

Q&A Info Sessions

Tuesday April 21

Virtual Session:
1830-2030



Wednesday April 22

Mares:

CR 1 Basement 0600-0800
CR 2 Basement 1200-1300
CR 2 Basement 1300-1430
& 1800-2000

Central:

CR D 0600-0800
CR F 1100-1330
CR A 1800-2000

Thursday April 23

Mares:

CR 1 Basement 0600-0800
CR 2 Basement 1200-1430
CR 2 Basement 1730-1930

Central:

CR B 0600-0800
CR B 1100-1330
CR D/E 1730-1930

RATIFICATION VOTE

Electronic Voting

Opens: Tues April 21 at 1930
Closes: Thurs April 23 at 1930

What You Need to Know:

- Ballots will be sent at 1930 on Tuesday 4/21 when vote opens.
- You can vote any time during that 48-hour period.
- Ballots will be sent to the email address nurses have on file with WSNA.
- Each Ballot link is unique to each individual nurse and can only be used once.
- To vote, you must be a dues-paying member in good standing.
- You can verify your status by checking your pay stub for WSNA dues deductions.
- If you need to update your email or confirm your membership, please reach out as soon as possible to ensure you receive your ballot.

WSNA Nurse Representative
Laurie Robinson, RN
(206) 620-4136
lrobinson@wsna.org

FOLLOW UP FAQ (continued)

SENIORITY: Under the MOU, what would the seniority for a nurse be who has worked for CWH since 2005 and worked at central campus until the closure of MU1 in 2024, then went to Mares?

If nurses vote to accept the MOU, this nurse should get all their her seniority from Central plus one year at Mares (2024-2025). The current CBA's language in Art. 6.9, App. H, and App. I already credits years of work as an RN at Central, Mares, Omak, or Moses Lake towards seniority. Because Mares RNs aren't currently in the bargaining unit, they aren't included on the seniority list, but *following ratification would get credit for their years as an RN at those facilities.*

There are many ways seniority can be handled when merging two units. WSNA identified three options – one big seniority list across campuses, separate lists for each campus, or a hybrid approach using one big list except for when bidding from one campus to another. We had discussions with RN officers from both units to decide which option would be best. Leaders at Central and Mares both wanted input from coworkers so we surveyed both groups in December and January.

The majority of nurses who responded favored having one big list, so that is what both groups asked WSNA to propose in the MOU.

WHO VOTES: Central and Mares nurse members get to vote. It is absolutely typical to have the combined group, consisting of the existing bargaining unit and those who will be joined, vote in a single election on whether to approve an MOU. *This is not new. This is exactly what happened when the Infusion RNs joined the contract.* The only difference is that WSNA sought feedback from nurses and took the extra step of conducting a special survey to ascertain the wishes of each bargaining unit regarding the joining of the groups.



Confluence Health at Central and Mares Campus

FOLLOW UP FAQ

A number of questions came up on Facebook over the weekend. Many of them are covered by prior WSNA newsletters but we understand that not everyone has time to read all their emails in today's busy life. So we wanted to revisit them below. Again, if you have any questions whatsoever, please pop in to any one of the many info sessions schedule this week.

RETRO: Why should Mares Campus get retro when Central Campus did not? This questions implies 2 things: 1. That somehow WSNA withheld this benefit from Central RNs but unfairly granted it to colleagues at Mares, many of who are former Central RNs. 2. That somehow because Central didn't get it, neither should Mares. The question to be asking is: Do we want to get this in the future?

1. We proposed retro at Central. Retro was something we kept on the table until the very end of negotiations. WSNA wanted it and we fought for it during bargaining. **Confluence refused.** Their grounds for denying it was the lack of precedent. We settled for other priorities and nurses voted to accept the agreement without it, closing the door on this subject.

2. Central nurses and Mares nurses should both get retro. Due to a set of unique circumstances, WSNA was able to successfully reach a TA winning this benefit for the Mares group first. Here's our chance to open the door to retro at Central in our next negotiations. *By voting yes and ratifying the MOU, we will be establishing a precedent on retro pay. By voting no, we will miss that chance.*

VOTING REQUIREMENTS: Can Mares nurses vote? Yes! Nurses who sign a membership and dues authorization form fulfill the requirements to be members in good standing and can vote in ratification elections. New members regularly join WSNA during ratification votes. Sometimes they are new hires. Sometimes they hadn't realized they weren't paying dues, and sometimes they had previously opted out but now want to become members in good standing.

And sometimes, *as we saw with the infusion nurses who joined Central in 2024, they are groups joining a bargaining unit for the first time. The Mares nurses are no different.* As long as they sign and submit a dues and membership authorization form prior to the end of the voting period, they can cast a ballot.

Over 70% of Mares nurses have already signed membership and dues authorization forms that would kick in as soon as they are covered by a contract. So those nurses, just like any other nurses who sign up before voting ends have the right to vote. Join now: <https://tinyurl.com/ApplicationWSNA>

CALENDAR

Electronic Voting

Opens: Tues 4/21 at 1930
Closes: Thurs 4/23 at 1930

Info Sessions

Tues 4/21 1830-2030
<https://tinyurl.com/WSNAInfoSession>

Wed 4/22

Mares:

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CR 2 Basement 1200-1300
CR 2 Basement 1300-1430 &
1800-2000

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CR A 1800-2000

Thurs 4/23

Mares:

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Questions?

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Follow Up FAQ (continued)

TRANSPARENCY: There's a lot of information (and some misinformation) flying around so we wanted to weigh in directly about the merger between the Mares & Central bargaining units.

Did WSNA listen to the wishes of the RNs it represents? YES. Early in bargaining last spring, WSNA consulted officers at Central about including Mares RNs with the home infusion and resident RN groups who joined the bargaining unit through the 2025-28 contract. They wanted to focus on the Central's unit first. After Central ratified that contract in late August, WSNA picked up the conversation where we left off starting in October.

During the December in-person meeting with leaders from both the Central & Mares units in to discuss plans to merge the two units. At that meeting, WSNA elected officers, lawyers, and nurse representatives explained why a bigger bargaining unit encompassing two hospitals translates into more power at the bargaining table with management. Some of the Central officers expressed fundamental opposition to combining the two units. This was somewhat surprising and not consistent with the feedback WSNA was hearing from nurses directly on units throughout the Central Hospital. It seemed that while some of the leaders representing the Central nurses were deeply opposed to a merger, the larger majority of WSNA-represented nurses supported the merger.

In response to the fundamental misgivings some of the Central officers were expressing at the table, WSNA decided to take a step back and pause on any further merger proceedings so as to have the opportunity to allow both bargaining units to weigh in – separately – on whether they supported the merger, and under what terms.

A survey was conducted from 12/15/25-1/18/26 and the results were clear: both units supported combining the Central and Mares units into one unit. That is consistent with the message WSNA organizers had been hearing from nurses throughout both hospitals. Written Q&As were distributed at Central 12/5, 12/10, 12/15, 12/18, 12/29 and 1/9. Info sessions were held virtually 12/11 and in person on 12/19. *The survey results were shared with bargaining teams on 1/23/26 and then to everyone in the bargaining units.*

After the survey, we shared the results widely and reconvened leaders from the Central & Mares teams. It was explained that while WSNA understood that *some (but not all) of the Central leaders disagreed with adding Mares to the bargaining unit, our responsibility was to act in accordance with the wishes of the nurses we represent and we would be proceeding with merger proceedings. Some Central officers chose to walk out of this meeting and stop engaging in the discussion any further.*

Bottom line: WSNA only proceeded with organizing Mares nurses under the Central contract after receiving feedback from each group of nurses. Both groups had the chance to voice their opinion and the majority of both groups supported merging. Nurses will get a final chance to vote whether to approve the Memorandum of Understanding formally bringing Mares nurses in under the Central contract.

VACATION: Generally, the Mares nurses would be subject to the Central CBA. The only material difference will be how Mares nurses pick their vacation dates. They have long used a first-come, first-served selection process and wish to continue. Management does not oppose this. *This will have no bearing on the terms and conditions at Central. It is common for there to be minor differences for nurses in different units – particularly for operational things like scheduling.* For instance, in some hospitals, some units use self-scheduling while others do not. Importantly, a majority of nurses from both Central and Mares who participated in the survey made clear that they supported the merger with Mares RNs being able to keep their vacation scheduling system.

“ISN'T MARES CAMPUS JUST A CLINIC?”: Nope, not just a clinic.

Come on. We all know this. Our community has called Mares "the clinic" for a long time, but we all know it has ED, med/surg, and perio units similar to Central. Rather than wasting time arguing about the value of the work one facility does compared to another, let's name this for what it is: a distraction that benefits management.

It is always in the employer's interest if nurses can be divided.

Union contracts across the country use shared wage scales for all nurses, regardless of what department they work in.

Nurses at Mares differ from nurses at Central the same way nurses at Central differ from one another across departments, but it would obviously be unfair to pay nurses in the ED differently from nurses in the PACU or oncology unit. ICU nurses take care of really sick patients but don't have a ton of them. Med/Surg nurses care for less acute patients, but have more of them. Endo nurses have a more regimented schedule but handle poop daily. Take your pick.

Moreover, why does it matter if Mares is a clinic? Wouldn't this give all nurses the chance to earn higher wages with a more sustainable schedule? Wouldn't we be stronger at the table if more nurses had our backs? Wouldn't it be better in the long run for nurses living in Wenatchee and taking care of this community?"

WHAT WILL HAPPEN IN 2027: What if Confluence doesn't get its lease renewed by the physician's group at the Mares building in 2027? It does not matter. The National Labor Relations Board does not care who owns the building where nurses work or how the building is licensed. For example, home care is almost never covered by the same hospital license. The "single entity transition" by Confluence was a move to functionally get what they wanted—combine the groups to make operations easier for them. But nothing changed in the eyes of the NLRB regarding union representation. Mares and Central each had their own separate acute care licenses until September 2023 anyway, even though management kept setting 7/1 as the final merger deadline.

The more pressing question about 2027 is: will we be in a better position for the next contract negotiations? *Voting yes on the recommended agreement right now means we will gain all the additional wins secured in the MOU, including greater access to preceptor pay, protections from unexpected weekend work, additional paid conference committee time, and a recent precedent for retro pay in future contracts. Voting no means we say no to all of those gains now and make them harder to achieve in the future.*

"Today, my step reflects [equivalent years working for Confluence Health]. By joining WSNA, the nurses are able to explore other opportunities in the organization without fear of wage decrease or losing steps. Having a union in your corner forces employers to have accountability and reliability. The biggest benefit of unionizing I see is for new nurses who may or may not be aware of their rights and their employer's responsibilities. WE have the right to fair wages, a safe working environment, and the right to be informed of changes to working conditions and job requirements.

In the words of Jessie Williams. **'Equal rights for others does not mean fewer rights for you. It is not a pie.'**

- Megan Thrift, Labor and Delivery, MBU, Central Campus

