



"I have been an emergency department RN for 17 years, all at Level One trauma centers prior to my 7-year stint in the ER at Central. Last year I decided to move over to the ED at Mares for a different experience. Since that transition, I have felt there has been some opposition to the Mares nurses joining up with Central nurses to be on one contract. While overall the volume and acuity is less at the Mares Campus, we care for our community with walk up traumas, cardiac events, and respiratory distress patients on a frequent basis, with far less of the ancillary resources available at Central. As in any ED, we stabilize patients then if needed transfer up to Central where the team takes if from there to access the services needed. The way we describe it to our patients is "imagine one long hallway up to the other campus". I feel as though I have a unique perspective as an RN who has worked at both campuses and can see the value of one unified bargaining unit. I have seen the benefit of what it looks like to have a strong union when my BU advocated for me to get the COVID hazard pay that the rest of the department got when I was denied it due to the fact that I was pregnant at the time, yet still experiencing the same exposures as my coworkers. I worked at Central during multiple contract negotiations and was able to see how our strength in numbers lead to countless wins for nursing. My hope moving forward is that all of us as nurses would see the value in each other's work, all of our common goals and the power we gain as one larger bargaining unit." - Cori Godbey, Mares ED RN

(at White Rim trail in Canyonlands, NP in Utah)

Additional RN Questions from Survey:

What parts of Central's contract would apply to Mares nurses if we agreed to an MOU that included Mares-specific terms? If we agreed to an MOU that included Mares-specific terms, nearly all of Central's contract would apply to Mares nurses. Just one section would be noticeably different between facilities: the vacation approval process in Article 9. Mares nurses use the same first-come/first-served process that Central's Infusion and Home Infusion units do, and they want to keep that system in place. The only other distinction between the units has to do with job titles: the RNFA job in Mares' OR is part of the RN bargaining unit, and the RNFA job at Central is not. (But if you know an RNFA at Central who wants to change that, let's chat!) Otherwise, everything in Central's contract would apply to nurses at Mares as well.

Don't Mares nurses want different holiday and weekend work rules from the ones we use at Central? No, Mares nurses don't want different holiday and weekend work rules, but they do want to make it easier for nurses at both facilities to earn these premiums for their full shift. Central's contract pays holiday premiums from 0700 on a holiday to 0700 the next morning and pays weekend premium for night shift nurses starting at 1900 on Friday or Saturday night. However, several units at both facilities (like the ED) don't use a standard 0700-1900 schedule, so many nurses in those units miss out on a few hours of premium pay. Mares' bargaining team suggested proposing language that fixes that problem by paying premiums from the start to the end of a nurse's shift, not just the period that falls between 7 and 7. That would mean more pay for more nurses at Central and Mares.

If we ratify an agreement that has Mares-specific terms, will our vacation approval process change at Central? No. Nothing about Central's vacation approval process would change if we ratified an MOU that lets Mares keep its current vacation approval process.



Confluence Health at Central and Mares Campus

The Surveys Are In!

Thank you everyone who took the time to complete the survey. Your feedback is deeply valued. On the next two pages you will find a summary of how nurses responded, which were shared with officers. Next week the WSNA officers from Central and Mares will be getting together to review the survey results and discuss next steps.

The Have and Have Not Experience Informs This Central Nurse's View on Unifying

"I started working in labor and delivery at CWH in 2017. The post Covid in patient exhaustion I felt led me to other nursing careers in August 2023. Even though I would be losing my continuing WSNA seniority I was drawn to the infusion room at Mares for its opportunity to continue to giving patient care but in a less emergent environment. In addition, the schedule would provide me with evenings/nights and weekends at home with the family. At that time, the infusion room was not part of WSNA. Although I did negotiate my wage, I was brought on being paid less than what I would have made if they were unionized. The hiring process was confusing to me because I did not understand where they were coming up with my wage. At CWH it was easy to look up the contract to figure out the pay scale, steps, vacation, etc. because of our contract.

My first day of orientation, the infusion nurses voted to join the union and the vote passed. I was asked to be on the bargaining team because of my recent experience at CWH and my experience with their contract. I was happy to join and be a part of something so exciting and beneficial for my co-workers! I could see that without a union their job requirements could change overnight with no notice, and who was there to stop it from happening?!?! Being a part of the bargaining team is an eye-opening experience of the effort it takes for our nurses to make even the tiniest change. There are times when the bargaining process is grueling and it feels as if you have no voice. However, in the end, seeing the pay increases of some of our most senior and dedicated nurses made it all worth it.

Once the infusion room bargaining was complete, I made the decision to come back to Labor and Delivery. Helping a person bring life into this world is where my passion lies. And I missed precepting new grads and new labor nurses and watching them grow. Unfortunately, when infusion joined WSNA, we were not able to enter the contract on a step which was our equivalent to years working for Confluence Health and we entered the contract as a new hire would. Today, my step reflects that. 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



Summary of Survey Results

Central and Mares on Joining Contracts		
Yes (4 left name blank)	133 (129)	61% (61%)
No (3 left name blank)	66 (63)	30% (30%)
Blank	2	1% (1%)
It does not impact me personally, I don't care	17	8% (8%)
Central and Mares on MOU		
Yes (4 left name blank)	115 (113)	53% (54%)
No (3 left name blank)	65 (62)	30% (30%)
Blank	6	3% (3%)
It does not impact me personally, I don't care (2 left name blank)	32 (30)	15% (14%)
Total (8 left name blank)	218 (211)*	

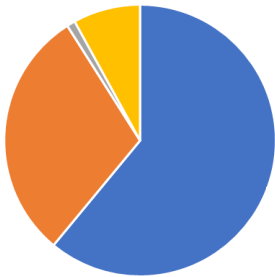
Central on Joining Contracts		
Yes (2 left name blank)	84 (82)	52% (52%)
No (3 left name blank)	62 (59)	38% (38%)
Blank	1	0.6% (0.6%)
It does not impact me personally, I don't care	15	9% (10%)
Central on MOU		
Yes	65	40% (41%)
No (3 left name blank)	62 (59)	38% (38%)
Blank	5	3% (3%)
It does not impact me personally, I don't care (2 left name blank)	30 (28)	19% (18%)
Total (5 left name blank)	162 (157)	

Mares on Joining Contracts		
Yes (2 left name blank)	49 (47)	88% (87%)
No	4	7% (7%)
Blank	1	2% (2%)
It does not impact me personally, I don't care	2	4% (4%)
Mares on MOU		
Yes (2 left name blank)	50 (48)	89% (88%)
No	3	5% (6%)
Blank	1	2% (2%)
It does not impact me personally, I don't care	2	4% (4%)
Total (2 left name blank)	56 (54)	

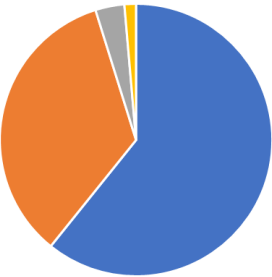
*The numbers/percentages in parenthesis represent amounts if you remove the responses where nurses did not include their name. The impact was negligible. But we felt this was important to note in case duplicate responses affected results.

■ Yes ■ No ■ Blank ■ I don't care

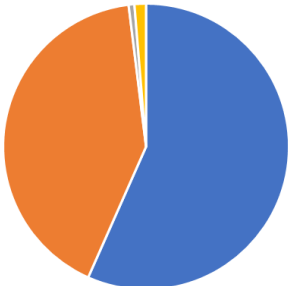
Central/Mares on Joint Contract



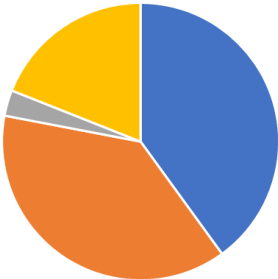
Central/Mares on MOU



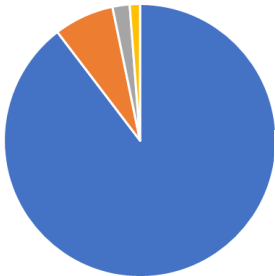
Central on Joining Contracts



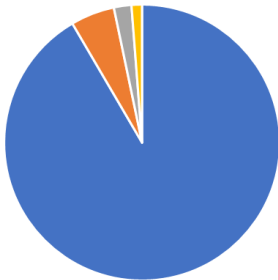
Central on MOU



Mares on Joining Contracts



Mares on MOU



Seniority Specific Survey Responses

When we first sent out the survey, there was an error in the survey question template which did not allow folks to rank choices as intended. Instead, it only allowed nurses to make one selection.

Here are those responses (before we sent a link to the single question survey on seniority).

Central Total: 162	Mares Total: 56
A 47	A 34
B 50	B 8
C 57	C 11
Blank 8	Blank 3
Left name blank 5	Left name blank 2

Here are the results from the single question survey on seniority, which asked nurses to rank their preferences for how to treat seniority.

CENTRAL on Seniority			
1 ST Choice	A—35	B—21	C—18
2 ND Choice	A—11	B—19	C—44
3 RD Choice	A—28	B—33	C—13
Total 74 responses			

MARES on Seniority			
1 ST Choice	A - 15	B—4	C—6
2 ND Choice	A—5	B—9	C—6
3 RD Choice	A—5	B—12	C—8
Total 25 responses			

- (A) a single, combined seniority list that credits each nurse for their total time worked as an RN at Central, Mares, Omak, and Moses Lake;
- (B) two separate seniority lists that credit each nurse for their total time worked as an RN at their current facility, but not any previous time worked at another bargaining unit facility; and
- (C) a hybrid option under which only seniority accrued under a particular facility could be used to bid into a job at that facility, but once a nurse was working at that facility, they would be credited with their full seniority.



Questions?
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