Seattle Children's Nursing Wage Proposal

Fair Compensation Rooted in Equity





The Big Picture:

Nurse wages at Seattle Children's Hospital reflect and reinforce the systemic occupational gender segregation and devaluation of women's work, particularly in feminized sectors such as nursing and in particular, pediatric care.

On Display at SCH

- Nursing is over 85% female nationwide (Bureau of Labor Statistics), and pediatric care is one of the most gendered, caregiving-intensive specialties.
 Historically, these roles have been undercompensated relative to their complexity, risk, and societal value.
- SCH nursing workforce is >91% female identifying, according to SCH supplied RFI data.
- SCH deepens gender wage disparities by offering far below market wages in a setting that requires intense skill and professionalism while:
 - Relying on primarily women's labor.
 - Framing care work as "mission-driven" rather than highly-skilled labor.
 - Perpetuating the expectation that women will accept lower pay in exchange for the privilege of caring for children.



Undervaluing
Caregivers
Undervalues Women
and Children

Seattle Is a Tier 1 Labor Market for Major Professional Sectors

This is a high-cost, high-competition employment region where wages reflect national or international competition for top talent.

The national nursing shortage persists. SCH needs to recruit and retain quality RNs to meet patient needs.

Compensation should reflect these realities.

WORK IS IN HIGH DEMAND

Other employers want similar talent, and the demand is higher than the supply.

HIGH SKILL AND CREDENTIAL DEMAND

The work cannot be picked up by others without specific expertise.

THE LOCAL AREA DEMANDS ELEVATED COMPENSATION

High cost of living and recruiting difficulty. Nurses want to be able to afford to live where they work.

REQUIRES BENCHMARKING AGAINST CHILDREN'S HOSPITALS IN OTHER TIER 1 LABOR MARKETS

Labor rates aligned more with other labor markets, not just regionally. Requires understanding true competition for talent.

Executive Compensation vs Nursing Compensation at SCH:

Step 1 of the Hospital's Wage Scale compared to 'hourly rate' of 3 Most Highly Compensated Executives (2023 Tax Return)



What We're Asking For



Children's Hospitals

Commitment to pay equity and structural justice to correct systemic undervaluation of women's labor

An economic package that will recruit and retain quality nurses at

Fair and competitive wages in line with major West Coast

SCH, especially in hard-to-fill or high-risk roles

Adequate rest and time off to avoid burnout and fatigue

SCH NEGOTIATIONS

SCH Is Unlike Local Seattle Hospitals

Hospital	NICU Level	PICU	Pediatric ECMO or CRRT	Specialty Pediatric Services	Notes
Seattle Children's	Level IV	~	V	Full spectrum	
UW Medical Center – Montlake	Level III	×	×	Neonatal-focused	High-risk OB + NICU only
Harborview	×	Burn/Trauma Only	×	Trauma stabilization only	Pediatric trauma support, Refers complex cases to SCH
Swedish First Hill	Level IV	×	×	Newborn + outpatient peds	Includes OB
Virginia Mason	×	×	×	Outpatient pediatrics only	Refers complex cases to SCH

SCH is More Like Other West Coast Pediatric Hospitals

Hospital	Location	Affiliation	Beds	Intensive Care	Regional Rank (U.S. News 2024-25)
Seattle Children's	Seattle, WA	UW School of Medicine	~407 beds (<u>Seattle</u> <u>Children's Hospital</u> , <u>Wikipedia</u>)	Level I Trauma Rehab, Level IV NICU, PICU, dedicated CICU	#1 in Pacific Region (Tied with Rady); #1 in Pacific Northwest; Top-10 nationally (Seattle Children's Hospital)
Mary Bridge Children's	Tacoma, WA	MultiCare Health, UW affiliate	~82 beds (<u>Wikipedia</u>)	Level II pediatric trauma, PICU, and Level IV NICU	Not nationally ranked; strong regional partner to Seattle Children's
Lucile Packard Children's Hospital*	Palo Alto, CA	Stanford University	~361 beds	Level I Trauma, Level IV NICU, PICU (30 beds), dedicated CICU	#1 in Northern California (Tied with UCSF); #4 in Pacific (tie) (US News)
UC Davis Children's Hospital*	Sacramento, CA	UC Davis Health	~129 beds (Wikipedia)	Level I pediatric trauma, PICU and Level IV NICU	#7 in California, #8 in Pacific Region (<u>UCnet</u> , <u>UC Davis Health</u>)
OHSU Doernbecher Children's*	Portland, OR	Oregon Health & Science Univ	~145 beds(Wikipedia)	Level I pediatric services, Level III NICU and PICU	#1 in Oregon; #6 in Pacific; ~#45 nationally (OHSU)
UCLA Mattel Children's Hospital	Los Angeles, CA	UCLA Health	~156 beds (<u>Wikipedia</u>)	Level I pediatric trauma, Level IV NICU and PICU	#5 in California; #6 Pacific Region (<u>UCnet</u>)
UCSF Benioff*	San Francisco, CA	UCSF	~189 beds (Wikipedia)	Level I pediatric trauma, PICU and Level IV NICU	#3 in California; #4 in Pacific (Tied with LPCH) (UCSF)
Rady Children's Hospital San Diego*	San Diego, CA	Rady Children's Health	~ 337 beds (Wikipedia)	Level I pediatric trauma, PICU and Level IV NICU	#1 in Pacific (Tied with SCH); #1 in California; #8 nationally (<u>RCHSD)</u>

Overview of Comparable Children's Hospitals

Data from US News and World Report 2024–2025

Specialty	Seattle Children's	Lucile Packard Children's	OHSU Doernbecher Children's	UCLA Mattel Children's
Cardiology & Heart Surgery	Top 5 nationally; advanced CICU	Top 10 nationally; complex cases	Regional program; cardiac surgery	High-performing cardiac programs
Oncology	Top 10 nationally; broad cancer care	NCI-designated; top 10 nationally	Comprehensive regional oncology	Strong oncology; Jonsson Cancer Center
Neonatology	Level IV NICU; top-ranked	Level IV NICU; top 5 nationally	Level IV NICU; regional leader	Level IV NICU; high-level care
Neurology & Neurosurgery	Nationally ranked; epilepsy, neuro-oncology	Top 10 nationally; advanced neuro care	Regional strength; epilepsy surgery	Noted for epilepsy, neuro-oncology
Orthopedics	Strong UW partnership; top regional	Top 20 nationally	Full pediatric ortho services	Strong spine & orthopedics
Transplant Services	Heart, liver, kidney transplants	Heart, liver, kidney, intestine	Kidney & liver transplants	Kidney, liver, heart transplants
CRRT & ECMO	Available and advanced	Available and advanced	ECMO-certified	ECMO available
Mental Health	Broad inpatient & outpatient programs	Integrated behavioral health	Pediatric psych/behavioral unit	Inpatient and outpatient psychiatry

Overview of Comparable Children's Hospitals

Data from US News and World Report 2024–2025

Specialty	Seattle Children's	UC Davis Children's Hospital	UCSF Benioff	Rady Children's Hospital of San Diego
Cardiology & Heart Surgery	Top 5 nationally; advanced CICU	Not Ranked	Cardiac surgery; some high complexity	#3 in the nation; complex cases; high survival outcomes
Oncology	Top 10 nationally; broad cancer care	Not Ranked	Comprehensive oncology; #11 nationally	#14 in the nation; comprehensive regional care
Neonatology	Level IV NICU; top-ranked	Level IV NICU; ~ top 25 in the nation	Level IV NICU; #7 nationally	Level IV NICU; high-level care
Neurology & Neurosurgery	Nationally ranked; epilepsy, neuro-oncology	Not Ranked	Nationally ranked; epilepsy, neuro-oncology	#8 in the nation; noted for success in controlling epilepsy
Orthopedics	Strong UW partnership; top regional	Top 35 nationally	Full pediatric ortho services	#5 in the nation; noted success in complex fractures
Transplant Services	Heart, liver, and kidney transplants	Liver and kidney	Heart, kidney and liver transplants	Heart, liver, and kidney transplants
CRRT & ECMO	Available and advanced	Available	Available and advanced	Available and advanced
Mental Health	Broad inpatient & outpatient programs	Outpatient services	Broad inpatient and outpatient psychiatry	Broad inpatient and outpatient psychiatry

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\$52.55 \$ 53.02

\$55.87 \$ 57.07

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\$65.80 \$ 71.22

\$66.77 \$ 72.64

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\$69.46 \$ 78.63

\$73.08 \$ 83.44

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\$	48.79	\$57.94	
\$	50.86	\$60.66	
\$	53.02	\$63.68	
\$	55.01	\$66.56	
\$	57.07	\$67.20	
\$	59.21	\$67.85	
\$	61.14	\$68.50	
\$	63.12	\$69.14	

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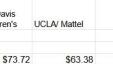
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\$65.14

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Average

between between SCH and Average

% Difference

36.64%

35.04%

33.34%

31.19%

30.58%

29.94%

29.44%

28.83%

28.46%

27.70%

28.99%

27.08%

29.12%

3.21%

Hospitals Average 67.43 \$ 19.83 41.66% 20.55 69.79 \$

\$ Difference

41.73% 72.12 \$ 21.19 41.60% 74.58 \$ 22.03 41.91% 77.03 22.81 42.06% \$ 78.08 \$ 22.21 39.75% 80.10 22.52 39.11% \$

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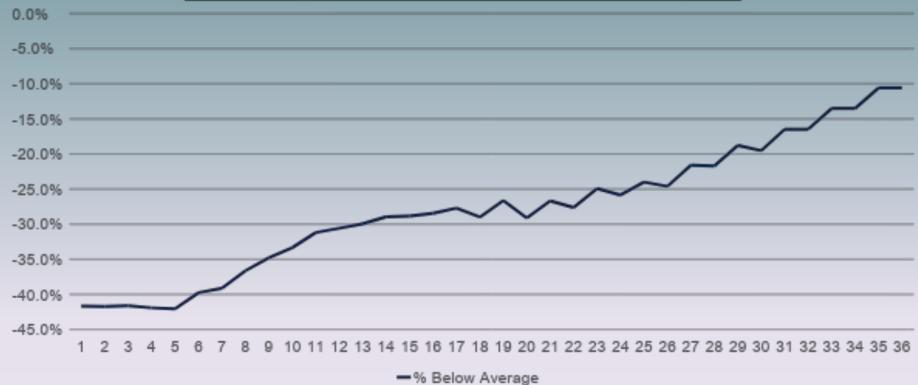
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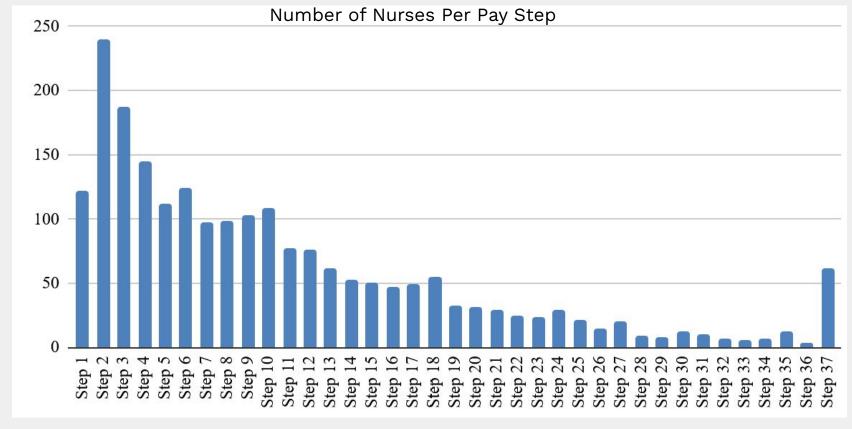
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Comparing SCH to West Coast Pediatric Hospitals



SCH has a Newer Nurse Workforce



Per Hospital RFI including all 2188 Nurses of the Bargaining Unit

WSNA's Proposed Wage Scale

Step	Year	Effective 9/1/2025	\$ to next Step
1	Base	\$61.60	
2	Year 1	\$63.35	\$1.75
3	Year 2	\$65.10	\$1.75
4	Year 3	\$66.85	\$1.75
5	Year 4	\$68.60	\$1.75
6	Year 5	\$70.35	\$1.75
7	Year 6	\$71.85	\$1.50
8	Year 7	\$73.35	\$1.50
9	Year 8	\$74.85	\$1.50
10	Year 9	\$76.35	\$1.50
11	Year 10	\$77.85	\$1.50
12	Year 11	\$78.85	\$1.00
13	Year 12	\$79.85	\$1.00
14	Year 13	\$80.85	\$1.00
15	Year 14	\$81.85	\$1.00
16	Year 15	\$82.85	\$1.00
17	Year 16	\$83.85	\$1.00
18	Year 17	\$84.85	\$1.00
19	Year 18	\$85.85	\$1.00
20	Year 19	\$86.85	\$1.00
21	Year 20	\$87.85	\$1.00
22	Year 21	\$88.35	\$0.50
23	Year 22	\$88.85	\$0.50
24	Year 23	\$89.35	\$0.50
25	Year 24	\$89.85	\$0.50
26	Year 25	\$90.35	\$0.50
27	Year 26	\$90.85	\$0.50
28	Year 27	\$91.35	\$0.50
29	Year 28	\$91.85	\$0.50
30	Year 29	\$92.35	\$0.50
31	Year 30+	\$92.85	\$0.50

2025

- \$14 added to current base
- Fixed \$ between steps
- Condensed scale

2026

- +\$3.00
- + Seattle CPI-W

2027

- +\$3.00
- + Seattle CPI-W

KEY Takeaways:

- Puts SCH at market average by year 3 of the CBA
- Corrects wage disparity at lower steps
- Includes cost-of-living adjustments for this area
- Eliminates Ghost Steps

Increased and New Premiums

- 9.1 Evening shift differential to 10% from \$2.75/hr; Night shift differential to 20% from \$5/hr
- 9.2 On call pay to 20% of base pay on wage scale from \$4.25/\$5.00
- 9.5 Charge nurse pay from \$3.25 to \$6.50. Relief charge from \$2.25 to \$6.50 when in role.
- 9.9 Weekend premium to 10% from \$4.25
- 9.10 Floating premiums
- NEW RISK nurse premium \$2.00 (in addition to float pool)
- NEW Floating outside Clinical Group \$2.00
 - NEW Multi-campus float \$7.50
- 9.11 Critical Care Transport
- \$12/hr premium
- Stuck out of town 1.5X until returned to designated base
- Basic life and accidental death and dismemberment insurance
- Boot allowance of \$150/yr and \$300 more for other PPE; based on receipts
- 9.12 NEW Advanced Care Nurse Premium \$2.00/hr

Per Article 14.14 Proposal- Advanced Care Nurses are defined as nurses that take on roles, competencies, and skills beyond the base requirements of their unit (i.e CRRT, vent management in acute care, etc.)

- 9.13 ECMO to \$12 from \$3 (does not stack with charge, ACE, or float pool)
- 9.14 NEW ACE Nurse pay \$6.50/hr (does not stack with charge or float pool)
- 9.22 NEW Language certification pay of \$2.00/hr
- 9/23 NEW PBMU/BST premium of \$4.50/hr

Other Economic Proposals Passed Across the Table

Article 7- Break Nurse Proposal per Washington DOH Guidelines

Article 8- Proposed the wage in lieu of benefits election will only apply to insurance benefits. Nurses who elect this would now accrue sick time, annual leave and other types of leave that nurses qualify for.

Article 10- Per Diems added to annual leave accrual and voluntary cash out of accrued leave

Article 11-

- Increase in sick time accrual to 0.1 per hour paid from 0.046 per hour paid and increase in accrual for per diems to bring up to par with part-time and full-time nurses.
- Increased protections against attendance occurrences.

Article 13-

- Increases in bereavement leave hours to 36 hours (from 24 hours). Expanded definition of family, "child" and "parent" also included pregnancy loss as a qualifying reason for bereavement leave.
- Bereavement leave can also be used for a nurse who is providing care for a patient who dies while that nurse is on duty

COVID MOU- Gives nurses continuously employed for at least 1 year from March 2020-May 2023 and has been continuously employed since then, forty hours for sick time loaded into their bank as a one time replenishment of their bank.

THANK YOU