

# WE ARE THE OF ST. JOE'S

## We stand for our patients

Together in our union we are powerful patient advocates. Because we united and took action in our last contract bargaining, we won a voice at the table with our hospital's highest leadership to advocate for what our patients need and what we need. Last week, co-workers from across the hospital gathered with our Chief Operating Officer Tim O'Haver, Chief Nursing Officer Ruth Flynn, and Human Resources Director Jill Karon-Ross to share our experience regarding the staffing we need for our patients.

We spent the past month collecting the heartfelt stories and experiences of our co-workers to share at this meeting. Across CNAs, Care Assistants, Environmental Services, Dietary, and other areas, the themes of what we shared were the same: we need enough staff, all the time, in every department, so that we can take care of ourselves and our families and at the same time provide 100% of what our patients need.

Our administrators expressed appreciation for our input and at the end of the meeting shared their perspective that, in fact, it is they who need us rather than the other way around due to our critical role in patient care. They are right. And further, we know that it's most importantly our patients who need us—both to provide their care and to advocate for the care we don't have the time or staffing level to give. It's our duty and our honor to stand up for our patients and advocate for safe staffing.

**Highlights of what we shared with management—what our patients need:**



**Co-workers at our Staffing Meeting:**

- Charney Chambers, Equipment Tech, Respiratory
- Joti Narayan, CNA, Ambulatory Care
- Angeles Swanson, Care Assistant, Ambulatory Care
- Alisha Colyer, Dietary Aide, Dietary
- Rehema Mohamed, CNA, Hospice
- Janel Turner, Linen Aide, Linen/EVS
- Nilda Warren, CNA, Oncology
- Emma Loviska, Care Assistant, Pre-Admission Clinic
- Kenny Harris, EVS Tech II, EVS

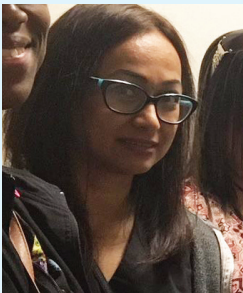
Dietary	Environmental Services	Vacation Coverage for Care Assistants
<p>Many dish room staff work significantly over our FTEs, sometimes working nearly every day in a month or for many days in a row. We need enough staff to be scheduled every-other-weekend off and work our regular FTEs most of the time; we also need FTEs that reflect the work we do.</p> <p>The new ticket system has meant we have to make manual changes to avoid errors in food for patients—and we are not always able to get food to patients in a timely and safe way.</p> <p>We need job titles that match the work we do. If we do cook work, such as the pantry position, we need to be compensated as a cook, not a prep cook.</p>	<p>The schedule changes due to our recent restructure are not working. On several units, the day shift housekeeper does not come in until 10am. This means that we are severely short-staffed early in the morning and sometimes we can't get daily cleaning of patient rooms done. It is unacceptable that some patients can't get their rooms cleaned.</p> <p>The hiring process takes much too long. A co-worker gives 3 weeks' notice to leave in good standing but the position posting process often takes well longer than that, meaning that we are necessarily forced to work short. Sometimes the positions posted online don't match the vacancies we know we have.</p>	<p>On some units such as ACC, management tells staff that we need to find our own coverage for our vacation or else we can't go on vacation. This is a violation of our union contract that "management will put forth a good effort to locate coverage." Further, sometimes we find qualified co-workers to work for us and then still management denies our leave. This is a particular problem for Care Assistants given than management laid off a large number of us at the end of 2016, so there are now few co-workers trained to cover for us when we are out. We need better cross-training and we need management to work with us to find coverage for our time off.</p>
Breaks for CNAs	Hospice	GI
<p>We need coverage for our 15-minute breaks. In particular, on the Oncology unit, we are often unable to take our afternoon break.</p> <p>Sometimes a CNA assigned to a "1-to-1" is in fact assigned "2-to-1," which isn't safe if we have to attend to one patient and then not be available for the other. And further, if a CNA is on break, another CNA might be covering both 1-to-1s in addition to 9 other patients. That is not safe for us or our patients.</p>	<p>We need to follow the posted staffing matrix. Sometimes a CNA is sent home on low census even when the matrix calls for that CNA to be present. Despite the fact that we raised this in bargaining and management committed at that time to fix it, this is happening again.</p> <p>Sometimes we get patients at the Hospice House who are not hospice patients. This is not safe for patients or staff and needs to end.</p>	<p>We need a clearer rotation of call and to better understand the distinction between when nurses and techs are placed on call. It's a problem when we are called in on weekends to attend to non-emergent cases.</p> <p>We need to be able to contact our manager consistently with our questions and concerns.</p> <p>We need to ensure that techs assigned to train new co-workers have the experience to do so safely.</p>

# Our next steps: following up and staying united

Management committed to investigate the issues we raised and respond in writing within 21 days, as described in the Staffing Meeting section of our union contract. In addition, we plan to meet again in 3 months and again in 6 months to follow up on the progress in addressing the issues we raised.

We are currently in discussion with members of the WSNA Nurse Staffing Committee to launch our participation of a CNA/Care Assistant representative in that continuing discussion of staffing on nursing units.

We will continue to advocate for safe staffing at our labor-management committee and directly to decision makers on our units every day. Talk to a union delegate about how you can use the process we won in our union contract—Staffing for Quality Care and Services, Article 6.7—to raise up what you need for patients in your work area.



Joti Narayan, CNA, Ambulatory Care

“We are having a lot of concerns about staffing. We need the support from management to safely care for our patients and ourselves—mostly having adequate staffing on each shift and making sure we are taking all of our three breaks without interruption.”



“I thought it was beautiful that we came together and united. Management was receptive and is looking into what we raised. That’s what unity is about.”  
**Emma Loviska,**  
Care Assistant, Pre-Admission Clinic

# Celebrating our victories

## Winning the right positions in EVS

We stood up and used our union strength through the grievance progress, and now Environmental Services co-workers Rodney Ingram and Santino Parker have been reclassified as permanent EVS Tech 2 staff! After years of being assigned Tech 2 work every day, Rodney and Santino were informed by management that they had to re-bid with the Tech 1 group and be moved to a new schedule. They were on the new schedule for roughly a week before being told they had to move to their Tech 2 schedule again as they were needed to continue doing the Tech 2 work of trash and recycling. Through the grievance process, these co-workers permanently secured positions that reflect the work they do so they no longer face the uncertainty of being moved to other assignments on management’s whim. We win for our co-workers and ourselves together in our union!



“After years of changes in EVS and getting moved back and forth, we stood up against management to secure the job we deserved.”  
**Santino Parker, EVS Tech II, EVS**

# Standing for a safe workplace

Because we are united, we have the strength and security to make real changes to improve our jobs. Recently, we took action in EVS for a safe workplace, including raising concerns repeatedly to our supervisor and finally to our upper administration. As a result of our action, Washington LNI and DOH did an investigation of our working conditions. They found a number of safety violations including the broken trash compactor, missing eyewash stations, missing locks on the biohazardous waste, and broken carts. We have already achieved improvements in many of these areas. LNI has given a deadline to management of August 1 to put other fixes into place such as infectious waste exposure protocols. When we stand up, we make a difference.



“After months of reporting broken equipment to our manager and supervisors and having our safety concerns dismissed, we decided to hold management accountable. Many of the items we had been asking to have repaired were fixed immediately after the inspector came through.”  
**Lamont Williams, EVS Tech I, EVS**