



SEIUHealthcare®
United for Quality Care

Swedish-Providence

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BARGAINING UPDATE

We Have the Power to Make Providence Settle a Contract That Puts Patients First

An overwhelming majority of us participated in our action and came to the picket lines across Swedish campuses. Because of our action we got hours of air time, unprecedented newspaper coverage carrying our stories and millions of radio listeners and TV viewers hearing our message: We are fighting for safe patient care at Swedish, and Providence should put patients before profits.

Media outlets around the region and nationally covered our message. Thousands stood with us in our fight, including community leaders, elected officials, faith leaders, first responders, patients, our union family and our fellow healthcare workers at other facilities.



"The three days of our strike were very powerful as well as emotional for all of us. I have decided to participate in the strike to show support to my fellow caregivers who are engaging with management for all of us, to attain a fair and just contract that will be beneficial not only for us but to the patients that we serve. It is my fervent hope that once everything has been said and done, we shall once again embrace and

work hand in hand with better working conditions and staffing in our departments"

Noel Galang, EVS Tech, Environmental Services, Issaquah



"Being an EVS worker means it is my job to make sure our hospital is safe and clean. My co-workers and I keep patients safe by making sure we keep infections from spreading. We are

not on strike because we want to, we are on strike because we need to. We need to keep our patients safe." **Lisandra Alanso, EVS, Ballard**



"I have been a nurse with Swedish for 13 years and I really enjoy what I do for our patients. Sadly, Swedish has not addressed our staffing needs nor our workload. We all want better working conditions. There is only so much we can do with the staffing that is provided by Swedish. When housekeepers are swamped or short staffed, we have been asked to strip the bed, and when we are short on respiratory therapists, we have been asked to give breathing treatments. What's next? We are already over extended. We used to be well staffed and now it's all about saving money for Swedish-Providence. Instead of cutting staff to save money, Swedish-Providence must cut executive pay!"

Samiye Hind, RN, Float Pool, Edmonds



We are back at the table to continue to fight for a fair contract

In an effort to bargain in good faith, this week we made a proposal with economic movement towards the employer's position. We expect Swedish-Providence to settle a fair contract, and are doing everything we can to achieve that.

Despite us taking action for our patients, management is

moving backwards. This does not accomplish anything for patient safety, recruitment and retention, safety and security, no solutions for safe staffing, or infection control.

	Our vision to recruit to fill hundreds of vacancies, retain our experienced staff and provide safe care	Providence's Proposals – would this move our system forward?
<p>Safe Patient Care - <u>Our hospitals are in crisis.</u></p> <p>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 fed up with 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.</p>	<p>RN ratios to guarantee a maximum patient assignment</p> <p>Break relief staff for RNs, NACs and ED Techs because we know the buddy system does not work</p> <p>ALL PSAs in addition to our matrices</p> <p>Concrete measures for workplace safety including personal safety alert devices, metal detectors, mandatory safety trainings and appropriate staffing levels</p> <p>Strengthen our committee process to ensure we, as the patient care experts, can determine our staffing needs</p>	<p>NO</p> <p>Swedish only gave a verbal commitment to hiring some break RNs but has refused to put anything in writing</p> <p>NO - Additional job classifications for PSAs with no written commitments to additional FTEs</p> <p>Management proposed a subcommittee</p> <p>NO</p>
<p>Quality Infection Control</p> <p>We are protecting patient safety by uplifting the infection control standards of Environmental Services.</p> <p>All workers deserve respect and appreciation for the roles we play.</p>	<p>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</p> <p>A minimum number of FTEs per campus</p> <p>Light duty assignments for any and all job-related injuries</p> <p>Cleaning of rooms exposed to bed bugs or lice will be cleaned by a licensed exterminator with a Washington Public Operator License to ensure proper sterilization of the room.</p> <p>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</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>A commitment to follow through on their 2015 commitment of set assignments, not based on the need</p>
<p>Respectful standby/call</p> <p>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.</p>	<p>Increase standby pay to WA state minimum wage</p> <p>Recognition for working call on holidays</p> <p>Alignment with the new state law - mandatory call can only be used for urgent/emergent needs</p>	<p>NO, increase of \$1</p> <p>NO</p> <p>NO, "Robust feedback loop" for inappropriate use of call</p>

And Swedish refuses to acknowledge the commitment made in 2015 that all units will be staffed at least as well as the CA ratios

Why won't Providence make commitments to us in writing?

More of the same – how would this keep patients safe?

Without workload limits, EVS workers take on larger and larger assignments, which leads to inadequate infection control and workplace injury. Why won't Swedish listen to EVS workers with years of experience who have important input about safe assignments?

Is this going to address the high vacancy rates in OR/procedural areas?

Why does management want to use mandatory overtime and standby for sick calls and on non-emergent needs?

	Our vision to recruit to fill hundreds of vacancies, retain our experienced staff and provide safe care	Providence's Proposals – would this move our system forward?
Wages that recruit and retain Our bargaining survey showed: <ul style="list-style-type: none"> · 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 	7/1/19 - 6.5% 7/1/20 - 5.75% 7/1/21 - 5% 7/1/22 - 5.5%	Ratification – 3% 7/1/2020 – 3% 7/1/2021 – 2.75% 7/1/2022 – 2.5%
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 Co-insurance: 100% coverage Deductible: 0% Copays: \$0 No Virgin Pulse/Choose Well requirement More affordable urgent care, ER visits Expanded alternative care Expanded vision and dental coverage Medical Plan Assistance applicable to all plans for those who qualify Keep prescriptions affordable and available in 90-day supply	NO 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 NO PPO Deductibles go up in 2021 to \$375 and \$400 in 2022 NO 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 NO No alternative care coverage No dental plan assistance NO – PPO plan becomes the free plan option through the Medical Plan Assistance Program 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 RE-proposed a "PTO," for anyone hired after 12/31/2020, where management combines our sick and vacation policy that reduces leave hours by up to 80 hours annually.
Social workers and counselors are part of our team	A wage scale with year-for-year credit for past experience that matches Edmonds social workers. A fair counselor scale that matches community standards	Management has proposed a wage scale for social workers and counselors but without credit for experience. Management proposed a scale at 30% below the social worker scale.

Management removed their commitment to retro pay – how will that help with retaining skilled caregivers?

The premiums we pay out of our paychecks are not the major contributors of medical debt or foregoing care.

Why isn't management lowering out-of-pocket costs on the biggest contributors to medical debt?

Should any of us and our dependents be required to participate in Virgin Pulse to avoid higher healthcare costs?

Will this help fill our nearly 900 vacancies across the system?

Dozens of social workers have left Swedish for other healthcare jobs. Why doesn't management want to meet community standards to recruit and retain?

We will continue to take action for what our patients need

We are showing our determination by filling out postcards about why we went on strike and what Swedish needs to do to get us back on track. Get postcards from your bargaining team or contract action team and return to them over the next week.

If the bargaining team recommends any future escalating action, it would need to be voted on by the union members to authorize the action plan.

Solidarity fund and picket pay update

Checks for picket pay are in the mail. We had donations into the solidarity fund from individuals, unions, and other organizations locally and across the nation. Many of us also donated our picket pay to the solidarity fund. As a result of the support we have earned, the solidarity fund payments will be coming this week.



"The changes in care Ms. Huang describes in this op ed perfectly captures what is happening at Swedish/Prov. As Oncology nurses, my co-workers and I do what we do because we value the same thing she does, the ability to know about the side effects of chemo and how to administer it, but to also know our patients, give trusted support, expert guidance, cry and laugh with them as we traverse together the long journey that having a cancer diagnosis is. We value this long term relationship as much as our patients do. For us, that is what nursing is all about. Providence is making this harder and harder to accomplish

as wages fall behind, staffing shortages cause exhaustion and unsustainable stress and long term nurses leave to work closer to home.

We are fighting to continue to provide the kind of care that we and our patients value and to continue the nursing relationships that provide comfort, support, and understanding of a shared journey. We will not stop fighting."

Betsy Scott, RN SCI Medical Oncology Clinic

I am a cancer survivor, and I support the dedicated nurses at Swedish

By Jenni Huang | Feb. 7, 2020 at 11:01 am
Special to The Times

I didn't receive my scheduled chemotherapy due to the recent strike at Swedish Medical Center, although it was reported that quality patient care was not interrupted. Although my care was indeed interrupted, I fully support the nurses and other staff who have walked out to bring attention to issues at Swedish, including understaffing and turnover.

I was diagnosed with stage IV colon cancer in 2005. In the ensuing decade, I had multiple surgeries and more than 200 cycles of chemotherapy. Everything was done at Swedish, and I loved Swedish because I got terrific care there.

I actually looked forward to my treatments at the Swedish Cancer Institute. I could always count on being treated by the same friendly group of nurses who seemed to love their jobs and genuinely cared about me, taking time to get to know me. They knew me, my friends and family, and all my preferences during treatment.

In October of 2015, I got a break from the cancer life. But in early 2018, my disease returned in a big way. I required two major abdominal surgeries and spent 27 days inpatient at First Hill, then started chemotherapy again.

My stay in the hospital showed me how understaffed Swedish had become during my absence. Luckily I had visitors every day who would assist me with walking around my floor because staff didn't always have time. I learned to clamp and disconnect my own nasogastric tube, so I wouldn't have to wait indefinitely tethered to a wall when I had to use the restroom.

I have been doing chemo every other week since the summer of 2018, besides breaks for radiation and surgeries. I don't enjoy my time in the treatment center much anymore. I value building relationships with the people providing my health care, but many of the nurses I knew have moved on for various reasons, some being the reasons for the strike.

It seems now when I go for treatment, I get picked up by a different nurse, many of whom are traveling nurses, and we barely get to know more than each other's name. They also are so short-staffed that they are running from patient to patient, and I just hope they are doing everything right for all of us. We are getting serious drugs, and their attention matters. The attention to the medicine, our health concerns and our lives matters. Patients are people. Oncology patients are people with complex issues and concerns. Some of us spend a great deal of time at Swedish, and we want to feel that all staff are able to care for us to the best of their abilities.

The nurses and other support staff want to feel cared for too. I hope Swedish management can think of their well-being, as well as that of their patients, and show they care. Care is the most valuable commodity.

Jenni Huang is a mother of two teenagers, an educator, and a native Washingtonian. She has been a loyal Swedish patient since 2002.

The Seattle Times