



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 Virginia Mason understaffs our units, it can prevent us from doing our best for our patients and community. It is up to us, the frontline staff, to stand up and demand safe working conditions to protect our patients rather than comply with a corporate budget. We have over 80 RN and NAC vacancies alone. We need Virginia Mason Memorial to invest in frontline staff in order to recruit experienced nurses and caregivers to fill our vacancies.

In bargaining last week, our bargaining team presented a groundbreaking proposal that would revolutionize staffing in our hospitals.

For all inpatient units designated as “Medical/Surgical” units, including but not limited to 2 East/West, 3 East/West, 5 East/West, Virginia Mason Memorial will maintain staffing levels such that the patient ratios for each job class will be as follows:

Department	RN	CNA/UCA/OB Tech	US/UCA
1 North	1:4	1:5	1
2 East	1:4	1:5	1
2 West	1:4	1:5	1
2 South	1:3	1:5	1
CCU	1:2		1
2 NW Tele	1:3	1:5	1
3 East/West	1:4	1:5	1
3 NW Peds	1:3	1:5	1
NICU	1:1		1
Labor and Delivery	1:1	1 rover	1
Mother Baby	1:3 including couplet	2 rovers	1
Ob tech		3 rovers	
5 East/West	1:4	1:5	1
ER	1:3	1:5 plus rover	2
ER Annex	2 RNs	1	
CITM	1:4	--	--



needed.” **Perla Salmeron, RN, ACU/CCU**

“One of the biggest issues faced in caring for critically ill patients is not having enough hands to turn patients at times. Lift team is always on the go and requests get delayed based on the order of request made in teletracking. That can increase the risk of patients who are in critical states for not getting care in a timely manner. Having a lift team specialist who is part of the lift team would be essential in having patients’ needs met by responding to calls whenever help is

Our proposals to improve staffing at Memorial:

- Patient Ratios
- Address break relief for RNs and CNAs
- Include the new rest breaks/mandatory overtime law in our contract
- Expand the data collection our Nurse Practice Service Committee receives and reviews to track trends
- Ensure the ability to call a staffing alert when our unit is understaffed so that we can bring in the staff we need to provide quality patient care
- Provide a CCU lift team specialist



happen. Especially now with our new computer program, errors are easier to make and our patients are important to us. If we had safe staffing ratios I can take more pride in my work and give the care my patients need. Ratios could help with nurse retention issues and improve patient satisfaction”.

Sandy Gaytan, RN, L&D

“We are proposing new staffing ratios so nurses can give quality care to their patients and reduce the number of injuries and mistakes that could



nurse treading water because we can’t keep up with the workload. But if there was someone to relieve us for 5 to 10 minutes in a 12-hour shift, you could take a moment to go to the bathroom or grab something to eat. Sometimes, we don’t stop all day long, and a majority of the days we don’t get our breaks. I think it is important to have relief staff so we, the employees, can take care of ourselves.” **Alice Westphal, UCA, 3E/W**

“It is important to have break relief nurses because our current staff is being maxed out. Caregivers are split working different duties and it leaves the

Next bargaining sessions:

November 13th, December 10th, January 21st

New member spotlight

Karla has been at Memorial since 2017. She works on the fifth floor and is currently on our negotiation team for the first time!



“I came from New Orleans, where there wasn’t a union and salaries and benefits were much lower than they are here. Maintaining these standard of care and doing all I can to ensure nurses and our service staff receive the compensation they deserve is important to me, and is the reason I am on the bargaining team.”

Karla O’Rourke, RN, 5E/w



years and it doesn’t work because these are real hours that must be covered. If two twelve-hour nurses have 10 patients — that’s two hours out of each shift where 10 patients only get one nurse. Multiply that by 4-5 nurses, and that is an FTE. The hospital needs to do more, they need to hire more FTEs to address this issue.” **Heather Sparks, RN, ED**

“The hospital says we need to use existing resources to cover meals and rest breaks by using the ‘buddy’ system. We’ve been using the existing resources for