

# The Washington Nurse

A publication of the WASHINGTON STATE NURSES ASSOCIATION

VOLUME 53, NO. 2 SPRING / SUMMER 2023

**INSIDE: TOPPENISH PERSPECTIVES + PHOTOS** **WORKPLACE VIOLENCE PREVENTION**  
**CANDIDATES FOR WSNA OFFICES** **NEWS BRIEFS** **A LOOK AT FORENSIC NURSING**  
**WSNA BY THE NUMBERS** **TACOMA GENERAL NURSES TALK ABOUT RATIOS**  
**BIENNIAL REPORT** **2023 LEGISLATIVE SESSION REPORT** ...AND MORE!

**MEMBER BENEFIT**  
**1.0 CNE**  
**CONTACT**  
**HOURS**  
**INSIDE!**



# A MAJOR STEP FORWARD

**STAFFING BILL PASSES!**

# Exclusive Savings On Dental Care From

**Bright Now!® Dental  
& ORTHODONTICS**



**Your Special Offers!**

**\$96** /Mo.  
**For Clear  
Aligners<sup>1</sup>**

**\$25  
OFF**  
**Every  
\$100 Spent<sup>2</sup>**

**Bright Now! Dental & Orthodontics and WSNA** are pleased to be partnering together to offer WSNA members and their families exclusive savings for dental care. This is not an insurance plan, and participation is voluntary. You save and it works whether you have dental benefits or not!

**Cash basis. General dentistry. Before dental benefits are applied.**

Procedure General Dentistry (ADA CODE)	Your Potential Cost at Another Provider <sup>3</sup>	Your Cost at a Bright Now! Dental & Orthodontics Affiliated Office <sup>3</sup>	Member Savings
150/210 - Initial Oral Exam and Digital X-Rays	\$267	\$59	\$259
1110 - Teeth Cleaning (In absence of Periodontal disease)	\$132	\$68	\$64
2392 - Filling (2-surface Composite Resin-back tooth)	\$296	\$145	\$151
3330 - Root Canal (Molar 3-Canals) (By General Dentist. If Specialist is necessary fees will vary.)	\$1,540	\$740	\$800
2750 - Crown (Porcelain Fused to High Noble Metal)	\$1,420	\$755	\$665
2750 - Crown (Porcelain Fused to High Noble Metal)	\$1,728	\$905	\$775

**Member Savings 50%**

**Call for an appointment and let them know you are with WSNA.**

**Bright Now!® Dental & Orthodontics Offices** | Weekday, weekends, and evening hours available.

<b>Bellevue-Crossroads</b> 425.372.0036	<b>Issaquah</b> 425.507.1000	<b>Lynnwood</b> 425.775.5557	<b>Puyallup</b> 253.840.0540	<b>Tacoma</b> 253.475.7500
<b>Bellingham</b> 360.715.8400	<b>Kennewick</b> 509.378.3530	<b>Maple Valley</b> 425.578.9152	<b>Richland</b> 509.866.4335	<b>Tukwila</b> 206.575.0400
<b>Bonney Lake</b> 253.299.3033	<b>Kent</b> 253.850.9777	<b>Northgate</b> 206.336.2100	<b>Silverdale</b> 360.536.9033	<b>Vancouver-Fisher's Landing</b> 360.891.1999
<b>Federal Way</b> 253.835.3377	<b>Lake Stevens</b> 425.249.4129	<b>Olympia-Black Lake</b> 360.338.7152	<b>Spokane</b> 509.464.2001	<b>Vancouver-Salmon Creek</b> 360.574.4574
<b>Gig Harbor</b> 253.765.5002	<b>Lakewood</b> 253.292.4041	<b>Olympia-Martin Way</b> 360.455.9544	<b>Spokane Valley</b> 509.900.3500	<b>Woodinville</b> 425.492.2000

## QUESTIONS ABOUT BRIGHT NOW! DENTAL

Contact your Bright Now! Dental & Orthodontics Account Representative:

**Carrie Magnuson**  
Carrie.Magnuson@smilebrands.com  
**253.405.4547**

1. \$0 down, 0% APR, and \$96 a month on approved 3rd party financing for an Express case. Average retail price of aligner case ranges from \$2,000 - \$4,600. Average treatment plan 24 months. Diagnosis may result in a recommendation for Lite or Standard aligner case, or additional treatment. Aligners may be provided by a general dentist. Does not include finance charges, potential insurance coverage, or any other discounts. \$1 OneSmile Dental Plan included upon purchase of Reveal Aligner case and is good for one year. The OneSmile Dental Plan (OSDP) is not insurance. See office for complete pricing and OneSmile Dental Plan information. 2. \$25 off every \$100 spent. Up to \$100 discount. Valid once per person. Offer is not redeemable for cash or credit. Not valid on services for which reimbursement is limited due to deductibles, maximums, coinsurance, or other insurance restrictions. See office for complete pricing information. All offers are subject to change and cannot be combined. Treatment for all offers must be rendered by 12/31/22. Services, hours, and insurance plans vary by location. Valid government issued photo ID and checking account required to get financing on approved credit. Models are not patients. Nurani, P.C., Ashifa Nurani, DDS; Douglas Church, DDS; Jerome Yamada, MD, DDS; Chong Lee, DDS; Ahyoung Amber Kim, DDS; Sean Monaghan, DDS; Theresa Mah, DDS; Anit Mathew, DDS; Juan Ramirez, DDS; Eric Kim, DDS; Kristin Doan, DDS; Michael Mitchell, DDS; Jean Chen, DDS; Jinsam Kwan, DDS; Jennifer (Jungjin) Park Chu, DDS; Anusha Etikala, DDS; Sean Chang, DDS; Christopher Tung, DMD; Jung Kim, DDS; Thien Nguyen, DDS; Brandon Johnson, DDS; Ashifa Nurani, DDS; Richa Mehta, DMD; Naim Abualshar, DDS; David To, DDS; Anusha Etikala, DDS; Sara Ghadakhzadeh, DDS; Jean Chen, DDS; Kevin Song, DDS; Brandon Johnson, DDS; Madrid Uso III, DDS; Royal Aaby, DDS; Vahid Atabkhsh, DDS; Keyvan Sohrabi Anaraki, DDS; Joshua Teh, DDS; Shameena Singh, DDS; Jerome Yamada, MD, DDS; Yumei Abei, DDS; Julie Kim, DMD; Katayoun Adab, DDS; Kevin Burke, DDS; Victoria Wan, DDS; Yomaly Kuhns, DDS; Shumaila Jamali, DDS; Praveena Velupula, DDS; Yi Bae, DMD; Julia You, DDS; Ted Hughes, DDS; Tyler Buchanan, DDS; Shelby Beattie, DDS; Tracy Scott, DDS; Vahid Atabkhsh, DDS; Yumi Abei, DDS; Victoria Wan, DDS. ©2022 Smile Brands Inc. All rights reserved.

***Get Recognized for keeping your patients SAFE!***



**Nominate a colleague or yourself  
for the WPSC **Speak-Up! Award!****

*A statewide program to celebrate individuals  
and teams in WA health systems who make  
the “good catches” and speak up to keep  
patients and staff safe.*

## ***Speak-Up! Award***

**Washington Patient Safety Coalition**

Scan here or visit the  
**Washington Patient  
Safety Coalition** website



## **Amber Zupancic-Albin JD, BSN**

**Attorney at Law**

**Licensed in Oregon and Washington**

- License Investigation Representation
- Healthcare Entity/Clinic Formation
  - Draft clinic documents and set up business entity
- Healthcare Laws & Regulatory Advice

Amber practiced as a cardiac nurse for 7 years before becoming a healthcare lawyer in 2008. She is a tireless advocate for healthcare providers and loves representing those who worked alongside her during those long days in the hospital.



Zupancic Albin Law, PC  
5200 Meadows Rd Ste 200  
Lake Oswego, OR 97035  
[www.zalbinlaw.com](http://www.zalbinlaw.com)  
[amber@zalbinlaw.com](mailto:amber@zalbinlaw.com)



# The Washington Nurse

VOLUME 53, ISSUE 2 • SPRING / SUMMER 2023

Copyright 2023, WSNA. No part of this publication may be reproduced without permission.

The Washington Nurse (ISSN# 0734-5666) is published by the Washington State Nurses Association and distributed as a benefit of membership to all WSNA members. A member subscription rate of \$10 per year is included in WSNA membership dues. The institutional subscription rate is \$30 per year (Canada/Mexico: US\$36 per year; foreign: US\$49 per year).

The information in this magazine is for the benefit of WSNA members. The Washington Nurse provides a forum for members of all specialties and interests to express their opinions. Opinions expressed in the magazine are the responsibility of the authors and do not necessarily reflect the opinions of the officers or membership of WSNA unless so stated.

## ADVERTISING

Information on advertising rates may be obtained from the WSNA website or by contacting Martin Hsiung at (206) 575-7979. Advertising is accepted on a first-come, first-served basis for preferred positions depending on space availability. WSNA reserves the right to reject advertising. Paid advertisements in The Washington Nurse do not necessarily reflect the endorsement of WSNA members and staff or the organization.

## MAGAZINE STAFF

Executive Editor <b>David Keepnews</b>	Editor <b>Bobbi Nodell</b>	Designer <b>Ben Tilden</b>
---	-------------------------------	-------------------------------

## PAPER AND PRINTING

This magazine is printed on partially recycled paper using soy-based inks and is 100% recyclable. **Please consider recycling this copy when you are finished with it.**



The Washington Nurse is printed by Capitol City Press, an employee-owned, union printing company in Olympia.

## CONTRIBUTOR GUIDELINES

WSNA welcomes the submission of manuscripts and artwork. Please contact Bobbi Nodell at [bnodell@wsna.org](mailto:bnodell@wsna.org) with submissions, article ideas, or further questions. It is not our policy to pay for articles or artwork.

## WSNA WASHINGTON STATE NURSES ASSOCIATION

575 Andover Park West  
Suite 101  
Seattle, WA 98188  
(206) 575-7979  
[wsna@wsna.org](mailto:wsna@wsna.org)  
Visit our website at [wsna.org](http://wsna.org).

## BOARD OF DIRECTORS

President  
**Lynnette Vehrs, MN, RN** (Spokane)

Vice President  
**Justin Gill, DNP, ARNP** (Bothell)

Secretary / Treasurer  
**Martha Goodall, RN** (Mead)

Chair, Cabinet on Economic and General Welfare  
**Julia Barcott, RN** (Yakima)

Chair, Legislative and Health Policy Council  
**Erin Allison, BSN, RN, CEN** (Bellingham)

Chair, Professional Nursing and Health Care Council  
**Chuck Cumiskey, MBA, BSN, RN** (Olympia)

Directors-at-Large  
**Phoebe Dang Lim-Vuong, MSN, CNL, RN** (Kent)  
**John Gustafson, RN, CMSRN** (Poulsbo)  
**Heather Stephen-Selby, MSN, RN** (Renton)  
**Sara Bergeholtz, RN** (Wenatchee)  
**Sean Dumas, RN** (Shoreline)

## STAFF

Executive Director <b>David Keepnews, PhD, JD, RN, FAAN</b>	Director of Government Affairs <b>Katharine Weiss, MPA</b>	Director of Labor <b>Jayson Dick, MBA, BSN, RN</b>
Executive Assistant <b>Mary Mainville</b>	Political Advocacy Manager <b>Jessica Hauffe</b>	Nurse Representatives <b>Brenda Balogh, RN</b> <b>Tara Barnes, RN</b> <b>Linda Burbank, JD, BSN, RN</b> <b>Sue Dunlap, RN</b> <b>Sara Frey, JD, BSN, RN</b> <b>Barbara Friesen, BSN, RN</b> <b>Carmen Garrison, BSN, RN</b> <b>Mara Kieval, BSN, RN</b> <b>Allesondra Machorro, BSN, RN, CCRN</b> <b>Michelle Moore, BSN, RN, IBCLC</b> <b>Bret Percival, RN</b> <b>Shawn Reed, RN</b> <b>Laurie Robinson, RN</b> <b>Jaclyn Smedley, BSN, RN</b> <b>Janet Stewart, RN</b> <b>Stephenie Troftgruben, RN</b> <b>Hanna Welander, BSN, RN</b> <b>Ed Zercher, BSN, RN</b>
Receptionist <b>Matty Whitman</b>	General Counsel / Senior Director of Collective Bargaining and Strategic Coordination <b>Michael Sanderson</b>	Director of Organizing <b>Minh Nguyen</b>
Director of Finance <b>Mary Reed</b>	Labor Counsel <b>Pamela Chandran</b> <b>Kelly Skahan</b>	Organizers <b>Crystal Doll</b> <b>Kim Kueter</b> <b>Grace LaMonte</b> <b>Zachery Seikel</b>
Accounting Specialist <b>Hue Tran</b>	Chief General Counsel <b>Timothy Sears</b>	Nurse Organizers <b>Jenny Galassi, RN</b> <b>Will Nesper, RN</b> <b>Ryan Rosenkranz, BSN, RN, CCRN</b> <b>Samuel Scholl, BSN, RN</b>
Finance Program Manager <b>Patrick McGraw</b>	Paralegal <b>Hanna Yiu</b>	
Director of Nursing Practice <b>Gloria Brigham, EdD, MN, RN</b>	Strategic Researcher <b>Ian Mikusko</b>	
Education Director <b>Megan Kilpatrick, MSN, ARNP-CNS, AOCNS</b>	Director of Operations and Labor Advisor <b>Gerard Friesz</b>	
Administrative Assistant <b>Annelise Zappone</b>	IT Director <b>Jeremy Raughton</b>	
Director of Marketing and Communications <b>Ruth Schubert</b>	Office Manager <b>Martin Hsiung</b>	
Marketing and Communications Manager <b>Bobbi Nodell, MA</b>	Membership Specialist <b>Katie Parrish</b>	
Digital Media Specialist <b>Matthew Vivion</b>	Membership Associates <b>Briar Gandy</b> <b>Kelly King</b> <b>Macy Parker</b> <b>Shastie Steinsouer</b>	
Senior Web and Design Specialist <b>Ben Tilden</b>		

### FRONT OF BOOK



#### 4 In focus

By Lynnette Vehrs

#### 7 Op-ed: The Puyallup hospital where I work wants a new tower. Who will care for the patients?

by Ashley Eubank

#### 8 News briefs

#### 9 Calendar

### BIENNIAL BUSINESS

#### 15 Proposed bylaws changes for 2023

#### 16 Meet the 2023 candidates for WSNA offices

#### 25 Membership organizational chart

#### 26 Call for self-nominations for appointments

#### 27 Proposed resolutions

- › Advocating for safe nurse staffing standards
- › Rights of foreign-educated nurses
- › Hospital consolidation: impact on nurses and access to care

#### 30 Biennial report

- › Safe staffing and health access
- › Diversity, equity, and inclusion
- › Nursing practice quality and safety
- › Membership growth and engagement
- › Association vitality
- › Elected and appointed leaders
- › Staff organizational chart

### GOVERNMENT AFFAIRS

#### 48 2023 legislative session in review

### NURSING PRACTICE



#### 58 Essentials of healthcare workplace violence prevention

1.0 CNE contact hours

By Gloria Brigham

#### 64 Response to injury on the job

### PEOPLE AND PERSPECTIVES

#### 66 Regional updates

- › Inland Empire
- › King County
- › Northwest Region
- › Rainier Olympic
- › Southwest



#### 66 Shifting away from the "I'm fine" culture

WSNA regions workshop recording now available

#### 70 In memoriam

- › Dori Painter
- › Barbara Trehearne



#### 72 A look at forensic nursing

By Shawn Reed



#### 73 In the frame: Toppenish

#### 74 Capturing the magic of the labor and delivery unit at Astria Toppenish

By Anji Scott

#### 75 Perspective from a nurse at Astria Toppenish

by Julia Barcott



#### 77 Q&A with Tacoma General nurses Liana Delecorte and Matthew Dustin

### BACK PAGE

#### 80 WSNA by the numbers

### COVER STORY

Read about the newly-passed safe staffing bill on pages 33 and 48-51.



## IN FOCUS

*From the desk of  
the president*

## A LIFE SAVED – MY GRANDSON

ON DEC. 15, 2022, MY 8-YEAR-OLD GRANDSON AND OUR little Spokane family experienced a very scary situation.

At approximately at 8:30 in the evening, my husband and I received a text message from my daughter, Hannah. She asked for us to come quickly to their house and help. We live only three blocks away. My husband was able to arrive when two ambulances showed up. I was returning from a women's group and drove over 15 minutes later.

My grandson, Henry, had been screaming and crying and complaining of a headache. Soon after, he started to have seizures. Henry had been complaining about headaches for the last two months and had been to the emergency department at Providence Sacred Heart Medical Center two other times for observation, an MRI, and medication. But this was different. Henry had never had seizures, and the pain was excruciating.

From the ambulance and healthcare providers to the nurses and doctors in the emergency department, my family was treated with respect, quick response, and professional care.

Hannah rode with Henry to the hospital, and his stepfather, Jeff, directly followed in the car. We stayed behind to help with the other two children. Hannah and Jeff were stellar with text messages for all the family members so we knew what was happening. We were all so worried.

After stabilizing Henry, the emergency department took him for another MRI. That was what got everyone in motion. About six weeks earlier, Henry received an MRI that not only confirmed he was having migraine headaches, but also showed a minor arteriovenous malformation (AVM).

However, that night, the AVM was three times bigger and was bleeding. A neurosurgeon was called in, and surgery started at 11 p.m. Again, the nurses and other personnel were outstanding about relaying information to my daughter and Jeff. I knew several nurses at Providence Sacred Heart Medical Center, and I knew they were in good hands.

After calling in another neurosurgeon to help, Henry was out of surgery and resting. He was transferred to Peds ICU and cared for. The initial assessment of Henry was left-side paralysis. The next day, a physical therapist and an occupational therapist were at his bedside to do an initial assessment and draw up a plan of care. As you can well imagine, Henry was quite bewildered why his left arm and leg would not work. But he quickly learned he would need to work with the PT, OT, and nurses to get him better.



Lynnette Vehrs visiting her 8-year-old grandson, Henry, at Sacred Heart Hospital in Spokane.

My other daughter, Amy Lou, is a PT, and she and her husband, Matt, work in town at St. Luke's Rehabilitation Center. They were filling the family in about what to expect.

When I think back about that time, everything worked so smoothly. Henry moved from the ICU to the pediatric floor where I could see him. That was a boost for me, just touching my grandson and talking with him. The nurses made me feel relieved.

Henry was progressing well and transferred to St. Luke's Rehab on the same floor where my daughter and son-in-law work! Of course, they were not allowed to provide therapy for Henry, but they provided love and care to Henry and the rest of the family.

After three weeks of therapy, Henry was starting to walk a little bit, but his left arm was the toughest to get going. The day before Henry went home, the rehab therapists and social worker had a conference with the school district's PT, OT, school principal, and his second-grade teacher. Everyone was on board and excited that Henry would start school again. Henry needed to see his friends and try to play.

We have had some minor setbacks in his level of tolerance of large crowds and lots of activity. His reading and math skills are coming back. Jeff took three months of family leave to get Henry to his outpatient therapy and other appointments and work with him at home. Jeff also picked up Henry halfway through the school day when he got exhausted.

Now, my little grandson can run and play, and his little sense of humor continues. I am so proud to be a nurse, and I'm glad to witness the fabulous work our nurses do at Sacred Heart Medical Center and St. Luke's Rehab. Thank you to all the healthcare providers!

*Lynnette Vehrs*

Lynnette Vehrs, MN, RN  
WSNA President

**“ I am so proud to be a nurse, and I'm glad to witness the fabulous work our nurses do at Sacred Heart Medical Center and St. Luke's Rehab.”**



## 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, 4.83% 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 tables below show the difference between the monthly amounts of full WSNA membership dues and agency fees for each category and district or region.

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

		Category A	Category B	Categories C and D
Region / District	5	\$19.52	\$15.52	\$11.50
	7	\$19.98	\$15.86	\$11.74
	15	\$19.52	\$15.52	\$11.50
	98	\$19.10	\$15.20	\$11.30
	CWRNA	\$22.84	\$18.02	\$13.18
	IENA	\$21.60	\$17.08	\$12.54
	KCNA	\$24.38	\$19.16	\$13.94
	NWRNA	\$20.34	\$16.14	\$11.92
	RONA	\$22.84	\$18.02	\$13.18
SWRNA	\$21.60	\$17.08	\$12.54	

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

Category J	Category K	Category L
\$5.88	\$5.26	\$4.68

Effective Jan. 1 – Dec. 31, 2023 and subject to change with proper notice.

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



# The Puyallup hospital where I work wants a new tower. Who will care for the patients?



By Ashley Eubank

LAST YEAR, EXECUTIVES WITH MULTICARE AND GOOD SAMARITAN Hospital in Puyallup petitioned the Washington Department of Health to permit a new tower. It's a great idea to serve more patients, but who's going to take care of them?

Already, we nurses are being stretched to the limit, and nurses are leaving at an alarming rate. The staffing crisis is worse than it was during COVID.

I got into nursing because of a personal experience in my own life when I was just 16. There was one nurse who was there for me when I needed it most – and, unfortunately, a nurse who only made things worse. I wanted to be the nurse who made a positive difference. Even when I have a difficult patient, I always remind myself to treat them with kindness and compassion, because this could very well be the worst day of their life and I could be the one person making it bearable for them.

But that's hard to do when I'm running from patient to patient without even a break to go to the bathroom, and it breaks my heart. I have questioned many times if I got into the right field, because nursing is not what I thought it would be. I wanted to take care of people and help people, and these days I often go home feeling defeated because I wasn't able to give my patients the care I want to give them – the care I was trained to give them.

I want to do more than the bare minimum.

Here's what it comes down to: I worry about where healthcare is going and the safety of people who are really sick and in a hospital. Too many patients could mean that the nurse isn't able to do thorough assessments, monitor patients frequently enough, or intervene in a timely manner to prevent a deteriorating state. Ask yourself, would you be okay with a family member in an emergency department hallway for three or four days, not getting the medical treatment and care they deserve?

Nurses are leaving Good Samaritan rather than putting up with working conditions that have become unbearable. They are leaving and not looking back. If the hospital wants to retain them and hire enough nurses to staff a new tower, they need to make our work bearable.

We don't have a shortage of nurses. Really, what we're experiencing is a shortage of nurses who are willing to work in these conditions. If the hospital wants to stop nurses from leaving, it needs to give nurses better working conditions and competitive pay.

And if the hospital wants to hire new nurses, it has to offer the same or better than a nurse could get a few miles away. Without that commitment, I don't see how a new tower will ever be staffed.

Right now, Good Samaritan is failing to adequately staff the beds it already has.

“ Right now, Good Samaritan is failing to adequately staff the beds it already has.”

This op-ed ran in The Tacoma News Tribune on March 30, 2023. Ashley Eubank is a registered nurse at Good Samaritan Hospital in Puyallup and has been there since October 2020.

## CONGRATULATIONS

# NEW DEANS OF NURSING ON A MISSION FOR THE UNDERSERVED

### Butch de Castro at Seattle University

Butch de Castro, PhD, MSN/MPH, RN, FAAN, was appointed the next dean of Seattle University's College of Nursing. His term will start July 1. The current dean, Kristen Swanson, RN, PhD, FAAN, is retiring at the end of the academic year.

Dr. de Castro is currently the inaugural associate dean for diversity, equity, and inclusion and professor in the Department of Child, Family, and Population Health Nursing at the University of Washington's School of Nursing. He was also director of the Occupational and Environmental Health Nursing graduate training program.

His research focused on occupational health disparities, examining how employment opportunities, job conditions, and work organization contribute to chronic stress and work-related injury and illness – particularly for immigrants and workers of color. Many of the workers in his studies were construction day laborers.

Dr. de Castro was honored at WSNA in 2021 with the Marguerite Cobb Public Health/Community Health Nurse Award, named after an exemplary public health nurse and 1998 Hall of Fame inductee. The award honors 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.



Butch de Castro



David Reyes

### David Reyes at UW-Tacoma

David Reyes, DNP, MN/MPH, RN, PHNA-BC, was appointed dean of the UW Tacoma School of Nursing & Healthcare Leadership. His term started April 1.

Dr. Reyes served as interim dean of the school starting in 2022. His appointment is the culmination of a national search. He also holds a faculty appointment as an associate professor in the school and an adjunct appointment in both the schools of Nursing and Public Health at UW in Seattle.

Prior to joining UW Tacoma in 2014, Dr. Reyes was a health services administrator with Public Health-Seattle & King County, where he managed health services delivery in a number of public health centers and was active in agency work addressing institutional racism and social justice. His primary scholarship interests are addressing the root causes of health inequity and disparities, building community leadership capacity, and using community-based participatory approaches that focus on equitable partnerships between communities and health systems. He is currently partnering with the Tacoma-Pierce County Health Department to explore barriers to, and facilitators of, vaccine acceptance among Asian American Pacific Islander and transgender communities.

### Azita Emam leaving UW for Yale



Azita Emami, who has served as executive dean of the University of Washington School of Nursing since 2013, will be leaving Washington to become dean of the Yale University School of Nursing, effective August 1. Among her many honors, Dr. Emami was the recipient of WSNA's 2019 Honorary Recognition Award.

### Battling misinformation from nurses

VICE News tells the distressing story of an Overlake nurse practitioner who was targeted after trying to correct pandemic disinformation by American Frontline Nurses.

According to the March 2 article, American Frontline Nurses spread disinformation on mainstream social media platforms including Twitter and Facebook while targeting a variety of healthcare professionals. The group continues to raise money, and its founder has been headlining conspiracy conferences and even spoke at a Senate panel headed by Sen. Ron Johnson (R-Wisc.) on how remdesivir is killing patients.

According to the article, "the group has undermined COVID-19 vaccine rollouts and public health measures and attacked childhood vaccine programs. It has even ventured into conspiracies, boosting lies about chemtrails and fluoride in drinking water."



## ■ Disturbing trend in labor and delivery

The New York Times examines the troubling trend of hospitals shutting down their labor and delivery units across rural America. The article Feb. 26 leads with Astria Toppenish Hospital in Washington state.

“Astria Toppenish Hospital is one of a string of providers across the nation that have stopped providing labor and delivery care in an effort to control costs – even as maternal deaths increase at alarming rates in the United States, and as more women develop complications that can be life threatening.”

According to the article, Medicaid pays a third of the amount that private insurance typically does, and since low-income people are more likely to live in rural areas, providing labor and delivery doesn't pay.

WSNA supports a solution that provides care and support for all mothers and children regardless of income or insurance.



## ■ Nurses in BIG demand

While the tech sector experienced significant layoffs recently, the nursing sector is going strong with projections for significant job growth. According to data from the U.S. Bureau of Labor Statistics, there will be about 203,200 job openings annually for registered nurses this decade. The employment of advanced practice nurses (including nurse anesthetists, nurse midwives, and nurse practitioners) is estimated to grow by a staggering 40% from 2021 to 2031.

The American Association of Colleges of Nursing put together a fact sheet on the current nursing crisis, attributing it to the country's aging population, the increased rate of retirement among nurses, growing health care needs, and nursing school faculty shortages.

Also, there is the issue of nurses leaving the profession even when they are still early in their career. Nurse burnout, exacerbated by the COVID-19 pandemic, is extremely common, impacting 60% of acute care nurses, according to a study by the American Nurses Foundation.



## ■ Op-ed on staffing goes viral

Kate Judge, executive director of the American Nurses Foundation, wrote an op-ed published in Modern Healthcare Feb. 6 that took off on social media. The opinion, “Nurses have solutions to the staffing crisis, if leaders will listen,” offered three approaches to improve the nursing profession based on her 30 years of working with and around nurses. (WSNA edited for length.)

### Listen first, then act.

Listen to nurses and identify how organizations can better support them. That's what the American Nurses Foundation did through its Reimagining Nursing Initiative. Out of hundreds of applications, the initiative funded 10 exciting nurse-led projects that promised more than a one-time solution.

### Tap into nursing knowledge.

Nurses are care experts, and their expertise is valuable in related fields. For example, several funded projects use technology developed by nurses to allow care teams to use their time more efficiently.

### Let go of what isn't working.

Students need to graduate with the skills and confidence to work in diverse and complex settings. They should never feel surprised by what awaits them post-graduation. Several projects are changing how nurses learn to ensure students have the competencies they need to be successful. The Ohio State University's Disrupting Nursing Education with XR, AI, and ML uses extended reality to expose students to more realistic practice scenarios.

# Calendar

## MAY 2023

- 17 Spring Local Unit Council — Greater Tacoma Convention Center, Tacoma
- 17-19 Washington State Nurses Convention — Greater Tacoma Convention Center, Tacoma
- 29 Memorial Day — WSNA offices closed

## JUNE 2023

- 2 Executive / Finance Committee meeting
- 16-17 American Nurses Association Membership Assembly — Washington, D.C.
- 19 Juneteenth — WSNA offices closed

## JULY 2023

- 4 Independence Day — WSNA offices closed
- 25 Legislative and Health Policy Council meeting

## AUGUST 2023

- 10-11 Board of Directors meeting

## SEPTEMBER 2023

- 4 Labor Day — WSNA offices closed
- 19 Legislative and Health Policy Council meeting
- 23 Professional Nursing and Health Care Council meeting

## OCTOBER 2023

- 12 Washington State Nurses Foundation meeting
- 25 Occupational and Environmental Health and Safety Committee meeting

## NOVEMBER 2023

- 10 Veterans Day — WSNA offices closed

## JANUARY 2024

- 24 Nurse Lobby Day — DoubleTree Olympia

## APRIL 2024

- 28-30 Union Leadership Conference — Campbell's Resort, Chelan

**WANT TO OPT OUT** of the print edition and receive only the digital edition of The Washington Nurse? Send an email to [newsletter@wsna.org](mailto:newsletter@wsna.org) with “print opt out” in the subject line.



## ■ Nurses know shoes



**WHAT ARE THE MOST COMFORTABLE shoes?** BuzzFeed asks nurses. The list published March 25 starts with the classic: Dansko professional clogs. One registered nurse said that putting them on felt like heaven. “I know that sounds really weird because they're wooden clogs, but the support that it had, and it had like a higher arch, so I didn't feel like my ankles or knees were buckling inward,” she said. The list also includes Nike Air Max 270, Adidas Ultraboost shoes, Brooks Ghost sneakers, On Cloud sneakers, Hoka Bondi runners, ASICS running shoes, Veja sneakers, and Crocs.



## Honoring Frankie Manning

Frankie T. Manning, MSN, RN, a champion for the underserved and a force for people of color, won the Lifetime Impact Award from the Washington Center for Nursing (WCN) in February.

As the WCN reported, Manning’s career and contributions to nursing span more than half a century and cover several continents. During the height of the Vietnam War, she spent three years living in Japan. She joined the Red Cross as a nurse working at military bases and helping to load people onto aircraft. She joined the U.S. Army Nurse Corps in the late 70s and had a 22-year career in the military serving many roles, including chief nursing officer, director of quality improvement, and director of education.

As a nurse executive at Seattle Veterans Administration Hospital, she developed community clinics and mobile units, and she worked to establish veteran health screening clinics throughout the Pacific Northwest. She built the VA learning opportunity residency program for nursing students into a nationally recognized program and developed a program to inspire young people of color to consider nursing and other healthcare careers for their professions by creating in-person learning opportunities for them at the Seattle VA hospital.

Since retiring in 2010, Manning was the first nurse to serve on the King County Board of Health (2003), was appointed to serve a three-year term on the Washington State Board of Health (2004), and served as the State Board of Health representative on the Council of Health Disparities (2006-2011).

She also serves on the UW School of Nursing faculty search committees to support diversity, equity, and inclusion in their recruitment and interviewing processes. Currently, Manning serves on the WCN Diversity Advisory Committee, on the board of directors for the King County Nurses Association, on the Health Equity Research Community Advisory Council for the Institute of Translational Health Sciences, and in the Public Health Reserve Medical Corps providing services to King and Pierce County’s homeless populations. Manning also serves on the committee for a newer project, *Reckoning with Racism in Nursing*.

As a further testament to Manning’s signal contributions, the University of Washington recently renamed its Center on Anti-Racism in Nursing to the Manning Price Spratlen Center for Anti-Racism & Equity in Nursing. The center is now named for her and for the late Dr. Lois Price Spratlen, a nursing professor who served as university ombudsman at UW and who published a groundbreaking history of African-American nurses in Seattle. Price Spratlen was inducted into the WSNA Hall of Fame in 2006.

In announcing its award, the WCN said: “Manning’s visionary leadership is affecting the systemic changes we need in nursing. ... The heart of her impact is in how she shows up for nurses and the community every day. ... Frankie Manning is one of a kind, and because of her, nursing is better.”



David Keepnews is sworn in by WSLC President April Sims on Feb. 2, 2023.

## Solidarity works in both directions

WSNA Executive Director David Keepnews was re-appointed in February as a vice president at large for the Washington State Labor Council, which represents 600 unions and 550,000 rank-and-file union members – most of the total of 615,000 union-represented workers in Washington. Washington state ranks third in the country for union density, behind New York and Hawaii.

The vice presidents make up the executive board, which oversees the work and operations of the labor council and sets strategic priorities. Keepnews’ appointment follows WSNA representation at the WSLC for years, bringing the perspective and priorities of nursing to the council. April Sims, the newly elected president of the WSLC, has walked the picket lines with WSNA.

“Our priorities are their priorities,” said Keepnews, noting that “solidarity works in both directions.”

## Did you know?

The Birth Filing Form provided by the Washington Department of Health is a document with many purposes.

The birth record is the principal resource for evaluating and improving maternal and infant health for our state and the nation.

This information is also required by law. Nurses play a critical part in gathering accurate information from patients and communicating this importance.

If you want more information about how your facility works with the Birth Filing Form, ask your manager.

Source: Department of Health

Learn more about birth data at [bit.ly/DOHbirths](http://bit.ly/DOHbirths)





THREE  
DAYS OF  
EDUCATION,  
INSPIRATION,  
AND  
CELEBRATION.

**WASHINGTON STATE  
NURSES CONVENTION**

**May 17-19, 2023**

GREATER TACOMA CONVENTION CENTER

# WASHINGTON STATE NURSES CONVENTION

ROOTED IN ADVOCACY,  
GROWING IN STRENGTH

Local and national speakers address topics like speaking up for yourself and your patients, self-care, and promoting diversity, equity, and inclusion.

## Diana J. Mason, PhD, RN, FAAN



Diana Mason is a senior policy service professor at the Center for Health Policy and Media Engagement at the George Washington University

School of Nursing and professor emerita at Hunter College, where she held the Rudin Endowed Chair and founded the Center for Health, Media & Policy.

Dr. Mason is the programme director for the International Council of Nurses' Global Nursing Leadership Institute, a past president of the American Academy of Nursing, and former editor-in-chief of the American Journal of Nursing.

She has produced and hosted radio programs on health and health policy since 1985 and currently hosts HealthCetera in the Catskills on WIOX Radio.

She has served as the only health professional on the National Advisory Committee for Kaiser Health News since its inception in 2009.

Dr. Mason is the lead editor of the book *Policy and Politics in Nursing*

and *Healthcare* and blogs on policy for JAMA Health Forum. She is the principal investigator on a 2017 replication of the 1997 Woodhull Study on Nurses and the Media published in 2018 in the *Journal of Nursing Scholarship*. She conducted an additional analysis of journalists' experiences using nurses as sources in health news stories published in the *American Journal of Nursing*.

She is chair of the National Advisory Board for the Rush Center Health and Social Care Integration and of the Steering Committee for the Catskills Addiction Coalition.

She is the recipient of numerous awards for policy, leadership, dissemination of science, writing, education, public health, media, and advocacy, including the Award for Distinguished Contributions to Health Policy by the New York Academy of Medicine in 2019.

Dr. Mason received a BSN from West Virginia University, MSN from St. Louis University, and PhD from New York University.

She will speak on elevating your power.

## Lois James, PhD



Lois James is an assistant dean of research and an associate professor in the Washington State University College of Nursing, where she focuses

on the impact of sleep loss, fatigue, stress, and bias on performance and safety in shift workers such as nurses, police officers, firefighters, and military personnel. She has received multiple honors and awards for her work and is internationally recognized as a leading expert in her field. She is

the founding director of Counter Bias Training Simulation (CBTsim), a novel and innovative simulation-based implicit bias training program that has been featured in *National Geographic* and the feature-length documentary "bias." Dr. James's work has been published extensively in academic journals, practitioner magazines, and mainstream media such as the *New York Times* and the *Washington Post*.

She will speak on her latest research on the effects of fatigue among nurses.

PRESENTED BY

**WSNA** WASHINGTON  
STATE NURSES  
ASSOCIATION

## Diversity, Equity, Inclusion Panel



The panel will include DEI subcommittee members from WSNA's Professional Nursing and Health Care Council. The council is responsible for addressing nursing practice issues, and its primary focus is on the adherence to ethical, professional, and legal standards of nursing practice.

Panel members — Jamilia Sheryl, Rachel Wang, Yuting Lin, Mikey O'Sullivan, and Chuck Cumiskey — will discuss WSNA's work on a DEI white paper workbook.

The panel will be facilitated by Meaghan Eagen-Torkko, PhD, CNM, ARNP. Eagen-Torkko is an assistant professor at the School of Nursing and Department

of Health Studies at the University of Washington-Bothell and a certified nurse midwife specializing in family planning and women's health. She currently serves on the Ethics Committee and the Gender Equity Task Force for the American College of Nurse-Midwives and previously served on the Truth & Reconciliation and Scope of Practice task forces. She currently serves on the Board of Nurses for Sexual and Reproductive Health, as well as the Enduring Guidelines Cervical Cancer Task Force (NIH/NCI), and as a DEI advocate in the University of Washington School of Nursing.

## Sara Kim, PhD



Dr. Sara Kim, Research Professor of Surgery, received her PhD in Education in 1999 from University of Washington. Currently, she serves

as Associate Dean for Educational Quality Improvement at the UW School of Medicine. Dr. Kim is the inaugural holder of the George G. B. Bilsten Professorship in the Art of Communication with Peers and Patients. Since 2014, she and her team have developed training programs and taught over 10,000 healthcare professionals conflict dialogue and speaking up skills.

## Elsa Sjunneson



Elsa Sjunneson is an internationally published author on the subject of disability and ableism. As a deafblind activist, she has worked to dismantle structural ableism. As an author, she's written her memoir, *Being Seen: One Deafblind Woman's Fight to End Ableism*, reported for Radiolab on "The Helen Keller Exorcism," and been the subject of a PBS American Masters Short Documentary. *Being Seen* was nominated for a 2022 Hugo Award and won for best biography/memoir in the 2022 Washington State Book Awards.

Sjunneson lives at the crossroads of blindness and sight. Sjunneson has partial vision in one eye and bilateral hearing aids. She cannot see well enough without a guide dog or cane, but she can see people react to her disability and often hears what they say.

Sjunneson will address ending ableism against people with disabilities in the healthcare system.

## Ronda Conger



Ronda Conger has flourished in a male-dominated industry for 30 years. As vice president of Idaho's largest homebuilder, CBH Homes, she leads the troops daily and has overseen all areas of the company for the past 20 years. Her most recent accomplishment is being named 2021 Woman of the Year by the National Association of Home Builders.

Serving is important to Conger. Her mission is to spread movements with her books: *Better Human, Better Thinking, You Go First*, and the latest book, *Leading Through Extraordinary Times*.

The award-winning author and highly acclaimed national speaker will talk about inspirational leadership through extraordinary times.

**Washington's only statewide convention dedicated exclusively to nurses and the issues we face.**

We gratefully acknowledge the support of our sponsors and exhibitors



Gold sponsor



Silver sponsor



Silver sponsor



Silver sponsor



Bronze sponsor



Bronze sponsor



Bronze sponsor



Bronze sponsor



Bronze sponsor

EXHIBITORS

AFT  
Boise State University  
School of Nursing  
Bright Now! Dental  
CareRev  
Central Washington  
Region Nurses  
Association  
Defense Health  
Agency Puget  
Sound Market

Emergency Nurses  
Association  
Fresenius Kabi  
Pharmaceutical  
Company  
Grand Canyon  
University  
Inland Empire  
Nurses Association  
Jobley.com  
King County Nurse  
Association

Maxim Healthcare  
Staffing  
MoonShine Wellness  
Northwest University  
Nursing Services  
Organization  
Northwest  
Kidney Center  
Northwest Region  
Nurses Association  
WSNA-PAC

Pacific Lutheran  
University  
Post University  
Rainier Olympic  
Nurses Association  
Tens Unit  
The Morel Company  
US Army  
UW – Bothell  
UW Psychiatry  
Consultation Line

UW – Seattle  
UW – Tacoma  
Project Help Program  
(Washington State  
Labor Council,  
AFL-CIO)  
Western Governors  
University  
Washington State  
Labor Council



These sponsors and exhibitors were confirmed at press time. For the full list of all sponsors and exhibitors, please visit [wanursecon.org](http://wanursecon.org).



# PROPOSED BYLAWS CHANGES FOR 2023

The WSNA Bylaws Committee met several times during this biennium to review the bylaws in depth and develop proposed amendments. Those proposed amendments were then considered and approved by the WSNA Board of Directors.

On May 18, the General Assembly will discuss all proposed bylaws changes and vote on sending most to be voted on by the full membership. However, this year the General Assembly will be asked to vote to approve specific bylaws changes to permit electronic voting on bylaws (Article VIII, Section 1(A), and proposed Section 3). Because we are planning to move to electronic voting for the WSNA elections, approving these bylaws changes will permit including the proposed bylaws amendments for a vote along with the ballot for WSNA elections.

What follows is a summary of both substantive and non-substantive changes to be considered by the General Assembly. For a full table of proposed amendments with their rationales (as well as the current WSNA bylaws), please go to <https://www.wsna.org/about/bylaws-and-resolutions>.

## Non-substantive changes include:

- Updates or clarifies language in various areas: For example, clarifies name of ANA annual meeting; changes “Chairholder” to “Chair;” changes ANA “delegates” to “representatives;” makes grammatical changes to provide greater clarity.
- Clarifies the option of electronic voting in WSNA elections.
- Changes name of Bylaws Committee to Bylaws/Resolutions Committee.

## Substantive changes include:

- Changes name of Cabinet on Economic & General Welfare to Labor Executive Council; changes other references to “Economic & General Welfare” to “Labor.”
- In order to comply with new Washington nonprofit corporation law, adds a requirement to hold a WSNA membership meeting in even-numbered years. This meeting will not make decisions on policy, vote on bylaws or resolutions, or elect officers (and may be held virtually).
- Provides that one of WSNA’s purposes is to promote racial and gender equity.
- Adds gender identity to the list of factors that shall not restrict WSNA’s purposes or membership.
- Adds a definition of “good standing,” addresses the effect on membership rights of not being in good standing, and how members may maintain or regain good standing.

- Clarifies that Local Unit Program members (non-RNs represented by WSNA for collective bargaining) may vote for, be elected to, and attend national or international labor organizations with which WSNA is affiliated.
- Clarifies the purpose of the organizational affiliate program.
- Clarifies that only WSNA/ANA members may vote for representatives and alternates to the ANA Membership Assembly.
- Requires that the WSNA president or vice-president must be in attendance at General Assembly as part of the requirement for a quorum.
- Provides that a member may not run concurrently as a candidate for more than one board, council, or committee position.
- Expands options for the representation of organizational affiliates on WSNA councils and committees.
- Provides that the WSNA fiscal year shall be determined by Board of Directors policy.
- Provides an option for approving WSNA bylaws changes by electronic ballot (this will be presented to the General Assembly for approval so that the rest of the proposed amendments may be voted on electronically by the membership).

If you have questions or need further information, please contact Mary Mainville, executive assistant, at [mmainville@wsna.org](mailto:mmainville@wsna.org).

# MEET THE 2023 CANDIDATES FOR WSNA OFFICES

The WSNA Nominations / Search Committee and the Economic and General Welfare (E&GW) Nominating / Search Committee thank all the nurses who have chosen to run for elected office this year. WSNA is a member-driven organization. YOU are WSNA, and volunteer elected leaders like you are essential to keeping members' voices at the forefront.

All members featured in these pages have consented to run for WSNA elected offices (as of March 2023) and will be included on the ballot. Elections will take place shortly after the 2023 Washington State Nurses Convention ends.

## It's not too late to run for office

Members who want to self-declare their candidacy for an elected office may still do so by submitting a self-declaration (consent to serve) form by 5 p.m. on May 18 (the day of General Assembly). Nomination forms may be submitted electronically. To submit a form, visit <https://www.surveymonkey.com/r/serve23>. Nominations will also be accepted during our General Assembly.

All WSNA members in good standing, whether or not they are represented for collective bargaining by WSNA, have the right to run for, and / or be appointed to the WSNA Board of Directors, councils, and committees, and as a WSNA delegate to the 2024-25 American Nurses Association (ANA) Membership Assembly. Only WSNA members represented for collective bargaining (union members) have the right to run for the WSNA Cabinet on Economic and General Welfare and the E&GW Nominating / Search Committee, as well as a delegate to the 2024 American Federation of Teachers (AFT) Convention.

## WSNA 2023 election process

WSNA is finalizing plans to elect officers to the Board of Directors, the Cabinet on Economic and General Welfare, various statewide councils, and delegates to the ANA and AFT national conventions using a secure electronic voting system. WSNA will oversee the election process, which will be administered by Survey Ballot Systems, a company with deep experience in conducting secret ballot elections for nurse associations, unions, and other nonprofit organizations.

Notice of the election, including instructions for accessing and submitting a secret ballot electronically, will be mailed to each WSNA member's last known home address by USPS first-class mail shortly after the WSNA

Convention. Members will also have access to a special election web page with information on the candidates and how to process a ballot.

The voting method and the following timeline is subject to change based on actions taken at the WSNA Membership Assembly on May 18, 2023.

May 23, 2023	Notice of election, timeline, and unique ballot access code mailed to each WSNA member.
May 26, 2023	Elections open
June 26, 2023	Elections close
June 28, 2023	Ballots tabulated and election results announced

## BOARD OF DIRECTORS

### PRESIDENT

**Justin Gill, DNP, ARNP, RN**

*King County Nurses Association, Bothell*

#### Position

Urgent Care Nurse Practitioner,  
Providence Health & Services

#### Present office

Vice President, WSNA Board of Directors

#### Certifications, honors, and awards

Family Nurse Practitioner Board Certification, American Association of Nurse Practitioner Certification Board. Keynote Commencement Speaker: University of Washington, Bothell; Keynote Speaker at Whatcom Community College 2021 Commencement in Bellingham; Keynote Speaker, University of Washington Sigma Theta Tau; "Best Poster Award" University of Washington Advanced Practice Nursing Conference (October 2018); 2017 Outstanding Alumni Award – UW Bothell School of Nursing & Health Studies; and American Nurses Association (ANA) 2014 Nurse Advocate Award Winner

"Since becoming licensed as a registered nurse in Washington state, WSNA has been an organization that has played a major role in my professional development. The organization consistently represents the interests of the most trusted profession in the state. My experience as a member of a WSNA collective bargaining unit, and later, as a sustaining professional member, has strengthened my belief that WSNA should be at the table in all health policy discussions in Washington state.

As a nurse practitioner at the bedside in an urgent care clinic, caring for patients directly throughout the COVID-19 pandemic, I firmly believe that nursing represents the backbone and foundation of our healthcare system. I see strength in the diversity of the profession. As a former Legislative/Health Policy Council Chair and member, I realize the need for nurses to be active and visible at the bedside and in Olympia.

I am humbled by the contributions of current and former leaders of WSNA. If I am honored to serve as WSNA's next president, I will be committed to serving and advocating for all nurses in Washington state."

## VICE PRESIDENT

**Julia Barcott, RN**

*Central Washington Regional  
Nurses Association, Yakima*

**Position**

ICU RN, Astria Toppenish Hospital

**Present office**

Chair, Cabinet on Economic and  
General Welfare, and member  
of the Board of Directors

**Certifications, honors, and awards**

WSNA Rising Star Award, WSNA  
Adversity Award (team award)

“Nurses need to be at the forefront of advocacy for our profession and our patients. If we're not at the table, others that don't know anything about nursing will make the decisions for us. We need safe staffing, protections against workplace violence, and the ability to give safe, appropriate care to our patients. This is our time to rise up together to get things accomplished. We do extraordinary things every day and deserve respect. We know what nurses and patients need and how to get it done. My years of experience put me in a position to advocate for all of you. I'm ready and willing to step up to advocate for our profession.”

## SECRETARY / TREASURER

**Martha Goodall, ADN, RN**

*Inland Empire Nurses  
Association, Mead*

**Position**

Critical Care RN – ICU, Providence  
Holy Family Hospital

**Present office**

Treasurer, WSNA Board of Directors

“I would like to continue helping influence nursing practice in Washington state. I have been active on many levels of WSNA. I would bring that experience forward if elected.”

DIRECTOR AT LARGE  
(3 OPEN POSITIONS)**Sean Dumas, BSN, RN**

*King County Nurses  
Association, Shoreline*

**Position**

Supervisor, Public Health –  
Seattle & King County

**Present office**

At-large member, WSNA Board of Directors

**Certifications, honors, and awards**

NCCHC

“I am seeking to continue to be involved in the WSNA Board to provide a more diverse perspective to leadership and association members. I believe my 25-plus years of nursing experience, work in public health with underserved populations, and my 15 years as a nursing leader are key assets to share as a board member. I thank you for considering me for this position.”

**John Gustafson, BA, ADN, RN, CMSRN**

*Rainier Olympic Nurses  
Association, Poulsbo*

**Position**

Retired

**Present office**

At-large member, WSNA Board of Directors

**Certifications, honors, and awards**

Daisy Award at St. Joseph Medical Center  
2018, CMSRN, Food Service Director of the  
Year. Professional memberships: WSNA,  
UFCW3000, ANA, ONS member, Puget  
Sound ONS member, and AMSN Academy  
of Medical Surgical Nurses member

“I have been a member of WSNA since becoming an RN nearly 13 years ago. I am running for a second term on the Board of Directors simply because I love doing the work; it's rewarding, and the cumulative knowledge will help me to be more effective. As a child, my parents instilled in me the importance of helping others by volunteering time for causes. There is so much that must be done advocating for nurses and their patients. I have an enthusiastic passion for the profession, and I am learning so much every day, finding improvements, answers, and helpful solutions. As a past co-chair of

two staffing committees at large hospitals, it was so upsetting when the safe staffing bill did not move forward in the Ways and Means Committee last year. As staffing co-chair, I read the many complaints CSI/ADOs. Empathy is ingrained in my bones. The thousands of nursing stories motivate me in a big way to solve. It is craziness for the hospital to try to find staffing, and when it does not happen the complaint is resolved as the answer. I say, “NO WAY.” It is common knowledge that hospitals are not being held accountable for unsafe staffing. This demands all hands-on deck fixing. As a result of this, I will stand up with many of my colleagues and speak out. Hospitals can do so much more to retain nurses and properly staff their hospital safely. As an RN, I have an ethical and moral obligation to do whatever I can to help. All nurses need legal uninterrupted rest breaks, safe and appropriate staffing, and full support for zero tolerance regarding violence in the workplace. Although progress has been made, it's not enough. Enforcement and accountability is my current focus.

My talents surround looking for solutions and not tolerating nonsense. Service matters and complaints are gifts. By serving and leaning in, I have a better perspective and can drive that much harder to affect meaningful change for nurses.”

**Pam Pasquale, MN, RN**

*District 7, Wenatchee*

**Position**

Professional Foot Care  
Nurse, self-employed

**Present office**

At-large member, Professional  
Nursing and Health Care Council

**Certifications, honors, and awards**

ANA Board Certified  
Gerontology, 2001-2021

“WSNA has never been more challenged as the association regains its stability coming out of the COVID pandemic. As has been shown with collective bargaining contracts over the last year, there are still important issues for WSNA to continue educating our nurse

members and the community. Issues such as continued legislative and collective bargaining efforts to assure safety in the workplace and a commitment to diversity, equity, and inclusion within the workplace as well as the association. Working to improve the understanding and appreciation of the role public health plays in keeping communities healthy and thriving. And expanding WSNA membership to other areas where nurses play a key role in health support. The board and executive director benefit from long-time members with experience on different councils, committees, and who have previously served on the board to maintain the mission as a recognized leader for nurses and nursing.”

**Heather Stephen-Selby, BSN, MSN, ARNP-BC, RN**

*King County Nurses Association, Renton*

**Position**

Director Clinical Services, Healthpoint Community Health

**Present office**

At-large member, WSNA Board of Directors

**Certifications, honors, and awards**

Family Nurse Practitioner. WSNA Ethics and Human Rights Award, Renton Technical College Faculty Award, and King County Nurses Association Shining Star Award

“I am currently serving as a committed and active board member along with being a member of the Washington State Nurses Foundation. I am seeking re-election to the WSNA board in the role of member at-large. I believe in WSNA’s mission of Leadership, Promoting Quality Health Care, Education, Advocacy, and Influencing Healthcare Policy. The last couple of years have been unprecedented in the demands, challenges, and opportunities for nursing as a profession.

Like many of you, I struggled to keep my head above water and found that engagement and the work of the board was powerful. At our meetings, WSNA advocated, rallied, and led our state in addressing safe workplaces (PPE), staffing shortages and gaps, and advocated for quality care for our communities. With public awareness being high related to the impact of nursing care and safe staffing for all healthcare settings, now is the time to build on previous legislative work to move us forward for safer working conditions with the right staffing. My experience, background, and previous roles as an administrator, dean, educator, and practitioner are integral to my participation and engagement for change. My commitment is unwavering in the work we do, and I have had the privilege of serving in a variety of roles within WSNA including; the Professional Nurse and Health Care Council, former assistant executive director, and board member for the past two years. Currently, I am the secretary of KCNA, which has provided a platform for continuing the work as a servant leader.”

**DIRECTOR AT-LARGE  
STAFF NURSE  
(2 OPEN POSITIONS)**

**Sara M. Bergenholtz, BSN, RN**

*District 7, Wenatchee*

**Position**

ED Nurse, Confluence Health

**Present office**

At large member, WSNA Board of Directors

“I am a strong advocate for both patients and all healthcare workers. I have innovative, out-of-the-box answers to new and existing problems. I am passionate about developing nursing as a profession and advocating for nurses’ rights. I am familiar with labor law and the political system. I’m a good communicator with my constituents and have experience in promoting and creating active engagement with members.”

**LEGISLATIVE & HEALTH  
POLICY COUNCIL**

**CHAIR (ALSO SERVES ON THE BOARD OF DIRECTORS)**

**Erin Allison, BSN, RN, CEN**

*Northwest Regional Nurses Association, Bellingham*

**Position**

Registered Nurse – Emergency, PeaceHealth St. Joseph Medical Center

**Present office**

Chair, Legislative & Health Policy Council

**Certifications, honors, and awards**

Certified Emergency Nurse (CEN)

“I am seeking to continue my tenure as chair of the Legislative Health Policy Council for a second term. I bring six years of experience on this council and have developed working relationships with other WSNA members as well as state representatives and senators.”

**MEMBER AT-LARGE  
(3 OPEN POSITIONS)**

**Ingrid Anderson, MSN, RN, CEN, SANE**

*King County Nurses Association, Snoqualmie*

**Position**

Staff Nurse, Overlake Hospital Medical Center

**Present office**

At-large member, Legislative and Health Policy Council

**Certifications, honors, and awards**

WSNA Joanna Boatman Staff Nurse Leadership Award, 2021

“As a nurse with more than 15 years’ experience working in emergency nursing, sexual assault forensic nursing, and psychiatric nursing, I have a unique perspective and understanding of how our healthcare system is and isn’t working. I have advocated for changes in legislation and helped secure passage of bills including the rest break bill in 2019. I hope to have the privilege of continuing to serve the nurses of Washington on the WSNA Legislative and Healthcare Policy Council.”



**Emily Kay, BSN, RN***King County Nurses Association, Seattle***Position**

RN – PICU, Seattle Children's Hospital

"I was inspired to seek this position after participating in 2023 WSNA Lobby Day. I would like to serve on the Legislative and Health Policy Council because I believe that changing the law is one of the most powerful ways to impact the healthcare system for good. I am passionate about nurses and believe that when nurses are well-supported it has a huge impact on the health of communities. I believe that my experience as a pediatric inpatient nurse in Washington, in addition to my passion for legislative change, would contribute to the strength of this council."

**Evette Kendall, RN***Central Washington Regional Nurses Association, Yakima***Position**

Charge Nurse, Astria Toppenish Hospital

"I would like to be more of a steward to my union. I have a strong sense of duty to change the culture of nursing regarding staffing and or treatment of nurses individually. I can make decisions based on fair and nonbiased information. I enjoy learning new ways to care for my patients and by encouraging others in a positive way."

**Cheryl Osler, EdD, MS-CNS, MA-LMHC, RN, MSL, CNE, CLNC***Inland Empire Nurses Association, Spokane***Position**

Associate Dean of Nursing, Spokane Community College

**Certifications, honors, and awards**

Certification in Simulation Education, Services to Armed Forces Resiliency Adult Facilitator with the American Red Cross (2021), Services to Armed Forces Resiliency Mind-Body Facilitator with the American Red Cross (2021), Services to Armed Forces Resiliency Youth Facilitator with the American Red Cross (2021), Disaster Mental Health Counselor with the American Red Cross (2020), Youth Preparedness Educator with the American Red Cross (2020), Certified in Healthcare

Compliance (2019), Certified in Business Law (2019), Certified Nurse Educator (2017), Advanced Holistic Nurse-Board Certified (2015), Disaster Response Certified (2015), Certified Nurse Herbalist (2015), Certified Heart Rate Variability Biofeedback Practitioner (2014), Certified Neurofeedback Practitioner (2014), Rational Living Cognitive Behavioral Therapy – Level Three Certification (2011), Critical Incident Stress Management Certification (2010), Certified in Rational Hypnotherapy (2009), National Certified Counselor (2009), Licensed Mental Health Counselor (2009), Certified Nurse Delegator in Washington State (2008), Certified CPR Instructor (2007), Certified Legal Nurse Consultant (CLNC) (2005), Certified in Counseling for Battered Women (1993), American Red Cross Collaborative Volunteer Award (2022), American Red Cross Spirit Service Award (2021), American Red Cross Northwest Region Outstanding Preparedness Volunteer Award for the Month of March 2021, and Seattle Pacific University Alumni Award (2009)

"I am seeking the position to be on the Legislative and Health Policy Council board. I am interested in this position because my experience and educational background will be a good fit to make a positive contribution. I have 33 years of nursing experience, including 20 years in nursing education as a nursing professor, and I am presently serving as the associate dean of Nursing at Spokane Community College since 2015. Furthermore, my experience as a staff and charge nurse includes working on a pediatric bone marrow transplant unit, an antepartum and postpartum unit, and a locked crisis psychiatric unit. I earned a doctorate in Educational Leadership from the University of Southern California, a master's degree in Community Mental Health Nursing from the University of Hawaii (clinical nurse specialist), a master's degree in Clinical Psychology from Argosy University, a Master of Studies in Law from the University of Southern California, and a bachelor's degree in nursing from Seattle Pacific University. I am also a certified nurse educator and work as a licensed mental health counselor in private practice.

Additionally, I serve on many boards, including the Inland Empire Nurses Association, the Accreditation Commission for Education in Nursing (ACEN) board commissioner, the MultiCare Human Subjects Institutional Review Board, Girls Scouts of Eastern Washington & Northern

Idaho Board of Directors, the Northwest American Red Cross Board of Directors. I also serve as a certified disaster mental health counselor and youth disaster preparedness educator for the American Red Cross. Lastly, I am certified in healthcare compliance and business law, and am passionate about ensuring safe, quality patient care through legislative work and health policy. Evidence-based health laws and policies can prevent disease, promote health, and keep people safe at the local, state, and federal levels.

I appreciate your consideration."

**Secrett Simmons, RN***District 7, Deer Meadows***Position**

RN PACU/ Cath Lab, Confluence Health

**Certifications, honors, and awards**

NCW nurse of the year, 2019 Education/ Mentorship, and Daisy Awardee

"With the current changes in our state healthcare system, I would like to join WSNA to advocate for our nurses. I would like to get involved in the legislative side. I am new to this area of healthcare, but I am ready to learn and speak on behalf of our nursing community. I have 20 years of bedside acute-care experience. I would like to bring that to the table in real-time perspective. I have experience in teaching, speaking, and networking. I am a natural born leader and would like to exercise my strengths for real change."

**Kathleen Thompson, BSN, RN, CDCES***Inland Empire Nurses Association, Spokane***Position**

Staff Home Health Nurse, Providence VNA Home Health

**Certifications, honors, and awards**

Certified Diabetes Care and Education Specialist

"I have the time and interest to volunteer for this position. I am passionate about advancing the profession of nursing and protecting nurses and the public."

**PROFESSIONAL NURSING & HEALTH CARE COUNCIL**

CHAIR (ALSO SERVES ON THE BOARD OF DIRECTORS)

No candidates yet

MEMBER AT-LARGE (1 OPEN POSITION)

**Anjanette Bryant, RN**

*Central Washington Regional Nurses Association, Ellensburg*

**Position**

Surgical Outpatient Nurse, Kittitas Valley Hospital

**Present office**

Chair, Cabinet on Economic and General Welfare Nominations/Search Committee

“I am interested in becoming more involved with my union. I have served as co-chair and AFT delegate, and on the nominating committee. I enjoy collaborating with other like-minded people, and feel I would be a benefit.”

ADMINISTRATION (1 OPEN POSITION)

**Rachel Wang, MHA, BSN, RN-BC**

*King County Nurses Association, Seattle*

**Position**

Director of Nursing and Clinical Services, Neighborcare Health

**Present office**

Professional Nursing and Health Care Council, Administration

**Certifications, honors, and awards**

Ambulatory Care Board Certification

“I have enjoyed being a part of the Professional Nursing and Health Care Council to contribute to WSNA’s efforts to expand inclusion and representation of nurses in all settings, including community and public health, and to deepen the organization’s commitment to antiracism in nursing practice. I am excited to continue this work in the coming session.”

EDUCATION (1 OPEN POSITION)

**Antwinett O. Lee, EdD, MSN-CNS, BSN, RN**

*King County Nurses Association, Lynnwood*

**Position**

Health Sciences, Education and Wellness Institute (HSEWI), Bellevue College Associate Dean of Nursing

**Present office**

Professional Nursing and Health Care Council, Education

**Certifications, honors, and awards**

2020 Seattle Pacific University Early Career Faculty Servant Award, 2019 Washington State Nurses Association (WSNA) Ethics and Human Rights Award Recipient, 2018 Honored as a Nurse Influencer by the University of Washington at the 100th-year Centennial Celebration, 2015 Student Nursing Organization Leadership Award, 2010 King County Nurses Association Shining Star Award: Outstanding Nurse 2010, 2006-2010 Mary Mahoney Professional Nurses Organization Outstanding Service Award: Service in the role of President, 2004 Nomination for the Dr. Martin Luther King Jr. Humanitarian Award, Seattle King County Department of Public Health, and 1995 Diversity Scholarship Award, Seattle University

“My work has been characterized by building diverse and inclusive teams, providing services and support for underserved students, and advocating for practices that addresses systemic discrimination. I have actively supported marginalized populations along the way. I have spent the past 15 years working to develop inclusive unified programs that break down barriers. Working to remove barriers and create teams of students, faculty, and staff of different backgrounds to be part of an inclusive core mission of social and human justice.”

**Mikey Ann O’Sullivan, MSN, BSN, RN**

*Inland Empire Nurses Association, Spokane*

**Position**

Nursing Lab & Sim Director, Faculty, Spokane Community College, Nursing

**Present office**

At-large member, Professional Nursing and Health Care Council

“I am seeking this position because I have been serving on this committee and want to continue with the great work we have started in the past few years. I am on the Diversity, Equity, and Inclusion (DEI) subcommittee and want the opportunity to continue this important work. I feel that we can continue to make strides in educating Washington state nurses about DEI. What do I bring to this office? I am passionate about nursing, research, educating new nurses, promoting DEI, and being part of WSNA. My experience running a prenatal clinic for the underserved population and working as a triage nurse in a community health center is also a strength I bring to this position. This experience brings leadership and understanding of the needs of the diverse patient populations nurses serve. I am a nursing instructor and the Nursing Lab and Simulation Director at Spokane Community College. This experience brings knowledge of the up-and-coming nurses in Washington State and keeps me up to date with current practice.

I am committed to this committee and hope to continue to serve.”

ETHICS AND HUMAN RIGHTS  
(1 OPEN POSITION)

**Chisula “CHEE” Chambers,  
MPH, BSN, RN**

*King County Nurses  
Association, Renton*

**Position**

Surgical ICU, Peer Support, and  
EDI Consultant at University of  
Washington – Montlake

**Certifications, honors, and awards**

Nominated for Daisy Award, 2022

“Since March 2021, I have been seeking a position in WSNA to serve and support BIPOC nurses. To empower the most marginalized nurses is to empower ALL nurses. To improve diversity and inclusivity is to increase productivity, teamwork, patient safety, and revenue. Throughout my 15 years as an LPN, I wished to participate and receive safe harbor and union protections. Last week was the moment that what I sought found me.

I am drawn to the Professional Nursing and Health Care Council because WSNA created a space for my two passions: Education and DEI work.

The valuable experience in DEI work is lived experience. There is no better education than experience and subsequent resilience and wisdom. There is also a deep compassion earned that extends to the sufferings of others that may be slightly foreign to my own. I speak to bedside and manager nurses about DEI awareness and small, practical steps we can make toward antiracism and belongingness. We cover the historical context of how we arrived today, uncovering the Black experience. But it is also easy and honest to honor the affairs of the first nations, the differently abled, and the LGBTQI. Now, over the last five years, as a faculty member in the Africana Studies Department of Eastern Washington University, I have had the privilege of practicing how to speak awareness and understanding into the minds and hearts of some of the most privileged, isolated, and sheltered people in the world. The culmination of my lived experiences, education, and years of teaching has

informed how I uncover the hidden part of our society, policies, and traditions that continue to exclude and hurt the people we intend to serve. Just as in my nursing position, faculty position, and community connections, I hope to learn, grow, serve, and inspire.”

PRACTICE  
(1 OPEN POSITION)

**Alan Lee Brown, BSN, RN, CVN**

*Northwest Region Nurses  
Association, Ferndale*

**Position**

Resource RN, PeaceHealth  
St. Joseph Medical Center

**Certifications, honors, and awards**

CVN

“I am an outspoken advocate for patient rights and staffing safety. I’ve been a critical care nurse for 12 years.”

RESEARCH  
(1 OPEN POSITION)

**Gordon West, PhD, MHA, BSN,  
RN, FACHE, AMB-BC**

*Rainier Olympic Nurses  
Association, University Place*

**Position**

Assistant Professor, Pacific  
Lutheran University

**Certifications, honors, and awards**

ANCA Nursing Research-ANCA,  
Excellence in Nursing Research-  
Defense Health Agency

“I have 23 years of service in the military and have served in various roles and on committees. I have transitioned to an academic role, and I am currently teaching a health policy course, I think this position would be a great opportunity to serve and provide great teaching examples for my students.”

**WSNA NOMINATIONS /  
SEARCH COMMITTEE**

MEMBER  
(4 OPEN POSITIONS)

**Luz Alvarez, BSN, RN**

*Central Washington Region  
Nurses Association, Sunnyside*

**Position**

Nurse, Atria Toppenish Hospital

“I would love to join my colleagues. I am outgoing, artistic, and have been in the nursing profession for the last 15 years.”

**Chuck Cumiskey, MBA, BSN**

*Rainier Olympic Nurses  
Association, Olympia*

**Position**

Retired

**Present office**

Chair, Professional Nursing and  
Health Care Council, member of  
WSNA Board of Directors

“I am a member of the Finance Committee, a member of Long-Term Care and Community Care Committee, and I participate in ANA Member Assembly. I have the training to enhance improved communication with training communication certification in Arbinger Institute, Vital Smarts' Crucial Conversations, and Team STEPPS. My experience in multiple U.S. Army leadership positions gives me the strength to promote better teamwork. Furthermore, my 12-year employment and involvement with the Washington State Nursing Commission gives me a special understanding of nursing practice and regulation to be an asset to members of WSNA.”

**ANA MEMBERSHIP ASSEMBLY**

DELEGATE  
(12 OPEN POSITIONS)

- Julia Barcott, Central Washington Regional Nurses Association, Yakima
- Sara Bergenholtz, District 7, Wenatchee
- Anjanette Bryant, Central Washington Regional Nurses Association, Ellensburg
- Susie Cervantes, Central Washington Regional Nurses Association, Toppenish
- Edna Cortez, King County Nurses Association, Shoreline
- Sue Glass, Inland Empire Nurses Association, Spokane
- Martha Goodall, Inland Empire Nurses Association, Mead
- Jennifer A. Graves, King County Nurses Association, Seattle
- John Gustafson, Rainier-Olympic Nurses Association, Poulsbo
- Judy Huntington, King County Nurses Association, Kent
- Evette Kendall, Central Washington Regional Nurses Association, Yakima
- Anne Landen, Rainier Olympic Nurses Association, Tacoma
- Jessica Lewellen, Inland Empire Nurses Association, Spokane
- Mikey Ann O’Sullivan, Inland Empire Nurses Association, Spokane
- Jon Olson, Southwest Regional Nurses Association, Kelso
- Heather Stephen-Selby, King County Nurses Association, Renton
- Anita Stull, King County Nurses Association, Seattle
- Ruby Crisostomo Tan, Rainier-Olympic Nurses Association, Puyallup
- Tristan Twohig, Inland Empire Nurses Association, Spokane
- Lynnette Vehrs, Inland Empire Nurses Association, Spokane

*Positions that follow are open to WSNA union members only.*

**CABINET ON ECONOMIC & GENERAL WELFARE**

CHAIR (ALSO SERVES ON THE BOARD OF DIRECTORS)

**Edna P. Cortez, RN**

*King County Nurses Association, Shoreline*

**Position**

Registered Nurse, Recovery / Perioperative Acute Care Unit (PACU), Seattle Children’s Hospital

**Present office**

Vice-chair, Cabinet on Economic and General Welfare

**Certifications, honors, and awards**

Daisy award (Seattle Children’s Hospital) 2006, WSNA Outstanding Local Unit Chairperson 2011 and 2017, and Joanna Boatman Staff Nurse Leadership Award 2019

“I am seeking the requested position as Cabinet chair and delegate for the ANA and AFT assembly. It is truly an honor and privilege to be part of my professional organization.

My passion is to continue my work to advocate for nurses along with WSNA, my professional organization.

Many of you have known me as the local unit chairperson from Seattle Children’s Hospital. I am passing the baton to two new leaders.

I have been able to represent WSNA in many venues, such as in the Washington Center for Nursing member-at-large and as your Cabinet vice chair. I have been your delegate for the ANA and AFT/HCP general assemblies.

As an experienced nurse and especially a person of color, I know that I can represent nurses in various aspects within the state. I believe that the actions and the words I have relayed throughout the years in WSNA show what I can provide for the offices that I am running for.

Thank you.”

VICE CHAIR

**(David) Jacob Garcia, MBA, MSN, BSN, RN, PCCN**

*Central Washington Regional Nurses Association, Pasco*

**Position**

Staff Nurse, Astria Sunnyside Hospital

**Present office**

Secretary/Treasurer, Cabinet on Economic and General Welfare

**Certifications, honors, and awards**

PCCN

“I want to continue and expand the growth of WSNA and lend WSNA my experience and knowledge to help us continue to grow as a profession and as an organization!”

SECRETARY / TREASURER

**Jon Olson, RN, CEN**

*Southwest Regional Nurses Association, Kelso*

**Position**

Registered Nurse, PeaceHealth St John Medical Center

**Present office**

At-large member, Cabinet on Economic and General Welfare

“Having served on the Cabinet on Economic and General Welfare and participating in the AFT Convention in Boston, I would like to become more active within WSNA. I believe this position will provide me an opportunity to serve other members of WSNA and nurses across the state. I have served on the Washington State Emergency Nurse Association as president, as well as the Government Affairs chair for eight years. In years past, I have been on the WSNA PAC Board, and vice president and president protem of our local unit.”



MEMBER AT-LARGE  
(7 OPEN POSITIONS)

### Susie Cervantes, RN

*Central Washington Regional  
Nurses Association, Toppenish*

#### Position

PACU RN, Astria Toppenish Hospital

“I want the experience and to help make a beneficial change in nursing.”

### Yunna Flenord, RN

*University Place, Rainier  
Olympic Nurses Association*

#### Position

Charge Nurse CVICU, St. Joseph  
Medical Center – Tacoma

#### Present office

At-large member, Cabinet on  
Economic and General Welfare

“I am seeking to serve another term because I love my fellow nurses, and I want to help improve conditions for them. We work in the most stressful field there is, and I want to advocate for change so we can stop hemorrhaging nurses and keep nurses enjoying the career they worked so hard for. Serving fellow nurses in the positions I'm applying for would help me achieve that.”

### Darryl Johnson, RN, BSN, BA, CCRN, TNCC

*Inland Empire Nurses  
Association, Spokane*

#### Position

Staff nurse, Providence Sacred  
Heart Medical Center

#### Present office

At-large member, Cabinet on  
Economic and General Welfare

“I am seeking this position in WSNA to serve my fellow nurses. My talent and strength are that I don't ever give up.”

### Anne Landen, RN

*Rainier Olympic Nurses  
Association, Tacoma*

#### Position

ED Staff Nurse, MultiCare  
Good Samaritan Hospital

“I am seeking a position to better the working conditions for nurses. I feel passionately about advocating for my peers. I bring experience, drive, and enthusiasm in achieving better working conditions for nurses, as well as reaching for excellence in nursing practice.”

### Jessica Lewellen, RN

*Inland Empire Nurses  
Association, Spokane*

#### Position

Psychiatric RN, Providence  
Sacred Heart Medical Center

#### Present office

At-large member, Legislative  
and Health Policy Council

#### Certifications, honors, and awards

Certified as a psychiatric nurse

“For the E&GW Cabinet member at-large, I want to be more involved in the continuing growth and improvement of WSNA. I'm currently participating in my local unit's negotiations, and I really want to focus on improving that process for all locals.

Over the past five years, I have been involved in working with a variety of unions in Spokane, learning from all types of union leaders, and I have discovered the importance of collaboration from all working people. I've also been involved with various educational events as an attendant and educator. Lastly, I have learned the importance of communication and having a voice, especially with my participation in the Workplace Violence Committee.”

### Shelly Melissa Mead, RN

*Rainier Olympic Nurses  
Association, University Place*

#### Position

ED RN, St. Joseph Medical Center – Tacoma

“I have truly enjoyed my last two years as a grievance officer for my group at St. Joe's. I am humbled by seeing what can be done fighting for one group, and I want to see changes as whole.”

### Ruby Crisostomo Tan, RN

*Rainier Olympic Nurses  
Association, Puyallup*

#### Position

Nurse, St. Joseph Medical Center – Tacoma

#### Present office

At-large member, Cabinet on  
Economic and General Welfare

#### Certifications, honors, and awards

Shining Star Caregiver for Service  
Excellence Awardee; Honors Award – Green  
River Community College, Pierce College;  
University of Washington Dean's List 2016;  
and WSNA Cabinet on Economic & General  
Welfare Adversity Award Recipient

“I am seeking this position in WSNA to be an advocate for Washington nurses. One of my priorities is to fight for better wages with quality medical benefits and retirement security.

I want nurses to have the freedom to join the union without facing the challenges of intimidation and harassment from management. I am a firm believer of self-advocacy, nurse advocacy, and advocacy for work organizations such as WSNA. I have learned all my advocacy throughout my nursing journey and real-life experiences. Learning and practicing to care for ourselves means we can care for others and extend our help to our community.

I have been a good ambassador for maintaining and promoting work-life balance.

Corporations should provide benefits, including paid sick time, family/medical, and or personal leave so nurses do not

need to choose between financial needs and health.

Being a nurse means embracing a lifelong commitment in education. I also advocate for affordable higher education and career training programs when an employee becomes injured at work. One of my strengths is being strong and positive in times of adversity personally and professionally. I am a nurse who had one of our dialysis private companies here in Washington state get unionized despite all their push backs.

I will be a good candidate for the WSNA Cabinet on Economic and General Welfare because I have all the credentials, background, and experience needed.”

**Tristan Twohig, RN, CEN**

*Inland Empire Nurses Association, Spokane*

**Position**

ED Nurse, Providence Holy Family Hospital

**Present office**

At-large member, Cabinet on Economic and General Welfare

**Certifications, honors, and awards**

Daisy award nominee and 2022 Nursing Excellence nominee

“My current involvement with the WSNA Political Action Committee, E&GW Cabinet member, local unit grievance officer, and negotiating team member has been both gratifying and fulfilling knowing that I can make a forward and positive difference for the nursing community locally and statewide. Working at the state level to advance nursing initiatives is a passion I have found in recent years as it incorporates a vastly diverse voice of nurses and a wider scope to make a difference while supporting diversity,

equity, and inclusion. I believe in participation with professional organizations and collective bargaining to ensure fair and appropriate representation in the policy making process. I would hope to further participate in the state level of the WSNA to better the community of nurses while appropriating representation of those who may not be able to represent themselves. I believe that multilateralism in good faith will holistically better the cause of the WSNA and its members. I believe that fair and open communication and negotiation is a key for a successful altruistic community. I believe that collaboration is the cornerstone to the policy and legislative progress. I intend to bring these merits to the office that I hold.”

**ECONOMIC & GENERAL WELFARE NOMINATING / SEARCH COMMITTEE**

**MEMBER**

(3 OPEN POSITIONS)

**Lisa Bullek, RN**

*Central Washington Region Nurses Association, Yakima*

**Position**

Nurse, Astria Toppenish Hospital

“I would like to become more active in WSNA leadership.”

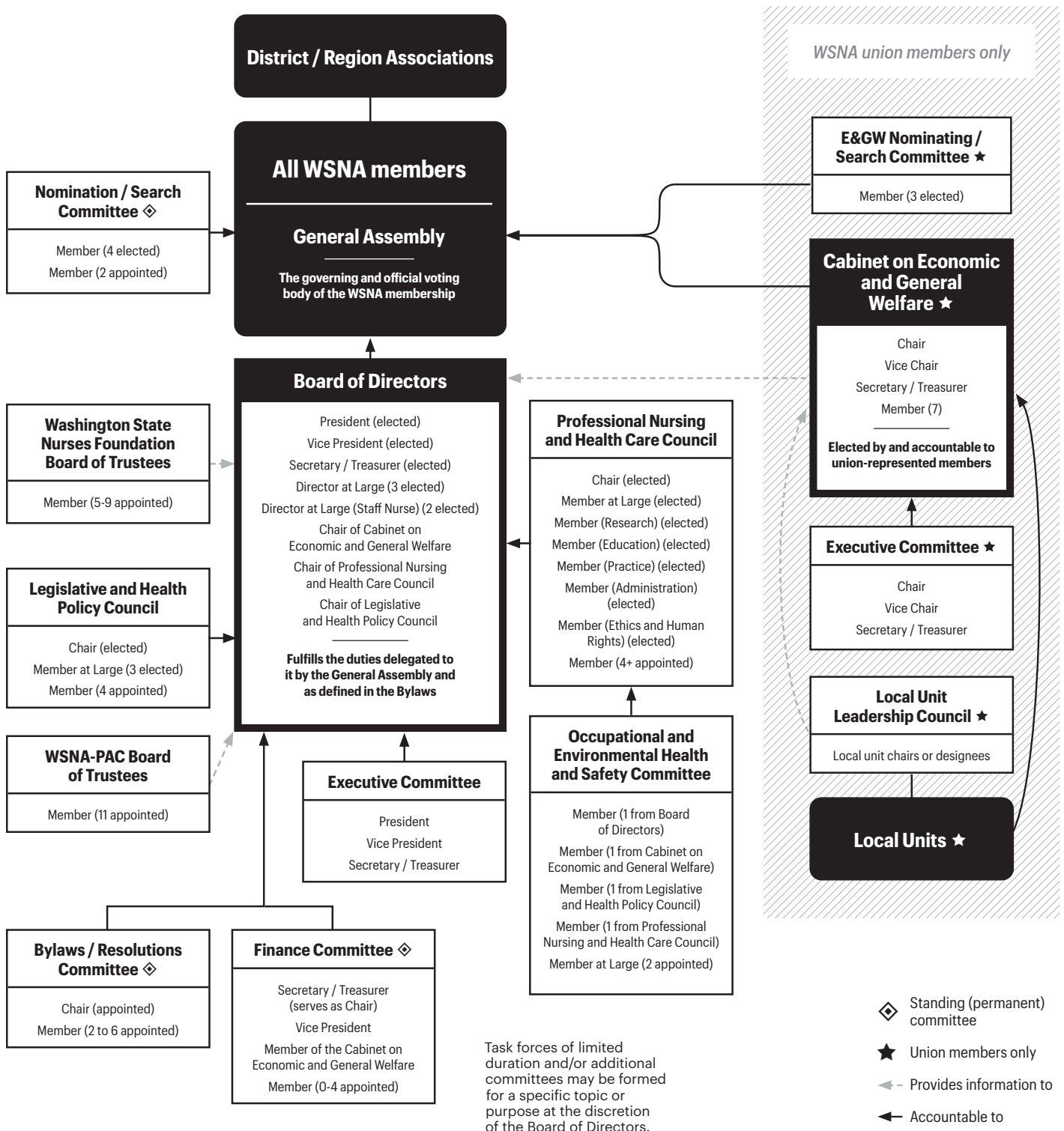
**2024 AFT CONVENTION**

**DELEGATE**

(20 OPEN POSITIONS)

- Luz Alvarez, BSN, RN, Central Washington Region Nurses Association, Sunnyside
- Julia Barcott, Central Washington Region Nurses Association, Yakima
- Anjanette Bryant, Central Washington Region Nurses Association, Ellensburg
- Lisa Bullek, RN, Central Washington Region Nurses Association, Yakima
- Claire Bucio-Martinez, Central Washington Region Nurses Association, Yakima
- Susie Cervantes, Central Washington Region Nurses Association, Toppenish
- Edna Cortez, King County Nurses Association, Shoreline
- Emily D’Anna, Rainier-Olympic Nurses Association, Tacoma
- Yunna Flenord, University Place, Rainier-Olympic Nurses Association
- Jacob Garcia, Central Washington Region Nurses Association, Pasco
- Martha Goodall, Inland Empire Nurses Association, Mead
- Evette Kendall, Central Washington Region Nurses Association, Yakima
- Anne Landen, Rainier Olympic Nurses Association, Tacoma
- Jessica Lewellen, Inland Empire Nurses Association, Spokane
- Shelly Mellissa Mead, Rainier-Olympic Nurses Association, University Place
- Jon Olson, Southwest Region Nurses Association, Kelso
- Ruby Crisostomo Tan, Rainier-Olympic Nurses Association, Puyallup
- Tristan Twohig, Inland Empire Nurses Association, Spokane

# MEMBERSHIP ORGANIZATIONAL CHART



Join a WSNA council or committee

# CALL FOR SELF-NOMINATIONS FOR APPOINTMENTS

The WSNA Board of Directors seeks volunteers for appointment to the following WSNA councils and committees. The Board will be making appointments this summer. Appointments will be for two years, starting September 1, 2023.

If you or your colleagues are interested in serving on any of these councils or committees, please go to the Application for Appointment form (also known as the “Consent to Serve”) at <https://bit.ly/WSNAappts23>. The form must be completed and submitted no later than July 15, 2021. If you have any questions, please contact Mary Mainville, WSNA executive assistant, at [mmainville@wsna.org](mailto:mmainville@wsna.org) or 206-575-7979, ext. 3030.

## Bylaws Committee

The committee reviews the WSNA Bylaws and proposes amendments or other changes. The committee also receives, reviews, and prepares resolutions for presentation to the General Assembly.

Between three and seven appointees.

## 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.

Seven appointees, four of whom either work or have recent experience in community and/or long-term care and three of whom 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.

## Finance Committee

The responsibilities of the committee include presenting the annual WSNA budget to the Board of Directors for approval, monitoring the budget throughout the year, recommending changes in finance policies and dues structure, and serving as the audit committee.

Up to three appointees, who will serve with the WSNA Secretary/Treasurer (who serves as Chair), President, Vice-president, and a representative selected by the Cabinet on Economic and General Welfare.

## Legislative and Health Policy Council

Based on WSNA’s identified priorities, this council recommends to the Board of Directors a state legislative agenda, reviews proposed legislation, and makes recommendations for WSNA’s response and activity level. The council also educates the WSNA membership in understanding the legislative priorities and presents the annual Legislative Day in Olympia.

Three appointees, who will serve with four elected Council members.

## Occupational and Environmental Health and Safety Committee

The committee identifies the workplace and the environmental health and safety concerns of the nursing profession and develops strategies to effectively address them.

Two appointees, who will serve with one representative each from the Board of Directors, Cabinet on Economic and General Welfare, Legislative and Health Policy Council, and Professional Nursing and Health Care Council.

## Professional Nursing and Health Care Council

The responsibilities of the council are defined by the WSNA Board of Directors, but may include forecasting workforce and work environment trends and promoting nursing continuing education, research, and evidence-based nursing practice.

Four appointees, who will serve with seven elected Council members.

## WSNA Nominations / Search Committee

The committee prepares the initial ballot for the election of WSNA officers, directors, councils, and representatives to the ANA Membership Assembly.

Two appointees, who will serve with four elected members.

## WSNA Political Action Committee (WSNA-PAC) Board of Trustees

The committee plans and implements political endorsements, fundraising, candidate support activities, and political education. The committee also oversees questionnaires sent to candidates for state offices.

11 appointees. Every effort shall be made to appoint from each congressional district and one representative of the state at-large.

## Washington State Nurses Foundation (WSNF) Board of Trustees

WSNF helps to advance the nursing profession and facilitate nursing’s contribution to the health of the community by distributing funds for nursing educational scholarships and grants for special projects. The Board of Trustees oversees the use of these funds and supports fundraising for the Foundation.

Between five and nine appointees (a majority of whom shall be members of the Board of Directors at the time of appointment).

## WSNA staff nurse representative to the Washington Center for Nursing (WCN) Board of Directors

The WCN is a nonprofit, statewide nursing organization that addresses nursing supply, demand, and building a robust and diverse nursing workforce to support a healthier Washington. WSNA is one of several organizations with representation on the Board of Directors. WSNA is represented by the Executive Director and one staff nurse member. The Board meets at least quarterly. Board members are encouraged to participate on various committees or subcommittees.

One appointee.



## PROPOSED RESOLUTION

# ADVOCATING FOR SAFE NURSE STAFFING STANDARDS

WHEREAS, multiple research studies over the past two decades have demonstrated the strong link between inadequate nurse staffing and poor patient outcomes (Pittman, 2022); and

WHEREAS, inadequate staffing has been linked to nurse burnout; and

WHEREAS, inadequate staffing has contributed to many nurses leaving their jobs or leaving nursing altogether; and

WHEREAS, the staffing crisis cannot be resolved without addressing problems of nurse retention; and

WHEREAS, Department of Health data indicates that as many as 16,000 actively licensed RNs in Washington state are not currently working in nursing; and

WHEREAS, nurses' concerns about the adverse impact of inadequate staffing levels are longstanding but have been exacerbated since the COVID pandemic; and

WHEREAS, California is thus far the only state to enact enforceable minimum safe staffing standards (also known as staffing ratios); and

## References

Pittman, P. (2022). Evidence on Hospital Staffing & Outcomes: Implications for Washington. <https://user-niv7hdi.cld.bz/Report-Evidence-on-Hospital-Staffing-Outcomes-Implications-for-Washington>

## Submitted by

Cabinet on Economic & General Welfare on 02-06-2023  
WSNA Board of Directors

WHEREAS, several states, including Washington, require hospitals to convene staffing committees to develop staffing plans for each patient care unit and shift; and

WHEREAS, this process has proved insufficient to ensure safe staffing; and

WHEREAS, beginning in 2012, WSNA has advocated for state-required staffing standards to be enacted alongside staffing committees and plans and has continued to advocate for such policy, including through legislation in 2022 and 2023; and

WHEREAS, the American Nurses Association (ANA) in 2022 adopted a position supporting enforceable safe patient standards, including ratios that reflect patient acuity and setting; and

WHEREAS, the American Federation of Teachers (AFT), WSNA's national labor partner, has undertaken efforts to support enactment of staffing ratios at the state and federal levels; and

WHEREAS, healthcare unions in Washington state have successfully negotiated staffing ratios in a small number of hospitals; and

WHEREAS, while inadequate hospital staffing has drawn the most public focus, staffing is also a concern in long-term care, home health, correctional health, public health, outpatient care, school health, and all areas in which nurses practice;

BE IT THEREFORE

RESOLVED, that WSNA will continue to focus on ensuring safe staffing as a top priority in attracting, recruiting and retaining nurses and in providing safe patient care; and be it further

RESOLVED, that WSNA will advocate for state legislation and policy that includes:

- enforceable, minimum safe staffing standards;
- hospital staffing committees to develop enforceable staffing plans that provide for going above those standards when needed for safe patient care;
- strong enforcement of laws requiring meal and rest breaks and limits on mandatory overtime; and
- clear and effective penalties for employers who fail to comply with minimum standards or staffing plans; be it further

RESOLVED, that WSNA will continue to work with partners in the labor movement to secure safe staffing; and be it further

RESOLVED, that WSNA will continue to work with ANA for its visible and active support for minimum safe staffing standards; be it further

RESOLVED that WSNA will continue to work with AFT to achieve minimum safe staffing standards; be it further

RESOLVED that WSNA will work closely with other C/SNAs and with AFT healthcare affiliates to provide assistance, such as sharing our legislative work to help them in successfully advocating for enforceable safe staffing standards; and be it further

RESOLVED that WSNA also recognizes the need for staffing standards in non-hospital areas of nursing practice. [WA](#)

PROPOSED RESOLUTION

# RIGHTS OF FOREIGN-EDUCATED NURSES

WHEREAS, WSNA represents nurses from a wide variety of countries working in Washington state, including the Philippines, China, India, Ethiopia, Nigeria, and others; and

WHEREAS, the U.S. healthcare system has frequently turned to recruitment of nurses from other countries to fill vacant positions; and

WHEREAS, during the current nurse-staffing crisis, many hospitals and other employers have resumed such efforts; and

WHEREAS, foreign-educated nurses work alongside U.S.-educated nurses in delivering patient care services; and

WHEREAS, in some instances, these nurses are employed by recruitment agencies for multi-year contracts, rather than being hired directly by the hospitals in which they are working, which leaves those nurses outside of union bargaining units and thus without the benefits, pay, and protections of collective bargaining agreements; and

WHEREAS, some employers have not equitably accounted for foreign-educated nurses' prior nursing experience in crediting their years of experience; and

WHEREAS, foreign-educated nurses have at times faced abusive and exploitive conditions, including high damages for terminating contracts; payment of substandard wages; and intimidation for speaking out against such practices, and some nurses have successfully challenged such practices in federal court (*Paguirigan v. Prompt Nursing Employment Agency*, 2021) and through state attorney general offices (*James*, 2021); and

WHEREAS, many employers fail to provide needed orientation to assist in adapting to their new environments and healthcare practices; and

WHEREAS, the Alliance for Ethical Recruitment has issued a Health Care Code for Ethical International Recruitment and Employment Practices based on principles that include:

- Recruiter and employer accountability;
- Freedom from discrimination and retaliation;
- The right to receive a contract with fair terms and to give informed consent;
- The right to move freely without economic coercion;
- The right to access justice;
- The right to freedom of association and collective bargaining;
- The right to receive support for clinical and cultural integration; and
- Respect for sending [source] countries;

BE IT THEREFORE

RESOLVED, that WSNA supports ethical and equitable recruitment of foreign-educated nurses; and be it further

RESOLVED, that WSNA welcomes foreign-educated nurses as our colleagues in providing the best care possible for our patients; and be it further

RESOLVED, that while recognizing the rights of all nurses to migrate, WSNA also finds that foreign recruitment is not a substitute for addressing the poor working conditions that have exacerbated the nurse staffing crisis; and be it

RESOLVED, that WSNA supports efforts to ensure that recruitment efforts take into account the healthcare workforce needs of source countries; and be it

RESOLVED, that WSNA opposes all abusive and exploitive practices, including the use of long-term contracts with high damages for termination; payment of substandard wages; inadequate living conditions; and threats of deportation or other penalties related to advocating for better conditions; and be it further

RESOLVED, that WSNA supports including foreign-recruited nurses as members of the bargaining unit where one exists; and be it further

RESOLVED, that WSNA supports equitable credit for nursing experience acquired in other countries; and be it further

RESOLVED, that WSNA will develop and disseminate a position statement putting forward our positions on foreign-educated nurses; and be it further

RESOLVED, that WSNA will actively seek opportunities to collaborate with nursing organizations representing nurses of various nationalities in order to advocate for the rights of all nurses, regardless of country of origin or education. [WN](#)

**References**

Alliance for Ethical Recruitment (2022). Health Care Code for Ethical International Recruitment and Employment Practice. Accessed at [https://www.cgfnalliance.org/wp-content/uploads/2019/03/Health-Care-Code-for-EIREP-Sept-2017\\_FINAL.pdf](https://www.cgfnalliance.org/wp-content/uploads/2019/03/Health-Care-Code-for-EIREP-Sept-2017_FINAL.pdf)

In *The Matter of the Investigation of Letitia James*, Attorney General of the State of New York, of Albany Med Health System. Accessed at [https://ag.ny.gov/sites/default/files/albany\\_med\\_aod\\_21-040\\_fully\\_executed\\_6.11.21.pdf](https://ag.ny.gov/sites/default/files/albany_med_aod_21-040_fully_executed_6.11.21.pdf)

*Paguirigan v. Prompt Nursing Employment Agency LLC*, E.D.N.Y., No. 17-cv-1302, 6/1/21.

**Submitted by**

Cabinet on Economic & General Welfare on 02-06-2023  
WSNA Board of Directors

## PROPOSED RESOLUTION

# HOSPITAL CONSOLIDATION: IMPACT ON NURSES AND ACCESS TO CARE

WHEREAS, Washington state has seen a steady growth in hospital consolidation over the past decade; and

WHEREAS, the percent of hospitals that belong to a multihospital system grew from 10% in 1986 to 46% in 2017, accounting for 79% of all hospital admissions (Bolton, 2022). These include small, regional systems and, increasingly, large corporate systems; and

WHEREAS, four large corporations increasingly dominate the healthcare landscape in Washington state:

- CommonSpirit Health (parent company of Virginia Mason Franciscan Health, which includes Catholic Health Initiatives [CHI]);
- Providence Health (which includes Swedish Health Services)
- PeaceHealth; and
- MultiCare Health Systems; and

WHEREAS, these large systems have grown by acquiring community hospitals and smaller regional chains; and

WHEREAS, of these systems, three of them are multistate corporations, accounting for 48.6% of licensed acute-care beds in Washington state (Shapiro, 2023); Providence operates in seven states; PeaceHealth in seven states; and CommonSpirit operates in 21 states, with its headquarters in Chicago; and

WHEREAS, the growth of these systems often moves the locus of control away from local hospital administration to corporate offices; this can lead to imposition of more rigid, system-wide policies, added layers of administration to resolve local issues, including at the bargaining table; and

WHEREAS, corporate policies on nurse staffing have also been used to overrule hospital committee-developed staffing plans, in violation of current staffing laws; and

WHEREAS, as more hospitals have been absorbed by religious-affiliated chains, many reproductive health services, including abortion, and gender-affirming care, have been sharply restricted or eliminated, thus reducing access in many areas; and

WHEREAS, expanded corporate influence over healthcare services has taken place not only through mergers and acquisitions, but also through other business arrangements; for example:

- MultiCare's 2023 takeover of Yakima Valley Memorial Hospital was by means of an "affiliation" agreement;
- In 2021, MultiCare loaned Astria, a two-hospital system in the Yakima Valley, \$75 million to allow Astria to emerge from bankruptcy, giving MultiCare a direct interest in Astria's operations; and

WHEREAS, hospital consolidation and growing corporate influence can also lead to reductions in other services: as MultiCare's affiliation of Yakima Valley Memorial was being finalized, Astria Sunnyside announced closure of its cardiac services and Astria Toppenish closed its maternity center, leading to widespread speculation that these closings were related to MultiCare's growing dominance of the healthcare market in the Yakima Valley; and

WHEREAS, further, Astria's 2017 acquisition of Yakima Regional Medical Center was followed by the closure in 2021 of that hospital as Astria entered into bankruptcy restructuring; and

WHEREAS, such elimination of services and hospital closures have an adverse impact on the health of communities and access to basic services, particularly in rural communities, as well as loss of employment for nurses and other healthcare workers; and

WHEREAS, the regulatory framework for hospital mergers, acquisitions, and closures of facilities or services is limited in scope; the current Certificate of Need process through the Department of Health does not allow for scrutiny of the impact of consolidation on access to services; does not require approval for closures of hospitals or hospital services; and allows some acquisitions to avoid the Certificate of Need process altogether by framing them as "affiliations;" and

WHEREAS, federal law (the WARN Act) requires advance notice before mass

layoffs and several states have enacted their own, stronger laws; however, Washington state has yet to enact such a law;

BE IT THEREFORE

RESOLVED, that WSNA will closely monitor Certificate of Need applications for potential impact on healthcare services and on nurses, advocating for protecting access to care and for our members as needed; and be it further

RESOLVED, that WSNA supports efforts to achieve stronger government oversight of proposed hospital consolidation, including assurance of access to reproductive health care, gender-affirming care, and basic services; and be it further

RESOLVED, that WSNA will encourage and support state and federal scrutiny of hospital consolidation for potential violation of laws designed to limit anti-competitive activity; and be it further

RESOLVED, that WSNA will support efforts to ensure advance notice to communities and employees before a hospital closes or before it discontinues any existing services; and be it further

RESOLVED, that WSNA will support requiring advance notice before hospital or unit closures or mass layoffs; and be it further

RESOLVED, that WSNA will partner with allies among labor, community, and public-interest organizations in supporting these efforts; and be it further

RESOLVED, that WSNA will collaborate with AFT affiliates in other states in which multistate systems operate to share information and develop common strategies; and be it further

RESOLVED, that WSNA encourages the Cabinet on Economic & General Welfare to outline strategies to address the implications of hospital consolidation and growing corporatization on our collective-bargaining members. [WH](#)

## References

Bolton, D. (2022). Hospital Mergers in Washington 1986-2017. Research Brief No. 105, Washington State Health Services Research Project. Retrieved from <https://ofm.wa.gov/sites/default/files/public/dataresearch/researchbriefs/brief105.pdf>.

Shapiro, N. (2023). "Catholic health care restrictions lead WA Legislature to eye changes" Seattle Times, February 6, 2023.

## Submitted by

Cabinet on Economic & General Welfare on 02-06-2023  
WSNA Board of Directors

# BIENNIAL REPORT

## *DEAR WSNA MEMBERS,*

Between 2021 and 2023, WSNA helped our nurses feel their power and stand up for respect and better working conditions.

In this biennial report, we are proud to share with you some of our greatest accomplishments of the past two years.

We shepherded our nurses through the pandemic into a world where they have a stronger voice. We helped nurses bargain for and win historic contracts with the support of nurse bargaining teams, our Cabinet, our team of organizers, nurse representatives, labor counsel, strategic research, and communications.

We poured our energy into efforts to win safe staffing in our state. With

dozens of members, we met with over 100 state legislators.

We also witnessed hundreds of nursing students learn how to advocate for the profession, and we conducted student debt clinics for working nurses to access loan forgiveness programs.

We rallied to honor the contributions of a home-health nurse killed on the job and reached out to family, colleagues, and the community. We held our first in-person event since the pandemic – our Hall of Fame – to honor nurses in the state who have made a lifetime contribution to nursing.

And we were a valued resource to reporters. WSNA received incredible press coverage from all corners of the

2021 to



state on how nurses are coping and how to make things better.

We also provided real-life data on the state's nurse staffing crisis to the media, including the Seattle Times, which issued an op-ed in November 2022 saying, "WA lawmakers should heed nurses' warning they are staffed too thin."

These achievements belong to all of us – our members, staff, and the many volunteer leaders who have stepped up to make a difference for our association and the nursing profession.

This biennial report looks at how we progressed toward five strategic goals:

- Safe staffing and health access
- Diversity, equity, and inclusion
- Nursing practice quality and safety
- Membership growth and engagement
- Association vitality



**Lynnette Vehrs, MN, RN**  
WSNA President



**David Keepnews, PhD, JD, RN, FAAN**  
WSNA Executive Director

# 2023

# SAFE STAFFING AND HEALTH ACCESS

**2023 Safe Staffing Bill (SB5236)** headed for passage after massive advocacy efforts for safe staffing in 2022 and 2023 legislative sessions and intense negotiations and revisions.

WSNA President Lynnette Vehrs served on the state's **Universal Health Care Work Group** and testified for SB 5399 during the 2021 state legislative session. The bill created a Universal Healthcare Commission to help establish a universal system of healthcare for all residents.

Partnered with the Department of Health to feature trusted nurses on how to stay safe during the pandemic as part of a series of **public service announcements**.

**Filed patient safety complaints:** Degraded mattresses and unexpected neonatal death resulted in an immediate jeopardy finding that required the facility to address the problem to continue operations.



## Lobby Day returns to Olympia

Every year, WSNA holds a Lobby Day with members so they can meet with legislators on their priorities — a wonderful way of getting nurses' voices heard.

In 2023, more than 82 members and staff held 100 meetings with state legislators and legislative staff on Feb. 2. They discussed safe staffing and other key priorities, such as legislation allowing nurses access to workers compensation for their PTSD without having to pinpoint their trauma to a specific event. This was the first in-person Lobby Day since 2020.

PHOTOGRAPH: BOBBI NODELL

Achieve safe nurse staffing in all settings to ensure health and optimize the quality of care.  
Advocate for increased support to nursing degree programs to promote diverse workforce development.  
Ensure equitable access to health services so that all people can attain their highest level of health and receive the right care from the appropriate provider, in the right place, at an affordable cost.

## Safe staffing campaign

**THE HARD-FOUGHT SAFE-STAFFING** bill (SB 5236) was signed into law April 20 by Washington State Gov. Jay Inslee.

The bill closes many of the loopholes and weaknesses in existing law and moves patient safety and the working conditions of nurses and other healthcare workers to the forefront; it represents significant progress toward the goal of safe staffing.

For the bill to pass, language requiring ratios was dropped. However, the bill includes much stronger enforcement of staffing plans developed by staffing committees, eliminates CEO veto power over those plans, and convenes an Advisory Committee including representatives of nurses, other healthcare workers, hospitals, and others, and staffed by the Department of Labor & Industries and the Department of Health. Substantial fines are included for violations.

The bill passed out of the Senate after a week of 12-hour sessions with the Washington State Hospital Association, the Department of Health, and the Department of Labor and Industries before going to the House.

This victory was fueled by our members, who posted selfies with placards supporting safe staffing, signed in “pro” on our priority bills, wrote to and met with legislators, and shared their stories of working under short-staffing conditions.

WSNA galvanized every resource possible to push forward safe staffing standards in the state legislature in 2022 and 2023. We joined forces with SEIU1199NW and UFCW3000 as the Washington Safe + Healthy Coalition, which collectively represents 75,000 healthcare workers.

- Our government affairs team (Katharine Weiss and Jessica Hauffe) met with stakeholders to draft the bill and strategize how to get it passed, organized nurses for Lobby Day and hearings, held grueling meetings with the Washington State Hospital Association to find common ground, and issued continual updates.
- Our leadership (Executive Director David Keepnews) held key meetings with stakeholders and was there every step of the way.
- Our labor relations team (Labor Director Jayson Dick and the 21 nurse representatives and organizers) rallied nurses to send their support to legislators and get their friends and family to support the bill as well. On Feb. 16, 2023, the day the bill was being heard in the Senate Ways and Means Committee, 5,700 people had signed in their support. Just 990 opposed.
- Our communications team (Marketing and Communications Director Ruth Schubert, Bobbi Nodell, Matt Vivion, Ben Tilden, and Joline Railey) handled daily press requests, trained nurses on speaking to the media, found a WSNA member to speak to every reporter who requested an interview on safe staffing, posted news updates, created videos of nurses in support of safe staffing, and spread the news on social media.
- WSNA’s Legislative & Health Policy Council, chaired by Erin Allison, met weekly to provide leadership and direction to our legislative efforts.

## WASHINGTON SAFE + HEALTHY AND STAFFING MEDIA COVERAGE

SEATTLE TIMES: Hospital staffing bill finds compromise, clearing final legislative hurdle. 4/10/23

KUOW’s Seattle Now podcast: Safe staffing and PTSD legislation. 3/21/22

KUOW Week in Review: Healthcare reporter Joanne Silberner offers updates on safe staffing and why nurses are quitting. 3/17/23

THE OLYMPIAN: Safe staffing for hospitals bill makes its way through Legislature. Does it go far enough? 3/16/23

PENINSULA DAILY NEWS: Peninsula hospitals exempt from bill. 3/11/23

KUOW: Listening session with four WSNA nurses and KUOW reporter Kate Walters for an hour. 3/8/23

YAKIMA HERALD-REPUBLIC: Opinion: Senate’s nursing bill is a reasonable start. 3/5/23

THE SEATTLE TIMES: Debate over WA nurse staffing ratios heads toward compromise. 3/4/23

YAKIMA HERALD-REPUBLIC: WA lawmakers consider bill to require and enforce nurse staffing minimums in hospitals. 2/26/23

EVERETT HERALD: ‘I’ve never experienced the patient loads that I experience now.’ 2/21/23

THE SPOKESMAN-REVIEW: Washington Legislature looks to tackle growing nursing workforce shortages this year. 2/19/23



**SOCIAL MEDIA**

In 2023, WSNA posted more than 39 photos of nurses from local units across the state holding safe staffing placards in photo galleries on Facebook, Instagram, and Twitter. The galleries had a combined count of 47,140 impressions (views) and 3,619 engagements (likes, shares, comments, etc.). We also posted a series of six videos of nurses sharing safe staffing stories at Lobby Day. The videos had a combined 54,546 impressions and 3,238 engagements.

KUOW: WA legislators weigh mandating nurse-to-patient ratios in hospitals. 2/15/23

KING5: 49% of Washington healthcare workers say they plan to leave their profession in a few years. 2/13/23

KIMA TV: Thousands of nurses in Washington support staffing standards in hospitals. 2/13/23

PUGET SOUND BUSINESS JOURNAL: Nearly half of Washington health care workers 'likely' leaving industry soon, survey finds. 2/13/23

FEDERAL WAY MIRROR: Washington's healthcare workforce facing widespread burnout, poll finds. 2/13/23

KING-TV: Nurses lobby legislators for better working conditions, hospital association opposes legislation. 2/2/23

KPQ: Confluence Health nurses voice concerns over staffing and increasing burn out. 2/1/23

KMRE: KMRE Radio in Whatcom County interviews Erin Allison with PeaceHealth St. Joseph Medical Center in Bellingham on nurse burnout. 1/31/23

PENINSULA DAILY NEWS: Peninsula hospitals oppose staffing legislation. 1/25/23

SCRUBS MAGAZINE: Nurse Testifies in Support of Safe Staffing Bill. 1/20/23

THE SPOKESMAN-REVIEW: Washington Legislature again looks to tackle safe staffing requirements in hospitals. 1/19/23

THE SEATTLE TIMES: Legislature must address WA nursing crisis. 1/18/23

BECKER'S HOSPITAL REVIEW: Washington's nurse ratios bill gets first hearing. 1/18/23

KIRO 7: Washington nurses push for staffing standards at hospitals. 1/16/23

KGW-TV (Portland): Washington nurses in favor of new bill aimed at solving staffing crisis. 1/13/23

PUBLIC NEWS SERVICE: WA Bill Addresses Understaffing for Nurses at 'Breaking Point.' 1/11/23

LYNNWOOD TODAY: In the Legislature: Bill addresses understaffing for nurses at 'breaking point.' 1/11/23

KHQ: Revised hospital safe staffing bill introduced in Washington state senate. 1/10/23

THE COLUMBIAN (editorial) In Our View: Lawmakers must help fix health care system. 1/9/23

KING 5: Washington healthcare workers push for new staffing laws, enforcement. 1/7/23

THE STAND: WA healthcare workers renew fight for safe staffing standards. 1/6/23

THE SEATTLE TIMES: WA hospitals, health care unions split on best way out of staffing crisis. 1/6/23

PUGET SOUND BUSINESS JOURNAL: Hospitals, nurses at odds over how WA lawmakers should address health care crisis. 1/5/23

KXLY: Healthcare workers head to Olympia, await passage of safe staffing standards bill. 1/5/23

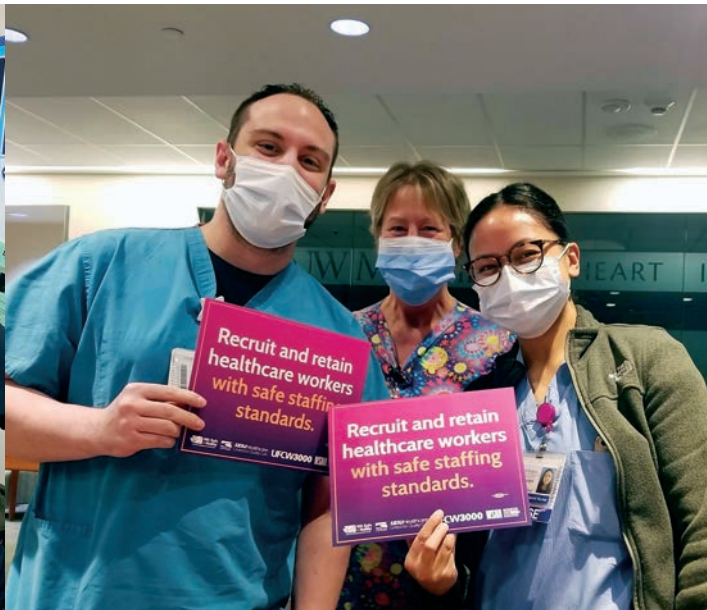
PUGET SOUND BUSINESS JOURNAL: Hospitals, nurses at odds over how WA lawmakers should address health care crisis. 1/5/23

EVERETT HERALD: Editorial: Dire nursing shortage needs range of efforts, stat! 12/11/22

Q13 FOX: Providence nurses complain labor shortage leaves patients at risk. 11/25/22

THE SEATTLE TIMES: WA lawmakers should heed nurses' warning they are staffed too thin. 11/18/22





## WSNA's 2021 legislative victories

- **HB 1272 promotes health transparency at hospitals.** The bill requires hospitals to provide additional detail regarding expenses and revenues in financial reports to the DOH as well as collecting data on health equity by reporting on demographic information of discharged patients (voluntary participation from the patient). The bill also included an interdisciplinary study on outcomes-related acute care hospital staffing; the UW School of Nursing was named as the lead entity for the study. .
- **HB 1152 established a statewide Public Health Advisory Board under the DOH and included a seat for WSNA.** The advisory board monitors the performance of, and provides recommendations to, the governmental public health system and evaluates the public health emergency response and the use of Foundational Public Health Services funding. The legislature approved \$147 million in new Foundational Public Health Services for the 2021-23 biennium.
- **SB 5190 provides presumptive eligibility for healthcare workers during COVID-19 or any other federal- or state-declared health emergency.** This means that the state will assume nurses and other healthcare workers contracted the virus or disease at work, by virtue of the fact that nurses are working around it every shift. During COVID-19 or another declared health emergency, this bill makes it easier for nurses and other healthcare workers to access workers' compensation and unemployment insurance benefits.

## WSNA's 2022 legislative victories

- **HB 1664 increased funding for school nurses.** The bill secured \$91 million to increase minimum allocations of school nurses, psychologists, social workers, and counselors in the prototypical school funding model over a three-year period. (WSNA lobbies on behalf of the School Nurse Organization of Washington.)
- **HB 2007 established a Nurse Educator Loan Repayment Program under the Washington Health Corps.** The program is administered by the Washington Student Achievement Council in collaboration with the Department of Health. The maximum loan repayment award is \$75,000 for a minimum three-year obligation of full-time employment.
- **SHB 1779 requires hospitals and ambulatory care facilities to adopt policies requiring the use of smoke evacuation systems for planned surgical procedures.** The bill also creates a Surgical Smoke Evacuation Account for Critical Access Hospitals and sole community hospitals to receive reimbursement for their upgrades. WSNA collaborated with the Association of periOperative Registered Nurses (AORN) in supporting this bill.
- **Increased funding for nursing education.** The Legislature made a \$71 million investment in supporting nursing and health care education programs, which included funding for simulation labs, nurse preceptors, and the establishment of new nursing programs.

# DIVERSITY, EQUITY, AND INCLUSION

Developing a DEI **white paper / workbook** on issues of health inequities and nursing profession recommendations for the nurses of Washington state.

Developed a module on cultural humility for **continuing nurse education** — one of the top-three modules accessed by WSNA members. The course provides an overview of cultural humility and its interrelatedness with such concepts as social determinants of health, health disparities, cultural competency, implicit biases, and privilege.

Bargained for the recognition of **Juneteenth** as a holiday in new contracts.

Conducted **staff and member training** on racial justice with the Washington State Labor Council; included a session hosted by the Washington State Labor Council at the WSNA Union Leadership Conference.

Widely disseminated the American Nurses Association's **statement on racial reckoning**.

Published a statement in February 2023 on the tragic killing of **Tyre Nichols** at the hands of police in Louisville, Kentucky.

Addressing diversity, equity, and inclusion at the **2023 Washington State Nurses Convention**.

## Racial reckoning statement

WSNA is proud to disseminate the important work of the ANA in issuing a **Racial Reckoning Statement** in 2022, owning up to its role in perpetuating systemic racism. In the statement, ANA seeks forgiveness “for named and unaccounted-for harms” and issued a plan of action to promote diversity.

The seven-page statement was approved by unanimous consent at ANA’s June 2022 Membership Assembly in Washington, D.C.

As the statement describes, ANA sometimes acted and other times failed to act in ways that perpetuated racism and harmed nurses of color.

For example, from 1916 until 1964, ANA “purposefully, systemically, and systematically excluded Black nurses,” according to the statement.

The Racial Reckoning Statement also outlined other examples that disenfranchised nurses of color, which prompted Black nurses and Hispanic nurses to form their own organizations.

The Racial Reckoning Statement apologizes for “the irreparable physiological, psychological, and socio-economic harm, not only to nurses of color but to all patients, families, and communities that depend on ANA as the national leader of the nursing profession.”

ANA CEO Loressa Cole, DNP,

MBA, RN, NEA-BC, FAAN, said in a release that ANA knows its work to reckon with its historical and institutional racist actions and inactions is long overdue.

“Racism is an assault on the human spirit, and we want to be accountable for our part in perpetuating it. We have certainly failed many nurses of color and ethnic-minority nursing organizations, undoubtedly damaging our relationship with them and in so doing, diluting the richness of the nursing profession. We ask forgiveness from nurses of color as a first step to mend what is broken.”

Moving forward, ANA offered 10 steps it will take to embrace and elevate nurses of color. This includes developing and implementing a diversity, equity, and inclusion impact analysis that is considered in all policies and positions of the association. ANA will also advocate for appropriate representation and inclusion in textbooks and other educational material.

Ernest Grant, PhD, RN, FAAN, then-president of ANA noted that it is one of more than 20 organizations taking part in the National Commission to Address Racism in Nursing.

“This work, though separate from ANA’s self-examination, informs our reckoning and reconciliation journey,” he said.

In 2021, a national survey by the National Commission to Address Racism in Nursing (n=5,600) found that more than half of nurses surveyed (63%) said they had personally experienced an act of racism in the workplace with the transgressors being either a peer (66%) or a manager or supervisor (60%).

Implement specific strategies to address social and health disparities within our profession, our membership, and our organization, recognizing that discrimination in any form is harmful to society as a whole and in opposition to the values and ethical code of the nursing profession.

## 2021 RESOLUTION DIRECTS WORK OF WSNA ON DEI

In 2021, the WSNA General Assembly approved a resolution supporting diversity, equity, and inclusion, noting that “discrimination in any form is harmful to society as a whole and in opposition to the values and ethical code of the nursing profession.” Of the 12 “Resolved” statements, the last two called for:

11. RESOLVED our Board of Directors and Cabinet will direct that our entire association commit to becoming a culturally humble association by:
  - a. Interrupting microaggressions as they occur in our association and workplaces, whether they are intentional or unintentional, and use these as opportunities to educate, learn, grow, listen, and respond with respect;
  - b. Embracing respectful dialogue and courageous conversations about racism, privilege, white fragility, and oppression;
  - c. Increasing our institutional and personal understanding of tribal sovereignty, colonialism, and historical trauma;
  - d. Encouraging opportunities for ongoing training and learning in the areas of diversity, inclusion, cultural humility, oppression, and equity;
  - e. Recognizing cultural humility as a continuous journey of self-awareness and reflection;
  - f. Ensuring the association’s hiring practices reflect our commitment to fostering cultural diversity; and
12. RESOLVED, that WSNA will encourage white allies to listen and to support and protect Black, Latinx, American Indian, Asian/Pacific Islander Americans, LGBTQ+, persons with disabilities and non-white indigenous families, neighbors and communities from racial inequities, so as to advance and attain equal educational, health and economic opportunities afforded to all in the pursuit of life, liberty and happiness.

## 2023 Washington State Nurses Convention

TWO KEYNOTE SESSIONS ADDRESSING DEI will be held at the 2023 convention:

**Elsa Sjunneson, MA**, is a deafblind activist whose memoir, *Being Seen: One Deafblind Woman’s Fight to End Ableism*, won best biography/memoir in the 2022 Washington State Book Awards. She will address ending ableism against people with disabilities in the healthcare system.

Sjunneson is a fencer, hiker, swing dancer, and speculative fiction writer who calls herself loud, snarky, and sarcastic. She is also a game designer and writes about inclusive game design. She told PBS she wakes up every day with “a burning fire in my chest” to break the stereotypes trying to define her.

The **Diversity, Equity, and Inclusion Panel** will discuss WSNA’s white paper and workbook on DEI. The panel will be facilitated by Meaghan Eagen-Torkko, PhD, CNM, ARNP, an assistant professor at the School of Nursing at the University of Washington-Bothell. She is a certified nurse midwife and a DEI advocate at the UW School of Nursing. She currently serves on the Ethics Committee and the Gender Equity Task Force for the American College of Nurse-Midwives.

## Tyre Nichols statement

THE WASHINGTON STATE NURSES Association issued the following statement Feb. 3, 2023, condemning the beating death of Tyre Nichols in Louisville, KY: “The death of Tyre Nichols at the hands of police should never have happened. It is heart-rending that here we are, almost three years after the killing of Eric Garner, Breonna Taylor, and George Floyd, and we continue to have incidents of Black people dying at the hands of police.

We have to keep saying it: Black lives matter.

We have entire communities who have to fear for their lives when they’re pulled over by police. This is just plain wrong. Rather than serving and protecting, police officers in this case brutally beat Tyre. He died three days later.

As nurses, we must acknowledge and act against the racism that infects our health care system. We know that people of color face systemic barriers to accessing health care and being listened

to or heard. African American women face higher rates of maternal death, and African Americans have the highest death rate and shortest survival of any racial and ethnic group in the US for most cancers.

The Washington State Nurses Association stands in solidarity with all those who are calling for an end to systemic racism, racial violence, and police brutality. We continue our work to educate and advocate for change.”



# NURSING PRACTICE QUALITY AND SAFETY

Educated on the **criminalization of medical error and the Radonda Vaught case**. WSNA Director of Nursing Practice Gloria Brigham, EdD, MN, RN, and labor counsel Pamela Chandran collaboratively developed and provided continuing nursing education for a variety of audiences, including WSNA Leadership Conference, an Health Professionals and Allied Employees webinar, the AFT Professional Issues Conference, the AFT Lawyers Conference, the Washington Patient Safety Coalition, the New Jersey Nurses Union, and others.

Developed resources to clarify the process to **file a complaint** with the **Washington Department of Health** (patient safety) and the **Washington Department of Labor and Industries** (worker safety). This included written instructions and recorded information.

Provided consultation on **patient and worker safety issues**. Filed complaints with regulatory agencies.

Updated resource on **accessing staffing plans** from the Washington Department of Health website and **checklist for compliance** with the staffing law.

Provided written resources and education on **serious adverse event identification and response**.

Created job aids and provided education / consultation on: **Supervision of Registered Nurses, Presumptive Eligibility, Patient Assignment Considerations (2), Surge Capacity, Compromised Bed Reporting Tips, Washington Workplace Violence Law, Tips for All Person Safety and Care Quality, Climate Change, Monkey Pox, and Safety Week: General Safety Tips**.

Provided consultation on **legal and regulatory topics** related to registered nurse practice.

Published learning management system module on **cultural humility**.

## Outreach to nursing students

WSNA IS A PROFESSIONAL MEMBER OF THE Council of Nursing Education in Washington State (CNEWS), which includes the deans and directors of all nursing programs in Washington.

WSNA is represented on the council by our Executive Director David Keepnews and Education Director Megan Kilpatrick.

CNEWS meets twice a year to discuss issues relevant to nursing education and work together to strengthen the accessibility, equity, and quality of nursing education in Washington state.

Outside of CNEWS, WSNA's major engagement with schools of nursing is through Advocacy Camp, an educational event designed for nursing students that focuses on political advocacy in healthcare.

Offered virtually since the beginning of the COVID-19 pandemic and featuring a fun mix of videos, keynote speakers, and panel discussions, this event continues to be popular with nursing students across the state.

The pandemic significantly upended nursing education, and the Nursing Students of Washington State (NSWS) convention moved to a virtual format in 2020 and remained virtual in 2021 and 2022.

School chapters faced varied challenges during the acute phase of COVID-19; some chapters flourished while others paused their activities. In addition, 2022-2023 is proving to be a rebuilding year for NSWS, with a focus on supporting school chapters, encouraging involvement in NSWS and the National Student Nurses Association, and supporting student leaders across the state. NSWS planned an in-person convention in spring 2023. State advisors include Megan Kilpatrick, WSNA Education Director, and Dr. Wendy Blakely from Heritage University.



Empower nurses to lead, advocate, educate, promote, and protect the scope of practice of nursing to practice to the full extent of their training, education, and licensure to deliver optimal care. Promote the adoption of effective behaviors and evidence-based practices that will positively impact the health and safety of registered nurses and patients and lead to improved health and quality outcomes for all residents of Washington.



## Continuing nursing education

WSNA offers continuing nursing education contact hours on our learning management system. This is free for our members and easily accessed on WSNA.org. Click on the Online Continuing Education button to sign up and access resources to enhance your professional career and competency.

### DEI spotlight: cultural humility

In spring 2022, WSNA published a module that addresses cultural humility in healthcare. This course provides an overview of cultural humility and its interrelatedness with concepts such as social determinants of health, health disparities, cultural competency, implicit biases, and privilege. Methods for integrating cultural humility in nursing care are provided, and a case study is discussed to support identification of practices that the registered nurse could adopt to increase cultural humility in the professional practice environment.

This module was developed by a University of Washington Master of Nursing student in collaboration with WSNA Nursing practice and Education staff. This complements an earlier learning module that addresses mitigating implicit bias in the professional practice environment.

### Workplace violence prevention

Workplace violence continues to rise in healthcare entities across the nation. In 2019, Washington state passed a new workplace violence prevention law, improving upon prior legislation. Education sessions and written information were provided to inform registered nurses of these changes and expectations for healthcare facilities.

A survey was conducted in spring 2021 that revealed that the 2019 Workplace Violence Prevention laws were not fully implemented in healthcare facilities and registered nurses lacked knowledge of the law. In summer 2021, WSNA collaborated with three UWB Master of Nursing students to develop a module that includes requirements of the 2019 law. This module complements an earlier module that offers practical suggestions to support workplace violence prevention.

This spring, in response to a fatal event of workplace violence in Spokane, Washington, and a steady increase in healthcare workplace violence, an article (developed by Nursing Practice/Education) is published in the Washington Nurse. This article provides an overview of healthcare workplace violence laws and regulations and current data, with a focus on the specifics of the 2019 Washington state workplace violence law. Included are opportunities to reflect upon safety in the professional practice environment and actions to consider when faced with a workplace violence on-the-job injury. This article offers 1.0 CNE contact hour. This article complements two related workplace violence prevention learning modules on the WSNA learning management system.



Gloria Brigham (top) and Pamela Chandran deliver an education session on criminalization of medical errors at WSNA's Union Leadership Conference, April 25, 2022.

# MEMBERSHIP GROWTH AND ENGAGEMENT

**Bargained for 43 contracts** in 2021 and 2022 and received historic gains at several facilities, including Seattle Children's, Tacoma General, St. Joseph Medical Center, UW Medical Center Northwest and Montlake campuses, PeaceHealth Southwest, and Astria Toppenish.

**Organized informational pickets** at St. John Medical Center in Longview on September 28, 2021, St. Joseph Medical Center in Tacoma Nov. 4, 2021, and Seattle Children's Hospital on Aug. 9, 2022.

Successfully advanced several priorities at the **ANA Membership Assembly in 2022**, including promoting enforceable safe patient standards; diversity, equity, and inclusion; and a zero-tolerance approach to workplace verbal abuse and violence.

In 2022, the **Washington State Labor Council, AFL-CIO**, appointed WSNA Executive Director David Keepnews as a vice-president and executive board member.

**Organized a vigil** for slain home-health nurse Douglas Brant in December 2022, with more than 250 in attendance.

WSNA's **Hall of Fame** dinner in March 2022 honored the dedication and achievement of six Washington RNs who have changed the practice, research, educational opportunities, and governing policies of nursing in our state: Sofia Aragon, Sally Herman, Anne Hirsch, Pamela Mitchell, Sally Watkins, and (posthumously) Catherine Natsuko Yamaguchi Chin. This was our first public event since the pandemic, and it was wonderful to celebrate nurses who have made significant lifetime contributions to the profession of nursing.

Organized WSNA's **Union Leadership Conference** in Lake Chelan April 24-26, 2022. More than 100 nurses from 25 WSNA facilities attended. Featured speakers included AFT President Randi Weingarten on the national landscape for labor, Washington State Labor Council Secretary Treasurer April Sims on how unions can respond to inequities in healthcare and racism in the professional practice environment, WSNA Director of Nursing Practice Gloria Brigham and WSNA Labor Attorney Pamela Chandran on the criminalization of medical errors, and WSNA Executive Director David Keepnews on the state of the WSNA union.

In January 2023, 309 nursing students attended **Advocacy Camp** and received a Certificate of Participation, up from 272 in 2022.



Travis Elmore leads union chants on the picket line at Seattle Children's Hospital, Aug. 9, 2022.



Remain the leading voice and advocate for the diverse registered nurses in all roles and settings who live and / or work in Washington state through continued membership growth and active member engagement.



## Info picket power

Informational pickets are an awesome demonstration of solidarity that win gains at the bargaining table.

The picket at St. Joseph Tacoma led to several gains, including \$2,500 bonuses, 19% wage increases over three years, buddies when filing a complaint on Assignment Despite Objection (ADO), no more ghost steps in wage scales, piloting a tool for staffing, and allowing nurses to be on a Do Not Call list. The picket at Seattle Children's was covered by every major news outlet in the state and helped bring historic wage increases and gains to the 1,800 WSNA nurses, setting the stage for negotiations throughout the state. Over three years, the base rate will increase 31%, and nurses will get extended leaves for the birth of a child (six months, up from three months, and holiday time will accrue double time.)

## ANA Membership Assembly

WSNA HAD 13 VOTING REPRESENTATIVES – the largest delegation from any state nurses association – at the American Nurses Association Membership Assembly, held in Washington, D.C., on June 10-11, 2022.

WSNA introduced language supporting enforceable staffing standards, including ratios. Although amendments to this language added other considerations, the essential points supporting enforceable staffing standards remained.

The final language read: “ANA supports safe patient standards including ratios that are acuity and setting specific as per nursing assessment and enforceable”; it also calls for ANA to engage with the state nurses associations to develop further details regarding standards, implementation, and enforcement, as well as supporting the development of evidence-based standards for all nursing specialties. This final statement was approved by the Membership Assembly by a vote of 95% to 5%.

WSNA Executive Director David Keepnews serves on a committee of Constituent/State Nurses Association leaders advising the ANA Board of Directors on implementing ANA's position.

In addition, the ANA Membership Assembly approved a statement on racial reckoning by acclamation, along with resolutions on a zero-tolerance approach to verbal abuse and violence in all settings, and taking a strong leadership position in addressing the impacts of climate change on human and population health, including helping prepare nurses to engage patients in conversations about climate change and its health impacts.

Informational picket at St. Joseph Medical Center – Tacoma, on Nov. 3, 2021.



## American Federation of Teachers

AT THE AMERICAN FEDERATION OF TEACHERS (AFT) 2022 Convention, held in Boston in July 2022, WSNA was represented by 11 delegates and four staff members. WSNA and the Connecticut Federation of Teachers cosponsored a resolution on healthcare professionals mental health; WSNA also supported resolutions on the healthcare staffing crisis and on educational support for professional nursing. All three resolutions passed overwhelmingly.

Julia Barcott, chair of the Cabinet on Economic & General Welfare, and Executive Director David Keepnews were appointed to AFT’s Healthcare Staffing Shortage Task Force, which issued a comprehensive report in November 2022. The report was launched at AFT Healthcare’s Professional Issues Conference (PIC) in Chicago, in which several WSNA members and staff participated. Cabinet Vice-chair Edna Cortez spoke as part of a panel on the challenges facing healthcare workers on the job; Labor Counsel Pamela Chandran spoke on a panel on criminalization of healthcare workers.

## Student debt clinics

OVER 200 NURSES ATTENDED WSNA’S 20 STUDENT debt clinics in King and Pierce counties in 2021 and 2022. These clinics, created by the American Federation of Teachers, are designed to help nurses apply for Public Service Loan Forgiveness (PSLF), a federal program that allows individuals working for public and not-for-profit employers to eliminate their student loan debt after 10 years of on-time payments. We expanded the program so that all nurses in the area, not only WSNA members, could access it.

The Rainier Olympic Nurses Association (RONA) partnered with WSNA in the Pierce County clinics. RONA has involved nursing students in the clinics so that they are able to start preparing for PSLF after graduation.

Any nurse who works for a nonprofit or public employer for at least 30 hours a week may be eligible for PSLF.

WSNA members represented by WSNA for collective bargaining also have access to Summer, a free on-line program that provides assistance in applying for student loan forgiveness. AFT partnered with the online resource Summer to help members with student debt (<https://www.meetsummer.org>).

PHOTOGRAPH: BEN TILDEN



Trudy Dant, Doug Brant's sister and a fellow nurse, shares memories of her brother at a candlelight vigil in Spokane, Dec. 21, 2020.



## Vigil for Doug Brant

WSNA HELD A BEAUTIFUL AND MOVING candlelight vigil in Spokane Dec. 21, 2022, for Doug Brant, a home health nurse with Providence Visiting Nurses Association (PVNA) in Spokane, who was shot and killed on the job. The event was held in the Grand Ballroom of the DoubleTree Civic Center. The lights were dimmed, and an estimated 250 people held battery-operated candles as speakers celebrated his life.

Guests heard from several touching speakers.

Brant's colleagues Kathleen Thompson and Amanda Crawford offered stories collected from colleagues. They talked about how Brant, a talented musician, once picked up an out-of-tune

guitar with only three strings at a nursing patient's home and managed to play a song by one of the patient's favorite bands.

Speakers at the vigil urged those in attendance to refrain from policy debates about gun violence or workplace violence and focus instead on the life and work of the late nurse, musician, and brother.

"What gives any real meaning to that is if we take the time to reflect on our heroes like Doug," said David Keepnews, Washington State Nurses Association executive director. "I think that's really what tonight is about."

Trudy Dant, Brant's sister, shared a job with him at PVNA. She shared memories of growing up in a small house with their mother that was home to a revolving

door of people down on their luck. Their mother taught them to always put people first, and he did, she said.

"He was a gifted soul," said Lynette Vehrs, Washington State Nurses Association president, who said she knew Brant personally. "You need that in home nursing."

AFT President Randi Weingarten reminded everyone of the magic of home health nurses and how during the season of Hanukkah, we are reminded of the importance of light.

Our many thanks to Jaclyn Smedley, WSNA's nurse representative for PVNA, who surrounded the Providence nurses and Brant's family with so much support, including this vigil.

# ASSOCIATION VITALITY

Continued partnerships with three affiliated nursing organizations — the **Mary Mahoney Professional Nursing Organization**, the **Pacific Northwest Chinese Nurses Association**, and the **School Nurses Organization of Washington**. We are working to revise and expand our organizational affiliate program, reaching out to nursing specialty organizations and ethnic minority nursing associations throughout the state.

Hired a new executive director, **David Keepnews, PhD, JD, RN, FAAN**, in September 2021. David has a long track record and distinguished career as a nurse, labor proponent, professor, policy specialist, and advocate for our practice. He joins WSNA at a critical time for our members, our union, and our profession.

WSNA's political action committee supported **dozens of candidates** to advance nursing in the state.

## Washington State Nurses Foundation

THE PAST BIENNIUM HAS BEEN A BUSY one for the Washington State Nurses Foundation (WSNF), which supports the nursing profession in Washington state by funding nursing scholarships and helping nurses in need.

The beginning of the COVID-19 pandemic was hard for nurses in many ways, including financially. WSNF responded to the growing need by resuming the Etta B. Cummings Fund, named in honor of WSNA's first treasurer and designed to help the "sick and worn-out nurses of Washington state."

This fund was used to create the Nurses Emergency Assistance Grant program, which provided \$500 grants to nurses experiencing financial hardship as a result of the pandemic. These grants helped nurses buy groceries, pay rent and mortgage payments, assist with childcare, and many other necessary expenses. In total, the Nurses Emergency Assistance Grant program disbursed \$96,000, assisting 192 WSNA members, with no requirements for repayment.

Special thanks to Olympic Hot Tub, Cedar Creek Corrections Center inmates and staff, Glassybaby Foundation, King County Nurses Association, Southwest Region Nurses Association, and WSNA for their generous financial support of the Nurses Emergency Assistance Grant program.

## The power of a PAC

THE WSNA POLITICAL ACTION COMMITTEE (WSNA-PAC) supports statewide and state legislative candidates who have demonstrated their commitment to WSNA's policy agenda. The WSNA-PAC can also elevate the voice of nurses to legislators by giving us a seat at the table where important decisions are being made.

In 2022, the WSNA-PAC interviewed dozens of candidates running for the state legislature, ultimately endorsing 77 candidates and contributing \$6,600 to endorsed candidates in the primary election and another \$8,500 for the general election.

### The WSNA-PAC can be a powerful advocacy tool for nurses in Washington state, but only if more people invest in it.

To bring real change for nurses in our state at a systemic level through the legislative process, we must invest in the WSNA-PAC. The large hospital organizations raise hundreds of thousands from their members. If just 10% of Washington nurses, or 10,000 nurses, gave the equivalent of a cup of coffee to the PAC each year that would be \$600,000! It's time we all invested in the WSNA-PAC and the future of nursing in Washington state.

Set up your monthly gift and donate today:

[wsna.org/pac/donate](https://wsna.org/pac/donate)

Strengthen WSNA's operations, programmatic infrastructure, and economic stability to ensure continued success by a diverse leadership and staff in advancing association priorities.



## Executive Director David Keepnews

DAVID KEEPNEWS, PHD, JD, RN, FAAN, joined WSNA as executive director on Sept. 15, 2021, and has been a wonderful steward of nurses in Washington state and of our association.

Keepnews, a nurse, lawyer, health policy expert, and leader, offers great expertise to WSNA. He has strengthened ties with labor and affiliates, and he has elevated the voice of nurses in the state through frequent interviews in the media.

Keepnews has worked as a staff nurse in psychiatric emergency and community mental health settings, as a staff attorney for the U.S. Department of Health & Human Services, as a policy analyst and director for nursing and multidisciplinary organizations, and as a nursing faculty member and academic administrator.

He was editor-in-chief of *Policy, Politics & Nursing Practice*, a peer-reviewed journal, for a decade and served on the board of directors of the American Academy of Nursing for six years. He is a fellow of the American Academy of Nursing, the New York Academy of Medicine, and the Academy of Nursing Education. An alumnus of the Robert Wood Johnson Foundation's Executive Nurse Fellows program, Keepnews has published and spoken widely on health policy issues affecting nursing.

Keepnews holds degrees in nursing, public health, law, and social/health

policy, and of his many degrees, he said: "Each degree was a way for me to deepen my understanding of – and ability to improve – nursing practice. As I came to understand the nursing profession, I saw that public policy and advocacy play a huge role in our work and was drawn to that."

He was a member of WSNA and its Legislative and Health Policy Council while he taught at the University of Washington in 2002-2004. He has also worked with WSNA on several projects, including serving as a consultant on staffing legislation and giving presentations on staffing and outcomes to WSNA members and the Nursing Care Quality Assurance Commission. He developed and presented WSNA's white paper, *Mapping the Economic Value of Nursing*, and served as a consultant for WSNA's position on the multistate Nurse Licensure Compact.

Immediately prior to joining WSNA, Keepnews was a professor of nursing at The George Washington University in Washington, D.C., where he directed the health policy track in the Doctor of Nursing Practice program. In addition to teaching and leadership roles in academia, Keepnews worked as director of policy for the American Nurses Association (ANA) and as director of policy development for a multidisciplinary urban health think-tank in New York City.

Keepnews said of his appointment in June 2021: "I am committed to WSNA's mission as a union and a professional association. I am in awe of the drive of WSNA members to stand up for safe staffing, patient care, and advancing the profession in Washington and nationally. And I am drawn to WSNA's commitment to health justice – ensuring that nurses' voices are heard and valued in initiatives to expand access and eliminate inequities."

## Organizational affiliates

WSNA's organizational affiliate program brings together diverse expertise and perspectives in nursing. Together, we more effectively advocate for the varied needs of nurses and the future of the profession.

To join as an organizational affiliate, groups must meet specific requirements. They must consist of registered nurses and possess a formal organizational structure with established objectives. Affiliates gain representation in the WSNA General Assembly and a voting seat on the Professional Nursing and Health Care Council. Additionally, they can nominate qualified registered nurse representatives for appointment to various ad hoc groups and task forces.

### Mary Mahoney Professional Nurses Organization

MMPNO's mission is to provide financial aid and scholarships to students of African heritage who pursue studies leading to careers in professional nursing.

### Pacific-Northwest Chinese Nurses Association

PCNA's aim is to establish a platform for members to make connections and exchange career resources with one another. Their mission is to diversify the future nursing workforce with the hope of improving minority health statuses.

### School Nurse Organization of Washington

SNOW supports school nurses in the delivery of health services designed to improve the health and academic success of students.

# ELECTED AND APPOINTED OFFICERS

## Board of Directors

### President

Lynnette Vehrs

### Vice President

Justin Gill

### Secretary / Treasurer

Martha Goodall

### Member

Sara Bergenholtz  
Sean Dumas  
John Gustafson  
Phoebe Dang Lim-Vuong  
Heather Stephen-Selby

### Ex Officio Member

Erin Allison  
Julia R. Barcott  
Charles C. Cumiskey

## Bylaws / Resolutions Committee

### Chair

Anita Stull

### Member

Susan Glass  
Trish Tobis

### Ex Officio Member

Lynnette Vehrs

## Cabinet on Economic and General Welfare

### Chair

Julia R. Barcott

### Vice Chair

Edna P. Cortez

### Secretary / Treasurer

David Jacob Garcia

### At-large member

Yunna Flenord  
Darryl Johnson  
Jon Olson  
Ruby Crisostomo Tan  
Tristan Twohig

## Community and Long-Term Care Committee

### Chair

Albert Munanga

### Member

Karla Jackson Anderson  
Joni Hensley  
Frankie Manning  
Amy Rowland  
Kristin Knudson  
Pamela Pasquale

## E&GW Nominating / Search Committee

### Chair

Anjanette Bryant

### Member

Sally Budack  
Lisa Bullek

## Finance Committee

### Chair – Secretary / Treasurer

Martha Goodall

### President

Lynnette Vehrs

### Vice President

Justin Gill

### Member

Judy Huntington  
Vee Sutherlin

## Legislative and Health Policy Council

### Chair

Erin Allison

### Member

Ingrid Anderson  
Gemma Aranda  
Karin Banks  
Katie Johnson  
Jessica Lewellen  
Stephanie Wahlgren

### Ex Officio Member

Lynnette Vehrs

## Occupational and Environmental Health and Safety Committee

### Chair

Karen Bowman

### Member

Sally Budack  
David Jacob Garcia  
Kay Olson  
Rosa Young

### Ex Officio Member

Lynnette Vehrs

## Professional Nursing and Health Care Council

### Chair

Charles C. Cumiskey

### Member

Anne Hirsch  
Antwinett Lee  
Yuting Lin  
Mikey O’Sullivan  
Joan Owens  
Pam Pasquale  
Suzanne Scott  
Jamilia Sherls-Jones  
Rosa Young  
Rachel Wang (Xue Geng)

### Ex Officio Member

Lynnette Vehrs

## Washington State Nurses Foundation

### President

Susan Glass

### Vice President

Sara Bergenholtz

### Treasurer

Martha Goodall

### Member

Phoebe Dang Lim-Vuong  
Frankie Manning  
Pam Newsom  
Heather Stephen-Selby

### Ex Officio Member

Lynnette Vehrs

## WSNA Political Action Committee

### Chair

Jacob Garcia

### vMember

Chris Birchem  
Hilke Faber  
Justin Gill  
John Gustafson  
Phoebe Dang Lim-Vuong  
Kathleen Thompson

### Ex Officio Member

Lynnette Vehrs

## WSNA Nominations / Search Committee

### Chair

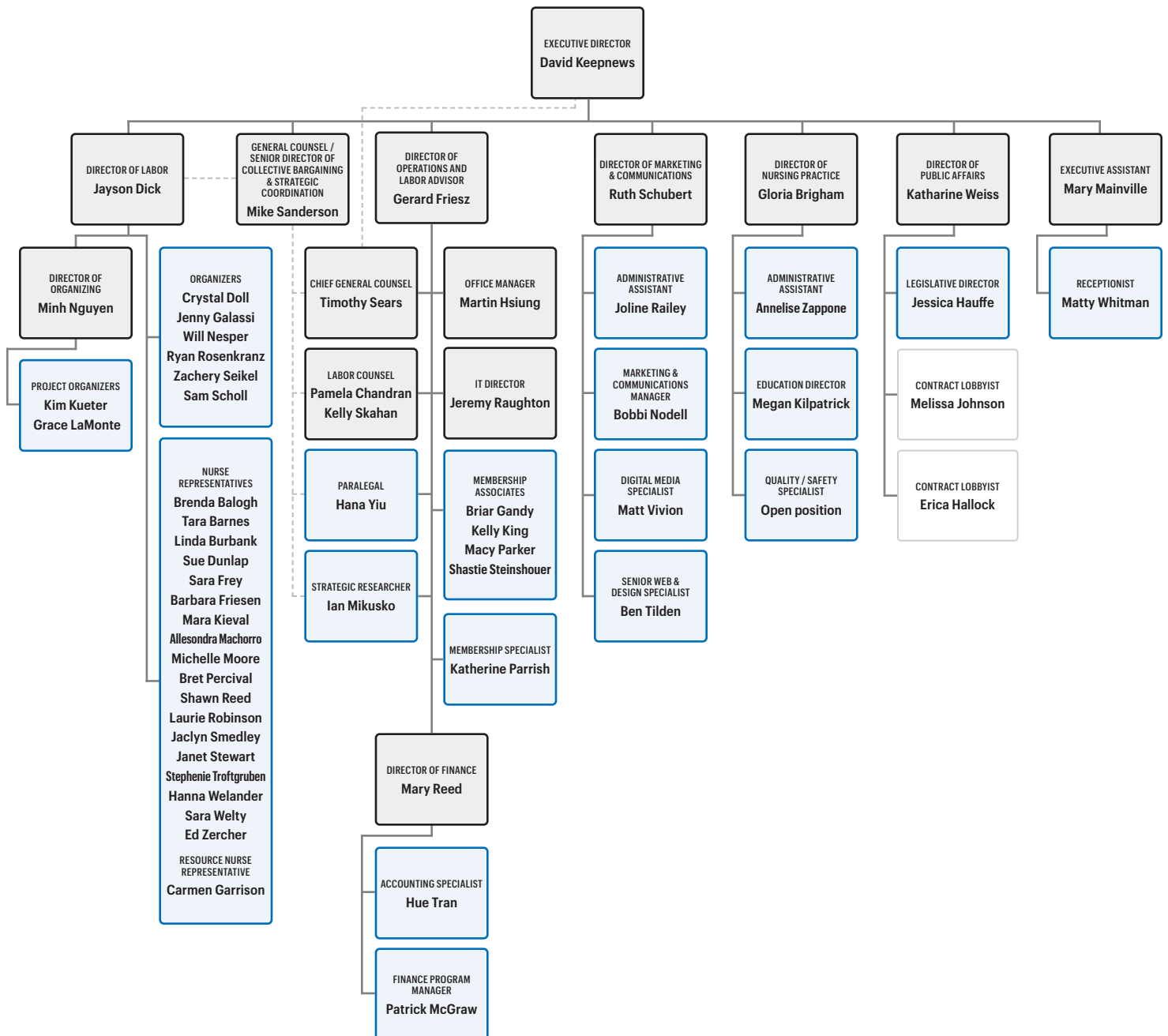
Evette Kendall

### Member

Suzanne Baek  
Sue Glass  
Jennifer Graves  
Judi Lyons  
Frankie Manning  
Brenda Shaw

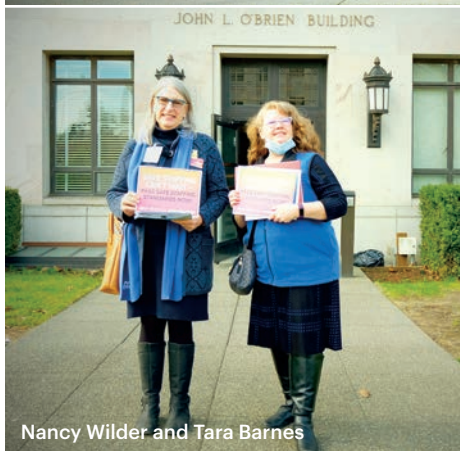


# STAFF ORGANIZATIONAL CHART



Reports to    
  Consults with    
  Non-union staff    
  Union-represented staff    
  Contract

WSNA members attend Nurse Lobby Day at the state capitol in Olympia on Feb. 2, 2023



Nancy Wilder and Tara Barnes



Ruby Cristosomo Tan

# 2023 legislative session in review

By Katharine Weiss  
Director of Government Affairs

LOBBY DAY PHOTOS BY Bobbi Nodell

## BUDGET

The Washington State Legislature passed its 2023-25 operating budget on April 23, and the final budget includes nearly \$70 billion in state spending. The legislature approved major increases in spending for public schools, housing, and environmental and mental health programs. The budget also includes a major investment in funding for the salaries and benefits of state workers. Additionally, the legislature increased state spending on mental and behavioral health programs by \$603 million. Most of that funding goes toward new treatment facilities and more community-based housing to support people with developmental and chronic mental illnesses. The legislature also made the largest increase in funding for public education since addressing funding in compliance with the McCleary decision in 2018.

Nearly \$11 million of the budget was allocated to the implementation of the Safe Staffing Bill. Most of that funding goes to the Department of Health and the Department of Labor & Industries, which are responsible for enforcing the law. An additional \$2.7 million was allocated to the Department of Health to investigate the backlog of staffing complaints that accumulated during a public health emergency.

The legislature invested more than \$10 million in public university nursing programs: \$4.9 million for Eastern Washington University to launch a Bachelor of Science in Nursing Program for the 2023-24 academic year, \$3.6 million for community and technical college nursing programs, and more than \$6 million for four public agencies to help increase the nurse workforce supply.

## Priority budget items for WSNA

All dollars reflect general fund and state operating funds unless otherwise noted.

PRIORITY	AGENCY	DESCRIPTION	FINAL BUDGET
Hospital staffing standards	Department of Health (DOH)	Funding is provided to implement the Engrossed Second Substitute Safe Staffing Senate Bill 5236 (Safe Staffing), which modifies nurse staffing committee and staffing plan requirements and changes meal and rest breaks and overtime provisions for healthcare employees.	\$4.8M
Hospital staffing standards	Department of Labor and Industries (L&I)	Funding is provided for rulemaking activities and for the associated costs to implement SB 5236.	\$5.5M
Hospital staffing standards	Office of the Attorney General (AGO)	Funding is provided for legal services to agencies to implement SB 5236.	\$204,000
Hospital staffing standards	Evergreen State College	Funding is provided for the Washington State Institute for Public Policy to conduct a hospital staffing standard study as required by SB 5236. A report is due by June 30, 2024.	\$163,000
Hospital staffing standards	Office of Administrative Hearings	Funding is provided for the implementation of SB 5236.	\$34,000
Registered nurses PTSD insurance	L&I	Funding is provided for the implementation of SB 5454 (which expands workers' comp for nurses suffering from PTSD).	\$666,000
Registered nurses PTSD insurance	Board of Industrial Appeals	Funding is provided for the implementation of SB 5454 (which expands workers' comp for nurses suffering from PTSD).	\$43,000
Hospital complaint investigations	DOH	Funding is provided to investigate a backlog of hospital complaints that developed during the COVID-19 pandemic.	\$2.7M
Nursing education	University of Washington	Funding is provided for the continued support of additional nursing slots at the Seattle campus in the existing accelerated Bachelor of Science in Nursing Program and for the School of Nursing and Healthcare Leadership at the Tacoma campus. A coordinated progress report with the Student Achievement Council is due to the legislature by June 1, 2023, and a final report is due by Dec. 1, 2024.	\$742,000
Nursing educator salaries	Washington State University (WSU)	Funding is provided to increase nurse educator salaries to support the College of Nursing's reaccreditation effort.	\$3.9M
Nursing program equipment	WSU	Funding is provided for additional nursing program equipment.	\$476,000
Bachelor of science in nursing	Eastern Washington University	Funding is provided to fully launch the Bachelor of Science in Nursing program to serve 80 students beginning in the academic year 2023-24.	\$4.9M
Nursing education	Western Washington University	Funding is provided for the RN to Bachelor's in Nursing Program.	\$866,000
Nursing education	Community & Technical College System	Funding is provided to increase the number of slots in nursing programs by 200 in the 2023-25 biennium. A coordinated progress report with the Student Achievement Council is due to the legislature by June 1, 2023, and a final report is due by Dec. 1, 2024.	\$3.6M

## Other nursing budget items of interest

All dollars reflect general fund-state operating funds unless otherwise noted.

PRIORITY	AGENCY	DESCRIPTION	FINAL BUDGET
Multistate Nurse Licensure Compact	DOH	Funding is provided to implement Substitute Senate Bill SB 5499 (multistate nurse licensure).	\$1.2 M
Multistate Nurse Licensure Compact	Washington State Patrol	Funding is provided to implement SB 5499, which requires individuals applying for licenses to submit fingerprints to obtain criminal history record information.	\$1.1M
Nursing pool transparency	DOH	Funding is provided to the Department of Health to conduct rulemaking that requires nursing pools (nurse travel agencies) to register and disclose their corporate structure and ownership as provided in SB 5547 (concerning nursing pool transparency).	\$107M
Nurse supply	DOH	Funding is provided for the implementation of a high school certified nursing assistant pilot program, the licensed practical nurse (LPN) apprenticeship program, and rulemaking for the Engrossed Second Substitute Senate Bill 5582 (nurse supply).	\$1.2M
Nurse supply	L&I	Funding is provided to implement the high school certified nursing assistant pilot program, the LPN apprenticeship program, and a career and technical education grant program in health sciences, as provided in SB 5582.	\$275,000
Nurse supply	Community & Technical College System	Funding is provided for the State Board for Community & Technical Colleges (SBCTC) to develop a plan to train more nurses and to design and implement an online curriculum and pathway to earn a licensed practical nursing credential, as provided in SB 5582. A report on the plan is due to the legislature by Dec. 1, 2024.	\$882,000
Nurse supply	Public Schools	Funding is provided for the implementation of a career and technical education grant program in the health sciences, as provided in SB 5582.	\$4.2M
Rural nursing workforce	DOH	One-time funding is provided for a rural workforce initiative to support nursing students remaining in rural areas.	\$350,000
Post-retirement/ nursing	Department of Retirement Systems	Funding is provided to implement Substitute Senate Bill 5538 (post-retirement/nursing).	\$1.2M
Health care licenses	DOH	Funding is provided to implement HB 1503, which requires health professionals to submit demographic information upon their initial licensure and renewal.	\$704,000
Nursing Care Quality Assurance Commission (NQAC) staffing and Licensure	DOH	Expenditure authority is provided for the Nursing Quality Assurance Commission (NQAC) to increase staffing levels to meet the increased demand for nursing licensure and updates to policies and the regulatory framework.	\$2.3M
Nursing commission grant program	DOH	Funding for the Washington NQAC to manage a grant process to incentivize nurses to supervise nursing students in healthcare settings. The goal of the grant program is to create more clinical placements for nursing students to complete the required clinical hours to earn their nursing degrees and related licensure.	\$6M
Health professions/substance-use disorder program	DOH	Funding is provided to implement HB 1255, which modifies policies regarding health professionals with substance use disorders.	\$153,000
Clinical placement	DOH	Funding is provided for the DOH to contract with the Central Nursing Resource Center to gather data to assess current clinical placement practices and identify policy options and recommendations to help increase the number of clinical placement opportunities.	\$560,000
Vendor rate adjustment for nurses	Department of Corrections	Funding is provided for vendor rate increases for nursing staff, which adjusts the registered nurse hourly rate from \$75 to \$100 and adjusts the licensed practitioner nurse hourly rate from \$57 to \$85.	\$908,000
COVID-19 funding	DOH	Funding is provided for COVID-19 response activities, including the distribution of testing supplies, providing vaccinations, and overseeing vaccine logistics and distribution.	\$20M
Public health information systems	DOH	Funds are provided to maintain public health information systems that are used to collect, track, and report public health information.	\$23M



PRIORITY	AGENCY	DESCRIPTION	FINAL BUDGET
Public health technology	DOH	Funding is provided to sustain the information technology infrastructure, tools, and solutions developed to respond to the COVID-19 pandemic. The DOH must submit a plan to the Office of Financial Management by Sept. 15, 2023, that identifies a new funding strategy to maintain these information technology investments within the DOH's existing state, local, and federal funding.	\$17.8M
Military spouse employment	DOH	One-time funding is provided to implement HB 1009, which establishes requirements for certain state agencies and licensing authorities related to the professional licensing of military spouses.	\$158,000
Reproductive health services	DOH	Ongoing funding is provided to maintain access to abortion care, including grants to providers and funding for patient outreach, workforce retention, recruitment incentives, and security investments.	\$15.7M
Tobacco use prevention and cessation	DOH	One-time funding is provided for programs that prevent the initiation of tobacco usage and help people quit smoking.	\$5M
Health care affordability study	AGO	One-time funding is provided to study health insurance affordability.	\$100,000
Health care services/access	AGO	Funding is provided to implement Engrossed Substitute House Bill 1469 (health care services/access), which establishes various protections for individuals receiving gender-affirming treatment and reproductive healthcare services.	\$426,000
Difficult to discharge pilot	University of Washington (UW)	One-time funding is provided to organize and facilitate a difficult-to-discharge taskforce to oversee a pilot program and make recommendations about how to address the challenges associated with discharging patients from acute care settings and post-acute care capacity.	\$205,000
UW Hospital support	UW	Funding is provided for the continued support of operations and teaching activities at the University of Washington Medical Center and Harborview Medical Center in fiscal year 2024.	\$100,000
SANE training	UW	Funding for Sexual Assault Nurse Examiner (SANE) training.	\$244,000
Coordinated cyber/ nursing report	Student Achievement Council	Funding is provided for the Washington Student Achievement Council (WSAC) to coordinate with four-year institutions and the State Board for Community & Technical Colleges on a progress report on new or expanded cybersecurity and nursing academic programs funded in the 2022 supplemental and 2023-25 biennial operating budgets. A final report is due to the legislature by Dec. 1, 2024.	\$10,000

## Labor budget items of interest

PRIORITY	AGENCY	DESCRIPTION	FINAL BUDGET
Healthcare workers benefits	Department of Labor and Industries (L&I)	Funding and staffing are adjusted to implement Chapter 251, Laws of 2021 (ESSB 5190), which provides presumptive workers' compensation coverage for healthcare employees during a public health emergency if certain criteria are met.	-\$322,000
Musculoskeletal injuries	L&I	Funding is provided for the implementation of SB 5217 (concerning the state's ability to regulate certain industries and risk classes to prevent musculoskeletal injuries and disorders).	\$1.7M
Workers' compensation system	L&I	One-time funding is provided for the discovery-planning phase and procurement strategy of replacing the workers' compensation computer system.	\$9.4M
Equity for underserved workers	L&I	Funding is provided for additional outreach staff and contracted services with community-based organizations to improve their access to information and services for workers with limited English proficiency.	\$2.8M
Workers comp training	L&I	Funding is provided for temporary staff to update workers' compensation training modules about strategically managing claims to prevent long-term disability over a four-year period.	\$1.7M
Mental health claims	L&I	Funding is provided to implement House Bill 1197 (workers' compensation providers), which requires modifications to the Medical Information Payment System to add psychologists as attending providers for mental health-only claims.	\$528,000
Center for Work Equity Research	L&I	Funding is provided to create the Center for Work Equity Research within the Safety and Health Assessment and Research for Prevention Program.	\$1.8M

## POLICY

### WSNA priority bills

#### Safe staffing **PASSED**

E2SSB 5236 strengthens accountability for hospital staffing plans. If hospitals fall below 80% compliance with their staffing plans, they are required to report their noncompliance to the Department of Health and the Department of Labor & Industries (L&I). Noncompliant hospitals will be assigned corrective action plans by the departments. These corrective actions may include safe staffing standards set by the state that the hospital must follow. The bill also expands meal and rest break laws to include all front-line staff. It closes loopholes to mandatory overtime laws, which are fully enforceable, and the bill ensures that hospitals follow the law. If more than 20% of breaks are missed in a month, L&I will issue escalating penalties. The bill is an agreed-upon compromise between healthcare unions and the Washington State Hospital Association. SB 5236 passed the Senate 35-13 and passed the House 92-6. The governor signed the bill on April 20. There is a rolling timeline for when different components of the bill take effect.

#### Expand workers' comp for nurses suffering from PTSD **PASSED**

2SSB 5454 changes the workers' compensation standard for nurses suffering from PTSD from an occupational injury to an occupational disease. As an occupational disease, nurses can now qualify for workers' compensation for their on-the-job PTSD based on an accumulation of events. (The previous law required that nurses tie their PTSD to a specific event.) The bill includes a presumption that, if a nurse contracts PTSD, that nurse got it on the job, and it is the employer's responsibility to prove otherwise. The final version of the bill passed the House 57-40 and passed the Senate 30-18. The bill takes effect on Jan. 1, 2024.

#### ARNP reimbursement parity **DEAD**

SB 5373 would have required health carriers to reimburse advanced registered nurse practitioners (ARNP) and physician assistants at the same rate as physicians for providing the same service in the same service area. The bill passed out of the Senate Health Care Committee and received a hearing in the Senate Ways & Means Committee. However, the bill did not make it out of Ways & Means by the fiscal cutoff deadline.

#### Standing order for medication for school nurses **DEAD**

HB 1608 would have created statewide standing orders allowing school nurses to administer emergency medications like epinephrine and funding for schools to purchase these medications. The bill builds on existing law that provides standing orders for Narcan in school settings. The bill was introduced, but did not receive a hearing from the House Education Committee before the policy committee cutoff. School Nurse Organization of Washington (SNOW) members plan to work over the interim to educate their legislators about the importance of ensuring that every student has immediate access to life-saving medications statewide. The bill is eligible for consideration in the 2024 legislative session.

### Other WSNA bills of interest

#### Multistate Nurse Licensure Compact **PASSED**

SSB 5499 enters Washington state into the Nurse Licensure Compact (NLC). Under the NLC, nurses in Washington state can obtain a multistate license allowing them to practice in other compact states without having to be licensed in those states. Nurses from other compact states may do the same when practicing in Washington state. Additional "trailer" language was added to the bill that created several requirements to improve state control over nurses practicing in Washington state. As a condition of employment, compact licensees must complete a one-time suicide assessment, treatment, and management training and any demographic data surveys required by Washington's Nursing Commission. Healthcare entities must report to the Nursing Commission every 30 days of employment all nurses who hold a multistate license issued by a state other than Washington and an attestation that those nurses have completed the tasks required as a condition of employment. The bill passed the Senate 40-8 and the House 94-4. The governor signed the bill on April 20. The bill has several effective dates.

#### Post-retirement employment for nurses at state agencies **PASSED**

SB 5538 allows Public Employee Retirement System Employees (PERS) and Public School Employment Retirement System (PSERS) nurse retirees to return to their jobs without being financially penalized. Until July 1, 2026, PERS and PSERS retirees may work for a state agency for up to 1,040 hours per year in a non-administrative position as licensed

nurses while continuing to receive pension benefits. The bill passed the Senate 41-7 and the House 87-11. The bill was signed by the governor on April 14 and goes into effect immediately.

#### Keep Our Care Act **DEAD**

SB 5241 would have modified reporting requirements for mergers and acquisitions between hospitals, hospital systems, or provider organizations. The bill requires the attorney general to determine through a public process whether the transaction would detrimentally affect the continued existence of accessible, affordable health-care in the state for at least 10 years after the transaction occurs. The bill also required healthcare entities to submit additional documentation related to charity care. The bill made it all the way to the Senate's second reading calendar but did not get a vote on the Senate floor. The bill was returned to Senate Rules for the next legislative session.

#### Expanding the supply of nurses in Washington **PASSED**

E2SSB 5582 helps increase resources to support the nurse workforce pipeline in underserved communities. The bill tasks the State Board for Community and Technical Colleges (SBTC) with creating a plan to train more nurses over the next four years. The plan is required to include RNs, LPNs, and CNAs. A report to the legislature is due Dec. 1, 2024. The SBTC must select two colleges to develop an online LPN curriculum. The SBTC must also conduct a salary survey on nurse educator compensation. The bill permits the Nursing Care Quality Assurance Commission (NCQAC) to grant approval for bachelor's degrees in nursing programs, where nurse administrators hold a graduate degree in nursing as sufficient experience. The bill also creates a Home Care Aid to LPN Apprenticeship Pathway Program and a grant to allow schools to expand their health science program offerings. Additionally, the NCQAC may now count one hour of simulation lab experience in place of two hours of clinical placement, up to a maximum of 50% of the required clinical hours for nurse licensure. The bill passed the Senate and the House unanimously. The bill was signed by the governor on April 20; it is effective 90 days after legislative adjournment.

#### Hospital student loan **DEAD**

SB 5498 would have established the Nurse Loan Repayment Assistance Program under the Washington Health Corps for nurses at participating employers. The Office of Financial Assistance would have established award amounts and other requirements for

participation. There would also have been an employer-matching funds account. This bill died in the Senate Ways & Means committee before being voted on.

#### **Clinical hours** **DEAD**

SB 5503 would have required the Nursing Commission to limit the number of clinical or direct patient experience hours required for RNs and LPNs. Currently, the Nursing Commission has a floor for clinical hour requirements but does not have a ceiling. The bill died on the Senate Rules Committee before getting a vote on the Senate floor.

#### **Concerning military spouse employment** **PASSED**

2SHB 1009 establishes requirements for state agencies and licensing authorities, including the Nursing Commission, related to the professional licensing of military spouses. The bill allows a military spouse to terminate an employment contract without penalty after the person's service member spouse receives orders for a permanent change of station. The bill passed the House and the Senate unanimously.

#### **Privileged communication between employees and their union** **PASSED**

ESHB 1187 creates a privilege (from examination and disclosure) concerning any communication between a union representative or union employee made during union representation. There are exceptions to this privilege. The bill passed the House unanimously and passed the Senate 34-14. The bill goes into effect on July 22, 2023.

#### **Compelled medical exams for workers** **PASSED**

SHB 1068 allows an injured worker in a workers' compensation claim to record the audio, video, or both of an independent medical examination and to have a person of the worker's choice present during the examination. The bill passed the Senate 31-16 and passed the House 67-29.

#### **Requiring public employers to provide information to union reps** **PASSED**

SHB 1200 requires certain public employers to provide exclusive bargaining representatives' employee information (contact information, date of hire, salary, and job site location) of employees in bargaining units if the employer has that information in its records. The bill allows an exclusive bargaining representative to bring a court action if a public employer fails to comply with the requirement to provide information. The bill passed the Senate 29-20 and passed

the House 57-39. The bill takes effect 90 days after the legislative session adjourns.

#### **State's ability to regulate for musculoskeletal diseases** **PASSED**

ESSB 5217 repeals the law prohibiting the Department of Labor & Industries (L&I) from adopting rules related to ergonomics or musculoskeletal disorders. The bill creates limitations on the adoption of the new rules. The bill requires L&I to identify industries and risk classifications likeliest to be selected for rulemaking and review, report certain claims data, and consider certain factors in rulemaking. The bill allows L&I to provide funding to certain employers to purchase additional equipment and requires up to three additional ergonomists to provide consultations to certain employers. The bill passed the Senate 27-21 and passed the House 51-46. The bill was signed by the governor on April 20 and goes into effect 90 days after the legislature adjourns.

#### **Incentivizing healthcare professionals to attend substance abuse programs** **PASSED**

SHB 1255 prohibits the DOH and the Nursing Commission from posting information on a public website regarding enforcement action taken against an individual licensed by the Nursing Commission if the individual has successfully completed the terms of an agreement or order requiring the individual to contact and/or participate in an approved substance use disorder monitoring program. The bill passed the House 50-35 and passed the Senate 40-7. The bill was signed into law by the governor on April 20 and goes into effect on July 22, 2023.

#### **Health professions disciplining authority** **PASSED**

ESHB 1340 establishes that participation in reproductive healthcare services or gender-affirming treatment by healthcare providers does not constitute unprofessional conduct under the Uniform Disciplinary Act (UDA) and may not serve as the basis for professional discipline. The bill also establishes that a conviction or disciplinary action based on a healthcare provider's violation of another state's laws prohibiting participation in these services does not constitute unprofessional conduct under the UDA and may not serve as the basis for professional discipline. The bill details a few exceptions to the rule. The bill passed out of the House 57-40 and passed the Senate 38-19. The House concurred with the Senate's amendments with a vote of 57-39.

## **School Nurse Organization of Washington bills of interest**

#### **Providing free school meals for all** **PASSED**

E2SHB 1238 provides free school breakfasts and lunches to K-4 students at certain public schools. The bill phases in the provision of free school meals, beginning in schools with 40% or more of their students eligible for free or reduced-price meals in the 2023-24 school year and then including schools with 30% or more of their students eligible in the 2024-25 school year. The bill passed out of the House 93-3 and passed the Senate 44-5. The House concurred with the Senate's amendments with a vote of 92-4.

#### **Restraint and isolation of students in public schools and educational programs** **DEAD**

E2SHB 1479 would have prohibited the certain isolation and restraint of students, including chemical and medical restraints. It would also phase out the use of isolation and isolation rooms by Jan. 1, 2026. The bill would also add training and professional development requirements and would direct the Office of the Superintendent of Public Instruction to provide technical assistance, monitoring, and compliance with the new requirements. SNOW joined with partner organizations, including the Washington Education Association, to advocate for professional development funding to support the implementation of the new policies and procedures. The bill passed out of the House 63-31 and received a hearing, but not a vote, in the Senate Early Learning & K-12 Committee. It is eligible to be considered in the 2024 legislative session.

#### **Ensuring elementary school students receive sufficient daily recess** **PASSED**

ESSB 5237 requires public schools to provide a minimum of 30 minutes of daily recess each school day that exceeds five hours for all elementary school students, beginning in the 2024-25 school year. The bill includes a waiver option for schools unable to comply. The bill also specifies that before- and after-school time does not count toward the 30-minute requirement (nor does the time spent changing clothes) and that the recess must be supervised, held outside whenever possible, and student led. The bill passed out of the Senate 28-21 and passed the House 81-15. The Senate concurred with the House amendments with a vote of 27-18. **W**

Note: The session ended April 23, 2023, and at the time of publication, many bills had yet to be signed into law by the Governor.



# Essentials for healthcare workplace violence prevention

By Gloria Brigham, EdD, MN, RN

In this article, we look at workplace violence data in healthcare and in nursing and the steady increase in violence seen across the nation. There is an overview of healthcare workplace violence laws and regulations with a focus on the specifics of the 2019 Washington state workplace violence law. Included are opportunities to reflect upon safety in your own professional practice environment. We conclude with actions to consider when faced with a workplace violence on-the-job injury.

We hope that you find this information useful and that you take advantage of the opportunity for continuing nursing education contact hours.

## Continuing education contact hour available

The workplace violence prevention article offers the opportunity to earn 1.0 CNE contact hour.

## Requirements

- Review the information provided in the workplace violence article.
- Log in to <https://cne.wsna.org> and complete the article post-test and evaluation. See the box on the opposite page for instructions on how to log in.
- Check out the workplace violence prevention resources available to print.
- Print your 1.0 continuing nursing education certificate directly from the learning management system.



## ARTICLE

**IN SPOKANE, Washington Dec. 1, 2022, three shots rang out and a fourth shot followed. Tragically, an event of workplace violence ended the life of a visiting registered nurse. Two months earlier, a deadly shooting in a Dallas hospital claimed the lives of a nurse and social worker on a Labor and Delivery Unit. Just days earlier, a nurse practitioner died of stab wounds inflicted by a patient in North Carolina.**

Shootings, stabbings, threats, and violent attacks are increasingly common in hospitals and healthcare settings. Results from a 2022 survey of American College of Emergency Physicians found that workplace violence has steadily increased over the past five years, with the vast majority of assaults committed by patients.<sup>1</sup>

According to the American Nurses Association, Washington is one of eight states to require employers to implement a workplace violence prevention program.<sup>2</sup> Further, RCW 9A.36.031 states that assault of a nurse, physician, or healthcare provider who is performing nursing or other healthcare duties (at the time of the assault) is a class C felony.<sup>3</sup> This, combined with legislation passed in 2019, strengthens healthcare workplace violence prevention in Washington state. But is it enough?

### Violence by the numbers

Workplace violence occurrences continue to rise, posing a daily threat to the safety of healthcare workers. Widely recognized

as a hazard, events of workplace violence date back decades. Today, healthcare workplace violence has reached alarming numbers across the nation. According to a recent Press Ganey report, more than two nurses were assaulted every hour between April 1 and June 30, 2022. That is approximately 57 occurrences per day and over 1,700 assaults per month. Press Ganey's National Database of Nursing Quality Indicators (NDNQI) reveals that patients cause the highest number of assaults.<sup>4</sup>

The 2020 U.S. Bureau of Labor Statistics (BLS) fact sheet indicates that workplace violence in healthcare is both a public health issue and an increasing concern. In 2018, healthcare and social workers accounted for 73% of all nonfatal workplace violence injuries/illnesses, and this group was five times more likely to experience workplace violence than all other workers.<sup>5</sup>

The BLS reports that compared to other professions, healthcare workers – particularly nurses – are at greater risk for workplace violence than other professions. There were 207 workplace violence deaths in healthcare between 2016-2020 in the nursing/social assistance

1 Marketing General Incorporated. (2022). ACEP emergency department violence poll results. Retrieved from <https://www.emergencyphysicians.org/globalassets/emphysicians/all-pdfs/acep-emergency-department-violence-report-2022-abridged.pdf>

2 American Nurses Association. (2021). Workplace violence. Retrieved from <https://www.nursingworld.org/practice-policy/advocacy/state/workplace-violence2/>

3 RCW 9A.36.031

4 Press Ganey. (2022). On average, two nurses are assaulted every hour, new Press Ganey analysis finds. Retrieved from <https://www.pressganey.com/news/on-average-two-nurses-are-assaulted-every-hour-new-press-ganey-analysis-finds/>

5 U.S. Bureau of Labor Statistics. (2020). Fact sheet – workplace violence in healthcare, 2018. Retrieved from <https://www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018.htm>

## HOW TO GET CNE CREDIT

- Review the information provided in the workplace violence article.
- Scan the QR code below or visit <https://cne.wsna.org/courses/WA-Nurse-workplace-violence>. Log in, or create a free account, and enroll in the course. (We strongly recommend using your home email address.) The course must be 100% complete to access the certificate.
- The WSNA Learning Management System is mobile-compatible with iPhone and Android systems.
- Complete the post-test and evaluation to earn 1.0 contact hours CNE.
- Check out the workplace violence prevention resources and reference list provided. These may be viewed and printed at any time after completion of the course.
- The CNE certificate is available by clicking on the user profile icon (top right of the page) and clicking "My Account" and "Certificates." CNE certificates may be reprinted at any time. Certificates may be accessed by clicking on the username avatar (top right of the screen), and then clicking on "My Account" and "Certificates."

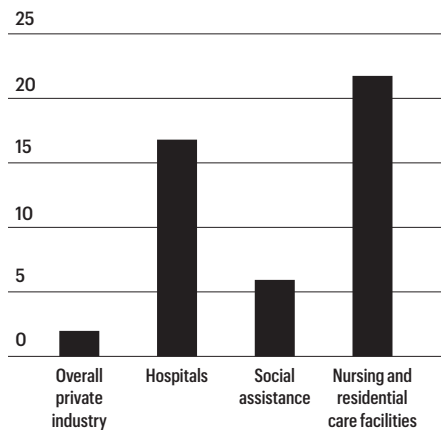


SCAN THE QR CODE to sign in (or enroll for free) online and get your CNE certificate.

industry. In a 2020 comparison of healthcare and social assistance workers, findings showed a violence and assault incidence rate of 10.3 (out of 10,000 full-time workers), far less than a rate of 21.8 for nursing and personal-care facility workers.<sup>6</sup>

**Incidence rates for nonfatal assaults and violent acts by industry, 2020**

Incidence rate per 10,000 full-time workers



Source: Bureau of Labor Statistics, U.S. Department of Labor (BLS, 2021)

In examining data specific to Washington state, the Washington Department of Labor and Industries accident claims data reveals that healthcare job classes incur the highest total costs for accidents related to workplace violence. In the category designated as “assaults by violent acts by person(s),” the registered nurse job class ranked No. 1 in 2021, followed by psychiatric technicians, personal/home care aides, and nurse aides/orderlies. Total cost of accident claims for workers in these four job classes topped \$13 million in 2021 alone.<sup>7</sup>

6 U.S. Bureau of Labor Statistics. (2021). Injuries, illnesses, and fatalities. Retrieved from <https://www.bls.gov/iif/home.htm>

7 Department of Labor and Industries. (2022). SOC2K and accident type fy2021. Retrieved from [https://lni.wa.gov/claims/for-employers/workers-compensation-injury-data/\\_docs/inetsclaimssoc2kaccidenttypeFY2007-21.xls](https://lni.wa.gov/claims/for-employers/workers-compensation-injury-data/_docs/inetsclaimssoc2kaccidenttypeFY2007-21.xls)

**2021 “Assaults and Violent Acts by Person(s)” Category<sup>7</sup>**

Washington Department of Labor and Industries accident claims data

Job class	2021 incurred cost total	2021 accident claims total
1 Registered nurse	\$4,049,326	153
2 Psychiatric technician	\$3,210,501	182
3 Personal / home care aides	\$3,114,645	321
4 Nurses aides / orderlies	\$2,892,394	285
5 Counselors, all others	\$2,176,033	90
6 Security guards	\$2,112,539	166
7 Police / sheriff patrol	\$1,994,270	130
8 Correctional officers	\$1,970,860	59
9 Retail salesperson	\$1,693,387	20
10 First line supervisors / managers	\$1,494,907	59
11 Licensed practical nurses	\$1,474,580	39

**Classifications of workplace violence**

The National Institute for Occupational Safety and Health (NIOSH)<sup>8</sup> identifies four types of workplace violence in the context of healthcare:

- Criminal violence: An individual that does not have a relationship with the healthcare entity or its healthcare workers initiates an event of workplace violence.
- Customer / patient-to-healthcare worker violence: Workplace violence involves a patient or client that has a business relationship with the entity and may be receiving healthcare services. This is reportedly the most common type of workplace violence in healthcare settings.
- Healthcare worker-to-healthcare worker violence: Workplace violence involves a healthcare worker that is violent toward another healthcare worker.
- Personal relationship violence: An individual that has no relationship with the healthcare entity but has a personal relationship with a healthcare worker (that is the target of workplace violence) initiates an event of violence.

**REFLECTION**

Take a moment to consider your work environment. If you have been a victim of or witness to an event of workplace violence, which of the four categories did it fall within?

8 National Institute for Occupational Safety and Health. (2020). Types of workplace violence. Retrieved from [https://www.niosh.gov/WPVHC/Nurses/Course/Slide/Unit1\\_5](https://www.niosh.gov/WPVHC/Nurses/Course/Slide/Unit1_5)

## Workplace violence law and regulation

There are a variety of laws and regulations to prevent violence in the workplace. These originate from federal and state government and from regulatory and other agencies.

**Federal:** At the federal level, the Occupational Safety and Health Act of 1970 addresses worker safety using a General Duty Clause. Employers must provide a work environment that is “free from recognized hazards that are causing or likely to cause death or serious physical harm.”<sup>9</sup> Since this clause is general in nature, it does not provide specific direction to address workplace violence.

In 1996, the Occupational Safety and Health Administration (OSHA) authored the first of two (unenforceable) advisory guidelines to address workplace violence prevention for healthcare and social workers. Recently, federal legislators proposed H.R. 1195, the “Workplace Violence Prevention for Health Care and Social Service Workers Act.” This directs the Department of Labor to establish workplace violence prevention standards for healthcare. The House passed this bill in April 2021. To date, the Senate has not voted on this bill.<sup>10</sup>

**Centers of Medicare and Medicaid (CMS):** On Nov. 28, 2022, the Centers for Medicare and Medicaid issued a memo addressing workplace violence in hospitals. The memo describes the risks of workplace violence in healthcare and the steady growth of violence since 2011. The document emphasizes the need to prioritize patient and staff safety and reinforces the expectation that healthcare facilities must provide a safe environment. Of note, CMS intends to enforce workplace safety expectations,

including a safe environment for both patients and staff.<sup>11</sup>

**The Joint Commission (TJC):** In response to the increase in workplace violence and the threat to the health and safety of healthcare workers, TJC adopted new accreditation requirements effective Jan. 1, 2022. These focus on the development of effective hospital Workplace Violence Prevention Plans that include an annual workplace analysis to address workplace violence safety and security risks. TJC expects workplace analysis and best practices to drive improvements including review of policies, procedures, training, and education.<sup>12</sup>

**American Nurses Association (ANA):** At the 2022 ANA Membership Assembly, the association adopted a motion to address verbal abuse and workplace violence across the continuum of care. This focus seeks to advance strategies and public policy to support a culture of safety and zero tolerance for violence in nursing practice and in healthcare settings. Read the full text of the ANA membership assembly summary at [bit.ly/3neJbWm](https://bit.ly/3neJbWm).

**Washington state:** In 2019, an updated workplace violence prevention bill unanimously passed both houses of the state legislature and went into effect January 1, 2020. This improved upon prior law related to workplace violence prevention in healthcare with increased focus on workplace violence prevention planning, monitoring, and training. Read the full text of the law at [bit.ly/2019ViolenceLaw](https://bit.ly/2019ViolenceLaw).<sup>13</sup>

## 2019 Washington workplace violence law

There were a variety of changes to the Washington State Workplace Violence Prevention Law that went into effect in 2020. It is important for healthcare workers and healthcare consumers to be familiar with the current law and the obligations to address escalating violence in healthcare settings in Washington state.

### Change in definition

The 2019 law updates the workplace violence definition to include “any physical assault or verbal threat of physical assault against an employee of a healthcare setting on the property of the healthcare setting.”<sup>14</sup> This addresses physical assault or verbal threat of assault with a weapon, including a firearm or any object used as a weapon.

### Applicable workplace settings

The workplace violence prevention law applies to the following healthcare settings. The related RCW or chapter provides further reference.

- Hospitals (RCW 70.41.020)
- Home health, hospice, and home-care agencies (chapter 70.127)
- Evaluation and treatment facilities (RCW 71.05.020)
- Behavioral health programs (RCW 71.24.025)
- Ambulatory surgical facilities (RCW 70.230.010)

### REFLECTION

1. Take a moment to reflect on your workplace. Is your place of employment one of the work settings included in the law?
2. Locate your organization's policy on workplace violence prevention. Does the definition in the law match the organization's policy / plan?

9 Occupational Safety and Hazard Administration. (1970). General duty clause. Retrieved from <https://www.osha.gov/laws-regs/oshact/section5-duties>

10 H.R. 1195, Workplace violence prevention for health care and social service workers Act. (2021). Retrieved from <https://www.congress.gov/bill/117th-congress/house-bill/1195>

11 Centers for Medicare & Medicaid Services. (2022). Center for clinical standards and quality – workplace violence-hospitals. Retrieved from <https://www.cms.gov/files/document/qso-23-04-hospitals.pdf>

12 The Joint Commission. (2021). Workplace violence prevention standards. Retrieved from [https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3\\_20210618.pdf](https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3_20210618.pdf)

13 Chapter 49.19 RCW. Safety – Health Care Settings

14 RCW 49.19.010.

### Workplace Violence Prevention Plan – updated every three years

An important change in current law relates to the Workplace Violence Prevention Plan. While past versions of the Washington Workplace Violence Law required a prevention plan, the recent change requires periodic updates to the plan. Every three years, applicable healthcare settings must develop and implement a plan focused on prevention and protection of employees from workplace violence. In plan development, the healthcare setting must consider guidelines on violence in the workplace and/or in the healthcare setting issued by the Department of Health, the Department of Social and Health Services, the Department of Labor and Industries, the federal Occupational Safety and Health Administration, Medicare, and relevant accrediting organizations.

#### REFLECTION

1. Does your organization’s workplace violence prevention policy include a provision to update the Workplace Violence Prevention Plan every three years?
2. Locate your organization’s Workplace Violence Prevention Plan and check to see that the most recent update occurred within the past three years.

### Oversight committee and Workplace Violence Prevention Plan content

An established safety committee (RCW 49.17.050) or a workplace violence prevention committee (comprised of 50% employee members and 50% employer-selected members) must develop, implement, and monitor progress on the Workplace Violence Prevention Plan. At minimum, the plan includes strategies to address security considerations and factors contributing to, or preventing, the risk of workplace violence:

- Physical layout and characteristics, (i.e., security systems, alarms, emergency response, security personnel available).
- Staffing, including staffing patterns, patient classifications, and procedures to mitigate employee time spent working alone in areas at risk for workplace violence.
- Job design, equipment, and facilities.
- First aid and emergency procedures.
- Reporting of violent acts.
- Employee education and training requirements, and the plan for implementation.
- Security risks in specific units / areas, areas of the uncontrolled access, late night or early morning shifts, and employee areas around the facility, (e.g., parking).
- Processes and expected interventions to assist an employee victim of a violent act.

#### REFLECTION

1. How is the Workplace Violence Prevention Plan developed and monitored in your healthcare facility?
2. Does your organization’s Workplace Violence Prevention Plan address all the required elements listed above?

### Incident review frequency

Annually, each healthcare setting must conduct a review of workplace violence incidents that occurred in their facility or locations served. The review includes the frequency of incidents, identification of incident cause, result of the violent act, and issues that contributed to events of workplace violence. Using this information, the healthcare setting must improve the Workplace Violence Prevention Plan to address and mitigate events of violence specific to their healthcare setting.

#### REFLECTION

1. Consider your organization. Are staff encouraged to file an incident report for any physical assault or verbal threat of physical assault against an employee on the property of the healthcare setting?
2. What do you see as barriers to reporting events of workplace violence?

### Violence prevention training

By July 1, 2020, and on a regular basis thereafter, healthcare settings must provide workplace violence prevention training to all applicable employees, volunteers, and contracted security personnel. For new hires, workplace violence prevention training must occur within 90 days of the employee’s initial hire date unless the worker is a temporary employee.

The method and frequency of training may vary according to the information and strategies identified in the Workplace Violence Prevention Plan. Training may include, but is not limited to, classes that provide interactive opportunities, hands-on training, video training, brochures, verbal training, or other verbal or written training deemed appropriate under the Workplace Violence Prevention Plan.

Trainings must address the following topics as appropriate to setting and employee duties / responsibilities based



on hazards identified by the healthcare setting in the Workplace Violence Prevention Plan:

- Review of the entity's Workplace Violence Prevention Plan.
- General safety procedures.
- Violence predicting behaviors and factors.
- The violence escalation cycle.
- De-escalation techniques to minimize violent behavior.
- Strategies to prevent physical harm with hands-on practice or role play.
- Response team processes.
- Proper application and use of restraints, (physical and chemical).
- Documentation and reporting of incidents.
- The debrief process for affected employees following violent acts.
- Resources available to employees for coping with the effects of violence.

#### REFLECTION


1. Does your facility provide workplace violence training (that includes the required contents) to new employees within 90 days of hire?
2. When did you last attend training on workplace violence prevention?

#### Tracking violent acts

Each healthcare setting must keep a record of violent acts against an employee, a patient, or a visitor occurring at the setting for a minimum of five years following the reported act. The record will be available for inspection by the WA DOH upon request, and, at minimum, records will include:

1. The healthcare setting's name and address.
2. The date, time, and specific location at the healthcare setting where the act occurred.
3. The name, job title, department or ward assignment, and staff identification or social security number of the victim if an employee.
4. A description of the person against whom the violent act was committed as a patient, visitor, an employee, or other.
5. A description of the person committing the violent act as a patient, visitor, an employee, or other.
6. A description of the type of violent act, (e.g., threat of assault, physical assault, etc.).
7. An identification of any body part injured.
8. A description of any weapon used.
9. The number of employees in the vicinity of the act when it occurred.
10. A description of actions taken by employees and the healthcare setting in response to the act.

For additional information, please access Chapter 49.19 RCW at [bit.ly/RCW49-19](https://bit.ly/RCW49-19)<sup>12</sup>.

As is evident, there are a variety of requirements associated with the Washington State Workplace Violence Prevention Law. When fully implemented, applicable healthcare settings will undertake important measures to prevent workplace violence in Washington state. The 2019 law underscores that workplace violence necessitates a systems approach to address this occupational hazard and to change the belief that workplace violence is part of the job. 

Paid advertisement



#### HONE YOUR SKILLS IN THE ARMY ENVIRONMENT DEDICATED TO PATIENT CARE.

You can make a difference in the lives of soldiers and their families by becoming a Medical Officer in the U.S. Army. Work alongside professionals at the top of their fields & you'll have access to the most advanced resources. Feel proud of your skills and even more proud of your service.



FOR MORE INFO, CALL 253-838-1192

EMAIL:  
USARMY.KNOX.USAREC.LIST.9E3S@MAIL.MIL

## HEALTHCARE WORKPLACE VIOLENCE

# Response to injury on the job

Employers have a duty to provide a workplace that is free of known dangers, and employees have the right to working conditions that are free of known health and safety hazards. Since events of healthcare workplace violence often occur unexpectedly, it is important to know how to respond. While each event is different, the list below provides actions to consider when faced with workplace violence injury.

## 1. Obtain first aid / medical attention

- Immediately report the injury to your supervisor and get relieved of duties, as necessary.
- Seek medical attention as indicated depending on injury severity.
- Go to the emergency room or healthcare provider of your choice.
- Inform the provider that the injury is work-related and provide details of the injury.
- If you provide a written injury statement to the provider, retain a copy for your file.
- Request medical direction in writing, and follow the medical direction provided.
- Obtain assistance from the provider to file a workers' compensation claim. \*The claim will go through a review process for approval. With approval, Labor & Industries or your self-insured employer will cover medical bills that are related to your injury.
- If care is needed beyond the first visit, ensure that your provider is approved for future visits.
- Keep a personal log of events.
- Track missed days of work, travel, out-of-pocket expenses, and daily details of your injury and circumstances.

The information offered in this document reflects general principles only and does not constitute legal advice by WSNA or establish appropriate or acceptable standards of professional conduct.

No relevant financial relationships exist for anyone involved in planning this activity.

## 2. Complete written reports

- Submit required written injury and near-miss reports according to facility policy/procedure.
- Complete an employee injury / accident report.
- Complete an incident / occurrence report.
- When completing an injury/accident report or an incident/occurrence report, describe the event using objective facts; include an event timeline, and list other individuals involved in the event.
- Commit to reporting all incidents and threats of workplace violence so that these events are reviewed annually (as a required part of the Washington State Workplace Violence Law).

## 3. Seek resources to address stress

- Obtain assistance/services to address stress and post-traumatic issues related to the workplace violence event.
- Consider employee assistance programs, counseling, spiritual care, and / or Code Lavender crisis intervention services to support those involved in stressful events.

## 4. File a police report promptly

- If you are a victim of workplace violence (or another crime), you have the right to file a police report. (Your organization will not do this for you and may not advise you to do so.)
- HIPAA and Washington State law allow the disclosure of personal health

information to a law enforcement official that the covered entity believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the hospital. (45 CFR 164.512(f)(5); RCW 70.02.200 (1)(g).)

- Write down details of the event to create a report that is clear, accurate, factual, and thorough.
- File the police report in person or by telephone (avoid electronic filing).
- A law enforcement officer will investigate and collect evidence about the reported event and will meet with you in person to finalize the report. Cooperate with law enforcement and provide evidence.
- The police report is provided to the prosecuting attorney's office, where a determination is made on how to proceed. The prosecuting attorney decides if there is sufficient evidence to prosecute a crime.
- Retain your case number to follow up on the investigation and to obtain a copy of the report.

## 5. Seek workers' compensation

- Discuss missed work with your employer/workers' compensation representative.
- Expect that the three consecutive days of work immediately following your injury will be considered a waiting period. L&I or your self-insured employer typically will not pay for these days, if they are the only days missed.
- Refer to the Washington State Department of Labor & Industries for additional information on time loss and wage replacement.

## 6. Contact your union representative

- File an assignment despite objection (ADO) report.

## 7. Share learnings for safety

- Debrief the event of workplace violence with co-workers at safety huddle.
- Identify ways to prevent the same or similar events from reoccurring in the future.

# Why I give...



*"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*





ILLUSTRATION: ADOBE STOCK / ANVA PERPELKINA

# Shifting away from the “I’m fine” culture

## WSNA regions workshop recording now available

IF YOU MISSED the popular WSNA regions event Jan. 28, “Shifting away from the I’m fine culture,” you can still get a recording. The recording is free to all WSNA members and \$45 for nonmembers. To access, register at [nwrna.org](http://nwrna.org).

In this engaging presentation and interactive workshop, explore the sustained impact of the COVID-19 pandemic on our already struggling teams and systems in healthcare. You will be drawn into a virtual conversation on our present-day realities and best-practice organizational and personal strategies for forging a pathway through the chaos.

You will walk away with tangible tools to help turn toward the future with hope. You will learn how to rebuild healthy teams even in the most difficult environments as well as best-practice strategies to increase your sense of meaning and fulfillment in your nursing career as well as in your home life.

Facilitator Cheri Constantino-Shor, MSN, RN, PMH-BC, CRNI, CMSRN, is director of Professional Engagement and Nursing Excellence at the UW Medicine-NW Campus. In 2020, she worked as a clinical nurse specialist at the epicenter of the initial U.S. outbreak of the pandemic.

The event was brought to you by Central Washington Region Nurses Association, Inland Empire Nurses Association, King County Nurses Association, Northwest Region Nurses Association, Rainier Olympic Nurses Association, and the Southwest Region Nurses Association.

CNE: 2 contact hours, ANCC approved

This nursing continuing professional development activity was approved by Oregon Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Approval valid through 01/28/2025. OCEAN ID #2022-43.

Attendees may earn 2 contact hours. Participants must be present for all the educational activity to receive contact hours.

# REGIONS

## What are regional and district nurses associations?

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

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



**A. Central Washington Region Nurses Association**  
Kittitas and Yakima counties

**E. Northwest Region Nurses Association**  
Island, San Juan, Skagit, Snohomish, and Whatcom counties

**B. Inland Empire Nurses Association**  
Adams, Lincoln, Pend Oreille, Spokane, Stevens, and Whitman counties

**F. Rainier Olympic Nurses Association**  
Clallam, Grays Harbor, Jefferson, Kitsap, Mason, Pierce, and Thurston counties

**C. King County Nurses Association**  
King County

**G. Southeast Region (planned)**  
Asotin, Benton, Columbia, Franklin, Garfield, Klickitat, and Walla Walla counties

**D. North Central Region (planned)**  
Chelan, Douglas, Ferry, Grant, and Okanogan counties

**H. Southwest Region Nurses Association**  
Clark, Cowlitz, Lewis, Pacific, Skamania, and Wahkiakum counties





## Inland Empire Nurses Association

WEB [ienanurses.org](http://ienanurses.org)

FACEBOOK @spokanenurses

EMAIL [admin@ienanurses.com](mailto:admin@ienanurses.com)

### Thank you!

Our Spring Fling in April was a huge success thanks to you! We hope you walked away rejuvenated after spending the morning with Moe Carrick. In case you missed it, go to our website at and spend an hour with Moe. You will be glad you did.

### Near and dear to our hearts

Losing our friend and colleague, Doug Brant, hit us all in a very personal way. We continue to encourage and support our members at Visiting Nurses Association. We were honored to supply the staff at VNA a beautiful lunch to let them know how much they were loved and cared about. IENA wants you to know we take safety measures very seriously and will do everything we can to advocate for your safety in the workplace.

### New executive director



Sharon Beltz is the new executive director for IENA. Sharon comes to us with lots of enthusiasm and plans to roll out some new ideas in the Inland NW. Please

feel free to contact her with ideas, suggestions, or questions.

You can reach her at [admin@ienanurses.org](mailto:admin@ienanurses.org). She looks forward to hearing from you. Sharon paid personal visits to Pullman Regional Hospital, Spokane Regional Health District, Spokane Veterans Home, St Luke's Rehabilitation, and Holy Family Hospital to bring goodies and help promote IENA.

### Giving back

It is very important to IENA to give back to the community. In December, IENA made generous donations to the three following organizations on behalf of our members.



**Crosswalk** is one of two licensed emergency shelters serving runaway and homeless youth in Eastern

Washington. An array of professional case managers, teachers, healthcare workers, and chemical dependency counselors work with Crosswalk youth with the primary goal of ending their homelessness and connecting them to stabilizing and supportive services.



**Hope House.** There are more than 600 homeless single women in Spokane, many with mental health

or chemical dependency issues – all with nowhere else to go. Named for the refuge it provides, Hope House offers safety from the dangerous streets to any woman. Hope House offers an environment of dignity, respect, and compassion that honors the intrinsic value and unique experience of every woman.



**Invest Ed** helps bridge the gap between what families can afford, what schools can support, and what students

urgently need. They help low-income students across Washington “Get to School, Engage in School, and Graduate.” They partner with almost 700 secondary schools to support nearly 25,000 students each year.

### We have funds to assist you (issued on a first-come/first-served basis)

**Academic scholarships:** Must have been a WNSA member (and IENA member, so living in our catchment area) while in an RN-B or graduate program between 2019-today (\$1,000). See [www.ienanurses.org](http://www.ienanurses.org)

**Certification reimbursement:** To reimburse up to \$300 for certification or recertification in a nursing specialty, nurses must submit proof of certification and cost (email details to [admin@ienanurses.org](mailto:admin@ienanurses.org) to get approval. After event is over, send receipts and certification certificate for immediate reimbursement.)

**Professional development reimbursement:** Up to \$250 is available to help pay for expenses related to attending a continuing education program. Nurses must apply prior to attending (email details to [admin@ienanurses.org](mailto:admin@ienanurses.org) to get approval. After event is over, send receipts and certification certificate for immediate reimbursement.)

### Elections – your opportunity to serve your local district

We need your voice in the Inland NW. Serving IENA allows nurses to partner with other leaders to promote change and advance health. Nurses provide a unique perspective in the healthcare arena.

All board positions are open: President, President-Elect, Secretary, Treasurer, and several Director-at-Large positions.

The IENA Board of Directors meets one Monday evening a month for an hour. Elections are held in June/July 2023 and the new term will start in August 2023. Please consider serving on our IENA Board.

### Community events – IENA plans to be more visible



If you live in the Inland NW, you know what Bloomsday and Hoopfest are! In 2024, we would like to encourage you to join our IENA teams. More details to come, but be thinking about it now, and plan on participating in



2024. We know it is a way off but wanted to share the fun news now. This is a great way to meet new people and feel united in our profession.



## King County Nurses Association

WEB [kcnurses.org](http://kcnurses.org)

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

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

### Retirement announcement



Sue Vermeulen has announced that after 31 years, she will retire as executive director early this summer. What an incredible impact she has had on KCNA! Her

partnership with the board of directors in developing strategic initiatives and foundational systems has proven very successful. She truly has led the way for KCNA to be a strong nonprofit with a bright future. Through the years, Sue has managed staff members as well as numerous committees, special interest groups, task forces, and special projects. She is also behind the most quintessential of our programs, including the scholarship fund, community grants, MentorLink, professional development fund, and community giving.

### New executive director to start May 1



A KCNA task force has selected Jennifer Bravo as KCNA's new executive director. Jennifer has served KCNA in the position of member services director since 2019

and will take on her new role beginning on May 1, 2023.

"I'm thrilled and honored to serve such a positive organization, and I look forward to getting to know more of you as we work together to forward the important work of KCNA," she said.

Sue Vermeulen, KCNA's current executive director, will assist with the transition before officially retiring at the end of June.

Jennifer brings over 20 years of experience in nonprofit management, including leadership positions with the Snohomish County Tourism Bureau and Girl Scouts of Kansas Heartland. She also has a background in healthcare as a therapeutic activities director and as a massage therapy business owner. Jennifer has a bachelor's degree in journalism and public relations from the University of Kansas and has made her home here in the beautiful Pacific NW for the last 30 years. She and her husband, Dan (a research scientist turned translator), live in the Wedgwood neighborhood with Pepa (a rescue dog from Turkey) and Toni (a sweet street cat they brought back from Mexico). In her free time, Jennifer enjoys cooking, connecting with friends and family, going for long walks, practicing her Spanish language skills, and learning new things, especially about health and healing. Jennifer and Dan visit his family in Puebla, Mexico, at least once a year.

### Welcome new members!

King County Nurses Association extends a warm welcome to all new members! As members, you enjoy discounts on continuing education, The Advocate newsletter mailed directly to your door, and access to community grants and professional development funds. As a member, consider enhancing your leadership skills by serving on one of our committees or board of directors. Interested in getting involved? Fill out an interest form in the Members section at [kcnurses.org](http://kcnurses.org), and be sure to subscribe to News2Use, our monthly e-newsletter.

### KCNA Annual Gala

Thanks to all who joined us for King County Nurses Association's 120th Annual Gala in May. We had such a wonderful time celebrating the profession of nursing, including an auction to raise funds for the KCNA Scholarship Fund for nursing students. We had the pleasure of introducing our 2023 scholarship recipients as well as our Shining Star Nurse awardees. In addition to all the festivities, we honored our retiring executive director, Sue Vermeulen. Check out the event's signature cocktail / mocktail recipe at [kcnurses.org](http://kcnurses.org) under the events tab.

### Scholarship recipients selected

Thank you, KCNA Scholarship Committee, for taking on the challenge of selecting our 2023 scholarship recipients. A total of 15 recipients will receive \$4,000 apiece. Since 1993, KCNA has helped ensure the future of nursing in our community, serving 320 students with a total of \$737,750! Watch for an inspiring biographical piece of our scholarship recipients to be posted this summer on our website as well as in The Advocate newsletter in the fall.

### KCNA Continuing Education

Details about KCNA's fall events will be coming soon. 



## Northwest Region Nurses Association

WEB [nwrna.org](http://nwrna.org)

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

TWITTER [@NWRRegionNurses](https://twitter.com/NWRRegionNurses)

HELLO TO members in Island, San Juan, Skagit, Snohomish, and Whatcom counties. Here are some highlights from your local professional association.

### NWRNA 2022 conference video available online

This solution-focused workshop features a variety of topics, including climate change as a nursing issue, workplace safety, career growth, and difficult workplace conversations. Visit [nwrna.org](http://nwrna.org) to download the video.

### Financial assistance for members

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

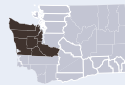
- Certification testing assistance
- Continuing education assistance
- Community project funding

### Get involved!

Join fellow nurses to bring NWRNA programs to life. We are looking for volunteers for our scholarship and education teams, as well as our board of directors. Email Kirk Roberts at [office@nwrna.org](mailto:office@nwrna.org) to find out more.

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

– Your NWRNA Board of Directors 



## Rainier Olympic Nurses Association

WEB [rainierolympicnurses.org](http://rainierolympicnurses.org)

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

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

LINKEDIN [rainier-olympic-nurses-association](https://www.linkedin.com/company/rainier-olympic-nurses-association)

Visit our website at [rainierolympicnurses.org](http://rainierolympicnurses.org) to stay up to date on all our events and activities.

### Virtual Nursing Career Information Sessions

We'll be hosting two or three Nursing Career Information Sessions during the upcoming school year. Join us in reaching out to the next generation of nurses. We're looking for nurses from a variety of specialties to share what they love about nursing.

To stay informed about upcoming sessions and volunteer opportunities, sign up at [rainierolympicnurses.org/volunteers-needed](http://rainierolympicnurses.org/volunteers-needed).

### UPCOMING EVENT

#### Rainier Olympic Nurses Association Night with the Tacoma Rainiers

Saturday, June 17


Game time: 6:05 p.m.

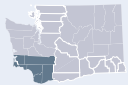
Gates open: 4:30 p.m



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

### Get involved

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



## Southwest Region Nurses Association

EMAIL [marvap@q.com](mailto:marvap@q.com)

WEB [waswrna.org](http://waswrna.org)

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

All members are invited to visit our new website at [waswrna.org](http://waswrna.org). You'll discover three programs that can help you further your career:

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

### We need your help

To provide programs for members, we need volunteers to help us form a leadership group. We know your time is precious, but if you can give even an hour or so a month, your contribution will be valuable. Please contact Marva Petty at [marvap@q.com](mailto:marvap@q.com) to learn more.

Thank you to all our members. Please consider giving your time to help our profession thrive at the local level. [WN](#)



## DORI PAINTER

**DORI PAINTER, A BELOVED REGISTERED NURSE** and WSNA advocate with WhidbeyHealth Medical Center, died March 21 in a house fire. She was 71.

“Dori made an impression on this world,” said the funeral program for the memorial held at WhidbeyHealth. “As a nurse, she touched and often changed the lives of her patients and their family members. As a talented artist, she inspired people to channel their inner creativity. And for those of us at WhidbeyHealth that had the privilege to know and work with her for over 20 years, she was family. We will miss you, forever.”

According to the program, Painter was a private person with an infectious personality that was loved by all. “She was caring, generous, and most importantly, an amazing nurse.”

Painter started working at WhidbeyHealth in June of 1997 as a staff RN in the emergency department. She also held various other positions throughout her 50-year nursing career, including burn care and pediatric intensive care.

“With her wealth of knowledge and experience, her colleagues often relied on her for guidance and would seek her out for those difficult IV starts, as




there was rarely an IV she couldn't get," the program said. "She loved her patients and their families, and it was not uncommon for her to go the extra mile to advocate for them. Dori received many accolades and thank you grams from patients and family members."

Painter was active with Whidbey-Health's Washington State Nurses Association negotiating team, always striving to better nursing wages, benefits, and working conditions.

"She was also the first to pick a child's name each Christmas from the Tree of Hope and in true Dori fashion went above and beyond to make Christmas morning magical for a child she would probably never meet."

Painter was a competitive Wordle player and an avid reader who loved audio books. She was also passionate about the arts and was active with the Whidbey Island, Skagit Valley, and Whatcom County Weavers Guild. She even dyed wool with natural dyes she created from plants, trees, and flowers. She had a small space at Whidbey Island Crafters Market and studios in Oak Harbor, where some of her textiles were proudly displayed, as well as a small shop in Mt. Vernon where she could often be seen working on projects from the window.

She was born in Worcester, Massachusetts, in 1951 to Rita (Szel) and Arthur Charles Babbitt. She attended nursing school at Memorial Hospital School of Nursing in Albany, N.Y. 



## BARBARA TREHEARNE

**BARBARA ELLIS TREHEARNE, PHD, RN**, an inspiration and visionary leader in the nursing community, died March 22 at home surrounded by loved ones. She was 74.

Trehearne was a force in nursing. She spent 25 years at Group Health Cooperative, now Kaiser Permanente, in various roles, including vice president of Clinical Excellence, Quality, and Nursing.

In 2009, she was given the WSNA Award for Leadership and Management and was acknowledged for her advocacy for the continued development of nursing leaders.

The award said that through her membership in the Northwest Organization of Nurse Executives (now the Northwest Organization of Nurse Leaders), she founded and developed with other colleagues the Northwest Nursing Leadership Institute to prepare future leaders in nursing. She also coordinated an off-campus baccalaureate completion program for Group Health RNs. And she was instrumental in the development and design of multiple educational programs for nurses.

A former chair of the Washington Center for Nursing, Trehearne served as an honorary assistant dean of Clinical Practice at the University of Washington


School of Nursing. She also served four terms as a pro-tem member of the Nursing Care Quality Assurance Commission. She was also a fellow of the Western Academy of Nursing of the Western Institute for Nursing.

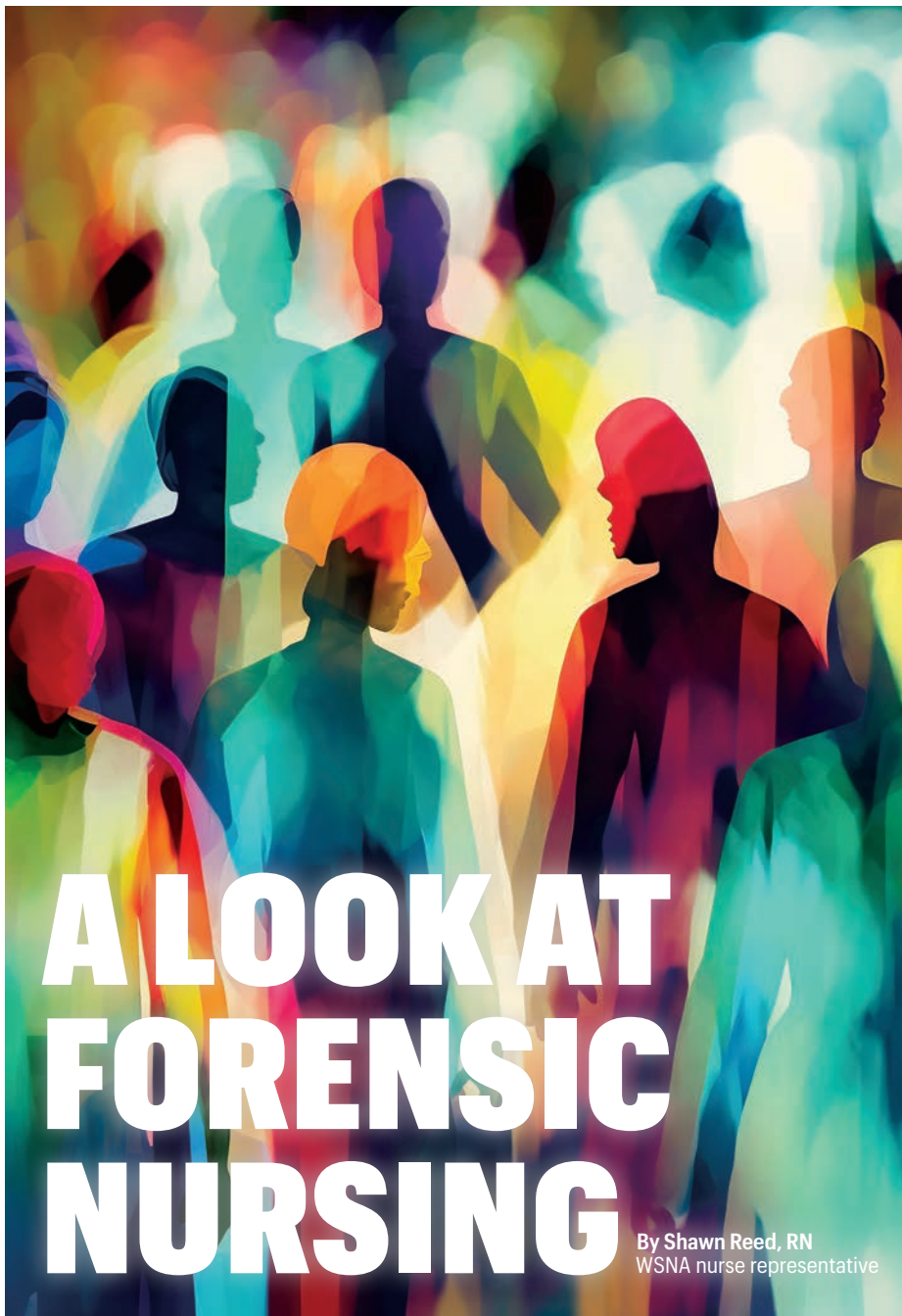
Trehearne taught extensively on leadership, clinical delegation, scope of practice, and professional nursing practice. Her doctoral dissertation examined the role of the nurse executive and perceptions others have about the role.

"Barbara Trehearne was a true icon and quintessential champion for nursing," said Judith Huntington, MN, RN, former executive director of WSNA. "Her exceptional intelligence, leadership, and wisdom will be missed by so many people and by the profession. I loved working with her as we established the Washington Center for Nursing and so much more. Her infectious sense of humor and bright smile always filled me with admiration and appreciation for the wonderful person she was."

Outside of nursing, Trehearne was very active in her church, St. Demetrios Greek Orthodox Church of Seattle, and was in the sixth year of her second term as president until the time of her passing, according to her obituary in The Seattle Times.

According to the paper, Trehearne was a patron of the arts in Seattle and enjoyed season tickets to the Seattle Opera and Pacific Northwest Ballet for over 30 years. She loved the tradition of taking her kids and grandkids to the Nutcracker every year. She also loved Friday night dinners with her friends and family.

Trehearne was born in Middletown, Ohio, to two first-generation Greek Americans, Tony and Nina Ellis, according to her obit. She graduated from Riverside Hospital White Cross School of Nursing in Columbus, Ohio, in 1969. She went on to receive her bachelor of science (1971) and master's degree in Nursing (1975) from Ohio State University. In 2000, she received her PhD from the Union Institute of Cincinnati, Ohio. 



# A LOOK AT FORENSIC NURSING

By Shawn Reed, RN  
WSNA nurse representative

I think I understood how powerful it was to have the ability to share a space with a survivor after an assault during my first exam. The air tastes different, the fluorescent lights are more unforgiving, and the trauma that is shared between the forensic nurse and the patient is that of understanding.

The understanding? The complete and total control by the survivor to set the pace, tone, and outcome of the exam and the involvement by law enforcement.

I have worked with survivors of all

ages. I have seen and carried pain, and I have validated the right to exist after all humanity has been stripped.

Virginia Lynch proposed forensic nursing as a specialty in 1986 due to her own interest in where law and medicine intersect. The first graduate studies program for forensic nursing was launched at the University of Texas at Arlington's School of Nursing. When thinking about forensics, the most common application is the sexual assault nurse examiner (SANE) nurse; however,

forensic applications span beyond sexual assault and can aid in the advocacy for all victims of abuse and violence.

As a SANE nurse, I have employed science to collect evidence, relied on strong documentation skills, and practiced calm in the face of unrepeatable acts. I have seen some of the worst humanity has to offer and some of the best examples of strength and resolve I have had the privilege of working with. I have cried with survivors, sat in silence, and have been the subject of a snapchat or two for a teenager who needed the distraction to get through the exam.

I have learned more about the neurobiology of trauma and the exact pressure per square inch (PSI) of the human jaw needed to inflict a crush injury.

We assume in error that these crimes are recognized as serious violations of humanity, but marital rape wasn't illegal in all 50 states until 1993.

My mental Rolodex sometimes keeps me up at night as I think about how I could be more open to experience. I meet people where they live, even if that place is nowhere in particular. There is a need for empathetic forensic nurses who are unafraid to testify to their care, learn documentation to convey the horrors of violence within the justice system, and advocate for those left behind. There is a need to restore humanity, to restore dignity, and to restore trust.

A candidate for forensics should have strong assessment skills, a willingness to learn, and a heart that knows when to shield and when to soften. A nurse who is gentle, yet confident, and enters into a space where most are uncomfortable to sit quietly.

A nurse who knows the importance of caring for their own trauma as they care for others.

With each survivor, I learned something new about the strength of human will. I learned to affirm the right to be safe even for the moment, and most importantly, I learned how far we have come and how far we must go. ■



Shawn Mork (Reed) is a nurse representative for WSNA who worked as a ER nurse and S.A.N.E. nurse. Her lived experience and passion for writing makes her a great columnist for *The Washington Nurse*.





The hospital is located on tribal lands and plays a critical role in the health of the Yakama Nation.

## IN THE FRAME: TOPPENISH

PHOTOGRAPHS AND  
INTRODUCTION BY Bobbi Nodell

The Washington Nurse wants to provide readers a closer look at the hospitals in the state and the communities they serve. For this issue, we look at Astria Toppenish Hospital.

**A**stria Toppenish Hospital is a 63-bed hospital located in Toppenish, a town of 8,800 in Yakima County.

The small hospital has been in the news headlines lately because of the sudden closure in December 2022 of the Family Medical Center. The hospital said the center was not financially sustainable, and public hearings on the closure were filled with angry residents and staff.

The hospital is located on the land of the Confederated Tribes and Bands of the Yakama Nation and provides critical services to the Yakama people. The hospital's Medicaid inpatient days exceed 50%. Many in the community are Native American, Hispanic, and Filipino with little access to preventative care.

Toppenish is a town known for its 75 murals, many portraying the early days of settlers and Native Americans.

The hospital was the dream of residents in 1944 to attract physicians to the area to serve the men and women who served in World War II. The hospital opened its doors on July 2, 1951.

For nurses, working here is a mission because of the diverse clientele. In fact, the hospital was named one of the 2022 Top 20 Most Racially Inclusive Hospitals in the United States and the No. 1 in Washington state, according to the Lown Institute, a nonpartisan think tank.

Despite the high stress because of financial uncertainty and the wave of patients during the pandemic, many nurses say Astria Toppenish Hospital is a wonderful place to work because of the people. A new contract signed in 2022 offering record raises kept nurses from leaving and is attracting new nurses. Nurses talk of the bond with each other and the patients and a strong sense of community.

The hospital is part of a three-hospital system bought by Regional Health

in September 2017 and a month later rebranded as Astria Health.

The nonprofit health system was facing huge financial issues and filed for Chapter 11 bankruptcy in May 2019. In early 2020, the health system closed its 214-bed hospital in Yakima.

What will happen next to this hospital is unknown. But we share some images of the area and perspectives of nurses who have worked there.

CONTINUED →



Toppenish is known as the city of murals.



## Capturing the magic of the Labor and Delivery Unit at Astria Toppenish

By Anji Scott

**CAN A HOSPITAL UNIT EXIST OUTSIDE of the hospital itself?**

Well, not in the literal sense or in actual reality. But that is kind of what the Labor and Delivery Unit did at a small hospital in Toppenish. Astria Toppenish Hospital has gone through several owners – from Providence Toppenish Hospital, Toppenish Community Hospital (also known as Yakima HMA), to Community Health Systems Toppenish, and Astria Health.

The hospital was part of a three-hospital system that declared bankruptcy in 2019 but the hospital came out of bankruptcy in 2021 with a \$75M loan from MultiCare Health System based in Tacoma.

How long this hospital will remain named Astria no one knows.

Throughout all the many changes, one thing remained basically unchanged: the staff and culture of this unit.

Healthcare is not an easy place to be right now, and, in all honesty, it hasn't been for a while. Nurses are leaving the bedside at alarming rates and burnout is at an all-time high.



Toppenish is a historical town of 8,800 in Yakima County.



The hospital was the dream of residents to attract physicians to the area to serve the men and women who served in World War II.

Somehow, we in this wonderful, now closed, unit were able to sail through. It's not that we didn't have vacancies. When we closed, our night shift was all travelers or day shift nurses working to make sure the unit was covered. Had we stayed open, this unit would have been fully staffed in six-nine months with new employees hired before the closure was announced. We had long periods of time with no manager or one that was doing the job as part of an already too big job.

Despite this, we stuck together and made it through. Nurses left for sure. But this was due to retirement or moving; it was rarely because they wanted a different job. No nurse in this unit left to become a traveler or because they were getting out of nursing. The staff of this unit had mostly been there 20-plus years apart from myself (almost 16 years) and one other nurse that started right after graduation and had been with us eight years.

We were special. We stuck together through having and raising babies, illnesses, family troubles, or whatever came our way. We were there for each other just like we were there for our patients.

What made this unit so special? It wasn't the pay. Until our new contract in August, we were the lowest paid hospital in the state. It wasn't that we had the top-of-the-line equipment. We often went without things we needed. We were often understaffed and without resources.

So, what was it?

I can tell you because I know. It was our tremendous commitment to care for the underserved patients that we loved


and to be there for each other while giving that care. It is such a privilege and a joy to give care to a woman bringing her baby into the world. It isn't a job, it's a calling, and when you are called, you show up, every day. You show up when you are tired and overworked, when the company you work for is unappreciative and uncaring. You want your patients (even if you aren't their nurse) to have the best care and you want your coworkers to be cared for. So, you go, and you stay. We weren't coworkers, we ARE family.

So why am I writing this? Why shine a light on this small little OB unit from Toppenish? Yes, it was special, but that's not the reason. The reason is this unit closed. It wasn't making money for the organization that owned it and so it is no more. Poof, just gone, upending the lives of staff, patients, and the whole community. It's profit over doing what is right.

Astria Toppenish Hospital serves a population with a very high poverty rate, not something new, not something unknown when Astria acquired the hospital, and not something that is likely to change.

With 245 babies born last year, the rate had increased from the year before but was a decline in general (for multiple reasons). This decline is one of the issues Astria used for its closure. But things were looking up. That said, that is 245 babies that needed us, and we were so pleased to be there for them all.

If you look, you will see this is a trend that is happening all over the country and is beyond scary. With an already high maternal and infant mortality rate in the United States (In 2021, maternal deaths increased 40% from the year prior, according to the Centers for Disease Control and Prevention), things are going to get worse.

How many deaths are we in the U.S. willing to sacrifice before we start screaming out for justice. Where do we start? I don't know, but I think we all know one thing we can do ... ORGANIZE! 

Anji Scott is a registered nurse who was on the labor and delivery unit at Astria Toppenish Hospital before the unit was abruptly closed in December 2022. Here is her account of working in this beloved unit.



## Perspective from a nurse at Astria Toppenish

By Julia Barcott

Astria Toppenish registered nurses were able to negotiate a contract that gave them between 20-34% raises last summer. Since we were some of the lowest paid hospital nurses for years, this contract adjusted our wages so that we were finally able to retain and recruit nurses to our rural hospital. Within the past few years, we had lost about 30 of our 80 nurses due to higher wages at other hospitals, as well as unsafe staffing and burnout. With the new contract negotiated by WSNA, we were also able to add steps (wage steps by years worked), add float pay, and increase shift differentials. Important increases were obtained to increase BSN/MSN, certification, preceptor, and charge pay.

Unfortunately, on the heels of this outstanding contract, Astria dealt a blow to the entire Toppenish community, as well as some of our nurses right before Christmas. Without any warning to staff or the community, we were informed that the Family Medical Center at the hospital was closing.

We have a large population of women that live in poverty and have high-risk pregnancies and this hospital, and our Family Medical Center provided medical



care for many underserved populations. No attempts were made by Astria to problem solve or reach out for a solution. The hospital said the department “was losing money.”

After the closure announcement, the Toppenish City Council held two town meetings with very high attendance. Many nurses, physicians, community members, and women shared stories of how the Family Medical Center nurses had saved lives, delivered generations of babies, and lifted the community

through the excellent care given. One thing that had made this department so beloved was the individualized care; this included many cultural beliefs and practices that had been incorporated into the outstanding patient care given. Even the Toppenish mayor shared her story of experiencing a life-threatening ectopic pregnancy. Her physician told her that had she not been able to make it to Toppenish Family Medica Center, she would have died.

Now women will have to go at least 30 minutes to receive care. That could be the difference between life and death for many. There is now an investigation of the unit closure by the state Department of Health. When Astria bought Toppenish hospital in 2017, there was a Certificate of Need that stated that Astria agreed to provide OB/GYN and pediatric care for 10 years. They have violated that agreement by closing as they did. There has also been an excellent response, led by the nurses, WSNA, physicians, and other affected parties, to begin to work toward a

**“Now women will have to go at least 30 minutes to receive care. That could be the difference between life and death for many.”**

public hospital district. Twice the number of signatures than were needed were obtained to begin the process. The county commissioners have now approved that petition to be moved forward to be on the ballot, pending the workgroup getting the appropriate number of signatures needed.

All of us nurses know that there have been closures of OB departments across the nation. We also know that these closures are profit-driven. Along with our nurses, WSNA, and the community, we will continue to do whatever it takes to try to get the OB/GYN services back to our Toppenish patients. [WV](#)



The treaty of 1855 created a reservation of approximately 1.2 million acres of land, forests, streams, and lakes for the 14 original tribes or bands of the Yakama Nation for “as long as the mountain stands and the river flows.”



Julia Barcott is a registered nurse working in the Intensive Care Unit at Astria Toppenish. Barcott is also part of the WSNA bargaining team at the hospital, chair of WSNA's Cabinet on Economic and General Welfare, and a member of WSNA's Board of Directors.





## MEMBER SPOTLIGHT

Q&amp;A WITH TACOMA GENERAL NURSES

**Liana Delacorte and  
Matthew Dustin**

MAGICAL MOMENTS, RATIOS, WHAT THEY LOVE

INTERVIEW BY Bobbi Nodell \* PHOTOGRAPH BY Ben Tilden

Tacoma General registered nurses Matthew Dustin, who works in neuro trauma and the ICU, and Liana Delacorte, who works in the Emergency Department, talk to WSNA about their jobs, magical moments, and working with ratios.

Both came to nursing as a second career. Delacorte spent eight years as an emergency medical technician, and Dustin enlisted in the Army and then worked as a housekeeper and nurse technician at Tacoma General before becoming a nurse.

The WSNA contract with Tacoma General includes requirements for staffing ratios. During negotiations for a new contract in December 2022, the management at MultiCare, Tacoma General's parent corporation, wanted to take ratios off the table. That was a hard "no" for the bargaining team. They fought hard to get them in 2012, and they said they would strike if those ratios were taken away. The ratios stayed.

*Bobbi Nodell is the marketing and communications manager at WSNA.*



**LIANA  
DELACORTE**

**Have you had a magical moment in nursing?**

I took care of a patient this last year who came in as a trauma. He had fallen, hit his head, and had a brain bleed. He couldn't move an entire side of body. He couldn't recognize his wife. He was 50 years old. It was so heart

wrenching to see him not know his wife. I thought he would be disabled for life. Six weeks later, he came back and was normal.

I was able to be 1:1 with him. I didn't leave his side in the emergency room. I was able to give him meds as soon as they were ordered, and I could notice

any status changes. With the process of care at the hospital (neurosurgery and nursing), he's normal and back to life.

It was pretty magical. I didn't think he was going to make it. We do make a difference.

CONTINUED →

CONTINUED FROM PREVIOUS PAGE

“ I didn’t think he was going to make it. We do make a difference.”

### Why ER nursing?

I love the variety of my department. ER is a different world. It’s a free for all when the phone rings. I do love being a trauma nurse and watching trauma surgeons and assisting them with critical patients and then being amazed when we can put people back together that are completely broken.

### What is it like working with ratios?

In my department, the ratio is 4:1 because it’s in our contract. If we get a critically sick patient, that ratio drops to 2:1. This ensures we have the resources

to take care of these critically sick patients and not abandon other patients. You never know what is going to walk in the front door.

### What would it be like without ratios?

I would be very worried about my license and outcome of my patients.

As an EMT, I saw nurses scramble to check on noncritical patients if there was a CPR in progress. ... It’s not just big-picture scary. It’s as basic as passing out meal trays. Not having time to clean up a dirty brief on an incontinent patient. Discharge paperwork, pain meds are going to be late.

### What did you think when MultiCare wanted to take away ratios during bargaining?

At first, I couldn’t believe what I was hearing. It was a slap in the face after working through the pandemic pregnant and literally putting my life and my family’s life in danger.

This request brought the entire bargaining team together overnight. We thought, going into bargaining, what a huge resource for recruiting nurses. Hearing the horror stories coming out of New York, we wondered, “Have you (management) not been paying attention?”



MATTHEW DUSTIN

### Have you had a magical moment in nursing you would like to share?

I took care of a dying patient. He had no control over his sickness or health. He was frustrated. I just sat down with the guy and talked with him and said, “It seems like you are frustrated. What’s going on?” He said, “I don’t have control over anything anymore.” Before he was discharged, he wrote me a note. “Matt, you are the best. Thank you for understanding.”

### Why neuro ICU?

It’s the autonomy, the utilization of nursing skills, and the ability to grow and build off nursing knowledge and enhance that. I work with septic patients, COVID-19 patients, patients who have head-on car accidents. We do everything besides burns at Tacoma General. We are a tertiary care center and get patients from Olympia, Centralia, Grays Harbor, and

Eastern Washington.

I can’t think of a day where I have looked at my watch. You are busy all the time.

### What’s it like working with ratios?

When I first came to MultiCare, I was hired in ICU, and we were in active negotiations (2011-2012) with management. The big thing was ratios.

As a brand-new nurse, I was taking upwards of three severely sick patients, and it was horrible because I was just starting out, and I was having a hard time with time management – caring for a patient and charting. Charting is what legally keeps you protected. If you haven’t charted, you didn’t do it.

We eased into ratios six to seven months after the contract was ratified. Now in ICU, I have one or two patients with qualifiers for a patient’s condition. If a patient needs ECMO, open heart surgery, continuous renal

replacement therapy, or if we are doing organ donations, the ratio is 1:1 or 2:1.

### What was it like when MultiCare wanted to take away ratios?

We had a hard line on ratios. We fought hard for these ratios years ago. And we were not letting these go. We said we will strike over this.

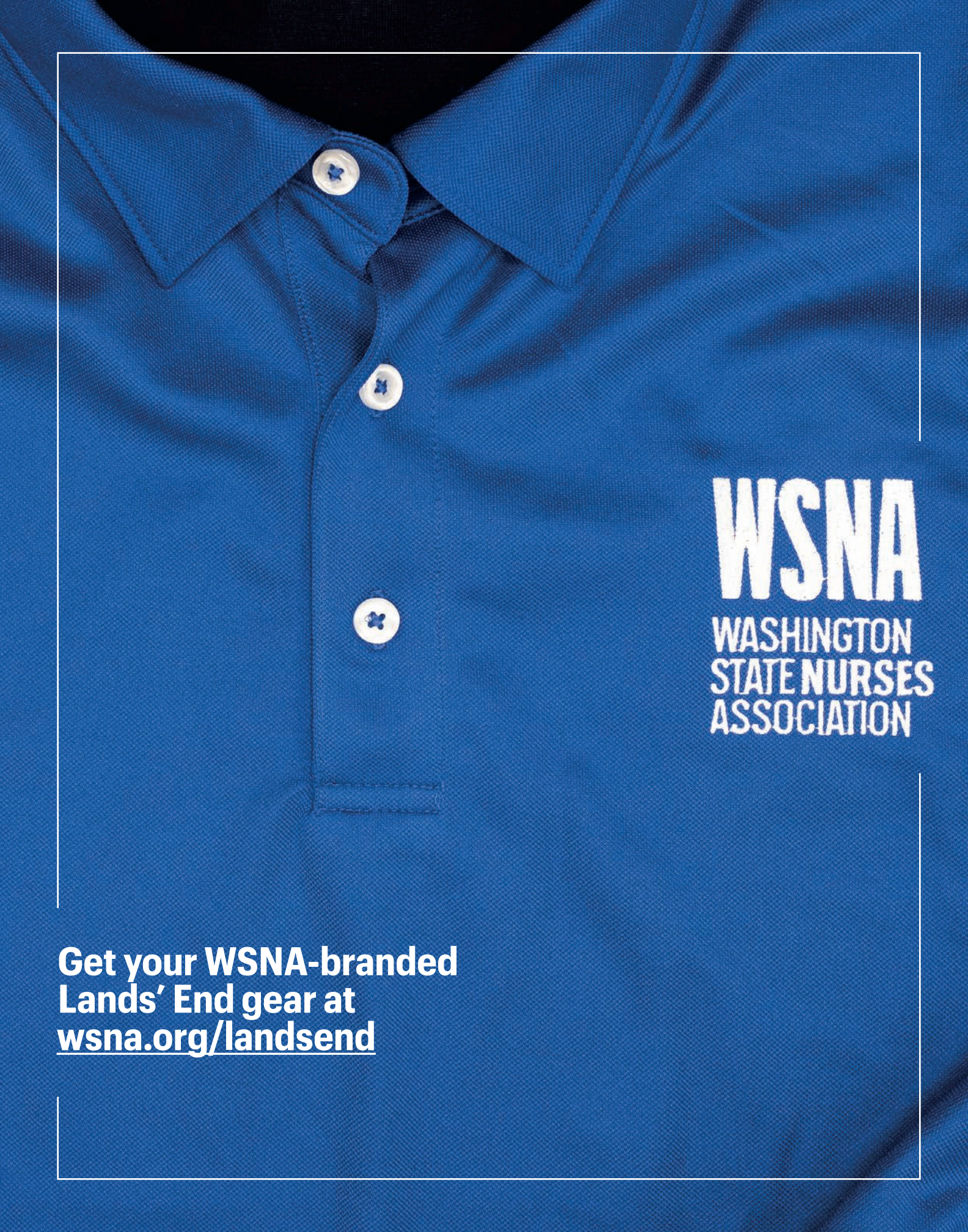
Our workload is increasing. Charting is more complex, and patients are getting sicker and sicker.

The worst thing for a nurse is having a patient that needs your help and you can’t do anything.

Management didn’t give a reason for being opposed to ratios. But being in the industry long enough, I can say the healthcare industry is killing the healthcare profession. There are more profits without ratios. I get it, you need to make margins. But hospitals are making money off people’s health. **WN**

“ I get it, you need to make margins. But hospitals are making money off people’s health.”



A close-up photograph of a blue polo shirt. The shirt has three white buttons with a blue floral pattern on the placket. On the right side of the chest, there is a white logo that reads "WSNA" in large, bold, sans-serif letters, with "WASHINGTON STATE NURSES ASSOCIATION" in smaller, stacked, sans-serif letters below it. The background is a solid blue color, matching the shirt's fabric.

**WSNA**  
WASHINGTON  
STATE NURSES  
ASSOCIATION

**Get your WSNA-branded  
Lands' End gear at  
[wsna.org/landsend](https://wsna.org/landsend)**



FACTS AND FIGURES

# WSNA BY NUMBERS

How many meetings did WSNA members and staff hold with legislators in February 2023?

# 101

How many people attended Advocacy Camp in 2023?

# 309

Outside of the Council of Nursing Education in Washington State (CNEWS), WSNA's major engagement with schools of nursing is through Advocacy Camp, an educational event designed for nursing students that focuses on political advocacy in healthcare.

How many states require employers to have a Workplace Violence Prevention Program?

# 8

According to the American Nurses Association, Washington is one of eight states to require employers to implement a Workplace Violence Prevention Program.

How many members came to Lobby Day?

# 57

How many candidates were endorsed by WSNA-PAC?

# 77

In 2022, the WSNA-PAC interviewed dozens of candidates running for the state legislature, ultimately endorsing 77 candidates, and contributing \$6,600 to endorsed candidates in the Primary Election and another \$8,500 for the General Election.

If 10,000 nurses gave \$5 a month, how much would the WSNA-PAC have?

# \$400k

How many nurses came to student debt clinics held by WSNA?

# 200

We've had over 200 nurses come to our 20 debt clinics in King and Pierce County.

What percentage of U.S. emergency rooms are routinely crowded?

# Over 90%

A 2016 report by the American College of Emergency Physicians found that over 90 percent of American emergency rooms are routinely crowded; that number has only increased since then.

How many people signed in support of SB 5236, the safe staffing bill, on Feb. 16, 2023?

# 5,700

On Feb. 16, 2023, the day the bill was being heard in the Senate Ways and Means Committee, 5,700 people signed in their support. Just 990 opposed.

How many candidates are running for WSNA elections?

# 43

At the time of publication, WSNA had 43 candidates running for election. But people can still self-nominate by 5 p.m. on May 18 (the day of General Assembly).



# **WSNA's online courses help you earn CNE contact hours to enhance your professional competency.**

The WSNA Learning Management System offers online, on-demand CNE modules that are free of charge to ALL nurses in Washington state.

## **NURSING EDUCATION MODULES CURRENTLY AVAILABLE**

**ARNPs and the Nurse Practice Act**

**Cultural Humility**

**Implicit Bias**

**Legislative 101**

**Meal, Rest Breaks and Overtime Protections**

**Protecting Nurses from Aerosol Transmissible Diseases**

**Service Animals**

**Radiation Exposure Awareness for Nurses**

**Telehealth Assessment for Providers**

**Workplace Violence: An Ounce of Prevention**

**Workplace Violence: Washington Requirements**

Washington State Nurses Association is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.



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



WASHINGTON STATE **NURSES** ASSOCIATION  
575 ANDOVER PARK WEST  
SUITE 101  
SEATTLE, WA 98188

NONPROFIT ORG.  
U.S. POSTAGE PAID  
PERMIT NO. 1282  
SEATTLE, WA



# SEATTLE

LITIGATION GROUP, PLLC

**Are you under investigation by  
the Department of Health,  
or have you been served with a  
Statement of Charges and face  
an administrative hearing?**

Protect your professional license and livelihood by calling Seattle Litigation Group: We handle all components of your professional licensure defense before a Washington State agency or board. We have a proven track record of successfully defending professional licenses.

500 Union Street, Suite 510  
Seattle, WA 98101

(206) 407-3300  
[www.seattlelitigation.com](http://www.seattlelitigation.com)