

Respect us, Protect us, Pay us!
AND GIVE US A BREAK!

Because of our union, we can provide UW with solutions that fix our staffing shortages and make UW a better place to work. Our proposals raise the standards so that we at Northwest are full members of the UW family. We want to be able to provide the quality patient care that we are trained to do, but UW is more concerned with the bottom line.

Talk to a bargaining team member to sign our unity petition to stand with us!

or scan this qr code
with your phone
camera to sign

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Break Relief for CNAs

It's now the law that we get uninterrupted breaks, so that we have enough energy to provide our patients with quality care. We are all united in supporting break relief for CNAs so that this can be possible. We told management how CNA staffing impacts the whole care team.

“UW wants people to take their breaks - that’s the state law now - but because of the workload, it’s hard to take uninterrupted breaks. If a CNA is on break, the whole floor, 18 patients, is left with one person. One person can’t handle 18 patients. When we are walking a patient and other patients are calling, if you don’t answer, they could end up falling. We don’t like when they fall, so when the bed alarm goes off, you always come back even though you are on your break. To get a full break without interruption we need someone on the floor to help - we need a CNA for break relief.”



**Ademola Adeyemo,
CNA, 4th Floor**

the whole floor, and they are busy, but the bed alarm goes off for another patient, then I am with a patient for 15 mins because you can't leave a 90 year old in the bathroom by themselves. Provide a break relief CNA, and let other providers do jobs they were hired for. When our patients are asked how was their experience, what people remember is not what care they got from a doctor or how great their PT was, but how fast did their call light get answered? Did they end up peeing in bed because no one could get there fast enough?"

Faith Eastwood, Inpatient Physical Therapist

“These are humans we are taking care of - our grandmas and children; money should not be the issue here. We CNAs work tirelessly to take care of them, but you have to be able to go and eat and come back with energy. If there’s nothing else management can give us, at least let us eat our meals. Let us have full stomachs and a little rest between patients. The slogan I hear from UW is that patients are first – well, patients need quality care and who gives them that care? You have to take care of your staff, so we are able to put patients first. Give us break relief, so we can continue our great work.”



TJ Drammeh, CNA, 5th Floor

“CNAs are expected to spend part of day with a double case load? Not a good idea. It’s important to acknowledge that CNAs are the foundation of patient care in the hospital and when they are on break without coverage, then basic patient care - like bathrooms and food and water - it’s not happening. This impacts the whole care team. For me as a PT, when there is one CNA for



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No More Mandatory Low Census

If it's slow, it should be voluntary whether or not someone wants to go home. We proposed eliminating mandatory low census.



“When we are hired for a job at a specific FTE, we expect a consistent paycheck reflecting those hours. When we are low censused and our paychecks are smaller, we don't get breaks on our rent. With the inpatient load the census can change dramatically and quickly - if we send someone home in the morning and census picks up, that creates problems for everyone; patients might not get seen, doctors get mad. And this isn't the practice at other UW hospitals, so why here at Northwest? Why do we have to use our vacation time to make up these hours, when that isn't happening elsewhere in the same system?”
Rochelle Brooks, Outpatient Speech Pathologist

“There are times when they low census people, and what ends up happening in the OR is there end up being add-ons and outside cases with less people. You can't just call those people back, so there's more work for people left there, and it ends up being unsafe. You just don't know what can happen - an hour later the workflow can change. It's all about patient safety.”

Rose Long, Anesthesia Tech, OR



Keeping the Time Off We've Earned

When we bargained our transition into UW, we won an extension on using the hours that exceed the UW maximum of 240 hours. We proposed extending the deadline to use the time off we've earned.

“Throughout 2020 and 2021 the D1 project (Epic transition) was postponed several times, so there were multiple vacation freezes. Also because of the pandemic, many departments were busy covering for at-risk coworkers and for coworkers in quarantine, leaving us short and unable to take time off. For those who were furloughed, paid time off was not allowed. And all throughout the pandemic, we were sent frequent emails discouraging non-essential travel. These are some of the many reasons we haven't been able to take time off as new UW employees, so we really need the previous relaxation of vacation cap rules to be extended.”
Liv Brakstad, Inpatient Pharmacist



Fill Vacant Positions Now!

We are holding management accountable to solving our staffing issues and providing them solutions! We proposed changes to job posting language in our contract to stop management from delaying the posting of vacant positions.

“In the last six weeks in my clinic, we have lost half of the front desk staff - two to other healthcare orgs with big signing bonuses, and the most recent is leaving to take a job as a barista where she'll make \$10 an hour more. We need these positions filled ASAP. A patient could have a great experience with me and the physician, but if they had to wait 20 minutes to get in the door, they won't be happy, and right now, lines are out the door because there is not enough front desk staff. Plus, we are burning out our staff. We need to get these positions filled, and we need a commitment that job postings will be done in timely manner.”
Judy Sohl, CMA, The Sports Medicine Clinic



“At one of the clinics here at Northwest, there was an internal transfer with plenty of notice, but the PSS job didn't get posted for months. The remedy was to have a CMA work the front desk. CMAs don't have all the privileges in Epic that a PSS does, so not only were they doing work outside their job class, but they weren't even able to do the work they were asked to do. The result is upset patients who aren't getting called back - they have urgent referrals that need to be taken care of. We shouldn't have to hound HR to post jobs.”
Jessica Hawtree, PSS, Hepatology Clinic



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Strengthening Protections at Work

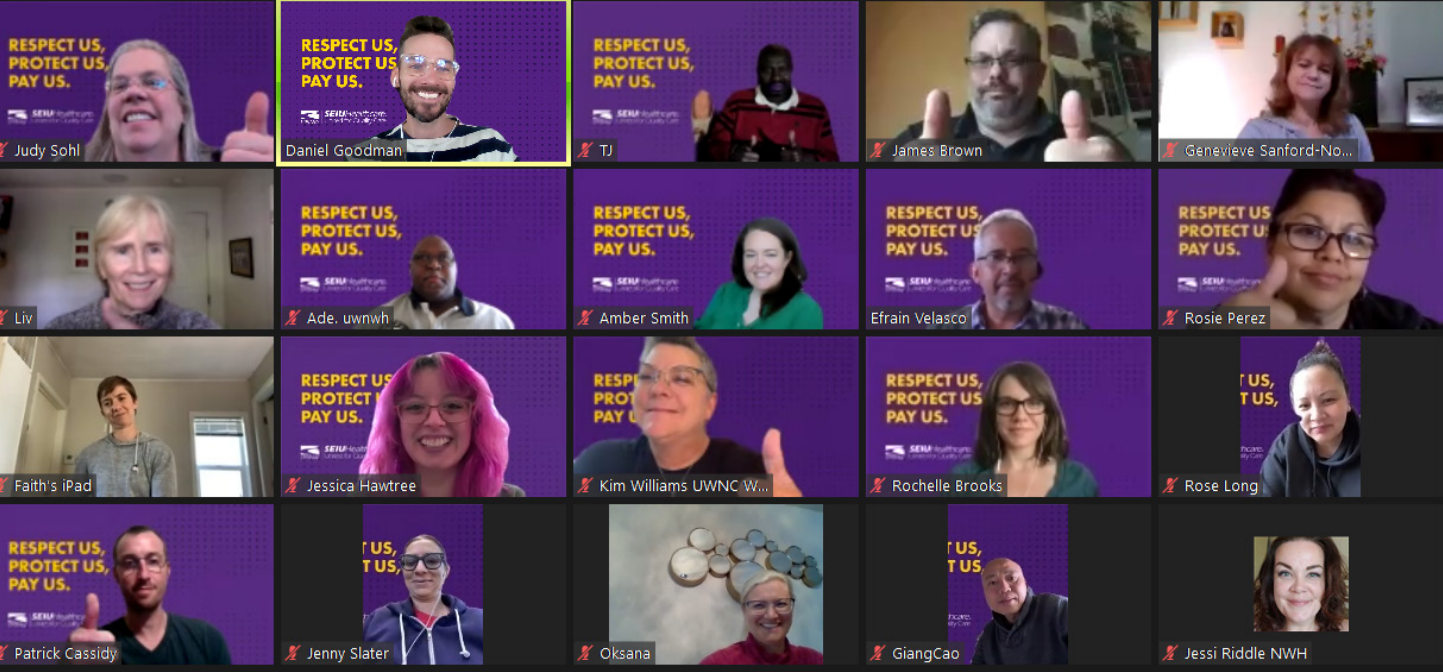
We proposed improvements to our grievance process – extending it to 30 days instead of 14. These are standards already in place at Harborview.
We proposed guaranteeing in our contract that we have delegates to represent all of our members in our contract bargaining, so that we all have a voice. Also a part of this proposal is getting a commitment from UW that a member of the Northwest executive team will be present at contract negotiations.

“My fellow union members and I take contract negotiations very seriously. We rearrange our work schedules so we are both available for these meetings AND our jobs helping patients. We also spend time in the evenings preparing. We like to share our stories because we think that it is the best way for you to hear real-life situations that back up our proposals. We’re disappointed that there appears to not be any decision makers from the executive team, and we feel we have no choice but to mandate it in our contract for next time.”

**Genevieve Sanford, Ultrasonographer,
SEIU Healthcare 1199NW Executive Board**



Our Bargaining Team



- Ademola Adeyoma, Surgical
- Liv Brakstad, Pharmacy
- Rochelle Brooks, Outpatient Therapies
- James Brown, Plant Engineering
- Giang Cao, Echocardiography
- Patrick Cassidy, Radiology
- Tijan Drammeh, Medical
- Faith Eastwood, Inpatient Therapies
- Jessica Hawtree, Hepatology Clinic
- Oksana Kurkov, Primary Care Issaquah
- Rose Long, OR
- Rosie Perez, Primary Care Ballard
- Jessica Riddle, Adult Psych
- Genevieve Sanford, Ultrasound
- Jenny Slater, Care Management
- Judy Sohl, The Sports Medicine Clinic
- Kim Williams, Primary Care Woodinville

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