



We Are United for a Better Swedish

We are standing up for safe patient care:

- In EVS for safe workload limits that will allow for efficient throughput and infection control
- In nursing units to ensure that patients get the care that they need, that we can take breaks without doubling patient loads and for our physical safety
- In ORs and procedural units so we can recruit and retain the staff needed for patients' most pressing emergent moments
- In social work and ARS so that we can support patients and patients' families
- Everywhere – patients need us to be able to fulfill every essential role we play in their care!

After careful consideration of every proposal exchanged between Swedish-Providence and our bargaining team, we have come to the conclusion that management is not ready to commit the resources necessary to resolve the 900+ employee vacancies. We're always ready to move bargaining with management to reach a fair agreement.

We have given a robust package of proposals that lay out a roadmap for success in safe staffing, workplace safety, recruitment and retention, racial equity and inclusion for all, and holding up our EVS, social workers, counselors and caregivers who provide standby and call. We hoped that at this critical juncture in the bargaining process we would have been much more closely aligned, but management consistently shows us in their actions that they are not willing to bargain in good faith, or to agree to the standards that we need to provide "extraordinary patient care."

We have provided management every opportunity to do what's right, and management continues to prioritize profits over patient care. In order to hold Providence accountable for their continued unfair labor practices, such as the unlawful termination of team members for protected union activity, failure to comply with Washington state labor laws regarding break relief, among others, we are firmly united together to sound the alarm about unsafe practices at Swedish to community members, faith leaders and elected officials. They have heard our voices and we have their support.

Our unity is our power. Our labor is our power as well. We are standing strong as a union and we will win a strong contract for our patients, our communities and our families.

Our key patient safety and recruitment and retention proposals:

Issue	Our Proposal	Swedish's Proposal
Wages	July 1, 2019 – 6.75% July 1, 2020 – 5.75% July 1, 2021 – 5% July 1, 2022 – 5.75%	July 1, 2019 – 3% July 1, 2020 – 3% July 1, 2021 – 2.75% July 1, 2022 – 2.5%
EVS	<ul style="list-style-type: none">• Home area assignments and a workload escalation tool set by workload limits• Exterminator called in cases of bedbugs• Workplace safety and light duty support	<ul style="list-style-type: none">• Home area assignments and an escalation tool set without workload limits• More expectation of EVS workers to clean bedbug rooms without an exterminator• No

Issue	Our Proposal	Swedish's Proposal
Nursing Staffing	<ul style="list-style-type: none"> Firm commitments in writing about additional FTEs for break relief float pools, sitters and increases to critically low units across our system Charge nurses remain unassigned for a max of one patient to ensure they can play their critical role Telesitters with a max of eight patients assigned to safely monitor patients A commitment to meet or exceed California ratios for RNs IV teams across the system to educate and support RNs in learning IV starts Commitment to fill open positions with travelers 	<ul style="list-style-type: none"> Swedish only verbally committed to add additional FTEs in these key areas but has refused to commit in our contract No response Agreed to create matrix, but no commitment in writing to maximum patient assignment NO No commitment on the size of the team NO
Safety	<ul style="list-style-type: none"> Metal detectors at dedicated ED entrances at all campuses Security guard 24 hours/day in all EDs Safety alert devices for all EDs, MSU in Issaquah and Behavioral Health units at Ballard & Edmonds Workplace safety committee 	<ul style="list-style-type: none"> NO NO NO NO \$25,000 fund to travel to other hospitals to see their safety precautions
Call & Standby	<ul style="list-style-type: none"> Standby pay at Seattle minimum wage Call pay minimum for false alarms and phone calls Recognition for working standby/call on a holiday Prohibition of mandatory call in non-emergent departments Call rooms and hotel vouchers Urgent/emergent guidelines to help support and keep us in line with the new mandatory call law 	<ul style="list-style-type: none"> Increase of \$1 after ratification and \$1 after the expiration of the next contract NO NO NO Yes NO
Social Workers/ Counselors	<ul style="list-style-type: none"> A fair wage scale Year-for-year credit for past experience A voice in scheduling and staffing to ensure coverage for all of our patients and agreement to maintain the current staffing 	<ul style="list-style-type: none"> Yes for social workers No for counselors – 25% behind social workers No – below standard and capped at 6%, which will leave people behind Yes to committee but there is no commitment to the staffing levels

Other proposals:

We made significant progress in our proposals regarding Organizational Equity and Inclusion, inclement weather, protections for our use of sick leave. In addition, takeaways on PTO/EIB, subcontracting and vision/dental have been removed.

We delivered our messages directly to Rod Hochman as a result of Providence's absence of leadership



"I have been here since 2015 and we have lost a lot of staff due to workload. I can't even count the number of CNAs who have left. Managers who have tried to get more CNAs and told there is no money or FTE to hire. It's been escalated and management has denied it many times. I've lost count of how

many times I've thought about leaving due to short staffing and workloads. The only reason I don't is because I know leaving will only make it worse for my co-workers."

David Antwi, NAC, 8SW Medical Respiratory, First Hill



"At Redmond we can't get patients out of the ED in a timely manner due to staffing issues at other units, creating long waits for critical patients needing a bed, or a room not being cleaned due to not having someone from EVS to clean the bed at the receiving hospital. Being a free-standing ER without any respiratory therapy,

pharmacy, this puts the patient at higher risk for an adverse situation. We have no social workers and are frequently told there is no one to come out to help our mental health patients. There is no float pool that floats to us and we don't have staff to be PSAs."

Linda Parker, RN, Emergency Department, Redmond



"We formed our union three and a half years ago because we were not able to give our most vulnerable patients the care they deserve. 65% of social workers have left because of unsafe staffing. Patients are not getting the timely help they need; we have suicidal and actively psychotic people in the hallways. I have been assaulted and chased down the hallway. My colleagues have been assaulted. We're not going to work in these conditions. The Addiction Recovery counselors who work with moms and babies, you've said they're not worth anything with the wage scale you're offering. I don't want to leave Swedish, but why would we stay when we can make more money elsewhere and be safe and provide the kind of care we want to give?"

Laura Wood, Social Worker, Emergency Department, Cherry Hill



"I work at MSU at Issaquah. We have dangerous behavioral patients, sometimes under 24 hours, sometimes months at a time. I had to peel one of these patients off a PSA, it took five of us to get him off the caregiver. Security was coming from the ED and didn't make it in time. We need more training,

we need more staffing, we need more security to help our patients and our staff, and to keep and retain good staff who leave because of the situation they're facing at work. Patients and other family members are asking 'are we safe?' when they see this. They are not coming back."

Angela Castillo, RN, Medical Specialty Unit, Issaquah



"Our Emergency Room is amazing. They built a great building, but we don't have staffing. We do over-time and help one another. We thought the proposal would help with staffing, but instead we have more workload. We are short staffed and we won't be able to accomplish our work. And we

are expected to be trained. And how are we going to help when we don't have staff? The nurses try to help us but they have their own priority. How are we able to build more things but not taking care of what we have right now? More staff."

Diana Garcia, EVS Tech, EVS, Edmonds



"Rod, you came to Swedish when we were moving to close Ballard and you had the vision and said, 'Hey, we need this campus.' I'm disappointed in you. We don't have faith in your decisions. That is all of us and it's also our co-workers. We have never seen the distress level that we have now. Swedish is more than a brand—

we are a beacon of the best care in this city. We tell our family and friends that if you have a loved one in the hospital, you make sure they have a family member there to advocate for them 24-hours a day. I work in a procedural area. I have to pretend to the patient's family it's not an assembly line. But it is. We are not asking for a great contract. We are asking for a fair contract. This hospital is putting profit over patients. Providence has the money to give us a fair contract. If you didn't have any money it'd be a different conversation. We have been unable to recruit and retain staff. The proposals we put forward will help fill our open positions. Our EVS is so short staffed, it's embarrassing. We need to drop rationing care and put patients over profit."

Terry Thompson, RN, Day Surgery/Endo/PACU, Ballard



"Mill Creek is the third busiest Emergency Room in the system and we are constantly understaffed. We face huge turnover, we only have one EVS worker during the day to cover the entire Mill Creek ED. We will never let Providence bring in subcontracted workers to wipe us out because of what we saw

happened with Physical Therapy. We deserve security, and our community deserves more from Providence."

Carissa Masching, Lead Imaging Tech, Imaging, Mill Creek