

We're making our workplace better, safer, and more fair

We are strong because we stand together and tell management what we need to safely and effectively do our jobs. That is why we are able to move management to see that we must bring DSHS and DOH management behavior up to community standards in so many ways.

Keeping the strides we have made in wages

Bringing standards up means keeping the strides we have made on wages. Management proposed a 2% raise in 2019 and a 1% raise in 2020. This is not acceptable because we finally started to make gains in our last contract and this would put us behind again. We are standing strong together in opposition to this proposal by telling management that we need to see real increases to keep staff.

We have made progress by making our yearly step increases less confusing and more transparent. Making sure our co-workers with many years of experience continue to move up the wage scale is still a top priority.

The work week is still 40 hours — we need staffing improvements

The 45 hour threshold for our overtime exempt nurses doesn't respect us or our time. Management needs to be accountable for making sure there are enough nurse consultants to do the work instead of just demanding we work additional hours. This is why we are firm that RNs be compensated with exchange time for hours worked over 40, rather than 45 per week.

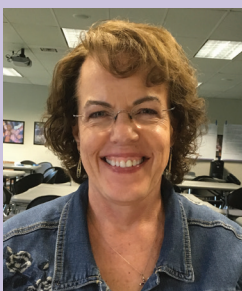


"The 45 hour threshold takes advantage of most of us, including our newest surveyors. To learn that job takes a huge effort. In the beginning they put in a lot of their own time just to keep up. We have proposed a 40 hour threshold for receiving compensatory time, so we get credit for all the time we work. This time is a good opportunity for us to reach for some of those less tangible but incredibly important things that will make peoples work lives better."

Tina Angeles, Case Mix RN, DSHS, Lakewood

Reasonable limits to probationary period

It's usually very clear if a new nurse will do well in our work within six months. We told management that extensions of probation should be limited, with a maximum duration of probation not to exceed nine continuous months. Management needs to be responsible to ensure they have an appropriate assessment on new nurses within this time frame.



"When there's a delay in training that isn't the nurses' fault, they are doing what they should do and they shouldn't be penalized because the training schedule isn't often enough. Not having access to training shouldn't result in an extended probation."

Lisa Hartwell, RN Consultant, DSHS, Lakewood

Our bargaining team

Debbie Carlson, Nursing Consultation Advisor, DOH

Tricia Terry, Nurse Consultant, DOH

Shana Johnny, Nurse Consultant, DOH

Charan Paul, RN3, Fircrest

Tia Hallberg, Nurse Consultant, Holgate HCS

Troy Wasmundt, RN3, Naselle JRA

Tina Angeles, Nurse Consultant, Lakewood RCS

Lisa Hartwell, Nurse Consultant, Lakewood RCS

Debbie Hawkins, RN3, WSH

Barb Shelman, Forensics admissions, WSH

Willie Saw, RN3, WSH

Paul Singh, On Call Supervisor, WSH

Sharon Bethard, RN2, WSH

Paula Manalo, RN3, WSH

Janie Palafox, RN3, WSH

Melissa Staples, RN3, ESH

Onnika Merkle, RN3, ESH

Van Braas, RN2, ESH

Roni Palmer, RN3, ESH

Traci McKenzie, RN3, Lakeland Village

Education must be elevated as a priority

Whether we are community nurse consultants or providing the best possible patient care to the most vulnerable in our community, professional development is important to our work. That is why when management balks at paying for appropriate training, we want to know, is there a higher priority in these agencies than our readiness to do the work? We need management to align spending with community values and put our training and education at the top of the list. This means allocating funds for our education compensation. Management needs to see that conferences and classes are provided for, including registration, travel, and accommodations.



“High standards mean a lot to me. My last job was in an emergency room where the professional culture was totally different from the State, but not out of the ordinary for the private sector. Managers and peers alike were encouraging and supportive of all of us getting higher credentials. That is why getting turned down by DSHS management when I ask to go to a professional conference is so striking to me.

My PDF states that I need to maintain compliance with the National Commission on Correctional Health Care, but I can’t do it without being accredited and going to conferences to learn new standards, where the industry is going, and best practices. We have things to share, too, that we do exceptionally well, and we help others by showing up to those conferences. RN3s, at least in JRA, need to go to the NCCCHC conferences every year, and it would be best for RN2s to go every other year. But the bigger picture is that we need to encourage all of our staff to have advanced credentials. We come back from these things renewed and excited and ready to offer the best possible patient care.”

Troy Wasmundt, RN3, JRA, Naselle Youth Camp

Forward progress on float pools

When we began bargaining, we told management that one of the keys to properly staffing our facilities is a float pool. Because we are united on this issue, management heard us and has agreed to create a robust float pool. We are not done yet. We know that to make this work, we need a float and redeployment premium, which would incentivize management to keep staff on the ward they were hired to work, and also helps us want to float when the need arises.

ARNPs are moving up to higher pay grades

Our co-workers who are ARNPs have been working for less than community standard wages. We showed management that we all stand together. That is why they agreed to move ARNPs and ARNP Leads up to higher steps. Significant progress is being made.



“The state of Washington is wise to hire nurse practitioners; we bring expertise and enthusiasm to quality patient care, whether alongside or in the absence of physicians. This saves the state many thousands of dollars in salaries alone, but only if we are able to recruit NPs into state service. Without offering competitive salaries, this is problematic. Management has begun moving in the right direction, but we remain committed to securing adequate compensation for NPs in leadership roles.”

Paddy Carlson, ARNP, DDA Spokane

Fighting for what is right

The RNs who work in facilities know there’s a risk of assault every time we walk in that door. We need to care for our patients knowing that if the worst happens, the state will take care good care of us. How else will we approach our work with confidence? Management needs to have respect for us and our co-workers, and not put obstacles in our path when assault benefits are earned. We spoke out about this at the bargaining table. When we are injured, it is an affront to question who touched who first, or did the paperwork get turned in by the deadline. We need the state to take a hard look at the hurdles we face when assaulted.



“I was redirecting a patient and they turned around and punched me. Then when we were putting them in restraints I was kicked. I don’t understand why my claim was denied, but for some reason it wasn’t considered a primary assault. I think any assault should be covered by L&I at 100%. If you get hit you get hit. When minor things happen I don’t claim L&I because I can still function. But if I intervene when a patient assaults another patient and I get hurt, I don’t get assault benefits. I am lucky, I have a really good team. We have one another’s back. If they see someone getting assaulted they jump in. We should be recognized for the danger we put ourselves in. We need to stand together to make sure we are fully supported.”

Sharon Bethard, RN2, WSH C3 Days