



## **We Stand United Against Management's Proposal To Eliminate Key Standards**

### **Mandatory low census limits help keep our paychecks whole**

One of our strongest standards in our contract has been our limits to mandatory low census. We have been able to protect our paychecks and ensure we can afford to pay our bills without fear of being sent home each week. In our second bargaining session, MultiCare administration sent a clear message – they want to erode our hard-fought contract standards. MultiCare has proposed to take away our low census caps and if you are mandatorily low censused – you are then placed on-call.

MultiCare also proposed to remove our overtime agreements which allows management to schedule us on variable shifts, meaning we would only start getting overtime once we hit over working 40 hours.

We are disappointed that management is proposing to cut important standards in our contract. We are committed to showing management that during this pandemic it's not the time to be proposing takeways to frontline healthcare workers.



"MultiCare is struggling to recruit and retain experienced staff, yet they want to take away pieces of our contract that make this hospital an appealing place to work, like our low census caps, shift overtime and making us take call if we are low censused. It doesn't make any sense." **Barb Whitman, Pharmacy, Valley Hospital**

"We fought very hard for these protections. Keeping out paychecks full shouldn't come from using our PTO because management eroded our low census protections. Our PTO is supposed to be for time off, so we are able to recharge and decompress."

**Mary Robinson, Sterile Supply, Deaconess**



## **Our Proposals So Far**

**Protecting the hometown discount:** According to our contract, the hometown discount ends at the end of this year. We are proposing to keep the hometown discount as part of our benefit package.

**Regular rate of pay:** To include our regular rate of pay (shift differentials, certification pay, lead pay, etc.) when we use sick or PTO.

**Elimination of random drug testing from our contract:** We know MultiCare doesn't random drug test, and having to be called in for a random drug test meant leaving our coworkers short staffed and felt punitive.

**Job postings for Housekeeping I and II to include areas of the hospital, days off and shift:** We should know when our days off occur so we can plan our lives, and we should have a set area of the hospital to clean so we can become proficient.

**Paid New Employee Orientation:** It's important that one of us who works at MultiCare and is a union member talk to new employees to give them an welcome to the union and talk about the benefits of being a union member.

**RN floating:** An RN is not always an RN. If we are required to float to a unit outside of our department and we are not adequately trained, instead of filling out an exception to assignment form, we will have the ability to still help out our coworkers but ensure good care by becoming a "helping hand."



**Breaks and meal periods:** We removed the words intermittent breaks – the new break law states that if we are interrupted on our break, MultiCare has to pay us or give us another break. This ensures we get the break from patient care we need to come back fully charged.

## Our Proposals So Far - Continued

**Washington State Paid Family Leave:** If we are out for a long period of time to take care of ourselves or a family member, the new law allows us to be paid up to 60% of our wage. We are asking that the employer pay our medical premiums while we are out on leave. We need assurance that we will not be losing our healthcare benefits.

**Rest between shifts:** If RNs or techs work over twelve hours, including non-overtime hours, MultiCare must provide us at least 11 hours of rest between shifts. This is about patient safety which will lead to better patient outcomes.

## Next Steps

We have at least two additional bargaining dates in December where we will be presenting more language and our wage proposal. MultiCare said they would have more proposals for us. We will be ready for them. If you have any questions about bargaining or you want to become more involved, talk to your bargaining team member.

### Your Deaconess Bargaining Team

<b>Zach Arnold</b> NAC- 11 Tower	<b>Shawnee Saterlee</b> ER Tech- Emergency Services	<b>Shannon McGeeHee</b> Pharmacy
<b>Diane Gross</b> HUC- CICU	<b>Kim Ballou</b> HUC- 9 Tower	<b>Angela Sainz</b> EEG
<b>Mary Robinson</b> Central Service Tech 2- Sterile Supply	<b>Candi King</b> HUC- 11 Tower	<b>Monique Johnson</b> Housekeeping
<b>Alex Knox</b> NAC- 9 Tower	<b>Warren Stowell</b> OR Tech	
<b>Keenen Jones</b> Transporter- Transport	<b>Jennifer Cooper</b> OR tech	
<b>Kelly Conrad</b> PBX Operator- PBX	<b>Cheryl Riddle</b> Radiology	
<b>Julie Medley</b> NAC- 9 Tower	<b>Richard Deaver</b> Cath Lab	
<b>Denise Allen</b> Monitor Tech- Monitor Room	<b>Jameson Blue</b> CT	

### Your Valley Bargaining Team

<b>Nathan SiJohn</b> OR Tech	<b>Mac McCully</b> Transport
<b>Kari Laywell</b> OR RN	<b>Jim Ford</b> Imaging Tech
<b>Terri Nicholson</b> OPS RN	<b>Megan Houdashelt</b> Medical RN
<b>Tami O'Marro</b> Endoscopy RN	<b>Angela Crigger</b> Surg/Othro RN
<b>Addy Dae</b> EVS	<b>Kari Forrest</b> Medical RN
<b>Mark Janson</b> EVS	<b>Deb Stanley</b> Surgical RN
<b>Ben Hoffman</b> Pharm Tech	<b>Diane Belyea</b> OB RN
<b>Barb Whitman</b> Pharm Tech	<b>Susan Peterson</b> CCU RN