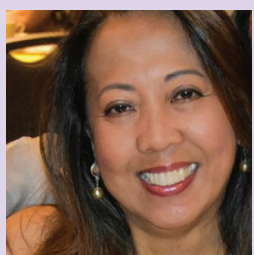


## Frontline Staff Stand Up for Safe Care at All Our Campuses

We know what our patients need for safe patient care because of our experience at the bedside. Providence has made decisions over the past several years that have chipped away at the high standard of care our patients have come to expect at Swedish. Our staffing proposal is the right step to make sure our patients get the care they deserve.

In bargaining on Thursday our bargaining team presented a groundbreaking proposal that would revolutionize staffing in our hospitals.



"My colleagues are tired, tired of working short-staffed, of not being able to take their breaks, of going home late. Adequate core staffing is extremely important to maintain quality nursing care for our patients and staff satisfaction. Optimal core staffing as we know has a direct link to better patient outcomes and staff retention. At any given shift, it

is no longer an isolated case that I come to work and have 2-4 nurses staying over, multiple critically ill patients in queue in the emergency department or in urgent care, waiting for a bed in my unit and I'm unable to accommodate them because we are already running very lean and very unsafe. How many falls, CAUTIs, VAPs, CLABSI, and HAPIs do we have to count to make everyone understand the importance of giving us the staff to help prevent all these? With the current demands in healthcare, patients come in sicker than ever.

**We are demanding immediate attention to assure provision of safe quality nursing care. We need adequate staff to fulfill our promise of extraordinary care."**

Lizette Vanunu, Charge RN, ICU, First Hill



"Nurses, NACs, and healthcare workers show up to talk about staffing to make sure our patients get the best and safest care they can get. If my husband, my co-workers, or their family, my neighbors get sick and need us I want to make sure they get the best and safest care they can. It's about staffing. For years, we've met and told Providence-Swedish about how there are not enough nurses and NACs to provide the best and safest care to our patients. For years we have told Providence-

Swedish there are not enough staff to do the work that is needed. For years we have told Providence-Swedish that staff to serve as PSAs must come from outside the matrix. For years, we have told Providence-Swedish we are not getting our breaks. Providence-Swedish has refused break relief staff in addition to the matrix, this being a violation of the contract. **For years we have seen care decline despite Providence-Swedish's commitment to "Extraordinary care, Extraordinary caring". Providence-Swedish went outside our contract, making changes, cutting staffing. And yet, we still want to give the best and safest care we can."**

Ron Cole, RN, Float Pool, Cherry Hill

### Our bargaining team



## Nurse and NAC Ratios

Type of Care	NAC/ED Tech:Patients
Adult Critical Care/ ICU	1 NAC for each critical care physical unit
ED: Trauma	1:1
ED: Critical Care	1:4
ED: Visits	1:6
Pediatrics	1:6
Stepdown	1:5
Telemetry	1:6
Specialty	1:6
Medical/Surgical	1:6
Behavioral Health/ Psychiatry	1:7
Rehabilitation	1:6

Type of Care	RN:Patients
Adult Critical Care/ ICU	1:2
Pediatric ICU	1:2
Neonatal ICU	1:2
Intermediate Care/ Continuing Care Nursery	1:3
Labor & Delivery	1:2
Postpartum	1:6 (3 couplets)
Antepartum	1:4
Post anesthesia I (PACU I)	1:2
Post anesthesia II (PACU II)	1:3

Type of Care	RN:Patients
Post anesthesia III (PACU III)	1:3
Pre-op	1:1
ED: Trauma	1:1
ED: Critical Care	1:2
ED: Visits	1:3
Operating Room	1:1
Pediatrics	1:4
Stepdown	1:3
Telemetry	1:4
Specialty	1:4
Medical/Surgical	1:4
Behavioral Health/ Psychiatry	1:4
Rehabilitation	1:5



"Nurses are the frontline caregivers and therefore we are integral to patient safety and the provision of safe quality care, and yet nurse staffing has been an ongoing struggle. Failure to ensure adequate staffing has been linked to patient harm, failure to rescue, and missed care such as ambulation, positioning, and hygiene. Studies have

shown lower levels of registered nurse hours are linked to increased fall and mortality rate, preventable complications, and increased rates of nosocomial infections, Central line infections, urinary tract infection, and pressure injury. **We are proposing ratios that will allow nursing to provide high quality care that is extraordinary."**

**Saba Tilahun, Charge RN, 8SW Medical Respiratory, First Hill**



"Nurse to patient ratios are necessary to avoid missed care that currently happens on a daily basis. **We know inadequate staffing endangers nurses and patients alike.** Short staffing exacerbates the nursing shortage, negatively impacting retention. Right now, it is hard to retain nurses. Ratios do not burden hospitals.

Involving nurses in staffing solutions does work. Nurse to patient ratios mean that in my ICU I can provide safe care and we can perform at the top of our license, safeguarding my patients. It means we can teach patients and their families at discharge about their disease process. **Nurse to patient ratios mean I can listen to my patients' needs and concerns and give them the care they deserve."**

**Cara Alderson, RN, Neuro Critical Care, Cherry Hill**



"NAC ratios benefit our patients and staff. Our patients are coming in sicker and NACs have been working in situations that endanger both patients and themselves.

**The NAC ratios we are proposing are key to addressing this issue of patient care and safety being compromised on a daily basis."**

**Rehema Mohamed, NAC, SOI, First Hill**

## Core staffing and determining FTEs That Allow Us to Flex for Acuity



"When I care for laboring moms, it is one of the most wonderful and difficult times in that patient's life. My patient is a person that I can touch, feel, and assess and my other patient I cannot see. The only way I can access the baby is through fetal monitoring. That means the nurse to patient ratio needs to be 1:1. AWHONN standards are national standards meaning 1:2 with women who are at low risk. Women with medical diagnoses in pregnancies, for example preeclampsia,

need 1:1. 1:1 is also needed with women who are receiving an epidural for the first 30 minutes, who are most likely in active labor. Women who are pushing are in a high risk time for their baby; we have a lot of emergencies happening at that time. When we need to move to emergency C-section, we need to mobilize quickly because the baby's life is in jeopardy. We need to get the baby out in 13 minutes to avoid brain damage; that means I have to mobilize 3 nurses, and we can do it in 5-7 minutes. So I do it and mobilize 3 nurses no matter what the number of patients is. But we don't have enough nurses, **we need to be at core staff so that we can take care of our patients safely."** **Nancy Gladsjo, RNC, Labor and Delivery, Issaquah**

In addition to having the right ratios for our units, we need the right number of staff scheduled every day to care for patients. That's why we proposed a transparent method to determine what our core staffing on inpatient units needs to be to flex for acuity, take safe breaks and have charges unassigned.



## PSA Staffing

We all feel the shortage of PSAs around the system. It leads to real safety concerns for patients and for staff. We proposed language to strengthen management's responsibility to staff PSAs in addition to our matrices.



"Within the past three and a half years at Swedish-Edmonds my colleagues and I have seen staffing levels that we are concerned about. PSAs are taking 4 patients per ED Tech. **In a busy emergency room, with an extraordinary team of Nurses and Techs, we need PSAs assigned outside the matrix in addition to the staff assigned to meet the care needed.** We see patients come into

our care and into our house that are suicidal or are threatening and homicidal. Just the other day a patient came in and threatened to shoot up the ED because pain management was not being met at that time. In this situation we need ED staff with training for de-escalation. We need some sort of crisis prevention and intervention training."

**Douglas Davis, ED Tech, Emergency Department, Edmonds**



"PSA's need to be in addition to the matrix because having staff pulled to be a PSA then can cause other patients to not receive the care they are expecting and deserve. Also PSAs should have training for compassionate safe care for SI patients because it is so important that we are interacting with these patients in a therapeutic, safe way.

It is so easy to say or do the wrong thing that could trigger these patients without proper training. **Swedish has a responsibility to our patients in this area to keep them safe, to give them compassionate care and to have staff that have basic training which enables them to give them the safe caring environment expected."**

**Jenni Nobles, Charge RN, Pediatrics, First Hill**

### Next Steps

The bargaining team is working to finalize proposals to improve standards in other key staffing areas!

- ☒ **Call & Standby**
- ☒ **EVS Staffing**
- ☒ **Staffing for Social Workers & ARS Counselors**
- ☒ **Outpatient Staffing**

## Safe Breaks

Every caregiver deserves to take safe and uninterrupted breaks. But when we have to double our patient assignments to do that it leads to unsafe care. Our proposal for a dedicated break nurse and NAC for every unit will help keep patients safe and retain staff.



"I have worked on almost all the campuses and units across the system, and **I must say the current staffing we have does not work well to support staff to get breaks as needed.** There is no good time for NAC's to leave for break, any time an NAC leaves for break, it over-burdens the nurses who at that time have double load because they are covering for another nurse on break. For the safety of both staff and patients, we need to improve our staffing by

having Break Nurses and NAC's to not overburden staff because other staff have to go on break." **David Antwi, NAC, 8SW Medical Respiratory, First Hill**



"Breaks are extremely important for patient care. Studies have shown that without breaks mistakes increase, quality decreases and stress compounds. None of these factors lead to extraordinary care. With our current "buddy system", **for a nurse on my floor to take a break, it means the other nurse is caring for up to 8**

**patients. The acuity on our floor is never such that 1:8 ratios are safe.** Because of this people don't take breaks, go to break with the expectation of interruption, or even if they do go on break, their minds wander to the care that isn't being done. Working day in and day out on a very heavy floor without the relief of real breaks leads to injuries, burn-out and staff dissatisfaction. Break nurses improve quality of care throughout the entire shift, improve staff satisfaction and longevity of staff at Swedish and within the field." **Victoria Marshall, RN, 3E Neuro-Tele, Cherry Hill**

More on the back!



# HISTORIC VICTORY FOR PATIENT SAFETY!



Members Win Break & Overtime Protections for ALL Hospitals, Nursing & Techs With No 8-Hour Restriction!

Because of the massive grassroots activism of Swedish workers and other SEIU 1199NW members, we won patient safety legislation which ensures break and overtime protections for ALL hospitals, nursing staff and techs, without an 8-hour restriction. We rallied in the state Capitol, spoke out in the press and social media, sent over 7,000 emails, made thousands of phone calls and talked directly to our lawmakers.

The state House and Senate have passed the bill by wide margins in bipartisan votes, and now it's headed to the Gov. Inslee's desk to sign.

This major win shows the awesome strength of SEIU 1199NW when we stand together for our patients, families and communities! #BreaksAreALifesaver #SEIU1199NWins

## One Swedish, One Standard

Social Workers and Counselors joined the big Swedish bargaining team at the opening session of bargaining on April 9th. Together we took action to show Swedish that we are standing for "One Swedish. One Standard." We proposed including the social workers and counselors in the technical contract, so it becomes a professional and technical contract providing all of the same standards that we have for all Swedish workers. Joining together as one bargaining team we will have the power to move Swedish to settle a contract that includes Social Workers and Counselors.



"We are so excited to be with all of the Swedish workers at the bargaining table. Not only do we feel their support and appreciation of the work that we do for patients, we are

already starting to see the power of being unified with 8,000 co-workers. We've been asking to be allowed to use donated vacation hours since we started bargaining our first contract in Fall 2016, and this request was repeatedly ignored until we joined forces with the larger union. **It's inspiring to work together with so many people dedicated to equity and fairness for all workers and to finally see management start to take our needs seriously.**"

**Laura Wood, Social Worker,  
Emergency Department, Cherry Hill**

Follow us and be part of the conversation  
@SEIUHealthcare1199NW  
seiu1199nw.org

