

Agreement between
SEIU Healthcare 1199NW & Prosser Public
Hospital District

Prosser Public Hospital District

2021–2024 Contract

RN/LPN Bargaining Unit



SEIUHealthcare®
United for Quality Care

AGREEMENT

Between

PROSSER PUBLIC HOSPITAL DISTRICT

and the

Service Employees International Union Healthcare 1199NW

Representing Registered Nurses/Licensed Practical Nurses

July 1, 2021

THROUGH

June 30, 2024

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PREAMBLE

This Agreement is made and entered into by and between Prosser Public Hospital District, Prosser, Washington, hereinafter referred to as the "Employer" and Service Employees International Union Healthcare 1199NW hereinafter referred to as the "Union" representing Charge Nurses, Registered Nurses/Licensed Practical Nurses employed by the Prosser Public Hospital District.

ARTICLE 1 - RECOGNITION

- 1.1 The Employer recognizes the Union as the exclusive bargaining representative for registered nurses and licensed practical nurses in regular status full-time, part-time positions, and per diem nurses. Positions with RN requirements that meet the Fair Labor Standards Act (FLSA) exemption requirements shall not be included in the bargaining unit.

ARTICLE 2 - UNION SECURITY

- 2.1 Employees covered by this Agreement may become members of the Union. You can learn more about Union membership at www.seiuhealthcare1199nw.org or from a Union organizer or delegate. No employee shall be discharged or discriminated against for any lawful Union activity, including serving on a Union committee or as a local unit chairperson outside of scheduled work hours.
- 2.2 The Employer agrees to notify the Union of personnel changes to include new hires, terminations, layoffs and leaves of absence exceeding thirty (30) days. Notification will be made within ten (10) working days.
- 2.3 Upon the signing of this agreement and monthly thereafter, the Employer shall supply to the Union via email an alphabetical list of all employees covered by this Agreement. The list shall include the name, address, telephone number, employee identification number, date of hire, rehire date (if applicable), shift, FTE job classification, unit shift hourly rate of pay and monthly gross earnings. Each month the Employer will provide a list of new hires, a list of all employees who have terminated during the month, and a list of all employment status changes for bargaining unit employees via email. The new hire, termination and employment status lists shall include the same data as the monthly employee roster except for month gross earnings. The termination list shall include the termination date. The employment status list shall include if the employee is no longer in a bargaining unit position.

- 2.4 The Hospital shall deduct Union dues from nurses' pay upon authorization from the individual nurse. Dues shall be transmitted to the office of the Union on a biweekly pay period basis by check payable to its order along with a list of each dues-paying member, employee id numbers, dues paid, hours worked and gross earnings.

2.4.1 Voice Authorization

The Employer will accept hard copies, online copies and voice authorization copies as membership cards. The union will provide documents of such authorization.

- 2.5 Per Diem nurses are included in the Union in accordance with the PERC Stipulation (Case 20362-E-06-3149) as follows:

1. Currently employed Per Diem Nurses who have worked more than 348 hours in the twelve (12) month period prior to the bargaining unit's certification on July 1, 2006.
2. Nurses working more than 348 hours in any twelve (12) consecutive month period from an individual's original employment date.
3. If the Nurse has worked for less than twelve months prior to certification (7/1/06), the Nurse shall be included in the bargaining unit if the Nurse worked an average of 29 hours per month for each month wherein the Nurse worked.
4. After initial inclusion in the SEIU Healthcare 1199NW bargaining unit, a Nurse will continue to be included in the bargaining unit in subsequent years if the 348 hour threshold was met in the previous 12 month period.

- 2.6 During the term of this agreement, the Hospital shall deduct the sum specified from the pay of each member of the Union who voluntarily executes an SEIU COPE political action contribution wage authorization form. When filed with the Hospital, the authorization form will be honored in accordance with its terms. The authorization form will remain in effect until revoked in writing by the nurse. The amount deducted and a roster of all nurses using payroll deduction for voluntary political action contributions will be promptly transmitted to the Union by a separate check payable to its order. Upon issuance and transmission of a check to the Union, the Hospital's responsibility shall cease with respect to such deductions. The Union and each nurse authorizing the assignment of wages for the payment of voluntary political action contributions hereby indemnifies and holds the Hospital harmless from all claims, demands, suits or other forms of liability that may arise against the Hospital for or on account of any deduction made from the wages of such nurse. The parties recognize that the Union is

obligated under the Federal Election Campaign Act (FECA) to reimburse the Hospital for its reasonable cost of administering the COPE check-off in the parties' Collective Bargaining Agreement. The Hospital and the Union agree that one-quarter of one percent (0.25%) of all amounts checked off is a reasonable amount to cover the Hospital's costs of administering this check-off.

Accordingly, the parties agree that the Hospital will retain one-quarter of one percent (0.25%) of all amounts deducted pursuant to the COPE check-off provision in the parties' Collective Bargaining Agreement to reimburse the Hospital for its reasonable costs of administering the check-off.

2.7 Union Indemnification: The Union shall defend, indemnify and hold harmless the Employer from, for and against any and all claims, lawsuits, complaints and/or grievances arising out of the provisions of this Article.

2.8 Revocation: The Employer will direct all questions about revocation to the Union. An employee may revoke their authorization for payroll deduction of payments to the Union by written notice to the Employer and the Union in accordance with the terms and conditions of their signed membership card. Every effort will be made to end the deduction effective on the first payroll and not later than the second payroll after receipt by the Employer of confirmation from the Union that the terms of the employee's signed membership card regarding dues deduction revocation have been met.

2.9 Outside Requests for Employee Information

Upon receiving any request for information from an outside entity or organization seeking any details regarding Union members, the employer shall:

- (1) Carefully analyze the request to determine whether the information sought is subject to disclosure under the Public Records Act.
- (2) Notify the Union of the request and provide an intended date of disclosure no less than ten (10) business days after notice is given; and
- (3) If the Union believes the release of the requested information is inappropriate and it may seek to have a court make a determination and enjoin the release of the information.

ARTICLE 3 - RECOGNITION OF RIGHTS & FUNCTIONS OF MANAGEMENT

3.1 The Union recognizes the prerogative of the Employer to operate and manage its affairs in all respects in accordance with its responsibilities, lawful powers and legal authority except as expressly limited by the terms of this Agreement. All matters not expressly or clearly covered by the language of this Agreement or other addenda to this Agreement and/or Memoranda of Agreement, shall be administered for the duration of this Agreement by the Employer in accordance with such policies and/or procedures as the Employer, from time to time may

determine.

3.2 Employer prerogatives and core management rights which the Employer is not obligated to bargain about the decision and the effects of any decision are inclusive of, but not limited to, the following:

1. The right to establish and modify reasonable work rules and procedures; and,
2. The right to schedule any and all work and overtime work, and the methods and process by which said work is to be performed in a manner most advantageous to the Employer and consistent with the needs of the patients as determined by the Employer; and,
3. The right to hire, lay off and promote employees as deemed necessary by the Employer; and,
4. The right to discipline an employee for just cause as indicated in this Agreement; and,
5. The right to make any and all determinations as to the number of employees, the types of employees used and composition of the work force; and,
6. The parties understand and agree that incidental related duties connected with operations, not enumerated in job descriptions, shall nevertheless be performed by the employee when requested by the Employer and the completion of the orientation check-off list; and,
7. The Employer shall have the right to take whatever actions the Employer deems necessary to carry out services in an emergency. The Employer shall be the sole determiner as to the existence of an emergency. An emergency shall be a sudden or unexpected happening or situation inclusive of deficiencies in revenues that calls for action without delay; and,
8. The Employer has the right to modify any and all operations and work requirements in order to more effectively and efficiently carry out services based on the Employer's assessment of the financial stability of the Hospital inclusive of but not limited to declines in revenues, declines in reimbursement formulas, declines in patient census etc., which may have an adverse effect on the Employers ability to continue operations at current levels and with the current staffing allocations as well as employee hours of work. The Employer has the right to reorganize hours and employees to provide services on a more cost effective basis to remain competitive except as restricted by other articles; and,

9. The Employer has the right to introduce new improved and automatic methods and equipment to improve efficiency and reduce costs; and,
10. The Employer has the right to close or liquidate, combine, relocate and reorganize divisions, offices, branches, operations and facilities within the hospital including staffing level cuts to address problems identified by the Employer.

ARTICLE 4 - UNION RIGHTS

- 4.1 An employee has the right to hold Union office, seek Union assistance, file a grievance or use other benefits of this Agreement according to the terms set forth herein.
- 4.2 Union Delegates. A list of Union delegates from the bargaining unit, elected in accordance with the Union's District and National Bylaws, shall be provided to the Hospital. Such delegates will receive complaints and process grievances, provided that such activity does not interfere with the work assignment of the Union delegate or other nurses. Grievances and other Union business will be processed on break or lunchtime and not in work, patient care, or visitor reception areas. Management expressly, in advance, may approve that work time be used. The parties acknowledge the general proposition that Union business performed by the Union delegate, representative, and nurses, including the investigation of grievances, will be conducted during nonworking hours (e.g., coffee breaks, lunch periods, and before and after shift). The Hospital will recognize union delegates. The Union will supply the Hospital's Director of Human Resources with the names of the Union delegates and shall keep the list current. Subject to appropriate advance notice, schedule and staffing requirements, Union officers and delegates [not to exceed a total of 4 (four)] may use eight (8) consecutive hours per calendar year of paid educational/professional leave time to attend Union sponsored training in leadership, representation and dispute resolution.
- 4.3 Negotiations. The Hospital will make a good faith effort to schedule up to six (6) nurse negotiators for paid release time for joint negotiations.
- 4.4 Union's Executive Board. A good faith effort shall be made to schedule off a Union delegate or nurse who serves on the Union's Executive Board so that the nurse may attend designated meetings. Requests for such scheduling must be made prior to the schedule being made up and posted.
- 4.5 Meeting Rooms. In accordance with Hospital policy, the Union shall be permitted to use designated premises of the Hospital for the purpose of holding meetings.

- 4.6 Bulletin Board. In accordance with Hospital policy, the Hospital will provide bulletin board space for use by the nurses in one location in the lower level of the Hospital and in one location in the upper level of the Hospital. The bulletin board space shall be used for posting Union meeting announcements and educational announcements. The Union agrees to limit the posting of Union materials to the designated bulletin boards. It is the responsibility of the Union delegates as defined in Section 4.2 to ensure compliance with this Article.
- 4.7 New Employee Orientation. In order to ensure that employees who are covered under the Agreement have an accurate and timely introduction to Union membership, the Employer and Union agree that it is in the best interest of the employee to receive orientation to the Union and the collective bargaining agreement during the new employee orientation.

A union representative so designated by the Union will be provided a timeframe during the new employee orientation process not to exceed thirty (30) minutes during which the new bargaining unit employee and union delegate, on paid time, will have the opportunity to meet privately without employer representation and will be paid regular time and coded for education.

To facilitate this, Human Resources will provide the Union with a list of employees scheduled for union orientation by the end of the week prior to the scheduled orientation. The list will include the date and time of the new employee orientation, the agenda, the new employee's name, position, department, FTE shift (if known), unit and contact number if made available by the employee.

- 4.8 When documents in an employee's personnel file or supervisory file are the subject of a public disclosure request, the Employer will provide the employee notice within seven (7) days of receiving the request. This notification will include the anticipated release date, if known. This may occur either through a group communication or to an individual depending on the nature of the request. If the Employer receives a public disclosure request for documents in a group of employees' personnel files or supervisory files, the Employer will notify the Union of the request within seven (7) days of receiving the request. This notification will include the anticipated release date, if known.

ARTICLE 5 - UNINTERRUPTED PATIENT CARE

- 5.1 It is recognized that the Employer is engaged in a vital public service requiring continuous operation, and it is agreed that recognition of such obligation of continuous service is imposed upon both the employees and the Union. Neither the Union nor the employees, its members, agents, representatives, or persons

acting in concert with them, shall incite, encourage or participate in any strike, walkout, sickout, slowdown, picketing or any other form of work stoppage.

- 5.2 The Employer agrees not to engage in any lockout.

ARTICLE 6 - NONDISCRIMINATION

- 6.1 The provisions of this Agreement shall be applied equally to all employees in the bargaining unit without discrimination as to age, sex, marital status, race, color, creed, national origin, sexual orientation, religious belief, political ideology or ancestry.
- 6.2 The Employer, the Union, and its members agree not to interfere with the rights of employees to become members of the Union, and there shall be no discrimination, interference, restraint, threats, or coercion against any employee because of Union membership or because of any employee's activity in any official capacity on behalf of the Union or for any other cause. The Union recognizes its responsibility as bargaining agent and agrees to represent all employees in the bargaining unit without discrimination, interference, restraint, or coercion.

ARTICLE 7 - LABOR/MANAGEMENT COMMITTEE

- 7.1 Labor-Management Committee. The Employer, jointly with the Union selected representatives of the employees, shall establish a Labor-Management Committee. The function of the Labor-Management Committee shall be to discuss issues of mutual concern, to recommend solutions to problems identified by the Committee, and to make recommendations for the improvement of working conditions and patient and employee satisfaction. The Committee shall be established on a permanent basis and may consist of five (5) representatives of the Employer and five (5) representatives of the employees appointed by the Union. All members of the Committee shall be employees of the Hospital. Representatives on the Labor-Management Committee may request meetings of the Committee to discuss employee general staffing issues. The Committee will meet every other month or as often as is mutually agreed on paid time.

The parties shall submit agenda items by 4:00 p.m. five days prior to the scheduled meeting to HR. If no agenda items are timely submitted, the meeting will be cancelled. Failure to place an item on the agenda shall not preclude the Committee from addressing an issue. Action of the Committee shall be advisory only and not binding.

- 7.2 Nurse Staffing committee. The Union and the Employer acknowledge that together the parties endeavor to provide a level of staffing consistent with safe working conditions and the service the parties provide to the community. The parties are committed to the proposition that

adequate staffing is necessary to meet the needs of our departments and to provide quality services.

1.) The purpose of this Committee is to: protect patients, support greater retention of registered nurses, and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about nurse staffing.

2.) Committee membership and Leadership-

a. Co-Chair (Staff Registered Nurse Representative):

b. Co-Chair (Management Representative):

c. Committee Membership:

- Representative from ED
- Representative from Surgical Services
- Representative from Family Birthplace
- Representative from Acute Care Services
- Representatives from Leadership to include the Chief Nursing Officer, Assistant Chief Nursing Officer, Manager of Emergency Department, Acute Care Services, Surgical Services, and Family Birth Place.
- The Committee may appoint additional nurse representatives from time to time, to ensure all nursing disciplines are well represented on the Committee.
- Composition of the Nurse Staffing Committee Shall be composed of at least 50% of represented nursing staff selected by the Union.
- Each area where nursing is provided will have the opportunity to provide advice to the Nurse Staffing Committee. These areas will be called to meetings when their attendance is required.
- Committee meetings are open and any Registered Nurse employed by Prosser Memorial Health may attend, but only committee members will have a vote.
- The Nurse Staffing Committee will be co-chaired by one staff Registered Nurse and one management representative.
- The Nurse Staffing Committee will select co-chairs every two years.

3.) Tasks and Functions of the Nurse Staffing Committee:

- a. Develop and provide oversight of an annual patient care and shift-based staffing plan, based on the needs of the patients to be used as the primary component of the staffing budget.
- b. Semi-annual review of the staffing plan against patient need and known evidence-based staffing information, including nursing sensitive quality indicators collected by the Hospital.
- c. Review, assessment, and response to staffing concerns presented to the Committee
- d. Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.
- e. Assure factors are considered and included, but not limited to, the following in the development of staffing plans:

- i. Census, including total number of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers.
 - ii. Level of acuity/intensity, as determined by the nursing assessment of all patients, and the nature of the care to be delivered on each shift.
 - iii. Skill mix required
 - iv. Level of experience and specialty certification or training of nursing personnel providing care.
 - v. The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas and equipment. The need for specialized or intensive equipment.
 - vi. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing associations, and other professional healthcare organizations.
- f. Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals.
 - g. Hospital finances and resources as well as defined budget cycle may be considered in the development of the staffing plan.
 - h. The Nurse Staffing Committee will produce the Hospital's annual staffing plan and present it to the Hospital's Chief Executive Officer.
 - i. If the staffing plan compiled by the Nurse Staffing Committee (NSC) is not adopted by the Hospital, the CEO shall provide a written explanation of the reasons why to the Committee within 60 days. The CEO will, upon the request of the NSC, meet to discuss the committee's recommendations and discuss alternatives within 30 days of the committee's request.

4.) Meeting Schedules- The Nurse Staffing Committee will meet on a regular basis, no less than quarterly, with agenda items being given to one of the co-chairs seven days prior to the meeting (as possible). Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of work duties during meetings. Staff Registered Nurse members of the Nurse Staffing Committee will be paid, and preferable will be scheduled to attend meetings as part of their normal full time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require a Registered Nurse member to attend on his/her scheduled day off and they will be paid for committee time.

5.) Record-keeping- Meeting agendas will be distributed to all committee members at least one week in advance of each meeting. Recorder will be assigned by the Committee. The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting. A master copy of all agendas and meeting minutes from the Nurse Staffing Committee minutes will be maintained by the Chief Nursing Officer and available for review on request.

6.) Attendance requirements and participation expectations- All members are expected to attend

at least 80 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee. If a member needs to be excused, requests for an excused absence will result in attendance recorded as "absent" in the meeting minutes. Replacement will be in accordance with aforementioned selection process. It is the expectation of the Nurse Staffing Committee that all members participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members.

7.) Decision Making Process- Consensus will normally be used as the decision making model. Should a particular issue need to be voted upon by the committee, the action must be approved by majority vote of members present.

ARTICLE 8 - JOB CLASSIFICATION/EMPLOYMENT STATUS

8.1 A. Job Classifications

1. Staff Nurse: A nurse who is an RN who is responsible for direct and/or indirect total nursing care of patients.
2. Lead Nurse: A lead nurse is a RN or LPN, who is assigned the responsibility of a patient care unit for a complete shift.
3. Staff Licensed Practical Nurse: A nurse who, under supervision, is responsible for the nursing care of patients.

B. Employment Status:

1. Probationary Status. The first ninety (90) calendar days of continuous satisfactory employment shall be a probationary period. A probationer is subject to discharge or termination without cause and without recourse. After ninety (90) calendar days of continuous satisfactory employment, documented in writing, the nurse shall be considered a regular employee. During this probationary status, the employee shall not be assigned to "on-call" status unless said employee has satisfactorily completed the orientation check-off list as determined by the Hospital.

Performance evaluations during the probationary period will be done at intervals. The Employer may extend the probationary period up to three (3) thirty (30) day extensions with performance evaluations after each extension. Should the Employer extend a nurse's probationary period the Union will be notified in writing of the reason and whether the nurse is being placed on an action plan or performance improvement plan.

Employees who substantially change job sets shall be considered probationary employees and shall be subject to the same requirements as all other probationary employees. If an employee has satisfactorily

completed the skills/orientation checklist as determined by the Employer, the employee may be assigned to on-call status.

After ninety (90) calendar days of continuous satisfactory employment as a probationary employee, said employee shall be eligible for benefits inclusive of sick leave, vacation and participation in applicable Hospital insurance plans.

2. Regular status. Regular status shall be divided into full-time and part-time categories and be held by nurses who satisfactorily complete a probationary period. Employment status of regular nurses shall be as follows:

- a) Full-time status is held by nurses who regularly work eighty (80) hours per pay period or seventy-two hours (72) hours if a nurse is assigned to work twelve (12) hour shifts. A workweek is defined as Monday through Sunday.
- b) Part-time with benefits status is held by all nurses who regularly work at least forty (40) hours per pay period, but less than forty (40) hours per workweek. All part-time nurses shall be compensated on the same basis of pay and benefits as full-time nurses, their pay and benefits being pro-rated in proportion to hours worked except where otherwise indicated in this contract.
- c) Part-time without benefits status is held by nurses who regularly work less than forty (40) hours per pay period. Part-time without benefits nurses shall be placed on the wage scale based on experience as per contract and receive fifteen percent (15%) premium and shall be eligible to receive shift differential, charge pay and stand-by pay/call-back pay, if applicable. Said nurses shall also be eligible for holiday pay if they work on the holiday. If said employees become eligible for medical benefits based on the requirements of the Affordable Care Act the 15% premium in lieu of benefits will be removed from the hourly rate effective with the eligibility date through the sustainability period. If an employee signs a waiver to opt out of medical coverage the 15% in lieu of benefits will remain in place.

3. Per Diem Status is held by nurses who are not in regularly scheduled status but make themselves available to work when needed. Per Diem nurses shall be available to work at least one (1) weekend or more per month and two (2) or more holidays per calendar year. Per Diem nurses shall be placed on the wage scale based on experience as per contract and receive fifteen percent (15%) premium. Per Diem Nurses who do not meet

the availability requirements and have not completed mandatory education and competencies by their anniversary date will be removed from the employment roster and notified by US mail. If said employees become eligible for medical benefits based on the requirements of the Affordable Care Act the 15% premium in lieu of benefits will be removed from the hourly rate effective with the eligibility date through the sustainability period. If an employee signs a waiver to opt out of medical coverage the 15% in lieu of benefits will remain in place. Per Diem nurses shall be eligible to receive stand-by pay, if applicable, lead pay and holiday pay for hours worked on the holiday as per the contract. Per Diem nurses are eligible for weekend differential, shift differential, or call back pay. Regular status nurses who change to per diem status and subsequently return to regular status within twelve (12) months without a break in employment shall have previous seniority and benefit accruals reinstated, exclusive of the time spent in per diem status. Per Diem nurses shall not accrue seniority.

4. Supplemental status is held by nurses who are not regular status as defined above and include temporary and seasonal (defined above) nurses. They are not covered by the terms and conditions of this contract.

- 8.2 Definition of Regular Rate of Pay. The regular rate of pay shall include the nurse's base rate of pay, shift differential if the nurse is regularly scheduled to work a shift eligible for a shift premium (3pm-11pm evening shift; 11pm-7am night shift), certification premiums, and the float premium associated with the resource nurse position. It also includes the fifteen percent (15%) premium for Per Diem nurses.

ARTICLE 9 - WAGE/OTHER COMPENSATION

- 9.1 Wages. Effective the first full pay period in July 2021, the wage scale will increase by three (3%) percent for RNs and LPNs as reflected in the attached wage scale.

Effective the first full pay period of July 2022, the wage scale will increase by three (3%) percent for RNs and LPNs as reflected in the attached wage scale.

Effective the first full pay period of July 2023, the wage scale will increase by three (3%) percent for RNs and LPNs as reflected in the attached wage scale.

Contract language changes for premium pays shall be effective upon ratification.

Employees at the top of the pay scale shall receive a 3% stipend effective the first full pay period after January 1, 2022. Employees at the top of the pay scale shall receive a 3% stipend effective the first full pay period after January 1, 2023. Employees at the top of the pay scale shall receive a 3% stipend effective the first full pay period after January 1, 2024.

1. Hire in Rates for RNs. Effective July 1, 2021 nurses will receive one for one credit on the wage scale for each year of recent, continuous experience directly relevant to that required in the position for which the nurse is being hired as determined by the CNO.

Nurses with a break in service of greater than three (3) years will be placed in a residency position for a minimum of three (3) months, and can be extended to six (6) months depending on the employee's progress. At the completion of a successful residency, the employee will then receive year for year applicable credit and will be placed on the wage scale accordingly.

In the event that a nurse is hired into a specialized position (either with or without a break in service) residency may be required and may exceed six (6) months. This is determined upon hiring with agreement of the Employer and employee. For example specialized positions may include, but are not limited to, Emergency Room, Perioperative Services and Obstetrics.

2. Hire in Rates for LPNs. Effective consistent with contract ratification, LPNs employed by the Employer who become licensed as RNs and are promoted to an RN position shall be credited with prior LPN experience based on one (1) year of experience on the registered nurse wage schedule for each two (2) full years of prior recent, relevant, continuous LPN experience.

9.2 Other Compensation. Regular nurses, as defined in Article 8, shall receive other compensation as follows:

1. Shift Differential.

Nurses working evening duty (3-11 shift) shall receive \$2.75 per hour in addition to their regular hourly wage. Nurses working night shift (11 p.m. -7 a.m.) shall receive \$4.00 per hour in addition to their regular hourly wage. Any nurse working in the clinic shall receive evening differential of \$2.75 after 3pm, if working a shift ten (10) hours or longer.

2. Stand-by.

Nurses required to "stand-by" for possible call to duty shall receive \$4.00 per hour. Stand-by duty shall not be counted as hours worked for purposes of computing overtime or eligibility for wage increases or fringe benefits.

9.2.1 Callback pay

Any employee on standby who is called back to work shall be compensated at the rate of time and one half (1 ½) the regular rate of pay. If the employee has been released from duty and is called back, the employee shall receive time and one-half for a minimum of three (3) hours.

9.2.2 Callback Relief. The Employer shall make their best effort to provide relief for an employee who requests the immediate next scheduled shift off, or a change in the employee's start or end time for the immediate next shift when the employee has been working on call within nine (9) hours of the start of his or her next scheduled shift. To be considered the employee must notify the employer no later than one and one-half (1 ½) hours in advance of the employee's shift if making such a request. At the employee's request, a vacation or sick day may be used. This schedule adjustment shall not count as an occurrence with the Employer's Dependability Policy.

3. Lead Duties.
Regular status or per diem nurses who perform lead duties shall receive \$3.00 per hour in addition to their regular hourly wage.
4. Degree and Certification Pay.
Nurses certified by a nationally recognized specialty organization and approved by administration, will be paid a premium of \$1.00 per hour for each applicable certification for a maximum of two certifications. A certified registered nurse may be required by administration to participate in teaching project(s) or committee work in their specialty area. Examples of certification would include: Critical-Care Nurses Certification (CCRN), American Nurses Certification (RN,C), Certification for Emergency Nursing (CEN), Certification for Perioperative Nursing (CNOR, CRNFA), Intravenous Nursing Certification (CRNI), National Certification for Obstetric, Gynecologic and Neonatal Nursing Specialties (RNC), Orthopedic Nurses Certification (ONC), Rehabilitation Nursing Certification (CRRN, CRRN-A), Wound Ostomy Continence Nursing Certification (CCCN, CETN, COCN, CWCN, CWOCN), Certified Surgical Technologist (CST).

Nurses with a BSN or MSN will be paid a premium of \$1.00 per hour. Nurses who are eligible to receive this premium will not have their degree counted toward the maximum number of certifications.
5. Weekend Premium Pay.
Any nurse who works on a weekend shall receive three dollars and fifty cents (\$3.50) in addition to their regular hourly rate for each hour worked. For premium pay purposes, the weekend shall be defined as a forty-eight (48) hour period beginning at 11:00 p.m. Friday to 11:00 p.m. Sunday. This premium shall not apply to annual leave, sick leave, education hours

or other hours paid but not worked.

6. Jury Duty.

Employees will receive their regular rate of pay while serving on jury duty. They shall turn in to the Employer any compensation by the court for performing this important civic duty. If an employee is not impaneled on a jury they are required to return to work in order to receive benefits under this provision. Night shift employees are excused from work with pay if they are impaneled on a jury and will be excused from the shift prior to jury duty services without pay.

7. Employees who volunteer to work extra shifts beyond their FTE shall be paid at time and one-half for each additional hour worked. Also, employees who work a shift that was picked up in a specific role or department will not be floated to another department during the duration of their shift unless the nurse mutually agrees to float. Those hours will count in the work hours total for that week; however, if the nurse does not work forty (40) hours that week and is not otherwise eligible for overtime as defined by the Fair Labor Standards Act (FLSA), the nurse will still receive time and one half for hours worked on the extra shift. In the event an RN elects to work an extra shift resulting in that employee working a third consecutive weekend, in lieu of the premium pay described above the RN shall be paid at time and one-half for each additional hour worked. The LPN will receive extra pay of \$12.50 per hour in accordance with Article 12.6.

8. Preceptor Pay. All nurses assigned preceptor duty shall be paid preceptor pay at the rate of two dollars (\$2) per hour. A preceptor nurse is a regular full-time or part-time nurse who is selected by the Employer to participate in the planning, organizing, teaching and evaluating new skills development of recent graduates or new staff nurses and nursing and or tech students during intern rotations when there is no preceptor on the premises. This is not to be confused with routine orientation. It is understood that staff nurses in the ordinary course of their general professional nursing responsibilities will be expected to participate in the orientation process of new nurses. These orientation responsibilities will include such things as providing informational assistance, support and guidance to new nurses and is generally short term in nature.

Preceptors must demonstrate clinical experience in patient care, communication, leadership skills and interpersonal relationships, and be able to teach these skills in a close one-to-one relationship with preceptees. Preceptors are assigned by the Employer to a preceptee on a consistent basis as possible; however may be assigned to a precepting team where there is a planned approach for the joint sharing of preceptor

responsibilities over a specific training period. There shall be no duplication of preceptor pay for the same hours. Preceptors will be consulted to determine whether preceptees have successfully completed orientation or if more training is needed. Preceptor assignments may be made for the orientation of experienced nurses at the discretion of the Employer.

9. Resource Nurse Premium. Upon successful completion of orientation to all areas identified in the Resource Nurse job description a \$4.00 per hour premium will be paid.
10. Float premium. \$2.00 per hour (see Article 13.2)
11. Bilingual certification premium. Nurses who demonstrate oral fluency by passing a proficiency exam will be eligible to receive \$1.00 per hour certification premium and receipt of such premium will count towards the nurse's maximum number of certifications.

If any creation of CRFNA position and if anyone is hired during the duration of this contract the Union and Employer will meet to discuss job description and wages for this position. Such discussion will not constitute a basis for reopening any other provisions contained herein during the term of the contract.

ARTICLE 10 - HOURS OF WORK AND OVERTIME

- 10.1 A work period will consist of up to forty (40) hours actually worked within a seven (7) day work period will be provided an unpaid thirty (30) minute lunch period which will be taken, as practical, at the half way point of the work day. If a nurse cannot be properly relieved then the thirty minutes will be considered time worked for purposes of calculating overtime.
- 10.2 The Employer will provide two (2) fifteen (15) minute rest periods with pay, each to be taken at approximately the middle of the first half of the shift and near the middle of the second half of the shift. The Employer may alter the timing of these rest periods based on service needs and requirements.
- 10.3 Overtime will be calculated and paid for hours actually worked in excess of the assigned shift or forty (40) hour overtime threshold in accordance with the Fair Labor Standards Act (FLSA). The up to forty (40) hour workweek can consist of up to five (5) eight (8) hour days or an alternative innovative shift schedule as determined by the Employer. Employees who work in excess or beyond their scheduled work shift are entitled to time and one-half (1-1/2) premium pay for such hours. There shall be no pyramiding of overtime pay and/or premium pay at the rate of one and one-half (1-1/2).

In accordance with RCW 49.28.130-150 and HB 1155, the Employer will make

reasonable efforts to fill shifts and pre-plan for situations when unexpected staff shortages occur in an effort to restrict mandatory overtime for nurses. In accordance with RCW 49.28.130-150 and HB 1155, the acceptance by any employee of overtime is strictly voluntary, and the refusal of an employee to accept such overtime work is not grounds for discrimination, dismissal, discharge, or any other penalty, threat of reports for discipline, or employment decision adverse to the employee. This does not apply to overtime work that occurs:

- a) Because of any unforeseeable emergency circumstances;
- b) Because of prescheduled on-call time;
- c) When the employer documents that the employer has used reasonable efforts to obtain staffing.
- d) When an employee is required to work overtime to complete a patient care procedure already in progress where the absence of the employee could have an adverse effect on the patient.

Time Worked. Holiday time worked shall count as time for overtime purposes. Sick leave, vacation time and any other time during which an employee is not actually physically working at the Employer's facilities shall not apply for overtime purposes.

- 10.4 Innovative Shifts. When the Employer determines it necessary to implement innovative shifts, the Employer will provide reasonable notice to affected employees.

The innovative workday may be nine (9), ten (10), or twelve (12) hours. Nurses working innovative shifts such as up to twelve (12) hour shifts (work twelve (12) hours in a twelve and one-half (12 - ½) hour period with one (1) thirty (30) minute meal breaks) must work the full shift before becoming eligible for overtime beyond the twelve (12) hour shift or must work beyond forty (40) hours within a seven (7) day work period before becoming eligible for overtime.

Nurses working innovative shifts like twelve (12) hour shifts (work twelve (12) hours in a twelve and one-half (12 - ½) hour period with one (1) thirty (30) minute meal break) must work the full equivalent of hours for the applicable work period before becoming eligible for overtime.

Nurses must work seventy-two (72) hours in a fourteen (14) day work period if twelve (12) hour shifts are used before they will be considered full time employees.

Rest periods for twelve (12) hour shifts will be carried out in accordance with state law, i.e., fifteen (15) minutes for each four (4) hours.

Normally, nurses scheduled to work twelve (12) hour shifts will not have to work more than three (3) consecutive shifts except by mutual agreement.

Subject to the Employer's assessment of hospital needs, nurses working twelve (12) hour shifts will be provided a regular routine or pattern of days on and days off during a work period. Normally, twelve (12) hour shift employees will not rotate shifts except if the Employer determines rotation is in the best interests of the Hospital. In this case, the Employer will provide one (1) weeks' notice of the rotation schedule.

The Employer has the right to implement a ten (10) hour shift schedule based on the same criteria and provisions applicable to the twelve (12) hour shift scheduling outlined above.

Nurses working a ten (10) hour shift will receive two (2) fifteen (15) minute paid rest breaks and a thirty (30) minute unpaid meal period.

Nurses working a twelve (12) hour shift will receive three (3) fifteen (15) minute paid rest breaks, and a thirty (30) minute unpaid meal period.

Nurses working a nine (9) hour shift will receive two (2) fifteen (15) minute paid rest breaks and an unpaid meal period.

ARTICLE 11 - ORIENTATION

- 11.1 The Employer will carry out reasonable orientation programs for new hires and re-hires, or current staff as needed. Nurses required to work in alternate areas, i.e. OR, OB, PACU, ER, and other alternate areas as determined by the Employer, will be provided reasonable orientation and training.

The Employer retains the right to require floating to assist in managing staff resources and will provide reasonable orientation/cross-training appropriate to the assignment and experience of the employee. Examples of a float assignment may include an ED nurse who floats to Medical/Surgical and is asked to care for a specific patient(s) only. The employee would not be expected to be the Lead Nurse and assume full responsibility for the unit. Another example would be a Medical/Surgical nurse may be asked to float to Transitional and Long-Term Care to assist in feeding residents, dressing changes, or assist in putting residents to bed. The nurse would not be expected to take the place of the Lead Nurse and assume full responsibility for the unit.

In the event a nurse is experienced in multiple units and has the appropriate skill sets, they may float to another unit and perform in the capacity of a Lead Nurse. The appropriate training and ability would be identified in the employee's

file/competencies and on-going education.

- 11.2 Nurses cannot sign up or be asked to take an on-call status during their orientation/probationary period, until said employee has satisfactorily completed the orientation check-off list in accordance with the Employer's determinations.

MOU Floating and Competency Compliance

After 90 days following ratification the Nurse staffing committee will work on parameters on floating and competency compliance, the goal of the committee will to ensure nurses are safe and to build skill with new opportunities as they become available and develop best practices on how this would be applied fairly and equitable.

ARTICLE 12 - SCHEDULING

- 12.1 When developing staffing schedules, Department Managers will take into consideration seniority within classifications. Scheduling work will be carried out with mutual respect between the personal needs of the employee and the needs of the hospital. Scheduling work will take into consideration input from the employee as well as taking into consideration the needs of the Employer.
- 12.2 Work schedules will be posted for one (1) month at least one (1) week before the beginning of the schedule. Changes in the schedule will be determined by the Employer and will be based on service needs of the Hospital as assessed by the Employer. Nurses wishing to change their schedule after posting shall find an equally qualified nurse for replacement and that replacement is subject to Employer prior approval.
- 12.3 Nursing administration will make a reasonable effort to schedule nurses so that they have a rest period of twelve (12) hours between shifts: Provided, however, the Employer may schedule nurses to work with less than nine (9) hours between shifts if the Employer determines circumstances warrant such scheduling. If the Employer requests the nurse to hold over their scheduled shift, and/or if the Employer requests a nurse to report to work earlier than their regular scheduled shift, with less than nine (9) hours between shifts, the hours worked will be paid at the time and one-half.
- a) Nurses who holdover for a double shift or come in early for a shift on an unanticipated basis shall be paid a rate of time and one-half for hours worked, and time and one-half for the second shift if there is less than nine (9) hours between the shifts worked.
 - b) Nurses who report to work from standby shall be paid a rate of time and one-half for the call back hours worked.

- c) Nurses who report to work from standby call and have less than nine (9) hours of rest prior to the start of their regularly scheduled shift shall be paid a rate of time and one-half for all of the hours worked in the shift worked without the required rest.
 - d) The requirement to pay overtime for a shift, if there is less than nine (9) hours between the end of one shift and the beginning of the next shift, will not apply if the employee voluntarily (i.e., preschedules, agrees to switch with a co-worker) accepts a schedule that includes a work shift with less than nine (9) hours between.
- 12.4 Nursing administration may rotate regularly scheduled shifts based on the Employer's assessment of service needs after input between the nurse and supervisor. Nurses may be scheduled to work more than two different shifts in any one (1) work week. Overtime is based on total hours worked.
- 12.5 Weekends. The Hospital will make a good faith effort to schedule all full-time and part-time RNs for no more than two (2) out of four (4) continuous weekends (both Saturday and Sunday). If a nurse is scheduled or picks up an extra shift at the request of the organization causing the employee to work any part of the third consecutive weekend, the nurse will be paid at the rate of one and one-half (1 1/2) times the nurse's regular rate for all hours worked on the third (3rd) consecutive weekend. If the nurse works an additional weekend shift that is not a consecutive weekend, the nurse shall be paid the premium pay as noted in Article 9.2(8). This section would not apply to a nurse who wants to work only weekends or trades due to personal reasons.
- 12.6 Nursing administration has the right to direct nurses to work three (3) or more consecutive weekends if the Employer determines that circumstances warrant such scheduling. Regular status LPNs will receive extra pay of \$12.50 per hour for hours worked on the unscheduled weekend unless such scheduling occurs by prior directive such as employees hired to work weekends, trading shifts and/or trading weekends.
- 12.7 Scheduling requests are subject to Employer prior approval.
- 12.8 Nursing administration will post a calendar at the beginning of each year as an aid for nurses to schedule vacation. Vacation requests are subject to prior approval by the Employer, and the Employer will communicate a response in writing to the nurse within fourteen (14) calendar days of the nurse's request. If there is a conflict in requested time off, subject to a needs assessment by the Employer, the nurse with highest seniority will be given priority. Vacation requests must be submitted at least twenty (20) calendar days prior to the posting of the next schedule period but not more than 30 days unless the nurse has discussed with the manager the need to make reservations, etc. Once the Employer has approved an employee's vacation request, the approval shall not be subject to reversal by a

more senior employee submitting a vacation request after a less senior employee has already received approval in accordance with the above provisions.

- 12.09 Requests for leave of absence, except for bona fide emergencies, must be submitted in writing to the Employer at least thirty (30) calendar days prior to the beginning of the requested leave.
- 12.10 If scheduling cannot be accommodated through the provisions of sections 12.5 through 12.11 above then the Employer has the right to assign the least senior employee to work based on the Employer's assessment of needed services and employee skills.

ARTICLE 13 - LOW CENSUS

13.1 Low census will be voluntary as opposed to mandatory. The Employer has certain options available to it for implementation of low census inclusive of but not limited to low censusing regular status nurses, per diem nurses, part-time nurses, supplemental nurses and volunteers. The determination of who is low censused is up to the Employer based on its assessment of operation requirements. After the Employer has determined which classification of employee will be low censused, it will be implemented as follows: 1) per diem nurses, 2) supplemental nurses, 3) agency nurses and 4) regular status nurses rotated within classification of employee.

- 13.2 In the event that there are declining patient care requirements or workload in a particular department or unit, prior to any low census, the Employer will request that surplus staff float to another area of the hospital if a need exists. Determination of who floats will be based on skill mix and patient needs. In the event such an assignment is made the affected employee will be paid a premium for each hour worked in the newly assigned department. (See Article 9.2.10)

If assistance is not needed for direct patient care in any other unit, the Employer may ask the employee to orient to another department, complete continuing education or competency requirements or to work on policy development or quality monitoring specific to the unit.

- 13.3 Employees who are low censused are not entitled to pay but may be entitled to continuation for an interim period of certain benefits as follows:
 - 1. Full-time employees will be eligible for continuation of medical and dental subject to the provisions of Article 19 - Hospital Plans. Full-time employees shall be eligible for accrual of vacation leave, sick leave, holidays or any other benefits.

2. Part-time employees who are low censused will continue to receive medical and dental benefits subject to the provisions of Article 19 - Hospital Plans. Part-time employees shall be eligible for accrual of vacation leave, sick leave, holidays or any other benefits.

- 13.4 If a nurse requests a low census day, the nurse will not be compensated unless they elect to utilize accrued vacation. If a nurse reports for work and is sent home because of low census or if there is no effort to notify the nurse of low census prior to the shift, the nurse will be paid two (2) hours at the regular rate. Such payment shall not count towards the overtime threshold.

ARTICLE 14 - BENEFITS

- 14.1 Benefits are those set forth in this Agreement. Unless a provision is specifically set in this agreement, regular status nurses shall become eligible for, accrue and have administered benefits contained in the Hospital personnel Policy. Regular full-time and part-time status nurses accrue benefits, including vacation and sick hours, based on the number of hours paid, excluding overtime.

14.2

Vacation hours shall accrue based on years of service represented in the continuing accrual factor multiplied by the number of hours worked. The number of hours listed below illustrates the number of days calculated for a full-time employee working 2080 hours per year.

Vacation pay shall be prorated annually based on the accrual factor represented in the following schedule:

1 yr. but less than 3 yrs	.03846	10 days per year
3 yrs. but less than 5 yrs.	.05000	13 days per year
5 yrs. but less than 10 yrs.	.05769	15 days per year
10 yrs. but less than 15 yrs.	.06923	18 days per year
15 yrs. but less than 20 yrs.	.08462	22 days per year
20 plus yrs.	.09615	25 days per year

All nurses who have completed nineteen (19) years or more of employment at Prosser Public Hospital District are entitled to twenty-five (25) days annually. A maximum of fifteen (15) vacation days may be taken at one time.

Vacation pay shall be the amount that the nurse would have earned had the nurse worked during the vacation period at the nurse's regular rate on his/her regular shift, including shift differential, and excluding weekend premium.

Vacation for regularly scheduled part-time employees shall be prorated according to hours

worked.

Subject to the concurrence of Nursing Administration, accrued vacation may be taken at any time after the ninety (90) day probationary period. Subject to the concurrence of Nursing Administration, nurses may take accrued vacation in the form of payment in lieu of time off up to a maximum of pay for eighty (80) hours. The vacation bank must have more than 120 hours to be eligible for the buy back. Nurses may carry over a maximum of twenty (20) days into the next year's vacation accrual.

14.3 Holidays. Nurses are entitled to eleven (11) paid holidays annually, as follows:

New Years Day	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Independence Day (July 4th)	Christmas
Labor Day	Four (4) Floating Holidays

Full-time nurses will be paid for fifty-six (56) hours annually of holiday pay for the seven (7) recognized holidays, plus thirty-two (32) hours for the four (4) floating holidays, in addition to the hours worked on the holiday, up to a maximum of 88 hours annually. Full-time employees will be credited with thirty two (32) hours (pro-rated for part-time) for use as floating holiday on January 1 of each year. Probationary employees may not use floating holidays until the completion of their probationary period. Floating holiday hours are not cumulative and must be taken during the year in which they are credited. Floating holiday hours may be used in one-hour increments.

Part-time employees will receive holiday pay in proportion to full-time hours based upon the number of regularly scheduled hours for the position. Holiday pay shall be paid on a 24-hour rotation and based on hours worked.

Nurses who do not work on a holiday, will be paid at their regular rate for the holiday. A full-time nurse will receive eight (8) hours of pay; a part-time nurse will receive pro-rated hours based upon his/her regular schedule. A nurse who works innovative shifts would receive holiday pay for the number of hours in their holiday bank for that holiday, to a maximum of fifty-six (56) hours annually for recognized holidays (excluding floating holidays) and prorated for part-time nurses based on hours approved for the position. Nurses working innovative shifts may claim up to their regularly scheduled hours of holiday pay.

Except for floating holidays, nurses may trade holiday pay for another day off that is agreed on by the Employer/employee. Payment for holidays will be made in the pay period in which the holiday is taken or thirty (30) days after the holiday, whichever occurs first.

It is explicitly agreed that holiday work will be rotated among nurses. To be entitled to holiday pay, the employee must work the scheduled workday immediately preceding the holiday and the scheduled workday immediately

following the holiday, unless excused by the Department Manager.

14.3.1 **Holiday Pay Interpretation:** The interpretation of holiday pay shall be as follows: RNs and LPNs working on a holiday shall be paid one and one-half times (1 ½) their hourly rate, In addition they shall be credited with eight (8) hours of holiday hours towards their bank of holiday hours or pro-rated based on FTE.

14.4 **Sick Leave.** Any nurse using sick leave must notify the house supervisor three (3) hours prior to the start of their shift unless illness/accident prevents such notification in order to ensure patient safety and better provide nurses with an appropriate rest between shift. Any employee who is off work due to illness in excess of three (3) work days, or less if sick leave abuse is an issue, may be required to provide a doctor's verification of the illness as well as the doctor's approval to return to work.

Sick Leave Policy for Employees: Sick leave is provided to employees as a protection against loss of income in the event of absence from work for medical reasons, including extended absence on account of illness or injury. Its use is restricted to health related absences and employees are encouraged to accumulate sick leave to carry them through unforeseen and lengthy illness.

In accordance with the cooperative spirit of the Agreement, the Union and the Employer agree that they will work jointly to prevent misuse and/or abuse of sick leave.

Sick leave for regular full-time and regular part-time nurses shall accrue at a rate proportionate to the actual hours worked up to a maximum of eight (8) hours per month from the date of hire. Sick leave shall be from the first day of illness, but no sick leave shall be paid during the first ninety (90) days of employment.

Sick leave may be accumulated up to a maximum of 720 hours. Nurses with sick leave accumulated in excess of 480 hours may exchange accumulated sick leave days for additional compensation at the rate of one (1) day at the nurse's then regular hourly wage or one (1) vacation day for each three (3) days of accumulated sick leave in excess of 480. Nurses may exchange sick leave days for additional compensation or vacation day(s) one (1) time in any twelve (12) month period. Such exchange shall be with input from the employee.

Accrued sick leave shall be paid as additional compensation to a nurse who, with proper notice, voluntarily terminates or retires after twenty (20) years of continuous employment at the rate of one (1) day at his/her regular hourly wage for each three (3) days of accrued sick leave.

Nurses with regular part-time status may use sick time to the extent it has been accrued.

Time loss under the Family Leave Act is inclusive of sick leave and vacation leave. Employees must use sick leave and vacation leave before becoming eligible to use FMLA leave without pay.

In accordance with Chapter 49.46 RCW nurses will not be disciplined for use of sick leave.

The Employer will provide Paid Family and Medical Leave benefits through the state-run insurance program and in accordance with the laws of the State of Washington. When an employee is eligible to receive payments under Paid Family and Medical Leave Program, the employee shall be permitted to supplement such payments with accrued sick and/or annual leave to make up the difference between compensation received under Paid Family and Medical Leave and the employee's regular pay, but not to exceed the net earnings the employee would have normally received during normal work week.

14.5 Bereavement Leave

Up to twenty four (24) hours of paid leave in lieu of regularly scheduled work days shall be allowed for a death in the immediate family. An additional sixteen (16) hours may be granted for a maximum of forty (40) hours when extensive travel (in excess of 300 miles one way) is required to attend a funeral. Time requested for bereavement leave must be taken within ten (10) calendar days of the death of a family member of the funeral of a family member. Immediate family shall be defined by employer policy. The employee is responsible for contacting their supervisor/manager as soon as the need for leave is known in order to obtain approval. Bereavement leave shall be pro-rated for part-time employees.

1. Additional leave may be granted at the discretion of the Employer. The employee may choose to use accrued vacation, personal leave, or leave without pay.

For the purpose of this article only, "immediate family" includes spouse, domestic partner, parent, grandparent, brother, sister, child, step-child or grandchild of the employee, and the same members of the employee's spouse's or domestic partner's family.

14.6 Family Care Act Provisions. Earned sick leave with pay may be taken for the following reasons:

- a) Illness or injury that incapacitates the employee to the extent that he/she is unable to perform his work.

- b) Doctor, dental, and optical appointments for treatment including laboratory work associated with the actual appointments.
- c) Care for a child/children of the employee with a health condition that requires treatment or supervision. Child means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis (in place of) who is:
 - i.) Under eighteen (18) years of age; or
 - ii.) Eighteen (18) years of age or older and incapable of self-care because of a mental or physical disability.
- d) Care of a spouse, parent, parent-in-law, or grandparent of the employee who has a serious health condition or an emergency condition (Family Care Act RCW 49.12.270, WAC Chapter 296-130).

14.7 Employee leave for military service will be governed by RCW 38.40.060 and USERRA.

14.8 Paid Family and Medical Leave. Employees may be eligible for paid family and medical leave benefits through the state-administered Washington Paid Family and Medical Leave Program. These benefits may be supplemented up to 100% of an employee's regular pay using sick and vacation leave. Both the Employer and employees will be required to pay into the Washington Paid Family Medical Leave Program at the statutory rates.

ARTICLE 15 - VACANCIES

- 15.1 If the Nursing Administration determines that a job vacancy should be filled, the administration will post vacant positions. The posting period will normally be five (5) calendar days. In an emergency, the Employer can assign a temporary employee.
- 15.2 Applications for vacant nursing positions must be in writing and timely submitted. If the administration determines that the applicant's skills and abilities are equal, then the most senior qualified nurse will be given preference; provided, however, these provisions do not preclude the Employer from seeking outside applications if the administration determines there is a need based on qualifications to bring in outside applicants to get the best qualified person for the job opening.

ARTICLE 16 - INDUSTRIAL INSURANCE

- 16.1 For a period of absence from work due to injury or occupational disease resulting from employment, the employee shall file an application for workers' compensation in accordance with State Law.
- 16.2 If the employee has accumulated sick leave or vacation leave, the Employer shall

pay the difference between his loss compensation and his full regular salary unless the employee elects not to use his sick leave or vacation leave, provided that it is the responsibility of the Employer to make available a written explanation of such elective.

- 16.3 Should an employee receive workers' compensation for time loss and he also receives sick leave compensation, his sick leave accrual will be reduced by the total number of hours he was on sick leave minus the number of hours at his hourly rate for which he/she is paid from a workers' compensation fund, on an hour-for-hour basis.
- 16.4 Until eligibility for workers' compensation is determined, the Employer may pay full sick leave, provided that the employee shall return any subsequent overpayment to the Employer.
- 16.5 Should any employee apply for time loss compensation and the claim is then or later denied, sick leave and annual leave may be used for the absence.
- 16.6 Nothing herein pertains to permanent disability award.
- 16.7 If an employee has no sick leave accumulated or runs out of sick leave, the word "vacation" may be substituted for sick leave above.

ARTICLE 17 - ACCIDENTS TO EMPLOYEES

- 17.1 Accidents occurring while on duty must be documented in the PMH event reporting system and reported to the supervisor and/or house supervisor when they occur. An employee injury report will be completed when the employee determines that an employee injury has occurred. If the injury requires more than first aid, the employee must be evaluated by a medical provider as soon as possible.

ARTICLE 18 - SEPARATION FROM EMPLOYMENT

- 18.1 A nurse terminated without cause except for probationary employees and who have not been provided two (2) weeks written notice will be provided forty (40) hours severance pay and vacation time accrued will be cashed out. An employee who is terminated with cause is not entitled to any severance pay, but vacation time accrued will be cashed out.
- 18.2 The administration may provide a letter of recommendation for a nurse who has been terminated without cause except for probationary employees. Such determination is dependent on the record of the employee.

- 18.3 An exit interview with Human Resources may be granted when requested by the Hospital or the affected nurse.

ARTICLE 19 - HOSPITAL PLANS

19.1 The Employer agrees to make available health, dental, vision and life insurance plans for employee participation the first month following date of hire, subject to the following provisions:

19.1.1 Regular status employees working sixty (60) to eighty (80) hours per pay period will be eligible for 100% contribution toward the Basic plan for Medical, Dental and Vision.

19.1.2 Part-time employees with benefits working forty (40) hours per pay period but less than sixty (60) hours per pay period will be eligible for fifty percent (50%) employer contribution towards the plans with fifty (50%) paid by the employee by payroll deduction.

19.2 Should more than one policy be available to the employee, the Employer will pay the percentage of the premium of the lowest premium plan subject to the provisions of Section 19.1.1.

19.3 The life insurance plan provides each regular status employee with life insurance for his/her family during the period of employment.

19.4 The Employer shall pay a percentage of the dental premium for the employee only in accordance with Section 19.1.

19.5 The Employer shall provide a vision care plan for employees and pay a percentage of the monthly premium in accordance with Section 19.1. Plan participation is mandatory for bargaining unit members.

19.6 The Hospital may, at its discretion, offer different insurance and savings plans for employee participation.

19.7 The Employer reserves the right to modify insurance plans to stabilize premiums at current levels subject to providing the Union and employees sixty (60) days notification prior to implementation.

19.8 The Employer and the Union agree to establish an Insurance Advisory Committee of twelve (12) persons: four (4) assigned by management and four (4) from SEIU District 1199NW and four (4) from ASCME Union Local 874-H. The

purpose of the Insurance Advisory Committee is to explore and research insurance alternatives and to make recommendations to management. The committee does not have the authority to bind in any way either party to this agreement. None of the provisions of this section or any of the explorations, research and recommendations as provided for in this section are subject to the grievance procedure in this contract.

ARTICLE 20 - SENIORITY

- 20.1 No employee shall acquire any seniority until he has completed the appropriate probationary period. When an employee has completed the probationary period, seniority shall date from date of most recent hire. Provided, however, employees who are laid off due to a reduction in force and are subsequently rehired within a twelve (12) month period shall be credited for all past service for seniority purposes.
- 20.2 Seniority for layoff and recall purposes is based on time within a particular classification or category of employee. Seniority for benefit accrual purposes shall mean length of continuous service in the Bargaining Unit.
- 20.3 An employee shall lose all seniority rights and employment shall cease for any of the following reasons:
1. Voluntary resignation;
 2. Discharge for just cause;
 3. Failure to report for work at the end of an authorized leave of absence;
 4. Failure to report for work within four (4) calendar days after the Employer deposits written notice of recall from layoff by Certified Mail in the United States Post Office addressed to the last known address, unless an extension is approved by the supervisor;
 5. Absence due to sickness or accidents where the employee does not report for work or does not notify the Employer regarding the sickness or accident and the approximate date of return;
 6. Layoff for a period in excess of twelve (12) months.

ARTICLE 21 - LAYOFFS AND RECALL

- 21.1 The Employer has the right to determine if and when a layoff is necessary. Normally, layoffs are due to revenue shortfalls, cutbacks in funding sources,

reductions in reimbursement formula or criteria, lack of work, reorganizations, reprioritization of services by management, lack of money and/or the necessity to downsize to compete. The Employer's determination of the need for layoffs is final and binding on all parties. The Employer has the right to decide which category(ies) of employees will be laid off. Categories will be based on the job classification article in this contract. If the competency, skill, training, and employment record is equal as determined by the Employer amongst the employees in the category scheduled for layoff then seniority shall prevail. If the Employer elects to deviate from seniority because of questions about competency, skill, training and employment record it will notify the Union of this situation and will provide the Union with an opportunity to provide input.

- 21.2 Employees laid off will be put on a recall list for one (1) year. Laid off employees will be provided an opportunity to return to work when positions become available for which they are qualified. Laid off employees must keep the Employer informed of their address so that the Employer can notify them.
- 21.3 Notice of Layoff. Prior to the announcement or notice of layoff to the nurse(s), the Hospital shall notify the Union of the layoff. Thirty (30) days' advance notice of layoff (or pay in lieu thereof) will be given to nurses subject to layoff, except for unforeseeable conditions beyond the Employer's control. For layoff purposes, the cutoff date for determining seniority shall be the end of the pay period immediately before the announcement of layoff. Upon request, the parties will meet for the purpose of discussing the layoff.

ARTICLE 22 - DISCIPLINE AND DISCHARGE

- 22.1 The Employer has the right to discipline any employee based on the following disciplinary actions:
1. Oral reprimand
 2. Written reprimand
 3. Suspension without Pay
 4. Discharge or Termination

It is important that standards of conduct be established for any organization and that employees who violate these standards be disciplined. In order to ensure that discipline is administered fairly and consistently, the Progressive Discipline process will be followed except for serious misconduct that will warrant more serious discipline subject to the provisions within this Article.

The Hospital will attempt to address Nurses' concerns using established processes. Conflict between Nurses and leadership may be escalated through both formal and informal discussion.

The Employer has the right to implement the above disciplinary actions based upon the seriousness of the affected employee's conduct as determined by the Employer. The above enumerated disciplinary actions may be implemented without regard to the order indicated hereinabove. In other words, the Employer may implement disciplinary action by way of a written reprimand coupled with a suspension without pay or the Employer may determine the cause is of such a serious nature as to warrant a different combination of disciplinary actions. Disciplinary actions do not have to be taken in order of increasing severity from oral reprimand to discharge based on the seriousness of the incident.

22.2 Just Cause for the disciplinary action referenced in Section 22.1 above is inclusive of but not limited to:

1. Neglect of duty (i.e. violation of patient rights);
2. Insubordination (i.e. refusal or failure to obey supervisor, in work related instructions or directives, etc.);
3. Conviction of a crime which may affect work performance;
4. Improper performance or failure to perform;
5. Misconduct;
6. Violation of rules or regulations (whether written or oral);
7. Unauthorized use of equipment;
8. Abuse of sick leave (i.e. usage indicating a pattern or misrepresentation of illness);
9. Falsification of reports and/or records;
10. Solicitation and/or acceptance of personal gifts or gratuities;
11. Communication and/or conveyance of any information and/or data which is privileged and/or confidential regarding patient information and/or doctor-patient privileged information and/or Employer privileged/confidential information relating to Employer operations;
12. Sexual harassment;
13. Unauthorized handling, possession, use of or the presence of alcohol, legal or illegal drugs and/or any other controlled substances while on Employer property as provided below;
14. Possession and/or use of any firearm, knife or other instrument which could be considered or could be perceived as a weapon while on Employer property;
15. Theft;
16. Willful damage to Employer property;
17. Recklessness/Carelessness: Behavior which is disruptive to the work environment or to patient care which lacks caution and consideration for consequences and results in harm;
18. Violation of any of the State Nurses and Licensed Practical Nurses rules, regulations, statutes, WAC's and any other regulations and procedures applicable to RNs and LPNs by the State authorities;

19. And all such other just causes as reflected in applicable statutory, case law and/or arbitration case law.
- 22.3 The Employer has the right to implement progressive discipline.
- 22.4 The Employer has the right to suspend without pay an employee for just cause for up to a maximum period of thirty (30) working days for each cause. In the event the Employer determines that a suspension without pay may be the appropriate disciplinary action, the Employer will provide, in writing, a brief description of the cause and the circumstances from the Employer's perspective to the employee and the Union representative or Shop Steward. The employee and his/her representative will be provided an opportunity to provide to the Employer their perspective of the cause. The Union and the Employer will mutually agree to either a pre-disciplinary meeting or a written response. The Employer will notify the Union representative or Shop Steward and the employee of the time line for the meeting or written response. Thereafter, the Employer will issue the disciplinary action it determines to be appropriate.
- 22.5 The Employer has the right to discharge or terminate an employee for just cause which the Employer believes to be of a serious nature. Prior to the implementation of a discharge or termination, the Employer shall provide the Union or Shop Steward and the employee with a brief description of the causes and circumstances involved with the potentially dischargeable cause. The Union representative or Shop Steward and the employee will be provided an opportunity to present their perspective of the case(s) and/or circumstances prior to the Employer determining whether or not discharge or termination is appropriate. The Union and employee's explanation shall occur at a pre-disciplinary action meeting to be established by the Employer. Thereafter, the Employer will investigate and make a determination as to whether or not discharge or termination is appropriate.
- 22.6 The Employer will provide copies of disciplinary action inclusive of written reprimands and suspension without pay to the Union representative. Notations of oral reprimands in the employee's personnel file shall be permitted and the employee will be informed of said notations. The notation will generally provide for the date, time and a brief description of the oral reprimand. All management personnel may initiate disciplinary action subject to the provisions of this Agreement.
- 22.7 Personnel files/references to disciplinary actions are subject to the following:
1. Written reprimands shall remain in the personnel file for a period of twelve (12) months from the date of the last disciplinary action. If there exists another written reprimand within the twelve (12) month period then all written reprimands will remain in the employee's personnel file for twenty-four (24) months from the latest written reprimand regardless of

whether such reprimands are for similar or dissimilar causes. NOTE: Any written reprimands relating to patient rights violations shall be maintained in the personnel file for the applicable statutory time (i.e., Statute of Limitations) and shall be considered for discipline purposes.

2. Suspensions without pay will remain in the employee's personnel file on a permanent basis.
 3. Discharge or termination shall remain in the employee's personnel file permanently.
- 22.8 Where an employee is requested to attend a meeting with management for disciplinary or investigatory reason, said employee shall have the right to have a Union representative present at their request.

ARTICLE 23 - GRIEVANCE PROCEDURE

- 23.1 A grievance shall be defined as a dispute or disagreement involving the interpretation, application or alleged violation of a specific provision of this Collective Bargaining Agreement.
- 23.2 The parties agree that the time limitations provided are essential to the prompt and orderly resolution of any grievance and that each will abide by the time limitations unless an extension of time is mutually agreed to in writing.
- 23.3 No grievance shall be valid unless it is timely submitted at Step 1. If the grievance is not presented within fifteen (15) working days from its occurrence or knowledge of its occurrence said grievance shall be waived and forever lost. For purposes of the essential time limitation of fifteen (15) working days, this is to be defined as fifteen (15) working days, Monday through Friday.
- 23.4 The grievance shall be in written form and shall include the following:
1. A specific statement of the grievance and relevant facts; and,
 2. The specific provisions of the Agreement allegedly violated; and,
 3. The specific remedy sought.
- 23.5 The grievance steps shall be as follows:

STEP 1:

The aggrieved employee shall submit in writing within fifteen (15) working days of the occurrence his/her grievance to his/her supervisor. The supervisor shall respond within fifteen (15) working days from the date of receipt of the grievance. A grievance concerning a termination will be presented at step two (2) of the

grievance procedure.

STEP 2:

If the grievance has not been satisfactorily resolved at Step 1 then the party initiating the grievance and the Union's Labor Relations Specialist shall, within fifteen (15) working days of the due date of the response file a written appeal to Step 2.

STEP 3:

If either party is dissatisfied with the response of the other party, the Union or the Employer may refer the grievance to final and binding arbitration. The Union or Employer may notify the other party in writing of submission to arbitration only if said notification is received by the other party within twenty (20) working days from the date of the response in Step 2 or within twenty (20) working days from the date of receipt of the timely response. Subject to timely notice, the parties will select an arbitrator to hear and determine the grievance. The parties will attempt to mutually agree upon a neutral arbitrator within the first fifteen (15) working days after submission to arbitration. If the parties are unable to mutually agree then the parties shall request a list of eleven (11) names from the State Public Employees Relations Commission (PERC). The parties shall utilize the traditional striking of names methodology for selection of the neutral arbitrator. A coin will be flipped in order to determine who strikes the first name.

The arbitrator will meet and hear the matter at a date to be mutually agreed upon by and between the parties and the arbitrator. A decision shall be reached within a reasonable period of time after the arbitration proceedings and after post arbitration briefs are applicable.

The arbitrator shall not have the authority to add to, subtract from, alter, change or modify the terms and/or provisions of this Agreement. The power of the arbitrator shall be limited to interpretation of or application of the terms of this Agreement or to determine whether there has been a violation of the terms of this Agreement by either the Employer or the Union. The arbitrator shall be jurisdictionally limited to deciding the issue raised at Step 1 of the grievance procedure. The arbitrator shall not have the authority to decide additions, variations and/or subsequent grievances beyond the matter raised in Step 1. The arbitrator shall not have the authority to award punitive damages.

Each party shall bear one half (½) the expenses of the arbitrator. Each party shall be responsible for paying the expenses for their own representatives.

ARTICLE 24 - GENERAL PROVISIONS

- 24.1 Employees terminating their employment shall provide fourteen (14) calendar days notice, in writing, to the Employer. Failure to provide written notice in the

specified time frame will result in forfeiture of accrued benefits and may make the employee ineligible for rehire. No sick leave may be utilized after notification unless approved in writing by the Employer.

- 24.2 Union Business/Employee Time: Use of employee work time to conduct, and/or engage in any Union activities could result in disciplinary action as set forth in Article 22.
- 24.3 The Employer will provide relevant employment policies and procedures, whether written or verbal, developed by the Employer or changes in existing policies and procedures, to the employees and the Union, either in writing for written policies or verbally in oral policies, prior to their effectiveness, unless the Employer was not provided sufficient notification to properly implement such policy or procedure prior to the effective date required by any Federal or State agency.
- 24.4 Wherever the terms "input" or "discussion" are used referring to the Union, nurses or employees, "input" or "discussion" does not create an obligation by the Employer to bargain about the decision and its effects.

ARTICLE 25 - PROFESSIONAL MEETINGS

- 25.1. Nurses attending scheduled meetings, such as in-service programs or nursing staff, shall be paid their regular hourly wage for one (1) hour unless attendance puts the nurse over forty (40) hours for the work week. Nurses attending mandatory staff meetings or mandatory in-services beyond their shift shall be paid premium pay of one and one-half (1-1/2) their hourly wage or overtime if he/she exceeds the overtime threshold in accordance with FLSA for the number of hours needed to attend a mandatory meeting.
- 25.2 Unless notice of meetings or in-service is posted two (2) weeks in advance, a meeting shall not be considered mandatory.
- 25.3 If a scheduled meeting is canceled and an off-duty nurse shows up for the meeting, the nurse shall be paid for one (1) hour at his/her regular hourly wage unless a witnessed attempt to notify the nurse of the cancellation has been made.
- 25.4 Nurses are expected to attend a majority of scheduled meetings.
- 25.5 Nurses shall be eligible for up to five (5) days per calendar year of off-campus continuing education at the sole expense of Hospital as follows:
 - 1. The number of eligible days shall be determined by dividing hours worked by full-time equivalent hours and multiplying the quotient by five (5).
 - 2. The continuing education must be approved by Nursing Administration.

Nursing Administration shall approve continuing education if the requesting nurse can demonstrate that attendance will be of equal benefit to both the Hospital and him/her.

3. A request for continuing education must be submitted in writing to Nursing Administration at least three (3) weeks in advance of the program. Nursing Administration must reply to employees within one (1) week of request by written approval or denial.
4. Over the last calendar year the requesting nurse must have attended:
 - a) At least sixty percent (60%) of all voluntary meetings or in-services, and
 - b) At least ninety percent (90%) of all mandatory meetings or in-services.
5. Normally, continuing education will not be provided to nurses until said nurses have satisfactorily completed the orientation checklist as determined by the Employer, unless the education is part of the Departmental orientation requirements of the Employer.

ARTICLE 26 - SAVINGS CLAUSE

- 26.1 If an Article or Section of the Agreement is held to be unlawful or unenforceable by court of competent jurisdiction, such judicial decision shall apply only to the specific provision involved. The remainder of the Agreement shall not be affected thereby and the parties agree to enter into immediate negotiations for the purpose of arriving at a mutually satisfactory replacement for such invalidated provision.

ARTICLE 27 - TERM OF AGREEMENT

27.1 This agreement shall be effective upon July 1, 2021 and shall continue in effect until June 30, 2024, and shall continue in full force and effect from year to year thereafter unless notice has been given in writing, ninety (90) day prior to June 30, 2024 or any anniversary date thereafter by either party, that this Agreement is to be amended or terminated.

Agreed this _____ day of _____ 2021.

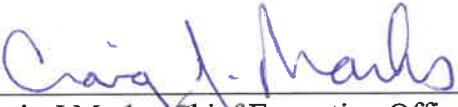
IN WITNESS THEREOF, The parties hereto have executed this Agreement in duplicate original this _____ day of _____, 2021.

Date Signed: 2-1-2022

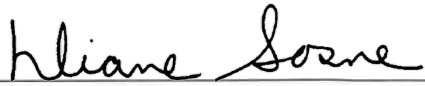
Date Signed: 02/14/2022

PROSSER PUBLIC HOSPITAL DISTRICT

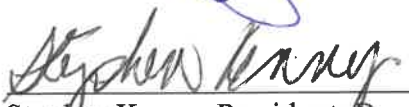
Service Employees International
Union Healthcare 1199NW



Craig J Marks, Chief Executive Officer



Diane Sosne, President



Stephen Kenny, President, Board of Commissioners

MOU Referral Bonus:

The purpose of the MOU is to document the understanding of the parties related to the establishment of a Referral Bonus to be adopted upon ratification of this contract.

PMH will pay a \$1,000.00 lump sum to a nurse who refers a new nurse to PMH. The referring nurse shall be paid one half of the referral bonus in the paycheck following the date on which the new nurse begins work. The second half of the referral bonus shall be paid to the referring nurse once the new nurse has successfully completed a 90-day probationary period.

A new nurse is defined as a nurse who has never worked at PMH or a nurse who returns to PMH after six months of severing employment. The referring party must be an RN or LPN within the bargaining unit.

The referred nurse would identify the referring nurse on the employment application.

MEMORANDUM OF UNDERSTANDING

In an effort to work together to ensure PMH nurses have access to quality affordable healthcare, the hospital will commit to convening the Health Insurance Advisory Committee at least quarterly. The committee may provide recommendations regarding plan design and cost controls, including, but not limited to, prescription drugs, premiums, copays, deductibles, and inpatient and outpatient benefits provided under the plan.

On an annual basis in the last quarter of the year, the Committee shall review the current medical plan, anticipated cost increases, and review of utilization data. The meeting date and time will be set by management, giving at least fourteen (14) days' advance written notice to the Union and staff nurses. The meeting shall occur prior to annual implementation of changes to the plan.

MEMORANDUM OF UNDERSTANDING

The purpose of this MOU is to provide for staffing for appropriate care of patients in patient care areas-Emergency Department, Acute Care Services, Surgical Services, OSP, and Family Birth Place.

1. Schedules are drafted each month by the department manager using the parameters of the master schedules and the Collective bargaining agreement. This draft includes any approved vacation, educational requests off or shift trades.
2. The schedule(s) are updated daily with any changes by the department manager of House Supervisor. This maintains accurate updated schedules required for regulatory purposes, as well as provides a communication tool for staff in even of sick calls after hours. They then have a current tool identifying the status of each employee.
3. Agency personnel are utilized and must be preauthorized by the Manager or designee.
4. House Supervisor or designated lead completes a daily staffing sheet for each are noting who is scheduled to work the next day, to include vacancies and/or agency staff. These sheets are routed to the Manger or designee with the daily census/assignment sheets of the previous day.
5. In the even there are available shifts before or after the posting of a particular schedule, the available shifts will be filled in the safest, most cost-effective, efficient manner possible. These will be filled by contacting part-time employees, per diem employees, full-time employees and then agency whenever possible.
6. The House Supervisor assigned to each shift will be responsible for assessing staffing needs for the next 24 hours, and communicating with the Manager during normal business hours. The House Supervisor facilitates and adjusts staffing after hours based on patient acuity and staffing skill mix.
7. Absences (Call ins) must be forwarded to the managers, House Supervisor or their designee.
8. Surgical Services and OSP staffing will be determined by the manager, house Supervisor or designee.
9. Staffing Alert - In the event of such an unforeseen emergent circumstance in which the staffing is not in adherence to the staffing plans, the staff nurse shall inform the unit manager/House Supervisor in order to rectify the situation. If the situation is not resolved staff nurses may declare a Staffing Alert and notify the nurse manager/House Supervisor that they are doing so. The nurse manager/House Supervisor shall notify the appropriate administrator and the parties shall confer immediately to explore and implement all reasonable alternatives to bring the unit into adherence as soon as possible. Alternatives to be considered are:
 - a. Utilize resource nurses
 - b. Calling in nurses on standby/call
 - c. Calling in Per Diem nurses

- d. Soliciting volunteers for overtime shifts
- e. Utilize nurse managers and House Supervisors.
- f. Use of agency nurses

10. In the event a nurse has staffing concerns or is calling a staffing alert, the nurse will complete an Incident Report Form within 24 hours.

MEMORANDUM OF UNDERSTANDING

The Union and the Employer recognize the need to actively manage break relief in order ensure nurses can take rest and meal times without compromising patients safety or forgoing breaks or meals. Within three months of ratification of this agreement the Nurse Staffing Committee (NSC) will revisit the break and meal time plan for each nursing department. A quarterly report of issues and corrective actions related to breaks and meal times will be reported to the NSC. Departments who have ongoing break and meal time issues will be required to modify their plan to achieve sustained compliance with break and meal time relief. Departmental plans may include but are not limited to utilizing float or resource nurses, assigning times for breaks and meal times, modifying staffing assignments and utilization of the PCC or Department Directors.

MEMORANDUM OF UNDERSTANDING

Management and the Union agree to track staffing productivity (staffing, skill mix, census, acuity, scheduling) on each nursing department in an effort to maximize the safety, effectiveness, and efficiency of labor expenditure to meet the District approved departmental budgets. This information will be analyzed at the Nurse Staffing Committee and recommendations for improvement will be implemented to correct issues as they are identified. Recommendations may include, but are not limited to: cross training, education, quality improvement initiatives, lean analysis or nursing functions, and/or revising a department's skill mix. It is understood this MOU will coordinate with the ongoing work of the Nurse Staffing Committee regarding safe staffing levels.

MOU - INCLEMENT WEATHER AND NATURAL DISASTERS

The parties recognize that natural disasters and inclement weather are likely events which require planning and shared understandings. All scheduled nurses are considered essential to show up for work. All employees are encouraged to keep a disaster preparedness kit (e.g., change of clothes, appropriate work attire, snow boots, window scraper, toiletries, medications, contact lens solution, blanket, flashlight and batteries, water, snacks etc.) This is a good year-round preparedness tactic.

1. If an employee is unable to report to work because of inclement weather or a natural disaster, the employee will not be paid and the employee will not be disciplined.

2. For all employees who remain at Prosser Memorial throughout a period of inclement weather or a natural disaster, the facility will make a good faith effort to provide the following:

a. A hotel room or sleep room with clean beds/raised cots, clean linens, bathroom and shower access for rest times. Patient rooms, where available, will be coordinated with CNO or designee and distributed equitably

b. If management requires the employee to remain at the facility during an inclement weather event, they will be placed on standby and work hours will be paid accordingly until the employee is released.

c. An employee who prefers to remain at or close to the hospital to ensure a safe and timely commute back to the facility during (or threat of) inclement weather or natural disasters will not be placed on standby, but is still eligible for the accommodations outlined in this MOU.

4. If the Employer decides that a work location is non-operational due to severe inclement weather or natural disaster, employees must check-in with the department manager for their assignment.

Memorandum of Understanding

I. EMPLOYEE HEALTH & WELL-BEING

1. An employee who the Employer does not permit to work due to a confirmed work-related exposure to COVID-19 will be placed in leave status during any quarantine period required by the Employer and use applicable leave benefits.
2. Resources will be available to assist employees with coordination of federal, state and employer benefits related to COVID-19, as may be applicable.
3. During the quarantine period, the employee will remain in contact with Employee Health, as necessary and required by the Employer.
4. The Employer will comply with applicable regulations related to employees who fall into high-risk categories as defined in those proclamations (currently CDC guidelines on high-risk categories) with respect to workplace accommodations and/or leave periods. Employees will continue to accrue seniority for leaves taken in accordance with the applicable proclamation.
5. Benefits-eligible employees who are not ill, but cannot work for a variety of other reasons related to the COVID outbreak (PMH specific rules regarding time off apply), for example, daycare or eldercare needs, may use Vacation and Sick Leave, should the employee have this time in their bank.
6. The Employer will provide employees who have a confirmed workplace exposure to COVID-19 (such as treating a patient who was not confirmed, but later is identified to have COVID-19) with notice of such exposure as expediently as possible.
7. Employees who have had close contact with a suspected or confirmed case of COVID-19 while at work will contact Employee Health for next steps, up to and including whether testing is available and appropriate. Where appropriate, the Employer will direct employees to available testing resources, including those with the shortest turnaround times of which the Employer is aware.
8. Nothing in this agreement is intended to prevent employees from accessing other state benefits for which they may qualify, including but not limited to unemployment insurance benefits, paid family and medical leave, or workers compensation.
9. Upon request from the Union, the Employer will provide the number of its employees who are on leave as well as their paid leave accrual balance in a reasonable timeframe.

10. Employees will voluntarily choose to take the vaccine on the day of their choosing. Employees experiencing significant side effects (e.g., fever, extreme malaise) will be instructed to contact their department manager to inform of the need for time-off.
11. In the case of low census related to COVID-19, employees who do not want low census should contact their department manager and the Employer will work to provide redeployment opportunities wherever possible if the caregiver is able to perform the duties of positions available for redeployment, if any, in the opinion of the Employer.
12. Except as otherwise explicitly provided in this Agreement, the terms of applicable collective bargaining agreements will remain in effect.
13. The parties recognize that COVID is a unique, fast-developing situation, and commit to ongoing dialogue around these issues.

II. DURATION.

This agreement will extend until December 31, 2022. Upon request of either party, the Union and Management will meet to discuss any modification and extension of this agreement based on changing circumstances.

MOU - Staffing

The purpose of the Nurse Staffing Plan is to ensure the safe delivery of quality patient care within Prosser Memorial Hospital in accordance with House Bill (HB) 1714.

1. Shifts:

- a. Shifts may vary based on department needs but will typically be based on 12, 10, or 8 hour increments.
- b. 12 hour shifts are typically 0700-1930 and 1900-0730
- c. 10 and 8 hour shifts will have start and stop times which vary based on departmental needs.
- d. Stand-by shifts may be pre-arranged when needed to ensure an appropriate response to changing census or patient acuity.

2. House Supervisor:

- a. A House Supervisor will be designated to assess and ensure safe staffing throughout the hospital 24/7.
- b. The House Supervisor may be a department leader, Patient Care Coordinator (PCC), Resource Nurse, or seasoned staff nurse.
- c. The delegation of authority will be delineated by the hand off of the PCC phone and verbal report on the status of each department providing patient care services and relevant ancillary department concerns. The individual designated to carry the PCC phone is the designated House Supervisor until a subsequent hand off occurs.
- d. All staffing needs, requests, and sick calls should be relayed to the designated house supervisor by calling the PCC phone.
- e. The House Supervisor must be consulted prior to staff being granted low census or on-call for their (same day) scheduled shifts in order to ensure staff are not needed in other departments.
- f. The designated House Supervisor has the authority to assign staff to assist in other departments, to the level the employee being floated is qualified to do so, in order to ensure safe staffing and the needs of the hospital are met.
- g. The House Supervisor should be made immediately aware of staffing alerts or unsafe staffing concerns in order to initiate corrective action as quickly as possible. When unable to address a staffing concern the house supervisor should initiate the chain of command by calling the department leader and/or the Chief Nursing Officer (CNO).
- h. Any nurse dissatisfied with the response to a safe staffing concern may call the department director or CNO. If still not satisfied the safety concern is resolved should put their concerns in writing utilizing the Short Staffing Complaint Form. (All Short Staffing complaints will be logged and reviewed for tracking and trending at the Nurse Staffing Committee.
- i. The House Supervisor should respond to all unsafe or emergent conditions as outlined in the hospital policy relevant to the situation.

3. Acute Care/Swing Bed:

- a. Two nurses (one an RN) will be staffed per shift when one patient is on the unit.
- b. Nurse to patient ratios are not to exceed 1:5 on days and 1:6 on nights.
- c. High acuity and intensity of service may significantly reduce the nurse patient ratio in order to ensure critical patients can be safely managed.
- d. Support staff will be assigned to assist with ADL's and safe patient handling (SPH) based on census and intensity of service required shift to shift.
- e. Additional nursing or support staff may be needed on an unanticipated bases due to patient volumes or acuity. The House Supervisor should be notified in order to provide additional assistance. This may include but is not limited to the following:
 - 1) House Supervisor assisting with patient care needs;
 - 2) Float Resource nurse or other staff to assist;
 - 3) Request assistance from the Department Director;
 - 4) Call in off duty nurses willing to assist.

4. Family Birthplace:

- a. Two labor trained RN's will be readily available in the hospital 24/7.
- b. During times the department is empty these nurses may be assigned patients or task in other units as long as they can provide a timely response to the arrival of an obstetrical patient.
- c. The nurse staffing for obstetrical and newborn patients will be in accordance with the evidence-based guidelines published by AWHONN.
- d. Additional nursing or support staff may be needed on an unanticipated bases due to patient volumes or acuity. The house supervisor should be notified in order to provide additional assistance. This may include but is not limited to the following:
 - 1) House Supervisor to assisting with patient care needs;
 - 2) Float Resource nurse or other staff to assist;
 - 3) Request assistance from the Department Director;
 - 4) Call in off duty nurses willing to assist.

5. Emergency Department:

- a. ED is staffed with not less than two RN's and an ER technician on each shift.
- b. Periodic analysis of patient volume trends will be completed to determine optimal times to schedule additional nurses (such as 1100-2300).
- c. Additional nursing or support staff may be needed on an unanticipated bases due to patient volumes or acuity. The house supervisor should be notified in order to provide additional assistance. This may include but is not limited to the following:
 - 1) House Supervisor to assist with ED patients;
 - 2) Float Resource nurse or other staff to assist;
 - 3) Request assistance from the ED Director;
 - 4) Call in off duty nurses willing to assist.

6. Surgical Services:

- a. Surgical Services core staffing consists of one circulator (RN) and one scrub (RN, LPN or Scrub Technician); and one RN trained in phase I recovery for each OR in service. Core staff must be available 24/7 either in house or available within 30 minutes on-call.

- b. Intraoperative staffing will be in accordance with AORN evidence based guidelines.
- c. Peri-operative and Post-operative staffing will be in accord with ASPN evidence based guidelines.

7. Outpatient Special Services (OSP):

- a. Staffing will consist of no less than one nurse designated to care for OSP patients when patients are being cared for within the department.
- b. After hours and weekend patients may be cared for in other staffed departments at the direction of the House Supervisor.
- c. Patients should not be left unattended in the OSP department, when dedicated staff are not available the patient treatment should occur on a staffed unit.

8. Additional Support Staff and staffing considerations:

- a. A Resource nurse and/or PCC will be scheduled each shift to provide additional staffing support.
- b. At least one Respiratory Therapist will be scheduled 24/7 to assist with the management of patients requiring respiratory support.
- c. EMS staff may be utilized as needed to assist with spikes in ED census, combative patients, or safe patient handling tasks.
- d. Physical, Occupational, and Speech therapists are available Monday thru Friday.
- e. ED Techs, OB Techs, and AC Techs are generally scheduled each shift in addition to what is designated above.
- f. Nursing department managers will be responsive to department needs.
- g. Level of experience, specialty certification or training, skill mix, and need for specialty or intensive equipment will be considered when making staffing assignments.

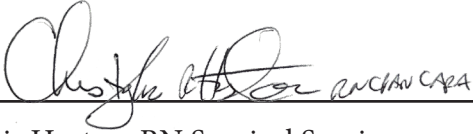
9. Breaks and meal times:

- a. Each department and shift are allowed discretion in the timing and coverage of breaks and mealtimes to best match the workflow and preferences of the staff in those departments.
- b. Department leaders, resource nurses, the PCC, and float staff are available to support break and mealtime relief as needed.
- c. Missed break and meal times will be tracked by department and shift to identify trends requiring a more additional planning to ensure break and mealtime relief.

Prosser Memorial Health Wage / Step Scale
S.E.I.U. Healthcare 1199

	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH
	RN	RN	RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN	Clininc RN
Effective	7/2021	7/2022	7/2023	7/2021	7/2022	7/2023	7/2021	7/2022	7/2023	7/2021	7/2022	7/2023	7/2021	7/2022	7/2023	7/2021	7/2022	7/2023
	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
Base	33.59	34.60	35.64	31.91	32.87	33.86	22.53	23.21	23.91	22.53	23.21	23.91	22.53	23.21	23.91	21.39	21.39	22.03
1	34.32	35.35	36.41	32.60	33.58	34.59	23.03	23.72	24.43	23.03	23.72	24.43	23.03	23.72	24.43	21.88	21.88	22.54
2	35.08	36.13	37.21	33.33	34.32	35.35	23.54	24.25	24.98	23.54	24.25	24.98	23.54	24.25	24.98	22.35	22.35	23.02
3	35.86	36.94	38.05	34.07	35.09	36.15	24.06	24.78	25.52	24.06	24.78	25.52	24.06	24.78	25.52	22.85	22.85	23.54
4	36.64	37.74	38.87	34.81	35.85	36.93	24.58	25.32	26.08	24.58	25.32	26.08	24.58	25.32	26.08	23.35	23.35	24.05
5	37.44	38.56	39.72	35.57	36.63	37.73	25.12	25.87	26.65	25.12	25.87	26.65	25.12	25.87	26.65	23.87	23.87	24.59
6	38.27	39.42	40.60	36.36	37.45	38.57	25.68	26.45	27.24	25.68	26.45	27.24	25.68	26.45	27.24	24.39	24.39	25.12
7	39.11	40.28	41.49	37.15	38.27	39.42	26.23	27.02	27.83	26.23	27.02	27.83	26.23	27.02	27.83	24.94	24.94	25.69
8	39.97	41.17	42.41	37.97	39.11	40.29	26.81	27.61	28.44	26.81	27.61	28.44	26.81	27.61	28.44	25.47	25.47	26.23
9	40.85	42.08	43.34	38.81	39.98	41.17	27.41	28.23	29.08	27.41	28.23	29.08	27.41	28.23	29.08	26.03	26.03	26.81
10	41.75	43.00	44.29	39.66	40.85	42.08	28.01	28.85	29.72	28.01	28.85	29.72	28.01	28.85	29.72	26.62	26.62	27.42
11	42.67	43.95	45.27	40.54	41.75	43.01	28.62	29.48	30.36	28.62	29.48	30.36	28.62	29.48	30.36	27.19	27.19	28.01
12	43.61	44.92	46.27	41.43	42.67	43.96	29.25	30.13	31.03	29.25	30.13	31.03	29.25	30.13	31.03	27.79	27.79	28.62
13	44.58	45.92	47.30	42.35	43.62	44.94	29.91	30.81	31.73	29.91	30.81	31.73	29.91	30.81	31.73	28.40	28.40	29.25
14	45.56	46.93	48.34	43.28	44.58	45.92	30.55	31.47	32.41	30.55	31.47	32.41	30.55	31.47	32.41	29.03	29.03	29.90
15	46.56	47.96	49.40	44.23	45.56	46.93	31.22	32.16	33.12	31.22	32.16	33.12	31.22	32.16	33.12	29.66	29.66	30.55
16	47.58	49.01	50.48				31.91	32.87	33.86	31.91	32.87	33.86	31.91	32.87	33.86			
17	48.63	50.09	51.59				32.62	33.60	34.61	32.62	33.60	34.61	32.62	33.60	34.61			
18	49.70	51.19	52.73				33.33	34.33	35.36	33.33	34.33	35.36	33.33	34.33	35.36			
19	50.79	52.31	53.88				34.06	35.08	36.13	34.06	35.08	36.13	34.06	35.08	36.13			
20	51.91	53.47	55.07				34.82	35.86	36.94	34.82	35.86	36.94	34.82	35.86	36.94			
21	53.05	54.64	56.28				35.59	36.66	37.76	35.59	36.66	37.76	35.59	36.66	37.76			
22	54.22	55.85	57.53				36.37	37.46	38.58	36.37	37.46	38.58	36.37	37.46	38.58			
23	55.41	57.07	58.78				37.16	38.27	39.42	37.16	38.27	39.42	37.16	38.27	39.42			
24	56.63	58.33	60.08				37.99	39.13	40.30	37.99	39.13	40.30	37.99	39.13	40.30			
25	57.89	59.63	61.42				38.91	40.08	41.28	38.91	40.08	41.28	38.91	40.08	41.28			
26	59.33	61.11	62.94				39.88	41.08	42.31	39.88	41.08	42.31	39.88	41.08	42.31			
27	60.81	62.63	64.51				40.88	42.11	43.37	40.88	42.11	43.37	40.88	42.11	43.37			

SERVICE EMPLOYEES
INTERNATIONAL UNION
LOCAL 1199NW MEMBERS

X 

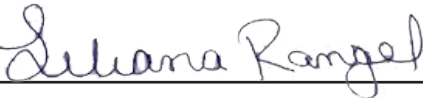
Chris Huston, RN Surgical Services

X 

Esther Flores, RN Surgical Services

X 

Kristi Shoman, RN DI

X 

Liliana Rangel, RN Emergency Room

X 

Mardi Dixon, RN Family Birth Place

X 

Maryann Hildebrandt, RN Acute Care

X 

Sarah Mora, RN Surgical Services