THE WASHINGTON
NURSE

WINTER 2002
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THE WASHINGTON
NURSE

Volume 32, No. 4
Winter 2002

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CONTRIBUTOR GUIDELINES—Article ideas and unsolicited manuscripts are welcome from WSNA members (300 word maximum). Please submit a typed copy and diskette (Word Perfect 6.0/Windows 98), and include identified relevant photos, a biographical statement, your name, address and credentials. It is not the policy of WSNA to pay for articles or artwork.

ARTICLE SUBMISSION DEADLINES

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

Calendar of Events

January 2003

20 Office Closed - Martin Luther King Birthday Observed
23 Special UAN National Labor Assembly Meeting - Chicago
28 WNLC Meeting
30 Slate of Nominees Published and Mailed to Districts and Local Units

February

1 Cabinet on Economic and General Welfare
Professional Nursing and Health Care Council
7 WSNA Finance Committee
WSNA Board Executive Committee
8 CEARP Committee
10 Nurse Legislative Day - Olympia
17 Office Closed - Washington's Birthday Observed

March

2 Deadline for Self-Declared Candidates
7 WSNF Board of Trustees
8 District Representative Council
14 Board of Directors

April

8 WNLC
24-25 CNEWS - Spokane

May

1-3 WSNA Convention/Summit, DoubleTree Suites, Southcenter

Important Dates

February 10, 2003
21st Annual Nurse Legislative Day
Olympia, WA

May 2 - 3, 2003
2003 WSNA Convention Summit *"From Common Ground to Common Dreams"*, DoubleTree Suites, South Center, WA

September 28–30, 2003
13th Annual WSNA Leadership Conference

INFORMATION RESOURCES AVAILABLE WSNA WEBSITE

http://wsna.org

First, I want to congratulate **Dawn Morrell**, WSNA's long time member, who won election to the Washington State Legislature in November. Dawn becomes, in January, one of seven nurse legislators in Washington State. We are now the state with the highest number of nurses in it's legislature and the health care system should be all the better for it. I know Dawn will be a major player on health care issues and will use her years of experience as a nurse to inform her decisions. We are most fortunate to have Dawn and our other nurse legislators representing us.

As the 2003 Washington State Legislature begins its work, health care is in a state of flux. More and more people are dissatisfied with the "system" and an increasing number of people are uninsured and underinsured. Ironically, the per capita expenditure on health care in the U.S. is $4,700. Multiply that by the 5.9 million Washington residents and there should be about 27.7 billion health care dollars in Washington State. It seems this should be enough to fund our "system" yet the situation seems to worsen daily.

In December, students in my Health Care Policy Analysis class at Washington State University completed an assignment to redesign the health care system in the U.S. I was impressed by their analysis of the problems with the current system, their creativity in redesigning the system and their understanding of the political realities and challenges in making change. As much as we hate the system, the collective will does not seem to be geared toward an overhaul. In as large and heterogeneous a country as the U.S., getting agreement on what a new system would look like is far more difficult than it has been in smaller European countries with more homogenous populations.

While I read the student's assignments and gave them ideas to consider about their models, I reflected on my own beliefs about what a redesign should look like. I thought it would be fun to do the assignment myself so I could share with the students what my redesign would look like. I decided to share this in my column to encourage each of you to think about what your "ideal version" of the health care system would be. If we had more nurses involved in making health policy, I believe we would have a more compassionate, affordable system.

A National Health Insurance Plan for the People

The guiding principles of my plan are that health care is a right, should not be dependent upon employment status and that everyone should have access to the same services. My plan will be a national health insurance plan that is administered through the federal government and assures that every resident of the United States is covered. Unlike the Canadian health insurance plan that allows each province to control its plan, this one will be uniform in every state so there will be no incentive for people to move from one place to another to acquire needed services.

The *Plan for the People* will provide primary preventive, acute and chronic care. Secondary and tertiary care will also be provided. Primary care providers will use the recommendations of the United States Preventive Services Task Force to provide preventive care. Providers who can demonstrate through chart notes and patient outcomes such as weight loss and smoking cessation rates will be offered up to 30 continuing education credits free of charge at selected conferences and through on-line offerings. Primary care will be the place of entry into the health care system and will be offered by family practice, pediatric, internal medicine, naturopaths and women's health care providers. All other care will be considered specialty care and requires referral. For example, this will include acupuncture, homeopathy, massage therapy, as well as gastroenterology, endocrinology, nephrology and neurology. Specialists will be plentiful enough to offer appointments within one week of referral. A list of covered services will be developed using the Oregon list of covered services as a basis. People can appeal decisions about what is not covered by going to an ethics board convened in each state with professional and lay representatives.

Community health representatives will be used to work with people to provide support services such as coordinating health appointments, medication refills, transportation needs and to provide in-home support. Health educators will become part of the school system to assure children learn about their bodies and health and self-care from entry through graduation. Health educators will also be used in community locations such as senior and community centers, churches and libraries to bring information to people about health care and self-care.

Long-term care will be offered through the purchase of an additional health insurance policy. This policy will be mandatory and the cost will be paid for through a surtax on the cost of health insurance. The Department of Health and Human Services will determine the amount of the surtax for people over a certain income level based on a yearly analysis of economic in-

dicators to be determined by the Department of Health and Human Services. For people below the specified income level, there will be a sliding scale fee for purchase of the coverage and people below a certain income will have the cost of the plan paid for by the government. The cost of the long-term care insurance for low-income people will be factored into the amount of the surtax paid by those with higher incomes. There will be an incentive offered to promote the use of in-home care and community based congregate care homes. This incentive will be a rebate or reduction of surtax the individual or the individual's beneficiary will pay.

Public health will be provided through local and regional jurisdictions using a population-based model of care. The only direct care services to be provided will be home visits through maternal child health programs and programs for children with special health care needs. All direct care will be available through local providers.

Mental health and substance abuse services will be provided in a manner similar to primary care services. Any limits to the number of visits a person may have a year will be similar to any limits placed on primary and specialty care. Care for people with chronic mental illnesses who need inpatient treatment or for people with the need for short term inpatient stays will be offered at institutions financed by state and federal funds. The guiding principle will be to offer as little institutional care as necessary and to have an infrastructure for community based residential care. Substance abuse treatment will be offered in outpatient settings and will have a family focus of care. In addition, other services such as job training and life skills classes will be offered.

Prescription drug costs will be a 100% covered benefit. The way this will be possible is that the government will transition pharmacies to be state owned and run, similar to how the Washington State liquor stores are, and mail order will be used whenever possible to reduce the cost of running numerous pharmacies. The large volume purchases by the state and the use of mail order and state run pharmacies will assure that they are offered at the least possible cost.

Basic dental care will be included in the *Plan for the People*. An annual dental cleaning and exam will be covered benefits. Comprehensive care will be phased in over a five-year period to become comparable to the type of primary care offered. Dental providers will be reimbursed in a manner similar to health care providers.

Any health provider who is licensed in each state will be a covered provider on this plan. Unlicensed providers will be excluded, as there is no accountability and mechanism for protecting the public without state regulation.

Health care will be provided in clinics that are staffed by providers. These clinics, however, will not be just in offices but will also be based in schools, senior centers, large corporate offices and other innovative places that make health care accessible to people during the course of their typical day. People will have access to care at clinics 24 hours a day with more limited availability during late evening and night hours. The goal of this is to eliminate the need for people to go to emergency rooms for other than emergency care. An electronic medical record will be developed that can be used in local or regional areas with information readily transferable when people move. Protection of confidentiality will be an essential component of the design of the electronic record system. This system, however, will allow providers to coordinate care. It will include not only chart notes but also medications prescribed, tests conducted and ER and inpatient records.

Administrative simplicity will be part of this system since there will be a central office in each state that coordinates the health care system. All paper work and documentation requirements will be uniform nationwide and there will be no insurance companies. Care provided will be paid for using a uniform fee schedule developed in each state by a committee comprised of providers and consumers. Primary care will be provided on a capitated basis

however specialty care and tertiary care will be on a fee for service basis.

Quality of care will be measured using the Health Plan Data and Information Set (HEDIS) measures developed by the National Committee on Quality Assurance. In addition, the Department of Health and Human Services will review other quality assurance measures to determine which ones may also be used by states to evaluate the quality of care provided. Consumer satisfaction will be determined through annual surveys of randomly selected people in a wide variety of cultural and linguistic groups using surveys that are standardized when possible but more importantly are linguistically appropriate and culturally relevant.

Funding will be through an increase in the income tax. Since the average family currently pays thousands of dollars a year in health insurance costs and out-of-pocket costs for deductibles, co-pays and uncovered services, an increase in income tax will make the cost of health care more predictable and more equitable. Dental care will be financed by an increase in the income tax over the first five years of the plan with the amount to be determined based on historical and projected cost of care with consideration to the fact that millions of Americans go without dental care due to a lack of dental coverage.

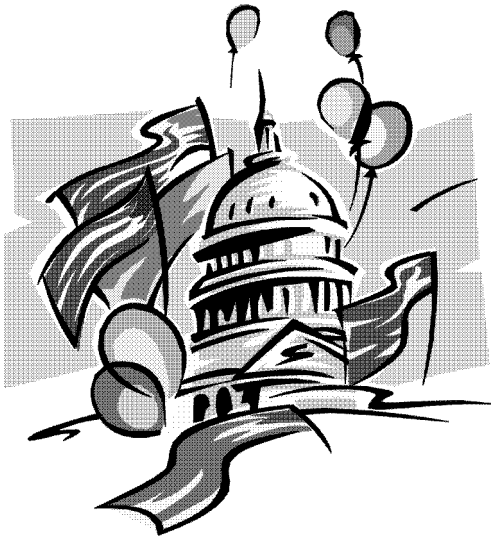
The increase in the income tax will be proportionate so that those in the lower tax brackets will pay less proportionately than those at the upper tax brackets. The higher contributions of those in the upper tax brackets will assist in funding the cost of care for people who are in lower tax brackets or who do not pay income tax at all. There will be no link to employment so that all people will be covered regardless of employment status. The use of the income tax makes this a highly sustainable model of funding.

That's my view–what's yours?

Louise Kaplan

Mark your Calendars!!

21st Annual Nurse Legislative Day



Keynote Speaker: Governor Gary Locke

Monday, February 10th, 2003
Washington Center for the Performing Arts
Olympia, WA

Join hundreds of nurses, nursing students and friends from around the state in an energizing, educational, fun-filled day.

This is *your opportunity* to:

- ✔ **Learn about critical nursing and health care legislation to be considered during the 2003 Legislative Session.**
- ✔ **Obtain the skills needed to become a citizen lobbyist. Learn how to communicate effectively with your elected officials.**
- ✔ **Meet with hundreds of nurses and nursing students throughout Washington state.**
- ✔ **Visit with your state representatives and let them know which issues are important to you.**
- ✔ **Unite with other nurses and educated lawmakers on nursing and health care issues.**

More Information and Registration Form on Next Page

Washington State Nurses Association Political Action Committee
575 Andover Park West, Suite 101, Seattle, WA 98188 (206) 575-7979 www.wsna.org

21st Annual Nurse Legislative Day

Monday
February 10th, 2003
in Downtown
Olympia

Keynote Speaker
Governor
Gary Locke
Washington State

Education Workshop

Reception with
Legislators

21st Nurse Legislative Day Registration Form

To pre-register and receive advance materials, please return this registration form by **January 31st, 2003** to: WSNA, 575 Andover Park West, Suite 101, Seattle, WA 98188, or fax 206/575-1908.

Registration Fees:
- ❒ $15 Students* who pre-register
- ❒ $25 Students* who register late/at the door
- ❒ $40 WSNA, ARNP United, AORN and SNOW members who pre-register
- ❒ $50 Pre-registered non-members
- ❒ $60 Late registrants

* *student is a non-RN nursing student working towards becoming an RN. RNs in school to complete a bachelor's degree or higher do not qualify for student rate.*

The Ramada Inn Governor House is holding 30 rooms at a special rate for us on the night of Feburary 9th. Please call the hotel at (360) 352-7700 for reservations. Make your reservations early–the special rate is for a limited time only.

Event Location: Washington Center for the Performing Arts
512 Washington St. SE, Olympia

Schedule:

7:30 to 8:30 am	**Registration/Check-in** Enjoy complimentary coffee and rolls
8:30 to 8:40 am	**Welcome & Introductions**
8:40 to 9:30 am	**Current Legislative and Regulatory Nursing Issues**–Presented by WSNA Legislative and Health Policy Council
9:30 to 9:45 am	**Break**
9:45 to 10:15 am	**Legislator of the Year Award**
10:15 to 11:15 am	**Keynote Address–Governor Gary Locke**
11:15 to 11:30 am	**Break**
11:30 to 12:30 pm	**Concurrent breakout sessions** (choose one): ❒ *Grassroots Political Action*—Basics of the Political Process and Lobbying ❒ *Mental Health Parity*—Comparable coverage for the mind as well as the body ❒ *Budget Impact on Health Care*—How the budget shortfall will affect health services
12:30 to 5:30 pm	**Lunch on your own, attend hearings and visit with your legislators**
5:30 to 7:30 pm	**Legislative Reception**—at Budd Bay Cafe (525 N. Columbia, Olympia, WA)

Registrant Information
Each registrant must complete his or her own form; photo copy as needed

$_____ Registration Fee (includes reception) $_____ PAC contribution

❒ Yes, I plan to attend the reception! **Total Payment Due** $_____

Name:_____ Credentials:_____
Street Address:_____
City:_____ State:_____ Zip:_____
Daytime Phone:_____ / _____ - _____ Member ID/SS #: _____ - _____ - _____
Legislative District or name of one of your state representatives:_____

Payment
- ❒ Check payable to WSNA-PAC
- ❒ Visa/Mastercard Card #: _____-_____-_____-_____

Expiration Date:_____ Cardholder's Name:_____

Cardholder's Signature:_____

Washington State Nurses Association

2003 Legislative & Health Policy Platform

The Washington State Nurses Association provides leadership for the nursing profession and promotes quality health care for consumers through education, advocacy, and influencing health care policy in the State of Washington

NURSING PRACTICE

- Support the implementation of Washington Nursing Leadership Council's 2002 Washington State Strategic Plan for Nursing to address the nursing shortage.
- Support nursing's unique role in the delivery of comprehensive, quality and cost-effective care.
- Support the principle of individual licensure as mandatory for the practice of registered nursing.
- Encourage specialty certification and advanced practice of nursing.
- Support nursing education funding for:
  1) Nursing programs within institutions of higher education and for nursing faculty salaries.
  2) Nursing education, including specialty certification and advance practice preparation.
- Support funding for:
  1) Grants and loans to encourage recruitment and retention in nursing including increasing the diversity of the nursing workforce.
  2) Nursing research to maximize nursing's contribution to health.
  3) Data collection and analysis on the nursing workforce and current and future of health care needs.
- Protect the public by promoting the role and practice of registered nurses.

ACCESS TO QUALITY CARE

- Support full access to health care for all.
- Support comprehensive services delivered in familiar, convenient sites such as schools, workplaces and homes, as well as traditional health care settings.
- Ensure access to nursing services that emphasize the role of registered nurses as qualified providers of health care in all practice settings.
- Support health promotion and disease prevention as major focus of health care system.
- Support and promote advanced registered nurse practitioners as primary care providers.

FUNDING BASIC NEEDS/FINANCING HEALTH CARE

- Support an equitable tax base which will provide adequate funding for needed social and health services and state agency oversight.
- Ensure funding for state health plans, public health, and public health nursing services.
- Support cost containment incentives in the health care delivery system that do not compromise quality of care and that:
  - apply to all providers, payors and vendors.
  - are based on continued review of the appropriateness of health care services, and
  - serve to eliminate significant waste and inefficiency.
- Protect dedicated health funding and ensure it is used solely for health services.

HUMAN RIGHTS

- Support the basic right of all people for equity under the law regardless of race, creed, color, gender, age, disability, lifestyle, religion, health status, nationality, or sexual orientation.
- Promote a health care system that recognizes, values and accommodates differences among people.
- Increase the awareness of nurses, other healthcare providers and the general public about the problems of violence, sexual assault and harassment.

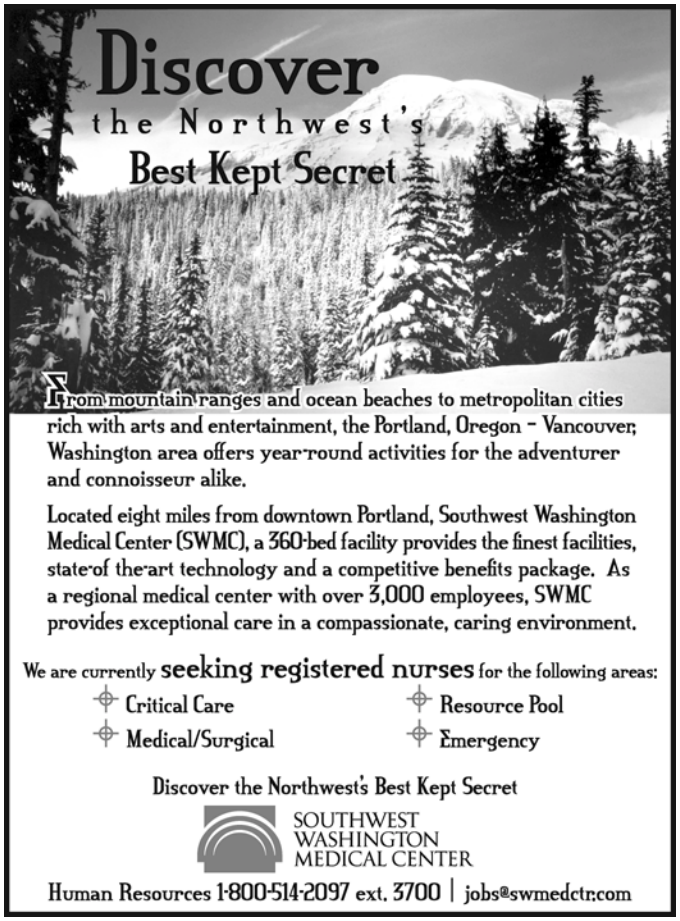
ECONOMIC and GENERAL WELFARE

- Promote RN staffing standards and levels of patient care to ensure quality and safety.
- Endorse and actively support the rights of all employees to participate in the collective bargaining process.
- Support measures, including comparable worth, which promote the economic welfare of all nurses.
- Promote and seek enactment of legislation that protects the economic and employment rights of nurses, including their right to advocate for patients.
- Support measures that create a work environment where nurses are respected, valued, and included in the decision making process.

HEALTH HAZARDS

- Support legislation and regulation that promotes the health and well-being of all persons.
- Support the continued research for prevention, treatment and cure of communicable diseases.
- Support efforts to assure adequate prevention, preparedness, and response to natural, biological, chemical disasters, and acts of terrorism.
- Support legislation and regulation that assures workplace safety.

Approved by Legislative and Health Policy Council, October 2002
Approved by WSNA Board of Directors, November 22, 2002



2003 Legislative & Regulatory Agenda

Please note that the Legislative and Regulatory Agenda is a fluid list. As the state legislative session begins in January and throughout its duration, there will be hundreds of health care related bills introduced. WSNA will be examining various legislation that pertains to health care and nursing, and adjusting this list accordingly. Please check our website (**http:\\www. wsna.org**) for updated legislative information throughout the session.

Below is a brief definition of the various categories for our Legislative Agenda:

ACTIVE PRIMARY SUPPORT—Legislation that WSNA is initiating, researching, drafting and working actively on during the legislative session.

ACTIVE SUPPORT—Issues not initiated, but are strongly supported by WSNA. These are issues that WSNA is working on in collaboration with other associations and coalitions.

ACTIVE MONITOR—Issues that WSNA has not taken a formal position on but is monitoring very closely. WSNA will decide whether to support or oppose depending on the exact language of the legislation.

REVIEW—Issues that have been identified as having a potential impact on nursing and quality health care. WSNA is not likely to work actively on these issues, but will monitor them.

REGULATORY MONITORING—Issues that pertain to the various state regulatory agencies such as Departments of Health and Labor & Industries. WSNA monitors and provides input to these issues as rulemaking and agency oversight occurs.

Apprived by the Legislative and Health Policy Council, October 2002
Approved by WSNA Board of Directors, November 22, 2002

ACTIVE PRIMARY SUPPORT

- Change composition of nursing commission
- Funding for nursing workforce data collection and analysis and the Center for Nursing
- Funding for RN faculty salaries
- Funding for nursing enrollments
- Funding for scholarships and loan repayments
- Funding for public health and public health nursing

ACTIVE SUPPORT

- Protection of services and funding for state health plans.
- Legislative and regulatory issues of WSNA affiliates and other specialty nursing organizations

ACTIVE MONITOR

- Prescription drugs
- Health personnel identificatio
- Mental health parity
- Changes in criminal background checks (FBI fingerprinting) for health care professionals
- Individual & small group Insurance market reform
- Changes to the Uniform Disciplinary Act
- Medical/medication errors
- Budget
- Medicaid changes/reforms
- Long-term care issues
- Staffing Standards
- Nursing Technician
- Nurse Practice Act
- Nursing Assistant Education
- Medication Assistants
- Scope of Practice Issues

REVIEW

- Reimbursement for any category of provider
- End of life issues/assisted suicide
- Access to family planning services
- Self-directed care
- Pain management
- Nurse delegation

REGULATORY MONITOR

- Nurse delegation
- Latex allergy
- Long-term care
- Mandatory overtime
- State employees right to bargain for wages
- Medicaid changes/reforms
- Mandated coverage of contraceptives
- Indoor air quality
- DOH/Nursing Commission administrative issues
- Patient and provider confidentiality issues/HIPAA regulation
- Blood borne pathogens
- Ergonomic standards
- Nurse technicians
- Tobacco settlement implementation

Dawn Morrell, WSNA Member, Elected to State Legislature

WA now has highest number of RN legislators in the U.S.

The Washington State Legislature in 2003 will have the highest number of registered nurses serving in any State Legislatures across the nation. The election of Dawn Morrell, CCRN, BSN, member of Washington State Nurses Association (WSNA), and Judy Clibborn, RN, increases the current pool of registered nurses in Olympia to seven. The five incumbent registered nurses are: Sen. Rosa Franklin, Sen. Rosemary McAuliffe, Sen. Margarita Prentice, Rep. Eileen L. Cody, and Rep. Cheryl E. Pflug.

Dawn Morrell, CCRN, BSN
State Representative, 25th Legislative District (Puyallup)

"The number of registered nurses in Olympia clearly demonstrates the trust that citizens place on registered nurses. As health care becomes a critical issue for our state, we can count on these nurse legislators to make the tough decisions and do what is right for the public," said Louise Kaplan, PhD, ARNP, President of WSNA.

"I am thrilled about the election of Judy Clibborn and the victory of WSNA member Dawn Morrell. Dawn has been a tireless nursing leader, her advocacy for nursing and quality health care will be a strong asset for all of us in Olympia," said Judy Huntington, MN, RN, Executive Director of WSNA.

Health care will be a top priority for Dawn in Olympia. She comments, "my nursing experience will be very important as the Legislature deals with the spiraling cost of prescription drugs and access to quality health care. Being a registered nurse was a central theme of my campaign. The public clearly trusts me as a registered nurse to advocate for their needs and on their behalf in Olympia."

Dawn Morrell has been a registered nurse for over 18 years and is currently a critical care staff nurse at Good Samaritan Hospital, is a leader in her local bargaining unit, and has been active in the legislature and health policy issues in WSNA. In 1996, Dawn was the recipient of the *Professional Nursing Excellence Award* from Good Samaritan Community Healthcare.

12th Annual Lake Chelan WSNA Leadership Conference

Another fabulous, informative, energizing gathering of nurses from across the state, along with national nurse leaders, was enjoyed at Campbell's Resort from September 29 through October 1, 2002.

Participants included nurses from: Affiliated Health Services, Children's Hospital, Evergreen Hospital, Good Samaritan Hospital, Grays Harbor Community Hospital, Holy Family Hospital, Kadlec Medical Center, Kittitas Valley Community Hospital, Northwest Hospital, Overlake Hospital, PeachHealth Lower Columbia Region, Providence Hospital, Yakima, Sacred Hearth Medical Center, Sea-King County Health Dept, Seattle University, Skyline Hospital and Southwest Washington Medical Center. Nurses from the Alaska Nurses Association were also enthusiastic attendees.

Opening day included structured time for Local Unit Officers to network and share the highlights of what's been going on at our respective facilities, and how WSNA staff nurses are improving working conditions and patient care through our collective voice and action. This is where we can candidly share our challenges, triumphs, fears, questions and growth. We also heard from Joan Garner, MN, RN, WSNA Director of Practice, Education, Government Affairs, and Membership, who spoke on the "Mystique of WSNA Membership." This was a nuts and bolts presentation that was quite enlightening.

Local Unit Leaders Attending WSNA Leadership Conference, Lake Chelan, 2002

Monday we heard from Louise Kaplan, PhD, ARNP, WSNA President, speaking about her experience as a long time community and nursing activist and change agent, sharing her experience, strategies and perspectives. Titled "What Good is a Voice If You Don't Sing", her presentation was indeed inspiring. We also heard from Liz Ford, JD, WSNA Chief Counsel and Judy Huntington, MN, RN, WSNA Executive Director, on "Nurses and Unions, an Uneasy Past–A Bright Future Together." From Ann Tan Piazza, WSNA Asst. Dir., Media Relations & Governmental Affairs, Liz Ford, WSNA Chief Counsel and Julia Lear, WSNA General Counsel, we heard about "Asserting Your Right to Say NO to Mandatory Overtime." And our Keynote Speaker, Janet Bingle, MS, RN from New England titled her talk "There's Got to be More to Nursing Than This." We laughed, we cried, we identified with everything she said!

Monday was rounded out with breakout sessions regarding Grievances, with separate sessions for New and experienced Grievance officers.

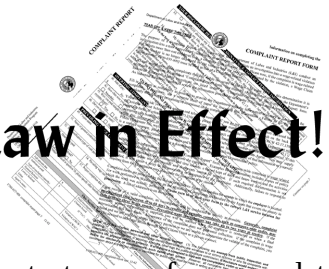
Tuesday included Mary Walker, RN, FAAN, PhD, Dean of Seattle University School of Nursing. She spoke regarding "Dealing with Difficult People." And we heard from Barbara Blakeney, MSN, RN and President of the American Nurses Association speaking on "ANA–Making a Difference." The day also included more breakout sessions covering "Effective Management of Your Local Unit" and "Membership: Promotion and Participation."

If you haven't been to Leadership yet, or it's been a few years, set aside time for yourself, your peers and your profession, **September 28-30, 2003 at Lake Chelan**. The beauty of Lake Chelan in the autumn is a gentle balm before winter sets in. Share it with your family, colleagues and WSNA. *You will be glad you did!*

Liz Ford, Chief Council, WSNA, presenting "Labor History"

Louise Kaplan, WSNA President, adressing local unit leaders

Mandatory Overtime Law in Effect!



The Washington State Legislature in 2002 passed a law to protect nurses from mandatory overtime. The law came into effect in July of 2002, with the Department of Labor and Industries as the enforcement agency. This helpful Q&A by L&I explains the basics of the new law:

If you feel that you were forced to work mandatory overtime and would like to file a complaint, you can download the form from the WSNA website at www.wsna.org

Overtime for Nurses

Employment Standards

What you should know about a new law restricting mandatory overtime for nurses

What is the purpose of this law?

The purpose of this law – RCW 49.28.130 through RCW 49.28.150 – is to restrict health-care facilities from requiring registered nurses and licensed practical nurses to work overtime in excess of the established schedules or agreed upon workweek. Reasonable safeguards should be in place to limit overtime and maintain appropriate patient care. The rationale for this law is to protect health-care workers and promote patient safety and quality health care.

What does the law say?

No RN or LPN of a health-care facility covered by this law may be required to work overtime. Attempts to compel or force employees to work overtime are prohibited, except under certain circumstances that are described below. Employees may choose to work overtime, voluntarily, but refusal to work overtime is not grounds for discrimination, dismissal or discharge or any other penalty adverse to the employee.

Who is covered by this law?

Those covered are licensed practical nurses and registered nurses who work in health-care facilities as defined by this law, involved in direct patient care or clinical services, and who receive an hourly wage. In addition to the "typical" bedside staff nurse, there are many other examples of nursing staff receiving an hourly wage and who are also covered. The following list provides some examples of positions that provide direct patient care or clinical services that may be covered. The list is not all-inclusive. These and other positions are covered if the employee is an RN or LPN who receives an hourly wage:

- Diabetic educators
- Staff educators
- Clinical specialists
- Pain-management nurses
- Research nurses
- Nurses in various labs – sleep,
- cardiac, GI, etc.
- Case managers
- Telephone-consulting nurses

Which health-care facilities are included?

Hospices; acute-care hospitals; rural health-care facilities; private psychiatric facilities, including some that may be operated by local government; and nursing homes or home-health agencies operating under a licensed health-care facility, which operate on a 24-hours-a-day, 7-days-a-week basis. Hospices include hospice-care centers and in-home hospice services. Many hospitals may have a long-term-care wing that operates under the license of the hospital and not as a separate nursing home; these will be covered. There are some instances where the nursing home is a separate structure and operates under the license of the hospital; these will also be covered (a list of these facilities is available upon request).

Which facilities are not covered?

Not covered are state psychiatric hospitals and other state facilities operated by the Department of Social and Health Services or Department of Corrections. Also, since home-health agencies do not have the legal authority to operate under the license of another health-care facility, there will be no instances where they will be covered by this law. Many nursing homes, although owned and operated by a hospital or medical center, still operate under their own license and not the

license of another health-care facility; these facilities are not covered.

What is meant by "overtime"?

"Overtime" means hours worked in excess of an agreed upon, predetermined, regularly scheduled shift not to exceed 12 hours in a 24-hour period or 80 hours in a consecutive 14-day period. The criteria for what constitutes overtime is determined by an employee's usual shift length. For example, if an employee is regularly scheduled to work an 8-hour shift, anything beyond that is considered overtime for the purposes of this law. The individual's status as "part time" or "full time" does not affect coverage under this law.

When does the law not apply?

This law does not apply to mandatory overtime work that occurs:

- Because of unforeseeable emergent circumstances;
- Because of prescheduled on-call time;
- When the employer documents reasonable efforts to obtain staffing; and
- When an employee is required to work overtime to complete a patient-care procedure in progress, where it would be detrimental to the patient if the employee left.

What is meant by "unforeseeable emergent circumstance"?

This includes:

- Any unforeseen declared national, state or municipal emergency;
- When a health-care facility disaster plan is activated; or
- Any unforeseen disaster or other catastrophic event that substantially affects or increases the need for health-care services.

What is meant by "prescheduled on-call time"?

On-call time means time spent by an employee who is not working on the employer's premises, but who is compensated for agreeing to be available or who, as a condition of employment, has agreed to be available on short notice, if needed. The on-call time must be prescheduled to be exempt from this law. A facility may not place an employee on call in a last-minute effort to cover an open shift. Rather, the employee must be scheduled for "on-call" in accordance with the facility's normal scheduling procedures and/or collective bargaining agreement. Examples where such prescheduled on-call time is used include surgical procedures or specialty diagnostic procedure labs like gastroenterology and cardiology. Also, an example of an in-home hospice agency on-call situation includes when staff members are regularly prescheduled for on-call shifts to cover after-hours triage and patient visits from 5 p.m. to 8 a.m. and on weekends, in some situations.

A different example of on-call status that may occur is when, due to a low census (i.e., patient count), some staff members are sent home and placed "on-call" to be available on a stand-by basis in the event the census changes; since the actual shift has not been worked, overtime is unlikely to be an issue in this case.

What is meant by "reasonable efforts"?

Employers must document that other options for staffing have been pursued, including:

- Seek qualified staff who are willing to volunteer for extra work
- Contact qualified staff who have made themselves available

Chronic Staff Shortage Situation Examples:

The following are some examples of Chronic Staff Shortage Situations that are likely to arise:

Staffing Situation	Can the facility use the reasonable efforts exemption?
Unfilled positions resulting in holes in the schedule	No
Anticipated gaps in the schedule due to planned vacation, medical leave or leave of absence	No
Frequently recurring increases in census such that the scheduled complement of nurses is inadequate	No
Unanticipated increases in census that demands additional staffing	Yes
Same-day sick call or other unanticipated absence	Yes

for extra work;

• Seek the use of qualified per diem staff; and

• Seek qualified temporary personnel, as permitted by law or bargaining agreement, and when regularly used by the employer.

This suggests that a facility has engaged in some process or pre-planning for the situations when unexpected staffing shortages occur. It is recognized that unanticipated, last-minute absences such as same-day sick calls, or increases in staffing demands due to a change in census, may occur which will create time constraints for implementing a facilities staffing plan. Reasonable effort does not include using mandatory overtime to fill vacancies resulting from chronic staff shortages.

What constitutes a chronic staff shortage?

The following is a general description for guidance purposes only. It is recognized that multiple factors impact what determines staffing adequacy and this will vary among facilities. To be chronic, such vacancies must be either (1) long-standing or (2) frequently recurring. A long-standing vacancy would result from a position that is open and not filled by the facility. So for example, where the full complement of nurses on an ICU is 12 and there are two unfilled positions, this could result in a "chronic" blank spot in the schedule. By contrast, "frequently recurring" vacancies are the kind of blanks that result from staff vacations, medical leaves, leaves of absence and other absences that should be readily anticipated by the facility. The reasonable efforts exemption in the law does not apply to overtime work that is used to fill vacancies resulting from chronic staff shortages.

*(Note: See the chart: **Chronic Staff Shortage Situation Examples**)*

What are some examples of procedures an employee may be asked to complete in overtime?

The law does not apply when an employee is required to work overtime to complete a procedure already in progress where the absence of the employee could have an adverse effect on the patient. The following are examples and the list is not all-inclusive:

• Outpatient surgical or specialty procedures, such as those performed in a cardiac or gastroenterology lab that is located within a 24-hour hospital facility.

• In outpatient surgery or specialty clinics that operate with a single shift, an individual may have to stay long enough for the patient to recover and be released.

• Emergency code in progress (e.g., trauma, cardiac arrest, stroke)

Other examples include, when the nurse:

• Needs to complete documentation after an emergency situation;

• Has skills that no other nurse would have; or

• Is the only nurse who has the knowledge of some piece of equipment or procedure.

What is the enforcement role for the Department of Labor and Industries?

Effective June 13, 2002, the department is required to investigate complaints of violations. The law authorizes the department to issue and enforce civil infractions in accordance with chapter 7.80 RCW. It establishes a penalty schedule of $1,000 for each of the first three infractions, $2,500 for the fourth and $5,000 for any subsequent violations.

How do you file a complaint regarding mandatory overtime?

Fill out and submit a complaint form, which is available online at *www.lni.wa.gov/forms/pdf/700027a0.pdf* or at any of L&I's 22 field-service offices. *At the top of page 1, please write **"Nurses' Overtime"** directly below "Complaint Report."* Then, at the bottom of page 1, please include details of the complaint, including:

• Your occupation, i.e., RN or LPN;

• If you receive an hourly wage;

• The type of institution where you are employed, i.e., hospital, hospice, facility for mental health care or drug and alcohol treatment, or a nursing home operated by a hospital; and

• The circumstances in which you were required to work overtime.

Return the complaint form to the address on the form:

Department of Labor and Industries
Employment Standards Program
P.O. Box 44510
Olympia WA 98504-4510

Where can I turn if I have questions?

Contact:
Mary Miller at
mmar235@lni.wa.gov
360-902-6041
or
Elaine Fischer at
nele235@lni.wa.gov
360-902-5552

WSNF Seeks Donors and Plans Silent Auction

The mission of the Washington State Nurses Foundation (WSNF) is to acquire and to develop funds for clinical, literary, scientific, and educational advancement of the profession of nursing. Funds are used to support projects and activities that promote nursing and its role in the health care community – including student and RN educational scholarships, grants for special nursing projects and/or research and other activities to advance the profession.

WSNF was founded in 1982 by a group of very dedicated WSNA members. These founding members included Kris Barnes, Madeline Beery, Annetta Bender, Jeanne Benoliel, Bobbie Berkowitz, Valeta Biggs, Paula Blanchard, Paul Blum, Joanna Boatman, Susan Boots, Margaret Borquist, Art Bowman, Joyce Brandner, Marie Annette Brown, Dennis Burnside, Joan Caley, Carol Sue Ivory-Carline, Sandy Carollo, Donna Caulton, Nancy Cherry, Marguerite Cobb, Eunice Cole, Ben Cook, David Corning,Nadine Costanzo, Ruth & Ken Cross, Kathleen Cunningham, Nadyne & Jim Davis, Terry Douglass, Jane Duke, Mary Ehrlich, Elizabeth Elliott, Hilke Faber, Kirshna Felis & John Walling, Horace Francis Francis & Co., Kristine Gebbie,Mary Geiger, Debi Grace, Pat Greenstreet, Joanne Halstead Moyer, Dianne Hansen, Ruth Hansten and Marilynn Washburn Harsten Healthcare Consulting, Betty Harrington, Robert Hayes, Lu Hefty, Sue Hegyvary, Henry Hendrickson, Zina Herbert, Jan Hokenstad, Judy Huntington, Barbara Innes, Marie Irvin, Laurie Iverson, Beverly Jacobson, Cheryl Jacobson, Wayne & Winifred Johnson, Charles Jones, R. Marie Jones, Martin S. Jonquiere, Patty Joynes, Mitzi Karg, Erin King, Gail Koke, Barbara Lantz, Aaron Lebovitz, Shirley Leitner-Byers, Dolores Little, Donna Lockhart, Louise & Robert Longstreet, Kimberly Lovelace, Nancy Lundquist, Judi Lyons, Cynthia Mahoney, Pat Markosky, Karen McGrath, Donna Moniz, Kathie Moritis, Joan Norton, Sally Nutter, Carol Oeljen, Mary Ellen O'Keefe, Jean Pfeifer, Rosemary Pittman, Ken Plitt, Donna Poole, Margarita Prentice, Robert & Vi Pugh, Nina Ramsey, Deena Rauch, Gerald Reilly WHCA, Haroldyne Richardson, Terry Riggs, Leslie Rockom, Ann Rodman, Ann Rohweder, Ellen Rosbach, Lisa Ross, Peggy Sala, Barbara Schneider, Phyllis Schultz, Sherry Shamansky Group Health Coop., Louise Shores, Mary Lynne Short, Beverly Smith, Donna Smith, Pollene Speed-McIntyre, Cathy Stephens, Joan Stiggelbout, Jean Sullivan, Cathy Taylor, Frances Terry, Elizabeth Thomas, H. Theodore Thoreson, Dennis Tiffany, Rae Wallace, Iris Westfall, Fran Wicht, Marjorie White, Margaret Wilson.

The first WSNF Board of Trustees was formed shortly thereafter and included Jan Holloway, Nancy Cherry, Nadyne Davis, Beverly Jacobson and Sue Loper-Powers.

Since that time, WSNF has grown steadily over the years, but we need your help to sustain our growth. You can make a difference in the community by contributing to the ongoing work of WSNF. The members of the WSNF Board of Trustees – all uncompensated volunteers – are very committed to their work on behalf of the WSNF. Scholarship awards, grants and other WSNF funded activities are determined by the amount of donations and accrued interest in pooled funds. For a fund to reach endowment status it must have a minimum of $25,000. And we need your continued support and donations to help these designated funds reach full endowment.

Our next activity is the **SILENT AUCTION, Friday, May 2, 2003** on the first day of the *WSNA Convention/ Summit* to be held at the DoubleTree Hotel, Southcenter. You do not have to be present to bid—auction items and details will be posted on the WSNA website (*www.wsna.org*) in early March.

There are many opportunities available for you to contribute to WSNF:

- One time gift
- Pledge over a period of 1-5 years
- Corporate matching gift

(The following additional options may have significant tax advantages for you. Please check with your investment broker or we can make arrangements for you to confer with the WSNF investment broker)

- Gift of stock
- Planned giving—Leaving a Legacy

Contributions may be designated for the following funds:

- Undesignated grant or scholarship fund
- K. Evans Scholarship Fund for students active in campus student nurse associations
- N. Leer Scholarship Fund for leadership and actively involved in WSNA
- D. Little Scholarship Fund for BSN students
- MS. Loomis Grant Fund for educational advancement and professional excellence
- E.B. Cummings Service Grant for emergency financial assistance
- Erin King Fund to advance nurses' knowledge of health and public policy
- Memorial Gift Fund (in memory of or in Honor of)

Undesignated contributions will go into the WSNF general fund.

Please make your check payable to WSNF and mail to:

Washington State
Nurses Foundation
575 Andover Park West, #101
Seattle, WA 98188l

Call: 206-575-7979 Ext 3024
E-mail: wsnf@wsna.org

Opportunities to Contribute to Nursing's Future in Washington

YES, I want to assist the WSNF by contributing.

❑ **One time only gift of:**

❑ $25 ❑ $50 ❑ $100
❑ $250 ❑ $500
❑ Other _____

❑ **Pledge:**

❑ $500 ❑ $1,000 ❑ $3,000
❑ $5,000 ❑ $10,000
❑ Other _____

Contributions over:

❑ 1 yr. ❑ 2 yr. ❑ 3 yr. ❑ 5 yr.

Payment:

❑ Check or ❑ money order (payable to Washington State Nurses Foundation)
❑ Visa/MC #:_____ Exp. Date:___
Name: _____
Signature: _____
Bill me:
❑ Quarterly ❑ Semiannually ❑ Annually

Additional Options for Giving:
(potential tax advantages for the giver)

❑ **United Way Contribution**

❑ **Corporate Matching Gift**
Name:_____

❑ **Gift of Stock** (please contact me at):
_____

❑ **Planned Giving:** (will, trust, insurance, etc.)
❑ I have included WSNF in my will;
❑ I am interested in finding out more about planned giving.
Please contact me at:
_____

Place my contribution in:
Undesignated contributions will be placed in the WSNF General Fund.

❑ Undesignated grant or scholarship fund
❑ *K. Evans Scholarship Fund*
(active in campus student nurses associations)
❑ *N. Leer Scholarship Fund*
(leadership & actively involved in WSNA)
❑ *D. Little Scholarship Fund*
(BSN students)
❑ *M. S. Loomis Grant Fund*
(educational advancement & professional excellence)
❑ *E. B. Cummings Service Fund*
(emergency financial assistance)
❑ Erin King Fund
(advance nurses knowledge of health & public policy)
❑ Memorial Gift Fund
Amount: $_____
In Memory of: _____

Please send a memorial card to:
Name: _____
Adress: _____
_____ Zip:_____

From:
Name: _____
Adress: _____
_____ Zip:_____

Comments: _____
_____
_____

Please complete and return this form with your tax deductable gift or pledge. Mail to:
Washington State Nurses Foundation
575 Andorver Park West, Suite 101
Seattle, WA 98188-9961

Thank You!

WSNA Convention/Summit Keynote Speaker *Suzanne Gordon*

Suzanne Gordon is an award winning journalist and author writing about health care, nursing and women's issues. She has authored many books:

From Silence to Voice: What Nurses Know and Must Communicate to the Public, Canadian Nurses Association 2000

Life Support: Three Nurses on the Front Lines, Little Brown l997

The Abandonment of the Patient, Springer 1996

Caregiving: Readings in Knowledge Practice, Ethics and Politics, edited with Patricia Benner and Nel Noddings, University of Pennsylvania Press1996

Prisoners of Men's Dreams, Little Brown l991

Economic Conversion: Revitalizing America's Economy– edited with David McFadden, Ballinger

Off Balance: The Real World of Ballet, Pantheon

Lonely in America, Simon and Schuster 1976

Black Mesa: The Angel of Death, John Day 1971

Her new book, written with Bernice Buresh, **From Silence to Voice: What Nurses Know and Must Communicate to the Public**, was published by the Canadian Nurses Association in the summer of 2000. She is writing a new book on the global crisis in nursing for Cornell University Press.

Ms. Gordon is also the author of over 250 articles that have appeared in publications such as The Boston Globe, The New York Times, The Los Angeles Times, The Philadelphia Inquirer, The Washington Post, The Nation, The Atlantic Monthly, The American Prospect and many others. She is a health care commentator on Public Radio's *Marketplace*.

She is on the editorial board of the Journal of Nursing Education, Clinical Excellence for Nurse Practitioners, Nursing Inquiry and the American Journal of Nursing.

She has twice received media awards from the American Academy of Nursing. She has been honored for her writing on nursing by The Massachusetts Nurses Association, The American Association of Critical Care Nurses, and the Massachusetts Organization of Nurse Executives.

She has received the *Special Board Recognition Award* from the Emergency Nurses Association, Pace University's Lienhard School of Nursing's *Leader in Health Care Award* and the Massachusetts Nurses Association *Advocate for Nursing Award*. She is a member of the Robert Wood Johnson Foundation Advisory Committee on the National Nursing Shortage.

Ms. Gordon was awarded an honorary doctorate for promoting the notion that "caregiving is vital in a society too often consumed by material measures of success and professional advancement." She is Adjunct Professor in the School of Nursing of McGill University.

Suzanne Gordon speaks out:

"The (Nurse Reinvestment Act has) yet to be funded, and its state clones do not deal seriously with hospital working conditions.... Hospitals argue that safe staffing laws such as California's and bans on mandatory overtime won't work because, try as they might, they just can't find enough nurses to fill their units. But making hospitals friendly to nurses is the only way to make nursing a satisfying career. When hospitals stop treating nurses as cheap, disposable labor–and in the process exposing patients to unnecessary risk–then recruitment will pay off."

Capital TimesModern Healthcare
Madison (Wis.) November 11, 2002, pg. 30

2003 WSNA Convention/Summit

Celebrate
NATIONAL NURSES WEEK
MAY 6-12

May 1–3
WSNA
Convention/Summit

NURSES
lifting spirits,
Touching Lives

Important Event Notes:

Date: **May 1–3, 2003**
Location: **DoubleTree Guest Suites Southcenter, Seattle, WA**

Additional Information (WSNA):
phone: **206/575-7979**
email: **wsna@wsna.org**

❖ 2003 WSNA Convention/Summit Schedule

Make your plans now to attend the WSNA biennial convention/summit on May 1–3, 2003

The two-day event will be held at the Doubltree Guest Suites, Southcenter, Seattle, WA. Don't miss out on this important opportunity to join your nurse colleagues from all across the state. Learn about the important issues facing nurses today and what's being done to address them. Enter into the dialog and help shape the direction of WSNA's priorities for the coming biennium. The summit will feature many nationally recognized speakers and presenters, poster sessions, exhibits, CE sessions, association recognition awards, as well as fun-filled events, good food, and lots of opportunity for net-working and renewing friendships! Be sure to register early and invite your nurse-friends and nursing students to do the same.

Convention Summit Schedule

Thursday–May 1st, 2003

7:00 pm - 9:00 pm

Wine and Cheese Networking Session with Early Bird Registration for Early Arrivals

Friday–May 2nd, 2003

8:00 am to 10:00 am

Registration, Continental Breakfast, Networking, Vendor Exhibit and Poster Sessions

10:00 am to Noon

WSNF Silent Auction Begins
1st Session WSNA General Assembly
- President's Address
- Report of Progress on Priorities

Noon to 1:00 pm

Cabinet and Councils Awards Lunch
Closing of WSNF Silent Auction Group 1 items

1:00 pm to 3:00 pm

2nd Session WSNA General Assembly
- Bylaws and Resolutions
- Discussion of the Proposed Dues Increase

3:00 pm to 4:00 pm

Break: Refreshments and Networking in the Vendor Exhibit and Poster Sessions and closing of WSNF Silent Auction Group 2 items

4:00 pm to 5:00 pm

Keynote Speaker: Suzanne Gordon, Author of **Silence to Voice**

5:00 pm to 7:00 pm

Light hors d'oeuvres Reception and WSNA Member and Media Awards Session and Closing of WSNF Silent Auction Group 3 items

7:00 pm

"Free" Time for Dinner and Fun

Saturday–May 3rd, 2003

8:00 am to 9:00 am

Continental Breakfast and Networking with the Vendor Exhibit and Poster Sessions

9:00 am to 10:00 am

Concurrent CE Sessions:
1. "Pros and Cons of **Staffing Ratios**–Will They Really Work"
2. "What You Need to Know About the New **HIPPA Regulations** and Why Your Practice Must Change" – A session for Staff Nurses, Educators and Managers in all settings
3. "Preparing for the Inevitable–**Bioterrorism** and You–Are You Ready?"
4. "How to Make **New JCAHO Standards** Work for You and Your Patients" – including new staffing standards and pain management standards

10:00 am to 11:00 am

Concurrent CE Sessions #2:
Repeat Concurrent CE Sessions *(see above)*

11:00 am to 12:00 pm

Lunch Break and Networking in the Vendor Exhibits and Poster Sessions

12:00pm to 1:00 pm

Plenary Session: Barbara Safriet, PhD, JD, Associate Dean, Yale Law School: "**Nursing–A Career for Life**" a futuristic view of nursing in the health care system

1:00 pm to 2:45 pm

Roundtable Dialogue Sessions: Nurses in facilitated small groups will identify key issues and strategies to help guide WSNA priority setting for the next two years. Each group will address the questions: To assure Nursing Continues as a Career for Life:
1. What are the three most important issues you want WSNA to Address in the next two years?
2. What are the three most important actions you want WSNA to take in addressing these issues?
3. What three actions will you take in your own practice setting to address these issues in the next two years?

2:45 pm to 3:15 pm

Wrap Up and Summit Adjournment:
"*Future Directions: Where We Go from Here*"

2003 WSNA CONVENTION/SUMMIT

Presented by: WSNA

May 1–3, 2003
Doubletree Guest Suites
Seattle, WA

First Name:_____ M.I._____
Preferred Name:_____
Last Name_____
Nursing Credentials_____
Street Address:_____
City:_____
State:_____ Zip Code:_____
Daytime Phone:_____ / _____ -_____
E-mail:_____
Employer:_____

LOCATION OF SUMMIT:
Doubletree Guest Suites
Southcenter, Seattle, WA 98188

MAIL OR FAX THIS FORM
Mail or fax this form to: the WSNA, 575 Andover Park West; Suite #101, Seattle, WA 98188 or FAX to (207) 575-1908.

DEADLINE & FEES
The ***Early Bird Registration*** deadline is **April 1st, 2003**.

CANCELLATION POLICY
Cancellations are subject to a $25 processing fee. No cancellation refunds after April 15th, 2003.

HOTEL INFORMATION
This information will be available at the first to the year. Please contact Deb Weston for this information at (206) 575-7979 Ext. 3003 or e-mail request to dweston@WSNA.org.

DIETARY NEEDS OR ASSISTANCE
If you have special dietary needs or require special assistance contact Business Agent Deb Weston (206) 575-7979, ext. 3003.

REGISTRATION CATEGORIES — *check only one* Registration for all events includes:

Early Bird Registration (WSNA members only/registration must be recieved NLT April 1st, 2003)
❒ WSNA Member ..... $150 ..... All events on Friday & Saturday
❒ ***Yes!*** *I plan to attend the Early Bird Reception on Thursday May 1st, 2003 from 7–9 pm!*

Regular Registration–Two Days
❒ WSNA Member ..... $175 ..... All events on Friday & Saturday
❒ Non-member ..... $225 ..... All events on Friday & Saturday

Regular Registration–One Day (choose one)
❒ WSNA Member ..... $100 ..... Events on ❒Friday Only or ❒Saturday Only
❒ Non-member ..... $150 ..... Events on ❒Friday Only or ❒Saturday Only
❒ Student Nurse* ..... $25 ..... Events on ❒Friday Only or ❒Saturday Only

**A non-RN nursing student working toward becoming a registered nurse. RNs in school to complete a higher educational degree do not qualify for the "student nurse" rate.*

PAYMENT METHOD — *check one only*
❒ Check/Money Order, made payable to **WSNA**
❒ VISA/MasterCard **Fee Total: $ _____**

BankCard #: _____ - _____ - _____ - _____ Exp. _____ / _____

Cardholder's Name: _____ **Signature**: _____

CONVENTION EVENTS & ACTIVITIES
The following continuing education (CE) sessions are being offered as concurrent sessions. To help plan meeting room space, please check all of the CE sessions you wish to attend. Contact hours for CE through WSNA are pending. The CE Sessions are offered twice. The first group begins Saturday 9am, followed by the second CE Session at 10 am. Please check which session and time you prefer:

CE Sessions— *Pick one from each time listed:*

Time	
9	**10**
❒	❒ *Pros and Cons of **Staffing Ratios***
❒	❒ *What You Need to Know About the New **HIPPA Regulations** and Why <u>Your</u> Practice Must Change*
❒	❒ *Preparing for the Inevitable–**Bioterrorism** and You–Are <u>You</u> Ready?*
❒	❒ *How to Make **New JCAHO Standards** Work for You and Your Patients*

2003 Ticket of Nominees for Elective Office

The WSNA Nominations/Search Committees wish to thank all those who submitted consent-to-serve forms for elective office and to remind others that it is still not too late to become a candidate. Members who want to self-declare their candidacy for an elected office may still do so by sending a letter and completing a consent-to-serve form to WSNA Headquarters. These materials must be received at WSNA by no later than March 2, 2003, sixty days prior to the first meeting of the WSNA General Assembly. Nominations will also be taken from the floor of the General Assembly, and elections will take place by secret mail ballot shortly after the conclusion of the WSNA Convention/Summit. The following WSNA members, identified by District number and hometown, have consented to run for WSNA elected offices.

President
(1 to be elected)
Joanna Boatman, District 10, Kalama

Vice President
(1 to be elected)
Mary K. Walker, District 2, Seattle

Secretary/Treasurer
(1 to be elected)
Jean Pfeifer, District 2, Kirkland
Martha Worcester, District 2, Seattle

Directors At-Large
(3 to be elected)
Kathi S. Gibbs, District 8, McCleary
Susan Grant (Glass), District 4, Spokane
Sally Herman, District 16, Mt. Vernon
Antwinette Lee, District 2, Lynnwood
Donna L. Poole, District 2, Bainbridge Island
Stasia Warren, District 4, Spokane

Directors At-Large Staff Nurse
(2 to be elected)
Alecia N. Cosgrove, District 3, Port Orchard
Patricia DiEgidio Tobis, District 2, Bellevue
Verlee "Vee" Sutherlin, District 4, Nine Mile Falls
Judith Turner, District 3, Fox Island

WSNA Nominations/Search Committee
(4 to be elected)
Judith Albers, District 2, Bothell
Peggy Sala, District 4, Spokane

Economic and General Welfare Nominating/ Search Committee (3 to be elected)
Sally A. Baque, District 3, Olalla
Patricia Lombard, District 1, Bellingham

Cabinet on Economic and General Welfare (6 at-large and 1 Chairholder)
Chair
Kim Armstrong, District 3, Olalla
At-Large
Jeanne Avey, District 11, Longview
Marty Avey, District 4, Spokane
Debra (Debi) Willis Brogan, District 8, Montesano
Tim R. Davis, District 16, Mt. Vernon
Jeremy RT King, District 2, Seattle
Judi M. Lyons, District 18, Ellensburg
Vicki Wornath, District 11, Vancouver

Legislative and Health Policy Council (3 at-large and 1 chairholder)
Chair
Lisa M. Ross, District 4, Spokane
At-Large
Ed Dolle, District 17, Port Orchard
David Keepnews, District 2, Seattle
Carol J. Leppa, District 2, Seattle
Susan Jacobsen, District 7, Yakima
C. J. Welter, District 3, Belfair

Professional Nursing and Health Care Council (7 to be elected with representation as follows - 1 Research, 1 Education, 1 Practice, 1 Administration, 1 Ethics and Human Rights, 1 At-Large, and 1 Chair)

Chair
Joan M. Caley, District 11, Vancouver
Administration
Nikki Behner, District 9, Arlington
Janet O. Toone, District 4, Spokane
At-Large
Sharon L. Bradley, District 4, Spokane
Janet Primomo, District 2, Seattle
Education
Mary A. Baroni, District 2, Seattle
Claudia Kroll, District 4, Nine Mile Falls
Ethics and Human Rights
Muriel G. Softli, District 2, Seattle
Practice
Debbie Lee Sullivan, District 16, Burlington
Research
Sharon Hooey, District 16, Mt. Vernon

At-Large Delegates (approximately 3 to be elected)
Office of the President
Katherine J. Bradley, District 98, Lake Oswego, OR
Joanna Boatman, District 10, Kalama
Joan M. Caley, District 11, Vancouver
Eunice R. Cole, District 98, Concord, CA
Joan Garner, District 2, Maple Valley
Christine M. Henshaw, District 2, Burien
Sally Herman, District 16, Mt. Vernon
Sharon Hooey, District 16, Mt. Vernon
Louise Kaplan, District 13, Olympia
David Keepnews, District 2, Seattle
Carol Oeljen, District 4, Spokane
Janet C. Parks, District 2, Seattle
Donna L. Poole, District 2, Bainbridge Island
Lisa M. Ross, District 4, Spokane
Louise Shores, District 11, Vancouver
Muriel G. Softli, District 2, Seattle
Verlee "Vee" Sutherlin, District 4, Nine Mile Falls
Mary K. Walker, District 2, Seattle

Staff Nurse Delegates (approximately 18 to be elected)
Kim Armstrong, District 3, Olalla
Jeanne Avey, District 10, Longview
Marty Avey, District 4, Spokane
Sally A. Baque, District 3, Olalla
Betty Blondin, District 3, Gig Harbor
Marianne R. Brandt, District 2, Kenmore
Debra (Debi) Willis Brogan, District 8, Montesano
Jan Bussert, District 2, Vashon Island
Joelle Coffman, District 2, Snohomish
Cynthia D. Collette, District 2, Snohomish
Alecia N. Cosgrove, District 3, Port Orchard
Gerry Cullins, District 2, Bothell
Patricia DiEgidio Tobis, District 2, Bellevue
Ed Dolle, District 17, Port Orchard
Maggie Flanagan, District 3, Fox Island
Nancy Hawkins McAfee, District 2, Seattle
Jeremy RT King, District 2, Seattle
Mike Krashin, District 3, Lakewood
Sonja Kvamme, District 2, Seattle
Aaron Lebovitz, District 1, Bellingham
Judi M. Lyons, District 18, Ellensburg
Judy C. Miller, District 4, Spokane
Pamela Newsom, District 2, Seattle
Jean Pfeifer, District 2, Kirkland
Peggy Sala, District 4, Spokane
Anita Stull, District 2, Seattle
Debbie Lee Sullivan, District 16, Burlington
Judith Turner, District 3, Fox Island
Ida Wade, District 4, Spokane
Vicki Wornath, District 11, Vancouver

UAN Delegates (approximately 7 to be elected)
Kim Armstrong, District 3, Olalla
Jeanne Avey, District 10, Longview
Marty Avey, District 4, Spokane
Sally A. Baque, District 3, Olalla
Debra (Debi) Willis Brogan, District 8, Montesano
Joelle Coffman, District 2, Snohomish
Cynthia D. Collette, District 2, Snohomish
UAN Delegates -continued-
Alecia N. Cosgove, District 3, Port Orchard
Tim R. Davis, District 16, Mt. Vernon
Maggie Flanagan, District 3, Fox Island
Jeremy RT King, District 2, Seattle
Sonja Kvamme, District 2, Seattle
Judi M. Lyons, District 18, Ellensburg
Judy C. Miller, District 4, Spokane
Anita Stull, District 2, Seattle
Debbie Lee Sullivan, District 16, Burlington
Judith Turner, District 3, Fox Island
Vicki Wornath, District 11, Vancouver

❖ WSNA Resolutions: 2003 General Assembly (cont.)

Two Resolutions to be Presented at 2003 General Assembly

The WSNA Bylaws/Resolutions Committee considered the non-emergency resolutions submitted by the November1, 2002 deadline. Two resolutions were submitted by the WSNA Cabinet on Economic and General Welfare. The committee, acting within its authority, made minor edits to the original submissions where necessary. The committee approved both resolutions to be forwarded to the biennial meeting of the WSNA General Assembly on Friday, May 2, 2002. The resolutions, which will be forwarded to the General Assembly with the approval of the WSNA Board of Directors, are:

RESOLUTION #1

Safe Staffing Levels

WHEREAS, Safe staffing standards and nurse-to-patient ratios are issues of concern to all staff nurses in the State of Washington, and

WHEREAS, Current health services research continues to demonstrate that higher numbers of Registered Nurses available to care for patients lead to better patient outcomes with less morbidity, mortality and fewer complications, and

WHEREAS, Improvements in safety of staff, job satisfaction and reduction of workplace injuries have also been directly linked to higher staffing levels, and

WHEREAS, ANA and other nursing groups, have established staffing standards that are recommended to assure that safe staffing is available to meet the individualized needs of patients, and

WHEREAS, Development and implementation of staffing plans for nursing services are essential to ensure that the classifications, skills, experiences and numbers of health care professional providing direct patient care are sufficient to meet the needs of patients, and

BE IT THEREFORE

RESOLVED, That the WSNA draft and sponsor safe staffing legislation and/or other safe staffing public policies to safeguard the public and support registered nurses and assistive nursing personnel, and

BE IT THEREFORE

RESOLVED, That these public policies require each institution that provides care for patients to include direct care registered nurses in the development and ongoing evaluation of facility specific staffing plans, and

BE IT THEREFORE

RESOLVED, That WSNA strongly encourage the Cabinet on E&GW to assist with drafting strong contract language that establishes safe staffing levels for each service area covered by a WSNA contract and to seek support from the WA State Labor Council to assist with passage of the safe staffing public policy agenda.

Resolution originally submitted by Tim Davis, 1608 Woodland Drive, Mt. Vernon, WA 98274, telephone 360-428-0268, e-mail *davisti@fidalgo.net* – Revised by Bylaws/Resolutions Committee 01/06/03 and submitted for consideration to the Cabinet on E and GW.

Why Proposed:
Staffing levels are frequently discussed and there is no community standard defining what safe staffing is. If is very individualized by facility and is frequently money driven with patient care and safety discussed second. With the nursing shortage, shrinking budgets and increased utilization by an aging population staffing issues will become a bigger and bigger concern for nursing.

What It Will Achieve:
Making it state law that facilities provide staffing based on patient outcome data will put the focus onto patient needs rather than budget constraints. Utilizing a facility model will allow for the diversity that exists in patient populations and facility usage.

How Will this Benefit the Profession?
Establishes the patient has the primary focus of the decision making process when dealing with patient staffing.

Costs to WSNA:
WSNA Staff and Lobbyist time/$

Cost to Washington State:
Associated with staff time to write new WACs

Inspections would occur at currently scheduled inspection rate.

RESOLUTION #2

Foreign–Educated Nurses

WHEREAS, The growing nursing shortage and changes to US trade agreements have given rise to increasing efforts by US health care employers and others to recruit, hire and utilize foreign educated registered nurses (RNs) as a means of addressing their need for more RNs, and

WHEREAS, The US health care industry has a long history of relying on foreign educated nurses during times of nursing shortage and foreign nurses are able to enter the US using permanent and temporary visas and through trade agreements, like the North American Free Trade Agreement (NAFTA), and

❖ WSNA Resolutions: 2003 General Assembly (cont.)

WHEREAS, Many foreign-educated nurses graduate from programs taught in English and similar in content to those taught in the United States, also come from countries with shortages of their own, and

WHEREAS, The WSNA supports ANA and the International Council of Nurses (ICN) in recognizing the right of individual nurses to migrate while condemning the practice of recruiting registered nurses to countries where authorities have failed to address problems which cause nurses to leave the profession and discourages them from returning, and

WHEREAS, WSNA condemns employer recruitment and utilization of registered nurses from countries with their own RN shortages as being both unethical and dangerous to the quality and access to care for citizens in those countries, and

WHEREAS, Some Washington health-care employers are currently spending substantial sums of money on foreign recruitment, including relocation costs; attorney fees; immigration, visa and licensing expenses; temporary housing and other activities to assist the foreign nurse with acclimating to the United States and the local community rather than supporting nurse retention by investing in the RNs within their community through higher wages, better hours and other workplace supports, and

WHEREAS, Opportunistic educational and recruitment scams are emerging in many US border-states that exploit foreign nurses by virtue of their employer-dependent immigration status and willingness to work for less than prevailing area wages, and

WHEREAS, WSNA has longstanding positions promoting the availability of the best possible quality nursing care to Washington state citizens as well as support for the economic and general welfare needs and interests of all registered nurses, and

WHEREAS, Reliance on foreign-educated nurses as a long term solution to the rapidly worsening nursing shortage and safe staffing needs in Washington State is short-sighted and unacceptable,

BE IT THEREFORE

RESOLVED, That WSNA support the right of individual nurses to immigrate to Washington state, including limited recruitment of RNs only from countries where there is an abundance of RNs and where the educational preparation of these foreign nurses is comparable to those of nurses educated in the United States, and

BE IT THEREFORE

RESOLVED, That WSNA continue to support high standards of nursing education and nursing practice and support regulations that assure that foreign nurses recruited from other countries are clinically competent and fluent in speaking, writing and understanding English, including use of both general English and health care abbreviations and terminology, and

BE IT THEREFORE

RESOLVED, That WSNA support ensuring that nurses wishing to immigrate to Washington State have met all regulatory and educational requirements which are required of RNs educated in the United States, and that they have the necessary support for their cultural transition, and

BE IT THEREFORE

RESOLVED, That WSNA monitor Washington health care employers' recruitment, hiring and utilization of foreign educated nurses and educate WSNA members to be watchful in their workplace to assure that:

- there is no discrimination or exploitation of foreign educated nurses
- foreign educated nurses are paid the same, have the same responsibilities and receive the same benefits as other RNs in the facility
- WSNA Contract provisions are not violated,
- employers are accountable for filing the attestations and informing prospective foreign nurses of their rights,
- immigration is not used as a means of abrogating the workforce/workplace rights of domestic nurses or for circumventing job actions or labor disputes, and

BE IT THEREFORE

RESOLVED, That WSNA work collaboratively through the Washington Nursing Leadership Council, the legislature and with other groups to develop comprehensive strategies to obviate the need for employers to rely on importation and use of foreign educated nurses, including encouraging employers to invest in their communities by providing financial support for innovative community-based recruitment and funding of education for nursing students and effective retention of practicing nurses within the local health care system, and

BE IT THEREFORE

RESOLVED, That the General Assembly encourage the WSNA Cabinet on E&GW to develop strategies that challenge health care employers to place a higher priority on retaining and attracting nurses within the U.S. before soliciting the import of foreign nurses, and

BE IT THEREFORE

RESOLVED, That WSNA support and encourage efforts by healthcare organizations to create "Magnet" work and care environments in their own communities that demonstrate respect and economic value of RNs and are conducive to safe, quality nursing practice.

Current WSNA Bylaws	Proposed Changes	Rationale
p. 11 **ARTICLE III - DUES** **SECTION 3.** Categories of Membership The Board of Directors shall be authorized to establish categories of membership and recommend to the members the rate of dues for each category. Members in all categories except the Life Membership category, shall retain full membership rights.	**ARTICLE III - DUES** **SECTION 3.** Categories of Membership The Board of Directors shall be authorized to establish categories of membership and ~~recommend to the members the rate~~ the schedule of dues for each category. ~~Members in all categories except the Life Membership category, shall retain full membership rights.~~ * The Schedule is based on the WSNA Dues rate established by the membership	The current language is redundant and there was a typo in the last printing of the Bylaws - reference to "Life Membership" here should read "Honorary Membership" Life Membership and Honorary Membership are addressed later in this article The additional language is clarifying the actual practice since 1991 and provides flexibility to adjust or consolidate categories without having to go to the expense of a mailed ballot in the event of a change in category.
p. 12 **ARTICLE III - DUES, SECTION 7.** Life Membership The Board of Directors shall establish a category of Life Membership for nurses who have been a member of a state nurses association for 30 years, are 65 years of age or older, and maintain their RN licensure, recognizing this type of membership has all the rights and privileges of full WSNA membership. No membership dues will be required.	**ARTICLE III - DUES, SECTION 7.** Life Membership The Board of Directors shall establish a category of Life Membership for nurses who have been a member of a state nurses association for 30 years, are 65 years of age or older, and maintain their RN licensure, recognizing this type of membership has all the rights and privileges of full WSNA membership. ~~No membership dues will be required.~~	Lifetime Members have all rights and privileges of dues paying members. There are costs associated with these members including costs of ANA Membership, WSNA publications, district dues, mailings, etc. The Dues Structure Task Force recommended this change due to the number of members now qualifying for this category. The change will allow the

Current WSNA Bylaws	Proposed Changes	Rationale
p 12. **ARTICLE III - DUES SECTION 8.** Honorary Membership The Board of Directors shall establish a category of Honorary Life Membership in appreciation for those who have been a member of a state nursing association for 30 years, are 65 years or older, and no longer maintain an RN license, recognizing that this type of membership has no voting privileges. No membership dues are required.	**ARTICLE III - DUES, SECTION 8.** Honorary Membership The Board of Directors shall establish a category of Honorary ~~Life~~ Membership in appreciation for those who have been a member of a state nursing association for 30 years, are 65 years or older, and no longer maintain an RN license, recognizing that this type of membership has no voting privileges. No membership dues are required	This is presented only to clarify the differences between Life Membership and Honorary Membership definitions.
p. 12 **ARTICLE IV - AFFILIATION** **SECTION 2.** Qualifications/Criteria A. is an organization of registered nurses that meets the criteria established by the WSNA General Assembly,	**ARTICLE IV - AFFILIATION** **SECTION 2.** Qualifications/ A. is an organization of registered nurses that meets the criteria established by the WSNA ~~General Assembly~~ Board of Directors,	The Bylaws specify qualifications, not criteria. It is more efficient for the criteria to be reviewed and changed as needed by the WSNA Board of Directors.
p. 1**4 & 15 ARTICLE V - GENERAL ASSEMBLYSECTION 5.** Quorums One hundred (100) members shall constitute a quorum for a meeting of the General Assembly. Of the one hundred (100) members there shall be members who belong to at least a majority of the active constituent associations/DNAs. **SECTION 7.** Elections A., 7 - Terms of Office for WSNA Elected positions shall begin on declaration of election. Terms of Office shall begin according to ANA Bylaws.	**ARTICLE V - GENERAL ASSEMBLY** **SECTION 5.** Quorums ~~One hundred (100)~~ Seventy-five (75) members shall constitute a quorum for a meeting of the General Assembly. Of the ~~one hundred (100)~~ seventy-five (75) members there shall be members who belong to at least a majority of the active constituent associations/DNAs. **SECTION 7.** Elections A., 7 - Terms of Office for WSNA Elected positions shall begin on declaration of election. Terms of Office for UAN Delegates and ANA Delegates shall begin according to ANA Bylaws.	With the growing nursing shortage, the ability to get time off is increasingly difficult. A quorum of 75 members is more attainable. This change is purely editorial as the new language was missed in the printing of the last set of WSNA Bylaws passed in 2001.

Current WSNA Bylaws	Proposed Changes	Rationale
p 18. **ARTICLE VI - BOARD OF DIRECTORS** **SECTION 6.** Officers and Directors A. There shall be three officers; president, vice president, and secretary/treasurer elected by the membership. B. There shall be five directors, three elected at-large and two staff nurses elected at large by the membership.	**ARTICLE VI - BOARD OF DIRECTORS** **SECTION 6.** Officers and Directors A. There shall be three officers; president, vice president, and secretary/treasurer elected by the membership. B. There shall be five directors, ~~three elected at-large and two staff nurses~~ elected at large by the membership, two of whom shall hold seats designated for staff nurses* *To be eligible to serve as a staff nurse, a WSNA member must be one who is non-supervisory, non-managerial, and includes one or more of the following: (a) is employed by a health care institution or agency; (b) whose primary role is as a provider of direct patient care; (c) who is collective bargaining eligible under applicable labor law.	This change is primarily editorial and clarifying eligibility for election to a staff nurse position on the Board of Directors. This will appear as a footnote in the bylaws if passed.

Current WSNA Bylaws	Proposed Changes	Rationale
p 19. **ARTICLE VI - BOARD OF DIRECTORS, SECTION 10.** Vacancies A. In the event of a vacancy in the office of president, the vice president shall become president for the remainder of the term. B. A vacancy in a position on the Board of Directors shall be filled by board appointment for the unexpired term.	**ARTICLE VI - BOARD OF DIRECTORS, SECTION 10.** Vacancies A. In the event of a vacancy in the office of president, the vice president shall become president for the remainder of the term. B. A vacancy in a position on the Board of Directors shall be filled by board appointment for the unexpired term. Adds a new C: C. In the event that a person holding a seat designated for a staff nurse no longer meets the definition of staff nurse, the position shall be declared vacant, unless the occupant has less than one year remaining on his/her term of office. In the event of a declared vacancy, the position shall be filled by WSNA Board appointment of an eligible staff nurse until the next election.	While staff nurses are eligible to run for all WSNA Board positions, the two designated staff nurse positions on the WSNA Board were established with the intent of assuring that staff nurses will always be represented on the WSNA Board. Currently, if a staff nurse elected to a staff nurse position on the Board no longer meets the definition of staff nurse, there is no provision for removing or replacing that person. This change assures that the staff nurse designated seats on the WSNA Board of Directors are always filled with eligible staff nurses for the majority of the two-year term of office. Staff nurses elected to a non-staff nurse positions on the Board will not be effected by this change.

Current WSNA Bylaws	Proposed Changes	Rationale
p 20 **ARTICLE VI - BOARD OF DIRECTORS** **SECTION II.** Duties of Officers A. The President of WSNA shall: 4. serve as an ex-officio member of all committees, councils and cabinet except the Nominations/Search Committee and the Economic and General Welfare Nominating/ Search Committee. The president as an ex-officio member of the Cabinet on Economic and General Welfare shall serve without vote. 8. The president may designate other WSNA members to serve as ex-officio members of all cabinets in the absence of the president, and the ex-officio status on the Cabinet on Economic and General Welfare shall be without vote.	**ARTICLE VI - BOARD OF DIRECTORS** **SECTION II.** Duties of Officers A. The President of WSNA shall: 4. serve as an ex-officio member of all committees, councils and cabinet except the Nominations/ Search Committee, Cabinet on Economic and General Welfare and the Economic and General Welfare Nominating/Search Committee. ~~The president as an ex-officio member of the Cabinet on Economic and General Welfare shall serve without vote.~~ 8. The president may designate other WSNA members to serve as ex-officio members of ~~all~~ any ~~cabinets~~ councils and committees in the absence of the president~~, and the ex-officio status on the Cabinet on Economic and General Welfare shall be without vote~~.	These changes are needed to provide for full insulation of the Economic and General Welfare program. It does not prevent the Cabinet from inviting the WSNA president or a designee of the Board of Directors from providing informational reports or from participating in appropriate discussions with the Cabinet as desired by either the Cabinet or the WSNA president. Editorial
p 27 **ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare B. Qualifications To be eligible for election or appointment to the Cabinet and Economic and General Welfare Nominating/Search Committee, a person shall hold current membership in the WSNA and not be employed in a management or administrative position.	**ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare B. Qualifications To be eligible for election or appointment to the ~~Cabinet and~~ Economic and General Welfare Nominating/Search Committee, a person shall hold current membership in the WSNA, be represented for collective bargaining by WSNA, and ~~not be employed in a management or administrative position.~~ meets the definition of staff nurse.	Recommended by the Cabinet on Economic and General Welfare. The proposed language further assures that the WSNA Economic and General Welfare program is governed by members who are actively represented by WSNA for the purposes of collective bargaining.

Current WSNA Bylaws	Proposed Changes	Rationale
p 27 **ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare C. Election, Term of Office and Vacancies 3. A term of office shall be for two years. A person may serve a maximum of eight years.	**ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare C. Election, Term of Office and Vacancies 3. A term of office shall be for two years. A person may serve a maximum of eight consecutive years on the Cabinet, except for the Chairholder who may serve up to an additional two years.	Recommended by the Cabinet on Economic and General Welfare. Clarifies the term limits of Cabinet members and allows for an experienced Cabinet member to be elected as Chairperson for one additional two-year term beyond the eight year limit.
p 27 **ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare C. Election, Term of Office and Vacancies 5. Vacancies shall be filled by Cabinet appointment for the remainder of the term.	**ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare C. Election, Term of Office and Vacancies 5. ~~Vacancies shall be filled by Cabinet appointment for the remainder of the term.~~ In the event that a person holding a position on the Cabinet no longer meets the qualifications for membership on the Cabinet, a vacancy shall be declared and the vacancy shall be filled by Cabinet appointment for the remainder of the term. If a vacancy occurs in the office of the Cabinet Chairholder, the Cabinet shall appoint a Chair from among its members for the remainder of the term.	Recommended by the Cabinet on Economic and General Welfare. Assures that any vacancies in Cabinet positions are filled with WSNA members who meet the qualifications for serving on the Cabinet

Current WSNA Bylaws	Proposed Changes	Rationale
p 28 **ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare D. Responsibilities The Cabinet on Economic and General Welfare shall 1. develop and review policies and procedures for the conduct of the WSNA economic and general welfare program in keeping with the principles and policies of the ANA.	**ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare D. Responsibilities The Cabinet on Economic and General Welfare shall 1. develop and review policies and procedures for the conduct of the WSNA economic and general welfare program in keeping with the principles and policies of the ANA and the UAN.	Further clarifies the Cabinet's relationship with the UAN, the labor arm of ANA
p. 28 ARTICLE VIII - CABINETS AND COUNCILS **SECTION 4.** Cabinet on Economic and General Welfare D. Responsibilities 11. promote educational economic and general welfare programs	**ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare D. Responsibilities 11. promote ~~educational~~ economic and general welfare educational programs	Editorial

Current WSNA Bylaws	Proposed Changes	Rationale
p. 29 **ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare E. Cabinet on Economic and General Welfare Cabinet Nominating/Search Committee. 1. The Economic and General Welfare Nominating/Search Committee shall consist of three members elected by secret ballot following the biennial meeting of the General Assembly with appropriate provisions to allow for all eligible members to vote in accordance with procedures established by the Board of Directors including but not limited to a secret mailed ballot. The person receiving the highest number of votes shall serve as chairholder. Persons who are not elected to the committee shall serve as alternates according to the order of votes received.	**ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare E. ~~Cabinet on~~ Economic and General Welfare Cabinet Nominating/Search Committee. 1. The Economic and General Welfare Nominating/Search Committee shall consist of three members currently represented for collective bargaining by WSNA and elected by secret ballot following the biennial meeting of the General Assembly with appropriate provisions to allow for all eligible members to vote in accordance with procedures established by the Board of Directors including but not limited to a secret mailed ballot. The person receiving the highest number of votes shall serve as chairholder. Persons who are not elected to the committee shall serve as alternates according to the order of votes received.	This change is editorial – correcting a typographical error from the last printing of the WSNA Bylaws in 2001. The proposed language further assures that the WSNA Economic and General Welfare program is governed by members who are actively represented by WSNA for the purposes of collective bargaining.

Current WSNA Bylaws	Proposed Changes	Rationale
p.30 **ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare E. Cabinet on Economic and General Welfare Cabinet Nominating/Search Committee Responsibilities 3. The responsibilities of the Cabinet on Economic and General Welfare Nominating/ Search Committee shall be to research and request names of candidates and prepare a slate for election to the Cabinet on Economic and General Welfare, Cabinet on Economic and General Welfare Nominating/Search Committee, and delegates and alternates to the UAN National Labor Assembly according to procedures adopted by the Cabinet on Economic and General Welfare.	**ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 4.** Cabinet on Economic and General Welfare E. ~~Cabinet on~~ Economic and General Welfare ~~Cabinet~~ Nominating/Search Committee Responsibilities 3. The responsibilities of the ~~Cabinet on~~ Economic and General Welfare Nominating/ Search Committee shall be to research and request names of candidates and prepare a slate for election to the Cabinet on Economic and General Welfare, ~~Cabinet on~~ Economic and General Welfare Nominating/Search Committee, and delegates and alternates to the UAN National Labor Assembly according to procedures adopted by the Cabinet on Economic and General Welfare.	Editorial
p. 31 **ARTICLE VIII-CABINETS AND COUNCILS** **SECTION 5.** Professional Nursing and Health Care Council A. Composition There shall be eleven members of the Council. Seven would be elected and four appointed. Five of the seven elected positions would be designated research, education, practice, administration, and ethics and human rights, one at-large and one chairholder.	**ARTICLE VIII - CABINETS AND COUNCILS** **SECTION 5.** Professional Nursing and Health Care Council A. Composition There shall be eleven members of the Council. Seven ~~would be~~ are elected and four appointed. Five of the seven elected positions ~~would be~~ are designated research, education, practice, administration, and ethics and human rights, one at-large and one chairholder.	This change is editorial - - correcting a typographical error from the last printing of the WSNA Bylaws in 2001.

Current WSNA Bylaws	Proposed Changes	Rationale
p. 32 **ARTICLE IX - CONSTITUENT ASSOCIATIONS (District Nurses Associations)** **Section 1.** Definition and Composition A constituent association/DNA is an officially recognized body of WSNA whose members reside or are employed within the jurisdictional boundaries defined by the Board of Directors.	**ARTICLE IX - CONSTITUENT ASSOCIATIONS ~~(District Nurses Associations)~~** **Section 1.** Definition and Composition A ~~constituent association/DNA~~ district nurses association or region is an officially recognized body of WSNA whose members reside or are employed within the jurisdictional boundaries defined by the Board of Directors hereinafter referred to as Constituent Association.	This change will allow districts to consolidate into regions as recommended by the Constituent Representative Council (district presidents).
Section 2. Jurisdictional Boundaries A. The Board of Directors shall establish the jurisdictional boundaries for a constituent association/DNA with the constituent association/DNA.	**Section 2.** Jurisdictional Boundaries A. The Board of Directors shall establish the jurisdictional boundaries for a constituent association ~~/DNA with the constituent association/DNA~~ in consultation with the Constituent Representative Council.	District nurses associations may be grouped by Region for the purpose of further implementation of association work.
	PROVISO #1 - The Bylaws/Resolutions Committee shall edit all other articles to comply with this change, with final approval of the WSNA Board of Directors. **PROVISO #2 - The Board of Directors shall establish a task force to work with the District Nurses Associations and Constituent Representative Council to provide for transition, including development of model regional bylaws.**	

Current WSNA Bylaws	Proposed Changes	Rationale
p 36. **ARTICLE XIII AMERICAN NURSES ASSOCIATION** **SECTION 2.** Relationship The WSNA relationship to the ANA shall be to: A. maintain membership in the ANA by meeting the qualifications for membership and pay the annual assessment for each individual member. B. pay dues to the ANA annually in accordance with policies adopted by the ANA House of Delegates	**ARTICLE XIII AMERICAN NURSES ASSOCIATION** **SECTION 2.** Relationship The WSNA relationship to the ANA shall be to: A. maintain membership in the ANA by meeting the qualifications for membership and paying the annual dues assessment ~~for each individual member~~. ~~B. pay dues to the ANA annually in accordance with policies adopted by the ANA House of Delegates~~ The remainder of the Section will be re-lettered accordingly	This change is required to be in conformance with ANA Bylaws and to clarify the language in A and B which is currently redundant and confusing.
p. 37 **ARTICLE XIII - AMERICAN NURSES ASSOCIATION** **SECTION 3.** Delegates A. The number of delegates to represent WSNA at the ANA House of Delegates and the number of delegates to the UAN National Labor Assembly shall be specified by the ANA Bylaws. C. WSNA, as a member of the UAN, is entitled to one delegate at large and additional delegates as specified in the ANA Bylaws. Delegates and alternates to the UAN National Labor Assembly shall:	**ARTICLE XIII - AMERICAN NURSES ASSOCIATION** **SECTION 3.** Delegates A. The number of delegates to represent WSNA at the ANA House of Delegates and the number of delegates to the UAN National Labor Assembly ~~shall be~~ are specified ~~by~~ in the ANA Bylaws. C. WSNA~~, as a member of the UAN, is entitled to one delegate at large and additional delegates as specified in the ANA Bylaws.~~ Delegates and alternates to the UAN National Labor Assembly shall:	This change is editorial Editorial only – removes the redundant language that is already articulated in Section 3, A.

ANA Raises Concerns Regarding Vaccinating Health Care Workers for Smallpox

ANA raised a number of concerns about the proposed national plan to immunize healthcare workers for Smallpox in a letter to US DHHS Secretary Tommy Thompson sent in early November. ANA continues to press for resolution of these issues at the national level. WSNA has expressed these same concerns at the local level and is working closely with local public health agencies, the Washington State Hospital Association and others to address these concerns. The ANA letter to Secretary Thompson is reprinted in full below. If you have questions or concerns regarding your agencies plans, contact your WSNA local unit officers and Nursing Representative. For updated information go to: *http://www.nursingworld.org/news/disaster/*

November 7, 2002

The Honorable Tommy G. Thompson
Secretary of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Thompson:

The American Nurses Association (ANA) applauds your leadership and the leadership of others in the Department of Health and Human Services in planning and preparing the U.S. health care system and health care providers to respond to the potential use of a weapon of mass destruction. Since 1998, the ANA has also been involved in developing strategies for educating the nation's 2.7 million registered nurses to respond to such an event. As the largest professional association representing registered nurses, ANA is very interested in the current discussion within the Administration on the proposal to vaccinate 500,000 health care workers against smallpox in a pre-event scenario.

In light of the recent recommendations from the Advisory Committee on Immunization Practices (ACIP), ANA identifies the following issues for your consideration as the Administration continues its deliberations.

Considerations related to Vaccinating Health Care Workers

* The decision by a health care worker on whether to be vaccinated should be made voluntarily and without fear of reprisal. This decision should be based on complete information regarding the potential risks associated with the vaccine.

* Costs related to vaccination and possible treatment for any side-effects, including potential side-effects suffered by family members, must be considered. These costs should not be incurred at the expense of the health care worker nor should delay for coverage be an expectation. An additional concern is that, at the present time, the Vaccine Injury Compensation Program (VICP) does not cover voluntary immunizations.

* Time-off associated with the vaccination process should not be charged to the health care workers' sick or vacation time and should be considered paid time. In addition, any furlough time required post-vaccination should also be considered paid time. Also, hospitals and health systems should develop alternative staffing plans to ensure sufficient staff coverage in any facility that initiates a health care worker vaccination policy.

* Risk of complications associated with skin diseases or dermatitis is of particular concern to ANA. It is estimated that 8-12 percent of health care workers are sensitized to latex that often presents itself in the form of dermatitis. In general, health care workers have a history of dermatitis as a result of hand washing, wearing gloves, and coming into contact with harsh agents and detergents. The potential for dermatologic reactions must be taken into account both in discussing the overall vaccination policy and when developing the screening questionnaire and interview process.

* Furlough of vaccinated providers to prevent the risk of a provider to patient transmission appears to be a point of disagreement in the research community. While there is only one known case of a provider to patient

transmission during the prior vaccination period, today's patient population is dramatically different from that of the 1960s and early '70s. The hospital patient of today is more acutely ill and health compromised than before. Additionally, it is unclear if the use of an occlusive dressing would be sufficient protection against transmission to a patient.

* To counteract adverse reactions, even in the absence of additional information regarding its effectiveness or alternative treatments, sufficient doses of Vaccinia Immune Globulin (VIG) should be readily available.

* Finally, a comprehensive surveillance plan should be in place to monitor and evaluate all persons who are vaccinated.

Considerations related to Health Care Workers Administering the Vaccine

* There needs to be discussion related to the potential liability/malpractice concerns as a result of administration of the vaccine.

* ANA strongly supports the development and use of a vaccine administration system that will eliminate the potential for needlestick injuries to occur and is in accordance with the provision of the 2000 Needlestick Safety and Prevention Act.

The American Nurses Association strongly believes registered nurses should be prepared to respond should another terrorist event occur, particularly one using a biological agent. As you know, ANA already is working closely with the Department to develop the National Nurses Response Team for just such an event.

ANA also recognizes that the policy questions under consideration are significant and require timely action. However, the questions and concerns that we have outlined are likely to be raised by health care workers and will need to be addressed. Successful implementation of a vaccination policy depends on thoughtful resolution of these and other issues that may be raised by frontline health care providers. ANA stands ready to assist the Administration in addressing these concerns.

I would be pleased to talk with you further about ANA's concerns. I can be reached at 202-651-7011 or you may contact ANA Senior Policy Fellow Cheryl Peterson at 202-651-7089.

Sincerely,

Barbara A. Blakeney, MS, APRN, BC, ANP
ANA President

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Spokane, Bellingham, Vancouver and Yakima
February 24 – February 28 , 2003

"The Small Pox Crisis"
"Issues Around Recruiting Foreign Nurses"

In response to your many requests, WSNA has invited Cheryl Peterson RN,MSN, ANA Senior Policy Fellow, Department of Nursing Practice and Policy, to present two CE offerings: "The Small Pox Crisis" and "The Issues Around Recruiting Foreign Nurses." These CE workshops will be held regionally in Spokane, Bellingham, Vancouver and Yakima. Watch for more information about exact time and locations in notices coming soon in the mail and via e-mail.***You Asked For It – and now WSNA is Bringing it to You!***

AMERICAN NURSES ASSOCIATION

CHECKLIST FOR REGISTERED NURSES

Smallpox Vaccination

As registered nurses, we are well aware that there is a pressing need to be prepared against the possibility of a bio-terrorist attack. Making the decision to be vaccinated is a difficult one and should not be made without a full understanding of the potential risks involved in receiving the vaccine.

- ✔ This is a *VOLUNTARY* decision and should be made without coercion, intimidation, or fear of job discrimination.
- ✔ The choice to be vaccinated is a personal decision that must be made based on your individual situation both at work and at home.
- ✔ This decision should be made in consultation with your primary care provider and with a full understanding of the contraindications, i.e, pregnancy, HIV/AIDs, eczema or atopic dermatitis (current and past), and any other disease that results in an immunocompromised health status.
- ✔ If you agree to be vaccinated, this should be accomplished without loss of wages or use of your personal sick or leave time.

The following is a checklist of questions that you should consider asking prior to making a decision to ensure that you are fully informed.

1. Have staff nurses been involved in the development of the policies and procedures at your facility for this voluntary vaccination plan?
2. Does your employer have a written vaccination plan and has this been shared with you for your review?
3. Have you been sufficiently educated about the vaccine, the disease and the risks associated with both?
4. Have you received adequate pre-screening and counseling to help you make an informed decision that reflects your personal and family situation? This should include access to medical testing to check for: pregnancy, HIV status, and other risk factors.
5. Have you been given a copy of the informed consent form that provides clear, understandable information about the risks and benefits of vaccination?
6. Will a trained vaccinator be available to provide the vaccination?

7. Will needles with safety features, rather than conventional bifurcated needles, be used?
8. Will there be daily, onsite monitoring of the vaccination site?

9. Is there a plan to educate and protect vulnerable patients from recently vaccinated health care workers? You may want to consider the possibility of Administrative Leave or reassignment to protect vulnerable patients from the *Vaccinia Virus*.

10. What is the plan for tracking and reporting adverse reactions? Have you been told who to contact should an adverse event occur?

11. Who will cover the medical costs should a complication from the smallpox vaccination occur? Will your health insurance cover your medical care? Will your employer cover the cost of co-payments.

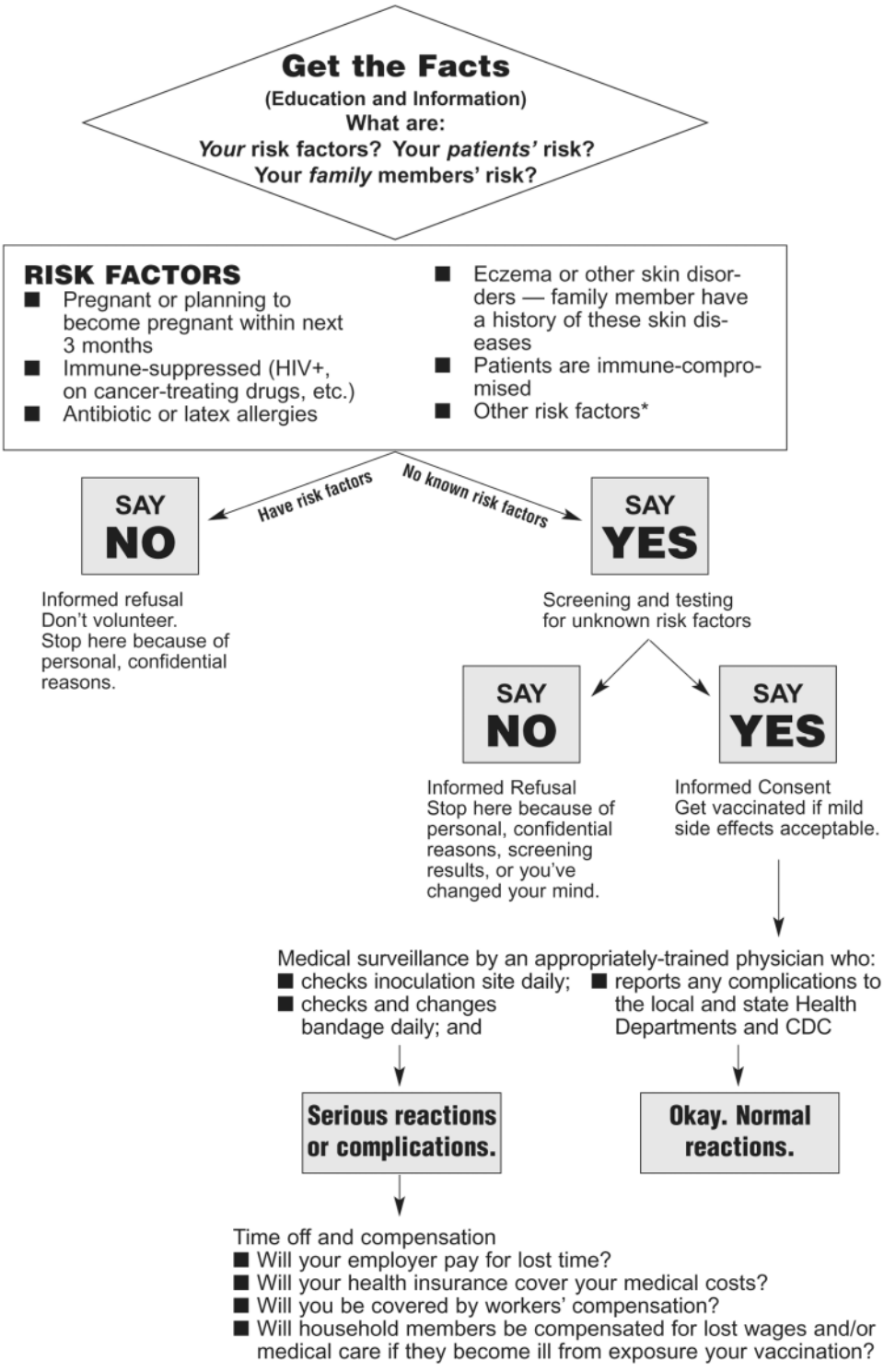
12. Will household members be compensated for lost wages and/or medical care if they become ill from exposure to your vaccination?

13. Will lost work time be compensated in the event of an adverse reaction to the smallpox vaccine?

This document has been adapted with permission from written materials developed by the Service Employees International Union.

DECISION-MAKING TREE

The Smallpox Vaccine: Should You Volunteer?



AMERICAN NURSES ASSOCIATION

*For complete list of risk factors, go to the CDC's Web Site at www.bt.cdc.gov/agent/smallpox/vaccination/facts.asp.

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Response to Bioterrorisn/Emergency Preparedness

by Karen Kiesz, RN, BSN, CCRN, MN

Since the attacks of 9–11–01, the country is on high alert for other disasters including bioterrorism or biochemical disasters. As hospitals and other health care organizations make preparations, registered nurses also need to be ready to respond. Nurses will have a pivotal role in the preparation and care for patients and community members in a disaster.

Preparation at Home

It was evident through local disaster drills using hospitals' new emergency systems that much more attention needs to be paid to each individual's emergency plan. It is time that each of us gets our homes and families ready for a natural or man-made disaster. This means taking the time to talk with your family, friends, and neighbors, calling your local fire department or city offices to check on what is planned on the local level. Your children must be included so they know where to go and what to do if you are delayed. Your neighbors should be encouraged to also be prepared.

Earthquake and emergency preparedness recommendations published by the American Red Cross (*www.redcross.org*) are listed according to knowledge based, preparations related to storage, safety interventions, and special recommendations. The following list can be a guideline for a home readiness assessment.

Knowledge based:

1. Safest location in each room during an earthquake
2. Recommended behavior "drop, cover, hold"
3. Recommended behavior if indoors, outdoors, or in a car
4. Designating out of state contact
5. Designating a meeting place
6. Take a first aid class
7. Know how to shut off gas/other utilities

Preparations related to storage (think of having enough supplies for at least 72 hours)

1. First Aid kit
2. Fire Extinguisher
3. Water–3 gallons per person
4. Non perishable food and can opener
5. Written instructions for utility shut-off and emergency contacts
6. Flashlight & batteries
7. Radio- battery powered
8. Tools
9. Sanitation supplies

Safety interventions

1. Heavy furniture bolted to wall stud
2. Cupboard latches
3. Heavy items on low shelves
4. Water heater bolted to wall

Special recommendations

1. Medications
2. Low mobility/disabled inhabitants

Preparation at Work

Check with your employer about their emergency preparedness (EP) plans. If you are at work during a drill or activation of this plan you may have a role in the response to the incident. Each hospital in Washington State has qualified for a grant to assess their level of readiness and is starting or has completed their EP response. If you are unaware of what is happening in your organization, ask your manager, supervisor, administration, or emergency department.

Registered Nurses can mentor to other health care providers, to ensure they are informed about the response to a disaster. Education of patients, families, and visitors during a drill or an actual disaster about your organization's emergency response plan is another critical role of the RN.

Coordination between the hospitals, local health department, police department, fire department, state and federal government is vital, so communication between among all of these agencies is being planned.

Preparation for WSNA

Registered nurses in WA State may need to respond if there is a large or prolonged need after a disaster. There is a model that was outlined in a recent issue of **The American Nurse**. Nurses in Georgia have developed a web site so nurses can log in and fill out an application to volunteer. This program is in conjunction with the Red Cross to staff shelters.

Within WA State there are some nurses that either do not need to respond at their places of employment (for example, educators and school nurses during the times school is not is session, retired, and unemployed nurses). This pool of RNs could be tapped to help if they are identified and able to spare the time to volunteer.

Suggestions for further action for WSNA

Since WSNA already has a web site, additional information could be included on emergency preparedness. Additionally the pool of nurses willing to volunteer could get further information, fill out an assessment of their work experience, and be mobilized if needed with coordination by WSNA or a group charged with coordinating volunteers. Partnering with the Red Cross, as in Georgia or with the health department, to disperse the RN volunteers to area of need could be coordinated by a work group from WSNA.

Dissemination of information to WSNA members and other RNs in WA State

There will need to be a coordinated response from WSNA to make this happen. Local chapters will need to communicate to their members. Also getting the word out to other nurses is imperative.

A presentation of this information will be available in PowerPoint form to print handouts and overheads to use at WSNA local and district meetings.

For further information on WSNA's response to bioterrorism contact

Name: Joan Garner, RN, MN
Telephone: 206/575-7979 ext 3007
Email: jgarner@wsna.org

Internet Resources

Below is a listing of helpful web sites with bioterrorism and/or emergency preparedness information on a local, state, and national level:

Nursing World, information on how you can protect yourself, patients and the community: *http://www.nursingworld.org/news/disaster/*

Within the same web site there is a link to the **American Nurses Association** resolution about disaster response: *http://www.nursingworld.org/about/hod02/actions.htm#disaster*

The **2002 House of Delegates**, and passed resolutions involving "*The Nursing Profession and Disaster Response*": *http://www.nursingworld.org/about/hod02/actions.htm*

Georgia Nurses Association, have a section set up for registering for volunteering in a disaster situation to assist in shelters: *http://www.georgianurses.org/gnas.htm*

Red Cross Nursing Volunteers, this site will link to your local chapter by zip code: *http://www.redcross.org/services/nursing/*

Disaster Medical Assistance Teams (DMATs), a volunteer opportunity for RNs *http://www.ndms.dhhs.gov/*

Center for Disease Control and Prevention *www.bt.cdc.gov* –Health alerts and updates to provide the public with current information, FAQs; *Spanish version: www.cdc.gov/spanish/bt*

Medline citations of journal articles with Bioterrorism InfoAlert Topics published in the last 6 months, within the **Sigma Theta Tau** website: *http://nursingsociety.org/*

Washington State Board of Health: *http://www.doh.wa.gov/sboh/default.htm*

WA State bioterrorism web site: *www.doh.wa.gov/bioterr/biotergeninfo.htm*

Tacoma Pierce County Health Department site on bioterrorism preparedness at the local level: *www.healthdept.co.pierce.wa.us/BioTerrorism/index.htm*

NBC medical news, updated when news breaks: *www.nbc-med.org*

Federal Emergency Management Agency: *www.fema.gov*

U.S. National Response Center has chemical/biological hotline and help-line information: *www.nrc.uscg.mil*

American Journal of Public Health (May 2001, Vol. 91, No. 5) "Bioterrorism Preparedness International Nursing Coalition for Mass Casualty Education": *www.mc.vanderbilt.edu/nursing/coalitions/INCMCE*

New England Journal of Medicine recent publications of the journal related to bioterrorism: *http://nejm.org/specialnotice*

The Journal of American Medical Association (JAMA) detailed list of recent articles relating to bioterrorism: *http://pubs.ama-assn.org/bioterr.html*

About the author:
Karen Kiesz RN, BSN, CCRN, MN is a student at University of Washington, Tacoma and Trauma Program Manager at MultiCare Medical Center, Tacoma

Nursing News Briefs

Cardiovascular Conference Update 2003 February 06, 2003–February 07, 2003 Shoreline Conference Center in Seattle

Cardiovascular disease is the number one cause of death in men and women in the United States. This annual conference provides an update on current research and strategies for managing and preventing cardiovascular disease. Topics on the first day include a global perspective on coronary heart disease (CHD); Type 1 and Type II diabetes management; lipid activity and diet; use of BNP as a clinical marker and treatment modality, and early detection and treatment of CHD. Topics on the second day include an historical perspective on electrocardiography; lessons learned from arrhythmia and ischemia monitoring research; differentiating SVT from VT; new devices for interventional cardiology; update on pacemakers; use of thrombolytics and antiplatelets; and factors which influence women's decisions on the use of hormone replacement therapy. Teaching strategies include lecture, discussion and case study analysis.
http://www.son.washinton.edu/cne/brochures/Fall02/cardio/690C.pdf

For further information, please contact: Sheila Keener, BSN, RN Continuing Nursing Education University of Washington Box 357260 Seattle, WA 98195-7260 (206) 543-1047 FAX (206) 543-6953 WEB: *www.uwcne.org*

Jan Bussert elected as ANF Treasurer

Jan Bussert, former WSNA President and current member of the ANA Board of Directors has been elected to a two-year term as treasurer of the American Nurses Foundation.

Forensic Nurse elected as Coroner in Stevens County

Patti Hancock RN, MSN, of Kettle Falls WA, recently won election as Coroner of Stevens County. Patti holds a Masters Degree in Forensic Nursing and is the first Forensic Nurse to be elected to a Coroner position in the state of Washington. Patti also holds a certification in OR nursing and works at Mt. Carmel hospital in Colville as an OR nurse. This is the first time in Stevens County history that an election was held for the Coroner's position. Until now, the County Coroner position was held by the Prosecuting Attorney.

Patti is also the sister of WSNA E&GW cabinet members Jeanne Avey RN and Marty Avey RN, CCRN, who say *they are very proud of their sister, Patti!*

WSNF Plans Activities at WSNA Convention/Summit

The Washington State Nurses Foundation (WSNF) has announced plans to hold a silent auction in conjunction with the WSNA Convention/Summit May 2, 2003. The WSNF auction, a popular event at the biennial convention, will feature a wide range of valuable items ranging from weekend vacations, tickets to sporting events, craft baskets and much more. Proceeds from the auction will support activities of the foundation including nursing scholarships, research grants and educational events. The WSNF trustees welcome donations of auction items and volunteers to assist with the auction activities. For more information on how you can help, contact Barbara Bergeron at WSNA ext. 3024.

Application Deadline Is January 31, 2003 for RWJ Executive Nurse Fellowships

The Robert Wood Johnson Executive Nurse Fellows Program is an advanced leadership program for nurses in senior executive roles in health services, public health, and nursing education. The three-year fellowships are designed for Fellows to remain in their current positions. Approximately 20 Executive Nurse Fellows are selected each year. Each Fellow is awarded a $15,000 leadership account to support self-selected learning activities, independent study, and access to an electronic communications network. In addition, the program provides matching funds up to $15,000 each year for the first two years of the program to support a required comprehensive leadership project in the Fellow's home institution.

The deadline for receipt of applications is January 31, 2003. For the full text of the *Call for Applications*, visit The Robert Wood Johnson Foundation Web site: ***www.rwjf.org*** *and click on "Applying for a Grant" then "Calls for Proposals."*

Reminder: Membership Information and Employment Status Changes

It is the responsibility of each nurse to notify the Washington State Nurses Association 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 email to wsna@wsna.org .

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.

Web Sites on Culturally Sensitive Nursing Care

There are several rich resources on the Internet that deal with culturally sensitive nursing care. According to the October 1, 2002, New York Times article, "*Nurses Bridge Cultures to Give Better Care*," on page D6 in the Science section, this approach to nursing represents a trend that has been gaining adherents since the 1960's. It was then that Dr. Madeleine Leininger began developing a theory that used techniques drawn from anthropology to investigate people's underlying beliefs and traditional healing arts. Other terms used are transcultural, cross-cultural, multicultural, or culturally competent nursing care.

To further explore this area of research, begin by going to the **1991 Position Statement on Cultural Diversity** in Nursing Practice developed by the ANA Council on Cultural Diversity in Nursing Practice at: *http://www.nursingworld.org/readroom/position/ethics/etcldv.htm*

There is an **extensive and current** (posted July, 2002) **bibliography** from the State University of New York Institute of Technology at: *http://www.sunyit.edu/library/html/culturedmed/bib/cultcomp/*

The March of Dimes site includes information on how to obtain a **Nursing Module on Culturally Sensitive Care-giving and Childbearing Families** that has been approved for 8.4 contact hours. Go to:
http://www.marchofdimes.com/files/culture.pdf

At *http://www.motherfriendly.org/MFCI/references/3CIMScultureCompetent.html* you will find references and synopses of four research articles related to providing culturally competent care to childbearing women of different cultures.

The **University of Texas at Austin** has published a description of a 1998 School of Nursing study, which investigated methods of improving breast cancer screening rates among African American women. A questionnaire was developed to identify and describe barriers to mammography screening in that population. Go to: *http://www.utexas.edu/admin/opa/news/00newsreleases/nr_200004/nr_discovery000426.html*
In a description of her research interests, Dr. Marie Fongwa, an Assistant Professor at UCLA School of Nursing, defines culturally competent health care and states that she has successfully demonstrated how to link quality with culture. She has developed and tested a Patient Satisfaction Instrument for Diverse Populations, which captures the perspectives of African and Caucasian Americans. She plans to include Latinos' views in future Spanish versions. You can find more information and a list of recent publications at:
http://www.nursing.ucla.edu/son/contact_info/marie_fongwa.html

A news release posted by the **College of Nurses of Ontario** announced their new nursing culture care guide, "*The Guide for Nurses for Providing Culturally Sensitive Care*," which was distributed in 1999 by the College to its 140,000 members. A brief description and contact information can be found at:
http://www.cno.org/new/releases/new_nursing.html

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

Next Issue: **Web sites on Holistic Health**

New Members

September 2002 to January 2003

DISTRICT 1
Whatcom–Mt. Baker

Karen J. Cruz
Susan L. Kolan
Kathleen A. Miller
Louis N. Olsen
Lori A. Philpott
Donna R. Stout
Sarah E. Turnbaugh

DISTRICT 2
King County

Alyson A. Barger
Kathryn G. Barrett
Barry S. Bermet
Mariel M. Besmer
Brian R. Brandser
Melinda J. Carter
Heidi L.W. Chen
Rebecca J. Duskin
Svetlana Frenkel
Amber M. Frymier
Fariba Fuller
Lana L Growe
Dawn M. Hanson
Todd G. Hindman
Eveline I. Ip
Olivia Jaiman
Dr. Carol A. Landis
Galina V. Litovkina
Frankie T. Manning
Marc K. Narciso
Kimberley K. Pearson
Mariel Q. Picardal
Anthony J. Rodriguez
Pamela J. Silverstein
Clinton M. Smith
Kara L Stearman
Elizabeth L. Steeves
Erin E. Steeves
Lisa 'Skye' A. Stott
Kathleen C. Tuke
Christine A. Tweedale
Natalie AS Watson
Sybil M. Weber
Robin M. Weinrich

DISTRICT 3
Pierce County

Mariya V. Bakera
Lynne Anne Bell
Paula J. Brookshire
Anne M. Caldwell
Phyllis J. Chapman
Janet C. Clark
Jocelyn C. Dela Rosa
Gretchen L. Diers
Mary L. Fischer
Margaret M. Flanagan
Candice A. Francom
Cynthia A. Hamilton
Ruth E. Hoss
Joella S. Johnson
Stephanie M. Kammerzell
Heather L. McDaneld
Tereasa L. McQueen
Diane IA Meddaugh
Shannon A. Miller
Staci L. Morse
Evelina D. Nombrado
Elaine M. Oxspring
Debora L. Paape
Margaret L Pearson
Kathleen M. Pizzolatto
Jamie L. Prange
Jeanne Ramos
Jeffery L. Raum
Gina L. Riegle
Elizabeth L. Ross
Emily E. Rush
Barbara L. Satterly
Catherine M. Sharp
Lynette A. Sieverson
Mariya F. Subbotina
Roselyn M. Traina
Lisa F. Tweet
Victoria J. Tyson
Mary J. Warren
Deborah A. Watkins
Janna N. York

DISTRICT 4
Spokane/Adams/Lincoln

Bonnie J. Bowman
June B. Canaday
Amanda L. Cassens
Nicole M. Chaffins
Tara J. Cushner
Stacy M. Dale
Broc Carlos Dayley
Bruce D. Decker
Jacque J. Emley
Lorinda S. Erdman
Aimee J. Erickson
Sarah E. Evans
Rebecca P. Ford
Rheanne J. Garrett
Maureen F. Guichard
Ellsworth A. Gump
Tamara M. Heikkila
Jeral L. Herron
Nancy J. Hoffman
Marie T. Hughes
Lorraine Ideus
Shelly K Jahn
Dean A. Jones
Janet M. Jones
Jessica M. Kahue
Linda J. Langford
Chien Lin
Elizabeth A. McConnell
April McKay
Stephanie M. Meek
Aime M. Morrill
Carol-Lynn M. Nissley
Megan M. Parker
Alissa N. Peck
Anna C. Repp
Lois C. Roller
Sandra M. Rost
Mary Ann Smith
Laura M. Snider
Jennifer L. Stafford
Ellison J. Thrall
Malia P. Tonellato
Sharon L. Wilson
Jenise M. Wright
Ernest K. Ziegler

DISTRICT 6
Yakima

Katy L. Davis
Richard A. Gonzalez
Michelle K. Smeback

DISTRICT 7
Chelan/Douglas/Grant

Melissa Y. Covenant

DISTRICT 8
Grays Harbor

Casaundra L. Bosarge
Casey M. Connally
Linda S. Davenport
Melissa J. Hansen
Heidi J. Jennings
Jennifer R. Katzer
Heidi M. Lindquist
Holly J. Nelson
Matthew J. Skinner
Paul D. Twibell
Jeni D. West

DISTRICT 9
Snohomish County

Rebecca L. Berry
Suzanne H. Christenson
Lynn R. Clark
Heather J. Owens
Leondra T. Weiss
Ogeretta L. Zimmerman

DISTRICT 10
Lower Columbia

Arlene Adams
Michelle A. Chambers
Joeen G. Engler
Jill R. Lemmons
Etha 'Lori' Miller
Stephanie Parmley
Aro R. Roberts
Gale T. Schmidt
Carol A. Scott
Pamela J. Sims
Sharon R. Smith

DISTRICT 11
Fort Vancouver

Laurie J. Adams
Linda Jo Armstrong
Jennifer D. Bain
Angela M. Ballard
Joe J. Bartell
Joan M. Blackler
Kathleen D Bohannon
Mary A. Boldt
Danelle L. Brandemihl
Gregory A. Brim
Marcia K. Bryan
Susan E. Cannard
Fely S. Cheska
Tenzin Chodin
Anesha L. Clouse
Tracey A. Cox
Cynthia L. Crabtree
Stacey A. Durrah
Jammie R. Eastham
Valerie S. Easton
Leisa M. Ennis
Sandra L. Halusek
Eileen S. Higbie
Kristi R. Houck
Therese M. Jensen
Kevin R. Kelly
Barbara A. Kennard
Yashi D. Khashitsang
Renee L. Klein

Susanna M. Locker
James P. Lybarger
Arpa M. Martell
Lynda A. Mathers
Sherri L. McCormick
Annette C. Michaud
Lindsay N. Moffatt
Stephanie C. Montgomery
Elaine A. Myers Young
Karen L. Percy
Angela D. Peterson
Joyce A. Reed-Ferguson
Maribeth Roberts
Rondi M. Rosenlund
Sandra A. Schlarb
MaryAnn G. Shafer
Nancy R. Sloan
Colleen L. Sunde
Audrey M. Sykes
Cheryl A. Taylor
Darcy A. Thibault
Jenny P. Underwood
Sonja A. Walker
Stacy R. Young

DISTRICT 14
Whitman
Patricia A. Berger

DISTRICT 15
Tri-Cities
Dianna L. Ankenman
Elizabeth A. Braich
Phyllis M. Caldwell
Deborah L. Good
Trudy M. Greene
Jody A. Gutierrez
Tammy E. Hanrahan
Courtney A. Hunter
Karen C. Madsen
Carol L. Moreno
Lori L. Peard
Jennifer A. Pereira
Julie A. Speck
LeAnna K. Wilson

DISTRICT 16
Skagit-Island-San Juan
Seren Anderson
Michele B. Bishai
Mia K. Caulk
Kimberly K. Dixon
Kara B. Evans
Gail L. Fitzgerald
Kathy A. Follman
Abdon F. Galera
Julie A. Harvin
Vicky T. Huang
Caroline E. Miller
Sandra D. Murphy
Anna Marie Newman
Catherine A. Owens
Pamela R. Phiefer
Claude D. Reissner
Jerry R. Rogers
Bruce A. Schwab
Donna R. Trontvet

DISTRICT 17
Kitsap County
Kelli A. Johnson
Meri L. Popejoy

DISTRICT 18
Kittitas County
Debra K. Scheib

DISTRICT 98
Other Counties
Alice A. McGlothin

District 2, King County Nurses Association Update

Annual District Meeting

Join KCNA for their Annual District Meeting February 26th, 6 - 7:30 p.m. at the Good Shepherd Center in Wallingford. There is no charge and a light supper will be provided. To sign up, phone KCNA at 206-545-0603 or email kcnurses@kcnurses.org. Join us for:

Announcement of the Slate of KCNA Nominees

The nominees for the 2003 elections will be presented and approved. If you would like to add your name, or that of someone you know, to the slate, please call us at 206-545-0603 or e-mail us at kcnurses@kcnurses.org.

Discussion of WSNA Dues Changes

Judy Huntington, executive director, and Martha Worcester, secretary treasurer, Washington State Nurses Association, will present proposed changes to the WSNA dues structure. Please come and discuss:

- why these changes are needed;
- how they will affect members;
- how they will affect KCNA programs;
- how WSNA dues compare with those of other nurse unions;
- and what type of research the task force conducted.

*Presentation of the KCNA **Extra Mile Award***

The second annual **Extra Mile Award** will be presented to Mary Larson, RN. Larson is a nurse at the Pioneer Square Clinic, and also a talented artist. She trades her bright portraits of clinic clients for items sorely needed by clients, including hundreds of pairs of socks and gloves. *Come meet and congratulate her!*

KCNA to Offer Connections Dinner Seminars Calling All Nurses

KCNA is continuing its schedule of **Connections Dinner Seminars** in 2003. The seminars are held on weekday evenings and include a boxed meal and networking (6:30 - 7 p.m.) and presentation (7 - 9 p.m.). All this and 2.4 CEARP credits, too! The cost is $30 for members, $40 for nonmembers and $20 for students/unemployed. All sessions are held at the Good Shepherd Center, 4649 Sunnyside Ave. N., Rm. 224, in Wallingford. To register, phone KCNA at 206-545-0603.

Thursday, February 6

"Nurse Legal Consultant 101" Collette Matthews, RN, BSN, Nurse Legal Consultant. The workshop will describe the multifaceted role of the nurse legal consultant. Content will be useful to new consultants and a helpful review for experienced consultants.

Wednesday, March 12

"Irritable Bowel Syndrome: Facts, Fiction, Future Treatment" Monica Jarrett, PhD, RN, Associate Professor, University of Washington. The workshop will review the definition, prevalence and cost of IBS, differentiate it from other organic disorders, and discuss current and future treatments.

Plan Ahead to Attend KCNA's 100th Anniversary Celebration!

KCNA will host a special 100th Anniversary celebration on Tuesday evening, April 22, 2003 at the Shilshole Bay Beach Club in Seattle. Don't miss keynote presenter, Melodie Chenevert, RN, nationally known author and motivational speaker who will speak on nursing and the health care system in her keynote presentation: "Queen of Hearts, Winning the Hearts and Minds of King County Nurses." Also included in the celebration is the annual Silent Auction–with plenty of fantastic items to benefit the KCNA Scholarship Program; a lovely meal of salmon, chicken or vegetarian topped off with a piece of 100th Anniversary cake; and special exhibits showcasing 100 years of King County nursing.

To register for the 100th Anniversary celebration, phone KCNA at 206-545-0603 or e-mail kcnurses@kcnurses.org. The cost is $30 per KCNA (District 2) member and $40 per nonmember. Come join us and celebrate 100 years of service!

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.

January, 2003:

Dialectical Behavior Therapy Intensive Training Course: Part I; January 13-17; Part II; July 7-11 or July 21-25; Northampton, MA; Contact Hours: 78
206/675-8588, Ext. 104.

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.uwcne.com

D Intercollegiate College of Nursing
Washington State Univerity
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

Emergency Care of the Older Adult in the Community Setting; Jan. 15; Tacoma, WA; Contact Hours: 6.5; Fees: $79; Contact: A.

The Physical and Developmental Environment of the High-Risk Infant; Jan. 29-Feb. 1; Clearwater Beach, FLA; Contact Hours: 26; Fees: $595; Contact: USF Medical Services Support Corporation: 888/873-2674.

2003 Clinical Update for School Nurses; Jan. 31-Feb. 1; Seattle, WA; Contact Hours: 12; Fees: $260; Contact: C.

Shaping Today For A Greater Tomorrow (in adult day services); Jan. 31-Feb. 1; Miami Beach, FLA; Contact Hours: 15.58; Fees: $295-700; Contact: National Adult Day Services Association, Inc.: 866/890-7357, Ext. 223.

February, 2003:

Health History and Physical Assessment; Feb. 1 & 8; Tacoma, WA; Contact Hours: 15; Fees: $209; Contact: A.

Brain Attach: The Changing Practice in Stroke Care: Are You Current?; Feb. 1-9; Seattle WA; Contact Hours: 6.9; Fees: $50; Contact: American Stroke Association: Kristin Wurz; 206/525-7665 or 888/440-2328.

Rehabilitation Nursing: Restorative Skill for Bedside Nursing; Feb. 3-4; Puyallup, WA; Contact Hours: TBA; Fees: $200; Contact: Good Samaritan Hospital: 253/848-6661 Ext. 2875.

5th Annual Update in Nurse-Midwifery 2003; Feb. 5; Seattle, WA; Contact Hours: 7.7; Fees: $160; Contact: C.

Rehabilitation Nursing: Therapeutic Transfer Techniques; Feb. 6; Puyallup, WA; Contact Hours: 7.8; Fees: $115; Contact: Good Samaritan Hospital: 253/848-6661 Ext. 2875.

Cardiovascular Care Update 2003; Feb. 6-7; Seattle, WA; Contact Hours: 14.6; Fees: $260; Contact: C.

Imagery and Emotional Release Therapy: Tools for Oncology Nursing; Feb. 7-9; Union, WA; Contact Hours: 12.6; Fees: $495 (includes lodging, and meals); Contact: Harmony Hill Retreat Center: 360/898-2363 or visit www.harmonyhill.org

2003 WSNA Nurse Legislative Day; February 10; Olympia, WA; No Contact Hours; Fees: $15-60; Contact: Anne Piazza: 206/575-7979 Ext. 3006.

High Acuity Nursing; Wed. & Thurs: Feb. 12-March 20; Tacoma, WA; Contact Hours: 80; Fees: $700; Contact: A.

Annual Neuroscience Symposium: Riding the Wave of Change; Feb. 13-14; Seattle, WA; Contact Hours: 15; Fees: $260; Contact: C.

End of Life Care; Feb. 28; Tacoma, WA; Contact Hours: 6.5; Fees: $79; Contact: A.

March, 2003:

Pediatric Drug Therapy: Clinical Pharmacology Series 2003; March 15; Seattle, WA; Contact Hours: 8; Fees: TBA; Contact: C.

Current Issues in Women's Health: A Day With Sharon Schnare; March 5: Seattle, WA; Contact Hours: 7.5; Fees: $160; Contact: C.

Wound Management Education Program: A Certificate Program for Registered Nurses; March 10-May 2; Seattle, WA; Contact Hours: 132; Fees: $3295; Contact: C.

Neonatal Drug Therapy: Clinical Pharmacology Series 2003; March 15; Seattle, WA; Contact Hours: 8; Fees: TBA; Contact: C.

Rapid Response: Essential Skills for Urgent Clinical Situations; March 17; Seattle, WA; Contact Hours 8; Fees: TBA; Contact: C.

People to People Ambassador Programs: Nursing Delegation to China; March 28-April 9; Contact Hours: None; Fees: $4,690; Contact: Kristi Wheeldon: 800/669-7882 Ext. 422.

April, 2003:

Rehabilitation Nursing: CRRN Preparation Course; April 7-9; Puyallup, WA; Contact Hours: 25.2; Fees: $475; Contact: Good Samaritan Hospital: 253/848-6661 Ext. 2875.

Geriatric Drug Therapy: Clinical Pharmacology Series 2003; April 9; Seattle, WA; Contact Hours: 8; Fees: TBA; Contact: C.

Revolutionary Success: Nurses and the Law; April 9-12; Philadelphia, PA; Contact Hours: TBA; Fees: TBA; Contact: American Association of Legal Nurse Consultants: 877/402-2562.

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.

Nursing 2003 Symposium; April 13-16; Lake Buena Vista, FLA; Contact Hours: 30.8; Fees: $329; Contact: 800/346-7844 Ext. 7750.

Spanish for Health Care Providers; April 22 & May 6; Tacoma, WA; Contact Hours: 15; Fees: $169; Contact: A.

Telehealth Nursing Practice; April 23; Tacoma, WA; Contact Hours: 7.5; Fees: $89; Contact: A.

14th Annual Pacific Northwest Ambulatory Care Nursing Conference; April 24-25; Seattle; Contact Hours: 14.6; Fees: TBA; Contact: C.

Foundations in Chemotherapy; April 28-29; Seattle, WA; Contact Hours: 16.5; Fees: TBA; Contact: C.

Physical Assessment Course; April 28-June 16; Seattle, WA; Contact Hours: 8-32.4; Fees: TBA; Contact: C.

May, 2003:

After Prozac: Mindfulness-Based Cognitive Therapy; May 5-6; Holyoke, MA; Contact Hours: 15.6; Fees: $260; Contact: The Behavioral Technology Transfer Group: 206/675-8588 Ext. 104.

Pain Management Update; May 7; Tacoma, WA; Contact Hours: 4; Fees: $49; Contact: A.

Wound & Skin Care; May 7; Tacoma, WA; Contact Hours: 4; Fees: $49; Contact: A.

Geriatric Assessment; May 9; Tacoma, WA; Contact Hours: 7.5; Fees: $89; Contact: A.

Women's Health Drug Therapy: Clinical Pharmacology Series 2003; May 13; Seattle, WA; Contact Hours: 8; Fees: TBA; Contact: C.

Providing Health Care to Diverse Populations; May 14; Seattle, WA; Contact Hours: 8; Fees: TBA; Contact: C.

Healthcare Providers and Hepatitis C; May 15; Tacoma, WA; Contact Hours: 4; Fees: $49; Contact: A.

Adult Drug Therapy: Clinical Pharmacology Series 2003; May 21; Seattle, WA; Contact Hours: 8; Fees: TBA; Contact: C.

June, 2003:

On the Fast Track 2003: Developing Social and Cultural Understanding; June 6; Contact Hours: TBA; Fees: TBA; Contact: A.

Neuropsychotropic Drug Therapy: Clinical Pharmacology Series 2003; June 13; Seattle, WA; Contact Hours: 8; Fees: TBA; Contact: C.

Dialectical Behavior Therapy Intensive Training Course: *Part I*; June 16-20; *Part II*; Jan. 12-16 or Feb. 9-13, 2004; Seattle, WA; Contact Hours: 78; Fees: $2,150; Contact: The Behavioral Technology Transfer Group: 206/675-8588 Ext. 104.

HIV/AIDS Annual Update; June 19-20; Seattle, WA; Contact Hours: TBA; Fees: TBA; Contact: C.

Basic Preparation Course for Parish Nurses; June 24, 25, & 26 & July 16-17; Tacoma, WA; Contact Hours: 30; Fees: $445; Contact: A.

July, 2003:

Introduction to School Nursing; July 8-11; Tacoma, WA; Contact Hours: 30; Fees: $445; Contact: A.

Pediatric Nutrition; July 9-11; Seattle, WA; Contact Hours: TBA; Fees: TBA; Contact: C.

Terrorism Preparedness: Fighting Fear With Knowledge; July 14; Tacoma, WA; Contact Hours: 6.5; Fees: $79; Contact: A.

Keeping Kids in the Classroom; July 15-16; Tacoma, WA; Contact Hours: 15; Fees: $169; Contact: A.

Research Tools for School Nurses; July 17; Tacoma, WA; Contact Hours: 7.5; Fees: $89; Contact: A.

Ethics Conference; July 25; Seattle, WA; Contact Hours: TBA; Fees: TBA; Contact: C.

September, 2003:

Wound Management Education Program: A Certificate Program for Registered Nurses; Sept. 3-25; Seattle, WA; Contact Hours: 132; Fees: $3,295; Contact: C.

Charting the Course: The Power of Expert Nurses to Define the Future; Sept. 21-23; Boston, MA; Contact Hours: TBA; Fees: TBA; Contact: The Institute for Healthcare Leadership: Karen Poznick: 617/632-9000 or http://www.inhl.org.

14th Annual WSNA Leadership Conference; Sept. 28-30; Chelan, WA; Contact Hours: TBA; Fees: TBA; Contact: Washington State Nurses Association: 206/575-7979.

October, 2003:

Advanced Practice in Primary and Acute Care: PNW National Conference; Oct. 8-11; Seattle, WA; Contact Hours: TBA; Fees: TBA; Contact: C.

INDEPENDENT SELF STUDY COURSES:

Preceptorship; 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.

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
Washington State University College of Nursing
Professional Development
2917 W. Fort George Wright Drive
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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.org

Wild Iris Medical Education
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Lower Columbia College in Longview, WA is recruiting part-time nurses for clinical teaching positions in medical/surgical nursing and obstetrics/pediatrics/maternity/newborn. Recent clinical experience required in addition to Master's degree in nursing and unencumbered Washington RN license. *For an application contact* Personnel Office, 1600 Maple Street, Longview, WA 98632. Fax sparvey@lcc.ctc.edu. (360) 442-2122. LCC is an AA/EOE

Imagery and Emotional Release Therapy: Tools for Oncology Nursing February 7-9, 2003 (3 days/2 nights) 12.6 CEUs approved by WSNA.
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