



**OUR POWER IN OUR UNITY IS MOVING UW, OUR PATIENTS
NEED THEM TO MOVE FASTER**

Our unity moved UW administration to make new investments in our contract, movement administrators said would never happen. We gave UW a choice, invest in us and our patients now, or we will take action hold them accountable to the patient care standards we expect from Harborview. We welcome management’s movement at the table to acknowledge more needs to be done to fix staffing. Now we need them to move faster and to stop tying our wages to multi-campus floating proposals.

Management’s latest proposal includes investments in us that are a start but not enough:

- No one is left at only 2% raise each year. Because we are a union of many job classes, we are able to raise everyone up instead of just a few. For the first time, PA/ARNPs, Social Workers, ENDS, Dietitians, Nuclear Med Techs, and Speech Language Pathologists have market adjustment proposals on the table from management that would bring these groups up to 6% over 2 years.
- \$5,000 retention bonus for RNs and RTs
- \$3,000 retention bonus for Imaging Techs, CT, Angio, MRI, Imaging Tech Leads and Imaging Supervisors

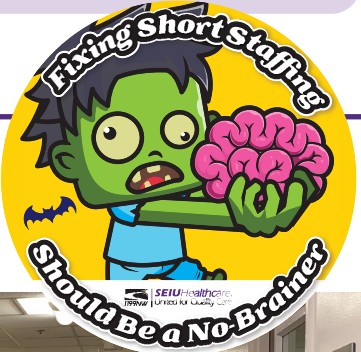
*Retention bonuses require a two year commitment and we would have to pay back the full amount if we need to leave earlier
*All raises are tied to multi-campus floating and multicampus voluntary standby proposals

“I am seriously concerned about the future of a place I have always loved working at. We are offering solutions to fill positions faster, offer more competitive wages to attract and retain staff, and COVID relief measures that show our workers the respect they deserve for what they continue to go through a daily basis. After many contracts where UW has aimed at paying us below the average regionally, Harborview simply doesn’t offer competitive wages. We are in a staffing crisis. Many of us are burnt out by constantly being short staffed and the incredible stress of working through the pandemic, and people feel management doesn’t get this, so many of our coworkers are leaving in droves.”

Lucas MacDonald, APP, Family Medicine Clinic, Bargaining Team

Fixing staffing is a no brainer

We’re united to ensure each patient that comes to Harborview receives excellent care. When that can’t happen due to a lack of resources and short staffing, we do everything we can to make up for the system failures. Its time UW stop relying on us to pass the test for them.





“Short staffing & exhaustion has ripped me of my joy to engage with my patients. I’m always in a rush to pass their meds, prepare them for surgery, or do their wound care because

I’m caring for more patients than I should have to. I have become task oriented. I have unconsciously neglected their emotional needs and with that I am doing harm. I want to do better for my patients and they deserve better. Harborview holds the principle “do the sick no harm”, with short staffing, administration is doing harm by not giving us a safe work environment to work in, which negatively effects and limits the care that we can provide to our patients.”

Maricon Nibre, 5EH, RN

UW Staffing Report Card

Unit	Percent met staffing plan		Grade
	Jan 2021- July 15, 2021 for dates reported*		
2E	52%		F
2WH	26%		F
3E	47%		F
3W	8%		F
4E	44%		F
4W	58%		F
5MB	43%		F
5E	77%		C+
5WA	85%		B
5WB	61%		D-
6E	56%		F
6MB	42%		F
7E	43%		F
8E	52%		F
9E	30%		F
9MB	37%		F
F	52%		F
Radiology	Fined by L&I for assigning mandatory overtime using call		F
Inpatient Social Work**	52%		F

*Staffing data provided by Harborview to union on June 14 and July 15, 2021
**According to department emails requesting help for short staffing between June and September 2021

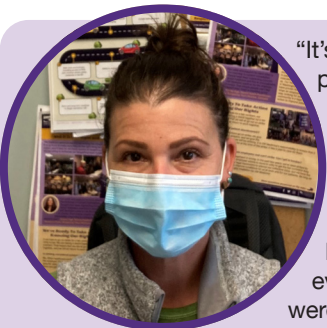
UW is earning a failing grade when it comes to staffing. Many studies show increase patient loads, impact patient outcomes and drive healthcare worker burnout and turnover. While our personal experience and the data shows we are working short, management continues to be slow to take action. Executives may enjoy seeing huge profits, but we know that profit is coming at a significant cost.



“I have seen patients undergo unnecessary and avoidable trauma and discomfort as a direct result of poor staffing. Typically, when SLPs recommend a video X-ray study of a patient’s swallow to determine whether it is safe for a patient with swallowing difficulties to eat and drink, it can be completed the next day. Recently, due to a combination of poor staffing in both the SLP and radiology

departments, I’ve witnessed some patients have to wait as much as five days to get a video x-ray study. Patients awaiting the x-ray study are unable to eat or drink and must rely on temporary feeding tubes placed through the nose, which sometimes have to be re-inserted multiple times. Sadly, this is not a rare occurrence with current staffing levels and our patients are frequently waiting 2-3 extra days (if not more) before being seen by us and cleared to eat and drink”

Andrea Renfroe, Speech Language Pathologist, Bargaining Team Member



“It’s not just about money that is making people leave Harborview, it’s about the short staffing. Our lack of staffing creates an inability to provide care at the standards we are used to and that we expected to. This is what keeps new staff from working here. Harborview used to be the place that everyone wanted to work because we were doing research; we don’t do that anymore. Now, we barely have the ability to finish our work. The ability to be practitioners has been taken away from us and turned us into task masters. And that hurts patients.”

Deana Orth, Respiratory Care Practitioner



“HMC Administration has lost their way, and their actions do not match their words. They speak of being champions for patient care and being an employer of choice. Instead, they prioritize profits, bully committed employees, allow patient care standards to suffer, and hire travelers over investing in and retaining the capable core staff that have given their lives and professional expertise to

Harborview’s mission. We are critically short staffed and patients are waiting hours or days for their radiology exams because we routinely don’t even have enough people for all of our scanners to be up and running. We are asking for higher wages because we know that Harborview cannot hold on to or hire people with their current compensation package. Administration cannot hide behind a staffing shortage forever. Everything is at stake, and we are losing good people every week! Administration must step up without delay, and present an offer that will foster retention and recruitment, that is on par with our workload and sacrifices, and that respectfully matches our commitment to Harborview’s mission.”

Todd Christenson, CT Technologist, Delegate

Cheat sheet to passing the test

If UW wants to pass the test, they need to listen to us, the front-line caregivers, about what is needed to care for our patients and to recruit and retain.

Wage increases, including market adjustments for all jobs classes	Short and long-term solutions to illegal mandatory call
Automatic double-time extra-shift incentives so we are fully staffed	No multi-campus floating
Quick posting of vacant positions showing administration is making an effort to address staffing shortages	Ability to reduce FTEs
Partnership in creating a culture of belonging	COVID Hero Bonuses
Safe work environment, including access to PPE and common-sense safety measures in the ED	