YOUR WSNA BARGAINING TEAM RECOMMENDS A "YES" VOTE.

WSNA/ASTRIA TOPPENISH HOSPITAL CONTRACT
GENERAL SUMMARY AND HIGHLIGHTS
November 19, 2025

Your fellow nurses on your WSNA bargaining team fought hard during 14 days of bargaining over many months to secure the best possible contract for the nurses at Toppenish. As you will see below, we have secured many victories in this agreement, including competitive wages, increases to premiums, workplace violence prevention measures, and improvements in your working conditions. We wholeheartedly recommend that you vote "YES."

TERM: Contract will expire on July 1, 2028.

WAGES: **1st Pay Period After Ratification:** An average increase of over **6%**. The actual increase for each nurse will be between 3% and 12%, depending upon step. Management was concerned that some steps were more competitive when looking at other hospitals, such as Prosser, while others were less competitive. We try to address the steps that had the most difficulty recruiting and retaining. With the first-year wage increase, we are neck and neck with Prosser overall, with some steps being a little higher than Prosser and some being a little lower.

Plus, **we eliminated every ghost step** in the wage scale. A "ghost step" is a step that does not give the nurse any wage increase when the nurse reaches it. This change is a significant added cost to Toppenish in the first year. Ghost steps currently affect many nurses, some of which are our most tenured nurses.

Additionally, all full-time and part-time nurses on the payroll as of the date of ratification of this Agreement, are eligible to receive a one-time lump sum **bonus of $500**, less applicable deductions, payable in the first full pay period after ratification. All full-time and part-time nurses on the payroll as of the date of ratification of the Agreement and remaining on the payroll as of June 30, 2026, are eligible to receive a one-time lump sum **bonus of $1,000**, less applicable deductions, payable in the first full pay period after June 30, 2026.

July 1, 2026: 3.5%

July 1, 2027: 3.25%

And remember, all of these wage increases are in addition to the step increases that you receive when you move from step to step.

OTHER COMPENSATION:

Night Shift Differential. Increased from $4.25 to $4.50 per hour.

Float Premium. Increased from $2.00 to $3.00 per hour.

Charge Nurse Pay. Increased from $2.50 to $3.00 per hour.

Preceptor Pay. Increase from $1.50 to $2.00 per hour.

Rest Between Shifts. Currently, when a nurse is working in callback, this does not trigger any rest-between-shifts pay (paid at 1 1/2x) even if the nurse does not receive enough rest before the next shift. Now, if a nurse works 4 or more hours of callback during the 8 hours immediately preceding the start of a shift, then that nurse will receive rest-between-shifts pay.

PTO Cash-Out. Previously nurses could cash out 36 hours of PTO per quarter but would only receive 85% of the nurse's rate of pay for those hours cashed out. We changed the cash-out provision to allow 60 hours of PTO cash out, once per year, but at 100% of the nurse's rate of pay for the hours cashed out.

Tuition Reimbursement. We increased the amount of reimbursement from $1,500 per year to $2,500 per year. Further, we changed the requirement of a "B" grade to a "C" grade in a class for qualifying for the reimbursement.

Bereavement Leave. We accepted management's proposal to eliminate the provision that allowed for some additional bereavement leave if extensive travel was required (for example, four extra hours for a .9 FTE nurse) in exchange for allowing bereavement leave to also be used for extended family which includes aunts, uncles, nieces, nephews, and cousins. We also added language allowing for additional leave (taken from PTO) if approved by the employee's supervisor.

WORKPLACE ISSUES:

Safety Committee and Workplace Violence [NEW]. We agreed to add a new article requiring the Hospital to maintain a Safety Committee which will address workplace violence issues. A bargaining unit employee selected by the Association will be on the Safety Committee and paid at their regular rate of pay for all time in committee meetings. Workplace violence shall be a standing agenda item of the Safety Committee, which will evaluate workplace violence trends, address concerns and complaints regarding workplace violence including the data underlying complaints received by security or others, assess current practices and make best practice recommendations.

Employees concerned about workplace violence, physical security or facility safety are encouraged to submit their complaint or concern to the Committee. Employees shall not be retaliated against for raising issues or concerns regarding workplace violence, physical security or facility safety or for submitting concerns or complaints to the Committee. The Committee will develop a template to be used in responding to concerns or complaints regarding workplace violence, physical security or facility safety. While the Committee will not handle complaints involving violent acts or threats by other hospital employees or contractors, it may review and discuss underlying factors related to these complaints. Disciplinary actions remain outside the Committee's scope.

Workday and Work Period. We added clarifying language that 12-hour shifts constitute a standard workday and are completed in 12 1/2 hours with a 30-minute meal period, provided the nurse has waived their second meal period in writing. We also clarified that a standard work period includes a 12-hour nurse who works on a regularly scheduled basis 36 hours within a 7-day period or 72 hours within a 14-day period.

Innovated Scheduling. New language mandating that innovative schedules cannot be imposed unilaterally but must be with the agreement of WSNA. Also, we removed the reference to innovative schedules that have a combination of 8-hour and 12-hour shifts because no one is working such a schedule.

Monthly Work Schedules. New language requiring that monthly work schedules must be posted 28 days, instead of the current 14 days, prior to their effective date.

Notification of Unscheduled Absence. New language stating that nurses must give two hours' notice, rather than the current three hours' notice, of an unscheduled absence.

Low Census Notification. New language requiring the Hospital to make a reasonable effort to notify nurses of low census 2 hours, instead of the current 1 1/2 hours, in advance of their shift.

In-Service Programs. New language requiring the hospital to fully relieve nurses of their work duties when performing in-service education.

HR Contact Information. New language requiring the hospital to post online the name and e-mail address of the main HR contact and the HR hours of operations.

Education Courses. Nurses now will have to request to attend education courses only 45 days in advance of the course, rather than the current 60 days in advance of the course.

Grievances. We increased the time limit for filing a grievance from 18 days to 30 days.

SANE Nurse [NEW]. The Hospital will provide paid education time for nurses who attend up to 40 hours of SANE training. We pushed hard to have SANE nurses recognized for the important service that they provide for the community. Management was very resistant to extra compensation for SANE exams. In the end, we were able to secure $150 per examination stipend which is in addition to the nurse's normal rate of pay when conducting a sexual abuse or forensic examination. However, this applies only to SANE nurses who have a certification through the IAFN. Nurses that have only been trained to perform same SANE but do not have the certification do not qualify for the $150 stipend. We realized that hardly any nurses have the certification and will continue to push the issue as more hospitals begin to recognize the important service that SANE nurses provide.

Unit Resource Nurse [NEW]. We created a new unit resource nurse classification. A unit resource nurse is a registered nurse who is assigned at the discretion of the Employer to, among other things, provide support in emergent situations, perform education responsibilities to staff nurses and other

nursing care staff to enhance patient care and staff efficiency on a defined work unit for a specified period of time. A unit resource nurse will function under the direction of the Unit Director or Chief Nursing Officer. Except as provided herein, nurses assigned as unit resource nurses shall not have patient care duties when assigned as unit resource nurses. Unit resource nurses shall be paid for all time worked as a unit resource nurse. For purposes of this section, a "unit" shall mean the emergency department, behavioral health unit, acute care, endoscopy, and surgical services. The unit resource position may be discussed during regularly scheduled meetings of the Nurse Practice Committee. Any nurse assigned by Nursing Administration as a unit resource nurse shall receive a **premium of two dollars and fifty cents ($2.50)** per hour over the nurse's regular rate of pay for all time worked as a unit resource nurse.

Meal and Rest Periods. New language specifying that meal and rest breaks must be taken in compliance with the law and should best match the workflow and preferences of the staff in the department. Departmental plans for meal and rest breaks may include assigning times for the breaks and utilizing departmental leaders, house supervisors, and float staff to support nurses taking breaks.