



SEIUHealthcare®
United for Quality Care

We are patient advocates and we are taking action

Being a patient advocate means standing up and taking action when something is wrong. When it became clear that Swedish was not listening to change teams' concerns for our patients after announcing cuts to Labor & Delivery, the IV team, ED, and Nutrition Services, we stood up for our rights as decision makers and our patients. Our unity and action have made an impact!

We moved Swedish to do the right thing

IV changes delayed for five months

By standing together across the Swedish system and taking action, we have successfully delayed an unacceptable plan to eliminate the IV team. Our action resulted in management delaying the "roll out date" for the proposed transition until March 2019. This is important progress but we know this is not good enough.

Swedish IV nurses are specialists in patient care. We are determined to provide the safest and most efficient care possible. It is our high level of competency, skills, and triage management that makes this achievable.

As specialists in our field, it is imperative that we continue to hold administration accountable to staffing levels that will prevent adverse events.

"Specialized 'IV Teams' have shown unequivocal effectiveness in reducing the incidence of CRBSI, associated complications and costs," according to the Center for Disease Control's *Guidelines for the Prevention of Intravascular Catheter-Related Infections*, which are designed to help practitioners eliminate blood stream infections in patients with IV catheters.



"Our message to Swedish remains the same: we are those specialists. We promote patient safety first and foremost so as to do no harm."
Judy Cuning, RN, IV Team, Ballard

We have more work to do to ensure that patients requiring highly specialized IV services get the care they deserve.

Further reductions in First Hill

Swedish wants to move ahead without a plan, we're fighting back

Where we were forced to proceed to a rebid without consensus in the change teams we sent a strong message to management:

"It is our position that these rebids are:

- 1.) Being implemented by Swedish without the agreement of the change teams
- 2.) Outside of the timeline of the change team process in the contracts

We are participating to protect our rights but disagree with the changes and reserve our right to file grievances over these violations."

It is management's job to run the hospital and they need to do it in a way that is respectful and safe for us and patients. When they do not have the right plan it is our job to raise our voices as patient advocates.

Our expertise is critical to a safe plan at Ballard Family Childbirth Center

The closure of Ballard's Special Care Nursery still raises serious concerns about the impact on moms and babies. Doing so without a plan will result in nurses practicing outside of their scope. As a result of raising concerns in the ABC Committee the Family Childbirth Center nurses are now central in the conversation about next steps.



"My loyalty has always been to this unit and our patients. We are not opposed to change but as nurses, we will continue to insist that safe transition plans are in place so that we can continue to keep all our patients safe while nurses can up-train to learn the skills needed to care for babies requiring special care."

Lisa Anderson, Charge RN, Ballard L&D

Labor and Delivery halted

Any instance of being below AWHONN standards is not acceptable, nor will it be acceptable to cut members of the care team in Labor & Delivery. More staff have left as a result of the proposed drop in standards than the proposed cuts even called for due to Swedish not following the contract. We need to get back to staffing to core and maintaining excellent care for moms and babies.



"Management is not thinking big picture about effects of cutting so deep. This will affect our response time in critical situations and will affect our entire team because they will need to do more with less."
Stevenay Mendez, OB Tech, Labor & Delivery, First Hill

The Nutrition rebid is postponed, while we are standing up for quality nutrition for patients

We are holding the line in Nutrition Services for our patients, our staff, and our community. We are going to keep taking action and working the change team process to ensure we can continue to maintain access to quality food.

The Clinical Decision Unit rebid has been postponed and we are making the right plan for observation patients

First Hill Clinical Decision Unit (CDU) nurses have years of experience in different care settings to apply to caring for observation patients. When Swedish pushed us to rebid without a plan for our patients or a rebid date we pushed back. We are committed to working through the change team process to have assurances of working conditions that allow quality care for our patients.



the community."

Mustapha Drammeh, Sanitation, Nutrition Services, Ballard

Emergency staff shifts restored

"The ED stands in solidarity with our Critical Care partners, L&D, Ballard Special Care Nursery, IV Team and the rest of the system staff who were affected by these cuts. It is the position of the ED that it is the responsibility of the administration to intimately understand the inner-workings of the units affected. While we respect that change is necessary at times, **bedside staff is the MOST critical component of safety for our patients and quality of care that we provide to the community.** The group of staff who came together at the ABC committee represented some of the most impassioned staff committed to maintaining the high standard and excellence of care that Swedish is known for in the community. Our main concern is that our voices for patient care are heard.

From the beginning of this process, **it appears that the administration making the cuts had a gross and unforgivable lack of understanding of the implications of these cuts.** We should not have to inform them that floor nurses have not been doing IVs for 15 years. We should not have to inform them that special care nurses are NOT interchangeable with NICU nurses. We should not be separating babies from their mothers in the Ballard program for mothers experiencing addiction. The L&D staffing model labor nurses should not be split between a birthing baby and a hemorrhaging mom in another room because some disconnected executive thought this was a good way.

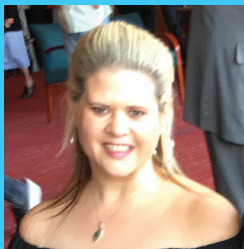
Cuts when they are needed should be done with deliberate and surgical precision. Patient safety should be transcendent above every other priority. As for the ED, we were looking at having to fill in for the lack of IV team, lack of CDU, lack of ICU, and lack of help with our precipitous deliveries. We are already boarding critical patients almost every day. We do this while watching 3 – 10 behavioral patients at any given time. We do this while we have 460 hours per week that have not been hired into. Many of our staff are working 100 – 130 hours per pay period. We do this while we have at least one assault per week. We only have ourselves and security for our protection.

We too are dedicated to our patients and our own safe environment. We cannot provide adequate and rested staff. We need our positions filled. We need a safe skill mix."

–The First Hill ED Change Team

ICU/IMCU: Our sickest patients deserve our full care team

By taking action we got management to realize they cannot safely eliminate 8.4 FTEs from our unit. We also can't give the care our patients deserve with a 2.1 FTE reduction. That's why we are going to continue to push for our patients to receive the best possible care.

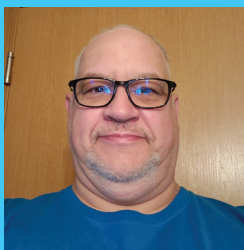


"If they won't listen to their employees on safety, how can we ensure they will listen to our patients? We keep fighting. We keep talking. We keep speaking out and we keep speaking up."

Maret Lambert, RN, ICU, First Hill

Edmonds PCU/Monitor Tech: Standing up for safe care

Having local monitor techs can be life-saving on busy units where nursing staff already have their hands full. When monitor techs are close by, they can respond faster to get the help that a patient needs.



"With the centralization of the cardiac heart monitor techs to downtown, I believe that it is more likely there will be a sentinel event because we will now be separated from our patients and will not have face-to-face immediate access to them. Swedish says that the safety of our patients is number one but

making our jobs harder by moving the cardiac monitors and cutting staff is the wrong move. We are united and we will continue the fight for our rights and patient safety, so we will be filing grievances for the changes to be reversed."

Joseph Chartier, Monitor Tech, PCU, Edmonds

Spine patients are going to SPAU without a plan

We need adequate staffing and sufficient training—especially when taking new patients and doing new procedures. Management's timeline for Spine patients to move to SPAU comes without a plan to ensure these basic measures are in place.



"Swedish is not filling their mission to give extraordinary care by not listening to the front-line staff on what our patients need. Decision makers should come down to each department to see how individual departments are working and how the cuts will affect one another. It's like if they were planning a holiday dinner

and the day of, decided to let everyone know what everyone should bring! **This process has been unorganized, stressful, confusing and a complete lack of sensitivity for our long time loyal employees. I believe management needs to put a halt to the process until they can come up with a real plan that considers everyone and the effect of the patients involved.**"

Deborah DesJardin-Rowland, RN, Spine Center, Cherry Hill

Cutting Transportation Services for patients and staff is wrong

By unilaterally implementing a schedule for valet and van drivers without transportation workers in the process, Swedish will be cutting front door services for patients and families as well as eliminating the Green Line shuttle service for First Hill, Cherry Hill, and Met Park, creating 40 minute waits for the only remaining cross campuses staff shuttle line.

What are you seeing?

If your department has been directly impacted by reductions or indirectly impacted by reductions in another unit. Talk to a delegate or Executive Board member.

These departments are important services to patients and our community and yet management is moving forward with the wrong plans for patient care, without hearing our voices. That is why we need to bargain for safe patient care in the coming months.



Celebrating the legacy of Perry Whitner



"Perry Whitner was a long-term union Leader & Activist at Swedish Medical Center who recently died. Perry served on our Executive Board for many years. Perry was a leader in our union locally and nationally, as well as at Swedish. As a longtime member leader in SEIU Local 6 before our unions came

together Perry led with vision on the importance of uniting nurses, techs, and service workers at Swedish in our local to enhance power. Perry served as an Executive Board Member, Bargaining Team Leader on SMC Service Workers contracts, was a leader and member of SEIU International Unions and Washington state's African American Caucus (AFRAM), a founding member of our SEIU Healthcare 1199NW Multi-Employer Training Fund and Original Union Trustee, a proud Participant in the Training Fund and upgraded to become a Medical Assistant, a fighter for racial, economic, and social justice, and a fearless advocate for co-workers and patients. His tireless advocacy and his presence will be missed."

Diane Sosne, RN, MN, President, SEIU Healthcare 1199NW