

ALSO... WSNA's priorities for the 2021 Legislative Session / **Climate change and nurses**
Filling the nurse faculty gap / All-person safety: Patient lift, movement and transfer

THE WASHINGTON NURSE MAGAZINE

WINTER 2021

A PUBLICATION OF THE WASHINGTON STATE NURSES ASSOCIATION / VOLUME 51, NO. 1

COVID-19

VOICES FROM THE FRONT LINES



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Getting a flu vaccine is more important than ever. Everyone 6 months and older should get a flu vaccine every season.

A flu vaccine can protect you, your loved ones, and your co-workers from flu. You can also protect those around you by staying home if you are sick.



Learn more at [cdc.gov/flu](https://www.cdc.gov/flu)

#FIGHT FLU



A close-up photograph of a blue polo shirt. The shirt has a ribbed texture and three white buttons with blue floral patterns. On the right side of the chest, the text "WSNA WASHINGTON STATE NURSES ASSOCIATION" is printed in white, bold, sans-serif font. The background is a solid blue color.

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VOICES FROM THE FRONT LINES



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ON THE COVER: Health care workers in the acute care COVID unit at Harborview Medical Center in Seattle walk down a hallway in their COVID socks on May 7, 2020. Staff began tucking the pant legs of their hospital scrubs in socks as a way to prevent infection from spreading during home assessment team visits, but it became a comedic coping strategy.

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As I write this letter, we continue to battle COVID-19 in our communities, hospitals and families. Some days, it may feel overwhelming and exhausting. Nurses are trusted; the public trusts our insights and evidence-based protective practices. Nurses' strongest power is our ability to communicate with our families and patients about their health care and protection. It is up to us to reinforce the need to wear a mask, and practice physical distancing and frequent handwashing.

We just went through a tumultuous election in November. As nurses, we understand that the virus does not favor or attack one political party over another. It does not matter if we are Republicans, Democrats, Independents or Libertarians — none of us are immune to the virus.

The Washington State Legislature's 2021 Regular Session will once again take place in January. During the legislative session, the Washington State Nurses Association will be representing and defending nurses. Legislators know they can trust nurses; when we describe a problem and ask for help, they are there for us. Most Democrats and Republicans listen and are willing to work with us. WSNA supports and endorses candidates from all political parties. I want you to be informed and understand our nursing issues. By and large, they address our working environment, such as rest breaks, safe staffing and mandatory overtime. Oftentimes, we need nurses to testify and explain nursing issues and why we are asking for a bill to pass or be defeated.

All nurses need to be involved in politics. Years ago, I remember thinking politics was messy and unprofessional. I could not have been further from the truth. We need to be advocates for safe and fair work environments and the safety of our patients.

I was invited to our virtual WSNA Nurses Unite! event in November. I listened to many nurses who said they were facing intimidation in the workplace because they belonged to a union; they also shared issues we need to change in our contracts. We can help them. We need to stand together. We are trusted and respected by the public. Yes, stand together!

Another way WSNA members can get involved is to run for WSNA office. There are many council, committee and Board of Directors positions available. If you are a union member (i.e., you are a dues-paying member working at a WSNA local unit), you may also run for office in the Cabinet on Economic and General Welfare. As your president, I have found holding office to be a great educational experience and path toward impacting the various issues that concern me. If you are interested in running for office, please fill out the Consent to Serve form on wsna.org by Jan. 30.

I will leave you with this: Decisions are made by those who "show up." So, just show up!



Lynnette Vehrs, MN, RN
WSNA President



NEWS BRIEFS

Congratulations to the 2020 UW Nurses of Influence Award winners

On Nov. 6, 2020, the University of Washington School of Nursing held a virtual celebration to honor the 2020 Nurses of Influence award winners, including five WSNA members. The awards are given by the School of Nursing to outstanding graduates and other exceptional individuals in the greater nursing community. Congratulations to all of the awardees!



Distinguished Alumni Award: Jose Pares-Avila

Pares-Avila is a nurse practitioner who provides primary and psychiatric emergency service at Harborview Medical Center and the UW Medical Center. His local and national leadership has included service in the local chapter of the National Association of Hispanic Nurses and service on the Board of Directors of GLMA: Health Professionals Advancing LGBTQ Equality.



Distinguished Researcher Award: Debra Ridling

Ridling is a WSNA member and Associate Chief Nurse for Practice and Research at Seattle Children's. She supports nurses in many areas that support and promote excellence in nursing, including research, clinical practice, quality/safety, professional development, orientation, education, competency, informatics, shared governance, Magnet designation, outreach education and ethics.



Distinguished Practitioner Award: Patricia (Pat) A. Blissitt

Blissitt is a WSNA member, a neuroscience clinical nurse specialist at Harborview Medical Center and Swedish Medical Center, and an associate professor and clinical affiliate faculty member at the UW School of Nursing. She has more than 40 years of experience in neuroscience nursing and has contributed to numerous publications, including peer-reviewed newsletters, journals, online publications and books.



Dr. C. June Strickland Distinguished Diversity & Transcultural Nursing Advocate Award: Frankie Manning

Manning is a WSNA member and retired nurse executive. After retiring from the VA Puget Sound Health Care System, she started a consultant service with a focus on eliminating health care disparities and homelessness. She also serves as the outreach coordinator for the Mary Mahoney Professional Organization. Manning serves on numerous boards and community organizations, where she directs her efforts to improving the lives of underserved people.



Distinguished Advocate, Administrator, Leader: Katie Johnson

Johnson is a WSNA member and lecturer on child, family, and population health nursing. She is a fellow of the American Academy of Nursing and the National Academy of School Nurses, a Robert Wood Johnson Executive Nurse Fellow, and a Johnson & Johnson School Health Fellow. She is one of the architects of a nationally standardized school health data collection program designed to identify the needs of school-aged children and how school nurses meet those needs.



Distinguished Advocate, Administrator, Leader: Lois Schipper

Schipper is a WSNA member and nurse supervisor in the King County Department of Adult and Juvenile Detention, Children and Family Justice Center. She has had a long career as a public health leader and advocate in local, state, national and international settings.



Peter Dyer Heart of Nursing Award: Trudi Inslee

The First Lady of Washington state, Trudi Inslee supports social service programs and organizations that provide services for women and children who are victims of sexual assault, homelessness, suicide prevention and hunger, while also supporting early learning programs and health care for all. She is currently an ambassador for Washington State Nursing NOW.

UPCOMING EVENTS

January 2021

25 Advocacy Camp – virtual

February 2021

4 Lobby Day – virtual

6 Professional Nursing and Health Care Council meeting – virtual

12 Executive / Finance Committee meeting – virtual

15 Presidents' Day – WSNA office closed

March 2021

1 Community and Long-term Care Task Force meeting – virtual

3 Constituent Representative Council meeting – virtual

10 Occupational and Environmental Health and Safety Committee meeting – virtual

18–19 Board of Directors meeting – virtual

April 2021

28–29 Washington State Nurses Convention – virtual



WSU College of Nursing revises RN to BSN program

The Washington State University (WSU) College of Nursing is revising the curriculum for its RN to BSN program to better meet the needs of nurses and community partners. The new curriculum gives working nurses more flexibility and the chance to deeply research topics of interest, and better aligns with nursing education in community colleges.

Changes already implemented include replacing 180 required onsite clinical hours with 100 hours of practice experience gained by completing a community/population health project and a practicum project that can focus on areas such as leadership, population health, evidence-based practice or informatics. In the fall, the program introduced new courses on health care informatics and care coordination.

Since the RN to BSN program was created in 1990, more than 1,700 registered nurses who had a hospital diploma or an associate degree have been able to earn a bachelor's degree through the program.

WSU's RN to BSN program is offered statewide in a mostly online format, and students can begin the program any semester.

Visit <https://nursing.wsu.edu/rn-bsn> for more information about the program.

Anita Stull reappointed as member of ANA Committee on Bylaws



Congratulations to Anita Stull, BSN, RN on her reappointment as a member of the American Nurse Association (ANA) Committee on Bylaws for the term Jan. 1, 2021 to Dec. 31, 2022.

Since 1979, Anita Stull has been an invaluable member of WSNA and has immensely contributed to the development of WSNA policy, nursing practice positions, and workforce and workplace policy throughout the years. She is currently chair of WSNA's Bylaws/Resolutions Committee.

Anita retired from the workforce in July 2020, after spending 40 years as a bedside nurse in Orthopedics, Chronic Pain and Psychiatry at the University of Washington Medical Center in Seattle. Her continued willingness to serve is a testament to her commitment to ANA, WSNA and the nursing profession.

WSNA welcomes new union members

Congratulations to Quality Assurance and Care Transition RNs at Grays Harbor Community Hospital in Aberdeen and RN Case Management employees at PeaceHealth United General Medical Center in Sedro-Woolley for choosing WSNA as their union in August. Both groups of RNs will join existing WSNA bargaining units at their respective facilities, and WSNA is now their official bargaining representative for purposes of collective bargaining and representation. Welcome to WSNA!

WASHINGTON STATE NURSES CONVENTION

April 28-29, 2021

EDUCATION INSPIRATION CELEBRATION

nurseconventionwa.org

WSNA's priorities for the 2021 Legislative Session

BUDGET

NURSE EDUCATION FUNDING

Preserve the state's investment in nursing faculty in community and technical college schools of nursing. The COVID-19 pandemic highlights the need to graduate more highly skilled nurses, and this funding is critical to recruiting and retaining nurse educators.

PUBLIC HEALTH FUNDING

For 20 years, we have asked the legislature to find a dedicated and sustainable public health funding stream. The time is now. Our country's response to the COVID-19 pandemic has shown that we need to rebuild our national, state and local public health systems.

SCHOOL NURSE FUNDING

Increase funding for nursing hours to safely reopen schools. Nearly half of Washington schools have a nurse onsite less than one day a week. School nurses are being called on to lead COVID-19 infection prevention and mitigation protocols, provide daily symptom checks and collaborate with their local public health departments – in addition to their regular duties. Some wealthier districts have hired COVID-19 response teams with roles defined by OSPI, led by the school nurse; funding should be provided to increase school nursing hours and to allow districts to have equitable access to quality COVID-19 response teams. Schools must be provided appropriate and safe levels of PPE for all staff and students.

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POLICY

HEALTH SYSTEM TRANSPARENCY

As state and federal governments pour money into hospitals and health care facilities amid the COVID-19 pandemic, there is little ability to track how this funding is being distributed and dispersed. Hospitals have blamed pandemic-related actions for revenue loss which has resulted in employee layoffs and furloughs, but hospitals have failed to provide data to support that assertion. Even before the pandemic, it was hard to track the adequacy and efficacy of health system charity care and community benefit. Hospitals have not provided data to show whether these programs are working as intended to address community health needs and to reduce health disparities felt most acutely by communities of color. The pandemic has also highlighted the need for clear, transparent reporting of health care facility PPE levels and testing capacity to ensure worker and patient safety across the state.

WORKER PROTECTIONS AND WORKPLACE SAFETY

It is imperative that the legislature support the Worker Protection Act and improve workplace safety, particularly for those on the front lines of the COVID-19 response. The pandemic has identified policies that can be improved to ensure worker safety, such as employer-provided PPE, testing, paid sick leave, workers compensation coverage and protection against retaliation. Additionally, the Worker Protection Act provides a way for workers to effectively raise safety complaints and to have them addressed in a timely, just manner by giving workers and their advocates the ability to enforce labor and anti-discrimination laws on behalf of the state when the state is unable to do so itself. This is especially critical for enforcement of existing labor and workplace protections.

RACIAL EQUITY AND JUSTICE

Racism is as much a public health emergency as the COVID-19 pandemic. It is time for the legislature to deliberately work to undo systems founded on oppression and to replace them with budget and policy decisions that lift up communities of color. Within the health care space, we must remove systemic barriers to accessing health care. We must also work within our professional capacity to recognize and address bias and to ensure all patients are being listened to and heard. The current pandemic is having a disproportionate impact on the health of communities of color. These communities are contracting COVID-19 and dying at higher rates than their white counterparts. Communities of color are also experiencing a larger economic impact, including greater rates of job and health insurance loss. The public health crises of coronavirus and racism are inseparable. As the legislature moves to address the COVID-19 pandemic, it should work with equal determination to address systemic racism in all areas of state policy.

2021 POLICY PRIORITIES

Health system transparency: Lawmakers need more facts about hospital finances

The COVID-19 pandemic has put a spotlight on the inner workings of hospitals across the country. Last spring, reports revealed that at the same time some hospitals and nonprofit health systems were laying off essential workers, they continued building hedge funds in the billions. As the pandemic persists, it is becoming apparent that legislators and their communities deserve more insight into how our state's hospitals are being run.

Hospital profit grew in 2020

Although many people are aware that health care spending has soared over the last several decades, few Americans know about the expanding role of private equity in the health care system. Despite the economic turmoil facing our communities during the COVID-19 pandemic many hospitals are not just maintaining profit but actually growing it. According to a 2020 PitchBook Report, U.S. private equity deals in the health care sector

totaled \$8.5 billion between April 2020 and July 2020. This is especially troublesome considering that during that same period, hospitals across the country were citing "revenue shortfalls," instituting large layoffs and refusing to pay frontline workers hazard pay.

In May, The New York Times reported that Providence Health System, the country's largest and richest hospital chain (as well as the owner of 35 hospitals in Washington state), is holding \$12 billion in cash. In a typical year, this health system generates \$1 billion in profits — which they invest in Wall Street hedge funds. Providence also received \$509 million in government assistance funds from the federal CARES Act intended to support hospitals during the COVID-19 pandemic.

But not all hospitals are the same. Although Providence may be operating in the billions, we know that smaller hospitals in our state are in desperate need of

financial support from the government. It is crucial that the Washington State Legislature require more financial transparency from our hospitals. Nurses, patients, communities and legislators deserve the facts.

2021 Legislative Session

Last year, Representative Nicole Macri (43rd LD) introduced House Bill 2036: Concerning Health System Transparency. The bill passed out of the House, but never made it to the Senate floor.

This year, Rep. Macri plans to introduce similar legislation; only now, the bill will also address the rising concerns about hospital profit during the COVID-19 pandemic (it will also have a new bill number). This year's bill will:

- Require hospitals to provide more detailed reporting on their operating finances.
- Require hospitals to provide more information on the impact of community benefit dollars on the communities they serve.
- Require health systems to provide the State with more information on the transactions taking place between facil-

■ CHI FRANCISCAN AND VIRGINIA MASON MERGER

In July, CHI Franciscan and Virginia Mason Health Systems announced plans to form a joint operating company. The expanded company would include 12 hospitals and more than 250 treatment sites in the Puget Sound and Yakima regions.

This announcement comes eight years after Swedish Medical Center and Providence Health & Services merged. That merger led to a decline in services across the state for reproductive health care, LGBTQ services and end-of-life care. In the United States, one in six hospital beds

are in Catholic facilities. The rate is even higher in Washington state, where 41% of hospital beds are part of religious-based hospital systems. If the merger goes through, a total of four cities in the state — Bellingham, Centralia, Walla Walla and Yakima — will have only a Catholic hospital.

In anticipation of a continued decline in crucial health services under the merger, more than 50 state legislators wrote and signed a letter to Virginia Mason's CEO and Board of Directors. These legislators urged Virginia Mason to continue to provide the

full range of reproductive and end-of-life care services under the new merger.

On Oct. 7, nearly a dozen WSNA members at Virginia Mason met with the chair and vice chair of the House Health Care Committee, Rep. Eileen Cody (34th LD) and Rep. Nicole Macri (43rd LD), as well as with Senate Health & Long Term Care Committee member Sen. Manka Dhingra (45th LD). WSNA members passionately shared their concerns about the merger.

In late October, Yakima Valley Memorial Hospital's Board of Directors voted to end the hospital's affiliation with Virginia Mason. Yakima Memorial's board

Resources

<https://khn.org/morning-breakout/another-dark-side-of-covid-are-hospitals-making-a-profit/>

ities during acquisitions and mergers.

- Require hospitals to report demographic data of the communities they serve. Communities of color have suffered from significant disparities in our health care system; this problem is only worsening and becoming more urgent during the pandemic.

How can you help?

The Washington State Legislature's 2021 Regular Session will look a lot of different from previous years. Most legislative work is expected to be conducted remotely. This provides an unprecedented opportunity for nurses who wouldn't normally have the time to drive to Olympia to weigh in on legislation to do so from the comfort of their homes. Throughout session, the WSNA Legislative and Health Policy Council will be looking for nurses to share their stories and experiences with legislators as it relates to their own hospital's finances.

cited concerns about the upcoming CHI-Franciscan/Virginia Mason merger as the reason for withdrawing affiliation from Virginia Mason. After news of the merger, Yakima community members and providers from across the region shared concerns with the board about the potential impact on local care. The removal of affiliation is likely to take place by February.

As our state continues to see more mergers and acquisitions, WSNA will continue to hold hospitals accountable for their financial data and to provide the full range of quality care to their communities.



On Saturday, June 6, 2020, thousands of health care workers marched through Seattle in support of the Black Lives Matter movement.

Integrating equity and anti-racism into our legislative agenda

Amid urgent calls for racial justice and a pandemic that has magnified and exposed inequities in the health care system, it is clear that the 2021 legislative session must address systemic racism. The Washington State Nurses Association is collaborating with other health care unions and the Washington State Labor Council to integrate an equity/anti-racist lens into our collective legislative work.

According to recent data from the Centers for Disease Control and Prevention (CDC), Black, Hispanic/Latino, American Indian and Alaska Native people experience much higher COVID-19 death rates than white people. Out of 100,000 people, 110 Black people, 77 American Indian and Alaska Native people, and 74 Hispanic/Latino people have died of COVID-19. This is compared to 52 of 100,000 white people dying from COVID-19.

These disparities exist not because of a genetic, biological or cultural predisposition to disease, but rather the direct result of social injustice — including a health care system that provides inequitable care based on race. COVID-19 has highlighted that our unions' collective, current legislative approach is not enough to deconstruct racist systems or produce change at the rate and specificity necessary.

The labor movement has its own turbulent record with racism. To many members of color, historically white-led labor organizations have not adequately addressed racism in the workplace. In fact, in too many instances, these labor organizations have been discriminatory tools to advance white supremacy. However, at our best, labor unions can be a powerful tool for transformational leadership and a place for all working people to build security and solidarity across racial and ethnic groups. For example, compared to their non-union counterparts, many women in unions experience a wage advantage in Washington state: Hispanic/Latina (42%), Black (34%), white (31%) and Asian American and Pacific Islander (15%).

With the goal of becoming an anti-racist organization and an anti-racist labor movement, we are in the early stages of doing a deliberate anti-racist reimagining of our legislative approach. We know that we are late to this work. We hope to learn from, lift up and join communities of color that have been on the frontlines of this work for generations. We will provide a more detailed update in the spring issue of *The Washington Nurse*. In the meantime, please don't hesitate to reach out to WSNA's Public Affairs staff with any questions or ideas about this work.

Resources

<https://www.wslc.org/2017-wslc-resolutions/#23>

2021 POLICY PRIORITY

Worker Protection Act: Ensuring justice can be served

Missed meal and rest breaks. Unpaid overtime. Falsified timecards.

This was the experience of nurses working in the home care and hospice program at Yakima Regional Medical Center. As reported by the Associated Press: “The nurses said they were routinely denied overtime when they had to work more than eight hours per day, such as when a patient nearing death required additional attention or when they had to finish paperwork or coordinate further care after a long shift. [...] When they complained about having to work for free, they were told they could resign.”

In April 2015, WSNA sued Yakima Regional Medical Center on behalf of its members who worked in the hospital’s home care and hospice program for unpaid hours of work, including unpaid overtime and missed meal breaks. The trial court heard testimony from 16 witnesses and reviewed thousands of pages of documents.

The trial court ruled that the Employer deliberately kept inaccurate records to make it appear the nurses worked fewer hours than they actually did; bullied the nurses into signing timecards that reflected fewer than the actual number of hours worked; and knowingly, willfully and with intent to deprive nurses of pay they were lawfully owed, failed to compensate them for all of the time worked and for the meal breaks they missed.

The trial court awarded WSNA damages for back pay of \$1,447,758.09, plus statutory double damages because the Employer’s violations were willful, for a total of nearly \$2.9 million, plus attorneys’ fees, costs and interest.

On appeal in August 2020, the Washington State Supreme Court threw out the trial court’s judgment, ruling that WSNA did not have standing to file the lawsuit, saying, “The damages established through repre-

sentational testimony are not certain, easily ascertainable, and within the knowledge of the defendant.” Although it is undisputed that the only reason there was any uncertainty about the precise amount of damages is that the employer had deliberately, knowingly and willfully falsified its records to deprive the nurses of the wages they had earned, the Supreme Court’s ruling gave the employer immunity from the lawsuit by WSNA to recover the nurses’ stolen wages.

A legislative fix

WSNA supported a bill in Olympia during the 2020 legislative session that would fix the standing issue for future cases by allowing individuals, associations or unions to file a cause of action on behalf of the state to enforce various employment laws (such as those in the Yakima nurses’ case). This is called a *qui tam* action, which currently only applies to Medicaid fraud cases under Washington state law. Last year’s bill number was House Bill 1965, the Worker Protection Act (it will have a new bill number in 2021).

There will be a new bill number for the 2021 legislative session. We will have information about this on the WSNA website closer to the session and encourage you to ask your legislators to pass the Worker Protection Act to create a pathway for cases like this.

Why is the Worker Protection Act needed?

The Worker Protection Act would establish workers’ rights to collective litigation in Washington state. In the case of the Yakima nurses, the Worker Protection Act would give WSNA standing to bring this case.

What are *qui tam* actions that the Worker Protection Act allows?

The Worker Protection Act allows a cause of action to be filed by a relator (any person, corporation, association, legal entity or local government) on behalf of the state to enforce various employment laws. These actions may allege multiple violations affecting multiple employees, essentially allowing a class action lawsuit. However, it is important to note that court rules related to class action lawsuits do not apply for *qui tam* actions.

The right to bring a *qui tam* action under the Worker Protection Act may not be impaired by a private agreement, such as a worker employment contract, and any settlement awarded in court may not be confidential.

What is the state’s role in a *qui tam* lawsuit?

A relator bringing a *qui tam* action must file notice with the state agency. The three state agencies most likely to be involved are:

- Washington State Department of Labor & Industries (L&I) for violations of worker protection standards.
- Washington State Human Rights Commission for violation of discrimination laws.
- Washington State Department of Health with respect to whistleblower protections.

When notice of a *qui tam* action is given, an agency may choose to investigate — in which case, the agency has 180 days to make a determination in the investigation. Importantly, no action can be taken in court by a relator if the agency takes action to resolve the complaint.

If the agency does not investigate or make a determination, then the relator may file an action in Superior Court. At this point, the agency is given 30 days in which it may intervene in the lawsuit. If the agency intervenes, then it has the primary litigation responsibility.

How are damages divided in a successful *qui tam* action?

The Worker Protection Act clearly outlines how damages are awarded in *qui tam* actions; it also says the relator who prevails would be entitled to reasonable attorneys' fees and costs.

- **If the state agency intervenes**, the agency would receive 80% of the penalties awarded and the relator would receive the other 20%.
- **If the state agency does not intervene**, then the agency would receive 40% of the penalties awarded and the relator would receive the other 60%.

It is important to note that damages awarded to the state agency are required to be distributed to the aggrieved employees.

What if the employer retaliates?

Retaliation against an employee for actions taken under the Worker Protection Act are prohibited.

How is the public notified of *qui tam* actions?

The Worker Protection Act requires L&I to publish an online database of *qui tam* notices. Other agencies must provide information to L&I for the database.



The Senate chamber in the Washington State Capitol sits empty as elected officials work from home during the 2021 Legislative Session.

■ 2021 LEGISLATIVE SESSION

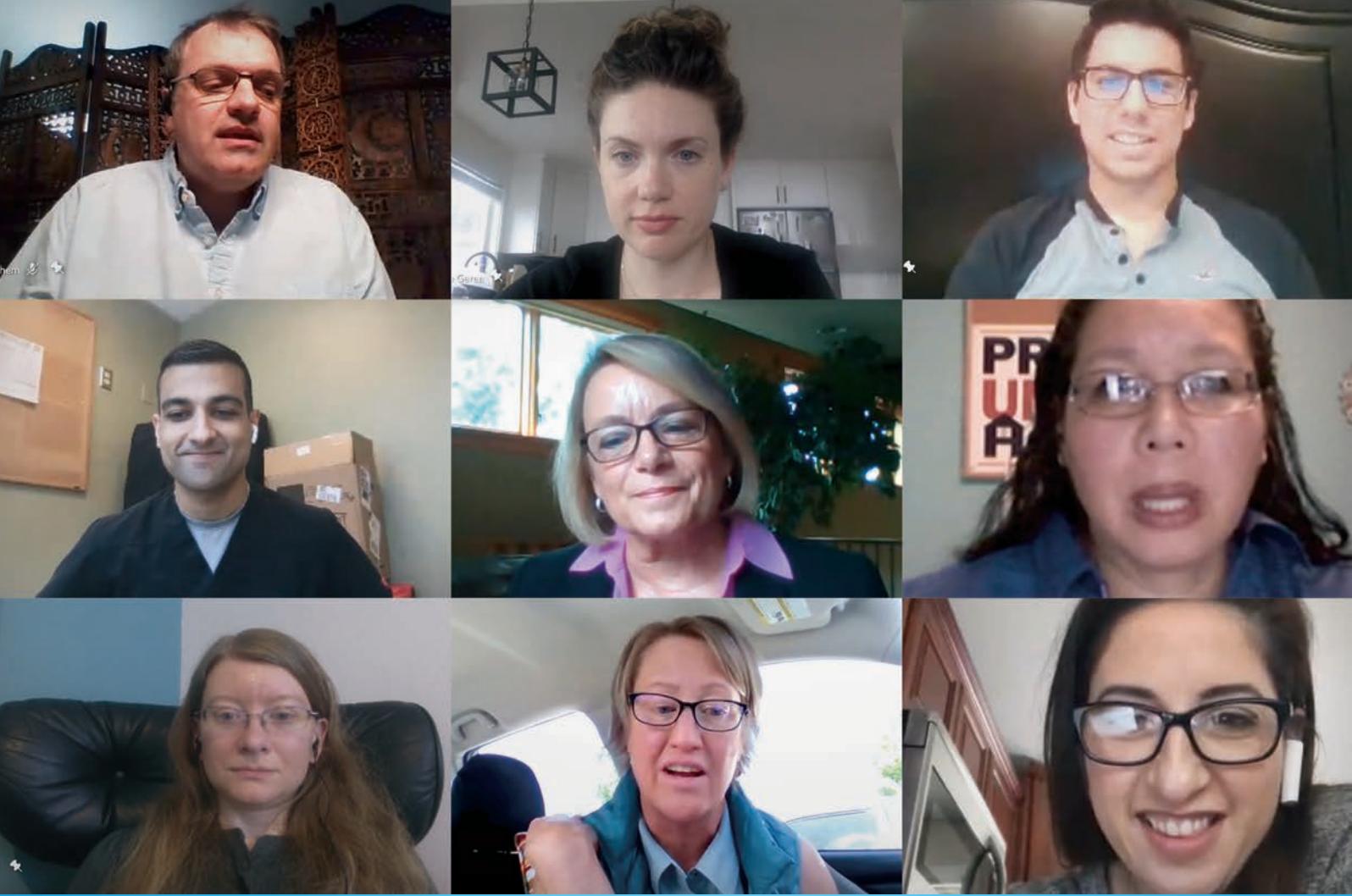
Just like many schools and offices, the Washington State Legislature's 2021 Regular Session is being held remotely. This year, legislators will be hearing testimony, debating policy and potentially voting from their homes. This means that all of us are going to have to modify how we engage with our state lawmakers.

A remote session comes with many challenges, but also new opportunities. Because testimony will be heard online instead of in person, people who wouldn't normally have the time to travel to Olympia for testimony may be able to share their stories via Zoom. During WSNA's remote Lobby Day on Feb. 4, 2021, participants will meet with legislators online — it's easy, and we are hoping it will increase the number of WSNA members who can participate.

Unfortunately, a remote session also comes with several restrictions and challenges. Legislators are facing a large array of policy decisions this year, including **COVID-19 response, police accountability and a \$4.5 billion deficit.** This means legislators will have even more limited time than usual — and they are expected to be able to handle fewer bills. This means that WSNA will have to be much nimbler and more creative when it comes to amplifying our voices.

The legislative session operates on a biennial schedule, convening for a longer session in the odd years when the state's biennial budget is written and adopted. This year's legislative session began Jan. 11, 2021, and will last for 105 days.

❖ For more information on bills and the legislative calendar (including cut-off points), visit www.leg.wa.gov.



Your voice is more essential than ever.
Make it heard.

Advocacy Camp

For schools, nursing students & WSNA Members

Jan. 25, 2021 ONLINE LIVE EVENT

Lobby Day

For WSNA members

Feb. 4, 2021 ONLINE LIVE EVENT



Information and registration at wsna.org/legislative

Why I give...

A portrait of Clarise Mahler, RN, a woman with dark hair and glasses, smiling. She is wearing a floral patterned top. The background is a lush green hedge.

"I believe in supporting the WSNA-PAC so that we can advocate for candidates who will go to Olympia and advocate for nurses and patients."

— Clarise Mahler, RN



Washington State
Nurses Association
**Political
Action
Committee**

Learn more about WSNA-PAC
and make your contribution at
wsna.org/pac

Your voice is more essential



The legislative session may look different this year, but one thing will remain the same: Your voice is essential to the process! Nurses are the most trusted profession, and your voice carries much credibility and weight with lawmakers. It is important that your legislators hear from you about your experiences on the front lines of the COVID-19 pandemic. Your voice is crucial as legislators make difficult decisions about where to spend and where to cut government funding.

This year, nurses have faced extreme challenges — from lack of sufficient PPE and long delays for COVID-19 test results to the upending of your personal lives with remote school, closed child care and the fear of bringing COVID-19 home to family members. It is more crucial than ever that legislators know your stories.

Legislators will be deciding on critical issues relating to the nursing profession, such as hospital transparency, worker protection, public health funding and school nursing funding. We need you to share your stories. Lawmakers listen — and they want to help find solutions.



WHICH
LEGISLATIVE
DISTRICT
DO I
LIVE IN?

Use your smartphone to look up your legislative district in two easy steps.

Both your legislative district and congressional district will be displayed with links to your elected officials' contact information.

- ① Visit <https://app.leg.wa.gov/districtfinder>.
- ② Enter your home address.

**NURSES ARE
ESSENTIAL
ADVOCATES!**

than ever

THREE TOOLS TO HELP YOU ADVOCATE DURING THIS LEGISLATIVE SESSION



WSNA Action Alerts

Watch for email alerts asking you to act on WSNA’s legislative priorities. We only send these alerts when it is critical for lawmakers to hear from nurses at key moments during session — to move a bill out of committee or to encourage a floor vote. Please click on the “Take Action” button in these emails!

You can also sign up to receive action alerts via text message. Look for this option when you click through to the “Take Action” link in our action alert emails.



Legislative Hotline

Call your legislators using the toll-free Legislative Hotline: 1-800-562-6000. You will connect with an operator who can determine your legislative district (using your home address) and connect you directly to your legislators’ offices. Your lawmaker’s legislative assistant will answer the phone and can ensure your legislator is briefed on your concerns.



Attend WSNA Lobby Day (online event)

Meet with your legislators during WSNA Lobby Day on Feb. 4, 2021. This event is free and will provide you with the training and tools you need to effectively advocate during small-group Zoom meetings with your lawmakers in the afternoon. This year’s Lobby Day will be online, allowing you to meet with your legislators while wearing pajama pants (we recommend wearing a nice top)!

Register to attend WSNA Lobby Day at wsna.org. Legislators value seeing you during session (even if it is on their computer screen!), and it’s a good reminder why they should support our priority issues.



WSNA is working to improve enforcement of the Nurse Staffing Law

In 2017, the Washington State Legislature passed House Bill 1714, adding more structure and oversight to the Nurse Staffing Law. The bill included a requirement for the Washington State Department of Health (DOH) to submit a report to the legislature on Dec. 31, 2020. WSNA, along with SEIU Healthcare 1199NW and UFCW 21, has been working to ensure that the report addresses key concerns from nurses about staffing committees and hospital compliance with the law.

Our experiences over the past two years have illustrated deficiencies in enforcement of the law, and WSNA has filed 22 complaints with the DOH. We couldn't have done it without the Assignment Despite Objection (ADO) forms our members filed to call out problems in their facilities.

Under the 2017 law, hospitals are required to submit annual nurse staffing plans (and any intermediary plan updates) to the DOH. Changes to the law in 2017 also established a structure for nurses and others to bring complaints to the Nurse Staffing Committee; Nurse Staffing Committees must review all submitted complaints and associated data to determine if those complaints are resolved or dismissed on unsubstantiated data.

The report to the legislature required by law must include:

- The number of nurse staffing complaints submitted to the department.
- The disposition of these complaints.
- The number of investigations conducted.
- The associated costs for complaint investigations.
- Recommendations for any needed statutory changes.

The Nurse Staffing Law also required DOH convene a stakeholder group prior to the submission of the report and named the participants of that group as WSNA, the Washington State Hospital Association, SEIU Healthcare 1199NW and UFCW 21.

This stakeholder group met several times between August and October 2020. Each organization, including DOH, discussed their experiences with the law and identified areas for improvement. ❖

The group of stakeholders was able to reach agreement on two recommendations:

STAKEHOLDER GROUP RECOMMENDATIONS

Nurse Staffing Committee charters

WSNA and the other health care unions expressed concern that many Nurse Staffing Committees are not meeting often enough to review complaints in a timely manner. The DOH report notes that when Nurse Staffing Committees review complaints, many “are not creating, retaining, and making available documentation of their decisions.”

All stakeholders recommended that Nurse Staffing Committees develop and adopt charters, defining the process they will use to review complaints and document decisions. The report also contains a number of bullet points outlining elements that Nurse Staffing Committee charters should include – such as a schedule for regular meetings and standards for committee approval of meeting documentation.

Investigations of complaints of retaliation

As noted in the DOH report, the Nurse Staffing Law “prohibits a hospital from retaliating against or engaging in any form of intimidation of employees performing duties or responsibilities in connection with the [Nurse Staffing Committee] or an employee, patient, or other individual who notifies the NSC or hospital administration of their concerns on nurse staffing.”

However, because the law is silent regarding DOH’s role in investigations of retaliation complaints, DOH does not believe it has statutory authority to investigate this category of complaint. Instead, DOH cites another statute, RCW 43.70.075, which says that “a whistleblower employee who experiences retaliatory action by their employer after filing a complaint to the department about improper quality of care by a health care provider or facility may file a complaint with the Human Rights Commission.” Because it is also unclear if this applies to whistleblowers experiencing retaliation over the filing of a nurse staffing complaint, DOH is further exploring this issue with the Human Rights Commission.

Additionally, each organization was allowed to submit additional recommendations for the report’s appendix. WSNA, SEIU Healthcare 1199NW and UFCW 21 jointly submitted the following recommendations:

WSNA, SEIU HEALTHCARE 1199NW, UFCW21 RECOMMENDATIONS

Hospital staffing plans — annual submission

As the DOH report indicates, 16 of the filed complaints were for hospitals’ failure to submit an annual staffing plan to DOH as required by law. During the stakeholder meetings, there was largely agreement that the submission of a hospital staffing plan should be a binary – it either was or was not submitted. This was an area where all stakeholders seemed to agree that the investigatory cost to DOH could be reduced if the department simply flagged those hospitals that did not submit and automatically generated a letter triggering the 45-day period to correct this non-compliance.

DOH indicated that they believed that a complaint must be filed with the department to trigger an investigation into whether a hospital submitted its annual nurse staffing plan. The nursing unions recommend that DOH be responsible for determining whether hospital staffing plans are submitted by the deadline.

We further recommend that there be a standard template for hospitals to use when submitting their staffing plans to DOH. Currently, some hospitals submit very detailed staffing plans that range from 50-100 pages, while other hospitals submit a single page of indecipherable matrices. These plans would greatly benefit from some level of standardization with an agreement on common language.

After this law passed, we were committed to successfully working with WSHA to develop a suite of templates and materials for nurse staffing committees. However, there was a lack of follow through by the hospitals to use the collaboratively designed materials. With the range in quality of submitted plans, we recommend that DOH be responsible for assessing the basic quality of the submitted plans. This includes evaluating if the plan includes the elements as outlined in the nurse staffing law. It would also include evaluating whether the plans are legible or decipherable. In these obvious and extreme cases, DOH should provide some level of quality assurance. ❖

Since 2019, WSNA has filed 22 complaints with the Washington State Department of Health for hospitals’ failure to follow aspects of the Nurse Staffing Law.

“Continuing pattern”

The nurse staffing law states that DOH “may only investigate a complaint under this subsection after making an assessment that the submitted evidence indicates a continuing pattern of unresolved violations of RCW 70.41.420, that were submitted to the nurse staffing committee excluding complaints determined by the nurse staffing committee to be resolved or dismissed. The submitted evidence must include the aggregate data contained in the complaints submitted to the hospital’s nurse staffing committee that indicate a continuing pattern of unresolved violations for a minimum sixty-day continuous period leading up to receipt of the complaint by the department.”

WSHA recommended defining a “continuing pattern” of unresolved complaints to mean only complaints “of a similar nature.” However, that phrase is too limiting and we recommend that this language should stand as currently written. We have seen situations arise in which a “continuing pattern of unresolved” complaints may have multiple meanings:

Complaints unilaterally prevented from reaching the staffing committee: We have seen situations where the manager of a certain unit within the hospital does not allow complaints in that unit to reach the nurse staffing committee — instead, unilaterally deciding to “resolve” those complaints at the unit level. These actions are inconsistent with the intent and purpose of the nurse staffing law and the complaints that never reach the staffing committee would constitute a “continuing pattern of unresolved” complaints by virtue

of those complaints never having the opportunity to be resolved by the nurse staffing committee. Those individual complaints may or may not be about the same particular staffing issue.

The nurse staffing committee may not be meeting regularly and therefore may not be reviewing and resolving complaints in a timely manner. In this case, the complaints may or may not be “of a similar nature”, but there may be a “continuing pattern of unresolved” complaints in units across the hospital because the staffing committee is not

meeting to resolve these complaints. In this case, it would be appropriate to file a complaint with DOH because the nurse staffing committee is not meeting its function to review and resolve or dismiss complaints.

Open meetings

The nursing unions jointly recommend that a critical clarification in the nurse staffing law is that nurse staffing committee meetings are open unless in executive session. The statute says the committee shall “Review, assess, and respond to staffing variations or concerns presented to the committee.” It further says a hospital may not retaliate against “An employee, patient, or other individual who notifies the nurse staffing committee or the hospital administration of his or her concerns on nurse staffing.”

Under this reading and without any statutory revocation of the ability of employees, patients, or other individuals to submit complaints, the plain reading of the text is that concerns based on staffing can be submitted and shall be reviewed, assessed and responded to by the committee.

It follows that these committees should be open so that concerned parties — be they employees, patients, or other individuals — can attend. Attendance is distinct from participation — the minimal standard for participation is set in statute, and we agree that any additional participation beyond those named would be at the discretion of the individual nurse staffing committee. We recommend that the nurse staffing committee charter include these guidelines, as well as guidelines for potential executive sessions should they be needed (in our experience, this has not been the case).

While WSHA seeks to limit the nurse staffing committee review of complaints to only those filed by nurses, our read is that the nurse staffing committee has a duty to look at all complaints. The law states: “Each hospital shall post, in a public area on each patient care unit, the nurse staffing plan and the nurse staffing schedule for that shift on that unit, as well as the relevant clinical staffing for that shift. The staffing plan and current staffing levels must also be made available to patients and visitors upon request.” Because the posting of the staffing levels is public information, it logically follows that any member of the public should be able to file a complaint with the nurse staffing committee. In a meeting between DOH and the nursing unions in September 2019, DOH reiterated that it would accept nurse staffing complaints from anyone and in any form.

Given the fact that the broader categories of employees, patients, and other individuals can submit nurse staffing concerns, open attendance would be desirable and healthy. In many successful staffing committees today,

In late 2020, WSNA was part of a stakeholder work group convened by the Washington State Department of Health (DOH) to make Nurse Staffing Law recommendations to the legislature.

In a December 2020 report to the legislature, DOH will recommend that Nurse Staffing Committees be required to have charters and that complaints of retaliation potentially be referred to a different agency.

WSNA and the other nursing unions made several additional recommendations that will be included in the report’s appendix.

our staff attend to support our members who serve on nurse staffing committees. Open meetings are a basic measure of collaboration and transparency — two goals all stakeholders agreed are essential for success under this model.

“Unforeseeable emergent circumstances”

The nurse staffing law states: “The department may not investigate a complaint under this subsection in the event of unforeseeable emergency circumstances.” It goes on to define “unforeseeable emergency circumstances” as:

- a. Any unforeseen national, state, or municipal emergency;
- b. When a hospital disaster plan is activated;
- c. Any unforeseen disaster or other catastrophic event that substantially affects or increases the need for health care services; or
- d. When a hospital is diverting patients to another hospital or hospitals for treatment

or the hospital is receiving patients who are from another hospital or hospitals.

Due to the ongoing state of emergency related to the COVID-19 pandemic, some hospitals are not following the nurse staffing law. However, we moved from “unforeseeable” conditions early in the pandemic to a “foreseeable” state of emergency. The current situation has created a loophole for hospitals to abdicate their responsibility for following these laws. Because of this, we recommend that “unforeseeable” as relevant to “emergent circumstances” should be defined in WAC as it is elsewhere in code. We recommend using the following definition that already exists in WAC:

Definition — Unforeseen. As used in this chapter, “unforeseen” means the extent that a reasonably prudent person could not have anticipated. Citation: <https://apps.leg.wa.gov/WAC/default.aspx?cite=392-129-065&pdf=true>

ADOs filed by WSNA members provided critical evidence of ongoing staffing issues and are crucial to substantiating the complaints WSNA filed with DOH.

■ WSNA STAFFING COMPLAINTS

In Fall 2019, WSNA conducted an audit of staffing plans submitted to DOH by its represented facilities and discovered a wide variance in compliance levels. While some hospitals submitted robust staffing plans, other facilities failed to submit any plan at all. Sixteen complaints received by DOH “alleged that the hospital failed to submit a nurse staffing plan to the department in the required timeframe or failed to submit updates.”

Throughout 2019 and 2020, WSNA worked with nurses serving on Nurse Staffing Committees to identify where there were problems — such as numerous complaints in a certain unit of the hospital that remained unresolved by the Nurse Staffing Committee

months after being submitted. ADOs filed by WSNA members provided critical evidence of ongoing staffing issues.

The DOH report to the legislature includes a summary of complaints and investigations:

| | |
|---|----|
| Complaints received | 31 |
| Complaints closed without investigation | 6 |
| Complaints authorized for investigation | 25 |
| Open investigations | 24 |
| Closed investigations | 1 |

WSNA submitted 22 of the 31 complaints received — some issued jointly with other facilities and some issued separately. The facilities named

in the complaints include:

- Virginia Mason Medical Center (2)
- PeaceHealth St. John Medical Center (1)
- CHI Franciscan St. Joseph Medical Center (3)
- Skyline Hospital (1)
- University of Washington Medical Center (1)
- St. Clare Hospital (1)
- PeaceHealth St. Joseph Medical Center (1)
- Kindred Hospital Seattle — First Hill (2)
- Whidbey General (1)
- Cascade Medical Center (1)
- Kadlec Regional Medical Center (1)
- Astria Sunnyside Hospital (2)
- MultiCare Good Samaritan Hospital (1)

- Skagit Regional Medical Center (1)
- PeaceHealth United General Medical Center (3)
- MultiCare Tacoma General Hospital (1)

Most of those complaints remain open investigations as of December 2020. That is because DOH stopped all investigatory work to reallocate staff to COVID-19 response during the early months of the pandemic. DOH began investigations again in July 2020.



Ten months into the COVID-19 pandemic, the magnitude of this crisis has not lessened. The pandemic has stretched far beyond what we wanted or thought it would be.

But nurses are strong; we won't stop until we've reached the finish line.

Because of the input we've received from you on the front lines, WSNA has pushed employers to better protect nurses — and has held them accountable when employers have fallen short. We've amplified your voices in the media, and with public officials and elected leaders. In partnership with our national union, American Federation of Teachers (AFT), we've distributed masks and face shields to frontline workers, their families and community members throughout Washington state.

A vaccine is here, but we aren't out of the woods yet. Your work, and ours, is not done. **As each of you continues to fight COVID-19, we will keep fighting for you.** And just like you, we won't stop until we reach the light at the end of the pandemic tunnel.

Jane McNulty, a nurse at University of Washington Medical Center – Montlake, administers a COVID-19 vaccine to Dr. Shahina Banthanavasi on Dec. 15, 2020, in Seattle, Washington. Thirteen health care workers from the University of Washington Medicine system were the first in the area to receive the vaccine.

PHOTO: GETTY IMAGES / DAVID RYDER



Nurses at Virginia Mason Medical Center in Seattle hold a #SilenceKills sign. In spring 2020, WSNA mounted a social media campaign in support of fellow health care professionals speaking out about a lack of PPE, training and proper infection control measures in various facilities around the state.

ADVOCATING FOR NURSES

As the COVID-19 pandemic rages on, WSNA remains committed to fighting for your rights. By lifting your voices to public officials, we've been able to help enact policies and actions that directly impact your health and safety on the front lines.

Two of these actions, a Joint Hazard Alert in September and Governor Jay Inslee's Proclamation in December, highlighted the need for more protections for health care workers and patients.

Hazard Alert on hospital worker safety

Concern over COVID-19 cases in hospital workers prompted the Washington State Department of Labor & Industries (L&I) and the Washington State Department of Health (DOH) to issue a Joint Hazard Alert on Sept. 17 that clarified steps hospitals must take to protect employees and patients from hospital-acquired COVID-19. The Hazard Alert followed weeks of advocacy by WSNA and other health care unions, as well as a significant COVID-19 outbreak at CHI St. Michael's Hospital.

The Hazard Alert highlighted key worker safety and health requirements and guidance on employee training, proper use of respirators and personal protective equipment (PPE), social distancing, disinfecting procedures, and the importance of a comprehensive infection control program.

Key requirements included:

- ALL staff must be trained on COVID-19 procedures, infection control procedures, how to report a potential COVID-19 exposure, and how to don and doff masks, respirators and other personal protective equipment safely.

WSNA JOINS UNIONS IN LAWSUIT AGAINST OSHA

On Oct. 29, WSNA joined the American Federation of Teachers (AFT), the American Federation of State, County and Municipal Employees (AFSCME), and the United Nurses Association of California/Union of Health Care

Professionals (UNAC/UHCP) in a lawsuit against Labor Secretary Eugene Scalia and the Occupational Safety and Health Administration (OSHA) for unlawfully delaying rulemaking on an occupational standard to protect health

care workers from infectious diseases transmitted by contact, droplets or air — like influenza, COVID-19 and Ebola.

The Trump administration tabled work on an Infectious Diseases Standard in 2017, and the administration's unreason-

- COVID-19 positive and COVID-19 suspected patients must be physically isolated from non-infected persons.
- Disposable respirators and procedural masks must be replaced daily at the beginning of each shift for every employee and immediately upon employee request when soiled or damaged during the shift. Multiple shift use of disposable respirators/masks is NOT allowed.
- Employees who enter the room of a patient with suspected or confirmed COVID-19 must follow Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves and eye protection.
- Hospital respirator procedures must ensure that all respirator users are medically cleared, fit tested and trained.
- PAPRs/CAPRs may only be used if they are within manufacturers' acceptable conditions.
- Staff are prohibited from working or being on the premises if exposed to COVID-19, and all staff who test positive must be excluded from work and isolated according to Centers for Disease Control and Prevention (CDC) guidelines.

Governor's Proclamation on non-urgent medical and dental procedures

In December, Gov. Inslee issued an updated proclamation regulating health system actions during the pandemic. The proclamation, which went into effect Dec. 2, outlined additional requirements for health and dental facilities to prevent COVID-19 outbreaks.

WSNA successfully advocated for the following provisions for hospitals that:

- **Required hospitals to provide rapid exposure notification and test results.** Hospitals are required to notify employees of any high-risk COVID-19 exposure within 24 hours. Following exposure, hospitals are required to provide employees with rapid COVID-19 test results, specifying that results must be delivered within 24 hours of specimen collection. If the health care facility is unable to provide testing results within this time frame, the employee should be referred to another testing site.
- **Required surveillance testing in times of non-conventional PPE use.** If hospitals face a shortfall of PPE and must implement contingency or crisis use of PPE, then they must implement randomized (voluntary) COVID-19 surveillance testing for employees and must do so in consultation with the local health department.

- **Required accurate PPE reporting and development of a PPE work group.** Hospitals are required to report accurate quantities of PPE supplies and bed capacity to the WA HEALTH database daily. Additionally, hospitals are required to convene a work group comprised of management, employees and union representatives twice per month to review current PPE levels, projected PPE burn rates and projected delivery of PPE supplies.
- **Required hospitals to follow certain laws to continue providing non-urgent care.** Hospitals are mandated to follow nurse staffing, meal and rest breaks, and mandatory overtime laws when providing non-urgent services, procedures and surgeries.

As your union, WSNA will continue to work with nurse representatives to file Division of Occupational Safety and Health (DOSH) complaints immediately when the requirements outlined in the Hazard Alert or Governor's Proclamation are not being followed.

able delay to move forward with the standard during the COVID-19 pandemic violates the Administrative Procedure Act and the Occupational Safety and Health Act (OSH Act) and puts health care workers at risk.

Thank you to the three brave WSNA nurses who stepped forward to share their stories as a part of the lawsuit. WSNA is pursuing every available means, from the local facility to the national level, to

get nurses the protections they need.

The lawsuit filing was reported by media outlets across the country, including in the Washington Post, Common Dreams and Cox Media, which ran on

KIRO7 in Seattle and featured an interview with WSNA member Linda Adye-Whitish.

VOICES FROM THE FRONT LINES

Over the past 10 months, nurses have gone above and beyond to care for patients across Washington state. You have donned layers upon layers of PPE to keep yourselves, and your patients, safe. You have volunteered at testing sites and engaged in public health efforts to help limit community spread. You've worked overtime, and you've also been furloughed. You have saved lives but have also been at the bedside of COVID-19 patients in their final hours. You, or your loved ones, have become infected.

Each of you has an important story to tell; one that is unique to you but shared among your fellow nurses. In October, as a winter surge of COVID-19 cases loomed ahead, we spoke to five nurses about their experiences on the front lines over the past year. Here are their stories.

Julia Barcott, RN

Toppenish, Wash.

At the end of February, as reports of the first U.S. COVID-19 cases at Life Care Center in Kirkland began to spread across media outlets across the country, Julia Barcott and her fellow nurses in Yakima County knew it was just a matter of time until the coronavirus reached their front doors.

"I don't normally see fear in nurses," Julia recalls. "But there seemed to be a sense of dread among us about what was coming and the lack of information we had at the time."

Unfortunately, their fears soon became reality. In the beginning of May, Yakima County had the highest COVID-19 infection rate of any county on the U.S. West Coast — a sobering statistic that was primarily the result of a significant number of cases in several long-term care facilities, and due to the large number of food production and agricultural workers deemed essential in the county.

As a per diem registered nurse at Astria Toppenish Hospital, Julia was on the front lines of the crisis delivering direct care to the most critical patients — many of them Latino and members of Indigenous populations. Recent studies by the Centers for Disease Control and Prevention (CDC) have shown that members of underrepresented racial/ethnic groups are disproportionately affected by COVID-19 in hotspot counties, including being more likely to become infected with COVID-19, experience more severe symptoms, require hospitalization and have a higher risk of death from the virus.

Julia attributes the surge in cases in Yakima County to lack of access to preventative care, high poverty rates, and differences in cultural and familial norms among people of color. She also says that many workers in the area, like those who work outside in orchards, became infected because they were not provided adequate personal protective equipment (PPE) by their employer.

"We've treated people of all races for COVID-19," Julia says. "But I've seen entire Latino families — large families who live in close proximity to each other — all become infected in a short amount of time. It's really sad to see."

Thankfully, after Washington's statewide

mask mandate went into effect in June, Yakima County saw a significant decrease in COVID-19 cases and hospitalizations — easing the strain on local health care systems and improving the safety of nurses and the community. It was then that Julia made the decision to step back from providing direct care to COVID-19 patients and work in other areas of the hospital, so she could care for her 89-year-old father, Edward, who was recovering from surgery.

"With all of the visitor restrictions in place at rehabilitation facilities at the time, we made a decision as a family to take care of Dad on our own," she says. "We're all very close, and we didn't want him to become isolated and lonely without us around him cheering him on."

In addition to fighting for the lives of her patients, Julia has been fighting for nurses' rights as chair of WSNA's Cabinet on Economic and General Welfare — fielding calls from other members on the front lines about PPE shortages in their facilities, assisting in creating interim local unit contracts and researching how WSNA can better advocate for nurses, patients and other health care workers throughout the pandemic.

"Nurses have a standard of care and are trying really hard to do what we think is necessary for our patients to survive, but how can we do that without all of the equipment and information we need?" she asks. "It's an ongoing battle, and we're all fatigued, but we have to move forward and say, 'We don't want this to happen again, and these are the things that need to occur to prevent that.'"

Despite the many challenges and issues that COVID-19 has laid bare, Julia says the collective strength of nurses can help change the course of the pandemic in Washington state.

"We've saved lives; it's what we do and what we have always done," she says. "Once we get through this crisis, we're going to need to take a deep breath, care for ourselves, and then rise up to get all of the broken things fixed for the next time. Because we're the ones who can do it."



“It’s an ongoing battle, and we’re all fatigued, but we have to move forward and say, ‘We don’t want this to happen again, and these are the things that need to occur to prevent that.’”



Hardish Khinda, RN
Spokane, Wash.

Populations most vulnerable to COVID-19 infections and complications are older adults — especially those with preexisting conditions. In fact, the CDC reports that 8 out of 10 COVID-19 deaths reported in the U.S. have been adults 65 years or older. Because high-risk populations live closely together in nursing homes and long-term care facilities, residents are at an even higher risk of being affected by respiratory pathogens like COVID-19.

Before the first cases of COVID-19 were reported in the U.S., Spokane Veterans Home, a long-term care facility in Spokane, was at the tail end of its “upper respiratory season.” Hardish Khinda, staff development coordinator and infection control manager, was already several weeks into monitoring the spread of upper respiratory infections, quarantining infected staff members and residents, and communicating daily with Spokane’s local health department.

When COVID-19 cases were first confirmed in Washington state, Hardish’s shifts increased from 8 to 12 hours almost overnight. At one point in March, she didn’t have a day off work for 12 days straight.

“We didn’t fully know what was going on, so we just kept following what the CDC was saying about the coronavirus and were frequently checking in with our team in Olympia,” she recalls.

To protect her husband and her adult son and daughter at home, Hardish changed her routine; she began washing her clothes and taking a shower immediately upon arriving home after each shift, washed her hands often, and frequently cleaned doorknobs and other high-touch surfaces around the house.

“It’s just a cold,” her husband told her. “You’re taking it too seriously.”

In the first week of April, with the help of other nearby facilities, every resident and staff member of Spokane Veterans Home was tested for COVID-19. Despite following infec-

tion prevention guidelines to the letter, like restricting in-person guest visits for residents, screening staff members before they entered the facility and wearing full PPE when providing care to residents, some test results came back positive. In May, after another round of standard testing at the facility and despite her own best efforts, Hardish was diagnosed with COVID-19.

“I was so surprised because I wasn’t having any symptoms when I was tested,” she says. “I was a little tired and had occasional headaches, but I just thought it was because I was stressed and working so much.”

Thankfully, Hardish’s children created a care system for her while she quarantined in the family’s guest bedroom for 14 days: preparing and placing her meals outside her door, video chatting with her each day, and making sure she had everything she needed to be comfortable as she continued working from home. Even her husband jumped on board and was tested for COVID-19; he was negative.

“It made isolation a lot easier,” she says. “I feel bad for other nurses who don’t have family members to take care of them or who are single parents with children to raise while in quarantine.”

Because she has little direct interaction with residents in her role, Hardish is unsure if she became infected by a fellow staff member or another method of community spread. Today (October 2020), family members are only allowed to visit residents in person at end of life, staff are tested weekly and all vendors are tested prior to entering. Hardish also says that unlike other health care facilities in the area, Spokane Veterans Home has never experienced shortages of PPE.

But what is in short supply, she says, is energy among both staff and residents when there is no end to the pandemic in sight. With residents not being able to see their loved ones and staff feeling fatigued, Hardish says it’s even more important that nurses remain diligent in keeping patients, and each other, safe.

“I will be the first one dancing when this is all over,” she says. “But, in the meantime, wash your hands, wear your PPE and watch out for each other. Let’s work together to see this through to the end.”

“Let’s work together to see this through to the end.”

Hazzauna Underwood, RNBellevue, Wash., and Edmonds, Wash.

For many Americans in 2020, the primary cause of anxiety in their daily lives was the COVID-19 pandemic. But for Hazzauna Underwood, the coronavirus pandemic is only one crisis the nation is currently facing.

Hazzauna is a post-anesthesia care unit (PACU) nurse at Overlake Medical Center in Bellevue and an emergency rapid-response nurse (known as SWAT) at Swedish Edmonds. In March, Hazzauna was working in the emergency room at Overlake and providing care for the sickest COVID-19 patients at both hospitals — where the list of patients with severe symptoms was growing longer and longer.

“We deal with a lot of isolation precautions for other diseases, like MRSA and pneumonia, and we know how to manage them, but this was something else,” she recalls about the start of the pandemic in Washington state. “Now, we have a condition that we know absolutely nothing about; not only that, but we’re concerned we’re going to get it and infect our families. It was then that I realized things were about to go from bad to worse.”

In the weeks that followed, hospital census surged; stress was high, and PPE was low. Because she worked for two health systems, Hazzauna found it difficult to keep up with two different sets of ever-changing protocols. A single mother of four, she also tried to balance caring for her children and their safety with the concerns she had for her patients.

Then, on May 25, George Floyd, a Black man, was killed by a white police officer in Minneapolis. His death, which was one occurrence amid centuries of injustices against Black Americans, became an international spotlight that exposed the police brutality and systemic racism that still exist in the U.S. today — a light that was bright enough to shift the national conversation and focus away from the COVID-19 pandemic.

“For me, as an African American woman, police brutality has been my corona since before corona showed its face,” Hazzauna later told The Seattle Times reporter Brendan Kiley. She was one of five Puget Sound health care workers of color featured in the June 9 story, “Racism is the

biggest public health crisis of our time’: Health care workers of color fight twin pandemics.”

Racism doesn’t start and end at the hands of police in the streets — it spills into every other aspect of American life. In her 13 years working as a nurse, Hazzauna says she has witnessed innumerable examples of systemic racism in the health care system, including seeing patients of color be offered less access to pain medication compared to white patients, and decisions made on which patient gets a hallway bed and which gets a room that she says were based on race. Hazzauna says she and her fellow nurses of color have also been targets of racism and racial biases by their colleagues and members of leadership.

These injustices in her workplace, as well as outside it, inspired Hazzauna to join thousands of health care workers of all races in a peaceful protest in downtown Seattle on June 6 — now known as the Medical Workers’ March or the “White Coats for Black Lives” demonstration.

“The treatment of a patient should not be based on the color of their skin,” she says. “So, the march was for all of us to come together and say we’re going to do better. We stand united that we want better for our patients and know they deserve better.”

Despite the two pandemics, comorbidities that continue to severely impact the health and safety of nurses and their patients, Hazzauna remains hopeful for the future.

“If it’s hot, get in the kitchen,” she says. “Let’s do what we need to do to create a safer and better nation — where we can be better caregivers, coworkers, family members, friends, and ultimately, better to ourselves. At the end of the day, we’re all in this together.”



“ *The treatment of a patient should not be based on the color of their skin.* ”



Tessa McIlraith, MS, BSN, RN
 Skagit County, Wash.

COVID-19 has forced nurses to learn on the job to keep the most vulnerable among us safe and healthy during a pandemic. For Tessa McIlraith, lead district nurse for the Burlington-Edison School District, that couldn't be more true.

Tessa oversees planning and nursing care within the 3,400-student district and leads trainings for district health staff. Before the pandemic began, she was spending four days per week providing care to high school students and one day each week at an elementary school — working closely with students with chronic conditions like diabetes and asthma, and tending to acute injuries from wood shop and gym class. Oftentimes, she provided a reprieve for students who were dealing with anxiety or other mental health issues who just needed a break from class.

In March, when the first cases of COVID-19 were being reported in Washington state, students in the district were still attending in-person classes. While the district works very collaboratively with Skagit County Public Health for all communicable diseases, Tessa says a large portion of her role became focused on gathering and disseminating up-to-date information about the COVID-19 virus.

“Respiratory issues are always concerning in public school settings, and we make sure to touch base with the families of our kids who are particularly vulnerable to infection,” she says. “So, from the start, it really was a battle of information and making sure we shared the most accurate information with our schools and our families.”

Tessa, who formerly practiced as a perioperative nurse at an orthopedic surgery center, began securing PPE, like face shields and surgical masks, for school staff members to use — but donated the district's supply of N95 masks to a local hospital to help alleviate the PPE shortage for the health care workers who needed them most.

Inside schools, nurses closely monitored students' coughs and fevers, and sent them home, if needed. Then, in early April, everything

changed. Students were released for Spring Break — but never physically returned to their classrooms. To finish the 2019-2020 school year, students (and their parents) went back to school from inside their own homes.

“Some kids are flourishing in this digital learning environment, but any education gaps we had before the pandemic have widened,” Tessa says. “This is a health crisis that's created an education crisis.”

To help students adjust to virtual learning and ensure their success, Tessa is a member of one of the school district's learning engagement teams. For students who aren't showing up to their online classes or have several incomplete assignments, Tessa will call them to simply ask how they are doing and what the school can do to better support them.

“It's not just about the grades; it's about reinforcing connection,” she says. “When kids lose their connection to their school, it further compounds their ability to learn.”

As of October, kindergarten through second grade students, students with learning disabilities and those with education access barriers have returned to modified in-person learning for the 2020-2021 school year — but the majority of students remain learning from home. To help her manage her now-doubled workload and cope with an increased sense of pressure and responsibility to keep students safe, Tessa says she leans on her fellow school nurses in the district and in School Nurse Organization of Washington (SNOW) — where she serves as legislative chair — for support.

“Because we don't work in the medical field and are often the only staff member in our school with a medical background, the most valuable thing school nurses have is our connection with each other,” she says. “We're laying down the track as we're chugging along, and it's been my saving grace to know that I have their support.”

“ This is a health crisis that's created an education crisis. ”

Justin Gill, DNP, ARNP, RNEverett, Wash., and Monroe, Wash.

In the weeks that immediately followed the first confirmed cases of COVID-19 in Washington state, Justin Gill was doing the best he could to stay afloat. As a nurse practitioner in Providence Health & Services' urgent care and walk-in clinics in Everett and Monroe, Justin was called on to provide what little information was known about the virus to an influx of concerned patients. At the time, not much was known about the varied symptoms presented by COVID-positive patients, and the CDC and the Occupational Safety and Health Administration (OSHA) had different recommendations on how to best protect health care workers.

"It was a lot, and was all of a sudden," Justin remembers. "People came in looking for tests and accurate information about the virus, and we couldn't give them either. We were all frustrated, and I quickly became overwhelmed in a matter of weeks."

As the pandemic began to bore down across the U.S. and Americans shuttered themselves in their homes, total urgent care center volumes were down 50% nationwide — a statistic health officials largely attribute to the public's fear of contracting COVID-19 inside health care facilities. Justin says his outpatient facilities saw a similar dip in patients, but eventually ticked back up to greater summer and fall patient volumes than in recent years. He attributes this rise to the additional need to test patients with cold or other virus-causing symptoms for COVID-19. Today, urgent care patients are separated in two suites, respiratory and non-respiratory, and Justin works in both areas, depending on the day.

Although he's not providing critical care for patients with severe COVID-19 symptoms in a hospital ICU, Justin says he and his fellow ambulatory care nurses still feel a powerful sense of responsibility in keeping Washingtonians safe and healthy.

"Every single health care worker, from the housekeeper to the hospital administrator, has an ability to actually influence the pandemic overall," he says. "We are all part of the system, and everyone plays an important role in keeping our patients and communities safe."

Justin says that despite all the challenges of COVID-19, the pandemic has reinforced his passion for policy and advocacy. As a part-time lecturer of health policy at the University of Washington Bothell School of Nursing and Health Studies, he hopes to ignite the same passion in his students to become advocates for nurses everywhere.

"I tell my students that what we are dealing with now is a perfect example of how public policy directly impacts their clinical practice, like whether they have PPE, testing resources and education materials," he says. "If individuals in places of power don't have a nurse's awareness of what's actually happening on the front lines, then you will have policies that don't meet the needs of patient care."

As chair of the Legislative and Health Policy Council, Justin helps set WSNA's annual health policy and legislative agenda and plays an active role in reviewing and advancing our legislative priorities. When COVID-19 first arrived in Washington state, the 2020 Regular Session was just ending; after it adjourned in March, WSNA continued to work closely with the governor's office to enact policies that will keep nurses and patients safe throughout the pandemic.

"COVID-19 has highlighted what nurses have known is wrong with our health care system for a long time," he says. "But it's also provided an opportunity for nurses to push forward priorities, both legislatively and in their own facilities, to enact change."

In July, The Bellingham Herald published an op-ed written by Justin about the deficiencies in the nation's overall response to the virus. In the article, he writes: "As we push through these tough times and emerge from the crisis, we must recognize the structural and societal problems that have impacted our national response. If we embrace our common humanity and strength as a collective unit, we can get through this."



“ We are all part of the system, and everyone plays an important role in keeping our patients and communities safe. ”



Callie Allen, Spokane



Martha Galvez, Richland



Dawn Marick, Vancouver

“Mask up” PSAs

In the beginning of September, WSNA ran public service announcements (PSAs) on local television stations in the Tri-Cities, Spokane and Vancouver/Portland areas to encourage members of the public to “mask up.” With the coronavirus far from under control, and resistance to wearing masks emerging in some parts of the state, we felt it was important to use nurses’ trusted voices to encourage mask-wearing and, we hoped, make a difference in Washington’s efforts to tamp down virus transmission and COVID-19 cases.

WSNA members Angela Barclay and Martha Galvez from Kadlec Regional Medical Center, Hardish Khinda from Spokane Veterans Home, Callie Allen from Providence Sacred Heart Medical Center, and Dawn Marick from PeaceHealth Southwest Medical Center utilized their at-home video skills and shared their trusted voices in the PSAs. This is just another example of how nurses on the front lines are saving lives throughout this crisis.

→ To view the PSAs, visit wsna.org/nurses-say-mask-up.

COVID-19 and long-term care: Nurse perspectives

By Pam Pasquale

COVID-19 hit long-term care facilities early and hard in Washington state. The WSNA Community and Long-Term Care Task Force recently checked in with two long-term care nurses to find out what they have learned throughout the pandemic and how they are taking care of themselves as it continues.



Betsy Nordi, RN
Nurse Consultant

What is your professional experience?

"I've held an AA degree in nursing with geriatric specialty for 10 years and have spent the past seven years working as a nurse consultant at Bonaventure of East Wenatchee Assisted Living."

What has surprised you since the pandemic started in your community?

"The ever-changing regulations and requirements imposed by the DOH and DSHS."

What are some valuable lessons you have learned, and which of them would you like to pass on to other nurses?

"Having a solid team is essential. Learn to see the positives even when you are stretched to the max. We can make a huge difference in the lives of our residents just by giving a smile and listening to them."

If your residents have required care, how has the communication been between your facility and your local hospital or clinic?

"We have not had any COVID-19 cases requiring hospitalization. We had three asymptomatic COVID-positive residents in March, and all have recovered through proper hygiene and quarantine compliance. We were blessed to have Confluence Health come to our facility and test all our employees — their support was very valuable. They regularly communicate any changes with us and have been very easy to work with."

Are you finding things to help you keep your balance?

"As an introvert, I have not had any trouble staying home and social distancing during my time off, so perhaps I have it easier than most. I have also taken up a few new hobbies and studies in my free time."



Cindy Van Hook, MSHCA, BSB, RN
Community Health Director

What is your professional experience?

"I have a bachelor's degree in business, an associate degree in nursing and a master's degree in health care administration. I have been in long-term care nursing for 25 years. I have been working at The Gardens at Town Square for six years and with Era Living for seven years."

What has surprised you since the pandemic started in your community?

"Many things: the lack of professional leadership from President Trump and how [the pandemic] is a 'political issue' and it shouldn't be; pandemic fatigue of essential caregivers; non-medical people making medical decisions; how it has affected ALL aspects of life; the functional decline of the elderly due to isolation... I could go on and on."

What are some valuable lessons you have learned, and which of them would you like to pass on to other nurses?

"Don't take decisions made out of your scope of influence personally. Do your best each day, knowing your best will fluctuate. Take self-care very seriously. Be mindful to stay in the moment — let the past go, and do not take on the worry of tomorrow."

If your residents have required care, how has the communication been between your facility and your local hospital or clinic?

"So far, so good."

Are you finding things to help you keep your balance?

"I work the hours needed — no more, no less. I exercise regularly and eat healthy foods. I get a good quantity and quality of sleep. I'm not too hard on myself and don't take things home with me. I have one or two confidants at work. I stay off electronics/news and disconnect."

Pamela Pasquale, MN, RN has had passion and experience in community-based and long-term care settings for more than 30 years. She has advocated for issues related to these settings while serving as a member of WSNA's Professional Nursing and Health Care Council and Board of Directors.

**WASHINGTON
STATE NURSES
CONVENTION**

**JOIN US
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WASHINGTON
STATE NURSES
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APRIL 28 & 29

WSNA WASHINGTON
STATE NURSES
ASSOCIATION





2020 was a year of change, and 2021 is following suit. To ensure the health and safety of nurses, the 2021 Washington State Nurses Convention will be held online April 28-29.

Even though we won't be physically together this year, you'll still be able to virtually connect with nurses across Washington state to **celebrate each other's achievements** and **reenergize after a difficult year**. You'll also hear from **local luminaries and renowned presenters**, and have an opportunity to **earn CNEs**.

Like you, we are working hard to navigate the changes the pandemic has brought upon us. As we continue to finalize Convention details, please visit nurseconventionwa.org for the most up-to-date information and to register to attend.

nurseconventionwa.org

**WASHINGTON
STATE NURSES
CONVENTION**



APRIL 28-29, 2021

**ON THE
AGENDA**

**A PEEK
AT THE
KEYNOTES**

**CONFIRMED
TO DATE**

WSNA WASHINGTON
STATE NURSES
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nurseconventionwa.org

CRAIG CLAPPER AND JENNIFER GRAVES HIGH RELIABILITY: GETTING TO ZERO HARM

JOIN THIS EXPERT TEAM FOR INFORMATION AND TRANSFORMATIVE GUIDANCE TO ACHIEVE PATIENT AND WORKFORCE SAFETY IN HEALTH CARE.



Craig Clapper

Craig is a partner and strategic consulting services expert with Press Ganey, which he joined in 2015 with Healthcare Performance Improvement (HPI). Now part of Press Ganey, HPI continues to specialize in improving human performance in complex systems using evidence-based methods derived from high-risk industries.

Craig has 30 years of experience improving reliability in nuclear power, transportation, manufacturing and health care. He specializes in cause analysis, reliability improvement and safety culture improvements. He now leads safety culture transformation engagements for health care systems. He is a registered professional engineer in Arizona and is a Certified Manager of Quality and Organizational Excellence by the American Society for Quality (ASQ).



Jennifer A. Graves, RN, MS

Jennifer has been a proud member of the health care community in the Pacific Northwest for her entire, multi-decade career. Before joining Kaiser Permanente as the Vice President for Quality and Safety in both the Northwest and

Washington Markets and serving as the Regional Chief Nursing Executive in Washington, Jennifer was the Senior Vice President for Patient Safety and Quality at the Washington State Hospital Association — where she was instrumental in creating a formal partnership for the nearly 200 hospitals across Alaska, Oregon and Washington whose exclusive focus was on reducing harm and improving patient outcomes. Prior to her role at WSHA, she completed a successful tenure as Chief Executive at both Swedish Edmonds and Swedish Ballard.

SUZANNE GORDON TEAM INTELLIGENCE: NAVIGATING THE PANDEMIC AND BEYOND

LEARN STRATEGIES TO HARNESS THE POWER OF TEAM INTELLIGENCE TO IMPROVE QUALITY, SAFETY, AND SATISFACTION IN THE PROFESSIONAL PROACTIVE ENVIRONMENT.



Suzanne is an award-winning journalist and author who writes about health care delivery and health care systems and patient safety. Her books about nursing's contribution to health care include "Life Support: Three Nurses on the Front Lines" and "Nursing Against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris Undermine Nurses and Patient Care." With Bernice Buresh, she is author of "From Silence to Voice: What Nurses Know and Must Communicate to the Public," which is in its third edition.

Suzanne coined the term "Team Intelligence" to describe the constellation of skills and knowledge needed to build the kind of teams upon which patient safety depends. She is a strong advocate of teamwork, and her own books on the subject have addressed important and complex issues in patient safety.

LINDA COHEN CULTIVATING KINDNESS

LEARN ABOUT KINDNESS IN THE HEALTH CARE WORKPLACE AND THE EFFECTS ON REGISTERED NURSES AND THE PATIENT EXPERIENCE.



Linda, also known as the "kindness catalyst," is a professional speaker and consultant. She works with businesses and associations on the ROI of Kindness. She helps leaders improve communication, boost teamwork and improve the client experience through further engagement in acts of kindness. Linda's first book, "1,000 Mitzvahs: How Small Acts of Kindness Can Heal, Inspire and Change Your Life," is an inspirational guide to a life of gratitude. Since her book's publication, she has been interviewed on National Public Radio, NBC and ABC and FOX television.

Linda received her bachelor's degree from American Jewish University and master's degree from Brandeis University. Linda is the past president of the Oregon chapter of the National Speakers Association.

Nominate an outstanding nurse for a 2021 Recognition Award

Do you know a nurse who deserves to be celebrated for his/her/their exceptional contributions to the profession of nursing?

See the detailed list of criteria for each award and complete the nomination form at nurseconventionwa.org/news/2020/nominations.



Edna Cortez, winner of the 2019 Joanna Boatman Staff Nurse Leadership Award

WSNA AWARDS

Honorary Recognition Award

For significant contributions, distinguished service or valuable assistance to the nursing profession.

The nominee must be a WSNA member who has actively contributed by serving in an elected or appointed office or has been a consumer advocate and/or interpreted the role of nursing to consumers.

2019 Award recipient: Azita Emami, PhD, MSN, RNT, RN, FAAN, Executive Dean of the University of Washington School of Nursing

Marguerite Cobb Public Health / Community Health Nurse Award

For outstanding professional contributions to public health or community health, as well as calling these achievements to the attention of members of the profession and/or general public.

The nominee must be a current and active WSNA member or have been a WSNA member during the years of service for which this award is given and must have made a significant contribution and have shown leadership in the field.

2019 Award recipients:

- Dorene Hersh, MSN, RN, Chief Nursing Officer for Public Health — Seattle & King County
- Betty Bekemeier, PhD, MPH, RN, FAAN, professor at the University of Washington School of Nursing and director of the Northwest Center for Public Health Practice in the School of Public Health
- Annie Bruck, DNP, MN, RN, COHN-S, occupational-environmental health nursing leader and Senior Lecturer and Director of Behavioral Health: School District Program at University of Washington Bothell.

PROFESSIONAL NURSING AND HEALTH CARE COUNCIL AWARDS

Excellence in Practice Award

The nominee demonstrates an evidence-based contribution or achievement that positively impacts patients and the advancement of nursing practice. The nominee also leads through effective collaboration with stakeholders and colleagues.

2019 Award recipients: Bob Smithing, MSN, ARNP, FAANP and Maddy Wiley, MSN, ARNP, FAANP, providers and owners of Family Care of Kent

Leadership and Management Award

The nominee promotes the professional development of nurses and facilitates excellence in clinical practice. With progressive leadership, this nurse fosters a care environment that promotes creativity and enhances quality of care in a safe, supportive and professional working environment.

2019 Award recipient: Sarah Bear, EdD, MSN, RN, CNE, Nursing Program Academic Administrator at Western Washington University

Nurse Educator Award

The nominee demonstrates excellence in nursing education through evidence-based, innovative and inspirational methods that promote learning and enthusiasm.

2019 Award recipient: Brenda Zierler, PhD, RN, FAAN, professor at University of Washington School of Nursing and Director of Research, Training and Faculty Development, UW Center for Health Sciences Interprofessional Education, Research, and Practice

The WSNA and Professional Nursing and Health Care Council awards recognize WSNA members who have made significant contributions in nursing practice, leadership, education and research. These awards will be presented during the Washington State Nurses Convention, being held virtually April 28-29, 2021.

Nominations must be accompanied with a narrative from the nominator listing the nominee's credentials and achievements, and a copy of the nominee's curriculum vitae/resumé.

Joanna Boatman Staff Nurse Leadership Award

This award for leadership was established in 1995 in recognition of Joanna Boatman's significant contributions to the advancement of staff nurses and her achievements in improving the economic and general welfare of nurses in Washington state.

The nominee must currently be employed as a staff nurse and must have made a significant contribution (at the local or state level) to the advancement of staff nurses or in the economic and general welfare area of nursing.

2019 Award recipient: Edna Cortez, RN, local unit chair at Seattle Children's Hospital

ANA Honorary Membership Pin

Presented to a WSNA member or members in recognition of outstanding leadership, as well as participation in and contributions to the purposes of WSNA and ANA.

The nominee must have demonstrated outstanding leadership and must have held elected/appointed state, national or district office.

2019 Award recipient: Jan Bussert, BSN, RN, former president of Washington State Nurses Association

Community Partner Award

Recognizes a community and/or consumer partner who has significantly contributed to promoting health and a positive image of nurses through advocacy, safety and/or quality health care improvement.

The nominee has demonstrated interest in professional nursing by contributing in a concrete way to its growth and development, and promoting a better understanding of professional nursing in the community.

2019 Award recipient: Jeff Johnson, former president of the Washington State Labor Council, AFL-CIO

Ethics and Human Rights Award

The nominee, through major contributions or achievements, supports ethical and human rights issues in Washington state through partnerships with communities.

2019 Award recipient: Antwinett Lee, EdD, MSN-CNS, RN, Interim Dean of Undergraduate Nursing and Assistant Professor of Nursing at the Seattle Pacific University of Health Sciences

Nurse Researcher Award

The nominee must have conducted research that uses sound research procedures and has direct practice implications, with findings disseminated through publications, presentations and/or conferences.

2019 Award recipient: Elizabeth Bridges, PhD, RN, CCNS, FCCM, FAAN, professor in the Biobehavioral Nursing and Health Informatics Department at the University of Washington School of Nursing



Antwinett Lee, winner of the 2019 Ethics and Human Rights Award

Please support scholarships and Nurses Emergency Assistance grants

In previous years, the Washington State Nurses Foundation (WSNF) has held a virtual auction during WSNA's biennial Washington State Nurses Convention. Because the 2021 Convention will now be held virtually, the tough decision was made to cancel this year's auction. We hope that this year, instead of bidding on auction items, you'll consider donating directly to two important funds that directly support nurses.

It's never been clearer how important nurses are for our community. **We do our best to keep others safe and healthy every single day, but sometimes, we need help, too.**

Education grants and scholarships

An important focus of WSNF is the provision of student scholarships, which is critical to the future of nursing in Washington state. While the nursing workforce is aging, the cost to attend nursing programs continues to rise. Between 2008 and 2018, tuition and fees at community and technical colleges increased approximately 45%, while tuition and fees at four-year colleges and universities rose approximately 65%. This presents a significant barrier to prospective students seeking a career in nursing.

In 2020, WSNF received 38 scholarship applications and funded scholarships for 12 students totaling \$25,000. However, we know there are many more nursing students in Washington state who need financial assistance, and we ask that you consider helping them get that much closer to achieving their educational goals. If you are able to give, visit wanursesfoundation.org to donate.

Nurses Emergency Assistance Grant Fund

Everyone can make a difference for the nurses who are fighting on the front lines of the COVID-19 crisis, and for all nurses who work to support our communities every day. One way WSNF supports frontline workers is through its Nurses Emergency Assistance Grant Fund, which provides financial assistance to nurses in need. While nurses in areas like critical care are putting in long hours on the front lines of the COVID-19 crisis, nurses in other areas of hospitals are facing cuts in hours, furloughs and layoffs.

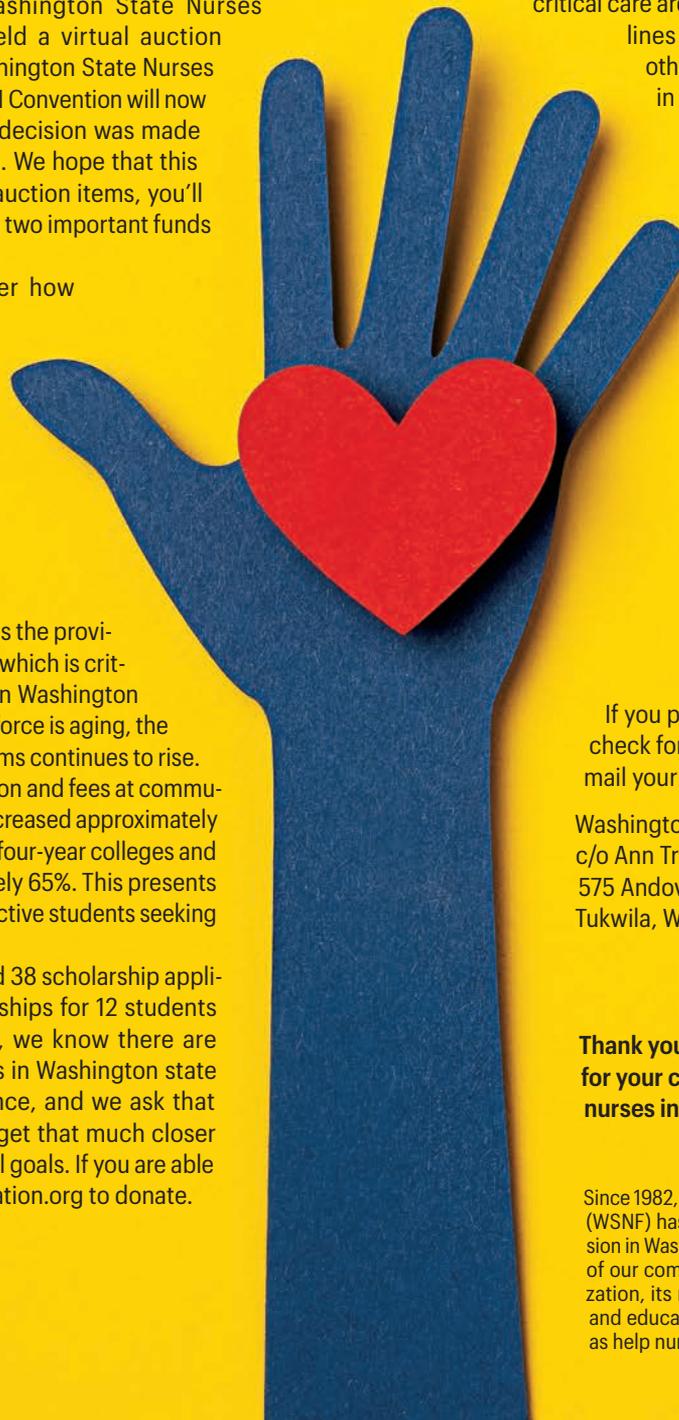
Since the pandemic began, WSNF has distributed \$32,000 in emergency financial assistance to nurses in need. But the need is still great. If you are able to help a colleague, please consider donating to the Nurses Emergency Assistance Grant Fund at wsna.org/helpnurses.

If you prefer to donate by check for either fund, please mail your contribution to:

Washington State Nurses Foundation
c/o Ann Triplett
575 Andover Park West, Suite 101
Tukwila, WA 98188

Thank you for the work you do, and for your continued support for nurses in Washington state.

Since 1982, The Washington State Nurses Foundation (WSNF) has worked to advance the nursing profession in Washington state and contribute to the health of our community. As a nonprofit 501 (c)(3) organization, its mission is to raise funds for the clinical and educational advancement of nurses — as well as help nurses in need.



Run for WSNA office

Did you ever wish you had a greater say in WSNA's priorities and programs?

WSNA offers many opportunities for members to get involved in considering issues, making decisions and representing the work of the association. You are WSNA — and volunteer, elected leaders like you are essential to keeping members' voices at the forefront.

At this time, the WSNA and Economic and General Welfare search committees are seeking nominations for elected offices. Descriptions of available offices appear on the following pages. Except as noted, terms for all offices are two years.

Eligibility for office

All members in good standing are eligible for office; however, only those members represented for collective bargaining by WSNA and who meet the WSNA Bylaws definition of Staff Nurse may be candidates for the Cabinet on Economic and General Welfare, the Economic and General Welfare Nominating/Search Committee, or Delegates and Alternates to the 2022 AFT Convention.

How to nominate yourself

Nominate yourself by filling out a "Consent to Serve" form. Note that the Consent to Serve form also includes the opportunity to express interest in appointed positions.

The Consent to Serve form is available online at <https://wsna.org/serve>. You may complete the form electronically, or you may download and print it. Send completed printed forms by mail to: Washington State Nurses Association, 575 Andover Park West, Suite 101, Seattle, WA, 98188.

Nominate by Jan. 31, 2021 for inclusion in the spring issue

The deadline for receipt of nominations for printing the spring issue of this magazine, where we will introduce the candidates, is Jan. 31, 2021. If you wish to be included in the issue, please be sure to include a short candidate statement when completing the Consent to Serve form.

Nominations after Jan. 31, 2021

Members may declare their candidacy by submitting a Consent to Serve form to the WSNA Secretary no later than 60 days prior to the first meeting of the WSNA General Assembly (deadline is Feb. 28, 2021) or by being nominated from the floor at the General Assembly (April 29, 2021). However, these nominations will not be printed in the Spring 2021 issue of *The Washington Nurse* due to advance time required for printing.

The names of all candidates, regardless of time and method of nomination, will appear on the mailed election ballot, to be sent out following the April 29, 2021 General Assembly. Additionally, write-in candidates are allowed.

OPEN OFFICES

WSNA Board of Directors

Board members are elected to represent the membership of the WSNA. Board members have the legal, ethical and fiduciary responsibility for all Association activities and act as trustees of the organization on behalf of all Association members.

Three to four one-day meetings per year; may also be appointed to other work groups such as the WSNF board of trustees, etc.

11 members

- President (1)
- Vice President (1)
- Secretary / Treasurer (1)
- Directors At-Large (3)
- Directors At-Large Staff Nurse (2)
Non-managerial, non-supervisory, direct patient care provider, represented by WSNA for collective bargaining
- Chair of the Cabinet on Economic and General Welfare (1)*
- Chair of the Legislative and Health Policy Council (1)*
- Chair of the Professional Nursing and Health Care Council (1)*

NOTE: The chairs of the Cabinet on Economic and General Welfare, Legislative and Health Policy Council, and Professional Nursing and Health Care Council are elected separately and also serve as full members of the WSNA Board of Directors by virtue of their offices.

WSNA Nominations / Search Committee

Nominations / Search Committee members request nominations for office and review all completed Consent to Serve forms. They prepare the slate of qualified candidates and recommend chairpersons and members for special committees.

Two to three one-day meetings per biennium (every other year).

Six members (four elected, two appointed)

- Members (4)

OPEN OFFICES, CONTINUED

Professional Nursing and Health Care Council

The PNHCC forecasts trends, promotes continuing education programs, addresses issues on nursing practice, collaborates with other nursing and specialty organizations, and develops resources on issues relating to nursing practice, education, human rights and access to health care.

Three one-day meetings per year; some committee work outside of meetings is also typical.

11 members (seven elected, four appointed)

- Chair (1) — also serves on WSNA Board of Directors
- Members (6)

Legislative and Health Policy Council

Council members serve in a politically nonpartisan capacity to recommend a state legislative agenda to the WSNA Board of Directors; review proposed legislation and recommend responses; educate and assist the WSNA membership in understanding WSNA's legislative priorities; and assist in providing information to legislators and the public.

Three one-day meetings per year, with the addition of Advocacy Camp and Nurse Legislative Day; weekly phone conference calls while the Washington State Legislature is in session (usually January through March or April).

Seven members (four elected, three appointed)

- Chair (1) — also serves on WSNA Board of Directors
- Members (3)

ANA Membership Assembly

13 delegates (one is President; others are elected)

- Delegates (13)

COLLECTIVE BARGAINING OFFICES

Offices for the following three bodies are restricted to members represented by WSNA for collective bargaining.

Cabinet on Economic and General Welfare (E&GW)

The Cabinet sets priorities for WSNA labor relations functions and activities and is charged with developing and reviewing policies and procedures for the conduct of the E&GW program and collective bargaining. The Cabinet also establishes standards and rules for Local Units.

Four to six one-day meetings and six to eight conference calls per year; additional work outside of meetings.

10 members

- Chair (1) — Also serves on WSNA Board of Directors
- Vice Chair (1)
- Secretary / Treasurer (1)
- At-Large Members (7)

Economic and General Welfare Nominating / Search Committee

Researches and requests names of candidates and prepares slate for election to Cabinet and Nominating / Search Committee, and delegates and alternates to the governing body of any national or international labor organization with which WSNA is affiliated.

Two to three one-day meetings per biennium.

Three members

- Members (3) — candidate receiving the highest number of votes serves as Chair

2020 AFT Convention

Delegates must be members in good standing of WSNA and AFT. Delegates attend and participate in AFT's four-day convention. All expenses are paid by WSNA.

- Delegates (up to 20)

NEW APPOINTED POSITIONS

The WSNA Board of Directors has added new appointed positions this year. If you're looking for additional ways to serve, please indicate your interest in the positions below on the Consent to Serve form.

Washington Center for Nursing (WCN) Staff RN Board position

The WCN is a nonprofit, statewide nursing organization that addresses nursing shortages and builds a robust and diverse nursing workforce to support a healthier Washington. The Board meets quarterly, at minimum, in addition to an offsite strategic planning session. Board members are encouraged to participate on various committees or subcommittees.

Community and Long-Term Care Committee

The Community and Long-Term Care Committee identifies and addresses issues of importance to nurses working in community and long-term care settings; increases awareness within WSNA and the broader nursing community about viable employment opportunities in these settings; and strengthens transitional care processes between these settings and acute care.

Three one-day meetings per year; additional work outside of meetings.

Seven members (including one Chair)

- Four (4) members must either work or have recent experience in community and/or long-term care
- Three (3) members will have a demonstrated interest in supporting community and long-term care nurses, as well as improving care transitions between acute and long-term care



Ruby Tan at the microphone at the May 2, 2019 General Assembly meeting.

Be a part of the process

The WSNA General Assembly business meeting will take place during the 2021 Convention Thursday, April 29, 2021, and will address many items of important business for the membership, including proposed resolutions and final nominations for elected offices. Proposed non-emergency resolutions and candidate statements will be posted on the WSNA website at wsna.org and printed in the Spring/Summer 2021 issue of this magazine.



Sue Glass, Evelyn Street, Rosa Young, Jordan Pai Palimar and Lynnette Vehrs preside over the 2019 General Assembly meeting.

UNION

Congratulations 2020 Leadership Award winners!

The WSNA Cabinet on Economic and General Welfare recognized this year’s award winners during our virtual WSNA Nurses Unite! event on Nov. 9, 2020. So much has happened since the last Leadership Awards were given in Fall 2017 — and that doesn’t even include the COVID-19 crisis — that the Cabinet gave out two awards in each category. **We applaud these incredible WSNA union leaders.**

OUTSTANDING LOCAL UNIT CHAIR



Cheryll Howe
MultiCare Good Samaritan Hospital



Colleen Littlejohn
Arbor Health Morton Hospital

This award is presented to someone who is known for the ability to get things done. He/she/they leads by example, promoting WSNA to local unit members, potential members and the community around them. Their ability to inspire, mentor and conduct the business of the local unit is unsurpassed.

Cheryll Howe from MultiCare Good Samaritan Hospital makes sure everyone is “in the know,” and she is always available to reply to and discuss union issues. She always tries to recruit more people to help and makes sure that nurses know their rights.

Colleen Littlejohn from Arbor Health Morton Hospital has an extraordinary ability to organize and lead her fellow nurses. Whether serving on the staffing committee or conference committee, completing grievance work or encouraging her coworkers to do Assignment Despite Objection (ADO) forms, Colleen can do it all. She is always there when her fellow nurses need her.

ADVERSITY



Kadlec Regional Medical Center negotiating team



St. Joseph Medical Center Tacoma negotiating team

This award is presented to an RN or group of RNs who have faced a particularly difficult challenge within their workplace, and with persistence, perseverance and determination have prevailed in their fight for truth and justice.

Both the Kadlec Regional Medical Center and St. Joseph Medical Center negotiating teams fought long and hard against huge corporations. The two teams were willing to stand strong and strike if necessary, and they fought and won fair contracts for their nurses.

OUTSTANDING NEGOTIATING TEAM



Providence Sacred Heart Medical Center



Skagit Regional Health

This award is presented to an outstanding negotiating team that fought long and hard to achieve a fair contract for their nurses.

The Providence Sacred Heart Medical Center negotiating team bargained long hours at the table and remained dedicated to keeping the members informed, energized and ready to strike. They organized, strategized and overcame huge obstacles throughout 14 months of negotiations. The Sacred Heart team brought the fight to Providence and did not back down.

The Skagit Regional Health negotiating team faced many challenges and successfully fought off changes to retirement and health benefits. They worked hard over one year and 20 sessions. One team member even became pregnant and gave birth between the first and last negotiating sessions and brought her newborn to the final session.

OUTSTANDING GRIEVANCE OFFICER



Janet Stewart
St. Joseph Medical Center Tacoma



Diane Gates
Seattle Children's

This award is presented to an individual who helps nurses in the bargaining unit understand their rights within the contract and effectively represents the bargaining unit nurses.

Janet Stewart from St. Joseph Medical Center in Tacoma has raised the bar when it comes to representing nurses. She treats each situation with compassion and competence.

Diane Gates from Seattle Children's is a true advocate for nurses. She represents nurses in all situations with fair-mindedness and a steadfast approach.

Both Janet and Diane work tirelessly to achieve a just outcome and are well respected by their peers.

LOCAL UNIT STAR



Nonie Kingma
Providence Sacred Heart Medical Center



Kara Yates
Seattle Children's

This award recognizes a member who stepped forward in the past year to become more involved and make a positive impact.

Nonie Kingma at Sacred Heart is widely recognized as a steady-and-true hand through the rough times of negotiations. She is always helpful and goes the extra mile.

Kara Yates at Seattle Children's is described by peers as one of the smartest and most well-spoken nurses on the Children's negotiating team, and one whom members turn to for answers.

Nonie and Kara both stepped up in a time of need and went above and beyond the call of duty.

MEMBERSHIP



Rachael DeSouza
St. Joseph Medical Center Tacoma



Teresa Wren
University of Washington Medical Center

This award recognizes work in developing the local unit through membership recruitment, improved communications and community outreach.

Rachel DeSouza from St. Joseph Medical Center in Tacoma has been instrumental in building an engaged and active local unit. She is very dedicated to conducting presentations to new hires, writing personal postcards to them and organizing member gatherings.

Teresa Wren from UW Medical Center – Montlake is a constant presence at local unit events; her work on the membership committee increased the average recruitment of new members by more than 30% through her active engagement at new employee orientations.

EMERITUS



Judy Lund
PeaceHealth Southwest Medical Center



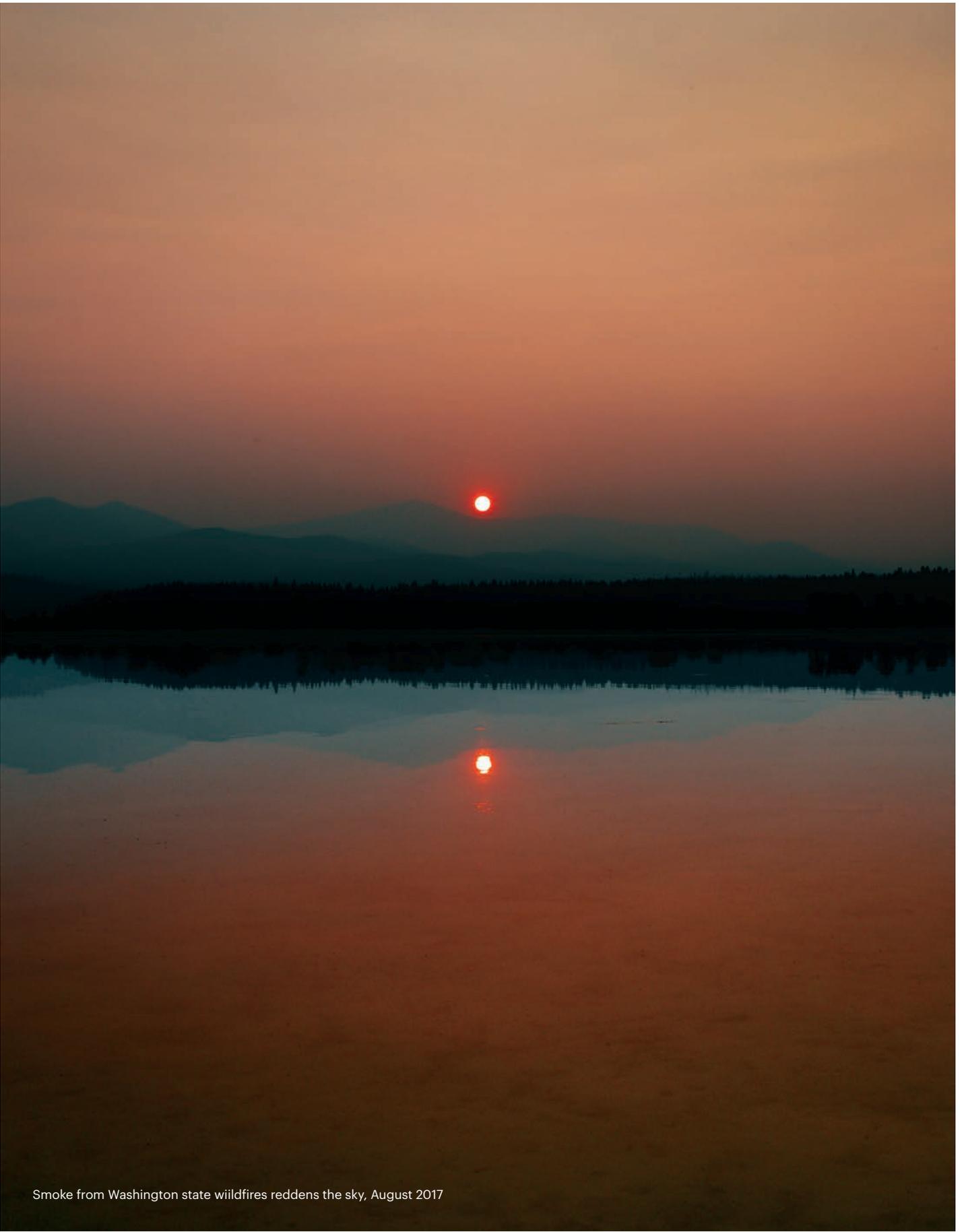
Debbie Pronk
EvergreenHealth

This award is presented to a retired WSNA member who has made a significant contribution to their local unit.

Judy Lund from PeaceHealth Southwest Medical Center was an advocate for both staff and patients during her 32-year nursing career. Her ability to bring everyone together to work as a team will be missed. Nurses could always count on Judy to be at their side — bringing laughter, smiles, genuine compassion toward staff and exceptional patient care with her.

Debbie Pronk from EvergreenHealth was a strong advocate for nurses during her 20-year career at Evergreen, including serving as a grievance officer for 10 years. The nurses at Evergreen are grateful for her calm and resolute leadership in demanding fair and safe working conditions.

Both Judy and Debbie exhibited wisdom and leadership, and inspired, molded, guided and lead new and seasoned nurses throughout their careers.



Smoke from Washington state wildfires reddens the sky, August 2017

Climate change and nurses

A message on health and climate change, and a call to all nurses

By Karen Bowman, MN, RN, COHN-S

This past summer, while working from home and in search of my “new normal” amid the COVID-19 pandemic, I was faced with shortness of breath and burning eyes due to smoke from the West Coast forest fires. I looked out my window and saw the burnt orange sun rise over the Cascades, but the mountain range was hidden by the smoke. Is this our new normal?

In addition to the forest fires, other pervasive elements impact the air we breathe and the climate we live in. Burning fossil fuels such as coal and gas increases carbon dioxide and particulate matter in our atmosphere and contributes to planetary temperature increases. In terms of global heat, this past September was the hottest on record, according to the National Oceanic and Atmospheric Administration (NOAA). Whether one thinks the planet’s increasing temperature is man-made, or a cyclical natural process the Earth has gone through over millennia, the results are the same: Our planet is getting warmer, and this is affecting human health and the environment.

Particulate matter and health outcomes are highly correlated. Particulate fine matter, known as PM2.5, comes from combustion; fireplaces, car engines and coal or natural gas-fired power plants are all major PM2.5 sources. PM2.5 particles settle into the lungs, along with the heart, brain and every other vital organ, and damage our forests, waterways, soils and ecosystems. Along with greenhouse gases (GHG), PM2.5 is a major contributor to climate change. The resulting extreme weather events can promote infectious diseases, increase vector and water-borne illnesses and create disturbances in food and clean water distribution, thereby impacting the health of vulnerable populations — children, the elderly, those with chronic diseases, people of color and underserved populations.

Now is the time to get off the fossil-fuel treadmill and move to a more socially just fuel economy. Nick Manning, who leads the climate change workgroup at the Washington Chapter of Physicians for Social Responsibility (WPSR) states, “As we slowly recover from these recent manifestations of our fossil fuel addiction, we must also deal with the underlying conditions that will lead us here again if ignored. Climate

change is a health issue; just like smoking in the U.S., it will take the trusted voice of nurses to change our behavior.” He further states, “COVID-19 has made failings in our health care system obvious, and climate change will put stress on those same weak spots — leading to really dire consequences for community health. Therefore, nurses must help deal with climate change to protect the health of their patients. Watching major fossil fuel projects in Tacoma and Kalama being seriously debated this fall, while the West burned to such an extent that the air was unbreathable, is unacceptable.”

As registered nurses, we are charged with protecting the health of our patients and the environment. In fact, environmental health is the foundation of our practice. Florence Nightingale noted that “nature alone cures,” adding, “Nursing puts patients in the ‘best conditions’ for nature to act upon them. The health of the home and community are critical components in an individual’s health.” She also stressed the importance of a healthy environment to promote healing.

As nurses, we are bound to our standards of practice and our codes of ethics. The American Nurses Association (ANA) says in Standard 17 of its “Nursing Scope and Standards of Practice”: “The registered nurse practices in an environmentally safe and healthy manner, which outlines strategies to promote a healthy and safe community and practice setting.” Moreover, Provision 9 of ANA’s “Guide to the Code of Ethics for Nurses with Interpretive Statements” states: “The new code calls upon nurses to be concerned for eco-justice, in part because of the interdependence of human health, the health of the environment and ecology.”

Nurses are well positioned to address climate change and improve the health of our communities. By partnering with legislative leaders and community partners, meaningful zero-carbon policies can be developed to reduce GHG emissions. WPSR and the Alliance of Nurses for Healthy Environments (ANHE) each have climate change workgroups that provide the science and systems needed to promote advocacy. In addition, ANHE has two programs to draw from: Nurses Draw Down and the Nursing Collaborative on Climate Change and Health. Let’s use our voices and our collegial collaborations to advocate for the planet and human health.

“

Just like smoking in the U.S., it will take the trusted voice of nurses to change our behavior.

”

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NURSING PRACTICE

PEARLS FOR PRACTICE

All-person safety: Patient lift, movement and transfer

Rates of musculoskeletal injuries in health care occupations are among the highest of U.S. industries, with hospital workers experiencing injury rates two or three times the national average. The single-greatest risk factor for overexertion injuries is the manual lifting, moving and repositioning of patients, clients and residents. Washington state law requires acute care hospitals to have a safe patient handling program.



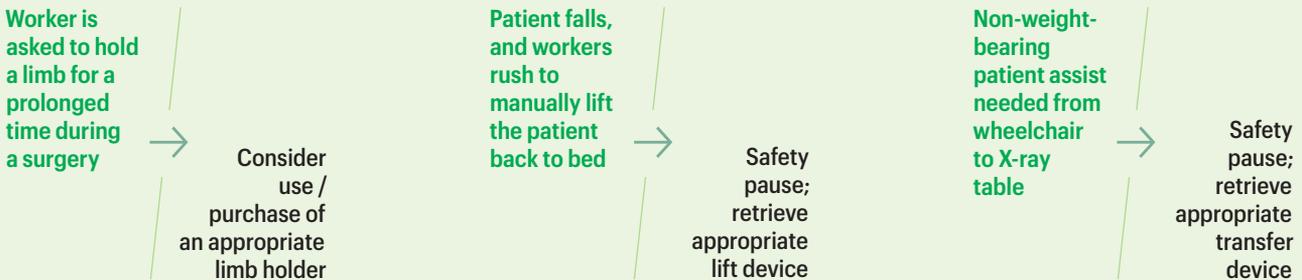
Refuse to lift (RCW 70.41.390)

An important provision of the acute care hospital law is the worker’s right to refuse to lift. A hospital employee may refuse to perform or be involved in patient handling or movement that he/she believes in good faith will expose a patient or the worker to an unacceptable risk of injury.

Safety steps to lift, move and transfer

- ① Assess every patient handling and movement activity with focus on patient and worker safety.
- ② If you see something unsafe, say something; collaborate on the safest approach.
- ③ Review and comply with the hospital refuse to lift procedure.
May require worker to assist elsewhere while patient lift/transfer/movement occurs
- ④ Consider joining the hospital safety or safe patient handling committee.
- ⑤ Review WSNA's Safe Lifting Palm Card.
<https://cdn.wsna.org/assets/entry-assets/3215/Palm-Card-Safe-Lifting-2019.pdf>
- ⑥ Access the WSNA Safe Patient Handling website for resources and references.
<https://www.wsna.org/nursing-practice/safe-patient-handling>

Safety situations to ponder





Filling the nurse faculty gap

WCN workshop aims to support better representation among future nurse educators and address nurse faculty shortages

By Sofia Aragon, JD, BSN, RN
Executive Director, Washington Center for Nursing

To graduate the number of nurses needed to meet the demand, Washington state needs more nurse faculty. In 2016, the Washington Center for Nursing (WCN) began efforts to examine whether there was a nurse faculty shortage. In the 2017 Survey of Nursing Educators in Washington State conducted by WCN, 70% of Washington's nursing schools reported program faculty vacancies. The survey also found that 38% of nurse faculty at community and technical colleges and 40% of faculty at four-year colleges and universities planned to retire by 2027. Additionally, nurse educators were less diverse than practicing nurses, nursing students and the general population. To increase interest in nursing education as a career, particularly among underrepresented students and practicing nurses, the "So You Want to be a Professor" workshop was born.

The concept for the workshop came from the work of the WCN Diversity Advisory Committee. In response to reports about the growing shortage of nursing faculty, committee member Dr. Butch de Castro, professor and Associate Dean for Diversity, Equity and Inclusion at the University of Washington, raised the question to others on the committee about how they found their way into and established themselves in academe. "We each had different paths, but a major, common theme →



Antwinett Lee, EdD, MSN-CNS, RN, (left) Interim Dean of Undergraduate Nursing and Assistant Professor of Nursing at the Seattle Pacific University of Health Sciences, shares information with a nursing student.

was that we recalled how much mystery and how many unknowns there were about the day-to-day life of being a professor,” Dr. de Castro said. “I knew there were a few books and guides that described the ins and outs, as well as tips to succeeding in an academic career. So, why not pull the curtain back through a workshop, especially one that featured the experiences of faculty of color?”

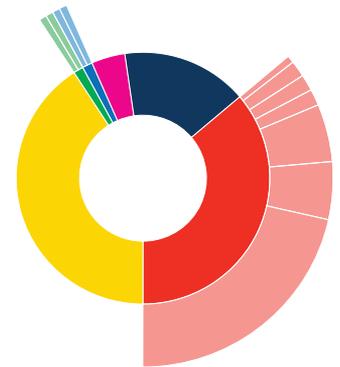
In 2019, WCN piloted its first three-day “So You Want to be a Professor” workshop. In the workshop, experienced nursing faculty who represented diverse identities or had experience in nursing workforce diversity and health equity aimed to inform participants of the role and responsibilities of a nursing educator. Content included the required degrees, qualifications and preparation for educators — along with basics on how to apply for jobs in college and university settings, attain tenure and navigate a career in the academic world. Space was also made to discuss issues related to succeeding as a faculty of color in higher education which is steeped with tradition and hierarchy that can disadvantage those from underrepresented racial/ethnic identities and make the academic career experience challenging.

To expose participants to a variety of higher-education settings, each session of the three-day workshop took place at a different type of school: a community and technical college (Green River College), a public research university (University of Washington, Seattle) and a four-year private, religious university (Seattle Pacific University). At the end of the workshop, participants completed an evaluation, and feedback was very positive. Both faculty and students urged WCN to repeat the workshop.

In 2020, with grant support from Premera Foundation, WCN offered the workshop again. Due to COVID-19 restrictions, the workshop was adapted to a Zoom video conference and moved from a three-day in-person workshop to a four-hour session. Beyond introducing practicing nurses and nursing students to a career in nursing education, the 2020 program also aimed to reach nurses working in rural environments and nurses specializing in mental and psychiatric health. The workshop took place on Sept. 1 and was filled to capacity.

The workshop facilitators included the University of Washington’s Butch de Castro, PhD, MSN/MPH, RN, FAAN; Green River College’s KaraLynn LaValley, PhD, MN, RN; and Seattle Pacific University’s Antwinett O. Lee, EdD, MSN-CNS, RN. The facilitators provided an overview of teaching, research and service in a variety of academic settings. Attendees also obtained four continuing education credits for participating in the workshop.

WCN worked with multicultural nurses’ organizations, nursing schools in Washington state and the Association



APPLICANT DEMOGRAPHICS

- **Native Hawaiian / Pacific Islander** 1.3%
 - Guamanian .6%
 - Samoan .6%
- **American Indian / Alaska Native** 1.6%
 - Blackfeet .6%
 - Nooksack .6%
- **Hispanic / Latinx** 4%
- **Black / African American** 15%
- **Asian** 36%
 - Chinese 20%
 - Filipino 4.6%
 - Japanese 4.6%
 - Asian Indian 1.3%
 - Korean 1.3%
 - Taiwanese 1.3%
 - Malaysian .6%
- **White** 38%

WCN DIVERSITY ADVISORY COMMITTEE

The WCN Diversity Advisory Committee is a committee formed of leaders from state ethnic nursing associations, including:

- Mary Mahoney Professional Nurses Association
- Western Washington chapter of the National Hispanic Nurses Association
- Filipino and Professional Health Care Association of Washington
- Pacific Northwest Chinese Nurses Association
- Samoan Nurses Association

Nurse scholars experienced in the area of equity and diversity also contribute to the committee.

for Advanced Practice Psychiatric Nurses to generate interest in the workshop. To ensure student engagement, facilitators limited the workshop to just 36 participants of the more than 150 nurses who applied to attend. WCN will be offering the remaining applicants spots in future workshops.

Many applicants held graduate degrees, which positions them well to qualify for nurse educator roles. Additionally, the Premera Foundation’s grant emphasized participation by practicing nurses, nurses in rural areas, and nurses who specialized in mental and psychiatric health. Among the applicant pool for the workshop:

- 64% were practicing nurses with up to 40 years of experience.
- 20% lived or worked in rural areas.
- 11% specialized in mental and psychiatric health.

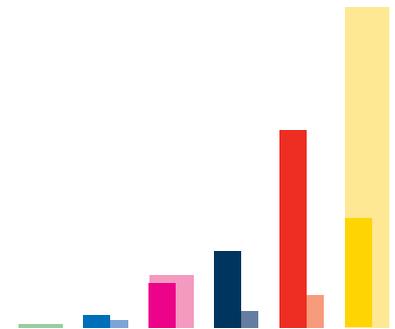
The applicant pool was also diverse, representing multiple ethnicities.

The diversity of the participants also exceeded that of those typically found in nursing education roles and, in most cases, was closer to Washington state demographics. Additionally, Washington nurses overall are about 12% male, and workshop participants were 16% male.

Looking at the changing demographics of our state, the next generation of the nurses is expected to be far more diverse than it is today. As a result, we will need diverse faculty already in place to be able to successfully train and educate this up-and-coming workforce.

WSU College of Nursing professors Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN and Deborah Eti, PhD, ARNP, FNP-C, PMHNP-BC, MSN-Ed, CNE, CEN will be evaluating the workshop. They conducted both pre- and post-workshop surveys and will conduct ongoing surveys with workshop participants over two years to determine how many pursue and secure positions as nurse faculty.

Washington state needs more nurse faculty, and diversity among nurse educators is lacking. The “So You Want to be a Professor” workshops aim to support better representation among future nurse educators with the potential of improving health care delivery in Washington state. If the program succeeds in its goal, the possibility to graduate larger populations of diverse nursing students also increases. Graduating a nursing workforce that better reflects the demographics of Washington’s population means more culturally responsive care for communities across the state. ■



PARTICIPANT REPRESENTATION

Native Hawaiian / Pacific Islander

- Participants 0%
- Washington state 0.8%

American Indian / Alaska Native

- Participants 3%
- Washington state 1.8%

Hispanic / Latinx

- Participants 11%
- Washington state 13%

Black / African American

- Participants 19%
- Washington state 4%

Asian

- Participants 49%
- Washington state 8%

White

- Participants 27%
- Washington state 79.5%

WASHINGTON DEMOGRAPHICS

2020 state population

- Non-white 20%
- White 80%



2019-2020 K-12 students

- Non-white 47%
- White 53%



2019-2020 kindergartners

- Non-white 56%
- White 44%



Resources

- <https://www.wcnursing.org>
- <https://www.wcnursing.org/site/wp-content/uploads/documents/reports/2017-December-WCN-Survey-of-Nursing-Educators-in-Washington-State.pdf>

WSNA staff updates

Here are some of the new staff WSNA has welcomed.



Brenda Balogh, BSN, RN
Nurse Representative

Brenda Balogh joined WSNA as a nurse representative in January 2020. Prior to working for WSNA, Brenda worked as a nurse at the King County Correctional Facility, where she acted as a site rep and grievance officer for WSNA. She was also actively involved with King County Nurses Association, serving as a member at large on the Board of Directors from 2016-2020.

Brenda obtained her bachelor's degree in nursing from Pacific Lutheran University in 2009 and has worked as an RN for 11 years. Her previous experience includes urology, clinical research and jail nursing. She is happy to be part of the team, fighting for the rights and workplace safety of all nurses!



Jennifer Carson
Marketing and Communications Program Manager

Jennifer Carson started Aug. 10 as WSNA's new marketing and communications program manager. A Midwest gal at heart, Jennifer was born and raised in Southern Indiana and graduated from Ball State University with a bachelor's degree in journalism. The mountains were calling in 2018, and Jennifer moved to the Pacific Northwest to join the internal communications team at Seattle Children's as a contract employee.

Prior to 2018, Jennifer's professional career spanned multiple industries, including hospitality, veterinary medicine, nonprofit, publishing, radio and event entertainment. She was compelled to join WSNA after meeting many dedicated nurses in her work at Seattle Children's, and because of her hard-working sister, who is an emergency room RN at a regional hospital in Indiana.

Jennifer loves writing and photography, and enjoys inserting puns, alliterations, dad jokes and Oxford commas in her stories whenever possible. In her spare time, she volunteers for the Seattle Animal Shelter Foundation and frequently travels to new places in search of new adventures (pre-COVID).



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

Megan Kilpatrick joined WSNA as education director in January 2020. Before coming to WSNA, she worked as a clinical nurse specialist for CHI Franciscan and in a variety of nursing roles at MultiCare. Megan is a licensed advanced practice registered nurse (clinical nurse specialist) and has been a nurse for more than 16 years — mostly in inpatient and outpatient oncology and adult med-surg. Raised in Central Washington, she earned her bachelor's degree in nursing from Pacific Lutheran University and her master's degree in nursing from Seattle Pacific University.

In her spare time, Megan enjoys being in the outdoors, traveling and both cooking and eating great food. Since most of those hobbies have been affected by the pandemic, she decided to have a baby instead; Megan is currently on maternity leave at the time of this publication.



Anna Murray
Membership Associate

Anna started as a membership associate in November 2019 and uses they/them pronouns. Anna grew up in Tacoma and, after graduating from The Evergreen State College in Olympia with a bachelor's degree, they enrolled in the Medical Laboratory Technology program at Shoreline Community College. Anna has worked in health care and health care-adjacent fields for much of their career.

Anna now lives in Renton with their husband, two unreasonably gorgeous cats (Belgium and Sophia) and an exponentially increasing number of handknits. When not assisting people with membership concerns, Anna spends their time reading and playing all sorts of games.

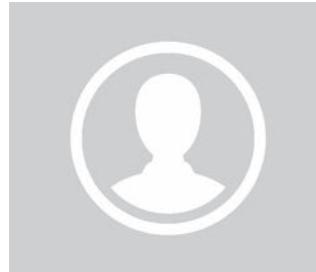


Jeremy Raughton
Administrative Assistant

Jeremy joined WSNA as an administrative assistant to the labor relations department in December 2019. Born and raised a good ol' country boy from Kentucky, he is the essence of charm and brings his southern hospitality to the Pacific Northwest.

He is a seasoned and driven administrative professional specializing in bringing value to clients and fostering positive relations among coworkers. Prior to WSNA, Jeremy was an office manager for Gateway Centre in Bellingham, Wash. His tireless work in customer service, development of policies and procedures, tech support and years of professional administrative experience provide him with just the right set of skills to support the WSNA staff — so they can focus on the nurses of Washington state.

Jeremy says, "The work of WSNA is important to me because our focus is on the professional development and advancement of the economic and general welfare of our nurses."



Zach Seikel
WSNA Organizer

After working in a grant-funded project organizer position at WSNA for 18 months, Zach joined WSNA as a permanent, full-time organizer in October 2020.

Zach was born and raised in Dallas, Texas, and is new to Washington state. He attended the University of Oklahoma, where he majored in political science and history. While studying, Zach ran several student organizations and worked on several issue advocacy campaigns. After graduation, Zach began working in the world of campaigns, successfully running and managing campaigns in six states before settling in Seattle.

Zach is excited to bring his organizing skills to WSNA to continue to fight and advocate for workers who sacrifice so much for their community.



Ann Triplett
Office Receptionist

Ann joined WSNA as office receptionist in December 2019. Previously, she worked as an administrative assistant at Boeing for over 12 years. During those 12 years, she supported many vice presidents and senior vice presidents within Boeing Capital Corporation and Boeing Commercial Airlines.

In her first week with WSNA, she was bold enough to request time off to attend her daughter Erika's Pinning ceremony. Erika is an RN at Evergreen.

A lifelong Pacific Northwest native, Ann is married with four grown children and one 16-year-old grandson. Her free time is spent with family, friends and her much-loved dog, Panga — moments that are priceless now with COVID-19 restrictions. She loves her job and enjoys helping everyone.

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, 5.53% 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 | IENA | \$21.60 | \$17.10 | \$12.56 |
| | KCNA | \$24.38 | \$19.18 | \$13.94 |
| | Northwest | \$20.36 | \$16.16 | \$11.94 |
| | RONA | \$22.86 | \$18.04 | \$13.18 |
| | Districts 5 and 15 | \$19.52 | \$15.54 | \$11.52 |
| | Districts 6 and 18 | \$19.94 | \$15.84 | \$11.72 |
| | District 7 | \$20.38 | \$15.88 | \$11.74 |
| | District 10 | \$19.74 | \$15.68 | \$11.62 |
| | District 11 | \$20.78 | \$16.48 | \$12.14 |
| | District 98 | \$19.10 | \$15.22 | \$11.32 |

Effective Jan. 1, 2021 – Dec. 31, 2021 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 X | Category Y | Category Z |
|------------|------------|------------|
| \$5.94 | \$5.32 | \$4.72 |

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 on the WSNA website under "Membership," or you can contact the WSNA 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 – Washington State Nurses Association, 575 Andover Park West, Suite 101, Seattle, WA 98188.

IN MEMORIAM

Sandra Joy Eyres

Sandra Joy Eyres, 85, of LaQuinta, California, died on Sept. 6, 2020. Sandy was a thoughtful nurse leader who dedicated her life to public health service and to educating the next generations of nurses.

Sandy was born and raised in Iowa and moved to Minnesota to attend nursing school. After graduation, she moved to New York City to work in public health among the underserved in Harlem. Her love of public health led her to pursue her master's and doctorate degrees in epidemiology.

Sandy later joined the United States Public Health Service (USPHS), a division of the U.S. Department of Health and Human Services, where she frequently traveled across the country monitoring grants. It was on one of those oversight visits that she fell in love with the Pacific Northwest. She eventually moved to Seattle, joining the faculty at University of Washington School of Nursing.

Sandy spent more than 25 years at UW serving in various positions, including department chair, director of research and associate dean. She was instrumental in the development of the doctoral program within the School of Nursing. However, her first love was always teaching. Sandy was passionate about effective teaching and helping other faculty members improve their teaching skills. Her own teaching earned her awards within the School of Nursing and also as one of five faculty chosen annually for recognition among the whole university. The School of Nursing named an annual award in her honor, the Sandra Eyres Excellence in Graduate Teaching Award, which is given annually to a faculty member who demonstrates a clear and engaging teaching style and professionalism. For years, she worked with faculty members across UW to share ideas and programs to improve teaching methods.

As an educator, Sandy was very humble, shunning her academic titles and introducing herself as "Sandy" rather than "Dr. Eyres." She is remembered for her mentorship, wisdom and ability to listen; she always left people with a sense that they were valuable. She had a good sense of humor and a radiant smile. Her warmth and wisdom helped many graduate students, especially those who struggled with English, believe that they could make it through the nursing program.

In 1996, Sandy identified that LGBTQ students, faculty and staff members often felt isolated within the School of Nursing. So,

she created a "salon" for members and allies to exchange stories, enjoy time together and form a support group within the School. In so doing, she created a safe space for conversations to occur and set the stage for the School of Nursing to deepen the journey toward a more inclusive community.

Sandy retired from UW in 2000. In 2004, she joined with several other women to form a small, supportive community. She was able to widely read and travel during her post-retirement years, until she began to experience the effects of dementia. With her typical grace and good humor, she accepted her diagnosis and modeled for those around her how to live in the moment and find pleasure in what she could experience. At the end of 2019, Sandy and her supportive community members moved to Southern California where she could enjoy sun and warmer weather.

Sandy will be missed by many, though she left wonderful memories. Her life made an impact on thousands of patients and many health care systems through the nurses she educated.

She is survived by her sister, Nicky Immel; her nephew, Chris Immel (Christele) and their children; her niece, Shelly Immel (Tom); her community Pat Hogan, Jude Jackson, Ella Clarke, Margaret Parry and Kathie Hogan; countless friends; and faculty, students and staff from UW School of Nursing.

MaryAnn Thimmes

MaryAnn Thimmes, 90, of Vancouver, Washington, died on May 3, 2019. MaryAnn was a dedicated nurse who exemplified the importance of high personal and professional standards, the value of making a positive difference in the lives of others, volunteerism, and the caring role of the nurse in every area of life.

From 1959, MaryAnn served WSNA and her district, the Fort Vancouver Nurses Association (now Southwest Region Nurses Association), as president, treasurer, board member, education chairman and delegate to WSNA. A highly respected nursing colleague and community leader, MaryAnn was inducted into the WSNA Hall of Fame in 1998.

MaryAnn was born on July 28, 1928, in Liberal, Kansas, to John and Esther Schmatjen. The family moved to Portland, Oregon, in 1937, where she graduated from

Grant High School in 1946.

She graduated from Whitworth College and Deaconess Hospital Nursing School in Spokane, Washington. MaryAnn married Gilbert Thiessen on Dec. 5, 1952, and the pair moved to Portland. They moved to Vancouver in 1957 and were happily married until Gilbert died in 1962. MaryAnn married her second husband, Leonard Martin Thimmes, on Sept. 2, 1966.

MaryAnn was a professor of nursing at Clark College from 1960 to 1993 and served as Director of Nursing Programs (1978-1987) and Division Chair. During her tenure at the college, MaryAnn facilitated the link between the college and the Professional Nursing Association by promoting membership in the Fort Vancouver Nurses Association, WSNA and the American Nurses Association to students, and set the standard for faculty involvement. Throughout her years as an educator, MaryAnn was also a student — earning her master's degree in nursing from the University of Washington. Upon her retirement from teaching in 1993, MaryAnn went on to serve as co-chair of the Nursing Alumni Association.

As a founder and Director of Nursing Services of the All-Volunteer Vancouver Walk-In Community Clinic, MaryAnn created an alliance with her District and the Vancouver community through her own spirit of volunteerism and the promotion of service by Fruit Valley Neighborhood Association (FVNA) members, including financial assistance from the organization.

A well-known leader in her community, MaryAnn's involvement included serving as president of the Washington League for Nursing, vice president and treasurer of her local chapter of the Washington State Education Association; and committee chair, board member and past president of Soroptimist International — a global volunteer organization that provides women and girls with access to education and training to achieve economic empowerment.

MaryAnn was an active member of Calvary Baptist Church and Cascade Park Baptist Church in Vancouver. She enjoyed traveling and visited many different countries and all 50 states.

REGIONAL UPDATES



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. 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.

Upcoming events

Register for all KCNA events at kcnurses.org under the Education and Events section. Approximately one week before the event, you will receive a confirmation email including a Zoom link for that event. After the event is completed, those in attendance will receive an email

from KCNA through Survey Monkey asking you to complete an event evaluation. Once the evaluation is completed, you will have access to download your certificate of attendance.

COVID-19 Update: Focus on Community Health & Homeless

Tuesday, Feb. 16, 2021
6:30-8 p.m. via Zoom
1.5-hour certificate of attendance
Registration:
Deadline to register is Feb. 11, 2021
Cost:
\$15 for KCNA members and students
\$20 non-members

DESCRIPTION: Curious about what happens with health disparities during a pandemic? Explore the important role nurses play on the front lines and check the pulse on local resources and happenings. Attendees will be challenged to engage as nurse advocates in making a difference. Join us for this interactive and engaging program.

PRESENTER: Heather Stephen-Selby, BSN, MSN, ARNP-BC, RN is Director of Clinical Support at HealthPoint Community Health. She oversees the organization's community health/homeless program, providing direct patient care and infectious disease management. She also manages employee health, professional development and quality assurance programming for 15 clinics and urgent care facilities.

Nurses Book Club: "Body & Soul: The Black Panther Party & the Fight Against Medical Discrimination" by Alondra Nelson

Saturday, March 13, 2021
9-10:30 a.m. via Zoom
1.5-hour certificate of attendance
Registration:
Deadline to register is Feb. 22 or until full
Cost:
\$20 KCNA members
\$40 non-members
Participants will be mailed a copy of the book following registration.

DESCRIPTION: Explore the Black Panther Party's health activism — its network of free health clinics, its campaign to raise awareness of genetic disease, and its challenges to medical discrimination. Gain a better understanding of how the Black Panther Party's ideas about health as a basic human right and its engagement with the social implications of genetics anticipated current debates about the politics of health and race.

FACILITATOR: Doris M. Boutain, PhD, RN, PHNA-BC, John and Marguerite Walker Corbally Professor in Public Service, University of Washington and Associate Professor, Child, Family & Population Health, UW School of Nursing. Dr. Boutain is known for developing innovative strategies for community and population health and is an international expert in the field of health equity.

Transforming Trauma: Sustainable Practices

Saturday, March 20, 2021
9-11 a.m. via Zoom
2-hour certificate of attendance
Register at kcnurses.org
Cost:
\$20 for WSNA members
\$50 non-members

SPONSORS: King County Nurses Association, Rainier Olympic Nurses Association, Northwest Region Nurses Association, Southwest Region Nurses Association, and Inland Empire Nurses Association.

DESCRIPTION: This special presentation is designed to help nurses develop a deeper understanding of trauma exposure and the tools needed for reconciling such exposure so that they can do their work sustainably. Learn how vicarious trauma and overwhelm manifest as well as strategies for navigating them. Be prepared to leave with a renewed sense of purpose and fresh optimism about the possibilities for transformation.

SPEAKER: Laura van Dernoot Lipsky, MSW, founder and director of the Trauma Stewardship Institute and author of "Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others" and "The Age of Overwhelm." Widely recognized as a pioneer in the field of trauma exposure, she helps people navigate and ease the burden of overwhelm.



REGIONAL UPDATES

KING COUNTY NURSES ASSOCIATION (CONTINUED)

Professional development funds available

King County Nurses Association is committed to supporting KCNA members with funds to attend continuing nursing education, especially those members who do not receive educational funding through their employer. Courses must be provided by an approved accredited organization (e.g., ANCC, AANP, CEU's approved by the CA Board of Nursing, or CME certified) with contact hours awarded. The next application deadline is March 1, 2021. We annually fund a total of 10 awards of \$500 each. Recipients will be randomly selected and notified of the selection within two weeks of the application deadline. Applications can be found at kcnurses.org in the Education & Events Section.

Scholarships for nursing students

KCNA has provided scholarships for nursing students since 1993, serving 269 students with a total of \$551,750! We will continue this tradition of helping ensure the future of nursing in our community in 2021 by offering scholarships to qualified nursing students for the 2021-22 school year. Eighteen scholarships of \$3,000 each will be awarded. Scholarships are available to those pursuing associate or baccalaureate degrees (including graduate entry), RN-to-BSN, and advance degree programs. Applications will be available at kcnurses.org in the Scholarships/Info and Application Section in early January. To be eligible, a student must: be currently enrolled in a nursing program; maintain a 3.0 GPA; and have a permanent address in King County or be enrolled in a nursing school in King County.



NORTHWEST REGION NURSES ASSOCIATION

WEB nwrna.org FACEBOOK [@NorthwestRegionNursesAssociation](https://www.facebook.com/NorthwestRegionNursesAssociation) TWITTER [@NWRRegionNurses](https://twitter.com/NWRRegionNurses)

Happy new year to members in Island, San Juan, Skagit, Snohomish and Whatcom counties. Our NWRNA Board wants to wish you and your families a happy and safe 2021. Please visit nwrna.org to find out about any of the opportunities below.

Certification testing assistance

We want to make it easier for members to obtain specialty certifications. If you are applying for or renewing a specialty certification, you can receive up to \$100 in financial assistance to offset the cost of certification testing.

Continuing education assistance

If you are attending a professional education event, NWRNA can provide financial assistance of up to \$200.

GET INVOLVED: Join our Membership Team to help assist members in enhancing their skills and furthering their careers. Email office@nwrna.org to find out more.

Student scholarships

NWRNA awarded four \$1,000 scholarships in 2020. Our Board also wanted to acknowledge the difficult year our students faced. To help, we awarded \$100 to all nursing students who applied for a 2020 scholarship. We will soon start planning for our 2021 scholarships.

GET INVOLVED: Join our Scholarship Team to help assist the next generation of nurses. Email office@nwrna.org to find out more.

Events

NWRNA conducted our first conference in October, with an emphasis on leadership, mindfulness and health equity. We were glad to have around 30 members attending.

NWRNA is proud to join other regions in our state to present "Transforming Trauma: Sustainable Practices," an online event March 20, 2021. Our speaker will be Laura van Dernoort Lipsky, founder and director of The Trauma Stewardship Institute and author of "Trauma Stewardship" and "The Age of Overwhelm." Look for more information soon about this special event.

Join NWRNA Board Member Craig White on Zoom for Coffees with Craig, a virtual cup of coffee and informal chat about nursing. Check our website for the latest schedule.

GET INVOLVED: Join our Program Team to help plan activities for members. Email office@nwrna.org to find out more.

Connect with your colleagues

Your local professional association is your avenue to reach out to fellow members:

- Like us on Facebook at www.facebook.com/NorthwestRegionNursesAssociation.
- Follow us on Twitter at [@NWRRegionNurses](https://twitter.com/NWRRegionNurses).

GET INVOLVED: Join our Communications Team to help develop and curate online content for members. Email office@nwrna.org to find out more.



RAINIER OLYMPIC NURSES ASSOCIATION

WEB rainierolympicnurses.org

Rainier Olympic Nurses Association — New Name. New Logo. New web address. Visit our website at RainierOlympicNurses.org to stay up to date on all our events and activities.

Nurse of the Year

Each year, we honor a member nominated by his/her peers as our Nurse of the Year (NOTY). The NOTY nomination form is available on our website at www.rainierolympicnurses.org/nurse-of-the-year/. It's quick and easy to complete. The submission deadline for nominations is Feb. 28, 2021. We hope you will take a moment to nominate an amazing colleague for this honor.

Scholarships

Are you returning to school to advance your nursing education? Visit www.rainierolympicnurses.org/scholarships/ to learn about our Florence Golda Scholarship for members who are continuing their education. The submission deadline is March 31, 2021.

Upcoming events

As we write this, COVID-19 cases are again on the rise. With this in mind, we've decided to move all of our events virtually for the foreseeable future. We can't wait for the day when we can bring nurses together again in person. Building community with fellow nurses is one of our main missions. But for now, we will model prudence and work to ensure safety for our members and our community. This also means we will not be holding a Bowling Tournament this year. We hope you'll Save the Date for 2022: Saturday, Feb. 26, 2022. Rather than a banquet, our Annual Nurses Week will include a virtual event tentatively scheduled for Friday, May 7, 2021.

Rainier Olympic Nurses Virtual Book Discussion Group

In early February, we will host our first Rainier Olympic Nurses Book Group. We're reading "The Immortal Life of Henrietta Lacks" by Rebecca Skloot. We hope you'll join us for this discussion. To learn more about this event, visit www.rainierolympicnurses.org.

Transforming Trauma: Sustainable Practices webinar

Saturday, March 20, 2021, 9-11 a.m.

This webinar is a collaboration with regions across Washington state. Visit www.kcnurses.org to register.

Your Purpose Driven Career webinar

Saturday, March 27, 2021, 9-11 a.m.

This webinar is presented by Elis Salamone, ARNP, a veteran and career ownership coach at The Entrepreneur's Source. Visit www.rainierolympicnurses.org to learn more and register for free.



SOUTHWEST REGION NURSES ASSOCIATION

EMAIL marvap@q.com

Formerly districts 10, 11, 19, 21 and 27

Happy New Year, members in Clark, Cowlitz, Lewis, Pacific, Skamania and Wahkiakum counties. Thank you for your hard work and dedication to the profession!

Join our Board of Directors

Thanks to our current board members: Jonathan Chase, Karla Fowler, Didi Gray, Jennifer Sanford and Marva Petty. We urge you to consider volunteering to help lead our association as we develop services for our members. If you are interested, contact Marva at marvap@q.com.

Building our brand

Your SWRNA Board of Directors is working to create an online home for your local professional association. Keep an eye on your inbox in the coming months for details about our new logo and website.

Upcoming online event

SWRNA is joining other regions in our state to present "Transforming Trauma: Sustainable Practices," an online event March 20, 2021. Our speaker will be Laura van Dernoot Lipsky, founder and director of The Trauma Stewardship Institute and author of "Trauma Stewardship" and "The Age of Overwhelm." Look for more information soon about this special event.

If you need assistance now

Building the association takes time, but we realize there may be current or upcoming items which have been handled by the former districts. While we undergo this formational process, members are encouraged to contact their former district leaders regarding any ongoing projects.

Transforming Trauma: Sustainable Practices

Tools for Nurses



Laura van Dernoot Lipsky is the founder and director of The Trauma Stewardship Institute and author of *Trauma Stewardship* and *The Age of Overwhelm*. Widely recognized as a pioneer in the field of trauma exposure.

**Saturday,
March 20, 2021
9 to 11am
via Zoom**

This training and discussion will offer practical tools to help us sustain, individually and collectively, in the face of the secondary trauma and overwhelm in our work, the pandemic, and the current national focus on systemic racism. Topics will include how vicarious trauma and overwhelm manifest as well as strategies for navigating what is unfolding. Recording will be available for two weeks with a separate registration.

\$20 Members*

\$50 Non-Members

***Any nurse who is a member of WSNA.**

Register at kcnurses.org

Brought to you by WA state regional nurses associations



Coming together as regions

Across the state, regional nurses' associations support nurses in their communities. Each regional association is led by a local board of directors that determines the mission, vision and goals of the local regional association. Every WSNA member is also a member of a local regional association. If you're not familiar with your regional association, check out the WSNA website at wsna.org to learn more.

One common goal that all the regions share is providing high-quality continuing education opportunities for nurses. This year, we're banding together to provide a webinar available to all nurses in Washington state.

King County Nurses Association, Inland Empire Nurses Association, Northwest Region Nurses Association, Rainier Olympic Nurses

Association and Southwest Region Nurses Association are delighted to come together to sponsor an upcoming webinar for nurses.

On Saturday, March 20, 2021, Laura van Dernoot Lipsky will present "Transforming Trauma: Sustainable Practices." Laura is the founder and director of The Trauma Stewardship Institute and author of "Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others" and "The Age of Overwhelm." She is widely recognized as a pioneer in the field of trauma exposure.

We hope you'll join us on March 20. The webinar will also be recorded and available for two weeks. For more information and to register, visit www.kcnurses.org.

HURRICANE BLIZZARD EARTHQUAKE
 FLOOD TERRORISM ATTACK TORNADO
 VOLCANO NATURAL DISASTER



Be prepared for the unexpected.

Get a WSNA emergency preparedness kit.

'First Responder' kit

~~MSRP \$74.95~~
Member price \$55

Sling bag

(16) Datrex **emergency drinking water pouches**

Datrex packet of 18 **food bars**

84" x 52" **thermal blanket**

(2) Air-activated 12-hour **body / hand warmers**

AM/FM radio

Hygiene pack:

(1) tissue packet, (3) moist towelettes,
 (1) biohazard waste bag, (1) n-95
 dust mask, (2) sanitary napkins and
 (1) zip baggie

(3) **Trash bags**

(2) **12-hour light sticks**

(2) **Zip baggies**

Flashlight with two D cell batteries

Hooded **poncho**

Deck of **playing cards**

(1) Pair **leather palm gloves**

First aid pack:

(3) 2" x 2" gauze pads, (1) 5" x 9"
 abdominal pad, (10) plastic strip
 bandages, (1) roll Kendall tape, (3)
 antiseptic towelettes, (2) antibiotic
 ointments, (1) pair vinyl gloves and
 (3) alcohol wipes

Whistle

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