HUGHES TOWER CHANGE TEAM UPDATE: WE ARE ON PAUSE!



"We understand there is confusion about the pause in Change Teams. We've called for a pause in change teams because management isn't staying true to the process required by our contract: they're rushing the process, sidelining caregiver input, and leaving earlier agreements unfinished. Members deserve real answers about their jobs, patient care, and a meaningful role in shaping those decisions.

We are ready to do this work. But management must first follow our contract and honor existing agreements, complete the training they committed to in retreats, and put their commitments in writing.

We are waiting for management to do the right thing. Our union representatives attend scheduled announcement and change team meetings, read the cease and desist statement, and depart the meeting. Meanwhile, teams keep preparing together in union caucuses.

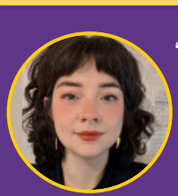
We know the uncertainty is exhausting, and we want answers too. Accepting a broken process now puts every team that follows at risk. Our contract, and our voices must be respected."

–Lauren Armstrong, Lead Senior Medical Assistant, Sleep Medicine, SMC Edmonds, 1199NW Executive Board and Committee of the Future Member; and Cara Alderson RN, NCCU, SMC Cherry Hill, 1199NW Executive Board and Committee of the Future Member

WAVE 1 CHANGE TEAMS, SUCH AS ED SOCIAL WORK AND PHARMACY, ASKED MANAGEMENT TO CONTINUE ENGAGING IN THE CHANGE TEAM PROCESS IN GOOD FAITH AND MANAGEMENT REFUSED.



"We, Emergency Department Social Workers, know from firsthand experience that the need for social work in our departments is increasing, not the other way around! The new emergency department in the Hughes Tower consolidates two emergency departments in the downtown core of a growing city facing complicated social realities. We have asked for three social workers to be on duty at all times at a minimum because we prioritize the safety of our patients, the timeliness of their care, and need the capacity to address their wide-ranging issues, both acute and subacute. Regrettably management has not met this moment in a way that recognizes the growing need and has ultimately disengaged from the process. But we are sticking to our position. We are petitioning senior leadership to authorize the staffing we need and to meet directly with our team to agree on an implementation timeline." **–Daniel Hubbell, MSW, LICSW, Emergency Department Social Worker, SMC First Hill**



"A collaborative change process should be more than a procedural exercise. It should be an opportunity to meaningfully engage staff, address concerns, and develop solutions that work. Without that commitment, collaboration is just a label. We maintained a commitment to a model that would ensure Swedish wasn't just making empty promises to a community already in the depths of a behavioral health and substance use crisis. Leadership maintained willful ignorance to the realities of boots on the ground.

While we thought we were making progress on a shared vision and consensus of safety, little did we know that Leadership was counting to exactly 30 days so that they could shut it all down — which is exactly what they did, despite recognizing there was still much work to do and many concerns left unanswered — including what we thought was straightforward- safe staffing. We offered to continue meeting and they said no."

–Hilary Horsman, MSW, LSWAIC Emergency Department Social Worker, SMC First Hill



"We came to the change team process united around our need for safety, sustainability, and quality patient care. Leadership came focused on cost-cutting and the bare minimum operationally acceptable. Leadership was not willing to hear our voices on the current need for increased staffing; we regularly miss our lunches, leave late, and rely on outsourced support to meet current demand. We have an opportunity here to improve behavioral health services for our community, and Swedish has promised we will do so. But this is not possible to sustain with a skeleton crew. A new Hughes Tower needs ED Social Work power. Our demand for three ED Social Workers staffed around the clock, 24/7 is crucial to meet the expectations and demand of the city." **–Alli Lowenstein, MSW + MPH, LICSW, Emergency Department Social Worker, SMC First Hill**



"After being told there would be no cuts, we were informed of a 4.2 FTE reduction. We came to the table and engaged in the change team process. After meeting with management and providing substantial data, management has stopped conversation and has not provided further discussion based on this data. We have cited and brought up patient safety concerns. We believe we have provided data to show their cuts are too deep. We need management to thoughtfully review the data we provided and have conversation on what staffing is best for our patients. Higher acuity, higher needs and less staffing does not make sense for our department or our patients." **–Sheryll Valdez, Senior Pharmacy Technician, SMC First Hill, 1199NW Executive Board Member**

"As someone who has been engaging in several change teams, I find it really frustrating that management is disrespecting the process. Our members deserve all of the rights outlined in our CBAs to make sure everyone gets the respect and consideration that this difficult process deserves!"

–Jen Hollyfield, Surgical Technologist, SMC Ballard, 1199NW Executive Board Member



WHAT COMES NEXT?



"We all want this process to move forward, but moving forward should not mean allowing management to disregard our contract. Our members deserve meetings where their voices carry weight, not meetings where only their attendance is expected. They deserve meaningful collaboration, accountability, and a voice in decisions that affect their livelihoods. We aren't standing in the way of progress. We're standing up for the process that protects every one of us." **–Kristen Miller, NAC, Medical Specialty Unit, SMC Issaquah, 1199NW Executive Board Member**

"I know it is frustrating to hurry up and wait when we think our departments are ready. Our goal is not to delay the process. We want to work with management and get this done. But we want management to follow our shared agreed upon contract for this process. Respecting employees' input with a true partnership between employer and employee." **–Jenae Knapp, RN, PACU, SMC Cherry Hill, 1199NW Executive Board Member**





"It is hard to be patient when we know our departments will be impacted by the move. We need to stay the course and trust the process. If we allow management to disregard the rights of departments and not follow contractual language in the first wave of change teams, they will do the same thing to us!"

–John Poquiz, RN, PACU, SMC Cherry Hill, 1199NW Executive Board Member

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