

THE WASHINGTON NURSE

CONTENTS

SUMMER 2002
VOLUME 32 NO. 2

Calendar of Events	2
In Focus	3
ANA House of Delegates Meet ...	7
UAN National Labor Assembly ..	9
Nurse Reponse Team Established	10
WSNA Board Action	11
WSNA Genaral Assembly/ Convention/Summit-2003	13
Call or Awards 2003-Nominees	14
2002-2003 Dues Rate Schedule	17
Letters to the Editor	18
WSNF 2002 Funding Report	19
WSNF Scholarship Awardees ...	21
Nurse Camp-SPU	22
In Memorium	23
Nursing Practice Update	25
WA State Strategic Plan for Nursing	28
2002 Leadership Development Conference Agenda	31
Nursing News Briefs	34
Linkages	37
New Members	39
District News	42
Continuing Education	44

WSNA Represented at ANA Convention



WSNA 2002 Leadership Development Conference

September 29th-October 1, 2000

Registration Form-Page33

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THE WASHINGTON NURSE

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Summer 2002

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ARTICLE SUBMISSION DEADLINES

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

Calendar of Events

August 2002

29 WSNA PAC Board of Trustees

September 2002

2 Office Closed - Labor Day
14 CEARP Committee
28-29 Cabinet on Economic and General Welfare - Lake Chelan
30 Local Unit Leadership Training—Lake Chelan

October 2002

1 Local Unit Leadership Training—Lake Chelan
19 Finance Committee Meeting
19 Executive Committee Meeting
19 Professional Nursing and Health Care Council Meeting
26 Constituent Representative Council Meeting

November 2002

1 Washington State Nurses Foundation Board of Trustees Meeting
22-23 WSNA Board of Directors
28-29 Office Closed—Thanksgiving

December 2002

23-27 Office Closed for the Christmas Holidays

Important Dates

Sept 28 - Oct 1

2002 Leadership Development Conference,
Lake Chelan, WA

May 2 - 3, 2003

2003 WSNA Convention Summit "From Common Ground to Common Dreams", DoubleTree Suites, South Center, WA

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On April 18, 2002, The Wall Street Journal published an article by David Wessel titled "Why Battle Over Nurse Credentials Matters." Concerned about the nursing shortage, Mr. Wessel made some comments about nursing and nursing education that concerned me. Mr. Wessel concluded his article that, "... the goal here isn't what's best for nurses or nursing schools. It is how to get nurses with the education skills, experience and personalities to care for us when we are at our most vulnerable. Whatever works." As I had the privilege to speak to three different district associations during **Nurses Week**, I created my talk as a letter to Mr. Wessel in response to his column.

Dear Mr. Wessel:

As President of the Washington State Nurses Association, I spend much of my time advocating for nurses and nursing. I am one of the 38% of nurses you wrote about who has a bachelor's degree as my entry education into nursing. And in the interest of full disclosure, I have a master's degree that was preparation for being a family nurse practitioner and a Ph.D. in health policy. Perhaps it is because I have this additional education that I strongly disagree with your analysis about the battle over nursing credentials.

What I believe is at the core of your opinion that "whatever works" in terms of education for nurses is the misunderstanding that: "An RN is an RN." I venture to say that I also believe that if 95% of nurses were men instead of women you would never put that opinion forward. But let's begin with an analysis of the statement that *an RN is an RN*.

I have not worked in a hospital

since 1977. I assure you that while I am an RN, you certainly would not want me taking care of you if you were in the Intensive Care Unit. Nor would you want me taking care of anyone you know or love who is hospitalized. I have worked in a variety of nursing positions and in primary care for most of my career and have limited knowledge of the current medications, technologies, and systems used to deliver care in hospitals. I also know that a nurse who works in the neonatal intensive care unit is not appropriately prepared to work in the post-anesthesia recovery unit and a nurse who works with women in Labor and Delivery is not prepared to work on a neurology unit. Any good nurse knows that you need additional education and preparation to work on a different unit. Nurses fight all the time to prevent mandatory floating from unit to unit unless there is cross training in advance of the new assignment.

I suspect that the chief clinical officer you quote in your article that works at St. Luke's in Cedar Rapids, Iowa is not a nurse and if she is, she misrepresents nurses. To say you don't pay for entry-level bedside nurses differently because they are "doing the same job" misses the point. Nurses don't all do the same job—but every job that is done is as valuable as every other job. Also, how would you entice nurses to work in Labor and Delivery if you paid Emergency Department Nurses more money? Nurses, who are often the main wage earner of a family, would gravitate to jobs that paid them higher wages. Why work for \$16.10 an hour if another job pays \$18 an hour? While nurses do receive an additional amount for working evenings, nights,

weekends or holidays, that benefit accrues to any nurse working on any unit, is a benefit agreed to by the staff nurses, and is used to provide an incentive for working shifts that are harder to fill.

However, if all the bedside nurses are doing the same job, why does St. Luke's and the VA require that only RNs with bachelor's degrees can move beyond the first rungs of the career ladder? Nurses who provide direct care are not less important than nurses who serve in management or education. As I said before, RNs do different jobs but they are all valuable. Different jobs, however, may require different preparation. So the argument you cite as being made by proponents of four-year education that nurses need more education to be prepared for the modern hospital may have some validity.

Now let me clarify something else I believe you misrepresent. The debate about educational preparation is not about whether nurses need two or four years of education. Nurses with an ADN do not have two years of education. They generally spend a year completing prerequisites for their nursing program before entering the two-year ADN program. Why don't more nurses get a bachelor's degree to begin with? First, despite a need for more nurses, demand far outstrips available openings in nursing programs. In Washington State there are a limited number of nursing programs and the state colleges and universities have far more qualified applicants than the programs are able to accept. Last year the University of Washington, for example, had 316 applicants for 84 slots in its BSN program. Competition for entry into Spokane Community College had 300 applicants for 65 slots. A person



In Focus

who desires nursing and cannot gain acceptance to a state college or university can apply to a private university; however, the difference between tuition in a public and private university can be more than \$10,000 a year. Many people who wish to enter nursing cannot afford private education and are unable to assume the debt that option would create.

You quote a director of a community college nursing program as asking why we would want to push the bachelor's degree as the minimum entry into nursing when we have a shortage. Let me ask this. If a shortage of doctors existed would you advocate decreasing the educational requirements? Let's examine that idea further. We could take the logic that an entry-level nurse is like any other and extrapolate to physicians. An entry-level physician is like any other so why do we require them to get extra education through residencies and fellowships. Perhaps we should go one step further. Since many physicians specialize, why not decrease their education to focus only on the area of interest. After all, I don't know any obstetricians who do otolaryngology or dermatology or gastroenterology, so we could just let them focus their education on their specialty area. Surgeons would only need to learn surgery, ear nose and throat specialists could omit any education related to the body below the neck, pulmonologists could only learn about the lungs and cardiologists would only need to learn about the heart. Think of the money the health care system would save if medical education needed to fully prepare students interested in family practice and internal medicine! While I write

this tongue-in-cheek, I wonder how you would think about medical education if a shortage of physicians existed.

I would encourage you to have a longer vision of nursing and health care than the here and now. There has been a downsizing of hospitals over the last two decades and fewer nurses work in hospitals than did two decades ago. More care is being provided in the community and in long-term care facilities. Nurses who work in hospitals are taking care of sicker patients while many who are less ill are discharged to skilled nursing facilities or home where they receive home care or hospice care for the terminally ill. The issue with nursing education is not whether nurses are prepared for nursing today but are nurses prepared for nursing tomorrow?

I will tell you that I believe nursing has not done a good enough job at predicting the needs of the present and the future. But that was then and this is now. I can tell you, Mr. Wessel, that this nursing shortage has motivated nursing leaders across the nation to take charge and prepare for the future. Nursing leaders in 15 states have established Centers for Nursing to facilitate solutions to the nursing shortage and to reinvent nursing for the future. Let me explain a few of these changes. The Washington Nursing Leadership Council just concluded its Nursing Summit at which the Washington Strategic Plan for Nursing was presented. Nursing leaders announced important commitments that demonstrate our seriousness in being the leaders who solve the problems and take charge of the future. The Washington State Nurses Foundation committed \$10,000 to fund the Center for

Nursing. The Dean of Nursing at Seattle University secured a commitment from the University's provost to provide one year of free office space to house the Center. The Washington State Nurses Association committed to pro bono legal work to develop the article of incorporation for the Center.

Solving the nursing shortage is about both recruitment into nursing and the retention of the nurses who are already committed to nursing. I have been an educator for 6 years and have seen the changing profile of nursing students. Many nursing students don't enter at age 18 and have parents paying their way. Many students are parents, single heads of household and besides going to school need to work, help children with homework, and figure out how to pay bills that pile up because they can't work enough and fulfill all their other responsibilities. When these students who are in ADN programs finish their education, it is challenging to go on for a bachelor's degree unless someone pays the way as there are student loans to pay off in addition to the opportunity cost of taking time off from work to continue your education. Let's be clear about one thing. *Nurses are NOT anti-education.* Nurses know that the profession requires them to be life long learners. As knowledge changes, nurses continue their education to assure they are capable of providing, safe, quality evidence based care.

The average age of the nurse in Washington is now 43 and less than 6.5% of nurses in Washington are under the age of 30. In Washington, only 54% of nurses working are estimated to work full time. As nurses get older it is harder to work a 12-hour day and 40-plus hour

work week. On June 13, 2002 a law prohibiting mandatory overtime went into effect in Washington, so hospitals can no longer force nurses to work overtime. Many nurses used to refuse to answer their phones on a day off for fear it might be the hospital calling them to work. Some nurses had to choose between the possibility of being charged with patient abandonment when a supervisor required them to work or working when tired and feeling unsafe to practice.

Here are a few things that would help nurses and the nursing profession meet the needs of today and the future:

First, hospitals can pay the tuition of students in exchange for a commitment to work in the hospital for a specified number of years. It isn't enough to provide tuition reimbursement once you are hired.

And if you really want to help nurses gain additional education, gave them paid time off in addition to tuition reimbursement.

As nursing faculty shortages also exist, hospitals and health care organizations could pay for their staff to be a clinical faculty for nursing programs.

Let's have hospitals invest in its employees and those from their own community who would be willing to work for them in the future.

Let's encourage nurse aides and licensed practical nurses to become registered nurses.

Hospitals should stop offering sign on bonuses of \$5,000 or \$10,000 when refusing to increase the salaries of the nurses who have worked for them for years. How would you feel if the Wall Street Journal offered a new columnist a sign-on bonus and refused to raise your salary despite years of service? It might make you wonder,

as nurses do, why you spend time and energy investing in the organization and it might make you feel, as nurses do, that you are not valued or respected.

Hospitals should stop recruiting nurses from other countries and paying for their relocation. Not only does this rob the foreign country of its nursing resources but it sends the message to nurses at US hospitals that the efforts of current employees is insignificant. I guarantee more part time nurses would work more hours for a hospital if they felt their efforts were valued. Nurses no longer working in nursing might be willing to come back to hospital nursing if the hospitals invested in them the way they invest in recruiting nurses from overseas.

Nursing leaders and my state association are working hard for resources that we need to move into the future. Nurses need state and federal funding to collect data that allows the profession to evaluate current and predict future work force needs. State funded nursing programs need adequate funding to increase slots for students and increased funding for faculty, many of whom leave teaching to make more money in other areas of nursing. State colleges and universities also need funding to support new models of education. Evening, weekend, and summer intensive courses may need to supplement traditional education. Web-based and televised courses are also ways to make nursing accessible to people in more remote parts of a state.

Nurses today refuse to say that money isn't important to them. It is. Nurses are no longer willing to have a hospital say that they can pay for expensive equipment when nursing wages and benefits are

frozen or minimally increased. Nurses are unwilling to sacrifice wage increases and benefits for the "good of the institution" when CEOs of hospitals make six digit salaries. Let me remind you that your article started out by saying that anyone who spends time in the hospital knows the value of a bedside nurse. If you didn't need nursing care, your health care provider – who might be a nurse practitioner – could take care of you outside the hospital.

It is important to remember that entry into nursing is not just about the bedside nurse. Nurses entering the profession are working in health departments, hospice, clinics, long-term care facilities and other places besides the hospital. Many nurses who begin their careers in hospitals, as I did, move to community based care. Other nurses never work in hospitals. And nursing education isn't just about what you do the year you graduate. Nursing is a profession and a career for life and your education needs to prepare you for all the wonderful opportunities that will arise. While nurses in this state are not mandated by state law to obtain continuing education, they do so voluntarily and often without funding from their employer.

I am proud of the nurses who have been featured in a recent ad campaign developed by the Washington State Nurses Association in conjunction with KOMO TV and several area hospitals. These nurses speak eloquently about the satisfaction they feel when they are able to work in an environment that allows them to do their job well. They express the sentiment that they love their profession. These are nurses for whom the campaign's theme, "*Nursing, A Career for Life*", is



In Focus

real. The real key to retention of nurses is to provide them with a work environment in which they have interest, influence and investment.

Let me conclude by sharing with you that when I was a teenager, my mother told me it was more important for my brother to go to college than it was for me. After all, she said, I would marry and have a husband to support me. Well, I can tell you that she knows today how wrong that was. I didn't marry until I was 34 and while my husband and I share parenting and juggle work responsibilities, I earn more than he does. But the real

reason my mother was wrong goes beyond that. I have had opportunities to work in positions that I never dreamed possible when I entered nursing in 1974. Today I am an educator, a family nurse practitioner and consultant for a state agency. I advocate for nurses and nursing as President of the Washington State Nurses Association. Nurses who graduate today have only their imaginations to guide them in thinking about their future. I want them to be as well prepared as possible to create that future and not leave it to doctors, hospital administrators, economists, politicians or

journalists. Nurses need to be prepared for more than the bedside or they will be left behind when everyone else is deciding whether or not there will be a bedside from which to deliver care.

Respectfully,
Louise Kaplan
PhD, MN, ARNP
WSNA President



Register Today – Form on Page 33

2002 WSNA Leadership and Development Conference

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ANA House of Delegates Elect Barbara Blakeney as President

Delegates elected Barbara A. Blakeney, MS, RN, CS, ANP, of Waltham, MA, to serve a two-year term as president of the American Nurses Association during the ANA House of Delegates meeting held in conjunction with the association's Biennial Convention held June 29th-July 2nd in Philadelphia. An expert in public health practice and policy and leadership development, Blakeney is the director of health services for the homeless at the Boston Public Health Commission. Previously she was the principal public health nurse for homeless services and addiction services at the Division of Public Health, Department of Health and Hospitals in Boston, MA. Blakeney also held the position of primary care nurse practitioner at Amherst Medical Associates in Amherst, MA, and Boston City Hospital. Blakeney has held numerous ANA positions including first vice president, chair of the Committee on Bylaws, member of both the Reference and Nominating Committees, and she served two terms as ANA second vice president. At the state level, she served as vice president and president and later as treasurer of the Massachusetts Nurses Association (MNA), when it was an affiliate of the ANA.

Other ANA Board Members elected to serve two-year terms as officers of the Board include Patricia S. Yoder-Wise, EdD, RN, CNAA, FAAN, of Lubbock, TX, a professor at Texas Tech University Health Sciences Center, who was elected as first vice president; Mary L. Behrens, MSN, RN, FNP-C, of Casper, WY, a family nurse practitioner in collaborative practice, who was elected as second vice president; Katheren Koehn, RN, of St. Paul, MN, a staff nurse at Abbott Northwestern Hospital, who was elected as secretary; and Lola M. Fehr, MS, RN, CAE, FAAN, of Greeley, CO, president of Fehr Consulting Resources, who was elected treasurer.

The at-large board members elected include Linda Gobis, RN, FNP, JD, of Appleton, WI; Patricia Leo Holloman, BSN, RN, CNOR, of East Elmhurst, NY, (re-elected); and Frank D. Moore, MSN, RN, CS, of Fountain, NC. Elected to the at-large board staff nurse positions were Rose Marie Martin, BSN, RN, OCN, of Galloway, OH; and Teresa Stone, BSN, RN, C, of Beaverton, OR, Oregon Nurses Association president and a staff nurse at Oregon Health and Sciences University (OSHU).

ANA appointed Margarete Zalon, PhD, RN, of Waymart, PA, president of the Pennsylvania State

Nurses Association and a professor at the University of Scranton, to fill the vacancy created by Mary Behrens' election to the office of second vice president. The board also appointed Anne Converso, UAN Vice Chair to a vacancy in a staff-nurse-designated seat created by Katheren Koehn's election as secretary.

Remaining on the ANA Board until 2004 are Jan Bussert, RN, of Vashon, WA, staff nurse at the Vashon Health Center; Christina L. Sieloff, RN, PhD, CNA, of Rochester, MI, an assistant professor at Oakland University School of Nursing; and Betty Smith-Campbell, RN, ARNP, PhD, of Andover, KS, an assistant professor at Wichita State University.

In other House of Delegates action, delegates failed to reach agreement on the hotly debated proposed revision of the ANA Bylaws so ANA will continue to operate under its existing bylaws until action is taken at either a special House of Delegates later this year or the next regular House of Delegates, currently scheduled for June 2003. It takes a two-thirds vote of the House of Delegates to change the ANA bylaws. Since many of the concerns about the bylaws revision had to do with money for specific programs, the delegates passed a motion instructing the ANA Board to immediately – and throughout the next year – convene a strategic partnership negotiating team charged with bringing to the next



ANA Credentials Committee member Joan Garner (left) registers WSNA delegates Judy Lyons (center) and Marty Avey (right)

HOD proposals for fair distribution of ANA resources; the proposals can be bylaw and/or financially related. The ANA HOD also passed a motion strongly recommending that the ANA-BOD consider setting the budget for the UAN for 2003 at not less than 5.4 million dollars with the increased allocation to come from sources which may include savings from headquarters

move, association reserves in excess of 25% and reimbursement of overhead from AAN and ANF.

The House passed resolutions dealing with the Nursing Profession and Disaster Preparedness; Implications of the Mature/ Experienced Workforce; Core Ideology, Envisioned Future and 2002– 2003 Strategic Goals; and The Profession's Response to the

Problem of Addictions and Psychiatric Disorders in Nursing. For complete listing and text of these and other motions and House actions go to

www.nursingworld.org/about/hod02/actions.htm

Additional information will be available in the next issue of **The American Nurse**.



Kim Armstrong, Judy Huntington, Judy Turner and Barbara Frye approach the dias during a break in the Reference Hearing



Louise Kaplan (WSNA President), Donna Poole (Delegate and Past WSNA President) and David Keepnews (WSNA member of ANA Reference Committee)

WSNA Party—WSNA Delegate CJ Welter with friends from Hawaii



Sally Hermann with outgoing ANA Treasurer Becky Patton (left) and ANA President Mary Foley (right)



Sally Hermann, Mike Knashin, Barbara Frye, Judy Huntington and Donna Poole enjoy a moment at Awards Reception

Third Annual United American Nurses Labor Assembly

Sizzles in Philadelphia

by Barbara E. Frye BSN, RN
Director of Labor Relations

Nurse labor activists from around the country traveled to the *City of Brotherly Love*, which was in the throes of a record making heat wave, anxious and ready to conduct some record setting business of their own. The nurses were elected delegates to the third National Labor Assembly of the UAN—the Union Arm of the American Nurses Association. The UAN, the largest union of registered nurses in America, was formed three years ago by the American Nurses Association to meet the ever increasing demand of RNs to unionize. WSNA delegates were led by Economic and General Welfare Cabinet Chair, Kim Armstrong (Tacoma). She was joined by E&GW Cabinet members Marty Avey (Spokane), Judi Lyons (Ellensburg) and John Tweedy (Mt Vernon); Local Unit members Holly Emmett (Tacoma), Judy Miller (Spokane), and Vicki Wonrath (Vancouver). Barbara Frye, WSNA E&GW Program Director, and Judy Huntington, WSNA Executive Director, were the staff representatives to the delegation. Also in attendance was special guest of the UAN, Stana LaPrath, from our newest Local Unit, St. Luke (Spokane). Stana was chosen by her peers to tell the St. Luke organizing story at the “spotlight on our Hero’s” portion held at the Assembly. Sally Baque (Tacoma) shared her expertise by assuming a role on the UAN Credentials Committee for the second year in a row. One half of the delegates had served as delegates at the preceding UAN Assembly, so WSNA was well represented by experienced leaders, but also able to mentor newly elected nurses to this most important role.

Delegates had all attended the delegate orientation at WSNA Headquarters on a previous Saturday, so were up to date and ready to debate the issues. One of the most critical issues facing the assembly this year were UAN goals of more autonomy, better funding, and more control over day-to-day operations that were in the form of proposed changes to the ANA bylaws. WSNA was in support of the needed changes in the bylaws giving the UAN more autonomy and increased financial support, although exactly how those changes would appear in the bylaws was a topic of spirited debate throughout the UAN and subsequent ANA House.

One of highlights of the UAN Assembly was the “Spotlight

Speakers: Our Heroes.” This section featured nurses from UAN member State Nurses Associations who had been involved in heroic situations. NYSNA nurses responding to the tragedy on September 11th in New York City, Oregon’s OHSU nurses and their valiant efforts during their 56-day strike last Christmas and our own Stana LaParth who helped organize St Luke Hospital in Spokane. These stories were inspiring, moving, and brought tears to our eyes. We stood a little taller and felt so proud to be in the company of such committed nurses. I think many of us remembered with gratitude the nurse-heroes who have inspired us and continue to inspire us back home. As a nurse from another state with tears running down her

face said, “This reminds me why I keep doing this work. I wish every nurse could have heard these stories.”

The commitment to recognize our heroes who work on behalf of nurses specifically in the collective bargaining arena, came in the form of a resolution introduced by WSNA which states: “therefore be it resolved the United American Nurses establish a UAN Nurses Hall of Fame to honor nursing leaders and “living legends” who have made major contributions to the advancement of nurses and nurse’s workplace issues and the labor movement ...” The first inductees into the hall of Fame will be honored at the 2003 UAN Labor Assembly.

Other resolutions passed

“This reminds me
why I keep doing this
work.
I wish every nurse
could have heard
these stories.”

include: Opposition to "Right to Work Policies" which instructs the UAN to oppose 'right to work' legislation where such legislation exists, to oppose the activities of 'right to work' groups who promote this anti-union strategy and urges nurses to compare compensation levels of free states vs. 'right to work' states.

A third resolution directs the UAN to develop an educational module on collective bargaining and RN union history which will be available to states to share with members.

The final resolution addressed changes in the ANA Bylaws. The UAN Executive Board members felt the resolution would make the UAN a strong, self governing and truly competitive national union; ensure that UAN is the exclusive union of ANA and receive the appropriate funding it needs to achieve these stated purposes. This resolution was passed unanimously with the plan to submit it to the ANA House of Delegates. This was necessary because UAN is an integral part of ANA and ANA bylaws would need to be changed in order to affect these changes. Despite many hours of meetings and negotiations between the ANA Board, the UAN, the Labor States coalition and the Workplace Advocacy states, we ran out of time before we could come up with an agreement that all parties could support—so the proposed bylaws were tabled. As a result, the bylaws were not changed in the ANA HOD, but needed discussion between the labor states and the non-labor states WPA (Workplace Advocacy states) and the ANA Board of a Directors did occur. Work on the needed changes will continue through the year and will come forward next year, if not

sooner.

Much work must be done in the upcoming year to ensure that the UAN continues to grow and prosper. There are many unions who have dedicated literally millions of dollars to increase their membership roles by representing registered nurses. There are hundreds of thousands of nurses not organized in this country who deserve the same workplace standards and control as do nurses who are represented by collective bargaining. We, in Washington State, firmly believe that ANA/UAN, through the state nurses associations, must continue to be

the voice for Nurses and Nursing. This requires commitment and resources, and frankly, for nurses to wake up and realize if nurses don't want to do the work, or pay the cost (in money and energy) to make sure that nurses are represented by nurses, there are plenty of other unions who would love to step in and do it for us. The WSNA Cabinet on Economic and General Welfare and the WSNA Board of Directors are united and committed to ensure that in Washington State, WSNA will remain the largest and oldest union representing registered nurses in the state. And with your help and commitment, *we will!*

ANA and HHS Establish National Nurses Response Team (NNRT) to Respond to Bioterrorism

September 11, 2001, and the Anthrax incidents that followed, were a wake up call with regard to the overall preparedness of the U.S. health system to adequately respond to a terrorist attack. As a result the American Nurses Association (ANA) in conjunction with the U.S. Department of Health & Human Services, has announced the establishment of the National Nurses Response Team (NNRT). ANA knows that U.S. registered nurses stand ready to respond. The NNRT now creates an excellent opportunity for registered nurses who on September 11 were asking themselves, "What can I do to help my country?"

The NNRT will comprise ten (10) regionally based teams of 200 registered nurses who could be called upon to assist in a mass vaccination or chemoprophylaxis campaign. As an NNRT member, you will have to complete an online continuing education course.

Additional education and training will follow once you are assigned to a team. If called to serve, team deployments would last for approximately two weeks. For more information go to the ANA website at <http://nursingworld.org/news/disaster/response.htm> Additional opportunities to volunteer are also listed at <http://nursingworld.org/news/disaster/volopp.htm>

WSNA is represented on several state committees addressing bioterrorism and is working closely with the Washington State Department of Health (DOH) and other groups to upgrade the preparedness of Washington's ability to respond to bioterrorism. DOH has developed a website to keep the health care and emergency providers and the general public updated on Washington State response plans. For more go to: <http://www.doh.wa.gov/BioTerr/default.htm>

Summary of WSNA Board Action

The WSNA Board of Directors held their regular two-day meeting on July 26-27, 2002 at WSNA Headquarters. The Board received reports from the WSNA Cabinet, Councils and Committees as well as updates from staff on other activities. Among the actions taken were the following:

- Approved the WSNA Budget for FY 2002-2003 (beginning October 1, 2002)
- Approved the WSNA-PAC Budget for FY 2002-2003
- Approved additions and editorial changes to the 2001-2003 Issues & Priorities Assignments
- Adopted "Nursing-A Career for Life" as the theme for the 2003 WSNA Convention/Summit
- Approved the WSNA Process for WSNA Resolutions and Bylaws Amendments for 2002-2003.
- Referred a recommendation from the Constituent Representative Council to the WSNA Bylaws/Resolutions Committee for consideration that current individual WSNA district structure and bylaws be replaced by a regional district structure, and that WSNA Bylaws amendments be developed for a vote at the May 2003 General Assembly
- Requested that the WSNA President communicate to ANA the WSNA Board's strong desire that work continue between now and June 2003 to refine ANA bylaws proposals and that they work to develop policies to put in place to implement areas where consensus has been reached and reach consensus in other areas that are needed.
- Established 2003 dates for meetings of the Finance and Executive Committees and Board of Directors
- Made appointments to fill vacancies on the Professional Nursing and Health Care Council and WSNA-PAC Board of Trustees
- Approved the following recommendations from the WSNA Dues Structure Task Force:
 1. Effective October 1, 2002, there shall be five categories of WSNA dues, not including Agency fee Payers:
 - Category I**
89% of statewide average base rate (Old Category A) collective bargaining members working greater than 80 hours/month
 - Category II**
75% of Category I (Old Category B) collective bargaining members working between 41 and 80 hours/month
 - Category III**
67% of Category I (Old Category F) non-collective bargaining members working greater than 80 hours/month
 - Category IV**
50% of Category I (Old Categories C, D, M, N) collective bargaining members working less than 40 hours/month; non-collective bargaining members working less than 80 hours/month; generic graduates within 6 months of graduation; or unemployed.
 - Category V**
25% of Category I (Old Category E) 62 years or age and not employed or totally disabled
 2. Recommend to the membership, a change in the annual WSNA Dues Escalator amount to 1.0 % of the average statewide fifth step rate of pay for staff nurses in WSNA represented bargaining units.
 3. Strongly recommend to the districts that they continue their work on reducing the number of district dues categories to no

[Note: the Board also recommended that Lifetime and Honorary Membership Categories be charged dues at the new Category V amount, however this will require a change in language in the WSNA Bylaws and has been referred to the WSNA Bylaws Committee for consideration. Any changes to these two categories will have to be voted upon by the membership following the 2003 WSNA Summit for consideration and would not take effect until October, 2003.]

[Note: This will be discussed at the 2003 General Assembly and then voted on by a mailed ballot of the membership. Any resulting increase would not take effect until the beginning of the fiscal year October 1, 2003.]

more than three and that an action plan be presented at the 2003 WSNA General Assembly with the goal that this plan be implemented by October 2003.

4. Rescinded a previous Board policy established June 29, 1996 of allowing members to select to pay district dues based on their

place of employment or their place of residence. In its place, the Board approved the following policy, effective July 26, 2002: "New WSNA members on payroll deduction will pay district dues based on their primary place of employment."

5. Authorized the Dues Structure Task Force to explore future membership projects for special groups of RNs not covered by WSNA collective bargaining agreements.

Mark Your Calendars!!!

2003 WSNA Convention Summit
"Nursing — a Career for Life"

MAY 2–3, 2003
DoubleTree Guest Suites, South Center
Seattle, WA

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WSNA General Assembly/Convention/Summit–2003

SEEKING NOMINATIONS FOR WSNA ELECTED OFFICES—WSNA is seeking nominations for elected offices. Elections will occur by mail ballot following the WSNA General Assembly/Convention/Summit to be held May 2-3, 2003, at the DoubleTree Suites at Southcenter in Tukwila. Each candidate for WSNA office must complete a *Consent to Serve* form and a written statement on his or her stand on WSNA programs. All WSNA members are eligible for office, however, candidates for the Cabinet on Economic and General Welfare (CEGW) and the Cabinet on Economic and General Welfare Nominating Committee must be members of a WSNA bargaining unit or be bargaining unit eligible. Candidates for delegates to the 2004-2005 ANA United American Nurses (UAN) National Labor Assembly must be WSNA members of a bargaining unit represented by WSNA throughout the term of office as a UAN delegate. ***Deadline for receipt of nominations at WSNA Headquarters is November 1, 2002.***

For more information, or to request a *Consent to Serve* form, contact Barbara Bergeron at WSNA, telephone 206-575-7979, ext. 3024, or e-mail bbergeron@wsna.org.

The following offices are open to candidates and unless otherwise indicated, all offices are two-year terms:

Board of Directors (11 members):

President (1)
Vice President (1)
Secretary/Treasurer (1)
Directors At-Large (3)
Directors At-Large Staff Nurse
(2)

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

WSNA Nominations Committee (3 members)

Candidate receiving highest number of votes is the Chair.

Cabinet on Economic and General Welfare (7 members)

Chair (1)
Members (6)

Cabinet on Economic and General Welfare Nominating Committee (3 members)

Candidate receiving highest number of votes is Chair.

Legislative and Health Policy Council (4 to be elected)

Chair (1)
Members (3)

Professional Nursing and Health Care Council (7 to be elected)

Chair (1)
Members (6)

Delegates to ANA/UAN

Delegates to 2004-2005 ANA House of Delegates meetings
Delegates to 2004-2005 ANA UAN National Labor Assembly meetings

CALL FOR PROPOSED AMENDMENTS TO WSNA BYLAWS—Deadline for receipt of proposed amendments to the WSNA Bylaws at WSNA Headquarters is ***October 1, 2002***. Following receipt of proposed amendments, the WSNA Bylaws Committee will meet to review proposed amendments. The committee's recommendations will be submitted to the WSNA Board of Directors for Approval. The Board-approved changes will be printed in the Winter 2003 issue of **The Washington Nurse**, and be submitted to the 2003 WSNA General Assembly for consideration at the WSNA Convention/Summit to be held May 2-3, 2003 at the DoubleTree Suites at Southcenter, Tukwila. The proposed bylaws amendments will be presented and debated at the General Assembly meeting and sent to the membership for adoption by mailed ballot.

CALL FOR PROPOSED NON-EMERGENCY RESOLUTIONS—Deadline for receipt of proposed non-emergency resolutions at WSNA Headquarters is ***November 1, 2002***. The WSNA Resolutions Committee will meet following the deadline to consider any proposed non-emergency resolutions that may go before the WSNA General Assembly, May 2-3-2003. Any individual member or constituent group of WSNA may submit proposed resolutions. The resolutions form must be completed, including the cost impact. To receive a copy of the procedural guidelines and/or resolutions form, call WSNA at 206-575-7979.

2003 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 2003 WSNA recognition awards. *Nominations must be received at WSNA no later than January 17, 2003.* The awardees will be notified in March 2003. The awards, given only every two years, will be presented at a special awards reception at the 2003 WSNA Convention/Summit to be held May 2-3, 2003 at the Doubletree Suites at Southcenter, Seattle.

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 some of 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 that 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 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 members 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.

2003 WSNA Awards: Call for Nominees

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

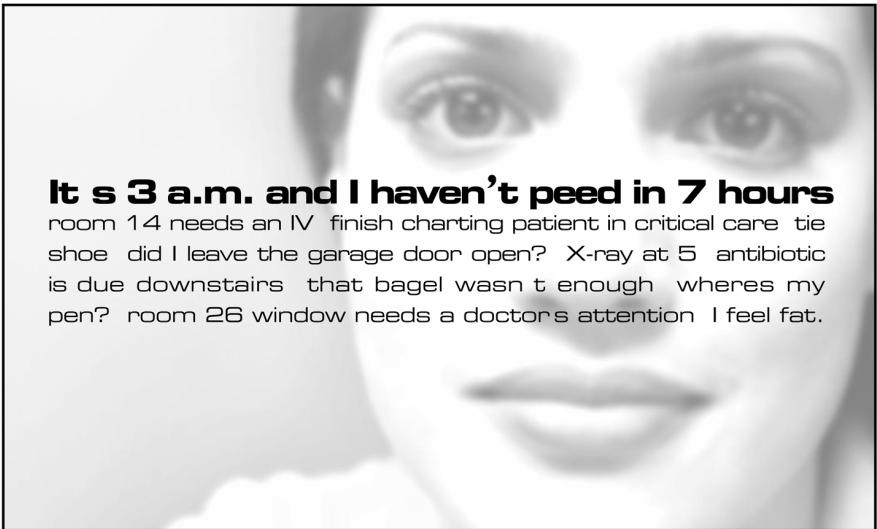
This award is presented to an individual to recognize excellence in ethics and human rights.

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.

Research Award

The purpose of this award is to recognize excellence in nursing research that addresses practice issues. Individuals and/or groups are eligible for the award. The awardee(s) may be asked to present the research in a poster or presentation at the WSNA Summit, and/or to write a brief summary of the work for **The Washington Nurse**.

1. The nominee must be a current WSNA member. If the nominee is a group or team, at least one member of the group must be a WSNA member.
2. The research conducted by the nominee must have taken place in a practice setting and must have direct practice implications.
3. The nominee must have demonstrated sound research procedures including the protection of human subjects.



It's 3 a.m. and I haven't peed in 7 hours

room 14 needs an IV finish charting patient in critical care tie shoe did I leave the garage door open? X-ray at 5 antibiotic is due downstairs that bagel wasn't enough wheres my pen? room 26 window needs a doctors attention I feel fat.

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2002–2003 Dues Rate Schedule

Effective October 1, 2002

WSNA dues are adjusted annually on October 1st each year based on a formula approved by the membership in 1991. The formula is based on the statewide average of the base wage rate for RNs in WSNA represented bargaining units. This calculation is made on existing contracts in effect on July 1 each year. The average monthly salary is multiplied by a dues adjustment factor of 0.89% and again by 12 to determine the figure for the annual WSNA portion of the dues (total dues include WSNA, ANA and District dues). The amount of the annual dues increase for 2002–2003 is 6.11% (\$1.74 per month for members who work full-time in our highest dues-paying category). Members who work less than 80 hours per month, are retired or not represented for collective bargaining may qualify for one of the reduced dues categories. Below is the updated WSNA dues rate schedule, effective October 1, 2002. ***If you are currently a member and have had a change in your employment situation, please contact the WSNA Membership Department at 800-231-8484 or 206-575-7979 ext. 3025. Please note: It is the member's responsibility to notify WSNA in writing of any changes in address, employer, FTE status, layoff or leave of absence. Write to: Washington State Nurses Association, 575 Andover Park West, Suite 101, Seattle, WA, 98188.***

MEMBERS COVERED BY A BARGAINING UNIT

DISTRICTS	CATEGORY I			CATEGORY II			CATEGORY IV		
	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1-6-8-17-18	489.60	164.53	40.80	367.20	123.73	30.06	244.80	82.93	20.40
2	543.12	182.37	45.26	407.52	137.13	33.96	271.68	91.89	22.64
3	498.24	167.41	41.52	373.68	125.89	31.14	249.12	84.37	20.76
4	505.68	169.89	42.14	379.20	127.73	31.60	252.96	85.65	21.08
5-15	484.56	162.85	40.38	363.60	122.53	30.30	242.40	82.13	20.20
7	490.08	164.69	40.84	367.68	123.89	30.64	245.04	83.01	20.42
9-12	497.28	167.09	41.44	372.96	125.65	31.08	248.64	84.21	20.72
10-13	487.20	163.73	40.60	365.52	123.17	30.46	243.60	82.53	20.30
11	499.68	167.89	41.64	374.88	126.29	31.24	249.84	84.61	20.82
14-98	479.76	161.25	39.98	360.00	121.33	30.00	240.00	81.33	20.00
16	494.64	166.21	41.22	371.04	125.01	30.92	247.44	83.81	20.62

MEMBERS NOT COVERED BY A BARGAINING UNIT

DISTRICTS	CATEGORY III			CATEGORY IV			CATEGORY V		
	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1-6-8-17-18	371.04	125.01	30.92	244.80	82.93	20.40	122.40	42.13	10.20
2	424.32	142.77	35.36	271.68	91.89	22.64	135.84	46.61	11.32
3	379.44	127.81	31.62	249.12	84.37	20.76	124.56	42.85	10.38
4	386.88	130.29	32.24	252.96	85.65	21.08	126.48	43.49	10.54
5-15-28	366.00	123.33	30.50	242.40	82.13	20.20	121.20	41.73	10.10
7	371.52	125.17	30.96	245.04	83.01	20.42	122.64	41.21	10.22
9-12	378.48	127.49	31.54	248.64	84.21	20.72	124.32	42.77	10.36
10-13	368.40	124.13	30.70	243.60	82.53	20.30	121.92	41.97	10.16
11	380.88	128.29	31.74	249.84	84.61	20.82	125.04	43.01	10.42
14-98	360.96	121.65	30.08	240.00	81.33	20.00	120.00	41.33	10.00
16	376.08	126.69	31.34	247.44	83.81	20.62	123.60	42.53	10.30

* Installment payments include a handling fee of \$3.99 per year

** ONLY Payroll Deduction or EFT payers may use the monthly payments schedule.

CATEGORY DESCRIPTIONS:

- I Employed an average of more than 80 hours a month and working in a bargaining unit facility.
- II Employed an average of more than 40 hours and LESS than 80 hours a month and working in a bargaining unit facility.
- III Employed an average of 80 hours a month and **NOT** covered by WSNA collective bargaining.
- IV Employed an average of less than 40 hours a month and working in a bargaining unit facility **OR** Generic Graduates within 6 months of graduation (for the 1st year of membership ONLY) **OR** Employed less than 80 hours per month and **NOT** covered by WSNA collective bargaining **OR** Unemployed.
- V 62 years of age and not employed or totally disabled

WSNA DISTRICTS

01=Whatcom	06=Yakima City/N. Yakima	11=Clark/Skamania	16=Skagit/Island/San Juan
02=King	07=Chelan/Douglas/Grant	12=Clallam/Jefferson	17=Kitsap
03=Pierce	08=Grays Harbor	13=Thurston	18=Kittitas
04=Spokane/Adams/Lincoln/Pend Oreille	09=Snohomish	14=Whitman	98=All Others
05=Walla Walla/Columbia	10=Wakiakum/Cowlitz	15=Benton/Franklin	



Letters to the Editor

Dear Editor:

As reports throughout the nation about the critical need for registered nurses mount, Congress is missing the opportunity to attract people into the nursing profession—and our patients are paying the price. As a practicing RN, I am well aware of the results of nurse shortages; the guilt I feel when patients do not get the best possible care, the exhaustion I feel after a long, hurried shift, the fear that understaffing will lead to an avoidable tragedy. Yet, despite these threats to patient care, Congress is letting the Nurse Reinvestment Act—legislation that would address the growing shortage of nurses—languish in conference.

Several recent studies have confirmed that the number of practicing RNs is not keeping pace with the needs of an expanding and aging U.S. population. The fact is that fewer young people are entering the profession, while an increasing number of our aging RNs are leaving the bedside.

At the same time, recent studies have highlighted the critical problems caused by insufficient nursing care. Both the American Nurses Association and the Health Resources and Services Administration

have conducted studies demonstrating the relationship between adequate nursing care and better patient outcomes. Another study released by the Centers for Medicare and Medicaid Services in February states that nine out of ten nursing homes lack adequate nursing staff.

Insufficient nurse staffing has been tied to increases in bed sores, urinary tract infections, sepsis, and weight loss in nursing home residents. Hospitals report that lack of nurses has led to emergency department overcrowding, emergency department diversions, increased wait times for surgery, discontinued patient care programs or reduced service hours, delayed discharges, and canceled surgeries.

Clearly, something must be done to attract more people into the worthwhile profession of nursing. Both the U.S. Senate and the U.S. House of Representatives have taken the first step in addressing this crisis by passing legislation to provide loans, scholarships and other support for nursing students. But they have not finished the job. The Nurse Reinvestment Act must be conferenced and enacted. Our patients are waiting.

I am one of those who are in the aging nursing population who is looking at retirement in the next few years. There are a lot of us in this category and when you look at the rural setting where the numbers of available nurses are small anyway, when you lose a few at the same time, as will be the case in our hospital, it amounts to a larger percentage than in larger hospitals and takes the expertise and leadership out of the picture. We need to do what we can to fill those ranks in the next few years before us “Baby Boomer” nurses leave the field for others and hope they are there to fill our shoes. It currently does not look hopeful that the patients will get the care they did in the past due to the lack of people entering the field of nursing as a bedside career.

Sincerely,
Linda Graves, RN
ED Director at Kittitas Valley
Community Hospital

[**Editor's Note:** As of July 30, 2002, The Nurse Reinvestment Act was signed into law by President Bush. Now the challenge is to assure that Congress appropriates sufficient funds to implement the Act]

Mark Your Calendars!!!

2003 WSNA Convention Summit
“Nursing — a Career for Life”

MAY 2–3, 2003
DoubleTree Guest Suites, South Center
Seattle, WA

WSNF Report on 2002 Funding Activities

Thanks to the generosity of WSNA members and others, the Washington State Nurses Foundation (WSNF) was able to fund:

- Eight \$ 1000 scholarships to student nurses. One of these scholarships is in honor of Delores "Deo" Little
- Research on ARNP prescribing practices to improve the health of the community
- Attendance for group of nurses to attend the Public Health Conference: Quality Connections 2002 Conference: Building a Culture for Continuous Improvement (see article included in this issue)
- May S. Loomis grant for scholarships to the Nursing Camp 2002 offered by Seattle Pacific University
- Research on Native American Nurses to improve the health of the community

In addition to the article appearing in this issue, you can expect to see articles included in upcoming issues of the Washington Nurse on all of the projects that WSNF funds throughout the year.

Unfortunately we were not able to fund all requests for project support or for scholarships. Your Board of Trustees continues to work to make sound fiscal decisions in these unpredictable times.

WSNF Board members are:

Helen Kuebel, President (Ridgefield);
Joan Caley (Vancouver)
Linda Hoogendijk (Spokane)
Karen Huisinga (Bainbridge Island)
Maureen Niland (Seattle)
Mary Walker (Bellevue)
Kathi Gibbs (McCleary)
Stasia Warren (Spokane)
Sally Herman (Mt. Vernon).

We will be kicking off our 2003 fiscal year this summer through contribution efforts toward "*Leaving A Legacy*." Watch the Fall **Washington Nurse** for more information.

Contributions to the Washington State Nurses Foundation are tax deductible. For a brochure on the Foundation or to make a contribution you may call Barbara

Bergeron at (206) 575-7979 ext 30124 or write to: Washington State Nurses Foundation, 575 Andover Park West, Suite 100 West, Seattle, 98188.

Report from the Quality Connections 2002 Conference: Building a Culture for Continuous Improvement

Through the use of May S. Loomis Funds, WSNF funded a \$1,000 grant request from the Seattle & King County Public Health Quality Improvement Facilitators to attend the Quality Connections 2002 Conference, Building a Culture for Continuous Improvement in Feb 2002. WSNA members: Rebecca Benson, Kristine Edwards, Mary Pannanen, Jeannie Barberie, Nancy Von Drashek, and Antoinette McKinnon attended and submitted this report of their experiences.

This conference was the only health care quality improvement conference offered in the Puget Sound area in 2002. Participants from many disciplines and health care settings throughout the region attended. Many of the sessions were presented by health care agencies about how they were able to improve the quality of their care and service while also being able to manage their finances in a positive

way. The nurses attending the conference will use the knowledge gained to improve the health of the communities in which they serve. The following are summaries of some of the sessions that were attended.

The Nurse/Physician Relationship in an Improvement Culture

Presented by Pat Dawson, MD; Debra Forman, RN; Barbara Trehearne, PhD, RN.

In a discussion of the nurse/physician relationship in an improvement culture, the speakers emphasized collaboration, communication and team building. These types of activities have been shown to contribute towards improving clinical outcomes. In an environment of mutual respect where shared planning and decision-making occurs, projects that improve quality in areas such as appointment scheduling, telephone challenges and chart documentation can be more successful as well. One suggestion was to incorporate education of the nurse's role within the medical school setting so those medical students will understand the necessity of collaboration between nurse and physician. One of the participants in this session also

mentioned that in the hospital where he works, physicians are given notice when there is an interaction with the nursing staff that is unsatisfactory. The physician is then responsible for ameliorating the problem within a specific time frame. These situations are also reviewed during performance reviews. Another point that was brought up was a quote from Donabedian, (1980), "Quality of care plus quality of interpersonal relationship equals overall quality."

Attributes for patient and nurse satisfaction were:

- Nurse autonomy in clinical decision making
- Control over the practice environment
- Good communication with physicians

Building a Culture for Continuous Improvement - Moving Beyond the Culture of Blame

Presented by Victoria Rich, VP Patient Care Services, University Community Hospital, Tampa Bay, Florida.

Keynote speaker Victoria Rich, PhD, RN shared her lessons learned in shifting a hospital culture to improve its risk reduction. Tragic instances had occurred that prompted the implementation of a proactive process that included technical system enhancements as well as attitudinal change. Basic tenets of quality improvement were utilized in getting to the root cause of why a problem occurred rather than blaming a particular employee.

This presentation reinforced messages that:

- (1) a mutually respectful environment, be it between providers and nurses or nurses and patients, is essential
- (2) lasting change, learning and

growth flourish in a positive rather than a punitive atmosphere and

(3) communication is key in almost any circumstance.

It is always helpful to be reminded of these messages and to see them illustrated in a variety of situations.

Nursing Leadership

Presented by Wilsie Bishop, DPA, Dean and Professor, College of Public and Allied Health at East Tennessee State University.

This session focused on the research Dr. Bishop conducted on how nurses view their job tasks in regards to how they would like to work versus how they are required to work by the facility. By using the Stratified Systems theory by Elliot Jaques and Gillian Stamp's Career Path Appreciation Theory, Dr. Bishop's study found that nurses who have a bachelor's degree and work in a staff nurse position (except for maternal child nursing) have the most dissatisfaction with their job duties. RNs with their BSN desired to use more of their personal critical thinking skills on the job such as patient and family teaching (nurses in MCH positions have the ability to spend time with their patients/families during a commonly joyous occasion and teach during postpartum period and newborn care). Nurses in management positions or in a specialty area (e.g., CNS) are the most satisfied in their position. Another category of nurses who felt that their required job functions and their preferred way to work is the same is the associate and diploma graduated RNs.

At the conclusion of the session, those in attendance offered many potential implications for the study. Some comments were that nurses need to be viewed as professionals

and perhaps the fact that "labor unions" are still a part of nurses' image puts a blue-collar picture on them. Hospitals need to have methods for RNs to use critical thinking skills in ways that wouldn't give them more work on top of what they are currently doing. All in all, this session gave new light to the debate about the route to become a RN. Should all RNs be bachelor-prepared? Should those nurses who desire only to be a non-MCH staff nurse be encouraged to only obtain an Associate degree? The participants of this study were all hospital staff nurses. What would the results be for Public Health Nurses and School Nurses?

A State Quality Award Winner-Florida's Sterling Award: A Cultural Turn around Towards Excellence

Presented by Linda Wagner, Quality Manager, Sarasota Memorial Hospital, Sarasota, FL.

Through 2000 and 2001, Linda Wagner coordinated the hospital's efforts to self-assess against the Sterling Quality Award Criteria and submitted the application for the 2001 Governor's Sterling Award. She also coordinated the week-long examiner site visit.

Linda's presentation really highlighted the human story of this process of moving towards excellence that took about 6 years. Her story started in 1996 when the hospital, faced with a JCAHO survey, was on a fast track to come up with a hospital mission statement, vision, and values. Some of the barriers they faced included:

- Not data driven
- No trending
- No data analysis
- No measurable goals
- Departments not able to

measure contribution to the whole

“Eye on local departments vs. the system”

Ms. Wagner discussed how organizations could use the Baldrige/Sterling criteria to enhance performance improvement. She gave great examples of how the hospital has become a better place to work and a better place to receive care. Included were financial data that showed how improving quality could also improve your bottom line.

All the quality improvement facilitators gained knowledge on various topics. A key insight was seeing the big picture issues of health care quality. We thank the foundation for enabling us to attend this conference.

WSNF 2002 Nursing Student Scholarship Winners

The eight 2002 WSNF Nursing Student Scholarship Recipients include:

Amy Marshall—Seattle Pacific University (no photo available)



Jennifer Altmiller
Seattle University



**Ashley Blakemore—Dolores Little
BSN Scholarship Award**
SeattleUniversity



Adina C. Cristea
Lower Columbia College -
Vancouver



Kelly J. DeRosier
Lower Columbia College -
attending WSU-Vancouver Fall
2002



Michelle Joye Lampkin
Lower Columbia College attending
WSU-Vancouver Fall 2002



Lisa Morgenthaler
Pacific Lutheran University

Jessica Marie Seccombe
Seattle University



Nursing Camp at Seattle Pacific University

by Ruby Englund, MN, RN, Associate Professor, Seattle Pacific University

High school students were given the opportunity to learn more about nursing in a week-long hands-on experience at Seattle Pacific University. Twenty-five students participated in morning observations of nurses in several hospitals in the Seattle area and attended classes each afternoon. They listened to nurses describe what they do and what they like about their work. Campers saw patients in many areas of the hospital such as intensive care, medical surgical units, oncology, emergency room, rehab units and pediatrics. Each morning the students observed nurses in clinical settings. One morning was spent in a buddy experience, where the high school student followed a nurse to observe care that was given to the patient. Campers discussed patient confidentiality and signed a confidentiality agreement.

Each afternoon the students learned nursing skills, such as assessing blood pressure, sterile gloving, injections into practice pads and massage. Nursing faculty and nurses from the community taught classes each afternoon about opportunities in mental health nursing, public health, obstetrics and other fields of nursing. Students visited Airlift Northwest and listened to the flight nurses describe how they care for patients who are being transported in a helicopter.

Each evening students participated in entertainment, cultural and recreational activities around the city. Current nursing students provided leadership throughout the week during the observational experiences and in the residence halls. The campers talked with current students about what it is like to be a nursing student.

At the end of week students were awarded a certificate of participation at a closing luncheon ceremony attended by parents and friends who enjoyed seeing pictures that depicted the activities of the week. Students who attended reported that they learned more about the diverse opportunities within nursing and that the camp experiences gave them the opportunity to determine if their skills and interest match those they

observed in nursing. Participants evaluated the camp as an excellent experience and one that encouraged them in their consideration of nursing as a career.

Success of nursing camp is dependant on the participation of a number of hospitals, professional organizations and nurses who assisted with the observational and classroom experiences. Several

professional nursing and health care organizations in the region provided scholarship assistance to some of the campers.

Nursing camp has been offered at Seattle Pacific University during June for the past thirteen years. If you would like more information, please check the Health Sciences page at www.spu.edu or email renglund@spu.edu Telephone 206-281-2610



Professor Ruby Englund and student camper during SPU Nurse Camp



In Memoriam

Marguerite Cobb, MN, RN—UW Professor Emeritus, Mary “Marguerite” Cobb passed away peacefully at her home on May 10th, 2002 after a long illness. “Margi” as she was known by her close friends, was born on February 12, 1920 in Spokane, Washington. Marguerite was an educator, practitioner and advisor to hundreds of students of Public Health Nursing. She was co-author of **Community Health Nursing** (four editions and three languages). She received numerous local and national awards in recognition for her role in the nursing and teaching professions, including the ANA national **Pearl S. McIver Award** for Public Health Nursing, **Distinguished Alumna of 1988** at the University of Washington and the **Presidential Award** by the King County Nurses Association in 1989.

Marguerite served in numerous roles in WSNA and ANA, including the WSNA Board of Directors for eight years, four years as Secretary. She was among the first nurses inducted into the WSNA Hall of Fame in 1998. The WSNA award for excellence in public health nursing is named for her: the *Marguerite Cobb Public Health/Community Health Nurse Award*, the first named award by the WSNA (1987).

Marguerite started her professional nursing career as a staff nurse with the Seattle/King County Health Department Visiting Nurse Services in Seattle in 1949, and culminated it as Professor Emeritus, Department of Community Health Care Systems at the University of Washington in 1982. Between these touch stones of her professional life, Marguerite gave generously of her time, intellect, energy, compassion and

humor in the broad field of Public Health and Community Health Nursing. Not only was she an outstanding practitioner, but also an educator par excellence, having motivated many generations of community health nurses. Marguerite was valued by students and co-workers as an academician, practitioner and advisor. As chairperson of the Department of Family and Community Nursing, she influenced the development of program content for several educational pathways: Nursing Administration, Cross-Cultural Nursing, Transition Services, and Family Nurse Practitioner.

She was instrumental in obtaining state certification for community health nurses and the development of graduation education programs. She traveled widely as a speaker and consultant. She was a motivator, a leader, an adjudicator, a tireless volunteer, a beloved aunt, devoted sister and friend, esteemed colleague, and one heck-of-a hostess. She will be especially remembered for her innate sweetness, tactful candor and wry wit.



Marguerite Cobb
Feb. 12, 1920–May 10, 2002

She is survived by her sister, Nelwyn, David Mealor of Atlanta, several nieces and nephews, and her dear friend and colleague, Dolores (Deo) Little. Remembrances may be sent in her name to: the UW Nursing Development Fund or the Washington State Nurses Foundation.

For more on Marguerite go to: www.wsna.org/snas/wa/hof/cobb.htm

Jean M. Reeder, PhD, RN, FAAN, COL US Army (ret) passed away suddenly in Anacortes, WA, on April 30, 2002 after a short illness. A Celebration of Life and memorial service was held on May 21 in the Fort Madigan Army Chapel. Dr. Reeder was active in many nursing associations throughout her career, including AORN, the perioperative nursing specialty organization, where she served on the Board of Directors from 1986 to 1990, as President-elect from 1990 to 1991, and as President from 1991 to 1992. She received the AORN **Award for Excellence in Perioperative Nursing** in 1999 and the **Award for Outstanding Achievement in Perioperative Research** in 1994. Dr. Reeder was also a fellow of the American Academy of Nursing.

Dr Reeder received her BSN from Arizona State University and earned her master's and doctoral degrees in nursing from the University of Maryland, Baltimore. She served for 24 years in the US Army Nurse Corps including serving as the Chief of Nursing Research at Walter Reed Hospital. She retired from active duty as a colonel in 1995 and became chief of nursing at The Hospital for Sick Children in Toronto, Canada. She lived the past 2 years in Anacortes

where she started her own consulting business, J. Reeder Consulting, LLC. Her consulting work focused on helping hospitals promote cultures of patient safety and minimize medical errors. Jean was a nurse researcher, author, lecturer, mentor, and nationally recognized authority on perioperative nursing, as well as tireless educator on medical legal and ethical issues.

Remembrances may be sent in her name to: American Red Cross Disaster Services, The Grand Canyon Chapter, 6135 North Black

Canyon Highway, Phoenix, AZ 85015-1892. A memorial in her honor through the AORN Foundation is also under development.

For more on Dr. Reeder: <http://www.aorn.org/about/reeder.htm>

Ida Meta Wolf, RN, passed away on May 9, 2002 at the age of 93. Ida was a private duty nurse in Tacoma for more than 40 years. She was active in WSNA and the Pierce County Nurses Association throughout her career and was honored by Pierce County as *Nurse*

of the Year in 1980 for her selfless dedication and excellence in nursing.

Rhonda Walker, RN passed away unexpectedly after a brief illness on May 15, 2002 at the age of 49. Rhonda was a staff nurse at Island Community Hospital in Anacortes. She had been an active member in District 16 and WSNA for the past fifteen years. Co-worker Paula Robson commented, "Rhonda was a wonderful nurse who will be sorely missed at Island Hospital."

Clinical Nurse Specialist, Perioperative Pain

Vancouver, British Columbia, Canada

Vancouver Hospital & Health Sciences Centre – a part of the Vancouver Coastal Health Authority – is a multi-site primary teaching facility as well as a tertiary referral and trauma centre. Our interdisciplinary care team is dedicated to achieving excellence in patient/client and resident/family-centred care, and providing education and research within a complex multi-site environment extending to the community.

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- eligibility for membership in the Registered Nurses' Association of British Columbia • 5 years' recent, relevant clinical experience in a progressive and collaborative leadership role • comprehensive knowledge of nursing theory/practise within a client-centered model of care • advanced practise within a clinical specialty • considerable expertise in nursing professional issues

and future directions applied to the development of strategic and program planning • a demonstrable ability to apply a broad range of theories • the qualitative and quantitative research capabilities necessary to expand the scientific base of nursing practise • the vision to anticipate future changes in needs, technology, systems and skills training and to recommend proactive improvements and foster innovation.

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Please submit a résumé and covering letter, citing competition #02-37/WSNA, to: Human Resources, Vancouver Coastal Health Authority, 855 West 12th Avenue, Vancouver, BC V5Z 1M9. Fax: 604.875.4761; email: trobins@vanhosp.bc.ca

We thank all who apply; however only those shortlisted will be acknowledged.

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IN27594

In every nursing shortage that I have experienced, there is a period where employers try to cope with that shortage by creating “expanded” roles for those already working in the health care field. This nursing shortage is no different. It is important for registered nurses to understand that in Washington State there are two different types of “nursing assistants” and that there are also categories for “health care assistants” who may practice in limited direct care giving roles in a variety of facilities. Nurses need to know what they can and can’t delegate to persons practicing in these roles.

Nursing Assistants:

The first type of nursing assistant is the “nursing assistant registered” (CNR). This person pays a fee to the Department of Health (DOH), receives their registration and may go to work within three days of receiving their registration. This type of nursing assistant has on the job training (OJT), is not required to take an examination and can work in any health facility, except in nursing homes. The other type is a “nursing assistant certified” (NAC). This person enrolls in a nursing assistant class (usually taught by vocational schools, community colleges or nursing home education instructors). Their classes include both a theoretical and a clinical component and they must pass an examination. They are then granted certification as a nursing assistant (certified), which is a requirement for nursing assistants working in nursing homes. Many hospitals do have their nursing

assistants certified, but this is not a requirement by the state. The Law governing nursing assistants is 188.88A RCW and you can obtain a copy from the Department of Health by calling (360) 236-4718 or email Irene.oplinger@doh.wa.gov.

Health Care Assistants:

RCW 18.135/020 defines Health Care Assistants as, “... means an unlicensed person who assists a licensed health care practitioner in providing health care to patients ...” this is taken from The Law Relating To Health Care Assistants 18.135.RCW. Effective December 2001, there are seven categories of health care assistants [taken from WAC 246-826-100]:

1. **Category A** assistants may perform venous and capillary invasive procedures for blood withdrawal.
2. **Category B** assistants may perform arterial invasive procedures for blood withdrawal.
3. **Category C** assistants may perform intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests.
4. **Category D** assistants may perform intravenous injections for diagnostic agents.
5. **Category E** assistants may perform intradermal, subcutaneous and intramuscular injections for therapeutic agents and administer skin tests.
6. **Category F** assistants may perform intravenous injections for therapeutic agents.
7. **Category G** assistants may perform hemodialysis.

For more information about the roles and tasks that health care assistants are authorized to perform and who can delegate to them, please see the law governing Health Care Assistants, by going to <http://search.leg.wa.gov/pub/textsearch/default.asp> and entering 246-826 in the search window.

Nurses must remember that while our employers require that we follow the policies and procedures of the facilities in which we work, we must also legally practice nursing according to the Nurse Practice Act. If facilities policies and procedures do not comply with the Nurse Practice Act and/or the laws governing what nursing assistants and health care assistants can legally do, the nurse may quickly find him/herself out of compliance with the Nurse Practice Act. While the Nurse Practice Act is written very broadly and does not have a specific list of skills that registered nurses can perform, the nurse must follow the laws governing delegation to other health care workers. Two important advisory opinions issued by the Nursing Quality Care Assurance Commission that are still in force and required of all nurses is that nurses may not delegate sterile technique nor can we delegate the piercing of skin. If you have questions about this, you can call me at WSNA or you can send me an email at jgarner@wsna.org.

by **Joan Garner, MN, RN**
Director PNHCC

On the Nurse Shortage Front

Nursing Leaders Unveil Strategic Plan for Addressing Shortage in Washington State

The Washington Nursing Leadership Council (WNLC) unveiled The Washington State Strategic Plan for Nursing on July 19, 2002 at an Invitational Summit of key healthcare stakeholders, business and education leaders, and policy-makers in Washington State. Invited guests attending included members of the Washington State Legislature and policy representatives from the Governor's office. WNLC has been working intently for the past two years to bring nurses and stakeholders together to address the growing nursing shortage in Washington State. The Strategic Plan outlines key issues and recommends specific goals and strategies to address the worsening nursing shortage in Washington that threatens the availability of direct care by registered nurses. More than 160 people participated in the meeting. (See related article for full text of the plan.)

Keynote speakers for the Summit included Carol Bradley, MSN, RN, Editor of *Nurse Week* who presented information and data on the extent and impact of the national and international nursing shortage and Nancy Fugate Woods, PhD, RN, FAAN, Dean of the School of Nursing at the University of Washington who presented similar information on the shortage specific to Washington State. Following the keynotes, members of the Washington Nursing Leadership Council (WNLC) – formerly the TriCouncil for Nursing in Washington State – presented the plan. The Strategic Plan identifies strategies to address the following goals:

1. Attain and maintain an image of nursing as a desirable profession and valued career for women and men who reflect the diversity of society.
2. Prepare a sufficient supply of appropriately educated nurses to meet the healthcare needs of Washington State residents by 2007 and beyond.
3. Create workplace environments that attract and retain qualified nurses.
4. Assure ongoing collection and analysis of reliable data on

supply, demand, distribution and workplace conditions of nurses, and

5. Establish a Washington Center for Nursing to oversee the implementation and ongoing evaluation of the Washington State Strategic Plan for Nursing.

The afternoon was devoted to small group sessions to begin to identify the action steps needed to implement plan and to form partnerships and gain commitments from the stakeholders to support the plan.

A key recommendation favored by many is the establishment of a Washington Center for Nursing. Seattle University committed to provide space to house the Center for Nursing for at least the first year. WSNA offered pro-bono legal assistance to develop Articles of Incorporation and other documents to establish the Center as a 501(c)3 non-profit corporation. And the Washington State Nurses Foundation (WSNF) committed \$10,000 toward the start-up costs and challenged other organizations



WLNC Summit Panel

Senator Rosa Franklin (left) discusses possible sources of funding for Center for Nursing with WSNA Executive Director, Judy Huntington and WSNA Member Anne Hirsch, Assoc. Dean, Intercollegiate Center for Nursing/WSU



On the Nurse Shortage Front

and foundations to make similar commitments. Currently, 13 other states have Centers for Nursing and 12 more are pursuing this strategy. Several states have established and funded their centers through legislative action while others rely more heavily on private donors. Still others favor a public-private partnership.

WNLC is a coalition of professional nursing leadership organizations in Washington State. The member organizations include: Council for Nursing Education in Washington State (CNEWS), Northwest Organization of Nurse Executives (NWONE), Washington League for Nursing (WLN), Washington State Nurses

Association (WSNA), and the Washington State Nursing Care Quality Assurance Commission (NCQAC).



Some of the members at WNLC Summit: (left to right) Donna Poole, Kim Armstrong, Vicki Wornath, Barbara Frye, Louise Kaplan and Dawn Morrell

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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
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On the Nurse Shortage Front



Washington State Strategic Plan for Nursing

Ensuring a Future Nursing Workforce

CNEWS – COUNCIL FOR NURSING EDUCATION IN WASHINGTON STATE
NWONE – NORTHWEST ORGANIZATION OF NURSE EXECUTIVES
WLN – WASHINGTON LEAGUE FOR NURSING
WSNA – WASHINGTON STATE NURSES ASSOCIATION
NCQAC – WASHINGTON STATE NURSING QUALITY ASSURANCE COMMISSION

Introduction

There is a growing public and professional awareness that current and projected shortages of Registered Nurses directly impact access to and quality of health care. National studies and state-level demographics indicate that by 2010, the problem will escalate due to a decrease in the size of the overall total workforce and increasing demand for health care services. There is now strong evidence that both current and future nursing shortages are unlike those of the past.

New solutions, and more importantly, new partnerships are needed. In 2002 a national coalition of 60 nursing organizations introduced a strategic plan, *Nursing's Agenda for the Future*, to address the complex, interrelated factors contributing to growing national shortages in the nursing workforce.

The Washington Nursing Leadership Council (WNLC), formerly known as the Washington Tri-Council for Nursing, has taken steps consistent with that national plan to proactively ensure that the nursing workforce in this state is positioned to promote and ensure quality healthcare for all the people of Washington State. The leaders of the WNLC identified five salient, interactive factors that contribute to current and projected shortages in the Washington nursing workforce: image, education, workplace environment, reliable data and policy. The *Washington State Strategic Plan for Nursing* was developed to address these factors. The plan offers a systematic approach through which all healthcare stakeholders can collaboratively commit to positive action steps that address the five factors.

Basic Assumptions

The *Washington State Strategic Plan for Nursing* outlines goals and strategies for addressing the current nursing shortage and the future status of nursing within Washington. It provides a vision and serves as a guide for the identification of cooperative solutions to the nursing shortage and for future efforts by all stakeholders that will ensure access to quality healthcare in the state of Washington.

Several assumptions are basic to the goals and strategies the WNLC delineated in the Washington State Strategic Plan for Nursing:

- The nursing shortage is a looming public health crisis that has the potential to erode access to and quality of health care.
- Nurses have a professional responsibility to the public.
- Nurses are critical to meeting the increasing healthcare needs of vulnerable populations.
- The economic viability of the state is critically linked to the availability of healthcare services which are in turn adversely affected by a nursing shortage.
- The nursing workforce cannot be sustained in the present work environment.
- Strategies are needed for attracting qualified nursing candidates from an increasingly diverse population and for retaining qualified nurses.
- Nurses have a responsibility to impact needed changes in healthcare delivery systems and models of care.
- Nurses function as partners in an interdisciplinary healthcare delivery system.
- Nurses are open to partnerships that promote and enhance quality healthcare for all people.

Stakeholder Partnerships

As representatives of a multifaceted profession WNLC members are committed to directing the implementation of the Washington State Strategic Plan for Nursing (WSSPN) and embrace the accountability implicit in that responsibility. The WSSPN sets forth essential goals and strategies proposed by WNLC for proactively resolving current and predicted nursing workforce problems. These goals and strategies are predicated on partnerships with and support from all healthcare stakeholders. The WNLC recognizes and adopts the following critical elements of stakeholder partnerships:

- professional autonomy and integrity
- shared knowledge and best practice expertise
- commitment to changes in healthcare delivery models
- commitment to implementation and ongoing evaluation
- exchange of mutual in-kind supports and resources
- cooperative funding and fiscal management

The WNLC is committed to partnerships that yield measurable, positive healthcare outcomes for all the people of Washington State.

Goals and Strategies

Goal #1:

Attain and maintain an image of nursing as a desirable profession and valued career for women and men who reflect the diversity of society.

Strategies:

- A. Develop a statewide public relations and recruitment plan for nursing that conveys an image of nursing which reflects the diversity of society in Washington.
- B. Effectively communicate the positive impact of nurses on the quality of care and health outcomes.
- C. Advance an image of nursing as a top career choice with life-long potential in an influential, challenging and highly rewarding profession, that is valued and respected for its unique knowledge and expertise, and that makes a difference in people's lives.
- D. Obtain funding to support an increase in enrollments of under-represented groups in schools of nursing and to increase the diversity of nursing faculty.

Goal #2:

Prepare a sufficient supply of appropriately educated nurses to meet the healthcare needs of Washington State residents by 2007 and beyond.

Strategies:

- A. Reach a consensus among practitioners, educators and employers on the current and future competencies required for novice to expert practice.
- B. Develop an education system for the future based on the projected health care needs of the people of Washington State.
- C. Secure state funding for nursing student FTEs (full time equivalent students) that reflects the true cost of providing nursing education in order to adequately support programs and increase faculty salaries.
- D. Increase available slots for nursing students in educational institutions statewide.
- E. Identify education models that utilize technology and partnerships to conserve limited nursing resources and convey knowledge and skills in the most effective manner.
- F. Increase the number of nurse educators and improve faculty salaries.
- G. Develop innovative programs to meet the educational needs of diverse students.

(continued next page)

Goal #3:

Create workplace environments that attract and retain qualified nurses.

Strategies:

- A. Devise models of innovative compensation packages designed to recruit and retain registered nurses throughout their career.
- B. Develop dynamic, satisfying work environments that appropriately utilize nurses specialized skills and knowledge, and ensure that nurses have sufficient time to care for and interact directly with patients and their families to achieve positive healthcare outcomes.
- C. Create work environments that promote health and safety for staff and patients; that support appropriate staffing, collaboration, mentoring and professional growth; and that include quality systems for patient care and education of nurses.
- D. Evaluate and redesign the physical environment of the workplace and staff scheduling systems to recognize and accommodate the special needs of an aging workforce.
- E. Establish work environments that support interdisciplinary collaboration and enhance professional, respectful relationships between physicians and nurses.
- F. Implement care delivery and staffing models that are research based and outcome focused.
- G. Assure appropriate use of advanced practice nurses in the design of care delivery models.
- H. Achieve an effective voice for nurses in decision-making at all levels of practice from direct care to executive management.

Goal #4:

Assure ongoing collection and analysis of reliable data on supply, demand, distribution and workplace conditions of nurses.

Strategies:

- A. Support the establishment of common data elements to forecast the supply and demand of nurses in Washington State.
- B. Create a database that validates the cost effectiveness of nursing services.
- C. Develop a “pipeline model” that forecasts the required number of new entries into a nursing career over the next 20 years.
- D. Collect, analyze and report on Washington State nursing workforce data including but not limited to: full and part time nurses, licensed but not actively employed nurses, ethnic backgrounds, faculty vacancies and salaries, and numbers of openings for nursing student enrollments.

Goal #5:

Establish a Washington Center for Nursing to oversee the implementation and ongoing evaluation of the Washington State Strategic Plan for Nursing.

Strategies:

- A. Create a resource center to assist and inform the community regarding the nursing workforce and to identify other agencies/groups addressing nursing workforce shortage issues.
- B. Provide consultation, technical assistance, data and information related to nursing resources and needs within and outside Washington.
- C. Oversee task forces work and ongoing data collection/analysis related to each of the goals and strategies specified in the Washington State Strategic Plan for Nursing.
- D. Coordinate and advance Washington's research agenda, including seeking competitive funding support for specific research endeavors and/or model programs to enhance the available nursing resources.
- E. Facilitate partnerships between the nursing community and stakeholders to implement the Washington State Strategic Plan for Nursing.

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September 29th–October 1st, 2002
Lake Chelan, WA



Kenote Speaker

Janet Bingle MS, RN

“There’s Got to be More to Nursing Than This”



Mrs. Bingle comes from New England where she completed her Bachelor of Science Degree in Nursing at the University of Massachusetts and her Master of Science Degree as a clinical nurse specialist at Boston University. She has been a faculty member at Indiana University School of Nursing and the University of Michigan. Jan has been employed at Community Health Network for over 18 years. She is presently a Clinical Specialist in Nursing Care of the Adult, Vice President for Clinical Standards, Education, and Research and Chief Nurse Executive for the Community Health Network. Mrs. Bingle is a noted lecturer and nurse consultant on a wide range of topics: Patient Care Redesign, Professional Nursing Practice and Leadership, the Scope and Value of the Clinical Nurse Specialist Role, Evidence Based Practice and Advanced Nursing Practice. She was the 1995 recipient of the Sigma Theta Tau International Utilization of Research in Nursing Practice Award. Mrs. Bingle is a founding member of the National Association of Clinical Nurse Specialists and past president of the Association. Jan is currently Associate Editor of **Clinical Nurse Specialist: The Journal of Advanced Nursing Practice** and on the editorial advisory board for **Nurse Week**.

2002 LEADERSHIP CONFERENCE AGENDA

Sunday, September 29, 2002

9:00–12:00 **E&GW Cabinet Meeting**
12:30–1:00 **Registration**
1:00–4:00 **Local Unit Council Meeting** (WSNA Local Unit Officers)
4:00–5:00 **“Mystic of WSNA Membership”** (Open to all)
Joan Garner, MN, RN/WSNA Director Practice, Education,
Government Affairs and Membership
What do all those codes on our roster mean? Why does it take new

members so long to show up on rosters? What are the rules about
LOA's and membership enforcement? If these are questions you want
answered—this is the class for you.
5:15–6:30 **Welcome Reception**
Hosted by the E&GW Cabinet

Monday, September 30, 2002

7:30–8:30 **Registration**

7:30–8:30 **Continental Breakfast with Vendors**

8:00–8:15 **Welcome and Introductions**

Kim Armstrong, BSN, RN/Chair, Cabinet on E&GW and Barbara Frye, BSN, RN/WSNA Director of Labor Relations

8:15–9:15 **“What Good is a Voice If you Don’t Sing!”**

Louise Kaplan, PhD, ARN/WSNA President

As a long time community and nursing activist, and change agent, Louise will share her personal experience, strategies and perspectives on the unique opportunities and contributions that we as nurse leaders and activists have to enrich our communities, workplaces and our lives through active involvement.

9:15–10:15 **“Nurses and Unions, an Uneasy Past - A Bright Future Together”**

Barbara Frye, BSN, RN/WSNA Director of Labor Relations and Liz Ford, JD/WSNA Chief Council

As WSNA and ANA move forward to become a full partner in the national and state labor movements via the UAN, it’s important to know our history as nurses and as labor leaders. Two long time labor activists—one a nurse, one a labor attorney—present the sometimes uneasy history of nurses and the labor movement in the United States. Learn about the early nurse activists who helped shape the national awareness of social and political issues facing women and health care in America, the growth of unions, formation of the AFL/CIO and the largest union of RN’s in America, *United American Nurses*.

10:15–10:45 **Break with Vendors**

10:45–11:45 **“Asserting Your Right to Say NO to Mandatory Overtime”**

Anne Tan Piazza WSNA Asst. Dir., Media Relations & Governmental Affairs, Liz Ford, JD/WSNA Chief Council and Julia Lear WSNA General Council

Distinguish the truth from the rumors about the new law prohibiting mandatory overtime in Washington State. Learn the provisions of the new law and how they will be enforced. Discuss how employers are responding and how to protect your rights.

11:45–1:15 **Lunch**

Time with the vendors. Pick up your box lunch, visit with the vendors and enjoy the sunshine.

1:15–2:30 **“There’s Got to be More to Nursing Than This”**

Jan Bingle, MS, RN

2:30–3:00 **Break with Vendors**

3:00–4:00 **Concurrent Session (Choose one)**

#1 “Basic Grievances”

Janet Parks, BSN, RN/WSNA Nurse Rep and Pat McClure, RN/WSNA Nurse Rep

New Grievance officer? This is the class for you. Learn to assess a situation & determine if it’s a grievance. Learn how to correctly write and file a grievance. Identify the roles and responsibilities of the players involved. Practice these skills using a case study.

#2 “Advance Grievances”

Kathi Landon, RN/WSNA Nurse Rep, Marianne Brandt, RN/WSNA Nurse Rep and Mike Sanderson, JD/WSNA General Council

Learn the value and importance of thorough investigation.

Interviewing witnesses, request for information letters, negotiating grievance settlements and tools for more effective arguments.

4:00–5:00 **Concurrent Session (Choose one)**

#1 “Effective Management of your Local Unit”

Barbara Frye, BSN, RN/WSNA Dir. of Labor Relations and Kathi Landon, RN/WSNA Nurse Rep

Feeling a little overwhelmed with your duties as a new Local Unit Officer? Experienced Local Unit officer who needs some new ideas? Learn the “nuts and bolts” of a successful, dynamic local unit.

#2 “Membership–Promotion and Participation”

Barbara Foster WSNA Organizer

Are you interested in developing a dynamic and active local unit by growing your membership and increasing membership participation?

Join WSNA Organizer for strategies, brainstorming and networking on this always challenging issue!

5:00–5:30 **Change into tee shirts**

5:45 **Join the group for the Group Picture**

6:15–8:00 **Dinner and Entertainment**

Tuesday, October 1, 2002

8:00–8:30 **Continental Breakfast**

8:30–9:30 **“Dealing with Difficult People”**

Need some skills in dealing with the nurse or manager who “just doesn’t get it?” Learn how to make your point, direct the conversation, and communicate effectively with all the people a local unit officer deals with on a regular basis.

9:30–10:00 **Break**

10:00–11:00 **“ANA Making a Difference”**

Barbara Blakney, MSN, RN/President, American Nurses Association (ANA)

Join us in welcoming the newly elected ANA president to the real Washington. Hear first hand the vital role the American Nurses Association, as the largest and premier nursing organization, plays in practice, health care policy and in nurses work lives.

11:00–12:00 **The United American Nurses—a force to be reckoned with**

Cheryl Johnson, BSN, RN/President, United American Nurses (UAN)

12:00–12:15 **Wrap Up/Evaluations/Dates for next year**

12:15–12:30 **Celebrate the year 2001 with WSNA**

To Make Hotel Reservations contact:

Campbell's Resort

1-800-553-8225

Remember to tell them you are with the WSNA. A block of rooms are being held for us until August 28, 2002 for \$90-110 per night. Make your reservations Now!!

2002 LEADERSHIP DEVELOPMENT CONFERENCE

REGISTRATION

First Name: _____
 Last Name: _____
 Informal First Name: _____
 Credentials: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Local Unit: _____
 Daytime Phone: _____
 Email: _____
 Local Unit Officer Title: _____
 # of Leadership Development Conferences Attended: _____
 # of Years as a WSNA Member: _____
☐ Member of another State Nurses Association _____ (State)

Concurrent Sessions (select one from each posted time)

- ☐ **Basic Grievances** (3:00–4:00 pm)
☐ **Advanced Grievances** (3:00–4:00 pm)

☐ **Effective Management of Your Local Unit** (4:00–5:00 pm)
☐ **Membership–Promotion and Participation** (4:00–5:00 pm)

Your T-Shirt:
 (circle one) **Womens** **Mens**
 (circle one)
Small Medium Large XL XXL 3XL 4XL 5XL

Special Needs (if any): _____

Return form to WSNA; 575 Andover Park West #101; Seattle, WA 98188 or FAX: (206) 575-1908. For questions, Please contact WSNA Business Manager, Deb Weston at (206) 575-7979, Ext. 3003 or email dweston@wsna.org

Attendance Fee: \$250
 Invited guests to Monday, Oct. 1st
 Dinner & Entertainment

☐ Yes, I will have _____ dinner
 guest(s) at \$25 each.

Guest Name(s): _____

METHOD OF PAYMENT

☐ Check or Money Order Payable
 to WSNA

☐ Visa/MC

Card Number:

_____-_____-_____-_____-_____-_____-

Print Cardholders Name:

Cardholders Signature:

☐ My conference registration fee is
 to be paid by:

 (Local Unit)

Signature of LU Chair/Co-Chair

Total Payment Due to WSNA:

\$ _____

Approval of Contact Hours Pending. The Washington State Nurses Association Continuing Education Provider Program (OH-231) is approved as a provider of continuing education by the Ohio Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. OBN-001-91

Directions to Campbell's Resort

Campbell's Conference Center is located in the city of Chelan, near the center of Washington State. It is 180 miles east of Seattle and 160 miles west of Spokane. Major airline service is available from Wenatchee, 36 miles south of Chelan.

To Chelan via I-90/Snoqualmie & Blewett Passes:

- Take I-90 east to exit #84 (Wenatchee) at Cle Elum
- Take Hwy. 97 over Blewett Pass Highway
- Ends at Hwy. 2 & 97 intersection—turn right to Wenatchee
- Drive approximately 14 miles (just before entering Wenatchee) and take the Chelan exit onto Hwy. 97 Alternate

- Continue North on Hwy. 97 alternate to Chelan
- Turn left at Peterson's Condominiums onto Woodin Avenue
- Cross bridge and Campbell's Resort is on the left side (lake side)

To Chelan via Hwy. 2 /Stevens Pass

- East on Hwy. 2 over Stevens Pass
- Driving towards Wenatchee take the Chelan exit onto Hwy. 97 Alternate
- Continue North on Hwy. 97 alternate to Chelan
- Turn left at Peterson's Condominiums onto Woodin Avenue
- Cross bridge and Campbell's Resort is on the left side (lake side)

❖ Nursing News Briefs

Mandatory Overtime Law Goes into Effect

The new law passed this year in Olympia prohibiting mandatory overtime for nurses went into effect June 13, 2002. WSNA has been working extensively with Department of Labor and Industries throughout the rules and implementation process. We will be closely monitoring this critical issue and will have more information to follow in the next several months. Watch the WSNA website and the Fall Issue of **The Washington Nurse** for complete details. For the complete text of the bill, go to www.leg.wa.gov and click on "bill info" and then type "6675."

CDC Bioterrorism Website Updated

The Centers for Disease Control and Prevention (CDC) has recently updated the Bioterrorism portion of their website. The site includes new and updated resources on bioterrorism for health professionals and the public. For more information, visit the site at www.bt.cdc.gov

WSNA Media Campaign Continues

WSNA launched its media campaign "**Nursing - a Career for Life**" in February and has expanded to include more partners throughout the state and with special ads saluting nurses during National Nurses Week. The campaign in the Puget Sound area with KOMO TV includes participating sponsors such as Children's Hospital and Regional Medical Center, MultiCare Health System, Evergreen Hospital, and Overlake Hospital. In the Tri-Cities, WSNA has partnered with Kadlec Medical

Center and in southwest Washington, we are now working with PeaceHealth and KATU Television. Additional ads are scheduled to air beginning in September. For more information and the web component of the campaign go to www.komotv.com (scroll down to **Nursing - a Career for Life/WSNA** button and click).

Former WSNA President Appointed to American Nurses Foundation (ANF) Board

Jan Bussert, BSN, RN, immediate past-president of WSNA, has been appointed to a four year term on the ANF Board of Directors. Jan is currently beginning the third year of a four-year term on the ANA Board of Directors where she was also recently appointed to the ANA Finance Committee.

UW Professor, Deborah Ward to Be Inducted into the American Academy of Nursing (AAN)

Deborah H. Ward, PhD, RN, Associate Professor of Psychosocial and Community Health at the University of Washington School of Nursing, will be formally inducted as a Fellow in the American Academy of Nursing

at the AAN annual meeting in November in Naples, Florida.

Oregon NP Annual Education Conference

The 2002 Nurse Practitioners of Oregon Annual Education Conference is scheduled at the Double Tree Hotel, Jantzen Beach, Portland, Oregon, September 12, 13 & 14. The Nurse Practitioners will be celebrating "*25 Years of Excellence*" at this anniversary conference. WSNA ARNPs interested in receiving a conference brochure should contact Melanie Churilla, Program Assistant Professional Services at 503-293-0011, extension 323 or by e-mail at churilla@oregonrn.org

Is Your Address or Job Status Changing

Be sure you notify WSNA? This is just a reminder that it is the responsibility of each nurse to notify WSNA of any change in name, address, phone number, leave of absence, medical leave, maternity leave, or leaving or joining a bargaining unit. This change must be done in writing either by using a change of information card or sending an email to wsna@wsna.org Additionally, the Cabinet on Economic and General Welfare (EG&W) has a policy that states when a nurse is on a leave of absence for any reason, the dues are reduced to 50% for the entire period of the leave time. The dues accumulated during the leave time are to be paid within 90 days of returning to work. To take advantage of this, you must notify WSNA in advance of your leave of absence.



WSNA Media Campaign: "Nursing-a Career for Life" pass the message on Seattle buses

UW End-of-Life Care Kit Honored

A CD-ROM on end of life care for nurse educators is the 2002 recipient of the *Computer-Based Professional Education Award* from Sigma Theta Tau International, Region 1, the honor society of nursing. Called **TNEEL (Toolkit for Nurturing Excellence at End-of-Life Transition)**, the CD uses both multimedia (video, audio and animation) and printable media (PowerPoint slides, lectures, learning objectives) to help nurses and others involved in helping the dying become "experts" in this area of care. UW School of Nursing Professor Diana J. Wilkie was lead investigator in its development.

Working with the Cancer Pain and Symptom Management Research Group, and funded by the Robert Wood Johnson Foundation, Wilkie and her research team worked for 2-1/2 years to create a full teaching portfolio for developing classes or entire courses in six areas of care: comfort (pain management), connections (effective communications roles), ethics, grief, impact (epidemiology of dying, systems of care) and well-being (psychosocial care). Wilkie and colleagues have shared TNEEL with hundreds of nurses and educators in 22 states and two Canadian provinces. It was also mailed to all 1,236 U.S. academic programs of nursing and distributed to 6,000 clinical agencies, all free of charge. Interested groups and individuals can also obtain copies of TNEEL at cost, or see a demonstration of the tool-kit, at www.tneel.washington.edu

ICN/WSU Holds Native American Summer Institute

The Intercollegiate College of Nursing/ Washington State University hosted its seventh *Native American Summer Institute* on the Whitworth College Campus June 23-28. Twenty-seven Native American high school students were provided an opportunity to learn more about a career in nursing. The 22 women and 5 men represented 12 different tribes across Washington State. Students participated in different classes and workshops designed for first, second or third year tracks – one third of the participants are returning Institute alumni. Topics included first aid, diabetes, infection control, substance abuse, mental health, childbirth education, diet and feeding, vital signs and traditional medicine. Second year students tour hospitals and job shadow while third year students focus on community health. Additionally, students receive instruction from tribal elders and tribal health professionals.

PRO-West becomes Qualis Health

Effective June 10, 2002, PRO-West became Qualis Health. Qualis Health, in operation since 1974 as PRO-West, is an independent, private, nonprofit health care quality improvement organization that offers programs and services to access and improve the quality and delivery of health care. Qualis recently initiated an Awards of Excellence program for four categories: 1) hospitals; 2) physicians' offices and clinics; 3) long-term care providers which includes nursing facilities, home health agencies, and hospices; and 4) other groups such as health

plans, community agencies and hemodialysis units.

This year awards went to a clinic that used Native American rituals and folkways to help manage diabetes better, a Bellevue hospital that improved its preparation of surgical patients and an insurance plan that tried an innovative program to help reduce multiple medication errors. More information about Qualis Health is available at www.qualishealth.org/index.htm For information about the awards program contact Mimi Royston at (206) 368-7235.

ICN/WSU Receives \$1.8 Million HRSA Grant to Expand Health Care Outreach in Spokane County

The Intercollegiate College of Nursing/ Washington State University received a \$1.8 million dollar grant from the Health Resources and Services Administration (HRSA) to be used to expand the College of Nursing's Peoples Clinic hours at its two clinic sites, expand outreach to people living in high poverty census tracts and children receiving federally sponsored lunch programs at Spokane public and private schools, provide clinical opportunities for 50 ICN/WSU undergraduate nursing students and 20 nurse practitioner students and track which students secure employment in agencies serving poor and disadvantaged, and design a collaborative program with public and private schools to implement the national *Kids Into Health Careers Initiative* focused on increasing the number of qualified applicants from economically disadvantaged populations into professional health training programs. For more information g

❖ Nursing News Briefs

to:
<http://nursing.wsu.edu/marcom/71602a.htm>

March of Dimes Seek Nurses for Volunteer Speaker Opportunity

The March of Dimes Washington State Chapter would like to recruit nurses to speak on the prevention of birth defects in middle and high school classes throughout the state. Speakers will be provided with a prepared presentation that includes background information on birth defects, suggested activities, and transparencies of actual birth defects. The mission of the March of Dimes is to improve the health of babies by preventing birth defects and infant mortality. An important way in which we carry out our mission is through our educational programs. For more information please contact Carol Robl, health educator for the March of Dimes Washington State Chapter, at 206-624-1373, extension 22 or e-mail crobl@modimes.org

Heather Young New Director of de Tornyay Center on Healthy Aging

Heather Young, PhD, ARNP whose doctoral thesis on resilience and change in older adults led to her involvement in the design of environments that promote healthy aging, is the new director of the de Tornyay Center on Healthy Aging in the School of Nursing. Young, a WSNA member and researcher and Geriatric Nurse Practitioner, was named "Nurse of the Year" by the King County Nurses Association in 1999. She will replace Dr. Deborah Ward, interim director and associate professor of psychosocial

and community health. Additional information about the de Tornyay Center on Healthy Aging is available at <http://aubrey.son.washington.edu/centers/de-tornyay/>

ARNP-run Walk-in Clinic at Lake Serene Celebrates Twelfth Year

Greg Lind, ARNP opened the Walk-in Clinic at Lake Serene in suburban Lynnwood, WA in 1990 with a receptionist and a medical assistant and saw a total of 2 patients the first day. Today, twelve years later, the clinic includes 8 ARNPs, 5 MAs, a corporate manager and several receptionists and bookkeepers and regularly see upwards of 75 patients a day. For

more information contact Corey Freisen, Corporate Manager, at (425) 742-9119.

UW Medical Center Recertified as "Magnet Hospital"

The University of Washington Medical Center has been recertified as a "Magnet Hospital" by the American Nurse Credentialing Center (ANCC) for its excellence in nursing care. The hospital is only one of 50 hospitals in the nation and the only one in Washington State to currently hold this honor. This is the second recertification for UW Medical Center, which first was awarded the recognition in 1994.

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Web Sites on Immigration, Visas and International Recruitment

Are you interested in the recruitment and hiring of foreign nurses? If so, there are a number of web sites which will explain the process, complex options, requirements, and limitations for foreign educated RNs who wish to work in the US, as well as sites that address the global reach of the nursing shortage and the ethical and practical implications of aggressive recruitment of nurses from other countries.

The American Nurses Association's stance on luring highly skilled nurses from other short-staffed countries is explained thoroughly in an article by Susan Trossman that appeared in the March, 2002 issue of the **American Journal of Nursing**. The complete text can be found at <http://nursingworld.org/ajn/2002/mar/issues.htm>

Because obtaining a certificate from the **Commission on Graduates of Foreign Nursing School** (CGFNS) is one of the first steps a foreign nurse must take before applying to take the NCLEX exam for licensure, their web site should be consulted. It is found at <http://www.cgfns.org> There, besides being able to download copies of the required applications, you can also read a summary of CGFNS's 1999 survey of Foreign Nurse Graduates in the US Workforce. Click on the *New for 2002* icon on the main page. An explanation of their service, VisaScreen, which verifies and evaluates the credentials of a foreign nurse, can be found at <http://www.cgfns.org/cgfns/programs/visascreen.html>

The National Council of State Boards of Nursing site includes pages about what applicants for licensure need to know about NCLEX. It's located at <http://www.ncsbn.org/public/testing/candidate.htm> This site also lists detailed contact information and web sites for all state boards of nursing at http://www.ncsbn.org/public/regulation/boards_of_nursing_board.htm

Proof of written and spoken English proficiency is required of foreign nurses educated in countries that do not speak or teach in English. This testing uses the **Test of English as a Foreign Language** (TOEFL) and information about this test can be found at <http://web1.toefl.org/>

Although a commercial site, **NursePass** includes detailed explanations of immigration/visa terms and regulations to help both nurses and employers, as well as links to other related sites. Go to <http://www.nursepass.com/npcontent/main.asp> It includes a section for Canadian nurses.

An article, "*Immigration for Nurses*," written by Alan Goldfarb, discusses the limited non-immigrant visa options available, as well as the legislative developments for the temporary employment of foreign nurses. To read it, go to http://www.fredlaw.com/articles/html/heal_0102_abg.html

To keep up to date with the latest visa developments, consult the *Visa Bulletin*; posted monthly by the **United States Department of State Bureau of Consular Affairs** at http://travel.state.gov/visa_bulletin.html The Bulletin summarizes the availability of immigrant numbers for that month for employment-based immigrant visas.

Washington State's Nursing Care Quality Assurance Commission's site has a link for nurses educated outside the United States. Go to <http://www.doh.wa.gov/Nursing/applicat.htm> and scroll to the middle of the page for the correct section on foreign nurses.

❖ Linkages

Immigrations Specialities, a non-attorney company, has developed a web site of helpful information about what's involved in becoming a registered nurse in the US and how to hire a foreign nurse. Their site includes detailed instructions on filling out the required documents, including the H-1C Nonimmigrant Visa for nurses employed in a disadvantaged area. Go to: <http://www.immspeci.com/RN/infores.htm>

The **US Department of Labor Employment and Training Administration** has posted several pages of *Frequently Asked Questions* about permanent immigration, H-1B Specialty Workers, H-1C nurses in disadvantaged areas, and other certifications at <http://www.ows.doleta.gov/foreign/faqsanswers.asp>

Barbara Holz Sullivan, MSN, RN

WSNA Practice & Education Specialist

Next Issue: Web sites on Specialty Certification

WSNA Member Runs for State Legislature

Dawn Morrell, CCRN, BSN, has been a nurse for over 18 years and an active member of WSNA. She is currently a staff nurse at Good Samaritan Hospital and is a leader in her local unit. Dawn has served on the WSNA-PAC Board of Trustees and is currently a member of the WSNA Legislative and Health Policy Council.

Dawn is running for the Washington State House of Representatives in the 25th Legislative District in Puyallup. She has been a tireless nursing and health care advocate. Dawn's testimony in Olympia this year brought a real face to the issue of mandatory overtime and contributed to the victory in the passage of this landmark legislation.

In previous years, Dawn has also testified on behalf of WSNA on the issue of needlestick injuries. Her advocacy for nursing will be a strong asset for all of us in Olympia. It's an exciting opportunity to add another registered nurse to our State Legislature. We need your help in making this a reality! To find out more about Dawn and her campaign, please go to www.dawnmorrell.com or contact her at 253-845-6767.



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Dawn Morrell, CCRN, BSN
Candidate for 25th Legislative District (Puyallup)

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Lisa L. Shoemaker
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Tracy L. McEwen
Tracie L. Monroe
Heidi W. Murray
Patricia A. Peters
Renee D. Storm
Brenda K. Townsend
Jennifer E. Van Fleet
Jennifer Diane Walling
Kelsey E. Webster
Julie A. Weedman

April to July 2002

DISTRICT 11

Fort Vancouver

Donald R. Blankenship
Teresa A. Coburn
Karl J. Decious
Linda M. Hale
Patrick Aaron Lybarger
Teresa M. Maul-Duling
Jeri L. Miller
Susan K. Pekkala

DISTRICT 12

Olympic Peninsula

John F. Melcher

DISTRICT 14

Whitman

Laurie L. Arnzen

DISTRICT 15

Tri-Cities

Jill M. Crawford
Consuela W. Egbert
Catharine A. Gard
Robert Q. Hiner
Shannon L. McConnell
Gail J. Morris
Gerrienne F. Patterson
Kathy J. Peot
Lisa J. Perez
Joyce S. Williams

DISTRICT 16

Skagit-Island-San Juan

Eryn R. Aguilar
Kathleen J. Anderson
Rebecca A. Baker
Wendy A. Beck
Courtney L. Boyer
Darla J. Branch
Jody L. Carabba
Cheryl A. Cotton

Laura A. Curtis
Chrystal L. Davis (Pressley)
Mary Fern Deater
Corina L. Farrell
Sari M. Foxworth
Jessica A. Gates
Gelland Jill Haagswa
Tamara L. Hansen
Kandy J. Heinemann
Christie D. Houston
Debra J. Jaccard
Sandra G. Laughland
Laurie M. Newton
Trish L. Nilsen
Debbie S. Owens
Tammy R. Reuble
Donna A. Scott
Debbie L. Sullivan
Carol J. Tanner
Robert L. Zaneski

DISTRICT 17

Kitsap County

Clarice E. Emley
Claudette Lynn Heckl
Wendy A. Lomax

DISTRICT 98

Christia A. Barton
Cathleen P. Fierro
Jennifer L. Frasier
Merry B. Fuller
Susan M. Kyzer
Teresa M. Lane
Charles K. Leonard
Elizabeth R. Long
Joe D. Powell
Beth A. Robison
Mitchell L. Robison
Barbara A. Shirey
P. James Wanner

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❖ District News

District 2, King County Nurses Association Update

King County Nurses Association celebrated 99 years of service at its Annual Meeting and Spring Banquet, held in conjunction with National Nurses Week on May 9 at the Yankee Diner in Seattle. The ceremony included the presentation of five \$1,000 scholarships to area nursing students and three special nursing awards. The KCNA auction netted more than \$5,000 to benefit the Scholarship Program.

Nursing awards were presented to:

Nurse of the Year: Barbara Van Droof, RN, PhD—Barbara has been Professor of Nursing at Shoreline for more than 40 years. She chairs the Evaluation and Tenure committees, and works with the Women's Center staff. Active in the community, Van Droof is President of the Washington League for Nursing, and has served on the Board of the King County Nurses Association. She is also a member of the Washington TriCouncil for Nursing and serves on the Task Force on Nurse Workforce Shortages. As a Nurse Practitioner, Barbara works as a wound care specialist in a skilled nursing facility.

Excellence in Nursing Practice: Mary Brady, RN—Mary has practiced nursing for 25 years, 19 of them at Evergreen Medical Center. She works in Maternal-Fetal Medicine, Family Maternity Center, Special Care Nursery and Post-partum Care, and was instrumental in designing the new Women and Children's Care Center at Evergreen. Evergreen Hospital Medical Center was also recognized by KCNA for providing

an environment in which excellent nursing practice thrives.

"Extra Mile" Awards: Virginia Pfalzer, RN and Joan Dedman, RN—Pfizer and Dedman, retired nurses, worked to establish "Safe Places for Newborns." In an effort to save the lives of abandoned babies, this program specified hospitals where desperate parents may leave unwanted newborns, with no questions asked. The program has served as a much-needed solution to the trend of frightened parents abandoning their babies in parks and other public places. The nurses' effort led to passage of the "Newborn Safety Act" during the state legislature's last session. The new law reassures frightened parents that they may leave their newborns at a designated drop-off point without involving law enforcement officials or hospital personnel.

Scholarships were presented to:

Ashley Blakemore, Seattle University: In addition to maintaining a 4.0 grade point average, Blakemore has volunteered with foster children, Youth League Basketball, Mason County Literacy, Habitat for Humanity and DARE. During school vacations, she assists the school nurse in her hometown of Shelton.

Quentin Winfrey, Tacoma Community College: Winfrey has a degree in Practical Nursing from Bates Technical College and is employed at Linden Grove, a skilled nursing facility.

Allison Wong, University of Washington: In addition to maintaining a place on the Dean's List, Wong works part-time as a certified nursing assistant. She volunteers as a peer health educator and bone marrow donor recruiter,

and is currently conducting research on pharmacotherapy of adult dementia patients.

Susan L. Cox, RN, Highline Community College: Cox, a registered nurse, is a BSN student. While serving as president of her nursing program, Cox has initiated a mentorship program for first-year students at Highline. She has also volunteered to assemble and deliver usable medical supplies to isolated clinics in Guatemala.

Bonnie Blachly, RN, University of Washington/Bothell: Blachly, a graduate nursing student, is winner of the prestigious **Valerie Weiss Memorial Scholarship**. She is Director of Clinical Services at Ida Culver House Broadview, and a member of the Clinical Faculty at the University of Washington. Blachly is also an active member of the KCNA Board of Directors.

Save the Date! The *KCNA Fall Kick-off Event* will be held on Saturday, October 19, 2002.

District 4, Inland Empire Nurses Association Update

The IENA, District #4 held its annual Gala in conjunction with National Nurse Week. This year's 2002 National Nurses Week slogan, **NURSES CARE FOR AMERICA** must have been chosen with Kathy Cope, RN, BA, CNSN, in mind. Kathy was honored by the IENA as this year's recipient of the Lifetime Achievement Award.

Kathy graduated as an RN in 1951 and has been a Critical Care Nurse for over 30 years, a Certified Nutrition Support Nurse, Parish Nurse, Educator, Author, Speaker and Consultant in "Quality Improvement/Health Promotion and Disease Prevention." Kathy has promoted incorporation of nutrition screening and early intervention

into health care and social service programs to standardize "Nutritional Status" as a basic vital sign of health. She has developed programs to improve health care practice and influence health care policy such as the Spokane BMI (Body Mass Index) Awareness project, which is institutionalizing BMI as a basic vital sign. It is empowering the community to identify individuals whose health is at risk due to underweight, overweight or obesity and apply appropriate intervention. Kathy serves as a Coordinator of the BMI project. She was invited by the Surgeon General to present the BMI project at his inaugural session. Kathy recently testified on "Disease Prevention through BMI Education, Risk Identification, Evaluation, and Intervention" before Assistant Secretary for Aging, Josefina G. Carbonell. IENA is very honored to have Kathy as an advocate for our profession and for the healthcare of our community and our nation.

We were fortunate to have Louise Kaplan, PhD, MN, ARNP, WSNA President join our celebration and speak to those "valued and respected" nurses attending. Lisa Ross, RN, Chair of Legislative and Health Policy Council recognized Washington State as the fourth state to pass legislation to prohibit mandatory overtime. Other honored guests at the Gala were Barbara Foster, WSNA labor organizer, Anastasia Aldecoa, RN, WSNA representative and Jesse Kessler, RN, WSNA representative.

Awards for Clinical Practice

Cheryl Beyer, RN at Spokane Regional Health District. Cheryl was one to the first nurses to join the Maternity Access First Steps Program and receive the NCASR for premature infants (NSTEPP).

Iris Cantlon, RN at Holy Family Hospital was also recognized for Clinical Practice. Iris was especially recognized for her role in assisting nursing students.

Martha Goodall, RN was recognized for her skill in clinical practice as a role model and a preceptor. Martha works at Holy Family Hospital and also serves as LUC.

Kathy Hageman, RN in ICU at Holy Family Hospital, was also honored in Clinical Practice. Kathy received the Nurse Excellence Award, Outstanding Educator and Employee of the Year finalist at HFH.

Ida Wade, RN at Spokane Regional Health District was recognized for her expertise in working with families and community agencies for improved healthcare and advocating for family responsibility.

Awards for Nursing Leadership

Marty Avey, Mae Johnson and Marilyn Walli. Marty is LUC at Sacred Heart Medical Center, IENA District President and Cabinet member on Economic and General Welfare. She is also a delegate to UAN National Labor Assembly and a staff nurse delegate to ANA Convention.

Mae Johnson, RN at SRHD has been instrumental informing the community of the challenge public health care is facing.

Marilyn Walli, RN at SRHD was honored for her management skills. She currently supervises the Early Intervention Program, The Passport Program and The First Steps Maternity Access Program.

District 11, Fort Vancouver Nurses Association

For the fourth year in a row, the Fort Vancouver Nurses Association, in conjunction with the local unit at Southwest Washington Medical Center, sponsored the American Red Cross blood drive on July 4th. It was held at Fort Vancouver, the scene of an all day party and the fireworks extravaganza, the biggest display west of the Mississippi River. The weather cooperated by remaining moderately warm and fortunately the predicted rain never materialized!

This year, the turnout far exceeded expectations. We had begun with one mobile unit, moved up to three for the past two years and will have to increase to four for next year. The goal was to obtain 150 usable donations. While the official count is not yet available, there were over 200 donors who completed the paperwork and were screened. This did not count the 30 to 50 potential donors who had to be turned away at the end due to the time limit. They were encouraged to donate at the centers in Vancouver or Portland.

We have already begun planning for next year, and hope to increase our goal. Come on down to the Fort next year for the 4th and help us out!

❖ Continuing Education

August 2002 through April 2003

Note: WSNA's CEARP (Continuing Education Approval & Recognition Program) is accredited as an approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation until August 31, 2005. If you wish to apply for WSNA/ANCC approved contact hours for your educational activities, please request the latest CEARP Guidelines Packet (\$30) from WSNA's Practice and Education Specialist at 206/575-7979, Ext. 3005.

August 2002:

Certificate Program Preparing Nurse Educators: Role Development for Nurse Educators; August 2, 16, 30; Seattle, WA; Credit Hours Available; Contact: Seattle Pacific University: 206/281-2888.

International Public Health Nursing: Diversities and Commonalities; August 28-31;

Belfast, Northern Ireland; Fees: 250 British Pounds; Contact: Queen's University School of Nursing & Midwifery: E-mail Lynda Matthews at l.matthews@qub.ac.uk

September 2002:

Indoor Air Quality's Impact Upon Pulmonary and Respiratory Conditions; Sept. 1; Available as either a home study course or online exam; Contact Hours: 7; Fees: \$60; Contact: AIRE, American Institute of Respiratory Education: 209-572-4172.

19th Annual Conference: American Association of Spinal Cord Injury Nurses; Sept. 3-5; Las Vegas, Nevada; Contact Hours: 1.8-19.2; Fees: \$225 (nonmembers); Contact American Association of Spinal Cord Injury Nurses: 718/803-3782 or www.aascin.org

Fall RN Refresher Program: Sept. 3-Jan. 30, 2003; Bellevue, WA; Contact: B.

Changing CME From Silos to Synergies: A Collaborative Vision and Mission; Sept. 9-12; Baltimore, Maryland; CMEs: TBA; Fees: \$125-\$645; Contact: American Medical Association: 800/621-8335.

Individual Psychotherapy in Dialectical Behavior Therapy; Sept. 9-10; Seattle, WA; Contact Hours: 14.4; Fees: \$325; Contact: The Behavioral Technology Transfer Group; 206-675-8588.

Medical Terminology; Wednesdays, Sept. 11-Dec. 18; Tacoma, WA; Contact Hours: 30; Fees: \$395; Contact: A.

Substance Use During Pregnancy: Effects on Infants, Mothers, and Children; Sept. 12-13; Seattle, WA; Contact Hours: 15.7; Fees: \$260; Contact: C.

Spirituality, Health, & Medicine; Sept. 13-Dec. 8th; Kenmore, WA; Certificate Program; Fees: \$6,400; Contact: Bastyr University; 425/602-3330.

National Conference of Gerontological Nurse Practitioners 21st Annual Convention; Sept 18-21; Chicago, IL; Contact Hours: 8.3 - 32.3; Fees: \$85 - \$180; Contact: NCGNP: 703/802-0088.

Dialectical Behavior Therapy Skills Training; Sept. 19-20; San Francisco, CA; (Several other dates and locations available Sept. to Nov); Contact Hours: 15; Fees: \$325; Contact: The Behavioral Technology Transfer Group; 206-675-8588.

Care Manager Roles; Fridays, Sept. 20, Oct. 4 & 18, Nov. 11 & 22, Dec. 13; Tacoma, WA; Contact Hours: 45; Fees: \$549; Contact: A.

Advanced Pathophysiology; Fridays, Sept. 20, Oct. 4 & 18, Nov. 11 & 22, Dec. 13; Tacoma, WA; Contact Hours: 45; Fees: \$549; Contact: A.

CONTACTS:

A Pacific Lutheran University School of Nursing Continuing Nursing Education
Tacoma, WA 98447-0003
253/535-7683
www.plu.edu/~ccnl/

B Bellevue Community College Continuing Nursing Education Health Care Programs, Room B134
3000 Landerholm Circle SE
Bellevue, WA 98007-6484
425/564-2012

C University of Washington School of Nursing Continuing Nursing Education
Box 357260
Seattle, WA 98195-7269
206/543-1047
www.uwne.com

D Intercollegiate College of Nursing Washington State University College of Nursing Professional Development
2917 W. Fort George Wright Drive
Spokane, WA 99224-5291
509/324-7321 or 800/281-2589
www.icne.wsu.edu

August 2002 through April 2003

Laser Technology Seminars for Nurses; Sept. 21; Seattle, WA; Contact Hours: 8; Fees: \$160; Contact: C.

Rehabilitation Nursing: Concepts and Techniques; Sept. 24-28; Puyallup, WA; Contact Hours: 25.2; Fees: \$450; Contact: Good Samaritan Hospital: Kelly McNett: 253/848-6661, Ext. 2875.

The End as a Beginning; Sept. 25; Tacoma, WA; Contact Hours: 6.5; Fees: \$79; Contact: A.

Holistic Healing of Attention Deficit Disorder; Sept. 26 (seminar on Sept. 27); Seattle, WA; Sept. 28; Tacoma, WA; Fees: \$45; Contact: ADD Resources; 253/752-0801.

2002 WSNA Leadership Conference; Sept. 28-Oct. 1; Chelan, WA; Contact Hours: TBA; Fees: TBA; Contact: WSNA: 206/575-7979.

Introduction to School Nursing; Saturdays, Sept. 28, Oct 5 & 19, Nov. 2; Tacoma, WA; Contact Hours: 30; Fees: \$395; Contact: A.

October 2002:
Numbing the Pain: Trauma and Substance Abuse; Oct. 3-4; Seattle, WA; Contact Hours: 14.4; Fees: \$325; Contact: The Behavioral Technology Transfer Group; 206-675-8588.

Third Northwest Clinical Nurse Specialist Conference: The Changing Climate of Care: Strategies for Best Practice; Oct. 4; Portland, OR; Contact Hours: 7.8; Fees: \$175; Contact: Dr. Sue Davidson: 503/293-0011, Ext. 320.

9th Annual Joint Conference on Health: Public Health Priorities; Balancing Our Core Mission With Emergency Preparedness; Oct. 7-9; Wenatchee, WA; Contact Hours: TBA; Fees: TBA; Contact: Washington State Public Health Association: 425/377-1477.

Sixth Annual National Magnet Nursing Conference; Oct. 13-15; Rochester, Minnesota; Contact Hours: 14.5; Fees: \$250-\$425; Contact: Mayo Continuing Nursing Education: 800/545-0357.

Advanced Topics in Dialectical Behavior Therapy; Oct. 17-18; Holyoke, MA; Contact Hours: 14.4; Fees: \$325; Contact: The Behavioral Technology Transfer Group; 206-675-8588.

Fighting Fear with Knowledge; Oct. 23; Tacoma, WA; Contact Hours: 6.5; Fees: \$79; Contact: A.

25th Annual Pacific NW Conference on Advanced Practice in Primary and Acute Care; October 23-26; Seattle, WA; Contact Hours: 8 - 25.8; Fees: \$115-\$325; Contact: C.

Diabetes Update; Oct. 29; Tacoma, WA; Contact Hours: 7.5; Fees: \$89; Contact: A.

Chemical Safety: At Work and At Home; Oct. 29; Spokane, WA; Contact Hours: TBA; Fees: \$175; Contact: Julie Schmitz: 206/543-1069.

The 51st Governor's Industrial Safety and Health Conference; Oct. 30-31; Spokane, WA; Contact Hours: none; Fees: \$60; Contact: Julie Schmitz: 206/543-1069.

Continuing Education

November, 2002:

Foundations in Chemotherapy Practice; Nov. 4-5; Seattle, WA; Contact Hours: 16.5; Fees: \$260; Contact: C.

Rehabilitation Nursing: Concepts and Techniques; Nov. 4-8; Puyallup, WA; Contact Hours: 25.2; Fees: \$450; Contact: Good Samaritan Hospital: Kelly McNett: 253/848-6661.

Spanish Medical Terminology; Nov. 7; Tacoma, WA; Contact Hours: 7.5; Fees: \$89; Contact: A.

Therapeutic Transfer Techniques; Nov. 13; Puyallup, WA; Contact Hours: 7.8; Fees: \$100; Contact: Good Samaritan Hospital: Kelly McNett: 253/848-6661.

Geriatric Pharmacology; Nov. 14; Tacoma, WA; Contact Hours: 7.5; Fees: \$89; Contact: A.

Rapid Response: Essential Skills for Urgent Clinical Situations; Nov. 18; Seattle, WA; Contact Hours: 7.3; Fees: \$195; Contact: C.

Partnerships for the Future: A National Conference on Professional Nursing Education and Development; Nov. 20-23; Chicago, IL; Contact Hours: TBA; Fees: TBA; Contact: 616/336-7168.

December, 2002:

Pharmacotherapeutics for ARNPs; Dec. 6; Tacoma, WA; Contact Hours: 7.5; Fees: \$109; Contact: A.

❖ Continuing Education

January, 2003:

Introduction to Perioperative Nursing; Jan. 6; Tacoma, WA; Times, Clinical Sites, Contact Hours to be announced. Contact: A.

Emergency Care of the Older Adult in the Community Setting;

Jan. 15; Tacoma, WA; Contact Hours: 6.5; Fees: \$79; Contact: A.

February, 2003:

Holistic Approaches to Oncology Nursing; February 7-9; Union, WA; Contact Hours: 12.6; Fees: (includes lodging, and meals) \$650; Contact: Harmony Hill Retreat Center: 360/898-2363 or visit www.harmonyhill.org

April, 2003:

Clinical Updates in Correctional Health Care: April 12-15; Anaheim, California; Contact Hours: 26; Fees: \$140-\$300; Contact: National Commission on Correctional Health Care: 773/880-1460.

INDEPENDENT SELF STUDY COURSES:

Preceptorship; Available October; Contact Hours: 1.8; Fees: None; Contact: Sue Ford at Tacoma Community College: 253/566-5225.

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.

RN Refresher Course; Contact Hours: None; Fees: Theory: \$500; Health Assessment and Skills Review: \$500; Clinical Placement for Precepted Clinical Experience: \$400; Contact: D.

Ethics Related to Nursing Practice; Contact Hours: 9; Fees: \$200; Contact: D.

Legal Issues in Nursing; Contact Hours: 4.0; Fees: \$120; Contact: D.

AIDS: Essential Information for the Health Care Professional; Contact Hours: 7.0; Fees: \$55; Contact: D.

August 2002 through April 2003

Health Assessment and Documentation; Contact Hours: 20; Fees: \$150; Contact: D.

Contact the following providers of independent study courses to request placement on their mailing lists:

Intercollegiate College of Nursing Professional Development

2917 W. Fort George Wright Drive
Spokane, WA 99224-5291
509/324-7356 or 800/281-2589
www.icne.wsu.edu

University of Washington School of Nursing

Continuing Nursing Education

Box 357260
Seattle, WA 98195-7269
206/543-1047
www.uwcne.com

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July 31-August 1, 2002, Seattle, WA

Topics include: NIOSH Research Agenda, Lifting Programs, Tracking and Preventing Needlestick Injuries, Workplace Violence, Cost Benefit Analysis, Safe Handling of Dangerous Drugs, Glove Selection, Health Care Workers and the Law, Handling and Disposal of Medical Waste. For more information, call Northwest Center for Occupation Health and Safety (206) 543-1069 or visit <http://depts.washington.edu/ehce>.

Nurse Foot Care Training Program (NFCTP)

October 18-19 at Swedish Hospital in Seattle. Two day comprehensive course plus a two day practicum after course is completed. Registration fee: \$125. Contact Ted Carlson, DPM, JD at 866 343-6999, nwpodiatry@aol.com, or visit our web site @ wspma.org. Sponsored by the Washington State Podiatric Medical Association.

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