

THE WASHINGTON NURSE MAGAZINE

SPRING
SUMMER
2022

A PUBLICATION OF THE WASHINGTON STATE NURSES ASSOCIATION / VOLUME 52, NO. 2

INSIDE: WASHINGTON STATE NURSES HALL OF FAME THINKING ABOUT RUNNING FOR OFFICE? HOSPICE AND PALLIATIVE CARE: WHAT'S THE DIFFERENCE? OUR FIGHT FOR SAFE STAFFING SCHOOL NURSING MAY BE RIGHT FOR YOU POLST - WHAT'S NEW & SNAPSHOT REVIEW ADVANCE DIRECTIVES WHAT WE ACCOMPLISHED IN OLYMPIA THIS YEAR ...AND MORE!



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FRONT

2

In focus

President's letter

5

News briefs and calendar

LEGISLATIVE ADVOCACY

6

End-of-session report 2022 legislative session

- › Budget priorities
- › Pandemic response
- › Policy priorities
- › Other bills supported
- › Bills SNOW supported
- › ARNPs United of Washington State legislative summary

14

WSNA-PAC endorses Duncan Camacho in the 18th

- › What is the WSNA-PAC and how do we decide?

15

Thinking about running for office?

16

Our fight for safe staffing

- › Legislative wrap-up
- › Campaign highlights
- › EXECUTIVE SUMMARY
Evidence on Hospital
Staffing and Outcomes:
Implications for
Washington State

LABOR RELATIONS

22

Union Leadership Conference

Photos and recap

26

Nurses in the lead

Union Leadership Awards

CONTENTS



ON THE COVER AND THIS PAGE

WSNA's Union Leadership Conference drew more than 100 nurses representing 25 facilities around the state. April 25, 2022.



CAREER PATHS

School nursing may be right for you 54

Newly-passed legislation will greatly increase funding for school nursing positions statewide beginning in September.

NURSING PRACTICE AND EDUCATION

32

Hospice and palliative care: What's the difference?

33

POLST in Washington

*What's new and
snapshot review*

34

Advance directives

*A new look at future
health care wishes*

35

A program from recovering nurses

*Washington Health
Professional Services*

36

Washington State Nurses Hall of Fame

2022 inductees

- › Sofia Aragon
- › Catherine Natsuko Yamaguchi Chin
- › Sally Herman
- › Anne Hirsch
- › Pamela Mitchell
- › Sally Watkins

54

School nursing may be right for you

MEMBER NEWS

56

Regions

*Updates from regional
nurses associations
around the state*

- › Central
- › King County
- › Northwest
- › Rainier Olympic
- › Southwest

62

In memoriam

66

Man on a mission

*Meet WSNA member
Josh Chatman*

SPRING / SUMMER 2022

IN FOCUS



Washington State Nurses Association celebrated our Hall of Fame ceremony in person March 27, 2022. It had been four years since the last time we came together to acknowledge our inductees into the Hall of Fame. It was a glorious

evening to be in person with these very distinguished nurses. Two years ago we recognized six of our very best nurses virtually. Yes, they received their trophies and we had great acknowledgements to share. I will admit, it felt intimate and warm and we enjoyed good conversation back and forth, but being in person was heartwarming. Due to COVID-19 we wore a face mask when not eating or drinking. Everyone needed to be vaccinated and without symptoms.

These last two years have not been easy for most of us. Every one of us has been tested in ways not seen in my nursing career. But I will say: I was so appreciative to be in person. The evening was underscored by lots of conversation and laughter. The six women we highlighted were Sofia Aragon, JD, BSN, RN; Catherine Natsuko Yamaguchi Chin, RN; Sally Herman, RN; Anne Hirsch, PhD, ARNP, FAANP, FAAN; Pamela Mitchell, PhD, RN, FAHA, FAAN; and Sally Watkins, PhD, RN.

WSNA created its Hall of Fame in 1996 to recognize the dedication and achievements of our registered nurses. These nurses have made significant lifetime accomplishments in the profession of nursing. They have given so much in the areas of leadership, vision, patient care, education, public service and clinical practice. And now, through the COVID-19 pandemic, we have seen heroism, determination and advocacy.

I would like to share a little of their background.

SOFIA ARAGON Sofia is the executive director of the Washington Center for Nursing (WCN). She has a deep commitment to building a diverse nursing workforce to advance health equity in Washington state. I had the opportunity to work with Sofia when she worked at WSNA as the Government Relations director.

CATHERINE NATSUKO YAMAGUCHI CHIN Catherine was a remarkable nurse. Her parents emigrated from Japan. She was born in 1920 in Seattle. She graduated with a bachelor's degree in nursing, which was uncommon for an Asian woman. Catherine was immensely dedicated to advocating for her patients from 1942 through the 1980s in internment camps, public health and as a staff nurse.

SALLY HERMAN Sally has worked as an RN for over 60 years. She has always had compassion for others. Sally spent most of her career as a home care nurse. I met and worked with Sally when we were on the WSNA Economic and General Welfare newly established group. She was inspiring!

ANNE HIRSCH Anne has improved the quality of life for thousands of people in our state as a nurse practitioner, educator, administrator, scholar and advocate. I had the delightful occasion of working with her at Washington State University College of Nursing. Anne was a nurses' nurse! She always had time to clarify questions and give support. She was sought out as a talented researcher.

PAMELA MITCHELL Pamela had a rich career as a dedicated leader and faculty member of the University of Washington. She fulfilled many leadership and research roles along with serving as interim dean of the School of Nursing from 2012 to 2013. Pamela also served as the executive associate dean of the U of W School of Nursing until she retired.

SALLY WATKINS Sally has been an inspiration to many RNs and health care leaders. She was a staff nurse, administrator, educator and role model. Her last position before her retirement was as our WSNA Executive Director. It was during this time I got to know her and thoroughly enjoyed her company and humor. Sally was an excellent communicator. She was always authentic and honest. She will be missed!

The Hall of Fame was an exciting evening. We honored six extraordinary nurses who contributed abundance to our profession of nursing. They have made our communities stronger and healthier. I am privileged to have known them.

Lynnette Vehrs
Lynnette Vehrs, MN, RN

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CONGRATULATIONS

2021 HEROES IN ACTION AWARD WINNERS

In November, March of Dimes honored nurses in Washington state with 2021 Heroes in Action awards (formerly known as Nurse of the Year awards). These annual awards are given to extraordinary nurses and maternal and infant health providers across the state.

WSNA is proud to recognize two of our members who received the Acute Care award, which is given to nurses who demonstrate excellence in delivering care directly to patients in hospital settings:

Alicia Leas, RN, Seattle Children's Hospital

Esther Jaime, BSN, RN, MultiCare Good Samaritan Hospital

Candidates for Heroes in Action awards are nominated by their colleagues. If you'd like to nominate a fellow nurse for a 2022 award, visit heroesinaction.marchofdimes.org/washington to learn more.

■ Sharon Fought retires as dean of the UW Tacoma School of Nursing & Healthcare Leadership

After a 35-year career with the University of Washington (UW), Sharon Fought, PhD, RN, retired as dean of the UW Tacoma School of Nursing & Healthcare Leadership in January. Sharon began at UW Tacoma in 1992 as an associate professor and founding director of its RN-to-BSN nursing program. Her impact on health care delivery and nursing education in the Puget Sound region and throughout Washington state has been profound.

Sharon's involvement with local and statewide nursing education and health care partners has enhanced access to advanced nursing education and improved the health care workforce. She wrote the proposal for, and eventually helped launch, UW's Master of Nursing degree program. She also served on a nursing education statewide council; helped establish a local nursing clinical consortium; assisted Olympic College as it launched an RN-to-BSN program; helped develop the UW Doctor of Education in Educational Leadership program; and participated in workforce development groups. For many years, Sharon served in UW campus leadership positions in academic affairs, helped bring additional degree programs to UW Tacoma, and wrote many accreditation reports.

We thank Sharon for her contributions to nursing education and wish her a happy retirement.

■ Emergency Assistance Grants help 39 more nurses

The Washington State Nurses Foundation recently awarded 39 Nurses Emergency Assistance Grants, for a total of \$19,500. Grants are available to assist nurses with financial hardship by providing a \$500 grant that can be used for living expenses, childcare and other necessities. This grant continues the work of Etta B. Cummings, who originated the fund to support "sick and worn out nurses of Washington state." To date, WSNF has awarded more than \$100,000 to nurses during the COVID-19 pandemic. Grants are awarded as funds become available, and donations are always accepted. Go to wanursesfoundation.org to donate and learn more.

Calendar

JUNE 2022

- 9 ANA Hill Day – Washington, D.C.
- 10-11 ANA Membership Assembly – Washington, D.C.
- 20 Juneteenth (observed) – office closed

JULY 2022

- 4 Independence Day – office closed
- 14-17 AFT Convention 2022 – Boston
- 18 Finance and Executive Committee meeting

AUGUST 2022

- 12 Board of Directors meeting

SEPTEMBER 2022

- 5 Labor Day – office closed
- 12 Community and Long-Term Care Committee meeting
- 16 Cabinet on Economic and General Welfare meeting
- 24 Professional Nursing and Health Care Council meeting

OCTOBER 2022

- 20 Washington State Nurses Foundation meeting
- 21 Executive and Finance Committee meeting
- 24 Constituent Representative Council meeting

NOVEMBER 2022

- 11 Veterans Day – office closed
- 16 Occupational and Environmental Health and Safety Committee meeting
- 16 Legislative and Health Policy Council meeting
- 17 Nominating and Search Committee meeting
- 18 Bylaws Committee meeting
- 24-25 Thanksgiving holiday – office closed

2022 LEGISLATIVE SESSION

End-of-session report

BUDGET PRIORITIES

The Washington State Legislature passed its supplemental 2021-23 operating budget on March 10, increasing state spending to \$64 billion over two years. This is a \$5 billion increase from last year's budget. The Legislature appropriated	over \$1 billion in unspent federal COVID-19 funding with most of the money going towards public health, schools and housing. The budget included \$37 million to continue to address the opioid epidemic. To stabilize the behavioral health work-	force, the Legislature appropriated \$100 million to go towards one-time payments for community-based Medicaid contracting behavioral health providers. Most notably, the Legislature made a \$71 million investment in supporting nursing	and health care education programs, which included funding for simulation labs, nurse preceptors and the establishment of new nursing programs.
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All dollars reflect General Fund – State operating funds unless otherwise noted.

WSNA PRIORITY	AGENCY	DESCRIPTION	FINAL BUDGET
Health care simulation labs	Community and Technical College System	Administer grants for nursing programs to purchase or upgrade simulation laboratory equipment. This will help expand the capacity of simulation laboratories to serve more nursing students. (Workforce Education Investment Account)	\$8M
Health care simulation labs	Public Schools	Funding is provided for OSPI to administer grants for nursing programs to purchase or upgrade simulation laboratory equipment.	\$3.6M
Health care simulation labs	Student Achievement Council	The Washington Student Achievement Council will administer grants for nursing programs to purchase or upgrade simulation laboratory equipment. This will help expand the capacity of simulation laboratories to serve more nursing students.	\$3.6M
Nurse educator loan repayment	Student Achievement Council	Funding is provided to implement House Bill 2007.	\$3M
Washington Student Loan Program	Student Achievement Council	Funding is provided to implement Engrossed Second Substitute House Bill 1736.	\$150M
Health workforce grants	Community and Technical College System	Funding is provided for the State Board for Community and Technical Colleges to administer grants to help incentivize students to enter the health workforce.	\$8M
Nursing education	Community and Technical College System	Funding is provided for additional nursing slots and graduates, and to purchase two simulation vans.	\$3.8M
Community organization support	Community and Technical College System	Funding is provided for grants for each of the 34 community and technical colleges to partner with community-based organizations.	\$2.7M
Nurse delegation/glucose	Department of Health (DOH)	Funding is provided for Substitute House Bill 1124 (Nurse delegation/glucose), which allows a registered nurse to delegate glucose monitoring and testing to a registered or certified nursing assistant.	\$17,000
Nurse preceptor grants	DOH	Set up a grant program to provide funding to nurses who are willing to supervise nursing students in health care settings. The goal of this program is to help reduce a shortage of health care settings for students to conduct their clinical hours and bring more nurses into the field.	\$6M

WSNA PRIORITY	AGENCY	DESCRIPTION	FINAL BUDGET
Credentialing resources	DOH	Funding is provided for 26 temporary project FTEs to process additional applications for provider credentials and address delays caused by the pandemic. The stated aim of this funding is to issue credentials within seven calendar days of receiving a complete application.	\$2.5M
Nursing license applications	DOH	The Nursing Care Quality Assurance Commission (NCQAC) is housed at the Department and is charged with regulating nursing standards statewide. Funding is provided for 10 ongoing FTEs to shorten the turnaround time for applications. The biennial budget established a standard for 7-day turnaround. NCQAC is currently turning around licenses in 12 days.	\$2M
Student support	Western Washington University	Funding is provided for student support services on the Bellingham campus and Western on the Peninsulas campuses. These resources include outreach and financial aid support, retention initiatives, mental health support and initiatives to address learning disruption due to the pandemic. Funding must be used to supplement, not supplant, other funding sources for student support	\$1.3M
Master's in nursing	Western Washington University	Funding is provided to establish a Master of Science in Nursing program.	\$461,000
RN to bachelor's in nursing	Western Washington University	Funding is provided for the Registered Nurse (RN) to Bachelor of Science in Nursing program to increase enrollment and align the program tuition rate with other state-supported undergraduate degrees.	\$433,000
Bachelor of Science in Nursing	Eastern Washington University	Funding is provided to establish a Bachelor of Science in Nursing program	\$6.2M
Nursing education	University of Washington	Funding is provided for additional nursing slots and graduates in the existing accelerated Bachelor of Science in Nursing program at the Seattle campus. Of the amount provided, \$273,000 in FY 2023 is for the School of Nursing and Healthcare Leadership at the Tacoma campus. A coordinated progress report with the Student Achievement Council is due to the Legislature by June 1, 2023, and a final report is expected by December 1, 2024.	\$1.2M
Sexual Assault Nurse Examiners	Washington State University	Funding is provided to implement House Bill 1622, increasing the availability of sexual assault nurse examiner education in rural and underserved areas.	\$122,000
Sexual Assault Nurse Examiners	University of Washington	Funding is provided for additional sexual assault nurse examiner training.	\$122,000
Sexual Assault Nurse Examiners	DOH	Funding is provided for the DOH to establish a spending program to reimburse certified nurses for eligible costs incurred in training to become a certified sexual assault nurse examiner. Funding is also provided for the Department to establish a grant program to hospitals to obtain the services of a certified sexual assault nurse examiner from other sources if the hospital does not have those services available internally.	\$1.1M
Sexual Assault Nurse Examiners	Office of the Attorney General	Funding is provided to reconvene the Sexual Assault Forensic Examination Best Practices Advisory Group.	\$58,000
School nurse funding	Public Schools	Funding is phased in to increase school staffing ratios and allocations for nurses, social workers, psychologists and counselors to support the physical and social-emotional needs of students as required in Second Substitute House Bill 1664.	\$91M

PANDEMIC RESPONSE

All dollars reflect General Fund – State operating funds unless otherwise noted.

BUDGET ITEM	AGENCY	DESCRIPTION	FINAL BUDGET
COVID-19 contain the spread	DOH	Funding will continue supporting the ongoing statewide effort to control the spread of COVID-19 through diagnostic testing, case investigation and contact tracing, care coordination, outbreak response, disease surveillance, public communications, and necessary operational and information technology support.	\$58M
Continue COVID-19 vaccinations	DOH	Funding is provided for the continuation of COVID-19 vaccine work to address unequal vaccination coverage across the state and among certain demographic groups. Vaccine hesitancy, and the increasing threat of variants, present significant obstacles for the state to resume normal business operations and move beyond the pandemic.	\$67M
WA Medical Coordination Center	DOH	Funding will continue the contract with the Washington Medical Coordination Center to provide services that connect all health care facilities, ensure maximum clinical coordination, and equitably distribute patients across regions and health care organizations. This will ensure quality patient care during the COVID-19 pandemic.	\$1.3M
Hospital policies/pathogens	DOH	Funding is provided for House Bill 1739 (hospital policies/pathogens), which requires hospitals to adopt policies for any pathogen of epidemiological concern, rather than just Methicillin-resistant Staphylococcus aureus (MRSA).	\$44,000
Disaster preparedness and response	Military Department	Additional funding is provided to complete the Pandemic After-Action Review funded in the 2021-23 biennial budget.	\$134M
Disaster response human services	Military Department	Funding is provided for two staff to provide emergency management and human services support and coordination to people with access and functional needs as defined by the American Disabilities Act.	\$438,000
Pandemic After-Action Review	Military Department	Additional funding to the amounts appropriated in the 2021-23 operating budget is provided to complete the task of the After-Action Review.	\$525,000
Infectious disease control	Department of Social and Health Services (DSHS)	Funding is provided for one nurse position, beginning in FY 2023, that is dedicated to prevention and control of infectious diseases among patients and staff in state hospitals.	\$390,000
Personal protective equipment	DSHS	Personal protective equipment helps contain the spread of COVID-19 and reduces infection rates. Funding is provided to purchase, store and distribute PPE to DSHS employees. This assumes that Federal Emergency Management Agency (FEMA) funding expires in March 2022.	\$3.1M
Isolation/quarantine wards	DSHS	One-time funds are provided for isolation and quarantine wards to prevent and control the transmission of COVID-19 among patients and staff.	\$4M
COVID-19 screening stations	DSHS	One-time funds are provided for COVID-19 screening stations to prevent and control the transmission of COVID-19 among patients and staff.	\$1.7M

2022 POLICY PRIORITIES

Safe staffing – **DEAD**

E2SHB 1868 establishes minimum staffing standards for acute care hospitals for specific patient units. The bill has four critical pieces: 1) safe staffing standards; 2) improves staffing committee functions and accountability mechanisms; 3) improves enforcement of existing laws including meal and rest breaks and mandatory overtime; and 4) provides a private right of action, allowing individual nurses and health care workers or their union to utilize the legal system as another means of accountability. The bill also moves implementation and enforcement of the staffing provisions under the Department of Labor & Industries. The bill passed the House 55 to 43 after it was amended to remove the private right of action clause. The bill made it all the way to the Senate Ways & Means committee but was removed from consideration before it could be passed out.

School nurse funding – **PASSED**

2SHB 1664 increases funding to school districts for nurses, social workers, psychologists and counselors over three years. The bill also designates certain staff positions as “physical, social, and emotional support staff.” The bill increases funding to school districts so that by the 2024-25 school year elementary schools will have .585 FTE nurse time (formerly .076 FTE), middle schools will have .88 FTE of nurse time (formerly .06 FTE) and high schools will have .824 FTE of nurse time (formerly .096). The amended version of the bill

passed the Senate 45 to 2 and the House concurred 74 to 24. The final budget included \$91 million to fund this bill. The bill was signed into law on March 23 of this year.

Establishing Sexual Assault Nurse Examiner Training Center – **PASSED**

HB 1622 requires the Washington State University College of Nursing to establish online and clinical training programs for Sexual Assault Nurse Examiners (SANE). Currently, Harborview in Seattle is the only facility that provides training for SANEs. This bill expands access to training to the east side of the state. The bill requires WSU to provide scholarships for nurses interested in completing the training. WSU is required to report annually to the Legislature on the impact of the training. Additionally, the bill creates a regional SANE Leader pilot program. The regional leader is required to gather data on the number of SANEs in the community as well as the educational needs of the community. Each leader must create recommendations based on their findings and develop a community-based action plan for SANE recruitment. The bill passed both the House and Senate unanimously. The bill was signed into law by the Governor on March 24.

Sexual assault nurse examiner training funding – **DEAD (but funded in the budget)**

SHB 1621 required the Department of Health to establish a stipend program for licensed nurses training

to become sexual assault nurse examiners (SANEs). The bill also required DOH to establish a hospital grant program to increase access to certified SANEs. The bill did not make it to the house floor for a vote. However, the budget included \$1.1 million to create this program.

Nurse delegation (glucose) – **PASSED**

SHB 1124 allows registered nurses to delegate glucose monitoring and testing to a registered or certified nursing assistant or a certified home care aide. HB 1124 was originally introduced in 2021 but did not make it out of the Senate by cutoff. At the start of the 2022 session, HB 1124 was reintroduced on the Senate side in the Health Care committee. The bill passed the Senate unanimously. The bill was signed into law by the Governor on March 11 and goes into effect on June 9 of this year.

Nurse educator loan repayment – **PASSED**

HB 2007 establishes a Nurse Educator Loan Repayment Program under the Washington Health Corps. The program is administered by the Washington Student Achievement Council (WSAC) in collaboration with the Department of Health. The maximum loan repayment award is \$75,000 for a minimum three-year obligation of full-time employment. WSAC will determine the specific selection criteria for nurse educators to qualify for the program. The bill passed the House 97 to 1 and the Senate unanimously. The bill was signed into law on March 31.

Block grants for students – **DEAD**

E2SHB 1659 creates the Bridge Grant Pilot Program for students in need of additional financial support for higher education. When originally introduced, this bill created block grants for students to help pay for costs associated with attending college, such as tutoring, childcare and transportation. The bill was amended on the Senate floor to establish a pilot program and study instead. The Bridge Grant Pilot Program requires the Washington Student Achievement Council (WSAC) to award \$500 bridge grants to students in the 2022-23 academic year. The higher education institutions participating in the pilot program include Eastern Washington University, the Evergreen State College, Highline College, Yakima Valley College, Wenatchee Valley College and Tacoma Community College. Additionally, WSAC is required to conduct a study on the effectiveness of the program by June 1, 2027. The amended version of the bill passed the Senate 38 to 10 but never came up for a concurrence vote in the House.

OTHER BILLS WSNA SUPPORTED

Hazard pay to health care workers – **DEAD**

SSB 5911 provided health care workers with one-time hazard pay for service during the COVID-19 pandemic. The bill would have used one-time federal funding to provide bonuses across multiple health care job classes. Unfortunately, after hearings in the Senate Health Care and Ways & Means committees, the bill did not move forward.

Board and commission capacity – **PASSED**

SHB 5753 changes the member composition and leadership roles of several boards and commissions. The bill changes current law to no longer require that the executive director of the Nursing Care Quality Assurance Commission be currently licensed as a registered nurse. The bill also removes the experience in nursing requirement. The bill also removes the requirement that members of the commission be United States citizens. The final version of the bill passed the House 57 to 41 and the Senate concurred 31 to 18. The bill was signed by the Governor on March 30 and goes into effect on June 9, 2022.

Ergonomics – **DEAD**

EHB 1837 removes the restriction on the regulation of work-related musculoskeletal disorders and ergonomics. The bill was a response to Initiative 841, which passed in 2003 and repealed a Labor & Industries regulation that required employers to reduce worker exposure to specific workplace hazards that cause or contribute to work-related musculoskeletal disorders. The bill would have limited L&I to adopt only one new standard a year. The bill passed the House 50 to 48 but did not make it out of the Senate.

Surgical smoke – **PASSED**

SHB 1779 requires hospitals and ambulatory care facilities to adopt policies requiring the use of smoke evacuation systems for planned surgical procedures. The bill also creates a Surgical Smoke Evacuation Account for critical access hospitals and sole community hospitals to receive reimbursement for their upgrades. The act takes effect January 1, 2024, for the majority of hospitals and January 1, 2025, for critical access hospitals and sole community hospitals. The amended version of the bill passed the Senate 44 to 5 and the House concurred 81 to 17. The bill was signed into law on March 24 but will not go into effect until January 1, 2024.

ARNP reimbursement parity – **DEAD**

SSB 5704 requires health carriers to reimburse ARNPs at the same rate as physicians for the same services. The bill passed out of the Senate Health Care committee but did not receive a hearing in Ways & Means. We expect this bill to be introduced again next year.

Charity care – **PASSED**

SHB 1616 was requested by the Attorney General. Modeled off a recently passed law in Oregon, this bill increases charity care requirements for hospitals. The bill requires hospitals to develop, implement and maintain a sliding-scale fee schedule for providing charity care. Charity care requirements are based on the hospital size with large hospitals required to provide charity care covering the full cost of care for families that are at or below 300% of the federal poverty level. In its final version, the bill passed the Senate 31 to 17 with the House concurring 65 to 33. The Governor signed the bill into law on March 30 and it goes into effect on June 9, 2022.

Opioid overdose medication – **PASSED**

HB 1761 is a bill that fixes legislation passed in 2021. The bill adds registered and licensed nurses to the types of health care providers who must dispense or distribute opioid overdose reversal medication. The bill passed both chambers unanimously and was signed into law by the Governor on March 11. The law went into effect immediately.

State student loan program – **PASSED**

E2HB 1736 creates a student loan program under the Washington Student Achievement Council (WSAC). The program will be administered by the Office of the State Treasurer. The WSAC and the Treasurer are required to design a loan program that has a low-interest rate for undergraduate and graduate students. The two organizations along with the State Investment Board will determine the parameters of the loan program. A report on the program is due to the Governor and Legislature by December 1, 2022. The bill was funded in the budget at \$150 million. The final version of the bill passed the Senate 27 to 21 and the House concurred 57 to 40. The bill was delivered to the Governor on March 10 and signed into law on March 30. The bill goes into effect on June 9, 2022.

Immediate postpartum contraception – **PASSED**

HB 1651 requires health plans to allow providers to bill separately for devices or professional services associated with immediate postpartum contraception. The bill passed the House 95 to 2 and passed the Senate 45 to 2. The bill was delivered to the Governor on March 10 and signed into law on March 24. The bill goes into effect on June 9, 2022.

Opportunity scholarship program – **PASSED**

HB 1805 opens the Washington State Opportunity Scholarship Program to accept students seeking advanced degrees who can demonstrate financial need. The bill also adds registered apprenticeships under the Washington State Opportunity Scholarship Program Professional-Technical Degree and Certificate programs. The bill also makes several changes to the Rural County High Employer Demand Jobs Program including removing the 2.0 grade point average requirement. The final version of the bill passed the Senate unanimously and the house concurred 92 to 5. The bill was signed by the Governor on March 30 and it goes into effect on June 9, 2022.

Access to Abortion Care – **PASSED**

EHB 1851 seeks to strengthen Washington's existing laws relating to abortion access. The bill grants specific statutory authorization for physician assistants, ARNPs and other providers acting within their scopes of practice to perform abortions. The bill prohibits the state from acting against an individual based on pregnancy outcomes or for assisting a pregnant individual in exercising their right to reproductive freedom. The final version of the bill passed the Senate 28 to 21 and the House concurred 57 to 41. The bill was signed by the Governor on March 17 and goes into effect on June 9, 2022.

Birth doulas – **PASSED**

ESHB 1881 creates a voluntary certification process for birth doulas. This is a follow-up to a 2020 budget proviso that required the Health Care Authority to reimburse for maternity support services provided by doulas. The bill passed the Senate unanimously and the House concurred 57 to 41. The bill was signed by the Governor on March 30. The bill goes into effect on June 9, 2022.

EMT medical evaluations – **PASSED**

SHB 1893 modifies the definition of emergency medical technicians to allow EMTs to provide collaborative medical care. The bill also creates a provisional emergency services provider certification and establishes eligibility criteria and certain corresponding restrictions on employment. The bill passed the Senate unanimously and the House concurred 92 to 6. The bill was signed by the Governor on March 24 and goes into effect on June 9, 2022.

Dementia Action Collaborative – **PASSED**

SHB 1646 codifies the Dementia Action Collaborative to assess the current and future impact of Alzheimer's disease and other dementias. The bill also updates the Washington State Alzheimer's Plan. The final version of the bill passed both the House and Senate unanimously. The bill was delivered to the Governor and signed into law on March 24. The bill goes into effect on June 9, 2022.

BILLS SNOW SUPPORTED

Children and Youth Behavioral Health Workgroup – **PASSED**

2SHB 1890 creates a strategic advisory group under the Children and Youth Behavioral Health Workgroup (CYBHW). The goal of the advisory group is to develop a behavioral health strategic plan for children, youth transitioning to adulthood and their caregivers. The bill also modifies the CYBHW by adding a member, allowing up to six meetings per year and allowing stipends up to \$200 per day for members with lived experience. The final version of the bill passed the Senate unanimously and the House concurred 90 to 8. The bill was signed by the Governor on March 17.

Unaccompanied homeless youth health care consent – **PASSED**

SSB 5883 allows for an unaccompanied minor youth who is a minor patient to provide informed consent for non-emergency, outpatient and primary care services. The bill defines "unaccompanied" and "homeless." The bill passed the House 57 to 41 and the Senate concurred 29 to 20. The bill was signed into law on March 30 and will go into effect on June 9, 2022.

Enrollment stabilization funds – **PASSED**

SHB 1590 provides enrollment stabilization funds to schools to make up for decreased student enrollment in the 2019-20 and 2021-22 school years. The final version of the bill passed the Senate 28 to 21 and the House concurred 62 to 36. The final budget included \$346 million to fund this bill. The bill was delivered to the Governor and signed into law on March 23. The bill went into effect immediately.

Student absences for mental health reasons – **PASSED**

HB 1834 requires the Superintendent of Public Instruction to categorize a student absence from school for a mental health reason as an excused absence due to illness, health condition or medical appointment. The bill also directs the Superintendent to develop guidelines to implement the student absence rules. The bill requires the creation of an advisory group to help inform decision making. The bill passed the House and the Senate unanimously. The Governor signed the bill into law on March 11 and it goes into effect on June 9, 2022. [WN](#)

The School Nurse Organization of Washington is a WSNA organizational affiliate. SNOW supports school nurses in the delivery of health services designed to improve the health and academic success of students.

ARNPS UNITED OF WASHINGTON STATE LEGISLATIVE SUMMARY

By Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN

ARNPs United of Washington State (AUWS) actively lobbied and monitored numerous bills during the 2022 session to improve ARNP practice, which results in better access to care for consumers. Three high priority bills are summarized below.

SB 5704 (Prime Sponsor Sen. Emily Randall, D-26) would require health plans to reimburse for ARNP services at the same rate as physicians. Senators Randall and Cleveland as co-sponsors assured the bill had a hearing in the Senate Health & Long Term Care Committee, which passed it with bipartisan support thanks to Sen. Jeff Holy (R-6). We fell short of a hearing in Senate Ways & Means before the deadline. There was stiff opposition from the Washington State Medical Association, other physician groups and the insurance association. The bill was actively supported by Governor Inslee, the Healthcare Authority, the Nursing Commission, WSNA, the Washington State Labor Council and other labor unions and health/social service organizations. The bill will be back in 2023!

HB 1141 (Prime Sponsor Rep. Skyler Rude, R-16) would amend the Death with Dignity Act to remove barriers to access of the law. It would add ARNPs and physician assistants as either a consulting or prescribing clinician and psychiatric mental health NPs as a counseling clinician who could determine competency. Other changes include the shortening of the waiting period between the two required requests for medication and prohibiting employers from preventing an employee from participating when outside of work. HB 1141 passed out of the House; however, there was strong opposition in the Senate from physicians and the disability rights community. The bill died in committee. A budget proviso will fund a study of the status of access to the law.

HB 1851 (Prime Sponsor Rep. My-Linh Thai, D-41) was signed into law. ARNPs and physician assistants now have statutory authority to perform abortions. Previously the authority was based in advisory opinions from attorneys general. The law also prohibits the state from taking action against an individual based on pregnancy outcomes or for assisting a pregnant individual in exercising the right to reproductive freedom. [WN](#)

ARNPs United of Washington State is a WSNA organizational affiliate, dedicated to promoting ARNP practice by coordinating legislative, educational and networking activities of Nurse Practitioners throughout Washington state.

LODA

WHEN NURSE

FEBRUARY 2, 2023

DOBBY RAY

NURSES SPEAK, PATIENTS WIN!

OLYMPIA

WSNA-PAC ENDORSES DUNCAN CAMACHO IN THE 18TH

EACH YEAR, the Washington State Legislature considers hundreds of health care bills – many of which directly impact patient safety, nursing scope of practice and licensure, and working conditions in our state's health care facilities. Every two years the WSNA-PAC works to find candidates who will help raise the nursing voice in the Legislature.

Legislators, many of whom have no direct experience in health care, take votes that directly impact the work we do as nurses every session — including bills to expand access to health care, ensure rest breaks and support safe staffing.

Recently, Rep. Eileen Cody (D-West Seattle) announced her retirement. In addition to being the powerful Chair of the House Health Care & Wellness Committee she was the only licensed nurse serving in the Legislature.

WSNA member, Duncan Camacho is running in the 18th Legislative District and has just received the WSNA-PAC's first endorsement.



Duncan Camacho, RN


18th legislative district

Vancouver Junction,
Salmon Creek, Brush Prairie,
Battle Ground

www.duncanforstatehouse.com

Duncan Camacho is someone who has always performed well under pressure. Duncan plays many roles in his community including neuro/trauma intensive care unit nurse, charge nurse, rapid response team nurse, ICU representative for trauma committee, local WSNA leadership for nurse staffing committee and conference committee. Because of these roles Duncan works well with unexpected situations and is quick to make decisions as needed. The ability to stay calm, think logically and act correctly in such an environment is a major asset for a nurse and a potential legislator.

Duncan received his bachelor's degree in nursing from Texas Tech University. Prior to becoming a nurse, Duncan spent 10 years as a paramedic in San Jose, California. Following graduation, Duncan, his wife of 10 years, Dana, and their two children, Olivia and Emily, decided to make Vancouver, Washington and the Pacific Northwest their permanent home.

Now, Duncan wants to draw on all his experience to represent not only nurses and patients across the state, but all members of the 18th district in the State House of Representatives. Duncan been an advocate at the bedside, in the hospital, before the legislature – and now he is ready to go to work and represent nurses in Olympia. 

WHAT IS THE WSNA-PAC?

The Washington State Nurses Association Political Action Committee (WSNA-PAC) was established to contribute support for statewide and state legislative candidates who have demonstrated their belief in and commitment to the legislative and regulatory agenda of the Washington State Nurses Association. The WSNA-PAC is run by nurses appointed by the WSNA Board of Directors.

DECODING WSNA-PAC'S ENDORSEMENT PROCESS

How do we decide?

Each election cycle, WSNA-PAC receives dozens of requests for endorsement. Why? Because candidates value the support of nurses, and WSNA-PAC's endorsement sends a strong message to voters.

WSNA-PAC supports candidates and incumbents who are strong on nursing and patient safety issues, regardless of political party affiliation.

As nurses, we value transparency and integrity – and our endorsement process reflects that.

Outreach to all candidates

As part of a fair endorsement process, WSNA-PAC reaches out to all candidates who file with the Secretary of State to run for the state legislature or statewide office, such as Governor or Attorney General.

Each candidate is emailed a candidate questionnaire, which they are invited to complete and send back to the WSNA-PAC board. Not all candidates choose to respond to the WSNA-PAC, but all candidates are invited to participate in the endorsement process.

Candidate evaluation

The WSNA-PAC board evaluates candidates based on:

CANDIDATE QUESTIONNAIRE

The first step of WSNA-PAC's endorsement process is the candidate questionnaire. This is an opportunity for candidates to share their story, experiences and beliefs with the WSNA-PAC. Each questionnaire that is returned to the WSNA-PAC Board is reviewed, and candidates are invited to interview.

CANDIDATE INTERVIEW

Candidates who choose to interview with WSNA-PAC board members and nurses have an opportunity to engage in deeper conversation about their backgrounds, experiences and priorities. These interviews also give candidates the opportunity to hear directly from nurses about the budget and policy issues that affect nurses and patients. WSNA-PAC board members and nurses who participate in candidate interviews complete an evaluation of each candidate interview.

LEGISLATIVE VOTING RECORD (INCUMBENTS ONLY)

Candidates currently serving in the legislature (referred to as "incumbents") are also evaluated on how they voted on nursing priorities and key issues. WSNA's 2021 and 2022 Legislative Voting Records are available online and illustrate that most nursing issues have bipartisan support.

In addition to these evaluation tools, WSNA-PAC also takes into account the makeup of the legislative district, political viability and past voting patterns. Once candidate evaluation is complete, WSNA-PAC announces the endorsements to the successful candidates and to WSNA members.

THINKING ABOUT RUNNING FOR OFFICE?

NURSES MAKE outstanding lawmakers, and right now there aren't enough of us in office. Because we are trained in critical thinking, nurses possess many of the necessary skills to quickly process information to make decisions. Of course, nurses also keep health at the forefront of policy decisions.

If you are thinking about running for office, from school board to state legislature, taking these steps in advance will help you succeed.

Contact WSNA's government affairs team

WSNA's government affairs team is well versed in surveying the elections landscape to help you assess your chances. The team can also connect you to WSNA partner organizations – locally, statewide and nationally. If you are seriously considering running for office, your government affairs team can work with you to evaluate your candidacy and create next steps.

Attend campaign trainings

Campaign and candidate trainings can set you up for success. WSNA recommends attending campaign and candidate trainings well before you file to run. These trainings will help you evaluate your readiness and walk you through the steps to set up a successful campaign, from fundraising, to grassroots, to media. Here are some of the campaign trainings WSNA recommends:

Washington State Labor Council's Path to Power

<https://www.wslc.org/path-to-power>

Northwest Women's Political Caucus

<https://www.nwpc.org/education-training>

Washington State Republican Party

<https://wsrp.org/training>


Washington State Democratic Party

<https://www.wa-democrats.org/riseandrun>

Get involved locally

Spend time getting to know your local organizations and join your local party organization (this is especially important in state legislative races). Get involved with your local Democratic or Republican Party. Learn about the players and let them get to know you. This is also a great way to learn more about what issues matter most to the people you hope to serve!

Start early

This one deserves emphasis! If you are planning to run for office, starting a year in advance will better prepare you for the road ahead. It will also give you time to build key relationships, identify friends and family who will give you grassroots power, and ensure you have the tools to be successful. 

For more information, contact WSNA's government affairs team by sending email to kweiss@wsna.org.



TIMELINE

LEGISLATIVE
ACTION IN
OLYMPIA

JANUARY 10

Rep. Riccelli (D-Spokane) introduces HB 1868 in the House, **Sen. Robinson** (D-Everett) introduces the companion bill, SB 5751, in the Senate.

JANUARY 19

House Labor and Workplace Standards Committee holds hearing on HB 1868. WSNA members **Julia Barcott**, **John Gustafson**, **Stephanie Wahlgren**, and **Dustin Weddle**, and WSNA Nurse Representative **Travis Elmore** and Executive Director **David Keepnews** testify in support.

JANUARY 28

House Labor and Workplace Standards Committee advances HB 1868 on a party-line vote (Democrats in favor, Republicans opposed).

JANUARY 31

Senate Labor, Commerce & Tribal Affairs Committee holds hearing on SB 5751. WSNA members **Linda Burbank**, **Heather Likins** and **Simon Levene** testify in support.

FEBRUARY 5

House Appropriations Committee holds hearing on HB 1868.

WA SAFE + HEALTHY CAMPAIGN

OUR FIGHT FOR

AS WE ENTERED the third year of the coronavirus pandemic, nurses and health care workers across Washington linked arms to fight for our jobs and our health system. A three-union coalition—WSNA, SEIU Healthcare 1199 NW and UFCW 3000 (formerly UFCW 21)—formed the WA Safe + Healthy campaign, combining our resources and strength to fight for legislation that would have required minimum safe staffing standards across the state.

Our bill—HB 1868—took a holistic approach to the staffing crisis, most directly by requiring that health care facilities meet evidence-based staffing levels. It created strong accountability mechanisms, protected meal and rest breaks and put tools in our hands to make our jobs sustainable and safe.

Thanks to the actions of thousands of WSNA members as well as nurses and health care professionals across the state, we came closer than ever to passing statewide staffing standards in Washington state. As we move forward it's important to understand what happened in Olympia, how we changed the narrative in Washington state, and the groundwork we laid for the future. We may have lost this particular battle, but we're not done fighting for safe staffing. ►

FEBRUARY 7

House Appropriations Committee advances HB 1868 to the House floor on a predominantly party-line vote.

FEBRUARY 13

House passes HB 1868.

FEBRUARY 21

Senate Labor, Commerce & Tribal Affairs Committee holds hearing on HB 1868; WSNA members **Kathryn Geren** and **Vicki Mikhailenko** testify in support.

FEBRUARY 24

Senate Labor, Commerce & Tribal Affairs Committee passes HB 1868, refers bill to Senate Ways & Means Committee.

FEBRUARY 26

Senate Ways & Means Committee holds hearing on HB 1868, WSNA Executive Director **David Keepnews** testifies in support.

FEBRUARY 28

Senate Committee on Ways & Means schedules executive session, but takes no action on HB 1868, effectively killing bill.

“People are leaving health care positions due to many stresses that have been amplified by the pandemic. The single largest and most preventable stressor is inadequate staffing levels.”

DUSTIN WEDDLE, RN — REGISTERED NURSE AND FORMER COMBAT MEDIC
JANUARY 2022

SAFE STAFFING

LEGISLATIVE WRAP-UP

THE 2022 legislative session lasted just nine weeks from Jan. 10 through March 10, leaving us no time to waste.

We mobilized our full resources – staff, leaders and members – in every corner of the state to make sure legislators heard us loudly and clearly.

Members testified in committee sessions, “signed in” to committee hearings in overwhelming numbers, wrote letters to their elected officials and spoke

to the media.

After multiple hearings in the House, HB 1868 advanced to the Senate on a 55-43 vote. SB 5751, the identical companion bill, was shelved in the Senate to consider a single consolidated bill.

Despite strong support from WSNA, our members, the other nurse unions, patient advocates and our legislative champions, the bill died in the Senate Ways & Means Committee.

Despite our disappointment, this legislative session marked one of the most impressive showings we’ve ever achieved in our ongoing fight for safe staffing standards legislation. Most importantly, we built support from legislators who have previously opposed our efforts, giving us a strong basis of support for future legislation.

CAMPAIGN HIGHLIGHTS NURSES TAKING ACTION

11

WSNA members and staff testified at hearings.

76

WSNA held 76 meetings between WSNA members and legislators, with more than 85 members participating.

5,368

2,504 WSNA members send 5,368 emails to elected officials in support of the bills.

10,925+

More than 10,925 people “sign in” to support HB 1868 compared with only 2,002 sign-ins opposed to safe staffing.



Across the state, members of the three-union coalition showed their support for safe staffing standards through selfies and social media.



CAMPAIGN HIGHLIGHTS

NEW RESEARCH ON NURSE STAFFING

WA SAFE + HEALTHY commissioned a new study (see inset) led by Patricia Pittman, PhD., FAAN, of George Washington University's Fitzhugh Mullan Institute for Health Workforce Equity. Dr. Pittman reviewed 30 years of studies on staffing and found that directly mandating staffing standards is the only

effective means of legislating staffing, and that such legislation has produced measurable and real benefits for patients and health professionals alike.

Through the WA Safe + Healthy campaign, we promoted the research with a news conference, media releases and social media. We also used the

research in meetings with legislators and in communication around our bill. As we move forward to secure safe staffing standards, this research will be a valuable tool for showing lawmakers and the public that there is only one proven way to effectively legislate staffing standards.

EXECUTIVE SUMMARY

Evidence on Hospital Staffing and Outcomes: Implications for Washington State

By Patricia Pittman, PhD, FAAN

In the early 2000s, the first studies emerged showing the negative effects on patient mortality of low registered nurse (RN) staffing levels in hospitals. Since that time, state legislators in Washington state and around the country have grappled with the question of how best to ensure public safety and protect the workforce when hospitals do not adequately staff.

This report summarizes the research demonstrating that nurse and nurse assistive personnel staffing levels are associated with patient safety and staff wellbeing. The next section reviews evidence on the effect of nurse staffing laws on staffing levels. It then presents Washington-specific data analysis derived from two national studies, in which the author participated, that locate Washington in this national debate. Lastly, it examines research on the outcomes of California's staffing law and summarizes a major prospective experimental study that assesses outcomes of a nurse staffing mandate law in Queensland, Australia.

There are hundreds of studies on the outcomes of nurse staffing in the United States, and dozens more in other countries. **Studies have shown that nurse staffing levels are significantly associated with the following:**

- patient mortality and failure to rescue, using many different data sources and analytic approaches;
- adverse patient events, including: hospital acquired pneumonia, unplanned extubation, respiratory failure and cardiac arrest in ICUs, decubitus ulcers, falls, urinary tract and surgical site infection, as well as longer restraint application duration, more medication errors, and longer times to diagnosis in the emergency room;
- longer lengths of stay, higher rates of 30-day patient readmission and lower patient satisfaction;

- nurse burnout, job satisfaction, and occupational harms, specifically needle stick injuries; and
- cost savings in health services that surpass the expense of additional nurses.

The literature also suggests nurse staffing levels interact with other elements in the nurse practice environment, and that the effect of nurse staffing on patient outcomes tends to be largest in hospitals with poor work environments, and in hospital units with the sickest patients.

There is less research on nursing assistive personnel and quality of care, but at least three important studies suggest that higher support staff levels are associated with reduced patient mortality and better patient satisfaction.

Fourteen states have responded to this evidence with legislation. Three general approaches have been used: (1) directly mandating nurse to patient levels, (2) requiring staffing committees that include bedside nurses (in the hopes that their perspectives will be considered by hospital administrators), and (3) public reporting of staffing levels (in the hopes that consumers will "vote with their feet" and put market pressure on hospitals). Just one state, California, mandated minimum nurse to patient staffing ratios for all hospital units. The other 13, including Washington, have tried the two "softer" types of laws. In 2008, the Washington State Legislature enacted a required staffing committee law, and in 2017, enhanced the legislation by adding a public reporting requirement and additional enforcement and complaint mechanisms.

The first national level study to assess these three legal approaches used a "difference in difference" design to compare staffing changes in states utilizing one of the three approaches to states with no law of any kind, during the period 2003 to 2018. The study concluded that **only the mandate has had any significant effect on nurse and nurse-support staffing levels.**

Data on Washington extracted from this study showed that, while hospital RN hours per patient day increased by 55% in California during those years, the increase in Washington was just 6%. In 2018, California had reached an average of 9.02 RN hours per adjusted patient day, while in Washington it was 6.8.

Another study looking at staffing levels needed to improve patient satisfaction showed the important role that RNs and ►

CAMPAIGN HIGHLIGHTS

PUBLIC SUPPORT

One thing is clear: the public supports nurses and health professionals. Our WA Safe + Healthy campaign commissioned polling that showed the public strongly backs us and supports our calls for safe, healthy workplaces.

91%

of the public is **concerned about health care worker burnout**

86%

hold a **favorable view of nurses** and health professionals

74%

support **legally enforceable staffing standards** (82% of Democrats, 70% of Republicans and 69% of Independents)

75%

support **taking action against hospitals** that don't ensure meal and rest breaks

◀ EXECUTIVE SUMMARY, PREVIOUS PAGE

nursing assistive personnel play. Using the same data set and approach as the national study, the Washington-specific analysis conducted for this report suggested that, depending on the patient satisfaction subscale, between 5% and 13% of Washington hospital observations would need to increase RN staffing to see any marginal benefit in patient satisfaction. Only 2-5% (depending on the subscale) of hospital observations in Washington have reached this peak level. For nursing assistant (NA) personnel, these patterns are even more dramatic. Between 33% and 75% of hospital observations had NA staffing levels so low that their contribution to patient satisfaction was below zero. Just 2-6% of hospital observations had NA staffing levels high enough to reach the peak marginal contribution.

The California law has been studied by scores of researchers. Results show not only that nurse staffing increased, but that skill mix (RNs as percent of all nursing staff) did not suffer. One major study comparing California to two other states found improvements in some areas of quality of care. A longitudinal survey showed increases in nurse job satisfaction since the law's implementation in 2004. Two very early studies using a convenience sample found no improvements, and three later studies with more rigorous difference in difference designs found mixed results.

Internationally, there has also been considerable research and policy action on nurse staffing levels. Ireland, Wales, Scotland and two states in Australia have implemented mandates. The case of Queensland, Australia was recently evaluated using the first ever prospective experimental design. They found significant improvements in patient safety in the intervention hospitals, when compared to control hospitals. The authors also concluded that savings as a result of avoidable health services surpassed the costs of increased staffing.

This summary of available research suggests that Washington could do more to ensure safe staffing in its hospitals. It is important for policymakers to understand this varied and robust evidence as they consider whether to make Washington the second state in the nation to mandate safe staffing.

Read the full report at <https://wsna.to/Pittman-Summary>

This excerpt is reprinted with permission from: Pittman P. Evidence on Hospital Staffing and Outcomes: Implications for Washington. Fitzhugh Mullan Institute for Health Workforce Equity. Washington, DC: George Washington University, 2022.

CAMPAIGN HIGHLIGHTS

WSNA NURSES IN THE PRESS

From Spokane to Vancouver, Yakima to Seattle, our WSNA members and leaders helped make the case with powerful interviews in print, and on the radio and TV, telling the public about the situation we face and the solutions we need.



“For the last two years of this pandemic, my colleagues and I have been at the bedside doing our best to take care of our community, despite being unequipped, unsupported by management and at our breaking points.”

LINDA BURBANK, RN TACOMA NEWS TRIBUNE



“It’s actual concern for patients, is the main reason why we really need this passed now, we needed it ten years ago, we desperately need it now.”

NIKKI MAY, BSN, RN KAPP/KVEU



“We are fighting to care for our patients, but at some point we also need to fight for ourselves.”

CLINT WALLACE, RN SPOKESMAN-REVIEW

WE WON'T STOP FIGHTING

Despite years of warnings from nurses, hospital executives have pushed a “lean” model of staffing. The situation was already dire when we entered 2020—and then the pandemic hit.

When WA Safe + Healthy commissioned a representative survey of nurses and health professionals, the numbers were sobering, but not surprising. The study found:

- 84% feel burned out.
- Nearly half of nurses and health care workers are likely to leave the field in the next few years.
- 71% of those who are considering leaving the field said the job is unsustainable because they're constantly short staffed.

Hospitals have shown they can't be trusted to address this issue. Over the course of our campaign, they offered “solutions” like pizza parties and food trucks. But until we can make the job sustainable, we'll continue to lose nurses who simply can't continue. In Washington, there are more than 120,000 licensed registered nurses, but fewer than 60,000 currently are employed in health care settings in the state. There's not a nurse shortage, as the hospital executives want you to believe—there's a shortage of nurses who are willing and able to continue working in these conditions.

WHAT COMES NEXT

Despite this setback in the legislature this year, WSNA and our coalition partners have no intention of letting this issue die. We plan to continue taking the issue of safe staffing to policymakers and the public. We are currently planning our next steps – in the legislature, at the bargaining table, as well as the option of taking the issue directly to voters if the legislature is unable to act. Safe staffing has been the top priority for our members for many years, and it will remain a top priority for WSNA until we achieve safe staffing in all health care facilities throughout the state. **WN**



COVER STORY

2022 UNION LEADERSHIP CONFERENCE

PHOTO: BEN TILDEN



COVER STORY

APRIL 24-26, WSNA hosted the Union Leadership Conference, drawing more than 100 nurses representing 25 facilities around the state. The two-day event, held at Campbell's Resort on Lake Chelan, gave attendees the opportunity to connect with other WSNA leaders around the state, learn about current issues facing unions and nursing practice and engage in small group workshops on topics like political advocacy;

diversity, equity and inclusion; and building power in the workplace.

Featured speakers included AFT president Randi Weingarten on the national landscape for labor; Washington State Labor Council secretary treasurer April Sims on how unions can respond to inequities in health care and racism in the professional practice environment; WSNA director of nursing practice Gloria Brigham and WSNA labor attorney Pamela

Chandran on the criminalization of medical errors; and WSNA executive director David Keepnews on the state of the WSNA union.

This year's theme, "RESPECT!" inspired nurses and staff to dress up and show us what it means to them at the reception held before the Local Unit Awards Banquet. Award winners are featured in this issue in the story "Nurses in the lead." [W](#)



TOP LEFT
Julia Barcott, chair, WSNA
Cabinet on Economic and
General Welfare

BOTTOM LEFT
April Sims, secretary
treasurer, Washington State
Labor Council

TOP RIGHT
Edna Cortez (left), Seattle
Children's Hospital,
distributes pins to local unit
officers

MIDDLE RIGHT
Nazrawie Tesfaye, UW
Medical Center - Northwest

BOTTOM RIGHT
Mirtha Cuevas, UW Medical
Center - Northwest

PHOTOS: BEN TILDEN

**TOP LEFT**

Erin Doyle, Kara Yates, Diane Gates and Lindsey Kirsch, Seattle Children's Hospital

BOTTOM LEFT

Nicole Klein, Public Health - Seattle and King County (supervisors)

TOP RIGHT

Alyssa Boldt, Providence Sacred Heart Medical Center

UPPER MIDDLE RIGHT

Paul Molenaar, Central Washington Hospital

LOWER MIDDLE RIGHT

Arlene Alba, Virginia Mason Medical Center

BOTTOM RIGHT

Randi Weingarten, president, AFT

NURSES IN THE LEAD

COVER STORY



2022 UNION LEADERSHIP AWARDS

THE UNION LEADERSHIP AWARDS recognize those who have stepped forward and led the way over the past year – or, in some cases, the past several decades.

Nurse leadership always matters – but over the past two years we’ve seen more clearly than ever just how big a difference leadership makes. Our leaders and activists are the glue that hold WSNA together in normal times, and in these extraordinary times they have done extraordinary things. Our leaders’ courage, dedication, tenacity and generosity have made such a huge difference. In fact, the work of our member leaders over the past couple of years has been so above and beyond that we couldn’t select only one awardee per category – in most cases we selected two.

Each recipient was nominated by members and the winners selected by WSNA’s Cabinet on Economic & General Welfare, the body elected to guide WSNA’s union work.

OUTSTANDING LOCAL UNIT CHAIRPERSONS

SARA BERGENHOLTZ

Central Washington Hospital, Wenatchee

Sara has taken on her role as Local Unit Chair with gusto. In addition to attending all meetings with management, she chairs the Nurse Practice Committee and sits on the Nurse Staffing Committee as the local unit officer representative. She also serves as a member of the WSNA Board of Directors. Sara understands that leadership is about building a team, and she has worked diligently to find unit reps, staffing committee members, and members to join the leadership team in many roles. She has also invested in reaching members in every way possible, including by launching her local unit podcast and in moderating the unit’s Facebook group. Sara sets an example for all WSNA local unit chairs, and the members at Central as well as her colleagues in local leadership.

KARLA FOWLER

PeaceHealth St. John Medical Center, Longview

Karla has held down the fort as the only local unit officer at PeaceHealth St. John. Over six months, the local unit was engaged in continual contract negotiations, COVID-related grievances, staffing issues and all the day-to-day challenges we all face. Through it all, Karla has served not just as the sole local unit officer, but also as an ICU nurse. Karla works hand-in-hand with members at large to support the local unit, and she continued to give her all for St. John’s nurses through the tragic loss of her own mother. Karla’s dedication shines brightly and clearly for every member at St. John. ►

CHI Franciscan St. Joseph Medical Center – Tacoma



ABOVE

Yunna Flenord, Shelly Mead, Emily D'Anna, Sally Budack, Pamela Chandran and Barbara Friesen

LOCAL UNIT STARS

JENNIFER REYNOLDS

Harbor Regional Health Community Hospital, Aberdeen

In nominating Jennifer, her colleagues called her a “WSNA dynamo!” Looking at the nomination and her contributions, it’s easy to see why. Jennifer served as a leading member of the local unit’s bargaining team through more than a year of difficult negotiations. She helped build member support and solidarity by organizing a local unit rally and picnic with music, great food, and the participation of local elected leaders and labor leaders who came out to show solidarity. Jennifer helped organize member gifts for National Nurses Day to boost morale and solidarity—and she did it all while working in a critically under-staffed unit. Jennifer continues to exemplify local unit leadership with her tireless, can-do attitude.

NAOMI KINCAIDE

CHI Franciscan St. Joseph Medical Center, Tacoma

Naomi joined the St. Joe’s bargaining team for the first time in 2021—a contract cycle in which the local unit was nearly forced to strike before management finally agreed to a fair contract. As a recent grad, Naomi immediately connected to the idea that nurses need to support each other and work together – especially new nurses who hope to survive their first years and stay in the profession for a career. She joined the bargaining team as soon as she could and immediately went to work inside and outside negotiations, including recruiting other new nurses to become unit reps. She helped other new nurses find their courage to speak during informational pickets about the struggles facing new nurses and worked with others in her department to build membership. As a result of her work, her formerly sleepy med-surg unit reached nearly 100% membership. Naomi is a shining example of the leadership of new nurses, and with young leaders like her the future of WSNA is bright.

PHOTOS: BEN TILDEN

OUTSTANDING NEGOTIATING TEAMS

ST. JOE'S NEGOTIATING TEAM

CHI Franciscan St. Joseph Medical Center, Tacoma

This incredible team was a tremendous example of how to steer a bargaining unit with courage, compassion and unity as they faced down CHI St. Joe's Tacoma management through challenging bargaining. Team members Dian Davis, Sally Budack, Linda Burbank, Shelly Mead, Matthew McGuire, Emily D'Anna, Katy Heffernan, Brandon Hardaway, Yunna Flenord and Naomi Kincade all went far beyond the requirements to mobilize their local unit and build the solidarity that eventually stood up to management and won.

The team together demonstrated diversity, professional dedication, integrity, friendliness, reliability and sacrifice during countless hours. They provided exemplary communication and demonstrated commitment to the nurses in the unit and to the community they serve. Their united strength gave the entire nurse force at St Joe's the confidence and resolve that was needed to achieve a strong contract and avoided the hardship of a strike.

ST. JOHN NEGOTIATING TEAM

PeaceHealth St. John Medical Center, Aberdeen

This dedicated team of Karla Fowler, Sarah Rice, Mike Rogen, Jennifer Buckhalter, Elena Brent, Christine Mitchell, Elizabeth Brassfield, Kathy Arnesen and Annie Johnson began negotiations in July 2021. The team stuck together—and kept their local unit informed and engaged—despite management's nonstop games. Management canceled six bargaining dates in September, and rescheduled negotiations at the last minute, but the team stayed committed and strong. They worked to bargain a contract with the entire nursing staff's best interest in mind, and with commitment to deliver the best possible contract for their local unit. When a first tentative agreement was rejected by the unit in December 2021, they went back to the table and secured a stronger deal with no takeaways. Members ratified the contract in January 2022, and this team's contribution and dedication delivered significant gains for the members of their unit. ►



TOP
Jacob Garcia
and Jennifer
Reynolds

MIDDLE LEFT
Julia Barcott and
Sara Bergholtz

MIDDLE RIGHT
Liz Rainaud

BOTTOM
Jon Olson and
Karla Fowler



LEFT
Yunna Flenord
and Paul
Molenaar



RIGHT
Janet Stewart
on behalf of
Dawn Morrell,
who was unable
to be present

OUTSTANDING GRIEVANCE OFFICER

DAWN MORRELL

MultiCare Good Samaritan Hospital, Puyallup

Dawn has been a WSNA member since 1984 and has contributed enormously to her colleagues and to our profession. In the years she has served as Grievance Officer, Dawn has been dedicated to ensuring nurses in the bargaining unit receive fair representation. She has a deep knowledge of the union contract. Thanks in no small part to her 10 years representing the 25th District in the Washington House of Representatives, Dawn also knows Washington labor law inside and out. Every member of her team knows Dawn has their backs if the employer breaches contract. In addition to her role as Grievance Officer, Dawn goes above and beyond for nurses at Good Samaritan, serving as the Nurse Staffing Committee Co-Chair and working hard with her team to establish staffing plans for each unit. She brings forward ADO issues to both Conference Committee and Staffing Committee. She has fought for fair contracts as a member of the negotiations team and has served on the WSNA-PAC and Legislative & Health Policy Council.

MEMBERSHIP AWARDS

PAUL MOLENAAR

Central Washington Hospital, Wenatchee

As one member wrote in his nomination, “Paul has the New Hire Orientation presentation down to a science.” Paul Molenaar has been the membership chair at Central for more than six years, and he is known for engaging new hires early and with enthusiasm. Every new hire receives a membership application promptly, and Paul is always working to engage new hires and grow our union to build power for nurses at Central. Paul sits on Conference Committee, where he is an advocate for his local unit. Each and every day, Paul’s commitment to his local unit nurses and to WSNA shines through.

LIZ RAINAUD

Skagit Regional Health, Mount Vernon

Liz has been an elected WSNA officer at Skagit Regional Health for more than 15 years. She utilizes a personal approach to newly hired nurses and makes sure she is visible and accessible to all nurses at Skagit. She attends new hire orientations and truly is that welcoming co-worker’s voice and face. Liz was instrumental in organizing a New Nurse Coffee Hour at Skagit. This is held monthly, and all nurses hired within the last two years can come for a cup of coffee and discussion about issues, the contract and membership. She is always the first to offer up the benefits of membership to any and all who ask.



LEFT
Edna Cortez
and Ruby
Crisostomo Tan

RIGHT
Jon Olson,
Sarah Rice and
Karla Fowler
(PeaceHealth
St. John
Medical Center
local unit)



ADVERSITY AWARDS

RUBY CRISOSTOMO TAN

Formerly Fresenius Kidney Care, Tacoma

Ruby was working for the CHI Franciscan St. Joseph Medical Center dialysis unit when the unit was sold to Fresenius Renal Care Group. Ruby, along with many other nurses, saw the value of being unionized and encouraged their co-workers to unionize with WSNA at Fresenius. This was not an easy task. They met strong resistance from management every step of the way, including more than 18 months to negotiate a contract. Ruby stuck it out from beginning to end, leading her coworkers while also facing difficult working conditions, working long hours without breaks and facing unfair treatment by management. The constant targeting by management took a toll on her health and well-being, and after four years, she resigned from Fresenius and became a med-surg nurse at St. Joe's. Ruby's leadership and dedication through adversity have benefited her colleagues and our profession.

SURGICAL SERVICES RNS — ACS, PACU, OR AND PRE-OP

PeaceHealth St. John Medical Center, Aberdeen

When COVID-19 shut down surgical services, nurses in related departments were called to work in departments facing critical care situations. In many cases, these nurses stepped up to fill ICU capacity in overflow ICUs as cases rose past the capacity of traditional ICUs to treat our patients. While we hope never to see another situation that puts nurses into these potentially dangerous situations, we could not be more proud of the professionalism and dedication nurses showed in rising to the occasion. This award recognizes the Surgical Services RNs at PeaceHealth St. John who served overflow capacity during the pandemic in recognition for their hard work and sacrifice.

EMERITUS AWARD

PAUL KUNKEL

Formerly Public Health – Seattle & King County Staff

Paul retired from Public Health after serving as vice chair for three years and chair for three years. Paul's dedication to his bargaining unit members spanned multiple difficult contract negotiations. He kept his unit together despite many budget challenges at Public Health. He paid special attention to holding management accountable for staffing issues, particularly in Jail Health Services. Paul has emphasized how important it is to have transparency from the employer, and how decisions that are made at the top impact the clients that Public Health serves. In the face of great challenges, Paul never stopped advocating for and supporting his colleagues, who collectively recognized the importance of providing nursing services to underserved and medically indigent populations in our community. In his last official function as the Chair of his unit, Paul brought that clarity of purpose to our elected leaders, participating in a virtual meeting with Congresswoman Pramila Jayapal to highlight the issues all nurses and specifically public health nurses face during the COVID-19 pandemic. **WN**

Nursing practice and education

NURSES' NOTES

Hospice and Palliative care: What's the difference?

By Megan Kilpatrick, MSN, ARNP-CNS, AOCNS
WSNA Education Director

Palliative care and hospice are sometimes used interchangeably in health care, but are two distinct areas of nursing, each with its own philosophies and approaches to care.

REFERENCES

<https://www.nia.nih.gov/health/what-are-palliative-care-and-hospice-care>

[https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/infograph-PalliativeCare-\[June-2015\].pdf](https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/infograph-PalliativeCare-[June-2015].pdf)

<https://www.advancingexpertcare.org>




Megan Kilpatrick is WSNA's education director. A nurse for 18 years, she is passionate about helping nurses discover and maintain their love of the nursing profession.

Palliative care

Palliative care encompasses medical, nursing and ancillary care for people living with a serious or life-limiting condition. Palliative care can be received along with curative treatment and focuses on enhancing the patient's quality of life in accordance with their wishes and goals. Palliative care can be received by people of any age, from infants to the elderly. It is not always covered by insurance, although this is changing as palliative care becomes more accepted in mainstream health care.

Hospice

Hospice is both a model of care and a defined CMS benefit. It is multidisciplinary care patients can receive at the end of their life, with the goal of helping the patient live out their final days in accordance with their wishes and goals. Patients cannot receive curative therapies at the same time as hospice care. As a defined CMS benefit, hospice is fully covered by insurance/Medicare, although patients must meet certain criteria to be eligible. Hospice care can be provided in the hospital, in a care facility or in the home. Hospice care workers also provide care and support to the patient's chosen family, including bereavement care.

Both hospice and palliative care providers work with the patient and their loved ones to ensure that their goals of care are respected, including decisions regarding life-sustaining or life-prolonging treatment. Documents like the POLST form, Advance Directives and Living Wills are important for helping other members of the care team provide medical care that is in alignment with the patient's wishes. 

PEARLS FOR PRACTICE

POLST in Washington

By Gloria Bringham, EdD, MN, RN
WSNA Director of Nursing Practice

What's new and snapshot review

What's new?

In April 2021, POLST was renamed to *Provider Orders for Life-sustaining Treatment*.

POLST is a set of medical orders that communicate patient wishes for end-of-life care to health care personnel, especially those working in the community/outpatient settings. These orders will be transcribed into the medical record in the hospital/inpatient settings.

Snapshot review

› **WHO** POLST is intended for use by individuals of any age who are seriously ill or in poor health.

› **WHAT** Medical orders (planned in advance with the provider) that address a life-threatening or emergency health event. Medical care preferences are captured on a bright green form.

› **HOW** The individual speaks to the health care provider to make decisions about life-sustaining treatments. The health care provider uses the POLST form to document the individual's wishes as a medical order, which describes care provisions during an emergency.

› **WHERE** The POLST form stays with the individual. At home, the form is placed in a visible location. In the hospital or nursing home/assisted living setting, the form is kept with the individual.

› **CHANGES** POLST is a voluntary document. Individuals may change treatment preferences on the POLST form in collaboration with the provider as needed. **WN**



Gloria Bringham, EdD, MN, RN, CPHRM is WSNA's director of nursing practice. Her focus is on improving care quality and all person safety in the professional practice environment.

REFERENCES

POLST. (2021). Retrieved from <https://doh.wa.gov/public-health-health-care-providers/emergency-medical-services-ems-systems/portable-orders-life-sustaining-treatment-polst>

Washington POLST. (2021). Retrieved from <https://wsma.org/POLST>

NEW NURSING EDUCATION MODULES

The WSNA Learning Management System (LMS) offers online, on-demand CNE modules that are free of charge to ALL nurses in Washington state. New and newly updated modules include:

- ARNPs and Nurse Practice Act **UPDATED**
- Cultural Humility **NEW**
- Legislative 101 **UPDATED**
- Meal, Rest Breaks, and Overtime Protections **NEW**
- Telehealth Assessment for Providers **NEW**



Visit <https://cne.wsna.org> to view and access all the modules available.

Advance directives

A NEW LOOK AT FUTURE HEALTH CARE WISHES

By Gloria Brigham, EdD, MN, RN
WSNA Director of Nursing Practice

AS HIGHLIGHTED during the COVID-19 pandemic, individuals have preferences about their life and future. These preferences arise from values, cultural norms, knowledge and available information. They are influenced by past experiences and the consequences of previous decisions. Periodically, preferences change.

Health care planning for the future is important to ensure that your wishes are known and followed when you are unable to speak for yourself. Sharing what matters to you most (in writing) is one way to clearly communicate with loved ones and health care providers.

What is an advance directive?

An advance directive is a voluntary, legal document that articulates an individual's wishes regarding future medical care and treatment. It is valid from the time of completion until the end of life. In Washington state, there are two types of advance directive that can be completed by adults 18 and older:

- **Durable power of attorney for health care**
The durable power of attorney for health care is also called a

medical power of attorney or health care agent. This is an individual that you choose to make health care decisions (on your behalf) if you are unable to make them for yourself. The health care agent cannot be under 18 years old, your health care provider or an administrator/employee of a health care facility where you receive care or live.

- **Health care directive**
A health care directive is also referred to as a living will. This written document includes the type of medical care and treatment that you wish to have near end-of-life, if any. This document informs health care professionals of your preferences in the event of an accident or life-threatening illness when you are unable to speak for yourself.

Who should complete an advance directive?

It is advised that everyone over the age of 18 have an advance directive. The reality is that no one knows when an event might occur that renders


us incapable of making our own decisions.

How is an advance directive completed?

Fill out advance directive forms found on the Honoring Choices Pacific Northwest website¹. An attorney is not needed for an advance directive. Once your advance directive forms are complete, they are legally valid when notarized or signed by two "disinterested" witnesses. Witnesses must be 18 years of age and cannot be related to you by blood or marriage and cannot be your attending provider or an employee of your provider or the health care facility where you are a patient or receive care.

How is POLST different from an advance directive?

According to the Washington State Medical Association, Portable Orders for Life-Sustaining Treatment (POLST) is a medical order that addresses emergency care wishes for seriously ill individuals. POLST is not for everyone. It is intended for individuals in poor health who want to have the choice not to pursue selected treatments in response to a health emergency².

Inspiring individuals to complete an advance directive supports individual choice and autonomy regarding personal care preferences at end of life. Once complete, advance directive copies are provided to the people close to you, such as your health care agent, loved ones, and your health care providers. If advance directive changes are necessary, share those changes and provide an updated copy of the advance directive to those that matter to you. For additional information visit www.honoringchoicespnw.org. 

1 <https://www.honoringchoicespnw.org/advance-directive-documents/>

2 https://wsma.org/WSMA/Resources/Advance_Care_Planning/POLST/POLST.aspx

Washington Health Professional Services

A program for recovering nurses

By John Furman, PhD, MSN, COHN-S

The American Nurses Association estimates that six to eight percent of nurses misuse alcohol or other drugs to an extent that may impair professional performance. Others estimate the prevalence of substance use disorder among nurses mirrors that of the general population (10 to 15 percent). That means that if you work with 10 nurses, one of them is likely to be struggling with their use of alcohol or other drugs¹.

In addition, COVID-19 along with other occupational stresses have contributed to increased substance use and mental health challenges.


Substance misuse can result in negative consequences for health care professionals including loss of income, license, or even life. Substance misuse also jeopardizes the public that depends on them for care. In the workplace, absenteeism, accidents, injuries, stress-related illnesses, and medication diversion are only some of the consequences that can result if the disease is left untreated. The associated costs are significant and affect employers, co-workers, clients, family, and the community at large².

The Nursing Care Quality Assurance Commission recognizes the need to establish a means of providing early recognition and treatment options for nurses whose competency may be impaired due to substance use disorder. The commission intends that such nurses be treated, and their treatment monitored so that they can return to or continue to practice their profession in a manner that

safeguards the public. The Washington Health Professional Services (WHPS) program is the commission's approved substance use monitoring program under RCW 18.130.175.

WHPS provides structured case management to nurses with substance use disorder, allowing nurses to retain their license and continue to practice while documenting recovery and safety to practice. Health care professionals who receive treatment and participate in monitoring achieve higher rates of long-term recovery than the public³.

Nurses and employers may contact WHPS directly without a complaint being filed with the commission. Voluntary participants are not subject to disciplinary action as a first option and do not have their participation made known to the commission. Primary stakeholders (employer, health care providers) are informed to support recovery and safe practice.

Voluntary participation also carries the advantage of timely evaluation and referral to treatment. To discuss your situation or concerns about a colleague, contact WHPS at 360-236-2880, option #1, or email whps@doh.wa.gov .



1 National Council of State Boards of Nursing
<https://www.ncsbn.org/substance-use-in-nursing.htm>

2 A Guide for Assisting Colleagues with Substance Use Disorder <https://cdn.wsna.org/assets/entry-assets/3215/Guide-Colleagues-Substance-Use-2019-01.pdf>

3 WHPS brochure
https://doh.wa.gov/sites/default/files/legacy/Documents/6000/WHPS_Brochure_052021.pdf



John Furman, PhD, MSN, COHN-S is WHPS's outreach and education liaison. A nurse for 38 years, he has been a champion for occupational health and safety in health care.



THIS PAGE
Anne Hirsch and
Lynnette Vehrs

OPPOSITE, TOP LEFT
Pamela Mitchell

OPPOSITE, TOP RIGHT
Avery, Sally and
Miley Watkins

OPPOSITE, BOTTOM LEFT
Jan Bussert and
Justin Gill

OPPOSITE, BOTTOM RIGHT
Sofia Aragon and
Patty Hayes

PRESENTING THE 2022 INDUCTEES

WASHINGTON STATE NURSES HALL OF FAME

PHOTOS: BEN TILDEN



EVERY TWO years, WSNA welcomes a new class of inductees into the Washington State Nurses Hall of Fame. This year, we held an in-person gala dinner at the Hotel Interurban in Tukwila on March 13. It was wonderful to be in person after our 2020 induction ceremony was held online due to the coronavirus pandemic.

In this issue of the Washington Nurse, we are pleased to introduce the 2022 class of inductees, which brings our Hall of Fame to 83 inductees since it began in 1996.

WSNA created the Hall of Fame to recognize the dedication, achievements and vision of Washington state registered nurses who have made significant lifetime contributions to the profession of nursing. Each inductee has demonstrated excellence in the areas of patient care, leadership, education, public service, nurse advocacy, heroism, patient advocacy or clinical practice. Their contributions have value to our profession beyond the inductee's lifetime, and their demonstrated excellence has made a difference in the health and social history of Washington state. *Congratulations to all the 2022 Hall of Fame inductees!*





TOP LEFT
Judith Turner

MIDDLE LEFT
Pamela and
Donald Mitchell

BOTTOM LEFT
Cathy Powers and
Barbara Friesen

TOP RIGHT
Julia Barcott and David
Keepnews

MIDDLE RIGHT
Sally Herman

BOTTOM RIGHT
Margaret Heitkemper
and Nancy Woods



TOP
Family and friends
of Catharine Natsuko
Yamaguchi Chin

BOTTOM LEFT
Dorene Hersh

BOTTOM RIGHT
Heather Stephen-Selby
and Sue and Howard
Glass



TOP LEFT
Joanna Boatman,
Sally Ann Carlson and
Sally Herman

BOTTOM LEFT
Louise Kaplan and
Anne Hirsch

TOP RIGHT
Martha Goodall and
John Gustafson

MIDDLE RIGHT
Kristen Swanson

BOTTOM RIGHT
Phyllis Smith and
Gloria Brigham

ARE YOU TAKING ADVANTAGE OF THESE MEMBER BENEFITS?



Significant discounts on
ANCC certification



Savings of up to
40% on general dentistry and
35% on specialty dentistry



Legal and identity theft
protection at a reduced rate



WSNA members are eligible to apply for
the \$2,500 Healthcare Partners Fund
scholarship and to receive a 5% discount on
tuition for four terms when enrolled in one of
many nursing-related programs

**WSNA members have access to these and many
other benefits through WSNA, ANA and AFT.***

Learn more at wsna.org/membership/benefits.

WASHINGTON STATE **NURSES** ASSOCIATION

* AFT benefits apply only for those members who are
represented by WSNA for collective bargaining



Sofia Aragon, JD, BSN, RN

As executive director of the Washington Center for Nursing (WCN), Sofia Aragon has a deep commitment to building a diverse nursing workforce to advance health equity in Washington state. Under her leadership, WCN has significantly increased research and data on the nursing workforce; uncovered the greatest gaps in diversity and most imminent shortages of nurse practice areas; and identified a need to accelerate efforts to recruit and retain nurse educators and leaders. Because having a nursing workforce that reflects Washington's increasingly diverse community is essential to improving the health of our entire population, Sofia has built crucial partnerships around the state to identify and implement strategies to create a more robust and diverse nursing workforce.

In 1975, Sofia immigrated to Seattle with her parents; her mother was one of the many hundreds of Filipino nurses recruited to practice in the U.S. Sofia credits her journey in nursing to her mother and her journey in advocacy to her experience as a registered nurse advocating for patients both in the hospital and community health settings. Her desire to be a stronger patient advocate led her to pursue a law degree and engage in health policy at the state level.

Sofia earned a bachelor's degree in economics from the University of Washington (UW) in 1994; a bachelor's degree in nursing from Seattle University (SU) in 1997, graduating cum laude; and a Juris Doctor degree from Loyola University – Chicago School of Law in 2002.

As a registered nurse and attorney, Sofia worked in Olympia for over a decade to advocate for access to affordable health care, protecting public health, workplace safety, and ensuring the perspectives of diverse communities are included when developing public policy – first as the legislative and policy manager for the Washington State Department of Health (DOH) and then as senior governmental affairs advisor for WSNA. Sofia has served on numerous statewide advisory committees under Governors Locke, Gregoire and Inslee, including serving as chair of the Washington State Commission on Asian Pacific American Affairs. She grew WSNA's representation to

include the School Nurse Organization of Washington and ARNPs United of Washington State.

Sofia promotes diversity and equity through various coalitions, boards and commissions. At WSNA, she co-founded the Racial Equity Team (RET) Lobby. The work of the RET won numerous awards from the Children's Alliance, the King County Human Services Coalition, the Minority Executive Directors Coalition, and the American Federation of Teachers.

Sofia enjoys teaching about the legislative process, policy analysis and advocacy. She taught leadership as adjunct faculty at the SU College of Nursing and was a legislative externship site supervisor for the SU School of Law, where she precepted law students within WSNA's legislative program. As president of the Washington State Association of Nurse Attorneys, she worked with the SU Continuing Legal Education department and College of Nursing to develop a "Nursing and the Law" series for nurses and practicing attorneys. Today, she serves as affiliate instructor for the UW School of Nursing, providing guest lectures and precepting nursing students earning their bachelor's, master's and DNP degrees.

In 2019, Sofia was successfully elected to the Burien City Council, where she chaired the Burien Airport Committee to address health disparities experienced by communities living under the flight path of SeaTac Airport; passed a proclamation against anti-Asian hate that addressed bias, discrimination and hate crimes exacerbated by the coronavirus pandemic; and was appointed to the Washington State Public Health Advisory Board by Gov. Inslee to represent the Association of Washington Cities. In 2022, the Burien City Council elected Sofia as mayor.

In 2017, WSNA awarded Sofia with the Ethics and Human Rights Award, which honors nurses who support ethical and human rights issues in Washington state through partnership with communities. Her continued passion to apply her experience and expertise to shape public policy will make a difference in the lives of nurses and Washingtonians for years to come.



CATHERINE MATSUKO YAMAGUCHI, RED CROSS INSTRUCTOR, MANZANAR RELOCATION CENTER, CAL. PHOTO: ANSEL ADAMS, 1943.

Catherine Natsuko Yamaguchi Chin, RN

Catherine Natsuko Yamaguchi Chin was a remarkable nurse who spent her career caring and advocating for patients from 1942 through the 1980s.

Catherine was born in Seattle in 1920 to immigrant parents from Japan. After graduating from Garfield High School in 1937, she was determined to become a professional nurse. At the time, few Asian American women earned nursing credentials and even fewer graduated from college programs that offered bachelor's degrees in nursing – primarily due to racist policies limiting their enrollment in professional academic departments. Despite the odds, Catherine gained admittance to Seattle College (Seattle University), which offered nursing, in the fall of 1938. Before ending her nursing studies in 1942, Catherine completed hands-on training while rooming at Providence Hospital.

After the 1941 bombing of Pearl Harbor and the U.S. entered World War II, approximately 110,000 ethnic Japanese in the U.S. (two thirds of them U.S. citizens by birthright) were forcibly displaced from their homes on the West Coast and relocated to 10 concentration camps across the country – including Catherine's family. Immediately following her early graduation from Seattle College in March 1942, Catherine voluntarily joined the first group of Japanese Americans to be removed from their Bainbridge Island homes and taken to Manzanar Relocation Center in the central California desert. This group included Catherine's extended family members and friends. Her own family was sent to Camp Harmony in Puyallup, then to Minidoka, Idaho, shortly thereafter.

At the Manzanar hospital, Catherine provided vital care to residents who were experiencing declining health due to the stress of incarceration, overcrowded conditions, exposure to extremes in temperature and poor diets. Because of the many health concerns and limited care provided in the camp, Catherine began teaching first-aid and home nursing classes to residents and center officials in the fall of 1942 through her sponsorship by the San Francisco chapter of the American Red Cross. She made an ideal Red Cross instructor because she could teach classes in both English and Japanese.

In February 1943, Catherine moved to Camp Minidoka and was reunited with her family. She briefly worked in the camp's hospital until she was relocated to other Red Cross centers across the U.S. in September 1944 – when she entered Teachers College at Columbia University in New York City to earn an advanced certificate in public health nursing. After a year of coursework and clinical experiences, Catherine earned her Public Health Nursing certificate; she later earned her master's degree at the college.

Following the end of WWII, Catherine worked full time at the King County Health Department – focusing on eradicating tuberculosis, especially among the several hundred Japanese Americans returning from the relocation centers. By the mid-1950s, she left the King County Health Department and spent the remainder of her career working at Group Health Hospital in Seattle. In 1953, she co-authored an article in *Nursing Outlook* titled, "The Unhospitalized Tuberculosis Patient." Catherine presented her portion of the article at the 1953 Annual Meeting of the National Tuberculosis Association, which the association later published.

As a member of WSNA, Catherine served as chairperson on the Committee on Nominations for District 2. She was appointed to the WSNA Committee on Intergroup Relations in 1962 and was elected to the WSNA Board of Directors in 1963.

In 1980, Catherine testified before Congress advocating for the continued funding of the U.S. Public Health Hospital in Seattle, which was in peril of being defunded. Upon retiring from paid work, she began volunteering with a variety of community nonprofit agencies. She was particularly involved with the International District Health Clinic, where she was chairperson on its Board of Directors.

Catherine died on March 6, 1998. She is a wonderful representative of the many Japanese American women who were incarcerated and later "gave back" to the U.S. as nurses, despite the indignities they suffered. Her story is an inspiration to all nurses.



Sally Herman, RN

Throughout her more than 60 years of being a registered nurse, Sally Herman's compassion and care for others has always shined through. A home health nurse for most of her career, Sally is known for always going the extra mile and doing something unexpected for someone who needs it.

When Sally was a young girl, she knew her calling was to become a nurse. She received her diploma in nursing in 1957 from Lancaster General Hospital School of Nursing in Lancaster, Pennsylvania. After graduation, Sally worked on the surgical floor of Lancaster General Hospital for one year. She then moved with her husband to Arcata, California, where she worked at Trinity Hospital for six years. In 1965, the couple moved to Washington state, and Sally began working in the medical-surgical intensive care unit at Northern State Hospital near Sedro-Woolley until the facility was closed by Governor Dan Evans in 1973. Following the closure, Sally worked in a skilled-care facility in Stanwood for eight years, where she also briefly served as interim director for six months.

Following her work in skilled care, Sally began a career as a home health nurse with Community HomeWell, working with clients in their homes bringing what they needed in care and supplies so that they could finish recovering or experience a dignified life ending. She remained working in home health care until her retirement.

Sally has been an active member of WSNA throughout her career. She has served in many WSNA roles, including as a member of the Board of Directors; chair of the Cabinet on Economic and General Welfare; a member of her local unit negotiating team; and a member of the Bylaws/Resolutions and Nominations/Search committees. Known for her meticulous documentation of WSNA events throughout the years, Sally built herself and WSNA an impressive collection of photos featuring Washington state and national political and nursing leaders – including Gretta Styles, Luther Chrisman, Deo Little, several ANA presidents, Vice President Al Gore and Tipper Gore, Senator Joe Lieberman, and at least three Washington state governors.

Sally has also served as a delegate to the American Nurses Association (ANA) House of Delegates (Membership Assembly) and staff nurse delegate to the UAN National Labor Assembly. Throughout her tenure as president of the Washington State Nurses Foundation (WSNF) Board of Trustees, Sally helped the nonprofit organization fund nursing scholarships and provide financial support to nurses across the state.

Sally is also a founding member of the Northwest Region Nurses Association (NWRNA), formerly known as District 16, where she served as president. Her foundational work restructuring and rebuilding the district was instrumental in establishing the impactful regional association it is today.

Another of Sally's major accomplishments is her mentorship of students and new nurses in her region and introducing them to NWRNA, WSNA and ANA. She is always ready to talk with students and educate them about the importance of nurses working together to achieve quality patient care. She was the motivating influence behind District 16's decision to pay the registration fees and hire buses to bring more than 100 nursing students from Skagit Valley Community College to several Nurse Legislative Days in Olympia. For several years, Sally also volunteered to staff the WSNA/WSNF booth at student nurse career days at Northwest University in Seattle.

In 2003, Sally was awarded the WSNA Marguerite Cobb Public Health/Community Health Nurse Award for her many contributions in community health. In 2007, Sally was awarded the WSNA Honorary Recognition Award in recognition of her significant contributions, distinguished service and valuable assistance to the nursing profession.

After retiring from clinical practice in 2007, Sally continued to touch countless lives and advocate for nurses and the profession. Retired only from "paying" jobs, she has remained committed and active in WSNA, ANA and WSNF. Sally's enormous contributions to nurses will have a sustained, lifelong impact on the nursing profession in Washington state.



Anne Hirsch, PhD, APRN, FAANP, FAAN

Anne Hirsch has improved the quality of life for thousands of people in Washington as a nurse practitioner, nurse educator, administrator, scholar and nurse advocate.

Anne began her nursing career as a critical care and charge nurse at Island Hospital in Anacortes, where she served as local unit chairperson before moving to the cardiovascular intensive care unit at Providence Hospital in Seattle. After trying teaching, she became a passionate nurse educator endeavoring to bring her practice knowledge and expertise into the classroom. Since 1978, Anne has held multiple professional roles as a nurse educator, including associate dean and interim dean roles at Pacific Lutheran University, Washington State University (WSU), Seattle University and the University of Washington (UW). She is currently an associate professor in the Department of Child, Family, and Population Health Nursing at the UW School of Nursing, where she also serves as Associate Dean for Academic Affairs.

Anne earned a bachelor's degree in nursing from WSU; a master's degree in physiological nursing from UW; a doctorate in nursing from Indiana University-Purdue University in Indianapolis; and an Executive Leadership Certificate from Seattle University. She also completed a post-graduate certificate as a family nurse practitioner and currently practices in primary care settings and shelters in the community.

In her capacity as associate or interim dean, Anne has been responsible for securing millions of dollars in training grants and scholarships, including grants to expand enrollment opportunities for high-demand fields and increasing the diversity of nursing education programs, and an over \$4 million grant in partnership with Premera aimed at promoting rural health through the training, recruitment and retention of nurse practitioners for rural practice.

Anne has also participated in research projects with funding from eminent organizations. These include a National Council of State Boards of Nursing grant to study the use of simulated clinical experiences in nursing education; a Robert Wood Johnson

Foundation grant for the Future of Nurse Scholars program; and a Jonas Scholars Program on veteran health care funded by the American Association of Colleges of Nursing.

Anne's legacy as a passionate educator who brings her practice knowledge into the classroom has created a nursing workforce that better reflects the population nurses serve. Her ability to listen and adapt to change reflects the professional value of listening with compassion. The thousands of students who have benefited from Anne's work as an educator will continue to improve the quality of care for the patients they serve – and many of them will become educators to carry on her work.

Anne has also been an inspirational mentor to nurse educators across all ranks in Washington state. Throughout her tenure in nursing education administration, she has guided, coached, mentored and taught potential and current nursing faculty the art and science of rigorous nursing education. She is a highly respected collaborative consultant with multiple universities as well as community and technical college nursing programs.

In recognition of her transformative leadership and significant contributions, Anne was inducted as a fellow of the American Academy of Nurse Practitioners in 2014 and a fellow of the American Academy of Nursing in 2015. In 2016, she received the Shining Star award from King County Nurses Association. WSNP honored Anne with the 2017 Nurse Researcher Award and the 2021 Honorary Recognition Award; the awards are testimony to the significance of her WSNP contributions, which include her service as research representative on the Professional Nursing and Health Care Council.

Anne's enduring and substantial contributions reflect a very rare combination of continuous scholarly achievement and pragmatic, collaborative success to materially improve health and health care through advancing nursing education creativity, quality, access, policy and standards.



Pamela Mitchell, BSN, PhD, FAHA, FAAN

Since 1969, Pamela Mitchell has been a dedicated and impactful University of Washington (UW) leader and faculty member. Throughout her long and rich career, Pamela filled numerous leadership and research roles at the university, including serving as interim dean of the School of Nursing from 2012 to 2013. Pamela also served as the executive associate dean of the UW School of Nursing until her retirement. She was a tenured professor and named professor emeritus in the Department of Biobehavioral Nursing & Health Informatics. Pamela served as an adjunct professor in the Department of Health Services in the School of Public Health and Community Medicine and is the founding director of the Center for Health Sciences Interprofessional Education. She is also co-director of the Research Education Core in the Institute for Translational Sciences.

Pamela received her bachelor's degree in nursing from UW in 1962; her master's degree in nursing from the University of California, San Francisco in 1965; and her doctorate degree from UW in 1991. Prior to joining the UW nursing faculty, Pamela worked as a staff nurse in intensive care and neuroscience units and as a public health nurse.

Pamela is highly respected throughout the national and international nursing communities for her innovative practice research and advances in nursing care for patients with increased intracranial pressure, such as those with head injury and stroke, in both acute and community care settings. She began conducting the earliest clinical research focusing on the consequences of nursing care on intracranial pressure at a time that preceded the application of technologies to this area of research. Over the course of her career, Pamela expanded her scope to focus on post-stroke recovery, conducting research that has the capacity to touch millions of lives.

Pamela has also made unique contributions to studying systems of care as well as the individuals within those systems, advancing the understanding of the importance of organizational support for nurses practicing in critical care units.

Pamela has held numerous leadership positions, including president of the American Academy of Nursing from 2007 to 2009, and is a fellow of the American Heart Association and Stroke Council. She is the author or co-author of more than 200 peer-reviewed journal articles, books or book chapters, book reviews, abstracts and technical reports.

Pamela has been an active member of WSNA throughout her career. Her research in the mid-2000s focused on the impact of nurse staffing on patient outcomes and provided highly credible and convincing research for WSNA in its efforts to develop and pass nurse staffing legislation in Washington state. Pamela has served as an advisor and consultant to the joint WSNA/Washington State Hospital Association workgroups as the legislation was developed and provided important testimony and presentations to nurses, administrators, legislators, regulators and the public.

Pamela's professional achievements and awards are numerous. In 2010, she was selected by Sigma Theta Tau International Honor Society of Nursing as an inaugural member of the Nurse Researcher Hall of Fame. In 2012, she received the Katharine A. Lembright Award, the highest award of the American Heart Association Council on Cardiovascular and Stroke Nursing. She has also been honored with the Ada Sue Hinshaw Award by the Friends of the National Institute for Nursing Research (FNINR), presented to nurse scientists who make major contributions to improving health care through research, and was named as one of just 15 FNINR ambassadors chosen based on their ability to advance public health, health professions, policy and awareness of nursing research. In that role, she focused on educating Congressional leaders about the importance of nursing science and research.

In so many ways, Pamela's contributions to nursing science, research, practice and education will continue to have a lasting impact on the nursing profession and the health of our communities.



Sally Watkins, PhD, RN

Sally Watkins has been a tireless and committed role model and champion for registered nurses and the nursing profession in Washington state for more than 30 years, and is a proven leader and patient advocate.

A registered nurse since 1976, Sally has a rich background in nursing as a staff nurse, head nurse, educator and administrator. She earned a doctorate degree in philosophy from the Union Institute & University; a master's degree from the University of Utah College of Nursing; and a bachelor's degree in nursing from the University of Texas System School of Nursing. She is a graduate of the Johnson & Johnson Wharton Fellows Program in Management for Nurse Executives. After first entering the nursing field as an RN, Sally spent many years at the bedside as a perinatal and labor and delivery nurse.


Sally served as hospital administrator at Tacoma General Hospital from 1990 to 2005 and as vice president, chief nurse executive, at MultiCare Health System in Tacoma from 2000 to 2006. In addition, she has been a nursing educator in a variety of roles since 1984, including clinical faculty member of the University of Washington School of Nursing in both Seattle and Tacoma, and at Pacific Lutheran University School of Nursing, where she taught a course in health policy in the Doctor of Nursing Practice program.

Sally has been active in the American Nurses Association (ANA) and other professional associations throughout her career, including serving as a pro tem member of the Nursing Care Quality Assurance Commission; member of both the ANA House of Delegates and Congress of Nursing Practice and Economics; and president of District 1 in the Utah Nurses Association.

In 2007, Sally joined the staff of WSNA as assistant executive director of nursing practice, education and research. Under her leadership, WSNA's nursing practice and education programs expanded

greatly – developing nursing practice programmatic activities that improved patient care standards and advanced the practice of nursing through regulation, public policy and education. She organized numerous statewide education events for nurses on topics like safe staffing, just culture, compassion fatigue and many others. During those sessions, she met and engaged with hundreds of WSNA members and potential members. Sally also produced many position papers, palm cards and other materials as resources for nurses practicing in various settings. Though Sally left her staff role at WSNA in 2014 to return to the acute care setting, she was elected by WSNA members to continue serving the organization as a member of the WSNA Professional Nursing and Health Care Council from 2015 to 2017.

After serving as the administrative director of clinical resource management for CHI-Franciscan Health System in Tacoma for three years, Sally assumed the role of WSNA's executive director in 2017. As executive director, she helped build and rebuild the association through its many challenges and opportunities. Her contributions were numerous, including revitalizing Nursing Students of Washington State as well as WSNA's focus on occupational and environmental health; testifying before the Legislature advocating for safe staffing; further developing a robust education program; and expanding WSNA's outreach to other nursing and health care organizations. Sally was also instrumental in leading efforts to revitalize WSNA districts, helping reform them into regional nurses associations. But perhaps most importantly, she consistently worked at building the power of nurses across Washington state to speak up for themselves and their patients in both the Legislature and the workplace.

Sally's enormous impact on WSNA and nursing practice will be felt by nurses across Washington state for years to come. 



SCHOOL NURSING MAY BE RIGHT FOR YOU

by Katie Johnson, DNP, RN, NCSN-E, APHN-BC, FNASN, FAAN
and Liz Pray, MSN-Ed, RN, NCSN, SNOW President

The School Nurse Organization of Washington was founded 65 years ago as the professional organization for school nurses. Our mission is to support school nurses in the delivery of health services designed to improve the health and academic success of the 1.1 million students of Washington state.

People are drawn to the profession of nursing for different reasons, making it one of the most flexible careers you can pursue. However, school nursing was one of the best kept secrets until we found ourselves in the middle of a global pandemic.

Pre-pandemic, school nurses focused their attention on care of students with chronic health conditions, teaching school staff to identify and care for urgent and emergent issues associated with those

PHOTO: ISTOCK / LUMINOLO



The State Legislature just passed HB 1664, which will greatly increase the state funding for school nursing positions statewide beginning in September.


require 1:1 nurses and ventilators to survive.

It is a proven fact that children must be healthy to learn and educated children grow up to be healthier, more financially secure adults. The children of educated parents become healthier and more financially secure. School nurses make sure that health conditions do not limit a student's right to their education.

During the pandemic, school nurses were the eyes and hands of public health — monitoring outbreaks, instructing school staff, students, parents and the community on how to safely navigate COVID-19. While we practice independently in a non-health setting, we coordinated guidance with the Department of Health, Labor & Industries, and the Superintendent of Public Instruction. The visibility, competence and leadership of school nurses during this crisis brought attention to our specialty. As a result, the State Legislature just passed HB 1664, which will greatly increase the state funding for school nursing positions statewide beginning in September.

Now, post-pandemic, we are looking for new school nurses. If you are a team player, comfortable practicing in an independent role, ready to use every lesson you learned in nursing school, and love working with children, youth and families, then we have a job for you! School nurses come from their communities. We have a “family friendly” schedule (no nights or weekends!) and focus on illness prevention and health promotion.

We are guided by the same nurse practice act as in any setting. We have access to a specialty professional organization at the national (National Association of School Nurses) and state (School Nurse Organization of WA) levels. If you are interested in a career working as a school nurse, please contact your local school district or learn more about school nursing at nasn.org.

We're looking forward to meeting you! 

conditions. We focused on injury and illness prevention — making sure school activities were safe, promoting compliance with immunization mandates and teaching children (well and those with health issues) how to be healthy now and into their future. We supported risk management, making sure that delegated medications were administered safely and that emergency care plans were in place for the wide variety of student health conditions seen in schools. We assured safe and legal episodic care in the

health room overseeing the injuries and illnesses — routine and serious — seen in school health rooms.

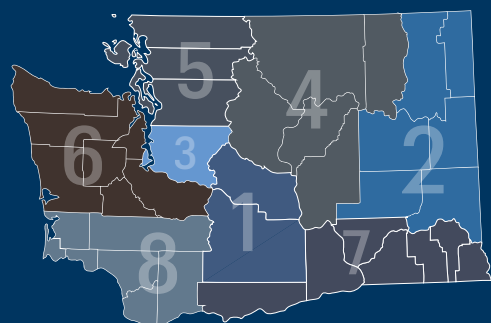
On a daily basis, school nurses are tasked with the health and safety of a community that is primarily made up of pediatric students and the staff that care for them. Children from every clinic in the most comprehensive health care centers all attend school. We see students who are perfectly well to students with life-threatening health conditions including those who

REGIONS

What are regional and district nurses associations?

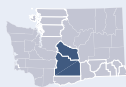
As a member of WSNA, you are also a member of the regional or district nurses association that includes your county of residence. Regional and district nurses associations are unrelated to Local Units and are not involved in collective bargaining (union) activities. These professional organizations are supported by a portion of your membership dues and are intended to provide educational opportunities, scholarships and networking on a local level.

In recent years, many districts transitioned to regions; there are eight current or planned regional nurses associations in Washington state, with remaining transitions still underway.



- 1. Central Washington Region Nurses Association**
Kittitas and Yakima counties
- 2. Inland Empire Nurses Association**
Adams, Lincoln, Pend Oreille, Spokane, Stevens and Whitman counties
- 3. King County Nurses Association**
King County
- 4. North Central Region (planned)**
Chelan, Douglas, Ferry, Grant and Okanogan counties
- 5. Northwest Region Nurses Association**
Island, San Juan, Skagit, Snohomish and Whatcom counties
- 6. Rainier Olympic Nurses Association**
Clallam, Grays Harbor, Jefferson, Kitsap, Mason, Pierce and Thurston counties
- 7. Southeast Region (planned)**
Asotin, Benton, Columbia, Franklin, Garfield, Klickitat and Walla Walla counties
- 8. Southwest Region Nurses Association**
Clark, Cowlitz, Lewis, Pacific, Skamania and Wahkiakum counties

REGIONS CENTRAL



Central Washington Region Nurses Association

EMAIL the_team@cwrna.org

WEB cwrna.org

FACEBOOK [@cwrna](https://www.facebook.com/cwrna)

INSTAGRAM [@_cwrna](https://www.instagram.com/_cwrna)

Central Washington Region Nurses Association (CWRNA) was formed in 2021 and registered with the Washington Secretary of State as a nonprofit organization for the purpose of promoting the professional development of nurses who live or work in Kittitas and Yakima counties, as well as assisting by gifts, contributions or fundraisers, other corporations, organizations and foundations who support and promote the advancement of nurses and student nurses in Kittitas and Yakima counties.

After creating our Bylaws, we held an election in November to approve the Bylaws, elect officers, and approve monthly dues. January 1, 2022, CWRNA started our first year of working to achieve our purposes, with newly elected officers.

Our website, cwrna.org, has been up and running, and on it we advertise educational offerings we are notified about by other nursing associations, with valuable discounts that can be received by members of CWRNA.

In February 2022, CWRNA happily gave a gift certificate to the Nursing Students of Washington State for their 2022 NSWS Convention: Health Equity in Nursing. In March, we initiated the process of establishing nursing school scholarships on behalf of CWRNA. As the year progresses, we will remain active and will continue to pursue further ways we can serve the Registered Nurses of Kittitas and Yakima counties.

In addition to our website, you can connect with us on Instagram (@_cwrna) and Facebook ([facebook.com/CWRNA](https://www.facebook.com/CWRNA)). We can be reached via email at the_team@cwrna.org or by phone at (509) 859-4436. Please reach out to learn more about us, to volunteer to help, or if there are suggestions on how we can serve our nurses. 



King County Nurses Association

WEB kcnurses.org

FACEBOOK [@kingcountynurses](https://www.facebook.com/kingcountynurses)

INSTAGRAM [@kcnurses](https://www.instagram.com/kcnurses)

Welcome new members!

King County Nurses Association extends a warm welcome to all new members! As members, you enjoy a variety of benefits, including discounts on continuing education, The Advocate newsletter mailed to your door and member-only access to community grants and professional development funds. Members also have opportunities to enhance their leadership skills by serving on our committees and board of directors. Interested in getting involved? Let us know by filling out an interest form in the Members/Getting Involved section at kcnurses.org. And we encourage members to stay in touch by signing up for our monthly e-newsletter, News2Use, at kcnurses.org in the Member/News section and by joining us on Facebook and Instagram.

KCNA annual gala

Thanks to all who joined us for King County Nurses Association's 119th Annual Gala on May 12, 2022. We had such a wonderful time celebrating the profession of nursing and getting to know our new scholarship recipients as well as our Shining Star Nurse awardees. Be sure to check out the signature cocktail/mocktail we created just for this special event: Nurses Lavender Lemon Drop. You will find this fresh, delicious beverage recipe at kcnurses.org under the Education & Events tab.

Scholarship recipients selected

The KCNA Scholarship Committee has made their final selections for our 2022 scholarship round. A total of 18 recipients will receive \$4,000 each. Since 1993, KCNA has helped ensure the future of nursing in our community, serving 323 students with a total of \$749,750! This year, we received nearly 60 applications, making selection very challenging. Thank you to our Scholarship Committee for doing such an excellent job. Watch for a biographical piece about our scholarship recipients to be posted this summer on our website as well as in The Advocate newsletter in the fall.

KCNA continuing education

Details about KCNA's fall events will be coming soon. In the meantime, please register to watch the very popular recorded video of the Transgender Toolbox program. One attendee shared this on their evaluation: "First real education on transgender needs and concerns. Feel better prepared to help respectfully."

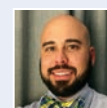
Transgender Toolbox: Basic Tools to Provide Optimal Care (recording)

Register to watch this recording at kcnurses.org under the Education tab.

Free for WSNA members and nursing students/\$45 for nonmembers.

The video will be available for flexible viewing through December 2022. Once registered, you will be sent a link to access the video.


PROGRAM OVERVIEW



This presentation lays a foundation of knowledge for caring for transgender individuals, providing clinicians with tools that

can be implemented directly into care across the continuum. Participants are empowered to advocate for the unique needs of transgender patients. Presenter explains terminology, identifies medical and social issues, and shows how to implement strategies to create a safe and therapeutic space.

FACILITATOR

Cory Grandinetti, MA, OTR/L is an occupational therapist working with Rehab Without Walls (RWW). His has experience in both clinical and home settings and has served as RWW's Director of Clinical Management for a three-state region. Cory is a local and international speaker on transgender topics and is a passionate advocate for the underserved. 



Northwest Region Nurses Association

WEB nwrna.org

FACEBOOK @NorthwestRegionNursesAssociation

TWITTER @NWRegionNurses

HELLO TO members in Island, San Juan, Skagit, Snohomish and Whatcom counties. We hope you are having a great spring!

Here are a few ways your local professional association can enhance your skills and support your career growth.

Continuing education

Watch the free video for members, "Transgender Toolbox: Basic Tools to Provide Optimal Care." Transgender people, especially people with disabilities and people of color, are at risk for lower mental and physical health outcomes when compared with the general population. Discover tools that can be implemented directly into care across the continuum. Learn how to advocate for the unique needs of transgender patients that may impact their health outcomes. Visit nwrna.org to find out more.

Make plans for this fall: Join us at the NWRNA 2022 online conference and in-person reception, dates TBA, free for members. We'll get together for an in-person reception followed by a half-day online educational workshop. Topics will include Impacts of Environmental Change on Nursing, Conflict Resolution in the Workplace, Career Growth and Business Opportunities for Nurses, and more. Visit nwrna.org for dates and registration information.

Financial assistance for members

Your local professional association can help you develop your skills and move forward toward your career goals. Visit nwrna.org to find out about these member benefits:

- Certification testing assistance
- Continuing education assistance
- Community project funding

Nursing scholarships

NWRNA will award five \$1,000 scholarships this fall. Scholarships will be available for NWRNA members seeking a bachelor's degree in nursing or an advanced degree in nursing or a related field, as well as students seeking initial licensure as an RN. Visit nwrna.org to find out more.

Get involved!

Join fellow nurses to bring NWRNA programs to life. We are looking for volunteers for our Scholarship and Education teams, as well as our Board of Directors. Join us to enrich the professional growth of our members.

Thank you to all our members for your hard work delivering quality health care!

— Your NWRNA Board of Directors



Rainier Olympic Nurses Association

WEB rainierolympicnurses.org

VISIT OUR website at RainierOlympicNurses.org to stay up to date on all our events and activities.

We've spent the last few months settling into our new office, offering virtual education events and even returning to in-person events at our new office, and hosting a Nurses Week Banquet & Annual Meeting. At the banquet in May, we celebrated our 2022 Nurse of the Year, Linda Burbank, JD, BSN, RN; our Lifetime Achievement Honoree, Judith Turner; and all our scholarship winners. To learn more about these amazing nurses and nursing students, visit our website at rainierolympicnurses.org.

On Saturday, June 25, from 9 a.m. to noon, we're hosting an open house at our new office. As part of this event, a Laughter Yoga class will be held from 9-10 a.m. Stop by to learn a bit about Laughter Yoga, learn about our plans for the coming year and get a tour of our new space. Please RSVP at rainierolympicnurses.org.

Night with the Rainiers

Saturday, July 16
Game time: 7:05 p.m.
Gates open: 5:30 p.m.

Join us for an evening of baseball at Cheney Stadium! Group express tickets are \$15 per person and include a reserved seat and a ballpark meal (hot dog, chips and bottled water). Purchase your tickets early at rainierolympicnurses.org.

Virtual nursing career information sessions

We'll be hosting two to three nursing career infor-

mation sessions during the upcoming school year. Join us in reaching out to the next generation of nurses. We're looking for nurses from a variety of specialties to share what they love about nursing. To stay informed about upcoming sessions and volunteer opportunities, sign up at rainierolympicnurses.org/volunteers-needed.

Recorded education event for nurses

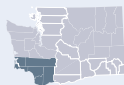
Transgender Toolbox: Basic Tools to Provide Optimal Care will be available for viewing until December 31, 2022. Nurses must register, view the recording and complete an evaluation to receive a certificate of completion.

After completing this course, you will be able to:

- Explain basic terminology relating to transgender people.
- Identify medical and social issues that may impact healthcare for transgender patients.
- Identify and implement at least three strategies to create a safe and therapeutic space for transgender patients.

Get involved

Rainier Olympic Nurses Association is led by a fun, welcoming group of nurses who serve as officers and directors. We encourage you to come to a board meeting to see how things work and get more involved. Email us at office@rainierolympicnurses.org for details about upcoming board meetings.



Southwest Region Nurses Association

EMAIL marvap@q.com

WEB waswrna.org

THANK YOU to our members in Clark, Cowlitz, Lewis, Pacific, Skamania and Wahkiakum counties. Your hard work is a credit to our profession!

We need your help. In order to provide programs for members, we need volunteers to help us form a leadership group. We know your time is precious, and even an hour a month is enough to make a valuable contribution. Please contact Marva Petty at marvap@q.com to learn more.

All members are invited to visit our new website at waswrna.org, where you'll discover three programs that can help you further your career:


- **Certification testing assistance:** Members applying for or renewing a specialty certification can receive up to \$150 in financial assistance to offset the cost of certification testing. These funds are in addition to assistance offered by WSNA through ANA.
- **Continuing education assistance:** Members can receive up to \$250 to offset the cost of continuing education registration fees.
- **Buswell Fund:** Members at PeaceHealth SW Medical Center encountering periods of financial need can receive up to \$150. The Buswell Fund is named for a former patient whose relatives made a donation in honor of the care she received.

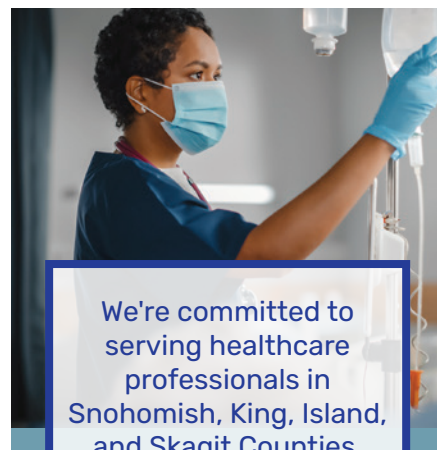
SWRNA is supporting nursing in our community. We have made contributions to the Free Clinic of SW Washington and to Clark College Foundation for the SWRNA scholarship. We will explore making contributions to other regional nursing programs and to other regional organizations that provide health care to underserved populations.

Your local association also made a contribution to the WSNF in memory of Mary Ann Thimmes, RN, long-time member of WSNA/FVNA, former director of the Clark College nursing program and initial director of nursing for the Free Clinic.

SWRNA also participated in the CRC and the Nursing Students of Washington State annual convention.

In addition, we co-sponsored the Transgender Toolbox regional continuing education workshop.

Thank you to all our members. Please consider giving a small slice of your time to help our profession thrive at the local level. 



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Notice of Washington State Nurses Association Policy Regarding Nonmembers Employed Under WSNA Collective Bargaining Agreements with Private Sector Employers

Federal labor laws recognize the right of unions in Washington to enter into collective bargaining agreements with private sector employers that require employees, as a condition of employment, either to join the union (and thereby enjoy all of full rights and benefits of membership) or to pay fees to the union (and thereby satisfy any financial obligation to the union without enjoying the full rights and benefits of union membership). Regardless of the wording of the "union security" agreement, employees represented by the Washington State Nurses Association for purposes of collective bargaining and covered by a valid union security agreement are not required to become full members of WSNA, and are required only to choose either to be members of WSNA or pay fees to it. (Note that regardless of whether a collective bargaining agreement between WSNA and a public sector employer contains a union security agreement, public sector employees are not required to pay dues, agency fees, or any other payment to WSNA as a condition of employment.) Employees who choose to become members of the Washington State Nurses Association pay WSNA dues and receive all of the rights and benefits of WSNA membership. Employees who either decline to become members of WSNA or who resign from WSNA membership may pay "agency fees" to cover their share of the cost of representation, and thereby satisfy any applicable union security obligation. WSNA has negotiated union security agreements, which have been ratified by the democratic vote of the affected employees and require that all employees must either join the union or pay fees to the union, in order to ensure that each employee who is represented by WSNA pays a fair share of the cost

of that representation. Such union security agreements strengthen WSNA's ability to represent employees effectively in collective bargaining, contract enforcement and grievance administration, while eliminating "free riders" who enjoy the benefits of a WSNA contract and representation without contributing their fair share of the union's expenses for negotiating, administering and enforcing the contract.

Through the collective bargaining process, nurses represented by WSNA achieve higher wages, better benefits, fairness in the disciplinary procedure, and enhanced respect for their skills and professionalism. These improvements, won through collective bargaining, enhance the terms and conditions of working life for all employees, create conditions under which nurses can safely advocate for their patients, and allow them to better provide for themselves and their families. Only WSNA members enjoy all of the full rights of WSNA membership. Only WSNA members have the right to attend local unit meetings and speak out on any and all issues affecting their workplace, WSNA and its members; the right to participate in the formulation of WSNA policies; the right to have input into WSNA bargaining goals and objectives, and to serve on WSNA negotiating committees; the right to nominate and vote for candidates for WSNA office, and to run as a candidate for WSNA office; the right to vote on contract ratification and strike authorization; the right to participate in the WSNA general assembly; and the right to participate in the American Nurses Association and the American Federation of Teachers.

Agency fee payers are those who choose not to be full members of WSNA but who

comply with any applicable union security agreement to pay their share of WSNA's expenses for negotiating, administering and enforcing the contract with their employer by payment of agency fees. They thereby fulfill any applicable union security financial obligation to WSNA under the terms of any collective bargaining agreement between their employer and WSNA. Agency fee payers forfeit valuable rights and benefits of WSNA membership. Agency fee payers give up their rights to have input into the affairs of WSNA, the organization that represents them in dealings with their employer concerning wages, hours of work, health and retirement benefits, disciplinary matters, and other terms and conditions of employment.

Any WSNA member may resign at any time from WSNA (and thereby forfeit his or her WSNA membership rights) by submitting a written notice of resignation from WSNA membership, which becomes effective upon receipt by WSNA. It is recommended that any resignation from WSNA membership be sent by certified mail, but certified mail is not required regardless of the terms of any applicable collective bargaining agreement. A member covered by a valid union security agreement who resigns from WSNA shall be re-classified as an agency fee payer. Agency fee payers should submit to WSNA an Agency Fee Payer Application Form, which is available upon request from WSNA. Agency fee payers are required to pay fees equal to their share of WSNA costs germane to collective bargaining, contract administration and grievance adjustment. During our most recent accounting year, 5.69% of WSNA's total expenditures were spent on activities unrelated to collective bargaining representation. This percentage is deducted during

the calculation of agency fees. In addition, the following amounts (as applicable) are also deducted from agency fees: the non-chargeable portion of dues paid to the American Federation of Teachers, dues paid to the American Nurses Association, and dues paid to WSNA's constituent associations. The exact amount of the applicable reduction in monthly agency fees compared to full WSNA dues is shown in the table at the bottom of this page.

Any non-member who is financially obligated to WSNA under a valid union security agreement may inspect the audit report of WSNA expenditures at a reasonable time and place upon written request to WSNA. Any non-member who disagrees with the amount of the agency fee may file a written challenge with WSNA, which should state the basis for the challenge. For members who resign their membership during the calendar year, challenges must be made within

30 days of the postmark of the notice regarding their change in status from members to agency fee payers. For non-members, challenges must be made during the 30-day period after the postmark of WSNA's written notice of the new calculation for agency fees that take effect on January 1 of each year. Such challenges shall be decided by an impartial arbitrator appointed by the American Arbitration Association pursuant to its Rules for Impartial Determination of Union Fees. Any challenges must be submitted to WSNA, ATTN: Agency Fee Challenges, 575 Andover Park West, Suite 101, Seattle, WA 98188. It is recommended that any challenges submitted be sent by certified mail, but certified mail is not required.

The table below shows the difference between the monthly amounts of full WSNA membership dues and agency fees for each category and district or region.

Difference between monthly full membership dues and agency fees by category and district/region

		Category A	Category B	Categories C and D
Region / District	5	\$20.96	\$16.82	\$12.68
	7	\$21.42	\$17.16	\$12.92
	15	\$20.96	\$16.82	\$12.68
	98	\$20.54	\$16.50	\$12.48
	CWRNA	\$24.28	\$19.32	\$14.36
	IENA	\$23.04	\$18.38	\$13.72
	KCNA	\$25.82	\$20.46	\$15.12
	NWRNA	\$21.78	\$17.44	\$13.10
	RONA	\$24.28	\$19.32	\$14.36
	SWRNA	\$23.04	\$18.38	\$13.72

Effective Jan. 1 – Dec. 31, 2022 and subject to change with proper notice.

Please note the table above does not show full agency fees. For the full amount due, please consult the agency fee application.

Difference between monthly full membership dues and agency fees by category and district/region

Category J	Category K	Category L
\$7.16	\$6.48	\$5.80

Please note the table above does not show full agency fees. For the full amount due, please consult the agency fee application.

WSNA Membership Notice

If you are currently a member and have had a change in your employment situation ...

Please complete a Change of Information Form or email your changes to membership@wsna.org. The Change of Information Form is available at wsna.org/membership/update-info or you may call the Membership Department at (800) 231-8482 or (206) 575-7979 to request one.

PLEASE NOTE: It is the member's responsibility to notify WSNA in writing of any changes in address, employer, FTE status, layoff or leave of absence.

Write to:

Membership
WSNA
575 Andover Park W, Suite 101
Seattle, WA 98188

IN MEMORIAM



MARTHA GALVEZ

Martha Alicia Cortés Galvez died peacefully at home the morning of Jan. 8, 2022, just in time to see her final sunrise, her favorite time of day. A loving mother, wife and friend, she left behind a legacy of compassion and strength.

Martha was the fourth of nine siblings growing up in Guadalajara, Jalisco, Mexico. At age 10, Martha and her family moved to Pasco, an accomplishment by her parents to give their kids a better life. Martha took this as motivation to always dream big and never give up. She graduated from Pasco High School in 1989 and then Columbia Basin College Nursing School in 1994. That same year, she became a registered nurse at Lourdes Medical Center, before moving to Kadlec Regional Medical Center in 2000. This was the start of her 27-year-long career as a birth center nurse – a career that she felt was more of a calling than a job. During her time as a nurse, she brought over 3,000 lives into this world, advocated for nurses across the state, and impacted everyone she came across.

In the fall of 1987, Martha met the love of her life, Israel, whom she married on Aug. 26, 1989. Together they had three beautiful children: Israel, born in 1990; Estevan Javier, born in 1995; and Cassandra Lisette, born in 1998.

As a nightshift nurse, she was always awake to watch the sun's beautiful rays rise, all year long. It quickly became her favorite time of day. Even on her days off, when her children were young, she would still enjoy the tranquility of waking up to a quiet house, spending one-on-one time with her babies, watching the sun as it rose. Being a mother was her greatest joy in life, and her children were her whole world.

Martha spent all 51 years of her life living it to the fullest and having a positive outlook on everything, even after receiving devastating news of her terminal illness. She spent her last few months on Earth knocking things off her bucket list and doing the things she loved, a testament to her go-getter attitude. Her life mission was complete.

Martha leaves behind her mother, Marta; her father, Roberto; her husband, Israel; her siblings Aurora, Martin, Maria Guadalupe, Rosa, Socorro, Maria Plutarca, Robert, Juan and Christopher; her children Israel (Gabby), Estevan and Cassandra (Salvador).

AS WE CONTINUE to mourn the Jan. 8 passing of Martha Galvez, beloved Kadlec Regional Medical Center nurse and Board of Directors member, we remember and celebrate Martha's contributions to the nursing profession, dedication to her patients, and advocacy for nurses in her local unit and statewide.

Martha was the epitome of excellence as a nurse leader. She became involved with her local unit shortly after joining Kadlec in 2000. She started her involvement with the WSNA Kadlec local unit as a Birth Center department representative. From there she became an elected local unit officer and served as chair for many years, including through two extremely difficult contract negotiations, both of which led to strike votes before being settled. In 2021, Martha won election to the WSNA Board of Directors, a position she had to step down from following her cancer diagnosis and resignation from Kadlec.

Martha was also a fierce advocate for nurses in the Washington State Legislature. Her testimony on the passing of the 2019 rest breaks and overtime protections bill for health care workers reflected her dedication to improving working conditions for all nurses across the state.

In July, we partnered with the Washington State Department of Health (DOH) on a series of public service announcements featuring WSNA nurses urging the community to get the COVID-19 vaccine. In September, DOH shared the videos on broadcast, cable and social media. As a labor and delivery nurse, Martha stepped up and used her trusted voice to tell pregnant and breastfeeding members of her community that the vaccine was safe; she also shared her message in Spanish to better reach the Hispanic community in the region.

In October, Martha excitedly accepted an offer to write an article for the 2022 Winter issue of *The Washington Nurse* magazine. In her article, she urged WSNA members to become nurse leaders and to continue supporting and learning from each other.

In Martha's final days, KEPR, the CBS affiliate in Pasco, shared a look back on Martha's 27 years of service to the community. "I loved working on the floor, hands on, with my patients. It's all I ever wanted to do," Martha said in her interview. "It's my passion. It's what I love to do." ►

Martha impacted so many nurses at Kadlec and across the state. After learning of Martha's death on Jan. 8, many of these nurses shared how she touched their lives. Here are just a few of their messages.

"When my fellow nurses and I learned of our Martha's passing early this morning, it sure took the wind right out of our sails. We paused, came together, grieved and reminisced... but then we dried our tears, took a deep breath and took care of our patients, just as she would've done. I think she'd have been proud of us today. What I think she'd have loved the most, though, is that we laughed today. Oh my Lord did we laugh, and it was so, so good for our souls. She always said how much she loved laughing with us. It was an honor to know her, learn from her, and work alongside her. Rest in peace, my friend, rest in peace."

— Amy Gardner, RN at Kadlec

"I had the honor of meeting Martha at one of our WSNA leadership conventions in Lake Chelan. She told me she worked at Kadlec... and I told her I was born at her hospital and my mom and stepdad still live in the Tri-Cities. She shared stories of the negotiation team's strong advocacy fighting for a fair contract for Kadlec nurses and the patients they serve. She was so cheerful, beautiful and welcoming every time I saw her at our nurses' events. She was passionate and dedicated; she worked so hard progressing our profession of nursing. I'm sure she has volunteered 100s of hours with WSNA, us sharing the same passion of unionism. Nurses all across Washington state and beyond have shed tears for our beautiful Martha... I know she is in heaven looking down at us, telling us to keep advocating for our profession, for our patients, for our families. Thank you, Martha, for being a ray of sunshine. Rest in peace, my beautiful friend. I hope to deliver as many babies as you one day."

— Didi Gray, RN and local unit chair at PeaceHealth Southwest

"So, so, so many of us RNs at Kadlec owe so much to Martha. She has fought for us for years. I'm eternally grateful to her and all she has taught me over the years."

— Kelsi Duncan, RN at Kadlec

"My dear, sweet friend Martha Cortés Galvez passed away peacefully this morning at sunrise. I am grateful for all she did for nurses, the union that represented the nurses, and all she taught us about being a nurse. She enjoyed her last days by checking off her bucket list, seeing her kids get married, and having those she loved at her bedside. She will be missed."

— Meri Bukovinsky, RN and local unit chair at Kadlec

"I can't fully describe what a beautiful person and nurse Martha was. Her smile could light up a room the minute she entered it, and her laugh and sense of humor was a joy for all to hear. God must have a reason for taking our wonderful people away too soon, but I know that heaven will be a lot brighter and better with her there. May she rest in peace knowing she was truly a nurse's nurse, a wonderful mother, a true friend and mentor to so many. She has left a wonderful legacy and she will truly be missed."

— Judy Huntington, former executive director of WSNA

I worked alongside Martha for 10 years. I first met her at Lourdes Medical Center when she started working per diem to put her oldest son in private school, as he was having issues in the public high school. Martha always put her kids and family first. She encouraged me to apply at Kadlec for an L&D position. She oriented me to the position when I got hired in 2013, and it was always a pleasure to work with her. She was a no-nonsense kind of charge nurse and had no problem setting things straight whether it was a doctor or a coworker. Two years ago, I asked her to be my daughter's sponsor for her confirmation and she did not think twice about it. I am truly going to miss her.

— Bertha Favela, RN at Kadlec

"Martha was a shining light! She made a huge impact on those she met. For me, personally, she saw something in me and helped mentor and grow my leadership skills and advocacy. She inspired me and gave me a fire to fight for my fellow nurses and profession while advocating for my patients. Martha will always be remembered for her strength and the compassion of her heart. As she has told me many times, we are stronger together."

— Jacob Garcia, RN and member of the Cabinet on Economic and General Welfare

IN MEMORIAM



LINDA (UPHAM) BORDWELL

Linda (Upham) Bordwell died on Feb. 15, 2022, at her home, surrounded by love. Linda leaves behind her beloved husband, Duane, daughter Julie (Adam), son Jared (Alethea), and seven grandchildren whom she adored, as well as additional cherished family and friends.

Aside from her family, Linda's accomplishments include over 32 years as a school nurse—about which she was passionate. In 1998 Linda was named Washington State School Nurse of the Year, and during her career as a school nurse she won the Governor's Award twice for a program she developed on substance abuse.

Linda was among the first class of students to graduate in 1971 from the Intercollegiate Center for Nursing (ICNE), which is now the Washington State University College of Nursing. In a retrospective for the WSU College of Nursing, Linda wrote:

"When my youngest was about 2, I went to work for the school district and was there 32 years. I was the lead nurse for the schools in

northeast Spokane. I love kids of all ages, and enjoyed working with staff, but probably most of all I enjoyed teaching. I did a lot of teaching on all levels, to a preschooler on how to do infection prevention, to staff working with blood pressure and diabetes."

Bordwell advocated for the nursing profession as a member of School Nurse Organization of Washington (SNOW) during legislative sessions in Olympia. Further, she stayed active after retirement by serving in the Medical Reserve Corps as a Bloomsday nurse as well as training law enforcement and first responders in the use of Narcan.

In honor of her dedication as a school nurse, the family welcomes contributions to "The Linda Bordwell Education Fund for School Nursing" through WSU College of Nursing, an endowment that will help to prepare the next generation of nurses to meet the complicated needs of today's children and families. <https://bit.ly/BordwellSchoolNursingFundWSU>



YVONNE F. MCCLURE

Yvonne McClure died on March 19 surrounded by loved ones after battling failing kidneys for years. She was born April 15, 1930 in Seattle to parents Maurice and Margie Yoes.

Yvonne attended public schools in Seattle and graduated from Queen Anne High School. Yvonne then went on to attend and graduate from nursing school at Virginia Mason Hospital in the early 1950s. Yvonne met the love of her life, Harold McClure, while working as an RN in Seattle at Doctor's Hospital. Harold and Yvonne married in 1955 and soon moved to Ellensburg where together they raised two beautiful girls, Paula and Carla.

Yvonne had the pleasure to be able to serve the "locals" as an RN at Valley Hospital, Ellensburg General Hospital and Kittitas Valley Community Hospital. She retired from KVCH in 1988 after 25 years there as a surgery supervisor. Yvonne was always mindful of the needs of others, continuing to work as a charge nurse in the local nursing homes until 2009. Yvonne continued serving others and volunteered on a weekly basis performing blood pressure

checks at the City of Ellensburg Senior Center. She was so proud that she had retained her RN license with the Washington state for a total of 55 years!

Spare time would find Yvonne camping and gardening, and she was well known in the valley as an accomplished seamstress. Yvonne was a member of the First Presbyterian Church and sang in the church choir for a total of 50 years. Yvonne was also active and held many positions with the Washington State Nurses Association (WSNA) and the Local Altrusa organization.

Yvonne was preceded in death by her parents and husband, Harold McClure. Yvonne leaves behind a brother, Earl (Linda) Yoes and daughters Paula (Dave) Moffatt and Carla Burrill, grandson Matthew (Sarah) Moffatt, along with numerous nieces and nephews.

The family wishes to thank the entire staff of Pacifica Senior Living for their care and love given to Yvonne. A special thank you to KVH Hospice staff, Hospice Friends, Jody McClure and Patty Canterbury.



JOYCE VALBORG ZERWEKH

Joyce Valborg Zerwekh, of Portland, Oregon, died Dec. 20, 2021, after a sudden battle with cholangiocarcinoma.

Joyce was born Jan. 8, 1945, in Oak Park, Illinois. She was adopted by her loving parents, Ruth and William McCanless. Growing up in northwest Chicago, she and her mother would explore the city via the “L,” instilling a sense of adventure she would exhibit throughout her life. In her teen years, the family moved to a new home in suburban Glenview, Illinois, and the train rides ended.

After graduating from Glenbrook High School, she enrolled at St. Olaf College in Northfield, Minnesota. It was here she grew from her sheltered teenage years and created the foundation of her nursing career. Graduating in 1966, she enrolled at New York University. In Greenwich Village, she was transformed by the civil rights and social justice issues faced by her patients every day. She earned her master’s degree in nursing in 1969. Never one to sit still, Joyce moved back to the Midwest to teach nursing at the University of Wisconsin – Madison. It was here that she married an idealistic engineer and theological student named Michael Zerwekh. Wanting to learn more about the spiritual questions they both held, Joyce and Mike moved to Philadelphia to live and study at Pendle Hill Quaker Study Center in 1970.

In the summer of 1971, they drove across the country to Seattle, a city Joyce would call home for nearly 25 years. During these years, Joyce would be a visiting nurse and help start Hospice of Seattle. She would teach at both the University of Washington and Seattle University. She earned her doctorate degree in education from Seattle University and lost her husband to suicide. Most significantly, she raised two sons, Gregory and Joel Zerwekh.

Upon leaving Seattle University, her search for the next adventure materialized as a teaching position at Florida Atlantic University in sunny Boca Raton, Florida. After seven family Christmases on the beach, an opportunity to start a brand-new nursing program in Portland presented itself. In 2003, Joyce returned to the northwest to be the founding

director of the Concordia University School of Nursing. After retiring from Concordia, Joyce took her own advice, downsized her possessions, sold her home and moved into Holladay Park Plaza. For the last seven years, she would marvel at her ever-changing view of Mt. Hood, travel at home and abroad, foster new friendships and stir up some good trouble with the leadership at Holladay Park Plaza.

Joyce is survived by Joel Zerwekh of Seattle and Gregory Zerwekh of Portland.

“Dr. Zerwekh was admired for her teaching expertise, student-centeredness, willingness to speak up and out, creativity, wit, and hard work. She was passionate about social justice and the empowerment of nurses and the people they work with. She wrote eloquently about developing mutual and trusting relationships with clients and families by partnering with them, recognizing and building on their strengths through joint participation and decision-making, and helping them help themselves and believe in their own capacity. Dr. Zerwekh’s publications provided the nursing profession and those cared for by nurses with practical wisdom about public health nursing and end-of-life care.”

— Janet Primomo, associate professor emeritus,
University of Washington Tacoma School of Nursing
and Healthcare Leadership



Josh's mother.

Left: Josh's father. Above: Josh (left) and his brother

Man on a mission

Meet WSNA member Josh Chatman

By Jenni Carson

OVER THE past two years, you've often heard phrases that refer to nurses as heroes on the front lines in the battle against the coronavirus. Inspired by military terms and imagery, these phrases emphasize nurses' "fight" against a common, foreign enemy – the COVID-19 virus –while putting themselves in harm's way to care for patients and save lives. These terms are all too familiar to Lt. Josh Chatman, BSN, RN, who is one of many WSNA members who have served, or are currently serving, in the U.S. Armed Forces. As a member of the U.S. Navy Reserve and an ICU nurse at St. Joseph Medical Center in Tacoma, Josh delivers patient care both at home and abroad.

In November, Josh was recalled to active duty to serve at U.S. Naval Hospital Okinawa in Okinawa, Japan. His mission: provide medical care to the 55,000 active-duty service members and their families living on military bases on the island and throughout the region.

In February, WSNA spoke to Josh (from Okinawa) to learn more about what it's like to be a nurse on the front lines.

“The stress of being a civilian nurse in a COVID ICU is way more than any stress I’ve experienced being on active duty so far – even more stressful than when I was stationed in Africa near combat zones.”

What kinds of missions warrant the Navy to recall reservists to active duty?

When the federal government assesses what personnel is needed for any particular mission, they will pull from reservists if they don’t have enough active-duty service members available. Every job is a little different; for medical reservists like me, we require very little training beforehand because our civilian jobs as nurses translate very well to the active-duty side. A nurse can provide care no matter where they are, which helps the Navy avoid spending a lot of time and resources on training.

Navy reservists are recalled to active duty for missions both overseas and in the U.S. For example, Navy reservists were recalled to coronavirus hotspots in Texas, New York and Guam during the delta variant surge in the summer of 2021.

Tell me a little bit about Okinawa. What is the history of the U.S. military there?

The island of Okinawa is considered the “Hawaii of Japan.” It’s one of the southernmost islands of Japan and also one of the very few islands of Japan that Allied forces invaded during World War II. The U.S. occupied the island as a U.S. territory until 1971, and there are still around 55,000 active-duty service members on the island today.

Have you been stationed anywhere else outside of the United States?

In 2018, I was deployed to Camp Lemonnier in the African country of Djibouti, which is located near

the northeastern horn of Africa and across from Yemen. Between Djibouti and Yemen, there is a narrow shipping passage of the Red Sea used to transport goods from all around the world; U.S. military forces, as well as French, German and Spanish forces, are stationed there to provide shipping security in that area.

If any U.S. service members or our Allies contracted an illness while on a ship and needed specialized care, like for appendicitis, or if they were injured in combat in the region, they were flown to our medical center on Camp Lemonnier for care.

Tell me about your current role in Okinawa.

My full-time role is as clinic manager in our OB-GYN clinic, where we have eight doctors, three certified nurse midwives, two RNs, and eight Hospital Corpsmen. I also work rotating shifts in the hospital ICU.

I work in a mostly administrative role at the clinic, so I do a lot of things like overseeing the staff and making sure everyone’s training is up to date. Hospital Corpsmen are enlisted Navy sailors – most of whom are right out of bootcamp and under the age of 25 – so it’s our job to train and orient them to health care basics and patient care. Since I’m an RN, I also provide patient care when needed.

What services does the clinic provide?

Our clinic provides treatment to pregnant service members and their family members. We’re also

the only clinic on the island that provides walk-in contraceptive services. Oftentimes, patients from other military bases on nearby islands and Guam who have complicated pregnancies will be flown here for their deliveries because we have the only maternal fetal medicine specialist in the region.

What inspired you to join the U.S. military?

I’ve known since I was four years old that I wanted to join the military. I come from a long line of service members in my family – both of my parents have served, along with two of my grandfathers. My mother served in the Army for 28 years and retired when I joined the Navy Reserves in February 2014. Right before I was recalled to Okinawa, my brother graduated from Army basic training. So, it’s a family thing.

Tell me about your decision to become a nurse. Was that something you always wanted to do, too?

When I was young, my grandmother was diagnosed with cancer and received treatment at both Seattle Cancer Care Alliance and Madigan Army Medical Center on Joint Base Lewis-McChord. In both facilities, her bedside nurses were amazing. Along with cancer treatments, her care team helped extend her quality of life by at least a year and gave us more time with her. The experience had a very positive impact on me and influenced my decision to also become a nurse. ►

“Nurses are not very good about self-care [...] It isn’t your responsibility to make sure your hospital is staffed – that’s the hospital’s responsibility. Those things are beyond your control. You have to care for yourself and your family first.”



Josh (second from right) and co-workers at St. Joseph Medical Center - Tacoma.

How long do you plan to stay in the Navy?

I’d like to do 20 years total, either on active duty or the reserve side – so, I’ve got more than 10 years left to go. In the event something happens, like a world conflict, I want to be there to serve our nation.

Whenever my military career ends, I might go back to school for informatics because technology is interesting to me. I’d like to learn more about how we can use technology to increase access to health care and improve the health and wellness of our communities.

Let’s talk more about your civilian job. What has it been like to work at St. Joe’s throughout the coronavirus pandemic?

The first few months of the pandemic were very stressful because my fellow nurses and I didn’t know exactly what we were dealing with. It’s one thing to watch news reports and read data, but it’s something else entirely to be there. It took a toll on all of us, especially being

so short-staffed, but I think it sharpened our skills and brought us closer together because we had to depend on each other to keep our patients alive.

How does that experience compare to the stressors of providing care in the Navy Reserve?

The stress of being a civilian nurse in a COVID ICU is way more than any stress I’ve experienced being on active duty so far – even more stressful than when I was stationed in Africa near combat zones. If I hadn’t been recalled to active duty in Okinawa, I would’ve considered taking a break from bedside nursing in some way.

What would you tell nurses to do when they feel stressed or overwhelmed?

Nurses are not very good about self-care; we are almost always putting the needs of our patients and communities first, ahead of ourselves. So, it’s extremely important for all of us to take a step back and check on ourselves to see how we’re really doing. If you decide you need to take a break, that’s okay. If you decide to switch specialties, facilities or career fields, that hospital will still be there regardless of if you choose to stay or go. I think it’s more important to take care of yourself than staying in a place that isn’t healthy for you.

I still get automatic texts from St. Joe’s asking me to come into work because they are short-staffed; remember that it isn’t your responsibility to make sure your hospital is staffed – that’s the hospital’s responsibility. Those things are beyond your control. You have to care for yourself and your family first. **WN**



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