

Break Relief Saves Lives

In our last bargaining session we presented a staffing proposal that addresses the chronic short-staffing problems we experience every day at all of our campuses. To ensure patients get safe care we proposed maximum patient assignments, core staffing that allows us to flex for acuity and break relief staff.



"In September, management asked the First Hill Critical Care department to decrease staff. Our change team stated that we actually needed an increase in staff. Last week we had a sentinel event while an RN was on break. **Two RNs were left to watch six ICU patients. We need to be able to take protected breaks and feel that our patients are safe.** We need to hold management accountable

ensuring that they accept our staffing proposal that will keep staff and patients safe."

Ashley Bower, RN, ICU Sepsis, First Hill



"We see situations where we have to take unsafe patient loads all the time, that's why we asked for safe staffing which includes core staffing language which allows us to flex for acuity and break relief RNs and NACs. We lost a patient in the ICU when a ventilator became detached. Nurses are assigned too many patients and we have no break relief nurses. We warned management but they chose to cut staff at the bedside. Think about it, how would you feel if this was your child or loved one when you know this could have been preventable? We need to be proactive and not reactive; but due to this event Swedish-Providence has to be reactive. That's why **we're calling on Swedish-Providence to implement our staffing proposal immediately. Patients deserve safe care now.**"

Justin Penwell, RN, Float Pool, First Hill



We are one team for the same standards: Social Workers and ARS Counselors

"Swedish Providence's response to us has been inadequate. We deserve to be treated the same as our 8,000 colleagues around the system. That's why social workers and counselors should be included in the existing Technical contract, just like our social worker co-workers at Edmonds. The message we heard from Providence was that we are not equal to other colleagues and don't deserve the same benefits. We demand respect. We demand the same protections as our co-workers."

Katie Choumitsky, Social Work, First Hill & Ana Eusse, Social Work, Issaquah/Cherry Hill

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We Celebrate National Nurses & Healthcare Workers Week!

As healthcare workers, our work is extremely important to our communities and our patients. We celebrate all our co-workers this week and every week.

Our recent break and overtime legislative victory shows that when nurses and healthcare workers have a united voice at work and in our government, we win for our patients, families and communities. We are united to win improvements in our contract that includes pay, benefits, and working conditions that celebrate and reflect our commitment to the work we do giving great patient care.

"We as healthcare workers should be celebrated for our commitment, compassion, and willingness to perform the highest quality of care for all we interact with. We are the ones who give the patient care and we have to celebrate the work we do so we can encourage each other to keep doing this work."

Mustapha Drammeh, Sanitation, Nutrition Services, Ballard and Gloria Martin, RN, Behavioral Health Unit, Ballard



Respectful Compensation for Our Call Commitments

We make a commitment and assume call responsibility to be there for our patients in their time of crisis. That commitment means time away from our families, childcare needs, and disruption to sleep and quality of life. It is unacceptable that standby pay has stagnated at \$4.25 for more than 10 years. The Seattle Minimum Wage, beginning at the current rate of \$15/hour and increasing as the economic landscape of our city grows, is a fair reflection of the commitment and responsibility that comes with call. Holidays are special days and we want standby and callback pay to reflect the same standard that other workers in the hospital receive during holidays by receiving time and a half the Seattle minimum wage for standby and double-time for holiday callback.

Units that currently take mandatory call need urgent/emergent guidelines so that caregivers and physicians are clear on the appropriate use of call and to ensure that Swedish-Providence is adhering to the recently passed law, SHB1155. We are calling for a moratorium on adding mandatory call to any units where it doesn't currently exist.

The increasing cost of living and the housing market in Seattle are forcing people to move further and further away from the city. Being able to get back to the hospital within their existing callback time is near impossible for many employees. As a result, many employees that take call are sleeping in the hospital or getting hotels in order to safely care for their patients in emergency situations. We need to ensure that our caregivers who take mandatory call as part of life saving measures have a safe, clean, and secure place to rest—sleep rooms or hotel vouchers when sleep rooms are not available.



"Call teams are extraordinarily important and we often save lives. I understand why a 30 minute callback window is important. I understand this vital time can make the difference in a cerebral vascular accident between a person who might be able to fully recover from this versus a person who is neurologically compromised for the

rest of their life. So when I'm on call I have to put my life on hold. Being on call means I have to skip my son's games, I miss their dance performances, I can't go to the park with the kids and I can't attend family parties. I essentially just wait at home waiting to see if I get called in because I have to be at a place where I can get back to work within 30 minutes. Our standby pay has been neglected for too long and does not adequately compensate us for the commitment we are making to Swedish. **Our standby pay hasn't been adjusted in over 14 years but Seattle has changed drastically during that time.** The commitment we are making to Swedish and to our patients requires us to be back to the hospital in 30 minutes, however many of us cannot not afford housing that allows us to live close enough to the hospital. That's why we are proposing Seattle minimum wage to be on standby—we are asking for our commitment to be respected."

John Poquiz, RN, PACU, Cherry Hill

We Deserve to be Recognized for Our Time and Commitment



“\$4.25 in standby compensation just isn’t enough to put our lives on hold, especially not on a holiday where we are missing out on memories with our loved ones. \$4.25 standby is an insult to the commitment we are making to Swedish. 20 years ago, many hospitals were at \$2.00/hour for standby. **Our standby rate has stagnated for far too long and has not kept pace with the cost of living.** Why are we proposing Seattle

minimum wage to be on standby? There are lots of reasons to consider. A 2019 UW study on the effects of raising the minimum wage showed that it reduced turnover cost; people were staying at their jobs longer. A strong minimum wage resulted in a reduction of pay inequality, absenteeism, family poverty rates and enrollments in public assistance programs, and improved morale and work performance. Don’t you think this sounds like a win-win situation for me, my co-workers and Swedish Providence? Imagine, if you will, that this proposal passes, and word spreads of how Swedish Providence treats their employees, and the public starts to think, ‘Hey, I want to work for them too!’ That is why we are proposing this today.”

Jon Attanasio, RN, Endoscopy, Edmonds



“It is not in our nature to question the urgency of providing care to our patients. But when we see constant abuses of the system we currently have in place, how can we ensure that our limited resources are being allocated appropriately? Urgent/emergent definitions are not shackles on the wrists of our surgeons, they are guidelines to ensure a patient doesn’t bleed out in their brain or lose function in their

legs. Call Teams are here to ensure that we can respond quickly to patients who urgently need our care. We are here to save lives. We are calling on Swedish to work with us to ensure that our Call Teams are enabled to accomplish the extraordinary care for which they are intended.”

Lauren Miller, Surgical Technologist, Neuro and Spine OR, Cherry Hill



“When we get called in, it’s to do our regular job of sterilizing and assembling instruments because of sick calls and short staffing. When we are working our normal FTEs and then have the added stress of being called in due to short staffing, it creates burnout and stress for us and our families. We do not do direct patient care and should not be taking mandatory call in Sterile Processing. We should be staffed

appropriately all days of the week to make sure that our patients get what they need.”

Margie McInnis, Sterile Processing Tech, CSSD, First Hill



“I love training nurses to work in the operating room. They bring such value from their previous life experiences. It’s really rewarding to see them grow, evolve, and move into leadership positions with those skills. It’s a huge investment of time. They’re with their preceptor every day for months and in return they commit to work for Swedish for two years. More times than not these days, that’s as long

as they work at Swedish Hospital. They go to hospitals closer to where they live, and centers where the call requirements aren’t so burdensome. It’s not just these nurses and techs that we’ve trained that we’re losing. Over the last year we have lost several employees due to the amount of call being mandated. In Main OR at First Hill we’ve lost at least eight excellent OR nurses and techs, and more are looking elsewhere. Respectful compensation for the commitment and sacrifice that we make as direct patient care providers, placing limits on standby, and providing resources for people who do get called in will stop the revolving door of employees and help ensure we have experienced and sufficient staff to meet our patients’ needs.”

Cindy Hale, RN, Main OR, First Hill

EVS Workers United for Staffing to Ensure Quality Patient Care

Our work on the front line of infection control is extremely important and we are raising our concerns about Environmental Services staffing across the system. We met with Swedish-Providence Management in our first bargaining subcommittee to discuss EVS Staffing.

Our staffing is critical to the operation of the hospital. We take our duty to our patients and our community very seriously. We understand that our part in keeping patients safe takes place before, during and after a patient comes to the hospital for care. To do our best work, we must have staffing that supports the ever growing and ever changing world of healthcare.

It is because of this that we met today at the bargaining table with Swedish-Providence to discuss our concerns about the lack of staffing and the lack of a system that responds to the census of each of our hospitals. We have not had the staffing necessary to do the detail cleaning it takes to prevent the possible, outbreak of, infections acquired from hospital visits.

Many of us have concerns over the amount of work and our physical safety. Our co-workers are injured because of unrealistic workloads. The workload of each person is too much for an 8 hour shift and this means that the work either gets left to a different shift or it gets done at a low quality. As we move toward a proposal that addresses the true needs of each hospital, puts patient safety first, and makes our workload safe on our bodies, we are confident that our unity will be our strongest tool!

Find one of us on the floor and ask us how you can help make sure we have the right staffing for Environmental Services.



“The staffing is very important for EVS because when we don’t have enough staffing, we cannot clean the room properly. When we come in the room we must go fast, fast, fast. Management doesn’t look at it if the room is clean—they only care if it’s fast. When it’s not clean patients can get sick. So staffing is very important for us. When we don’t have staff, we overwork our bodies. What happens next is we will hurt ourselves. Instead of reporting injury, we’re very scared. When reporting we request light duty but they tell us no light duty and we would lose our job. So that’s why staffing is very, very important. I hope they can listen to us and just do what is right.”

Amie Ajmeh, EVS Tech, Environmental Services, Issaquah

“It was exciting to see eight of my co-workers from the different campuses come together and meet with management on May 1. Hearing my co-workers’ stories along with a fresh set of eyes on management’s team, I feel hopeful and empowered that our voice is finally being heard on our staffing issues.”

Darlene Johansen, EVS Tech, Environmental Services, Issaquah

Using Our Racial Justice Lens in Bargaining

During the snowstorm last February many of us stayed over to help make sure out patients got the care they needed. Many of us also had the uncomfortable circumstance of having to stay at the hospital. What many of us may not know is that our co-workers received discriminatory treatment on the basis of our race and job class.

All workers at Swedish whether white, Black, or brown and regardless of the work we do in the hospital need to feel like we are being provided for in an equal and fair way during times of bad weather or emergencies. During our bargaining we are using a racial justice lens to shape our proposals to reflect what we need and have a workplace where we feel recognized and acknowledged for our work in an equitable way.



“A lot of EVS workers stayed because we are committed to our job and know how important it is to help. We stayed to do our job and cover up the job of those EVS who could not come and stay five hours more but the supervisor/lead select on us some EVS and the rest cover two hours to do only the office area in James Tower. After doing this job they give us the place in the James Tower meeting room and we could sleep on mats on the floor. We feel discrimination and that nobody recognized our work and time that we stayed. Some people received stubs for food but others had not. And the other departments were give a room in the Inn and a good room to sleep while the EVS slept on the floor. We really feel different and like we are treated like nobody in this place with unequal treatment. Instead of given appreciation for what we were doing to cover up for our co-workers, we feel like a RUG that doesn’t matter.”

Angel Sherburne, EVS Tech, Environmental Services, Cherry Hill



“When we were facing the snow storm, I came back to work to help care for patients. Myself and many of my co-workers who are people of color were not offered vouchers for food and given inadequate rooms to sleep. That night two nurses were given a room to sleep in, one was a white woman and one was a woman of color. A supervisor came and told the nurse who is black that she had to leave and give up the bed ‘just in case’ someone needed the bed. But the white nurse wasn’t spoken to and was allowed to stay in the room. We all risked our safety to stay or drive in to take care of patients. We all deserve to be treated equally and fairly.”

Delores Prescott, RN, Short Stay, First Hill



“In this last emergency with ice on the roads I was asked to float from FH at 11 to Issaquah to provide chemo for a patient there just because they don’t have a chemo certified nurse in house in Issaquah, I was not able to give that to them, I had to refuse that assignment and I felt a lot of guilt over that, having to delay the treatment due to me not being able to get there. I have a small car and I know that I was not going to be able to navigate to get to that assignment and I would really like to see some changes to our travel during inclement weather, for you to provide transportation for us to get from one place to another and to provide us necessities of comfort when we are away from home to provide care.”

Rey Parana, RN, Multi-campus Float Pool, Shares Services