

We Need an Extra Shift Incentive That Meets Our Patients' Needs

We need an extra shift incentive agreement that meets our patients' needs and respects all of our contributions. We know that when one job or unit is short staffed, it can have rippling effects on patient care throughout our units and clinics. Our unity moved UW to recognize extra shift incentives are needed, but UW's current proposal to only make some nurses eligible for extra shift incentive missed the mark.

We rely on each of us to ensure our patients are safe. The staffing shortages of Respiratory Therapist, CNAs, and MAs across UW also have significant impacts on patient care. Our proposal makes more of us eligible for the extra shift incentive when our units are short staffed and creates pathways for more jobs to be eligible.

For months, administration was opposed to extra shift incentives to address chronic short staffing. Because we have a union and a strong voice, we made UW come to the bargaining table to address our staffing concerns. Now we need to stay united to win the right agreement that keeps our patients and us safe. Join our union today at joinseiu1199nw.org.

What we need for an equitable and effective Extra Shift Incentive (ESI)

- All extra shift incentives should be paid at 1 ½ plus the incentive to encourage prescheduling extra shifts
- Respiratory Therapist need to be immediately eligible for ESI
- UW needs to agree to an immediate study of MA and CNA staffing to evaluate need for ESI
- Our use of sick time during COVID should not prohibit eligibility for ESI
- We need an agreement that does not allow bias to determine who is eligible for ESI



"All of my coworkers are important team members. I cannot do anything by myself, we all

work to save lives, not just nurses. When I go to charge RN meetings and I hear we are short on RTs, I feel like it's not safe. If our unit is short on HAs, I can't do my work. We are always short HAs and at charge nurse meetings, they ask us to please call anybody you know because we don't have enough HA in house and those that were asked to stay didn't. Everyone should be eligible for incentive shift during COVID season."

***Meni Tale, RN, HMC 6MB**



"Patient and staff safety is the number one priority and when you are short, a lot of things can't get

done. Infections can occur because people are in a rush, a patient could fall because they call for us, but the CNAs are not available. If we incentivize these shifts it will encourage people to say 'yes, I will work that shift so that my coworkers will not run short.' I don't see why management is saying it's ok to exclude us—you know what our job is and how high demanding it is for us to be there. We cannot put a dollar amount on the safety of patients and staff. UW needs to stop excluding our jobs from being eligible for incentive shift, all of our work is important."

***Ade Adeyemo, CNA, NWH**



"It's really insulting that from the beginning of COVID we have worked at times short

staffed and that UW won't make RTs eligible for incentive pay in this ESI proposal. UW is sending the message to RTs that we are not valuable, and the UW only cares about the nurses. What about my coworkers who do ECMO and do the same job as a nurse? What will I say to them? Excluding RTs is not sending a message of equity and inclusion like UW claims to be for. We need UW to recognize all of our work is important and that we all need access to incentive pay shifts when our units are short to ensure safe staffing and proper patient care."

***Neeru Kaur, Respiratory Therapist, HMC, Delegate**