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January 20, 2017

Hello Northwest Nurses,

Northwest RNs met with their WSNA Negotiating Team members and WSNA leadership and staff on Thursday, January 19 to address the status of contract negotiations at Northwest Hospital.

During the meeting, WSNA distributed the handouts that are included in this mailing. We are mailing these to you because not all nurses were able to attend the 1/19 meeting. The "Medical Benefits Rates History 2008-2017 (Appendix A)" is available online on the "Contract & Documents" tab of our Local Unit webpage, [www.wsna.org/union/northwest-hospital](http://www.wsna.org/union/northwest-hospital), along with this letter and attachments. Please take a look through the information and let me know if you have any questions, concerns, or comments.

**Remember to wear your WSNA TEAM buttons to show your SOLIDARITY.** Our Negotiating Team is scheduled to meet for a negotiation session with management and a mediator on Tuesday, January 24. We will be back in touch with Northwest Nurses following that meeting.

Again, please contact me with any questions or concerns.

Thank you,

*Sue O'Donnell*

Sue O'Donnell, MSN, RN  
WSNA Nurse Representative  
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## WSNA/NORTHWEST HOSPITAL NEGOTIATIONS: WHAT WE FOUND

### Staffing and Practice Issues

We have heard that nurses want to be more involved in decisions that impact their practice, including staffing issues. We found that some nurses are not aware of both existing and proposed contract provisions that promote nurses' participation in their professional practice. Examples include the following:

#### Assignment Despite Objection (ADO)

- The ADO is a way of addressing, documenting, and resolving issues that may compromise the care nurses are able to provide. These issues include short staffing, equipment issues, missed breaks, etc. The ADO process is covered in the existing contract.
- The *newly proposed contract* includes additional measures nurses can pursue if they feel a staffing issue is not being adequately addressed.

#### Committees

- The following committees are required under the contract and meet regularly:
  - **Conference Committee**
  - **Nurse Practice Committee**
- The *newly proposed contract* adds a clearly defined **Staffing Committee** that holds the hospital accountable to existing state law. This is a significant gain; up until now, the Staffing Committee has *not* been included in the contract.

### **Have questions about ADOs? Ready to join a committee?**

Contact your Nurse Representative: Sue O'Donnell, 206-575-7979 x3045, SODonnell@wsna.org

Or one of your officers:

Cathy Powers, Cathy.powers@comcast.net

Tom Booze, tebooze@comcast.net

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## WSNA/NORTHWEST HOSPITAL NEGOTIATIONS: WHERE WE ARE NOW

Through our meetings and communications with the nurses in the bargaining unit since the last contract vote, several things have become clear. First, we could have done a much better job of communicating both the substance of the proposed contract and our recommendation with respect to the vote. Many nurses thought that WSNA was recommending a "no" vote because a packet of papers was distributed to nurses in the hospital advocating a "no" vote. Many nurses assumed that this communication came from WSNA. It did not. In fact, WSNA recommended a "yes" vote. As we move forward, it is important that nurses have a clear understanding of the facts of the contract and what is at stake.

Some nurses told us that they were happy with the proposed contract and were disappointed that it was rejected by the bargaining unit. Other nurses identified compensation, retroactive pay, and health benefits as topics of concern leading them to reject the contract. We also learned that some nurses had some misconceptions about what the new contract contained regarding these topics. We would like to clarify these issues and explain why we recommended a "YES" vote.

### COMPENSATION:

The recommended settlement included significant increases in several areas of compensation, including annual wages increases, eight (8) added steps to the wage scale, a ratification bonus, a new BSN premium, and a new float premium which applies to nurses who float to another unit. The added steps, the float premium, and the BSN premium are significant enhancements to the contract that we have long fought for in previous negotiations. We were happy to deliver meaningful progress in these areas.

When considering compensation, it is important to remember how the annual increases work in conjunction with the longevity steps. When talking with nurses about the contract, we realized that some nurses mistakenly

thought that the annual increases (2.5% - 4%, effective on ratification; 3%, effective May, 2017; and 3% (effective May 2018) were the ONLY increases they would receive and that they did not fully understand how the annual wage increases and the step system work together. Under the proposed contract, nurses would receive wage increases as they progress from one step to the next in addition to the annual wage increase.

Here are a few examples of how the step system and the annual wage increase work together:

A nurse at Step 10 who progresses through the wage scale to Step 13 by the end of the contract would receive a raise of nearly 14% over the life of the contract.

A nurse at Step 23 who progresses through the wage scale to Step 26 by the end of the contract would receive a raise of nearly 15% over the life of the contract.

A nurse at the Base Rate who progresses through the wage scale to Step 3 by the end of the contract would receive a raise of over 24% over the life of the contract.

We were pleased to secure a Float Premium because very few Seattle hospitals have a premium for “routine” floating that is not associated with being in a float pool. The BSN premium will have a significant impact on the wages of nurses with a BSN and is something not offered by all Seattle hospitals (for example, Children’s and Swedish do not have a BSN premium).

### **RETROACTIVE PAY:**

We pushed very hard to secure the highest wage increases possible over the life of the contract because wage increases have a compounding effect going forward. Each wage increase builds on the previous wage increase. Single lump sum payments do not have such a compounding effect and do not have a lasting effect on wages.

We also proposed full retroactive pay, which Management rejected. We did secure a portion of the retroactive pay in the form of a \$700 ratification bonus (prorated by FTE). However, any efforts to push that amount higher would have come, if at all, at the cost of lower wage increases, which would have been less beneficial to the nurses over the long term.

### **HEALTH BENEFITS:**

As previously summarized by the NWH page on the WSNA website on November 23, health benefit levels and premiums have remained remarkably stable over many years for nurses at NWH, despite a strong national trend in the opposite direction. Please see the attached document (Appendix A: Medical Rate History 2008-2017) for a summary of medical premiums and plan changes from 2008 through 2017. Please note that the vast majority of nurses are in the Preferred Plan which will be renamed as the “Classic PPO Plan” for 2017. In reviewing that document, you will see that the Preferred Plan premiums have stayed EXACTLY the same or have been REDUCED (for example, in 2009, 2010 and 2011 for employees with children and/or family coverage) since 2008 for essentially the same benefit levels. During this same period, there have been a few enhancements to the benefits (for example, the annual maximum benefit was increased and certain co-pays were eliminated in 2012) and a few modest reductions (the employee-only deductible went from \$200 to \$300 in 2014, but the family deductible remained the same at \$600). While the 2017 Classic PPO Plan does include some premium increases, the premiums are actually only slightly more in most cases, and actually cheaper in some cases, than what nurses were paying in 2008 for essentially the same plan.

In April 2017, the Preferred Plus Plan will be discontinued. There is a very small minority of nurses in the current Preferred Plus Plan who will have to choose between the Classic PPO Plan and the CDHP Plan with an HSA. Most of these nurses will likely choose the Classic PPO Plan, which has less generous benefits, but also much lower premiums than the Preferred Plus Plan. For example, a nurse covering his or her family will save nearly \$3,900 per year in premiums over what he or she is paying now.

### **NEXT STEP: MEDIATION**

We will meet with management again on November 24 with the assistance of a mediator and present the concerns the bargaining unit has with the contract that was voted down. We will make proposals to address

those concerns. Although the mediator will often give his or her opinion on the outstanding issues and offer a “reality check” to both sides, the mediator has no authority to force either party to change its positions or to order any particular settlement. It is important to note that Management is not bound by their previous offer and could offer a settlement that is less favorable than their previous offer. We hope that they will not do this, but we know that changing economic circumstances sometimes can cause employers to rethink their proposals. After our mediation session, we will report back to the bargaining unit and make a recommendation as to the next step.

In Solidarity,

Your Fellow Nurses on Your WSNA Bargaining Team

Cathy Powers, RN, Local Unit Chair; Cathy Sanders, RN, Local Unit Grievance Officer; Tom Booze, RN, WSNA Local Unit Secretary/Treasurer; Judy Brown, RN; Sheri Devos, RN; Mary McNaughton, RN; Sue O’Donnell, RN, WSNA Nurse Representative, 206-575-7979, ext. 3045.

## **DETAILED SUMMARY OF THE CONTRACT THAT WSNA RECOMMENDED A “YES” VOTE ON AND THAT WAS NARROWLY REJECTED**

**TERM:** Contract will expire on May 16, 2019.

**WAGES:** After ratification: **4%** (steps 1-19); **2.5%** (steps 20-30) and additional STEPS 22, 24, 26, 29 and 30 are added to the Wage Scale.

NOTE: The addition of these new steps will bring many, but not all, nurses at STEPs 20 – 30 to nearly a 4% increase (in some cases more than 4%) over their current wage. Nurses whose STEP level adjustment does NOT result in a 4% increase will receive a one-time payment equaling the difference between their 2.5% STEP increase and 4%, prorated for their FTE (see “True-Up Bonus, below).

May 15, 2017: **3%** and additional STEPS 11, 14 and 17 are added to the Wage Scale.

May 15, 2018: **3%**.

Please note that these increases do not include the wage increases that nurses receive as they progress through the steps on the wage scale. For example, a nurse at Step 10 who progresses through the wage scale to Step 13 by the end of the contract would receive a raise of nearly 14% over the life of the contract. A nurse at Step 23 who progresses through the wage scale to Step 26 by the end of the contract would receive a raise of nearly 15% over the life of the contract. A nurse at the Base Rate who progresses through the wage scale to Step 3 by the end of the contract would receive a raise of over 24% over the life of the contract.

**Ratification Bonus:** Nurses on the payroll as of May 15, 2016, and who are also on the active payroll as of the date of payment, there will be a ratification bonus of \$700, prorated based on FTE. The bonus will be paid within two pay periods of ratification.

**“True-Up” Bonus.** Within two (2) pay periods after ratification, employees in Steps 20 – 29 receiving less than a four percent (4%) wage increase shall receive a true-up bonus equivalent to the difference between the percentage increase associated with their step and four percent (4%). For example, a .9 FTE nurse at Step 20 who receives a two and one-half percent (2.50%) increase shall receive a bonus equal to one thousand four hundred four dollars (\$1,404.00) (the difference between 2.50% and 4%), based on FTE.

## **PREMIUMS AND OTHER COMPENSATION:**

**Shift Differential.** Effective May 15, 2017, nurses will receive a shift differential for second shift (3p-11p) or third shift (11p-7a) if two (instead of the current four) or more hours are worked on the designated shift. This will make it easier for nurses to earn shift differential.

**Incentive Shifts.** Currently, nurses work more than 48 hours in a pay period before receiving premium pay for incentive shifts. We have removed this requirement so that nurses are eligible for incentive shift pay no matter how many hours they have worked.

**Float Premium [NEW!].** We know how dissatisfying floating can be for many nurses. In order to reward nurses for floating and to encourage Management to find staffing solutions other than floating, we have secured new language in the contract that requires the Hospital to pay all nurses who float to another unit (other than those in the float pool, who already receive a float pool premium) \$1.50 per hour for all hours floated. Very few Seattle hospitals have such a premium.

**BSN Premium [NEW!].** Effective July 1, 2017, nurses who have a BSN or MSN shall receive a total premium of \$1.00 per hour. Not all of Seattle hospitals have such a premium.

**Bereavement Leave.** New language granting full-time nurses the ability to use an additional 16 hours of sick leave (pro-rated for part-time employees) on top of the current 24 hours of bereavement leave for a maximum of forty (40) consecutive hours with pay for a death in the family. Employees who work twelve (12) hour shifts and have a .9 FTE are treated as full-time employees for purposes of this benefit.

**Educational and Bereavement Leave.** Currently, nurses are not guaranteed reimbursement for any money spent in relation to educational and professional leave (for example, registration costs and travel expenses). We secured a guarantee of \$200 per year for each nurse (prorated by FTE, with .9 FTE nurses who work full time being treated as full-time) with a possibility of nurses receiving up to \$300 if some nurses don't utilize funds allocated to them.

## **HEALTH INSURANCE:**

First, nurses will maintain their existing plans with the existing premiums until April 2017, when there will be an open enrollment period to choose from new medical plans. The current existing plans are the: Basic Plan, the Preferred Plan and the Preferred Plus Plan. The vast majority (over 80%) of nurses are enrolled in the Preferred Plan.

In April 2017, the Basic Plan and the Preferred Plus Plan will be discontinued. The Preferred Plan will be replaced by the Classic PPO Plan. Please note that the Classic PPO Plan provides the SAME BENEFITS (deductibles, copays, coinsurance, out-of-pocket maximums, etc.) as the current Preferred Plan. As noted in the previous contract summary, the premiums will be a little higher. So, in April 2017, the vast majority of nurses (i.e., those currently enrolled in the Preferred Plan) can choose to have the same benefits as before, but will pay a little more in premiums. Please note that the premiums for the Preferred Plan have not increased at all since 2008 (in fact, the premiums were REDUCED a few times), and the benefit levels haven't changed much, which is quite unheard of in today's insurance environment. Also, please note that nurses enrolled in the Classic PPO Plan will receive a \$20 per month reduction in their premiums if they meet the annual Wellness Plan goals.

The second plan that will be offered in April 2017, will be the Consumer-Directed Health Plan (CDHP). This plan will have higher deductibles (\$1,500/\$3,000) than the Classic PPO Plan (\$300/\$600) and other higher costs, but will have lower premiums. Nurses enrolled in the CDHP Plan will may be eligible to set up a tax-free Health Savings Account (HSA) which can be used for qualified health expenses. [The law does not allow nurses who enroll in the Classic PPO Plan to have an HSA account.] The Hospital will contribute \$750 into the HSA for nurses enrolled in employee-only coverage under the CDHP Plan. For nurses enrolled in the CDHP Plan with family coverage, the Hospital will contribute \$1,500 into the HSA account. Nurses enrolled in

employee-only coverage under the CDHP Plan may contribute up to \$2,600 into their HSA. Nurses enrolled in the CDHP Plan with family coverage may contribute up to \$5,250 into their HSA.

Beginning in April, 2017, nurses who have a spouse enrolled as dependent in either the Classic PPO Plan or the CDHP Plan and whose spouse is eligible for coverage through his or her own employment will have to pay a spousal surcharge of \$150 per month. Spousal surcharges are becoming a common component of health insurance and are intended to reduce the overall cost of providing insurance to all employees.

## **WORKPLACE ISSUES:**

**Preceptors.** New language stating that each newly hired nurse, each nurse transferring to a new unit and each senior practicum nurse shall be assigned a preceptor.

**Staffing.** New language defining the purpose of the Staffing Committee to ensure quality patient care, to support greater retention of nurses and to promote evidence-based nurse staffing. New language stating that the Hospital must work with WSNA and nurses in the Staffing Committee to jointly assess and evaluate nurse staffing. All units are encouraged to have representation on the committee. Also, new language requiring the CNO to have a standing monthly meeting with the WSNA Nurse Representative to address unresolved recurring staffing issues.

**Scheduling and Length of Shifts.** New language stating that the Hospital cannot require any nurse in an eight (8) hour position to work a ten (10) hour or twelve (12) hour position. Also, new language stating that only when mutually agreeable to the supervisor, the nurse concerned, and the Association, may a work schedule consist other than 8-, 10- or 12-hour shifts. This language protects nurses who work 8-hour shifts and want to continue working 8-hour shifts. Please note that Management came into negotiations with proposals that would allow it to have shifts of less than 8-hours in duration with no overtime for working after the end of your shift unless you worked more than 8-hours total. Your fellow nurses on your WSNA bargaining team successfully fought off this and other troubling scheduling proposals that Management made at the table.

**Residencies and Specialty Training Programs.** New language stating that nurses who are hired into a residency must commit to work for NWH for a year after the end of the residency. If the nurse leaves NWH before meeting this commitment, she or he must repay a portion of the cost of the training received. New language stating that nurses who are hired into a specialty training program must commit to work for NWH for a year after the end of the training program. If the nurse leaves NWH before meeting this commitment, she or he must repay a portion of the cost of the training received.