

**YOUR BARGAINING TEAM RECOMMENDS A “YES” VOTE!**

**WSNA/CENTRAL WASHINGTON HOSPITAL RN CONTRACT  
GENERAL SUMMARY AND HIGHLIGHTS  
August 15, 2025**

**TERM:** Contract will expire on March 31, 2028.

**WAGES:** **Ratification: 10%**, plus **elimination of ALL “ghost steps.”** This means that nurses who are currently at a step that does not have a wage increase associated with it will receive more than a 10% increase (between 11% to over 12%, depending on the step) because of the elimination of ghost steps.

Plus, each nurse in the bargaining unit will receive a **signing bonus of \$1,000** regardless of their FTE.

Management did not agree to retroactive pay, we were able to secure a very high first-year percentage that far outweighs the value of a one-time, lump sum payment (such as retroactive pay) because it is built into the base salary and compounds FOREVER. A larger wage increase is better than a smaller wage increase plus a one-time retroactive payment. Further, we eliminated every ghost step, which is an added cost to Confluence in the first year. Ghost steps currently affect 42% of our bargaining unit and some of our most tenured nurses. The big wage increase and the elimination of the ghost steps in the first year have a lasting and compounding effect on your wages into the future, unlike a one-time lump sum payment.

**April 1, 2026: 3%**

**April 1, 2027: 3%**

When you consider the combined effect of these across-the-board increases and annual step increases, this amounts to a **16%** up to a **28%** wage increase over the life of the contract depending on the step you are at, not including the increases to premiums described below.

**Step Increase for Pool Nurses.** Pool nurses will now advance to the next step after working 1275 hours but may not advance more than one step every 12 months.

**PREMIUMS:**

**Weekend Premium.** Increased from \$3.75 per hour to \$4.00 per hour.

**Float Premium.** Increased from \$3.00 per hour to \$4.00 per hour.

**Pool Nurse Premium.** Increased to 15% from 6% or 12%.

**Standby/On-Call Premium.** We increased voluntary standby, mandatory standby and standby above 31 hours in a pay period from \$4.00, \$5.00, and \$6.00 to \$4.50, \$5.50 and \$6.50, respectively.

**Shift Differential.** We all know that it is difficult to recruit and retain for night shift. This remains true despite Confluence Central having higher overall shift differential compared to area hospitals. We proposed to increase the night shift differential even more to encourage nurses to work the night shift. Management was not receptive to any increase in the shift differential because it is not at all clear that increasing an already high differential would meaningfully help with retention and recruitment. We ultimately agreed that the Conference Committee would deal with the night shift challenges holistically and develop approaches to address these challenges from a variety of different angles to improve night shift staffing.

**Certification and Nursing Degree Premiums.** Nurses who have two certifications and one education degree will receive \$3.00 instead of \$2.00.

**Incentive Bonus Program.** Retired Pool nurses will now receive the same incentive bonus for picking up incentive shifts as other nurses. We also consolidated various different parts of the Incentive Bonus Program that were spread out among different parts of the contract into one section so that nurses can see all the components of the incentive bonus program in one part of the contract.

## **WORKPLACE ISSUES:**

**WSNA Political Action Committee (PAC).** Nurses may now use payroll deduction to contribute to the WSNA PAC whose goal is to use the political process to improve the nurse's role in the health care delivery system.

**Nurse Resident.** Currently, Nurse Residents are considered temporary employees and are not included in the bargaining unit. Because of this, they have no enforceable rights under our contract. We have sought to change this in previous negotiations. This time we were successful! Now, nurse residents are part of the bargaining unit and have full rights under the contract, except, given the nature of a residency, the grievance procedure does not apply to the hospital's decision to terminate a nurse resident, just like a probationary employee. This is a HUGE win!

**Infusion Nurses.** We succeeded in adding the Infusion Nurses into the bargaining unit. Welcome Infusion Nurses to your new POWER!

**Pool Nurse.** The current Pool Nurse language is overly complicated, and the premium for Pool Nurses (6% or 12% depending on the work commitment) is well below the premiums offered by other hospitals. We streamlined the language and the work commitment and secured a **15% premium** for all Pool Nurses. For this increased premium, Pool Nurses simply must sign up for 72 hours of shifts per quarter and float as needed in the regular rotation that applies to other nurses.

**Stat Nurse.** We removed the section related to Stat Nurses because they are no longer used.

**Preceptor.** Nurses will now receive Preceptor Pay for precepting nursing. Further, we clarified that when a nurse cares for a patient under the guidance of a bargaining unit nurse but does not accept a patient care assignment themselves, the bargaining unit nurse guiding their work shall qualify as a preceptor.

**Break Nurses [NEW].** We know that it is critical for nurses to receive all of their breaks and not have to rely on other nurses picking up additional patients to cover for their breaks. To this end, we created a new Break Nurse role which will relieve other nurses from their patient assignments for their meal and rest breaks. The Break Nurse shall not receive a permanent patient assignment or be assigned to a concurrent role except in emergency situations. The Employer must make a good faith effort to assign an adequate number of nurses to provide break relief. We are excited by this HUGE victory!

**Campus Flex Nurse [NEW].** We have created a Campus Flex Nurse position. Nurses who are hired into these positions will be prescheduled to split their time between the like departments on the campuses (for example, splitting their time equally between the Central emergency department and the Mares emergency department). If a nurse is given less than 24 hours' notice on change of campuses, they will receive a float premium for all hours worked at the other campus. Nurses who are not Campus Flex Nurses will not be required to float between campuses. A nurse who is hired into a Campus Flex Nurse position will be hired into a primary location and will fall under the WSNA contract in place at their home campus. All floating between campuses must be accomplished through Campus Flex Nurse positions.

**Second Meal Period.** We clarified and made consistent with state law the language regarding the availability of a second meal break if a nurse works more than five hours after their first meal break. A nurse may waive their second meal (as virtually all 12-hour nurses choose to do so) and can revoke their waiver at any time.

**Rest Between Shifts.** We clarified that nurses must receive advanced approval from their supervisor before self-scheduling into a situation which generates a rest-between-shifts premium.

**Call Coverage.** We removed the perinatal unit as a unit which has mandatory call coverage.

**Vacation Scheduling.** As with the last round of negotiations three years ago, the parties devoted much time to the vacation scheduling process. The current system of vacation scheduling was proving difficult to administer, leading to confusion and grievances. Recognizing that no vacation approval process is "perfect" whereby everybody gets the exact vacations they want, we strove to come up with a more equitable process based on FTE and size of unit.

For the seniority-based request process the following changes were made. Nurses who are .75 FTE and above may select two rounds of vacation. The first one between 7 and 21

days and the second one between 7 and 16 days. Nurses who are .6 FTE through .74 FTE may select one round of vacation between 7 and 21 days. Nurses who are .45 FTE through .59 FTE may select one round of vacation between 5 and 18 days. Nurses who are .2 FTE through .44 FTE may select one round of vacation between 5 and 14 days.

Job share partners shall share a single vacation selection appointment and have two such vacation selection appointments per year. Each vacation selection shall be for a contiguous period.

We also changed the number of FTEs that can be off at one time based on unit size. For units with eleven (11) or more nurses, at least two (2) nurses off (0.45 FTE and higher) per day/evening and two (2) nurses (0.45 FTE and higher) per evening/night shift per week and one (1) nurse (0.44 FTE and lower) per day/evening and one (1) nurse 0.44 FTE and lower) per evening/night shift per week (for a total of up to six (6) nurses per week) to be on paid leave (shift determined by majority of hours worked).

For units with ten (10) or fewer nurses or less, at least one (1) nurse per day/evening and one (1) nurse per evening/night shift per week (for a total of two (2) nurses per week) to be on paid leave (shift determined by majority of hours worked).

**Holidays.** We clarified that, while nurses may prearrange with another nurse and the manager to work a holiday for which they are scheduled, they may not use nurse residents or travelers as trade partners. We also secured language stating that if a nurse requests a vacation that includes a holiday, the vacation will be granted or denied in whole; and the nurse will not be required to work the holiday or find coverage for the holiday.

**Bridging Seniority.** We have an existing pilot project stating that if a nurse resigns and, within 24 months of resignation, has been rehired, then the nurse's bargaining unit seniority will be reinstated. We made this provision permanent.

**Mandatory Low Census Cap.** We changed the limit on mandatory low census from 48 hours per six-month period to 96 hours per calendar year.

**Floating.** Management must now make a good faith effort not to float charge nurses, preceptors and their preceptees while serving in those roles.

**Health Insurance.** Currently, there is a \$15 cap on monthly premium increases per year. Management proposed to eliminate any cap on premium increases because they were paying much higher for insurance compared to other facilities they compared themselves to. They were also concerned that flat dollar caps were not common in other contracts and did not address the true cost of increasing premiums. We told management that we would never agree to eliminating a cap on insurance premium increases. We agreed to switch from a flat dollar cap to a percentage-based cap because it more equitably addresses the amount of premium increases considering that nurses pay vastly different premiums based on whether they are full-time or part-time or cover dependents.

We agreed to split the cost of premium increases between the hospital and the employee

but imposed strict cap of a 7.5% premium increase per year for the employee. For example, if the overall premium went up by 5%, the employer and the employee would each pay a 2.5% premium increase. If the overall premium went up by 30%, the employer would pay a 22.5% increase; and the employee would pay a 7.5% premium increase. Currently, the Employer could increase the premium rate for employees even if their cost did not go up. This can't happen now.

**Staffing Committee.** New requirement that the staffing committee meet monthly, that nurse members shall be selected by the WSNA and that the annual staffing plan must be voted by 50% plus one to change or approve a staffing plan.

**Nurse Practice Committee.** Management proposed to eliminate the Nurse Practice Committee. We successfully fought off this troubling proposal.

**Paid Family and Medical Leave.** Management proposed to withdraw all the contractual provisions related to paid family and medical leave and replace it with language stating that they would just follow the law. We successfully fought off this proposal.

**Grievance Procedure.** New language stating that if the Hospital misses a deadline, the grievance shall automatically advance to the next step and that if WSNA misses a deadline, the grievance will be withdrawn.