

# Our contract should raise standards to improve our jobs and care

Taking action is how we show management that we need to see real changes in our work and the way we provide care. That's why we shared our stories at the bargaining table about why we need commonsense changes to our work environments. We know the answers are better staffing, education, a float pool, and affordable care—not punitive measures and blame. We expect management to be ready to respond and demonstrate real intent to invest in us and our patients and clients. Plan on hearing from a leader, a delegate, or a bargaining team member about how we are unifying around taking action in our workplaces.

## We need affordable care for us and our families—take action today!

We care for patients and clients across the state, we need affordable care for our families, too. As state employees we bargain with the state for our health benefits. When 113,000 of us join our voices together we can protect our healthcare benefits and fight together to make improvements. Having a union has given us the ability to join our power and bargain together with other state employees to make sure we can keep our benefits competitive. At our last session we told management that it is time they bring our healthcare cost back to what it used to be: 88% / 12%.



Stand with your co-workers by visiting  
<http://bit.ly/DSHSDOHcontract>  
or watch for an email from your union with the link to take action.



HC Coalition Bargaining Team

"Management is going to have to work with us because we are holding strong and we remember the losses from the past. This fight will have to extend beyond the bargaining table and it will take all of us reaching out and will go all the way to the governor's office. Speak with your bargaining team member and look for an email or text to find out what we are all doing to make sure we are heard on this."

**Patricia Terry, NCI, DOH, Member of the**



Scott Canaday, Harborview Medical Center, Angio Tech,  
SEIU Healthcare 1199NW Vice president,  
Member of the HC Coalition Bargaining Team

"We need to be prepared to fight for our healthcare. During the recession we adjusted our healthcare costs in good faith, and now management is refusing to make things right. Now that our economy is back on its feet, our cost share should go back to what it was. We need to do what it takes to win a lower cost share. Call the governor's office today to say that 85 / 15% isn't going to cut it anymore; we need to go back to 88 / 12%."

Our HC cost before the recession	Our HC cost now	Our proposal to management
State paid 88% of the cost. We paid 12% of the cost.	State Pays 85 % of the cost. We pay 15% of the cost.	That we go back to what it used to be before the recession; State pays 88% of the cost. We pay 12% of the cost.

## Improved differentials can make our work less dangerous



"It is not uncommon to see wards run by almost 90% overtime people, with about 60 - 70% pulled from other wards. OT staff are not familiar with these patients. We feel it is because of this that most of our injuries happen on evening shift. We put wage differentials into our proposals for a reason. They are important to retain RNs on the hard to staff shifts. If we can give them better incentives and provide better training, we can reduce injuries, keeping our

patients and staff safer."  
**Paul Singh RN3, On Call Supervisor, WSH**

## Preceptors and differentials improve our quality of care



"As it is now, we don't have any preceptors. We need a way of continuing the great care we are providing into the next generation. We will be able to hire new grads but I'm afraid that we won't be able to retain them with no preceptor, and when they can make better differentials elsewhere. I know you say there's not money but we see you shifting money around all the time. I know you can do it."

**Charan Paul, RN3, Fircrest**

## Pay ARNPs what we are worth



**Paddy Carlson, ARNP, DDA**

"I have always loved having patients no one else wants to see. I work hard to keep people out of jail, hospitals, and the street. I am the only one of me in Spokane. Hopefully, we ARNPs will be increasing in numbers because we save the state lots of money. I do a lot of interference with pharma companies, insurance companies, and private care providers who are nervous about this type of patient. We deserve the pay we are proposing."

## COLAs and premiums will attract the best new nurses



keep the people we have already trained, and attract the best talent."  
**Van Braas, RN2, ESH**

"It takes dedicated staff and resources to do the work. It distresses me when I see great nurses leave. Last week two great nurses left, one for better job opportunities. Since we won the raises last contract, the pay is comparable, but we are going to quickly fall behind if we don't make enhancements to premiums and COLAs. It is all about the resources. I hope we can move this forward soon. We want to take a good tentative agreement back to our co-workers. Let's

Invest in staffing



“I work in public service because it is a calling, so I hate to see people wasting money. There are things we don’t need to do and no one has the courage to say it. We are over here kicking dead horses. So many things we do don’t have to do with patient care, it is just work that exists to manage us. I would like to see you stop that and I would like to see you put money toward nursing care where we need it the most.”  
**Willie Saw, RN3, WSH**

Short staffing affects access to education



“It is difficult to provide education at Western because of the staff shortage. We can’t get staff to our trainings because everyone is too busy. Sometimes I’m reduced to training one person at a time, which is frustrating when there is so much to be done. This is one more way that staffing shortfalls affect patient care, by creating obstacles to the delivery of needed education.”  
**Janie Palafox, RN3 Nurse Educator, WSH**

We deserve respect



“We nurse consultants are the interface between the technical health and safety information and the public. We are key in providing communications to providers when there is an outbreak of communicable disease. Our proposals are an opportunity for you to show our earned respect for us and our work, and to make it possible for us to continue to protect the community.”  
**Shana Johnny, Nurse Consultant, DOH**

Hire the number of RNs it will take to complete the work



When the RNs who are now close to retirement leave, it is going to be hard to recruit more. We have not been hiring nurse consultants at HSQA and so those of us left doing the work have been under intense pressure. People are working long hours. The work didn’t go away, we are just expected to do it all, and many of us work over 40 hours every week. Lower staffing means higher workloads for those of us who are left. It isn’t right.”  
**Debbie Carlson, Nurse Consultant, DOH**

Management needs to respect our time



“Any given day I can be dealing with dental, primary, trauma, psych, vision, self-harm, or one of many other types of care for some of the toughest kids in the state. For 16 years I was an emergency department nurse and could get nurses trained in six weeks. It takes me a year to get people up to speed at the JRA. We need to pay people if they are not going to get the rest they need between shifts, so management will have more respect for our time. When we need people to come in, paying them is a great way to get them there. Why should the state’s failure to properly staff the JRA be an emergency on the nurse’s part?”  
**Troy Wasmundt, RN3, Naselle JRA**

Overtime exempt nurses should get comp time over 40 hours



“We are taught to look at residents holistically—physical, psychiatric, families, facilities. We look at each patient under all those umbrellas together, figuring out where any failures might be. There are so many layers to what we do, our co-workers want and need to be the best of the best. Our fields have changed a lot because the world has changed a lot. Why would I work as a consultant and be pressured to work 45 hours a week when I could do acute care, which is less complicated, and make more money?”  
**Lisa Hartwell, Nurse Consultant, Lakewood DSHS**



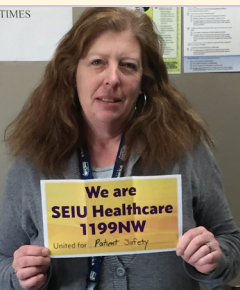
“Everyone is looking for ways to do things more cheaply. Standards are eroding. When a line is being crossed, we are the ones who know where that line is. We are that fine line, we are out there protecting the public. That is why we need to have enough nurses doing this work. I don’t get to quit at 40 hours, and the suggestion that we can just talk to our supervisor when our workload is too high does not reflect reality.”  
**Tricia Terry, Nurse Consultant, DOH**

We need to get in line with industry standards



“It breaks my heart that at WSH we are having a difficult time hiring new graduates because they are afraid. They don’t want to be assaulted when they are trying to care for a patient, and then get their assault benefits denied. All of us are tired of mandatory and being threatened with a PMR when we don’t do it. Father’s Day was horrendous. There should have been more communication in the bulletin about the short staffing. Management knew it was coming, but only got a request for overtime into the bulletin on that Friday afternoon. We have suggested using a text message system before. We know it would help. Why hasn’t that been implemented yet? Instead of doing something useful, they called us on wards to ask how many people refused to do mandatory. Management needs to find a way to say yes to our proposals. On top of doing everything we already do, we shouldn’t have to fight with management on sensible solutions that have been in place everywhere else for decades. We call this industry standards, and we need them here, too.”  
**Paula Manalo, RN3, WSH**

We need adequate rest between shifts



“We want to go home to our families in one piece. Some of our residents are street smart, many can kill you. We often get patients from ESH, some whom should really be returned to ESH, and yet we are not allowed to use restraints. I work hard and it scares me how tired I get. On those days, I go home and I ask myself, was I able to take the best possible care of these residents?”  
**Tracie McKenzie, RN3, Lakeland Village**