

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

WE THANK THE NURSES AT SKAGIT REGIONAL HEALTH FOR STANDING UP AND SUPPORTING YOUR BARGAINING TEAM SO THAT WE COULD ACHIEVE A FAIR CONTRACT AFTER 20 HARD-FOUGHT BARGAINING SESSIONS.

**WSNA/SKAGIT REGIONAL HEALTH RN CONTRACT
GENERAL SUMMARY
June 11, 2019**

TERM: Contract will expire on May 31, 2021.

WAGES: **3.25%** (.5% plus the 2.75% nurses previously received) (Effective 2nd full pay period in June 2019);

3.25% (Effective 1st full pay period in June 2020);

3% (Effective 1st full pay period in **March** 2021);

Ratification Payment: **\$1,500** (1.0 FTE, prorated by FTE and effective second full pay period after ratification).

\$500 (1.0 FTE, prorated by FTE and effective first full pay period in January 2020).

Per Diems: \$200 (effective second full pay period after ratification).

PREMIUMS AND OTHER COMPENSATION:

MSN/MN Premium [NEW]: Nurses who have a MSN/MN will receive a premium of \$2.25 per hour. Nurses who have both a BSN premium and MSN/MN premium shall receive only the MSN/MN premium.

Charge Nurse Premium. Increased from \$2.00 to \$2.25 per hour.

Standby Pay. Increased from \$3.00 to \$3.75 per hour.

Callback. Callback from scheduled standby status shall be for a minimum of 3 hours, instead of the current 2 hours.

Sick Leave. We secured several enhancements to sick leave. Sick leave may now be accessed after 90 days of employment, rather than waiting until the end of the probationary period. Sick leave can now be used to care for a child regardless of the child's age, or for a grandchild, or for a sibling. Sick leave may also be used when a child's school or place of care has been closed for

health reasons. Also, the Employer may no longer require verification of illnesses for three days or less, with few exceptions. The Employer can no longer discipline nurses for “excessive absenteeism.” Per diems and nurses receiving a wage premium in lieu of benefits are now eligible to receive 1 hour of sick leave for every 40 hours worked under the new paid sick leave law.

STAFFING:

Your fellow nurses on your WSNA bargaining spent countless hours stressing to Management that we would not settle the contract until we secured meaningful staffing language. The long, difficult struggle was worth it as we secured language that requires the Hospital, for the first time, to meet minimum staffing commitments, including:

Providing staffing levels that provide for safe patient care and for the health and safety of nurses;

Providing staffing levels that enable nurses to receive meals and rest breaks;

Providing staffing levels that enable nurses to utilize their accrued paid time off; and,

Refraining from assigning nurses to provide care to more patients than anticipated by the agreed staffing matrix;

Also, we secured a more meaningful voice in staffing decisions and a more effective mechanism for addressing and resolving staffing complaints. Monthly staffing committee meetings are now required. Management will now be **REQUIRED** to meet with nurses on the staffing committee to consider all staffing complaints and endeavor to resolve the underlying staffing issues that give rise to the complaints. If there is a pattern of unresolved complaints, the Hospital can be fined by the DOH.

This is GREAT language, and we intend to use it!

WORKPLACE ISSUES:

Association Membership and New Employee Orientation. The WSNA membership language will be updated to comply with new federal law. New hires will receive up to 30 minutes of paid time to meet with a WSNA representative to discuss the Association. New language requiring SRH to remain neutral regarding union membership.

Per Diems and Nurses Selecting a Wage Premium in Lieu of Benefits. New language reflecting that per diems may accrue sick leave as required by law.

Domestic Violence Leave. New language stating that if a nurse, or a nurse’s family member, is a victim of domestic violence, sexual assault or stalking, the nurse may take reasonable leave from work, intermittent leave or leave on a reduced leave schedule to seek related legal or law enforcement assistance or seek treatment by a healthcare provider, mental health counseling or

social services assistance.

TB Tests. Language that contained reference to outdated tests was updated.

Conference Committee. New requirement that the Conference Committee must meet at least once per month for six months following ratification of the contract.

Clinical Care Groups: The groups have been updated as follows:

CLINICAL CARE GROUPS

ACUTE CARE GROUP A

UNIT	EXPLANATORY NOTE
<u>IV Therapy</u>	<u>Can bump within unit and then to Acute Care Group C</u>
Operating Room	Can bump within unit, <u>then to Group B Unit II, then to and then to</u> Acute Care Group -C
Oncology	Can bump within unit, <u>and</u> then to <u>Triage Clinic Group, then to</u> Acute Care Group -C
Kidney Dialysis	Can bump within unit and then to Acute Care Group -C
Wound Healing Center	Can bump within unit, <u>then to Triage Clinic Group,</u> and then to Acute Care Group -C
Family Birth Center	Can bump within unit and then to Acute Care Group -C
Mental Health Unit	Can bump within unit and then to Acute Care Group -C

ACUTE CARE GROUP B

Unit	EXPLANATORY NOTE
<u>Group B</u> Unit I: PACU/DS; CCU; ED; Tier II Float, Stat Nurse	Can bump within <u>own unit, then Group B</u> Unit I, <u>and</u> then within <u>Group B</u> Unit II and then to Acute Care Group <u>- C</u> . <u>ED can bump within own unit, then Urgent Care, then Group B Unit I, then within Group B Unit II, then to Acute Care Group C, then to Triage Clinic Group.</u>
<u>Group B</u> Unit II: SOU; Cath lab; ENDO	Can bump within <u>own unit, then Group B</u> Unit II and then to Acute Care Group <u>- C, then to Triage Clinic Group.</u>

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ACUTE CARE GROUP C

Unit	EXPLANATORY NOTE
Unit Group: OSC; PCU; MPC; MOC; IV Therapy ; Tier I Float; Admit Resource Nurse ; Mental Health	Can bump within <u>own unit, then</u> unit group and then to Clinic Care Group – Unit II – Triage

CASE MANAGEMENT GROUP

Unit	EXPLANATORY NOTE
Case Management	Can bump within <u>own unit only and</u> , then to Acute Care Group C, <u>then to Clinic Care Group Triage</u>

HOSPICE CARE GROUP

Unit	EXPLANATORY NOTE
Hospice	Can bump within <u>own</u> unit, and then into Acute Care Group-C <u>or</u> ; Case Management Group; or Acute Care Group A Mental Health Unit and then into Clinic Care Group Triage.

CLINIC CARE GROUP

Unit	EXPLANATORY NOTE
Unit I: Pro Time/Anticoag Nurse	Can bump within <u>own</u> unit, and then within Unit II <u>Clinic Care Group Triage. and then to Acute Care Group – C</u>
Unit II: Triage (all units including Staff RN)	Can bump between Triage/Staff RN role in clinic units <u>within own unit</u> and then to Acute Care Group – C
<u>Urgent Care</u>	<u>Can bump within own unit and then to Acute Care Group – C or Clinic Care Group Triage.</u>

Low Census. The low census order has been modified so that volunteers come after nurses receiving time and one-half or double time overtime/premium except those nurses working a scheduled shift, per diem staff and part time staff working an extra shift.

Layoff. Previously, the contract allowed nurses to bump into parts of another nurse’s position rather than that person’s whole position. This made the layoff process rather chaotic and ended up affecting many nurses because nurses who were “partially bumped” ended up bumping part of

someone else's FTE, and so on. Now nurses will bump into whole positions.

NEGATIVE PROPOSALS THAT YOUR FELLOW NURSES SUCCESSFULLY FOUGHT OFF:

Pay for Performance. Management proposed to condition some of the nurses' future wage increases on the Hospital meeting certain quality metrics goals. **WE SUCCESSFULLY FOUGHT OFF THIS PROPOSAL.** Nurses' wages are guaranteed as they are at other area Hospitals.

Health Benefits Reopener. Management proposed that there would be a health benefits "reopener" during the life of the contract which could have resulted in reduced health benefits. **WE SUCCESSFULLY FOUGHT OFF THIS PROPOSAL.**

Retirement Benefits Reopener. Management proposed that there would be a retirement benefits "reopener" during the life of the contract which could have resulted in reduced retirement benefits. **WE SUCCESSFULLY FOUGHT OFF THIS PROPOSAL.**

Wage Reopener. Management proposed that there would be a wage "reopener" during the life of the contract which could have resulted in reduced wages. **WE SUCCESSFULLY FOUGHT OFF THIS PROPOSAL.**

Layoff. Management proposed a radical change to the definition of "layoff" which would have allowed them to change nurses' FTEs, shifts and hours with far fewer options and protections than nurses have now. **WE SUCCESSFULLY FOUGHT OFF THIS PROPOSAL.**

Per Diem and Premium in Lieu of Benefits Reduction: Management proposed to reduce these premiums. **WE SUCCESSFULLY FOUGHT OFF THIS PROPOSAL.**

Hospice. Management proposed Hospice nurses who are regularly scheduled to work a weekend could be assigned relief telepage duty during that weekend. **WE SUCCESSFULLY FOUGHT OFF THIS PROPOSAL.**