THE WASHINGTON
NURSE
FALL 2000

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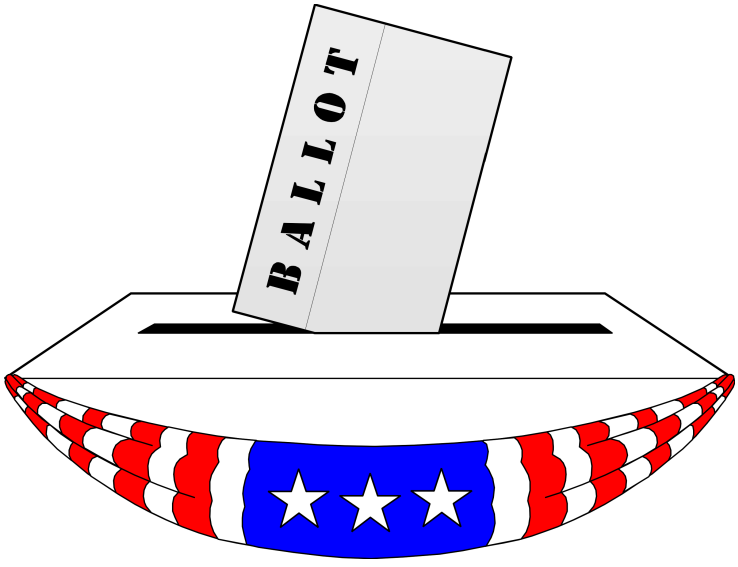
DON'T FORGET TO VOTE



IT MATTERS!

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THE WASHINGTON
NURSE

Volume 30, No. 3
Fall 2000

WASHINGTON STATE NURSES ASSOCIATION
575 Andover Park West, Suite 101
Seattle, WA 98188, Tel: 206/575-7979
Fax: 206/575-1908, wsna@wsna.org

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The information in this newsmagazine is for the benefit of WSNA members. WSNA is a multi-purpose, multi-faceted organization. ***The Washington Nurse*** provides a forum for members of all specialties and interests to express their opinions. Opinions expressed are the responsibilities of the authors and do not necessarily reflect the opinions of the officers or membership of WSNA, unless so stated. Copyright 2000, WSNA. No part of this publication may be reproduced without permission.

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ARTICLE SUBMISSION DEADLINES

Winter	November 15
Spring	February 15
Summer	May 15
Autumn	August 15

Calendar of Events

October

1	Local Unit Council Bi-Annual Meeting — Lake Chelan
1-3	Local Unit Leadership Training — Lake Chelan
6	WSNF Board of Trustees
6	Deadline for Submission of Nominations for WSNA Elected Offices & Bylaw proposals due
7	Legislative & Health Policy Council
21	WSNA Executive Committee
21	WSNA Finance Committee
28	Professional Nursing & Health Care Council
31	Proposed Resolutions deadline

November

13	Bylaws Committee
17-18	Board of Directors
23-24	Office Closed — Thanksgiving Holiday

December

25-29	Office Closed - Christmas Holiday

January 2001

1	Office Closed — New Year's Day Observed
15	Office Closed — Martin Luther King, Jr. Day
19	Slates for WSNA Elected Offices Mailed to Organizational Units

February 2001

3	Professional Nursing and Health Care Council
10	WSNA Finance Committee / WSNA Executive Committee
12	WSNA Legislative Day — Olympia
19	Office Closed — Washington's Birthday Observed
19	Deadline for Self-Declared Candidates for WSNA Elected Offices

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INFORMATION RESOURCES AVAILABLE WSNA WEBSITE

http://wsna.org

In Focus: Progress on Priorities

Preparations are currently underway to hold the WSNA Biennial Convention/Summit on April 20-21 at Pacific Lutheran University, Tacoma. Because of the positive response from those attending our 1999 event, the format for our 2001 event will also include a significant amount of time for the membership to identify and discuss the important issues facing nurses in Washington State. As in 1999, membership input will serve to direct the focus and priorities for WSNA over the next biennium. The following is an update on the work of WSNA that specifically relates to the priority issues that were identified by the members in attendance at the 1999 WSNA Convention/Summit.

Workplace Health and Safety issues have been a high priority for WSNA. Through the work of the WSNA Legislative and Health Policy Council, we have been involved in both legislative and health policy arenas advocating for use of safe needle devices in Washington's health care facilities, for new ergonomic standards that would reduce musculo-skeletal injuries of health care providers, for elimination of powdered-latex products and for measures to reduce workplace violence. The WSNA Cabinet on Economic and General Welfare is working with local unit leadership to develop educational and collective bargaining strategies to provide nurses with safe workplace environments.

The issues surrounding the growing Nursing Shortage and current Staffing practices, both WSNA priorities, are interrelated and of great concern. WSNA is very actively involved in multiple arenas on both of these critical issues. WSNA's collective bargaining agreements are increasingly successful in obtaining language that limit or prohibit the use of mandatory overtime and promote safe staffing guidelines. Because of concerns about current staffing practices, WSNA has been diligently working to bring about state and federal legislation and agency regulations that will restrict mandatory overtime, assure workplace health and safety and achieve a comprehensive and meaningful patient protection legislation that includes whistle-blower language to protect nurses from retaliation when they speak out against unsafe conditions and allow patients to hold their insurance plans accountable when decisions are made that results in bad outcomes.

In order to address the growing nursing shortage, we have been working in coalition with other nursing groups to clarify the extent and impact its having in Washington State. We have determined that there is a high need to collect and analyze current nursing workforce data in order to develop a master plan with successful strategies to address the shortage. Plans are underway to hold an invitational meeting in the early spring to more fully identify its extent and severity across all roles and settings and to begin to identify the strategies to resolve it.

As WNSA has addressed our priority issues, it has gone about it in a way that has strengthened our relationship with other nursing and related health care organizations. Strengthening ties with specialty nursing organizations was another priority identified at the 1999 Summit. We have worked closely on legislation and rulemaking with the Association of periOperastive Nurses, ARNPsUnited the AAPPN (psych nurses) and SNOW and are moving forward with plans for formal relationship agreements with these and other interested nursing organizations. We are also meeting on a regular basis with the Washington State Nursing Care Quality Assurance Commission and the Tri Council, which consists of NWONE (nurse executives), CNEWS (nurse educators) and the WLN (Washington League for Nursing). We know from our experience that Nursing's issues have a better chance for successful resolution if opportunity is provided for broad participation from a variety of different perspectives and Nursing speaks with one voice and promotes a unified message.

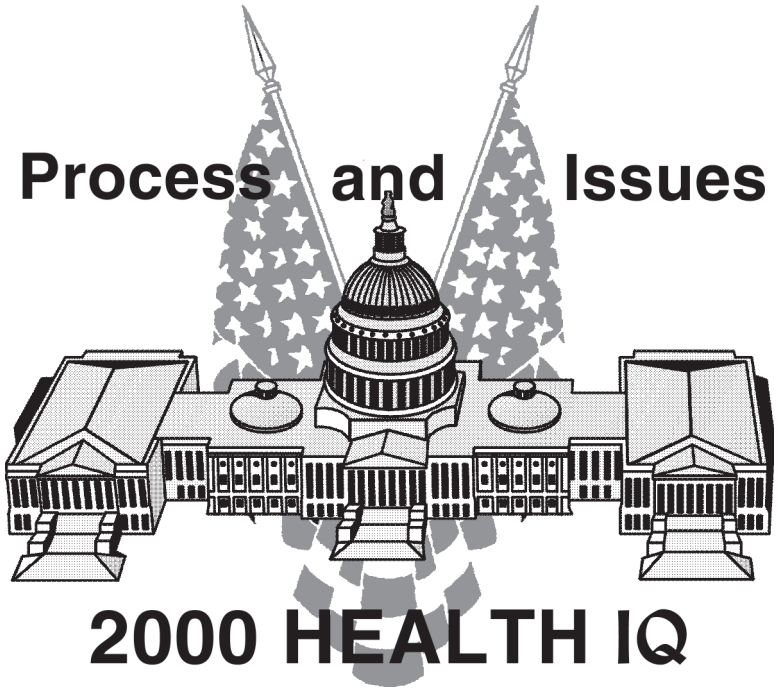
Membership in WSNA has been steadily increasing over the past biennium. Membership recruitment and retention efforts have been a high priority and work has been focused on strengthening the Local Units and expanding our grassroot networks. In the future there will be additional opportunity to reach out to nurses not currently covered by collective bargaining agreements.

The ANA House of Delegates voted this past June to establish a Commission on Workplace Advocacy. This Commission will hold it's first meeting this Fall. Through the work of the Commission, ANA will partner with the State Nurses Associations in developing and disseminating model programs that can be used by a single nurse or groups of nurses to bring about positive changes in their workplace.

These are just a few of the issues WSNA has been addressing that you identified as priorities. WSNA is committed to providing you, the membership, with an ongoing mechanism to provide input into the organization's process for priority setting. The next opportunity to do so will be at the WSNA Convention/ Summit in April. It has been evident to me that the membership is committed to sustaining and strengthening the multi-purpose nature of WSNA and moving Nursing's Agenda forward. I look forward to giving you a more complete report on our progress on these and other issues at the WSNA Convention/ Summit in April and to our open discussion and dialog as we determine our future direction.

by **Jan Bussert, BSN, RN**
WSNA President

Overview of the 2000 Health I.Q.: Process and Issues



Candidate Evaluation Process and Election Issues

Washington State Nurses Association – Political Action Committee (WSNA-PAC) has completed its 2000 Health I.Q. Candidate Evaluation Process. This is a critical election year including all 98 of our state representatives up for election as well as 24 out of the 48 state senate members and a new President and Vice-President of the U.S. WSNA-PAC interviewed federal Congressional candidates and made recommendations to the ANA-PAC for endorsements. In addition to the state legislative races, WSNA-PAC also considerd candidates running for Governor, Insurance Commissioner, Attorney General and Office of Superintendent of Public Instructions (OSPI) in Washington state.

State candidates were sent a questionnaire summarizing key legislative issues important to WSNA nurses. Of those who returned the survey by the deadline, most were interviewed by one of several teams of nurses across the state. Interviewers included staff nurses, home health nurses, school nurses, ARNPs, nurse administrators, nurse educators, and public health nurses.

On the Health I.Q. questionnaire and during the interviews, candidates were asked about their positions on the following key issues identified by the WSNA Legislative and Health Policy Council and the WSNA-PAC Board of Trustees:

Needlestick Injury Prevention: Each year in Washington state alone, 43,000 health care workers are stuck by a needle and are exposed to viruses such as Hepatitis B, Hepatitis C, and HIV. Nationally the figure is closer to one million. Technology to reduce needlestick injuries is available, yet less than 15% of U.S. hospitals use safe needle devices and systems. WSNA supports legislation requiring safe needle systems for standard use, front-line worker participation in the selection and evaluation of safety devices, and requiring employers to maintain a detailed needlestick injury log.

Whistle-blower protection: While the passage of the Washington State Patients Bill of Rights included many consumer protections, it did not extend whistle-blower protections to nurses, health care providers and workers in the private sector against reprisals from employers for reporting improper care or advocating for their patients. WSNA supports legislation that ensures these protections.

Public Health Funding: Before passage of I-695, 90% of the primary dedicated funding source for public health programs and districts were derived from the motor vehicle excise tax. While the Legislature did fund the public health programs this year, it was diverted from the Health Services Account via the tobacco settlement. WSNA believe that public health programs are an essential service to our community and must have a stable and dedicated source of funding.

Nursing shortage: During the next 10 years, we can expect the current nursing shortage to grow even worse. The average age of all registered nurses is 44 years old, only 11% are under age 30 while more than 60% are 30-49 years old. The Pacific Northwest has the highest percentage of RNs in the 50-64 age group (21%) and the lowest percentage of RNs 29 years and younger (6.1%). Workplace safety, mandatory overtime and low salary for nursing

faculty are some of the major contributors to the shortage. Solutions to correct this trend must be multi-faceted. WSNA has identified several legislative efforts which could improve the nursing shortage crisis including:

1. Increased funding for nursing programs, including salary adjustments for nursing and increased scholarship funding.
2. Limit the number of mandatory overtime hours required of nurses in addition to their normal shift hours.
3. Support workplace safety provisions such as needlestick injury prevention, and latex allergy prevention.

Health care access: While advances have been made in providing patient protections for those with health care coverage, there are still over 600,000 citizens in Washington without health care coverage. The modest individual market reform passed this year will still leave many without access to affordable individual policies. WSNA believes that everyone should have access to affordable health insurance coverage and recognizes the importance of preventative care.

WSNA-PAC is committed to its mission as a non-partisan organization representing the interests of nurses concerned with promoting quality patient care through the political process. The candidates listed have received endorsement from WSNA-PAC or ANA-PAC for the 2000 elections. WSNA-PAC prides itself on using its limited resources efficiently and wisely to assist candidates who have demonstrated strong support for WSNA's legislative issues and those who are prominent leaders on health care issues. Not all endorsed candidates received financial assistance.

Endorsement of the President and Vice President of the United States and Congressional candidates are made by ANA-PAC. Support for Washington State candidates is determined by the WSNA-PAC Board of Trustees based on the following:

Knowledge/ Access to Information: Knowledge of health care issues, needs of the community, plan for necessary health information, knowledge of local politics on health care.

Involvement/ Interest: Prior involvement in health care issues, level of interest in health care issues, and ability to discuss health care issues.

Character: Ability to identify various points of view regarding ethical dilemmas in health care, ability to resolve personal vs constituency viewpoints, evidence of sensitivity to cultural biases.

Effectiveness: Ability to describe a health care vision and plan for achievement, success in previous endeavors, ability to create and work with health care coalition.

2000 Endorsed Candidates (* – Incumbants)

U.S. President and Vice-President:

Al Gore and Joe Lieberman (D)

U.S. Congressional Races:

District	Candidate (Party)
1st District	Jay Inslee* (D)
2nd District	Rick Larsen (D)
3rd District	Brian Baird* (D)
4th District	Jim Davis (D)
7th District	Jim McDermott* (D)
9th District	Adam Smith* (D)

Washington State Races:

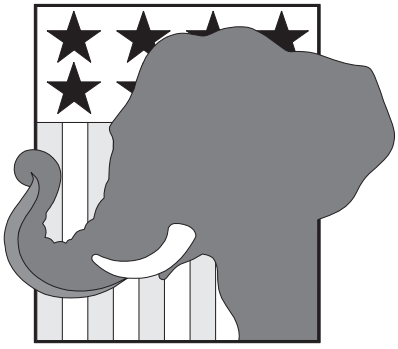
Office	Candidate (Party)
Governor	Gary Locke* (D)
Attorney General	Christine Gregoire* (D)
Insurance Commissioner	Mike Kriedler (D)
Superintendent of Public Instruction	Terry Bergeson* (D)

Washington State Legislative Races:

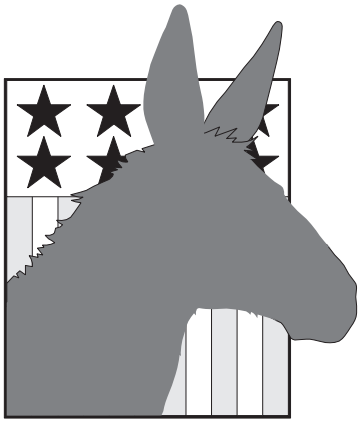
District Position	Candidate (Party)
1 Senate	Rosemary McAuliffe, RN* (D)
1 House/Pos.1	Al O'Brien* (D)
1 House/Pos.2	Jeanne Edwards* (D)
2 Senate	Marilyn Rasmussen* (D)
2 House/Pos.2	Tom Campbell* (R)
3 Senate	Lisa Brown* (D)
3 House/Pos.1	Alex Wood* (D)
3 House/Pos.2	Jeff Gombowsky* (D)
4 House/Pos.2	John Kallas (D)
5 House/Pos.2	Cheryl Pflug, **RN*** (R)
7 House/Pos.2	Cathy McMorris* (R)
9 House/Pos.1	Don Cox* (R)
9 House/Pos.2	Mark Schoesler* (R)
10 Senate	Mary Margaret Haugen* (D)
10 House/Pos.1	Dave Anderson* (D)
11 Senate	Margarita Prentice, **RN*** (D)
11 House/Pos.1	Eileen Cody, **RN*** (D)
11 House/Pos.2	Velma Veloria* (D)
14 Senate	Alex Deccio* (R)
16 Senate	Veloria Loveland* (D)
16 House/Pos.1	Dave Mastin* (R)
16 House/Pos.2	Bill Grant* (D)
17 Senate	Don Benton* (R)
18 House/Pos.2	John Pennington* (R)
19 House/Pos.1	Brian Hatfield* (D)
19 House/Pos.2	Mark Doumit* (D)
20 House/Pos.2	Gary Alexander* (R)
21 House/Pos.1	Mike Cooper* (D)

Washington State Legislative Races (continued):

District Position	Candidate (Party)
22 Senate	Karen Fraser* (D)
22 House/Pos.1	Sandra Romero* (D)
23 Senate	Bette Sheldon* (D)
23 House/Pos.1	Phil Rockefeller* (D)
23 House/Pos.2	David Harrison (D)
24 House/Pos.2	Lynn Kessler* (D)
25 House/Pos.1	Richard Hildreth (D)
25 House/Pos.2	Adrienne Thompson (D)
26 House/Pos.1	Patricia Lantz* (D)
26 House/Pos.2	Brock Jackley (D)
27 Senate	Debbie Regala* (D)
27 House/Pos.2	Jeanne Darneille (D)
28 Senate	Shirley Winsley* (R)
28 House/Pos.2	Tami Green, **RN** (D)
29 House/Pos.1	Steve Conway* (D)
30 House/Pos.1	Mark Miloscia* (D)
31 House/Pos.1	Mike Stensen* (D)
31 House/Pos.2	Christopher Hurst* (D)
32 House/Pos.1	Carolyn Edmonds* (D)
32 House/Pos.2	Ruth Kagi* (D)
33 House/Pos.1	Shay Schual-Berke* (D)
33 House/Pos.2	Karen Keiser* (D)
34 Senate	Dow Constantine* (D)
34 House/Pos.1	Erik Poulsen* (D)
35 House/Pos.1	Kathy Haigh* (D)
36 House/Pos.1	Helen Sommers* (D)
36 House/Pos.2	Mary Lou Dickerson* (D)
38 House/Pos.1	Aaron Reardon* (D)
38 House/Pos.2	Greg Dean Lemke (Reform)
39 Senate	Fredda Smith (D)
39 House/Pos.1	Hans Dushee* (D)
39 House/Pos.2	Liz Loomis (D)
40 Senate	Harriet Spanel* (D)
40 House/Pos.1	Dave Quall* (D)
40 House/Pos.2	Jeff Morris* (D)
41 House/Pos.1	Fred Jarrett (R)
42 House/Pos.1	Robert Imhof (D)
42 House/Pos.2	Kelli Linville* (D)
43 House/Pos.2	Frank Chopp* (D)
44 House/Pos.1	Kerry Watkins (D)
44 House/Pos.2	John Lovick* (D)
45 House/Pos.1	Kathy Lambert* (R)
45 House/Pos.2	Laura Ruderman* (D)
46 House/Pos.1	Jim McIntire* (D)
46 House/Pos.2	Phyllis Gutierrez Kenney* (D)
47 House/Pos.1	Geoff Simpson (D)
49 House/Pos.1	Bill Fromhold (D)
49 House/Pos.2	Val Ogden* (D)



Biographies of Selected Endorsed Candidates



Al Gore and Joe Lieberman (D) President and Vice President of U.S.

The American Nurses Association (ANA) endorsed Al Gore and Joe Lieberman because of their strong commitment to quality patient care. ANA supports Mr. Gore's call for movement toward universal health care coverage, support of a strong patient bill of rights and prescription drug benefit plan for Medicare. In addition, Mr. Gore has advocated strongly for medical research, mental health, the Children's Health Insurance Program (CHIP). ANA-PAC made its recommendation after a point-by-point comparison of both Gore and Bush's positions on key issues of importance to nurses, such as occupational safety and health protection for workers, family and medical leave, patient safety, and whistle-blower protection for health care workers (Please see the September/October issue of The American Nurse for more details).

Jay Inslee (D) U.S. House of Representative – 1st Congressional District

Representative Jay Inslee is running for re-election to represent Washington's 1st Congressional District. His past experience include representing Washington's 4th Congressional District from 1992-94 and as the Regional Director for U.S. Department of Health and Human Services. During his work in Congress, he has been a strong proponent of a Patients Bill of Rights that would leave medical decisions to doctors and nurses instead of insurance bureaucrats. Washington's 1st Congressional District will be well served by electing Jay Inslee.

Rick Larsen (D) U.S. House of Representative – 2nd Congressional District

Rick Larson has deep family roots in Washington's 2nd Congressional District – the Larsen family celebrates 98 years in the district. Mr. Larson is currently chair of the Snohomish County Council, where he represents over one-fifth of the county's 60,000 residents. Prior to that, he was the Director of Public Affairs for the Washington State Dental Association working on improving health care and advocating for small businesses. Rick is running for an open seat due to the retirement of Jack Metcalf.

Jim Davis (D) U.S. House of Representative – 4th Congressional District

Jim Davis is a 4th generation wheat farmer from the northern region of the 4th Congressional District. He has served 13 years as an elected Public Utility District Commissioner. A graduate of the Washington Agriculture-Forestry Education Foundation, Mr. Davis was also a fellow at Resources for the Future's (RFF) National center for Food and Agricultural Policy in Washington D.C. Jim's lifelong experience in Central Washington uniquely qualifies him to represent the 4th Congressional District.

Christine Gregoire (D) State Attorney General

Christine Gregoire is a lifelong resident of Washington, and is the state's first woman to serve as State Attorney General. Currently completing her second term in office, her track record is impressive. She is a strong advocate of consumer protection issues and was successful in bringing forth and winning a landmark lawsuit brought against US major tobacco companies by the state. As attorney general, Mrs. Gregoire works with multiple state agencies including the Department of Labor & Industries on worker safety issues.

Tami Green, RN (D) 28th LD, House #2

Tami Green, **RN**, is currently employed at Western State Hospital where she works with the state's most severely mentally ill children. As a nurse, she understands and is well informed about the important issues that face the health care industry in our state. A member of the SEIU bargaining unit at Western State, she has been involved in efforts to secure fair wages for nurses. Mrs. Green is challenging incumbent Mike Carrell – if elected, Tami will be a strong a advocate for nursing and quality health care!

Liz Loomis (D) 39th LD, House #2

Liz Loomis is running for an open seat vacated by John Koster (R). Liz has worked for more than 10 years in public and private sectors, including owning her own small business: Liz Loomis Public Affairs. Active in her community, she was elected to Snohomish City Council in 1997. At the local level she has fought for increased funding for additional police officers, improvement of park areas, & summer youth recreation programs.

Brock Jackley (D) 26th LD, House #2

Brock Jackley is running for the open seat vacated by Tom Huff (R) serving Gig Harbor, Key Peninsula, Port Orchard, and parts of Bremerton & Tacoma. Mr. Jackey is a successful small business owner of 22 years and a retired physical education teacher at Olympic Community College. He is actively involved in community and charitable causes which include: Harrison Hospital Foundation Bremerton Chamber of Commerce, & Mayor's Committee to Clean Up Bremerton.

Fred Jarrett, (R) 41st LD, House #1

Fred Jarrett is running for an open seat vacated by Mike Wensman (R). Mr. Jareett is currently the Director of Mercer Island School District and Chair of the Municipal League of King County. Previously, he served as a City Council member of Mercer Island.

Eilleen Cody, RN (D) 11th LD, House #1

Eileen Cody, **RN** is employed as a rehabilitation nurse at Group Health Cooperative in Seattle and is running for reelection for a third term. Representative Cody is currently the Co-Chair of the House Health Care Committee, and has been instrumental in passing and blocking important legislation dealing with health care issues. Eileen has been a prime sponsor of the needlestick injury prevention bill for the past two years, and has diligently worked on other important legislation such as: patient bill of rights, individual health care insurance market, & Children's Health Insurance Program (CHIP). Eileen is well respected by her peers and her efforts have gained her respect from both Democrats and Republicans.

Tom Campbell (R) 2nd LD, House #2

Tom Campbell is running for reelection for a fourth term. Representative Campbell has practiced chiropractic medicine at his clinic in Spanaway for 15 years. He serves as a member of the House Health Care Committee and has been supportive of WSNA's interests, including needlestick legislation. Last session Tom introduced his own version of a patient bill of rights and is a strong advocate of increasing access to health care and health coverage in Washington.

John Pennington (R) 18th LD, House #2

John Pennington is running for reelection for a fourth term in the Legislature. Throughout his tenure, Representative Pennington has garnered notoriety in numerous leadership positions. He is currently Co-Speaker Pro Tem, serves on the House Rules Committee, House Health Care, & Legislative Ethics Board. John is a small business owner and is concerned about access to health care insurance and the health care system as a whole. He is supportive of needlestick injury prevention legislation. His mother is a RN.

Jeanne Edwards (D) 1st LD, House #2

Running for reelection for a second term, Jeanne Edwards currently serves on the House Health Committee Care. As a committee member, she utilizes her professional experience as a VA hospital and community health administrator when evaluating health care legislation. Representative Edwards has been a strong supporter of the needlestick injury prevention legislation.

ANA Announces Endorsement of Gore/Lieberman in Seattle

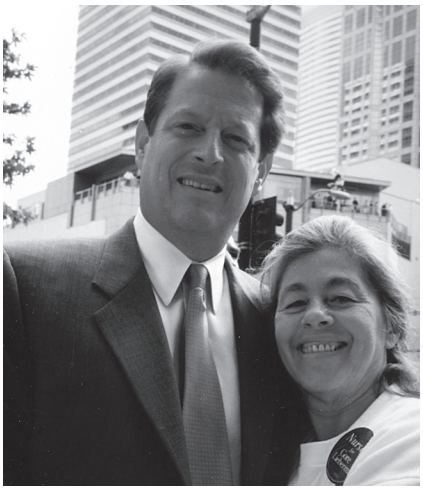
The ANA announcement of its endorsement of Al Gore and Joe Lieberman for President and Vice President of U.S. in Seattle on August 31st was a great success! Whether you are a Democrat or Republican, this event was definitely good visibility for WSNA and ANA and a boost to the importance of nurses being involved in politics.

WSNA was definitely there – there were more than 125 WSNA nurses, as well as many other nurses, in the crowd from other groups and unions. In fact, they were waving OUR signs! ANA was everywhere and a special grouping of WSNA members and friends of WSNA had the privilege of escorting Al Gore and Joe Lieberman to the rally.

While our Governor was speaking, we were taken by the Gore Advance team and the Secret Service to meet the motorcade as it arrived. There we were, lined up on 4th Avenue in downtown Seattle in rows of five abreast carrying "Nurses Vote" and "Nurses for Gore-Lieberman" signs, the ANA banner and the WSNA banner.

The motorcade arrived just before Mary Foley, ANA President spoke (she was the only person besides the Governor and members of the Washington Congressional delegation to speak to the crowd!). Gore and Lieberman got out of the motorcade and proceeded to shake hands with ALL of the WSNA nurses, many who had their children and grandchildren with them.

Then, as Mary was finishing her speech and announcing ANA's endorsement, Gore and Lieberman went to the front of our group and with us following closely (you may have seen glimpses of us on the news), waving our signs and shouting "Nurses for Gore," we all marched down the street and to the podium and then to our designated seats in the bleachers adjacent to the podium.



Sally Herman, Chair of Cabinet on E & GW, and friend.

Both Gore and Lieberman mentioned nurses dozens of times in their speeches. Following the event, Mary Foley, WSNA President Jan Bussert, two ANA-PAC Board members, our local Nurses4Gore chair Kay Skaftun and WSNA Executive Director Judy Huntington had another opportunity to talk with both Gore and Lieberman.

Our members were absolutely thrilled. Even though we had only 24 hours to turn out the number of nurses we did, and thanks to the hard-working WSNA staff who were on the phone and e-mail all day Wednesday, we had a great cross-sectional representation of the profession there. Attendees include the presidents and/or representatives of the Washington Chapter of the Peri-Operative Nurses, SNOW, ARNPs-United, AAPPN (psych NPs), WA Nurse Anesthetists and the Mary Mahoney Club were all there as well as members of the WSNA Board, WSNA Councils and Cabinet, WSNA-PAC, many leaders from the Districts, educators from several universities and community colleges, nurse managers and many, many staff nurses and Local Unit leaders from all across the state. It was quite a day!

Nurses Do It Right
(or "What We Can Learn From Nurses")

Doug Wear, Ph.D. Seattle, WA had the good fortune to be able to attend the Al Gore–Joe Lieberman rally here in downtown Seattle on August 31, 2000. Yes, Gore and Lieberman were great. Yes, we heard from our own psychologist Rep. Brian Baird (though he got stuck speaking first while I and many 100's of others were still in line waiting to clear security and could not hear his surely fine words). Yes, I am sure other psychologists were also there somewhere in the crowd showing their support. But what most impressed me was none of this, it was, well...yes...*the nurses!* Having been a Senior Vice President in a hospital along the way, I had already grown to respect and value all that nurses do and how much they care (realizing too that they don't necessarily feel the same way about hospital administrators). And I also knew they had a certain amount of political savvy, forging their profession ahead in several areas of practice. But on this day, they gave me an object lesson in political advocacy like no other has had.

Lesson One: Pass Out Posters and Signs. Hundreds of signs saying, "Nurses for Gore-Lieberman" and "Nurses Vote" had been passed through the throngs of people awaiting their candidates. Being interested in this effort, thought I would inquire from a nurse about their political organization efforts. I tried to ask more than a half a dozen people carrying these posters a question or two. Guess what? None of them were nurses, nor did they know anything about nurses' political action. But when Gore and Lieberman took the stage, guess what they did? Everyone frantically and enthusiastically waved their "Nurses..." signs high in the air to greet and cheer on the Democratic ticket before them. And what did Al Gore and Joe Lieberman and their people see from that stage? Hundreds more nurses than were there!

Lesson Two: Wear T-Shirts. There was a special bleachers seating area at this event for those select chosen few. I still don't know how to be one of those. Brian Baird was over there though. The only immediately recognizable group among this special seated crowd was...*nurses.* All of them wore identical "Nurses for Gore-Lieberman" t-shirts. What did all our local, state and national politicians see as they hobnobbed with this select group? Nurses!

Lesson Three: Endorse Someone. The crowd had been told there would be a special announcement being made at this rally. And, after much anticipation, the time came...for what? Mary Foley, the President of the American Nurses' Association, came to the podium herself and pledged the support of the nation's 2.6 million nurses to the Gore-Lieberman ticket...right there in front of cameras and press from everywhere. That was nurses! Nurses who care about people, nurse who care about health care, nurse who care about the political process, nurse who vote, nurses who influence other voters.

Lesson Four: Bask in the Sun. As a matter of fact, for the few minutes Al Gore and Joe Lieberman spoke, the sun did emerge from the clouds on this gray Seattle day. And what did Al say about nurses? Thank you nurses. Thank you nurse, Mary Foley. Thank you nurses for your support. Thank you nurses for your hard work and caring for your patients all day, every day in this country. While noting that the Republican ticket had the support of the oil industry, the insurance industry and others, Gore passionately emphasized how proud he was to have the endorsement of ...nurses! And when he most strongly advocated for a national Patient's Bill of Rights...Al Gore said health care decisions should be made by doctors, *NURSES*, and other health care professionals (I hope psychologists are part of "doctors" but think we are too often part of "other"). Nurses, by name, should be making health care decisions! That's enough to make me proud to be a nurse. But I am a psychologist! Well...there is still a little over a month left before this election. Let's learn from our nursing colleagues and do ourselves proud, now and in the future. Let's be inspired to do more than we planned...*let's be like*...**nurses!**

[Ed Note: This letter was written by Seattle Psychologist, Doug Wear to his fellow psychologists including Pat Deleon, Sr. Legislative Aide to Senator Daniel Inouye (D-HI) and forwarded on to ANA. It has traveled by e-mail to psychologists and nursing groups all across the United States. WSNA would like to thank Dr Wear for his wonderful description and public recognition of ANA and WSNA's political action efforts.]

WSNA Counters Chicago Tribune Series on Medical Errors

Below is the text of the Press Release issued by WSNA following the recent controversial Chicago Tribune articles on nursing errors. WSNA and ANA immediately issued talking points and suggestions for letters-to-the-editors to nurse leaders around the country. ANA's responses can be found on its website at *www.nujrsingworld.org* WSNA's press release was placed on PR Newswire and quickly noted positively in internet news groups and listservers frequented by nurses around the country (see letters to the editor).

SEATTLE, WA– The Chicago Tribune ran a series of articles on September 10, 11, and 12, 2000 on medical errors resulting in patient deaths and injuries. While the articles do address some important nursing concerns, its inflammatory headlines imply that nurses are the root cause for these terrible injuries and deaths. Unfortunately the current culture in many health care institutions, as accentuated by the Chicago Tribune series, creates an atmosphere of "blame" on the individual health care provider rather than examining the failure of the delivery system itself.

Nurses enter the profession because they genuinely want to help and care for others. Patient safety is the primary concern and nursing's primary responsibility. Janice Bussert, BSN, RN, President of the Washington State Nurses Association (WSNA) points out, "While medical errors do occur among nurses and other health care professionals, it is important to recognize that the bulk of medical errors result from unsafe systems rather than individual incompetence. Until we focus on reducing system problems that contribute to clinical errors, shared accountability for systems' improvement in health care cannot be achieved."

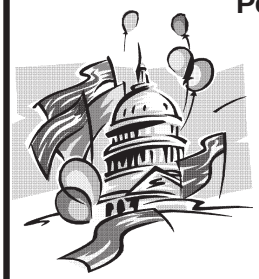
Health care institutions have downsized, restructured and reorganized to the point where processes in place to ensure patient safety are breaking down. Too often these decisions are made solely on cost rather than the care-needs of patients and those making the decisions are most often not professional nurses who deliver the care. Nurses at the bedside know what is required for essential staffing for safe patient care, yet too often they have no say. Training and education needs go unanswered. And selection of new technology such as the type of infusion pump and their safety features are made by purchasing agents, not nurses. To develop systems that ensure safe patient care, nurses must be "at the table" when these kind of decisions are made.

Inadequate staffing is the number one concern of nurses today. Increasingly, registered nurses are caring for far greater numbers of patients than ever before and patients in hospitals are more acutely ill than in the past. "Adequate registered nurse staffing is the most critical factor in the delivery of quality, safe patient care because it allows time for appropriate nursing assessment of patients and adjustments in their care to meet their constantly changing needs. Without it, errors will occur," said Bussert.

The average age of nurses today is 45. Fewer than 9% of the nation's 2.6 million registered nurses are under the age of 30. Too often in the real world of today's hospital, nurses are increasingly forced to work overtime on top of their regular eight or twelve hour shifts. "Its ironic that there are limits on time off between shifts and a maximum number of hours that truck drivers and airline pilots can work, but no such limits in the health care industry." Bussert said "Mandatory overtime puts both patients and nurses at risk. Patients need nurses who are well-rested and alert; tired and overworked nurses are more likely to make mistakes."

Until health care administrators and the public focus on reducing system problems such as inadequate staffing and mandatory overtime, medical errors will continue to occur. WSNA strongly recommends that hospitals and other health care institutions take a careful look at the recommendations from the Institute of Medicine's Report, *To Err is Human: Building a Safer Health System* and to work closely with their registered nurses to put in place systems to protect patient care rather than focusing solely on the bottomline. Partnership for quality improvement and a shared accountability approach diminishes a focus on individual blaming and enhances long-range process improvement. The solution to decreasing medical errors must include a non-punitive system that does not blame individuals first, but instead recognizes that nurses are pivotal to improving patient outcomes and contributing towards solutions for quality improvements.

Washington State Nurses Association – Political Action Committee Presents:



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I was reading the latest edition of *The Washington Nurse* this morning and was stunned by your title on page 17, "Childhood Immunization Rates Drop 80 Percent."

First of all, this statement is completely incorrect. The article by Pat DeHart, Epidemiologist with the DOH Immunization Program, specifically states that rates for children two years and under were at 81 percent in 1998, our all-time high for Washington state. Second, nowhere in the article are any data presented that would justify this title being selected.

The high immunization rates achieved in this state are the result of diligent efforts by many people in every county who interpret an increasingly complex schedule and safely give vaccines to our children.

Most of these providers are nurses who probably read this publication.

Please clarify this gross error in your next publication or the next available opportunity.

Betsy Hubbard, RN, MN
Immunization Coordinator, Public Health-Seattle & King County

Opps! We Goofed!

The Summer 2000 issue of the Washington Nurse carried an incorrect headline on Page 17. The title of the article should have read:

"Childhood Immunization Rates TOP 80 Percent"
.....not "Drop" 80 percent.

We want to apologize to our readers and especially our hard-working public health nurses who have helped achieve an all-time high immunization rate of more than 80% in Washington State.

WSNA Response to Chicago Tribune Article:
To the WSNA:

Thank you from the bottom of my heart for your response to the Chicago Tribune letter. While the article did touch on the problems of understaffing, etc., it was yellow press journalism at its best regarding the headlines and opening statements. Your response to the newswire is much appreciated. [Ed Note: see press release on p. 4]

We just organized our little rural hospital, Sutter Coast. We are the first hospital to organize under the Sutter System, which is the 9th largest hospital corporation in America. We are currently going to start negotiating our first contract. So, from all of us nurses in Crescent City, CA, a big THANK YOU to the WSNA!

Candy Weiland, RN
Crescent City, CA

A few comments and e-mail feedback on the Gore–Lieberman rally:
Dear WSNA:

I must join with the Psychologist, Doug Wear, [Ed Note: See Box articles p9] in congratulating nurses for "doing it right." I'm not sure too many know that, thirty years ago in Washington State, a forward looking Board of Directors made the decision to form a Political Action Committee (known previously as P.U.N.C.H. – Politically United Nurses for Consumer Health.) We caught on early to the concept that we had to pave the way for legislative success through early involvement in the political process, which meant – political campaigns. Through our trial and error and ultimate outcomes, in 1974, ANA called on WSNA representatives to pave the way for the establishment of a national political action committee for nurses, called N-CAP (Nurses Coalition for Action in Politics, later renamed ANA-PAC).

I can't tell you what a thrill it is for me to acknowledge our extraordinary nurse involvement throughout this country – with strong nursing leadership exhibited in local, state and federal elections. Although we can't rest on our laurels, it feels good to acknowledge that – yes, we've done something right. The letter from Dr. Wear reminds us that our outcomes have been well worth the effort. May we continue our efforts, recognizing another ANA milestone endorsement in the Presidential race. May our political experience continue, enabling us to once again have an impact in such areas as Patients Bill of Rights and in the election of ANA endorsed candidates – Al Gore and Joe Lieberman.

Thanks again, to you Judy and your whole group for your fabulous turnout.

One thing we learn in politics – there is no such thing as legitimate "lead time." That's why we have to be "at the ready!" with our organization and networks in place. Once again, WSNA proved that they could do it.

God Bless and take care.

Barb Thoman Curtis, RN
Past President Washington State Nurses Association

[Ed Note: Barbara was the First Chairperson of N-CAP [now ANA-PAC] and the first recipient of the ANA Political Nurse Award which is named after her]

Judy:

Please accept my sincere appreciation for all you, your staff and the WSNA did to make this such a successful event. I was so proud when I read the email that Pat Deleon sent out from his psychologist colleague.

Please let everyone know that you did a marvelous job of making the nursing community look GREAT!!!

Take care...

Linda Stierle, RN, MSN
Executive Director, American Nurses Association

[ED Note: Pat Deleon, a psychologist, is the chief Legislative Aide to Senator Daniel Inouye (D-HI) and has been a long-time advocate and supporter of nurses in the US Senate.]

Nursing Practice Updates

NURSE DELEGATION:

Nurse Delegation in Community Settings has had several public rule writing workshops throughout the state and the Department of Health (DOH) is currently writing the rules to modify the law with the changes that the Legislature made in the 2000 session. The first draft of these rules is expected to be ready for review in October 2000. You can find out when public hearings will be held throughout the state by checking the DOH Quality Assurance Commission web site at

http://www.doh.wa.gov/nursingrules.htm#Delegation

The major change in the law is the removal of six tasks that RNs can currently delegate to nursing assistants in community-based settings. After the rule changes, the individual RN will be able to decide what is appropriate to delegate to an individual nursing assistant who has completed the nine-hour class on nurse delegation. The tasks delegated must be within the scope of practice of the RN and must not include anything that the Nursing Commission has ruled cannot be delegated. Before the law changed, only boarding homes with contracts for assisted living with the Department of Social and Health Services (DSHS) could participate in nurse delegation. With the new law, all boarding homes will be able to use nurse delegation. However, until the new rules are approved by the Nursing Commission, the old rules will remain in use. Settings where delegation rules remain unchanged by the new law are Adult Family Homes, and Residential Care Facilities for the Developmentally Disabled.

SURGICAL TECHNICIANS:

The final public hearing on surgical technicians was held in Olympia in July 2000. WSNA staff and several WSNA nurses were in attendance; Vivian Hill, John Tweedy, Peggy Sala, and C.J. Welter were among the group that packed the hearing room for one last time to give their opinion of the rules. Most individuals giving testimony to the Department of Health (DOH) were not in favor of the rules as they were written by the DOH. AORN, WSNA and other members of the coalition strongly objected to the proposed rules noting that the legislative intent of the bill was strictly as a registration bill, not a scope of practice bill. Under registration, the applicant simply pays a fee and becomes registered with the State; there is no scope of practice and no educational requirements attached to the registration. DOH has indicated that they believe that under the law, they have the authority to develop a scope of practice and a list of the tasks that the surgical tech can do. Secretary of the DOH, Mary Selecky, will make the final decision on these rules. WSNA and AORN will continue to monitor and strongly oppose any action by DOH to develop a scope of practice for surgical techs and will consider whether or not to seek legislative or other legal remedy if necessary.

ARNP COMPLETION OF PRESCRIPTIVE AUTHORITY:

The last public rule writing workshop for the completion of prescriptive authority (Schedule II to IV drugs) for ARNPs was held in Vancouver in July. The first draft of the proposed rules is expected to be completed and ready for public comment sometime in September 2000. It is anticipated that the final rules will be completed by the end of 2000 or early 2001.

The new law makes it possible for ARNPs with prescriptive authority to prescribe Schedule II to IV drugs providing there is a joint practice agreement with an MD or DO. The law directed the Nursing Commission to jointly adopt rules with the Medical Quality Assurance Commission and the Board of Osteopathic Medicine and Surgery. The new law and rules will apply only to the prescribing of Schedule II to IV drugs and no other part of the ARNPs practice. This legislation does not affect the practice of Certified Registered Nurse Anesthetists (CRNAs). For information on the draft rules and public hearings on this bill visit the Nursing Commission's web site at

http://www.doh.wa.gov/nursing/rules.htm#Prescriptive

NURSING TECHNICIANS:

In the 80's, when the initial rules governing nursing technicians (nursing students employed and paid by health care institutions) were written, state regulatory boards and commissions had the authority to write rules that they felt were necessary to regulate the profession. Since then, subsequent legislation has changed that and it now requires specific statutory authority to write rules. Based on advice from the Attorney General's Office that insufficient statutory authority exists in the Nurse Practice Act for rules governing nursing technicians, the Nursing Commission has been considering repealing the rules and has held a series of hearing on the issue. The Nursing Commission is concerned that while it recognizes nursing technicians, the Commission does not have the authority to discipline them.

On August 2, 2000, the Commission held a rules writing workshop in Bellevue. Twenty-seven people were in attendance including WSNA staff and WSNA members Julia Weinberg, Jean Pfeifer, and Carmen Suazo and representatives from 12 hospitals. Attendees spoke in support and opposition to continuing the rules. Concerns expressed included that in today's work environment of mandatory overtime, short staffing and high acuity, there is a lack of appropriate supervision for the nursing technician. In addition, many RNs do not realize the full impact on their license if the nursing technician working with them causes harm to a patient. WSNA speakers cited concerns for patient safety and the strong potential for exploitation of the student and staff RNs. Examples were given where students are being placed in roles for which they have not been prepared and asked to perform func-

tions of RNs, in some cases in specialty care units where they have not been oriented or under the supervision of an RN float or temporary agency personnel. Suggestions for improving the situation included developing a clearly defined role for both the preceptor and nursing technician and limiting their duties and making it more consistent. WSNA believes there needs to be well-developed guidelines and the agencies employing nurse techs should be held accountable. WSNA encouraged the Nursing Commission to get copies of nursing technician job descriptions from all of the hospitals for comparison and evaluation. The group agreed to send in examples of their nursing technician policies, forms and any guidelines they have developed. The Nursing Commission has postponed action about repealing the rules and is likely to appoint a task force to pursue other options before the rules are repealed. For a complete text of the August 2, minutes please see the Nursing Commission web site at *http://www.doh.wa.gov/nursing/rules.htm#NursingTechnician* and go to minutes.

E&GW Contract Updates

Nurses at Visiting Nurse Services of the Northwest Settle Agreement

WSNA recently concluded negotiations with Visiting Nurse Service of the Northwest after a long and hard fought battle. As a result of the negotiations, a new contact was offered to the membership on August 9, 2000 and was unanimously accepted by the bargaining unit. The settlement adjusted all nurses pay scales up to the community standard with some nurses receiving double digit increases. The contract spans a three year period and gives the members a wage increase effective on the ratification of the agreement and another raise in May of 2001 and then the last adjustment becomes effective on August 1, 2002. There was also a seniority incentive negotiated for all employees that were employed as of July 31, 2000, providing an additional 1, 2, or 3% increase to each employee based on their longevity with the employer.

There was language agreed to allowing the employer to give new employees an incentive to come to work for VNS by recognition for prior Home Health experience which allows new employees to be placed in the salary schedule based on their experience. Also negotiated were increases in fee-for-visit nurses as well as premium pay for weekend and holiday work. Preceptor pay was increased to $1.00 per hour, as was the allowance for certification pay. WSNA convinced the employer to continue to pay the full cost of the medical insurance premium for the nurses for the life of the agreement and to employer–provided paid time for CPR training.

Davies Pearson, P.C.

Attorneys at Law

Monte Bersante is an experienced attorney who represents nurses before the Nursing Care Quality Assurance Commission. Prior to becoming an attorney, Mr. Bersante worked in the Coronary Care Unit at King County's Level 1 trauma center and on the open heart team at the largest private hospital in Washington State.

920 Fawcett, Tacoma, WA 98402
(253) 620-1500
mbersante@dpearson.com

BUSY CONTACT NEGOTIATION YEAR BEGINS

A busy contract season has begun with negotiations starting in all areas of the state. Kadlac Medical Center (Richland) began their negotiations last month, with Kittitas (Ellensburg) following quickly after them. Teams at Overlake (Bellevue), St Joseph Tacoma, American Medical Response (Seattle), Snohomish Health District (Everett), Seattle–King County Health Department (Seattle), Tacoma General (Tacoma), Benton–Franklin Health District, and St Joseph Hospital in Bellingham are all actively preparing to be at the table in the near future.

WSNA's three experienced negotiators, along with the Nurse Reps, are working hard completing member surveys and preparing proposals with the Local Unit Teams. While we expect negotiations to be difficult this year, the excellent precedent set by the Children's negotiating team made it easier for nurses at Swedish and elsewhere to make progress. As each new agreement is negotiated, it will pave the way for the other agreements. Local Units have been working hard on increasing membership and as a result, membership is up and growing. And as we all know, **NOTHING IS MORE POWERFUL THAN THE UNITY OF NURSES!**

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WSNA Awards: Call For Nominees

The WSNA Awards Committee, the Cabinet on Economic and General Welfare and the Professional Nursing and Health Care Council are seeking outstanding WSNA members as nominees for the 2001 WSNA recognition awards. **Nominations must be received at WSNA no later than January 15, 2001.** The awardee will be notified by March 2001. The awards, given only every two years, will be presented at a special awards reception at the 2001 WSNA Convention/Summit to be held on April 20th at Pacific Lutheran University in Tacoma.

All nominations must be accompanied with a narrative from the nominator, listing the nominee's credentials and achievements, and a copy of the nominee's Curriculum Vitae/Resume must accompany the narrative. Nominating forms for the awards are available by calling Barbara Bergeron at WSNA at ext. 3024. The criteria for the awards are as follows:

WSNA AWARDS:

WSNA HONORARY RECOGNITION AWARD

Criteria: Honorary Recognition may be conferred at any convention on persons who have rendered distinguished service or valuable assistance to the nursing profession, the name or names having been recommended by the Board of Directors. Honorary Recognition shall not be conferred on more than two persons at any convention.

Nurse Candidate

1. An actively contributing member of the WSNA by:
   a) having held elected state, district or local unit office.
   b) served as appointed chairholder at the state, district, or local unit level.
2. Made significant contributions to:
   a) the state or district association, or local unit.
   b) the professional practice of nursing.
3. Has been a consumer advocate and/or interpreted the role of nursing to consumers.

A narrative from the nominator, listing the nominee's credentials and achievements, must be submitted.

Lay Candidate

Has demonstrated interest in professional nursing by:

a) contributing in a concrete way to its growth and development.
b) promoting better understanding of professional nursing in the community.

A narrative from the nominator, listing the nominee's credentials and achievements, must be submitted.

MARGUERITE COBB PUBLIC HEALTH/COMMUNITY HEALTH NURSE AWARD

This award recognizes the outstanding professional contributions of one public health or community health nurse and calls this achievement to the attention of members of the profession as well as the general public.

Criteria:

1. The nominee must be a current WSNA member or have been a WSNA member during the years of service for which this award is given.
2. The nominee must have made a significant contribution to the field of public or community health nursing.
3. The nominee must have expertise in professional and technical performance.
4. The nominee must have shown leadership in the field of public or community health nursing.
5. The nominee must have participated in the Washington State Nurses Association.

A narrative from the nominator, listing the nominee's credentials and achievements, must be submitted

JOANNA BOATMAN STAFF NURSE LEADERSHIP AWARD

The Joanna Boatman Staff Nurse Leadership Award was established in 1995 in recognition of Joanna Boatman's significant contributions to the advancement of staff nurses and her achievements in the economic and general welfare area of nursing in the state of Washington.

Criteria:

1. The nominee must have a Washington State RN License.
2. The nominee must be a WSNA Member, for at least one year.
3. The nominee must currently be employed as a staff nurse.
4. The nominee must have made a significant contribution to the advancement of staff nurses or in the Economic and General Welfare area of nursing. Contributions may be at the local or state level.

A narrative from the nominator, listing the nominee's credentials and achievements, must be submitted, and a copy of the nominee's Curriculum Vitae/Resume must accompany the narrative.

ANA HONORARY MEMBERSHIP PIN

The American Nurses Association Honorary Membership Pin is presented to a Washington State Nurses Association member or members in recognition of outstanding leadership, as well as participation in and contributions to the purposes of WSNA and ANA.

Criteria:

The nominee(s) must

1. Hold current WSNA membership
2. Have held elective state, national or district office
3. Have served as an appointed chairperson of a state, district or national committee
4. Have demonstrated outstanding leadership that contributed to the purposes of the WSNA, District, or ANA.

A narrative from the nominator, listing the nominee's credentials and achievements, must be submitted.

CABINET ON ECONOMIC AND GENERAL WELFARE AWARDS:

RISING STAR AWARD – This award recognizes one who is relatively new to collective bargaining but has dived into the some times murky waters and become involved and shows great promise of future leadership.

1. The nominee must be a WSNA member and member of WSNA local unit.
2. The nominee must currently be employed as a staff nurse.

ADVERSITY AWARD – This award recognizes one who has gone

forward to success despite terrible odds (stick-to-it-iveness).

1. The nominee must be a WSNA member and member of WSNA local unit.
2. The nominee must currently be employed as a staff nurse.

OUTSTANDING LOCAL UNIT LEADERS OF THE YEAR AWARD – This award recognizes an individual who, through unique contribution, has strengthened the local unit.

1. The nominee must be a WSNA member and member of WSNA local unit.
2. The nominee must currently be employed as a staff nurse.

OUTSTANDING NEGOTIATING TEAM AWARD – This award is presented to a negotiating team and the cast of characters who, at their own expense, have negotiated a contract which the bargaining unit feels represents their interests.

1. The nominee must be a WSNA member and member of WSNA local unit.
2. The nominee must currently be employed as a staff nurse.

INTERNAL ORGANIZER AWARD – this award is presented to an individual, or to a committee which has worked to develop the local bargaining unit through activities such as membership recruitment, communication systems, fundraising, development of community public relations for WSNA and the local bargaining unit, and other projects which promote the bargaining unit.

1. The nominee must be a WSNA member and member of WSNA local unit.
2. The nominee must currently be employed as a staff nurse.

OUTSTANDING GRIEVANCE OFFICER AWARD – This award is presented to an individual who assists nurses in the bargaining unit to understand the rights within the contract and effectively represents the bargaining unit nurses.

1. The nominee must be a WSNA member and member of WSNA local unit.
2. The nominee must currently be employed as a staff nurse.

PROFESSIONAL NURSING AND HEALTH CARE COUNCIL AWARDS:

BEST PRACTICE AWARD – this award is presented to an individual, to recognize best practice in the daily care of patients/clients.

1. The nominee must be a current WSNA member.
2. The nominee must have identified a problem or issue and utilized strategies to solve the problem.
3. The nominee must have utilized resources (i.e., people, literature, equipment) to solve the problem.

NURSE LEADERSHIP AND MANAGEMENT AWARD – this award is presented to an individual to recognize excellence in nursing leadership and management.

1. The nominee must be a current WSNA member.
2. The nominee must facilitate excellence in clinical practice, and promote the professional development of nurses.
3. The nominee must demonstrate progressive leadership and management practice.
4. The nominee must foster a care environment that promotes creativity and enhances quality of care for clients and/or communities.

NURSE EDUCATOR OF THE YEAR – this award is presented to an individual to recognize excellence in nursing education.

1. The nominee must be a current WSNA member.
2. The nominee must demonstrate excellence in nursing education.
3. The nominee must promote the professional education of nursing students and/or nurses.
4. The nominee must foster an educational environment that promotes learning.

ETHICS AND HUMAN RIGHTS AWARD – this award is presented to an individual to recognize excellence in ethics and human rights.

1. The nominee must be a current WSNA member.
2. The nominee must have demonstrated exceptional activities supporting major ethical and human rights issues in Washington State.
3. The nominee must have worked within the community to influence the community and must also have support from the people in the community.

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Working with Populations and Communities

Janet Primomo, PhD, RN*

Introduction

The nursing profession is rich in its diversity of practice options. As nurses, we have opportunities to practice in many different settings and specialty areas. In this article, the contributions of population-focused, community and public health nursing are addressed. For the purposes of this article, nursing practice with populations and communities is considered synonymous with public health nursing practice.

Public Health Practice

Public health focuses on disease prevention and health promotion through organized interventions with communities and populations (American Public Health Association Public Health Nursing Section; 1996; Association of Community Health Nurse Educators Task Force on Community/Public Health Masters Level Preparation; 2000). Communities are considered to be people interacting with each other who may or may not share a common geographic location or goals. Neighborhoods are usually considered communities. The term population refers to aggregates or groups of people who share a common health-related characteristic or other attributes. People with HIV/AIDS may be referred to as a population.

Public health has a mandate to protect everyone's health. In the past 50 years, people in the United States have experienced significant increases in life expectancy and reductions in the incidence of injury, disability and disease. Public health is credited with over half of the 50 years of increased life expectancy we have achieved since 1900. Public health succeeds by identifying and addressing patterns of disease, illness, and injury in communities and populations through ongoing assessment and surveillance (CDC, 2000). Assuring a clean water supply and controlling communicable diseases are the work of public health. Using population-based strategies for disease and injury prevention, public health has contributed to this decline in illness and injury, including tobacco-related diseases, infectious disease, and motor vehicle and workplace injuries. Public health success stories include biomedical advances such as antibiotics and vaccinations, reduction in childhood blood lead levels, and decline in tooth decay due to fluoridated community water supplies.

Over the past decade, public health has been restructured in order to rebuild and enhance its infrastructure (Institute of Medicine, 1988). The core functions of public health include assessment, policy development, assurance, and management (Berkowitz, 1995). Public health involves assessment of the community or population by collecting and analyzing data about health conditions. Public health professionals function as advocates and develop policies to promote health and prevent illness. It involves assuring healthy living and working environments, and adequate service delivery systems.

Public Health Nursing Defined: Practice with Communities and Populations

What are the contributions of public health nursing practice? As one of the oldest specialties in nursing, public health nurses often "go where no one else has gone" and work with the vulnerable and high-risk, diverse populations. Social justice, or advocating for the good of the whole population, is a value underlying public health nursing. For example, public health nurses work with migrant workers, refugee populations, and incarcerated groups to promote health and prevent disease. By assessing and assuring treatment of communicable disease, not only is the health of these groups improved, but the public's health is protected by limiting the spread of disease. For this reason, it is often said that the work of public health is invisible. When public health is successful, the health of the entire community is promoted and protected.

According to the American Public Health Association Public Health Nursing Section (1996), "public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. Public health nursing is population-focused, community-oriented nursing practice. The goal of public health nursing is the prevention of disease and disability for all people through the creation of conditions in which people can be healthy." According to the Scope and Standards of Public Health Nursing Practice, public health nursing practice addresses health promotion and protection for individuals, families, groups, communities and populations. Public Health Nursing practice is shifting away from individual care and increasingly addressing communities and populations through assessments of strengths and resources; programmatic planning to address health needs; implementation of programs, evaluation; policy development, and advocacy (Quad Council of Public Health Nursing Organizations, 1999). Public health nurses work in collaboration and partnership with communities and populations to address the needs, values, and priorities identified by the community. The term public health nursing does not refer to nurses in one particular setting. Public health nurses practice in a variety of settings including local public health, state agencies, schools, managed care organizations, health care institutions, insurance companies, industry, non-profit agencies, and home health care (Gebbie & Hwang, 2000; Primomo, 1995).

Nursing Education for Community, Population and Public Health Practice

Educational preparation for public health nursing practice is a topic of debate. Baccalaureate nursing programs provide theory and practice in public health and the bachelor's degree is generally considered entry-level (Gebbie & Hwang. 2000). With changes in public health and the health care system, advanced skills at the graduate level are needed to function effectively with communities and populations. Advanced practice nurses function in leadership roles at the aggregate level to establish effective care delivery systems and programs that enhance desired health outcomes for the community or population. Partnerships are essential in mobilizing efforts to promote health and prevent illness and to design, implement, and evaluate effective interventions and programs based on assessed population needs. At the graduate level, content includes needs assessment; epidemiological methods; health care system analysis; health policy development and analysis; health promotion and protection; illness prevention; program planning, implementation, and evaluation; partnership development; and community organization and mobilization; leadership skills; conflict negotiation and resolution; use and management of information technology; the ability to address needs of a racially and culturally diverse society; the environ-

ment and human health; and life long learning principles.

Current Challenges to Public Health and Public Health Nursing

While public health interventions have improved our health, many challenges remain. The Washington State Public Health Association has noted some of our state's public health problems (*http://www.business-link.com/wspha/99concern.html*). Smoking is a significant risk factor in the four leading causes of death (heart disease, cancer, stroke and lung disease). Furthermore, about 75% of smokers become addicted to tobacco in their teens. Environmental health and safety is an ongoing problem. Over 14,000 workers had occupational-related illnesses and injuries in 1995, a 9.3% increase from 1994. And, motor vehicle crash injuries are the leading cause of death among 1–34 year-olds. Also, there has been an increase in youth violence in the population. Food safety is another concern. There were over 900 reports of food borne illnesses in Washington State in 1995. Alcohol poses challenges. There were 331 alcohol-related traffic fatalities in Washington State in 1996, an 18.6% increase from 1995. Alcohol use during pregnancy is the single leading cause of mental retardation. Immunizing children remains a problem. Only 79% of children in our state are fully immunized by the age of 2. Regarding chronic conditions, by 2020, more than one in every six Washington residents will be 65 or older. Although the general health of older people is improving, our aging population will need more health services for the treatment and management of chronic conditions experienced by the elderly population. The treatment and management of chronic conditions such as kidney, heart and lung disease will continue to change dramatically with the rise in managed care.

Community and public health often remains a patchwork of services and programs. Because funding often provides for selected activities, gaps in service are clearly visible. An outstanding program, *First Steps (Expanded Maternity Care Access Program)*, was developed in the late 1980's to improve birth outcomes among babies born in our state. The comprehensive program includes incentives for maternity care providers to provide prenatal care to low income women, outreach to pregnant women, case management, child birth and parenting education, and maternity support services including public health nursing. Funding for one highly effective intervention to low income pregnant women, home visiting by public health nurses is inadequate, however. If enhanced funding were available to serve *First Steps* women during the first few years of the child's life, it is likely the overall health of the population would be improved. Furthermore, few preventive efforts are currently funded at the local level for pregnant women who are not eligible for *First Steps*, toddlers and school-aged children, adolescents who are not pregnant, and the elderly.

One of the current challenges facing Washington State is the passage of I-695 (motor vehicle excise tax) in November 1999. About 9% of overall and 30% of discretionary public health funding at the local level was from the motor vehicle excise tax (Personal Communication, Vicki Kirkpatrick, March 7, 2000). Without these tax dollars, local health departments and districts have had to cut public health budgets resulting in threatened infrastructures. For example, in some communities, experienced staff who investigated and responded to disease outbreaks lost their jobs because of funding cuts. Because infectious disease response to outbreaks is a priority for local health departments, funds have been shifted to support this vital work. However, it is likely that disease investigations will take longer. Other examples of the budget cutbacks include clinic and laboratory closures, reduced service hours, and fewer programs to promote health. Because of the growing number of people without health insurance, the erosion of the public health safety net for uninsured populations is another concern.

Solutions

Complex problems call for multiple solutions. As with other challenges facing health care today, the crack in public health's infrastructure may require health policy and legislative changes and the reallocation of local resources. Advocacy, especially for under-served and vulnerable populations, is a vital role of public health nursing. It is likely that local public and community health agencies will need to engage in collaborative partnerships with health care providers, health care institutions, and nonprofit agencies to address local health needs. An example is Tacoma Pierce County's Asthma Prevention Partnership that was developed in 1997 to address the increasing number of children with allergies and asthma. This "Clean Air for Kids" partnership includes the Tacoma-Pierce County Health Department, American Lung Association, Group Health Cooperative, Mary Bridge Children's Hospital and Health Center, Puyallup Tribal Health, Tacoma Public Schools, and University of Washington. Interventions include:

a) volunteer and professional training about allergy and asthma triggers in the home and general home environmental hazards;
b) home assessments to identify asthma and allergy triggers in the home; and,
c) simple, low cost strategies to improve the home environment.

Funding from the National Heart, Lung, and Blood Institute will allow the partnership to add an asthma outreach worker who will visit children with asthma and their families to reinforce home environmental changes as well as the medical management of asthma.

Nurses, regardless of their practice setting, may participate as active members of local partnerships. Activities may include community assessment including the identification of resources, the development of health promotion and prevention programs, and the evaluation of programs to insure best practices are being utilized. We should expect increased accountability in order to document that our interventions are effective. For example, the state Tobacco Council is establishing a statewide intervention aimed to reduce smoking among pregnant women who are participating in the *First Steps* Program. An evaluation plan is integrated into the program in order to determine if the intervention has been effective in reducing smoking behaviors in the population.

Nursing educators have a responsibility to help prepare new and practicing nurses for public health practice. In order to contribute to pubic health, nurses must have the skills and competencies needed to promote and protect health and prevent disease at the community and population levels. No single profession or specialty can protect and promote public health. Improving public health will require collaboration among interdisciplinary health care providers, health care institutions, community agencies, local government, nonprofit agencies, and virtually all segments of society. By working together and addressing global and national

health issues at the local level, we may be able to improve public health.

*Janet Primomo is a faculty member at University of Washington, Tacoma where she teaches in the BSN program and MN program, Communities, Populations, and Health. She is a member of WSNA's Professional Nursing and Health Care Council.

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District News

Snohomish County Nurses District #9

Snohomish County Nurses District #9 sponsored a health information booth at the annual City of Marysville Strawberry Festival June 17–19th. It was a great opportunity to offer advice about health issues and visibility to the community. SCNA Board members assisted by members of the Everett Community College Student Nurse Organization answered questions about poisons and passed out Mr. Yuk stickers. In addition, we checked blood pressures and as a result, reminded a lot of people to continue taking their medication.

King County Nurses Association #2

KCNA to Host Education and Member Interest Day: Nurses can join their peers to explore areas of nursing which interest you at the KCNA Member Kick Off Event from 9:00 a.m.–1:00 p.m. Saturday, Oct. 28, 2000, at Seattle Pacific University. This is a unique opportunity to participate in nursing groups, which meet throughout the year to examine issues of professional interest, listen to speakers, and network with peers. Participants will also enjoy lunch and a keynote session focusing on workplace safety issues.

9:00-11:00 a.m.: In concurrent sessions, nurses can explore one of four special interest nursing groups: Mental Health Special Interest Group; Neighborhood Health Special Interest Group; Nurse Legal Consultant Special Interest Group and the Nursing Informatics Special Interest Group.

11:00 a.m.-Noon: "Workplace Safety Issues for Health Care Professionals." Kathy Maher, RN, MN, Manager of Employee Health Services at Harborview Medical Center, will address issues such as identifying causes of workplace violence, needlestick issues, ergonomics, and management of hazards such as chemotherapy and latex.

CEARP credits will be provided for registered nurses. This program is sponsored by KCNA, which is approved as a provider by the Washington State Nurses Association. The cost is $20.00 for KCNA members and students, $30.00 for non-members, including lunch, refreshments, and materials. To register, please contact KCNA at kcnurses@kcnurses.org or call 206-545-0603.

KCNA Awards Mini-Grants: KCNA provided two $500 mini-grants to nurse members who coordinated community health events. This was the first year of the mini-grant program, which funded nurses who joined with a local nonprofit organization to coordinate the events. KCNA will award three $500 mini-grants in 2000–01. If you are interested in finding out about applying for a 2000–01 Mini-Grant, RSVP to attend the informational meeting Oct. 17, 2000, by contacting KCNA at kcnurses@kcnurses.org or call 206-545-0603.

Mini-grant recipients Rebekah Gibbons, school nurse at Southeast Seattle Middle School, and Elizabeth Tinker, RN at Columbia Health Center, educated more than 200 sixth-graders and Rainier Valley children about bicycle safety April 4, 2000. Activities included distributing more than 100 donated helmets, providing bicycle safety instruction, and conducting a poster competition. The event was coordinated with Harborview Injury Prevention and Research Center, Wash. Traffic Safety Commission, Wash. Trauma Society, and Columbia Health Center. Seattle Pacific University students discussed wearing helmets to prevent head injury and lead an in-service for Columbia Health Clinic staff. Gibbons and Tinker gave 26 helmets to a preschool for the developmentally challenged at Dunlap School. The group will continue collecting donations to establish an ongoing southend community helmet resource.

KCNA also co-sponsored a Community Health Fair attended by 150 people May 20, 2000, in SeaTac. KCNA member Linda Baker received a KCNA mini-grant to coordinate the event to increase the community's knowledge of health resources and provide health and safety information, including hands-on education such as planning nutritious meals. The community primarily consists of low-income families, with 45 percent of the children in the area participating in free or reduced-fee lunch programs.

Activities included assistance with health care and insurance issues, immunizations, blood pressure and cholesterol screenings, and child care. Interpreters were available. Baker collaborated with more than 20 groups, including firefighters, libraries, schools, social services organizations, and Prince of Peace Lutheran Parish, which hosted the event.

KCNA congratulates Gibbons, Tinker, and Baker for their hard work in coordinating these projects to bring nursing to the community.

S. Lynn Brengman, BSN, RN, MBA article published

Lynn Brengman, has written an article, printed in the September /October issue of the Journal of Maternal Child Nursing for its feature column, "Second Opinion." Writing for the Pro position, Brengman addresses the subject, "Do Unions Promote Quality Nursing Care?" Her article identifies not only the economic protections accorded to nurses under contract but points out the advantages for patients of SNA- negotiated contracts which also address non-economic issues and ethical and practice issues so important to patient care. Lynn, a childbirth center nurse, is employed at St. Joseph Hospital and is a WSNA local unit grievance officer.

Late Breaking News from ANA

Two new important legislative initiatives have been introduced in Congress in large part due to effective lobbying by the American Nurses Association. More information can be found on these initiatives on ANA's website NursingWorld.

Health and Safety: HR 5178, The Needlestick Safety Prevention Act was introduced by Representative Major Owens (D-NY), would provide for needlestick protections under OSHA.
www.nursingworld.org/pressrel/2000/pr0915a.htm

Mandatory Overtime HR 5179, Registered Nurse and Patients Protection Act, introduced by Representative Tom Lantos (D-CA), would amend the Fair Labor Standards Act and would limit the number of hours licensed health care workers, including RNs are forced to work.
www.nursingworld.org/pressrel/2000/pr0915b.htm

Honored

Susan Woods, PhD, RN, has been nominated as a new Fellow of the American Academy of Nursing. Woods will be inducted at the Academy's Annual Meeting Nov. 4, 2000. Woods, a member of KCNA and Associate Dean for Academic Programs and Professor of Biobehavioral Nursing and Health Systems at the University of Washington, was the only nurse from Washington to be honored this year.

In Memoriam

Julia Crose – who served as King County Nurses Association's first Executive Director from 1948-70, passed away July 31, 2000. She was 94 years old. Crose was remembered by her great nephew, Merrill Oster: "This woman who grew up on a farm in Iowa, went on to be a leader of nurses worthy of her special attention."

Crose came to Seattle from Council Bluffs, Iowa. She worked at Swedish Hospital, and served as Head Nurse at Harborview Hospital. She also served as a recruitment secretary for the Red Cross during World War II, certifying nurses in Washington State.

She was a pioneer in nursing, formulating the second contract with the Seattle Area Hospital Council in 1946, dropping the work week from 48 to 40 hours, and increasing base pay from $160 to $200 per month.

Crose was active in many organizations, including the Florence Nightengale Orthopedic Guild, which she organized; the Municipal League Public Health and Assistance Committee; the Seattle Mental Health Institute; and the Seattle Committee on Alcoholism.

Crose was honored as Nurse of the Year by KCNA in 1960 for her work in increasing nurse membership to more than 3,000. Her association activity was exemplified by her participation in every ANA National Convention during her tenure as Executive Director.

Remembrances may be made to Children's Orthopedic Hospital

Mary K. Boozer – A celebration of life was held for Mary K. Boozer on Wednesday, August 30, 2000. Mary was born July 2, 1925, in Idaho Falls, Idaho and died on August 9, 2000. She is survived by three sisters, one brother, many nieces and nephews, and a large number of friends.

Mary retired from the University of Washington School of Nursing as an Associate Professor Emeritus in 1987. A multitude of baccalaureate and Masters degree students plus faculty and staff were the beneficiaries of her distinguished career as an educator and mentor. A memorial service has been held in Idaho Falls.

Contributions in Mary's honor may be given to the Salvation Army or charity of your choice.

Barbara Jo Fellows – who devoted her life to the profession of nursing, ended her noble journey the same way she lived it. Surrounded by friends, Barbara's life ended peacefully on September 8, 2000 after a long struggle with multiple sclerosis. Barbara was born on August 18, 1935 and graduated from UCLA School of Nursing in 1958. She moved to Seattle in 1960 where she earned her master's degree in nursing administration at the University of Washington. Shortly after, began an exemplary 30-year career pioneering the role of Clinical Nurse Specialist at University of Washington Medical Center, initially as the CNS working closely with Dr. Belding Scribner in the world's first chronic, hemodialysis unit. She was a leader in teaching dialysis treatment to physicians and nurses from all parts of the world. Barbara played a key part in the multidisiplinary team that developed peritoneal dialysis and home dialysis programs. Barbara further established the importance of the CNS role in the newly developing specialty of enterostomal therapy.

Barbara served as Secretary and Board member of WSNA in the late 60's and was named the King County Nurse of the Year for her many outstanding contributions to the nursing profession.

Barbara is survived by her faithful friend and companion, Helon Hewitt along with several nieces and nephews and her beloved German Shepards, Kassie, Vicki and Abby.

Remembrances may be sent to the Multiple Sclerosis Association.

COMPASS Health

Compass Health, a large multidisciplinary behavioral health organization located north of Seattle, has full and part-time openings for RNs and ARNPs with psychiatric experience. Prescriptive authority required for ARNPs. Also seeking full-time Nurse Supervisors for inpatient facilities. Wages DOQ with excellent benefits.

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Questions?
Contact Vicky Barnes at 425-349-8442 or visit us on the web at *www.compasshealth.org.*

Continuing Education Calendar

October 26 through January, 2001

This calendar is a listing of continuing education offerings that have been approved through WSNA or another ANCC approval mechanism.

If you wish to apply for WSNA approved contact hours, please request the Guidelines Packet for Continuing Education Approval ($30 fee), payable to WSNA, 575 Andover Park West, Suite 101, Seattle, WA 98115 206/575-7979. WSNA is accredited as a provider and approver of continuing education in nursing by the American Nurses' Credentialing Center.

A. University of Washington Medical Center,
Ericka Jackson, Conference Coordinator
Box 356076, Seattle, WA 98195
206/598-4065

B. Pacific Lutheran University
Center for Continued Nursing Learning
Tacoma, WA 98447
253/535-7683

C. Edu-Center for Nurses
677 Ala Moana Blvd. Suite 912
Honolulu, Hawaii 96813
808/599-7735

Keep informed on the newest CE offerings by calling the CE Hotline on the WSNA Information Bulletin Board at 206/575-7979 or 800/231-8482.

Keep informed on the newest CE offerings by calling the CE Hotline on the WSNA Information Bulletin Board at 206/575-7979 or 800/231-8482.

October, 2000:
Innovative Education for the New Century; October 26-29; St. Louis; Contact Hours: Vary; Fees: TBA; Contact Villanova University: 610-519-4930.
Pain: The Fifth Vital Sign; Oct. 26; Tacoma, WA; Contact Hours: 6; Fees: $79; Contact: B.
Herbs & Medicine: Do They Mix? Oct. 27; Tacoma, WA; Contact Hours: 7.5; Fees: $89; Contact: B.

November, 2000:
1st Annual Oncology Nursing Society Institutes of Learning; November 3-5; Charlotte, North Carolina; Contact Hours: Vary; Fees: TBA; Contact: ONS: 412-921-7373.
Diagnosis and Treatment of Anxiety and Panic Disorder; Nov. 2-3; Holyoke, MA; Contact Hours Pending: 15.6; Fees: $200-$300; Contact: The Behavioral Technology Transfer Group: 206-675-8588.
Sigma Theta Tau Research Program; Nov. 11; Tacoma, WA; Contact: 253-535-7695.
Critical Care Potpourri; Nov. 11; Honolulu, HI; Contact Hours: 7.8; Fees: $132; Contact: C.
Spanish Medical Terminology; Nov. 16; Tacoma, WA; Contact Hours: 7.5; Fees: $89; Contact: B.
Geriatric Assessment; Nov. 17; Tacoma, WA; Contact Hours: 7.5; Fees: $89; Contact: B.

December 2000:
Pharmacotherapeutics for ARNPs; Dec. 1; Tacoma, WA; Contact Hours: 7.5; Fees: $109; Contact: B.
Adult Medical-Surgical Refresher for RNs; Please contact B to request packet of information.
11th Annual Perinatal Nursing Conference: Ethics and the Law as it is Related to Perinatal Care; Dec. 1; Honolulu, HI; Contact Hours: 7.3; Fees: $132; Contact: C.
Basic EKG Interpretation; Dec. 1-2; Honolulu, HI; Contact Hours: 13.4; Fees: $243; Contact: C.

January 2001:
Adult Medical Surgical Nursing Procedures; Jan. 2-5; Tacoma, WA; Contact Hours: 25; Fees: $439; Contact: B.

INDEPENDENT SELF STUDY COURSES:
Home Study Course to Meet HIV/AIDs Certification; Contact Hours: 4 or 7; Fees: $56 - $80, Contact: Health Impact 1-800-783-2437.
Simms vs. ABC Hospital: A Nursing Negligence Law Suit; Contact Hours: 30; Fees: $200; Contact: Creative Education Unlimited, LLC, 888/545-9991.
Smith vs. ABC Hospital: A Nursing Negligence Law Suit; Contact Hours: 30; Fees: $200; Contact: Creative Education Unlimited, LLC, 888/545-9991.
AALNC Professional Legal Nurse Consulting Course; Contact Hours: 14.4; Fees: $300-950; Contact AALNC: 877-402-2562.

Nurse Staffing Information on the WEB

Like you, nurses everywhere are concerned about adequate staffing. Worried about complaints to the Nursing Commission and threats to your licenses, you seek to end mandatory overtime. In your struggle to draft compelling arguments to adopt one staffing model over another, try searching the numerous web sites devoted to staffing-related issues.

If your Practice Committee is grappling with defining and measuring nursing care intensity, you should start with ANA's Web site (*http://www.nursingworld.org/*). Using the search tool on the main page, type in "staffing" to produce a list of over 400 references available in ANA's web database. One of the most useful is ANA's document "*Principles of Nurse Staffing*". It is a guide to changing from a technical approach (time and motion) to considering the complexity of a nursing unit's activities and the levels of nurse competency needed to ensure quality of care.

Lippincott's Nursingcenter (*http://www.nursingcenter.com*) contains text from eleven journals. There, if you type in "staffing", a list of over 50 full text articles and abstracts from 1996 to June 2000 is produced, some of which offer CE credit.

No one has to tell you about the connection between staffing levels and patient safety. In 1999, the Institute of Medicine (IOM) released "*To Err Is Human: Building a Safer Health System*" (*http://www.nap.edu*). If you missed the editorial, "Oops!" in response to that article in the June AJN, you can find the text on the Lippincott site listed above, along with the webcast presentation on "*Practice Errors: Creating a Culture of Safety*" (under the section, "Surveys and Presentations"). The introduction lists the computer system requirements for you to experience the Webcast, as well as links to valuable background materials and articles.

Another resource in your fight for patient safety is the 1995 position paper by ANA, "*The Right to Accept or Reject an Assignment*." You can find it on ANA's site (*http://www.nursingworld.org/readroom/position/workplac/wkassign.htm*).

The American Association of Colleges of Nursing web site (*http://www.aacn.nche.edu/Media/NewsReleases/jamarlwb.htm*) often contains responses to current topics, including a recent press release prompted by a commentary and an article on the nursing shortage, which appeared in the June 14th issue of JAMA. You will find a link in the press release to Peter Buerhaus's article "*Implications of an Aging Registered Nurse Workforce*."

Contact the President of Northwest Organization of Nurse Executives (*karenh@wsha.org*) to find out more about their October conference in Reno, "A Rational Revolution: Beyond Staffing Ratios." Barbara Trehearne, PhD, RN, of Group Health Cooperative will speak on Past and Present Forces Driving the Search for Staffing Solutions.

Barbara Holz Sullivan, MSN, RN
WSNA Practice & Education Specialist

Next Issue: Web Sites on Competency

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