initial inquiry to the prior employer does not provide satisfactory verification, the Nurse will be so informed, and the Nurse will be responsible for securing and submitting satisfactory verification to the Hospital prior to such Nurse receiving prior experience credit.

(2) Until satisfactory verification of eligibility for prior experience credit has been received by the Hospital, the new Nurse will be hired and paid at Step 1 of the applicable salary range. When satisfactory verification has been submitted to the Hospital, salary credit will be implemented as set forth above.

d. **Nurses Who Were LVNs or OR Techs At The Hospital**

An LVN or OR Tech employed by the Hospital for at least one (1) year and obtains a license as a Registered Nurse and is thereafter employed by the Hospital as a Nurse, the Nurse shall be paid as a Staff Nurse I unless this would result in a salary reduction. In such event, (1) the Nurse's salary shall remain the same as received as an LVN or OR Tech, and (2) thereafter, the

Nurse shall be eligible for progression through the remaining salary steps one (1) year after the date of hire as a Staff Nurse I.

3. Promotion to Staff Nurse III, IV or V and Wage Increases

Staff Nurse III, IV and V are designations on the clinical ladder as a non-management pathway to promotion. Participation in the clinical ladder program requires the following:

a. **Promotion to Staff Nurse III or IV**

A Nurse will be promoted to Staff Nurse III or IV provided they were at least RPT-2 status or worked the equivalent number of hours. (MROHs, Relief cancellation of scheduled shifts, or approved leaves of absences, will not disqualify a Nurse.)

A Nurse must meet or exceed all Staff Nurse II criteria for clinical knowledge/skills, communication skills and age specific and developmental needs of patients and families as determined by the Staff Nurse II job description/evaluation.

Nurses must meet regulatory standards for documentation including charting, establishing and updating care plans and patient education materials.

As clinical leaders, Staff Nurse IIIs and IVs share knowledge and skill by teaching and mentoring new and experienced Nurses and participate in the peer review process as requested by their manager/peers.

The criteria for selection to, and advancement within, the Clinical Ladder for Staff Nurse III/IV are set forth in Appendix C for Clinical Ladder Performance Criteria. These requirements reflect a level of professionalism and are not meant to be in addition to specific performance criteria where they would duplicate such criteria. Staff Nurse IIIs and IVs are required to attend 75% of department staff meetings, provided at least two (2) meeting times are offered each month.

A Staff Nurse who is promoted to the Staff Nurse III/IV classifications will be placed at the same step in the Staff Nurse III/IV salary schedule that they

held in the Staff Nurse II/III salary schedule. The Staff Nurse III/IV salary schedule shall contain nine salary steps (steps 1, 2, 3, 4, 5, 6, 7, 8 and 9). Each step shall be established at five percent (5%) above the monetary amount of the corresponding step of the Staff Nurse II/Staff Nurse III salary schedule. Staff Nurses on all shifts shall be eligible for promotion to Staff Nurse III/IV.

Any Nurse who receives a Corrective Action Plan (CAP) (written level or above) will be removed from the Clinical Ladder and can re-apply after the CAP criteria have been met.

b. **Promotion to Staff Nurse V**

Staff Nurse V is the highest designation on the clinical ladder and reflects a heightened level of commitment to the nursing profession and the Hospital. Current Staff Nurse IV's in good standing may apply for this designation annually. Applicants approved for this designation by the Hospital will receive a five percent (5%) differential in pay above Staff Nurse IV while participating in the program. Details concerning Staff Nurse V performance criteria and the application and approval process are attached as Appendix D.

c. **Clinical Ladder Advisory Committee**

The parties agree to create a Clinical Ladder Advisory Committee employing a shared governance structure (three (3) Hospital representatives and three (3) bargaining unit representatives, with each party to choose its own). A Human Resources representative and an Association representative may also attend meetings to support the Committee.

The Hospital will pay each participating Nurse up to three (3) hours per quarter for committee work at the Nurse's regular base hourly rate. The parties may mutually agree on additional paid hours. For proper scheduling, all Committee members must provide advance notice to their managers of meetings.

The Committee will review the Clinical Ladder Performance Criteria and Clinical Ladder process and will educate Nurses and Nursing Managers and

Directors about the Clinical Ladder Program. The Committee will work with management to help ensure that the Clinical Ladder Performance Criteria and Clinical Ladder process are administered consistently across all Hospital departments. The Committee may recommend modifications to the Clinical Ladder Performance Criteria but may not unilaterally make changes to this Agreement.

4. Step Advancement

Progression through each of the nine (9) steps of the salary range is automatic.

a. **Step 6 Increase for 10 Years of Service**

Nurses who complete ten (10) years of service will be eligible to progress to Step 6 as of their Step Entry date.

b. **Step 7 Increase for 15 Years of Service**

Nurses who complete fifteen (15) years of service will progress to Step 7 as of their Step Entry Date. Step 7 will be two and one-half percent (2.5%) above Step 6.

c. **Step 8 Increase for 20 Years of Service**

Nurses who complete twenty (20) years of service will be eligible to progress to Step 8 as of their Step Entry date. Step 8 shall be two and one-half percent (2.5%) above Step 7.

d. **Step 9 Increase for 25 Years of Service**

Nurses who complete twenty-five (25) years of service will be eligible to progress to Step 9 as of their Step Entry date. Step 9 shall be two and one-half percent (2.5%) above Step 8.

B. Shift Differential

1. The Hospital will pay a shift differential of nine percent (9%) of the Nurse's Staff Nurse I, II, III, IV or Staff Nurse V base hourly rate for all hours worked from 3 P.M. until 11 P.M.

2. A shift differential of twenty five percent (25%) of the Nurse's Staff Nurse I, II, III, IV or Staff Nurse V base hourly rate for all hours worked from 11 P.M. until 7 A.M.
3. Except for PTO, non-worked time such as training, meetings, compassionate leave, Jury Duty, and court appearances, are not eligible for shift differential pay.
4. No Nurse, however, will lose their shift differential if requested to work the day shift as an extension of the night shift.
5. Nurses who orient on a different shift with a lower differential than the shift for which they were hired, will be paid the shift differential equal to the shift to which they were hired for all such orientation hours.

C. Relief At Higher Classification

A Nurse temporarily assigned to a higher classification will receive the hourly rate for such higher classification at the corresponding step of their own salary range.

D. Standby And Call Back Premium

1. **Standby:** When the Hospital reduces a Nurse's hours under the Reduction of Hours article, the Hospital may elect to place a Nurse on Standby if the Hospital wants the option to call the Nurse into work during their regularly scheduled shift. Nurses may be placed on Standby on a voluntary basis.
2. **Mandatory On-Call:** Nurses may be placed on Mandatory On-Call for a specific period of time and are required to be available to be called to work if the need should arise.
3. **Voluntary On-Call:** At the discretion of management, Voluntary On-Call can be offered to Nurses in non-Mandatory On-Call departments. Nurses may be placed On-Call for a specific period of time and are required to be available to be called to work if the need should arise. The pay for Voluntary On-Call will be the same as Mandatory On-Call.
4. **Standby/On-Call Pay:** Nurses assigned to Standby or On-Call will be paid at the rate of \$28.00 per hour for the duration of the Standby/On-Call period.
5. While a Nurse is receiving Standby/On-Call Pay, the Nurse will not be eligible for

callback pay for the same hours.

6. Standby and On-Call Nurses who are called into work must report to work within the required response time established by their department.
7. Standby/On-Call Pay shall end when the Nurse has clocked in to begin their shift.
8. Standby Nurses who are called into work will be paid their base hourly rate including applicable shift differentials. These hours will be considered hours worked for determining overtime eligibility.
9. **Call Back Premium:** Mandatory and Voluntary On-Call Nurses who are called into work shall be paid time and one half (1 ½) the Nurse's base hourly rate, including applicable shift differentials.
10. **Call Back Minimum:** Nurses called into work shall be guaranteed two (2) hours of work or pay in lieu thereof.
11. Call Back is not to be paid for overtime hours, and overtime hours will be paid in accordance with Article VIII. The only exception is that for Peri-Op, Cardiovascular Services (including Cardiovascular PACU), Pre-Op and Post Anesthesia Care Unit (PACU), and Endoscopy Nurses, the following will apply: if the Nurse is prescheduled to be on On-Call, and the Nurse then works overtime hours within those prescheduled On-Call hours as a continuation of their regularly assigned shift, the Nurse will receive the call back premium described above. The call back minimum described above shall apply.
12. A Nurse assigned to Mandatory On-Call on an observed holiday is eligible to take prescheduled PTO hours equal to the Nurse's regularly scheduled shift (e.g., 8 hours PTO if the Nurse is regularly assigned to an 8-hour shift, etc.).
13. Nurses assigned to the Electrophysiology, Ambulatory Surgery Center Surgical, Ambulatory Surgery Center Pre-Op and PACU and Endoscopy located at the Ambulatory Surgery Center who work overtime in excess of one-half (1/2) hour as an extension of their regular shift shall be paid at the rate of one and one-half time (1 ½) their base hourly rate of pay, plus shift differential if applicable, for all such hours worked. The call back minimum described above shall apply.

E. Call-In-Pay

A Nurse called in by the Hospital to work on a non-work day shall be paid for the full shift where the Nurse is not called in sufficient time to arrive at their regular starting time, provided that the Nurse uses their best efforts to arrive on time, and actually arrives by no later than thirty (30) minutes after the start of the shift. If they are called after the start of the shift, they shall be credited with a maximum of thirty (30) minutes.

F. Working Lower Paid Shift

If a Nurse is regularly assigned to the night shift and works a P.M. or day straight-time shift, at the Hospital's request, the Nurse will receive the night shift differential for such shift. If a Nurse is regularly assigned to the P.M. shift and works a day straight-time shift, at the Hospital's request, the Nurse will receive the P.M. differential for such shift. This paragraph will apply to 12-hour shift Nurses (e.g., 7 p.m. to 7 a.m.) who work a 12-hour shift consisting of day and P.M. hours at the Hospital's request. These Nurses will continue to receive their P.M. and night differential for all such hours.

G. Compensation for Extra Shifts

Compensation for Extra Shifts (CES) is a mechanism to reimburse regularly scheduled Nurses for working shifts in addition to their regularly scheduled shifts. These extra shifts assist the Hospital during periods of high census, high acuity, and when specialty skills are needed. CES must be expressly authorized by the Department Manager or Shift Administrator and approved by the Department Director.

Program Description

1. Nurses shall receive time and one-third of their base rate plus shift differentials for extra shifts worked and authorized as CES shifts in excess of 48 hours in a fourteen (14) day pay period prorated in two (2) hour increments on shifts of four (4) hours or more. Benefited Nurses who do not meet the forty-eight (48) hour eligibility requirement will receive an extra \$100.00 for day shift, \$110.00 for pm shift and \$125.00 for night shift per eight (8) hour shift, prorated in two (2) hour increments for shifts of four (4) hours or more.
2. A Nurse on a CES shift shall be MROH'd according to Article XII-A of the Agreement.

3. The following shall be included in the 48 hours requirement for CES eligibility:
 - a. Pre-scheduled PTO
 - b. MROH
 - c. State and Federally mandated leaves including Compassionate Care Leave.
 - d. Pre-scheduled Continuing Education Leave
4. Short-term personal leave does not count towards CES eligibility.
5. Extra shifts for staff convenience disqualifies the Nurse(s) from being offered a CES for those shifts.
6. On-call time does not qualify for CES.
7. A Nurse must work all scheduled shifts during a pay period in order to be eligible for CES pay during that pay period, unless one (1) or more of such shifts fall within one (1) of the conditions for CES eligibility outlined above.
8. PTO shall continue to accrue for all shifts for which CES is paid including the shifts referred to in #2 and #3 above.
9. To facilitate the posting of part-time positions, it is agreed that a Nurse who transfers from a full-time into a part-time position in the same unit and shift will not be eligible for CES pay for the first year in the Nurses new part-time position.

H. Implementation of Increases in Compensation

All increases in compensation (across-the-board salary increases, merit or special merit salary increases, shift differential, salary step credit, standby and call back pay, overtime pay, etc.) shall be implemented on the effective date of the increase.

I. Lead Nurse

1. The Lead Nurse will be a member of the Association and shall be covered by the terms of this Agreement. The position shall be posted and filled according to this Agreement. The number of hours and positions will be determined by the Hospital.
2. The Lead Nurse will assume responsibility for clinical oversight of the unit where

they work, consistent with the Lead Nurse job description.

3. The Lead Nurse will be paid a six percent (6%) differential above their base rate of pay.
4. In the event a regular Lead Nurse is not working, a relief Lead Nurse shall be appointed, if needed, based on their ability to perform the Lead Nurse functions. Relief Lead Nurse shall be paid the same six percent (6%) differential above their base rate of pay for all hours worked as a Lead Nurse.
5. The Hospital also agrees that a Lead Nurse's functions cannot be such that, in the aggregate, such functions would result in the Lead Nurse being a supervisor for purposes of the National Labor Relations Act.
6. Both parties recognize that Managers may perform patient care or clinical functions on a regular basis, and the performance of this work will not be a violation of the Agreement. There will be a maximum of one Manager performing clinical functions per work shift in a department (e.g., regular patient assignment or performing lead functions). Additional Managers, however, may work in the unit to perform preceptor/education functions, or if additional staffing requirements remain and Nurses are not available to work. The assignment of additional Managers shall not result in ROHing of qualified Staff Nurses.

J. Registered Nurse First Assistant

A Nurse who is certified as a Registered Nurse First Assistant (RNFA) will be paid a differential of twenty percent (20%) of their base rate of pay, for time spent working in the capacity of an RNFA. Two (2) hours minimum pay is required when the Nurse is scheduled to perform as an RNFA. Call is not required as a provision of this Agreement for the RNFA capacity.

K. Preceptor Differential

A Nurse shall receive an additional \$3.00 per hour for all hours worked as a Preceptor. The Nurse Preceptor Differential will not be available to Staff Nurse III or IV's who undertake preceptor responsibilities as one of their leadership criteria. The Hospital may require a Nurse to complete a Preceptor Training Program prior to serving as a Preceptor.

L. Float Differential

Nurses who float from their home department shall receive a float differential of five percent (5%) above the Nurse's base rate of pay for all hours worked while floating.

The five percent (5%) Float Differential will apply when a Nurse is temporarily assigned to work outside of their regular department in order to fill vacancies that occur in the regular functioning of the Hospital. (See Article II B.2.)

The five percent (5%) Float Differential will not apply when the Nurse temporarily assigned to work outside of their regular department is cross trained to the department to which they would be assigned.

Nurses in the Float Pool shall receive a Float Differential for all straight-time hours worked.

Departments are defined in Appendix E.

M. Resource Specialists

The Resource Specialists in the Operating Room will be compensated at a twelve-dollar (\$12.00) differential per eight (8) hour shift, fifteen dollars (\$15.00) differential per ten (10) hour shift and eighteen dollars (\$18.00) differential per twelve (12) hour shift above their base rate. Resource Specialists are: Neurosurgery, Trauma/Vascular/ Laparoscopy, Cardiac/Pacemakers, GYN/GU/GI, Orthopedics (2), Ophthalmology, Breast Health and Center Core.

The Breast Health Resource Specialist will be paid at the above rate for shifts worked when there is a breast case performed on that shift.

N. Mandatory On-Call Department Pay

Nurses working in Endoscopy, Pre-Op and Post Anesthesia Care Unit (PACU), Cardiovascular Services (including Cardiovascular PACU), and Peri-Op will be paid 5% above their base hourly rate for all hours worked in the Mandatory On-Call department. (Mandatory On-Call Pay is not applicable to Nurses hired into Endoscopy located at the Ambulatory Surgery Center who are not required to take Mandatory On-Call.)

O. Payroll Corrections

The Hospital recognizes an obligation to provide Nurses with accurate paychecks. Should errors occur due to Hospital processing error(s), the Hospital will correct all errors in an amount greater than \$100 within 7 (seven) business days after the Nurse has notified the HR Service Center. All errors less than \$100 will be corrected within thirty (30) days.

Nurses are encouraged to timely respond to the resolution of their HR Service Center tickets by marking them as “Accepted” or “Rejected,” so that “Rejected” resolutions can be escalated for review and potential correction.

ARTICLE VIII –HOURS OF WORK

A. Definitions

1. “Workday” is defined as a twenty-four (24) hour period beginning at a time designated by the Hospital and ending twenty-four (24) hours thereafter. The Hospital has the right to assign or reassign the workday for each Nurse based on the regularly scheduled hours of each Nurse. When establishing workday starting times, the Hospital will not divide a Nurse’s predominant shift into two workdays.
2. “Workweek” is defined as a seven (7) day period of consecutive workdays. The actual start of each workweek coincides with the start of the applicable workday.
3. “Pay period” is defined as two consecutive workweeks that comprise a pay period for purposes of the Hospital’s payroll system. The actual start of each pay period coincides with the start of the applicable workday.
4. “Regular rate” is calculated according to applicable federal and state laws.
5. “Hours worked” means time spent in work-related activities. Hours worked does not include PTO, leaves of absence, or any other time away from the Hospital, regardless whether this time away from the Hospital is paid time.

B. Daily and Bi-Weekly Overtime

1. In general, Nurses covered by this Agreement work an 8/80 schedule.

Nurses assigned to an 8/80 schedule:

- a. Overtime is paid at one and one half (1 ½) times the Nurse’s regular rate in the following situations:
 - (1) For hours worked over eight (8) in a workday; and
 - (2) For hours worked over eighty (80) in a pay period.

- b. Double time is paid at two (2) times the Nurse's regular rate for hours worked over twelve (12) in a workday.
2. Nurses assigned to a straight time 10-hour schedule:
 - a. Overtime is paid at one and one half (1 ½) times the Nurse's regular rate in the following situations:
 - (1) For hours worked over ten (10) in a workday; and
 - (2) For hours worked over forty (40) in a workweek.
 - b. Double time is paid at two (2) times the Nurse's regular rate for hours worked over twelve (12) in a workday.
3. Nurses assigned to a straight time 12-hour schedule:
 - a. Overtime is paid at one and one half (1 ½) times the Nurse's regular rate for hours worked over forty (40) in a workweek.
 - b. Double time is paid at two (2) times the Nurse's regular rate for hours worked over twelve (12) in a workday.
4. If application of the "Workday" calculation method results in lost overtime (for example, because the Nurses worked hours that cross either the beginning or the end of the assigned "Workday", "Workweek" and/or "Pay period") the Nurse will be paid overtime for these hours.
5. Any work time that qualifies as overtime pay under more than one of the above guidelines is paid only once. Example: A Nurse works nine, eight (8) hour workdays in a pay period, and then works nine (9) hours on the tenth workday. The last hour of work on the tenth workday qualifies as overtime because it exceeds eight (8) hours in a workday, and also exceeds eighty (80) hours in a pay period. Nevertheless, one (1) hour of overtime is paid, not two (2). Holiday and other premiums voluntarily paid by the Hospital will be credited against overtime due as permitted by state and federal laws.
6. Under normal circumstances, Nurses are required to have the approval of their supervisors or designee prior to working overtime. On those occasions when an emergency arises and this is not possible, Nurses are required to report to their supervisor or designee the amount of overtime they have worked and the reason for having done so. The reason for having worked overtime must be documented.

7. The parties recognize that the Hospital has not imposed mandatory overtime on the Nurses. It is understood that the Hospital does not intend to impose mandatory overtime on the Nurses during the term of this Agreement. It is further understood by the parties that, under applicable law, mandatory overtime is a mandatory subject of bargaining.

C. Weekend Work

Since illness or injury to the patient is not determined by the day of the week, no distinction can or will be made with regard to Saturday and Sunday work schedules. It is considered that weekend work is part of the professional responsibility of the Nurse and it is expected that Nurses will be available to work every other weekend. If scheduled to work 12-hour shifts, regular Full-Time and Part-Time Nurses shall be required to be available no more than every third (3rd) weekend in order to maintain adequate coverage for patient care. In the event of extraordinary (such as vacations, leaves, and vacancies, etc.) department needs, a Full-Time and Part-Time Nurse scheduled to work 12-hour shifts may be required to work every other weekend no more than the equivalent of one (1) six (6) week scheduling period per calendar year. Any additional weekend shifts scheduled as a result of the foregoing provision shall be assigned in order of reverse seniority. (Weekend availability requirements for Relief Nurses are as provided in Article VI A.3.b, above, of this Agreement,)

D. Posted Schedules

The schedule will be posted ten (10) calendar days before the first day of the ensuing six (6) week work schedule. It is the responsibility of the Nurse to check the posted schedule before days off. The posted schedule will not be changed with less than seventy-two (72) hours' notification to the Nurse, without the Nurse's agreement. The Hospital will make reasonable efforts to seek volunteers for schedule changes and to make schedule changes in the order of reverse seniority provided that the skill mix requirements are met.

E. Alternative Work Schedules

1. The possible use of alternative straight time work schedules (for example, ten or twelve-hour shifts), including any necessary changes in the provisions of this Agreement, will be discussed between the Association and the Chief Nursing Officer, during the term of this Agreement at the request of either the Association

or the Chief Nursing Officer. If a request is made, a meeting will be held within ten (10) calendar days unless the Association and the Chief Nursing Officer, agree otherwise. Both the Association and the Hospital will endeavor to resolve any problems which exist concerning the feasibility, practicality, or cost of any proposed alternative work schedule. Alternative work schedules will be implemented only where the Association and the Hospital have reached written agreement. If the Hospital and the Association cannot reach agreement as to implementation, then the dispute shall not be subject to the Grievance and Arbitration process.

2. As an exception to paragraph 1, the Hospital may offer Nurses a schedule which includes ten or twelve-hour shifts, and unless at least 80% of the Nurses voting in an affected department/shift vote in favor of such schedule, then it may be implemented for an individual Nurse only where the Nurse agrees to such schedule.

The Staff Nurses Association shall be advised of all such individual scheduling agreements at the time they are implemented.

3. Nurses who convert from eight (8) hour shifts to alternative shifts after November 1, 2010 may request to discontinue working the alternative shifts and revert back to eight (8) hour shifts. The Hospital shall determine whether such request shall be granted based on staffing and operational needs at the time. The Hospital shall respond to such requests no longer than thirty (30) days after receipt.

F. Shift Reassignments

Temporary mandatory reassignment of Nurses to other shifts is discouraged. Toward this objective, the following restrictions will be followed:

1. If a temporary staff shortage exists on a shift, the Hospital will seek volunteers for such shifts from Regular and Relief Staff in that department.
2. Volunteers also will be sought from Relief and Regular Nurses assigned to other departments who have the necessary skills and who have previously indicated their availability for additional shifts.
3. If insufficient volunteers exist reassignment will be by seniority. In addition, (a) a Nurse cannot be reassigned for more than three (3) weeks in a twelve (12) month

period without the Nurse's consent, and (b) a Nurse cannot be reassigned for less than one (1) week without the Nurse's consent.

4. Nurses shall receive time and one half (1 ½) the base hourly rate for shifts worked as a result of temporary mandatory reassignment to other shifts. This compensation applies to temporary mandatory reassignment of not less than one (1) week. This compensation also applies to voluntary temporary reassignment to another shift for more than one (1) week upon request by the nurse manager.
5. The Hospital may rely upon external staffing sources to cover temporary staffing shortages or needs, and as a means of reducing or eliminating reassignment, under paragraph 3 above, of Regular or Relief Nurses who have not volunteered for such shifts.
6. Specific procedural guidelines will be a subject for discussion between the Hospital and the Association. In addition, when it is anticipated that a future temporary shortage may occur in a particular department, potential resolutions and alternatives will be discussed between the Hospital and, the Association and by the Director/Manager with staff.

ARTICLE IX – EMPLOYEE BENEFITS, PTO, VACATION SCHEDULING

A. Paid Time Off

1. Eligibility-Paid Time Off

All Regular full-time and part-time Nurses are eligible to accrue Paid Time Off (PTO) in accordance with the provisions of this Section.

2. **Accrual-Paid Time Off**

PTO will accrue according to the following schedule:

| Years of Service | Accrual Rate Per Hour worked | Maximum Earnings Per Pay Period* | Maximum Accrued Hours Per Year** | Maximum PTO Balance |
|--------------------------|------------------------------|----------------------------------|----------------------------------|---------------------|
| Less than 3 years | 0.096125 hour | 7.69 hours | 200 hours | 300 hours |
| 3 to less than 5 years | 0.10775 hour | 8.62 hours | 224 hours | 336 hours |
| 5- less than 10 years | 0.115375 hour | 9.23 hours | 240 hours | 360 hours |
| 10 to less than 15 years | 0.126875 hour | 10.15 hours | 264 hours | 396 hours |
| 15 or more years | 0.134625 hour | 10.77 hours | 280 hours | 420 hours |

*Maximum PTO cap is the maximum amount of PTO hours that a Nurse can accrue in their PTO accrual account. Once the Nurse has reached the Maximum PTO accrual cap, the Nurse will stop accruing PTO until their PTO accrual balance is below the maximum accrual cap amount.

**PART-TIME: PTO days shown above are for full-time Nurses. Part-Time Nurses PTO days would be less if hours worked are less than full-time.

All references to years of service or continuous years of service within this and other provisions of this Agreement shall be measured as provided in Article XI, Seniority, and with any additional adjustments required by Article VI-B, Change in Category Status.

3. **Payment of PTO Taken During Employment**

For each hour of PTO taken, the Nurse will be paid their base rate of pay. Shift differential will also be paid in accordance with Article VII – Compensation.

4. **Maximum Accrual**

It is the intent of the parties for PTO to be taken periodically for rest and relaxation.

For this reason, a Nurse's maximum PTO accrual shall be capped as set forth above. A Nurse may cash out up to 80 hours per year as long as such Nurse has a minimum of 80 hours in his or her PTO bank at the time of the cash out election period. The cash out election must be made at the end of the prior calendar year. There will be no further cashouts after the 2024 cashout elected during the 2023 open enrollment.

5. Scheduling of PTO/Vacation

- a. PTO may be requested in advance in writing using the approved Hospital process or form, and approved in writing by the Nurse's Manager/Director, except for an emergency, illness, or other unusual circumstance.
- b. PTO may be requested for any day of the week.
- c. PTO may not be taken in increments of less than the Nurse's full shift length, unless approved by the Nurse's Manager/Director, except for an emergency.
- d. Advance PTO requests are to be submitted by January 15, and the Hospital will post the PTO schedule by February 15. As an exception to this, Nurses who request PTO for January, February, March or April will submit PTO requests by October 1 of the previous year. The Manager/Director will confirm the PTO schedule for these months on or before November 1.

If staffing and patient care requirements do not permit the approval of all requests for the same time period, then seniority shall be a determining factor within each department; provided, however, that (1) seniority can be exercised only once each calendar year and only for a maximum of four (4) consecutive weeks, and (2) all Nurses submitting request(s) by January 15 or October 1, whichever applies, will have one (1) request granted per calendar year in order of seniority, before a more senior Nurse has a second request granted. Also, with regard to requests submitted after January 15 or October 1, seniority is a determining factor, provided that a junior Nurse's request has not previously been approved.

The Hospital confirms that Nurses' requests for approval to use PTO are not to be denied by a department based upon budgeted non-productive hours.

- e. Nurses granted vacation time must use accrued PTO for that purpose. A Nurse who does not have sufficient PTO will only be permitted to take the vacation if consistent with patient care and operational necessity. In determining whether the vacation will be permitted, the Hospital shall give due consideration to whether the Nurse exhausted PTO for reasons beyond their control. Examples: 1. The Nurse was forced to take time off due to a disaster (fire, earthquake). 2. The Nurse experienced an unexpected absence due to health reasons. 3. The Nurse works in an area where low volumes require MROH's beyond the contractual limit.
- f. If a Nurse is scheduled off on a holiday, and the holiday falls on the Nurse's regularly scheduled workday, then they may take PTO or an unpaid day. Nurses who would otherwise be scheduled for work on a holiday in departments that are closed on observed holidays are not eligible for MROH on the holiday. If, however, the department is closed for a day in addition to the observed holiday, Nurses who would normally be scheduled to work that day are eligible for MROH.
- g. PTO may be used, at the Nurse's option, in lieu of unpaid time where the Nurse is extra on their respective department and the Nurse cannot be utilized elsewhere to meet staffing needs.
- h. The Hospital will not cancel any approved PTO day off without the Nurse's agreement unless cancellation is required by a catastrophe.

6. Payment of PTO Upon Termination

All PTO hours accrued but not taken shall be paid to the Nurse at the same time the Nurse receives their final paycheck, paid at base rate of pay with applicable shift differentials.

7. PTO Revisions

The topic of PTO may be a subject for discussion by the Association and the Hospital, at their scheduled meetings to discuss/resolve potential contract issues or problems.

B. Working on Recognized Holidays

1. Recognized Holidays

The following holidays shall be recognized:

- New Year's Day – Minor
- Martin Luther King Jr.'s Birthday – Minor
- President's Day – Minor
- Memorial Day – Minor
- July 4th – Minor
- Labor Day – Minor
- Thanksgiving – Major
- Christmas – Major

2. Day Of Observance

The Hospital will follow the State and Federal Uniform Holiday Laws. Therefore, the days officially adopted by the government for observing a recognized holiday will be adopted by the Hospital for actual observance of the holiday and for pay purposes.

3. Working on Recognized Holidays

Nurses who work on the nationally observed holiday shall receive one and one-half (1 ½) times their base rate of pay for all hours worked on recognized holidays as defined in paragraphs 1 and 2 above. Shift differential, if applicable, will be paid in accordance with Article VII, Compensation.

C. Absence and Tardiness

In the event a Nurse finds that they will be late for work or is unable to report for a scheduled shift, it is their responsibility to notify Nursing Administration (Manager/Director/Supervisor/Staff Coordinator, as applicable, and in accordance with Nursing Department requirements) as soon as possible prior to the beginning of the shift, giving the reason. Notice of at least two-and-a-half (2 1/2) hours prior to the start of the shift must be given unless emergency circumstances exist, and such circumstances are described. The notice, set forth herein, shall be given unless unforeseen and unavoidable emergency circumstances preclude such notice, in which case, notice shall be given as soon as possible.

1. **Absenteeism Standards**

a. **Definition**

Absenteeism is defined as the failure of a Nurse to report to work as scheduled, whether the time is paid or unpaid. However, this definition does not apply to approved time off (continuing education days, occupational injury or illness, jury duty, compassionate leave, unpaid LOA days, paid time off, and approved leaves of absence including Kin Care).

Provided further, this definition does not apply in the following circumstances: (1) the failure of a Nurse to return to work, as scheduled, from approved time off; (2) fraudulent use or claim for paid or unscheduled absences; (3) absence without notice; or (4) tardiness. These circumstances constitute grounds for disciplinary action, up to and including termination, without adhering to the procedures described below but are subject to the considerations set forth in the last sentence of Paragraph D above.

b. **Standards**

Absences are considered excessive if they are:

- (1) Six (6) or more occurrences in a one (1) year period.
- (2) Unscheduled occurrences which take place in a questionable pattern (e.g., concurrently with weekends, days off, holidays).

These Standards are guidelines. Each case must be considered on its own merits, taking into account the frequency, pattern, and amount of past absences, and any mitigating or other factors. Notwithstanding any other provision of this Section the Hospital is not required to consider the nature of the illness, or to prioritize among types of illnesses, when applying these Standards. However, if the nature of the illness indicates that the Nurse is medically unable to work, the case shall be considered on its merits as a non-disciplinary severance question and not a disciplinary issue. To maintain confidentiality, information as to the nature of the illness may be reported to Employee Health rather than to the Nurse's Manager/Director.

c. **Procedure**

The Association and the Hospital agree that the disciplinary process for absenteeism that exceed the Standard is as follows:

- (1) A verbal warning with a Corrective Action Plan (CAP) will be issued after the Nurse's occurrences equal six (6) in a year or occur in a questionable pattern.
- (2) If there are further occurrences within the ninety (90) day period following the issue of a CAP, a Written Warning with a defined disciplinary probationary period not to exceed (90) calendar days will be issued and the disciplinary process will proceed as set forth herein.
- (3) If there are no occurrences during the ninety (90) day period following the issuance of a CAP and then the Nurse has three (3) absence occurrences within a ninety (90) day period before the Nurse has established a year of satisfactory attendance, a Written Warning with a defined disciplinary probationary period not to exceed ninety (90) days will be issued to the Nurse and the disciplinary process will proceed as set forth herein.
- (4) The number of absence occurrences is counted based on a rolling year. After the initial CAP is issued, the Nurses subsequent attendance is evaluated to determine compliance with the absenteeism standards. Thus, the Nurse is not counseled repeatedly for previous absences that occurred before the first CAP was issued.
- (5) Related Policies
 - a) Verification of illness may be required for paid or unpaid sick time, and the Hospital may require reasonable proof of illness or physical disability sufficient to justify the employee's absence from work for the period claimed, which may include, but is not limited to, medical verification from the Nurse's physician and/or a Hospital selected physician(s).

- b) Clearance to return to work shall be in accordance with the “Return to Work” provisions of the Hospital’s policy.

At any point during the process described in paragraph 1-c above, a referral may be made to Employee Health for further clarification of the Nurse’s medical history and ability. A Nurse also may be referred to Employee Health by the Hospital if the Nurse believes that they have a contagious disease as described in paragraph 1-a above.

- (6) If a Nurse maintains satisfactory attendance for one year after formal interview (CAP), or written warning/probationary period, as applicable, the Nurse will be so advised, and the matter will be considered resolved. If the Nurse, after having achieved satisfactory attendance for less than one year, relapses into an excessive absenteeism pattern, the matter may be reopened, and the action will be determined by the facts of the individual case. However, the Hospital will not be required to “start over” under the procedures described in paragraph 3 above, except that a new probationary period will be required before any termination may occur unless the Nurse had been issued two (2) prior probationary periods for absenteeism.

D. Leaves of Absence

1. Types of Leave

A variety of paid and unpaid time off or leaves of absence are provided to meet different Nurse’s needs. Available leaves include:

- Bereavement/Compassionate Leave
- Medical (for Nurse’s own disability)
- Education Leave
- Extended Personal Leave (for extenuating circumstances)
- Family Care Leave (to care for parent, child, or spouse with serious health condition; or for the birth, placement, or adoption of a child)
- Jury Duty Leave (for participation in state or federal jury duty)
- Military Leave (for service with U.S. armed services)

- Pregnancy Leave (for Nurse disability due to pregnancy or childbirth)
- Short-Term Personal Leave (ELOA for emergency absences)
- Workers' Compensation Leave (for Nurses disabilities due to on-the-job injuries or illness)
- Short Term Disability Leave (effective January 2023)

In addition to these leave entitlements, the Hospital will provide reasonable accommodations, including job-protected unpaid leaves of absence, to Nurses with a disability, regardless of benefits eligibility or length of service, unless the Hospital establishes that doing so would create an "undue hardship" as that term is used in the Americans with Disabilities Act and the California Fair Employment and Housing Act.

2. **Leave Provisions**

- a. Medical, Short-Term Disability, Pregnancy, Workers' Compensation, Family Care, Military, and Extended Personal Leave, see Appendix B.
- b. Leave is defined to include paid and unpaid time off. Seniority is adjusted when the unpaid portion of the leave exceeds thirty (30) calendar days. In addition, during the unpaid portion of leave, no benefits are accrued, and health and life insurance contributions will be paid on the same basis as non-represented employees of the Hospital.

3. **Bereavement/Compassionate Leave**

Regardless of length of service, benefits-eligible Nurses will receive bereavement (compassionate) leave with pay, for scheduled workdays missed due to the death of a family member (defined as current spouse or registered domestic partner, son or daughter, father or mother, brother or sister, stepparent, stepchild, stepbrother or stepsister, grandparent or grandchild, a person who stood in loco parentis (legal responsibility of a person to take on the functions and responsibilities of a parent), or current in-law relationships through marriage or registered domestic partnership of the above). The total leave available to Nurses is five days (prorated for part-time status) in a calendar year. At least once per year, in the case of the death of a loved one who is not a qualifying family member, the Hospital will grant at least one day of PTO or, if PTO is exhausted or unavailable, one day of unpaid time off.

4. **Jury Duty Leave**

a. **Time Off for Jury Duty**

Nurses called for jury duty on a scheduled workday will be relieved from duty for such shifts. These Nurses must notify their Manager/Director.

b. **Compensation**

Benefits-eligible Nurses called for jury duty on a scheduled workday will receive their normal straight-time earnings. (Nurses may retain whatever stipend or other amount is paid to them by the Court for their jury service). To receive jury duty pay, the Nurse must notify their Manager/Director as soon as they receive a jury duty summons (normally within 24 hours). The Nurse must provide the original receipt from the Jury Commissioner to their manager.

c. **Weekend Work**

In the event a combination of jury duty service and hours worked in the Hospital equal a normal forty (40) hour work week, the Hospital will use its best efforts to grant a Nurse the weekend off, if such Nurse is scheduled to work the weekend following jury duty service.

5. **Continuing Education Leave**

a. **Eligibility Criteria**

To be eligible for continuing education leave the Nurse must have completed ninety (90) calendar days of continuous employment.

b. **Usage of Continuing Education Leave**

(1) Continuing education leave must be relevant to the Nurse's practice of nursing, and must:

(a) Be related to the scientific knowledge and/or technical skills required for the practice of nursing, or;

(b) Be related to direct and/or indirect patient care; and

(c) Learning experiences are expected to enhance the knowledge of the Nurse at a level above that required for licensure. Courses related to the scientific knowledge for the practice of nursing include basic and advanced courses in the physical, social, and behavioral sciences, as well as advanced nursing in general or specialty areas. Content which includes the application of scientific knowledge to patient care in addition to advanced nursing courses may include courses in related areas, i.e., human sexuality, death, dying and grief, foreign languages (conversational); therapeutic interpersonal relationship skills; pharmacology; and those related to specialty areas of nursing practice. Courses in nursing administration, nursing management, nursing education, nursing research, or other functional areas of nursing relating to indirect patient care are acceptable. Courses which deal with self-improvement, changes in attitude, financial gain, and those courses designed for lay people are not acceptable for continuing education leave.

(2) Continuing Education leave can be used to attend courses, institutes, workshops or classes of an educational nature, provided:

(a) The Nurse applies in advance in writing specifying the course, institute, workshop, or class the Nurse wishes to attend, and if the program is not a Hospital-sponsored program, the Nurse shall supply a copy of the program brochure or course outline, whichever is available, with their request.

(b) The Nurse obtains written approval to attend; if the Nurse's request is received at least five (5) weeks in advance of the program date, at least three (3) weeks' notice will be given if a continuing education leave cannot be granted.

(c) Continuing education leave shall be taken at the request of the Nurse when the Hospital, consistent with patient care and staffing considerations, can schedule such continuing education leave.

(3) The Nurse may be requested by the Hospital to make a report on the course content.

c. **Payment for Continuing Education Leave**

(1) All Regular Full-time Nurses shall be entitled to five (5) days continuing education leave based on full-time pay, and Regular Part-time Nurses shall be entitled to five (5) days leave with prorated pay. Such leave may be accumulated over two (2) calendar years; however, Continuing Education Leave may not be used until it has been accrued.

(2) If a Nurse requests approval to participate in a Hospital sponsored program for which continuing education credit is available, and which is otherwise eligible for continuing education pay under the above provisions, the Nurse's participation, if approved, shall be deducted from their paid continuing education leave bank when the Nurse participates on the Nurse's regularly scheduled workday(s).

d. **Tuition and Certification Reimbursement**

Nurses shall be eligible to receive reimbursement of qualifying costs up to five thousand two hundred and fifty dollars (\$5,250.00) for full-time Nurses and part-time Nurses in accordance with the Hospital's Education Benefits Policy, as amended from time to time.

If the Hospital increases the tuition reimbursement amount for non-represented employees during the term of this Agreement, the increased tuition reimbursement amount will also be applied to bargaining unit Nurses.

e. **National Certification Bonus**

(1) Certification bonus pay is a benefit available to all Nurses who have completed their initial probationary period for the purpose of encouraging Nurses to become certified and to benefit the Hospital by employing Nurses who hold a range of certified skills and abilities.

- (2) Nurses will receive \$300.00 for the initial national certification and \$250.00 for each subsequent calendar year the national certification is maintained/recertified.
- (3) Certifications recognized by the American Board for Specialty Nursing Certifications and applicable to a current area of practice will be eligible for this bonus.
- (4) Nurses will provide verification of certification/recertification to be eligible to receive such compensation. Each year thereafter Nurses will provide verification of maintenance of certification/recertification. If the verification is acceptable, compensation will be provided on the anniversary date of the certification.

f. **Mandatory Education**

- (1) Mandatory education is defined as any class, certification or training session required by the Hospital or department.
- (2) If the Hospital requires a Nurse attend a class or training sessions outside of the Nurse's scheduled work hours, the Hospital will reimburse the Nurse for class attendance and all costs associated with the class or training session at their base rate of pay.
- (3) Nurses will not be expected to use continuing education leave for mandatory education.
- (4) Nurses with less than full-time status will be required to attend classes and clinical sessions on regular days off, so replacement costs will not be incurred by the Hospital.
 - (a) Training time compensated by the Hospital will be at the Nurse's base rate of pay. Such time shall not be counted as hours worked in determining overtime eligibility, and it shall not be charged against a Nurse's paid educational leave.
 - (b) Unless a Nurse is assigned to attend a particular training program/session by their Director/Manager, advance approval of time off is required.

g. **Maximum Educational Leave**

Educational leave may be granted to a Nurse after 12 months of employment for a maximum of two (2) years. Such leave will be granted for one continuous period of time, for a course of study or educational pursuit which will significantly augment the Nurse's skills and/or knowledge within those disciplines directly related to employment or professional duties at the Hospital. The Hospital shall give due consideration to granting multiple educational leaves that are part of the same course of study, but each leave must still be separately requested and granted.

6. **Short-Term Personal Leave**

- a. Benefited Nurses with one (1) or more years of continuous service are eligible for five (5) work days per calendar year prorated, without explanation and without pay; the scheduling of such days shall be subject to advance approval by the Manager/Director. The Manager/Director shall make reasonable efforts to accommodate the Nurse's request, (which must be submitted no less than forty-eight (48) hours prior to the date requested) such as calling available Nurses as time permits, but such efforts will not require the Hospital reassign other Nurses, incur any additional cost, use relief coverage which could not be available at the start of the shift, etc. However, where a Nurse is faced with a serious unforeseen emergency (such as an accident, injury, or sudden illness of a child, that requires the personal presence of the Nurse), the circumstances shall be explained to the Manager/Director and the advance approval and scheduling requirement set forth in this paragraph shall be waived. If the Nurse's Manager/Director does not waive the advance approval and scheduling requirements when the Nurse believes that a serious unforeseen emergency exists, the dispute shall be immediately referred by the Nurse to the immediate supervisor of the Manager, Director, or shift Administrator, as applicable, for discussion and prompt resolution. This provision is intended to provide time off for serious unforeseen emergencies when needed.
- b. If flooding, earthquake or other natural disaster makes it infeasible for a Nurse to come to the Hospital, the Nurse will have the option of using an

Emergency Leave of Absence or Paid Time Off (PTO). If an Emergency Leave of Absence is used, the day(s) will not be counted against the Leave of Absence days set forth above.

E. Cross-training

1. Cross-training is an opportunity for Nurses to increase their expertise and flexibility. Nurses requested to engage in cross-training shall be released from their regular duties for the purpose of such training and shall continue to receive their base rate of pay. Shift differential may also apply in accordance with Article VII – Compensation. Such time shall not be charged against a Nurse’s continuing education leave benefit. A reciprocal commitment from Nurses accepted for cross-training for transfer to another department may be a part of the Hospital’s requirement when accepting individual Nurses request to cross-train. Where a proposed transfer will involve significant training time and costs (i.e. eight (8) weeks or more), the Nurse may be required to execute an agreement to work a specified period of time in the new department. In the event the Nurse does not complete the time period set forth in the agreement, the Nurse may be required to repay part of the training costs, as set forth in the Nurse’s executed agreement. When more than one (1) Nurse is interested in cross- training, seniority shall be the determining factor provided the senior Nurse is qualified in the judgment of the Hospital, as determined by their skills, completion of any required prerequisites and demonstrated performance.

F. Health and Welfare Benefits

The Hospital will provide health and welfare programs including the following: Medical, Prescription Drug, Dental, Short-Term Disability and Employee Assistance Program. Nurses will also have the opportunity to participate in voluntary benefits programs including the following: Vision, and AD&D.

Subject only to the specific limitations set forth below, Nurses shall participate in the same plans as non-represented Employees, with the same plan design, co-pays, co-insurance, employee contribution, etc. except as modified by this Agreement.

1. Specific Benefits Provisions

- a. The Hospital will maintain a PPO plan in addition to the EPO and the HRA/HSA plans. The PPO will have a \$250/\$750 in network deductible and an in-network out-of-pocket maximum of \$1,500/\$3,000 with an additional \$5,100/\$10,200 for pharmacy (both per the current plan design).
- b. Nurse premium contributions for the EPO and the HRA/HSA plans will increase as compared to the prior year, on a blended average basis, by no more than ten percent (10%) per year. ("Blended average" means that the amount charged for some plans may increase by more than ten percent (10%) and the amount charged for others may increase by less than ten percent (10%) in the same year.) The PPO plan premiums will be subject to annual increases, beginning in 2022, of no greater than 15% from the prior year premiums, which increase is calculated separate and apart from the "blended average" applicable to the EPO and the HRA/HSA plans. In addition, Nurses will be subject to the Hospital's working spouse surcharge for employees whose spouses decline qualifying coverage from their employers.
- c. "Full-time" status is defined as Full Time and RPT 4/5 status (i.e., an assigned FTE of 0.75 FTE or greater) and "part-time" status defined as RPT 3/5 and any grandfathered RPT 2/5 Nurse who maintains a commitment of at least 32 hours per pay period. Relief Nurses and other Nurses not meeting the FTE status requirements for health benefits will be offered the option to purchase, for 100% of cost, health coverage for employee only or employee + child(ren) coverage in a health plan option determined by the employer (currently, the HSA plan).

G. Long Term Disability Benefits

The Hospital will continue to provide a long-term disability program (LTD). Core elements

of the program are:

1. The basic plan to be Hospital paid for Regular Nurses.
2. Base benefit is 60% of the Nurse's straight-time rate at the time of disability based on work classification, including shift differential, if applicable. In calculating whether the 60% base benefit is being paid, contributions and benefits received from the Hospital, such as sick leave, and from other sources, such as State disability, Workers' Compensation, Federal disability, and Social Security will be included towards the base benefit.
3. Disability payments will commence after 180 days of continuous disability and will continue until the disability ends or until age 65, whichever occurs first. (A limited benefit beyond age 65 may be available for Nurses who become disabled after or shortly before reaching age 65.)
4. A \$10,000/month maximum.
5. Regular Nurses will be offered "buy-up" coverage options that include 66.67% of monthly earnings with a \$10,000.00 (ten thousand) per month max.
6. The Hospital has the option to select and/or change carriers, provided that the above core elements continue to be met.

H. Group Life Insurance

1. Basic Group Life

Nurses are eligible for basic group life insurance coverage. Coverage will begin the date of hire for those Nurses who are benefits eligible. Premiums for the basic group life insurance are paid entirely by the Hospital.

2. Supplemental Group Life

Nurses participating in the basic group life plan are eligible for participation in the supplemental group life insurance plan. Premiums for the supplemental group life plan are paid by the Nurse.

Nurses participating in the basic group life plan may choose to cover a spouse or a Registered Domestic Partner. Life insurance for dependent children of the Nurse

may also be purchased. Premiums for such coverage shall be paid by the Nurse. All requirements subject to the plan document must be followed, which may include evidence of insurability.

I. Retirement Plan

1. Retirement Plan

a. Eligibility and Participation

Eligible Relief and Regular Nurses will be covered and participate in the Hospital's current or future Retirement plan (the "Plan") in accordance with the Plan's existing or revised provisions, terms and conditions. Relief and Regular Nurses will participate and receive Hospital contributions into the Plan based upon their years of service and satisfaction of eligibility requirements. Participation in the Plan for employer 401(a) contributions is open to Nurses who have attained age eighteen (18), worked one thousand hours (1,000), and are active at the end of the payroll year, as defined by the Plan.

b. Retirement Plan

- 1) The Hospital will offer 401(a) contributions through the 401(k) Plan. The Hospital will contribute for the Nurses a percentage set forth below into the 401(k) Plan based upon the Nurse's eligible compensation.
- 2) The 401(k) Plan also includes a savings component of the retirement plan, which works in conjunction with the 401(a) contributions. Nurses are immediately eligible to make personal contributions to the 401(k) plan. The Hospital will match employee contributions to the 401(k) at a 50% rate as provided in the schedule below.

Effective January 1, 2023, the Hospital contribution percentages will be:

| Years of Service | Employer Match | Employer 401(a) Contributions | Total Employer Contributions |
|------------------|------------------------------------|-------------------------------|------------------------------|
| 0-4 | 50% of the first 3% of pay saved | 3% of pay | 4.5% of pay |
| 5-9 | 50% of the first 4.5% of pay saved | 3% of pay | 5.25% of pay |
| 10-14 | 50% of the first 6% of pay saved | 5% of pay | 8% of pay |
| 15+ | 50% of the first 6% of pay saved | 6% of pay | 9% of pay |

- 3) The Hospital's 401(a) contributions will be vested in 25% annual increments over a five (5) year period, with the first 25% vesting after two years of service, and an additional 25% annually thereafter, provided that the Nurse has worked 1000 hours per year each of the five (5) years. Employer match contributions are immediately vested.
 - 4) The Plan as outlined above will not change without the Association and the Hospital meeting to confer first. However, any revised or new Plan(s) shall not provide lower Hospital contributions into the core component than that which is set forth in this Agreement. The Association shall receive at least thirty (30) days' notice of any material changes or revisions in current or new Plans being implemented.
- c. The Association's agreement to the Retirement Plan set forth above is contingent upon any current or future Retirement Plan(s), or revisions to same, meeting the requirements of ERISA and the IRS, and/or the requirements applicable to church plans.

2. **Social Security**

- a. If the Hospital decides in the future that it wishes to withdraw from its current participation in the Federal Old Age and Survivor's Program (Social Security) for employees, the Hospital will so inform the Association so that mutual discussions can be held. Furthermore, the Hospital will not withdraw from Social Security during the term of this Agreement without the Association's concurrence.

ARTICLE X - LIABILITY INSURANCE

All Nurses covered by the Agreement are covered by malpractice insurance for activities falling within the scope of their employment with the Hospital. Premiums for such insurance are paid entirely by the Hospital.

ARTICLE XI - SENIORITY

A. Seniority Defined

Seniority is defined as the employee's continuous length of employment at the Hospital as a Staff Nurse I, II, III, IV, V or as a Lead Nurse, or in the prior Charge Nurse classification. It is achieved upon satisfactory completion of the probationary period and then is measured from the first day of work at the Hospital as a Nurse in the bargaining unit. The only three exceptions are that:

1. A Nurse employed in the bargaining unit, who has been employed by the Hospital outside of the bargaining unit in a Registered Nurse position with no break in service is subject to a one (1) year moratorium upon the use of their prior Hospital employment for the purposes of seniority under this Agreement (for reductions in force, recall, job bidding, vacation preference).
2. A Licensed Vocational Nurse or an Operating Room Technician employed by the Hospital who is then employed in the bargaining unit as a Registered Nurse, with no break in service, shall be credited upon completion of the Nurse's probationary period with seniority (for reductions in force, recall, job bidding, vacation preference) for their continuous length of prior LVN or ORT employment by the Hospital.
3. For the purposes of salary step progression, fringe benefit eligibility and the rate of future accrual, reduction in force, recall, job bidding, and vacation preference within the Acute Rehab Unit, the Nurses assigned to the Acute Rehab Unit as of Jan. 22, 2003 shall retain their seniority earned prior to Jan. 22, 2003.

For the purposes of job bidding, vacation preference, reduction in force and recall of all other departments at Santa Rosa Memorial Hospital, the Nurses assigned to the Acute Rehab Unit, Skilled Rehab, Inpatient Behavioral health and Skilled Ortho Units as of Jan. 22, 2003 shall have a union seniority date of Jan. 22, 2003.

For the purpose of job bidding, vacation preference, reduction in force and recall, the Nurses assigned to the Case Management Department shall have a union seniority date of August 29, 2001 unless the Nurse was previously employed at Santa Rosa Memorial as a Staff Nurse, in which case, the Nurse's union seniority date is determined by the remaining provisions of this Article.

B. Adjustment of Seniority Date and Breaks in Service

1. Adjustment

A Nurse's seniority date for purposes such as reduction in force, PTO requests, scheduling requests and bidding on permanent vacancies shall be adjusted forward for the unpaid portion of leaves of absence where the unpaid portion exceeds thirty (30) calendar days.

2. Breaks in Service

A Nurse's seniority will be broken, and any reemployment shall be as a new hire, if:

- a. The Nurse terminates through layoff and is rehired by the Hospital more than one (1) year later.
- b. The Nurse terminates voluntarily and is rehired by the Hospital in a bargaining unit position more than six (6) months later.
- c. The Nurse is terminated, and the termination is not reversed through the Grievance and Arbitration Procedure.

3. No Breaks in Service

- a. The Union Seniority Date will not be adjusted for a Nurse that accepts a position within the Hospital that is outside of the bargaining unit, as long as they return to a bargaining unit position within six (6) months.
- b. Union Seniority date is not adjusted for Workers' Compensation or Military Leaves of Absences.

C. Probationary Status

All new Nurses shall serve a probationary period of six (6) calendar months. A probationary Nurse covered by this Agreement may terminate or be terminated without advance notice and without recourse to the Grievance and Arbitration Article of this Agreement.

D. Date of Hire

The date of hire is the date the Nurse first began working at the Hospital. In the event a Nurse is re-hired by the Hospital within six months after the last day worked, the Nurse's date of hire shall be their original date of hire. In the event that two Nurses have the same date of hire, the Nurse with the lowest last four digits of their employee identification number shall be deemed the most senior Nurse. This does not apply to job bidding. See article on Job Posting.

E. Benefit Date

The date on which the employee is first hired, or changes to regular status.

1. The date is adjusted for:
 - a. Time spent as a Casual Pool employee
 - b. Unpaid portion of LOAs where the unpaid portion exceeds (30) days:
 - c. Period of time between a termination and a rehire where rehire occurs within six (6) months after last day worked.
2. The date is not adjusted for service as a Relief employee if employee complies with minimum availability requirements.
3. Credit is given for employment with other facilities operated by the Providence Health System.

F. Step Entry Date

The date a Nurse is eligible to receive a step increase. Initially this date is based on the Nurse's hire/rehire date into a Staff Nurse position, but can be changed or adjusted for the following:

1. When an employee transfers from a non-Staff Nurse position to a Staff Nurse position, the step entry date is the date the nurse begins the Staff Nurse position.
2. Date is adjusted forward for the unpaid portion of LOA's where the unpaid portion exceeds thirty (30) calendar days.

G. Termination Date

Normally is last day the employee works.

1. If an employee resigns during a leave of absence, is date of resignation.
2. If an employee does not return at end of leave is last day of approved leave.

ARTICLE XII - REDUCTIONS OF HOURS; LAYOFFS AND RECALL

A. Temporary Reduction of Hours

If a temporary surplus of Nurses in a department exists, and after the Hospital has attempted to assign the surplus Nurses to other departments where they are qualified to work, the following reduction of hours (ROH) procedure in order of appearance shall be utilized for each shift provided that in the Hospital's reasonable determination, skill mix requirements are met and the department has adequate coverage for meal and rest breaks:

1. Registry
2. Nurses receiving premium pay as long as staffing requirements as specified in this Agreement are met
3. Previously denied PTO request
4. Requested Shift Off
5. Traveler Nurse
6. Temporary Nurse
7. Casual Pool Nurse
8. Relief Nurses by rotation in order of least seniority.
9. Regular Nurses shall be mandatorily reduced in order of least seniority unless the department has agreed upon an approved alternative method of reduction.

However:

- a. If the least senior Nurse cannot be reached at least two (2) hours before the start of the shift (or, if the need for cancellation was not known at least two (2) hours before the start of the shift and the least senior cannot be reached with the first attempted contact) then the Hospital will attempt to contact the remaining Nurses scheduled for that department and shift, in ascending order of seniority.
- b. If the Hospital does not attempt to cancel a Nurse subject to cancellation and the Nurse reports for work as scheduled, the Nurse shall be provided with a minimum of four (4) hours work or four (4) hours pay, or combination thereof.
- c. If a Nurse has a Mandatory Reduction of Hours or has requested the shift off, the Nurse will have the option to use PTO.
- d. The Hospital may elect to place a Nurse on Standby for the remainder of the scheduled shift. Nurses placed on Standby are required to be available to be called to work if the need should arise.
- e. If the majority of Nurses in the department have reached an agreement on an alternative method of selecting the Nurse to be canceled, this method shall be presented to the Chief Nursing Officer.
 - (1) If accepted by the Chief Nursing Officer, the alternative method shall be binding on the Nurses and the Hospital until at least thirty (30) calendar days advance notice to the contrary is given by the Chief Nursing Officer, or a majority of the Nurses from that unit, whichever is applicable. Under such alternative method to the use of the least senior concept, Paragraphs 9.a, b, and c above shall continue to apply but references to “least senior” will be modified (e.g., in 9a, “least Senior Nurse” would refer to “Nurses subject to cancellation,” and “in ascending order of seniority” would refer to “the remaining Nurses subject to cancellation,” etc.).
 - (2) If the Chief Nursing Officer fails to approve the alternative method, the Staff Nurses Association may request a meeting with the Chief

Nursing Officer, so that the subject can be reviewed and discussed in an effort to develop a mutually acceptable procedure.

10. If a Regular Nurse is canceled after having worked at least four (4) but not more than five (5) hours, they shall be credited with one-half (1/2) shift cancellation. Such one-half (1/2) shift cancellation shall be credited toward ten (10) maximum shift cancellations per calendar year for that Nurse.
11. If a Nurse has been canceled ten (10) shifts within a calendar year, then during the remainder of that same calendar year the Nurse shall be excused from further shift cancellation under this Section, and the remaining Nurses, in ascending order of seniority, shall be canceled, provided that any such remaining Nurses are scheduled for the same day and shift within that department.
12. Reasonable efforts will be made to avoid having all Regular Nurses reach ten (10) shift cancellations in a calendar year in a department and shift. The following list includes, but is not limited to, options SNA and the Hospital may consider in order to avert all Nurses reaching the ten (10) maximum cancellations.
 - a. Voluntary temporary reassignment to another department where the Nurse is qualified and needed to work.
 - b. Voluntary temporary reassignment to another shift where Nurse is qualified and needed to work.
 - c. Voluntary personal leaves of absence for periods not to exceed three (3) months shall be granted unless the Nurse and Hospital agree to a longer period. There shall be no loss of seniority for the period of leave.
 - d. Work sharing agreements among qualified Nurses may be implemented.
13. If the situation arises where all Regular Nurses scheduled for a shift in a specific department have reached the ten (10) shift cancellation maximum during a calendar year and all the above-described steps cannot be employed to alleviate the situation, the Nurse next in the cancellation rotational schedule may be canceled. The Nurse shall be given the opportunity to work another shift on another day. On that day if someone is to receive a mandatory reduction of hours MROH, it will be a Nurse who has not yet received ten (10) MROH's in a calendar year. In exercising this

option, the Nurse is to:

- a. Schedule another shift with the Manager or Director, in the same pay period or during the next pay period.
 - b. No additional cost beyond regular pay can be incurred for the pay period.
14. If all Nurses in a department or on a specific shift in that department accumulate six (6) MROH's and it appears a maximum of ten (10) in a calendar year may be reached by all Nurses on that shift or in that department, the group of Nurses in the department or shift will determine among themselves whether to start another rotation of ten (10) MROH's. If that option is not selected and all other options (listed in 12 a-d) have been eliminated, the Hospital and the Association will discuss plans for an across-the-board decrease, reduction in force or position elimination in that department or on that shift.
15. When an entire med-surg department is closed, all med-surg departments shall be treated as a single department for purposes of the shift cancellation procedure as set forth in Article XII A 1-9 above.

The consecutive order of shift cancellation shall be:

- Medsurg 1E
- Medsurg 1C
- Medsurg Neurology
- Medsurg Orthopedics
- Medsurg Oncology
- Medsurg Pediatrics
- Neurology Telemetry
- Cardiac Telemetry
- Float Pool
- Acute Rehabilitation

Any new unit established during the life of this Agreement shall be added to the

end of the foregoing list, unless otherwise agreed between the Parties.

As surplus situations occur during the time a med-surg department is closed, each department shall, in turn, select the Nurse to be canceled on the basis of the shift cancellation procedure being utilized by that department. The Nurse in the department which has been closed, or the Nurse who is surplus in the med-surg departments, shall replace the Nurse who has been canceled. If the skill level in the department cannot be maintained with this reassignment, the next department in the rotational order shall utilize the shift cancellation procedure. The replaced department shall be next in line for the subsequent shift cancellation procedure.

The purpose of this procedure is to avoid having one med-surg department bear the impact of all shift cancellations because it is closed. The procedure is designed to distribute equally the shift cancellations throughout all med-surg departments if this becomes necessary after all other measures specified in Article XII (A 1-9) of the Agreement have been utilized.

B. Avoidance of Layoff

If the Hospital believes a layoff is necessary, before implementing any such layoffs, it shall first discuss with the Association the following alternatives:

1. The steps set forth under Temporary Reductions in Force.
2. The creation of work sharing agreements among qualified Regular Nurses within a department.
3. An across-the-board decrease in hours of designated percentage or the reduction of Full-Time to RPT 4, and of RPT 4 to RPT 3, and RPT 3 to relief, and RPT 2 to Relief.

Mutual agreement shall be required before implementation of any of the above alternatives in lieu of a layoff.

C. Procedure for Implementing Layoffs and Recall

1. At the time that the Hospital anticipates that a layoff action will be required, the Hospital will meet with the Association to identify the nursing service area or areas that will be affected, the estimated number of surplus positions, and the proposed

plan for layoff, including the names of Nurses identified as surplus. This meeting also will include the discussion set forth in Section B above.

2. Where surplus Regular Nurse positions exist in a department, the junior Regular Nurses in that area would first be displaced, and any resulting position adjustments will, to the extent feasible, be by seniority. Alternatively, if a majority of the Regular Nurses in a department so desire, all remaining Regular positions in the department could be re-bid, by seniority. The displacement of the junior Regular Nurse is subject to the proviso that a more senior Regular Nurse in the department is willing to accept the position; if the more senior non-probationary Regular Nurse is unwilling to accept the junior Regular Nurse's position such senior Regular Nurse may go to the house-wide list (see section C-3 below) and the junior Regular Nurse will be retained in their current position.
3. A junior Regular Nurse assigned to a department who is displaced may elect to replace a Regular Nurse elsewhere in the Hospital who has less seniority, subject to the following conditions:
 - a. The Nurse has the present ability to perform the work (defined as the Nurse only needs to become familiar with the new department's physical layout, department personnel, etc., so that they can become fully productive in a maximum of five workdays);
 - b. The Nurse does not have an active discipline of a written warning or greater directly related to a patient care safety issue.
 - c. The Nurse will accept the work schedule and shift of the Regular Nurse being replaced;
 - d. The Nurse selects the position of the Regular Nurse who is lowest on the seniority list whom they are qualified to replace, and that the replaced Regular Nurse does not have the seniority and qualifications to replace another Regular Nurse (to avoid multiple bumping);
 - e. Nurses will exercise seniority sequentially; i.e., the most senior of the displaced junior Nurses will select first from the house-wide list of Regular positions occupied by Nurses covered by this Agreement, then next most senior, etc., but still subject to paragraphs a-c above.

- f. A junior Regular Nurse displaced under the above process may take a Relief vacancy for which they are qualified, or if none are available, may displace a more junior Relief Nurse, but still subject to the above provisions. Any such junior Regular Nurse shall retain their recall rights to a Regular position in accordance with section C-5 below.
4. To clarify the procedure for elimination of a Regular Nurse when a position is deleted, the parties have agreed that when a departmental restructuring or downsizing event necessitates the elimination of a specific position(s), the following will occur:
- a. The Regular Nurse(s) to be displaced and the Association leadership will be informed 21 calendar days in advance of the position deletion(s) and of available options.
 - b. The Nurse(s), in consultation with Association leadership and Nursing management, will review their options.
 - c. The Regular Nurse being displaced has the following options:
 - (1) To transfer into a vacant position within their department.
 - (2) To displace the most junior Nurse in their department and assume that Nurse's shift assignment and schedule.
 - (3) To apply for a vacant position outside their department. Preference will be given to the displaced Nurse for an open position if qualified through orientation. (See Article XII, C, 3, a).

If option "(2)" is selected, the displaced junior Nurse's options are limited to the following:

- (1) To transfer into a vacant position within their department.
- (2) To apply for a vacant position outside their department. Preference will be given to the displaced Nurse for an open position if qualified through orientation. (See Article XII, C, 3, a).

The Nurse whose position has been eliminated must give written

notification to thier Director of the option selected within seven (7) calendar days of the Hospital's notice of position elimination. The displaced junior Nurse must give written notification to thier Director of the option selected within seven (7) calendar days of the Hospital's notice of displacement.

All status changes must be completed within thirty (30) calendar days unless otherwise agreed upon.

5. Recall from layoff will be in reverse order to the order in which Regular Nurses were laid off, provided the Regular Nurse is qualified and will accept the scheduled hours, shift and assignment of the available position or can be qualified by normal or customary orientation (see Section C-3-a above). The Regular Nurse must not have any active discipline of a written warning or greater directly related to a patient care safety issue at the time of layoff to qualify for recall.
 - a. When a position becomes available, the Regular Nurse will be notified by phone and a confirming letter will be sent by Registered Mail to the Nurse. If they cannot be reached by phone, they will be given written notice by Registered Mail. The Regular Nurse will be given five (5) days from the date notification is received within which to inform the Hospital whether the available position will be accepted.
 - b. If the Regular Nurse does not accept the position, they will be offered the next available position for which they are qualified before it is offered to a junior Regular Nurse. If they do not accept that position, they will be offered the first available vacancy in their former work category and shift. If such position is not accepted, the Regular Nurse will be moved to the bottom of the recall list.
 - c. The Regular Nurse shall report for work within two (2) weeks of the date recall notice was received, unless another date is mutually agreed to by the Regular Nurse and the Hospital.
 - d. If a Regular Nurse will not be available to report for work within the two (2) week recall period, or if no answer is received within the five (5) day response period, or if no answer is received within ten (10) days after the date the notice is sent, they will move to the bottom of the recall order. However, the Nurse may notify the Hospital in writing of their

unavailability for a given period of time (i.e., Nurse will be out of town) in which case, the Nurse will resume their recall position upon their return date as given to the Hospital.

- e. Regular Nurses to be laid off shall receive accumulated PTO in a lump sum at the time of layoff. Regular Nurses to be laid off will receive in addition to any PTO accrual, two (2) weeks' notice or two (2) weeks' pay in lieu of notice, or combination thereof.
- f. The Hospital can staff positions on a temporary, short-term basis by Relief or Regular Nurses while awaiting the response or report to duty by recalled Regular Nurses. The Hospital also may make simultaneous recall offers provided that the senior Nurse retains the right to take the recall position if they comply with the above.
- g. All Regular Nurses shall have the right to recall before any new Nurses are hired for positions for which the Regular Nurses qualify by normal or customary orientation.
- h. Relief Nurses shall be recalled in the reverse order in which they were laid off, provided the Relief Nurse is qualified. The Relief Nurse must not have any active discipline of a written warning or greater directly related to a patient care safety issue at the time of layoff to qualify for recall.
- i. The Hospital will not change qualifications of a position for the purpose of avoiding recall of a laid-off Nurse.

6. **Preservation of Benefits**

Nurses who are laid off may elect to continue group health, dental and vision insurance coverage for themselves and their dependents. However, the premium cost for such coverage shall be paid by the Nurse as of the first of the month following the Nurse's layoff.

7. Since unanticipated problems may develop that were not foreseen at the time that Article XII, Section C above was added to the Agreement, it is agreed that the Association will give serious consideration to any Hospital proposal during the term of the Agreement for modification of Section C, and that such modifications,

including revised contract language, can be added by mutual agreement.

ARTICLE XIII - JOB POSTING

The Hospital will post jobs on the Intranet.

The general policy of the Hospital is to fill permanent vacancies and new positions from within whenever possible. When more than one Nurse applies for a vacancy covered by this Agreement, seniority shall be the determining factor when qualifications and performance, as delineated by criteria in the Staff Nurse performance appraisal, are equal in the judgment of the Hospital. If more than one Nurse has the same seniority date, the job will be awarded to the Nurse who first applied for the open position.

ARTICLE XIV - PERFORMANCE EVALUATIONS

Each Nurse shall be evaluated at the end of their six (6) month probationary period. Additionally, Nurses will receive a 6-month probationary evaluation following their transfer into a position with different competency requirements, i.e. Nurse working on Medical-Surgical unit transfer to Critical Care. Thereafter, evaluations are to be performed at least annually.

Relief Nurses shall be evaluated on the basis of their performance in their assigned department. Relief Nurses may request to be evaluated by a Manager/Director of another department or departments (maximum of two) where they have frequently floated in order to gain more feedback about their performance. The evaluations will be summarized into one document by the Manager/Director of the Relief Nurse's assigned department. Evaluations done by other department Managers/Directors will be available at the evaluation time for Relief Nurse's review. If there are significant differences in how the same performance criteria are rated, the reasons will be documented on the evaluation for clarification. The Relief Nurse also has the option of discussing differences in performance ratings with the other Managers/Directors that did the additional evaluations.

A Nurse who has transferred/promoted from one bargaining unit position to another bargaining unit position will undergo a ninety (90) day introductory period in the new position. Any introductory period will be extended by the length of any leave of absence. During the introductory period, if the Nurse requests to return to their former position or if the Hospital determines that the Nurse is unsuccessful in the new position, the Hospital will make reasonable efforts to return the Nurse to their former position (including the unit and shift). If the position is no longer available, the Nurse may apply for any openings for which they are qualified. The posting, bidding and

seniority provisions of this Agreement will be followed.

ARTICLE XV - ASSOCIATION PRIVILEGES

A. Visitation Rights

Duly authorized representatives of the Association may visit the Hospital during the day shift for the purpose of discussing matters pertaining to this Agreement with Hospital management. Such representatives may also visit the Hospital to discuss such matters with a Nurse covered by this Agreement provided the representative has (1) first notified the Hospital management immediately upon entering the Hospital; (2) the discussion occurs on the Nurse's non-working time and in a public, designated non-working area; and (3) the representative does not interfere with the work of any employee or the operation of the Hospital. This Section does not permit the holding of employee or membership meetings by such representative.

B. Bulletin Boards

The Hospital will provide a designated space on not less than two (2) bulletin boards which shall be identified and reserved for the exclusive use of the Association. The Association may post their meeting notices on the existing bulletin boards in the individual nursing stations, provided that such notices have been first initialed by the Human Resource Executive, or their designee. Notices given to the Human Resource Executive, shall be returned for posting within a reasonable period of time, not to exceed two (2) working days.

ARTICLE XVI - PATIENT ADVOCACY

A. Conflicts of Opinion With Attending Physicians

If a conflict of opinion arises between a Nurse or group of Nurses and an attending physician on any matter pertaining to patient care and clarification is needed, the Nurse(s) may initiate resolution in accordance with Nursing Policy.

B. Conflicts of Opinion Among Nurses

If a conflict of opinion arises among Nurses on any matter pertaining to patient care and clarification is needed, the Nurses may initiate resolution by contacting the appropriate on-site personnel (Manager/Director/Supervisor) and if not resolved, by referring it to progressively higher levels of Nursing Administration.

C. Reasonable Belief Regarding Imminent Risks

If the Nurse reasonably believes that a real and imminent risk of injury, health hazard, or death exists to them, to other employees, or to patients will result if the Nurse carries out an order, direction, or assignment, the Nurse shall immediately contact their Manager/Director to explain their reasons, and to seek confirmation or modification of the direction, order or assignment.

1. If a Nurse refuses to carry out the order, direction, or assignment, subsequent disciplinary action, if any, will be subject to the Grievance and Arbitration provisions.
2. If the Nurse performs the order, direction, or assignment under protest, no disciplinary action will be taken against such Nurse for their protest or because of any adverse effects resulting because the Nurse carried out the order, direction, or assignment as given.
3. If a Nurse's protest is based upon the Nurse's reasonable belief that unsafe nursing care will occur because of an insufficiency of staff, and if the Hospital, after making reasonable efforts to resolve the Nurse's concern, or to provide sufficient staff, or to effectuate alternative measures to alleviate the problem, is unable to do so, then the Manager/Director/Supervisor shall be contacted. The Manager/Director/Supervisor shall arrange for an off-duty Nurse qualified to perform in the unit, to come to work. Thereafter, and within ten (10) days after a request from the Association, the incident, the surrounding facts, and possible corrective measures to prevent reoccurrence, will be discussed at a meeting between the Association and the Hospital in an effort to reach a resolution or to clarify the actual circumstances surrounding the incident. Such meeting will include the Manager, Director, or Supervisor involved. A copy of the meeting minutes shall be forwarded to the Chief Nursing Officer. At their option, the Nurse(s) who filed the protest either may a) attend the next scheduled Professional Issues Council Meeting to present and discuss the findings of the AUP meeting, or b) schedule the AUP meeting at a later date to include Chief Nursing Officer in addition to the Manager, Director, and Shift Administrator.
4. After the Nurse has explained their reasons and concerns, and if the Manager, Director, or Supervisor requires that the Nurse carry out the order, direction, or

assignment, the Nurse shall document the pertinent facts leading to the circumstances which were the basis for their refusal to perform or performance under protest. The documentation shall be submitted by the Nurse before leaving duty, and shall include, but not be limited to, the date, time, persons involved, brief summary of the facts, including actions taken, and, persons who were notified of the incident. The Nurse shall then ask the Manager, Director, or Supervisor to sign a copy of such documentation to verify receipt. The Nurse may use a form prepared by the Association, if the Nurse desires, but the requirements of this paragraph shall otherwise be met. By agreeing to receive such documentation, neither the Hospital nor any of its supervisory persons or agents are to be construed as agreeing with the validity of the Nurse's beliefs, concerns, refusal to perform or performance under protest, or the accuracy of the facts stated.

D. Issues Pertaining to Nurse Staffing

1. Staffing of Nurse positions in each department, on each shift, will be maintained at a level which will enable Nurses to meet California state law and Title 22 patient care requirement regulations with regard to assessing patients and evaluating their plan of care. Any questions or disputes of any kind relating to this paragraph shall be resolved by (1) The Nurse(s) discussing their concern and the pertinent facts with their immediate supervisor, (2) if not resolved, the Nurse(s) will submit their concern in writing, along with any pertinent facts, to their Director and the Association simultaneously, who will then meet and discuss the difficulties with meeting Title 22 requirements and formulate a plan that will enable the Nurse(s) to meet the requirements, and (3) if the question remains unresolved, it shall be referred to the Chief Nursing Officer who will place it on the agenda for joint discussion at the Coordinating Council. No questions or disputes of any kind relating to this paragraph shall be subject to the Grievance and Arbitration provisions.
2. The Parties agree that SRMH will act in full accordance with California state law and Title 22 regulations regarding the Nurse to Patient ratios and Registered Nurse's role in patient care. When determining the Nurse-to-Patient ratios as specified by the DHS, only licensed Nurses providing direct care who have patient care assignments in each department will be counted in the Nurse-to-Patient ratio. There will be a designated Lead Nurse for each shift in each department. However, the designated Lead Nurse for each shift in each department shall not be counted in

the Nurse-to-Patient ratios/matrix. The designated Lead Nurse shall be considered in addition to the core staffing required to comply with mandated Nurse-to-Patient ratios. Matrices are available to Nurses upon request, and will be provided to SNA. If matrices are modified, the Association shall be provided with a copy of the modified matrices within a reasonable period of time thereafter. The Association may direct any concerns to the Chief Nursing Officer. The data, analyses and calculations utilized by the Hospital in creating and implementing its matrices shall not be subject to the grievance and arbitration provisions of this contract.

3. The Lead Nurse shall count in the Nurse-to-Patient ratios/matrix in the following departments: Electrophysiology, Ambulatory Surgery Center Surgical, Ambulatory Surgery Center Pre-Op and PACU and Endoscopy.
4. There will be a Lead Nurse in the following departments, for designated shifts only, as follows: Cardiovascular Services (including Cardiovascular PACU) (Days only), Peri-Op (Days & PMs only) and Pre-Op and Post Anesthesia Care Unit (PACU) (Days and PMs only).
5. Lead Nurse will assume responsibility for the following combined areas for each shift: Mother/Baby (including Labor and Delivery).
6. When department census falls below 8 (eight) the Lead Nurse may have a patient assignment.
7. If new departments are created, existing departments are closed, or departments are reconfigured, the parties will meet to discuss the Lead Nurse issue.
8. The Parties agree to discuss optimal staffing ratios in the Nursing Coordinating Council. This includes discussion regarding the best utilization of all members of the patient care team (RN's, LVN's and Care Partners).
9. When a nursing department is staffed for any particular shift at a level less than specified by the department's ratios/matrix (in terms of staff and/or skill mix), the Lead Nurse, Shift Administrator, and Manager/Director shall, at the request of any one of them, confer at the beginning of the shift concerning:
 - a. Setting priorities for patient care;
 - b. The mobilization of resources from elsewhere in the Hospital to assist the

staff in the department for the shift; and

- c. The ongoing plan for obtaining additional Nurses to meet the staffing matrix criteria for the shift.

10. **Meal and Break Relief**

The Parties share a goal of ensuring that Nurses are provided with meal periods and permitted or authorized to take rest periods in accordance with California law. Nurses working eight (8) hour and ten (10) hour shifts shall be given one (1) fifteen (15) minute rest periods per four (4) hour period of work or major fraction thereof and one (1) thirty (30) minute duty-free meal period per five (5) hour work period or major fraction thereof. Nurses working twelve (12) hour shifts shall be given three (3) fifteen (15) minute rest periods (one per four (4)-hour period of work or major fraction thereof) and two (2) thirty (30) minute duty-free meal periods. To the extent practicable, the rest breaks will be given in the middle of each four (4) hour work period and meal period will be given before the end of each five (5) hour work period. In accordance with state law, one of the meal periods may be voluntarily waived.

11. **Patient Classification System**

- a. The Hospital shall establish and maintain a reliable and valid Patient Classification System.
- b. The Patient Classification Committee shall be composed of at least fifty percent (50%) Staff Nurses who provide direct patient care. A Staff Nurse member and a Nursing Management member shall serve as co-chairs of the committee. The Association shall appoint the Staff Nurse co-chair. The co-chairs shall agree on the appropriate clinical specialties to be represented by members of the committee.
- c. The Patient Classification Committee shall meet at least monthly if a new Patient Classification System is being established and then until all Nurses are trained in its use. Otherwise, the committee shall meet at least quarterly.
- d. The Responsibilities of the Patient Classification Committee shall include:

- (1) Participate in the development and implementation of the Patient Classification System.
- (2) Participate in the assessment, continued planning and evaluation of the Patient Classification System.
 - (a) Per Title 22 regulations, the Patient Classification System must be reviewed at least yearly.
 - (b) Members of the Patient Classification Committee must have access to all data and trend information generated by the Patient Classification System, including Variance reports showing the difference between the actual and required staff on a day to day and shift by shift basis.
- (3) Conduct validity and reliability studies of the Patient Classification System at least annually.
- (4) Establish means by which Staff Nurses may have regular input into the Patient Classification System. Such means must be publicized quarterly. The Patient Classification Committee shall respond in a timely manner to Staff Nurses providing such input and such response shall include the disposition of the Nurse's concerns.
- (5) Make changes/adaptations in the Patient Classification System as needed to assure that the system accurately captures patient acuity and care needs.
- (6) Recommend the type and extent of Patient Classification System training for Staff Nurses.
- (7) Participate in ongoing Patient Classification System training for Staff.
- (8) Determine the guidelines for implementation and operation of the Patient Classification System as a staffing tool.
- (9) If the Patient Classification Committee is unable to reach a consensus on an issue or issues within its scope as defined above,

such issue(s) shall be referred to the Chief Nursing Officer who will meet with the committee to discuss the issue(s) before the CNO makes their final resolution.

12. **Effect of Patient Acuity on Nurse-to-Patient Ratios**

- a. Per Title 22 Regulations, the Nurse to Patient Ratios specified by California state law represents minimum staffing levels. The ratios are to be modified according to patients' needs as established by a Patient Classification System.
- b. The Hospital shall demonstrate to the Patient Classification Committee and to Staff Nurses in each department how patient Acuity, as established by the Patient Classification System, modifies the Nurse-to-Patient Ratios in each department.
- c. For those departments where a ratio of two (2) patients per Nurse is specified (e.g. Critical Care Department), the Acuity criteria defining a patient requiring a 1:1 Nurse-to-Patient ratio shall modify the 1:2 ratio.
- d. Staffing for each shift, in each department utilizing the Patient Classification System, shall reflect the effect of patient acuity as determined by the Patient Classification System.

E. **Patient Advocacy**

Each Nurse has the responsibility to act as a patient advocate in accordance with the Nurse Practice Act. If in this role a Nurse reasonably believes it necessary to call attention to a condition which they also reasonably believe compromises required standards of care, the Nurse shall report it to their immediate supervisor. The Hospital will investigate the condition and will take any appropriate remedial action it finds necessary. No Nurse submitting such a report will be disciplined for so doing. A Nurse or the Association may grieve or elect to arbitrate any disciplinary action taken against a Nurse(s) for making such a report. Any other questions or disputes of any kind relating to this paragraph, including where a Nurse believes that punitive action other than disciplinary action has occurred because of making a report (such as changes in assignments, etc.) shall be resolved by (1) The Nurse(s) discussing their concern and the pertinent facts with their immediate supervisor, (2) if not resolved, the Nurse(s) will submit their concern in writing, along with

any pertinent facts to their Director and to the Association simultaneously, who will then meet and discuss it, and (3) if the question remains unresolved, it shall be referred to the Chief Nursing Officer who will place it on the agenda for joint discussion at the Coordinating Council. No questions or disputes of any kind relating to this paragraph shall be subject to the Grievance and Arbitration provision, except a Nurse who perceives that disciplinary or severe, unresolved punitive action is being taken against them because of having made a report, has access to the provisions of the Grievance and Arbitration Procedure to grieve the action.

F. Use of Technology

New Technology pertaining to patient care shall be developed and applied with input to the design, implementation, education of Staff Nurses, and evaluation of effectiveness from Staff Nurses who are directly involved with patient care in departments affected by the technology. Further, technology shall not be used to supplant the nursing process, the clinical judgment and accountability of Registered Nurses in providing patient care. Technology should be consistent with the provision of safe, therapeutic and effective patient care.

ARTICLE XVII - WORKPLACE HEALTH AND SAFETY

A. Health, Welfare and Safety

1. The Parties will work together to maintain a safe place of employment for Registered Nurses.
2. Workplace Violence Prevention
 - a. The Employer shall maintain a Workplace Violence Program compliant with the Cal-OSHA standard on Workplace Violence Prevention in Health Care (California Code of Regulations, Title 8 Section 3342) (the “Workplace Violence Standard”).
 - b. As part of its compliance with the Workplace Violence Standard, the Hospital will actively involve the Association in the ongoing developing, implementation, and review of the Workplace Violence Program, including the Association’s participation in identifying, evaluating, and correcting workplace violence hazards, designing and implementing training, and reporting and investigating workplace violence incidents.

- c. A Nurse who has been injured physically and/or psychologically, or who witnessed an act of violence or aggression will be offered appropriate medical care and/or counseling. The incident should be reported immediately to the manager/house supervisor and the Nurse may request a patient reassignment. Such a request shall not be unreasonably denied, taking into account whether other nursing staff are available to care for the patient. The Association may request to discuss at NCC any specific instances where its members have reported that their requests for patient reassignment were denied.
- d. Following an incident of workplace violence, the Hospital will conduct a post-incident debrief with those involved in the incident, which shall include as applicable:
 - i. Reviewing patient specific risk factors and any risk reduction measures specified for that patient.
 - ii. Reviewing whether appropriate corrective measures developed under the workplace violence prevention plan were effectively implemented.
- e. Workplace Violence Prevention shall become a standing agenda item for the PRNC's meetings with the Chief Nursing Officer or designee. The Committee will be given data of the previous month's workplace violence incidents. If the committee believes additional data is needed in order to make recommendations, they can discuss with the Chief Nursing officer or designee. In connection with this agenda item, the Committee will discuss the following:
 - i. Signage and other visual displays informing employees, patients and visitors that the Hospital has a zero-tolerance policy for aggressive behavior towards Hospital caregivers.
 - ii. Workplace violence hazards and solution implementation.
 - iii. Review of trends in the report(s) of workplace violence incidents.
 - iv. Periodic review of the Hospital's program to comply with the Workplace Violence Standard and compliance with California Code of Regulations, Title 8 Section 3342
 - v. Make recommendations for changes required to comply with Violence Workplace Violence Standard and California Code of Regulations, Title 8 Section 3342
 - vi. Meet with the Hospital's Director of Risk or delegate quarterly.

ARTICLE XVIII - ASSOCIATION/HOSPITAL COMMITTEES AND MEETINGS

A. Professional Registered Nurses Committee

1. Membership

The PRNC consists of one Nurse from each department, elected by the Nurses from that department and a representative of the Association board. A Chair and/or Co-Chair will also be elected by the committee members each year. Either the Chair or Co-Chair will attend the monthly Central Partnership meeting and report on the progress and recommendations of the committee. The Chief Nursing Officer or designee shall be a special member of the PRNC. The Chief Nursing Officer or designee will attend PRNC meetings to discuss implementing recommendations.

2. Purpose

The Hospital and the Union recognize that a shared governance model is mutually beneficial and promotes safety, competent nursing practices, and a healthy work environment. The PRNC is part of the shared governance model at the Hospital. The Hospital recognizes the responsibility of the PRNC to recommend measures objectively to improve patient care, and nursing practice and maintain a healthy work environment. The PRNC will examine, evaluate, and make recommendations concerning:

- a. Standards for nursing practice;
- b. Improvement of patient care and nursing practice;
- c. Issues affecting the health and safety of Nurses including workplace violence and healthy work environment;
- d. Standards for establishing and sustaining a healthy work environment and included skilled communication, collaboration, effective decision making, appropriate staffing, meaningful recognition and authentic leadership;
- e. Recruitment and retention.

Where another shared governance committee's work intersects with the PRNC's work, cross-council will occur.

3. **Meetings**

a. **Frequency**

The PRNC shall meet regularly, at least once per month for two (2) hours. Meetings of less than the full PRNC also may be held for particular subjects, and sub-committees may be formed for the same purpose, but any such meetings shall not be substituted for monthly PRNC meetings without PRNC's concurrence.

b. **Agenda**

The agenda for the PRNC shall be determined one week in advance by the Chairperson with input from the committee members, and delivered to committee members so that they may be prepared for an extensive and productive discussion. A copy of the agenda will simultaneously be submitted to the Chief Nursing Officer and the Association, for information. Workplace Violence incidents will be a standing agenda item as stated in Article XVII.

c. **Compensation for Attendance**

PRNC members shall be released from work without pay for a maximum of four (4) hours for PRNC meetings. In order to be released from work for PRNC meetings, PRNC members shall request time off to attend regularly scheduled PRNC meetings in advance of the schedule being posted. The Hospital will contribute up to two (2) hours pay a month, at the Nurse's base rate of pay for each PRNC member, for attendance at official meetings at which the Chief Nursing Officer, or designees is in attendance. Either the Chair or Co-Chair shall be paid for attendance at the Central Partnership monthly meeting.

d. **Minutes**

The PRNC shall keep minutes of all meetings, copies of which shall be distributed to the Chief Nursing Officer or designee, the Association and committee members via email and/or posted to committee website on the Hospital's SharePoint website. Such minutes shall include the

recommendations or questions of the PRNC. Within three (3) weeks (not 21 days as measured by Article XXI, Section F) of receipt, the Chief Nursing Officer or designee, will respond in writing to these recommendations.

e. **Communications**

Similarly, the PRNC shall respond to recommendations or questions submitted by the Chief Nursing Officer, within three (3) weeks (not 21 days as measured by Article XXI, Section F) of receipt.

f. **Facilities**

If PRNC wishes to use a meeting room at the Hospital for a PRNC meeting, the Hospital will arrange for a meeting place in accordance with its standard procedures, including availability.

B. Injury and Illness Prevention Program Committee

One representative of the Association shall be included in the IIPP or any other committee dealing with this subject matter and shall be given the same notice of all meetings of such committee(s) as is given to other committee members.

C. Association/Hospital/Meetings: Nursing Coordinating Council

Association Board members, the Human Resources Executive, the Chief Nursing Officer, and other representatives of Nursing Leadership, if designated by the Hospital, will meet to present ideas and suggestions and to discuss and resolve current or potential contract problems or issues not resolved by other means. Monthly meetings will be scheduled unless canceled by mutual agreement between the Association and the Hospital.

D. Pay for Department Meetings

Nurses who attend department staff meetings will be paid at their base rate of pay plus shift differential corresponding to the time the Nurse attends the meeting. Generally, hour long monthly meetings will be held by each department. Adequate time will be provided for open discussion amongst Nurses and their Department Manager/Director regarding department related issues.

E. Pay For Council/Committee/Task Force Meetings

1. Patient Care Services will determine those Councils, Committees or Task Forces that it will establish or continue as contributing towards improving the quality of care. The Chief Nursing Officer will oversee the functioning and the composition of such Council/Committees/Task Forces. Nurses will be compensated at their base rate of pay plus shift differential corresponding to the time the nurse attends the meeting. SNA Board members shall not be paid by the Hospital for attendance at Nursing Coordinating Council meetings.
2. A maximum of two (2) members of the Association Board may be scheduled up to one (1) unpaid shift off per pay period without loss of benefit accruals for such shifts. The particular shift off may be requested by the affected board member but shall be subject to the approval of the Nurse Manager to ensure appropriate staffing. A Nurse shall be eligible to request scheduling of this time off in order to conduct Association business related to the Hospital, such as to attend Hospital related activities.

ARTICLE XIX – DISCIPLINE

A. Grounds For Disciplinary Action

No Nurse will be discharged or disciplined nor will any entry be made against any Nurse's record without good cause. Where disciplinary action is taken, the Nurse will be informed of the reason for the disciplinary action, and if the disciplinary action taken is a suspension, the Nurse also will be informed of the duration of the suspension and of the Nurse's return to work date.

This provision will not preclude the Hospital from suspending a Nurse pending an investigation and pending a final decision concerning disciplinary action, if any, which may be appropriate, and such a suspension pending investigation shall not constitute disciplinary action, where the Hospital's final decision is that disciplinary action is not warranted and the Nurse is paid for any work time lost.

B. Timing of Disciplinary Action

The Hospital will conclude its investigation of alleged misconduct and inform the Nurse of discipline within thirty (30) days that the Manager/Director has knowledge of the event

which indicates that discipline is warranted. The Association shall not unreasonably deny requests for a specific extension of time in which the complexity of the issue(s) requires greater time to assure a fair and comprehensive investigation. The applicable deadline shall be extended by a Nurse's leave of absence and/or by the Nurse's failure to attend a previously scheduled investigatory or notification meeting.

C. Suspensions

If disciplinary action is taken by suspending a Nurse from duty, the Nurse shall only be paid for actual hours worked. No employee benefits will be paid to any Nurse while suspended, but time lost because of suspension will not, otherwise, affect benefit accumulation. No disciplinary suspension shall exceed thirty (30) days in length.

D. Counseling and Disciplinary Probation

1. Before a Nurse can be terminated for unsatisfactory performance, they must be interviewed and a written action plan will be developed by the Nurse's Manager/Director that is aimed at eliminating the problem by notifying the Nurse as to the improvement which is required. The Nurse's improvement will be expected over a defined disciplinary probationary period not to exceed ninety (90) calendar days, and no disciplinary action shall be taken if the expected improvement occurs. The requirements of a written action plan and of a probationary period prior to termination may be waived only if the Hospital believes, based on the facts known to it, that patient safety, well-being or health will be jeopardized if the Nurse continues to work in the department.
2. Wage increases will not be given to an employee on probation, but other benefits will not be affected.
3. It is not required that multiple probationary periods be used where several problems exist prior to and/or during the probationary period. Furthermore, if the same or different problems occur after the satisfactory completion of a probationary period, a new probationary period will be required before any termination can occur unless two probationary periods previously were received by a Nurse for performance problems. This paragraph is subject to the last sentence of Section D-1 above.

E. Right To Association Representation

Any Nurse involved in an investigatory discussion with Hospital management that may result in discipline will be advised of the reason for the meeting. The Nurse may, upon request, have an Association representative present during such discussion if such representative can be present within seventy-two (72) hours of such request. The Association shall select the representative, and said representative shall be authorized to represent the Association in the interview proceedings. The failure to request or to have a representative present shall not preclude the Hospital from imposing discipline if, in its judgment, such discipline is warranted. Nothing in this Section shall permit or justify a Nurse refusing to comply with an instruction or direction of the supervisor or to refuse to explain why the Nurse is refusing to obey an order or direction at the time it is given and refused.

F. Review of Personnel File

1. A Nurse may review their personnel file upon request. Similarly, upon request, a Nurse may review Nursing Administration's personnel file for the Nurse. Review of files shall take place in the Personnel Department during normal business hours, and a Hospital representative will be present during such review. A Nurse may submit a written rebuttal to any material in their files, and if submitted, it shall be placed in the applicable file.
2. No disciplinary or counseling report or record will be relied upon to substantiate current disciplinary action after a period of two years from the date the report or record was written if there has been no repetition of unsatisfactory performance, conduct, or attendance during that two-year interval. The only exception is that such reports or records may be used to substantiate that notice was given to the Nurse of the Hospital's standards, expectations, or grounds for disciplinary action.
3. No disciplinary or adverse records or report shall be used against a Nurse in any disciplinary proceeding unless it has been signed by the Nurse. It is to be signed at the time it was prepared unless both parties are not available at that time, in which case it shall be signed and filed as soon as possible when they are available. This prohibition shall not apply to anecdotal notes or to Hospital investigatory materials (e.g., notes from speaking to witness, witness reports, etc.), or to disciplinary or adverse records or a report that the Nurse has been shown but has refused to sign.

G. Arbitrability

All disputes and grievances arising under this provision shall be subject to the Grievance and Arbitration procedure set forth in this Agreement.

If discharge or discipline is reversed or modified through use of the Grievance Procedure, the record of the Nurse will be corrected accordingly and the Nurse will be compensated for any loss in accordance with the decision rendered.

ARTICLE XX - RESIGNATIONS AND TERMINATION NOTICE

A. Notice Of Resignation

The Nurse will give the Hospital two weeks' written notice of resignation from their employment, unless waived by the Hospital.

B. Termination Notice

1. For Nurses who have completed the probationary period, but who have not completed one (1) year of continuous service, the Hospital will give one (1) day's advance notice of such termination for each full month of service, to a maximum of two (2) calendar weeks.
2. For Nurses who have completed one (1) year of continuous service, the Hospital will give two (2) calendar weeks' notice.
3. The Hospital may give pay in lieu of notice, or a combination thereof.
4. Advance notice and/or payment in lieu will not be required if a Nurse is discharged for good cause.

ARTICLE XXI- GRIEVANCE AND ARBITRATION

A. Grievance Defined

A grievance is defined as any complaint arising from the interpretation or application of this Agreement. The purpose of the grievance procedure, and its various steps, is to allow for a review of the facts and circumstances relevant to the incident or situation giving rise

to the grievance so that each party can determine, as applicable, whether a grievance should be upheld, dropped, settled or referred to the next step.

B. Grievance And Arbitration Procedure

All grievances filed by a Nurse shall be processed as follows:

Informal Discussion. The Nurse shall request a meeting with their Manager/Director to discuss the complaint informally. Such requested meeting shall be held within seven (7) days of the request. If the complaint is not resolved to the Nurse's satisfaction, and if the Nurse wishes to pursue their complaint, the following formal grievance procedure shall be followed:

Step 1: The grievance shall be presented in writing to the Nurse's Manager or designee within twenty (20) days after the date of the Hospital's action or inaction which is being grieved, unless the Nurse establishes that they did not and could not have knowledge of the Hospital's action or inaction, in which case it shall be presented within twenty (20) days after the date the Nurse has knowledge of the action or inaction giving rise to the grievance. The Manager or designee will reply in writing within seven (7) days after receipt of the Step 1 written grievance.

Step 2: If the Nurse is not satisfied with the reply in Step 1, they may, within seven (7) days after the date of the Step 1 response, present the grievance in writing to the Director or designee. A meeting with the Director or designee will be held within seven (7) days after the Director's receipt of the written grievance. The Director shall reply in writing within seven (7) days after the date of the meeting.

Step 3: If the Nurse is not satisfied with the reply in Step 2, they may, within seven (7) days after the date of the Step 2 response, present the grievance in writing to the Chief Nursing Officer or designee. A meeting with the Chief Nursing Officer or designee will be held within seven (7) days after the Chief Nursing Officer's receipt of the written grievance. The Chief Nursing Officer shall reply in writing within seven (7) days after the date of the meeting.

Step 4: If the Nurse is not satisfied with the reply in Step 3, they may, within seven (7) days after the date of the Step 3 response, present the grievance in writing to the Chief Executive Officer of the Hospital or designee. A meeting with the Chief Executive Officer or designee will be held within seven (7) days after the Chief Executive Officer's receipt

of the written grievance. The Chief Executive Officer shall reply in writing within ten (10) days after the meeting.

Step 5: If the Nurse is not satisfied with the reply in Step 4, then within fifteen (15) days after the date of the Step 4 response, the Association may, by written notice to the Hospital, demand that the grievance be submitted to final and binding arbitration by an impartial arbitrator. If within seven (7) days from the date of such notice the Association and the Hospital are unable to agree upon an arbitrator, they shall jointly request the Federal Mediation and Conciliation Service to submit a panel of seven (7) arbitrators who are members of the National Academy of Arbitrators residing in Northern California. The Association and the Hospital shall each strike from said list alternately three (3) names, after determining the first strike by lot, and the remaining name shall be that of the arbitrator. The arbitrator shall promptly conduct a hearing on the grievance at which the Association and the Hospital shall be permitted to present their evidence and arguments. The decision of the arbitrator shall be rendered in writing and shall be final and binding upon the Association and the Hospital. All fees and expenses of the arbitration shall be shared equally by the Association and the Hospital. No arbitrator shall have the power to modify the terms of this Agreement.

It is understood that if any of the individuals specified in Steps 2, 3 and/or 4 are not available to meet within the time frame allowed, the parties shall agree to 1) designate another management employee to participate in the meeting, or 2) agree in writing to meet at a mutually convenient later date.

C. Notices and Replies

All notices and replies provided for in this Section shall be sent via email to the Nurse or to the Hospital representative specified in the particular step of the grievance and arbitration procedure. If said Hospital representative is not available, the reply or notice may be sent to the person who accepts communications for the specified representative in the normal course of business.

D. Representation

The Grievant shall have the right to be represented by an Association representative at Step 2 and succeeding steps of the grievance procedure.¹

E. Association and Hospital Grievances

The Association and the Hospital have a mutual desire to work out issues in a timely and professional manner. The Association and the Hospital may file grievances involving issues concerning the interpretation, application, or compliance with the provisions of this Agreement, provided such issues have actual and existing application to present circumstances. Grievances filed by the Association, or the Hospital must be filed within thirty (30) days of the date the grieving party knew or reasonably should have known about the event giving rise to the grievance. When a grievance is filed under this paragraph the parties shall meet in an attempt to resolve the matter within ten (10) days of the service of the notice of the dispute. The responding party shall reply within ten (10) days from the meeting date. If they are unable to resolve it within fifteen (15) days of the postmarked date on the reply, the grieving party may refer the grievance to arbitration in the manner set forth above in Section B, Step 5, and the procedure described therein shall be followed.

F. Time Limits

The time limitations specified in the grievance and arbitration procedure shall be strictly construed and observed and may be extended only by the advance mutual and written agreement of the parties. In calculating time limits under this Article, calendar days shall be used, but Saturdays, Sundays, and holidays other than floating holidays, shall not be counted.

¹ The term "Association representative" as used in this Agreement refers to a designated representative (non-employee or covered Nurse) who has been previously authorized as an agent of the Association for purposes of contract negotiation, administration, and the grievance procedure. The Association will notify the Chief Human Resources Officer within thirty (30) calendar days after ratification of this Agreement, of the names of its Association representatives, consisting of one Association Representative from each unit (i.e., ICU and CCU to continue to have own representative) in addition to the President, Vice President, Secretary, Treasurer and Board members of the Association.

G. No Strike or Work Stoppage

The Association and the Hospital have provided in this Agreement an orderly method for resolving disputes covering the terms of this contract and involving employees in this bargaining unit. Both the Hospital and the Association pledge to utilize the grievance procedure wherever applicable and declare their opposition to lockouts and strikes as a matter of attempting to resolve such disputes.

1. **No Lockout**

The Hospital agrees that during the term of this Agreement it will not engage in any lockout of the employees covered by this Agreement.

2. **No Strike**

There shall be no strikes, sympathy strikes, lockouts, or other stoppages or interruptions of work during the life of this Agreement.

3. **Expedited No Strike Grievance Arbitration**

a. If the Hospital believes that there has been a violation of the no-strike provisions of Section G-2 by any employee or employees, such alleged violation shall be submitted in writing to the Association as soon as possible. Unless the grievance is resolved to the Hospital's satisfaction in the meantime, the Hospital shall submit to the Association's representative the names of seven (7) neutral arbitrators who are members of the National Academy of Arbitrators residing in Northern California and within twenty-four (24) hours from the time of the alleged violation, the arbitrator shall be selected. The arbitrator shall be selected by the Association and the Hospital each striking alternately three (3) names, after determining the first strike by lot, and the remaining name shall be that of the arbitrator.

b. The arbitrator shall conduct a hearing within forty-eight hours after selection or appointment and shall render a final decision at the hearing as a bench decision, or, if the parties mutually agree in writing, within twenty-four (24) hours after conclusion of the hearing. The arbitrator's decision is final and binding. The arbitrator shall also put their decision in writing and sign it as soon as possible and not later than forty- eight (48)

hours after conclusion of the hearing.

- c. The expense of arbitration shall be shared equally between the parties.
- d. The arbitrator shall have no authority to ignore, add to, subtract from, alter, amend, change or nullify, the terms of this Article and Agreement.

4. **Expedited No Lockout Grievance Arbitration**

The same procedures as described in Section G-3 above, modified as necessary to reflect the Association as the moving party, shall be employed if the Association believes there has been a violation of the no lockout provision of Section G-1.

ARTICLE XXII - MINIMUM STANDARDS

The Hospital shall not be precluded from increasing the salary or benefits of a Nurse covered by this Agreement to a level above the minimum standards established herein.

ARTICLE XXIII – NOTICES

Notices given under this Agreement shall be sent via email to the Human Resources Director of Providence Santa Rosa Memorial Hospital located at 1165 Montgomery Drive, Santa Rosa, California 95405; and to the President of the Staff Nurses’ Association located at 200 Montgomery Drive, Suite B, Santa Rosa, California 95404. If said Hospital or Union representative is not available, the notice may be sent to the person who accepts communications for the specified representative in the normal course of business.

ARTICLE XXIV- SAVINGS CLAUSE

If any Article or Section of this Agreement should be held invalid by law or if compliance with or enforcement of any Article or Section should be restrained, the remainder of this Agreement shall not be affected thereby.

ARTICLE XXV - THE AMERICANS WITH DISABILITIES ACT

The Hospital is covered by the Americans with Disabilities Act (the ADA). The ADA prohibits discrimination against applicants or employees with ADA disabilities. The ADA also requires reasonable accommodation for qualified applicants and employees with ADA disabilities who can perform the essential functions of their jobs with or without reasonable accommodation.

Where there is a claimed inconsistency between the Hospital's ADA obligations and other provisions of this Agreement:

1. The Hospital is allowed to take those actions that are reasonably necessary for complying with the ADA, without violating this Agreement.
2. Questions concerning the Hospital's ADA obligations (whether, for example, it is in compliance with the ADA, are its actions under the Agreement reasonably necessary for ADA compliance, etc.) are to be resolved by using the procedures, rights, remedies, and standards of the ADA, as enforced and interpreted by the Equal Opportunity Commission and the courts.
3. The Association recognizes that in such cases, the ADA takes precedence over the Agreement; accordingly, the Association is not liable to Nurses where actions taken by the Hospital under this Article result in an ADA charge being filed.

ARTICLE XXVI - TERM OF AGREEMENT

This Agreement shall be in effect from October 27, 2023 through September 30, 2026. The Agreement shall terminate on October 1, 2026 unless the parties mutually agree in writing to extend its terms for a specific period. Written notice to the other party and to the appropriate Federal and State agencies shall be given not less than ninety (90) days prior to the termination date of this Agreement. Any interim modifications must be in writing, mutually agreed upon, and signed by the appropriate representatives of the Association and the Hospital.

ARTICLE XXVII - CONTENTS OF AGREEMENT

This Agreement consists of 113 pages, including Appendices A through J.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of _____.

STAFF NURSES ASSOCIATION

SANTA ROSA MEMORIAL HOSPITAL

By: _____

By: _____

APPENDIX A
WAGES

STAFF NURSE RATES:

| Staff Nurse I: New Graduate or < 6 months of experience | | | | | |
|---|---|------------------------------------|---------------------|----------------------|----------------------|
| Experienced nurses start at different steps. | | | | | |
| Advancement through steps are annually through Step 5. | | | | | |
| Step 6-9 are based on years of service. | | | | | |
| Step 6=10 years of service | | Step 7=15 years of service | | | |
| Step 8=20 years of service | | Step 9= 25 years of service | | | |
| Description | Step | Effective 12/3/23 | Effective 4/7/24 | Effective 10/6/24 | Effective 10/5/25 |
| | | 7.50% | 1% | 5% | 3.50% |
| SNA-Staff Nurse I | 1 | 64.76 | 65.41 | 68.68 | 71.08 |
| SNA-Staff Nurse II | 1 | 68.17 | 68.85 | 72.29 | 74.82 |
| SNA-Staff Nurse II | 2 | 71.57 | 72.29 | 75.90 | 78.56 |
| SNA-Staff Nurse II | 3 | 75.16 | 75.91 | 79.71 | 82.50 |
| SNA-Staff Nurse II | 4 | 78.93 | 79.72 | 83.71 | 86.64 |
| SNA-Staff Nurse II | 5 | 82.85 | 83.68 | 87.86 | 90.94 |
| SNA-Staff Nurse II | 6 | 86.99 | 87.86 | 92.25 | 95.48 |
| SNA-Staff Nurse II | 7 | 89.16 | 90.05 | 94.55 | 97.86 |
| SNA-Staff Nurse II | 8 | 91.41 | 92.32 | 96.94 | 100.33 |
| SNA-Staff Nurse II | 9 | 93.68 | 94.62 | 99.35 | 102.83 |
| SNA-Staff Nurse III | 1 | 71.57 | 72.29 | 75.90 | 78.56 |
| SNA-Staff Nurse III | 2 | 75.16 | 75.91 | 79.71 | 82.50 |
| SNA-Staff Nurse III | 3 | 78.93 | 79.72 | 83.71 | 86.64 |
| SNA-Staff Nurse III | 4 | 82.85 | 83.68 | 87.86 | 90.94 |
| SNA-Staff Nurse III | 5 | 87.00 | 87.87 | 92.26 | 95.49 |
| SNA-Staff Nurse III | 6 | 91.32 | 92.23 | 96.84 | 100.23 |
| SNA-Staff Nurse III | 7 | 93.60 | 94.54 | 99.27 | 102.74 |
| SNA-Staff Nurse III | 8 | 95.97 | 96.93 | 101.78 | 105.34 |
| SNA-Staff Nurse III | 9 | 98.35 | 99.33 | 104.30 | 107.95 |
| SNA-Staff Nurse IV | 1 | 75.16 | 75.91 | 79.71 | 82.50 |
| SNA-Staff Nurse IV | 2 | 78.93 | 79.72 | 83.71 | 86.64 |
| SNA-Staff Nurse IV | 3 | 82.85 | 83.68 | 87.86 | 90.94 |
| SNA-Staff Nurse IV | 4 | 86.99 | 87.86 | 92.25 | 95.48 |
| SNA-Staff Nurse IV | 5 | 91.32 | 92.23 | 96.84 | 100.23 |
| SNA-Staff Nurse IV | 6 | 95.91 | 96.87 | 101.71 | 105.27 |
| SNA-Staff Nurse IV | 7 | 98.31 | 99.29 | 104.25 | 107.90 |
| SNA-Staff Nurse IV | 8 | 100.78 | 101.79 | 106.88 | 110.62 |
| SNA-Staff Nurse IV | 9 | 103.29 | 104.32 | 109.54 | 113.37 |
| SNA-Staff Nurse V | Staff Nurse IV rates plus 5% differential | | | | |

STAFF NURSE RATES – MANDATORY ON-CALL DEPARTMENTS:

| Staff Nurse I: New Graduate or < 6 months of experience | | | | | |
|---|---|-----------------------------------|-----------------------------|------------------------------------|------------------------------|
| Experienced nurses start at different steps. | | | | | |
| Advancement through steps are annually through Step 5. | | | | | |
| Step 6-9 are based on years of service. | | | | | |
| | | Step 6=10 years of service | | Step 7=15 years of service | |
| | | Step 8=20 years of service | | Step 9= 25 years of service | |
| Description | Step | Effective 12/3/23 | Effective 4/7/24 | Effective 10/6/24 | Effective 10/5/25 |
| | | 7.50% | 1% | 5% | 3.50% |
| SNA-Staff Nurse I | 1 | 68.02 | 68.70 | 72.13 | 74.65 |
| SNA-Staff Nurse II | 1 | 71.57 | 72.29 | 75.90 | 78.56 |
| SNA-Staff Nurse II | 2 | 75.17 | 75.92 | 79.72 | 82.51 |
| SNA-Staff Nurse II | 3 | 78.94 | 79.73 | 83.72 | 86.65 |
| SNA-Staff Nurse II | 4 | 82.89 | 83.72 | 87.91 | 90.99 |
| SNA-Staff Nurse II | 5 | 87.00 | 87.87 | 92.26 | 95.49 |
| SNA-Staff Nurse II | 6 | 91.36 | 92.27 | 96.88 | 100.27 |
| SNA-Staff Nurse II | 7 | 93.64 | 94.58 | 99.31 | 102.79 |
| SNA-Staff Nurse II | 8 | 95.98 | 96.94 | 101.79 | 105.35 |
| SNA-Staff Nurse II | 9 | 98.39 | 99.37 | 104.34 | 107.99 |
| SNA-Staff Nurse III | 1 | 75.17 | 75.92 | 79.72 | 82.51 |
| SNA-Staff Nurse III | 2 | 78.94 | 79.73 | 83.72 | 86.65 |
| SNA-Staff Nurse III | 3 | 82.89 | 83.72 | 87.91 | 90.99 |
| SNA-Staff Nurse III | 4 | 87.00 | 87.87 | 92.26 | 95.49 |
| SNA-Staff Nurse III | 5 | 91.36 | 92.27 | 96.88 | 100.27 |
| SNA-Staff Nurse III | 6 | 95.91 | 96.87 | 101.71 | 105.27 |
| SNA-Staff Nurse III | 7 | 98.31 | 99.29 | 104.25 | 107.90 |
| SNA-Staff Nurse III | 8 | 100.78 | 101.79 | 106.88 | 110.62 |
| SNA-Staff Nurse III | 9 | 103.29 | 104.32 | 109.54 | 113.37 |
| SNA-Staff Nurse IV | 1 | 78.93 | 79.72 | 83.71 | 86.64 |
| SNA-Staff Nurse IV | 2 | 82.89 | 83.72 | 87.91 | 90.99 |
| SNA-Staff Nurse IV | 3 | 87.00 | 87.87 | 92.26 | 95.49 |
| SNA-Staff Nurse IV | 4 | 91.36 | 92.27 | 96.88 | 100.27 |
| SNA-Staff Nurse IV | 5 | 95.91 | 96.87 | 101.71 | 105.27 |
| SNA-Staff Nurse IV | 6 | 100.71 | 101.72 | 106.81 | 110.55 |
| SNA-Staff Nurse IV | 7 | 103.22 | 104.25 | 109.46 | 113.29 |
| SNA-Staff Nurse IV | 8 | 105.81 | 106.87 | 112.21 | 116.14 |
| SNA-Staff Nurse IV | 9 | 108.46 | 109.54 | 115.02 | 119.05 |
| SNA-Staff Nurse V | Staff Nurse IV rates plus 5% differential | | | | |

APPENDIX B

SUMMARY OF LEAVES OF ABSENCE

This chart summarizes the terms and conditions that apply to Medical, Pregnancy, Family Leave, Workers' Compensation, Military, and Personal Leaves of Absence.

| Type of Leave | Eligibility | Basis for Approval | Length of Leave | Compensation & Benefits | Return from Leave |
|---|--|--|---|--|--|
| <p>Medical Disability</p> <p>(This description of the Medical Disability Leave shall remain in effect until the effective date of the Hospital-paid Short Term Disability benefit.)</p> | <p>Following 90 calendar days of employment for emergency medical conditions.</p> <p>After one year of employment, for all medically necessary reasons, except pregnancy-disability.</p> <p>All Nurses, regardless of work category.</p> | <p>Medical leave is required for absence of more than seven (7) days; if approved, leave starts first day of absence; if denied, leave and compensation stops.</p> <p>Certification of a serious health condition by a Health care Provider, as defined by the US Department of Labor.</p> <p>Except in emergency, approval of leave requires thirty (30) calendar days' advance written notice.</p> | <p>Maximum of six (6) months, or period of time PTO/ is integrated with SDI, in a rolling twelve (12) month period measured backward from the date the leave of absence commences, whichever is longer.</p> <p>For PTO, and if treating physician differs with SDI as to disability, Hospital to obtain second physician for a second and determinative opinion.</p> <p><u>See Note 8</u></p> | <p>Accrued Paid Time Off (PTO) may be used and if used, is integrated with SDI. It starts at the commencement of leave, and is used for consecutive regularly scheduled workdays until exhausted (PTO may be pre-paid by Hospital at start of leave and in advance of formal SDI determination). Upon request by the Nurse, PTO will be integrated with SDI.</p> <p><u>See Note 5</u></p> <p>SDI eligibility for use of PTO not required for first week of absence, if not hospitalized.</p> <p>If the length of the leave will be less than 15 days, application for SDI is not required.</p> <p>Health Insurance benefits will continue under the same conditions that coverage would have been provided if the Nurse had not gone on a Medical Disability Leave, for a maximum of six (6) months.</p> | <p>Less than 180 calendar days: Same shift, Department and classification.</p> <p>180 calendar days or more: Endeavor to assign to same Department, shift and classification, but other Nurses are not involuntarily reassigned in order to do so Hospital will attempt to provide coverage for Nurse, and if successful, returned to same Department, classification and/or shift.</p> <p>6 months or more of leave time (in Leave Year or consecutive) for Medical, Pregnancy-Disability, Family Care, WC, and/or Extended Personal Leave(s): Return subject to vacancy in Department and classification, for which Nurse is qualified.</p> <p><u>See Note 6</u></p> |

| Type of Leave | Eligibility | Basis for Approval | Length of Leave | Compensation & Benefits | Return from Leave |
|----------------------|---|---|---|--|---|
| Family Leave | <p>One year of service and 1250 hours worked in the twelve (12) months preceding the commencement of the leave of absence.</p> <p>All Nurses regardless of work category.</p> | <p>Nurse needed to care for spouse, child, parent or legally domiciled member and his/her dependent children with serious health condition or within one year after birth, placement, adoption, or change in legal custody of child.</p> <p>Medical certification(s) may be required.</p> <p>Except in emergency, requests for leave require thirty (30) calendar days' written notice.</p> | <p>12 weeks within a Leave Year .which is a rolling twelve (12) month period measured backward from the date the leave of absence commences.</p> <p>Family Leave may be used in increments of one day in accordance with Family Leave regulations and as defined by the physician medical certification.</p> <p><u>See Note 8</u></p> | <p>Mandatory integration with state and any federal/local paid family leave.</p> <p>The Nurse may use PTO for family leave to care for spouse, child, parent or legally domiciled member and his/her dependent children with serious health condition or to care for newly born or adopted child, as provided by applicable state and federal law up to a maximum of 50% of accrual rate earned per calendar year based on RPT status.</p> <p>When used, PTO starts at beginning of leave, and is used consecutively thereafter for regularly scheduled work days until exhausted - PTO also is used for leave time after first two weeks unless Nurse elects not to do so.</p> <p><u>See Note 5</u></p> <p>Health insurance benefits will continue under the same conditions that coverage would have been provided if the Nurse had not gone on a leave for the duration of the Family Medical Care Leave.</p> | <p>12 weeks or less in Leave Year: Same shift, Department, and classification.</p> <p>More than 12 weeks in Leave Year: Endeavor to assign to comparable position, but other Nurses are not involuntarily reassigned in order to do so. Hospital will attempt to provide coverage for Nurse, and if successful, will be returned to same Department, classification, and/or shift.</p> <p>6 months or more of leave time (in Leave Year or consecutive) for Medical, Pregnancy-Disability, Family Care, WC, and/or Extended Personal Leave(s): Return subject to vacancy in Department and classification, for which Nurse is qualified.</p> <p><u>See Note 6</u></p> |
| Pregnancy Disability | <p>As of the first day of employment.</p> <p>All female Nurses regardless of work category..</p> | <p>Based on Nurses own medical disability due to pregnancy/ childbirth.</p> <p>Pregnancy leave is required for absence of more than two weeks; if approved, leave starts first day of absence.</p> <p>Except in emergency, approval of leave requires thirty (30) calendar days' written notice.</p> | <p>Maximum of six (6) months, or period of time that PTO is integrated with SDI, whichever is longer.</p> <p>For PTO, and if treating physician differs with SDI as to obtain second physician for a second and determinative opinion.</p> | <p>Paid Time Off (PTO) may be used, and is integrated with SDI and (once effective) STD. Integration starts at the commencement of pregnancy leave, and is used for consecutive regularly scheduled work days until exhausted (PTO may be pre-paid by Hospital at start of leave and in advance of a formal SDI determination).</p> <p><u>See Note 5</u></p> <p>SDI eligibility for use of PTO not required for first week of absence, if not hospitalized.</p> <p>If the length of the leave will be less than 15 days, application for SDI is not required. Health Insurance benefits will continue under the same conditions that coverage would have been provided if the Nurse had not gone on a Pregnancy Disability Leave for up to six (6) months.</p> | <p>Less than 180 calendar days: Same shift, Department, and classification.</p> <p>180 calendar days or more: Endeavor to assign to same Department, shift, and classification, but other Nurses not involuntarily reassigned to do so. Hospital will attempt to provide coverage for Nurse. If successful, will be returned to same Department, classification, and shift.</p> <p>6 months or more of leave time (in Leave Year or consecutive) for Medical, Pregnancy-Disability, Family Care, WC, and/or Extended Personal Leave(s): Return subject to vacancy in Department and classification, for which Nurse is qualified.</p> <p><u>See Note 6</u></p> |

| Type of Leave | Eligibility | Basis for Approval | Length of Leave | Compensation & Benefits | Return from Leave |
|--------------------------|---|--|--|---|---|
| Workers' Comp Disability | <p>All Nurses as of first day of employment, regardless of work category.</p> <p>Where medically necessary for work-related injury or illness.</p> <p>Injury/illness which is not job-related, is handled under "Leave of Absence - Medical."</p> | <p>Satisfactory medical proof/documentation (in conformity with state law).</p> <p>Written request for leave must be submitted if to be absent for more than two weeks.</p> | <p>Determined on case-by-case basis.</p> <p>Thirty (30) calendar days with verification from physician and every thirty (30) calendar days thereafter.</p> <p><u>See Note 8</u></p> | <p>Accrued Paid Time Off (PTO) pay may be used and is integrated with temporary WC benefits. It starts at the commencement of leave, and is used for consecutive regularly scheduled workdays until exhausted. <u>See Note 5</u></p> <p>Use of PTO during leaves requires eligibility for WC.</p> <p>Hospital-continuation of healthcare coverage (for benefited Nurses who are on approved Workers Compensation Leave) occurs for a maximum of up to six (6) months.</p> | <p>Less than 180 calendar days: Same shift, Department, and classification.</p> <p>180 calendar days or more: Endeavor to assign to same Department, shift, and classification, but other Nurses not involuntarily reassigned to do so. Hospital will attempt to provide coverage for Nurse and if successful, Nurse will be returned to same Department, classification, and shift.</p> <p>6 months or more of leave time (in Leave Year or consecutive) for Medical, Pregnancy-Disability, Family Care, WC, and/or Extended Personal leave: Return subject to vacancy in Department and classification for which Nurse is qualified.</p> <p><u>See Note 6</u></p> |
| Military | <p>As of first day of employment.</p> <p>All Nurses, regardless of category.</p> | <p>Verification from U.S. Military.</p> | <p>Depends upon specific form that service takes: for example, reservist on active duty, reservist on training, drafted or enlisted veteran.</p> | <p>In accordance with federal law.</p> <p>The hospital provides up to sixty (60) days of healthcare benefits continuation, on the same basis as during active employment, during a Military Leave.</p> | <p>In accordance with federal law.</p> |
| Extended Personal | <p>All Nurses after one year of continuous service, regardless of work category.</p> | <p>In Hospital's discretion; is for extraordinary circumstances.</p> <p>Request for leave must be submitted 30 calendar days in advance for absence of more than one week, except in an emergency.</p> | <p>As approved by Hospital up to a maximum of six (6) months in a rolling twelve (12) month period measured backward from the date the leave of absence commences in a rolling twelve (12) month period.</p> | <p>PTO must be used if the Nurse is benefits-eligible and has available PTO.</p> <p>PTO starts at commencement of leave, and is used thereafter for consecutive regularly scheduled work days until exhausted.</p> <p>The Hospital provides up to sixty (60) days of healthcare benefits continuation, on the same basis as during active employment during an Extended Personal Leave.</p> <p><u>See Note 5</u></p> | <p>If less than 30 calendar days:</p> <ul style="list-style-type: none"> •Return to same shift, classification, Department. <p>If 30 calendar days or more, endeavor to return to same shift, classification, Department, but the Hospital shall not be required to involuntarily reassign any Nurses in order to do so.</p> <p>6 months or more of leave time (in Leave Year or consecutive) for Medical, Pregnancy-Disability, Family Care, WC, and/or Extended Personal leave: Return subject to vacancy in Department and classification for which Nurse is qualified.</p> <p><u>See Note 6</u></p> |

| Type of Leave | Eligibility | Basis for Approval | Length of Leave | Compensation & Benefits | Return from Leave |
|-----------------------|---|---|--|--|--|
| Educational | All Nurses after one year of continuous service, regardless of work category. (But see Article IX, E, for Continuing Education leave.) | In Hospital discretion. Request for leave must be submitted 30 calendar days in advance. | As approved by Hospital, up to a maximum of two (2) years. | PTO must be used if the Nurse is benefits-eligible and has available PTO. PTO starts at commencement of leave, and is used thereafter for consecutive regularly scheduled work days until exhausted. The Hospital provides sixty (60) days of healthcare benefits continuation, on the same basis as during active employment, during an Educational Leave. | If less than 30 calendar days: •return to same shift, classification, Department If more than 30 calendar days, return may be subject to vacancy in Department and classification for which employee is qualified. <u>See Note 6</u> |
| Short Term Disability | Nurses with a full time equivalent (“FTE”) of 0.5 or greater and scheduled to work 20 hours or more per week, as well as grandfathered RPT-2 Nurses, will become eligible for short-term disability coverage at the date of hire or date moved into an eligible FTE status. Relief Nurses will continue to be eligible for unpaid leave as a reasonable accommodation of a disability. | Short-term disability leave is required for the Nurses own illness-related absence of more than three (3) days; if approved, leave starts first day of absence; if denied, leave and compensation stops. Nurse must be under the regular and appropriate care of a physician for pregnancy or a non-work related injury or illness that prevents the Nurse from performing work. An independent medical examination may be required. Except in emergency, approval of leave requires thirty (30) calendar days’ advance written notice. | Maximum of 26 weeks, including one –week waiting period. | Mandatory integration with state and any federal/local short-term disability insurance program. Accrued Paid Time Off (PTO) may be used for a combined wage replacement of 100% in tandem with the Hospital STD benefit and SDI. <u>See Note 5</u> SDI eligibility for use of PTO not required for first week of absence, if not hospitalized. Health Insurance benefits will continue under the same conditions that coverage would have been provided if the Nurse had not gone on a Short Term Disability Leave, for a maximum of six (6) months. | Less than 180 calendar days: Same shift, Department, and classification. 180 calendar days or more: Endeavor to assign to same Department, shift, and classification, but other Nurses are not involuntarily reassigned in order to do so Hospital will attempt to provide coverage for Nurse and if successful, returned to same Department, classification and/or shift. 6 months or more of leave time (in Leave Year or consecutive) for Medical, Pregnancy-Disability, Family Care, WC, and/or Extended Personal Leave(s): Return subject to vacancy in Department and classification, for which Nurse is qualified. <u>See Note 6</u> |

NOTES:

1. Leave is defined to include paid and unpaid time off.
2. Seniority is adjusted for the unpaid portion of the leave once it exceeds 30 calendar days.
3. During the unpaid portion of a leave, no benefits are accrued. Health, life and long-term disability insurance go to self-pay basis as of the date of ineligibility for Hospital-paid coverage. “Healthcare continuation” means a continuation of Hospital payments towards health coverage, including the Hospital payment for life and long-term disability benefits. (If the Nurse goes into unpaid status during the Healthcare continuation, the Nurse will not be required to pay the Nurse’s contribution towards those benefits.)
4. Any leave time taken that qualifies under the federal Family and Medical Leave Act and/or California’s Family Rights Act, as amended, will be counted against the Nurses’ entitlement, to leave time (and to healthcare continuation, if applicable), under both laws.
5. Nurses wishing to use PTO must advise the Hospital’s leave administrator.
6. A Nurse returning from a leave who is not returned to the same department, classification, and shift held at the start of the leave shall be assigned to the first available opening in the department, classification, and shift which occurs following the Nurse’s return from leave, provided the Nurse so elects in writing when the Nurse returns from leave.

This provision shall take precedence over all other provisions in this Agreement. The sole exception is that where a Reduction in Force has occurred under Article XII during the Nurse’s Leave of Absence, his or her return shall be determined by the provisions of Article XII and not by this Footnote 6 (Article XII C.5d).

In the event a Nurse has already returned to work in an alternative position (e.g. Relief) in lieu of layoff, they shall

retain their right to recall.

7. The Family Leave provisions of the Appendix that are specifically covered by the Family Rights Acts will be revised as necessary to conform to further enacted legislation and regulations.
8. Intermittent or reduced schedule leaves due to the serious health condition of a parent, spouse, child or legally domiciled member and their dependent children, or of the Nurse, are approved if medically necessary, and subject to the requirement that the Nurse attempt to accommodate or schedule necessary absences around the Nurse's schedule, where medically feasible to do so. Intermittent and reduced schedule leaves as just described do not apply to absences for the birth, adoption, or placement of a child, and the minimum duration for such leaves is as described in "Length of Leaves".
9. To the extent that applicable state or federal law impose greater obligations than what is set forth in the grid above, those laws shall be complied with.

APPENDIX C

SRMH CLINICAL LADDER PERFORMANCE CRITERIA

These changes will take effect for all Nurses January 1, 2024.

The Clinical Ladder is a non-management pathway to promotion. To qualify, the following minimum criteria must be met:

Staff Nurse III:

- One (1) year of service at the Hospital, excluding time in the Clinical Academy and
- Three (3) Clinical Ladder Points

Staff Nurse IV:

- One (1) year of service at the Hospital, excluding time in the Clinical Academy and
- One of the following: BSN, MSN, National Nursing Specialty Certification or a Nurse without the foregoing criteria who has been a Staff Nurse at SRMH since 2015 and has been on a clinical ladder step for at least one (1) year and
- Four (4) Clinical Ladder Points

Staff Nurse V: Current Staff Nurse IV and a Staff Nurse V Project (as defined in Appendix D)

Activities eligible for Clinical Ladder Points:

1. **Certification/Specialty Skill:** Completes and maintains two (2) certifications/specialty skills that are not mandatory for the Nurse's department. Such as: ACLS, PALS, TNCC, IABP, CRRT, etc. A specialty skill must be approved by the Clinical Ladder Advisory Committee prior to submission of the Nurse's Clinical Ladder application in order to be eligible for a Clinical Ladder Point. (Limited to one (1) criteria point).
2. **National Specialty Certification:** Complete and maintain one (1) national certification as defined by the American Board for Specialty Nursing Certification or a specialty nursing organization approved by the Clinical Ladder Advisory Committee. Examples: CCRN, CEN, OCN, Clinical Nurse Specialist, etc. (Limited to two (2) criteria points. One (1) criteria point per certification.) (May not be used if being utilized as Gateway criteria.)

3. **Clinical Expert:** To be considered a Clinical Nurse Expert for the purposes of this criteria the Nurse must have a minimum of one (1) year of experience as an RN. Completes two (2) narratives which each contain reference to four (4) of Benner's seven domains of nursing: The helping role, the teaching-coaching function, the diagnostic and monitoring function, effective management of rapidly changing situations, administering and monitoring therapeutic interventions and regimens, monitoring and ensuring the quality of health care practices and organizing and work-role competencies. These narratives will describe clinical situations that the Nurse believes were positively impacted by the Nurse's practice and include how the Nurse thinks their actions may have differed from someone with less experience. Submissions must be no less than two (2) pages in APA/MLA format for each narrative of the experience that has occurred over the past twelve (12) months. The narrative must be an original body of work drafted by the Nurse, and the clinical situations set forth in the narrative must have occurred within the past twelve (12) months of submission of the narrative. The Nurse who has submitted these narratives will present them to their peers and the Hospital will publish all narratives that Nurses have submitted. (Limited to one (1) criteria point.)

4. **Community Service:** Volunteering twenty (20) hours per year with charitable organizations within the primary or secondary service area of SRMH unless otherwise approved by the Clinical Ladder Advisory Committee. The volunteer activity must be pre-approved by the Nurse Manager prior to starting the volunteer activity. Examples: volunteer fire department, Red Cross, Catholic Charities, Meals on Wheels, Interfaith Shelter Network, etc. (Limited to one (1) criteria point.)

5. **Cross-Trained:** Maintains cross-trained skills in another department or specialty with a separate and distinct skill requirement and able to function independently. Example: the CCD Nurse is cross-trained to care for CV patients. Must work equivalent to one shift per month for one criteria point a minimum of twenty-four (24) hours each quarter or ninety-six (96) hours per year (provided that one-third of the hours are worked in a six-month period) in that department or specialty to meet criteria. Nurse must maintain a log that documents hours utilized for clinical ladder purposes. The log must be approved and signed off by a Nurse Manager or designee each pay period. (Limited to two (2) criteria points)

6. **Rapid Response Team (RRT):** Must serve as RRT Nurse at least 25% of regularly scheduled hours worked. Nurses must maintain a log that documents hours utilized for clinical ladder purposes. The log must be approved and signed off by a Nurse Manager or designee each pay period. Nurses hired into a full time RRT position are not eligible to receive a clinical ladder point for time served as a RRT Nurse. (Limited to one (1) criteria point)
7. **Special Projects:** Special projects must be:
- a. Approved in advance by the Nurse manager. A Nurse who chooses to do a project will submit a proposal in writing. (Limited to two (2) criteria points)
 - b. Provide proof of a minimum of 24 hours (for one (1) point) or 48 hours (for two (2) points) of project work over the course of the clinical ladder year.
 - c. These projects must have measurable objectives and outcomes must be in alignment with the unit or organizational goals for patient quality, safety or patient/caregiver experience. These projects must have either a distinct beginning and an end or be ongoing with measurable progress.
 - d. Ongoing projects must be validated and reapproved by the Manager with secondary level approval by Director annually. Chairs/Leaders of a Unit Based or Central Council and Chairs/Leaders of Hospital/Nursing committees may use this as credit in this category and must be accountable to demonstrate and communicate the work of the committee/council.
8. **Department / Hospital Committee:** Actively participates in hospital-wide committee/council /taskforce or shared governance council with 75% attendance subject to the following criteria:
- a. The Nurse has a particular expertise related to the function of the committee/council/task force and or
 - b. The committee/council/task force's function is relevant to the Nurses department. Manager approval of committee membership will be required if that department already has nurse representation on that committee. If active in two committees, may count as two criteria. The Nurse must submit a written description of their role on the committee and their contribution to the committee at the time of

application/reapplication. Attendance at approved committee/council/task force meetings will be paid at the RN's base wage rate plus applicable shift differential normally applicable to the Nurse.

- c. The Nurse must share all committee updates with unit peers in regular cadence in alignment with committee meetings. Verification of information distribution must be included with ladder submission. (Limited to two (2) criteria points)

9. Education:

- a. The Nurse has a BSN, MSN/MN, Doctorate, PHD or other graduate degree. (May not be used if being utilized as Gateway criteria.)
- b. Completes six (6) college/university credits per year in healthcare program. (Limited to one (1) criteria point)

- 10. Lead Nurse (RNs only):** Must serve as Lead Nurse 25% of the regularly scheduled hours worked. Nurse must maintain a log that documents hours utilized for clinical ladder purposes. The log must be approved and signed off by a Nurse Manager or designee each pay period (Only Relief Lead Nurses are eligible to use this criteria. (Limited to one (1) criteria point)

- 11. Precepting:** Functions as primary preceptor for two (2) Nursing students or two (2) new Nurse residents/fellows to the department/specialty per year counts as one criteria. Precepting four (4) Nursing students or four (4) new Nurse residents/fellows to the department/specialty per year counts as two criteria. Must have documented attendance at preceptor class within the last four (4) years to precept. Nurse must maintain a log that documents precepting hours utilized for clinical ladder purposes. The precepting hours log must be approved and signed off by a Nurse Manager or designee each pay period. (Limited to two (2) criteria points)

- 12. Teaching:** Develop and teach two (2) educational classes/in-services per year for a department or organize and provide one (1) Hospital-wide workshop per year. CEU's to be offered for both department and Hospital-wide classes as permitted by the BRN. (Limited to one (1) criteria point)

13. **Mentoring:** Functions as a mentor to the identified Nurse, for at least six (6) months prior to clinical ladder submission. Contacts the mentored Nurse at least monthly and documents the dates of contact. Agree on goals of the mentoring process with the Nurse being mentored. Discuss and document progress toward those goals at least monthly, utilizing approved Clinical Ladder Mentor Form. (Limited to one (1) criteria point)
14. **Poster Presentation:** Create and share professional poster presentation during Nurse's Week or other designated event presenting evidence based project or topic that the Nurse or Nurse Team (no more than five (5) implemented). Project outcomes must be included. Evidence Based Project (EBP) must be preapproved by Core leader. (Limited to one (1) criteria point)
15. **Subject Matter Expert:** Author a nursing article or study that has been published in professional journal during the current clinical ladder year. (Limited to one (1) criteria point)
16. **Daisy Award/Daisy "Bunch":** Recipient of Daisy Award or recipient of a Daisy "Bunch" during current Clinical Ladder submission year. Applicant must submit the nominations as supporting documentation. (Limited to one (1) criteria point)
17. **Bilingual Conversational Skills:** Successfully passes Language Oral and Listening Proficiency Tests. The language proficiency test must be approved by the Clinical Ladder Advisory Committee in order to be eligible for a Clinical Ladder Point. The Nurse applicant must submit two (2) reflections by a Nurse Leader, Peer, Physician or Ancillary Department that explains how the Nurse has used their bilingual skills in the course of their job duties. The events described in the reflections must be at least four (4) months apart. (Limited to one (1) criteria point)

**SRMH RN CLINICAL LADDER
EVALUATION FORM**

Name: _____ Unit: _____ Date: _____

- I have attended 75% of unit staff meetings.

- I am applying for SN III and I meet the Gateway Requirements: one year of service at SRMH (not including time spent in Clinical Academy) plus three (3) Clinical Ladder points.

- I am applying for SN IV and I meet Gateway Requirements: one of the following and four (4) Clinical Ladder points:
 - BSN
 - MSN/MN
 - National Nursing Specialty Certification
 - Staff Nurse at SRMH since 2015 WITHOUT BSN, MSN/MN or National Nursing Specialty Certification AND has been on a Clinical Ladder step for at least one year.

- I am applying for SN V. I am a SN IV in good standing, have included the SN V application, and have both:
 - BSN
 - National Nursing Specialty Certification

CRITERIA

- Certification/Specialty Skill not mandatory for Nurse's department: Two (2) certifications required to meet criteria, limited to one (1) criteria point.

1. _____ Date: _____

2. _____ Date: _____

- National Certification: One (1) National Certification for one (1) point. May not be used if used as Gateway criteria. Limited to two (2) criteria points. One (1) criteria point per certification.

Name of Certification _____ Date Expires: _____

Issuing Organization: _____

Name of Certification _____ Date Expires: _____

Issuing Organization: _____

- Clinical Expert: One year of nursing experience required, must complete two (2) narratives and limited to one (1) criteria point.

Narrative 1- date completed: _____

Narrative 2- date completed: _____

- Community Service: 20 hours required. Limited to one (1) criteria point.

o Organization/activity: _____

o Organization/activity: _____

o Organization/activity: _____

Attach documentation of role played/contribution along with dates/hours of service.

- Cross-Trained: Maintains cross-trained skills in another department or specialty with a separate and distinct skill requirement and able to function independently. Must work a minimum of twenty-four (24) hours each quarter in that department or ninety-six (96) hours per year (provided that one-third of the hours are worked in a six-month period). Limited to two (2) criteria points.

o Department: _____ Attach required log

o Department: _____ Attach required log

- Rapid Response Team (RRT): Must serve at RRT Nurse at least 25% of regularly scheduled hours worked and limited to one (1) criteria point. Attach required log.

- Special Projects: Must be approved in advance by the Nurse manager and limited to two (2) criteria points. Attach original proposal and verification.

Department/Hospital Committee: 75% attendance required in hospital-wide committee/council/task force or shared governance council. May count as one (1) or two (2) criteria. Attach proof of attendance and contributions to committee and unit.

- Committee: _____
- Committee: _____

Education: Completes one of below options and may not be used if used as Gateway criteria and limited to one (1) criteria point.

- BSN (date): _____
- MSN/MN (date): _____
- Other graduate degree (date): _____
- College/University courses six (6) credits required in a year in healthcare program.
 - Course: _____ # of credits: _____ Date completed: _____
 - Course: _____ # of credits: _____ Date completed: _____

Relief Lead Nurse: Must serve as a Relief Lead Nurse at least 25% of the regularly scheduled hours worked and must use required log.

Precepting: Two (2) nursing students or two (2) new nurse residents a year limited to one (1) criteria point. Four (4) nursing students or four (4) new nurse residents a year limited to two (2) criteria points. Must have documented attendance at preceptor class within the last four (4) years to meet criteria.

SJHS Preceptor class date attended: _____

- Nurse/student name: _____
- Nurse/student name: _____
- Nurse/student name: _____
- Nurse/student name: _____

Attach documentation of preceptor class attendance and required log for each new nurse/student.

Teaching: Teach two (2) departmental educational classes/in-services or one (1) hospital wide workshop per year. Limited to one (1) criteria point.

- Class/In-service: _____ Date/Time: _____
- Class/In-service: _____ Date/Time: _____
- Hospital workshop: _____ Date/Time: _____

Attach course objectives, flyers, roster of attendees and evaluation summary.

- Mentoring: Commit to mentor a nurse for at least six (6) months. Limited to one (1) criteria point.
 - o Name of Protégé: _____
 - o Dates of Contact: _____
 Attach goals/outcomes of each meeting

- Poster Presentation: Create and share professional poster presentation during Nurse’s Week or another designated event. Limited to one (1) criteria point.

- Subject Matter Expert: Author a Nursing article or study that has been published. Limited to one (1) criteria point.

- DAISY Award/DAISY Bunch Pin honoree: Limited to one (1) criteria point. Attach nomination(s) and award if applicable.

- Bilingual Conversational Skills: Include Language Oral and Listening Proficiency tests and required 2 reflections. Limited to one (1) criteria point.

SIGNATURES:

I agree that all above information is true:

Staff Nurse: _____ Date submitted to Manager: _____

I support advancement to: SN III SN IV SN V as of date: _____

Manager: _____ Date: _____

Director: _____ Date: _____

STAFF NURSE V REQUIREMENT ONLY:

Chief Nursing Officer: _____ Date: _____

APPENDIX D

SRMH Staff Nurse V Performance Criteria

The Staff Nurse V designation is the highest Clinical Ladder position a Staff Nurse can hold. It indicates an elevated level of commitment and passion for clinical and safety outcomes as well as patient and caregiver experience.

1. For eligibility purposes a Nurse must hold a BSN and National Certification recognized by the American Board of Specialty Nursing (effective 2023) and must currently be a SNIV in good standing.
2. The Staff Nurse V designation will be for an agreed upon and finite period of time, not to exceed one (1) year from inception.
3. If the need for the designation is greater than one (1) year, the Nurse will reapply for the designation at the end of the year and the Hospital has the sole discretion to approve continuation or end of the Staff Nurse V designation.
4. For those Nurses the Hospital determines are eligible, they shall receive an additional 5% differential in pay while participating in the program.
5. Staff Nurse V designation criteria includes Staff Nurse leadership of a project that benefits the Hospital overall and supports operations, patient experience and/or employee engagement, patient or employee safety.
6. The project must be measurable, with clear process and outcome metrics set at the time of project commencement with regular process review.
7. SNA acknowledges that the Hospital has sole discretion in approving Staff Nurse V designation and retains the right to limit the number of Nurses in the designation at one time.
8. All projects and Staff Nurse V designations must be approved by the Nurse's Manager, Director and Chief Nursing Officer. At the time of approval, clearly agreed upon expected outcomes will be determined and communicated to the Nurse.
9. A Nurse interested in the designation will complete an application and present in a SBAR model format the project idea. In addition, the Hospital may post projects ideas and ask interested Staff Nurse IV to apply. In the case of multiple applications, the Hospital has sole discretion to select the Nurse based on project plan presentations.
10. Once the project commences, the Nurse will be required to meet regularly with the Nurse Leader assigned to mentor the Nurse through the project in order to review the project outcomes and progress. In addition, the Nurse may be required to report to the Executive Management Team (EMT) as well as other applicable stakeholders, committees, or Board of Directors at least quarterly throughout the project.

APPENDIX E

NURSING DEPARTMENTS

Departments are defined as follows:

MedSurg 1C

MedSurg 1E

MedSurg Neurology

MedSurg Orthopedics

MedSurg Oncology

MedSurg Pediatrics

Cardiac Telemetry

Neurology Telemetry

Acute Rehabilitation

Float Pool

Mother/Baby (including Labor and Delivery)

Neonatal Intensive Care Unit (NICU)

Critical Care

Peri-Op

Pre-Op and Post Anesthesia Care Unit (PACU)

Ambulatory Surgery Center Surgical

Ambulatory Surgery Center Pre-Op and PACU

Endoscopy

Electrophysiology

Emergency Department

Cardiovascular Services (including Cardiovascular PACU)

Radiology (Electrocardiology/CT Main/CT Ultrasound)

Radiology Sotoyome

Pre-Admission Testing (EASE)

Care Management (including Utilization Management and Health Information Management)

PICC/PRN/SPRN (Peripherally Inserted Central Catheter, Procedural RN and Special Procedural RN)

Wound Care

APPENDIX F
SCHEDULING RECOMMENDATIONS AND
CATEGORIES & HOURS FOR NURSES

The Hospital and Staff Nurses' Association will continue discussions relative to scheduling recommendations and increased flexibility in categories and hours of work for Nurses.

APPENDIX G
LEAD NURSE JOB DESCRIPTION

| |
|--|
| St. Joseph Health System – Sonoma County <u>STAFF NURSE JOB DESCRIPTION LEAD NURSE</u> |
|--|

Job Summary:

Acts to promote the quality of patient care in the department/unit and serves as role model for professional nursing practice. Utilizes direct patient care experiences to lead staff in providing safe, effective delivery of care. Coordinates clinical activities of staff to contribute to regulatory compliance and continuity of patient care.

Essential Functions: Describe *the 5-15 duties / responsibilities that must be performed by this position.*

1. Organizes clinical delivery of care
2. Effectively monitors expected clinical outcomes
3. Acts as a role model for team approach to deliver patient care
4. Assumes responsibility for personal professional development and practice
5. Delegates shift tasks to appropriate personnel
6. Responds to others in a timely manner and maintains accessibility
7. Attends bed control meetings
8. Ensures that patient acuity data is collected and forwarded appropriately
9. Anticipates and plans for admissions
10. Works with case managers in planning discharge/transfer
11. Determines patient care assignments based on clinical competencies, patient acuity and Title 22 ratio regulations
12. Assesses competencies of float, traveler and registry nurses
13. Utilizes chain of command to resolve issues
14. In collaboration with manager/shift administrator assures adherence to staffing criteria per Title 22 regulations, acuity data and matrix for current shift and anticipates/plans for next shift(s) as applicable

Additional Responsibilities: List *infrequently performed and non-essential tasks. The statement “Performs other duties as assigned” may be included here.*

Knowledge / Skills / Abilities: List *the knowledge, skills, and abilities required to perform the essential functions of this position.*

- Has a strong working knowledge of unit and clinical knowledge of patient population
- Has exceptional organizational skills
- Leadership skills which foster quality patient care
- Has exceptional verbal skills
- Fosters collegial relationships with physicians and ancillary staff
- Demonstrates effective use of verbal, non-verbal and written communication skills
- Demonstrates the ability to work in an organized and structured manner that consistently meets established goals and objectives

Additional Position Qualifications/Minimum Requirements: List the following qualifications required for this position:

- **Experience:** Six months on unit **or** previous related experience **or** functional at SN III level
- **Training:** Will train

The above statements are intended to describe the general nature and level of work being performed.

They are not intended to be construed as an exhaustive list of all responsibilities.

I have read and understand this position description.

Employee's Signature

Date Signed

APPENDIX H

PEDIATRICS DEPARTMENT SIDE LETTER

Pediatric staff Nurses may be assigned to care for the adult patients in Mother/Baby so long as they have documented competencies to care for those patients. The Hospital shall provide appropriate training to ensure that Nurses have those competencies. Adult patients in Mother/Baby shall meet criteria that preserve pediatric patient safety. Those criteria will be established by the Hospital with input from staff and physicians. If a Pediatric Nurse(s) disputes whether a particular adult patient meets the criteria, there shall be an immediate review by a member of the Hospital Administration to determine the continued presence of the adult patient. Pediatric nurses will not be required to float out of Mother/Baby unless the Nurse agrees to float.

APPENDIX I

SAFE PATIENT HANDLING/WORK ENVIRONMENT

The Hospital is committed to maintaining a safe and healthful work environment that includes a commitment to provide Nurses with the tools and resources to promote safe patient handling. This includes safe patient handling through the use of patient transfer devices including but not limited to SLIPPs, AIR PALZ/EZ Matt system, Gait Belts, VANDELIFTS, and VERA LIFTS. Additionally, appropriate equipment for patient transfers shall be available including those for bariatric patients.

The Hospital shall implement and maintain a Safe Patient Handling policy.

Staff will be appropriately trained to assist with patient handling. Additionally, the Hospital requires that all Nurses attend a Work Safe Patient Handling course every two years as a competency requirement.

Nurses will attend trainings and utilize equipment provided to them in order to promote a safe work environment.

If during the term of this Agreement, the California Legislature passes legislation addressing patient lifting, this provision will be modified to include the specific requirements and obligations of such legislation.

The Hospital shall consult with the affected Nurses and SNA prior to making significant changes in the work environment and/or introducing equipment that will be used by Nurses when the proposed changes or equipment may pose a potential risk to either the health or safety of the Nurses.

APPENDIX J

LETTER OF AGREEMENT

by and between

Providence Santa Rosa Memorial Hospital and Staff Nurses Association

RE: Meal/Rest Period

This agreement is between Providence Santa Rosa Memorial Hospital (SRMH) and the Staff Nurses Association (SNA). SRMH and the SNA are parties to a Collective Bargaining Agreement (CBA).

Meal and rest periods are of the utmost concern to both SRMH and SNA. SRMH and SNA agree that nurses need to take their meal and rest periods. SRMH and SNA will collaborate on the process for nurses receiving meal and rest periods when work hours necessitate such meal and rest periods, and in encouraging nurses to take their meal and rest periods. Rest breaks may be interrupted for patient care.

The parties will, through a steering committee, seek to provide meal and rest periods to nurses by developing an individualized department approach to help nurses take uninterrupted meal and rest periods for all identified departments. The steering committee will consist of three Hospital representatives, including at least one Nursing Director, a Human Resource representative, three bedside Nurses selected by the Association, and an Association Representative.

Any program developed by this process will include a mutually agreed upon timeframe and will be subject to agreement by the steering committee. The program may include the designation of a break nurse role without permanent patient assignments during their shifts or other identified alternatives that meet the needs of the departments/units.

Beginning January 2024, the steering committee will begin with 1-2 mutually agreed upon units. Once processes for the initial unit(s) has been developed and implemented, work will move to the next identified unit(s) recognizing that not all units may have an issue with providing meal and rest periods. Nothing prevents units from identifying solutions without involvement of the steering committee, however, all plans should be presented/reviewed by the steering committee. Bargaining unit representatives will be included in this process. Meetings may be facilitated by a FMCS mediator.

Progress of this steering committee will be a standing agenda item at the Nursing Coordinating Council.

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