

We're building the path for better patient care

We speak out because we care: for our patients, community, families, and our hospital. It is our commitment to quality patient care and our hospital that drives us to raise our voices when we feel care is compromised. That's why we took action and marched on management to call on them to follow our road map for better patient care. We called attention to the shortfalls in quality patient care that are happening in units across the clinics and hospital—it's time for management to work with us to improve the recruitment process and staffing throughout Valley. We will continue to raise our voices until our patients get the care they deserve.

Our road map to improved patient care

1. **Recruitment**
 - a. Repost vacated positions immediately so that there is no lag time between when employees leave and new employees are hired.
2. **EVS Staffing**
 - a. Increase FTEs and on-call positions.
 - b. Set assignments with training for any rotational positions.
3. **Nurse Staffing**
 - a. No more flexing to five patients.
 - b. Maximum of 10 patients for PCAs.
 - c. Respect charge nurse judgement and contractual authority to call in additional staff when necessary.
4. **Respect**
 - a. Zero tolerance for harassment to build a better workplace culture.
 - b. Work with members and delegates to schedule meetings at times and locations that work for all parties.



"Staffing based off of numbers does not allow for flexibility of the changing needs of the unit. One shift I had my own two patients and covered two additional patients so a co-worker could take a break. All of

the patients had a high acuity and I was left in a compromised position to be able to care for four patients. This means that patients could have been at risk and one had a serious outcome. We need nurses to be the judge of acuity and Charge Nurses must be able to call in additional resources based on their expertise and judgment."

Cori Lucas, RN, CCU

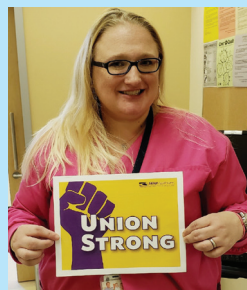


"Short staffing has been an issue in EVS for as long as I can remember but this is the worst I have ever seen our staffing levels. We have moved to a model of staffing our department based on patient

census and also shifted our focus away from actually cleaning the hospital, and our main emphasis now is pulling trash, doing check outs, and essentially running around the hospital to put out fires. The size of our hospital doesn't change based on census—the level of cleaning remains the same regardless of census. More importantly, this model has left our hospital visibly dirty and our public restrooms an embarrassment. Furthermore, because we are short staffed, we end up pulling housekeepers from areas that they have been trained to clean and we put them in

areas where they may have not had any training or adequate orientation. Continuity of patient care matters and this is especially true for housekeeping. We build relationships with the nurses and PCAs that we work with on a day to day basis and we become quality control experts in the home unit we have been trained to care for. We are the frontline of infection control for our patients. That's why we are calling on management to increase FTEs in EVS and also to stop using Housekeeping as a float pool and to create a model of staffing where we have home base units for the continuity of care we provide."

Mary Ann Gibbs, Housekeeper, EVS



"As delegates, we need HR and management to work respectfully with us in order to solve problems. Unfortunately, when some of our co-workers have reported feeling bullied,

discriminated against, or sexually harassed in the workplace, HR and management have not had a fair and systematic way of helping our coworkers feel supported to work through these issues. That's why we are calling on management to work with us to do better when our colleagues are reporting sexual harassment, discrimination and bullying. As a union, we do not tolerate discrimination or harassment in any form. We do not want our co-workers to feel blamed or shamed. We want to see a zero tolerance policy for retaliation from management when employees report these things and we want to see a better policy that will support our co-workers that are experiencing these things in the workplace."

Melissa Hawkins, MA, Covington Primary Clinic



"We are often floated off of 6S even while my co-workers take five patients on my unit. One shift I was floated off of 6s to another med/surg unit and I had five patients there, one of which required a

blood transfusion which is a very serious and time consuming process. While working with this critically ill patient, I could not care for the other four patients in a timely manner that needed my care. Flexing to five patients is not a safe or acceptable practice for our patients at Valley Medical Center."

Audrey Cambronero, RN, 6S



"Just yesterday I had five patients: a seizure patient still on video EEG, a stroke

patient with new onset right side weakness, a confused dementia patient who was impulsive and not using her call light, a patient on telemetry who has had unstable blood pressures, and a patient who was getting a blood transfusion at the time I came on shift. Five patient assignments like this prevent the nursing staff from missing critical errors in assessments like changes in a neuro status that could be a new stroke and require quick intervention or a seizure alarm that I am now more likely not going to be able to get to because I'm with another critical patient. Having better ratios is not about having a more relaxing job, it's about my patients being safe.

Kendall Bills, RN, 6S

No court case can stop us! We are Union Strong!

Across our hospital and clinics we're UNION STRONG! When the Supreme Court issued a decision that is an attempt to undermine our strength we showed that we're united and we won't let management or extremist groups roll back our wages, staffing or benefits.

Community leaders including King County Executive Dow Constantine, Councilmembers Larry Gosset and Joe McDermott, and Seattle City Councilmembers Lorena Gonzalez, Teresa Mosqueda, and Kshama Sawant joined a rally with UW Medicine Harborview workers to say UNION YES! When we speak out together we're raising standards in our jobs and also fighting to keep our patients safe.



"We knew that the Supreme Court was going to be ruling on a very important case that would impact unions across the country. We have been preparing for that decision and anticipated that they would deal a harsh blow to unions and working people across the country. However, what we know is that our strength does not come from five men in black robes. Our strength is in our unity. That's why we need to commit to our co-workers that we will stay union strong."

McKenzie Nguyen, MA, Kent Primary Clinic



"Being union strong means sticking together to stand up for what's right for ourselves and our patients."

Wanda Roland, PCA, Float Pool

