



We're standing together for livable wages

We met with MYMH on Monday, May 22 to discuss service wages and premiums. Your bargaining team shared our experience and everyday struggles caused by short staffing around the hospital. Although there was some movement from management towards where we want to be, we still have quite a ways to go and are counting on our strength to move management to wages and premiums that reflect the value of our work and loyalty to our community hospital.

We are the building blocks of this hospital; let us strengthen the foundations rather than watching our hospital crumble because of low wages. We deserve to have livable wages not only for us but for the care of our neighbors, coworkers, and family in the Valley!

Join us today to be part of our strength



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We all want the same thing, but in order to get there we need to more movement from management on benefits language we have worked hard to keep over the years. If they want us to move on wages, they must move on language that retains and recruits for years to come, not just right now.

Below are some outstanding proposals.

Union proposal	Management proposal
Union - Any new hire will join the union.	NO RESPONSE
NEO - Improved Language to New Employee Orientation to have the ability to share union rights new workers have.	NO RESPONSE
Rest breaks - Increase 10-minute rest breaks to 15 minutes.	No agreement, but aligned.
Float premium - New float pool premium for service workers. Just like the RNs.	NO RESPONSE
No.	Callback - Eliminate double pay, including double time on holiday.
Callback minimum - Three-hour minimum.	We are aligned except Service Unit, they will stay at two-hour minimum.
No.	Overtime - Eliminate degree/cert pay as base wage to calculate OT.
Double time - Starts four hours after end of regular shift or after 12 consecutive hours, whichever comes first.	Double Time - Starts four hours after then end of your regular shift, counts back to 12th hour.
Standby - Increase to \$5/hour, \$7.50 holidays and when on standby over 24 consecutive hours.	NO RESPONSE
We believe rest is rest and 11 hours should be applied to everyone equally, and call backs should not be excluded from this premium.	Rest between shifts - Change to a tiered structure: 8-hour employees get 11 hours of rest, 10-hour gets 10 hours of rest, and a 12-hour employee gets 8 hours of rest. Also, work in callback hours do not count toward RBS.
Cert pay - Increase to \$3 and up to 3 certs.	NO RESPONSE
We don't want to lose any holidays and are still evaluating the impact	Holidays - Eliminate four holidays: President's Day, Employee's birthday, Juneteenth, Float holiday.
We have asked for information and are evaluating the impact.	PTO - Combine holiday and vacation into one bank, sick hours will be in a separate bank.
Education - To participate in our Multi-Employer Training Fund that other MultiCare facilities already participate in.	NO RESPONSE
We are evaluating the impact.	3 of 4 weekends - Change to if you work two successive weekends, the second one will be paid at 1 1/2 time, the third weekend will be regular rate of pay.
We are evaluating the impact.	Low census - Change to the rotation list.
We are evaluating the impact.	Seniority - Change to Date of hire.
We are evaluating the impact.	Shift differential. Change to getting premium for majority hours of your shift rather than actual worked hours in each shift.
We think this is a great idea.	Holdover language - New holdover language if you're held over 30 minutes after your shift that would trigger an automatic 3-hour minimum callback when on standby.
Referral Bonus - To help with recruitment.	NO RESPONSE
Lactation space	NO RESPONSE
Bargaining team - Pay and ability for staff to donate vacation/PTO.	NO RESPONSE
Parity for Service unit - To have parity with the nurses on premiums, weekend pay, shift differential, call back minimum, incentive programs, cert pay.	NO RESPONSE

EVS - Assigned home areas whenever possible.	NO RESPONSE
Holding patients differential - Any nurse who is required to hold a patient on a different unit than ordered by medical provider, or that deviates from standard of care (related to, but not limited to, delay in patient transfer due to bed/staff availability) shall receive a differential of \$2.50/hour	NO RESPONSE
Wages	
Service Unit - 25% this year, 2024 8%, 2025 8%.	Service Unit - NO RETRO – Approximately 19% this year, but if you're impacted by minimum wage you would receive less. 2024 - 5% is now 7%, 2025-5% is now 6%
RN Unit - Adopt a new wage scale - we used Kadlec nurse's scale as a template to recognize longevity. Plus, additional 8% at ratification to keep us competitive in the market. 2024 - 8%, 2025 - 8%	RN Unit. This year 5%, 2024 3%, 2025 3%, continue with current scale.
Tentative Agreements	
Job Class movements on pay grade: <ul style="list-style-type: none"> ★ NAC to pay grade 11 ★ UCA to pay grade 12 ★ ED tech to pay grade 12 ★ *NEW* Float pool NACs/Lift Team to pay grade 12 ★ Phlebotomist to pay grade 11 ★ OB Techs to pay grade 16 	YES - Management agrees to our proposal

Bargaining Team:

Trish Bowman	Jaime Erickson	Kienna Richards
Alice Westphal	Emily Kenney	Zsa Zsa Chinn-Reis
Karen Arreola	Gema Aguilar	Kaiden Swan
Deshawn Oursland	Amber Cox	Cecilia Ornelas
Yudith Webber	Ariel Harwood	Laura Mendoza
Mariela Mendoza	Renee Bauer	

Next bargaining dates:


June 8, 2023

June 15, 2023

July 6, 2023


July 20, 2023

July 27, 2023




"Hi, my name is Deshawn. I am a union delegate Phlebotomist. I have been with Memorial for almost 7 years now and I'm here to talk about why I requested the pay scale that I did the pay scale that I am asking for was originally 13 but since MYMH are not willing to accept I am now requesting pay grade 12. I know management said that this is the fair market rate analysis but unfortunately it is not. We are a very important part of the hospital. Yes we draw blood, but there is so much more to our job that not everybody sees. Not only do we draw blood, we have to ensure that the blood that we draw is drawn properly like what tube, what temperature, how fast it needs to be processed and send downstairs to processing, we have to make sure your labs are drawn on time, we encounter time draw codes, draws emergency department, draws PACU draws, etc. Not only do we draw blood, if we're not up there on the floor we're downstairs in lab processing and that on its own has its own complexity. We have to properly process samples and make sure they go to the correct departments because if they're not properly processed, then they get rejected and we have to have a Phlebotomist reach out to patients again. We also have to be knowledgeable in techniques of drawing and what is expected from a line draw, an arterial draw, or a blood patch. Our job has so many unseen complexities that are unrecognized, and I want to bring all this to your attention to show you that we have been inaccurately compensated for many years, and we need to be paid according to the job that we do, if not, you will continue to see a 40% turnover in your service members. At Spokane, I counted 14 available Phlebotomist positions and I see that MultiCare is even offering a \$7,000 sign on package to get those people in the door but the wages are still low. If we are not paid at a good rate it is going to be hard to retain Phlebotomists. You will continue to struggle with open positions and this is why we're asking to move the phlebotomy paygrade up. It's a big step in the right direction to ensure that we're getting paid for the job that we do."

- Deshawn Oursland, NSL Phlebotomist



"Us in float pool are so versatile, we are trained for every department, and with our lift team skills, we are trained to take care of even some of the hardest ortho patients, psych patients, geriatric patients, etc, this makes it easier for staffing, because we can be plugged in ANYWHERE because we know how to do those jobs. Us float pool NACs get floated to every department within the hospital to fill in as a tech, runner, or 1:1 sitter, and also are required to go off campus to the heart center, sleep center, and cottage in the meadow as needed. We fill in for after hours, purchasing and wound care supplies. We respond to codes to help grab supplies, transport patients, and assist with CPR. We are also responsible for taking patients to the morgue, which we had to do multiple times a DAY during our covid pandemic, which truly affected our mental health. I don't think that people truly understand how many steps we put in, in a day, especially on days when we are short staffed, this is why it's crucial that we get parity with the RN contract and receive a float pool differential for the things we know and do on a daily basis."

- Jorge Mendoza, Float Pool NAC/Lift Team



"I think it's important that us in Service are heard. We are important! We need living wages! We are as important as the nurses and need our contracts to line up with the same premiums including the float premium that the nurses currently get. Our mental and physical health is put on the line every day and we need to be recognized for the work we do. In order to do that we need you to join us in this fight, and sign up to become a member! We are stronger the more numbers we have, and I know all of us want the same thing, a great place to work that recognizes us and honors us by the contract we are wanting to create!"

- Dulce Barajas, Float Pool NAC/Lift team