Seattle Children's WSNA Nurses Officer Team
09/18/2023

Bonnie Fryzlewicz
Chief Nursing Officer
Seattle Children's Hospital
4800 Sand Point Way NE
Seattle, WA 98105

Dear Bonnie:

We are writing as a group today to formally communicate a list of concerns that have been repeatedly vocalized across the bargaining unit nursing staff over the last year. We have brought these issues to leadership's attention on multiple occasions, via different platforms and committee meetings, and we feel these issues remain unresolved – much to the distress of our staff, the safety of our nurses and the well-being of our patients and families.

Our concerns are as follows:

1. **Lack of leadership transparency**.
    a. Many of our bargaining unit members have expressed a disconnect from SCH leadership and feel strongly their voices fall on deaf ears. Dinarte, a key member of SCH leadership who frequently rounded on units and was present for many meetings to hear the concerns of the bargaining unit left the organization abruptly and no announcement was made widely to the bargaining unit. There are no tangible attempts to increase executive leadership rounding to compensate for his loss. In addition, housewide communication and updates to the bargaining unit such as Magnet status, feel sparse and shielded. While drop-in sessions offer accessibility on your terms, they prove ineffective in reaching nurses. It puts the onus on nurses to come in extra, or use their breaks to share their experiences. And unfortunately, the feedback we hear from nurses that *do* attend is that their concerns and ideas for improvement are not taken seriously or acted upon. Delegating leadership follow-up to division leaders lands ineffective in solving our problems as their hands are tied by restrictive boundaries for budget, FTE/staffing management, resources and time. The sentiment is that they are as burned out as we are with this process. Change is warranted, and it starts with you.

2. **Staff Safety**

    b. While workplace violence is on the rise in health care facilities across the nation, work is actively being done at other institutions (facilities similar in patient demographics and level of care as Seattle Children's) to ensure the safety of their staff and families. However, despite numerous requests for actionable change - things like metal detectors at points of ingress, comprehensive security screening of patients and visitors and a no-tolerance violence policy against staff - we feel SCH remains complacent at minimum in the continuing threats to staff's physical safety. No one should be able to bring a weapon or weapon paraphernalia into any patient care area. Our colleagues in the PBMU also need experienced security support to ensure that weapons cannot be fashioned by patients to be used against staff or others. SCH leadership owes it to the public to be a safe place for everyone within its walls. There is a culture of tolerance of abuse at Seattle Children's that paired with a general lack of action has made leadership complicit with some of these threats to what is supposed to be a culture of safety.

    c. Reporting workplace violence in its current state and engaging with leadership and security is not only exhaustive, but inherently biased in a way that leaves nurses feeling defeated, unsafe and often emotionally triggered. Nurses are being repeatedly fed the rhetoric that they don't know

whether or not they are actually feeling unsafe vs uncomfortable in a situation where direct threats are made. Having the lived experience of a woman and having taken the module on trauma informed care, invalidation of how a person feels in their bodies (from an institution as well as from individuals evaluating from an outside perspective) is further traumatizing after having experienced a direct threat of bodily harm or violence. We urge that these misogynistic behaviors stop at the risk of further alienating your staff.

d. To conclude on safety - as stated in a June 2022 article from the American Hospital Association "Workplace violence has severe consequences for the entire health care system. Not only does violence cause physical and psychological injury for health care workers, workplace violence and intimidation make it more difficult for nurses, doctors and other clinical staff to provide quality patient care. Nurses and physicians cannot provide attentive care when they are afraid for their personal safety, distracted by disruptive patients and family members, or traumatized from prior violent interactions. In addition, violent interactions at health care facilities tie up valuable resources and can delay urgently needed care for other patients. Studies show that workplace violence reduces patient satisfaction and employee productivity, and increases the potential for adverse medical events."

e. Furthermore, the continued tie of workplace violence reduction to anti-racism work diminishes the valuable work towards zero incidence of violence towards our staff. These are two separate issues that need separate plans for improvement. Our nurses are committed to working towards an anti-racist workplace, but we don't have the nursing resources nor the physical space available to dedicate to this very important work. We lack time amongst our workload or the opportunity to reflect and take action when there is an unintentional biased perspective impacting our patient/parent relationships. As a result, the collective of frontline staff lack the ability to build and restore relationships with families and patients. Instead, we are asked to call in others to deal with that task, i.e nursing management, BST, ethics support, and PFR. We are ill prepared as a group to address bias as frontline staff, and then get blamed for poor family interactions. This takes resources, funding, and time to address, and it truly feels like nursing has been left out of the conversation - because it is too large of a group to invest in substantive training.

Lack of adequate staffing

f. We have received numerous complaints of inadequate staffing house-wide that continue to put our fragile patient population in danger each and every day. Staffing constraints in non-nursing support roles (RT, CNAs, supply chain) continue to level a heavy burden on an already overstretched system. Efforts to increase recruitment and retention are purportedly underway and yet we head into winter, historically the busiest and most labor-intensive season for our hospital, already short staffed and diverting patients. CDNs, audit nurses, and discharge nurses are daily pulled into patient care assignments due to lack of direct clinical staff. In addition, our units have reduced hours of care budgets for FY24 (on average a reduction of 5%). We fear that this act of tightening the purse strings will impact the quality of the care we provide. Per our contract in Article 17, Management Responsibilities, it is the employer's obligation to serve the public with the highest quality of medical care, and we know that lack of staff, especially experienced staff, greatly impacts our ability to meet the high standards of care that our pediatric patients deserve. We know that many of the nurse sensitive quality indicators and other metrics that we follow have declined greatly during the last several years. Multiple teams in the hospital are being asked to investigate why, but bedside/frontline nurses haven't been included in these teams, and the effect of nursing quality and experience on these metrics has been disregarded. We urge you to create an environment of adequate staffing that allows us to provide the best care to our vulnerable patients. We additionally demand that a commitment is made to prioritize

bedside nurses having a seat at the table on the committees that can most positively impact these lacking areas.

Even one of these issues on their own would lead to a challenging working environment. The truth though, is that all of these issues are indelibly intertwined. Due to inappropriate staffing, nurses lack time with the patients and families we care for - patients and families, as you know, that are likely going through one of the most stressful and traumatizing experiences of their lives. Families whose needs are unmet by their overworked nurses more easily verbally and physically abuse their nurses. As nurses, our inability to provide the best care, medically and psychosocially, to our patients, and a feeling of powerlessness to make the change that is needed, leads to moral distress and burn out, and nurses who are burnt out don't stay. As our employer, only you can break this cycle. Involve nurses in efforts to solve these problems. Listen to them and their experiences, and then take actionable steps to follow through on what nurses say they need to do their jobs better.

With regards to the above listed concerns, below you will find a list of action items that we formally request SCH leadership take under serious consideration so as best to positively impact their nursing team and the families we serve.

1. Staff our nursing units with adequate numbers of RNs, RTs, and CNAs/MA's to ensure all staffing plans submitted to the state can be followed. This needs to reflect covering breaks and lunches in accordance with the law (and must be maintained 24h/day). Trust the expertise of the unit charge nurses to identify their staffing needs. The reduction of FY24 nursing hours of care budgets across the house is further damaging to the current state. We cannot support each other or our patients/families in error prevention, QI work, or preventing workplace violence without adequate nursing representation at the bedside.
2. Frontline nurses need to be on committees making decisions that impact their work. Prioritize staff nurses over nurse managers in committee work outside of shared governance.
3. Report to nursing the plan for improvement based on workplace violence and assault data. Nursing needs to be assured that our leaders are reflecting and improving as incidences arise, so we can feel safe in delivering care.
4. Metal detectors and/or weapon screening at points of ingress as well as comprehensive security screening for all entering the hospital. In addition, a no-tolerance violence policy from patient caregivers should be instituted.

5. Directly denounce acts of racism. Allowing them to remain without a broad response from leadership is irresponsible and unacceptable. Hostility towards anti-racism work from our committed advocates is a constant reminder of why the work is necessary. We need vocal support from above, not acts of dismissiveness.

In addition, we have still unresolved action items from previous letters over the last year…

6. Prioritize executive rounding and presence on the nursing units.
7. PICU meeting with Dr. Sperring

Sincerely,

Seattle Children's WSNA Nurses Officer Team

Annika Hoogestraat (co-Chair)
Kara Yates (Co-Chair)
Lindsey Kirsch (Secretary)
Stefanie Chandos (Treasurer)

Sam Forte (Grievance Officer)
Teonna Adams (Grievance Officer)
Katie Podobnik (Grievance Officer)
Kelsey Gellner (Social Media Officer)
Therese Hill (Membership Officer)