

Standing Up for Safe Staffing in the OR at First Hill

We are standing up against short staffing on the night shift in the main OR and the abuse of call in the main OR and PeriOp multi-campus float pool. It is crucial we have a venue to discuss our concerns with management and it is unfortunate that our manager was unwilling to meet with our delegation or hear us and what our patients need. We will advance our grievance and keep taking action until we have safe staffing and reasonable use of call.



“I’ve worked here for six years and since Providence bought this hospital we’ve seen understaffing and turnover. Day shift people work their full shift and then they are being required to come back in. This means we’re additionally understaffed the next day so we can rest between shifts. This situation has been going on for the last two years. Patients are being delayed, staff who are caring for patients are overworked and exhausted. **We are united and fighting for safe staffing ratios in our department that would include two RNs on night shift.** Our management has boasted about their open door policy and for us to use our voice to make improvements, yet when we united together to show that support management’s door was clearly closed.”

Christie Jucht, RN, Main OR, First Hill

We are the Experts for Safe Patient Care

We’ve seen changes come up a lot in the last few years: new units, closed units, expanded services, and reductions in services. These changes have often seemed to prioritize the bottom line over the interest of patients and patient families, like the dramatic reduction in cafeterias and IV team. When management pursues a reduction in a department, it’s called a “reorganization.” We proposed improvements in this process including:

- Simplifying language and putting it in chronological order.
- Formalizing the beginning of the process.
- Ensuring that employees’ skills are appropriately considered in rebids.
- Creation of an explicit pause before moving into implementation for check on safe patient care and readiness.
- Adding right to expedited grievance process.



“I used to work on the Clinical Decision Unit and we went through a reorganization change team process. In the CDU we were the dedicated post procedure unit for IR/Cath Lab patients. We predicted what would happen if they didn’t roll out enough education to the staff that would be taking these post procedural patients. We said you need to educate people or you’re putting patient safety at risk. They ignored what we had to say and closed the CDU on March 22. I didn’t receive my training on my new unit, Short Stay, until May 3. Cath lab nurses are reporting that units don’t feel prepared to take the patients — C-pod is not prepared. **If nurses don’t know what to do if the patient has a re-bleed after one of these procedures, the patients’ life could be at risk. They should have listened to us during the change team.**”

Gonya Loobey, RN, Short-Stay, formerly Clinical Decision Unit, First Hill



Building our Asian Pacific Islander power

Join SEIU API Caucus, SEIU Healthcare 1199NW, SEIU 925 EmBRACE, SEIU 775 and Asian Pacific American Labor Alliance (APALA) as we celebrate the contributions and struggles of Asian and Pacific Islander workers!



Sunday, June 2

1pm
Lunch Provided
15 South Grady Way Suite 330
Renton, WA 98057

RSVP to Ligaya Domingo, ligayad@seiu1199nw.org
Amy Leong, APALAWA@gmail.com

A Place We All Belong

We’re united for a Swedish-Providence where we all feel like we belong and are accepted as valuable and important members of our community. No matter our differences, most of us want the same things. We want to be able to provide for our families, have security through the hard times, and be the best we can be in every patient interaction.

Whether we are white, Black, or brown, we all deserve to be treated the same at work. Some of us who are people of color are treated differently, supervised more closely, given less opportunity than others or made to feel like we don’t belong. **What this hides from us is how much we have in common and that these differences are used as a way to divide us against each other.** We should all feel like we can bring our full selves into our workplace in order to give high quality patient care. That’s why we are proposing a true organizational culture change for Swedish-Providence and to enter into a new relationship with management to work towards challenging the systems of oppression that make some of us at Swedish feel like we don’t belong.

We need a workplace that respects and values all of us. When some of us are treated differently based on the color of our skin, our gender, our sexual orientation, or other identities we hold, it impacts us, our patients, and perpetuates systemic discrimination. This is all of our struggle and in order for us to win on issues like safe staffing or higher wages, we have to stand together across the differences that are usually used to divide us against each other. It is time for all of us to take an active role to ensure we address systemic oppressions that exist both within and outside of Swedish-Providence.



“In order for Swedish to be the best place to receive care, Swedish needs to be sensitive to the diversity of our staff and patients. We proposed an action-based systemic strategy to make sure that Swedish is exhibiting Organizational Equity and Inclusion. We see racism happening in the Swedish system in some decisions about discipline, hiring, patient care assignments, and how some patients and workers are treated. If we are going to move forward we need to have a shared understanding. **Racism is a systemic experience and is experienced at an**

interpersonal level. Belonging is important to a workplace. We want Swedish to be a place where everyone feels like they belong.”

Michael Scott, Radiology Assistant, Medical Imaging Admin, First Hill



“One particular day it was myself and my white co-worker on my unit. I’m black. The charge nurse said, ‘Are you from the float pool? Well, **you go sit with the black one because you’re black and you’ll get along better.**’ It made me wonder about the care that the patients receive. Unfortunately, I have witnessed black patients not getting the same care. Some of them don’t get turned as well as they should. Some have meals left out for hours. I’m hearing so, so, so many stories from First Hill and other locations. This is unacceptable. **We are here to give great care to all people, not just particular people.**”

Valarie Howard, Monitor Tech, Tele ICU, First Hill

Our proposal for Organizational Equity and Inclusion

1. Creates an Organizational Equity and Inclusion Joint Labor Management Committee.
 - Seeks a partnership, not an adversarial relationship, in addressing concerns of racism, discrimination, bias, and harassment.
 - Made up of an equal number of top leadership in both organizations.
 - Joint and separate workshops to create a shared analysis and work plan on racial justice and the experiences of People of Color.
 - Create a shared work plan.
2. Creates an Urgent Action Structure to support work to repair instances of racism, discrimination, bias, and harassment.
 - “OEI Leadership Team” from Labor and Management to act as problem solvers, mediators, and coaches when an employee or group of employees is feeling the impacts of discrimination, harassment, bias, or racism in the workplace.
3. Commits to data analysis to inform our shared work in understanding the impacts of racism, discrimination, bias, and harassment.
4. Prohibits sexual harassment and includes an annual sexual harassment prevention and response training for all managers and union-members paid for by Swedish-Providence.
5. Protects our co-workers from having to provide their citizenship information repeatedly or have it unnecessarily scrutinized.
6. Accommodates religious practices by requiring Swedish-Providence to provide scheduled breaks in accordance with an employee’s prayer schedule, including access to a comfortable, private location for prayer.
7. Guarantees access to all-gender bathrooms at all work locations and publicize the locations in breakrooms and online.



"EVS is a department that mainly is made up of people of color and women. I can see that the lower the pay, the more people of color there are. The higher you get paid, the more likely it is that you are a white person. There is a lack of equity and inclusion especially for those with language barriers. They are denied the opportunity to communicate their work issues with management. **We come from many**

beautiful cultures and come with great knowledge and skills, yet we get disrespected because our English isn't exactly how management would like it to be. We are talked down to, spoken to in condescending tones, or just flat out not listened to. In some of our campuses, EVS workers are told to clock into their breaks before they leave the unit they are working in. This means that we take up much of our break time just getting to the designated break area. Management doesn't communicate well with us about job positions that become available. They don't give us good feedback when we don't get the position and this prevents us from growing. **In general we wish we had more positive feedback and respect so that we can improve our careers."**

Carmencita Smith, EVS Tech, Environmental Services, First Hill



"In April 2018 we were told all of SMG and SMC would go to a cash-free payment system, only credit and debit cards would be accepted. Patients were told they had to mail their checks or business orders to the central business office. **Providence did not consider the impact this would have on our patients.** This is a discriminatory policy aimed at maximizing profit margin while

disproportionately affecting patients who are low income and, largely, communities of color. Not only was this discriminatory and racist, but it was communicated in a way that was unlikely to reach some of the patients most impacted by the policy. All letters that were sent out and all signage were only in English. How is this policy making care better for Family Medicine Clinic patients? How is this extraordinary caring? **It represents yet another barrier to care.** It's embarrassing for me that Swedish devalues cash payments for credit cards and prioritizes profit margins over our patients."

Jane Wakamatsu, Biller, Family Medicine Clinic, Cherry Hill



"To me, addressing racism matters because I want to know that when I come into work I'm not coming into a place that is hostile to who I am. To know that I have a shot and can feel like I belong and am comfortable in my skin, not where I'm going to be judged, demonized, and stereotyped. **I want to know that our organization here will help to address this systemic problem and that's why we need something in place in our contract to take**

that step and say we care about societal issues and puts it at the forefront. That would give me a sense of pride to be part of Swedish. Addressing racism is a win-win for everyone and would make Swedish a leader in our community."

Douglas Davis, ED Tech, Emergency Department, Edmonds



"I wanted to go into the nursing profession because I care about people and I want to serve. This is my calling. **Racism impacts every single day that I give care.** No single day goes by when I am not questioned about who I am and where I'm from. The experience was dismissed as just a rude patient. My dignity was never considered. Another instance was an older white guy who asked me where I'm from and tried to pronounce my name. And he asked me, 'why don't you drive taxis? Why don't you work in a 7/11?' I told this to the nurse in charge and they waved him off with the comment he's just a rude white guy. **This says that nobody at Swedish has thought about how to deal with these types of discrimination. Nobody has had training or education to deal with what happens when racism is impacting all of the workers. It shows that our safety isn't a priority.** My patient assignment always gets changed because of who I am. Our proposal upholds our values that all of us should be safe to give quality care. This will tell us that we can work at Swedish and will make Swedish the best place to get care."

Kulwinder Jaswal, NAC, Float Pool, First Hill



"I had the honor of speaking at the bargaining table with and on behalf of colleagues who are people of color. I've been at Swedish for five years now, and the social work department is predominantly white. Instead of recruiting and retaining people of color, over the years I've seen people of color pushed out, fired and quit because of lack of support, discrimination, and discipline. Last month the department

hired a new inpatient social work manager and they hired an external applicant—a white woman—over an internal candidate of color who is really well respected amongst everybody. A couple years ago we had five internal candidates apply for ED social work coordinator.

Despite two qualified people of color applying, the person who was selected was a white woman who had the least experience of the candidates and we had no leaders of color in our department."

Laura Wood, Social Worker, Emergency Department, Cherry Hill



"Although I have dealt with racism throughout my life, I've never expected to experience it at work from patients at Ballard. I have had three or four instances where a patient or a family member has requested another nurse take care of them or request that I repeat what I've said because they cannot understand my thick accent. Sadly, I think they see my black hair and my brown skin and automatically hear a non-existent accent. I have been a nurse

for over 11 years and a nurse for Swedish for three. **Most of my experiences with racism have occurred during my time at Swedish."**

Melissa De Borja, RN, Float Pool, Ballard

We are United for Compassionate Care NOT Corporate Care!

Last week five separate delegations of Swedish-Providence healthcare workers delivered our clear super majority of unity petition signatures to management at all five campuses. Thousands of us showed support by wearing unity stickers sending the message that we are standing strong for our patients.

Our petition calls for the highest quality patient care; equitable wages and benefits that recruit and retain qualified staff; and racial justice, equity and respect for all!

