Seattle Children’s psych nurses on frontlines of pediatric mental health crisis

AND

A NURSE’S MOVING ESSAY ON A YEAR SINCE HER COLLEAGUE DOUG BRANT WAS KILLED

Sept. 19 – “A patient tried to escape from the patio with help from another patient. Both patients chased an RN and tried to attack the nurse. One of the patients, twice in one shift, dropped a sharpened toothbrush on the patio. No security staff were working all day.”

Sept. 20 – “The patient had a sharp item on unit and was holding it in a fist and making verbal threats suggesting that the patient might stab staff. Patient continued to show a sharp item and pace the unit. Another patient trapped an RN in a room and would not let the RN leave until the code team was called.”

Sept. 30 – “The entire unit was staffed with only two float pool nurses. At the beginning of the shift, a patient threatened to stab staff with a nail they found. The same patient later escalated in the middle of the night. With insufficient staff for a hold, the patient ended up assaulting another staff member.”

Nov. 17 – “When I came to the unit, two patients were throwing ceiling tiles at staff and broke computers. There were not enough staff to help intervene. Safety support was called, and eventually, the police were called.”

Nov. 25 – “A patient engaged in self-injurious behavior by repeatedly slapping themselves in the forehead. Staff attempted to put the patient’s helmet on and in the process one of them got bitten... The bite broke skin.”

Nov. 25 – “Nine staff were mandated to stay after their day shift was done due to short staffing; three of those received injuries on the job due to various patient escalations during the evening. These three staff should have been able to leave the floor immediately due to their injuries, but due to the lack of available staff on the night shift, they could not.”

WORKPLACE VIOLENCE
## Exclusive Savings On Dental Care From

**Bright Now! Dental & Orthodontics**

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!

### Member Savings

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your Potential Cost at Another Provider</th>
<th>Your Cost at a Bright Now! Dental &amp; Orthodontics Affiliated Office</th>
<th>Member Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>150/210 - Initial Oral Exam and Digital X-Rays</td>
<td>$267</td>
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<td>$259</td>
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<tr>
<td>1110 - Teeth Cleaning (In absence of Periodontal disease)</td>
<td>$132</td>
<td>$68</td>
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<td>2392 - Filling (2-surface Composite Resin-back tooth)</td>
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<td>3330 - Root Canal (Molar 3-Canals) (By General Dentist. If Specialist is necessary fees will vary.)</td>
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<td>2750 - Crown (Porcelain Fused to High Noble Metal)</td>
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<td>2750 - Crown (Porcelain Fused to High Noble Metal)</td>
<td>$1,728</td>
<td>$905</td>
<td>$775</td>
</tr>
</tbody>
</table>

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**Contact your Bright Now! Dental & Orthodontics Account Representative:**

Carrie Magnuson
Carrie.Magnuson@smilebrands.com
253.405.4547

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PSYCHIATRY & BEHAVIORAL SCIENCES
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Members-only discounted rates for ANCC certifications

Eligibility for $2,500 scholarship and 5% discounted tuition for four terms in nursing-related programs

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WASHINGTON STATE NURSES HALL OF FAME

CELEBRATING OUR HEROES, MENTORS, AND TRAILBLAZERS

CONGRATULATIONS TO THE 2024 INDUCTEES

Katherine Camacho Carr, PhD, ARNP, CNM, FACNM, FAAN
Butch de Castro, PhD, MSN/MPH, RN, FAAN
Jennifer Graves, MS, RN, ARNP
Judi Lyons, RN
Dawn Morrell, BSN, RN, CCRN
Lynnette Vehrs, MN, RN

MARCH 21, 2024
SEATAC
Learn more at wsna.org/hof
WE HAVE A BIG TENT THAT WELCOMES ALL NURSES

As the president of WSNA, I want to thank you for your membership and remind us why being part of WSNA is so critical.

WSNA is a community of nurses that come from very different backgrounds and work in different work settings.

WSNA is both a union and a professional association. As a professional association, WSNA represents all nurses, regardless of what union they belong to or if they, like me, are not in a union.

WSNA is one organization, but we have a big tent that welcomes all nurses. We speak for the profession as a whole – whether it’s in Olympia, in the workplace, or when we are speaking on broader issues.

We all learn from each other. We are stronger together. When we grow our membership and diversify it, we strengthen the voice we bring to all discussions.

Our collective bargaining units make our individual members stronger, and our individual members strengthen our collective bargaining units.

As an individual member, the benefits of membership in WSNA are far more valuable than I expected. I didn’t realize the lasting connections I would make to colleagues across the state. Being part of WSNA, I’m also building connections with colleagues in other states.

This membership has allowed me to be part of a greater community outside of my work. Being part of WSNA has also helped me at work because I can learn much more from nurses working in other settings in other parts of the state.

That networking ability, the ability to connect and learn from other people, and learn about issues that affect healthcare in general have made a big impact on my career and my perspective as a healthcare provider.

Our profession faces a critical moment. There are many issues facing nurses and care delivery. If we don’t address our staffing crisis, the healthcare system will fail to meet the needs of our patients. The more we are aware of and become involved in these issues, the more we can influence these issues for the better.

Justin Gill, DNP, RN, ARNP
WSNA President

Justin Gill, president of WSNA, is an urgent care nurse practitioner at Providence Health & Services in Everett.
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ON THE COVER

“These kids are broken, and they are lost, and they have nowhere else to go ... we need something to change from leadership because I don’t want to just abandon ship.”

page 22
Almost every nurse on the unit, not including those on a leave of absence due to injuries sustained at work — 44 nurses — signed a letter to Seattle Children's management on Nov. 17, urging help for the unit.

He is an individual member and says, "Our collective bargaining units make our individual members stronger, and our individual members strengthen our collective bargaining units."

"Above all, one needs the belief that every person is worthy of love and respect."

The Oct. 10 informational picket.

April 28-30.

The Washington state chapter of the National Association of Hispanic Nurses. He was stabbed in the face with a butter knife by a patient. No. In May a union-led effort to pass nurse staffing requirements failed after the Minnesota Hospital Association warned the provisions would reduce hospital care capacity by 15 percent. He was also stabbed in the face with a butter knife by a patient. No. In May 2023.

Washington State Nurses Association. He was stabbed in the face with a butter knife by a patient.

No. In May, a union-led effort to pass nurse staffing requirements failed after the Minnesota Hospital Association warned the provisions would "reduce hospital care capacity by 15 percent." The Oct. 10 informational picket.

The Washington state chapter of the National Association of Hispanic Nurses.

He was stabbed in the face with a butter knife by a patient.

Confluence Health Central in Wenatchee. The nurses held a party at Sunrise Ranch to celebrate with the community.

For years, WSNA hosted Advocacy Camp, a longstanding event geared toward instilling nursing students with the skills and knowledge needed to advocate for their elected officials about issues impacting nursing practice in Washington state. Starting in January 2024, Advocacy Camp becomes Intro to Advocacy, a WSNA-created and curated educational program available for student learning all year round.

BE RECOGNIZED!

Congratulations Dani Morton!

OB Surgical Technologist, University of Washington Medical Center for preventing an unintentional retained foreign object through professional persistence.

BE RECOGNIZED! Speak-Up! Award

Washington Patient Safety Coalition

2024 Nominations are open. Scan to nominate a colleague. Visit the Washington Patient Safety Coalition website for info.
‘A ROOMBA WITH A FACE’

THE HOSPITAL ROBOTS AMONG US

Seattle Met published a story on Oct. 30 about Moxi, an AI-powered robot now cruising the hallways of MultiCare facilities, including Tacoma General and Deaconess in Spokane.

Moxi’s primary purpose is to make deliveries: running supplies, medicines, and even snacks around hospitals in its compartments and, in theory, easing the burden of human hospital workers who might normally have to do that work.

The deployment of Moxi in the MultiCare system came in the wake of the Great Resignation, says nursing director June Altaras. Nationwide, approximately 100,000 nurses left the profession between 2021 and 2023, according to a survey by the National Council of State Boards of Nursing.

The Washington State Nurses Association, which represents MultiCare nurses, does not oppose Moxi in principle, but did express concern about Moxi’s implementation without the feedback of its membership.

“Not having nurses being part of the decision-making process is akin to Boeing deferring to MBAs on major decisions regarding aircraft,” says WSNA spokesperson Bobbi Nodell.

Two MultiCare nurses, who asked to be anonymous, gave feedback. Moxi gets stuck in doorways, and frequently requires the help of a human handler, one nurse said: “She’s kind of a Roomba with a face.”

Another nurse said she appreciated what Moxi could offer but had not yet gotten to the point where she remembered to use it as part of her normal workflow. Instead, her team only really thought about deploying Moxi as a last resort in situations when they were super shorthanded.

One thing that will never change is the need for a human to have thinking skills and be able to pivot on a moment’s notice.


Our WSNA PAC is growing!

In the past six months, WSNA has doubled the number of recurring contributors to the WSNA political action committee.

By working together, we can ultimately raise the number of recurring contributors who see the potential of having a stronger PAC and what that can mean for nurses in Washington state.

You need not be a nurse to give. Anyone can support nurses by investing in the WSNA PAC.

If just 10,000 people gave $5 a month, WSNA PAC could raise more than $600,000 a year! Or, if just 5,000 people gave $10 a month, WSNA PAC could raise more than $600,000 a year!

If you want to join or know someone who would, visit https://www.wsna.org/pac/invest.

Wellness conference

On Oct. 19-20, the Washington Board of Nursing provided a comprehensive wellness conference at the Greater Tacoma Convention Center. The WSNA-sponsored event was a great success, with over 300 participants and many WSNA members in attendance. We’ll be looking to see how we might leverage conference presentations and materials to support WSNA members.

Katharine Weiss steps down

Katharine Weiss, our director of government affairs, left WSNA at the end of December. She is taking a position as the program director for the State of Reform, which brings together health policy stakeholders from all sectors in nonpartisan policy-agnostic spaces to discuss how to improve the healthcare system.

We are excited for Katharine as she takes on this great new opportunity to advance health policy solutions on a broader level. While we look for a new director, Jessica Hauffe, who has served as WSNA’s political advocacy manager for the past 1½ years, will serve as interim director of government affairs.

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 with “print opt out” in the subject line.
In May, a union-led effort to pass nurse staffing requirements in Minnesota failed after the Minnesota Hospital Association claimed the provisions would “reduce hospital care capacity by 15%” and the Mayo Clinic threatened to rescind a billion-dollar investment if ratios were enacted.

An amended bill excluded ratios but did include a study on nurse staffing and retention, as well as provisions regarding student loan forgiveness and workplace violence protections, according to KSTP-TV.

In August 2023, Oregon Gov. Tina Kotek signed into law a bill that mandated minimum nurse-to-patient staffing requirements across most hospitals for nearly a dozen types of hospital units in the state. The law also charged the Oregon Health Authority with investigating complaints about hospitals that failed to enforce the requirements.

In addition, the legislation got rid of the hospital “buddy system” for taking breaks.

Safe-staffing proponents had to make concessions around emergency department ratios, which will be averaged throughout the shift. Those concessions were among “the very hardest pills to swallow” in the legislation and could prove challenging to enforce, Paige Spence, JD, ONA’s director of government relations, said in an email to MedPage Today.

In Washington, the final bill that passed includes nursing ratio enforcement only where hospitals or health systems are noncompliant with staffing plans enacted in collaboration with nurse staffing committees, following an investigation, and as part of a “corrective action plan.”

“Our argument was if we don’t do something drastic … the health-care system is going to collapse in a way we haven’t seen before,” said Katharine Weiss, MPA, director of government affairs for the Washington State Nurses Association. The reason, she said, was because RNs were sometimes assigned double the recommended patient load, and so many of them were leaving their jobs.

Linda Aiken, PhD, RN, of the University of Pennsylvania School of Nursing’s Center for Health Outcomes and Policy Research in Philadelphia, called it shocking that a critical hospital resource remains unregulated: nurses. She cited “tremendous variation” from one health system to the next in how many patients a nurse is assigned, ranging from 1:4 at the best-staffed hospitals to nearly 1:11 at the worst.

Her group showed in a 2002 study that the risk of patient death rises 7% with each additional patient a hospital nurse is assigned. “The evidence is so compelling that it would improve quality of care, it would improve patient satisfaction, and it would even be positive for the bottom lines of hospitals because it would help [hospitals] to avoid a lot of expensive turnover,” Aiken said.


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**Calling all Black male nurses**

Bim Akinade, PhD, MBA, ACNP-BC, NEA-BC, FAANP, FAAN, dean and professor at East Carolina University, posted a call for action on LinkedIn Nov. 18:

“Did you know the number of Black male nurses is so little, it’s unquantifiable? Today, I had lunch with Dr. Ernest Grant; Derrick C. Glymph, PhD, DNAP, CRNA, CHSE, COL., USAR, FAANA, FAAN; and Michael L. Jones, PhD, MBA/HCM, RN and we decided to take the next logical step.

We plan to create ‘THE LIST’ of Black men in nursing leadership positions in clinical practice, administration, academia, and research, etc. so we can come together to intentionally mentor and influence the future of Black men in nursing. Tag a Black man in nursing leadership so they can be acknowledged. THE LIST starts with us!”

---

**WSNA webinars: Nursing and AI plus scope of practice**

In October, WSNA offered education on nursing in an era of artificial intelligence provided by WSU associate professor of nursing Roschelle “Shelly” Fritz, PhD, RN; 240 nurses registered for this recorded event that was available for CNE up to 30 days after the live webinar. On Nov. 8, WSNA presented a webinar on scope of practice and delegation basics, co-presented by the Washington State Board of Nursing, which was also well attended. Look for more webinar opportunities in the coming year!
A YEAR IN REVIEW  2023 THROUGH SOCIAL MEDIA POSTS

**JANUARY**

WSNA Nurse Rep Shawn Reed testifies on the PTSD bill, which passes.

**FEBRUARY**

WSNA nurses lobby legislators for safe staffing.

**MAY**

Dr. Monica McLemore’s acceptance speech during convention for Excellence in Research.

**JUNE**

WSNA elects Justin Gill, first male and first person of color, as president.

**SEPTEMBER**

Hanna Welander, a nurse representative at WSNA for 19 years, retires.

**OCTOBER**

Virginia Mason picket gets great media coverage.
WSNA asks people to sign in support of the safe staffing bill before it is heard in the House Appropriations Committee

Safe staffing bill signed into law

Washington State Labor Council Convention

WSNA Nurse Rep Travis Elmore, in his first year as a state legislator in Oregon, helps pass ratios in the state

Virginia Mason nurses have a contract

Nurses on the Psychiatry and Behavioral Medicine Unit at Seattle Children's hold candlelight vigil
If 10% of the 100,000+ nurses in Washington invested $5 a month into WSNA PAC, this is how much you could raise to elevate nurses’ voices in Olympia.

How much are you investing?

WSNA PAC allows nurses an opportunity to have a seat at the table where key decisions are made in Olympia by supporting legislative candidates who support nurses.

Learn more at wsna.org/pac
2024 legislative priorities

The Washington State Legislature commenced the 2024 legislative session in Olympia on Jan. 8. This year’s session will span 60 days. During this time, legislators will discuss new bills, amendments to existing laws, and budgetary allocations. These decisions and policies can have far-reaching effects on nursing practices, healthcare policies, and patient care standards across the state.

WSNA’s priority issues for the year

**ARNP Payment Reimbursement Parity**

**POLICY**

**SB 5373 / HB 1495**

- In recent years, private health plans lowered payments to Washington practices when services are provided by an advanced registered nurse practitioner (ARNP) and not a physician. Reduced ARNP reimbursement saves the insurers money, but it costs clinics and the patients they serve by making it harder to keep practices open. And studies comparing patient safety, patient satisfaction, and care quality consistently find similar results between ARNP and physician care. Washington’s Medicaid and L&I reimburse 100% for ARNP services. Private health plans should follow the lead of state payers and reimburse ARNPs the same amount as physicians for the same service.

**Standing Order for Medication for School Nurses**

**POLICY / BUDGET**

**HB 1608**

- Legislation and funding are needed to create statewide standing orders allowing school nurses to purchase and administer epinephrine. This will ensure that students receive immediate care in the school building without relying on outside healthcare providers to shoulder this responsibility. It also ensures that the Legislature’s authorization for schools to stock these emergency medications can be put into practice.

**Update Property Tax Cap to Support Public Health**

**POLICY**

**SB 5770**

- Public health nurses provide critical services to our communities, especially as our communities’ repair from the COVID-19 pandemic. However, in a Seattle Times article, County Executive Dow Constantine shared that King County will be forced to close most of its 10 public health clinics by next year unless the Legislature intervenes. To raise the necessary funds to continue these services, the Legislature needs to update the cap on property taxes to be tied to inflation and population growth factors with a new cap not to exceed 3%. The current 1% cap has created a structural deficit in local government budgets making it a struggle to fund these critical services. This cap increase is not a tax increase, but instead allows for thoughtful local debate on what will work best for each community.

**Keep Our Care Act**

**POLICY**

**SB 5241 / HB 1263**

- Mergers and acquisitions between health care entities like hospitals, hospital systems, and provider organizations are prolific in Washington state and can negatively impact cost, quality, and access to necessary health care services. Yet in Washington, these health entity consolidations receive minimal oversight, allowing large health care systems to dictate patients’ access to care. Nurses at these hospitals also see a reduction in staff support and resources. The Keep Our Care Act (KOCA) does not prevent mergers and acquisitions, but requires hospitals and the state to do the due diligence necessary to address any potential harm that might come from a merger or acquisition.
The Washington State Nurses Association Political Action Committee is fueled by individual nurses and others whose goal is to use the political process to improve the nurse’s role in the healthcare delivery system. The nonpartisan WSNA PAC endorses and donates to pro-nurse state legislative candidates running for office.

We asked our PAC board members why they serve on the board and why the PAC is important to members in general. They talked about power, support, advocacy, and supporting pro-nurse candidates.

**MEET THE WSNA POLITICAL ACTION COMMITTEE BOARD OF TRUSTEES**

*By Jessica Hauffe*

**Chair**
(David) Jacob Garcia, MBA, MSN, RN, PCCN
Pasco
Position: Staff nurse, Astria Sunnyside Hospital
Prior office at WSNA: Vice chair of Labor Executive Council (current), secretary/treasurer on the Labor Executive Council (past)

By serving on the WSNA PAC Board, I am driven by the belief that our collective voices have the power to shape healthcare by not only safeguarding the well-being of nurses in Washington but also elevating the standard of care for the communities we serve. The WSNA PAC is crucial to me because when I joined WSNA, I learned the power of advocacy and found my passion for advocating for my fellow nurses at all levels of nursing, empowering their voices not just to be heard but to be listened to. We are stronger together!

**Ex officio**
Justin Gill, DNP, ARNP, RN
Marysville
Position: Urgent care nurse practitioner, Providence Health & Services in Everett
Prior office at WSNA: President of the WSNA Board of Directors (current), vice president of the Board of Directors (past)

I believe that supporting the WSNA PAC is an important way to leverage the trust and power that our profession holds in the public arena. It is vital that we support and endorse allies across the political spectrum that support nursing priorities.

**Trustee**
John Gustafson, RN, CMSRN
Poulsbo
Position: Retired staff nurse at St. Joseph Medical Center in Tacoma and St. Michael Medical Center in Silverdale
Prior office at WSNA: Board of Directors’ director-at-large (current and past), Labor Executive Council (past), fourth term on PAC Board of Trustees

Public policy and regulations affect the nursing profession. The WSNA PAC is nonpartisan. Through the WSNA PAC, we can advocate, educate, build, and strengthen relationships with key decision makers in the legislature who stand with WSNA nurses. By investing in WSNA PAC with a monthly recurring contribution, you’re joining your colleagues in creating a strong voice for the nursing profession.

**Trustee**
Annika Hoogestraat, BSN, RN, IBCLC, CCRN
Seattle
Position: Cardiac ICU charge nurse, Seattle Children’s Hospital

Through the WSNA PAC, our nurses have the opportunity for empowerment through supporting legislative candidates that reflect our nursing values. Building relationships with our legislative partners is important to ensure Washington state is a safe place for healthcare workers and the patients they serve. Nurses’ voices deserve a space in legislation, and I am honored and excited to be a new trustee for our PAC and a representative of our nurse community.
Elizabeth Orten, BSN, RN, CCHP

Trustee
Tacoma
Position: Night charge nurse (on-call), graduate student pursuing a master’s degree in public policy and administration

“I wish to serve on the WSNA PAC Board to represent the interests of nurses and bring important safety and equity issues to the attention of legislators for deliberate action that will produce real improvements for providers and patients.”

Pamela Pasquale, MN, RN, CNE

Trustee
Wenatchee
Position: Professional foot care nurse, self-employed
Prior office at WSNA: Board of Directors’ Director-at-Large (current and past), Professional Nursing and Healthcare Council (past)

“I volunteered to join the WSNA PAC to articulate the issues nurses have been facing since the memories of the sacrifices nurses made during the pandemic have faded. Legislators and policy makers must remain committed to ensuring their constituents receive the best possible healthcare from nurses that are respected and appreciated with working conditions and compensation worthy of their professional commitment to their patients in whatever setting.”

Gretchen Patrick, BSN, RN

Trustee
Pasco
Position: Retired public health nurse

“Serving on the WSNA PAC Board of Trustees is important to me to help candidates who support nurses and nursing issues to be elected, and to support nurses running for office. I’m looking forward to participating in a process that encourages candidates running for office to define their knowledge of healthcare systems, state their positions on issues pertinent to nursing practice and related health outcomes, and demonstrate their understanding of healthcare disparities and social determinants of health for the people they hope to represent.”

Nancy Wilder, RN

Travis
Seattle
Position: Retired, former charge nurse at Seattle Children’s Hospital
Prior office at WSNA: Local unit membership officer

“I’m passionate about equity and access to healthcare in our communities. I believe good healthcare affects all aspects of a person and the community. When we are well, our state is also well. A key component of good healthcare is the promotion and support of our nursing professionals. We must encourage people to enter the profession. Access to education and the financial support of students are crucial to maintaining that the workforce will be there in the future. The support of existing nurses working is important to keep experts in the workforce. Their safety is paramount; 24 hours a day, nurses are assessing, evaluating, and advocating for your health, seven days a week. It’s that important.”

Tristan Twohig, RN, CEN

Trustee
Spokane
Position: Emergency Department RN, Providence Holy Family Hospital
Prior office at WSNA: At-large member on Labor Executive Council (current), at-large member on Labor Executive Council (past), Second term on PAC Board of Trustees

“I am honored to convey my participation with the WSNA PAC Board, recognizing its pivotal role in advancing our advocacy objectives. Our focus extends beyond any specific legislation, encompassing various issues vital to improving working conditions and ensuring the safe staffing of hospitals statewide. This underscores the importance of our collective efforts. I take immense pride in contributing to this impactful and transformative process. I eagerly anticipate leveraging my role to help guide fellow nurses, fostering a more engaged and empowered community in legislative action.”

2024 — ISSUE 1: WINTER The Washington Nurse
What’s in your charter?

THE HOSPITAL STAFFING COMMITTEE CHARTER MUST INCLUDE —

- A process for electing HSC co-chairs and their terms of service.
- Roles, responsibilities, and processes by which the hospital staffing committee functions, including:
  - Patient care staff job classes represented on the committee as nonvoting members.
  - Number of members serving on the HSC.
  - Process to ensure a quorum and the ability of HSC members to attend.
  - Process replacing HSC members who do not regularly attend.
- Schedule for monthly meetings (more frequent, as needed).
- HSC members provided 30 days’ notice of meetings.
- Process for reviewing staffing complaints, including investigation and resolution, noting the date received, as well as initial, contingent, and final disposition of complaints and corrective action plan(s) where applicable.
- Process to resolve complaints within 90 days of receipt or longer with the majority approval of the HSC.
- Process to provide the complainant with a letter stating the outcome of the complaint.
- Process for HSC attendance by any employee involved in a complaint.
- Process for labor representative to attend HSC if requested by the employee involved in the complaint.
- Process for HSC to conduct quarterly review of the following:
  - Staff turnover rates, including new hire turnover rates during the first year of employment.
  - Anonymized aggregate exit interview data on an annual basis.
  - Hospital plans regarding workforce development.

IN 2023, CHANGES WERE made to strengthen Washington State’s nurse staffing law. One important change was an expansion from nurse staffing committees to hospital-wide committees. Effective in 2024, hospitals must establish hospital staffing committees (HSC) to adopt patient care unit- and shift-based staffing plans. With this change, HSCs are required to develop a charter that includes standard elements to guide the committee.

To comply with the hospital staffing committee law (RCW 70.41.420), charters are detailed and thorough, addressing over a dozen committee functions related to roles, responsibilities, and processes. The HSC charter is collaboratively developed by voting committee members comprising at least 50% nonsupervisory / nonmanagerial direct patient care nursing staff and 50% from hospital administration. The HSC charter is due to the WA Department of Health on July 1, 2024.
NEW RESOURCES FOR NURSES

Not able to attend the convention last spring?
☞ WSNA is pleased to offer recordings of two of the most popular convention sessions: “Leading with a Curious Intention: A Path to Holding Difficult Conversations” presented by Dr. Sara Kim and “Research Insights in Nurse Fatigue” by Dr. Lois James.

Dr. Kim’s presentation centers on the various ways in which nurses can engage in healthy dialogue to address conflict that maintains relationships and allows for growth within the healthcare team. Her presentation addresses internal and external factors that impact giving and receiving feedback, including power gradients, self-advocacy, bias, and psychological safety.

Dr. James’s presentation gives a brief overview of the science of sleep and the risks of fatigue before reviewing recently published research on the impact of fatigue on the professional practice environment. It also includes concrete strategies and practical tips for improving sleep hygiene.

Each recording and accompanying references and resources are available in the WSNA Learning Management System for contact hours, free of charge, at cne.wsna.org.

‘Intro to Advocacy’ starts in January
☞ For years, WSNA has been proud to host Advocacy Camp, a longstanding event geared towards instilling nursing students with the skills and knowledge to effectively advocate for their elected officials about issues impacting nursing practice in Washington state.

Starting in January 2024, Advocacy Camp becomes “Intro to Advocacy,” a WSNA-created and -curated educational program available for student learning all year round. This new format has many of the same popular features of Advocacy Camp, including a panel of nurse leader advocates, a review of WSNA’s strategic goals and legislative priorities, and a message from one of Washington’s elected legislators.

Content will be updated yearly so instructors and students alike can continue to hone their advocacy skills and influence nursing practice at the legislative level.

‘Moving Forward: Diversity, Inclusion, and Justice in Nursing in Washington State’
☞ This new workbook is intended to give nurses an opportunity both to reflect on our history and to help guide a path towards an anti-racist nursing practice that is equitable, and culturally and linguistically appropriate. Access it at wsna.org/publications.

Standards for HSC approval of meeting documentation, including meeting minutes, attendance, and actions taken.

Policies for the retention of meeting documentation for a minimum of three years, consistent with the hospital’s document retention policies.

Process for the hospital to provide the HSC with information regarding patient complaints involving staffing made through the patient grievance process according to 42 C.F.R. 482.13(a)(2).

Process for the use of reports, described under RCW 70.41.420 (7), to inform the development and semiannual review of the staffing plan.

The Washington Department of Health and the Department of Labor and Industries must provide technical assistance to hospital staffing committees for compliance with charter requirements. Technical assistance may not be provided during an inspection or between when an investigation of a hospital is initiated and when the investigation is resolved.
Nurses at Virginia Mason Medical Center ratified a three-year contract Nov. 20 after a hard fight. The contract came after 19 bargaining sessions, an informational picket, and a complaint filed with Labor and Industries over workplace safety.

The 650 nurses represented by the Washington State Nurses Association won substantial wage increases, with mid-range and higher-range nurses earning the top nurse wages in Seattle.

“We fought hard for safe staffing language, break nurses, workplace violence prevention measures, and wages that will actually make our hospital competitive in the Seattle market,” said Hannah Collins-Lewis, a member of the bargaining team. “I believe this contract will aid in improving recruitment and

‘We fought hard.’
Virginia Mason nurses win great contract

Oct. 10 informational picket was big turning point

BY Bobbi Nodell    PHOTOGRAPHS BY Ben Tilden

More than 500 people took part in the informational picket at Virginia Mason Oct. 10.
and another nurse’s while that nurse goes on break, causing a potential safety concern. 

This is the first WSNA contract in which virtual nurses will be part of the union.

“I’m very pleased with the outcome of our negotiations!” said Michael Salters, who was also on the bargaining team. “It was a long fight, but we had 650 union-strong nurses standing behind us, and it’s really their solidarity that pushed us over the finish line. We were able to achieve many of things we sought out initially.”

The informational picket Oct. 10 was a big turning point.

Nurses stepped up to talk to the media about their concerns about staffing and workplace violence.

As the Seattle Times reported, “Hundreds of nurses lined Seattle streets in front of Virginia Mason Medical Center during a pair of Tuesday pickets, hoping to push the hospital into addressing recent safety scares and attacks on staffers. 

“Nurses aimed to bring attention to what they say are worsening incidents of workplace violence in the state’s hospitals — especially at Virginia Mason’s downtown hospital,” said registered nurse Brad Rathke. He and other nurses, along with a group of local and state elected officials and labor leaders who made appearances, retention. Nurses now have a reason to stay.”

The agreement also addresses workplace violence concerns by installing a metal detector in the emergency room and establishing a task force including staff nurses that will look at other measures, including registering guests as they enter the building.

On the staffing front, Virginia Mason agreed that charge nurses should not be given patient loads and that the hospital must develop a system other than “break buddies” to cover legally mandated breaks. Under the break buddy system, another nurse covers both their patients and another nurse’s while that nurse goes on break, causing a potential safety concern.

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“Nurses aimed to bring attention to what they say are worsening incidents of workplace violence in the state’s hospitals — especially at Virginia Mason’s downtown hospital,” said registered nurse Brad Rathke. He and other nurses, along with a group of local and state elected officials and labor leaders who made appearances,
emphasized the connection between assaults and ongoing issues of staffing shortages, retention and pay.

“I am so sick of having short staffing at work,” Rathke said to the crowd Tuesday. (See interview on facing page.)

WSNA brought star power to the picket, including April Sims, president of the Washington State Labor Council, which represents 550,000 union workers; State Rep. Liz Berry (D-Seattle), chair of the House Labor Committee; and Seattle City Councilmember Teresa Mosqueda, among many others. Speakers told nurses they are part of a huge labor movement sweeping the country.

On Oct. 13, The Seattle Times published an opinion piece by Allison Wortman, a young nurse on the unit titled: “Listen to nurses, the lifeblood of the hospital.” Below are the first few paragraphs.

“I graduated from nursing school three years ago, but I feel like I’m in Whoville.

I work at Virginia Mason Medical Center, which was recently purchased by CommonSpirit Health, a nonprofit hospital chain that operates 140 hospitals in 21 states.

Now, it feels like no one can hear me or my fellow nurses.

It’s unclear how decisions are being made and what we can do about it. CommonSpirit and other hospital chains must stop governing from the top down and include nurses at the table.”

WSNA congratulates the bargaining unit, organizers, and counsel for not giving up and getting a great contract.
Interview with

Brad Rathke, RN

AT VIRGINIA MASON

By Bobbi Nodell

In July, Rathke, a nurse on the med-surg unit, was stabbed in the face with a butter knife. The patient was upset that he needed to stay at the hospital another night. Rathke thought it might be a good idea to get him a “sitter,” or a staffer who could sit in the patient’s doorway and make sure he didn’t harm himself or others, he said.

No one was available. A half hour later, the patient called Rathke back into his room, asking him to examine his lower back. When Rathke bent down to take a look, the patient took the knife from under his hospital gown and stuck him in the jaw.

After the incident, Rathke became a reluctant voice for workplace violence. Then, he leaned into his new role.

We asked Rathke a few questions about himself and his experience with workplace violence.

“... It’s a little strange to be a spokesperson for workplace violence ... It’s not something I asked for.”

Where did you grow up?

Sandy, Oregon, an hour east of Portland. I have been in Seattle since I was 18.

Tell us about your education.

I received a bachelor’s degree in psychology from Seattle Pacific University in 2012, an associate degree in nursing from Seattle Central in 2018, and a bachelor of science in nursing from Western Governors University in 2020 (while working at Virginia Mason).

When you were young, what did you want to be?

When I was young, nursing was the last thing on my radar. My grandma and mom were both nurses, and I had three aunts who were in nursing. Nursing was too familiar for me in high school.

I originally went to college to study music recording. But as soon as I got into a recording studio, I knew I didn’t want to spend time behind a computer.

After college, I became a bartender and did high school tutoring and social work. I liked working on my feet and with people, and I wanted to do something that would help my community more. That’s when the idea of nursing slapped me in the face. I decided to become a nurse.

How did bartending help you with being a nurse?

Bartending was very relevant. For one, when I was young, nursing was the last thing on my radar. My grandma and mom were both nurses, and I had three aunts who were in nursing. Nursing was too familiar for me in high school.

I originally went to college to study music recording. But as soon as I got into a recording studio, I knew I didn’t want to spend time behind a computer.

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Bartending was very relevant. For one, when I was still in my early 20s going to school, bartending was a good way to break out of my shell, talk to people from all different backgrounds and ages, and build social skills.

I learned de-escalation because I had to keep people from starting arguments with each other and escalating into violent behavior. I did this by treating...
NURSES SUPPORTING NURSES

Nurses know better than anyone the challenges and rewards of the profession. Every day, we touch the lives of countless individuals, from the first cry of a newborn to the comforting touch during our final moments. We are healers, educators, and advocates — as the heart and soul of healthcare, our role is irreplaceable.

But the path to becoming a nurse requires dedication, hard work, and financial commitment. Many aspiring nurses face financial hurdles that threaten to derail their dreams.

WSNF is dedicated to championing the dreams of nursing students by offering vital scholarships, working to ensure that financial constraints are not a barrier to the calling of nursing.

Go to wsna.org/wsnf to donate and empower tomorrow’s nurses.
people with respect and keeping things from getting worse.

**Did you ever have a violent incident of bartending?**
I never did, although people would yell and scream.

**As a nurse, did you ever expect workplace violence to be part of the job?**
Absolutely not. My mom was a GI nurse and worked in procedures. The patients were sedated and in recovery. My grandma worked in a rural clinic. Neither talked about WPV (workplace violence.)

**What kind of experience have you had at the hospital with agitated patients?**
Before the pandemic, folks would come in and have dementia and flail arms but not commit an intentional act of violence. We had folks that would make threats, and a few angry folks would raise their voices.

Back then, we were admitting people with IV drug-use infections. Heroin was more popular than fentanyl, and people would be in hospital for weeks and didn’t want to be there. People were getting agitated on a more frequent basis. But I didn’t have anyone trying to hurt me.

Now that fentanyl has taken over, patients get Narcan and go home. I would expect the workplace to be safer. But recently, I have heard of more WPV (workplace violence.)

**How did the July incident affect you?**
In the moment when it happened, my heart was pumping four to five hours later. I didn’t know if he was trying to murder me or what. I felt like I could have lost an eye. I went to the ER and asked my supervisor if someone could replace me. I had a cut on my face, but there was no one to replace me. I didn’t want to leave my colleagues, so I went back to work.

**Did you get any closure?**
Before I left, and before I filed a police report, I talked to the guy. I went back into his room, and he was in restraints. I said, “Hey, do you remember what happened last night?” He said, “Someone got stabbed with a butter knife.” I said, “Yeah, you stabbed me with a butter knife.” He said, “I’m sorry that happened.”

There was one thing that bothered me. He was trying to avoid culpability. He said, “Maybe we can talk more on a level playing field.”

I said, “I’m talking to you now, because this is the last time I will ever see you again.”

**Why do you think it happened?**
I had taken care of him a few days prior. The night that it happened, his wife called me in because he was becoming confused and trying to follow her home. We were both trying to convince him to stay another night.

**How did it feel to tell your story?**
It’s a little strange to be a spokesperson for WPV. I was not expecting that. But something happens to you in the moment. When you are a victim of violence, you have a responsibility to share what happened so it doesn’t happen again. It’s not something I asked for.

**What effect did it have on other nurses?**
Many people since then have come up and said they heard about it on the news or on social media.

**Do you feel your power as a nurse?**
No. When short-staffed, I feel more powerless. I have a skill that I can give. But I’m oftentimes not able to work at a standard that is appropriate for more patients. Sometimes, I feel powerless when I go into work, because I’m not given the opportunity to do my job the best I can with short staff.

Each year, we are wondering when are things going to change? At this point, the union contract is one of the last hopes.”

**What would you tell people considering nursing?**
If someone is motivated and wants to take on responsibility, then yes do it. However, there are a lot of misconceptions. Some people are going to be grateful that you are caring for them. But you deal with some pretty wild scenarios and people resisting your care. It takes more courage than you’d expect.

I feel like a lot of nurses have been waiting for things to change since the pandemic. In the first year or second year after pandemic, nurses were holding out. Now, there are extreme staffing shortages. Each year, we are wondering when are things going to change? At this point, the union contract is one of the last hopes.

Note: This interview was done while nurses at Virginia Mason were in tough negotiations with management, not knowing where things would end up.

**POSTSCRIPT**
Soon after this interview, nurses at Virginia Mason ratified a new contract, much sooner then expected and giving them almost everything they wanted. Here’s Rathke’s reply as soon as heard about the tentative agreement:

“I was really happy to hear we had a new contract to vote on. After looking it over, I think there are things like metal detectors, updated security measures, and staffing retention strategies that I think will make the hospital a safer place for the patients and the staff. It’s wild to me that it took a picket and media coverage to get a contract agreement. I’m really grateful to all the people who spent long hours on the bargaining team advocating for a better contract. We really came together as nurses for this, like I’ve never seen before, and I’m glad we were able to come to an agreement before going on strike.”
SEATTLE CHILDREN’S NURSES SAY WORKPLACE VIOLENCE A SYMPTOM OF A BROKEN PEDIATRIC MENTAL HEALTH SYSTEM

44 nurses signed letter to hospital leadership asking for more resources
Nurses on the Seattle Children’s Psychiatry and Behavioral Medicine Unit were dealing with escalating violence without proper resources, so they decided to take action.

On Nov. 17, 44 nurses – almost every nurse on the unit, not including those who were on a leave of absence due to injuries sustained while at work – signed a letter to Seattle Children’s management urging help on the unit.

WSNA spoke to a dozen nurses about the situation, and the nurses were clear that it’s not the children to blame. They said the pediatric mental health system is broken.

When hospital leadership declined an urgent meeting with nurses in November, WSNA sent a release to the media. This story hit a nerve and received widespread media attention, including national news.

The nurses handled a media firestorm with grace. They kept their messaging on lack of resources in the unit and not enough long-term beds for children in the state.

“These kids are broken, and they are lost, and they have nowhere else to go, so we need change to happen,” Natasha Vederoff, a nurse on the unit, told NBC affiliate KING-TV. “I want to stick through and see change happen because I care about these kids, we care about these patients, and we need something to change from leadership because I don’t want to just abandon ship.”

More than 150 people attended a candlelight vigil Dec. 12 organized by WSNA. The vigil allowed seven nurses on the unit, state legislators (Sen. Javier Valdez, Rep. Gerry Pollet, and Rep. Nicole Macri), and WSNA leadership (President Justin Gill and Executive Director David Keepnews) to speak out. Their message was covered by the local TV affiliates for NBC, ABC, FOX, CBS, as well as the NPR affiliate, and others.

The vigil was held the night before the regularly scheduled Nurse Conference Committee with WSNA and hospital leadership.

The two-hour conference committee meeting resulted in some major changes.

The hospital agreed to permanent 24-hour security on the unit with significant increases in travel nurses and behavioral techs. The hospital said it will be hiring seven travel nurses – six to start on Jan. 8 and one to start on Jan. 22. The hospital will also be hiring 20 travel behavioral techs – 13 to start on Jan. 8 and seven to start on Jan. 22. Behavioral techs work as coaches with the patients as they carry out therapy and other skills. The hospital also approved a recreational therapist and an occupational therapist based on nurses’ feedback. And they agreed on an expedited construction schedule on the unit by May 8.

While more needs to be done, these measures will likely increase safety on the unit and improve the quality of care provided to patients.

When nurses stand together, change can happen in healthcare. Thank you to the local unit at Seattle Children’s who worked on this crisis, the more than dozen nurses who shared their stories with the media, WSNA’s nurse representative and organizers, state legislators, reporters who covered this story, and the many people who helped bring light to this issue.

Incidents at Seattle Children’s Psychiatry and Behavioral Medicine Unit

The Washington State Department of Labor and Industries (L&I) inspected Seattle Children’s Psychiatry and Behavioral Medicine Unit on June 22, 2023, and issued a report on July 10, 2023. While L&I did not cite violations or assess penalties, inspectors offered three recommendations:

Work with the hospital’s Safety Committee and affected employees to set quantifiable goals to reduce workplace violence.

Have management audit reporting of all workplace violence-related threats, injuries, and attacked assaults against employees for record keeping and review.

Improve management’s follow-up with employees who are affected, including notifying them of corrective actions, coping resources, and a recommended timeline for follow-up.

Since those recommendations were issued, the volume and severity of safety incidents increased. Below are some examples as of press time:

11/17/23

- A patient pushed over a meal cart, attempting to open and in the process one of them got bitten... The bite broke skin and led to significant bruising and pain.

11/25/23

- A patient engaged in self-injurious behavior by repeatedly slapping themselves in the forehead. Staff attempted to put the patient’s helmet on and in the process one of them got bitten... The bite broke skin and led to significant bruising and pain.

- A patient pushed over a meal cart, attempting to break the cart into weapons.

- When I came to the unit, two patients were throwing ceiling tiles at staff and broke computers. There were not enough staff to help intervene. Safety support was called, and eventually, the police were called. A few staff members were hit that evening.
Psych Nurses Sound the Alarm on Patient Violence at Pediatric Hospital

Seattle Children’s PBMU staff “work in a persistent state of fear,” says state nurses union

By Shannon Firth, Washington Correspondent
MedPage Today, Dec. 4, 2023
This article was reprinted with permission from MedPage Today

Nurses at Seattle Children’s Hospital demanded the hospital intervene after police were twice called to the Psychiatry and Behavioral Medicine Unit (PBMU) over violent incidents during a 2-week period in November, according to the Washington State Nurses Association (WSNA).

On November 7, police were called to intervene after patients began overturning carts, wielding metal poles as weapons, breaking windows, and holding one nurse in a chokehold. Around the same time in a different part of the unit, another nurse was being choked and was punched 16 times in the head. Several staff were sent to the emergency department, according to a WSNA press release.

Just 10 days later, police were called back to the unit after patients began throwing ceiling tiles at staff. The WSNA called the incidents “part of a pattern of ongoing and escalating violence.”

Josh Pickett, RN, a charge nurse at the facility, attributed the incidents to mounting pressures on the unit — having to accept one aggressive patient after another, with no place to send those already in need of residential care.

In an interview with MedPage Today, Pickett likened the unit to a pot ready to boil over, but “you can’t take the pot off the fire” and “you can’t turn down the heat.”

11/16/23
• A suicide-watch patient assaulted a staff member by punching her on the right side of her face and hitting her on top of her head. The patient got very combative with the staff on the unit and was threatening to hurt more staff and other patients on the unit. The patient had already injured a few staff members in the past and talks about continuing to do so.

11/13/23
• One patient broke a meal lid into multiple pieces. One piece was sharpened to a point. The patient made multiple motions mimicking stabbing someone and verbally threatened to stab staff. One patient assaulted multiple staff. Four staff were injured at work. A nurse was charged and hit in the head with a closed fist.

11/13/23
• One of the patients had soiled themselves, and three of us were attempting to change the patient. While attempting to change the patient, the patient became agitated and began engaging in self-injurious behavior. As per the patient’s plan, this requires arm splints to be applied to the patient to prevent further injury to the patient’s head. The patient also began attempting to physically assault staff members, and we went into a physical hold to prevent them from doing so. I had placed the patient in a standing physical hold with another staff and then transitioned to the supine position. During the transition, the patient extricated their legs from the hold and kicked me in the head seven times.
Numerous staff were sent to the emergency department with injuries from patients overturning carts, swinging a metal pole, and putting a nurse in a chokehold.

Multiple staff were injured and had to leave. One staff member was bit. Several staff were kicked in the head and the body by several patients. We had around 20 callouts throughout the day due (most likely) to the unit's acuity.

At one point, we had four violent restraints going on at the same time... We did not have enough staff to place the patients kicking staff actively involved in violent restraints, so staff were intermittently getting kicked all over their bodies.

We were short a primary nurse resulting in me having a 13-patient assignment and a charge nurse taking patient assignments.

I have sustained more serious injuries in the past year than in my first six years of working on the floor. The PBMU is broken and is simply put, dysfunctional. We cannot keep admitting patients because the rest of the house needs us to. Once these patients are on our unit they are out of sight and out of mind by the institution.

On November 17, the day of the second police call, 44 of the approximately 52 nurses on the unit penned a letter to Seattle Children’s management requesting help and blaming the incidents on “ongoing deficient and inadequate intervention from the hospital.”

“Staff work in a persistent state of fear as they come into each shift expecting violence and debilitating abuse,” they wrote.

The nurses requested a “surge security presence” of three officers during the day and one at night until a safety officer position could be created. They also asked for three additional support staff (a break nurse, resource nurse, and safety coach), a maximum nurse-to-patient ratio of 1:8, double-pay for full-time staff working over a certain number of hours, and holding any admissions that would require increased staffing.

Seattle Children’s responded by providing three security guards for the unit during the day, but nurses who spoke to MedPage Today expressed concern that those positions could be removed once the hospital determines the unit is safe again.

Henry Jones, RN, another charge nurse in the psych unit there, said that over the past year he’s seen “people kicked in the head,” facial bones broken from headbutts, concussions, and “people grabbed by the throat and dragged across the floor.”

The problem is that roughly one-third of the residential beds in the state have closed since the pandemic, and social supports for children have declined, he said.

According to Jones, the Seattle Children’s PBMU staff share a philosophy of empowering children.

“We want to be therapeutic,” he said, adding that kids are coached to use coping skills to get through crises, and that patients are connected to social supports and residential treatment when needed.

But, Jones said, those things haven’t been happening because of conditions in the unit; instead “we are trying to keep kids safe by keeping them behind locked doors in a very sterile environment where they get further and further disconnected from the outside world.”

The PBMU was meant to provide short-term crisis stabilization for 3 to 7 days, but many children have been staying for weeks or months,
WORKPLACE VIOLENCE  SEATTLE CHILDREN’S HOSPITAL

10/13/2023
● Ongoing safety issues that could be mitigated with a stronger security presence. Patient severely assaulted a peer unprovoked… Patient later in the evening assaulted staff after they were denied a preferred snack.

10/2/2023
● I was floated to the PBMU to be the primary RN when I had not received any training in this area. Not only is my safety at risk because I am not trained, but also my license since I was not given expectations while I am here. NOT SAFE!!!

9/30/2023
● The entire unit was staffed with only two float pool nurses. At the beginning of the shift, a patient threatened to stab staff with a nail they found. The same patient later escalated in the middle of the night. With insufficient staff for a hold, the patient ended up assaulting another staff member.

9/20/2023
● The patient had a sharp item on unit and was holding it in a fist and making verbal threats suggesting that the patient might stab staff. Patient continued to show a sharp item and pace the unit.

Another patient trapped an RN in a room and would not let the RN leave until the code team was called.

Another patient attacked numerous staff in the hallway.

Another patient would not let a staff member leave and attacked that staff in their living zone, and that was a dangerous restraint.

Significant property damage occurred with ceiling tiles broken.

9/19/2023
● A patient tried to escape from the patio with help from another patient. Both patients chased an RN and tried to attack the nurse. One of the patients, twice in one shift, dropped a sharpened toothbrush on the patio.

No security staff were working all day. There was talk that there would no longer be a regular security presence on the unit.

“You came in sad, and then they go out … angry and hitting people.”

and some for even longer than a year, Jones said. “The longer that kids stay, the more likely they are to use aggression.”

Most disheartening is the “contagion effect” among patients who are depressed or suicidal but surrounded by others who have oppositional defiant disorder, said Greg Zorn, RN, also a PBMU charge nurse.

“They came in sad, and then they go out … angry and hitting people,” he told MedPage Today.

Zorn cited hospital construction as one factor exacerbating the violence, as it reduced space for the psych unit and resulted in the crowding of patients who struggle with emotional regulation and who already get agitated easily. “It makes sense to me that there would be fights,” Zorn said.

Staff have left in “droves” as the unit has grown more violent, said Jones, making it harder to maintain the kind of experienced workforce needed to provide safe, therapeutic care.

Zorn noted that a majority of the recent group of nurse residents quit. “They didn’t make it through orientation because they felt too unsafe on the unit,” he said.

More social supports are needed from federal, state, and local government, Jones said, including more local residential beds and especially funding for long-term care. Washington state has approximately 109 residential beds for a population of more than 1 million children.

The most important thing the hospital can do is to create a position for a security officer who is trained in the ways of the PBMU and how to interact with patients, Jones said.

On November 30, Pickett and a handful of other staff met with Seattle Children’s management and human resources, which granted approval to recruit travel nurse staff for the PBMU. Two travel nurses have been found to fill day shifts, and there are roughly six night shift slots PBMU leadership is working to fill, according to a summary of management responses WSNA provided to MedPage Today.

However, according to Zorn, management did not agree to the three requested permanent support positions — two nursing positions and one safety coach. And management also did not confirm an appropriate mechanism for ensuring the requested nurse-to-patient staffing ratio — such as staffing a third nurse whenever the census reaches 17 patients — and did not confirm double-pay for full-time equivalents who work above their contracted hours, Zorn said.

According to the WSNA, hospital management has stated that it has a plan to maintain around-the-clock security through the duration of the crisis, while developing a job description for more permanent security staff. Whether PBMU nurses’ preferences will be acknowledged in designing the role of a permanent safety officer remains unclear, Zorn added.

As of this time, Seattle Children’s Hospital did not respond to a request for comment from MedPage Today.

Shannon Firth has been reporting on health policy as MedPage Today's Washington correspondent since 2014. She is also a member of the site's Enterprise & Investigative Reporting team.
A year since home health nurse Doug Brant was killed

‘I cycled through shock, denial, anger, depression, and guilt — sometimes all in the same day’

BY Kathleen Thompson, RN

ON THE AFTERNOON OF DEC. 1, 2022, DOUG BRANT, MY FRIEND AND COLLEAGUE at Providence Visiting Nurses Association (VNA) Home Health in Spokane, was shot and killed by a patient’s grandson during his initial assessment of the patient. The shooting occurred without warning, was unprovoked, and was committed by a man with a known history of mental illness and physical aggression.

As with anyone experiencing grief, I cycled through shock, denial, anger, depression, and guilt — sometimes all in the same day. I made very few home visits that day and the next. I just sat in the office to be with people who understood what I was going through.

Providence VNA brought in a counselor, but I don’t think anyone spent time with him that first day. We just wanted to be with others who understood how we felt. We
needed to understand what had happened and why. If we could just understand it, then maybe we could prevent it from happening again.

Unfortunately, no one had answers. I heard a nurse talk about the need to carry a weapon for self-defense. Our policy about firearms in the home was discussed, and just as in society in general, our staff had strong opinions. Some said it wasn’t the gun that killed Doug but a mentally deranged person. Some said that the two cannot be separated. At the time, many said this tragedy was unpreventable, a totally unpredictable act of violence from which Doug could not protect himself.

Reading and listening to the news about Doug’s death, as well as reading comments on social media by people who quickly assigned blame, was very difficult. Mixed in with the sadness was also anger.

A press release from Providence stated that Doug was a “caregiver,” the internal term used for all employees. Unfortunately, news sources in Spokane continued to use this term. The term “caregiver” undermines the profession’s efforts to be respected for more than “the most trusted profession.” For the nurses, this was like throwing salt in our wounds.

In the days and weeks to follow, we nurses were supported at work by our co-workers, our leaders, mental health professionals, and the wider community of fellow healthcare professionals.

The outpouring of expressions of sympathy in the form of cards, flowers, meals, and snacks from the community did provide some solace. We were offered a variety of tangible support from Providence, which was helpful since we all needed something different. We were so grateful for the solidarity and love from other nurses, WSNA, and AFT. WSNA provided us with the opportunity to communally and publicly share our grief, our memories of Doug, and indirectly, what it is like to be a home care nurse.

Providence immediately offered to have someone accompany us on a home visit. I took advantage of this for one specific visit about three days later. Something I read in the medical record of a potential new patient was a trigger, and I was worried. I don’t know how many nurses took advantage of this, but it was a huge relief to me.

Before Doug’s passing, I would not have thought twice about it, but my perspective had changed.

Afterward, I seemed to be doing okay, but at the two-week mark, I became very depressed and didn’t leave the house for a week. When I went back to work, I thought I was coping well until I caused a car accident in January while working. Two weeks later, I hit a phone pole while parking because I stepped on the gas instead of the brake. That’s when I knew I was not OK. I took a six-week leave and underwent intensive trauma counseling.

In the year since the horrible act of violence perpetrated in our workplace, Providence has responded thoughtfully and tangibly. We have been offered physical self-defense training, the continued ability to request accompaniment on visits, permission to leave a house at any time, panic alarms, and fanny packs to hold our phone and keys on our person. Most importantly, we have a change in policy regarding screening of patients.

Although our patient consent form has a line about providing a “safe environment” for the staff, and the multiple pages of literature we provide have a line telling the patient that weapons must be secured, this was rarely discussed with the patient before December 2022. The workplace violence prevention training we received did not include in-person physical self-defense. We were not issued “panic buttons.” Training and policies have been in place in the hospital setting for quite some time. How did we go so long without them? We have a strong policy about pets, smoking, and drug use; we have discharged patients who do not adhere to them. Why wasn’t our firearms policy just as strong?

Violence against healthcare workers, especially nurses, has been steadily increasing, according to the Bureau of Labor Statistics and recent data from Press Ganey. Although we do get our fair share of angry patients and family members, actual physical violence is rare at our home health agency. Unfortunately, there is very little data available regarding violence against home health nurses. Due to the isolating nature of the work, home health nurses are very vulnerable. The environment is unpredictable. The only thing we have absolute control over is whether to stay or leave. We travel to neighborhoods with more crime. We travel after dark, especially in the winter, but also when we are on call at night.

Many nurse friends said they would never put up with these working conditions. So why do so many of us choose to stay in this field of nursing? One of the reasons is the personal relationships we build and the sense of accomplishment that

“\n
We have a strong policy about pets, smoking, and drug use; we have discharged patients who do not adhere to them.

Why wasn’t our firearms policy just as strong?”
comes with knowing that we are enhancing an individual’s quality of life. The reason I work in home health is the same reason I chose the nursing profession, which is the potential to improve a person’s health.

I have experienced no greater joy in nursing than hearing the gratitude of patients and family members who have experienced “aha” moments and achieve better health as a direct result of what they learned. I know I make a difference.

Home health nurses are a tough breed, willing to work in homes with unpleasant odors, filthy floors, unhealthy air quality, ambient temperatures that are uncomfortably hot or cold, insufficient lighting, no surface area to set up a clean work area, and no chair for the nurse to sit on. We often work on the floor or bent over a bed that is too low. We perform procedures that require three hands without any help.

We do all this so that we can provide the same level of compassionate care to everyone, despite their circumstances. For most of us, each encounter is an act of love.

To succeed as a home health nurse, one must have strong assessment skills, including listening, keen clinical decision-making skills, creative problem solving, a willingness to engage in forthright communication, attention to detail, self-confidence, proficient time management, understanding of adult learning principles, motivational interviewing skills, the ability to steer or end a topic of conversation, flexibility, a good sense of humor, lots of patience, empathy, interpersonal skills to develop therapeutic relationships with varying personality types, tact, and diplomacy.

Above all, one needs the belief that every person is worthy of love and respect. We can teach a nurse the technical skills needed for procedures performed in the home, but we cannot teach that.

Doug embodied all those attributes, some of which I didn’t know until after his death. I honor Doug by trying to be more like him. I find myself thinking, “What would Doug do?”

Since that day, a new policy of asking screening questions about violent behavior and firearms has been implemented at our agency before staff members visit the home. Someone from the office calls the patient and asks, “Do you own firearms, and if so, do you agree to secure them during home health visits?” They also ask, “Is there a possibility that anyone with a history or verbal or physical aggression could be present during home health visits?” If we had asked these questions last December, Doug might still be alive.

These questions provide some measure of safety, but we know they are not a guarantee. We go into homes with a healthy sense of faith, whether it be in God or in our common sense of humanity. We also know there is more work to be done.

Before Doug’s death, I could find only one other instance of a home care nurse killed in a patient’s home. The American Journal of Nursing reported that Carrie Lynn Johnson, 39, was just doing her job at her 68-year-old patient’s Detroit home when someone entered, shot and killed them both, and set the house on fire on Jan. 21, 2010. The suspect stole Johnson’s car and fled the scene.

On Oct. 28, 2023, a visiting nurse in Connecticut was killed during a home visit. Joyce Grayson, 63, the mother of six, went into a halfway house for sex offenders in late October to give medication to a man with a violent past. She didn’t make it out alive. Police found her body in the basement and named her patient as the main suspect in her killing.

This latest incident and the one-year anniversary of Doug’s death has brought it all back to the forefront of my mind. I do not let fear rule me, but I will keep advocating for more safety for home health nurses.

If we feel uncomfortable or unsafe, it may be too early to dial 911, since it is not yet an emergency; if the situation escalates, it may be too late to complete a 911 call. I want someone to know where I am and be ready to act if needed (i.e., location services). I want someone to be on standby if trouble arises during a visit (i.e., proactive chaperone). If I find myself in an unsafe situation, I want someone to act without my having to call 911. If I identify a potential risk to my safety and want support and reassurance, I want someone to provide it. I can’t call 911 and say I am nervous.

Organizations and legislators must do more to protect home health nurses. First responders, including law enforcement, firefighters, and paramedics, all have more security than home health nurses. It is time to rethink the security provided to us. □

I have experienced no greater joy in nursing than hearing the gratitude of patients and family members who have experienced ‘aha’ moments and achieve better health as a direct result of what they learned.

I know I make a difference.”
COME TO CHELAN AND BE PART OF CHAMPIONS OF CHANGE

WSNA’s Leadership Conference April 28-30, 2024

BY Gerard Friesz

WSNA’S LEADERSHIP CONFERENCE IS OUR SIGNATURE EVENT for training members who want to get more involved in the labor movement.

The three-day event is open to anyone who is a union member with WSNA and wants to become more active in the union. The conference starts at 1 p.m. Sunday, April 28, and ends at 12:30 p.m. April 30. Our theme is Champions of Change.

Participants will learn the skills needed to be effective union advocates, hear from inspiring leaders in the labor movement, and network with colleagues across the state. A celebration event will honor many people who have stepped up since early 2022. See sidebar for award categories and how to nominate individuals and teams for these union awards.

Nurses coming out of the pandemic have been fired up for change and have been winning hard-fought victories. WSNA members have reached breaking points but have come together and demonstrated they will do what it takes to get the contracts they deserve.

Come and find out how local units across the state have mobilized and won amazing contracts.

“By standing together, we can win better contracts,” said Edna Cortez, chair of WSNA’s Labor Executive Council. “This conference is a great way to help you be better leaders in the workplace.”

This is also your time to celebrate victories. Our Awards Ceremony is our time to honor members who have been part of this change and to be inspired by what’s possible. We invite attendees to dress like a champion of change at this ceremony.

We look forward to seeing you in Chelan! Sign up now before it fills up.

Award nominations are due February 16.

Gerard Friesz is director of operations and labor advisor at WSNA.

LOCAL UNIT AWARDS

The Outstanding Local Unit Chair Award is presented to someone known for the ability to get things done. They lead by example, promoting WSNA to their local unit members, potential members, and the community around them.

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

The Outstanding Negotiating Team Award goes to a team who rallied together and did not give up even when it looked like management would never budge.

The Outstanding Grievance Officer Award is presented to an individual who assists nurses in the bargaining unit to understand their rights within the contract and effectively represents the bargaining unit nurses.

The Local Unit Star Award recognizes a member who stepped forward in the past year to become more involved and made a positive impact.

The Membership Award recognizes work in developing a local unit through membership recruitment, improved communications, and community outreach.

Our Emeritus Award is presented to a retired WSNA member who has made a significant contribution to their local unit.

NOMINATE A NURSE!

Nominations are open at wsna.org/leadershipawards until February 16.
April 28-30, 2024
Campbell’s Resort, Chelan
wsna.org/leadership
The last time I flew from Sea-Tac to Baltimore Washington International, I was on my way to a tour in Afghanistan. While the stakes this time were certainly less drastic, I felt a familiar tinge of anxiety and excitement as I headed to my first conference as a WSNA employee. It turned out that excitement was warranted, but the anxiety was not.

On the ground at the AFT Health-care Professional Issues Conference, several WSNA members, including President Justin Gill and Executive Director David Keepnews, and I were presented with opportunities to learn and share about the issues, challenges, and successes surrounding the Code Red: Understaffing = Patient Care Crisis Initiative that AFT Nurses and Health Professionals has been running for the past year.

AFT Nurses and Health Professionals represents 200,000 health professionals in Alaska, Connecticut, Maryland, Michigan, Montana, New Jersey, New Mexico, New York, Ohio, Oregon, Vermont, Washington, and Wisconsin. It is the fastest-growing healthcare union in the country, according to AFT. AFT was formed in 1916 to represent teachers (American Federation of Teachers) but has been representing healthcare workers since 1978.

OSHA executive is keynote speaker
The conference opened with a presentation and Q&A with Occupational Safety and Health Administration Deputy Assistant Secretary James Frederick. Frederick shared the work OSHA is doing to combat workplace fatalities, injuries, and violence. Special emphasis was placed on mental health and suicide prevention in the workplace, with OSHA running a campaign to reduce the 120,000 deaths associated every year with workplace stress. Frederick said he wanted everyone to be aware of the resources on the OSHA website (search for “OSHA” and “mental health”).

The audience asked how to navigate challenges in the healthcare workplace in the wake of COVID and an uncertain political future. I left with a sense of optimism but also a clear understanding that much more must be done to support the nurses and healthcare workers who are still putting their lives on the line every day.

Media preparedness
Following the opening plenary session, we were divided into working groups. I attended a workshop on media preparedness and was retrained in how to prepare myself and the nurses I represented on how to speak to the media. Emphasis was placed on looking the part, such as wearing scrubs and a stethoscope, as well as being prepared with three main points, backed by real-world examples. The success of WSNA’s campaign at Virginia Mason Medical Center was highlighted and showed how effective media relations can be.

AFT President Randi Weingarten
During lunch, we were honored to hear from the towering and ever-energetic AFT President Randi Weingarten. Weingarten enthralled and motivated us by recounting how AFT Health Care has won victories across the nation, from contracts to legislation, including significant victories in Pacific Northwest legislative bodies. What really resonated with me is when she said that in 2022, healthcare workers seemed to be in mourning following the tragic losses we suffered during the COVID pandemic. However, this year, we are angry, engaged, and ready to fight harder than ever.

Another round of workshops in the afternoon showcased healthcare issues, including responses to nurse attrition, private equity threats to healthcare, the staffing crisis, and using our collective voice to support worker empowerment. The day closed with speakers who showed us how to use Code Red to engage our communities, including using Affordable Care Act requirements, such as community health needs assessments, to bring stakeholders into the conversation. This was followed by a joint reception with AFT public employees involving line dancing. I got to see firsthand the, ahem, enthusiasm that labor leaders can bring to a conference.

Use of ADOs for contract negotiations
Day two opened with another plenary session that was a facilitated discussion with Oregon Federation of Nursing and
Health Professionals and Ohio Nurses Association representatives on how they used Code Red strategies to win contract and legislative successes. Hearing the praises for the Oregon staffing laws as the new gold standard was a huge motivator to keep up the fight for safe staffing here in Washington and across the country.

The Saturday morning workshops included one that I presented with Deb Snell, president of AFT-Vermont, who focused on using assignment despite objection forms (ADOs) to win strong contract language during negotiating campaigns. The workshop was a success with fantastic engagement.

There is interest in creating a national working group to help other associations maximize their ADO usefulness. Nurses and healthcare workers from around the country were impressed and interested in how WSNA makes ADOs work with us, including the incredible work our IT Director Jeremy Raughton has done to modernize and streamline them.

The conference closed with a victory plenary session presented by AFT Vice President John Brady; Oregon Nurses Association Executive Director Anne Tan Piazza; and our own executive director, David Keepnews. This session spotlighted the legislative wins in the respective states. Keepnews did an excellent job showing “how the sausage is made” while setting expectations for the future, including focuses by all three presenters on legislation addressing workplace violence.

Overall, the AFT Health Care Professionals Issues Conference was an astounding success and clearly showed how AFT and its local affiliates continue to lead the nation in transforming the workplace for the better for nurses and healthcare workers in our communities at the bargaining table, as well as in state capitols from coast to coast.

Jared Richardson is the WSNA nurse representative for St. Joseph Medical Center in Tacoma and St. Clare Hospital in Lakewood. For the last two years, he has been a nurse at Good Samaritan Hospital and the co-chair and chair of the local bargaining unit. Before becoming a nurse, he served in the U.S. Army as a combat medic for two tours. Read more about Richardson in this issue.
Founders behind new chapter of the National Association of Hispanic Nurses envision a powerful community of support

The newly formed Washington State Chapter of the National Association of Hispanic Nurses (WA-NAHN) was created to elevate, inspire, and support nurses with Latin American roots. The founders of the new chapter envision a powerful support network for Latinx nurses in Washington state.

While there was a Western Washington chapter until 2022, the new chapter extends statewide.

The nurses who formed the new chapter navigated many barriers, including funding, a lack of support, and feelings of isolation. Now, they are on a mission to bring Latinx communities together and support more nurses from this community to enter nursing.

Learn more about the Washington Chapter of NAHN at nahnwa.org.
Silvia Bowker, MHA, BA, ADN, president of the new chapter, is director for hospice at Providence Home and Community Care in Spokane.

She said growing up in the disadvantaged town of California City, California, gave her the desire to be a servant leader and role model for other young people. Silvia is Hispanic, and English is a second language. She didn’t start to speak English until age 5.

In high school, she asked a school counselor about being a nurse and was told, “You don’t need to do that. You don’t need to go to college.” Bowker said that she was determined to help Latinx communities thrive and to be the resource she didn’t have growing up. She started working at age 14 to help support the family and didn’t see a healthcare provider unless absolutely necessary because her family didn’t have health insurance.

Starting the Washington statewide chapter of NAHN with other driven nurses is part of her mission to support other Latino healthcare workers in their communities.

Bowker is also a founding board member of the National Association of Latino Healthcare Executives and a member of the Washington State chapter of the American College of Healthcare Executives, where she serves on the DEI and Women’s Leadership committees.

Bowker received her associate degree in nursing from Walla Walla Community College, her bachelor’s degree in anthropology from Washington State University, and her master’s degree in healthcare administration from the University of Washington.

Genevieve Crystal Aguilar, PhD student, MPA, BA, BSN, is the president elect. She grew up in El Paso, Texas, across the border from Juarez, Chihuahua, Mexico, where everything was spoken in two languages.

She said that, growing up, few in her family had great healthcare. Her parents didn’t have dental insurance despite working full time. And she has an elder family member who lives with a deep distrust of authorities, is undocumented, and has lost vision in one eye.

Aguilar said that when she was a nursing student at Seattle University, she was the only Latina in her cohort.

When she brought up issues of race and diversity, she said she didn’t get any response to her questions of where to go for resources, and she felt alone.

The Western Washington chapter of the National Association of Hispanic Nurses was her community.

“I clung to those folks. They understood Latinos and health disparities. This was my place to connect. Without NAHN, I don’t know how I would have survived.”

Aguilar is a pediatric nurse at Seattle Children’s Hospital. However, her job is teaching nursing at Heritage University on the Yakama Nation in Toppenish, as part of a collaboration between the two entities.

For her, WA-NAHN is about giving Latinx nurses a voice and increasing their representation in nursing leadership.

“We want to be at the table where policies are getting changed,” she said. “Real change is to change the system, and we need to inspire others to do that and address our issues.”

She said these issues include supporting migrant workers, eliminating barriers to interpretation and translation, and trusting the healthcare system not to be xenophobic.

“How can we have more upstream approaches to manage Latino health? That is the big vision of who we are,” she said.

Aguilar has a master’s in public and international affairs, a master’s in urban and regional planning, a bachelor’s in chicana/o studies, another bachelor’s in urban studies, and a BSN. She said nursing was a second career in advocacy, community organizing, and policy work. She is now working on a PhD in nursing science at the University of Washington School of Nursing.

Rebecca Allen, MN, BSN, the treasurer at WA-NAHN, is from El Salvador. Her parents emigrated to Canada during the civil war in the 1980s.

She said she comes from a background where family members did not have documents and slipped through the healthcare system and had vastly different outcomes in quality of life.

Allen is a full-time tenured professor of nursing at Green River College. Recently, she took nursing students to an elementary school in Kent that had many K-5 Spanish-speaking students. She said three little boys were so excited when she spoke Spanish to them; one told her he had just come from Venezuela.

Allen said this is why there needs to be more nurses with Latin American roots.

“This positive experience is so valuable,” she said.

Allen said one of the things holding back more Latinx nurses is that there is no clear path for undocumented students.

Former President Barack Obama created a program in 2012 without Congressional approval, known as DACA (Deferred Action for Childhood Arrivals), which allowed children who arrived in the U.S. illegally to delay being deported. Former President Donald Trump eliminated the program in 2017.

Another program, known as the Dream Act, was a bipartisan legislative initiative to legalize undocumented students (called Dreamers) who came to the United States when they were underage. It also provided an expeditious path to American citizenship. The initiative was introduced in 2001 and has been reintroduced several times but has not passed.

Allen said another issue affecting Latinx students is that the quality of science education is not as good for people in poorer communities.

“It’s not their fault,” she said. “It’s institutions that are not equal and do not provide them with what they need.”

She said she wants WA-NAHN to be the support for aspiring nurses who worry about educational barriers and the cost of school.

“We can provide the support and give them the reason to continue. We want them to know there is so much more at the other end.”

Allen received her master’s in nursing from the University of Washington and her BSN from Kwantlen Polytechnic University in British Columbia, Canada.
Confluence Health, one of Wenatchee’s biggest employers, used to be known as a wonderful place for nurses to work. There was a sense of community, camaraderie, and a good relationship with management.

The central campus, formerly known as Central Washington Hospital, is a beautiful, modern building in Wenatchee Valley. Nurses have been there for 20, 30, and 40 years, and WSNA has represented the nurses there for 50 years.

Fully staffed, Confluence Health Central should have more than 500 nurses. Today, it has about 350.

As with many health systems, the COVID pandemic left lasting scars. Nurses became divided over politics and whether to get the vaccine. Many nurses left. And then came a big change in upper management — a new CEO and an expanded role for the chief financial officer (CFO) with a focus on financial incentives. The CFO now oversees departments that used to be overseen by the chief nursing officer.

Gone are the days when top management knew everyone and walked around to meet patients and staff. Nurses call it the era of corporate healthcare. Nurses say decisions are made from the top down without their input, including the implementation of staffing plans.

Some units, such as labor and delivery, are staffed with national recommendations for the ratios of nurses to patients. However, other units, such as surgical, are getting seven to nine patients on nights instead of the recommended four or five. This fall, a nurse even reported working on the night shift on the Medical/Oncology unit with a 12-patient load.

In February, nurses gave the new CEO, Dr. Andrew Jones, a jar of 5,000 jellybeans representing every time a nurse missed their break. They also gave Dr. Jones a 15-page letter with evidence supporting the financial benefits of increased nurse staffing and documented research showing the increased patient injury and mortality rate with larger assignments.

The nurses have invited Dr. Jones to staffing meetings. But he has never come.

Nurses say that if the hospital has safe staffing, more nurses will come, there will be better outcomes, and the hospital will benefit financially.
The nurses are tired of the division. They want to spend their energy mentoring young nurses and rebuilding their beloved pre-COVID community.

In September, WSNA's bargaining unit at Confluence Health Central organized a big celebration at the Sunrise Ranch to celebrate WSNA's 50 years at the hospital. They had music, face painting, awesome food, and table decorations with fun nursing humor.

These nurses want the public to know that a union is not just about contracts. It's about community and making healthcare great.

Wenatchee, in north central Washington, has a large small-town feel, with a population of 35,433, 64.5 percent white, according to the 2022 census. Wenatchee Valley has a population base of more than 250,000 people.

“Wenatchee” comes from “Wenatchi,” the indigenous meaning for a “river flowing from a canyon” or the “robe of the rainbow.” The Wenatchi people are part of the larger Native American group known as the Interior Salish.

The dozen nurses interviewed for this article say they love the area, the nearby towns of Leavenworth and Chelan, the local festivals, and the vibe. They said they will fight to stay here.

As they will tell you, nurses are the voice of change. They know what changes affect patient care because they have patient expertise.

They are counting on a return to nurse collaboration and focus on caring for the community they serve.

In 2013, Confluence Health merged Central Washington Hospital and Wenatchee Valley Hospital (now the Mares campus of Confluence Health). The nurses at Mares organized with WSNA in July 2023.

Bobbi Nodell is the editor of The Washington Nurse and the WSNA marketing and communications manager.
Get WSNA gear at wsna.org/landsend
Joya helps families thrive, so kids thrive

Joya Child & Family Development provides more than care for children. They help build families that become advocates for their children for the rest of their lives. These families aren’t just moms and dads. They’re brothers and sisters, friends and neighbors, grandparents, and aunts and uncles. They’re groups that support children and build paths for them to follow as they grow and thrive.

Maddy’s Place — hope, health, and opportunity start here

Maddy’s Place is a national, high-quality, holistic, multi-disciplinary medical and non-medical care for infants with prenatal substance exposure and their mothers. Our comprehensive model of care will bring babies safely through their withdrawal, facilitate early bonding whenever possible, offer hope and support to mothers struggling with substance abuse, strengthen families, improve early intervention, and help mitigate the long-term effects suffered by children with in-utero substance exposure.

Legislative advocacy

IENA holds legislative reception at the Spokane Club on Oct. 24, 2023

Local nurses joined together for an evening with area candidates for public office. The candidates answered questions and expressed how they were supporting Spokane nurses. It was a beautiful evening with nice food, drink, and plenty of time to talk with candidates and socialize with our nursing community. The following are part of the program for the evening:

- Kathleen Thompson, one of the IENA board members, did an amazing job being the emcee for the evening.

The following guests were in attendance:

- Washington State Nurses Association
- Lynnette Vehrs — Government Affairs
- School Nurses of Washington
- Heather Graham, MSN, RN, School Nurse Specialist
- ARNPs United
- Casey V. Fowler, DNP, ARNP, NP-C, GS-C

Candidates and representatives

- Shaun Culler, Millwood City Council, Position 5
- Michael Cathcart, Spokane City Council, District 1
- Representative Leonard Christian, 4th District
- Paul Dillon, Spokane City Council, District 2
- Katey Treloar, Spokane City Council, District 2
- Representative Suzanne Schmidt, 4th District
- Kitty Klitzke, Spokane City Council, District 1
- Jessica Yaeger, Spokane Valley City Council, Position 2

Resources

IENA has so much to offer!

We are so excited to offer our IENA members the following:

- Academic scholarships – must have been a WSNA member (and IENA member, so living in our catchment area) while in an RN-B or graduate program between 2019 and today ($1,000) – see the IENA website for an application form.
- Lobby Day stipend reimbursement – up to $500 to help pay for expenses related to attending Nurse Lobby Day in Olympia on January 24, 2024.
- WSNA convention stipend reimbursement – up to $400 to help pay for expenses related to attending the 2025 WSNA convention.
- Certification reimbursement – to reimburse up to $300 for certification or recertification in a nursing specialty.
- Professional development reimbursement – up to $250 to help pay for expenses related to attending continuing education programs – must apply before attending.

Message to members

A note from our Executive Director Sharon Beltz

It is hard to believe I passed my year mark in October as an ED for IENA. Time sure flies when you are having fun!

IENA has gained so much momentum this past year and is digging in its heels for a very active and inspiring 2024 year. We love our IENA nurses, which comprise approximately 2,300 nursing professionals. We would love to hear from you. Feel free to email me at admin@ienanurses.org.

Sincerely,
Sharon Beltz
Event recap

**Fall Summit: Homelessness, Trauma, Inclusion Health**

Our well-attended Fall Summit on Homelessness, Trauma, and Inclusion Health took place on Saturday, Nov. 4, 2023, in Seattle. Presenter Dr. Josephine Ensign, DrPH, MPH, FNP (UW Professor, School of Nursing in the Department of Psychosocial and Community Health), guided us through current issues regarding homelessness, trauma, resilience, health equity, and the well-being of marginalized populations. We had an engaged audience with many questions.

Dr. Ensign shared an insightful presentation, which included additional resources, such as the following:

- **Trauma Stewardship: An Everyday Guide to Care for Self While Caring for Others** by Laura van Dernoot Lipsky with Connie Buck
- **Rachel Naomi Remen** — a nationally recognized medical reformer and educator who sees the practice of medicine as a spiritual path and a path of service (www.rachelremen.com)
- Dr. Ensign’s website focused on humanizing healthcare, including several publications: https://josephineensign.com

Dr. Ensign’s presentation was followed by an update from Camilla Walters, executive director of Real Change. She explained how Real Change’s weekly newspaper covers issues that impact our community, while providing a job to anyone who needs it.

Attendees then participated in a community service project by assembling 400 cold/flu care kits for Real Change newspaper vendors who are sometimes low income or could be experiencing homelessness.

**Book club**

We kicked off our fall programming with a book club discussion of In Shock, My Journey from Death to Recovery, and the Redemptive Power of Hope by Dr. Rana Awdish. The event took place over Zoom on Oct. 28, 2023. Here is a summary from an attendee:

“I attended my first KCNA Book Club on Oct. 28 via Zoom and want to give huge thanks to the moderator Cheryl Cooke and the book chosen for the discussion.”
In Shock, a book written by Dr. Rana Awdish, is a must read for all healthcare professionals. It covers Awdish's personal near-death experience, from defying death and the unbelievable complications to her heartful experiences being the recipient of healthcare. She shares her wisdom not only as a physician but also as a patient being treated by her peers. Her experience helps us recognize as healthcare providers the things we say and do make such a difference in our patient’s experiences navigating a complex system, thereby making such a difference in their clinical and mental outcome after treatment.

The discussions during the Book Club were insightful and helpful in allowing the group to recognize that what we say and do really does make a huge difference. I look forward to attending many more KCNA book clubs!

— Cyndie Richter-Juarez, MN, RN


Attendees participated in a lively discussion of the book, which is both an intimate memoir and a wake-up call for women. Participants left feeling inspired to break free from societal expectations and embrace their authentic selves. As the author Glennon Doyle insists, “The braver we are, the luckier we get.”

Facilitator
Cheryl Cooke, PhD, DNP, PMHNP-BC, psychiatric nurse practitioner, researcher, and teacher has clinical and private practice experience with adults and children. She recently served as a fellow in the Community-Based Integrated Care Fellowship with the University of Washington Department of Psychiatry and Behavioral Sciences. She has an ongoing interest in health equity, systemic change, and social action.

Regions’ nurse education series

Sleep across the lifespan – helping patients in their sleep journey
Recorded event
WSNA Members: Free / Non-Members: $40
Nursing Students: $20
Register at www.rainierolympicnurses.org.
ANCC contact hours: 2 hours
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 1/27/2026 (live activity) or 1/4/2027 (enduring activity). OCEAN ID #2023-46.

Attendees may earn two contact hours. Participants must complete the workshop evaluation to receive contact hours.

We had an incredible speakers’ panel on Jan. 27 with five UW researchers speaking on the topic of sleep. If you missed it, you can still earn CNE contact hours for this event; a recording is available at rainierolympicnurses.org. The presentation shows nurses how to guide their patients toward better sleep, giving them the knowledge and tools to use sleep as a powerful agent for healing and maintaining long-term conditions.

Specifically, we dive into sleep research as it relates to acute and chronic conditions in pediatric, adult, and aging populations, including the following:

- Prevention of cognitive decline in older ICU survivors.
- Symptom management in stroke survivors.
- Digital self-management interventions for patients with gastrointestinal conditions.
- User-centered design approaches to improve sleep in pediatric patients.

Learn how to talk to your patients about sleep and set them up for success once they return home with practical tips and tools for themselves and their caregivers. Don’t miss this chance to learn the latest research, protocols, and use of technology from experts in the field of sleep innovation.

Awards

Nominate an exceptional nurse for our 2024 Shining Star Nurse Awards
Do you know a nurse who deserves recognition?

KCNA presents annual Shining Star Awards to nurses who demonstrate excellence in their areas of practice or who contribute significantly to the nursing profession or within the community (must be a member of KCNA). Don’t wait – nominate!

Nominations are now being accepted for our 2024 awards. Simply fill out the online form at kcnurses.org under “Members.”

The deadline to submit is March 15.

Scholarships

Nursing student scholarship applications now being accepted

KCNA will offer 15 scholarships at $4,000 each to deserving students in 2024. Our scholarship application form and more details are available on our website, kcnurses.org, under the Scholarships tab. The deadline to submit is March 1.
Hello to members in Island, San Juan, Skagit, Snohomish, and Whatcom counties. Here are some highlights from your local professional association.

**Recorded event**

**Helping patients in their sleep journey**

The virtual workshop, “Sleep Across the Lifespan,” was held Jan. 27 with a panel of five researchers from the University of Washington. You can still register and receive the recording. Register at rainierolympicnurses.org. Receive two ANCC contact hours.

You’ll learn about the importance of sleep and how it relates to all chronic conditions (pain, discomfort, inflammation, fatigue, etc.), as well as insights into specific conditions. You’ll also hear real-life examples of how sleep intertwines with symptoms and impacts health and quality of life. This workshop is FREE for members.

**Volunteer opportunities**

**Be a part of growing NWRNA**

NWRNA members are invited to come together 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 to find out more.

**Professional development**

**Financial assistance for members**

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

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

**Online resources**

**Free webinars for members on our website**

“Shifting Away from the ‘I’m Fine’ Culture in Healthcare,” with speaker Cheri Constantino-Shor. Earn two ANCC CNE contact hours. Explore the sustained impact of the pandemic on our already struggling healthcare teams. Learn strategies to forge a pathway through chaos.

NWRNA 2022 Conference. 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 to register and download the videos.

**Thank you**

Thank you to all our members for your dedication to the profession!

– Your NWRNA Board of Directors
Scholarships

2024 scholarships
Are you returning to school? Our 2024 scholarship applications are available on our website. The application deadline is Feb. 29. Please help us spread the word to nurses and nursing students across our region! Our Florence Golda scholarship is exclusively for RONA members who are continuing their education. We also award scholarships to students working on their first RN degrees and high school seniors who are just starting their nursing education.

Nurse of the Year

2024 Nurse of the Year nominations
Help us select our 2024 Nurse of the Year by nominating one of your peers. The quick and easy online nomination form can be found at rainierolympicnurses.org/nurse-of-the-year/. The submission deadline is Feb. 29. Nominees must be a current RONA member. We hope you will take a moment to nominate an amazing colleague for this honor.

Support future generations

Monthly giving program
We invite you to learn about our monthly giving program to raise money for scholarships for nursing students; 100% of the funds donated will be awarded to nursing students in our region. Visit our website at www.rainierolympicnurses.org/monthly-giving-campaign to sign up as a monthly donor or give a one-time donation. Let’s support our future nurses and nurses who are advancing their education!

Volunteer opportunities

Information sessions: Help us reach out to the next generation of nurses!
We will be hosting two to three nursing career information sessions this school year. We are seeking 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 www.rainierolympicnurses.org/volunteers-needed/.

Committee volunteers
We are looking for members to join our Scholarship Committee. The time commitment is seven to eight hours in March to early April to review applications and to meet to finalize the selections. This can be done remotely or in the Tacoma office.
Our Fundraising Committee is also searching for volunteers. This committee works throughout the year to raise money for our Scholarship Fund. This year, we are planning a restaurant takeover, a Giving Tuesday campaign, and Nurses’ Month fundraisers. Volunteer alongside fellow nurses to support the next generation of nurses. Email us for more information about serving on a committee.

Recorded event

‘Sleep Across the Lifespan’
Learn from a panel of five UW researchers who share their latest research, tools, and techniques to help patients in their sleep journey. The virtual workshop was held Jan. 27. You can still register and receive the recording. Register at rainierolympicnurses.org. Receive two ANCC contact hours. This event is free for members!

Upcoming events

Movie screening & facilitated discussion
Saturday, March 2
Details are being finalized.

‘Nursing Documentation: Challenges and Strategies’
Saturday, March 9, 9-11 a.m.
In-person event in Aberdeen at Harbor Regional Health. Presented by Margaret Holm, JD, RN.

Washington Coast beach clean up
Saturday, April 22, time TBD
Join Rainier Olympic Nurses Association to help clean up the Washington coast.

Nurses’ month celebration
Saturday, May 18
Lakewood Elks Lodge
This annual celebration of nurses is an opportunity to honor our Nurse of the Year and our scholarship winners.

Visit our website to learn more about these events and to register.

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. This resignation 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, 6.25% 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/region.

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

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<thead>
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<th>Region / District</th>
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<td>$13.42</td>
</tr>
</tbody>
</table>

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

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<thead>
<tr>
<th>Category</th>
<th>J</th>
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Effective Jan. 1 – Dec. 31, 2024 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.
JARED RICHARDSON
Jared Richardson is a WSNA nurse representative for St. Joseph in Tacoma and St. Clare in Lakewood. He started Oct. 2.

Tell us about yourself.
I graduated from the University of Utah with a BSN and a minor in gerontology, and I am currently enrolled in a nursing leadership MSN program at the University of Washington.

As a nurse, I first worked for the Department of Veteran’s Affairs in Salt Lake City. For the last two years, I have worked at Good Samaritan Hospital, where I served as the co-chair and chair of the local bargaining unit and was on the bargaining team for the latest contract.

Before my nursing career, I served in the U.S. Army as a combat medic for two tours, including deployments to Afghanistan and Thailand and duty stations at Fort Lewis, Fort Sam in Houston, and Fort Bliss in Texas. I’m married with two daughters, 15 and 17, two standard poodles, and two cats.

Why are you excited to work at WSNA?
Organized labor and the power of the working class are truly a part of my identity, and I am excited every day to get out of bed and be part of the labor movement. I feel there is a sea change happening in this country when it comes to workers’ rights, and I want to be at the forefront of that battle. I know that WSNA will be there, too.

What is your superpower?
Writing papers. No, seriously. I love writing papers.

What is a pet peeve?
Complaining about issues without working to try and fix them.

JARED RICHARDSON
Jared Richardson is a WSNA nurse representative for St. Joseph in Tacoma and St. Clare in Lakewood. He started Oct. 2.

HUEY YEH
Huey Yeh, director of finance, is taking over for Mary Reed, who retired after 30 years. He started on Oct. 23.

Why are you excited to work at WSNA?
WSNA has a great mission in serving our nurses in Washington state — to advocate for them, improve professional standards, and enhance the quality of care and health for communities in the state.

Tell us about yourself.
I grew up in Taiwan, studied at Washington State University, and have been living in Washington for more than 30 years. I am a CPA with more than 15 years of nonprofit accounting and financial management experience, serving as a finance director at Renton Housing Authority, Chinese Information Service Center, and King County Sexual Assault Resource Center. Besides work, I enjoy cooking, hiking, and traveling with family and friends. Occasionally, I like to cook meals for my dogs.

What is your superpower?
Empathy.

What is a pet peeve?
Disrespectful manner.
1. How many nurses in the Seattle Children’s Psychiatry and Behavioral Medicine Unit signed a letter to hospital leadership requesting urgent help?

2. Is WSNA President Justin Gill an individual member of WSNA or represented by WSNA for collective bargaining?

3. What does Kathleen Thompson say is necessary to succeed as a home health nurse?

4. What was a turning point in the Virginia Mason contract?

5. When is the Leadership Conference?

6. What is WA–NAHN?

7. What incident moved Brad Rathke to advocate for change at Virginia Mason?

8. Did Minnesota pass ratios?

9. Which facility recently celebrated 50 years of WSNA representation?

10. What is Intro to Advocacy?

How much did you absorb while reading this issue? Find out by taking this quiz. Answer these questions based on what you’ve read. If you need help, answers are on page 5. Try not to peek, but remember — it’s just for fun!
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 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

Visit https://wsna.org/cne to view and access all the modules available.
Are you under investigation by the Department of Health, or have you been served with a Statement of Charges and face an administrative hearing?

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