

ASTRIA SUNNYSIDE HOSPITAL
Summary of Tentative Agreement
December 6, 2021

Your negotiating team recommends a YES vote!

After four months of bargaining, your WSNA negotiating team has reached a tentative agreement with Astria Sunnyside Hospital on a new three-year contract. Sunnyside RNs have waited a long time for a new contract and for fair raises. Your negotiating team worked hard to be a voice for all RNs at the bargaining table and fought hard on your behalf. This agreement delivers many improvements, including long-awaited raises, as well as a few compromises. We believe this agreement is the best we could obtain, and it's certainly the best contract we've had in years. We recommend that you join us in voting to ratify this agreement and the benefits it provides.

SUMMARY OF CHANGES

ANNUAL RAISES

- **Total wage increases of 12.5% over three years**
- 6.5% across-the-board increase in the first pay period after January 1, 2022
- 3% increase after January 1, 2023
- 3% increase after January 1, 2024
- Note: Management wanted to give raises that varied at every step, with many more experienced nurses receiving much smaller raises. Your negotiating team fought hard to obtain raises that would be fair to everyone. We believe these raises represent the most that management would agree to pay. We are satisfied that no money was left on the table.

RETENTION BONUS

- **\$1,500 bonus paid in two installments to all full-time and part-time RNs who stay through 2022**
- \$500 paid in the first full pay period after April 30, 2022
- \$1,000 paid in the first full pay period after December 31, 2022
- Note: To receive a retention bonus, you must be employed on the date of ratification and remain through the date(s) noted above. There is no additional commitment required and nurses will not be required to sign any payback agreements (as is common at other hospitals with similar retention bonuses). Only full-time and part-time RNs are eligible. Your negotiating team tried repeatedly to include per diem nurses but management would not agree.

PREMIUM INCREASES

- **Increases to several hourly premiums effective the first pay period after January 1, 2022**
- Evening duty premium increased to \$3.00/hour
- Night duty premium increased to \$4.25/hour
- Standby premium increased to \$4.00/hour on non-holidays and \$5.00/hour on holidays
- Minimum callback pay increased to three hours (even if standby shift is less than three hours)
- Regular charge nurse premium increased to \$2.50/hour
- Relief charge nurse premium increased to \$2.25/hour
- Unit resource nurse premium increased to \$2.50/hour

INCENTIVE BONUS DAYS (IBD) PROGRAM

- **All IBD shifts will now be paid at double-time!**
- This is a significant improvement over the current IBD program, which pays \$6.50 per hour for the first five IBD shifts in a 12-week period, and an additional \$6.50 per hour if you work six or more IBD shifts.
- Nurses working IBD shifts will be required to float and be low censused before nurses working regular shifts.

CONTINUING EDUCATION

- **Continuing education funds will be increased**
- The Hospital will create a continuing education fund of \$25,000 per year
- Nurses may request reimbursement for up to \$500 each year (up from \$325) on a first-come, first-served basis until the \$25,000 cap is met
- Note: These amounts are based on usage rates in the past. Your negotiating team successfully won higher amounts (both the total cap and the per-nurse amounts) to allow more nurses to use this benefit.

STANDBY NOTIFICATION

- **New minimum notice requirement for being placed on standby before a shift**
- Hospital must make a reasonable effort to notify you at least 1 ½ hours before a regularly scheduled shift if you are placed on standby
- If notice is not given, a nurse who reports as scheduled must be paid a minimum of four hours at straight time

FLOATING AND LOW CENSUS

- **New requirement for floating to be rotated on an equitable basis, based on who has floated most recently**
- **Low census will also be rotated on an equitable basis, based on who has been selected most recently**
- **New “voluntary low census” provision allows you to take low census rather than remain on standby if you are placed on standby or have not been called into work with less than two hours remaining in a shift**
- Minor changes to the low census order and language—the Hospital will first release “non-guaranteed” travelers, then nurses working extra shifts (IBD and overtime), then volunteers, then per diem nurses. Previously, the Hospital released volunteers first, followed by “agency” and per diem nurses. “Guaranteed” travelers will continue to participate in the rotation of low census with other full-time and part-time staff.

PER DIEM NURSES

- **Full access to the grievance procedure, including arbitration, with some trade-offs**
- Per diem nurses will no longer be limited to the first three steps of the grievance procedure, meaning WSNA will for the first time be able to bring grievances on behalf of per diems all the way through arbitration.
- **Per diems will have a new minimum shift requirement**—per diems must be available to work a minimum of two shifts in a four-week schedule, one weekend shift out of every eight weekends, and one holiday.
- Back pay awarded in arbitration for discharge of a per diem without cause is limited to the number of shifts needed to meet the minimum-shift requirement.
- Note: Your negotiating team fought to give per diem nurses full access to the grievance procedure and for a fair compromise on a minimum-shift requirement. Management proposed additional restrictions and requirements for per diems that your negotiating team fought off. We believe this minimum-shift requirement is lower than what per diems are required to work at many other hospitals, while still being fair to per diems’ full-time and part-time coworkers who depend on per diems to fill important staffing needs at the Hospital.

WORK ON DAY OFF

- Two mandatory educational in-services per year will be excluded from the work on day off premium.
- These mandatory educational in-services must be scheduled in advance and posted in the four-week schedule.
- Only two per year are excluded from the time-and-a-half pay requirement (but overtime may still apply).
- Note: Management wanted to exclude *all* mandatory educational in-services from the work on day off premium. Your negotiating team fought off that proposal. We view this as an acceptable compromise in order to secure the other raises and benefits this agreement provides.

OTHER CHANGES

- Performance appraisals will no longer be required to be completed by a certain date and failure to complete them will have no effect on longevity step increases.
- Cath Lab will now receive double time for all work in excess of twelve hours (even if not consecutive), like OR and PACU currently. Cath Lab will also receive time-and-a-half on a shift if a nurse works four or more hours out of the previous eight hours while in standby or callback prior to reporting for the shift, like OR and PACU.
- Rest between shifts requirement for 12-hour shifts will now be the same as for all others, meaning nurses working 12-hour shifts must receive 10 hours of rest between shifts (up from 9 ½).
- Meal periods: clarifies that nurses are entitled to an unpaid half-hour meal period for every five hours worked, but that nurses working twelve-hour shifts may waive the second meal period in writing.

DURATION

- A three-year contract that expires November 30, 2024
- Raises and premium increases are effective beginning in the first full pay period after January 1, 2022, while all other terms are effective upon ratification

SOME MANAGEMENT PROPOSALS THAT YOUR WSNA TEAM FOUGHT OFF

Replacing Vacation and Sick Leave with PTO. Management proposed eliminating our current vacation and sick leave system and transitioning to the same PTO system in place at Astria Toppenish and for unrepresented employees. Management's proposal would have reduced the amount of time off nurses could accrue and use, and some would lose time they have accrued already.

Unequal Raises. Management proposed very uneven raises, with amounts that differed at every step. Many nurses at the top half of the scale would have received little to no raises.

Other Changes to Floating and Low Census. Management proposed replacing our contract language on floating and low census with language from the Astria Toppenish contract. The Toppenish language has fewer restrictions on management's ability to float and low census staff and does not require travelers to participate in the rotation of floating and low census.

More Restrictions on Per Diems. Management proposed a higher work requirement for per diems, no ability to grieve any unjust terminations of per diems, and no availability of back pay in arbitration for per diems.

THANK YOU FOR YOUR SUPPORT!

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