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APPENDIX B – CLINICAL LADDER

Providence St. Vincent Medical Center (the “Medical Center”) and Oregon Nurses Association (the “Association”) are committed to the professional development, satisfaction, recruitment and retention of nursing staff. This brings about the best working conditions, patient care and benefits to our community at large. To that end, the Clinical Ladder program is in place to allow staff nurses to develop and explore professionally in areas to the mutual advantage of the nurse and the Medical Center.

To that end, the parties hereby adopt the currently agreed upon Clinical Ladder Program (“the Program”) and the following terms in connection with said Program:

1. Nurses covered by the parties’ Collective Bargaining Agreement (“Agreement”) are eligible to participate in the Program, in accordance with the Program’s terms.
2. Nothing in the Program is subject to the grievance procedure set forth in the Agreement.

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3. A registered nurse who has been approved for, and is participating in, an advanced level under the Program will receive an increase in her/his Appendix A, Section A, hourly rate of pay under the Agreement, equal to the applicable amount set forth below for the Nurse's Clinical Ladder level.

Effective two full pay periods after ratification

Level 1: \$ 0.00
Level 2: \$ 2.00
Level 3: \$ 5.50
Level 4: \$ 6.50
Level 5: \$ 7.50

4. In addition to the above-listed hourly rates of pay, registered nurses approved for and participating at, the following shall be eligible for:

a. Level I RNs 8 hours, Level II RNs 16 hours, Level III and Level IV RNs 32 hours, and Level V RNs 40 hours additional paid educational leave annually.

b. Level II RNs will receive up to four hundred and fifty dollars (\$450.00), Level III RNs will receive up to eight hundred dollars (\$800.00), Level IV RNs will receive up to one thousand dollars (\$1000.00), Level V RNs will receive up to one-thousand, two hundred and fifty dollars (\$1250) in addition to whatever expense reimbursements they may otherwise qualify for, to defray the cost of registration and attendance in connection with the additional paid educational leave set forth in paragraph 4a. (The parties acknowledge that these dollars are allocated based on a calendar year and, if not used in a calendar year, the funds will not rollover into the next year.)

The Medical Center shall provide two educational conferences for all registered nurses at Providence St. Vincent Medical Center per year.

5. Clinical Ladder Board

a. The Clinical Ladder Board ("the Board") will operate consistent with this Agreement and its charter. The charter will be developed by the Board. Should the Board desire to amend the charter, it will submit the amendments to

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the Medical Center and Association for formal approval. The Board will revise the charter to conform to this Letter of Agreement, if necessary.

b. The Board will consist of up to 20 nurse members. Board members will be Association members. Once each quarter, each nurse member will be compensated for his or her actual times spent in packet review meetings, up to a total of 32 hours per year. If such meetings are less than the length of the nurse's scheduled shift for that day, a Board member may return to work for the remainder of their shift, use PTO for the remainder of the shift, or take the remainder of the shift as unpaid leave. In addition, each Board member will receive a stipend of \$200 for each full quarter they act as a Board member (\$300/quarter each for the Board Chair and Chair Elect), to reflect their time spent attending other Program-related meetings, providing mentoring, and organizing Program-related trainings and conferences.

c. The Board shall prepare the agenda and keep minutes of the meetings, copies of which shall be provided to the Chief Nurse Executive and a designated Clinical Ladder liaison from the Medical Center's management team and Association within two (2) weeks of each Board meeting. The minutes shall include a list of projects reviewed and approved by the Board each quarter.

7. Clinical Ladder Process Review Committee

a. The parties agree to form a Clinical Ladder Process Review Committee ("the Committee") to review successes and challenges of the Program, and to resolve any individual concerns about the process, review topics for levels 3 and 4 projects, project results, and any other disputes that may arise under the Program.

b. The Committee will consist of 2 members of the Board, the Medical Center's Chief Nursing Officer, one management representative chosen by the Medical Center, one Human Resources representative chosen by the Medical Center, and one Association representative or designee.

c. The Committee will meet quarterly on the same day that the Clinical Ladder Board meets. The Committee will review the number of applicants, approvals and denials, and will discuss any potential issues (e.g., whether certain

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units are declining in participation). The results of the Committee meeting will be reported at the nearest Labor Management Task Force Committee Meeting.

d. The Committee will meet within 14 days of a request from a nurse applicant, the Clinical Ladder Board, the Medical Center, or the Association, unless the parties agree to extend such deadline in writing. Such request for a meeting will describe the concern and the requested resolution. The Committee will respond to the concern in writing within 14 days of its meeting, unless the parties agree to extend such deadline in writing.

e. The Committee may invite any nurse or nurse manager to its meeting if it determines that the nurse or nurse manager can provide information helpful to understanding an issue or concern, or that would help the Committee's decision-making process/

f. Any nurse who wishes to attend a meeting during open session may do so. Advance notice to the Committee is encouraged when possible. The Committee may at times hold an executive (closed) session which will not be open to nurses or managers, subject to subsection 7e., above. Executive (closed) sessions may be called in instances in which the Committee reviews an issue affecting an individual applicant.

g. The Committee will endeavor to make decisions by consensus. If it cannot reach consensus, decisions will be made by a majority vote of the voting members, which will be the two Clinical Ladder Board members, the Chief Nursing Officer, and the management representative.

h. Committee members will be paid for time spent in committee meetings, which hours will not be subject to the limitations in Section 6.b.

Three (3) 90-minute training sessions for nurses interested in participating in the revised Program will be provided by up to six Clinical Ladder Board Members, who will be paid for the time spent in each training session.

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