

We're voting to take action to tell St. Elizabeth: Invest in us, respect us, and put patients before profit

Our bargaining team is calling for a YES vote to stand together with an action plan. We are committed to working and caring for our patients but it is indefensible for VMFH-CHI to go on putting temporary traveler staff before loyal and dedicated full time nurses when other area hospitals are offering staff much higher wages and a greater voice in setting their own unit staffing plans. Our jobs are sometimes that of 2 or 3 staff at a bigger hospital and when management indicates during bargaining we have low acuity patients or are somehow not working as hard at our jobs as other hospitals, it is disrespectful to all members of the community who rely on St. Elizabeth for care. Fortunately, we are strongly united and delivered to management a petition signed by a supermajority of us demanding respect and to accept our bargaining proposals.

We will be voting next week to take action!

When and where:

Date	Time	Location
October 19	9:30am-10:30am	Zoom
	11:00am-1:00pm	Cascade Conference Room
	3:30pm-5:00pm	Cascade Conference Room
	6:00pm-8:00pm	Cascade Conference Room
	11:00pm-12:00am	Zoom
October 20	9:30am-10:30am	Zoom
	11:00am-1:00pm	Cascade Conference Room
	3:30pm-4:30pm *Vote Count*	Cascade Conference Room

Scan code to join



Or visit
<https://1199nw.org/3yBv4NS>



“We need to stand united for our bargaining priorities. Come in to vote or join online to vote on taking action.”

- Jeanne Oden, RN FCBC

CHI continues to fall further behind on wages than other area hospitals

Our bargaining team proposed higher wage increases in March of this year to be competitive with other hospitals. Other hospitals in Virginia Mason Franciscan, Providence, UW Medicine, and MultiCare are making the commitment to retain their staff with higher wages and improved contract standards. It is time for VMFH to make a lasting commitment to invest in us, the nurses, families, and community that rely on St. Elizabeth.

We are committed to fix the staffing problem with a new dedicated Nurse Staffing Committee

As frontline nurses, we know that staffing to patient acuity is often overshadowed by benchmarks like productivity. This creates situations that lead to burnout and put both staff and patients at higher risk. Our expertise and unique critical access environment should be heard when we create unit staffing plans. Without frontline staff voices in staffing plans, management is creating plans that leave us short staffed and unable to fill vacant positions easily.

Our bargaining proposals will help retain and bring on talented staff that our hospital and community needs. We know that our actions speak for the unity of our co-workers and are committed to taking further actions to help bring higher standards for all of us at St. Elizabeth.

St. Elizabeth Hospital	Union	Management
Across the board raises (the raises everyone gets)	17% Effective 3/31/22 7% Effective 3/31/23 6.75% Effective 3/31/24 1% Effective 3/31/25 Wages that will attract and retain nurses at St. Elizabeth to improve staffing.	11% Effective 2 pay periods post ratification 3% 1st full period following 4/1/23 3% 1st full period following 4/1/24
Ghost Step Fix	Effective the first full pay period following ratification, the wage scale will include new steps 21, 23, 27, and 30 at 2% . These increases will cascade up the scale. Everyone should get a raise on the pay scale. We need to retain our most experienced nurses.	Effective 2 full pay periods post ratification: Fill the ghost steps at 21, 23 and 27 at a rate halfway between step below and above.
Loyalty Incentive Program	An incentive bonus to help retain current employees and a commitment from the employer to INVEST IN US!	REJECTED
Paycheck Errors	Allows employees 30 days to report a paycheck error once it is discovered. Verified errors will then be corrected within the next pay period and in no event later than 30 days.	Employees will have 45 days of the date that the paycheck error <u>occurred</u> to report. Verified errors will be corrected within two pay periods of notification of the error. After the 45 day window to report neither party will have a responsibility to make adjustments beyond the notification date. This means if you don't catch a paycheck error within 45 days management does not want the responsibility to pay what is owed.
Low Census	Adding Travelers to the first cut of Low Census rotation with no contract maximum to keep dedicated nurses at work if they do not want to volunteer	Adding Travelers in Low Census rotation up to their <u>contractually allowed maximum</u> .
Nurse Staffing	"Professional Practice Committee" changed to "Nurse staffing committee" with language that will allow a union representative in the meetings. This will make a staffing committee outside of shared governance for nurses to have a greater voice in staffing.	REJECTED
Holidays	Premium Pay Days paid at double time for all hours worked. Adding two new federal holidays to premium pay days: Martin Luther King Jr Day and Juneteenth.	REJECTED
Training Fund	Access to training, education, and career development for tuition assistance, career counseling, RN Cert/Re-Cert, HealthStream/CEU's and more	REJECTED



"The fact that Travelers don't go first is a ridiculous practice I feel. That should happen before any regular, loyal staff has to leave on their regularly scheduled day. I realize you have to pay them anyway but the answer to that is to get the place to where we don't need travelers. A loyal employee should not have to go home low censused while temporary help works in place of them. This does not line up with the core values."

- Cindy Anderson, RN ED



"It is important that frontline staff have a voice in the matter. Our proposal is to create a dedicated Nurse Staffing Committee. We need to be able to make some decisions over our unit staffing plans. Right now, I feel like that is not a good use of time as someone on the Shared Governance. We need to take the time to help fix our staffing problems instead of just approving someone's presentation."

- Sherry Tomt, HRN



"A staffing committee would bring staffing conditions to the forefront on an equal footing. We need a more collaborative process than what we have right now because there is a problem with staffing. Management said the current state of staffing is not broken. We need a process that respects staff and returns us to an acuity based staffing model."

- Kelly Patton, Acute, RN