



# Two hospitals standing united for our patients and community!

Our bargaining teams at St. Elizabeth and St. Anne have been working hard to bring meaningful proposals that address our concerns as care givers at VMFH-CHI. We know as frontline healthcare workers what it will take to recruit, retain, and provide safe patient care with respectful working conditions but VMFH-CHI continues to deliver bottom of the barrel proposals that keep our hospitals behind.

By keeping us short staffed, the hospitals are telling us to do more with less and that is unacceptable. We need to take action and bring our struggle to the community.

## St. Elizabeth

Proposal	Union	Management
<b>Break Relief Nurse</b>	Break relief nurse to guarantee breaks and safe patient care	<b>REJECTED</b>
<b>Staffing Committee</b>	Make a stand-alone Staffing Committee to have a greater voice in staffing	<b>REJECTED</b>
<b>Staffing Concerns</b>	Strengthen language for Charge nurses to not take patient loads	Charge nurses must take patients in cases of sick calls, and fluctuating census
<b>Low census first cut</b>	Travelers cut first no matter what, regardless of the traveler's contract maximum	Travelers cut first up to the travelers contract maximum
<b>Wages to recruit and retain</b>	<u>Year 1:</u> Effective the first full pay period following 3/31/2022 10% (paid retroactively) Effective the first full pay period upon ratification 7% <u>Year 2:</u> Effective 3/31/23, 6.25% <u>Year 3:</u> Effective 3/31/24, 6%	<b>Year 1:</b> 2022 Effective 2 pay periods post ratification - 16% <b>Year 2:</b> April 1, 2023 0% <b>Year 3:</b> 1st full pay period following April 1, 2024 - 3.50%
<b>Loyalty incentive</b>	\$5,000 split into 2 payments	<b>REJECTED</b>



“We need wages that keep up with the market to hire more staff and we must have a voice in staffing at the staffing committee to make sure we are staffed correctly. The # of deliveries in my department has increased since our last contract and the # of nurses have not increased. Right now, it is one sick call, and we are just derailed. There is no wiggle room whatsoever. Those of us doing the work should be able to focus on creating meaningful solutions to fix these broken staffing patterns and not just receiving the decision management has made. This is also why we need a more robust, nurse driven staffing committee. Charge nurses need the autonomy to make critical staffing decisions for our patients.” - **Jeanne Oden, Family Birth Center, RN**




“Our ratios are going up, our community is growing, our patient load is going up. We are talking about extending OR times to add on surgeries. We have extra call, extra births and we want to keep people out there. It's hard to recruit someone to live out here since you must take call within 30 minutes. It is hard to get people to move out here.” - **Jordyn Kusler, Perioperative Services, RN**




“Even though we are a small hospital we are upheld with the same standards of VMFH-CHI and we don't have all the manpower a bigger hospital has, and that means we are working even harder to meet those standards. If we accept management's economics offer we are still going to be behind and will not be able to recruit and retain.” - **Mark Ignacio, Emergency Department, RN**

Proposal	Union	Management
<b>Break Relief Nurse</b>	Break relief nurse to guarantee breaks and safe patient care	<b>REJECTED</b>
<b>Staffing Committee</b>	Nurse Staffing Committee will determine and vote on the staffing plan	***waiting for response
<b>Safety Concerns</b>	Every employee deserves safety in the workplace and should be provided a communication safety device. By law the safety committee should be meeting regularly.	***management proposed to meet quarterly and did not agree to provide personal safety devices for all workers
<b>Low census first cut</b>	Travelers get cut first regardless of the contract maximum	Travelers cut first up to the traveler's contract maximum
<b>Wages to recruit and retain</b>	Effective the first full pay period following 7/1/2022, employees will receive 10% across the board increase.  <b>Upon Ratification:</b> 8% across the board increase.  <b>Year 2:</b> 7% across the board increase.  <b>Year 3:</b> 7 % across the board increase.	<b>RN:</b> <b>Year 1</b> – 10% <b>Year 2</b> – 4% <b>Year 3</b> – 3%  <b>Service:</b> <b>Year 1</b> – Compressed wage scale with varied % increases <b>Year 2</b> – 3% <b>Year 3</b> – 3%
<b>Loyalty Incentive</b>	\$6,000 split into 2 payments	<b>REJECTED</b>



“Low staffing makes a life-or-death difference to patients and staff, it’s a safety issue. Take for example the application of restraints, the policy requires 6 people to implement them properly but when only 4 people are scheduled for the night shift how can you possibly do that safely. No one wants to work in a low paying/unsafe and disrespectful environment, if Common Spirit/ St. Anne’s wants to show their employees that they are valued: paying us fairly and respecting us is how they can show us. It’s time to change this hospital’s reputation in the community and its reputation with its staff. I want us to be known for good pay, adequate staffing, and awesome care.” - **Melissa Leaptrot, RN, ED**



“I am very angry that this negotiation is taking forever, I know that everyone, RNs and Service feel that we need better wages across the board, it’s a safety and staffing issue. The hospital needs to invest in us if they want to retain experienced staff and recruit residents who will stick around, we are in a staffing crisis and there is a clear way to save this sinking ship; respect us and pay us.” - **Adiam Gidey, RN ICU**



“We are working very hard to get a good contract but the response we received on wages and economics isn’t even worth mentioning. This is especially concerning how staffing is at a crisis level. Stay posted for the next steps.....” - **Maria Zetino EVS Tech**

## Update on VMFH overpayment and payroll errors

VMFH unilaterally implemented inappropriate and unlawful changes to payroll deductions without bargaining the process of recouping overpayments or the effects of this process. The union sent the employer a cease and desist along with a demand to bargain on Monday, November 14. Members from St. Anne Hospital, St. Clare Hospital, St. Elizabeth Hospital, and St. Joseph Medical Center met with the employer on Wednesday, November 23, to discuss the impact and hardship these repayments have on employees and negotiate our demands. One of the biggest complaints with these repayments is not being able to understand paystubs and not having an itemized explanation of each deduction. The employer has failed to be transparent throughout this process and has not furnished the information the union has requested in a timely manner.

On Monday, December 5, the union filed Unfair Labor Practice (ULP) charges with the National Labor Relations Board (NLRB) against VMFH for violating the law by dealing directly with employees over repayment plans, unilaterally implementing a repayment plan, and failing to furnish information requested by SEIU Healthcare 1199NW.

### What you can do

If you signed an authorization for deduction, you could send an email to VMFH Division Director, Employee & Labor Relations, Marie LaMarche: [marielamarche@chifranciscan.org](mailto:marielamarche@chifranciscan.org) and CC your union organizer to revoke any authorization given for VMFH to deduct monies for overpayment and request a full accounting of the overpayment amount that VMFH claims is owed.

If you would like to report a payroll error that is still unresolved, you can fill out this online intake form that can be submitted to L&I.



<https://1199nw.org/3tE2p7X>