

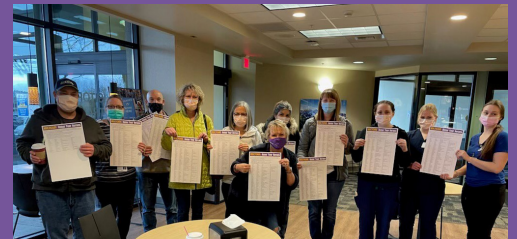
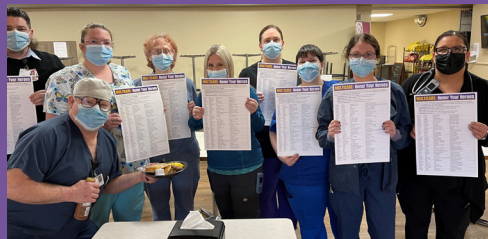
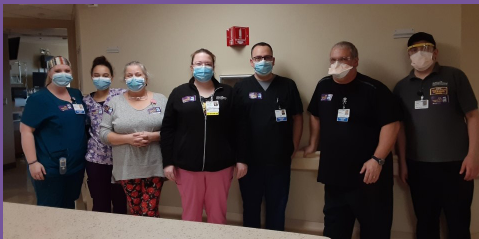


## MULTICARE: TIME TO WAKE UP

## We Take the First of Many Action to Improving Staffing, Wages




The status quo just won't cut it. MultiCare management needs to understand that their decision to keep wages below what other area hospitals are paying hurts their patients and staff. We took the first in a series of actions that will hold management accountable. Last week, members delivered our petition, signed by a supermajority of our co-workers at both hospitals, to upper management. We also wore stickers voicing our displeasure with management's insulting 1% pay increase proposal. Our bargaining team also met this week to determine next steps.



## Sign up for a vote!



We will be voting to authorize our bargaining team to organize a community action and education campaign, up to and including an informational picket. Please sign up for a vote time with your delegate or bargaining team representative!



**SEIU-Healthcare**  
United for Quality Care

# MultiCare: Time to Honor Your Heroes!


Our community supports us and appreciates the care we give. Unfortunately, MultiCare doesn't seem to want to honor its heroes by putting its words into action. We're writing on March 23rd, 24th and 25th to authorize our bargaining team to organize a community education campaign, including a potential informational picket.

## Please sign up for a time to vote! (Votes take 15-20 minutes.)


**Valley Hospital Vote times (select one):**

**2:00m votes:**  
**March 23rd - 5:30am - 8am**  
**March 24th - 5:30am - 8am**  
**March 25th - 5:30am - 8am**

**In person votes:**  
**March 23rd in the cafeteria:** 11am - 1pm - Find Ben Hoffman (Pharmacy) and Lauren Lombard (Pharmacology)  
**March 24th in the cafeteria:** 11am to 1pm - Find Susan Peterson (RN, CCU) and Karl Lawver (RN, GI)  
**11am to 1pm - Find Chantry Turpin (Physiatrist)**



VOTE!



"I'm proud to be a part of the SEIU-Healthcare team. We're working hard to make sure that every patient gets the best care possible. We're also working to make sure that every employee gets the best benefits possible. We're proud to be a part of this team and we're proud to be a part of this community."

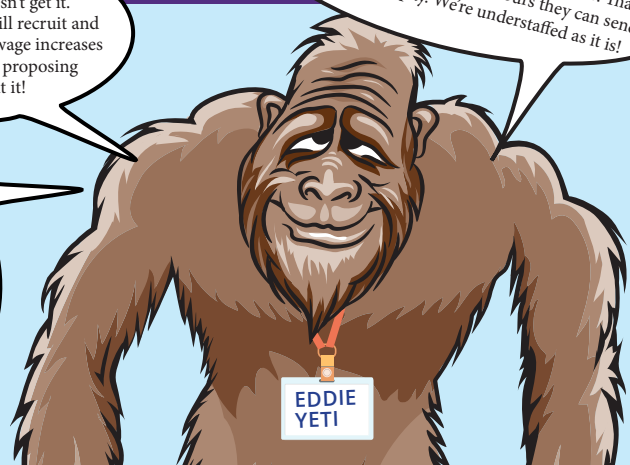
“Management’s proposals don’t yet begin to address the staffing and pay issues that are hurting patient care at our hospitals. We took action last week to pressure management to do the right thing. Now we need to vote to take our message to our community. Sign up for a time to vote!”

- Barb Whitman, Valley Pharmacy

On service wages:  
Apparently MultiCare doesn't mind that part of our wage scale is below Washington state minimum wage. Other employers in Eastern Washington, both in healthcare and other industries, are increasing their wages to \$15 an hour or more.  
Wake up, MultiCare!

RN and tech wages:  
MultiCare still doesn't get it.  
We need wages that will recruit and  
retain staff. These low wage increases  
management keeps proposing  
just won't cut it!

On low census:  
Management wants to increase our annual low census cap from 132 hours to 198 hours. That's a 33% increase in the number of hours they can send us home without pay. We're understaffed as it is!



Proposal	Union	Management								
Economics: RNs, Techs and Service	<p><b>RN Wage Increases:</b></p> <ul style="list-style-type: none"><li>Year 1: 7% market adjustment</li><li>Year 2: 4.75% wage increase</li><li>Year 3: 4.75% wage increase</li></ul> <p><b>Tech Wage Increases:</b> Job classes not listed below:</p> <ul style="list-style-type: none"><li>Year 1: 6%</li><li>Year 2: 4.75%</li><li>Year 3: 4.75%</li></ul> <p>Job classes in need of additional wage increase:</p> <ul style="list-style-type: none"><li>MRI, OR Tech, Pharmacy Tech, Pharmacy Purchaser, EP and Cath Lab, Rad Tech II: 7% market adjustment in year 1</li><li>CT moves to pay grade H plus 6% increase in year 1</li><li>MRI Safety Officer is placed on pay Grade G plus 6% increase in year 1</li></ul> <p><b>Service Wage Increases:</b> Job classes not listed below:</p> <ul style="list-style-type: none"><li>Year 1: 6%</li><li>Year 2: 4.75%</li><li>Year 3: 4.75%</li></ul> <p>Job classes in need of additional wage increase:</p> <ul style="list-style-type: none"><li>Housekeeping I, Food Service Worker move starting wage to Step 9</li><li>Diet Office Clerk, PBX move starting wage to Step 7</li><li>Housekeeping II, Patient Transporter and Linen Tech starting wage moves to Step 5</li></ul> <ul style="list-style-type: none"><li>Food Production Worker starting wage moves to Step 6</li><li>Dietary Utility Worker moves to Step 8</li><li>Those job classes listed above would move to the corresponding step on the new wage scale to ensure full credit is given</li><li>ER techs move to pay grade L plus 6% increase</li><li>Housekeeper I assigned to OR or Labor and Delivery placed on Housekeeper II wage scale for any hours worked in those departments</li><li>Eliminate some “ghost steps” for all job classes</li><li>Add steps 26 and 27 for all service and tech job classes</li><li>Eliminate step 30 as a “ghost step” for RNs</li><li>Increase in charge pay to \$2.50 and increase lead pay for service and tech to \$1.50</li><li>Increase preceptor pay to \$1.50 and give preceptor pay to service and tech job classes</li><li>Increase certification pay to \$1.50 for all job classes</li><li>Float premium for NACs</li></ul>	<p><b>RN Wage Increases:</b></p> <ul style="list-style-type: none"><li>Year 1: 1.75% wage increase with no retroactive pay</li><li>Year 2: 1.5% wage increase</li><li>Year 3: 1.5% wage increase</li></ul> <p><b>Tech Wage Increases:</b> Job classes not listed below:</p> <ul style="list-style-type: none"><li>Year 1: 1.25% wage increase with no retroactive pay</li><li>Year 2: 1.25%</li><li>Year 3: 1.25%</li></ul> <p>Anesthesia Tech, MRI Tech, Pharmacy Tech, Surg Tech (all classes), CV / IR Tech:</p> <ul style="list-style-type: none"><li>Year 1: 1.50%</li><li>Year 2: 1.50%</li><li>Year 3: 1.50%</li></ul> <p><b>Service Wages Increases:</b> Job classes not listed below:</p> <ul style="list-style-type: none"><li>Year 1: 1.25% with no retroactive pay</li><li>Year 2: 1.25%</li><li>Year 3: 1.25%</li></ul> <p>Pay increases for other classifications:</p> <table><tr><td>CNA:</td><td>ER Tech:</td></tr><tr><td>Year 1: 1.5%</td><td>Year 1: 1.5%</td></tr><tr><td>Year 2: 1.5%</td><td>Year 2: 1.5%</td></tr><tr><td>Year 3: 1.25%</td><td>Year 3: 1.5%</td></tr></table> <p>Central Service Tech:</p> <p>Year 1: 1.5%</p> <p>Year 2: 1.5%</p> <p>Year 3: 1.5%</p> <p>No</p> <p>No</p> <p>No</p> <p>RN charge pay: add \$0.50 = \$1.75</p> <p>Tech lead pay: +\$0.10 = \$1.35</p> <p>Service lead pay: + \$0.10 = \$1.35</p> <p>Increase preceptor pay for RNs by \$0.10 = \$1.10</p> <p>No preceptor pay for service</p> <p>No</p>	CNA:	ER Tech:	Year 1: 1.5%	Year 1: 1.5%	Year 2: 1.5%	Year 2: 1.5%	Year 3: 1.25%	Year 3: 1.5%
CNA:	ER Tech:									
Year 1: 1.5%	Year 1: 1.5%									
Year 2: 1.5%	Year 2: 1.5%									
Year 3: 1.25%	Year 3: 1.5%									
Healthcare	Protect the hometown discount for the life of the contract.	Eliminate the hometown discount entirely.								
Propose “home areas” and float pool for housekeeping	Home areas where housekeepers will be assigned to learn to be proficient in their area. Create a committee to determine an EVS float pool. Float premium of \$2 an hour every time a housekeeper is moved out of their “home area.”	No	No	No						
Mandatory low census	Maintain existing annual low census cap, increase minimum low census on-call pay from 2 to 3 hours	Increase annual low census cap from 132 hours to 198 hours; require members to go on call when give low census.								
Break Relief RN and Tech pilot	A committee that will pilot an RN who will have no patient load but work to float other RNs A tech committee that will pilot a designated tech to ensure breaks are taken uninterrupted so we can get the rest we need	No	No							
Call back pay	Three hours minimum and rest between shifts start after four accumulative call back hours	Countered with current language of two hours minimum call back.								
RN float language	Countered with language preventing management from counting RNs toward the staffing matrix who are floated to an area and not given a patient assignment.	Waiting for a response from management.								
Job postings	Management must post area and days off for housekeeping positions	Close to an agreement on this issue.								
Updated language on overtime, breaks and lunches, variable shift	Made a package proposal to reflect current changes to the law and prevent management from moving workers to variable shifts without regard for seniority and staffing.	Waiting for counter proposal, but making progress here.								