

WESTERN STATE HOSPITAL NURSES UNITE TO DEMAND RESPECT

We are the experts in the safety we need, the staffing our patients need, and how to provide the best quality care for those who depend on us. For the past year and a half, we have been united raising concerns about a plan from WSH management to include all RN3s in base staffing. Our concerns about our safety and our patients' safety have been ignored and now management is threatening to implement their plan without our approval.



Comparing our proposals and management's counterproposals

Our Proposal	Management's Counterproposals
RN3s be added to base staffing as an additional resource to increase the ward base staffing numbers	RN3s be included in base staffing allowing them to reduce other ward job classes
Other ward job classes will not be decreased to add RN3s	RN3s will continue to cover multiple wards and float as directed by management
RN2s would continue to be charge nurse	There will be no decrease in duties, RN3s will take on additional ward duties
RN3s will cover their ward and not be floated to other units	A phased-in approach to implementation starting April 18
That certain RN3 duties be modified to accommodate for taking on ward duties	No dedicated space to evaluate the impacts to patient and staff safety, overtime, or staffing, only use UMCCs
A pilot program to trial the proposed change	
Set dates to evaluate impacts	

Management rejected ALL of our bargaining team's proposals — Jennifer Brown and Dave Holt offered lots of "thanks for your hard work" but declined all proposed solutions after asking us to be responsible for providing any and all solutions to the changes they want to make.



"We went to bargaining in good faith and tried to work with them, but we are not willing to compromise anyone's safety or our licensure."
Willie Saw, RN3, S9

Management initially proposed this change in November 2019 as an "alignment" with the Eastern State Hospital staffing model to regain CMS certification.



ESH Staffing Model

Civil and Forensic admission units	4 RNs on days and evenings, 2 RNs on nights
Competency Restoration units	3 RNs on days 1 or 2 RNs on nights
NGRI units	3 RNs on days and evenings, 2 on nights
Civil wards	3 RNs on days and evenings, 2 RNs on nights

WSH Staffing Model

Civil admission	2 RNs each shift
Civil wards	2 RNs each shift
Forensic admission	2 RNs each shift
Competency restoration	2 RNs each shift
NGRI	2 RNS each shift

Management changed their messages at every meeting. They said they need the RN3s included in base staffing because:

- 1st - They wanted WSH to align with ESH**
- 2nd - They needed to reduce overtime costs**
- 3rd - They wanted to increase staffing on the floors**
- 4th and last - They need to get**

"the most experienced staff working with our psychiatric patients to improve patient outcomes"



“We need clear communication from management so that we are all on the same page when we are implementing such a large and complicated change in our staffing mode. We need them to comprehend that patient safety needs at WSH are at stake. We need to take action to prevent more people from being hurt”
Paul Singh, On-Call RN3

They said they would not fill any RN3 vacancies until SEIU nurses agreed to the proposed change.
They even threatened to demote some RN3s to RN2s if we didn't agree.

Then they said they could not hire RN3s because the statewide hiring freeze did not allow them to hire.
 Then they said they were attempting to get permission to hire RN3s to fill vacancies but had been denied.
 Now they say they will hire non perm RN3s and hire permanent RN3s once the plan is fully implemented in June.

“Since our RN3 permanent down deployment negotiations and during the COVID pandemic, management has refused to hire any RN3s to fill vacancies. Management is holding these positions hostage until we agree to their demand to have the RN3s charge their wards and supervise it at the same time. We have offered reasonable alternative solutions and formed a work group with management. We are at an impasse. We as nurses know what we need. We need to stand together for the safety of our patients and staff. We need management to recognize our value as more than just a number in their staffing model.”
Paula Manalo, RN3 Float, East Campus



“RN3s have been voluntarily down deploying themselves for nearly a year and we have seen no noticeable impact on safety, overtime, or burnout. Staff that verbalize any concerns are ignored, dismissed, or end up getting reassigned for months while they investigate minor complaints. Management actions are directly responsible for the lack of adequate staffing on the floor. We asked them to recognize burnout and fatigue as an issue years ago and they refused to discuss our concerns. We need to stand together to make them evaluate the reasons staff aren't available on the floors.”
Sharon Bethard, RN3 Float, Central Campus

WE ASKED THEM TO LOOK AT THE BIG PICTURE — IMPACTS TO STAFF AND PATIENT SAFETY MATTER

“Our leadership here at WSH have made changes with similar goals if we look back to the changes that were implemented to reduce overtime and improve staffing, such as the leveling and with the HART implementation — these did not improve staffing, safety, or decreased overtime at all. In addition, it only created massive overtime and short staffing. Now instead of revisiting the Leveling and HART to make any changes or modification for improvements, which we have numerous requested during our work group meetings, they continued to decline. Our hospital leadership are moving to making yet another poorly thought-out plan AND they have stated their intention to move forward with including RN3s in base staffing even if it proves not to be effective. Furthermore, they have refused to meet us halfway and listen to our inputs. We would like nothing else but to partner up with our leadership to make improvements within staffing, safety and decreasing overtime. However, we need to work together and come to a mutual agreement.”
Marivic Dellinger, RN3, F6



OUR EXPERTISE IS VALUABLE, WE DESERVE A COLLABORATIVE RELATIONSHIP WITH OUR LEADERSHIP



“Lack of confidence in management continues at WSH. Following a remark made by management indicating they do not trust RN3s to do their jobs or do the right thing, management now intends to require the RN3s to perform the duties of two job classes — the role of the RN3, and the charge nurse. Consideration for the staff and patients this change will affect or for the reality of enormity of such an undertaking was clearly not a prerequisite to this decision.

Based on realistic, working knowledge, RN union members tried to address with management the negative impacts this plan will have. Management intends to implement its non-transparent agenda, regardless of unsafe and unfair labor practices. Management does not intend to review the outcomes of this plan. And they do not intend to make necessary changes to problematic issues that may arise.”

Valerie Boyd, RN3, CFS

“Since the time I have joined this bargaining team for SEIU with management I have seen Jennifer Brown display no real understanding of what the nursing staff do every day and she has shown no empathy or compassion towards the dedicated and stressed out RNs that work under her leadership. Each proposal that our SEIU bargaining team have come up with has been met with blockades, delays in meetings and no evidence-based practice solutions from management. Yesterday on March 10th was the first time our union has seen in writing management’s proposals that basically rob each shift of the presence of an RN2 and replace with an RN3. Her stated reasons include that this ‘improves staffing,’ helps replace other ‘burned out staff’ and ‘meets our needs’ for staffing. None of these reasons meets any minimum standard of safe staffing for WSH nurses or addresses our concerns about our own safety. This is the most dangerous hospital to work in the state of Washington and taking more RNs off the wards doesn’t make it safer. Sean Murphy made statements to our bargaining team that these decisions would involve ‘boots on the ground’ information exchange, yet our input has consistently been ignored, crossed through and summarily rejected each and every time. If our voice cannot be heard by our own chain of command then who do we need to discuss our safety in the workplace with?”

Eileen Manning, RN2, F6



OUR SOLIDARITY IS OUR BEST PROTECTION



“A lot of my coworkers are concerned about retaliation from nursing leadership. I want everyone to know that when we are united and strong together, management cannot harm us. We are protected by our contract and labor laws. Management cannot retaliate against us for standing up for ourselves and for our patients.”

Willie Saw, RN3, S9

Show your support for our bargaining teams by ensuring you are an active union member.

Fill out a membership card today!

joinseiu1199nw.org



If your supervisor approaches you to discuss your participation in union activities or for speaking up about safety concerns:

- Remind them that union actions are protected by labor laws
- Ask them if they are instructing you to cease union participation
- Always send them an email clarifying your understanding of the conversation and CC your delegate or organizer

