

**Tentative  
Agreement  
Overview**

**OFNHP**

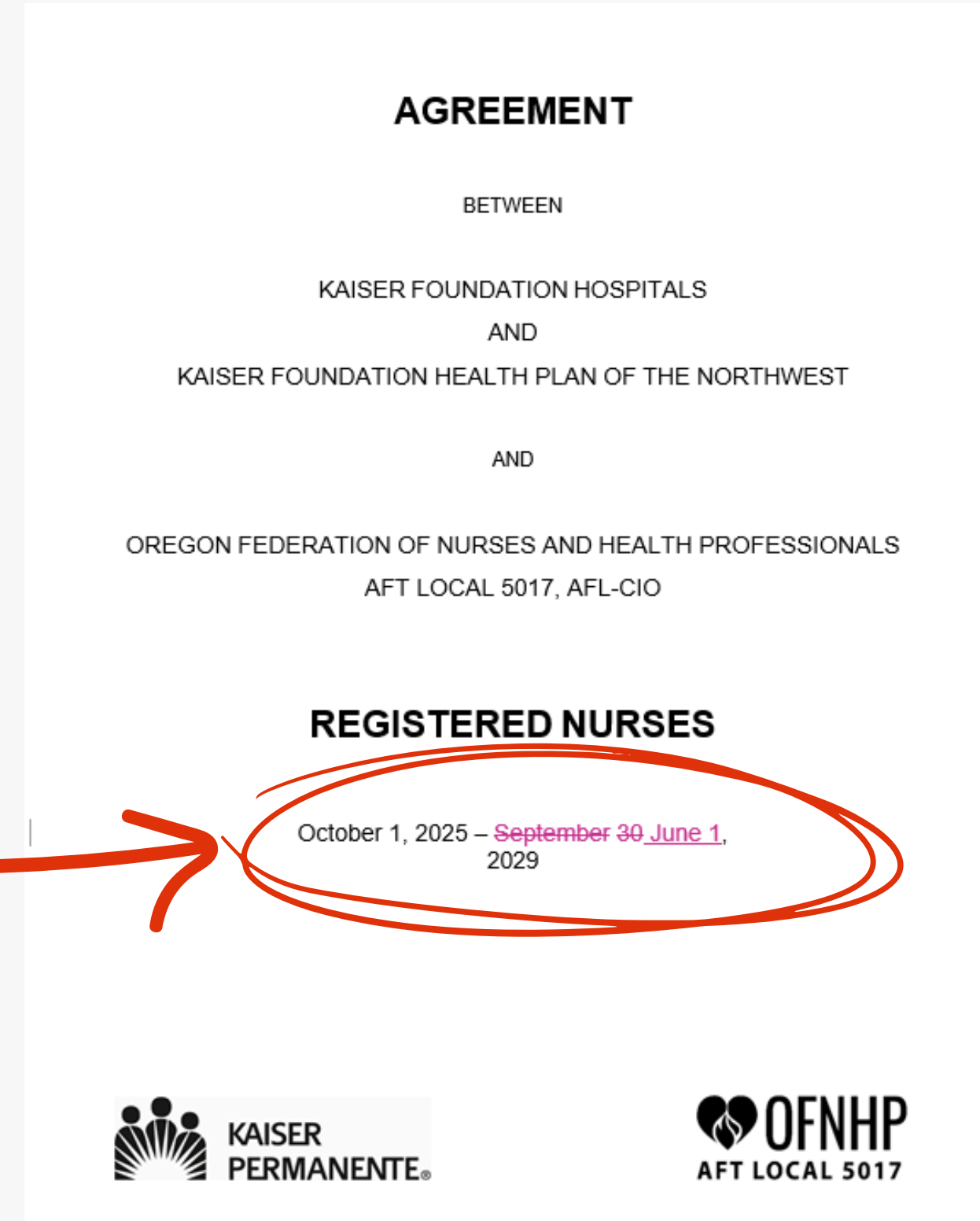
# Brief Overview

Our previous Collective Bargaining Agreement (CBA) was outdated, contradicted itself, and allowed for management to create their own “interpretations,” we:

- Cleaned up contractual language
- Made it genderless
- Removed much of the “room for interpretation” and grey areas
- **We preserved Flex Time**
- **We preserved Double Time Incentive and Consecutive Day Premium**
- Expanded/reinforced access to Kaiser for our union employees
- Expanded non-discrimination language/protections
- Incorporated many of the side letters and appendix's for easier access

# Contract Length

We secured contract alignment with the other bargaining units within OFNHP. This contract will now run until June 1, 2029 instead of October 1, 2029



# Article 4: Union Security

## 4.D.

- Secured that no unit/department agreements shall supersede any portion of our CBA.

## 4.E.

- This language helps to streamline traveler utilization. Article 9 lays out how travelers are to be scheduled after exhausting OFNHP staff. This also ensures that KP provides OFNHP with traveler usage data on a quarterly basis.

## 4.D. NO CONFLICTING AGREEMENTS

No RN shall be required nor permitted to make a written or verbal agreement with the Employer that conflicts with the terms of this agreement. Unit/Department agreements or practices shall not supersede any portion of the terms of this agreement.

## 4.E. BARGAINING UNIT WORK

Supervisory, managerial, or temporary personnel shall not be used to perform work customarily performed by Bargaining Unit RNs except for meeting peak loads, temporary/emergency needs or providing special skills not found among current employees.

4.E.1 Contracted Agency: The Employer shall only hire and assign Bargaining Unit work to contracted agency RNs ("travelers") after the following conditions are met:

- a. The Employer and the Union (RN scheduling champion as defined in Article 9) jointly review traveler needs.
- b. Each traveler is associated with an open RN position.

## 4.E.2 Traveler Review Process

The use of travelers, including the designation of hard-to-fill positions and compliance with this section, shall be subject to ongoing review and oversight by the RN Alliance Staffing Committee, as mutually determined by the Employer and Union. Such review shall occur no less than quarterly.

Prior to each quarterly review, the Employer shall provide the Union with data on traveler utilization, including the number of travelers, assigned units, assignment lengths, and the justification for continued use. The Employer shall also present documentation of recruitment efforts undertaken to fill the position(s).

# Article 6: Union Representatives and Activity

## 6.D.

- Increases the amount of RNs allowed to be on union release at a time.

## 6.E.

- Secures return rights from union leave

6.D. The Leave of Absence without pay granted by the Employer for Union business, shall be for an initial period of not less than thirty (30) calendar days and not to exceed one (1) year. Any leave requiring more than one (1) year of leave is subject to management approval. An RN serving as OFNHP President shall be granted two (2) years of leave for each term. Seniority and tenure credit ~~will~~shall accrue during such leave.

6.D.1 During such leaves of absence, the RN shall be eligible to continue coverage in the Bargaining Unit group Health Plan, Dental Plan, Life Insurance, and Disability Insurance at the RN's expense.

6.D.2 The Employer shall allow a maximum of two (2) inpatient RNs from different arenas and two (2) Outpatient RNs from different buildings (inclusive of float pool) to be on Union-related leave at any one time.

6.D.3 The Employer may hire a temporary RN to replace RNs on Union-related leave. The temporary may be hired for the duration of the leave.

6.D.4 Union-related leaves may not be added to other types of leaves of absence.

## 6.E. Return Rights

Upon application for reinstatement at the expiration of the leave of absence, RN(s) shall be returned to their former job assignment. RN(s) who request reinstatement prior to the expiration of their leave ~~will~~shall be given preferential consideration for openings for which they are qualified.

# Article 6: Union Representatives and Activity

## 6.G.

- At times members of HR/management have refused to provide compensation for steward work. While this was always the expectation, this language helps to ensure stewards are appropriately compensated for their time.

## 6.G. Shop Stewards

Stewards shall be paid for time spent in the following activities:

- New shop steward training up to eight (8) hours
- Steward council up to four (4) hours per month
- Monthly Labor/Management meetings
- Retreats
- Joint training
- Shop Steward/MOA/Director meetings

## 6.H. Union/Management Activities

6.H.1 The Employer agrees to provide additional training as mutually agreed upon and with a mutually developed curriculum, and to explore opportunities to jointly train managers/supervisors and shop stewards in Partnership.

6.H.2 Union pension trustees shall be paid for time spent in trust meetings by the Employer when the meetings occur during the RN's normal work shift.

6.H.3 RNs working in the Salem or Longview-Kelso area medical offices ~~will~~shall be paid travel time (one [1] hour each way).

# Article 8: RN Category Definitions

## 8.C.1.

- Clarifies scheduling requirements
- Indicated that they must be eligible for straight pay for it to count as availability requirement
- Reduced the weekend requirements from 3 every six weeks to 2 every six weeks (4 every 12 week schedule).

## 8.C.2.

- Must be available for one Group A holiday

## 8.C.3.

- Unbenefited four weeks of unavailability counts towards availability requirements.

## 8.C.4.

- Benefitted on-call, may use vacation and float holidays in place of required shift availability.
- Benefitted On-Call eligible for Education Days

## 8.C.5.

- "Casual On-Call" will now be available for inpatient

## 8.C. ON-CALL RN

An On-call RN is one who is coded zero (0) hours, has no permanent work assignment, and is employed to work on an intermittent work basis.

8.C.1 On-call RNs must be available to work at least six (6) shifts over three (3) pay periods of the six (6) week schedule. Availability must match the Employer's projected needs per scheduling period at least 50% of the time. If applicable, at least two (2) of those six (6) shifts shall be on the

weekend. These requirements may be adjusted and/or waived by mutual agreement. The RN must be eligible to be booked at straight pay for it to count towards the availability requirement (e.g., for 12-hour shifts, availability of four (4) days in a row ~~will~~shall only count for three (3) shifts of availability, as booking all four (4) would drive consecutive pay).

8.C.2 On-call RNs shall be available to work on one (1) Group A holiday, defined as Thanksgiving Day, December 25th, and New Year's Day.

8.C.3 Unbenefited on-call employees may use four (4) "zero (0) coded unavailability" days per year in place of a required shift availability.

8.C.4 Benefited on-call RNs may use vacation and float holidays in place of a required shift availability. If applicable, at least two (2) of those six (6) shifts shall be on the weekend. Availability must match the Employer's projected needs per scheduling period at least 50% of the time. These requirements may be adjusted and/or waived by mutual agreement.

8.C.5 Casual: On-call RNs shall be required to be available to work a minimum of 12 shifts per year, including at least one (1) shift every three (3) months.

# Article 9: Hours, Overtime, and Schedules

## 9.B.3 Changes to Regularly Scheduled Day Off

In the event a scheduling hole persists after other alternatives backfill options have been exhausted (on-call staff, float RNs, volunteers, voluntary trades, etc.), staff schedulers may change an RN's regular day off to meet operational needs after communicating the change with the RN. Changing a regular day on and off should be the exception. When a change to the regular day off occurs, the RN shall be notified of the change no later than the Friday before the schedule posts. The parties' intent is that no single RN will be consistently burdened with accepting changes on their regular day off.

### **9.B.3.**

- This is specific for staff with set schedules. It provides specific guidelines for if and how changes to a staff member's regularly scheduled day off can be made. There was similar existing language, however, it was often violated. This helps to prevent management from changing a nurses scheduled without their consent, and makes this process enforceable.

# Article 9: Hours, Overtime, and Schedules

## 9.D. SCHEDULES

9.D.1 The Employer agrees to create and post full-time positions wherever possible. This is subject to efficient operations and recruitment conditions.

9.D.2 Coded RNs shall not be required to rotate shifts.

9.D.3 Weekend shall mean shifts starting on Saturday and Sunday, except in the case of the night shift, which shall mean shifts starting on Friday and Saturday.

9.D.4 An RN's scheduled workdays shall include rest periods, meal breaks, and time to prepare for essential patient care or job responsibilities, including but not limited to changing into unit-specific attire.

9.D.5 RNs shall be responsible for advising the Employer of their desire to work additional pre-scheduled hours beyond their coded hours.

### **9.D.4.**

- This ensures that staff are compensated for the time it takes to prepare for their work (ex. donning and doffing into surgical scrubs)

# Article 9: Hours, Overtime, and Schedules

## 9.E.1.

- Defines Primary Care Service areas
- Defines Primary Care float pool

## 9.E.2.

- Weekend requirements will be determined by the workgroup, versus the previous language indicating every third weekend.

## 9.E. FLOAT POOL

### 9.E.1 Float Positions

a. Float positions may be posted for any shift and/or fixed schedules.

b. Primary Care Service Area

i. ESA/CSA

ii. NSA

c. Primary Care Float RN

An RN who is cross-trained across all assignments within Primary Care MOBs and floats between locations within the service area to provide backfill.

i. Service Area Floats shall be eligible for travel time and mileage per the CBA and KPNW policy.

### 9.E.2 Weekend Availability for Float RNs

Weekend requirements shall be established through a workplace agreement utilizing arena UBT or an LMP process if no UBT is in place.

### 9.E.3 Non-Availability

No more than fifteen percent (15%) of float pool RNs may elect to be unavailable at the same time.

### 9.E.4 Change of Designation

Part-time Float Pool RNs may elect to become on-call at any time, but they must meet the minimum work requirements identified for on-call RNs and are required to go through the application process if they desire to return to a part-time float status. Two (2) weeks' written notice of intent is required to move from part-time float pool status to on-call status.

# Article 9: Hours, Overtime, and Schedules

## 9.F.1.

- Changes the old language to include all RNs coded OR prescheduled to work 36 hours or more in a week. Part time and on-call used to have to physically work 40 hours before they qualified for overtime hours, now if they are prescheduled for 36 hours or more in a week, any shift they pick up qualifies for overtime.

## 9.F.2.

- It is now 12 hours in a 24-hour period instead of 12.5, as staff do not work 12.5-hour shifts. (also in 10.J.2)
- The 110 hours is only hours you are physically working versus all compensated hours.
- Changed verbiage from "OR and PACU" to "surgical services" for being excluded from overtime limitations

## 9. F. VOLUNTARY ADDITIONAL HOURS

### 9.F.1 Overtime

RNs coded or prescheduled to work thirty six (36) or more hours in a week who work on a scheduled day off shall be paid at the rate of one and one-half (1-1/2) times their regular rate of pay for work performed on such days except when there is a schedule change agreed upon between the RN and the Employer or has ill time, vacation, float holidays or bereavement leave in the same week. An approved trade or a day off following a double shift shall not constitute a break in the 7/70 rotation.

### 9.F.2 Mandatory Overtime Limitations

a. No worked time over twelve (12) hours in a twenty-four (24) hour period. The twenty-four (24) hour clock for this purpose begins with the start of the shift. Registered Nurses who work an evening shift with no additional hours shall not be prevented from working the following day due to this provision.

b. Total worked hours in a pay period shall not exceed one hundred ten (110) hours. Paid non-productive hours (such as standby, bereavement, vacation, holiday, training, or education) shall not be included in this calculation.

c. Overtime in excess of these parameters may be approved by the Nurse Manager/Director on a case-by-case basis after consideration of the potential impact of the overtime on patient care and the employee's performance. Surgical services are excluded from these parameters.

# Article 9: Hours, Overtime, and Schedules

Overtime language that was previously found in 10.I. has been maintained and is now found in 9.H. This includes consecutive day premium pay being maintained.

## 9.H. OVERTIME AND CONSECUTIVE DAY PREMIUM CALCULATIONS

### 9.H.1 General

- a. Exemptions-overtime: sick time, vacation, float holidays, and bereavement leave shall not be counted in the computation of overtime.
- b. Holidays taken, float holidays taken, sick time taken, education days, stand-by hours, vacation taken, and flex days taken shall not be included in the compensation of consecutive day pay.
- c. For the purposes of this provision, the following shall count in calculating consecutive days of work and shall be eligible for the consecutive day premium pay: all core shifts, all clinical time above coding, mandatory training events, nursing unit retreats, and bereavement leave.
- d. Double shift overtime hours worked will not be included in the consecutive day premium calculation except as specified in Article 9.F.2.
- e. For all shifts shorter than twelve (12) hours, RNs' work schedules shall provide for a minimum of twelve (12) hours between two (2) consecutive work shifts. Work performed prior to the expiration of the twelve (12) hours between consecutive shifts shall be paid at the rate of one and one half (1-1/2) the regular straight-time rate, including shift differential, if applicable.
- f. For twelve (12) hour shifts, RNs' work schedules shall provide a minimum of ten (10) hours between two (2) consecutive work shifts. Work performed prior to the expiration of the ten (10) hours between consecutive shifts shall be paid at the rate of one and one-half (1-1/2) the regular straight-time rate, including shift differential, if applicable.
- g. When counting consecutive days of work for the purposes of premium pay, KP shall count shifts commencing on continuous calendar days. The Employer shall not count "core shifts" first before counting "extra" shifts.
- h. Consecutive days of work may cover two (2) consecutive payroll weeks.
- i. There shall be no duplication of overtime payments for the same hours worked under any of the provisions of this Agreement. To the extent hours are compensated for at overtime/premium rates under one provision, those same hours shall not be counted in determining overtime/premium pay under the same or any other provision. However, if more than one provision is applicable, the higher rate shall apply.

# Article 9: Hours, Overtime, and Schedules

## 9. I. STANDBY SCHEDULING (see also Article 9 Section E)

### 9.I.1 General

- a. The Employer may initiate a voluntary standby program in any unit or department.
- b. RNs may communicate their desire to be on standby for a shift with the staffing office and may be voluntarily placed on standby. Standby shall be offered to RNs working overtime first, then on a first-come, first-served basis. If no staff have communicated their desire to be on standby for a shift, the staffing office may then send out a broadcast offering standby to all staff.

### **9.I.1.b.**

- We now have guidelines on who is offered standby first. It will be offered to those working overtime first and then on a first come first serve basis.

# Article 9: Hours, Overtime, and Schedules

## 9.1.2.

- Standby requirements were changed for 6-week schedules and shall be prorated for any different length of scheduling periods.
- Standby process is still determined by the workgroup. Any changes need to be approved by  $\frac{2}{3}$  of the workgroup

### 9.1.2 Surgical Services

a. The maximum standby obligation for an RN shall include one (1) weekday standby shift per week, Monday through Friday, and three (3) weekend standby shifts per six (6) week equivalent scheduling period. Where the scheduling period differs from six (6) weeks, the maximum standby obligation shall be prorated based on the length of the scheduling period. Standby assignments shall be distributed as equitably as practicable among qualified RNs within the affected work unit. Standby assignments shall be reasonably distributed throughout the scheduling period.

b. UBTs shall review current standby schedules and shall mutually agree upon any amendments or necessary changes. Decisions shall utilize consensus decision-making and shall require a two-thirds (2/3) consensus of impacted staff members, whether present in the UBT meeting or not. Management maintains the right to facilitate the distribution of standby shifts to all RNs.

i. All regular, full-time, and short-hour RNs in the affected patient care area are obligated to participate in any standby scheduling system.

ii. Participation in the standby schedule shall be offered to qualified RNs outside of the patient care area only after the RNs from the affected patient care area are permitted to be scheduled within a designated time period.

iii. Any scheduling mechanism shall include a pre-scheduling and short notice vacancy process to schedule shifts on an equitable basis among all RNs. The process shall incorporate RN shift preferences to the extent possible.

iv. Scheduling of holidays for the year shall follow the process in Article 19.

v. No RN shall be required to be scheduled for standby during a scheduled vacation, leave of absence, or sick leave.

vi. During the pre-scheduling process, any unfilled standby shift shall be filled by a rolling system based on rolling reverse seniority among all RNs. The rolling reverse seniority list shall carry over month to month.

vii. The Employer shall provide electronic beepers, when appropriate, for RNs who are required to perform standby duty.

viii. If the Employer seeks a second team to report for work, volunteers shall be sought; if no volunteers are available, the second team shall be identified through a system of reverse seniority. The Employer shall maintain a list of those RNs who are willing to volunteer for such duty. The double time incentive shall apply as applicable. RNs who are called in as a second team will receive a minimum of three (3) hours' pay.

# Article 9: Hours, Overtime, and Schedules



## Units that operate 24 hours a day

- 25 or less RNs
  - 1 RN off a shift not per 24 hours (max 2 per 24 hours)
- 26–69 RNs
  - 2 RNs off per shift (max 4 per 24 hours)
- 70 or more RNs
  - 3 RNs off per shift (max 6 per 24 hours)

## Non-24 Hour Units

- 15–25 RNs
  - 2 RNs off per unit per day

## 9.J. GUIDELINES FOR TIME OFF

### 9.J.1 Guidelines

#### a. Limits Per Patient Care Units in a Twenty- Four (24) Hour Unit or Department

- Patient care units that have twenty-five (25) or fewer coded RNs shall be limited to one (1) RN off per Shift (e.g., Day shift, Evening shift, Night shift). With a maximum of two (2) in a 24-hour period.
- Patient care units that have twenty-six to sixty-nine (26-69) coded RNs shall be limited to two (2) RNs off per shift. With a maximum of four (4) in a 24-hour period.
- Patient care units that have seventy (70) or more coded RNs shall be limited to three (3) RNs off per shift. With a maximum of six (6) in a 24-hour period.
- The quantity of RNs off per shift may be reviewed in an established LMP process, to be adjusted for the specific needs of each individual unit. Approved changes to the number of RNs off per shift must be reached through consensus decision-making.
5. Non-24-hour departments within the hospital (e.g., CVL, CVOR, SPA/PACU, Dialysis, etc.) which have between fifteen and twenty-five (15-25) RNs with coded positions shall be limited to two (2) RNs off per unit per day.
- On-call unavailability shall not be counted in the number of coded nurses allowed off per day.

**This changes the old limitation of staff off in a 24 hour period to per shift. Why should someone being off on day shift limit someone from being off on night shift?**

# Article 9: Hours, Overtime, and Schedules



## 9.J.1.

- Secured language on outpatient time off
- If you were denied time off and secure another nurse to work the shift for you at straight time, you would be required to use PTO to replace the shift.
- Leave requests wont be unreasonably denied.

b. Outpatient Staffing Rules for Time Off: Baseline staffing levels shall be established to meet known patient demand. These shall be developed by each outpatient module/department within the Medical Office Building (MOB), with final approval resting with management. Time off shall be approved when staffing is assured at the module and facility level.

c. When an RN is denied a stretch of time off because one (1) or two (2) shifts have been granted off during that stretch and the limits are exceeded on those single shifts, the Employer shall make every effort to grant the stretch off, and the RN can appeal the denial to their supervisor/manager. It is expected that RNs shall be able to use their accrued vacation time in the year in which it was accrued.

d. When an RN is denied time off that is within their contractual accrual the RN may secure an RN(s) to work the requested time off as a one-way trade at straight time, as long as the replacement RN(s) is able to work the requested shift in addition to fulfilling their contractually required schedule and availability obligations. The RN initiating the trade must utilize applicable PTO time (vacation, flex time, float holiday, education). If the RN is able to secure another qualified RN to work the shift, it shall not be denied.  
e. Other leaves would be as provided for in Article 21 and would not be unreasonably denied.

# Article 9: Hours, Overtime, and Schedules



## 9.J.1.

- You may request time off up to a year in advance
- RNs outside of the BU will not be used in the determination for time off

f. The timetable in Appendix B shall be utilized. Time off requests shall be accepted on the first day of each month for the same month in the following year. Requests for time off shall be granted or denied within fourteen (14) days of submission of the request.

g. Requests shall be granted in the order in which they are received. Requests received on the same date shall be resolved by seniority.

h. Scheduled RNs may trade work shifts with the concurrence of their supervisor. This trade shall not result in overtime.

i. The Employer shall not include RNs outside of the Bargaining Unit for determination in time off guidelines as specified in this Agreement.

k. For the purposes of time off, shifts shall be defined as when the majority of hours worked fall into the timeframes below:

- Day Shift: 0700-1500
- Evening Shift: 1500-2300
- Night Shift: 2300-0700

# Article 9: Hours, Overtime, and Schedules



## 9.K.

- The order of floating from one unit to another will be determined by the UBT or another LMP process
- New grad RNs will not float off their home unit until 6 months after completing their nursing orientation
  - However, there is an exception, 50% of the nurses on the unit need to have at least 1 year of nursing experience. *For example, your unit has 6 nurses working on it, 4 of them are still within the first 6 months of completing their orientation, meaning only 33% have a year of experience or more. One of the nurses should be floated, if feasible, and traded with a more experienced nurse to ensure that at least 50% of those working on the unit have one year of experience.*

## 9.K. TEMPORARY RE-ASSIGNMENT OF INPATIENT RNs AT ALL KAISER PERMANENTE HOSPITALS

### 9.K.1 Reassignment Intro:

The parties recognize that there may be times of emergent patient need that require a temporary re-assignment of Inpatient RNs. All Inpatient RNs shall be apprised of the possibility of temporary re-assignment upon hire at Kaiser Permanente Hospital.

### 9.K.2 Purpose

To staff based on the needs of an identified unit and distribute the workforce to adequately cover patient care needs; to prevent disruption of patient care that has been initiated in the event these needs change.

### 9.K.3 Process

- Patient care needs shall always be considered first, prior to initiation of floating any RN between units.
- Each unit shall develop their own float/rotation order through the UBT or another LMP process that shall be re-evaluated every January.
- Every attempt shall be made to avoid an RN floating twice in one shift.
- Every effort shall be made to avoid floating an RN out of their arena; however, in time of extreme need/emergency, an RN may be required to float out of their arena once all other options have been exhausted, and patient safety is at risk.
- Under normal circumstances, RNs shall be floated within the following arenas based on qualifications and competency:

  - Critical Care
  - Med/Surg
  - Family Birth Center

- An RN's skills, including the units they are cross-oriented to, shall be maintained in the Scheduling system by the manager or designees.
- When RNs are required to float, they shall be given a brief orientation, as needed, to the unit at that time by the Charge Nurse.
- New Graduates completing their nursing orientation shall not be floated from their home unit for 6 (six) months (starting after the completion of their preceptorship), or as specified by the Unit Manager, whichever is longer. The only exception to this shall be in the name of patient safety, and that at least fifty percent (50%) of the staff on the unit have at least 1 (one) year of experience on the unit.

# Scheduling Process Overview

- Schedules will move from 6 week to 12 week
- The ability to schedule yourself will begin approximately 15 weeks before the schedule starts
- There will be a Pre-Phase and 4 Additional Phases
- Workgroups will elect and utilize scheduling champions to help coordinate schedules and will be compensated for their time
  - This will help with transparency and in the prevention of discrepancies as we will have ownership of it
  - Ensures that meetings and deadlines are effectively aligned across teams.
  - Acts as a liaison for scheduling-related queries and concerns between management and the staffing office.
  - Analyzes scheduling practices to identify inefficiencies, implement improvements, and ensure adequate skill set needs are met for the department or arena.
  - Utilizes scheduling tools and software to streamline processes and enhance collaboration.
- Overtime, on-call staff, and above coding hours for part time staff will be utilized **before** a traveler is booked or scheduled
- Management will **NOT** provide the schedule for a traveler ahead of time, but the traveler will be used to fill in gaps of shifts that are not claimed by OFNHP staff

# Traveler Usage

Right now, KPNW uses a lot of traveling nurses. This has resulted in OFNHP staff not always being given the chance to work first. Instead of offering all open shifts to regular staff, management prioritizes travelers and the travel companies like AMN.

The current system for traveler blocks is challenging and complicated. Many traveler blocks don't end up working out because staff are missing a few shifts or because deadlines are missed by just a few hours, or management violates the process.

This tentative agreement would stop using traveler blocks. **IT WILL MAKE SURE** that OFNHP staff get the first chance to work all open shifts. Management would have to offer shifts to regular staff, including overtime (with some restrictions), before bringing in a traveler.

If all shifts are filled by OFNHP staff, travelers would not be used at all. Travelers would only be scheduled if there are still open shifts after staff and overtime opportunities are used. If there are not enough open shifts left, a traveler would not be scheduled or hired.

Travelers will be used to fill holes, rather than moving an OFNHP RN off their scheduled pattern or their requested day.

# Article 9: Hours, Overtime, and Schedules

## Pre-Phase

- 105–91 days before the schedule **starts**
- Staff can submit education, float holidays and vacation
- Management will be required to provide the UBT and/or the Alliance RN Staffing Committee with the data surrounding the approval and denial of requested time off

### 9.M.1 Pre-Phase (95-91 days from first shift)

a. During the pre-phase, RNs shall submit time-off requests for vacation, education leave, and float holidays.

b. The Employer shall approve or deny all time-off requests by the end of the pre-phase in accordance with 9.J.

c. The Employer shall make available time off approval and denial data for each pre-phase to UBT and/or Alliance Staffing Committee, provide the Alliance Staffing Committee and applicable UBT all relevant data on number of requests, approvals, and denials for each pre-phase period on a quarterly basis.

# Article 9: Hours, Overtime, and Schedules

## Phase 1

- 90–75 days before the schedule **starts**
- The scheduling template opens
  - Management inserts pattern schedules for set-schedule employees
  - Management inserts approved education, float holidays, and vacation
- Self-scheduling is entered and awarded by seniority unless alternative developed in joint staffing
- Management notifies ALL staff of open shift needs
- Zero-coded provide availability
- Management books zero-coded and part-time staff up to full time if available.

### 9.M.2 Phase 1 (90-75 days from first shift)

a. During Phase 1, the schedule shall be populated in the following order:

i. The Employer shall open the schedule template.

ii. The Employer shall populate patterned schedules (if applicable). All scheduling shall be conducted by seniority, unless the parties establish an alternative scheduling process through the Joint Staffing Process.

iii. The Employer shall populate vacation, education leave, and float holidays.

iv. RNs (with support from RN scheduling champion) shall populate self-schedules (if applicable).

v. The Employer shall provide all RNs with open shift needs.

vi. Zero-coded and part-time RNs shall provide availability.

vii. The Employer shall book zero-coded and part-time RNs up to full-time if available.

# Article 9: Hours, Overtime, and Schedules

## Phase 2



- 76–61 Days from when the schedule **starts**
- Management will balance schedules only for shifts that are overstaffed beyond the matrix
  - Ex. If your unit matrix requires 6 nurses on the shift and there are 8 scheduled, they may move up to 2 of them off of that shift to balance it.
- Management will award additional open shifts: straight time first in the following order:
  - Home Department
  - Within Arena
  - Out of arena (including competency shifts worked out of arena at straight time)
- Management will award additional open shifts at 1.5x in the following order:
  - Home department
  - Within arena
  - Out of arena
- Double time in Phase 2
  - Consecutive Day Premium Pay for dayshift at 2.0 x are **NOT** awarded until Phase 4
  - Double time for extra weekends will be awarded in Phase 2
  - Up to two Double Time shifts will be awarded to NOC shift per pay period
- Management will confirm KP RN opportunities have been exhausted prior to new agency requests by using employee availability to fill remaining open shifts up to 1.5x (excluding NOC shift)

# Article 9: Hours, Overtime, and Schedules

## Phase 2 Continued

### 9.M.3 Phase 2 (78-81 days from first shift)

#### a. During Phase 2, the schedule shall be further populated in the following order:

i. The Employer and Scheduling Champion may balance schedules if the number of RNs on a shift exceeds a unit/department's matrix.

ii. The Employer shall consult the RN Scheduling Champion(s) to assist with scheduling existing contracted agency RNs where remaining open shifts exist or if additional balancing is required.

iii. The Employer shall award additional open shifts at straight time by seniority in the following order (if applicable):

1. Home Department

2. Within Arena

3. Out of Arena (including competency shifts)

iv. The Employer shall award additional open shifts at one-and-a-half times (1.5x) by seniority in the following order (if applicable):

1. Home Department

2. Within Arena

3. Out of Arena

v. The Employer shall award additional open shifts to RNs who are eligible for the double-time (2x) incentive as outlined in Appendix I (if applicable).

a. The Employer may not schedule an RN for more than two (2) double-time (2x) shifts per pay period in Phase 2.

b. Consecutive day premium pay for dayshift at 2.0 times rates are not awarded until phase 4.

vi. Prior to contracting additional agency RNs, the Employer shall offer any additional open shifts to KP RNs, up to and including shifts which qualify for one-and-a-half (1.5x) times.

# Article 9: Hours, Overtime, and Schedules

## Phase 3

- 60 Days from when the schedule **starts**
- Management will confirm new contract agency for remaining open shifts
- The final schedule is published
- Employees are able to do one-way or two-way trades from the time the schedule is published to up to 24 hours prior to the shift, subject to qualifications, competencies, and skills. PTO **MUST** be used for one-way trades.
- Availability list will be maintained and used for additional operational needs
- Should a new vacancy on a shift occur (FMLA/transfer/resignation/increase staffing etc)
  - Management will adjust agency/traveler shifts, if appropriate
  - Management will notify employees of new open shifts
  - Management will award new open shifts at straight time and then 1.5x for day shift and 2.0x for night shift

### 9.M.4 Phase 3 (60 days from first shift)

- a. The Employer may contract additional agency RNs to fill remaining open shifts (refer to Article 4).
- b. The Employer shall publish the schedule.
- c. The Employer shall approve trade requests (one-way or two-way) between RNs from the time the schedule is published up until twenty-four (24) hours prior to the start of the shift, subject to qualifications, competencies, and skill mix (if applicable). PTO shall be used for one-way trades to maintain the employee's coded FTE. Trades shall not result in premium pay unless the traded shift is already designated as a premium shift and continues to meet all criteria for premium compensation.
- d. RNs shall maintain their availability for future operational needs. RNs on the availability list are contacted for scheduling of shifts. RNs are not required to work if contacted.
- e. If, after the schedule is published, a vacancy occurs, the shift(s) shall be filled in the following order:
  - i. The Employer shall adjust the schedule of contracted agency/traveler RNs, if appropriate.
  - ii. The Employer shall promptly notify staff RNs of new open shifts.
  - iii. The Employer shall award new open shifts at straight time and time-and-a-half (1.5x).

# Article 9: Hours, Overtime, and Schedules

## Phase 4



- 7 Days from the schedule **start**
- Management shall award shifts on a basis of straight time, then 1.5x and then 2.0x including consecutive day premium pay

9.M.5 Phase 4 (7 days from the first shift)

a. The Employer shall award open shifts to RNs at straight time, then one-and-a-half (1.5x) times, then double-time (2x), including Consecutive Day shifts

# Article 9: Hours, Overtime, and Schedules

## Active (Live) Schedule

- Employees **MAY STILL REQUEST TIME OFF**
  - Management shall approve time off requests up to the shift limit set per contractual thresholds; additional requests shall be subject to operational needs, and denials shall be documented for tracking
- Management will broadcast new open shifts
- Management shall award new open shifts on a first come, first-serve basis at whatever applicable contractual rate the responding RN is booked to
- For additional patient needs in an active schedule, the employer shall follow the process outlines in Phase 2-3 while actively recruiting and hiring additional FTE
- Per diem agency staff may be used
- Management will share the report of awarded shifts as requested

### 9.M.6 Active Schedule

- a. If an RN requests time off during an active schedule, the Employer shall approve requests up to shift limits per contractual thresholds [outlined in Article 9.K].
- b. The Employer will approve time off requests that exceed shift limits based on operational needs. If a time off request is denied, the Employer shall document the applicable dates and times and the reason for tracking purposes.
- C. If no RN(s) remain on the availability list, the Employer shall broadcast new open shifts and award them on a first-come, first-served basis at whatever contractual rate the first responding RN is entitled to.
- D. If the Employer determines additional staffing is required in an active schedule due to patient care needs, the Employer shall follow the process outlined in Phases 2 and 3. The Employer shall also actively recruit and hire additional FTEs.
- E. If no KP RNs are available, the Employer may utilize per-diem agency RNs to fill open shifts, but would be reduced day of, if internal staff are available. If guaranteeing a shift for an agency RN is required, an internal RN may not displace a per-diem agency RN with less than seven (7) days' notice.
- F. The Employer shall continue to approve trade requests as outlined in 9.J.4.c.
- G. The Employer shall, upon request, provide the Union with a report of awarded shifts.

# Article 9: Hours, Overtime, and Schedules

## Scheduling Champions



Scheduling Champions will assist with scheduling balancing, optimizing schedules, and work collaboratively with their managerial counter parts to help ensure their unit is adequately staffed and that staffing needs are addressed in a timely manner. They will have access to scheduling tools, software, and matrixes.

### 9.M.7 RN Scheduling Champion(s)

- a. The RN Scheduling Champion is one or more union stewards who are selected by the workgroup's UBT.
- b. The RN Scheduling Champion(s) have a role responsible for overseeing and optimizing scheduling processes within an organization or team. They play a crucial role in enhancing productivity and ensuring that teams collaborate effectively by managing time and resources wisely.
- c. The RN Scheduling Champion(s) shall have the following responsibilities:
  - i. Coordination: Ensuring that meetings and deadlines are effectively aligned across teams.
  - ii. Communication: Acting as a liaison for scheduling-related queries and concerns between management and the staffing office.
  - iii. Optimization: Analyzing scheduling practices to identify inefficiencies, understanding the unit/department matrix, implementing improvements, and ensuring adequate skill set needs are met for the department or arena.
  - iv. Tool Management: Utilizing scheduling tools and software to streamline processes and enhance collaboration.

# Article 10: Public Health Nurse and Continuing Care Services

## 10.M.7.

- Requests will no longer require the signatures of both public health nurses
- Public health nurses will no longer be required to notify their immediate supervisors of elective surgeries and nonurgent health care appointments "as far in advance as possible."

necessary for quality patient care.

e. All requests are ~~done~~ made in writing. ~~with the signatures of both PHNs on the request form.~~ Notification ~~The form~~ should identify the PHNs-PHN's specialty area (Hospice and Infusion), and how days off are also being traded.

f. Trade requests should routinely be submitted with a ~~minimum~~ minimum of one (1) ~~week-week~~ week advance notice to ~~assure~~ ensure adequate communication of all parties and inclusion into the scheduling system. ~~schedule worksheets.~~

~~11.M.8 PHNs must notify their immediate supervisor of elective surgeries and nonurgent health care appointments as far in advance as possible. The PHN and supervisor are encouraged to be flexible with dates of elective health care to mitigate detrimental effects on the employee or employer.~~

# Article 11 – Charge Nurse

- This is previously Article 13
- “Team Lead” is now referred to as “Charge Nurse”
- A brief overview of the charge nurse role is indicated in 11.A.1.i.

## ARTICLE 11 - CHARGE NURSE

### 11.A CHARGE NURSE

#### 11.A.1 Definition

11.A.1.i. A Charge Nurse is a Registered Nurse who has assigned leadership responsibilities within a defined work group. In partnership with lead physicians/HAS and under the direct and indirect supervision of an exempt manager, the Charge Nurse engages in the following representative activities to continuously improve member care:

- Lead and facilitate the unit's workflow.
- Problem-solving and assisting in the resolution of member care issues.
- Assist with staffing and scheduling issues within approved team staffing rules.
- Participates in staff training and orientation, mentoring, and coaching up to but not including formal disciplinary actions.
- Provides input upon request for personnel evaluations.
- Participates in the evaluation of team performance in meeting member needs.
- Facilitate admissions and discharges to and from the unit.

#### 11.A.2 ii Hiring and Selection, and Posting of Charge Nurse Position

a. In the event of a vacancy of a Charge Nurse position, the manager will determine its continued need. If validated, it ~~will~~shall be posted in accordance with Article 14.1\*\*. Refer to Article 11. **B.** Charge Nurses Selection. –

# Article 11 – Charge Nurse

- Charge nurses will be allotted the equivalent of one shift a week for outpatient and one shift a month for inpatient to perform administrative duties
- If opportunities for leadership development arise for charge nurses, they will be compensated for that time

## 11.A.3 Administrative Allotment - Outpatient & All Surgical Services

The Charge Nurse may be allotted the equivalent of 1 (one) shift per week to perform administrative duties, as determined by the needs of their team and the Manager (hours **willshall** be prorated to match FTE). Additional hours may be mutually agreed upon by the Charge Nurse and Manager.

## 11.A.4 Administrative Allotment - Inpatient (other than Surgical Services)

The Charge Nurse may be allotted a minimum of 1 (one) shift per month to perform administrative duties as determined by the needs of their team and the Manager. Additional hours may be mutually agreed upon by the Charge Nurse and Manager.

## 11.A.5 Education

Opportunities to assist the Charge Nurse in their role will be offered to the Charge Nurse and **willshall** be compensated. When the manager formally requests the Charge Nurse to attend a development opportunity, registration and appropriate paid time **willshall** be approved.

## 11.A.6 Resolution of Issues

The Union and Employer strongly support problem identification and resolution at the lowest level possible, based on the issue. See the workload dispute resolution process for further alternatives.

## 11.A.7 Reduction in Charge Nurses

Charge Nurses **willshall** not be floated out of the nursing module/department unless voluntarily. Charge Nurses **willshall** be subject to permanent reductions according to **Article 46.D.2 [14]**

## 11.A.8 Meetings with Peers - Outpatient

The Employer supports service-area-wide (East, West, Washington) Charge Nurse meetings biannually and regionwide Charge Nurse meetings annually. Agendas **willshall** be co-developed by Charge Nurses, PCMs, and Managers Medical Offices (MMOs). Monthly charge nurse meetings at the facility level **willshall** continue to the extent they currently practice. It is suggested that these include both MMOs and PCMs.

# Article 11 – Charge Nurse

- A charge nurse interview team will be jointly developed with both labor and management
  - There will be an equal number of members from both sides
  - There will be a minimum of three union members

## 11.B. CHARGE NURSE SELECTION

11.B.1 Due to the nature of the Charge Nurse position and the corresponding leadership responsibilities, Charge Nurse positions ~~will~~shall be filled on the basis of performance, experience, qualifications, and leadership potential.

### 11.B.2 Interview Team

Management and the Union (to include a minimum of three (3) union members chosen by the workgroup) shall review applications and collaboratively select candidates to interview. Discretion may be used to alter team composition based on unit size while maintaining equal composition of Labor and Management.

If the workgroup is unable to choose an interview team within three (3) weeks of process initiation, then the Union designee shall select members to serve on the interview panel within one week of notification. The interview panel shall be reselected every 6 months. Ancillary staff may attend as determined by the interview panel.

# Article 11 – Charge Nurse

- Guidelines are established to assist with the selection
- Consensus is ideal, however, if it cannot be reached then the charge nurse may be selected by a majority vote
- If a majority vote cannot be reached, then a graded hiring matrix will be utilized
- Announcements of charge nurse selections will be made jointly
- Charge nurses will not be removed without “just cause” and non-punitive options will be collaboratively determined for their transition out of the role

## 11.B.3 Interviews

The Interview Team willshall conduct interviews and make the hiring decision by consensus. Hiring decisions willshall be made using the following guidelines to assist in the selection:

- a. Previous work experience,
- b. Potential leadership abilities
- c. Education and credentials.
- d. Seniority.

If no consensus is reached:

If consensus cannot be reached, the Charge Nurse may be selected by a majority vote of the Interview Team. Management and Labor shall have an equal number of votes. Each member of the Interview Team shall have one vote.

If a majority vote cannot be reached, then the graded hiring matrix shall be utilized, and the interviewee with the highest point total shall be selected. The interview Team willshall continue the recruitment process if no qualified candidate is identified.

## 11.B.4 Selection Announcement

When the selection is decided, there willshall be a joint announcement to the work group by the Interview Team.

## 11.B.5. Charge Nurse Vacancies and Replacement

If the Charge Nurse wishes to resign or is asked to resign from this position, the employee, supervisor, and other pertinent parties (e.g., HR, Steward) willshall meet to assess the situation and evaluate non-punitive options including a transition of position (without loss of seniority). Options should include an assessment of whether other qualified applicants exist within the workgroup with interest in applying for and switching positions. Charge Nurses shall not be removed from the role without cause. Cause may include failure to meet agreed-upon charge responsibilities, repeated performance concerns, or conduct inconsistent with safe, effective leadership. Any removal must follow a documented review process with the nurse and union representation if requested.

# Article 11 – Charge Nurse

- Relief charge nurses will now have eligibility criteria
- Relief charge nurse roles will be posted
- Relief charge nurses will undergo the same interview process that primary charge nurses go through

## Relief Charge Nurse

### 11.C.1 Definition of Relief Charge Nurse

A Relief Charge Nurse is a qualified staff nurse who assumes the responsibilities of the Charge Nurse during their scheduled or unscheduled absences.

### 11.C.2 Duties of the Relief Charge Nurse

See 11.A.1

### 11.C.3 Qualifications and Selection Process

Eligibility: Candidates for Relief Charge Nurse must have:

- A minimum of one (1) year of clinical nursing experience in the unit or clinic/ specialty.
- A minimum of six (6) months' experience in the unit or clinic.
- Demonstrated leadership skills and a strong working knowledge of unit operations.
- A willingness to assume the responsibilities of the role.

Selection Process of Relief Charge Nurse:

When a need for Relief Charge Nurses is identified, the Manager shall post notice for a minimum of seven (7) calendar days on a designated physical bulletin board and ~~mutually agreed-upon~~ mutually agreed-upon electronic platform. Interested nurses shall submit their names for consideration annually or upon a vacancy in the Relief Charge role. Relief charge nurses shall be selected using the process outlined in 11.B.3

### 11.C.4 Training and Orientation

Newly selected Relief Charge Nurses ~~will~~shall receive adequate training and orientation to perform the Charge Nurse role.

Training shall include shadowing current Charge Nurses and receiving instruction and leadership and administrative tasks.

# Article 11 – Charge Nurse

Relief charge nurses will be scheduled for one shift every six weeks in the charge nurse role

## 11.C.5 Scheduling of the Relief Charge Nurse

Relief Charge Nurses acknowledge and accept that their role is primarily intended to meet staffing and scheduling requirements. Accordingly, they shall be prepared to assume Charge Nurse duties as operational needs arise. Relief Charge Nurses shall be pre-scheduled to cover known absences (e.g. vacations, scheduled leave, education/training, clinical practice days, etc.) of the regular Charge Nurse at least once every six (6) week scheduling cycle. Where there is a last-minute need for a Charge Nurse and Relief Charge Nurse(s) are already on duty for that shift, management shall select a volunteer, or if no Relief Charge Nurses volunteer, the shift ~~will~~shall be assigned by reverse seniority or other process as defined within the unit. Should a nurse be reassigned from their regular floor duties to fulfill Relief Charge Nurse responsibilities, the Employer shall make reasonable efforts (see ~~Article 9 X-[scheduling]~~) to fill the staffing gap created by that reassignment.

## 11.C.6 Compensation

Relief Charge Nurses shall receive the Charge Nurse pay differential for each hour worked in the Charge Nurse role.

# Article 11 – Charge Nurse

Charge nurses will be scheduled for one clinical day of practice every twelve weeks. The intent behind this is to ensure the charge nurse maintains department specific competencies and skills, while also ensuring that relief charge nurses are able to maintain competency of charge nurse duties.

## 11.E. Designation of Clinical Practice Day for Charge Nurse:

### 11.E.1 Definition

Charge Nurses shall be scheduled for one (1) day every ~~twelve~~ (12) weeks (two scheduling periods) to work in the capacity of a Staff Nurse within their assigned unit.

### 11.E.2 Scope of Duties

Charge Nurses shall not assume administrative or charge-related responsibilities on this day to fully immerse themselves in staff nurse duties. ~~—~~

### 11.E.3 Scheduling

Clinical Practice Days shall be pre-scheduled to ensure adequate coverage for the Charge Nurse's typical duties. Charge Nurse shall only assume Team Lead duties on their clinical practice days in cases of unforeseen emergent circumstances and only when all other staffing alternatives (see Article 9-~~X[scheduling]~~) have been employed without success and are documented.

### 11.E.4 No Loss of Compensation

Charge Nurses shall maintain their pay grade and benefits during their Clinical Practice Day.

# Article 12: Staffing Standards

## 12.A.

- There was previously no staffing escalation pathway for the outpatient setting. In order to ensure patient and staff safety, we have secured a way to address this utilizing the RN Alliance Staffing Committee.

### 12.A. OUTPATIENT STAFFING

12.A.1. When outpatient RNs raise concerns regarding staffing adequacy or workload, the Employer shall engage the RN Alliance Staffing Committee in a timely review of staffing conditions and provide relevant staff and workload data necessary to assess the concern, as proposed. The Employer shall respond with identified mitigation strategies or rationale within 60 days.

# Article 12: Staffing Standards

## 12.B.

- We had existing language that was similar to this, however, this language makes it more enforceable. With the changes in scheduling, we need more of a voice in staffing and working conditions, this language gives us that voice.

### 12.B Joint Staffing

12.B.1 The Employer and the Union shall identify (through consensus) departments to begin the Joint Staffing process laid out in Sections 1.F.1, 1.F.2, and Exhibit 1. F of the National Agreement.

12.B.2 The joint staffing implementation process shall involve ten percent (10%) of the OFNHP workforce of the unit, not to be less than two (2) OFNHP members or greater than ten (10).

12.B.3 Joint staffing committees shall meet at least once every two (2) weeks and shall complete the process no later than one hundred twenty (120) days from the date of the committee's first meeting.

12.B.4 These joint staffing committees shall engage in the "Budgeting, Staffing and Scheduling" process as outlined in Exhibit 1.F of the National Agreement.

12.B.5 Once the first departments have completed their Joint Staffing processes, the Employer and the Union shall meet to identify (through consensus) the next departments to begin the Joint Staffing process. The parties shall meet every three (3) months thereafter to identify new departments to begin the Joint Staffing process. During these meetings, the parties shall collaborate to continually improve the process.

12.B.6 The stated timelines in this Agreement may be extended by mutual agreement.

12.B.7 If Section 12. B is modified because of the 2025 National Agreement bargaining, the parties agree to meet in good faith to discuss the effect of these changes on this Agreement.

# Article 13: Compensation

## 13.A.

- Secured a second longevity step and wage increase for the nurses with 30+ years of experience of 2.5%

### ARTICLE 13- COMPENSATION

*Note: Please refer to the National Agreement, Section 2. A.*

#### 13. A. SEE WAGE SCALE IN APPENDIX A

RNs with 25 years or more of experience, 5 of which are at KP, shall be granted a 2.5% 25-year longevity step.

RNs with 30 years or more of experience, 5 of which are at KP, shall be granted a 2.5% 30- year longevity step.

# Article 13: Compensation

## NEW LANGUAGE

- The 60 miles reduction will be removed
- Current mileage reimbursement is \$0.70/mile. This translates to an increase of \$42/day for those traveling more than 60 miles a day for their assignment. If a nurse were to work 4 days a week that is equivalent to \$8,736/year, 5 days a week is \$10,920/year.

Previously, Continuing Care/Home Health nurses had to deduct 60 miles from the start and end of their mileage report before being compensated for mileage reimbursement for their daily assignment.

## 13.G. TRAVEL/MILEAGE REIMBURSEMENT

RNs who are authorized by the Employer to travel from place to place during the workday to perform work assigned by the Employer shall be compensated for necessary expenses incurred in connection with such travel as follows:

13.G.1 Actual expenses when public transportation facilities are used.

13.G.2 RNs who are required by the Employer to use their own automobiles in the course of their employment and for the business of the Employer shall be compensated therefore at the mileage reimbursement rate established on an organizational basis for such business.

13.G.3 If an RN is assigned to a second (2nd) location after reporting to work or if an RN is assigned to a location other than their regular location, mileage shall be reimbursed to the extent it exceeds the distance that would otherwise have been traveled on that day. Time spent traveling to a second (2nd) location after the start of the workday at the Employer's request shall be considered as hours worked.

## 13.G.4. CONTINUING CARE SERVICES DEPARTMENT

Reimbursement of PHN/CCS for all work-related mileage incurred in the operation of their personal vehicles, and to reimburse the PHN/CCS consistent with the IRS Guidelines for "Non-Home Based" RNs.

# Article 13: Compensation

## 13.1.4.

- Outpatient staff are now eligible for combining their meal and rest breaks. Outpatient staff in Washington has previously been prohibited from combining breaks for an hour, this is no longer going to be the case.

## 13.1.4 Combined rest breaks and meal periods

For so long as it is does not violate state and federal law, Management at its discretion may authorize employees who are otherwise entitled to rest breaks and meal periods to combine rest breaks and meal periods. Such authorization shall be by workgroup/department and shift. Requests for authorization shall not be unreasonably denied. Management shall have the right to cancel such authorization. In a work group and shift in which management has authorized a combination of rest breaks and meal periods, and consistent with state law, an employee will continue to be permitted to take their rest breaks and meal periods separately if they prefer. Nothing in this Article shall modify the paid or unpaid status of rest breaks and meal periods

# Article 13: Compensation

## 13. K. REIMBURSEMENT FOR RN EXPENSES – CONTINUING CARE SERVICES DEPARTMENT AND WORK FROM HOME (WFH)

13.K.1. RNs shall be reimbursed for home internet and telephone services at applicable rates per the WFH reimbursement policy.

13.K.2. If recall to a KP site occurs during an RN's shift, travel time to and from the worksite shall be paid at the RN's regular rate of pay.

### 13.K.

- Removed \$70 monthly limit for internet and phone reimbursement
- Removed necessity to provide the employer with an itemized phone/internet bill
- Removed restrictions of necessary phone/internet plans

# Article 13: Compensation

## 13.L. LACTATION CONSULTANTS

Lactation Consultants ~~will~~shall receive an annual certification bonus of \$2,000 (two thousand dollars) in December for certifications mutually agreed upon by the Employer relevant to the Lactation Consultant's practice area, such as International Board-Certified Lactation Consultant ("IBCLC").

Set forth that the \$2,000 annual lactation certification bonus will be paid in December of each year.

The employer was inconsistent with when this bonus was paid out each year. This ensures consistency for our lactation consultants

# Article 13: Compensation

## 13.M. BILINGUAL DIFFERENTIAL

13. M. 1. The Employer shall designate up to 10% (10 percent) of RN positions as eligible for a bilingual differential of \$2.00 (two dollars) per hour or all productive and non-productive hours.

13.M. 2 The Employer shall make available positions as bilingual that shall include the bilingual differential.

13. M.3 The bilingual assessment tool shall be determined by the Employer.

13.M.4 To be eligible for a bilingual position, RNs shall need to maintain Qualified Bilingual Staff ("QBS") level 2 certification.

13.M.5 The Employer designated QBS2 level 2 Spanish, Russian, or Vietnamese as priority support languages. The Employer may assess whether a specific role should be subject to reclassification where an employee has the qualifications for a bilingual job classification and has a current or planned high utilization of another language in clinical work.

## 13.M.

- We currently only have a few staff members who are working jobs that are eligible for the bilingual differential. The employer agrees to designate up to 10% of the RN positions as eligible for the bilingual differential. The differential rate will also be increased to \$2.00/HR from the current rate of \$1.15/HR

# Article 13: Compensation

## 13.N.

- We secured a weekend differential rate of \$1.50/HR.
- This is applicable for all hours worked during designated weekend shifts.
- Please note that if a weekend shift is double time due to Appendix I, the weekend differential is not doubled. However, if it is time and a half or double time due to consecutive day premium, it is.

## 13. N. Weekend Differential

### 13.N.1. Weekend Differential Rates

- a. One dollar and fifty cents (\$1.50) per hour for all hours worked during designated weekend shifts.
- b. The weekend differential shall be in addition to any applicable night shift, evening shift, or specialty differentials.

### 13.N.2. Eligibility

- a. All registered nurses in any department with weekend operations, regardless of EFT status, are eligible for the weekend differential when working designated weekend shifts.
- b. Weekend differential shall be in addition to any applicable night shift, evening shift, or specialty differentials. picked up voluntarily.

### 13.N.3. OFNHP Incentive Restrictions:

- a. For nurses who pick up shifts eligible under Appendix I, there shall be no pyramiding of weekend differential.

# Article 13: Compensation

## 13.O.

- Currently our Career ladder has 2 levels, with either a 3% or 4% differential
- This TA has secured an additional \$2.5 million to be utilized for this which will create new levels equivalent to 6-7%
- This is expected to occur in 2027/2028 because it still needs to be developed
- The “career ladder” will become the Professional Nurse Advancement Program
- An appeal process will be created for if an application is denied

### 13. O. RN PROFESSIONAL NURSE ADVANCEMENT PROGRAM (“PNAP”)

13.O.1 The Employer and the Union recognize the importance of professional development, clinical expertise, and leadership amongst RNs. To support this, the Employer shall maintain a Program for OFNHP/ONA RNs and the governing committee.

13.O.2 Participation in the program shall be voluntary and available to all bargaining unit RNs who meet the established criteria. The Employer shall provide clear, transparent, and accessible criteria and application processes for advancement.

13.O.3 Advancement shall be based on documented evidence of professional practice, education, leadership, certification, or other criteria as mutually determined by the Union and Employer.

13.O.4 The Program shall be reviewed annually with the Employer and Union, from the committee’s recommendation, to ensure criteria remain fair, relevant, and equitable. Any changes shall be mutually agreed upon.

13.O.5 No RN shall be denied participation in the program.

# Article 14: Seniority

## ARTICLE 14- SENIORITY

### 14. A Definitions

14.A.1 Seniority is the total length of continuous service with the Employer from the date of hire into an OFNHP or ONA-represented position. If seniority date is the same, the date of initial licensure shall determine seniority order.

14.A.2 RNs who transfer into a Bargaining Unit job title from a non-OFNHP position (including former supervisory employees) shall have their OFNHP Seniority based on the most recent date of transfer into the Bargaining Unit.

### 14.B. Seniority Protection:

14.B.1. RNs who return to employment with the Employer within ninety (90) days shall retain previous seniority. After ninety (90) days' separation from the Employer, all seniority shall be lost.

14.B.2. Seniority date shall be maintained during the following leaves: Industrial, medical, military, family, and union leaves.

14.B.3 Leaves of absence for immigration-related issues such as loss of work authorization or detention.

RNs returning from an approved leave shall retain their seniority and position in the Bargaining Unit.

14.C. Seniority Lists: The list shall include the RN's name, work location, and hire date into an OFNHP position.

14.C.1 An updated seniority list shall be published by the Employer every January and July. Lists shall be provided to the Union when published. Current seniority lists shall be kept on the KPNW Human Resources Intranet Webpage.

14.C.2 If an RN believes their seniority date is incorrect, they shall report the issue to their manager who shall assist the RN in making appropriate escalations.

- Seniority will now be based on the date of hire into an OFNHP or ONA-represented position.
  - The old calculation method often resulted in inaccuracies
- If an RN leaves the employer and returns with 90 days, their seniority shall not be lost
- Seniority is protected during leaves and if detained by ICE

# Article 14: Seniority

## 14.D.

- The “Internal Shuffle” was a LOA, it is now imbedded in our contract so that it applies to both inpatient and outpatient.
- This sets forth the required elements of the internal shuffles
- It helps to ensure consistency for job postings as well as the ability to grieve if this process is not adhered to

### 14.D Position Shuffle, Job Bidding, & Vacancies

#### 14.D.1. Position Shuffle:

- a. A position shuffle may be initiated when a vacancy or open position occurs, at the discretion of management, provided that the process outlined in this Article is followed.

#### 14. D. 2 Notification and Transparency

- a. Management shall notify the Union (through a steward, charge nurse, or other designated representative) of the need to conduct a shuffle.
- b. Such notification shall include confirmation of the shuffle date to ensure a labor representative is available on the day of the shuffle to assist and ensure transparency in the process.
- c. Notification of the shuffle shall be posted and distributed to staff at least seven (7) calendar days in advance through established posting location(s) and electronic mail.

#### 14.D.3 Required Posting Information

The shuffle posting shall include the following:

- FTE of the open position
- Shift designation
- Schedule (if applicable)
- Deadline to respond with interest
- Date and time of the shuffle
- Effective date of the change

#### 14. D. 4 Expression of Interest

- a. Within six (6) days, following the posting, employees may notify management in writing of their intent to participate in the shuffle.
- b. The written intent must include the employee's preference for shifts, days, and/or FTEs.

# Article 14: Seniority

## 14.D. – Continued

- Further provides guidelines for internal shuffle process
- Seniority is still the determining factor in candidate selection
- For internal candidates, education identified as a preferred qualification shall not be considered grounds for disqualification. If both candidates meet the minimum qualifications, the one with more seniority should be awarded the position

14. D. 5. Management Responsibilities  
a. Management shall collate all expressions of interest to determine which schedules ~~will~~shall become available.  
b. Management shall ensure transparency in the process by involving Union representation during the shuffle.

14. D. 6 Conduct of the Shuffle  
a. On the seventh (7<sup>th</sup>) day after notice, the shuffle shall occur as scheduled.  
b. The shuffle shall be by seniority. In the first (1<sup>st</sup>) round, employees shall select from available positions in order of seniority.  
c. Subsequent rounds shall continue in order of seniority until no positions remain or all interested employees have made selections.

14.D.7 Vacancy Posting  
a. After the shuffle is complete, management shall rebalance FTEs as needed.  
b. If an open position remains after the shuffle, it shall be posted to KP internal applicants for seven (7) days prior to posting externally.

14.D.8. Job Bidding:  
RNs who have applied within the seven (7) day posting period shall have priority hiring over all other applicants.

The order of filling positions among such applicants is as follows:

- Regular nurses on the unit (including short-hour, per diem, and on-call),
- Laid-off nurses being recalled,
- Internal qualified applicants,
- External applicants.

14.D.5 Selection Criteria:-

Selection ~~will~~shall be made in order of the following:

- Minimum Qualifications
- Preferred Qualifications
- Seniority

Seniority as Deciding Factor. In any case where applicants for a position possess experience and qualifications that are substantially equal, the deciding factor in awarding the position shall be seniority. Should seniority be the same, the deciding factor shall be the date of initial licensure.

For purposes of this article, "qualified" shall mean that the applicant possesses the requirements and has demonstrated the knowledge, skills, and abilities to perform the essential functions as defined in the position description and unit-specific addendum, including preferred qualifications.

For internal applicants, education identified as a preferred qualification shall not be considered grounds for disqualification or used in a manner that disadvantages the applicant in the selection process.

# Article 14: Seniority

## 14.F Extra Shifts & Cross-Training-

Cross-training opportunities that do not constitute a full job vacancy shall be shared on an electronic platform.

RNs may elect to work extra shifts in another department or facility on an intermittent basis (see seniority process in [section 16.D](#)).

RNs may only work in environments for which they have been oriented. For the purposes of this section, "oriented" means that the RN has received basic information needed to work on the unit or clinic, such as unit or clinic layout, location of supplies, and essential work protocols. Orientation shall occur before the RN assumes patient care duties. Length of orientation shall be dependent on the RN's previous experience and familiarity to the nursing unit/clinic to which such RN is picking up a shift and patient population to which such RN shall be assigned. All RNs must successfully complete the unit's orientation/competency checklist, before they are considered qualified.

As long as the need exists within the unit or department, RNs shall work a minimum number of shifts (at least 1 shift every 3 months) as agreed to by the RN and manager to maintain competency in that department or facility. These shifts shall be designated as "protected competency shifts" and the RN shall not be floated.

Experienced and qualified ONA RNs shall have the ability to pick up shifts at other locations with manager approval at each location (home unit manager and cross-training manager). OFNHP RNs shall have priority to work shifts prior to shifts being awarded to qualified ONA RNs. See ONA CBA Article 10 when picking up shifts in ONA areas. Pay shall be in accordance with the Parties' CBAs.

This section is not intended to replace new graduate internship(s)/fellowship programs.

## 14.F.

Have you ever wanted to work an extra shift in your old unit but were told no? Have you noticed that some staff are allowed to work in other departments, while others are not?

In the past, the rules for working outside your main department have not been clear or fair. Some staff who moved to a new unit were not allowed to pick up shifts in their old unit, even though they were trained and wanted to help. Management was asked many times to fix this, but no clear process was put in place.

This tentative agreement creates clear rules for how staff can keep their skills up and pick up shifts in their former departments. It makes sure everyone has the same chance to work extra shifts. Decisions will be fair and consistent, not based on favoritism or informal choices.

# Article 14: Seniority

## 14.G.

- **Modernized the language around temporary Reduction In Force (RIF), less than 30 days.**
  - An example of this may be that a unit or department is temporarily closed for repairs for less than 30 days.
- **Every permanent RIF is bargained**
  - This language gives the union voice in the implementation and affected individual, versus a unilateral decision made by management on who is RIF'd. It provides for the opportunity to collaborate on how to best navigate the reduction.

### 14.G.1 Temporary Reduction:

If a patient care area or facility is completely closed for one (1) but less than thirty (30) days, employees shall not incur a loss of income, provided employees are willing to be reassigned within the ONA or OFNHP bargaining units during this time. No bumping shall occur during such reduction.

### 14.G.2 Permanent Reduction

Permanent reduction shall be defined as a reduction of hours, reduction in force, or the elimination of an RN's position ~~in excess of~~ thirty (30) days. When the Employer determines that a reduction in hours or positions is necessary, the decision shall be made and communicated to the Union through a notice of intent in writing, a minimum of sixty (60) days prior to implementation. This notice shall include the number and description of the affected positions and the reason(s) for the reduction.

The parties shall meet, if the Union so requests, to discuss impact and explore alternatives, including a work share agreement to be mutually agreed upon by the employees in the affected patient care area or outpatient facility.

The Employer retains the final right to determine the nature of the layoff. Permanent reduction in positions or hours shall take place utilizing reverse seniority by patient care area or work group provided that the RNs remaining ~~have the ability to~~ perform the work required with up to a maximum of one hundred and sixty (160) hours of orientation. Such permanent reduction ~~shall~~ take place in the following order:

- Agency/Travel Nurses
- Volunteers
- Temporary employees
- On-call employees
- Short-hour employees
- Regular employees

The affected employees shall be given at least thirty (30) days' notice of layoff, or compensation at the regular rate of pay to the extent that such notice is deficient.

A more senior RN may be laid off out of seniority if they are not qualified to perform the work of the unit during the layoff or ~~does~~ not possess special skills required in the unit which are possessed by a less senior RN.

## 14.G.3 Bumping Rights

An RN whose position is eliminated or whose hours are reduced may request in writing and receive transfer to one (1) of the fifteen (15) least senior comparable positions in the bargaining unit for which they are qualified, or any open positions in the Region. If there is no employee who is less senior than the laid off employee working in a comparable position, the laid off employee shall have the option to bump the least senior position in the Bargaining Unit that is the closest to their own coded hours, regardless of shift, or location.

Employees who exercise seniority and transfer to a different patient care area or facility shall receive an orientation that is comparable to other employees who are hired into the patient care area or facility, and shall be evaluated at the end of the orientation period.

For the purpose of this article, "comparable position" shall mean the same rate of pay, the same shift, the same Bargaining Unit and within five (5) coded hours, and within thirty (30) miles of the former worksite. The employee so displaced shall be placed on layoff status.

## 14.G.

- There used to be separate inpatient and outpatient language pertaining to "bumping rights." This adopts the old outpatient language. Note that the mileage from the original worksite was changed from 20 miles to 30 miles.

# Article 15: Sick Leave

15.C Employees who are advised not to work by Employee Health for a non-industrial infectious disease shall have those absences excused under the attendance policy. Employee and the manager shall explore opportunities for modified work activities as an alternative to absence.

Have you ever received Corrective Action due to staying home at the recommendation of Employee Health?

If so, you aren't alone, many OFNHP members have followed the guidance of Employee Health or infection prevention policy and received discipline for doing so.

Now, if you are sick and are instructed to stay home by Employee Health, that absence will not be counted as an occurrence against you and will not be used to impose Corrective Action.



# Why we didn't increase PTO



When comparing our PTO to OHSU, an important structural difference became clear after negotiations were already underway.

OHSU's PTO totals include holidays. Because OHSU operates 24/7 with very few closures, their RNs receive holidays as floating time, which is counted as part of their PTO accrual.

Kaiser's PTO does not include holidays. While the employer internally categorizes holiday hours as PTO, those hours are not actually accrued as PTO by RNs. Instead, holidays are paid separately and include holiday premium pay when worked (double time and half).

Because holidays are structured differently, we could not simply "increase PTO" to match OHSU without restructuring how holidays work in our contract.

Doing so would have required converting holidays into floating PTO — which would have meant giving up holiday premium pay (including double time and a half), and pay for the day nonworked (we will now get paid shift length- no longer 1/10th of BAH for holidays not worked)

Given that trade-off, and without the ability to survey the membership on eliminating holiday premium pay, the bargaining team could not responsibly pursue a PTO increase this cycle. We opted to keep the structure we have, improve it a little bit by making language explicitly clear and removing management's interpretation and inconsistencies.

# Time Off – Current

	Years 1-4	Years 5-9	Years 10+
PTO	80	120	160
Float Holiday x3	24-36 hours	24-36 hours	24-36 hours
Ed Days x3	24-36 hours	24-36 hours	24-36 hours
Holiday not worked	4-12 hours x 8 holidays	4-12 hours x 8 holidays	4-12 hours x 8 holidays
<b>TOTAL HOURS</b>	<b>160 – 248</b>	<b>200 – 288</b>	<b>240-328</b>

Education days and float holidays are based on your scheduled shift length and range from 8 to 12 hours depending on your schedule. This means there is a total of 24–36 hours annually for each.

In addition, holiday pay for holidays not worked (such as when your department is closed or you are not scheduled) is included. This provides 4–12 hours of pay per holiday, across 8 paid holidays per year, depending on your shift length.

Flex Time is drawn from accrued sick time and is equivalent to 16 hours per year, prorated by FTE.

# Time Off – New

	Years 1-4	Years 5-9	Years 10+
PTO	80	120	160
Float Holiday x4	32-48 hours	32-48 hours	32-48 hours
Ed Days x3	24-36 hours	24-36 hours	24-36 hours
Holiday not worked	4-12 hours x 8 holidays	4-12 hours x 8 holidays	4-12 hours x 8 holidays
<b>TOTAL HOURS</b>	<b>168 – 260</b>	<b>208 – 300</b>	<b>248-340</b>

The new agreement increases float holidays to four (4) per employee and reduces Flex hours.

Flex hours will now be equivalent to the length of one of your shifts or 1/10 of your BAH (whichever is greater).

In addition, the agreement increases the number of staff allowed off at the same time, based on the size of each department (the larger your department the more staff who are allowed to be off at a time)

# Article 17: Holidays

## 17.A. – OLD Language

Caused unequal distribution of holiday shifts. Oftentimes more senior staff were awarded all or a majority of the sought after holiday shifts or the less senior staff were forced to work all or a majority of the holidays

## 17.A. – NEW LANGUAGE

- Supports and equal distribution of holiday shifts to ensure that regardless of seniority, staff will work an equal amount of holiday shifts.

### 17.A.3 Holiday Scheduling

Volunteers ~~will~~shall be assigned first and ~~will~~shall be offered the shifts in the following order, with manager approval:

Employees regularly scheduled to work the day on which the holiday falls

- Core RN staff within the same department
- Qualified and trained RNs within the same bargaining unit
- Qualified and trained RNs within the service line
- Qualified and trained RNs within the NW region

If there are not enough volunteers to cover the holiday shift, the shift ~~will~~shall be filled in reverse seniority from RNs within the department's/worksites core staff on a rolling rotational basis. RNs shall not be required to work the same holiday on consecutive years.

Once staff volunteer or are assigned a holiday shift, they are required to fill that shift unless explicitly released by the staffing office or their direct supervisor.

Management may assign full shifts and will consider partial shifts but are under no obligation to schedule partial shifts.

Holiday shifts ~~will~~shall be awarded via the normal scheduling process.

Holiday shifts ~~will~~shall be staffed so that a minimum of fifty -percent (50%) of the RNs are core staff.

RNs shall not be required to work more than one (1) holiday from Group A and one (1) from Group B per calendar year. In departments where staffing does not permit such a schedule, the Union and Employer shall ensure equitable distribution of holiday work amongst RNs.

# Article 17: Holidays

## 17.A.4. Pay for Recognized Holidays

17.A.4.a There shall be no reduction in pay for the observance of the designated holidays for any RNs.

17.A.4.b. RNs who work on any of the recognized holidays shall be compensated at one-and-one-half times (1.5x) their regular rate in addition to their regular rate of pay for all hours worked on the holiday.

17.A.4.c. If the Employer-designated holiday differs from the National holiday, the National holiday ~~will~~shall be used to determine holiday pay. RNs working on the Employer-designated holiday shall receive their regular rate of pay.

17.A.4.d. The Employer shall ensure that contractual and regulatory staffing requirements are maintained on holidays.

## 17.A.5. Pay for holidays not worked shall be on the following basis:

17.A.5.a. If the holiday falls on a normally scheduled workday and the RN is scheduled off because of the holiday, the pay for such holiday not worked shall be for the number of hours at the straight-time rate that the RN would have received had they worked.

17.A.5.b. For Facilities/Departments that are closed on a holiday: If the holiday falls on a day normally scheduled off, the RN shall, at the option of the RN, receive a paid day off within two (2) weeks before or after the actual holiday or additional pay equal to the employee's BAH or coded hours, whichever is greater.

## 17.A.6. Time Off Procedures

RNs desiring time off during a holiday week shall submit time-off requests in accordance with standard procedures. Payroll shall make the necessary adjustments to timecards to ensure accurate compensation, consistent with the provisions outlined above. For example, if an RN requests three (3) days of vacation during a holiday week, payroll shall adjust the timecard to reflect two (2) vacation days and one (1) holiday to ensure the employee receives full pay.

17.A.7. RNs may trade scheduled holidays by mutual agreement if the trade does not drive additional non-holiday overtime.

## 17.A.

- 2.5x rate for all staff who work on a holiday (excludes on-call staff)
- Staff will not be deducted time for the observance of a holiday
- If your unit is closed on a holiday when you are regularly scheduled, you will be made whole for that missed day of work. If it is on a day your day off, you may opt for a paid day off within two weeks instead.
- Employees who take time off during the week of a holiday will be made whole without having to use their time off balance
- Receive your shift length prorated for coding status for holiday not worked
  - Ex. If you work 12 hour shifts and are a 0.9 coded employee you would receive 10.8 hours (12 hours x 0.9 = 10.8 hours)

# Article 17: Holidays

## 17.B. FLOAT HOLIDAYS

17.B.1 All bargaining unit members with benefit-eligible employment shall have four (4) float holidays. Float holiday days shall be granted on the first (1<sup>st</sup>) day of the calendar year. These days shall be administered and used in accordance with the National Agreement's attendance language.

## 17. C. FLEXIBLE PERSONAL DAYS

17.C.1 All benefit-eligible bargaining unit members shall be granted one (1) shift (equal to average shift length or one-tenth (1/10<sup>th</sup>)BAH, whichever is greater) of Flexible Personal Leave on the first (1<sup>st</sup>) day of each calendar year. The hours must be used in the calendar year in which they are issued and cannot be rolled over to the next calendar year.

17.C.1.a RNs in their first (1<sup>st</sup>) calendar year of service shall be granted a pro-rated amount of flex time equivalent to one (1) shift.

17.C.2. Flexible Personal Leave requests shall be granted if the requested time off is submitted at least two (2) weeks before the date of the absence. For requests made within two (2) weeks of the requested absence, the Employer shall make every effort to grant the request, subject to operational need.

17.C.3. RNs are eligible to use Flexible Personal Days after one hundred and twenty (120) days of continuous service as a regular RN.

## 17.B.

- We will now have 4 float holidays, this now includes benefit-eligible on-call staff members
- We will have one flex day, equivalent to our shift length or 1/10 our BAH (whichever is greater). Management was adamant on completely removing Flex time. The vast majority of staff use Flex time for one shift replacement and the rest in smaller increments, for this reason, we agreed to maintain one full shift worth of flex time with the addition of 1 float holiday. This results in some staff having an equal swap of flex time to float holidays, while others will see up to an additional 8 hours off a year.
- Flex time will be granted if requested 2 weeks in advance

# Article 18: Health and Welfare Benefits

- e. Eligible dependents include an RN's spouse (as defined by Oregon or Washington state law), an unmarried child of the RN or RN's spouse under the age of twenty ~~six-one~~ (261), an unmarried child of the RN or RN's spouse under the age of twenty ~~three six~~ (263) who is a full time registered student at a recognized educational institution, and an unmarried child of the RN or RN's spouse of any age who is chiefly dependent on the RN or the RN's spouse for support and maintenance of the child incapable of self-sustaining employment by reason of developmental disability or physical handicap which occurred prior to their reaching age twenty ~~one six~~ (264) or age twenty ~~three six~~ (263) if a full-time student.

## 18.A.1.e.

- The age of benefit eligible children was changed from 21 years of age to 26 years of age. If a child is incapable of self-sustaining employment by reason of developmental disability or physical handicap with occurred prior to the age of 26 (previously 21), they are benefit eligible.

# Article 19: Leaves

## Old Language:

- 3 days
- 2 Additional days if traveling over 300 miles for memorial service
- limited qualifying family members

## New Language:

- 4 days
- 2 Additional days if traveling over 250 miles for memorial service
- Expanded once a year to honoring your chosen person (Uncle, cousin, best friend etc.)

## ARTICLE 19 - LEAVES

### 19. A. BEREAVEMENT LEAVE

Effective the first day of the month following eligibility, all health and welfare benefit eligible RNs are eligible for bereavement leave, unless the bereavement leave has been waived by participation in an Alternative Compensation Program.

RNs shall be granted up to four (4) days paid Bereavement Leave per occurrence upon the death of their:

- Spouse / Domestic Partner
- Parent / Stepparent / Parent-In-Law / Stepparent-In-Law / In loco parentis Child / Stepchild / Legal Ward / Foster Child / Adopted Child
- Child/Stepchild / In-Law
- Sibling/Step sibling/ sibling-in-law/ Step sibling In-Law
- Grandparent / Step Grandparent
- Grandchildren / Step Grandchildren
- Relative living in the same household

Once per calendar year, employees may use the paid bereavement day benefit as outlined above upon the death of an individual with whom the RN has a close association that is equivalent of a family relationship, but who is not already defined as family in this section.

RNs shall will be granted an additional two (2) days of paid time when traveling two hundred fifty (250) miles or more to attend funeral or memorial services.

Bereavement Leave may be divided due to timing of services and related circumstances and need not be taken on consecutive days.

# Article 19: Leaves

## 19.I.

- Management has tried to use a staff member's EWOP as an occurrence against them and imposed unjust Corrective Action often citing provision 5.11 of the Attendance Policy if used on any of the mentioned criteria.
- This TA has ensured that EWOP usage is protected for all members of the RN bargaining Unit.

**5.11** Corrective Action may be administered to employees with an issue of misuse of time off benefits and/or frequent tardiness. The following are examples of time off that will lead to joint discovery and may be subject to Corrective Action up to and including termination:

**5.11.1** Fridays or Mondays resulting in a three day weekend

**5.11.2** Weekend days (for employees required to work the weekend shifts)

**5.11.3** On a denied day off

**5.11.4** Before or after worked overtime

**5.11.5** The day of, before, or after a holiday

**5.11.6** Reoccurrences of certain days of the week or month

**5.11.7** Zero PTO, zero ESL, or sick leave balances

**5.11.8** Unauthorized sick leave use

**Note:** the list above is not all inclusive and should not replace supervisory judgment and mitigating circumstances.

## 19. I. EMERGENCY DAY

RNs shall be entitled to two (2) emergency days off as unpaid time. RNs shall not be subject to corrective action for utilizing emergency days off.

# Article 23: Education

The employer will now be contributing \$100,000 a year (up from \$44,600).

- This fund can be used for the cost of the secondary license required for employment
  - Oregon RN License cost is \$259 every 2 years,
  - Washington RN License cost is \$138 yearly

## 23.A. EDUCATION FUND

23.A.1 The Employer recognizes the importance of continuing professional education and agrees to establish a fund to provide RNs with the opportunity to participate in workshops, seminars, and conferences that are relevant to the needs of the RN and to the health care needs of the Kaiser Permanente patients. The fund shall be available for programs not covered by the Employer's tuition reimbursement program or other educational programs. The total fund shall consist of the OFNHP Education Fund of eighty thousand dollars (\$80,000), in addition to the annual twenty thousand dollars (\$20,000) certification fund amount. Any fund balance existing as of the effective date of this Agreement may be utilized until depleted. Any fund balance generated in subsequent years shall not roll over and shall expire at the end of each year.

Acceptable continuing education programs shall:

- improve and increase the competence and skills of the practicing RN,
- assist the RN in utilizing developments in research, nursing education and nursing practice,
- assist the RN in defining and meeting changing needs and expectations of the patients in the population served by Kaiser

Permanente

- defray the cost of RN obtaining and maintaining National certifications.
- defray the cost of secondary state RN license (if required by the Employer)

23.A.2 To facilitate the equitable distribution and assure utilization of such funds in an appropriate manner, a Continuing Education Committee shall be established. The Committee shall be composed of six (6) (three (3) inpatient and three (3) outpatient) members elected by the RN membership. The Employer shall appoint at least one (1), but no more than two (2) management representatives who shall serve as regular members of the committee and act as a resource but shall have no vote in committee decisions.

23.A.3. RNs who have been continuously employed for at least six (6) consecutive months shall be eligible to submit requests for education programs to the Committee. The Committee shall have the final authority to approve the disbursement of funds for programs that do not require replacement time. For programs outside the previous guidelines, the Committee shall submit its recommendation to the appropriate Manager for final approval. All expenditures for whic

h the Committee has final approval shall be submi

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ed to the appropriate Manager a minimum of fifteen (15) days in advance of when the expense is to be incurred to ensure timely disbursement of funds.

23.A.4. Records of all approved expenditures shall be kept by the Committee and shall be made available to the Employer and Union upon request.

23.A.5. The Committee shall meet at regularly scheduled times, and each Committee member shall be allowed a maximum of eight (8) hours paid time per quarter at the regular straight-time rate for the purpose of attending such meetings. The recording secretary shall be paid the RN wage for the purpose of record keeping and processing requests and shall be paid from the Education Fund. Payment to Committee members and the recording secretary shall not constitute time worked for any purpose under this Agreement

and meetings shall be scheduled at times so as not to conflict with routine duty assignments.

# Article 23: Education

## 23.B.

- Benefited on-call staff will now be eligible for education days
- Education days will be paid for the entire length of the staff member's normal shift
- If the education day falls on the normal scheduled day off, if requested, it will take the place of a regularly scheduled shift that week
- The new language reflects that if the course meets the contractual requirements, CEUs are not mandatory.
  - Ex. You attend a course relevant to your job, but it doesn't offer CEUs, it still qualifies for an education day

## 23.B. EDUCATIONAL LEAVE

23.B.1 Benefitted RNs who have been employed for at least twelve (12) consecutive months shall be entitled to three (3) paid educational days per year for the purposes of attending educational programs as outlined in this Article.

23.B.2 One (1) unpaid education day may be granted if the request is in writing.

23.B.3 For night shift RNs, two (2) unpaid education days may be granted if the request is in writing.

23.B.4 Requests for paid educational leave shall be made in writing, setting forth the details (i.e., dates, hours, subject, purpose for attending, etc.).

23.B.5 Final Approval by the appropriate Managers shall be required where replacement time is needed.

23.B.6 The paid educational leave day shall not accrue from year to year except in any instance in which an RN makes an application for the use of the educational day for an acceptable education program, and the time off cannot be granted. RNs are expected to make requests in a timely manner to facilitate granting time off. Educational leave provides mutual benefit to both the employer and the RN. It is the expectation that eligible RNs shall be afforded the opportunity to utilize their allotted educational leave each year. Requests for education leave must be submitted in the scheduling system no later than the prescheduling timeframe. Approvals ~~shall will~~ follow the contractual time-off process outlined in **Article 9.**

23.B.7 Education days shall be paid for the entire shift if taken on a normally scheduled workday. If the education day falls on a regularly scheduled day off, the actual hours of the class attended/continuing education shall be paid. If requested, any awarded educational day shall take the place of a regular scheduled shift during that week.

23.B.8 Educational leave days count in the computation of overtime, but do not count in the determination of consecutive day pay.

23.B.9 RNs approved to complete online Continuing Education equivalent in hours to their shift shall be made whole for their regularly coded hours. Completion certificate(s) must be attached to the timecard adjustment form submitted to the manager.

# Article 23: Education

## 23.E. Employer-Required Certifications

23.E.1 ACLS, BLS, NIHSS, NRP, ONS, and PALS certification is a requirement of employment, as outlined in this Article, for certain RN positions.

23.E.2 The Employer shall pay for the first two attempts at the certification exam, both tuition and wages for the time in the class and exam. If an RN misses a regularly scheduled shift when taking the exam, the RN shall be compensated for the entire shift, rather than just the time in the exam.

23.E.3 For re-certification, the Employer shall pay for the first two attempts to gain recertification. It is expected that an RN shall recertify every two (2) years. If the employee cannot provide documentation of current certification, they shall be reassigned from that position to a comparable vacant position they are qualified for, and their original position shall be posted. If no vacant position exists for which they are qualified, they may be terminated.

23.E.4 The Employer shall only pay for the "recertification" section of the test. The RN is free to use their education day and education fund to cover the cost of the full certification in excess of the recertification portion. If the Nurse Educator or Clinical Nurse Specialist, along with the affected program's Medical Director, deems that there has been a significant change in the certification requirements, the Employer shall announce to all affected RNs that the entire certification process shall be covered for the next pass at recertification, rather than only the recertification portion of the process.

23.E.5 If an RN fails to attend a scheduled certification/recertification attempt, the RN shall make up the class in the next available class.

23.E.6 The Employer will provide preparatory classes for Registered Nurses preparing for the required certifications listed in section E.1. These classes will be offered at enough different times so as to be available to all Registered Nurses and may be taken during paid time if the unit is able to release the Registered Nurse for the class. However, no special arrangements will be made, and staffing will not be increased to allow for such releases.

There will be no compensation for classes taken during scheduled time off, nor will there be any charges to the employee for preparatory classes.

23.E.7 An RN whose last class attendance expires while on leave of absence shall be expected to attend recertification instruction by the second-class opportunity or four (4) months after returning to work, whichever is longer.

## 23.E.

- Previously, the employer would only pay for ACLS, NRP, and PALS certification for OFNHP staff, even when they require staff to obtain additional certifications to maintain employment

With this TA, the employer will pay staff for ONS and NIHSS for those who have it as a job requirement. This also creates a pathway to have the employer compensate staff for required trainings in alignment with policy NW.HR.ELR.016

### 1.0 Policy Statement

Employees are encouraged to take advantage of available opportunities for continuing their formal education in areas that are mutually beneficial to both the employee and Kaiser Permanente (KP). Courses must 1) be related to an employee's work assignment or 2) directly improve the employee's potential for reasonable career advancement and employability within KP. The employee's home department is financially responsible for paying for the courses required for the employee to hold his/her/their position. Financial reimbursement will be made to employees who meet the requirements of the Tuition Reimbursement Program.

# Article 26: Grievance Procedure

If a grievance is not resolved at Step 3, or at Step 2 if the parties did not mutually agree to hold a Step 3, the Union or Employer shall have ninety (90) calendar days after receipt of the step 2 or Step 3 response to notify the other party of its intent to advance the grievance to Arbitration.

## 26. B.

Currently, hundreds of grievances are stalled at Step 3 (Mediation) due to chronic underfunding of the federal mediation program, resulting in significant delays beyond the control of either party.

Under the new grievance pathway established in this tentative agreement:

- the employer and OFNHP will meet following Step 2 in a good-faith effort to resolve the grievance. If no resolution is reached, OFNHP will have the ability to advance the grievance **DIRECTLY** to arbitration, rather than remaining indefinitely delayed in mediation.

This change will help reduce backlogs, improve timeliness, and ensure grievances are resolved on their merits.

# Article 27: Corrective Action

During bargaining, management proposed language that would have restricted OFNHP members' ability to choose their steward. This position was presented as a non-negotiable priority for management.

If this rule had been accepted, it could have been unfair to members. Management could have had a say in which steward helped someone, which might stop members from getting support from experienced and strong stewards. This could have hurt members during grievances or discipline.

This tentative agreement protects the right of OFNHP members to choose the steward they want. Members keep control over who represents them, and union support stays independent and focused on helping members.



## ARTICLE 27 - CORRECTIVE ACTION

*Refer to the National Agreement Section 1.L.1(a)*

- 27.A. The goal of Corrective Action is to correct performance or conduct/behavior deficiencies, rather than to punish employees. In that spirit, the Employer and Union agree to work together to identify problems and craft solutions. This may include the use of other employees as mentors, as mutually agreed upon and appropriate.
27. B. The Employer and the Union shall conduct Corrective Action meetings away from employees, patients, and the public.
27. C. An RN shall have the right, and shall be informed of the right, to have a union representative of their choosing accompany them to any meeting that could result in corrective action. Such meetings shall be scheduled and held within fourteen (14) calendar days to allow the RN to secure representation. If the RN's chosen representative is unavailable within this timeframe, the Union may assign its contract specialist or proxy to ensure timely scheduling. If ELR/HR is requested to be present, the fourteen (14) calendar day timeline shall still apply, and a proxy may be assigned to meet the timeframe. The timeline may be waived by mutual agreement.

# Article 27: Corrective Action

27.F. A copy of the written Corrective Action, at any level, shall be provided to the Union office upon completion. The RN shall be required to sign such a notice to acknowledge receipt; such signature shall not be construed as agreement with the Employer's decision to administer Corrective Action. The RN shall have the right to submit a written rebuttal, which shall be attached to the Corrective Action and maintained in the personnel file for the duration of the Corrective Action's retention period.

27. G. If notice is sent regarding the need to meet within one (1) calendar year and the meeting could result in progressive discipline, the one (1) year expiration may be extended.

27. H. The Corrective Action shall be removed from the RN's employee file upon expiration.

27. I. If the RN disagrees with the Corrective Action administered, they may pursue the matter through the contractual grievance procedure.

## 27.H.

- Corrective Action should expire within one year, however, if a notice is sent before the end of one year and the joint discovery has not taken place, it may be extended.
  - For example, a staff member has a Level 1 CA that was issued on January 1<sup>st</sup> for attendance and a second Joint Discovery notice was submitted on December 31<sup>st</sup> after they met threshold for a second one, and the meeting doesn't take place until after the following January 5<sup>th</sup>. The notice was submitted timely and is relevant for progressive discipline.

# Article 30: Probationary Period

## ARTICLE 30 - PROBATIONARY PERIOD

Regular, short-hour, casual, temporary, and on-call RNs shall be considered probationary during the first one hundred and twenty (120) calendar days of employment. During the probationary period, RNs may be discharged without recourse to the grievance procedure. These probationary employees shall have a review involving a manager every thirty (30) days for the length of the probationary period.

The current RN who moves into a new RN graduate position shall have one hundred twenty (120) calendar days of probation. Current qualified KPNW RNs with good work and attendance records and positive evaluations who apply for new graduate positions ~~will~~shall be hired over external applicants.

## Article 30

Current language indicates that the probationary period is 180 days for new employees and 500 work hours for RN New Graduates.

The TA has changed this to a uniform 120 days for all new employees.

# Article 33

## Article 33

This tentative agreement improves the Employee Assistance Program (EAP) to better help OFNHP members who are struggling with substance use or emotional health issues.

The updated language focuses on privacy and support. It makes sure members can get help, treatment, and resources in a confidential way. The goal is to help people recover while keeping their jobs safe.

## ARTICLE 33 – EMPLOYEE ASSISTANCE PROGRAM

Employees shall have an Employee Assistance Program available to them for use at their own initiative. The program shall have service available that provides commonly accepted forms of assistance for work-related or personal health, emotional, and other problems arising from any source.

### 1. Objective:

The objective of the program recognizes the value and contribution of current and continuing employees and seeks to treat their problems so that the problems do not become a hindrance or preoccupation which ultimately may affect the employee's work.

### 2. Troubled Employees


The Employer recognizes alcoholism, drug abuse, and emotional problems as illnesses that are treatable. An employee's request for assistance under the Employee Assistance Program will not jeopardize their employment, job rights, or job security. The program is intended for the assistance and rehabilitation of employees as a better course than discipline or discharge.

An employee may be referred to the program by a supervisor or Union representative.

Confidentiality of all parties shall be strictly maintained.

# Appendix A

Estimated annual increase for  
a 0.9 FTE employee



**APPENDIX A**  
**HOURLY DIFFERENTIALS**

DIFFERENTIAL	RATE PER HOUR
In-Lieu-of-Benefits (For short-hour, temporary & on-call RN's <u>ineligible</u> to receive benefits)	\$1.10 Inpatient RN
	\$1.063 Outpatient RN
Standby – Regular	\$8.00
Standby – Recognized Holiday	\$20.00
Evening Shift	\$3.00
Night Shift	\$7.50
Weekend Differential (Inpatient and Outpatient)	\$1.50
Float Pool/RRT	\$3.00 (Differential built into salary scale 89)
Preceptor (Inpatient and Outpatient)	\$2.30
Charge Nurse	\$3.00 (Differential built into salary scale RN72)
Bilingual Differential	\$2.00

DIFFERENTIAL	OLD RATE	NEW RATE	ANNUAL AMOUNT 0.9 FTE
Night Shift	\$5.90	\$7.50	\$2,995.20
Bilingual	\$1.15	\$2.00	\$1,591.20
Preceptor	\$2.00	\$2.30	Includes outpatient now and travelers/agency
Standby	\$4.75	\$8.00	
Weekend <b>NEW</b>	0.00	\$1.50	
RRT Nurse <b>NEW</b>	0.00	\$3.00	\$5,616

**This chart shows all of the increases for differentials. If a differential is not listed here, it means the old rate has not changed**

- **NEW** \$1.50 weekend differential for regularly scheduled weekend shifts
- Preceptor language now applies to the outpatient settings and includes precepting travelers and agency staff and is increased to \$2.30
- **New** \$3.00 differential for the RRT nurse

# Wages – Where KPNW Currently Sits

	Entry	5 Years	10 Years	20 Years	25 Years
<b>KPNW</b>	<b>\$47.19</b>	<b>\$56.28</b>	<b>\$60.63</b>	<b>\$66.62</b>	<b>\$68.29</b>
OHSU (7/1/25)	\$57.87	\$70.38	\$73.79	\$81.04	\$84.84
PSVMC (1/1/26)	\$57.30	\$66.37	\$70.94	\$77.08	\$80.53
PPMC (1/1/27)	\$57.90	\$67.93	\$71.57	\$78.62	\$82.50
PHSW (3/1/25)	\$52.22	\$58.32	\$63.98	\$69.73	\$73.21
PWFMC (1/1/26)	\$56.17	\$67.58	\$70.27	\$76.07	\$78.76
PMH (6/1/2025)	\$53.91	\$64.99	\$67.29	\$72.97	\$75.09
LEMC (no contract)	\$54.37	\$65.37	\$68.58	\$75.83	\$78.54
LGSMC (no contract)	\$54.37	\$65.37	\$68.58	\$75.83	\$78.54
RCH (no contract)	\$54.37	\$65.37	\$68.58	\$75.83	\$78.54
<b>KP Rank out of 10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>

**We are the lowest in compensation**

KPNW is currently the lowest paying hospital/medical center in the area.

# Wages – 12.5% (6.5% ATB + 6% MA)

**Old rates + 12.5%**



	Entry	5 Years	10 Years	20 Years	25 Years
<b>KPNW</b>	<b>\$53.09</b>	<b>\$63.32</b>	<b>\$68.21</b>	<b>\$74.95</b>	<b>\$76.83</b>
OHSU (7/1/25)	\$57.87	\$70.38	\$73.79	\$81.04	\$84.84
PSVMC (1/1/26)	\$57.30	\$66.37	\$70.94	\$77.08	\$80.53
PPMC (1/1/27)	\$57.90	\$67.93	\$71.57	\$78.62	\$82.50
PHSW (3/1/25)	\$52.22	\$58.32	\$63.98	\$69.73	\$73.21
PWFMC (1/1/26)	\$56.17	\$67.58	\$70.27	\$76.07	\$78.76
PMH (6/1/2025)	\$53.91	\$64.99	\$67.29	\$72.97	\$75.09
LEMC (no contract)	\$54.37	\$65.37	\$68.58	\$75.83	\$78.54
LGSMC (no contract)	\$54.37	\$65.37	\$68.58	\$75.83	\$78.54
RCH (no contract)	\$54.37	\$65.37	\$68.58	\$75.83	\$78.54
<b>KP Rank out of 10</b>	<b>9</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>8</b>

**We would move from the 10<sup>th</sup> place in compensation to the 8th and 9th**



This tentative agreement includes a 6% market wage adjustment, in addition to the 6.5% Across-the-Board (ATB) increase provided through national bargaining, for a total immediate wage increase of 12.5%.

The 12.5% in the first 7 months does not bring up our wages to be very competitive with the other medical centers and hospitals in the area. However, in the second year of the contract our wages will become more competitive due to 2 wage increases that will take place (10/2026 and 8/2027)

# Wages – After year two raises (10/26 – 6.5% and 8/27– 3%)

Old wages with the 12.5%, and the two raises in the second year 6.5% and 3%

	Entry	5 Years	10 Years	20 Years	25 Years
<b>KPNW</b>	<b>\$58.24</b>	<b>\$69.46</b>	<b>\$74.82</b>	<b>\$82.22</b>	<b>\$84.28</b>
OHSU (7/1/25)	\$60.18	\$73.20	\$76.74	\$84.28	\$88.23
PSVMC (1/1/26)	\$59.59	\$69.02	\$73.78	\$80.16	\$83.75
PPMC (1/1/27)	\$60.22	\$70.65	\$74.43	\$81.76	\$85.80
PHSW (3/1/25)	\$54.31	\$60.65	\$66.54	\$72.52	\$76.14
PWFMC (1/1/26)	\$58.42	\$70.28	\$73.08	\$79.11	\$81.91
PMH (6/1/2025)	\$56.07	\$67.59	\$69.98	\$75.89	\$78.09
LEMC (no contract)	\$56.54	\$67.98	\$71.32	\$78.86	\$81.68
LGSMC (no contract)	\$56.54	\$67.98	\$71.32	\$78.86	\$81.68
RCH (no contract)	\$56.54	\$67.98	\$71.32	\$78.86	\$81.68

We will move into the 2<sup>nd</sup> to 5<sup>th</sup> in the area

<b>KP Rank</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>3</b>
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Many of the competitors will have new contracts at this point, this chart shows a 4% wage increase for them. The actual wage increases may be higher or lower, this chart is an estimate.

Based on this assumption, by the second year of wage increases, KPNW is projected to rank between 2nd and 5th among comparable employers if other facilities negotiate wage increases of 4% or less.

# Wages – New 13th Step

**We are removing the “hours” column, as it confuses National HR and has resulted in staff not being paid correctly**

STEP	MOS	HRS	10/1/2020	10/1/2021 (3%)	10/1/2022 (3%)	10/1/2023 (2%)	10/1/2024 (2%)
1	0	0	40.25	44.03	45.35	46.26	47.19
2	12	1,000	41.78	45.61	46.98	47.92	48.87
3	24	2,000	43.37	47.25	48.66	49.64	50.63
4	36	3,000	44.95	48.87	50.34	51.35	52.37
5	48	4,000	46.61	50.58	52.10	53.14	54.21
6	60	5,000	48.49	52.52	54.10	55.18	56.28
7	96	8,000	50.41	54.50	56.13	57.25	58.40
8	120	10,000	52.43	56.58	58.28	59.44	60.63
9	180	15,000	54.55	58.76	60.52	61.73	62.97
10	192	16,000	56.18	60.44	62.25	63.50	64.77
11	240	20,000	57.86	62.17	64.04	65.32	66.62
12	LONGEVITY STEP		59.31	63.73	65.64	66.95	68.29

**13 | 360 | This will be the new “longevity” Step \$78.75**

**The new rate for an RN73 on Step 13 would be \$78.75 (Current rate + 12.5% + 2.5%)**

We secured a 13th step, which will be the new longevity step and will be 2.5% higher than Step 12. In addition, the “hours” column will be removed due to National HR repeatedly misapplying the hours requirement, which has resulted in members being incorrectly paid. Removing this column will help ensure consistent and accurate compensation.

# Wages – Why are we keeping the ghost steps?



## What are “ghost steps”?

At many hospitals, nurses move one wage step for every year of experience. At Kaiser Permanente, this is not the case.

Kaiser’s wage scale includes gaps (“ghost steps”), such as:

- Between 5–8 years, 8–10 years, 10–12 years, 12–15 years, 16–20 years, 20–25 years, and 25–30 years.

During these gaps, experience increases, pay does not.

## What management said:

Kaiser leadership stated that removing ghost steps is “not possible” due to limitations in the national HR Connect system. They communicated that they physically cannot remove the ghost steps, it is impossible.

## Our position:

We recognize how frustrating this is for members. Ghost steps have real impacts on pay, morale, and fairness, and we continue to raise these concerns and push for accountability and transparency.

# Appendix C: Preceptor

- The Preceptor differential is increased to \$2.30/HR
- Precepting traveler/agency staff will now qualify for the preceptor differential.
- The Preceptor differential is not extended to outpatient

## APPENDIX C Proposal for R.N. Preceptor Differential

Re: Proposal for R.N. Preceptor Differential

The purpose of this letter is to clarify our agreement regarding the R.N. Preceptor Differential as indicated below:

### Goal

To provide a financial incentive/reward to staff with strong clinical and preceptor skills, who accept the additional responsibility and workload of precepting novices on their units. The differential is proposed at this time due to the increased volume of preceptor needs throughout the nursing units.

### Eligibility for Preceptor Differential

1. All KPNW Registered Nurses
2. Must have attended an approved preceptor training course within the last three (3) years; for renewals, must have attended a preceptor update in the last three (3) years.
3. Must be a designated preceptor assignment, per the Manager. Examples of designated preceptor experiences:
  - New R.N. Resident Program
  - Cross-trainings and Nurse "Fellowship"
  - Designated unit orientation for Kaiser Permanente R.N. staff (i.e., before Nurse released for regular assignment).
  - Agency/traveler orientation.
4. Preceptor volunteers are welcomed; selection will/shall be based on performance, experience and qualifications as determined by Manager.
5. Once selected, Preceptors may be removed from precepting based on Management's evaluation of their effectiveness. Selection criteria will/shall include:
  - Annual Performance Evaluation of meets requirements or better
  - Absence of current workplan and/or discipline
  - Adequate years of relevant experience
  - Preceptor "credential" as defined above
  - Prefer preceptors who precept at least twice a year (if opportunity available)
  - Demonstrated competency as Preceptor:
  - Positive feedback on evaluations from "Preceptees"
  - Completion of preceptor documentation within designated timeframes
6. Differential of \$2.30 per hour to be documented on the timecard by the Employee for shifts worked in designated Preceptor status, as approved by the Manager.



This agreement was built by you.

Last year's bargaining survey didn't just guide us, it defined our priorities, our limits, and where we stood firm.

We didn't just negotiate changes, we rewrote an entire contract that was outdated, inconsistent, and too often worked against us.

We raised the standard. We strengthened our protections. We created a contract that reflects the reality of our work today.

While Kaiser has made clear they do not intend to be the highest-paying employer in the region, this agreement moves us from the lowest-paid to a competitive position. We are projected to reach the high-middle, and as high as second in the region over the life of the contract depending on your years of experience as a nurse.

This is progress. This is movement. This is the power of collective action.

**Now, the decision is yours. Vote informed. Vote engaged. Vote to ratify.**

**Thank You  
So Much!**

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**#OFNHPStrong**