

## Swedish Moves but Maintains Takeaways — No New Commitments to Safe Patient Care

We need real commitments in our contract regarding patient care and workloads, call and standby and ways to recruit and retain. We know our unity is working: Swedish-Providence management showed some movement in bargaining, but they continue to propose to take away our sick leave, they want the right to subcontract and didn't make any new commitments to safe care.

## Swedish Providence brought no proposals regarding:

- Environmental Services safety and staffing
- Call & standby
- Clinic staffing and float pool
- Inpatient floating
- Inpatient staffing



"It is not acceptable to take away things from people who struggle every day to take care of patients at Swedish and are struggling to live in the communities in which they serve. Lack of an offer for retro pay in Providence's offer today is a takeaway. How much money has been saved by not giving 8,000 workers a raise in six months? We will not accept takeaways — not in sick leave and not in medical and vision. We will not allow outsourcing at Swedish, resulting in the layoffs of countless workers. Providence needs to move the takeaways off the table today so we can continue to provide quality care at Swedish."

Tricia Jenkins, RN, Emergency Department, Cherry Hill



"I spent the morning talking with co-workers at bargaining and I felt sick to my stomach hearing the staffing problems my co-workers face. Providence's proposals never mention clinic staffing. In the cancer treatment center we have 12 nurse openings. Patients wait one to two and a half hours before seeing anyone. Then they go to the treatment chair for another hour or hour and a half before the nurse is free and has the medications to administer. My patients have breast cancer. The medications are dangerous, the equipment is faulty and our pharm techs and nurses are getting injured and exposed to dangerous chemicals when the equipment fails. The staffing issues have gone unaddressed. It is pathetic that we have to accept two to four-hour waits for our patients. This has become normal. Something has to be done and it starts with paying staff more. The status quo is unacceptable. People do not want to work here for the little wage increases that

Providence is offering."

Betsy Scott, RN, Swedish Cancer Institute, First Hill



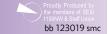
"In 2015 we put in the contract to give EVS home-set area assignments. Now in 2019 we gave Providence a proposal and the only thing Providence responded to is home assignments, something we already have in the contract. It has been 4.5 years and we still don't have home-area assignments. We deserve respect. Our patients deserve the best and we deserve a structure to the chaos we live and work in every day. We deserve staffing that doesn't result in me and my co-workers getting hurt on the job, and not compromising on infection control so our patients don't get an infection. We need light duty and we deserve the same respect as our co-workers. We are professionals. We are the front line of infection control."

Darlene Johansen, EVS, Issaquah









## Management's new proposals from December 30, 2019, are highlighted below:

Issue	Our Proposals	Management's Proposals
Our hospitals are in crisis. We know what our patients need for safe patient care because of our experience at the bedside. Our proposal is a step in the right direction to make sure our patients get the care they deserve. We're tired of working short staffed, of not being able to take breaks, of going home late. We know that the right staffing conditions have a direct link to better patient outcomes and staff retention.	RN and NAC ratios to guarantee a maximum patient assignment	NO – Campus-based bargaining side tables to help managers understand problems
	Transparent core staffing and FTE equation that allows us to flex for acuity	NO
	Break relief staff for RNs, NACs and ED Techs because we know the buddy system does not work	A committee to help managers understand why we're missing our breaks
	ALL PSAs in addition to our matrices	Additional job classifications for PSAs with no commitments to additional FTEs
	Concrete measures for workplace safety including personal safety alert devices, mandatory safety trainings and appropriate staffing levels	Management proposed a subcommittee to a safety commitment
Quality Infection Control  We are protecting patient safety by uplifting the infection control standards of Environmental Services.  All workers deserve respect and appreciation for the roles we play.	Set workload limits to ensure that there is enough time and staff to provide quality infection control and create a plan for escalating workload and staffing concerns	NO – Management proposed small-table bargaining
	Address issues of favoritism, racism and sexism in our hospitals, including the prohibition of EVS workers in many break rooms	NO
	Expand training opportunities	NO
	Set assignments based on a commitment to staff according to the need, and to ensure that we are not injured on the job, as well as guaranteed light duty	A commitment to follow through on their 2015 commitment of set assignments, not based on the need
Organizational equity and inclusion to address racism, sexism, discrimination in the workplace  We are creating a culture of belonging together by listening to each other's experiences and uniting with each other for a better patient care environment and a more just place for workers.	A labor management partnership to guide, build skills, train, review data and build a plan for systemic change to improve equity and inclusion at Swedish	A subcommittee of the ABC committee
	An urgent action structure to address acute issues of racism and discrimination	A new Chief of Diversity Officer
	Prohibit sexual harassment and include an annual in-person sexual harassment prevention and response training for all managers and union members	NO
	Protect our co-workers from having to provide their citizenship information repeatedly or have it unnecessarily scrutinized	NO
	Accommodate religious practices by requiring Swedish-Providence to provide scheduled breaks in accordance with an employee's prayer schedule, including access	NO
	Accountable relationships between Swedish and law enforcement that help us do our jobs	NO

Respectful standby/call	Increase standby pay to Seattle minimum wage	NO
For those of us who work in areas with mandatory call, we take pride in being where we need to be to give life-saving care. Our pay and conditions need to reflect that commitment.		
	Recognition for working call on holidays	NO
	Alignment with the new state law - mandatory call can only be used for urgent/emergent needs	"Robust feedback loop" for inappropriate use of call
	Sleep room guarantee	"Create and evaluate solutions" for the people who cannot get to the hospital in 30 minutes
Wages that recruit and retain	7/1/19 - 6.75%	\$750 ratification bonus prorated by FTE
Our bargaining survey showed:  We are commuting an average of 84 mins/day  Over 58% of us are NOT able to afford to live near where we work  Over 47% of us struggle to pay our rent or mortgage	7/1/20 - 5.75% 7/1/21 - 5% 7/1/22 - 5.75% (new duration to 10/31/22)	Ratification – 3% (.5% increase over most recent proposal)  7/1/2020 – 2.5%  7/1/2021 – 2%  7/1/2022 – 2%
Quality, affordable, accessible medical benefits  We must be healthy to provide quality care to our patients. That's why we are eliminating cost barriers that keep us from getting the care we need or putting us into debt when we do.  Our vision includes big improvements for the PPO plan, under which all Providence workers have access to the same great benefits.	Improvements in PPO:  Network: expanded, including behavioral health	Members working 0.75 FTE or higher who earn less than \$60,000/year will receive Swedish PPO medical plan with \$0 premiums for member and covered family
	Co-insurance: 100% coverage	NO
	Deductible: 0%	PPO deductibles go up in 2021 to \$375 and \$400 in 2022
	Copays: \$0	NO
	No Virgin Pulse/Choose Well requirement	For members working .75 FTE or higher, who make under \$60,000, no Choose Well requirement  No spouse or domestic partner requirement to earn Choose Well health incentive
	More affordable urgent care, ER visits	NO
	Expanded alternative care	No alternative care coverage
	Expanded vision and dental coverage	No dental plan assistance
	Medical Plan Assistance applicable to all plans for those who qualify	NO - PPO plan becomes the free plan option through the Medical Plan Assistance Program
	Keep prescriptions affordable and available in 90-day supply	NO

Sick and family leave when we need it  We can't count on perfect health for us and our families throughout our entire careers.  "PTO," where management combines our sick and vacation banks, creates the risk that sick time will not be available when we need it.	Maintain our separate sick and vacation banks so we have sick leave for ourselves and our families	NO - Management has proposed a "PTO," where management combines our sick and vacation policy that reduces our leave hours by up to 80 hours annually.  Any hours members currently have accrued
		we keep until we use it all. Management improved the short-term disability plan to pay 100% of missed work for the first 8 weeks (after a 7-day waiting period) and then 66% for weeks 9-25.
	Align with the state law - workers cannot be disciplined for legitimate use of sick leave	NO
	Employee premiums for the new state Paid Family Leave would be paid by employer	NO
	Backup care for family members and children in an emergency	10 days/year of back-up child and elder care
Social workers and counselors are part of our team  Yes they are!	Inclusion of social workers and counselors in our Tech contract and the same standards as all Swedish workers	Yes!
	A wage scale with year-for-year credit for past experience that matches Edmonds social workers	Management has proposed a wage scale for social workers and counselors but without credit for experience
	A counselor scale at 10% below the social worker scale	Management proposed a scale at 30% below the social worker scale



"Over the last two weeks I took over 90 hours of call and I'll be back on call tonight, and we still don't have call rooms. We have people on couches, tables, even in their cars. We have lost 22 people in the four years since I've started working here, and in the Cath Lab at Cherry Hill we only have 28 staff. It's our entire workforce that has left in four years' time because of the call burden, not being able to get here in time and not being able to pay to live in the Seattle area. We also need call guidelines. Physicians need to have parameters to be able to do emergent and urgent procedures, not 'Oh well, I'm available so I'll do this tomorrow morning on a Saturday' when it's a normal non-acute patient."

Heidi Taylor, Cath Lab, Cherry Hill



"After nine months of negotiations, Providence has failed to offer any real commitment to safe patient care and appropriate staffing levels. Providence's proposal to meet separately regarding safe patient care is counter-productive. We are facing similar issues and as front line caregivers and the experts, we have provided the solutions. On top of refusing to make meaningful commitment, Providence has proposed to tie our wages to patient metrics that we can't achieve without appropriate staffing. We feel set up to fail financially and professionally and we won't tolerate it."

Whittney Powers, RN, Emergency Department, Edmonds