

# All Our Patients Deserve Safe, Consistent Care: We are Our Patients' Best Advocates

**Every patient deserves to know they are getting safe care when they come into our hospital.**

When Providence critically understaffs our units, it can prevent us from doing our best for our patients and community. It is up to us, the front line staff, to stand up and demand safe working conditions to protect our patients over a pre-written budget.



"For years we have tried to work with management in staffing committees as we have advocated for our patients but we have seen time and again that Providence does not prioritize our patients over their profits. This year we need things to be different. We need real outcomes that uplifts the care of our patients and our voices as their caregivers. As frontline staff we need to be heard and we need our expertise to be respected."

**Ron Cole, Float Pool, Cherry Hill**

**We need staffing plans that reflect the acuity of our patients and safe, evidence-based nurse and NAC ratios.**

To do this, committee members put forward to management a plan for these conversations to happen with decision makers at the bargaining table this year so our patients can have the staffing they deserve. In January, unit based staffing committee co-chairs from around the system came together at our Joint Oversight Committee to tell administration that we need something different from our staffing committee work instead of staffing plans solely based on budget.

Management's response to our request to have these conversations with decision makers at the bargaining table was "no".

We choose to focus on quality patient care rather than argue about process. We've seen over the years that resources toward patient care have gotten tighter and tighter. Providence is not investing in front line staff.



Unit based staffing committee chairs and participants from the joint oversight committee.

We know that when we stand together our unity can make an impact!

We have seen some improvements in some units in our system because members stood up and advocated for patients. We need to do that all together across the system. We know we need to be organized and coordinated to see improvements in patient care.

Staffing Timeline

Management insisted on having unit based committees in 2015 while we were in bargaining and cut staffing in units without frontline participation. We brought staffing plans to the bargaining table and won a commitment to meet the California ratios.



“When we won a commitment to follow the California ratios, nurses around the system were excited to have the right staffing but we’ve seen managers disregard that commitment and slash sitter and NAC staff. This is not ok. We need safe staffing for every job, ratios defined in the contract and the ability to flex for the acuity of the patients”

Nancy Gladsjo,  
Family Childbirth Center, Issaquah

2015

2016

Management made commitments in bargaining to work with caregivers to improve staffing plans. In 2016, staffing committee members met with management and worked with federal mediators to try to work together towards safe care. We compiled data, had conversations with our coworkers and had evidence based conversations about which units need increased staffing. Yet Providence did not implement most of the staffing plans members worked so hard on.



“It felt like a new day at Swedish for us to really work with managers on what our department needed. Yet at SOI, despite clear data supporting the changes we needed, administration refused to make the changes. We need to sit down with real decision makers to have a say in our staffing plans.”

Carey Bly, SOI, First Hill

Next we tried to do direct work with key priority units who had staffing below evidence based standards, like the California Ratios. Yet in nearly every unit management said that the units did not need those increases and in some areas even cut staffing.



“For several years in a row, Providence has cut back our resources on our unit. Instead of listening to front line NACs and RNs about what patients needed, they cut staff back even further.”

Carol Lightle, 3 Olympic South, Issaquah

2017

Now frontline staff want to work directly with decision makers at the bargaining table to discuss what is needed for safe staffing on their units. Providence is trying to keep these conversations siloed to each unit, hampering our ability to raise standards in our care.

In 2018 we attempted to work with our unit based staffing committees to make changes to our matrices. However we saw no increases to staffing and again, in some areas management cut back staff to dangerous levels. We won dramatic improvements in Edmonds Psychiatry unit by challenging the understaffing there through unit actions and an arbitration. While there is more work to do on this unit to make the care safe for patients and the unit safe for workers, the only improvements achieved in 2018 were as a result of organizing and advocating for patients.



Our nurses are just as well trained in stroke care as other nurses on campus. We need the staffing and budget to care for stroke patients on our unit. It could put our

patients at risk for missed neuro changes and serious complications when we don’t have the right staffing. No matter what floor a patient is assigned to, they deserve our highest level of care”

Lani Nacol, Neuro Epilepsy, Cherry Hill

2018

2019



When Providence announced that they were going to drastically change staffing for mothers in active labor, we stood up against these cuts. Our unified voice was louder than their accountants setting

the budget. We organized, showed up to remind administrators that our entire unit would hold them accountable to staff our unit safely. We need to continue to stay united and persist to make sure that all our units have safe staffing.

Marie Gilstrap,  
Family Childbirth Center, Edmonds (on right)

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