

THE WASHINGTON NURSE

Volume 35, No. 2 Summer 2005



Success in Olympia

PAGE 15

- | | | | |
|-----------|--|-----------|--|
| 2 | Calendar of Events | 21 | The Luminary Project |
| 3 | In Focus | 23 | Advanced Practice Update |
| 3 | You Were Represented | 24 | Toxic Chemicals in IV Tubing |
| 4 | 2005 Biennial Convention Highlights | 26 | Medicare Prescription Drug Coverage Summary |
| | 2005 WSNA Awards | 27 | 2006 Dues Rate Schedule |
| | A Member's Report | 28 | Continuing Education Calendar |
| | Election Results | 25 | WSNF News |
| 12 | ANA House of Delegates | 30 | Nursing News Briefs |
| 15 | 2005 Legislative Session Report | 32 | District News |
| 18 | Nursing Practice Update | 32 | In Memoriam |
| | Nursing Delegation | 33 | New Members |
| 19 | 100k Lives Campaign | 35 | Hall of Fame Application |
| 20 | Safe Patient Handling | 37 | Leadership Conference Registration |
| | An Idea Whose Time Has Come | | |

2005 Biennial Convention & Summit

If you did not attend the 2005 WSNA convention you missed some of the best continuing education classes available.

PAGE 4

Dr. Audrey Nelson, PhD, RN, FAAN presents a plenary session on her work on Safe Lifting and Ergonomics at Nursing Stations.



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ARTICLE SUBMISSION DEADLINES

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

Calendar of Events

July

- 19 WSNA Nominations/Search Committee (tentative)
- 28 WSNA Board, Cabinet, Council Chairs Orientation
- 29 WSNA Board of Directors Meeting
- 29 Nurses Appreciation Night with the Seattle Storm

August

- 23 Washington Center for Nursing (WCN) Board Meeting
- 27 WSNA CEARP Committee

September

- 6 Washington Nursing Leadership Council (WNLC)
- 8 WSNA Occupational and Environmental Health and Safety Committee
- 10 Environmental Health and Safety Workshop - Antioch University, Seattle
- 18-22 UAN Labor Leader Institute - Chicago
- 24 WSNA Cabinet on Economic and General Welfare - Lk. Chelan
- 25 WSNA Cabinet on Economic and General Welfare - Lk Chelan
- 25 WSNA Statewide Local Unit Council - Lk. Chelan
- 26-27 WSNA Annual Leadership Development Conference - Lk. Chelan

October

- TBD WSNA Finance and Executive Committees *
- 13-14 CNEWS Meeting - Seattle

November

- 8 Election Day
- TBD WSNA Board Meeting *
- 24-25 Office Closed for Thanksgiving Holidays

December

26-30 Office Closed for Holidays

January 2006

- 2 Office Closed for New Years Day Holiday**
- 30 2006 Nurse Legislative Day, Olympia, WA

* Other Fall Meeting Dates - October through December 2005 to be determined (TBD) later in July

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In Focus

As of a few weeks ago, I became the President of WSNA. Whew! What a ride! I'm still not quite sure I believe I'm a leader in an organization as great as the Washington State Nurses Association. I sincerely hope I can live up to the expectations of the office. I am following in the footsteps of some truly remarkable women. When the history of WSNA is explored, some of our past presidents have not only led in the state but also nationally as the ANA president and/or as a member of the ANA Board of Directors. And many of these women continue to serve and inspire. Jan Bussert presently is serving as ANA Treasurer. And I would like to tell you of my admiration of Joanna Boatman.



A few years ago, I was awarded the Joanna Boatman Staff Nurse Leadership Award. At that time, I had heard of Joanna, I knew she was the past President of WSNA and a State leader. I admired her as a legendary and pioneering staff nurse who was involved in workplace issues many years prior to my becoming a nurse. These last two years, I have been privileged to work directly with Joanna. She is truly one of my Nursing heroes. She is involved, engaging, intelligent and very influential. I really have huge shoes to fill during my tenure. Her ability to share her knowledge with wit and humor has inspired many nurses.

WSNA is an organization which has had turmoil in the past and will continue to have it in the future. We have come through extremely difficult times and have learned to move ahead, learning from the past, but not living within it. We have streamlined, reorganized and thrived. WSNA is very well positioned for whatever the future has in store for it. Many of WSNA members are represented for Collective Bargaining. Workplace issues continue to be a major focus of our organization and it is addressed with excellence through the E&GW program and Legislative Program. What is unique about our organization, which other unions do not have, is our Practice. WSNA speaks for the practice of Nursing and the Nurses in the state of Washington. This is what brings nurses to our organization and keeps them engaged within the organization. I hope that over my 2-year tenure, we continue to see WSNA's membership grow, not only with members for collective bargaining, but with ARNPs, RNs in education and all other fields of nursing. WSNA needs the intellect of all nurses - in all settings and all types of nursing -- the entire nursing profession - to meet the challenges that face us in our daily practice and workplaces and into the future. WSNA is defining Nursing in Washington State. Become engaged by letting us hear your voice, encouraging others to join their Professional Organization, and continue to mentor your colleagues and students. Together we can do anything!

You Were Represented

The WSNA staff and elected and appointed leaders represent your interests in a wide variety of meetings, coalitions, conferences and work groups throughout the year, anticipating and responding to the issues the membership has identified as priorities. In addition to many meetings with legislators, policy makers, other health care and nursing organizations and unions, the following represents a partial listing of the many places and meetings where you were represented during the months of April through June 05.

- Meetings of the Washington State Nursing Care Quality Assurance Commission, the Practice and Education Subcommittees and Task Forces on Continued Competency, Interstate Compact, and LPN Administering Conscious Sedation
- WTECB Health Care Personnel Shortage Task Force
- Public Health Roundtable
- Working for Health Coalition
- Mental Health Parity Coalition
- Washington State Labor Council "Fair Share" work group on access
- Semi-annual meeting of the Council of Nurse Educators of WA State (CNEWS)
- WA Health Foundation meetings re: Healthiest State of the Nation campaign
- Steering Committee of the Foundation for Health Care Quality on Medical Errors
- Qualis Health, WSNA, WSHA and WSMA meetings re: 100 Thousand Lives Campaign
- Washington Nursing Leadership Council (WNLC)
- Washington Center for Nursing (WCN) Board Meetings
- Local and regional Workforce Development Council (WDC) Health Care Skills Panels
- Meeting with Johnson and Johnson on Nursing Shortage strategies
- Nurse Retention Task Force Meeting with WSNA, WSHA, 1199, NW-ONE and WCN
- Quarterly meeting of the U of Washington Continuing Education stakeholders
- Health Care Without Harm and CHE-NW on Environmental Health Issues
- WA Department of Labor and Industries Task Force to Examine Lifting in Health Care
- Planning Committee for the 2005 Governor's Health and Safety Conference
- AFL-CIO train-the-trainer conference for a union approach for health and safety
- ANA Constituent Assembly meetings in Washington DC
- ANA House of Delegates meetings in Washington DC
- ANA State Association Lobbyists' Meeting in Washington DC
- SNA Labor Coalition leadership meeting of UAN states, ANA and UAN
- UAN National Labor Cabinet Meeting in Washington DC
- ANA Board of Directors meeting

2005 Biennial WSNA Convention and

The 2005 WSNA Convention / Summit was held on May 4–6, 2005, at the Double Tree Suites at Southcenter in Seattle. Attendees and guests were treated to an array of continuing education opportunities, national speakers, exciting exhibits and poster sessions, a gala awards reception and the WSNF's silent auction in addition to the business meeting of the WSNA General Assembly and other break-out sessions.

Events began on Wednesday afternoon, May 4th, with an **“early bird” wine and cheese reception** for early arriving convention attendees – more than 60 nurses attended the pre-convention event. Door prizes, renewed friendships and networking were the highlights of this casual evening.

Thursday, May 5th began early with convention registration, breakfast with the exhibitors and the first session of the **General Assembly business meeting**. The General Assembly included remarks from the outgoing WSNA President, Joanna Boatman. Members of the General Assembly engaged in a spirited discussion on the proposed amendments to the WSNA Bylaws, eventually supporting them and unanimously recommending the proposed amendments to the membership. Also approved were two resolutions: one in support of routine BMI screening, evaluation and treatment utilizing the evidence based clinical guidelines and the other addressing long range implications of the Asian tsunami victims.

Two main motions were also passed: 1) that WSNA clarify that all members of WSNA, including staff nurses who are not represented by WSNA for collective bargaining, are eligible to be candidates for officers or at-large positions on the WSNA Board of Directors and 2) that the WSNA Board of Directors establish a task force for the purpose of identifying strategies that will provide WSNA support and visibility to those members who are not covered by a WSNA collective bargaining agreement.

Additionally, several courtesy resolutions were approved including one recognizing and thanking Charlotte Stirkins, WSNA Receptionist, for her many years of dedicated and loyal service to WSNA. Charlotte is retiring after working at WSNA for 25 years. Complete text of all resolutions and the amended WSNA Bylaws can be found online at www.wsna.org

Throughout the day and into the evening, members and guests browsed the many exhibits and poster sessions and placed their bids on more than 80 exciting items donated for the **Washington State Nurses Foundation's Silent auction**. Thanks to the generosity of the Foundation's donors and friends, \$10,778 was raised to support the Foundation's nursing scholarships and mini-grants programs.



Above

Kathleen Cope, WSNF 2005 Scholarship Recipient **Carie McFarlin** and friend

Left

WSNA Director of Govt Affairs & Communications **Anne Tan Piazza** and WSNA Contract Lobbyist **Tammy Warnke**

Right

WSNF Scholarship Recipient **Ali Rees**

Below

Mary Walker, RN, Dean of the School of Nursing at Seattle University, responds to questions following a presentation on the nursing shortage



In the afternoon, WSNA members and guests enthusiastically welcomed **Keynote Speaker, Ann Rogers, PhD, RN, FAAN**, whose excellent and thought-provoking presentation, *“Working Hours of Hospital Staff Nurses,”* provided important insight into the effects of extended hours of work on patient and nurse safety. For more than 13 years Dr. Nelson has focused her research exclusively on sleep and sleep disorders and more recently has focused specifically on staff nurse fatigue and patient safety. (See slides online at www.wsna.org)



Following the keynote address, participants and guests joined in a gala reception to celebrate and honor the **2005 recipients of the WSNA Awards**. The biennial awards program showcased a number of the Association’s leaders and in a variety of award categories (see complete listing of awardees on next page). WSNA’s Community Partners Award – given to an organization or individual who has joined WSNA in helping promote the image of nurses and the profession – went to Karen Bryant, Vice President of the Seattle Storm and the Seattle Storm for the active support the Storm has given to promoting nursing in Washington State. Also recognized was Elizabeth Thomas who was unable to attend the reception because she was being honored as one of three “2005 Heros in Health Care” at a special awards event held by the Washington Health Foundation. A short video highlighting her work and contributions was shown both at the WHF event and the WSNA reception. Recipients of the WSNF scholarships were also acknowledged at the reception. (For details about these deserving future nurses, go to <http://www.wsna.org/snas/wa/wsnf/grants.asp>)

Friday morning began with two sets of four concurrent CE sessions. All of the sessions were well-attended and received outstanding evaluations from the sessions’ participants. The topics included:

- *Patient Safety and Environmental Health*
- *Emerging Infectious Diseases that Really Bug Me*
- *Preventing Violence and Conflict in the Workplace*

- *Preventing Medical Errors*
- *Overview of Magnet Status*
- *Nursing Shortage Update*

Dr. Patricia Butterfield, PhD, RN, FAAN presented the session on **Patient Safety & Environmental Health**. Her topic covered prevalent household environmental health risks, addressing environmental justice and the right to know, environmental exposures associated with medical devices and procedures, and identifying risk reduction actions nurses can take in homes, communities, and hospitals. Captain Andy Stevermer, ARNP, RN, presented a class on **Emerging Infectious Diseases that Really Bug Me**. Some of the diseases covered were, Escherichia Coli, Influenza, SARS, HIV, and the Common Cold. Treatment and methods of prevention were discussed. An **Overview of Magnet Status** was presented by Joan Caley, MSN, RN, CNAA, CNS who has been a ANCC magnet status reviewer since 1991. Her talk included the benefits and outcomes of the Magnet Recognition Program, the application process and the 14 forces of magnetism and how they are exemplified in a magnet organization. Paula Minton-Folz MN, RN, presented a class on **Preventing Medical Errors**. Her talk included four causes of medical errors, the national patient safety goals, and five actions to reduce the potential for medical errors. Mary K. Walker, PhD, RN, FAAN, Dean of Seattle University College of Nursing and Linda Tieman, MN, RN, CHE, Executive Director of the Washington Center for Nursing presented an overview on the **Nursing Shortage**. Anna (Annie) Bruck, MN, RN, COHN-S, presented the class on **Preventing Violence and Conflict in the Workplace**. She provided an overview of violence and conflict in the workplace, identified the occupational risk factors and hazards for nurses in their workplace, presented measures to cope with the aftermath of violence and conflict, and discussed key strategies for preventing violence and conflict.

Below
Jan Bussert addresses
the assembly



Even though it was a beautiful day outside, convention attendees stayed through the Friday afternoon to work together in small groups and **dialogue sessions** to discuss WSNA Issues and Priorities and to answer the following questions:

1. What are the three most important issues facing nursing that 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?

The session gave the participants a chance to share ideas, issues, and solutions with each other and provided an opportunity for more discussion about nursing - present and future. There was no lag in the conversation and the time passed very quickly. Input from the session, along with actions from the General Assembly, will be used by the WSNA Board of Directors, the Professional Nursing and Health Care Council, the Legislative and Health Care Council, and the Cabinet on Economic and General Welfare to update the WSNA Issues and Priorities and will help guide the work of the association during the next two years.

The Closing Plenary Session - The final session of the day was the closing Plenary Session on "*Safe Lifting and Ergonomics at Nursing Stations*," presented by Audrey Nelson, PhD, RN, VA Medical Center, Tampa, Florida. Dr. Nelson, who is the center director for two Patient Safety research centers with the Veteran's Administration, spoke about safe patient handling and the cost-effectiveness of utilizing patient lift devices. She also linked her research findings on aspects of patient lifting and nurse safety with that of Ann Rogers' work on extended work hours. Dr. Nelson's slides are also available online at www.wsna.org

The last convention-related event, the Spring Statewide Local Unit Council meeting was held on Saturday, May 7th and more than 30 Local Unit leaders from all across the state met to discuss common workplace issues and share information and ideas for running their local units. Throughout the Convention, the CE programs, exhibits

and work sessions, attendees were treated with many door prize drawings and gave-aways – all generously donated by our 2005 convention sponsors and exhibitors (*for a listing see www.wsna.org/snas/wa/events/2005/convention/sponsors.exhibitors.asp*)

WSNA would like to thank all of our speakers, sponsors, exhibitors and members who attended the Convention for helping make 2005 one of the best yet! Watch for the dates for the 2007 Convention in future issues of the *Washington Nurse* and plan now to attend – it will be WSNA's centennial celebration!



Left
2005 WSNA Scholarship
Recipients **Courtney
Caufield and Dara (Mimi)
Otto**

Below
Continuing Education
session presenter **Captain
Andy Stevermer**



2005 Convention & Summit: 2005 WSNA Award Winners



WSNA Community Partner Recognition Award

Karen Bryant and the Seattle Storm

In recognition of the Seattle Storm's partnership and significant contribution in helping to promote healthy lifestyles, professional women's sports and career opportunities in the nursing profession.



ANA Honorary Recognition Pin Award

Joanna Boatman, RN

In recognition of her lifelong leadership, distinguished service and valuable contributions to WSNA and the nursing profession



WSNA Honorary Recognition Award -- RN Candidate

Representative Dawn Morrell, CCRN, RN

In recognition of her distinguished service to WSNA and ANA and her role as a tireless advocate for nurses, healthcare and the profession



Joanna Boatman Staff Nurse Leadership Award

Susan M. Jacobson, RN

In recognition of her leadership and significant contributions to the economic and general welfare of nurses and nursing



Above

2005 WA Health Foundation
Heroes of Healthcare
Award Winner **Liz
Thomas** (Right)
with **Muriel Softli** (Left)



WSNA Honorary Recognition Award – Lay Candidate

Carmen Maymi-O'Reilly

In recognition of her distinguished service and valuable assistance to the nursing profession



Marguerite Cobb Public Health/Community Health Nurse Award

Maureen B. Niland, PhD, RN, CNNA

In recognition of her lifelong contributions and leadership in community health nursing and WSNA

Left

Rep Dawn Morrell accepts the WSNA Honorary Recognition Award (RN Candidate) as **Joanna Boatman** looks on

2005 Convention & Summit: A Member's Report

By Keith Koga

*First-time Convention Attendee and New Local Unit
Co-Chair at UWMC*



On May 5th and 6th, the Washington State Nurses Association (WSNA) gathered in Seattle for their biennial convention. I was fortunate enough to attend both days and had the opportunity to meet other nurses from around the state. Talking

with them was both inspiring and revealing. Most of these nurses have been practicing for more than 10 years and have experienced significant positive changes in their practice, which can be attributed to the hard work of WSNA. These changes include: prohibition of mandatory overtime, paid holidays, charge and weekend premiums, health and safety protection, and much more. Talking to nurses that had none of these benefits made me realize the importance of WSNA membership and of being actively involved.

The focus of this year's convention was Nurse/Patient Safety. The keynote speaker, Ann E. Rogers, PhD, RN, FAAN, presented a talk on "Working Hours of Hospital Staff Nurses" which addressed the relationship of hours worked per day and how it affects performance. The data gathered were based on research she published in the journal, *Health Affairs*.

On day two I attended two CE sessions. The first, cleverly titled, "Emerging Infectious Diseases that Really Bug Me," was presented by Captain Andrew Stevemer, ARNP, RN and provided an excellent summary of current and emerging diseases that have an impact on the healthcare system. The

second, presented by Pat Butterfield, PhD, RN, and titled "Patient Safety and Environmental Health," emphasized the impact that the environment has on patient care.

CE sessions were just a small part of the convention. Members also voted on resolutions to bylaws and nominated candidates for office. We discussed the future of WSNA - where we are going and what should be done to get there. This discussion highlighted an important issue: **membership**. Membership is pertinent to the success of WSNA, now more than ever. The membership raids of the 1980s and 1990s could happen again, so our members need to understand the importance of WSNA not just as a collective bargaining unit, but also as a professional organization that represents and speaks for nurses. This means that registered nurses make all decisions. When talking with nurses I am sometimes surprised to find that many think of WSNA as just a "union," not realizing that it is the only professional organization (since 1908) that represents all registered nurses on the state level through our practice and government affairs. Without WSNA working on the legislative level, important changes we desire and benefits we reap would not be possible.

In my opinion, the convention was a huge success. Not only did I learn things that will be valuable towards my practice, but I also came to the realization that being actively involved can and will make a difference.

2005 Convention & Summit: Election Results

Kim Armstrong Elected WSNA President - Bylaw Amendments Pass by Wide Margin

Eleven state nursing leaders were elected to two-year terms on the Washington State Nurses Association (WSNA) Board of Directors during an election conducted by a mailed ballot of the membership in May. The ballots were counted and certified by the Integrity Voting Systems, Inc. on June 14th. WSNA members also overwhelmingly approved the proposed changes to the WSNA Bylaws with a 96% "yes" vote. The terms of office for the newly elected Board and the amended WSNA Bylaws take effect immediately.

This year's voting resulted in many close elections, giving renewed credibility to the saying that "every vote counts!" Congratulations to all of the candidates who ran and to those elected. Complete election results, including vote counts for all positions are available at WSNA. The newly elected WSNA Board will be making additional appointments to WSNA Councils and WSNA standing committees when they meet on July 29th.

Kim Armstrong, BSN, RNC, from Olalla, WA was elected as **President of WSNA**. Kim has been a registered nurse providing direct patient care for more than 27 years. She received her Baccalaureate in Nursing from the University of Texas and is certified in Low Risk Neonatal Nursing Care. Kim has been a staff nurse at the Tacoma General Hospital, MultiCare Health System, since 1978 and has held many association roles over the years including grievance officer and co-chair of her local unit, elected member of the Cabinet on Economic and General Welfare and as delegate to ANA and the UAN. In 2001, Kim was elected the Chair of the Cabinet on Economic and General Welfare and served as a member of the WSNA Board of Directors for the past four years.

In addition to Kim, the following officers and members were elected to the **WSNA Board of Directors**:

Vice-President:	Mary K. Walker, District #2, Seattle
Secretary/Treasurer:	Jean Pfeifer, District #2, Kirkland
Chair of Cabinet of Economic and General Welfare:	Tim Davis, District #16, Mt. Vernon
Chair of Legislative and Health Policy Council:	Susan E. Jacobson, District #6, Yakima
Chair of Professional Nursing and Health Care Council:	Joan Caley, District #11, Vancouver
Director At-Large:	Stasia Warren, District #4, Spokane
Director At-Large:	Sally Herman, District #16, Mt. Vernon
Director At-Large:	Judith Turner, District #3, Fox Island
Staff Nurse Director At-Large:	Pamela O. Rimel, District #6, Yakima
Staff Nurse Director At-Large:	Harriet Colwell, District #15, Pasco

Also elected were WSNA Councils, Cabinet and standing committees and delegates and alternates to the 2006-2007 UAN National Labor Assembly and ANA House of Delegates. Those elected were as follows:

WSNA Nominations/Search Committee (four additional positions to be appointed)

Chair
Aaron D. Lebovitz, District #1, Bellingham

At-Large Members
Beatrice Wolf, District #4, Spokane
Elizabeth R. Thomas, District #2, Seattle
Christine M. Henshaw, District #2, Burien

Legislative and Health Policy Council (three additional positions to be appointed)

Chair (Also serves as a member of the WSNA Board)
Susan E. Jacobson, District #6, Yakima

At-Large Members

Ed Dolle, District #17, Port Orchard
Antwinett O. Lee, District #2, Lynnwood
Patricia (Trish) D. Tobis, District #2, Bellevue

Professional Nursing and Health Care Council (four additional positions to be appointed)

Chair (Also serves as a member of the WSNA Board)
Joan M. Caley, District #11, Vancouver

Administration
Nikki Behner, District 9, Arlington

At-Large
Janet O. Toone, District #4, Spokane

Education

Mary A. Baroni, District #2, Seattle

Ethics and Human Rights

Muriel G. Softli, District #2, Seattle

Practice

Jean Erickson, District #11, Vancouver

Research

Sharon Hooey, District #16, Mt. Vernon

Seaneen Rispens, District #3, Puyallup

Julia Rose Barcott, District #6, Yakima

Jeanne Avey, District #10, Longview

Edna P. Cortez, District #3, Tacoma

Sonya U. Miller, District #3, Puyallup

Pamela Newsom, District #2, Seattle

Office of the Cabinet Chair

Sonja Kvamme, District #2, Seattle

Sally A. Baque, District 3, Olalla

Vicki Everette, District #10, Kelso

Debra "Debi" Brogan, District #8, Montesano

Deborah K. Neiman, District #10, Longview

Cabinet on Economic and General Welfare

Chair (Also serves as a member of the WSNA Board)

Tim R. Davis, District #16, Mt. Vernon

At-Large Members

Jeanne Avey, District #10, Longview

Debra (Debi) Brogan, District #8, Montesano

Martha Goodall, District #4, Spokane

Judi M. Lyons, District #18, Ellensburg

Pamela Newsom, District #2, Seattle

Julia A. Weinberg, District #16, Bow

Eight additional nurses received one write-in vote each. Their names will be retained as possible alternate delegates, providing they also meet the criteria for UAN Delegate:

Harriet Colwell

Cheryl Cotton

Patricia A Lombard

Ina O'Donnell

Jon Olson

Judy Miller

Peggy Slider

Kaaren Torgeson

Cabinet on Economic and General Welfare Nominating/Search Committee

Patricia Lombard, District #1, Bellingham, Chair

Sonya U. Miller, District #3, Puyallup

Susan M. Jacobson, District #3, Tacoma

Note: To serve as a UAN Delegate to the National Labor Assembly, you must be a member of WSNA, currently employed and covered by a WSNA contract at the time of the NLA meeting.

UAN Delegates to 2006 & 2007 UAN National Labor Assembly:

Editor's Note: WSNA will be notified shortly regarding the exact number of delegates that we will have for the 2006-2007 UAN National Labor Assembly. It is possible that the number of delegates will be slightly more or less than the number listed below as elected. Additional delegates will be appointed as delegates from the alternate listings in order by the highest number of votes received. Tie votes will be determined by lot.

Elected as Delegates (estimated at 8 delegates): Listed in order according to number of votes received:

Marty Avey, District #4, Spokane

Tim R. Davis, District #16, Mt. Vernon

Judi M. Lyons, District #18, Ellensburg

Julia A. Weinberg, District #16, Bow

Susan E. Jacobson, District #6, Yakima

Kim Armstrong, District #3, Olalla

Larry Jones, District #2, Tacoma

Maggie Flanagan, District #3, Fox Island

Elected as UAN Alternate Delegates: Listed in order according to number of votes received:

Delegates to 2006 and 2007 ANA House of Delegates:

Editor's Note: WSNA will be notified shortly regarding the exact number of delegates that we will have for the 2006-2007 (if a special session is held in 2007) ANA House of Delegates. It is possible that the number of delegates will be slightly more or less than the number listed below as elected. Additional delegates will be appointed as delegates from the alternate listings in order by the highest number of votes received. Tie votes will be determined by lot.

Elected as At-large Delegates (estimated at 3 delegates):

Office of President (Kim Armstrong)

Joanna Boatman, District #10, Kalama

Deborah Bessmer, District #4, Spokane

Elected as Alternate At-large Delegates:

Sheila Malmberg, District 7, Chelan

Barbara E. Frye, District 2, Seattle

Jan Bussert, District #2, Vashon Island

Sally Herman, District #16, Mt. Vernon

Sharon Hooey, District #16, Mt. Vernon

Dennis Tiffany, District #2, Seattle

Joan M. Caley, District #11, Vancouver

Joan Garner, District #2, Maple Valley
C. J. Welter, District #3, Belfair
Darlene Delgado, District #2, Bothell
Juanita Heaton, District #2, Federal Way
Mary K. Walker, District #2, Bellevue
Patricia (Trish) D. Tobis, District #2, Bellevue
Joyce Johnson, District #2, Kent

Write-ins receiving at least one vote are also elected as Alternate At-large Delegates. Their names will be retained as possible alternate delegates, providing they also meet the criteria for ANA At-Large Delegate They are:

Deborah K Neiman
Lisa M Ross
Cheryl Cotton
Judy Huntington
Louise Kaplan
Patricia A Lombard
Deb Neiman
Sarah Newell
Carol Oeljen
Donna L Poole
Peggy Sala
Verlee Sutherlin
Julia Weinberg
Beatrice Wolf

Elected as Staff Nurse Delegates (estimated at 17 -19 delegates):

Marty Avey, District #4, Spokane
Tim R. Davis, District #16, Mt. Vernon
Aaron D. Lebovitz, District #1, Bellingham
Verlee "Vee" Sutherlin, District #4
Vicki Wornath, District #11, Vancouver
Ed Dolle, District #17, Port Orchard
Kim Armstrong, District #2, Olalla
Julia A. Weinberg, District #16, Bow
Judi M. Lyons, District #18, Ellensburg
Mike Krashin, District #3, Lakewood
Vicki Everette, District #10, Kelso
Susan E. Jacobson, District #6, Yakima
Susan M. Jacobson, District #3, Tacoma
Jeanne Avey, District #10, Longview
Jean M. Erickson, District #11, Vancouver
Julia Rose Barcott, District #6, Yakima
Jean Pfeifer, District #2, Kirkland
Judith Turner, District #3, Fox Island
Maggie Flanagan, District #3, Fox Island

Elected as Alternate Staff Nurse Delegates:

Sonya Miller, District #3, Puyallup
Pamela O. Rimel, District #6, Yakima
Larry Jones, District #3, McKenna
Debra (Debi) Brogan, District #8, Montesano
Seaneen Rispens, District #3, Puyallup

Judith A. Cullinane, District #18, Ellensburg
Wendy D. Feddema, District #18, Ellensburg
Pamela Newsom, District #2, Seattle
Sonja M. Kvamme, District #2, Seattle
Sally A. Baque, District #3, Olalla
Kathy Honeysett, District #18, Ellensburg
Edna P. Cortez, District #2, Kirkland
Muriel M. Softli, District #2, Seattle
Deborah K. Neiman, District #10, Clatskanie OR
Anita A. Stull, District #2, Seattle
Sibyl Davis, District #2, Kirkland

Write-ins receiving at least one vote are also elected as Alternate Staff Nurse Delegates. Their names will be retained as possible alternate delegates, providing they also meet the criteria for ANA Staff Nurse Delegate. They are:

Jon Olson
Shawna Olson
Sarah Newell
Peggy Slider
Patricia Misch-Longview
Patricia A Lombard
Martha Goodall
Leslie Brocklesby
Leon Guidry
Judy Miller
Edna Cortee
Bette Perman
Steve Hardin
Kay Skaftun

ANA House of Delegates

ANA House of Delegates Take Action to Improve Health Care, Protect the Vulnerable and Advance Nursing Issues

Achieving universal access to health care, ensuring registered nurses' (RNs) vital role in providing care in community-based settings, changing workplace practices that lead to dangerous levels of fatigue among nurses and protecting the rights of prisoners and detainees were some of the many issues that nurse leaders acted on during the American Nurses Association's House of Delegates (HOD) meeting in June. The HOD, composed of more than 600 nurse leaders from ANA's 54 constituent member associations (CMAs) and organizational affiliates, was held June 17-19 in Washington, DC.



WSNA Members Visible and Active in the ANA House of Delegates

WSNA's delegates included newly elected WSNA President Kim Armstrong, Sally Baque, Joanna Boatman, Jan Bussert, Darlene Delgado, Ed Dolle, Vicki Everette, Barbara Frye, Joan Garner, Sally Herman, Judy Huntington, Susan E. Jacobson, David Keepnews, Judy Miller, Pam Newsom, Carol Oeljen, Jean Pfeifer, Peggy Sala, Muriel Softli, Judy Turner, and Vicki Wornath.

WSNA's delegates were active and visible at the microphones at the forums and reference hearings and during the debate on issues at the House of Delegates. WSNA was also well represented at other meetings held in conjunction with the HOD. WSNA President, Kim Armstrong co-chaired the meeting of the SNA Labor Coalition and Judy Huntington, WSNA Executive Director, was elected to a two-year term on the Executive Committee of the Constituent Assembly. Susan E. Jacobson, newly-elected Chair of the WSNA Legislative and Health Policy Council and WSNA Board member attended the CMA PAC Liaison meeting along with Joan Garner, WSNA Director of Nursing Practice and Education. WSNA Past President, Jan Bussert was active in her role as the ANA Treasurer, a role she has been filling since October 2003 when she was appointed in order to fill a vacancy. She was elected to an additional two-year term in 2004.

Advancing Health Care Reform

In a wide-reaching measure, delegates overwhelmingly approved an HOD resolution on health care reform that will improve consumer access and reduce costs. The report noted that every year



Above Right
Newly-elected
WSNA President **Kim
Armstrong**

Top Left
WSNA Executive
Director **Judy
Huntington** with
Marla Weston,
Executive Director
of the Arizona State
Nurses Association

Left
Susan E Jacobson



Right
WSNA
delegates
Ed Dolle and
Peggy Sala



Below
WSNA
Delegates

since 1965, health care expenditures have risen at rates generally two to four times the rate of economy-wide inflation. Further, 44 million persons are uninsured and tens of millions are significantly under-insured, which impedes their access to adequate health care services. The HOD-approved measure asks ANA to use its leadership role to work with other health care organizations and citizen action groups to carry out the goals outlined in the association's updated blueprint for health care reform, called ANA's Health Care Agenda 2005. In that document, ANA states that health care is a basic human right and calls for an emphasis on preventive, community-based care and universal health coverage. To download a .pdf copy of ANA's Health Care Agenda 2005 go to <http://www.nursingworld.org/readroom/anahca05.pdf> The HOD resolution also directs ANA to work toward shaping the national debate in advance of the 2008 national election cycle and disseminate ANA's Health Care Agenda 2005 to elected officials and policymakers.

In a related action, the HOD passed a measure aimed at protecting RNs' vital role in providing patient care in community-based or ambulatory care settings. The measure asks ANA to update relevant position statements on the replacement of RNs in these settings, as well as to evaluate recent trends, such as unlicensed assistive personnel being allowed to administer medications.

Taking on RN Fatigue

Extensive research has been published on the effect of prolonged work hours on employees' ability to perform safely in many industries, and that work has led to limiting work hours among railroad, trucking and airline employees. In 2004, the Institute of Medicine targeted the health care industry with its report, *Keeping Patients Safe: Transforming the Work Environment of Nurses*. The comprehensive HOD resolution asks ANA to disseminate information detailing the impact of nurses' fatigue, rotating shifts, long work hours and insufficient break time on patient safety, quality of care and the personal safety of RNs so that these effects are taken into account when scheduling decisions are made. The HOD action also asks ANA to provide information on the legal and ethical obligations that RNs and employers have when RNs' work hours extend beyond what constitutes a safe environment for nurses and patients. In addition, the measure asks that ANA advocate for research that looks at the financial impact of nurses' fatigue on institutions, as well as on nurses, when RNs work differing shift lengths and total hours in a given time period. Beyond providing information, delegates want ANA to urge all stakeholders to implement measures that ensure patients and nurses aren't put at risk when RNs work long hours or when they are fatigued.

Other Patient Safety and Advocacy Actions

Delegates also backed a measure prompted by recent world events. The ANA and other nursing and health care organizations



have voiced concerns about the abuse and torture of prisoners and detainees from Iraq and Afghanistan. For example, ANA sent a letter to U.S. Secretary of Defense Donald Rumsfeld on Feb. 3, 2005, detailing RNs' ethical responsibility to report prisoner abuse and advocate for the care of all patients. The HOD requests that ANA adopt principles that advocate for prisoners' and detainees' right to health care and humane treatment, ensure that RNs do not voluntarily participate in any deliberate infliction of physical or mental suffering, and hold the Code of Ethics for Nurses as a set of precepts that encompass all nursing activities and that may supersede specific policies of institutions or employers. The resolution also asks for ANA to condemn interrogation procedures that are harmful to mental and physical health and to advocate for counseling and support for RNs who speak out about acts of torture and abuse.

Protecting Children

To prevent the deaths of an estimated 85 abandoned newborns each year, the HOD approved a resolution that promotes public awareness of "safe haven" laws. Forty-five states, including Washington State, currently have programs that allow parents to take unwanted infants to a safe place without fear of exposing their identities or being charged with the crime of child abandonment. The resolution asks ANA to join with its CMAs and other state-based organizations to develop a public awareness campaign aimed at health care providers and the general public.

In addition, the HOD approved another resolution that focuses on children's safety. Between July 2000 and June 2001, at least 78 children under the age of 14 died and nearly 9,200 were injured when they were left unattended in and around motor vehicles, according to a 2002 national report. Dangers that children are exposed to include being inadvertently backed over in a driveway or parking lot, being left in a vehicle where temperatures can reach deadly levels within minutes and strangulation by a power window or sun roof. To keep children safe, the HOD approved the resolution, which calls for ANA to collaborate with other national nursing and child advocacy organizations to request a nationwide Ad Council campaign to educate parents and others about the dangers of leaving children unattended in and around motor vehicles.

RN Tribute

The HOD welcomed a program, called "The Nightingale Tribute," that honors deceased nurses. Delegates specifically want ANA to promote the availability of the tribute nationwide, including working with the National Funeral Home Directors Association. The tribute, developed by the Kansas State Nurses Association, is a structured honor given to an RN at the funeral service, and it includes a short synopsis of the nurse's career, a reading about the nursing profession, and the presentation of white roses by colleagues to symbolize their appreciation for the nurse. The HOD implemented this ceremony during its meeting and agreed to make it a part of future meetings.

As part of the moving Nightingale tribute, CMA Presidents were invited to the microphone to read into the record the names of nurse members who had passed away during the last 12 months. President Armstrong read the names of seven nurses from the Washington State:

- **Elizabeth "Betty" Giblin, EdD, RN, FAAN** – 1916-2005 Professor emeritus at the University of Washington School of Nursing and pioneer of sleep research in nursing,
- **Rosemary J. Pittman, MS, RN** 1916-2005, founder and chair of the University of Washington School of Nursing Nurse Practitioner program and professional artist,
- **Sandra B. Wolf, BSN, RN** 1954-2004 She was employed by Virginia Mason Medical Center as an oncology nurse for 10 years and later as director of The Clinical Trials Unit at Virginia Mason's Research Center for over 10 years,
- **Helen Hope Graves, MSN, RN** 1914-2004 worked for the State of Alaska in mental health departments in Juneau and Anchorage, before returning to Seattle to teach at the University of Washington School of Nursing, Psychosocial Nursing Department where she worked until her retirement in 1979,
- **Mary Alice Nofziger Chelgren, PhD, RN** 1932-2004 directed a program to train in-service nurses to use new equipment and techniques, now accepted as standard in Coronary Care Units and later serve as the Director of Nursing at the Kline Galland Home,
- **Kathleen Morrison Treseler, MN, RN** 1925-2004, Professor Emeritus in the School of Nursing at Seattle University where she taught nursing principles and practice for 23 years and authored three editions of her book, *Clinical Laboratory and Diagnostic Tests: Significance and Nursing Implications*, and
- **Eileen Mary Ridgway, Ph.D** April 5, 1921-April 8, 2005, former Professor and Dean of the School of Nursing of Seattle University, Seattle, WA.

2005 Legislative Session Report

Bills That Passed

Nursing Care Quality Assurance Commission Composition Change (HB 1075)

Nurses are the largest health care profession in Washington State with nearly 70,000 RNs and 15,000 LPNs. An increase in the Commission members from 11 to 15 is needed to accommodate the heavy workload of the Commission. The specific designation of ARNPs, staff nurses, nurse manager and nurse educators will ensure a broad spectrum of backgrounds needed to better serve the public's interests and address the wide range of issues that the Commission oversees. This bill passed with near unanimous support from the Legislature and the Governor signed it into law on April 12th.



Funding for Central Nursing Resource Center (SB 5599)

As the nursing shortage looms in Washington State and projections are for it to worsen significantly in the next two decades, we must have a central resource center to focus specifically on addressing issues related to the nursing work force. Nursing can't wait any longer and are willing to help ourselves. This legislation imposes a \$5 surcharge on the nursing license fee to fund activities of a central nursing resource center to ensure an adequate nursing workforce to meet the needs of our citizens. There are more than a dozen nursing organizations that support this legislation. This bill passed the Legislature with strong bi-partisan support and was signed into law by the Governor in May.



Removal of Joint Practice Agreement for Nurse Practitioners (HB 1479)

Nurse practitioners in Washington serve thousands of health care consumers in both the rural and urban areas of the state. The Joint Practice Agreement (JPA) is a barrier to practice for many nurse practitioners who seek full prescriptive authority. Removing the requirement of a JPA would result in greater health care access for consumers in Washington. The bill passed the House floor with strong bi-partisan support and passed the Senate with a unanimous vote. The Governor is signed the bill into law on April 13th.

School Nurse Work Group (budget)

The 2005-2007 biennial budget includes \$45,000 allocation to fund a school nurse work group to review services in Class I school districts. The group will study the need for additional school nurse services by gathering data about current nurse-to-student ratios, assessing demand for school nurse

services, identifying best practices, and making recommendations for school nursing services. The group shall also identify opportunities to improve coordination of and access to health services for low-income children through the use of school nurse services. The report of the group's findings and plans for implementation are due to the legislature by February 2006.

Public Health Funding Task Force (House Concurrent Resolution 4410)

Public health is the center of a quality health care system and is the most cost effective system for disease prevention and health improvement. Through decades of neglect and erosion in funding, the ability of our local public health departments to perform core functions has been drastically reduced. This resolution creates the Legislative Public Health Funding Task Force and is charged with reviewing all current and potential local, state, and federal funding sources and expenditures for public health services and recommend potential sources of future funding for public health services and complete a report to the governor and the legislature by July 2006.

Mental Health Parity (HB 1154)

Millions of people are affected by mental illness yet many do not have access to services as they do to other health services. This new law requires mental health services to be covered by insurance in a manner comparable to medical and surgical services.

The 2005-2007 operating budget appropriations include the following highlights:

Health Professional Loan Repayment & Scholarship Program

Total of \$3.1 million (maintains the \$2 million increase in 2004) of funding is provided to assist with the recruitment and retention of credentialed health professions in underserved areas.

Enrollments Slots Higher Education Coordinating Board

Includes 7,900 new FTE slots with no specific designations for high demand fields such as nursing. General enrollment slots for 4 year universities funded at \$6,303 per student and \$5,400 per student for community and technical colleges.

Faculty Funding

Provides I-732 COLA funding for eligible faculty at both the 4 year universities and the 2 year community and technical colleges. Fiscal year 2006, faculty will receive a 3.2% COLA increase, and a 1.6% increase in FY 2007.

Four year universities are granted tuition increases of 7% per year for research institutions and 6% for comprehensive institutions. The tuition revenues are to be used for recruitment and retention of faculty and staff.

Community and technical colleges are granted a tuition increase of 5% per year. The tuition revenues are to be used for recruitment and retention of faculty and staff. Also, \$4.5 million is awarded for full-time faculty increment funding, and another \$4.5 million is allocated to provide salary equity for part-time instructors.

Capital Budget Allocation

\$31.6 million for WSU Riverpoint Nursing Center in Spokane. \$150,000 to establish a southwest allied health and human services consortium.

Public Health Funding

Fully funds public health services to pre I-695 level at \$48.1 million for the biennium.

Children's Health Program

Funding of \$12.9 million is provided to enroll 8,800 children below 100% of poverty level.

BHP Enrollment

Maintains funding (\$44 million) for the 100,000 residents currently enrolled.

Bills We Continue To Work On

Mandatory Overtime HB 1371 & SB 5368

Extend protection of mandatory overtime for nurses to additional settings such as jails, state hospitals, and state veterans' homes and close loopholes in current law.

Safe Patient Handling HB 1672

Protect nurses from musculoskeletal injuries through "no manual lift" policies and other safe patient handling initiatives. Enhance patient safety by reducing injuries by requiring each hospital to establish a patient care activities program (with input from frontline health care workers) that addresses safe patient handling

Safe RN Staffing HB 1372

In order to ensure safe patient care, we must have adequate RN staffing in our hospitals. WSNA is advocating for legislation to require hospitals to develop and implement, with input from registered nurses providing direct patient care, a staffing plan for nursing services that is based on the patient care needs and the skill mix of registered nurses and other nursing personnel.

School Nurse HB 1494

Increases the number of registered nurses in schools in order to ensure that our children have access to the qualified staff necessary to provide essential health care needs in the education environment.

For more information, please contact Anne Tan Piazza, Director of Governmental Affairs & Communications, at apiazza@wsna.org or 206-575-7979 ext. 3006

2006 Nurse Legislative Day

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

Learn about critical nursing and health care legislation to be considered during the 2006 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 the health care issues.



**Monday,
January 30th
in Olympia**

Nursing Practice Update Nursing Delegation

Nurse delegation is one of the unclear responsibilities that registered nurses encounter on a daily basis. RNs have been able to delegate selected nursing tasks to competent individuals ever since licensing became mandatory in Washington State. The authority to delegate is outlined in the Washington Administrative Code (WAC) 246-840-010 Definitions (10).

This WAC indicates that the registered nurse who delegates the task retains the responsibility and accountability for the nursing care of the client. The WAC states in part: *The registered nurse delegating the task supervises the performance of the unlicensed person; (a) Nursing acts delegated shall: (i) be such that in the opinion of the registered nurse, can be properly and safely performed by the person without harm to the patient, (ii) can be properly and safely performed the person, (iii) be acts that a reasonable and prudent registered nurse would find within the scope of sound nursing judgment. (b) Nursing acts delegated by the registered nurse shall not require the unlicensed person to exercise nursing judgment nor perform acts, which must be performed by a registered nurse, except in an emergency situation. (c) When delegating a nursing act to an unlicensed person it is the registered nurse who shall: (i) make an assessment of the patient's nursing care needs before delegating the task, (ii) instruct the unlicensed person in the delegated task or verify competency to perform or be assured that the person is competent to perform the nursing task as a result of the systems in place by the health care agency, (iii) recognize that some nursing interventions require nursing knowledge, judgment, and skill and therefore may not lawfully be delegated to unlicensed persons.*

This definition refers to all registered nurses regardless of the setting in which they work. The Nursing Commission has stated that there are some tasks which registered nurses may not delegate, these include:

- initial nursing assessment and any subsequent assessment that requires professional RN knowledge,
- critical thinking and complex skill,
- piercing of the skin, sterile technique,
- development of the nursing care plan, and
- the nursing process.

In 1995 the Washington State Legislature passed a law allowing registered nurses to delegate selected nursing tasks to nursing assistants registered (NAR) or nursing assistants certified (NAC) in community-based settings. Those community-based settings include boarding homes with contracts with the Department of Social & Health Services (DSHS), Adult Family Homes (AFH) and residential care facilities for the Developmentally Disabled persons through the Department for the Developmental Disabled (DDD). The tasks were limited to nine tasks. The Legislature updated this law in 1999, now registered nurses may delegate any task the nurses knows the nursing assistant is prepared to do safely and competently. The WAC's that refer to delegation of nursing care tasks in community based and in-home care settings can be found in the Nurse Practice Act, 246-840-910 through 246-840-960.

The Washington State Nurse Practice Act is available online at <http://www.leg.wa.gov/wac/index.cfm?fuseaction=chapterdigest&chapter=246-840>

100k LIVES CAMPAIGN

ALL WASHINGTON HOSPITALS COMMIT TO 100k LIVES CAMPAIGN

Saving Lives Through Hospital Quality Improvement

One hundred percent of community hospitals in Washington State have committed to participate in a remarkable campaign to save 100,000 lives nationwide through hospital quality improvement. The 100k Lives Campaign, founded by the Institute for Healthcare Improvement (IHI), is the first of its kind – a national campaign to institute changes that will save 100,000 lives using proven best clinical practices and methods. This groundbreaking effort gives hospitals concrete, science-based interventions to save lives.

The national campaign seeks to save 100,000 lives by June 2006 and has already enlisted 2,000 hospitals across the country, totaling more than one third of all hospitals. All community hospitals in Washington State have joined the campaign. Washington is the first state of its size to have full hospital participation.

"We are thrilled that one hundred percent of Washington State hospitals will be participating in the 100k Lives Campaign. Washington hospitals have long-standing commitments to patient safety," said Scott Bond, chief executive officer of Providence St. Peter Hospital in Olympia and chair of the Washington State Hospital Association. "This campaign offers significant improvements to ensure hospitals are providing the highest quality care possible for patients."

Participating hospitals are implementing some or all of six life-saving best practices. These practices are proven to significantly improve health care quality and safety. They are:

1. Deploying rapid-response teams at the first sign of patient decline
2. Delivering evidence-based care for patients with acute myocardial infarction (heart attack);
3. Implementing medication reconciliation — listing and evaluating all of a patient's drugs to prevent adverse events;
4. Implementing a set of interventions known as the "central line bundle" to prevent central venous catheter-related blood stream infections;
5. Implementing a set of interventions known as the "surgical site infection bundle" to prevent surgery-related infections; and
6. Implementing "ventilator bundles" to prevent ventilator-associated pneumonia and other complications in patients on ventilators.

Participating hospitals agree to measure their results by submitting monthly mortality data reported on a quarterly basis.

About the Washington Network of the 100k Lives Campaign

– The Washington Network of the 100k Lives campaign is coordinated by partner organizations including the Washington State Hospital Association, the Washington State Medical Association, the Washington State Nurses Association, Service Employees International Union 1199NW, the Northwest Organization of Nurse Executives, and Qualis Health.

"The campaign is a true partnership among health care professional organizations, hospital management, and direct patient care providers," said Judy Huntington, MN, RN, executive director of the Washington State Nurses Association. "Our members are eager to implement these scientifically-based interventions to save lives," echoed Diane Sosne, president of Service Employees International Union 1199NW.

"This campaign challenges the health care industry to make necessary improvements in the care we provide to patients," said Gary S. Kaplan, M.D., chairman and CEO, Virginia Mason Medical Center. "Washington residents deserve the changes that will result from this important work."

Nationally, the campaign is endorsed by the American Medical Association, the American Nurses Association, the Centers for Medicare & Medicaid Services, the Joint Commission on Accreditation of Healthcare Organizations, and the Veterans Health Administration. For more information about the campaign go to:

Washington Network: www.100kliveswashington.org and
Institute for Healthcare Improvement: www.ihl.org

“Why do we continue
to allow ourselves
to be injured, lose
work time, and have
shortened careers
when solutions are
available?”

Safe Patient Handling – what does that mean? Safe Patient Handling – what does that mean? Safety for the patient and safety for the nurse. According to the Bureau of Labor Statistics, nursing personnel (nurses and nursing assistants combined) comprise the largest category of workers sustaining on the job musculoskeletal injuries. Why do we continue to allow ourselves to be injured, lose work time, and have shortened careers when solutions are available? Technology is available to reduce the risk of patient handling and must be adopted in health care facilities to protect both nurses and patients. Research suggests that these solutions, while costly in the short run, produce cost savings in only 2-4 years. While much attention is currently being paid to reducing medical errors, we must create a culture of safety that promotes safety for nurses and patients in all areas, including patient handling.

The American Nurses Association, in conjunction with the National Institute for Occupational Safety and Health, The American Organization of Nurse Executives, the American Association of Colleges of Nursing, the National League for Nurses, International Council of Nurses, is developing a pilot curriculum for safe patient handling for use in schools of nursing. The purpose of this curriculum is to foster a culture of safety from the beginning of a nurse's career by preparing nursing students in safe patient handling techniques. Twenty-six schools of nursing across the country are participating in the pilot curriculum. The only two participating schools west of the Rockies are Boise State University and Seattle Pacific University. Faculty from all the schools attended the 5th Annual Safe Patient Handling and Movement Conference in Florida February 28-March 4, 2005 which included a special session on implementing the ANA's pilot curriculum. All the schools are committed to serving as a resource for other nursing schools and for area clinical facilities to share knowledge and resources. Equipment vendors will be working with the schools to provide equipment for demonstration projects.

In the last 20 years, amazing changes have occurred in providing patient care. Gloves, once rarely used are used with every patient. Needle-less and needle guard systems, absent from health care 5 or 10 years ago are now integral parts of patient care. The next advances in safety for nurses and health care personnel will come in implementation of safe patient handling techniques. Are you prepared?

For more information about the safe patient handling curriculum, contact Chris Henshaw at chenshaw@spu.edu.

Environmental Health Advocacy: Words of Wisdom from Florence Nightingale

"Nature alone cures... and what nursing has to do is to put the patient in the best condition for nature to act upon him." (Nightingale, 1859)

Florence Nightingale established environmental health as a core platform of nursing science in 1859 when she identified pure air and water; cleanliness; efficient drainage; light; and noise control, as crucial components in healing the sick¹. As a result, it became the nurse's responsibility to implement changes in the patient's environment thus improving his/her health. In spite of their impact, these essential fundamentals of nursing practice became less important as the health care delivery system changed. However, given today's concerns about the quality of the air we breathe and the water we drink, nurses must re-acquaint themselves with the tenets of environmental health in order to get correct information out to the public².

How do we "re-integrate" environmental health concepts back into nursing practice, and how do we get the information out to our clients and the community? Following Nightingale's philosophy, we must first look at the health care industry, which bears a negative impact on the human and environment health. Health Care Without Harm (HCWH), an environmental advocacy group (<http://www.noharm.org>) is a great resource that helps nurses get involved in reducing health care's impact on the environment by:

- identifying environmental toxicants/processes;
- suggesting control measures such as elimination or safer alternatives, thereby reducing hazardous exposures;
- providing training opportunities in environmental health principles; and
- encouraging nurses to become environmental health advocates³.

Nursing is the most trusted profession and largest health care provider in the United States, putting nurses in a prime position to advocate for human and environmental health. We must use this voice to protect our resources; our children and the environment⁴.

Editor's Note: Article by Karen R. Bowman, MN, RN, COHN-S, WSNA Environmental Health Specialist and President of Karen Bowman & Associates, Inc., International Occupational & Environmental Health

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- 1 Nightingale, F. (1860). Notes on Nursing: What It Is and What It Is Not. Dover publications, New York, N. Y.
 - 2 Larsson, L. S., & Butterfield, P (2002). Mapping the Future of Environmental Health and Nursing: Strategies for Integrating National Competencies Into Nursing Practice. Public Health Nursing. Volume 19 Issue 4 Page 301. July 2002.
 - 3 Health Care Without Harm. <http://www.noharm.org>
 - 4 Institute of Medicine (1995). Nursing Health and the Environment. National Academy Press. Washington, D.C.

The Luminary Project

The Luminary Project is the collaboration of the Nurses Workgroup of Health Care Without Harm, a 501c3 organization based in Arlington, Virginia and the Nurses and Nursing Organizations who are the Guiding Lights and Beacons for this Project. The Beldon Fund is providing the funding to begin The Luminary Project: Lighting the Way Towards Environmental Health. The web site is **www.theluminaryproject.org**

The Luminary Project: Nurses Lighting the Way to Environmental Health is a new web-based effort to capture the illuminating stories of nurses' activities to improve human health by improving the health of the environment. The shining stories on this website show how nurses are creatively and strategically addressing environmental problems and illuminating the way towards safe hospitals, communities with clean air, land and water and children born without toxic chemicals in their bodies.

Since Florence Nightingale brought her lamp to the dark tents of the Crimean War, nurses have served as the spark for improvements in health care practices. But too often the LPNs and RNs who are making change hide their lights under a bushel basket, so other people can't see and learn how to take similar actions. The brilliant stories of Nurse Luminaries on this website are being highlighted to inspire nurses and other people to also become lights in the darkness.

WSNA members who are Luminaries are Maggie Flanagan and Susan Wilburn. Go to the luminary web site and read their stories.



Share your experience to help other nurses achieve environmental healing

The Luminary Project

Come be a part of the online community of nurses who are protecting people's health by improving the health of the environment. The Luminary Project, which launches May 6 during National Nurses Week, provides a place for nurses to share stories and resources geared toward helping each other work for safe hospitals, clean communities, and children born without toxic chemicals in their bodies. Share practical advice, stories, and useful tools with other nurses who are concerned about environmental health issues, and read stories of nurses around the country and around the world, at www.TheLuminaryProject.org. The Luminary Project is jointly sponsored by Health Care Without Harm, the University of Maryland School of Nursing and the American Nurses Association, with support from the Beldon Fund.

"Nurses are natural catalysts. We are constantly solving problems and improving our practice. But we almost never take the chance to be recognized. The Luminary Project lets us do that in a way that inspires others to build on our collective experiences," said Barbara Sattler, RN, DrPH, FAAN, Director of the Environmental Health Education Center at the University of Maryland School of Nursing.

**Share your story with the
community of nurses who
are lighting the way toward
safe hospitals, clean
communities, and a healthy
environment at**

www.TheLuminaryProject.org

The National Nurses Survey on Health and Chemical Exposures

Can a job that promotes health and healing also be harmful? Research shows that nurses face exposures to an extraordinary array of harmful chemicals, drugs, and other physical agents – everything from disinfectants to anti-cancer drugs, cleaning chemicals and radiation. Some of these are linked to cancer; others may cause birth defects or other health harms.

**Add your voice to an important
new research effort to explore
nurses' health issues – take the
National Nurses Survey on
Health and Chemical Exposure
online at**

www.EWG.org/Sites/Nurse_Survey

Please join us in an important new research effort to explore nurses' health issues, conducted jointly by Health Care Without Harm and the Environmental Working Group. Take a few minutes to complete the survey. Your identity will remain anonymous. Your responses could help in a broad, new effort to promote health, healing and sustainability not only for the patient, but also for healthcare providers and the world we all share.

"Nurses are powerful. When we act alone, we get things done. But when we act together, our influence is greatly magnified," said Anna Gilmore Hall, RN, executive director of Health Care Without Harm. "By sharing our stories through the Luminary Project and the National Nurses Survey, we are working together to improve everyone's health. That's what nursing is all about."

Toxic Chemicals in IV Tubing

By Barbara Sattler, RN, DrPH, FAAN and Stacy Malkan

A new study by researchers from the Harvard School of Public Health adds weight to concerns about the use of medical devices, including IV bags and IV tubing, that contain DEHP [di(2-ethylhexyl) phthalate]. DEHP is a reproductive toxicant. It is a chemical compound in the phthalate family and is used to soften the plastics so they can be more malleable, not brittle. The researchers from the Harvard School of Public Health, two Harvard-affiliated hospitals, and the U.S. Centers for Disease Control and Prevention found high levels of DEHP in infants treated in NICUs - an average of 25 times higher than levels found in the general population and up to 50 times higher for the most exposed infants. (Green et al, 2005) The recent study adds new urgency to ongoing efforts in the health care industry to switch to DEHP-free substitutes, particularly in Neonatal Intensive Care Units (NICUs).

DEHP alters development of the male reproductive system in laboratory animal studies, causing a spectrum of health effects including birth defects and infertility. In 2000, an expert panel of the National Toxicology Program raised "serious concern" that exposure to DEHP from medical therapy provided to sick infants in hospitals could adversely affect the male reproductive tract. The US Food and Drug Administration followed up with a 2001 safety assessment on DEHP in medical devices, and in 2001, the agency issued a notification to health care providers recommending that DEHP-free medical devices be used on certain at-risk patients, including intensively treated male infants and pregnant women carrying male fetuses. The newest study, published in *Environmental Health Perspectives*, the peer-reviewed journal of the National Institute of Environmental Health Science, did not examine health impacts, but it is the first to show a direct relationship between phthalate levels in babies and the intensity at which DEHP-containing medical devices were used in their treatment.

Many health care providers have responded by replacing DEHP-containing vinyl medical devices with alternatives. Kaiser Permanente, the largest non-profit health plan in the United States, is using PVC-free / DEHP-free alternatives for IV bags, tubing, catheters and feeding tubes. Many other hospitals are also working to identify phthalate-containing medical devices and replacing them where possible. The change is being driven largely by nurses.

"Nurses are really at the forefront of efforts to switch to safer materials. There are many great examples of nurses who are moving their hospitals to purchase products free of phthalates, PVC, and other potentially hazardous chemicals and materials" said Anna Gilmore Hall, RN, Executive Director of Health Care Without Harm, an international coalition of health and environmental groups working to reduce pollution and other environmental health impacts from the health care industry.

One notable example of nursing leadership is Valerie Briscoe, RN, a neonatal clinical nurse specialist at John Muir Medical Center in Walnut Creek, California. After the FDA issued the DEHP public health notification, Briscoe took the information to her hospital's pediatric clinical practice committee and got them to adopt a DEHP-reduction policy. The hospital worked with Health Care Without Harm and others to identify the DEHP-containing products that were being used in their NICU and to identify safer, cost-effective alternatives.

"We employed the precautionary principle," Briscoe says. "Since we knew that this was a potential risk to babies, we wanted to act on it right away." Briscoe started by substituting devices that were used in the highest risk procedures identified by FDA, such as exchange blood transfusions, ECMO and total parenteral nutrition (TPN). She then moved on to address other devices and, within six months, the NICU was DEHP free.

Briscoe also contacted her regional chapter of the American Red Cross and engaged them in discussion about the issue. The Northern California Chapter has since switched to DEHP-free blood bags in most cases. Not all chapters have made this switch. "It was a relatively easy process," Briscoe said. "There are alternatives out there for 99% of the products." Still, it takes the sustained effort of an advocate within the hospital, such as Briscoe, to make the change happen - and to make it stick. "It's an ongoing process," Briscoe notes. "There are always new products available for neonatal use." The purchasing department at John Muir Medical Center now screens products as come into the unit to ensure they do not contain DEHP.

While there are a growing number of stories of hospitals switching to alternatives, Health Care Without Harm notes that most hospitals in the US are still using DEHP-

containing medical devices in NICUs and elsewhere. "In light of the growing concern about phthalates, many nurses are taking action to protect their littlest and most vulnerable patients from unnecessary toxic exposures," Gilmore Hall said. "But much more needs to be done. We need more champions in the health care industry to help make the switch to safer, toxic-free products."

Resources are available to help nurses identify PVC/DEHP medical devices and find cost-effective alternatives.

FDA public health notification

<http://www.fda.gov/cdrh/safety/dehp.html>

Harvard study abstract:

<http://ehp.niehs.nih.gov/docs/2005/7932/abstract.html>

Health Care Without Harm resources: scientific studies, alternatives charts, PVC audit tool

<http://www.noharm.org/pvcDehp/issue>

Environmentally Preferable Purchasing

<http://www.h2e-online.org/tools/grnpurch/epp.htm>

Reference

Green R, Hauser R, Calafat AM, Weuve J, Schettler T, Ringer S, Huttner S, and Hu H, Environ Health Perspect doi:10.1289/ehp.7932 available via <http://dx.doi.org/>

Authors

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Stacy Malkan, Health Care Without Harm staff (www.hcwh.org)

Advanced Practice Update

Bill to Expand Access to Advanced Practice RNs Introduced in Congress

Medicaid Advanced Practice Nurses and Physician Assistants Access Act would restore previous federal mandate

Congressman John W. Olver (D-MA) has introduced bipartisan legislation that would expand patient access to quality health care by requiring states to offer Medicaid coverage for primary health-care services provided by advanced practice registered nurses (APRNs).

The Medicaid Advanced Practice Nurses and Physician Assistants Access Act of 2005, H.R. 2716, introduced in the U.S. House of Representatives on May 26, would eliminate the option that state Medicaid plans currently have of denying APRNs as primary care case managers. Principal sponsors of the bill are Reps. Olver, Sherwood Boehlert, (R-NY), Steven C. LaTourette, (R-OH) and Lois Capps (D-CA)

ANA President Barbara Blakeney, MS, RN, hailed Rep. Olver's introduction of the bill. "In terms of quality of care, patient satisfaction and cost-effectiveness, APRNs are among the best values in health care," Blakeney said. "APRNs are particularly important in providing primary care services in underserved and rural communities," she added.

Medicaid plans in many states currently recognize only physicians and do not cover primary care services provided by APRNs. The proposed measure would help to control Medicaid spending by offering Medicaid beneficiaries more and often less-expensive primary-care provider options.

"In areas with a shortage of physicians, nurse practitioners and physician assistants can be more accessible," Olver said. "Current law, however, often denies Medicaid beneficiaries access to these health care providers," he added. "This bill would go a long way toward improving health care in many rural and medically-underserved areas of the country, including the 1st Congressional district of Massachusetts."

The Medicaid Advanced Practice Nurses and Physician Assistants Access Act of 2005 would restore a previous federal mandate to cover the primary-care services of nurse practitioners and certified nurse midwives. This mandate was eliminated by the Balanced Budget Act of 1997,

which encouraged states to move Medicaid recipients into managed care but gave states the option to exclude APRNs as participants. The bill also proposes to expand Medicaid fee-for-service coverage to include direct reimbursement for all nurse practitioners and clinical nurse specialists (instead of only the family practitioners, pediatric practitioners and midwives who are currently covered). In addition, Medicaid managed-care panels would be required to recognize the services of APRNs – including the pain management services provided by nurse anesthetists and mental health services provided by clinical nurse specialists – thus clarifying the scope of providers required by managed care plans to specifically include APRNs.

Blakeney highlighted the fact that the bill would restore Medicaid coverage for the case-management services of nurse practitioners and certified nurse midwives. "This is a long-awaited correction that provides both clarity and just reimbursement for advanced practice nurses in these categories," she noted. "The ANA commends Rep. Olver for introducing this much-needed legislation, and we look forward to working with him to ensure its enactment."

Medicare Prescription Drug Coverage Summary - For Medicare Providers

Medicare's new Prescription Drug Coverage will begin in January 2006. This coverage will be available to all Medicare beneficiaries regardless of how they get their health care today or whether they have existing drug coverage. People with both Medicare and Medicaid ("Dual Eligibles") will transition from Medicaid prescription drug coverage into a Medicare Prescription Drug Plan effective January 1, 2006.

This new benefit requires every Medicare beneficiary to make an important health care decision. Patients may ask you, a trusted source as their healthcare providers, for information about the new drug coverage. The Centers for Medicare & Medicaid Services (CMS) appreciates your tireless efforts caring for Medicare beneficiaries, and will assist you and your patients as the drug benefit implementation unfolds.

Information designed especially for Medicare providers about the new Medicare Drug benefit is available on the CMS website: <http://www.cms.hhs.gov/medicarereform/pdbma/provider.asp>.

Here is a snapshot of the Medicare Prescription Drug Coverage:

- **Medicare drug coverage is available starting January 1, 2006, to all Medicare beneficiaries who enroll in a Medicare drug plan.**
- **Enrollment in Medicare drug plans starts November 15, 2005, and runs through May 15, 2006.**
- **All dual eligibles will be transitioned from Medicaid drug coverage to Medicare drug coverage as of January 1, 2006.**
- **There will be a nominal cost per prescription for every beneficiary regardless of income and assets.**
- **Help for paying drug plan costs is available for Medicare beneficiaries with incomes under 150% Federal Poverty Level (FPL).**
- **Institutionalized dual-eligibles have no cost sharing.**
- **Plans must include retail, home infusion, long-term care, and I/T/U pharmacies.**
- **Plans must provide convenient pharmacy access.**
- **Formularies must include a broad distribution of therapeutic categories and classes, an exception and appeal process, and protections for those transitioning from Medicaid drug coverage to Medicare drug coverage.**

Beneficiary Costs for those with incomes above 150% FPL:

- **Generally about a \$37 monthly premium and an annual \$250 deductible.**
- **25% of drug costs from \$250 to \$2,250 (Medicare pays 75%).**
- **After \$3,600 total out-of-pocket spending on prescriptions, 5% of subsequent drug costs for remainder of the year (Medicare pays 95% at this point).**
- **There are higher premiums for those who wait to enroll and do not have drug coverage at least as good as Medicare's prescription drug coverage.**

Summer mailings / outreach events: CMS will be sending letters to people who receive Medicare and Medicaid informing them of their automatic eligibility to receive financial assistance, otherwise called "low-income subsidy" (LIS), to pay for their drug benefit cost sharing. Other people with incomes under 150% FPL and limited resources will receive letters with LIS applications from the Social Security Administration alerting them that they may be eligible to receive the assistance. People who don't receive an application may still qualify! Encourage them to apply for extra help with their Medicare drug costs!

In July pharmacies and many other organizations will be holding LIS enrollment events in their communities to assist Medicare beneficiaries. Drug plans will be approved in September. Enrollment in Medicare drug plans begins November 15, 2005.

This CMS document "*Part B versus Part D Drug Benefit Coverage*" maybe of interest to you and can be found at <http://www.cms.hhs.gov/medicarereform/pdbma/>.

To speak with staff from the CMS Region 10 Provider Services Branch, or to arrange a speaker for an event or a conference call training for your association or practice, please contact Toni Lysen, Provider Liaison, CMS Seattle Regional Office at antonette.lysen@cms.hhs.gov or 206.615.3802.

2006 DUES RATE SCHEDULE

Effective *January 1, 2006

WSNA dues are adjusted annually on October 1st each year based on a formula approved by the membership in 1991 and revised in 2003. The formula is now based on the statewide average of the 5th step wage rate for RNs in WSNA represented bargaining units. This calculation is made on existing contracts in effect on July 1 each year. The average monthly salary is multiplied by a dues adjustment factor of 1.00% and again by 12 to determine the figure for the annual WSNA portion of the dues (total dues include WSNA, ANA and District dues). The amount of the dues increase for 2004–2005 for the WSNA portion of the dues will be 4.9% (\$1.90 per month for members who work full-time in our highest dues-paying category). The ANA dues escalator increase will be 50 cent/mo. Members who work less than 80 hours per month, are retired or not represented for collective bargaining may qualify for one of the reduced dues categories. Below is the updated WSNA dues rate schedule, effective *January 1, 2005.

If you are currently a member and have had a change in your employment situation, please contact the WSNA Membership Department at 800-231-8482 or 206-575-7979 ext. 3025. Please note: It is the member's responsibility to notify WSNA in writing of any changes in address, employer, FTE status, layoff or leave of absence. Write to: Washington State Nurses Association, 575 Andover Park West, Suite 101, Seattle, WA, 98188.

MEMBERS COVERED BY A BARGAINING UNIT

DISTRICTS	CATEGORY I			CATEGORY II			CATEGORY IV		
	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1,6,8,17,18	675.84	226.61	56.32	506.88	170.29	42.24	337.92	113.97	28.16
2	729.12	244.37	60.76	546.96	183.65	45.58	364.56	122.85	30.38
3	684.24	229.41	57.02	513.12	172.37	42.76	342.24	115.41	28.52
4	691.68	231.89	57.64	518.64	174.21	43.22	345.84	116.61	28.82
5,15	670.80	224.93	55.90	503.04	169.01	41.92	335.52	113.17	27.96
7	676.32	226.77	56.36	507.36	170.45	42.28	338.16	114.05	28.18
9,12	683.28	229.09	56.94	512.40	172.13	42.70	341.76	115.25	28.48
10,13	673.20	225.73	56.10	504.96	169.65	42.08	336.72	113.57	28.06
11	685.68	229.89	57.14	514.32	172.77	42.86	342.96	115.65	28.58
14,98	665.76	223.25	55.48	499.20	167.73	41.60	332.88	112.29	27.74
16	680.64	228.21	56.72	510.72	171.57	42.56	340.32	114.77	28.36

MEMBERS NOT COVERED BY A BARGAINING UNIT

DISTRICTS	CATEGORY III			CATEGORY IV			CATEGORY V		
	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1,6,8,17,18	497.52	167.17	41.46	337.92	113.97	28.16	168.96	57.65	14.08
2	550.80	184.93	45.90	364.56	122.85	30.38	182.40	62.13	15.20
3	506.16	170.05	42.18	342.24	115.41	28.52	171.12	58.37	14.26
4	513.60	172.53	42.80	345.84	116.61	28.82	173.04	59.01	14.42
5,15	492.72	165.57	41.06	335.52	113.17	27.96	167.76	57.25	13.98
7	498.00	167.33	41.50	338.16	114.05	28.18	169.20	57.73	14.10
9,12	505.20	169.73	42.10	341.76	115.25	28.48	170.88	58.29	14.24
10,13	495.12	166.37	41.26	336.72	113.57	28.06	168.48	57.49	14.04
11	507.60	170.53	42.30	342.96	115.65	28.58	171.60	58.53	14.30
14,98	487.44	163.81	40.62	332.88	112.29	27.74	166.56	56.85	13.88
16	502.56	168.85	41.88	340.32	114.77	28.36	170.16	58.05	14.18

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

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

CATEGORY DESCRIPTIONS:

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

WSNA DISTRICTS

01=Whatcom
02=King
03=Pierce
04=Spokane/Adams/Lincoln/Pend Oreille
05=Walla Walla/Columbia
06=Yakima City/N. Yakima

07=Chelan/Douglas/Grant
08=Grays Harbor
09=Snhomish
10=Wakiakum/Cowlitz
11=Clark/Skamania
12=Clallam/Jefferson

13=Thurston
14=Whitman
15=Benton/Franklin
16=Skagit/Island/San Juan
17=Kitsap
18=Kittitas

98=All Others

Continuing Education Calendar

Note: WSNA's CEARP (Continuing Education Approval and 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 Communication Processor at 206/575-7979, Ext. 3011.

July 2005

11th Annual Nursing Ethics Conference Patient-Focused Ethics: Thinking Outside the Box, University of Washington; Seattle, WA; July 29, Contact Hours: 8.3; Fee: \$197/175; Contact: C

September 2005

RN Refresher Programs; Bellevue Community College; Bellevue, WA; Sept. 2005 - Jan. 2006; Fee: \$2,400; Contact: B

2005 Wound Management Program, University of Washington; Seattle, WA; September 7-29, Contact Hours: 129.6; Fee: \$3,495; Contact: C

Nursing Leadership & Management in Long-Term Care, University of Washington; Seattle, WA; September 16 - December 2, 2005, Contact Hours: 42; Fee: \$1,495; Contact: C

3rd Annual Med-Surg Conference, University of Washington; Seattle, WA; September 29-30, Contact Hours: 8-16.0; Fee: \$295/275*; Contact: C

October 2005

28th Annual Pacific NW National Conference on Advanced Practice in Primary & Acute Care, University of Washington, Seattle, WA, October 26-29, Contact Hours: 8-25.8, Contact C

INDEPENDENT SELF STUDY COURSES

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

Animal Assisted Therapy; Bellevue Community College; October 20; Fee: \$49; Contact: B

Assessing Lung Sounds; Contact Hours: 2.0; Fee \$10; Contact: E

Asthma Management; Contact Hours: 8.0; Fee: \$30; Contact: E

Breaking the Cycle of Depression: A New Collaborative Model for Effectively Managing Depression; Contact Hours: 14.0; Contact C

Clinical Assessment Pulmonary Patient; Contact Hours: 4.0; Fee: \$20; Contact: E

Clinical Pharmacology Series; Contact Hours: 8.0; Contact C
Adult Drug Therapy

Neuropsychotropic Drug Therapy
Women's Health Drug Therapy

Congestive Heart Failure-Diagnosis & Treatment; Contact Hours: 6.0; Fee: \$25; Contact: E

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

Forensic Nursing: Critical Issues for Nursing Practice; Contact Hours: 8.2; Contact C

Frequent Heartburn; Contact Hours: 1.0; Fee: No Fee; Contact: FnP Associates

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

HIV/AIDS Basic Education; Fee: Various; Contact B

HIV/AIDS Education; Contact Hours: 7.0; Contact C

Indoor Air Quality's Impact; Contact Hours: 7.0; Fees: \$34.95; Contact: American Institute of Respiratory Education (209) 572-4172

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

Lung Volume Reduction Surgery; Contact Hours: 2.0; Fee: \$10; Contact E

Metered Dose Inhaler Use; Contact Hours: 3.0; Fee: \$15; Contact E

Pain: Current Understanding of Assessment, Management & Treatment; Contact Hours: 6.0; Fee: No Fee; Contact: FnP Associates

Patient Needs vs Limited Resources: Ethical Challenges in a Resource-Constrained Health Care Environment; Contact Hours: 7.4; Contact C

Practical Approaches to Cognitive Changes in Older Adults; Contact Hours: 7.4; Contact C

Prescribe, Deny or Refer; Contact Hours: 8.0; Contact C

Pulmonary Hygiene Techniques; Contact Hours: 6.0; Fee: \$25; Contact E

Recognizing and Responding to Domestic Violence in Your Clinical Setting; Contact Hours: 5.0; Contact C

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

Sleep Disorders; Contact Hours: 8.0; Fee: \$30; Contact E

Smoking Cessation; Contact Hours: 12.0; Fee \$35; Contact E

Treating the Common Cold; Contact Hours: 1.8; Fee: No Fee; Contact: FnP Associates

Update in Medical-Surgical Nursing 2004; Contact Hours: 12.2; Contact C

Contact the following Independent Study providers for specific course offerings:

Wild Iris Medical Education

PO Box 527
Comptche, CA 95427
(707) 937-0518
nurses@nursesceu.com
www.nursingceu.com

FnP Associates
Fiona Shannon
21140 President Point Rd. NE
Kingston, WA 98346
(425) 861-0911
fiona@fnpassociates.com

Contacts:

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

B. Bellevue Community College
Continuing Nursing Education
Health Sciences Education & Wellness Institute
3000 Landerholm Circle SE
Bellevue, WA 98007
(425) 564-2012
www.bcc.ctc.edu

C. University of Washington School of Nursing
Continuing Nursing Education
Box 358738

Seattle, WA 98195-8738
206-543-1047
206-543-6953 FAX
cne@u.washington.edu

D. Intercollegiate College of Nursing

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

E. AdvanceMed Educational Services

2777 Yulupa Ave., #213
Santa Rosa, CA 95405
1-800-526-7046
www.advancemed.com

F. Virginia Mason Medical Center

Clinical Education Resources
Department
Lin Portscheller, Registrar
Education Resources, G2-ED
1100 9th Avenue
Seattle, WA 98111
(206) 223-6898
(206) 625-7279 fax
linda.portscheller@vmmc.org

Washington State Nurses Foundation News

WSNF Awards 18 Scholarships and Holds Fundraising Auction at Convention

The Washington State Nurses Foundation (WSNF) held a silent auction May 5th during the WSNA Convention to raise funds for nursing scholarships. The Board of Trustees wishes to thank the many WSNA members and friends who donated over 100 items for the auction and we also want to express our sincere appreciation to the many members and friends who bid on these items. Thanks to all of you we were able to raise \$10,778!

Your continued support through this year's auction and other contributions to the WSNF allows us to fund scholarships for undergraduate and graduate nursing students. This year (2005), eighteen deserving students received \$23,000 in scholarships. Please visit the WSNF website for a list of the 2005 WSNF scholarship winners and to learn more about these terrific students. Go to: <http://www.wsna.org/snas/wa/wsnf/grants.asp>

You can still make investments in nursing students' education by donating to the Washington State Nurses Foundation general scholarship fund, giving in honor of or in the memory of a special person, giving to the Delores Little Fund for BSN Nursing Students, or giving to one of our other designated funds. If you have questions, please call 206-575-7979 and request a WSNF Brochure or please send contributions directly to: Washington State Nurses Foundation (WSNF), 575 Andover Park West, Suite 101, Seattle, WA 98188.

WSNA and Seattle Storm Again Co-Host Nurses Appreciation Night on July 29th

For the past three years, WSNA and the Seattle Storm have teamed up to jointly promote the nursing profession and WNBA basketball. In addition to educating fans about the opportunities in the nursing field, WSNA and the Storm have invited other nursing and health care organizations to become co-sponsors of the event. All nurses are invited to attend "Nurses Appreciation Night with the Storm" on July 29th at 7:00 pm when the Storm take on the Charlotte Sting at the Key Arena in Seattle. During Nurses Appreciation Night, nurses and their nursing organizations will be recognized during the game. As part of this special night, all nurses, nursing students and persons interested in the nursing profession, along with their family and friends, are invited to the game and all nurses will be asked to stand and receive a special recognition during the game – **WSNA HAS A LIMITED NUMBER OF FREE TICKETS AVAILABLE FOR THE GAME – IF YOU ARE INTERESTED IN ATTENDING** contact Judy Huntington at jhunting@wsna.org by July 27th.

Researchers Link Nursing Injuries to Staffing Levels

The more hours of nursing care provided per nursing home patient, the fewer the workplace caregiver injuries, which leads to better quality of care, say researchers from the University of Toronto and the University of Maryland. The study, which appears in the July 1 issue of the *American Journal of Public Health*, is authored by University of Maryland School of Nursing professors Alison Trinkoff and Meg Johantgen and Carlos Muntaner, currently a University of Toronto professor and a scientist at Toronto's Centre for Addiction and Mental Health.

The researchers examined injury and staffing data for three U.S. states: Maryland, West Virginia and Ohio. For each additional hour of nursing care provided, injury rates for registered nurses and nurses' aides fell by nearly 16 per cent. In other words, for every unit increase in staffing, worker injury rates

decrease by two injuries per 100 full time workers.

"Our findings were consistent across states, despite differences in data collection, classification of injuries and reporting procedure," says Trinkoff. "This information is valuable, because as health-care institutions have been asked to perform more efficiently, changes have led to lower staffing and higher patient loads, which lead to worker injury."

The researchers controlled the data to examine differences between for-profit and not-for-profit homes. Profit status was not significantly related to worker injury, once they accounted for state, facility size and staffing levels. However, for-profit homes generally have higher nursing turnover and lower staffing levels, which correlate with injuries, says Muntaner.

Washington End of Life Consensus Coalition Plans Fall Conference

The Washington End of Life Consensus Coalition has scheduled its 2005 Fall Conference for October 28th at the Sea-Tac Marriott Airport Hotel. For more information regarding the End of Life Coalition, contact Graham Short at gfs@wsma.org

Texas Passes Safe Lifting Law for Hospitals, Nursing Homes

The State of Texas has passed TX SB 1525, the first state legislation signed into law requiring hospitals and nursing homes to implement a safe patient handling and movement program. The legislation, a major priority of the Texas Nurses Association, was signed by Texas Governor Rick Perry June 17, 2005, and will take effect January 1, 2006. The safe handling and movement initiative is part of ANA's Nationwide State Legislative Agenda on Staffing where state nurses associations coordinate the enactment of legislation across the nation that is of importance to nurses and their patients. A number of other states continue working toward legislative protection of health care workers against preventable injury from manual patient lifting.

In 2003, ANA launched its "Handle with Care" campaign to promote safe patient handling and protect nurses from back and other injuries due to manual lifting. The Texas legislation requires hospitals and nursing homes to adopt a policy "to identify, assess, and develop strategies to control risk of injury to patients and nurses associated with the lifting, transferring, repositioning, or movement of a patient."

The policy must include "an evaluation of alternative ways to reduce risks associated with patient handling, including evaluation of equipment and the environment" and "restriction, to the extent feasible with existing equipment and aids, of manual patient handling or movement of all or most of a patient's weight to emergency, life-threatening, or otherwise exceptional circumstances."

The law also requires the plan to include "procedures for nurses to refuse to perform or be involved in patient handling or movement that the nurse believes in good faith will expose a patient or a nurse to an unacceptable risk of injury."

Liko Participates in ANA Safe Patient Handling Pilot Project

Liko Inc. a global supplier of patient lift and transfer solutions has announced it is one of several patient lift companies selected to participate in a National Institute for Occupational Safety and Health-funded instructional program designed to inform student nurses about contemporary lift-assisted patient handling techniques. For more information go to: nursingworld.org/news/ananeews.htm#liko

ANA Asks Nurses to Participate in National Survey on Health and Chemical Exposures

Can a profession that promotes health and healing also be harmful? Research shows that nurses face exposures to an extraordinary array of harmful chemicals, drugs, and other physical agents – everything from hospital disinfectants to anti-cancer drugs, specialty cleaning agents and radiation. Some of these are linked to cancer; others may cause birth defects or other health harms.

To help track these agents and their potential effects on the health of health care workers, including nurses, Health Care Without Harm and the Environmental Working Group are conducting a joint survey. This survey explores the relationship between a nurse's health and on-the-job exposures to chemicals, drugs and other harmful agents. Until September 30, 2005, nurses will be able to enter information online about their workplace experiences and exposures. ANA supports participation in this anonymous electronic survey and is asking nurses to take part in it. To complete the survey go to www.ewg.org/sites/nurse_survey Nurses also will be able to download information related to hazardous substances and alternative products. Contact: Karen Ballard, EWG nurses work group coordinator, at kballard@nyc.rr.com

ANA Supports Bills to Address Growing Problem of Antibiotic-Resistant Disease

Antibiotic-resistant disease is a growing problem in the United States, particularly for the aged, children, those who have recently undergone surgery, and those with compromised immune systems. This resistance to antibiotics threatens nurses' ability to successfully treat patients with bacterial infections, posing a risk to the patients, nurses and their families.

Mounting evidence shows that extensive use of non-therapeutic antibiotics in animal agriculture is an important contributor to this problem. An estimated 70 percent of antibiotics and related

drugs used in this country are fed to farm animals for non-therapeutic purposes such as growth promotion and prevention of disease. Nearly half of these antibiotics are identical or closely related to important human medicines. The 2004 ANA House of Delegates acknowledged this problem in a formal resolution last year. ANA strongly supports two bills recently introduced in the 109th Congress which would make major strides in addressing the use of non-therapeutic antibiotics in the United States.

S. 742, introduced by Senators Edward Kennedy (D-MA), Susan Collins (R-ME), and H.R. 2562 sponsored by Rep. Sherrod Brown (D-OH) call for a phased elimination of the non-therapeutic use of critical antimicrobial animal drugs in food-producing animals, and will lower the burden of human anti-microbial resistance.

This bipartisan legislation establishes a two-year phase out of non-therapeutic uses of medically important antibiotics in livestock and poultry, unless the FDA concludes that such use does not contribute to antibiotic resistance affecting humans. The bill requires producers of antibiotics for livestock and poultry to provide the FDA with data on the quantities sold, so that antibiotic use in agriculture can be tracked. Antibiotics will continue to be used to treat sick animals and for non-routine disease prevention.

ANA and more than 230 organizations support this legislation. Excellent resources on the issue, including text and summaries of both the House and Senate bills, are available through the Keep Antibiotics Working Coalition Website at www.keepantibioticsworking.com

R E M I N D E R

Membership Information and Employment Status Changes

It is the responsibility of each nurse to notify the Washington State Nurses Association of any change in work status which may include, but is not limited to: **name, address, phone number, FTE increase or decrease, leave of absence, medical leave, maternity leave, leaving or joining a bargaining unit.** This change must be done in writing either by using a *Change of Information Card* or sending an email to wsna@wsna.org

The Cabinet on Economic and General Welfare (E&GW) policy states: When a nurse is on an unpaid leave of absence, the dues are adjusted to the Reduced Membership Category during the unpaid Leave of Absence period. The accumulated dues payment is to begin within 90 days of return to work. The nurse will have up to twelve months to complete payment of these dues. ***It is the responsibility of the nurse to notify WSNA of this change in work status.***

District 2 King County Nurses Association

One hundred nurses, nursing students and families crowded the King County Spring Banquet & Annual Meeting at Rock Salt Steaks and Seafood on Wednesday, April 20. The weather cooperated and Lake Union was lovely as participants placed their bids at the annual auction (to benefit the KCNA Scholarship Program), congratulated nurse award winners and scholarship recipients, and enjoyed a scrumptious meal.

KCNA Annual awards went to:

The Guiding Star Award

Awarded to a health organization that provides a supportive work environment in which nurses may flourish.

This year, the Guiding Star Award went to: Seattle-King County Public Health Department White Center Clinic

In making the nomination, the nominator wrote: "PHWCC is a very caring clinic – both for its clients and employees. We work with a very low-income, high-risk clientele who live from crisis to crisis, yet many times they have given the clinic positive feedback and they keep coming back. Jayne Kauzloric is our supervisor and she cares about her staff and our clients. She is a great resource person for me when I'm involved in a very complex case. Although she is always very busy, her door is always open to us. In our stressful jobs having a supportive, caring environment to work at is very important. You always hear about the importance of caring for our clients, but what you don't often hear about is that nurses need caring too. That is what I have found at White Center and it has made me stay there all these years. It's not a glamorous place (although we did recently get our lobby beautifully remodeled), but it's the staff there – from supervisor to maintenance man to records clerk to all the great staff nurses – who make it a wonderful place to work."

The Shining Star Award

Awarded to a nurse nominated by peers for excellence in his/her area of practice. This year, three "Shining Star

Awards were presented:

The Shining Star Award / Nurse Education: Carol Leppa, RN, PhD

Carol Leppa earned her MS in medical/surgical nursing (1986) and her PhD in Nursing Science (1990) from the University of Illinois, Chicago. She then headed west for post-doctoral study at the University of Washington. Since joining the University of Washington/Bothell in 1992, Dr. Leppa has taught every class of incoming students (well over 800 RN-BSN students). According to Mary Baroni, Nursing Program Director at UW/Bothell, "Dr. Leppa distinguishes herself as a master teacher including sharing her innovative pedagogical approaches in the published nursing literature. I have come to know, respect and admire her expertise..."

The Shining Star Award / Nursing Group: Mary Mahoney Professional Nurses Organization

The Mary Mahoney Professional Nurses Organization, founded in 1949 in Seattle, is the second oldest African American organization in the United States. Its primary mission is to provide support to students of African heritage in Washington State who are preparing to become professional nurses. In addition, the organization demonstrates excellence in: advancing members' professional career development, recruiting new members into the nursing profession, supporting preventive health services for African Americans and other ethnic groups, advocating for the delivery of high quality healthcare to all, and encouraging non-partisan political activity designed to impact their goals.

The Shining Star Award / Super Star: Christine Henshaw, EdD, RN

Chris Henshaw is currently completing a four-year term as president of King County Nurses Association. She has been involved with KCNA since 1992, and is currently active on the Finance, Scholarship and Bylaws Committees. According to Sue Vermeulen, KCNA Executive Director, "Chris has been an amazing president... She focuses on meeting members' needs and being innovative as an organization. A true leader, Chris conducts Board meetings with gavel in hand, guiding members

in their important decision-making. I appreciate her insight and her calm approach to problem solving."

Thirteen Nursing Scholarship Awards Presented

Thirteen local nursing students were awarded 2004-05 scholarships of \$1,325 each, the greatest number ever awarded by KCNA. This year's recipients are: **Morgan Wieland**, University of Washington-Bothell (Joann Kerrick Memorial Scholarship); **Mabel Ezeonwu**, University of Washington (Valerie Weiss Memorial Scholarship); **Erin Stoy**, University of Washington (Mary Tomchek Memorial Scholarship); **D. Eric Blankenship**, Shoreline Community College; **Alexia Bonkowski**, Seattle University; **Shannon Coughlin**, Shoreline Community College; **Yolanda Hagen**, Northwest University; **Jennifer Johnson**, Shoreline Community College; **Stacie Lousberg**, Seattle University; **Albina Reznichenko**, Pacific Lutheran University; **Yumi Roberts**, Shoreline Community College; **Vanessa Rosales**, Seattle University; and **Brent Swartz**, University of Washington.

District 3 Pierce County Nurses Association

Members of the Pierce County Nurses Association Board of Directors have had a busy year, culminating with the Nurses Week Celebration Banquet on May 13. The PCNA Nurse of the Year for 2005 was honored and scholarships were awarded to six deserving individuals. As in years past we had a mixed group of attendees with members, non-members, students and family members enjoying the buffet dinner and fellowship.

Gladys Dinglasan RN, PCRN was named as Nurse of the Year. Gladys is a staff RN at St. Clare Hospital in Lakewood, Washington. She works as a charge nurse on the day shift in the Progressive Care Unit. This year she was in the first group of nurses who earned the American Association of Critical Care's newest certification in Progressive Care.

The Florence Golda Scholarship was

awarded to two members, both in graduate school. **Erin Rychlinski** is a staff nurse at St. Clare Hospital. She is seeking a masters degree and is enrolled at the U of W Tacoma. **Kim Schelin** works as a house supervisor at Tacoma General Hospital and is enrolled at the University of Phoenix.

The scholarships for a student enrolled in a first nursing program were awarded to **Diana Ackerman**, an LPN at Tacoma General. She is enrolled at Tacoma Community College, and expects to graduate in December of 2006. The second recipient is **Ashley Milligan**, who attends Pacific Lutheran University. She also expects to graduate in December 2006. Congratulations to both of them.

Finally we gave two scholarships to high school seniors who are planning a nursing career. They are **Hannah Breen** and **Courtney Cavanaugh**.

Elections were held prior to the banquet.

Susan M. Jacobson was elected to a two year term as president. **Rebekah Hunt** was reelected to a two year term as vice president. Board members elected were **Diane Saunders**, **Betty Blondin** and new member **Evelyn Street**. **Lisa Norris** will be leaving the board after about 10 years of service. We hope she continues to be involved when she can.

The Pierce County Nurses Association was represented at several high school career fairs in the past year, and plan to continue with that outreach. We are also represented at the Tacoma-Pierce County Employment and Training Consortium Healthcare Program, working on the retention of the current nursing workforce, and recruitment of new and returning nurses. We continue to look for opportunities to be visible in our community.

Most of the Board of Directors attended the WSNA Summit/Convention last month. Pierce County was also well

represented at the National Labor Assembly of the UAN which was held in March of this year, and at the American Nurses Association House of Delegates held this month in Washington, DC.

We are continuing to explore ways that we can be visible in our community, looking for opportunities to give support to health related programs and get our name out there. And as always we encourage our members to be involved in the community and with their professional organization.

In Memoriam

Eileen Mary Ridgway, Ph.D

Former Professor and Dean of the School of Nursing of Seattle University

Dr. Eileen Ridgway, professor emerita and former dean of the School (now College) of Nursing, passed away April 8, 2005, at the age of 84.

A native of Kansas, Ridgway received her B.S. degree in nursing education from Saint Mary College, Leavenworth, KS; an M.S. degree in nursing education from St. Louis University, St. Louis, MO; and a Ph.D. in administration of higher education from Catholic University of America, Washington, D.C. Prior to joining Seattle University, Ridgway worked as a staff nurse, clinical instructor and a director of nursing education.

Eileen Ridgway joined the faculty at Seattle University in 1963 and distinguished herself as dean of the School of Nursing from 1969 to 1977. She then returned to nursing practice and also worked on some special projects at Seattle University. She became a professor emerita in 1991. John Eshelman, SU executive vice president, remembers her as "a person of principle – not merely iron principle, tempered steel is a little closer to the mark."

In addition to her professional work, Ridgway served on many committees and boards including the Washington State Nurses Association, the Western Commission on Higher Education for Nursing, the Catholic Hospital Association, the National Center for Nursing Ethics and the National Council of Catholic Nurses, among others. She was also an active writer who published numerous articles.

Eileen Ridgway inspired countless faculty and students to excel in nursing care and to commit themselves to the healing of all who receive care. As former student Molly Linden recollects, "It seems as if it was only yesterday that this vivacious, courageous woman stood in front of a tentative group of soon-to-be nursing professionals and clearly articulated, 'I pray that I never learn of any SU graduate that falls short of her primary duty: to speak and act on behalf of all those whom God has entrusted to your care.'"

She is most often remembered by former students and colleagues for her spirit of kindness, support and faith. Faculty member Jane Peterson, who was hired

by Ridgway, recalls that she emphasized the importance of incorporating liberal arts in the nursing curriculum. "As Dean, she taught part of a philosophy course and was very moved by contemplating a blade of grass – both the observations one could make and the meaning one could derive from such an exercise," Peterson says.

Dr. Ridgway was honored by the Seattle University Alpha Sigma Chapter of Sigma Theta Tau International with an annual student outreach service scholarship in her name. In 2004, this award was established permanently as the Eileen Ridgway Endowed Scholarship Fund at Seattle University.

Donations in her memory may be made to the Eileen Ridgway Sigma Theta Tau (STT) Scholarship Fund. For more information contact Andrea King, academic development officer, at (206) 296-6950 or at kinga@seattleu.edu

New Members

Whatcom County DISTRICT 01

Cynthia Backstrom
John Baldwin
Lynsey Barker
Susanne Branch
Etta Leach
Moiria Mckeown

King County DISTRICT 02

Michele Baumann
Sarah Beatty
Tricia Chlarson
Stephanie Covell
Paul Hanson
Heather Hawk
Annie Hetzel
Karen Hollister
Susan Jones
Holly Krempf
Susan Kulkowitz
Dawn Larsen
Micheline McCart
Denise Oien
Julie Rogan
Marc Sellier
Lida Shannon
Debora Shuster
Leann Smith
Janie Stockdaile
Katherine Stohr
Wanda Tabalanza
Ann-Marie Taroc
Eunice Ume

Pierce County DISTRICT 03

Joyce Ashmore
James Berling
Robin Bialasik
Carolyn Carbajal
Denice Collins
Jane Dellinger
Paul Donaldson
Sara Fairall
Andrea Gilbertson
Deborah Good
Tricia Grannis
Elizabeth Grigware
Kristin Hamblen
Brandy Isted
Kara McEvoy
Elizabeth Mraz
James Oliver
Renée Sinaly
Sonia Stanley
Jennifer Travis
Lori Weller
Danielle Yager-Hayes

Spokane/Adams/ Lincoln /Pend Oreille DISTRICT 04

Joan Bennett
Adam Black
Scott Bogdanoff
Theresa Buxton
Tia Coley
Kathryn Denenny
Cassandra Ensworth
Susan Fleming
Jennet Gray

Claire Griffith
Daniel Hitchcock
Heather Holick
Wende Holmes
Donna Kembel
Darla McCormick
Sharifa Nelson
Nancy O'Leary
Claudia Ramm
Cory Risse
Aaran Roberts
Lisa Roberts
Angela Starkweather
Adrianne Tursick
Gretchen Van Dyne

Yakima City/N. Yakima DISTRICT 06

Rhonda Taylor
Dana Young

Chelan/Douglas/ Grant DISTRICT 07

Lisa Helmer

Grays Harbor DISTRICT 08

Traci Bowe

Snohomish County DISTRICT 09

Rolanda Blacker
Gayle Lanier
Gayle Robinson
Leta Tarrell

Wakiakum/Cowlitz DISTRICT 10

Donna Britten
Karen Crawford
Adrea Jessop
Rebekah Kelly
Rene Marsh
Teri Noakes
Darci Seay
Jamie Sloan
Stephanie Toms

Clark/Skamania DISTRICT 11

Amy Ballantyne
Julie Blomdahl
Cheryl Carroll
Janet Fowler
Terrie Pettit
Jill Rogers
John Santos
Julie Schaaff
Diane VanGundy
Ruth Woolpert

Whitman County DISTRICT 14

Amy Blum

Benton/Franklin DISTRICT 15

Betty Egbert
Sarah Smasne

Skagit/Island/San Juan DISTRICT 16

Elizabeth Aynes
Barbara Brown
Maria Roma Paula De
Amy Erie
Carol Hewett
Jayne Norton
Gwen Parrick
Michael Payne

Kittitas County DISTRICT 18

Jean Boyd-Wylie

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WASHINGTON STATE NURSES ASSOCIATION

HALL OF FAME AWARD 2006

The Washington State Nurses Association (WSNA) continually seeks ways to encourage all registered nurses to strive for excellence in nursing. The WSNA Hall of Fame is only one of many projects developed by WSNA to support WSNA members who demonstrate the highest standards of their profession.

Criteria: Each nominee must have demonstrated excellence in the areas of patient care, leadership, education, public service, nurse advocacy, heroism, patient advocacy, or clinical practice and for achievements that have affected the health and/or social history of Washington state through sustained, lifelong contributions. The nominees must have been or currently hold membership in WSNA. The nominee may be living or deceased.

Please complete the application form, attach documentation to support the award criteria, include a photograph of the nominee, and return to: WSNA, Attention: Hall of Fame, 575 Andover Park West, Suite 101, Seattle, WA 98188. Typed applications must be received at WSNA by **September 30, 2005**, to be considered for the 2006 Award. Nominees will be notified in November 2005. The award winner(s) will be recognized by the Association, family, friends and nursing colleagues at the Hall of Fame Awards event to be held in the Spring of 2006.

NOMINEE:

Hall of Fame Nominee: _____
First Name Preferred if Different Last Name Credentials

Address: _____
Street City Zip Code

Home Phone: _____ Work Phone: _____

Fax Number: _____ E-Mail: _____

DOCUMENTATION TO SUPPORT THE AWARD CRITERIA:

- ☐ On a separate sheet of paper identified as **Criteria #1**: Summarize this nominee's WSNA membership background including membership dates, offices held and specific WSNA related accomplishments.
- ☐ On a separate sheet of paper identified as **Criteria #2**: Describe how this nominee has demonstrated excellence in the areas of patient care, leadership, education, public service, nurse advocacy, heroism, patient advocacy, or clinical practice.
- ☐ On a separate sheet of paper identified as **Criteria #3**: Describe how the achievements of this nominee will have ending value to nursing beyond the inductee's lifetime.
- ☐ On a separate sheet of paper identified as **Criteria #4**: Describe how this nominee has demonstrated excellence that affected the health and/or social history of Washington state through sustained, lifelong contributions.
- ☐ On a separate sheet of paper identified as **Optional Criteria #5**: Submit a history of the nominee's professional achievements/peer recognition.

☐

-over-

EMPLOYMENT

Current Position or Title: _____

Employer: _____

Address of Employer: _____
Street City Zip Code

Employer's Telephone Number: _____

Submitting additional nursing employment background is encouraged to assist in publicizing this nominee, if chosen as an award recipient. Please attach on a separate piece of paper or submit CV.

RELATIVE:

If the nominee is deceased, are there any known living relatives? ☐ Yes ☐ No

Name of Closest Relative: _____

Address of Relative: _____
Street City Zip Code

Relationship to Nominee: _____

NOMINATOR:

Person Submitting Nomination: _____

Address: _____
Street City Zip Code

Home Phone: _____ Work Phone: _____

Fax Number: _____ E-Mail: _____

Relationship to Nominee: _____

CHECKLIST FOR A COMPLETE APPLICATION:

- ☐ The application form is complete on both the front and back
- ☐ The documentation to support award criteria #1-4 and optional #5 are attached to the application in numerical order with a paper clip.
- ☐ A nominee photograph is included. Please do not write in ink on the back of the photograph or place a paper clip across the photo image as both will cause damage to the photo.

LEADERSHIP DEVELOPMENT CONFERENCE 2005

Chelan, Washington
September 25 - 27, 2005



SUNDAY, SEPT 25

9:00 - 12:00 Cabinet Meeting

1:00 - 5:00 Fall Local Unit Council

Local Unit Chairs and / or Officers. All are welcome.

4:00 - 5:00 "The Mysteries of Membership - The Saga Continues"

Darlene Delgado, WSNA Membership Department Coordinator, will give an overview of the membership process, review changes, and - most importantly - answer your questions!

Dinner on your own

MONDAY, SEPT 26

8:00 - 8:30 Breakfast

8:30 - 8:55 Welcome

9:00 - 10:30 Concurrent Sessions

** Indicate on the Registration Form which session you would like to attend. **

Organizing 101

Determined to increase your Local Unit membership? Need some new ideas on how to increase involvement? Learn to use basic organizing techniques, such as organizing committees, effective communication, and talking points, to jump start your membership.

Janet Parks, BSN, RN

Effective Conference Committees

Wish your Conference Committee was more dynamic and productive? Learn to apply familiar principles to get your Conference back on track. You will gain new skills in how to identify issues; plan the agenda; strategize communication; and follow with effective and timely action.

Becky Dawson, BSN, RN

Grievances for the Beginner - Is It, Or Is It Not a Grievance?

Does the form look intimidating? Are you unsure where to even begin? Come let the experts show you how! You will learn the WHO, WHAT, WHERE, WHY and HOW of the grievance procedure. This class is specifically designed for novice grievance officers or those who think they might be interested in becoming one.

Pat McClure, RN and Debi Bessmer, RN

Bargaining for Success

Learn the basics of bargaining - from initial preparation to final ratification. We will explore how to determine what your bargaining unit wants and needs, how to formulate proposals, and how to bargain for changes in your contract. We will also explore the different methods of bargaining: interest-based vs "traditional" bargaining.

Mike Sanderson, JD and Linda Machia, JD

10:30 - 11:00 Break With Vendors

11:00 - 12:00 Jane Neubauer

For twenty years, Jane has been involved in nursing leadership, senior management, and university education in the United States healthcare system, where she taught leadership and redesigned systems at the Universities of Wyoming, Colorado, and Cincinnati, and at Mercy Medical Center in Denver. She has a Masters Degree from the University of California Medical Center in San Francisco and has written on use of arts in career development, the mid-life journey, health care systems, change and leadership. Jane has a clinical appointment at the University of Washington and continues her work in Europe as a facilitator of leadership development in the United Kingdom, Eastern Europe, and Holland.

12:00 - 1:30 Lunch

1:30 - 3:30 Jane Neubauer

3:30 - 4:15 Break

4:15 - 5:30 Concurrent Sessions

** Indicate on the Registration Form which session you would like to attend. **

"Zipper Clauses, Past Practice and Recognition Clauses"

Join WSNA legal staff for an in-depth discussion on these commonly misunderstood and commonly misapplied contract articles. This class is perfect for negotiators and grievance officers.

Liz Ford, JD and Linda Machia, JD

Advanced Grievances

This class is designed specifically for the EXPERIENCED grievance officer. Learn tips from the experts in investigating, preparing, and presenting your case.

Kathi Landon, RN, Senior Nurse Rep

Accepting or Rejecting An Assignment - Know Your Rights and Responsibilities

What do you do when told to take an assignment you know you are not competent to perform? How do you advise members of your bargaining unit when they ask you what they should do when told to float to an area they are not qualified to practice? Learn about effective uses of ADO forms and how to protect your patients and your license.

Barbara Frye, RN and Hanna Welander, RN

Web Site & Media - Tools to Advance Your Local Unit

Come take a tour of the WSNA website and see all the various features/tools available to assist you in your Local Unit work. Learn how you can most effectively utilize the media to advance your goals and the Do's & Don'ts of talking with the media.

Anne Tan Piazza and Ben Tilden

7:00 - 9:00 Awards Banquet

Join the Cabinet on E&GW in this wonderful event honoring the outstanding Local Unit Officers of 2005.

9:00 Rebel Voices

This year's entertainment will be the fabulous Rebel Voices. While the Rebels sing and inspire us with their great renditions of labor songs old and new, we'll have dessert, coffee, and an open bar.

TUESDAY, SEPT 27

8:00 - 8:30 Breakfast

8:30 - 10:00 Mary Walker, Dean of Nursing Seattle University, WSNA Vice President

Dr. Walker joins us again by popular demand. Her presentations are always thought provoking, stimulating and sure to give you new perspectives to add to your repertoire. Watch for more details to follow.

10:00 - 10:45 Check Out / Break

10:30 - 11:30 Jean Ross and Jeanne Serdo

Our Journey From Local Unit Leader to National Leader

Jean Ross and Jeanne Serdo have been recognized leaders and activists in their local units and in the Minnesota Nurses Association for many years. When the United American Nurses was created five years ago by the labor states within ANA, Jean and Jeanne found themselves as newly-elected leaders in the largest union for Registered Nurses in America. Join these two dynamic staff nurse leaders as they share their experiences and lessons learned on their incredible journey.

11:30 - 11:45 UAN Video & Wrap Up

Directions to Campbell's Resort

Campbell's Conference Center is located in the city of Chelan, near the center of Washington State. It is 180 miles east of Seattle and 160 miles west of Spokane.

Major airline service is available from Wenatchee, 36 miles south of Chelan.

Contact Campbell's at 800-553-8225 or 509-682-2561, reference Registration Group Code WSNA.

From Spokane / Eastern WA

To Chelan via Hwy 2

- Take Hwy 2 West to Orondo
- From Orondo, take Hwy 97 North for 22 miles
- Turn Left onto Hwy 150, follow for 3.9 miles
- Continue forward as Hwy 150 becomes Woodin Ave.
- Campbell's Resort is on the right (lake side)

From Seattle / Western WA

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

- Take I-90 East to Exit #84 (Wenatchee) at Cle Elum
- Take Hwy 97 over Blewett Pass Highway
- Ends at Hwy 2 & 97 intersection; turn Right to Wenatchee
- Drive approximately 14 miles (just before entering Wenatchee) and take the Chelan exit onto Hwy 97 Alternate
- Continue North on Hwy 97 Alternate to Chelan
- Turn Left at Peterson's Condominiums onto Woodin Avenue
- Cross bridge; Campbell's Resort is on the left (lake side)

To Chelan via Hwy 2 / Stevens Pass:

- Take Hwy 2 East over Stevens Pass
- Just before Wenatchee, take the Chelan exit onto Hwy 97 Alternate
- Continue North on Hwy 97 Alternate to Chelan
- Turn Left at Peterson's Condominiums onto Woodin Avenue
- Cross bridge; Campbell's Resort is on the left (lake side)

✂ Detach Here

2005 LEADERSHIP DEVELOPMENT CONFERENCE

First Name: _____

Last Name: _____

Informal First Name: _____

Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____

Local Unit: _____

Daytime Phone: _____

E-Mail: _____

Local Unit Officer Title: _____

of Leadership Development Conferences Attended: _____

of Years as a WSNA Member: _____

Concurrent Sessions (select one from each posted time)

Session 9:00 - 10:30 4:15 - 5:30

Organizing 101 ☐

Effective Conference Committees ☐

Grievances for the Beginner ☐

Bargaining for Success ☐

Zipper Clauses, Past Practice & Recognition Clauses ☐

Advanced Grievances ☐

Accepting or Rejecting an Assignment ☐

Web Site & Media ☐

Your T-Shirt: (circle one) Women's Men's
(circle one) S M L XL 1X 2X 3X

If you have any special needs, contact Deb Weston (206) 575-7979, Ext. 3003

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

REGISTRATION

Attendance Fee: \$250

Invited guests to Monday, Sept. 26th Awards Dinner:

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

METHOD OF PAYMENT

☐ Check or Money Order Payable to WSNA

☐ Visa/MC

Card Number:

_____ - _____ - _____ - _____

Expiration Date: _____

Print Cardholders Name:

Cardholders Signature:

☐ My conference registration fee is to be paid by:

(Local Unit)

Signature of LU Chair/Co-Chair

Total Payment Due to WSNA:

\$ _____

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



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