THE WASHINGTON NURSE

Volume 36, No. 4 **Winter 2006**

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THE WASHINGTON NURSE

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Winter 2006

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ARTICLE SUBMISSION DEADLINES

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

Calendar of Events

January 2007

1	**Office Closed - New Year's Day**
5	Deadline for Submission of Non-Emergency Resolutions
15	**Office Closed - Martin Luther King Jr Day**
17	Bylaws/Resolutions Committee
18	Occupational and Environmental Health and Safety Committee
26	Cabinet on Economic and General Welfare
29-31	NDNQI Meeting - Las Vegas, NV

February

2	Ticket of Nominees for WSNA Elected Offices Mailed and Published in an Official WSNA Publication
5	Nurse Legislative Day
19	**Office Closed - Presidents' Day**
22	Orientation of WSNA Delegates to UAN National Labor Assembly
24	Professional Nursing and Health Care Council
28	Deadline for Self-Declared Candidates for WSNA Elected Offices

March

5	WSNA Board of Directors
6	WSNF Board of Trustees
20-23	UAN National Labor Assembly meetings - Washington DC

April

2-4	CNEWS - Spokane, WA

May

2-4	Biennial WSNA Convention - Tacoma, WA

June

20-22	ANA Quadrennial Policy Conference: "Nursing Care in Life, Death and Disaster," - Atlanta GA

September

22-25	Local Unit Leadership Conference - Chelan, WA

May 2008

6	WSNA Centennial Anniversary Celebration

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 mid-October 06 through December 06.

- Public Health Funding Roundtable and Meeting with the Governor on Public Health Funding
- WA DOH Public Health Emergency Preparedness Joint Advisory Committee
- Seattle-King County Public Health Reserve Corps Planning Committee
- Meetings with DOH staff on proposed DOH legislation
- Working for Health Coalition (access to care issues for children)
- Meetings of the Mental Health Parity Coalition
- 21st Annual Washington Health Legislative Conference
- WA Department of Labor and Industries Task Force to Examine Lifting in Health Care
- Meetings of the Medication Safety Initiative
- Washington State Hospital Association Infection Safety Advisory Committee
- Washington State Labor Council "Fair Share" work group on access
- WSNA and WA Health Foundation Healthiest State of the Nation media campaign
- Steering Committee of the Foundation for Health Care Quality on Prevention of Medical Errors
- Washington Nursing Leadership Coalition (WNLC) meeting
- Washington Center for Nursing (WCN) Board Meetings & Open Forums (Spokane & Yakima)
- Meetings of the Washington State Nursing Care Quality Assurance Commission, its Practice and Education subcommittees and the Committee on Continued Competence
- Meeting of the Council of Nurse Educators of Washington State regarding development if a master plan for nursing education in WA
- Washington Toxics Free Legacy Coalition Steering Committee and the John H. Merck Foundation
- Health Care Without Harm Nurses Work Group
- CHE-NW on environmental health issues
- ANA Constituent Assembly meeting in Washington DC
- SNA Labor Coalition meeting in Chicago
- UAN E&GW Program Directors meetings in Chicago
- UAN Executive Council Meetings

2007 Legislative Priorities

Safe RN Staffing

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 appropriate skill mix of registered nurses and other nursing personnel.

Mandatory Overtime

Extend protection of mandatory overtime for nurses to additional settings such as jails, state hospitals, and state veterans' homes. Research shows that long hours take a toll on mental alertness, and requiring nurses to work overtime when they are already exhausted can result in serious medical mistakes, medication errors, transcription errors and errors in judgment. Strictly limiting the use of mandatory overtime is an important step toward improving patient safety and nurse retention.

Safe Patient Handling

Long-term care settings are one of the highest risk settings for musculoskeletal injuries with nurses and other health care providers among the most injured. The law passed in 2006 covered all hospitals. Now we need to extend that same protection to the long-term care arena. We must reduce injuries to nurses and enhance patient safety by requiring a patient care activities program with input from frontline health care workers that addresses safe patient handling.

Nursing Education Funding

Nursing programs in WA State are turning away hundreds of qualified students every year due to a lack of funding for enrollment slots, lack of funding to recruit and retain qualified nursing faculty, and lack of physical capacity. The Health Professions Scholarship and Loan program is essential in attracting more men and ethnic diversity to the profession. WSNA supports designated enrollment slots for nursing students, increased nursing faculty funding, and additional appropriations for nursing scholarships and loans.

Public Health Nursing & Public Health Funding

Public health nurses and public health is the center of a quality health care system and is the most cost-effective system for disease prevention and health improvement. Public health and public health nurses are also our first line of defense in responding to bioterrorism and in disaster preparedness. WSNA believes that public health nursing services must be designated an essential service and we support the recommendations of the Public Health Financing Task Force for an immediate initial investment of $100 million in the '07-'09 biennium towards improving Washington's public health system.

School Nurse Funding

School nurses and vital school health infrastructure have eroded to alarming levels. Too few and inadequately compensated school nurses have resulted in major deficiencies in school health and related services. We must invest in our children and their readiness to learn by funding to achieve a student to nurse ratio of 750:1.

Health Care Access

As frontline health care providers, registered nurses are aware of the consequences when people do not have access to quality and affordable health care. We support covering all children, expanding the mental health parity law to include everyone, establish a minimum standard for employers, expand insurance for working people through the Basic Health Plan, and measurements toward cost containment.

Ban on Polybrominated Diphenyl Ethers (PBDEs)

PBDEs are widely used as flame retardants in many products such as mattress, furniture, electronics and computers. These toxic flame retardants persist in the environment, build up in the food chain and in our bodies, and are toxic low levels. PBDEs impair memory, learning and can affect thyroid hormones and other bodily functions. The legislation would ban the manufacture and sale of the products containing PBDEs.

2007 Legislative Platform

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

NURSING PRACTICE

Support implementation of the Washington State Strategic Plan for Nursing to address the nursing shortage.

Support nursing's unique role in the delivery of comprehensive and cost-effective quality care.

Support the completion of an approved RN education program and the principle of individual licensure as mandatory for the practice of registered nursing.

Encourage specialty certification and advanced practice of nursing.

Support nursing education funding for:

1) Increased access to nursing programs within institutions of higher education and for nursing faculty salaries.
2) Specialty certification and advance practice preparation.

Support funding for:

1) Grants and loans to encourage recruitment and retention including increasing the diversity of the nursing workforce.
2) Nursing research to maximize nursing's contribution to health.
3) Data collection and analysis on the nursing workforce.

Protect the public by promoting the role and practice of registered nurses.

ACCESS TO QUALITY CARE

Support full access to health care for all.

Support health promotion education and disease prevention as a major focus of the health care system.

Support comprehensive services delivered in familiar, convenient sites such as schools, workplaces and homes, as well as traditional health care settings.

Ensure access to nursing services that emphasize the role of registered nurses as qualified providers of health care in all practice settings.

Enhance patient safety through a systems approach for the prevention of medical errors and injuries.

Support and promote advanced registered nurse practitioners as primary care providers.

FINANCING HEALTH & SOCIAL SERVICES

Support an equitable tax base which will provide adequate funding for needed social and health services and state agency oversight.

Ensure funding for state health plans, public health, and public health nursing services.

Support evidenced based cost containment incentives in the health care delivery system that do not compromise quality of care and that:

- apply to all providers, payors and vendors.
- are based on continued review of the appropriateness of health care services,
- serve to eliminate significant waste and inefficiency.

Protect dedicated health funding and ensure it is used solely for health services.

HUMAN RIGHTS

Support the basic right of all people for equity under the law regardless of race, creed, color, gender, age, disability, lifestyle, religion, health status, nationality, or sexual orientation.

Promote a culturally competent health care system that recognizes and values differences among people.

Promote education of nurses, other healthcare providers and the general public about the problems of violence, sexual assault and harassment.

ECONOMIC and GENERAL WELFARE

Promote RN staffing standards to ensure quality patient care and safety for health care providers.

Endorse and actively support the rights of all employees to participate in the collective bargaining process.

Support measures, including comparable worth, which promote the economic welfare of all nurses.

Promote and seek enactment of legislation and regulation that protects the economic and employment rights of nurses, including their right to advocate for patients.

Support measures that create a work environment where nurses are respected, valued, and included in the decision making process.

OCCUPATIONAL AND ENVIRONMENTAL HEALTH

Support research and education for the prevention and treatment of occupational and environmental health problems.

Support efforts to assure adequate prevention, preparedness, and response to natural, biological and chemical disasters, and acts of terrorism.

Support legislation and regulation that assures workplace safety and promotes environmental health.

Support a precautionary approach towards occupational and environmental health.

Proposed by Legislative and Health Policy Council, October 2006

Approved by WSNA Board of Directors, November, 2006

2007 Legislative Agenda

During the state legislative session, there will be hundreds of health care related bills introduced. WSNA will examine legislative and regulatory proposals that pertain to nursing and health care and revise the agenda as needed. Please check our website, www.wsna.org for updated legislative information throughout the session.

Active Primary Support

Legislation/Regulation that WSNA is initiating, researching, drafting, or working on actively.

Safe RN staffing standards
Funding for nursing workforce data collection and analysis
Funding for RN faculty salaries
Funding for nursing enrollments
Funding for scholarships and loan repayments
Funding for public health and public health nursing
Prohibiting mandatory overtime for RNs
Safe patient handling
Public health nursing as an essential service in public health

Active Support

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

Improving access to quality care
Ergonomic standards
Protect services and increase funding for state health plans including CHIP and BHP
Legislative and regulatory issues of WSNA affiliates and other specialty nursing organizations
Prevention of workplace violence
Mental health funding
Access to affordable prescription drugs
Elimination of persistent environmental toxics
Emergency volunteer immunity
Disaster preparedness
ARNP authority to authorize L&I Assessments
Funding for School Nurses

Active Monitor

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

Ban indoor smoking
Access to affordable liability insurance and Tort Reform
Regulatory Reform
Criminal background checks
Individual & small group insurance market reform
Changes to the Uniform Disciplinary Act
Medical/medication errors
Budget
Medicaid changes/reforms
Long term care issues
Nurse Practice Act
Medication Assistants
Scope of Practice Issues
Prescription drug monitoring program

Review

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

Age of consent for mental health services
Reimbursement for any category of provider
End of life issues
Access to family planning services
Nurse delegation

Regulatory Monitoring

Issues that pertain to the various state regulatory agencies such as Department of Health and Labor & Industries. We monitor and provide input to these issues as rule making and agency oversight occurs.

Prescription drugs
Eliminating mercury use in health care settings
Nursing assistant education
3rd party reimbursement parity for ARNPs
Nurse delegation
Latex allergy
Long term care
Mandatory overtime
State employee's right to bargain for wages
Medicaid changes/reforms
Mandated coverage of contraceptives
Indoor air quality
DOH/Nursing Commission
Patient and provider confidentiality issues
Blood borne pathogens
Nurse technicians
Tobacco settlement implementation

Proposed by the Legislative and Health Policy Council, October 2006

Approved by WSNA Board of Directors, November, 2006

Monday, February 5, 2007

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 2007 Legislative Session.

Obtain the skills needed to become a citizen lobbyist. Learn how to communicate effectively with your elected officials

Meet with hundreds of nurses and nursing students throughout Washington State

Visit with your state representatives and let them know which issues are important to you

Unite with other nurses and educated lawmakers on nursing and the health care issues

WSNA Nurse Legislative Day

Agenda

7:30a.m. – 8:30a.m.
Registration / Check-in

8:30a.m. – 8:45a.m.
Welcome and Introductions

8:45a.m. – 9:35a.m.
Current Legislative & Regulatory Nursing Issues
Presented by the WSNA Legislative & Health Policy Council

9:35a.m. – 9:45a.m.
WSNA-PAC Fundraising

9:45a.m. – 10:45a.m.
Keynote Address – Recommendations from the Governor's Blue Ribbon Commission on Health Care

10:45a.m – 11:00a.m.
Break

11:00a.m.– 12:00p.m.
Concurrent Breakout Sessions:

1. Grassroots Political Action: Basics of Legislative Advocacy
2. Public Health Nursing & Public Health Funding
3. Uniform Disciplinary Act – Balancing Public and Provider Interests
4. Advanced Practice Nursing Issues

12:30p.m. – 1:30p.m.
Luncheon at the Capitol – Legislator of the Year Awards
Sponsored by WSNA, ARNPs United and Washington Association of Nurse Anesthetists, and the Association of Advanced Practice Psychiatric Nurses

1:30p.m. – 4:30p.m.
Attend Hearings/Meet with Legislators

5:00pm – 6:30p.m.
Legislative Reception at Columbia Room in the Capitol
Hosted by Washington Association of Nurse Anesthetists, WSNA, ARNPs United and the Association of Advanced Practice Psychiatric Nurses

✂ Detach here and return by mail or fax

Nurse Legislative Day 2007 Registration Form

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

Pre-registered students $20 Students who register at the door $30

Pre-registered WSNA, ARNPs United, AAPPN, WANA, AORN and SNOW members $50

Pre-registered non-members $55 Late registrants at the door $70

* Pre-registration applies only to registration forms received before January 26th.

Registrant information: — each registrant must complete his/her own form; photocopy as needed

$_____ Registration fee (includes breakfast, box lunch, and evening reception)

$_____ PAC contribution (suggested donation $25)

$____ Total payment due

Name: _____ Credentials: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone:_____

E-mail address: _____

Legislative District: _____ Mem. ID/SS#: _____

Payment: ____ Check payable to WSNA

____ Visa/Master Card #: _____ - _____ - _____ - _____ Expiration date:____/_____

Cardholder's name:_____ Cardholder's signature:_____

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$70.8 MILLION EXPANSION!

What a great time to join the Kadlec Medical Center team!

Brand new, state of the art operating rooms, a full wing of private patient rooms, an outpatient observation unit and the flexibility to grow over the long term are a few of the key features of our new construction. Located in sunny Tri-Cities, WA, Kadlec Medical Center is an expanding 188-bed, nationally recognized private non-profit regional medical center. The premier choice for customer service excellence, and one of the nation's newest members of the prestigious Planetree organization (www.planetree.org).

We're looking for experienced CRITICAL/INTERMEDIATE CARE RNs who LOVE to work Nights!!!

3-FULL-TIME/2-PART TIME OPENINGS

$4,000 SIGN-ON BONUS

+ RELOCATION PACKAGES

Come to Washington's "LAND OF THE SUN" and work shifts that actually let you enjoy it!

A career and lifestyle that's hard to beat

ALSO RECRUITING FOR:

- **NEUROSERVICES CLINICAL NURSE SPECIALIST-**MSN, 3 yrs. Neuro Experience required
- **RN/OR-**1 FT Position—CVOR experience preferred
- **RN/SAME DAY SURGERY-**1 FT and 1 PT Position—Endoscopy experience preferred
- **CLINICAL DOCUMENTATION SPECIALIST-**FT. RN preferred

BENEFITS YOU'LL LOVE:

- **No State Income Tax!!!**
- **BSN & Certification Premiums**
- **Minimum $1,000 every 2 years for continuing education**
- **$3,000/year tuition support**
- **308 days of sunshine annually!!!**
- **Employer DOUBLED, 100% vested (after 2 years employment) 403-B Retirement Plan**
- **100% free preventative medical care and annual eye exams for everyone covered under your medical insurance**
- **Generous paid vacation/sick time**
- **Strong shift differentials**
- **No Mandatory Low-Census!!!**
- **Medical, dental, dental with orthodontia, vision, life, and long term disability insurance coverage**
- **College options for your children's education**
- **On site daycare**
- **Clinical Educators in EVERY patient care department**
- **Free employee parking & shuttle service**
- **Generous relocation assistance package**

Sunny Tri-Cities, WA

For more information, please visit our web site: www.kadlecmed.org, or contact Nurse Recruiting Toll-Free: (800) 765-1140, E-mail: gauntk@kadlecmed.org

E&GW Update

St Joe's Tacoma Local Unit members hit the Streets over Stalled Negotiations

Despite freezing temperatures, snow, wind, ice and gale force winds, nurses from St Josephs Medical Center in Tacoma, came by the dozens to walk the picket lines for an informational picket that took place on December 11, 2006. Frustrated by the employer's unwillingness to address the members concerns on staffing, benefit changes and wages, the nurses were forced to take action to inform the community of their concerns. The commitment by Local Unit officers: Tamara King, Diane Davis, Sally Budack to inform and involve local unit members in the negotiating process was obvious as members have attended negotiation sessions in support of the team, worn WSNA ribbons, and attended Local Unit meetings.

St Joe's leaders were the first local unit nurses to use the WSNA website as an effective and timely way to inform members as they posted updates after every negotiating session on the website. (See the Local Unit link on the WSNA web site www.wsna.org/localunits/stjosephtacoma.asp)

The team returned to the negotiation table in mediation on December 18th with renewed commitment and unity. Watch their link on the WSNA website for updates on their progress.

Spokane and Pierce County Local Units Join Central Labor Councils

The WSNA Local Units in the Spokane region have made the decision to join the Spokane Central Labor Council, AFL/CIO. Those Local Units are Sacred Heart Medical Center, Holy Family, Spokane Regional Health District, and Spokane Visiting Nurses. The vote by leaders in Spokane, was taken a few weeks after Pierce County Local Unit Leaders made the same decision. Clark County nurses at Southwest Medical Center joined the Clark County CLC several years ago, and have been active members.

Pierce County local unit leaders are from Tacoma's St Joseph Medical Center, MulitiCare Tacoma General Medical Center, Good Samaritan Hospital, Puyallup and St Clare Hospital, Lakewood. The representatives from the Pierce County Local Units have been meeting for over a year, planning for negotiations, sharing information, and learning about each others' issues. Both Spokane and Pierce Counties' nurse leaders have experienced the positive effects of planning, support and sharing information that can be found in regional meetings. The discussions about becoming full participating members of the larger labor community led to invitations to the Labor Councils to meet with Local Unit leaders. AFL/CIO leaders explained the benefits of membership and partnership, and than welcomed WSNA members to "the House of Labor."

WSNA has been a member of the Washington State Labor Council for over 5 years. As one of the largest unions in the state federation, membership in all levels of the AFL/CIO will give new opportunities for WSNA members to be involved in the larger labor community, and for the larger labor community to see what nurses have to offer!

Free Training on WSNA Web Site

Interested in knowing more about being an advocate for nurses in your local unit? Want to learn from the comfort of your on home and at your own pace? WSNA and UAN have what you need. Simply go the www.wsna.org, go to Labor Relations, then click on your local unit link and scroll to the bottom of your local unit page, there you will see "Resources." Click on that and you will see Steward Training. Sign up there-it's free, fun and very informative. WN

Patient and Nurse Safety Update

IHI Expands Health and Safety Goals to the "Five Million Lives" Campaign

Building on the success of its "100,000 Lives Campaign, the Institute for Healthcare Improvement (IHI) believes the time is right to establish another bold objective – a seemingly impossible goal – for US health care: Protect patients from five million incidents of medical harm over the next two years (December 2006 – December 2008). To achieve this, IHA aims to enlist at least 4,000 US hospitals in a renewed national commitment to improve patient safety faster than ever before.

Proven Interventions

The 5 Million Lives Campaign challenges American hospitals to adopt 12 changes in care that save lives and reduce patient injuries:

The six interventions from the 100,000 Lives Campaign

- Deploy Rapid Response Teams…at the first sign of patient decline
- Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction…to prevent deaths from heart attack
- Prevent Adverse Drug Events (ADEs)…by implementing medication reconciliation
- Prevent Central Line Infections…by implementing a series of interdependent, scientifically grounded steps
- Prevent Surgical Site Infections…by reliably delivering the correct perioperative antibiotics at the proper time
- Prevent Ventilator-Associated Pneumonia…by implementing a series of interdependent, scientifically grounded steps

New interventions targeted at harm

- Prevent Harm from High-Alert Medications... starting with a focus on anticoagulants, sedatives, narcotics, and insulin
- Reduce Surgical Complications... by reliably implementing all of the changes in care recommended by SCIP, the Surgical Care Improvement Project (www.medqic.org/scip)
- Prevent Pressure Ulcers... by reliably using science-based guidelines for their prevention
- Reduce Methicillin-Resistant Staphylococcus Aureus (MRSA) infection…by reliably implementing scientifically proven infection control practices
- Deliver Reliable, Evidence-Based Care for Congestive Heart Failure... to avoid readmissions
- Get Boards on Board … by defining and spreading the best-known leveraged processes for hospital Boards of Directors, so that they can become far more effective in accelerating organizational progress toward safe care

For more information about the Campaign interventions, including How-to Guides for each, see the Materials area of IHI.org at
www.ihi.org/IHI/Programs/Campaign/Campaign.htm?TabId=2

HHS Updates Pandemic Flu Plan, Responds to Nurses' Concerns About Respiratory Protections

ANA worked with the Congressional Nursing Caucus to raise concerns about the respiratory protections included in the national pandemic flu plan released in November 2005.

ANA and the Nursing Caucus criticized this plan for recommending that health care workers wear surgical masks, instead of respirators, for personal protection when treating patients with pandemic flu. The revised plan, released on October 17, 2006, clarifies that respirators are preferable.

Original Plan

The Department of Health and Human Services (HHS) released its Pandemic Influenza Plan in November 2005. This plan was heralded as a blueprint for pandemic influenza preparation and response. It provided the most credible guidance to national, state, and local policymakers and health departments. While ANA applauded HHS for recognizing the need for advance planning for pandemic flu response, we were concerned about the plan's recommendations for infection control for healthcare personnel. Specifically, the HHS plan stated that surgical masks should be worn by nurses entering a pandemic flu patient's room, and that respirators are only indicated when the health care provider performs a procedure likely to cause aerosols.

ANA and the Congressional Nursing Caucus raised strenuous concerns about the inadequacies of the HHS plan. We pointed out that the Centers for Disease Control and Prevention (CDCP), the Occupational Safety and Health Administration (OSHA), and the World Health Organization (WHO) agreed that fit-tested N-95 respirators are the minimum level of protection that should be afforded to nurses who come into direct contact with known or suspected pandemic flu patients. On May 25, the Nursing Caucus sent a letter to HHS Secretary Leavitt and Department of Labor (DOL) Secretary Chao requesting that HHS revise their planning documents and that DOL update their standards to provide for more rigorous infection control and health care worker protections. This letter was signed by a bipartisan group of 88 members of Congress (see related article in the October 31, 2006, Vol. 4, Issue 9 of Capitol Update).

Revised HHS Plan

On October 17, 2006, HHS released its revised Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Health Care Settings during an Influenza Pandemic. The new guidance acknowledges the controversy caused by the original planning documents. The new plan, which clarifies and supersedes the earlier plan, states:

"Use of N-95 respirators for other direct care activities involving patients with confirmed or suspected pandemic influenza is also prudent. Hospital planners should take this into consideration during planning and preparation in their facilities when ordering supplies."

While pleased by this HHS revision, ANA remains concerned that the HHS Pandemic Flu Plan is not independently enforceable. We are continuing to work with the DOL to support an enforceable OSHA pandemic flu standard. ANA is also working to educate health care providers and planners and the general public about the need for proper respiratory protection during a pandemic event. WN

Health and Safety Update

New Online CE from American Nurse Today "Taking the Pain Out of Patient Handling" Is the CE Article in the December Issue of ANA's New Journal, American Nurse Today

The purpose of this new independent study is to provide registered nurses with an overview of safe patient handling, including organizational and professional cultural influences, assessment of patient handling needs, use of assistive equipment and devices, and essential elements of a safe patient-handling program. Authors: Jan DuBose, RN, is Director of Education for Liko, Inc., in Franklin, Mass. Terry Donahue, BSN, RN, COHN-S/CM, is President of Safe Patient Moves, Inc., in Sharon, Mass. Go to Online CE journal catalog at: www.nursingworld.org/ce/journal/

Can Hospitals Cause Asthma?

New Report Shows Hospitals How to Protect Workers, Patients from Substances in Health Care Settings that Can Cause or Trigger Asthma

ANA participates as a member of Health Care Without Harm (HCWH), an international coalition with 450 groups in 55 countries working to transform the health care industry so it is no longer a source of harm to people and the environment.

Many people with asthma spend extensive amounts of time in hospitals – not only as patients receiving treatment, but also as health care workers or visitors. Yet according to a new report scheduled that was released on October 18, many substances commonly used in health care settings – from fragrances and plasticizers, to cleaners and sterilants – can cause, trigger or exacerbate asthma.

The groundbreaking report, released by Health Care Without Harm, provides a step-by-step guide to help hospitals reduce problematic exposures.

"Many health care providers are unaware that common substances used in the health care setting can trigger, or even cause, asthma. But the good news is, there are many steps hospitals can take to protect patients and workers from harmful exposures," said Anna Gilmore Hall, RN, executive director of Health Care Without Harm, an international coalition working to reduce pollution in the health care industry. "As places of healing, hospitals should follow the principle of 'first, do no harm,' and take immediate action to clean up the indoor environment."

Asthma has become a public health crisis in the United States. Asthma in children has risen by a staggering 25-75% per decade since 1960. Asthma is the most commonly reported workplace lung condition, and an estimated 10-23% of adult-onset asthma is due to workplace exposures.

The evidence shows that health care facilities are a particular problem. Health care workers have 40% of all cases of occupationally related, adult-onset asthma.

Agents found in healthcare settings that can cause, or exacerbate asthma include:

- Cleaners, disinfectants, sterilants
- Natural rubber latex
- Pesticides
- Volatile organic compounds/ formaldehyde
- Acrylics
- Fragrances
- Phthalates
- Environmental tobacco smoke
- Biologic allergens
- Drugs (medicines)

"Ironically many products used in health care to keep people safe from pathogens can cause or exacerbate asthma in susceptible people," said Ted Schettler, MD and science director of Science and Environmental Health Network. "Fortunately there are alternative products or practices that accomplish the intended goal without increasing asthma risks."

To obtain a copy of the report, see www.noharm.org or contact Health Care Without Harm at 703-243-0056.

What are PBDEs and Why All the Fuss?

PBDEs (polybrominated diphenyl ethers) are toxic flame retardants used in electronics such as; televisions, computers and textiles such as; residential upholstered furniture, mattresses and office furniture. Researchers have found alarmingly high levels of PBDEs in human blood, adipose and breast milk. Pacific Northwest women have PBDE levels 20-30 times higher in their breast milk than women in Europe or Japan. The two most vulnerable populations (workers and children) are at risk of exposure. Workers who work with or manufacture PBDEs have been found to have high PBDE blood levels. Studies also suggest young children are receiving up to 300 times greater exposure to PBDEs relative to adults, primarily from breast milk and inadvertent exposure to house dust.

PBDEs and Health - PBDEs are linked to learning, behavior and memory problems (Viberg 2003). Additionally, DecaBDE is classified as a "possible human carcinogen" according to the Agency for Toxic Substances and Disease Registry (ATSDR 2004). To top that off PBDEs decrease thyroid hormone levels and IQ (Zhou, 2002) and cause reproductive harm such as birth defects, reduced weight gain during pregnancy, changes in ovary cells, and reduced sperm count (Schreder 2006). WN

Health & Safety Update

"On Becoming a Nurse Environmental Health Activist"

By Donna Yancey, BSN, RN

According to Wendell Berry, Kentucky farmer, professor, writer and poet, if we only nurture one small corner of our world, we are making a start to better our environment. He was referring to caring organically for the patch of earth upon which our homes sit - how we tend the land and what we throw out that goes into that land or surrounding landfills. I have done what I can to live by that principle. I have an interest in what goes into my body, and my family and friends bodies. I have learned about pesticides in food, chemicals in products, like our personal care items.

Work was a separate patch of earth. I only thought about direct nursing care for my patients at the Children's Hospital and Regional Medical Center in Seattle. In the process of this caring, I toss out IV bags, tubings, syringes, med cups, dirty diapers and an assortment of other items into the trash. I have used strong chemicals to clean equipment, soaps and lotions to clean and care for little bodies, as well as my own hands. Then I go home, recycle, use environmentally friendly cleaning products, grow a few organic vegetables and flowers, try to keep informed and donate to my favorite environmental organizations, all to help our increasingly fragile world. I was in the vortex of a big disconnect between home and work. A restlessness to just sit still about these issues was brewing.

Slowly, I have been raising my awareness about what more can be done in the hospital setting. I attended a workshop sponsored by Health Care Without Harm, Hospitals for a Healthy Environment (H2E) and the Washington State Nurses Association. In attendance on this day were occupational health nurses, staff nurses and nurse consultants, university professors from the environmental health graduate program at UW, nurse lobbyists, and nurses working to shape policy around environmental issues and health. My interest was growing.

The next event that came my way was Clean Med 2006. How fortunate could I be that this important event was happening right here in Seattle! The huge ballroom, turned conference room, held amazing people grappling with multiple issues of health and the environment. It was the largest Clean Med since its inception in 2003. There were more than 500 health care leaders participating. They talked about programs to eliminate mercury and reduce PVC in medical equipment. There were architects and hospital planners who shared their green building ideas. The subject of food for hospitals was explored to offer more organic and locally grown food. MDs presented research to connect the link to toxic substances and disturbances in development of male anatomy.

During these 2 days I concentrated on the issues dealing with toxic chemicals.

Much to my amazement, I learned that the IV bags and tubings in which I have been administering fluids and medications to children for years, contain endocrine disruptive chemicals. How can this be? Chalk it up to the chemical companies who prefer the motivation of profit over ethical values.

Dr Richard Grady, pediatric urologist and researcher at Seattle's Children's Hospital and Regional Medical Center, received a grant to study the effect of DEHP and PVC on the developing urological system in babies. He presented his work at one of the panel sessions. What he discovered was an interruption of the development of the developing male anatomy. Through Dr Grady's research and others, it was shown there is a connection - a disturbance in the male genital-urinary system of developing male babies.

Fortunately there are researchers in the scientific and medical world who have brought it to our attention that PVC and DEHP in IV bags can be eliminated. We can once again administer true healing as we infuse much needed life-saving and life-enhancing substances to our babies, children and adults. As awareness grows, more and more hospitals are changing their IV bags. The scientific community still needs to help us by finding a safer substance to make plastic flexible. This is what DEHP does for PVC. DEHP is the culprit in Dr. Gradys' research.

I did not sign up for the health care field to do harm. As nurses, we are professionally and self mandated to do no harm. To know that I have been contributing unintentionally to harm is a jarring awareness. Thankfully, I didn't need to linger long in that dark knowledge. I learned about caring researchers like Dr Grady and organizations like Health Care Without Harm and H2E. I am feeling grateful. I am motivated to shine a light on this dark area of health care and create an interest in the growing knowledge of how health and the environment in which we live effect each other. I challenge my colleagues to learn more about this great and ever growing body of knowledge and work. We as nurses can be an important link in creating awareness and interest in our colleagues. We, as nurses, can be directly involved, make an impact, and give better care to our patients, clients ourselves, and our own patch of earth. Maybe I will see you at Clean Med 2008!

[Editor's Note: Donna Yancey is a staff nurse in the Rehabilitation Unit at Seattle's Childrens Hospital and Regional Medical Center where she has worked for nearly 20 years. In her own words: "I have elected to stay at the bedside in a small specialized area. The kids and the families keep me there as well as the opportunity to work with diversity issues of all kinds, therefore stretching and widening my awareness. I also feel so respectful of this community of nurses that I work with every shift." WN

Immunization Update

Protect Yourself and Your Patients from the Flu

As a healthcare professional, you are committed to protecting your patients' health as a top priority. One way you can help your patients stay healthy is by getting your yearly flu vaccination. Getting vaccinated also protects you from the flu and prevents spreading the disease to your family.

Flu vaccinations have been recommended for healthcare workers for several years, yet many professionals are still not getting vaccinated. In fact, only 42 percent of healthcare professionals receive a flu vaccination each year, despite the recommendations and information on why it's so important to get vaccinated.

Healthcare professionals are able to spread disease to their patients even when they have no symptoms. This is one reason why it is extremely important for healthcare professionals to get an annual flu vaccination.

There are two flu vaccines available; the flu shot and the nasal spray flu vaccine (FluMist). The nasal spray vaccine is composed of live, attenuated flu viruses, and is recommended for healthy people, ages 5-49 years, that are not pregnant. The flu shot contains inactivated, or killed flu viruses. Healthcare professionals that work with patients who have severely weakened immune systems should get the flu shot.

There are many misconceptions about flu vaccinations. The following information contains answers to commonly asked questions about flu vaccines. Hopefully this information will motivate you to get vaccinated, and also help you educate your patients about flu vaccinations.

Q: Can flu vaccines give me the flu?

A: It is not possible to get the flu from a flu vaccination because it is made from killed or weakened viruses that are no longer able to cause disease. Some people may get a mild fever or experience muscle aches for 1-2 days after vaccination. These are normal reactions to the vaccine that happen when the immune system starts responding to the vaccine.

Q: I do not usually get the flu, so why should I get vaccinated?

A: Anyone can benefit from getting a flu vaccination. Flu vaccinations reduce the chance that a person will get the flu. Even if you do not usually get the flu or are not one of the groups at high risk for complications, you can spread the flu to people who have a greater chance of becoming seriously ill from the flu.

Protect yourself, your patients, and your family. Get your flu shot!For more information about the flu and flu vaccines, visit: www.doh.wa.gov/cfh/immunize/flu_updates.htm

If you are a healthcare employer or administrator, you can access tools to plan a flu vaccination clinic for your employees at: www.withinreachwa.org/forprof/IACW/Influenza.htm WN

Which Vaccinations Do Pregnant and Postpartum Women Need?

Many pregnant women know they can protect their child against several diseases by making sure their child is vaccinated. They may not realize that they can also protect their children and themselves by making sure their own vaccinations are up-to-date.

Pregnant and postpartum women are at risk of contracting many diseases that can easily be prevented with routine vaccinations. Various studies have shown that pregnant women are at greater risk of hospitalization and death due to complications from the flu. Pregnant women in their third trimester are at highest risk. That is why it is recommended that pregnant women, in any trimester of pregnancy during flu season, should get a flu shot. Women who choose not to get a flu shot during pregnancy should get one during the postpartum period to help prevent the spread of flu to their infants, who are too young to get a flu vaccination.

As a healthcare provider, you have the opportunity to educate your pregnant and postpartum patients about the importance of getting all their recommended vaccinations. Pregnant and postpartum women play a key role in keeping their babies and families healthy. By making sure these women are vaccinated you can also help protect their families against disease.

Which vaccinations are recommended for pregnant women?

- Inactivated influenza vaccine
  Recommended for women in any trimester of pregnancy during flu season.
- Tetanus-diphtheria (Td) booster
  Recommended for pregnant women who are due for a booster shot.
- Hepatitis B
  Recommended for pregnant women who have not previously been vaccinated.

Which vaccinations are recommended for postpartum women?

- Inactivated influenza vaccine
  Recommended for women that did not receive a flu shot during pregnancy.
- Tetanus, diphtheria, and pertussis (Tdap) vaccine
  Recommended for women who did not receive a Td booster during pregnancy. This vaccine can also help prevent the spread of pertussis to the infant.
- Any vaccinations that women have not previously received like varicella (chickenpox) and measles, mumps, and rubella (MMR), should be administered during the postpartum period.

For help finding flu shots in your community:

- Call the Family Health Hotline at 1-800-322-2588
- Call your local health department
- Check the American Lung Association's Flu Clinic Locator: www.flucliniclocator.org

For more information on pregnancy and postpartum immunizations, visit:

www.cdc.gov/nip/publications/preg_guide.htm
www.doh.wa.gov/cfh/immunize/adult_immunization.htm WN

Practice Update

Nursing Commission Considers Continued Competency

The November 17th meeting of the Washington State Nursing Care Quality Assurance Commission (NCQAC) included a break-out session on continuing competency. The purpose of this session was to discuss the pros and cons of completing a professional portfolio as part of the method to demonstrate continuing competence. Commission members had been asked to "test" the portfolio tool by completing one for themselves and then comment on their experience. Pro's included: the self assessment was a good time for reflection of one's past practice and to consider what future accomplishments the nurse wishes to focus upon. Some stated it did not take that long to complete while other took many hours to complete. Cons: still questionable as to the relevance of the portfolio in demonstrating continuing competence. There were questions about what standards were being measured to assure competency and questions ensued about the relevance of the portfolio for nurses not working in a hospital setting. The result of the discussion will now be evaluated by the Commission's Continuing Competence sub-committee and the Consistent Standards of Practice sub committee.

Members of those committees are: Continuing Competency, Todd Herzog, CRNA, RN, chair, Judith Personett, EdD, RN, Mariann Williams, ARNP, RN, Cheryl Payseno, MBA, RN, and Diane Saunders, MN, RN. Members of the Consistent Standards of Practice are: Rhonda Taylor, MSN, RN, chair, Lorrie Hodges, LPN, and Robert Salas, BSN, RN.

WSNA has expressed concerns about the proposed elements and use of a portfolio to document continuing competency. Among the questions WSNA has raised are:

a) what are the standards that are being measured to assure continuing competency?

b) What is the relevance of requiring a nurse to provide a 500 word document on the philosophy of nursing and who will look at it?,

c) What is the relevance of the tool in it's current format? What are the definitions being used for: i. professional responsibility? ii knowledge- based , iii collaboration and communication as identified in the IOM study of medical errors?, iv leadership at the point of care?

d) Is continuing competency being measured as continuing minimum safe practice or at some higher quality practice?

e) The requirement is "employment in a nursing position at least 1000 hours over a three year period". Since the Nursing Commission does not have a practice requirement how can this be used as a measurement? What about nurses who do volunteer work?

f) The required documents includes performance reviews, but the pilot project model on page 3 states the Employer's role is voluntary for the nurse to include in the portfolio. So it is unclear if inclusion of performance review are voluntary or required. If required, WSNA strongly opposes inclusion of employer performance reviews which are by nature highly judgmental and is a private assessment that is between the employee and the employer. Further, inclusion of employment performance reviews may place a nurse in legal jeopardy.

If you have suggestions or comments for the Nursing Commission's two sub-committee's that are working on continuing competency please contact Joan Garner, WSNA Director of Practice and Education at jgarner@wsna.org or 206-575-7979 ext 3007 or at our toll-free number at 1-800-231-8482.

March of Dimes Celebrates 2006 Nurse of the Year Awards

The March of Dimes 2006 Nurse of the Year Awards Celebratory breakfast was held on December 7th, 2006 at the Hyatt Hotel in Bellevue, WA. This event honored registered nurses who have demonstrated excellence in nursing throughout this year. The Keynote speaker for the event was Gubby Barlow, President and CEO of Premera Blue Cross and the event was emceed by Jean Enerson of KING 5 News and King 5 Healthlink. All nominees were acknowledged and were each given a bouquet of flowers.

Winning award winners were:

- Senator Margarita Prentice, RN from the WA State Legislature received the Legend of Nursing Award
- LT Arnold, RN from the U of Washington received the Rising Star Award
- Heidi Nakamura, BSN, RN from the U of W received the Community Service Award
- Julie Hooper, RN from PeaceHealth in Longview, WA received the Mentoring Award
- Jean Maunder, CNM,RN from SW Washington Medical Center received the Perinatal/Pediatric Award
- Mary Salazar EdD, RN from the U of W School of Nursing received the Research/Advancing the Profession Award
- Susan Blackburn PhD, RN professor at the U of W School of Nursing received the Distinguished Nurse of the Year Award

Many of the nurses honored are members of WSNA and/or work in facilities or settings where they are represented by WSNA. Congratulation notes were sent by the WSNA Board of Directors to the awardees and the nominees. Below is a complete list of nurses who were nominated and honored by the March of Dimes:

- Elizabeth Allen, RN, BSN, Overlake Hospital Medical Center
- Coral Almquist, RN, Children's Hospital & Regional Medical Center

- Lynn Arnold, RN, UW Medical Center
- Bridget Bender, RN, Children's Hospital & Regional Medical Center
- Susan Blackburn, RN, PhD, UW School of Nursing, Family & Child Nursing
- Carole Cecil, RN, Children's Hospital & Regional Medical Center
- Kendra Crammer, RN, Children's Hospital & Regional Medical Center
- Megan Deming, RN, UW Medical Center
- DeAnne Dey, RN, BSN, Children's Hospital & Regional Medical Center
- Emily Dickinson, RN, St. Joseph Hospital, Bellingham
- Gladys Dinglassan, RN, St. Clare's
- Vivian Ewing, RNC, St. Joseph Medical Center, Tacoma
- Nancy Foro, RN, U of W
- Leah Goodwin, RN, St. Joseph Medical Center, Tacoma
- Janis Gutoski, RN, ONCRN, St Joseph Medical Center, Tacoma
- Jill Harris, RN, IBCLC, Overlake Hospital Medical Center
- Amy Havrilla, RN, UW Medical Center
- Judy Hoeschen, RN, St Clare,
- Julie Hooper, RN, OCN, St. Johns PeaceHealth
- Lisa Hudson, RN, BSN, UW Medical Center
- Julia Hulsey, RN, MN, Children's Hospital & Regional Medical Center
- Susan Jacobson, RN, St. Clare
- Mary Lou Kopas, RN, UW Medical Center
- Leah Kroon, RN, MN, Children's Hospital & Regional Medical Center
- Allie Matsudaira, RN, St. Joseph Hospital. Bellingham
- Jean Maunder, RN, CNM, SW WA Medical Center
- Nancy McAfee, RN, BSN, CNN, Children's Hospital & Regional Medical Center
- Laura Meacham, CCRN, PCCN, St Clare
- Heidi Nakamura, RN, UW Medical Center
- Trudy Peach, RN, ONC, St. Joseph Medical Center, Tacoma
- Mary Salazar, Ed D, FAAN, RN, COHN, UW School of Nursing
- Terry Skoda, BSN, RN, UW Medical Center
- Karen Stapper, BSN, RN, UW Medical Center
- Elizabeth Tinker, BSN, RN, King County Public Health/, UW Medical Center
- Barbara Trehearne, PhD, RN, Group Health Cooperative
- Amanda Vander Giessen, RN, UW Medical Center
- Connie A Walker, BSN, RN, UW Medical Center
- Barbara Williams, RNC, Overlake Hospital Medical Center
- Diane P. Wolfson, RN, UW Medical Center
- Kim Yea, BS, RN, UW Medical Center

KCNA White Paper Regarding Methamphetamine (Meth) Epidemic

April 2006

STATEMENT OF THE PROBLEM

Who uses Meth and how large is the problem in King County?

Meth is one of the most widely abused controlled substances in Washington.[1] In the last ten years Meth related problems have risen. Meth production, distribution and abuse is more commonly associated with violent crime than any other drug.[2] In fact, in 2000 over 13% of male arrestees in King County tested positive for Meth.[3] Meth use is also common among youth and young adults. Meth use accounted for 32% of all drug related ER visits by youth ages 12-24 in King County.[4] In 2004, Meth accounted for 30% of drug seizures in King County, second only to cocaine.[5] In 2000, 831 labs were seized across Washington state. These labs were home to 228 children.[6]

What is Meth?

Meth is a central nervous stimulant commonly referred to as ice, speed, and crystal. It is available in pills, capsules, crystals, and powder. It can be smoked, snorted, swallowed, or injected.[1] Ingredients include: pseudoephedrine, red phosphorus, sulfuric acid, hydrochloric acid, kerosene, lye, drain cleaner, muriatic acid, acetone, ammonia, battery acid and paint thinner. All ingredients can be bought legally in local stores. Efforts have been made recently to limit the sale of pseudoephedrine in pharmacies to prevent its diversion to meth production. Many of the ingredients are highly caustic and separately poisonous, making treatment from exposure very difficult for medical professionals. Clean up often requires condemning the affected building. The volatile nature of these ingredients easily can cause explosions at the sites where illicit manufacturing takes place.[7]

What are the effects on the body?

Meth has many devastating effects on the body. It causes a variety of cardiovascular problems, including: rapid heart rate, irregular heartbeat, increased blood pressure, inflammation to the heart lining and irreversible, stroke-producing damage to small blood vessels in the brain. Hyperthermia (elevated body temperature) and convulsions occur with Meth overdoses, and if not treated immediately, can result in death.[8] Even with moderate use there is a severe decline in the integrity of connective tissue, causing rotting teeth, bleeding gums, severe joint and posture problems, and radical appearance changes.[10]

Meth abusers also have episodes of violent behavior, paranoia, anxiety, confusion, and insomnia. Chronic use can cause delusions and hallucinations of parasites or insects crawling under the skin, leading users to obsessively scratch their skin to get rid of the imagined insects. These psychotic symptoms can sometimes persist for months or years after use has ceased.

Users also show progressive social and occupational deterioration.[8]

What is the impact of this problem?

Meth use has a tremendous impact on health care. In 2003, Meth accounted for about 10% of all King County drug related deaths.[5] King County ranked 5th out of 21 metropolitan areas in the number of Meth-related emergency department admissions reported in the 2001 Drug Abuse Warning Network (DAWN) study. Between 1992 and 2002 drug treatment admissions for Meth addiction increased over 1000% in Washington state. In 2004, 16% of all treatment admissions were Meth-related.[4] According to a recent survey by the National Association of Counties, this problem is likely to increase, with potentially devastating effects on the cost of healthcare. In the survey, 57% of Northwest Hospitals say that Meth is the most commonly used drug among addicts seeking emergency treatment. [10]

Who is at risk?

Recent treatment statistics in King County show that 6.8% of admissions related to Meth are children under 18 years of age, and 39.6% are between 18 and 29 years of age.3 Meth abuse during pregnancy may result in prenatal complications, increased rates of premature delivery, deformities, and altered neonatal behavioral patterns, such as abnormal reflexes and extreme irritability.[8] The ethnicity of users are Caucasian 83%, Hispanic 5%, African American 2%, and Asian 2%. The Helpline statistics report that 18% of calls from both adults and children are related to Meth usage.[3]

Who are the affected stakeholders?

- Taxpayers pay for law enforcement, decontamination, and imprisonment of offenders.
- Emergency staff need to be educated to reduce exposure to toxins and manage behaviors of users.
- Law Enforcement needs extra personnel for managing increased crime related to Meth.
- Property Owners and insurers pay for theft, property clean-up, decontamination, and destruction related to manufacturing laboratories.

What can we do about Meth use?

Educating the general public and at-risk populations, including school children, may be the best step taken to prevent future costs, such as drug treatment and incarceration.[11] There are many misconceptions about Meth and it is crucial that the public be aware of the problem and risks in order to prevent its use.[7]

RECOMMENDATIONS

Given the magnitude of the problem, the King County Nurses Association recommends:

- Creating a King County Meth Task Force comprised of an interdisciplinary group representing Healthcare (Nurses), Law Enforcement, Education and the community at large.
- Funding for awareness programs targeted at school-aged children.
- Funding for education of healthcare professionals, school educators, and social service providers. (including DSHS, CPS, Probation Officers, Law Enforcement, and counselors).
- Support and implementation of the initiatives outlined in the WA State Attorney General's Operation: Allied Against Meth: Task Force 2005 Final Report.[1]
- Developing a county-wide mass media awareness campaign.

REFERENCES

1 Washington Sate Office of the Attorney General, Operation: Allied Against Meth Task Force 2006. Statewide Anti-Methamphetamine Strategy. Retrieved February 2, 2006, from www.atg.wa.gov/oaam/index.shtml.

2 National Institute on Drug Abuse. NIDA InfoFacts: Nationwide Trends, 2004. Retrieved December 20, 2005 from www.drugabuse.gov.

3 Community Epidemiology Work Group of Public Health, June 2001. Recent Drug Abuse Trends in The Seattle King County Area. Retrieved January 3, 2006 from https://www.metrokc.gov/health/subabuse/drugtrends2001.pdf

4 U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Drug Abuse Warning Network, 2003: Interim National Estimates of Drug-Related Emergency Department Visits. Retrieved December 30, 2005 from https://dawninfo.samhsa.gov/default.asp

5 Office of National Drug Control Policy: Drug Policy Clearinghouse, 2005. Seattle, Washington Profile of Drug Indicators. Retrieved December 20, 2005 from www.whitehousedrugpolicy.gov/statelocal/wa/waseattl.pdf

6 National Drug Intelligence Center. Washington Drug Threat Assessment, February 2003. Retrieved January 3, 2006 from www.usdoj.gov/ndic/pubs3/3138/meth.htm

7 Methamphetamine Awareness Project 2006, Combining drug prevention education with the art of film-making. Retrieved February 4, 2006, from www.methawarenessproject.org

8 Starlite Recovery Center Health Group. 2006. Methamphetamines. Retrieved February 2, 2006 from www.starliterecovery.com/methamphetamines.asp

9 Multnomah County Methamphetamine Task Force. "Faces of Meth" Campaign. Retrieved from www.co.multnomah.or.us/sheriff/faces_of_meth.htm

10 The Meth Epidemic in America Survey from National Association of Counties, January 2006.

11 Monitoring the Future Study, 2005. 2005 Data From In-School Surveys of 8t, 10th-, and 12th-Grade Students. Retrieved December 20, 2005 from http://monitoringthefuture.org/data/05data.html#2005data-drugs

Prepared by King County Nurses Association Governmental Affairs Committee – Methamphetamine Task Force

Approved by King County Nurses Association Board of Directors, April 24, 2006

WSNA Member Dues – Where Do They Go?

Two of the most frequently asked questions by members are: "Where do my dues dollars go?" and "Why is the amount I pay different from my friend who lives in another part of the state?" First of all, there is no really simple answer -- the answer is: it depends on your workplace choices.

Your membership dues support the goals and priorities of your professional nurses association at the local, state and national levels and your dues dollars are apportioned to all three levels. However there are 5 different dues categories depending on the number of hours you work per month, whether you are represented for collective bargaining by WSNA or not, and/or whether you qualify for a special discounted dues rate because you are a new graduate, work fewer than 80 hours per month, or are retired, disabled or unemployed. Confused? We don't blame you – but then we nurses don't always make things simple as we try to accommodate for our different circumstances!

But here's an example of how it works: Effective January 1, 2007, the annual dues for a WSNA member who is represented for collective bargaining by WSNA and who works more than 80 hours per month is $710.64 (national and state dues), plus District dues if applicable (see below).

National	$156.00
State	$554.64
	$710.64

Plus District Dues (if applicable)
Range: $0 –$63.30

Your total dues are distributed as follows:

ANA/UAN National Level Dues

All members belong to the American Nurses Association (ANA) and by affiliation, the International Council of Nurses (ICN).

If you are represented for collective bargaining by WSNA, you also belong to the United American Nurses (UAN), the labor arm of ANA, and by affiliation, the AFL-CIO.

- National dues are $156 annually for collective bargaining members working more than 80 hours per month. Of that amount, $30 goes to the new UAN Mobilization Fund and the remaining $126 is divided (by agreement between ANA and the UAN) with 60% of this amount going to the UAN and 40% going to ANA for the national activities of those organizations.
- WSNA members not represented for collective bargaining who work more than 80 hours per month pay $126 national dues annually with 100% of this amount going to ANA.

WSNA State Level Dues:

- All members belong to the Washington State Nurses Association (WSNA)
- If you are represented for collective bargaining by WSNA, you are also a member of your workplace Local Bargaining Unit (LU) and are also represented in the Washington State Labor Council and in many areas, the local Labor Council.
- WSNA dues are $554.64 annually for collective bargaining members. Of this amount, 4% ($22.18) is designated specifically for the E&GW Cabinet Discretionary Fund and 4% ($22.18) for your specific Local Bargaining Unit Fund. The Cabinet on Economic and General Welfare determines the criteria for how both of these funds will be used and LU officers approve LU expenditures based on these criteria. WSNA makes sure that amount of your dues designated for your Local Unit is kept in a special designated Local Unit Fund account that is available for use by your LU.
- The remaining $510.26 is used to support the core programs, activities and staff central to WSNA's Vision, Mission, Goals including: Legislative, Regulatory and Health Policy; Nursing Practice and Education; Public Relations and Communications; the Economic and General Welfare of all members; general administrative and business operations of the Association; and to fund sufficient reserves to assure financial viability. The WSNA Finance Committee and WSNA Board of Directors determines the annual WSNA budget and where these funds are spent. (See the pie chart on the following page for where this portion of your 2007 dues will be spent).

Hopefully you aren't confused yet, but here's where it gets a bit more confusing…. the amount you pay for District dues varies.

District Level Dues:

As noted above, there are 18 different geographic District Nurses Associations with 11 different District Dues rates ranging from $0 to $63.30 annually. Each District sets its level of dues based on a vote of the membership.

- Most WSNA members, but not all, also belong to a District Nurses Association (DNA)
- District Dues range from: two at zero; three at $5.00; two at $7.50, four at $10:00; one at $10.50, one at $15.00; two at $17.50; one at $18.50; one at $20.00; one at $26.00 and one at $63.30. So, depending on the type of member category you are in (there are 5), this means there are 55 (fifty-five) possible dues amounts that a member could pay.
- Activities of the Districts vary and are usually focused at the local community level to promote nursing as a profession, increase public awareness and take action on local health issues, offer continuing education, recruit new members and provide scholarship support for nursing students.

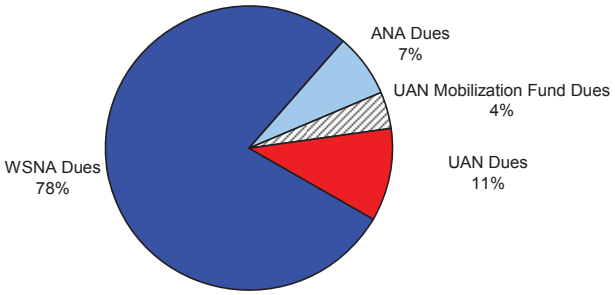
WSNA collects all the dues for your ANA, UAN, WSNA and District memberships and then distributes the appropriate amount to each entity accordingly. As you can imagine, this is quite a bookkeeping job, but Mary Reed, our WSNA bookkeeper does a great job!

If you have more questions or need additional detail feel free to contact us at wsna@wsna.org

Jean Pfeifer, BSN, RN
WSNA Treasurer

Judy Huntington MN, RN
WSNA Executive Director

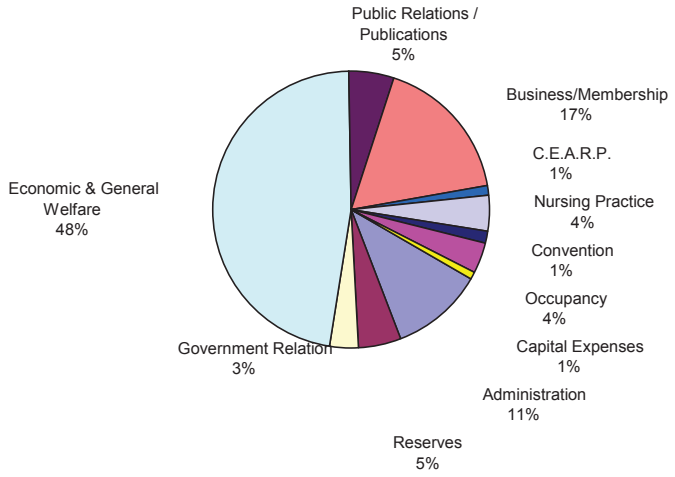
Where Your 2007 Dues Money Goes: Combined State and National Dues



Example: Annual Dues for a WSNA Member who is represented for collective bargaining by WSNA and who works more than 80 hours per month.

National:	
ANA/UAN Dues	$126.00
(60% for UAN Dues) = $ 75.60	
(40% for ANA Dues) = $ 50.40	
New UAN Mobilization Fund Dues	30.00
Total National Portion	**$156.00**
State:	
WSNA General Operating Funds	510.22
E&GW Discretionary Fund	22.19
Local Unit Fund	22.19
Total WSNA Portion	**$554.64**
Total National and State Dues:	**$710.64**
District Dues (if applicable) Range: $0 –$63.30	

How the WSNA General Operating Fund Dues Will be Spent in 2007



Membership News

The membership department of WSNA would like to formally introduce itself to you.

The Director of the Membership Department is Anne Tan Piazza. Anne has been with WSNA for eight years and has recently taken on the leadership role in membership. Anne also serves as the Director of Government Affairs and Communications for WSNA.

Mary Peterson is the Membership Coordinator and has been a part of the WSNA staff for since the fall of 2005. Mary supervises the work of the department and ensures that it is completed in a timely manner.

Louise Hohbach is a Membership Processor and has been with WSNA for eight years. Louise is responsible for entering applications into the membership database, processing changes and communicating with facilities to ensure the efficiency of dues payment through payroll deduction.

Patrick McGraw is also a Membership Processor. He has been with WSNA since the spring of 2006 after moving from the East Coast. Patrick's role is to process member dues installment, electronic funds transfer and payroll deduction payments.

Each member of the department has utilized their own unique talents toward serving the membership of WSNA. The Membership Department may be contacted by phone at (206) 575-7979, by fax at (206) 838-3099 and by email at membership@wsna.org.

Now that you have been introduced to the WSNA membership staff, please look for news and content from the Membership Department in future issues of *The Washington Nurse*. WN

ANA News

ANA Comments on the Wisconsin Department of Justice Decision to Pursue Criminal Charges Against RN

ANA is deeply concerned by the filing of criminal charges by the Wisconsin Department of Justice (DOJ) against a registered nurse in Madison, who is involved in an unintentional medical error. Additionally, with the greatest sense of empathy, ANA sends its heartfelt thoughts to the patient's family.

While not in a position to comment on the specifics of the situation involving a former St. Mary's Hospital and Medical Center registered nurse, ANA is concerned about the overall implications of this case with regard to registered nurses, nursing care and patient safety.

The 2004 Institute of Medicine (IOM) report, *Keeping Patients Safe: Transforming the Work Environment of Nurses*, speaks to many risk factors within the nurse's day-to-day work environment that impact his/her ability to provide safe patient care. These factors include: more acutely ill patients; shorter hospital stays; frequent patient turnover; high staff turnover; long work hours; increased interruptions and demand on nurses' time; rapid increase in new knowledge and technology; and changes in the deployment of all types of nursing personnel with varying skills, knowledge and ability. Each of these factors must be taken into consideration when determining the alleged negligence of this nurse. Also, ANA believes that inappropriate staffing and skill mix, including the use of voluntary and/or mandatory overtime as a staffing tool, contributes to fatigue and an unsafe patient care environment.

ANA is very concerned that – in a rush to judgment – the existing regulatory system may have been bypassed. The Wisconsin Department of Regulation and Licensing has the authority to investigate such cases and issue penalties for wrong-doing. It appears that the usual public protection process related to professional licensure may have been circumvented and prevented the professional review about the nature of the event and the nurse's accountability.

To read the full statement, please visit the ANA website, NursingWorld.org at, http://www.nursingworld.org/ethics/wis11-20-06.pdf

ANA Endorses the Nursing Education and Quality Health Care Act

ANA worked with the American Association of Colleges of Nursing and the office of Senator Hillary Clinton (D-NY) to craft the Nursing Education and Quality Health Care Act of 2006. Senator Clinton introduced this bill (S. 4029) on September 29, 2006. ANA endorsed this legislation because it would support and encourage innovation in nursing education.

The Nursing Education and Quality Health Care Act:

Specifically, the Clinton bill would update the Nursing Workforce Development programs administered by the Department of Health and Human Services by:

- Creating a rural nurse-training grant program to provide distance-learning technology and recruit, train and support nursing faculty in rural areas.
- Increasing the capacity of nursing education programs that serve rural areas offering loan repayments and scholarships to nurses who work in rural communities.
- Creating a nurse-faculty development program to encourage nurses who have the credentials to teach, to enter faculty positions and to support educational opportunities for nurses who wish to obtain these credentials.
- Authorizing demonstration programs that evaluate nursing-sensitive patient safety improvement programs and supporting innovations in nursing education that promote patient safety and improved outcomes.

In the letter of endorsement, ANA commented that America's nurses have long supported evidenced-based efforts to improve patient care. The letter highlighted the fact that ANA's National Database of Nursing Quality Indicators (NDNQI®) has been collecting data on nursing practice and patient outcomes in acute care for the past eight years. NDNQI® provides hospitals with unit-level benchmarking data to assist their efforts with quality improvement, risk management, and nursing administration. ANA supports Senator Clinton's efforts to encourage the compilation and analysis of this type of nursing-sensitive data, in order to better understand how nurses can improve patient care. ANA will continue to work with Senator Clinton's office to support the objectives of the Nursing Education and Quality Health Care Act in the next Congress.

HHS Releases $13 Million for Community Prevention Programs for Older Americans

On September 28, the Health and Human Services Secretary announced the release of more than $13 million to support the delivery of evidence-based programs in 16 states for senior organizations such as nutrition programs, senior centers, senior housing projects and faith based groups. At least 35 communities will have programs up and running within a year.

The announcement is part of a collaboration with The Atlantic Philanthropies and supports President Bush's Healthier US Initiative, which encourages people to

take control over their health.

Led by the Administration on Aging (AoA), this collaboration spans several states and involves HHS agencies and public and private community-level organizations. The program aims to empower older people to take control of their own health through lifestyle and behavioral changes. Chronic disease and conditions such as arthritis, diabetes and heart disease as well as age-related disabilities account for more than three quarters of all health expenditures in the United States.

In 2002, ANA partnered with the Atlantic Philanthropies, American Nurses Credentialing Center, Hartford Foundation Institute for Geriatric Nursing and New York University College of Nursing to establish the Nurse Competence in Aging program (NCA). The program's mission is to enhance the geriatric competence of registered nurses. Since its inception 52 specialty nursing organizations and health care organizations have united with NCA in its mission. To learn more NCA and issues related to nursing care of older adults, visit the NCA website: www.GeroNurseOnline.org

Hold the Date: ANA Quadrennial Policy Conference: *Nursing Care in Life, Death and Disaster* on June 20-22, 2007

The American Nurses Association is hosting its inaugural quadrennial policy conference, Nursing Care in Life, Death and Disaster, scheduled for June 20-22, 2007, in Atlanta, Georgia. This major policy conference is dedicated to considering the significant health and disaster preparedness questions related to an altered standard of care that can result from a major natural or manmade disaster.

ANA is now accepting Poster Abstracts to be considered for inclusion in the conference The deadline for submissions is January 15,2007.

To submit an abstract, go to http://ana.confex.com/ana/qpc07/cfp.cgi

ANA's Continuing Education Department Introduces Three New Online Independent Study Modules

ANA Senior Policy Fellow, Patricia Rowell, PhD, RN for the Department of Nursing Practice and Policy, presents two of the Independent Study modules:

The Impact of Disaster on Nurse Responders - 1.1 Contact Hours*

This module discusses the impact of natural disasters on nurse responders/providers and interventions that can help them overcome the stress/anxiety symptoms they may experience.

Objectives:

1. Explain the psychological impact of natural disasters on nurse responders/providers.
2. Describe the physiological changes that occur during the stress reaction.
3. Discuss interventions proven to be helpful to individuals experiencing stress-related symptoms following natural disasters.

Workplace Violence: The Nurse Victim - 1.4 Contact Hours*

Interpersonal violence and trauma are all too common in today's society. Nurses are not immune to workplace violence. The experience poses a threat to the nurse's sense of safety and well being and can result in changes in physiology, behaviors, and thoughts and their related symptoms. Due to the seriousness of workplace violence against nurses and the problems associated with the resulting primary and secondary trauma, this module discusses the impact, prevention, and treatment for nurses who have experienced interpersonal violence.

Objectives:

1. Describe secondary traumatization to care providers.
2. Describe the signs of stress and anxiety disorders associated with secondary traumatization.
3. Discuss interventions which assist the victim to deal with the sequelae of secondary traumatization.
4. Discuss prevention strategies.

The third Independent Study module, is presented by Cindy Cunningham, RN, MS, APRN-BC, Coordinator of the Heart Failure Program at Baystate Medical Center in Springfield, MA.

Managing Hospitalized Patients with Heart Failure - 2.1 Contact Hours*

This module is based on the very first CE article published in ANA's new journal, *American Nurse Today*. You'll learn what you need to know about the new practice guidelines for evaluation, care, and treatment of heart failure patients in the hospital.

Objectives:

1. State the role of neurohormonal activation in heart failure (HF).
2. Identify tests used to evaluate patients with HF.
3. Describe nursing care of the patient hospitalized with HF.
4. Summarize the rationale for drug therapy used to manage patients with HF.

*The American Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

ANA is approved as a provider by the California Board of Registered Nursing, Provider Number CEP6178. The online continuing education independent study modules, can be found at: www.nursingworld.org/ce

District News

ANA, ICN and CGFNS Co-Sponsor Conference on Internationally Recruited Nurses: Creating Positive Practice Environments

Creating a positive work environment for all registered nurses – foreign or U.S. educated – will result in better patient outcomes, improved retention of nursing staff, and optimal performance by the health care facility. This conference focuses on strategies that create a positive work environment and facilitate the successful integration of internationally recruited nurses into the health care team and provides a better understanding of the immigration processes related to internationally recruited nurses. It is being co-sponsored by the American Nurses Association (ANA), Commission on Graduates of Foreign Nursing Schools (CGFNS), and the International Congress of Nurses (ICN). The conference will be held in four locations around the country.

To receive information, e-mail meetings@ana.org and we will forward it to you as it becomes available.

- **San Antonio, TX, February 26-27, 2007**
- **Ft. Lauderdale, FL, March 1-2, 2007**
- **Chicago, IL, March 5-6, 2007**
- **San Francisco, CA, March 19-20, 2007**

WN

District 2
King County Nurses Association (KCNA)

KCNA District Meeting to Focus on Medical Disasters

What's all the fuss about an influenza pandemic? Find out at the KCNA District Meeting on Monday, February 12, 6 – 7 p.m. at the Good Shepherd Center in Wallingford.

Join nursing colleagues at an informational workshop, "Preparing for Pandemic Flu," presented by Kay Koelemay, MD, MPH. Dr. Koelemay will provide an overview of what healthcare professionals should know about current planning in our community for pandemic influenza and other medical disasters.

Dr. Koelemay is a medical epidemiologist with the Communicable Disease, Epidemiology and Immunization Section of Public Health, Seattle & King County. Prior to joining Public Health, she practiced clinical pediatrics for 20 years and worked briefly with the Japanese Encephalitis Project at PATH.

This event is free; a light buffet dinner will be provided. To RSVP, please call the KCNA office at 206-545-0603 or email kcnurses@kcnurses.org.

KCNA Offers Nursing Scholarships for 2007 - 2008

KCNA is pleased to offer 10 scholarships of $1,500 each for the 2007-08 school year. Of these, eight will be awarded to undergraduate nursing students, one to an RN returning to school to earn a Bachelor's degree in nursing, and one (The Valerie Weiss Memorial Scholarship Award) to an RN working toward an advanced degree in nursing or a related field.

To be eligible for a scholarship, the applicant must:

- be currently enrolled in a nursing program in Washington state;
- maintain a minimum "B" (3.0) grade point average, AND
- maintain a permanent address in King County or be enrolled in a nursing program in King County.

Scholarships are awarded on the basis of academic performance, school involvement, professional activities and community involvement. Applicants for the Valerie Weiss Memorial Scholarship must demonstrate an exemplary commitment to the nursing profession through extracurricular professional activities.

Applications are due March 1, 2007. For more information, please visit the KCNA Web site, www.kcnurses.org. WN

Nursing and Other News Briefs

Clinical Nurse Specialists: Share as Appropriate

The Standard Occupational Classification System, part of the US Bureau of Labor, is used by Federal statistical agencies to classify workers into occupational categories to collect, calculate or disseminate data. The SOC committee is currently revising its categories to provide separate coverage for APRNs.

The group has already recognized NPs, CNMs and CRNAs, but has not made a decision about CNSs. Here is your opportunity to comment on the need to include CNS as a category in the system. Your support is crucial to this issue. http://www.bls.gov/soc/home.htm

WSNA CEARP Reviewers Needed!

The WSNA CEARP Committee is recruiting for interested RNs to be considered for appointment to the CEARP Committee. Functions of this Committee are to review and approve continuing education applications, covering a range of topics, for approval of contact hours from a variety of applicants including hospitals, community colleges, universities and commercial entities.

Criteria for appointment include: previous experience in successfully planning continuing education offerings (i.e., writing behavioral objectives, developing evaluations, designing content) for adult learners; member of WSNA; time to review about two applications a month; able to attend two Continuing Education Approval & Recognition Program Committee meetings each year. Volunteer yourself and a friend. This experience provides a valuable, needed service to nurses in Washington State. Your careful evaluation of applications will help assure that educational activities meet the standards set by ANCC for continuing nursing education. Contact Hilke Faber, 206-575-7979, ext 3005 to learn more or e-mail at hfaber@wsna.org WN

In Memoriam

Carol Melenyzer-Price 1945-2006

Carol Price, RN passed away on October 19, 2006 at Evergreen Hospital Medical Center, Kirkland WA at the age of 61 years. She died peacefully in the presence of her immediate family members, Jack Price, Dr. J. Scott Price and Jennifer Price. She had been a WSNA member at Evergreen Hospital and Medical Center since her hire in 1981 and was a Grievance officer and member of the negotiation team for the past 20 years, including the recent negotiations that concluded on October 5, 2006. She worked as a recovery room nurse and was loved and respected by both employees and management at Evergreen.

Carol graduated from the Shadyside School of Nursing, Pittsburgh, Pennsylvania in 1966, and went on to get an advanced degree in anesthesia at Montifiore Hospital, Pittsburgh, followed by practicing anesthesia in Pittsburgh and later in Seattle. Her interests included advances in medical treatment and techniques, reading, the theater, hiking and fishing. She was an avid fisherman having won numerous prizes in derby competitions, and enjoyed spending time with her family and friends. Carol was known for her nursing skills and dedication to helping others. She had a reputation for putting the interests of fellow employees, friends and family above her own.

She is survived by her husband, Jack Price; her son, J. Scott Price, M.D.; her daughter, Jennifer Price; granddaughter, Kiera; and brother and sister, C.L. Melenyzer and Ginny Melenyzer. The family asks that any remembrances be made in her name to Evergreen Hospice, c/o Evergreen Healthcare Foundation, 12910 Totem Lake Boulevard NE #200, Kirkland, WA 98034.

SUSAN WHITTAKER 1951 – 2006

It is with deep sadness that ANA shares with you that Susan Whittaker, MSN, RN, the ANA Associate Director of Government Affairs, passed away October 5, 2006 at INOVA Fairfax Hospital in Fairfax, VA. Her loss is not only felt by her family, friends, her ANA family, but also to the nursing profession. Sue was instrumental in developing the Nationwide State Legislative Agenda which provided our state nurses associations with legislative initiatives to improve the workplace for nurses. We will all miss her and remember her for her vision, leadership, and commitment to nursing, but more importantly for her kindness and good friendship. WN

Continuing Education Calendar

Note: WSNA's CEARP (Continuing Education Approval & Recognition Program) is accredited as an approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation until August 31, 2011. 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.

January 2007

Introduction to Perioperative Nursing; Pacific Lutheran University; Tacoma, WA; January 8 – February 2, 2007; Contact: A

Medical-Surgical Nursing 2007: Review Course For Certification and Practice; University of Washington Medical Center; Seattle, WA; January 11-April 12; Contact Hours: 42.0; Contact: C

Healthy & Unhealthy Boundaries in the Healthcare Workplace; Pacific Lutheran University; Tacoma, WA; January 24; Fee: $94; Contact Hours: 6.5; Contact: A

Pharmacotherapeutics for ARNPs; Pacific Lutheran University; Tacoma, WA; January 26; Fee: $119; Contact Hours: 7.5; Contact: A

Advanced Cardiac Life Support 2007; Cascade Healthcare Services, Seattle, WA; January 26 & 27; Contact Hours: 11.7; Fee: $225; Contact: Matt Gibson at #206-213-3116 or email at mattg@chealthcare.com or www.chealthcare.com

February 2007

3rd Annual PLU Nursing Education Conference: Using PDA's in Nursing Education; Pacific Lutheran University; Tacoma, WA; February 5; Fee: $94; Contact Hours: 6.5; Contact: A

Advanced Cardiac Life Support 2007; Cascade Healthcare Services, Seattle, WA; February 6 & 7, 21 & 22, and 24 & 25; Contact Hours: 11.7; Fee: $225; Contact: Matt Gibson at #206-213-3116 or email at mattg@chealthcare.com or www.chealthcare.com

Clinical Update in Midwifery 2007; University of Washington Medical Center; Seattle, WA; February 7; Contact Hours: 7.0; Contact: C

Cardiovascular Care Update 2007; University of Washington Medical Center; Seattle, WA; February 8-9; Contact Hours: 6.5-13.0; Contact: C

HAAN: Effective Community-Based Physical Activity Programs for Older Adults; University of Washington Medical Center; Seattle, WA; February 14-15; Contact Hours: 13.0; Contact: C

Wound Management Education Program 2007; University of Washington Medical Center; Seattle, WA; February 14-April 27; Contact Hours: 130.0; Contact: C

Pediatric Assessment; Pacific Lutheran University; Tacoma, WA; February 21 & March 2; Fee: $209; Contact Hours: 15.0; Contact: A

March 2007

Neuroscience Nursing Symposium 2007; University of Washington Medical Center; Seattle, WA; March 2; Contact Hours: 7.0; Contact: C

Pediatric Drug Therapy; University of Washington Medical Center; Seattle, WA; March 6; Contact Hours: 7.0; Contact: C

Advanced Cardiac Life Support 2007; Cascade Healthcare Services, Seattle, WA; March 8 & 9, 20 & 21, and 24 & 25; Contact Hours: 11.7; Fee: $225; Contact for more dates: Matt Gibson at #206-213-3116 or email at mattg@chealthcare.com or www.chealthcare.com

Neonatal Drug Therapy; University of Washington Medical Center; Seattle, WA; March 10; Contact Hours: 7.0; Contact: C

Geriatric Assessment; Pacific Lutheran University; Tacoma, WA; March 16; Fee: $99; Contact Hours: 30.0; Contact: A

Nursing Leadership & Management in Long Term Care; University of Washington Medical Center; Seattle, WA; March 19-23; Contact Hours: 35.0; Contact: C

Critical Care Nursing Update 2007; University of Washington Medical Center; Seattle, WA; March 28; Contact Hours: 7.0; Contact: C

April 2007

Forensic Nursing 2007; University of Washington Medical Center; Seattle, WA; April 10-11; Contact Hours: 7.0 – 14.0; Contact: C

Basic Preparation Course for Parish Nurses; Pacific Lutheran University; Tacoma, WA; April 24, 25, 26 & May 22, 23; Fee: $445; Contact Hours: 30.0; Contact: A

Ambulatory Care Nursing; University of Washington Medical Center; Seattle, WA; April 25-26; Contact Hours: 7.0-14.0; Contact: C

Wound Care: Management of Peripheral Vascular Disease and Pressure Ulcers; Pacific Lutheran University; Tacoma, WA; April 27; Fee: $64; Contact Hours: 4.0; Contact: A

May 2007

Women's Health Drug Therapy; University of Washington Medical Center; Seattle, WA; May 2; Contact Hours: 7.0; Contact: C

Adult/Geriatric Drug Therapy; University of Washington Medical Center; Seattle, WA; May 16; Contact Hours: 7.0; Contact: C

Evidence Based Nursing; Pacific Lutheran University; Tacoma, WA; May 24; Fee: $94; Contact Hours: 6.5; Contact: A

June 2007

Introduction to School Nursing; Pacific Lutheran University; Tacoma, WA; July 10 - 13; Fee: $445; Contact Hours: 30.0; Contact: A

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; 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: 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

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

Deciding for Others: Ethical Challenges in the Care of Patients with Altered Decision-Making Capacity: Contact Hours: 7.4; Contact C

Devices and Systolic Dysfunction: What's New? Contact Hours: 1.0; Fee: Free/Non-Member $10; Contact G

Domestic Violence; Contact Hours: 5.0; Contact: C

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

Forensic Nursing; Contact Hours: 15.0; 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

Managing Obesity & Type 2 Diabetes: Contact Hours: 8.2; Contact C

Management of Persistent Pain: Contact Hours: 1.8; Fee: No Fee; Contact: FnP Associates

Medical/Surgical Nursing Update: Contact Hours: 14.6; Contact C

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

Ostomy Management Education Program 2007: Contact Hours: 120.0; Contact: C

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

Patient Needs vs. Limited Resources: Contact Hours: 7.4; Contact C

Patient-Focused Ethics: Thinking Outside the Box: Contact Hours: 6.0; Contact C

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

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

The Complex World of Diabetes: Contact Hours: 8.8; Contact C

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

University of Washington Medical Center; Offers over 30 self-study courses; Contact C

Wound & Ostomy Care Update 2006; Contact Hours: 15.0; Contact C

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
206-543-1047
206-543-6953 FAX
cne@u.washington.edu
www.uwcne.org

D. Intercollegiate College of Nursing
Washington State University
College of Nursing
Professional Development
2917 W. Fort George Wright Drive
Spokane, WA 99224
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 Department
Barb Van Cislo, CNE Coordinator
Education Resources, G2-ED
1100 9th Avenue
Seattle, WA 98111
(206) 341-0122
(206) 625-7279 fax
Barbara.vancislo@vmmc.org
www.MyPlaceforCNE.com

G. American Association of Heart Failure Nurses (AAHFN)
Heather Lush
731 S. Hwy 101, Suite 16
Solano Beach, CA 92075
(858) 345-1138
HLush@aahfn.org

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

Timeline to WSNA Centennial

Feb 5, 2007

WSNA Nurse Legislative Day

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

May 3 - 4, 2007

Washington State Nurses Association CONVENTION

WSNA's 2007 Convention will be held at the Tacoma Sheraton Hotel.

Sept 23 - 25, 2007

Local Unit LEADERSHIP Conference

The 2007 WSNA Local Unit Leadership Conference will take place in Chelan, Washington.

May 6, 2008

Washington State Nurses Association CENTENNIAL 1908 2008

We are celebrating 100 years of WSNA's dedication to Nursing. Please join us in a very special "Hall of Fame Gala" to honor past leaders and new ones.

New Members

District 01
Whatcom County
BAKER, DONNA
BLAAK, SARA
BROWN, STEPHANIE
BUMA, AUDREY
DEBACKER, ELLEN
DUDLEY, PENNY
HAWKINS, CRYSTALINE
HOLTZ, JOHN
KAFKA, TIFFANY
LANSDEN, MARC
LUND, ANN
MARTENS, INGRID
MEENK, TRACI
PASCAL, LAURA
PETERS, BARBARA
SHUSTA, CARRIE ANN
STERMER, BECKY
SUTHERLAND, ERIC
THOMPSON, SAMANTHA
WALTERS, KATHLEEN
WALTON, JILL
WASHBURN, AMY
WEGLEY, ROBIN
WORKENTIN, FAWN

District 02
King County
ACEVEDO, VALERIO
AITKEN, KAREN
ALEKSANYAN, VADIM
ALVAREZ, LILIBETH MARIE
ANDERSON, CHRISTINA
ANGEL, GWENDOLYN
BAGLIEN, MARK
BAKKEN, THERESA APPELO
BALASA, SUZANNE
BANAAG, MARIA FE
BATTISTA, BJ
BAUMAN, DALE
BAXTER, ROBERT
BENDALL-BERG, CARRI
BERGELEEN, ANNE-MARIE
BIRCHEM, CHRISTOPHER
BJELETICH, BARBARA
BROPHY, CATHERINE
BROWN, AMY
BRUNNER, REBEKAH
BURTON, MARY JAYNE
BUSWELL, STEPHANIE
CAIN, MELISSA
CAMPBELL, LESLIE
CARCILLER, CARLA IRENE
CARLSTROM, SARAH
CHARBONNEAU, DEBORAH
CHESNEY, MARY
CLARK, SALINA
CLAUS, DEANNA
COLEMAN, JENNY
CRANDALL, LINDA
CRUMLY, LAURA
DANKANICS, LAURA
DAVIS, AARON
DE LA CALLE, MARIA
DEPOLO, PAMELA
DILLINGHAM, CHRISTINE
DOKKEN, MELISSA
EASHMOND, CHRISTY
EDWARDS, MEGAN
ELLIOTT, CYNTHIA
EWOLDT, REBECCA
FAWCETT, SHANNON
FENOGLIO, SUSAN
FENSKE, NAOMI
FOURNIER, CARRIE
FOWLER, JUSTIN
FREEMAN, EVA
GADOLA, CHRISTA
GAST, KATIE
GATES, THOMAS
GILL, CHALEIA
GLOVER, PATRICIA
GOLDBERG, MELISSA
GREAVES, KIMBERLEE
GUIDRY, LAURIE
HARRELL, MONICA
HARRINGTON, JACLYN
HARRIS, JOHN
HAYNES, ABIGAIL
HEISTER, TIANA
HENDRICKS, JAMIE
HESS, CHRISTINE
HILL, THERESE
HORTER, SARAH
IMAMOVIC, SALIH
JAHNKE, AMY
JOHNSON, JOCELYN
JOHNSON, MICHELLE
JOINES, KAREN
JONES, TAIMAY
JORGE, CATHERINE MAE
KALUSTYAN, IRINA
KANGAS, BRITTANY
KARI, JULIE
KELLY, EMILY
KINGSLEY, CARRIE
KJERULF, JULIE
KNIGHT, LORETTA
KOUNS, TRACY
LAKE, MEAGAN
LANDIS, TULLAMORA
LARSON, ALISA
LASSITER, NICOLE
LAZOS, HEATHER
LEE, JENNIFER
LOUSBERG, STACIE
LYSTER, HEATHER
MADEIRA, TIMOTHY
MAGKAMIT, KRISTINA
MAGOBET, VICKY
MARESMA, RICHARD
MCLAUGHLIN, LINDSAY
MCMAHON, MICHAEL
MOON, HILLARY
MORALES, KERRI
MUGELE, ALEXIS
MULVENON, ERIN
NEDDO, COLLEEN
NELSON, SONIA
NEWMARCH, JENNIFER
NICHOLLS, GERRIANNE
NOLL, TRACY
NOTEBOOM, JESSICA
OWENS, HELEN
PALEY, JIAN HONG
PARKER, LISA
POTTRATZ, JILL
QUEDADO, ANN LORRAINE
RAMIREZ, MARLOWE
RAQUEL, JONATHAN
REIGEL, AMY
REIS, TIFFIANY
RICE, EMILY
ROA, ZYD LUMANTA
ROBERTS, EMILY
ROBESON, LORIE
ROBINSON, M. EILEEN
RODDY, CHRISTINE
ROSE, KATIE
SCROGGINS, LIEZEL
SILVA, STEPHANIE
SIMONS, RACHAEL
SMITH, LORAINE
SMITH, MARILYN
SORENSEN, CLAUDIA
STO THOMAS, ROSHEL
STORRS, JANE
STOY, ERIN
STRONG, REBEKAH
SUAN, MA STELLA FE
SUNDBLAD, LINDSEY
TAGGART, CHERYL
THORSEN, SHANNON
THURMAIER, ANNA
TORRE, EVERETT
UHLENKOTT, MAGDALENE
VAN-VELTHUYZEN, VIRGINIA
VANCE, LINDSAY
VELIKANJE, ANNA
VENEMA-WEISS, CORRY
WARWICK, NICOLE
WATTS, SHARON
WOODRUFF, KATHLEEN
YOUNG, TORI
YUTIAMCO, JANET
ZOANNI, TARA

District 03
Pierce County
ACKERMAN, DIANA
ALDERMAN, DIANE
AREND, SANDY
BAILEY, LAURA
BARRETT, HILLARY
BERCH, SARAH
BERISH, DENISE
BROOKS, JENNY
BROWN, CURTIS
BROWN, GRETCHEN
BROYLES, REBECCA
CABANOS, ALLEN
CAJILOG, ANNA ROSSELLE
CALHOUN, KIMBERLY
CHEVRIER, RACHAEL
CLUM, TINA
COOK, BEVERLY
CRACIUN, SYLVIA
DAVIS, CAMMY
DELICANA, KRIS
DIGIACOMO, LISA
DREW, DONNA
DROUBAY, TAMMY
EICHELBERGER, SCOTT
ERICKSON, MELINDA
ESCHNER, SANDRA
FRAZIER, CAROLINE
FREDERICK, SHARON
FREDRICKSON, KAREN
FREEBERG, MARY
GARDNER, MELINDA
GARRISON, KRISTEN
GRAGG, ZARAH
GREER, JULIE
HANNULA, TERI
HANSON, VELVA
HAUGEN, ASHLEY
HAYES, BECKY
HEILIG, KARI
HEINZ, BRIANA
HERNANDEZ, KANDY
HEUER-BLODGETT, ANNA
HILDEBRANDT, PETER
HOESCHEN, ALAINA
HOLBROOK, LINDA
HOLLAND, CARA
HOPKINS, LUCAS
JANKORD, KATHLEEN
JENKINS, MEGAN
JOHNSON, MAITHILI
JONES, MARILYN
JORDAN, DAVID
KHANNA, ROOHI
KILA, ELAINE
KIRCHMEIER, MADELENE
KIRSCHMAN, LAURA
LA TURNER, JAMIE
LAND, SARAH
LAPHAM, JONATHON
LEE, KYOUNGMI
LEWIS, JENNA
LEWIS, MARTIN
MANINGDING, IMELDA
MARTIN, KAYSE
MCCLARY, PAULA
MCPHERSON, SHANNON
MESTAS, BRENDA
MILLER, RICHARD
MILLETT, DOROTHY
MILLS, KIRA
MITCHELL, KARA
MORRIS, HANNAH
MYERS, OAKLEY
NASAYAD, MARIVIC
NGUYEN, PHUONG
NOBLE, RAYTANA
OLSEN, KIMBERLY
OLSON, JULIANNA
OWENS, WOODETTA
PALMER, AUTUMN
PARKER, BETH
PEARSON, CATHERINE
POE, SHANNAN
POST, SARAH
RISELVATO, SUNNY
RIVERA, SHERYL
ROE, LAUREN
ROHLENA, JESSICA

RYKER, KIMBERLY
SCHEYER, HOLLY
SCHROEDER, CORINNE
SIMPSON, LESLIE
STENE, RITA
SWIATEK, VIVIAN
THOMAS, PATRICIA
THORNTON, JENNIFER
TIBBETTS, RUTH MARY
TRAVIS, JENNIFER
VANCE, LEANN
VASIL, NATHAN
VASSAR, PAULA
VERGARA, ROBIN
WALKER, BONNIE
WALKER, DAWN
WARREN-GREGORY, CELESTE
WERNER, STACEY
WILLIAMS, DAWN
WILSON, SANDRA
YOUNG, CHRIS

District 04
Spokane / Adams / Lincoln / Pend Oreille
ANTHONY, KATHRYN
ATHOS, CHERYL
BACH, DONGHA
BADER, KATHRYN
BAKER, SHAWN
BELL, FOREST
BRADSHAW, MICHELLE
BRANNAN, KELLY
BRITTON, JENNIFER
BRUNSKILL, KEITH
CAMERON, KIMBERLY
CARCHEDI, BETHANY
CARR, DIANE
CARROLL, PATRICIA
CHADWELL, JULIE
CHAPPELL, HANA
CHRISMAN, JEWEL
CLISSOLD, STARLA
COLEY SAMEK, SUSAN
COSBY, JOYCE
COWEL, JOANNA
CRAIG, ERICA
CREIGLOW, DANIELLE
DIXON, DOUGLAS
ELIKH, TIMOFEY
EVANS, CHERYL
FALK, MARLENA
FIGY, NANCY
FORD, KATHY
FOREMAN, REBECCA
FOX, CHRISTINA
GARZA, KENNETH
HALVERSON, LAURIE
HART, LINDSAY
HAVERCROFT, BETH
HAZZARD, SCARLET
HENRY, DONNA
JACKMAN, SUSAN
KALTENBAUGH, MELODIE
KAUNDAL, ALEESHA
KIMMET, JEFFREY
KING, ASHLEY
KREGER, SHANNON
LAWSON, HEATHER
LEASE, MARK
LEDBETTER, MARYANN
LEWIS, AMANDA
LUKASHEV, ANNA
LUNDY, CHRISTOPHER
MATCHETT, KIMBERLY
MCCLAIN, TIMOTHY
MCDOUGALL, KELLY
MCDRUMMOND, LEAH ANN
MCNEW, JANE
MERIFIELD, MELISSA
MOSER, KAROL
OLMSTEAD, BRADLEY
OSBORN, DIANE
OWENS, JOAN
PARKS, IRENE
QUARLES, RACHELLE
RADECKI, BERNIE
ROSATO, ELAINE
RUMSEY, TIFFANY
SPURGEON, LINDA
STAPLES, SHEENA
STERLING, ANGELA
STEVENSON, KATIE
STUMPF, PATRICIA
TAYLOR, JENNIFER
TAYLOR, REBEKAH
TESCH, SHARONNA
THAMES, TANYA
TRIPP, MELINDA
TROTS, INNA
TURK, WILLAM
VALENTINE, MEGAN
VESTAL, JASON
WALDBILLIG, PATRICIA
WALLACE, CLINTON
WEYL, KATHLEEN
WOODS, LEANNE

District 06
Yakima City/N. Yakima
BEAZIZO, KERRY
BRAMELL, SHERI
GONZALEZ, ANABEL
RUCHERT, KATARINA

District 07
Chelan/Douglas/Grant
ANCAR, ELMO
BALLARD, CHARLOTTE
BRANDT, JENNIFER
DANIEL, TAMARA
GOODWIN, GINA
HUEY, MARIAN
LEHECKA, JEAN
MEYERS, JUDITH
NEWELL, NANCY
NILSON, CLAUDIA
OLSEN, TRACY
ZEDIKER, JANA

District 08
Grays Harbor
CHAPMAN, JEFFREY
COGBURN, POPPY
EILERS, KARLA
HANSEN, JAMES
HARLESS, KATHY
KINDLE, MICHELLE
PEEK, KRYSTAL
ST ONGE, TERRY
TILLMAN, LYNDA
WEIBERG, JAIME

District 09
Snohomish County
FLEMING, LAURA
PATTON, SHANNON

District 10
Wakiakum/Cowlitz
BOULTINGHOUSE, AMY
COGGIN, JENNIFER
EIB, CHRISTY
HANSEN, SUSAN
HARTSHORN, MICHELLE
HASEROT, AMY
HIGGINS, LINDSEY
HOLT, DALE
LUNKE, HOLLY
MERSEREAU, SEAN
NAUCK, CARRIE
O'NEIL, MELISSA
STEINBOCK, ANNE
TRAHANES, SHIRLEY
WILLIS, KRISTIN

District 11
Clark/Skamania
AMIE, MONIKA
DEKKER, LIDA
EDWARDS, TONYA
ESPITALLIER, ERIK
ESPITALLIER, KATHLEEN
GEORGEADES, MARIE
IWATA, REBECCA
MCGINNIS, KATHRYN
MELTON, JONNA
MOSLER, KATHERINE
PROFFITT, CHERI
RICHARDSON, RENEE
RICHTER, TAMMY
SANZ, PRISCILLA
SARFO, VIDA
TALMADGE, KATIE
TRAVIS, SARAH

District 12
Clallam / Jefferson
MINISH, JANE

District 14
Whitman County
CARPENTER, DON
LANE, LEANNE

District 15
Benton / Franklin
ANDERSON, JENNIFER
ANKROM, STACIE
BAUMANN, EUGENE
CHRISTIANO, ANGELINA
CLINEHENS, SABRINA
COUCH, DEBBIE
DEDIOS, MARINA
DEFORD, BRENDA
FERRONI, TIFFANY
HENES, TINA
HURST, OLIVIA
LENNICK, AMANDA
MATZ, MEGAN
PATTON, STEPHANIE
PURCELL, MONA
ROBERTS, ANDREA
ROBINSON, CHANTELLE
ROLSTAD, CHANDA
SANDOVAL, MELONY
SCHULZ, ALICIA
STOKER, JULIE
THOMPSON, CHRISTINE
TRENTI, ANGELA
VINES, MARY
WALLIN, KERRY
WEBB, MONIQUE
WEST, NATHAN

District 16
Skagit / Island / San Juan
ANDERSON, JENNIFER
BRADFORD, KELLY
BRANSTETTER, JENNIFER
COLBERT, DEBBIE
EPILEPSIA, ASUNCION
EVENSEN, TIMOTHY
GERLING, MARGARET
HEDINGTON, NANCI
HUGHES, PAMELA
KENDRICK, HANALITH
KOOPMAN-BRYANT, SANDRA
LIMPIN, ISABEL
MAGGERT, KITT
MARCUS, MARY ANN
MAYO, TAMARA
MCCUNE, ANN
MULHERN, KAREN
NAYLOR, HELEN
PAVEK, LEIGHANN
PEARSON, ANDREA
RICHARDS, DEBRA
ROGERS, CAROL
SCARBORO, SHELLY
SHAFER, KARA
TAYLOR, HOUSTON
TERRY, CHIA
TURK, LISA
WENDORFF, DEANNA

District 17
Kitsap County
ROSIMO, REVELA

District 18
Kittitas County
STYLER, KAYSE
WICHERS, LINDA
YARWOOD, KELLY

District 98
All Other Counties
BAILEY, MELISSA
CURRAN, MELANIE
MCCORKLE, PATRICIA
PETERSON, LAURIE

2007 WSNA Convention

"Improving the Workplace for Patient & Nurse Safety"

Eighty-first Biennial WSNA Convention Will Be Held at the Sheraton Convention Center in Tacoma, Washington on May 3rd and 4th, 2007

Poster Session

Consider Sharing Your Best Practices and Innovative Ideas With Your Colleagues!

Your poster will be most useful to your collegues if you answer the following questions:

1. What was the clinical workplace or research problem you addressed?
2. How did you approach the problem?
3. What, if any, research did you apply to this problem?
4. If you know at this time, how did it turn out?
5. What would you do differently?
6. If you have posters on patient or nurse safety, be sure to submit them.

Contact Joan Garner at WSNA to reserve a space and to learn more details: (206) 575-7979, Ext 3007 or jgarner@wsna.org

This will be on a space-available basis.

Deadline: April 1, 2007

WSNA
WASHINGTON STATE NURSES ASSOCIATION

Washington State Nurses Association
CONVENTION

Washington State Nurses Association CONVENTION

Don't miss out on this important opportunity to join your nurse colleagues from all across the state. Learn about the important issues facing nurses today and what's being done to address them. The 2007 Convention will feature many nationally recognized speakers and presenters, poster sessions, exhibits, CE sessions, association recognition awards, as well as fun-filled events, good food, and lots of opportunity for networking and renewing friendships! Be sure to register early and invite your nurse friends and nursing students to do the same, and plan to attend the Pre-Convention Session and Early Bird Reception on Wednesday evening, May 2, 2007.

May 3 – 4, 2007
"Improving the Workplace for Patient and Nurse Safety"

Continuing Education Sessions
- Evidence-based Practice
- Changing the Environment of Health Care
- Continued Competency and Your Practice
- Ensuring Workplace Safety for Patients and Nurses
- More from the "Bug Guy" – Infectious Diseases and You!
- Workplace Environmental Health – What You Need to Know

WNSF Silent Auction

WSNA Members & Community Partners Awards

Keynote Speaker
Beverly Hall, PhD, RN – "The Nurse as Healer"

Keynote Speaker
Pamela Mitchell, PhD, RN, FAAN – "Assuring Nurse Competence in a Time of Shortage"

Keynote Speaker
Ann Rogers, PhD, RN – "The Role of Fatigue in Patient and Nurse Safety"

When
May 3 – 4, 2007
There will be an Early Bird reception on May 2, 2007 to start things off, so plan to attend that evening.

Where
Tacoma Sheraton Hotel
1320 Broadway Plaza
Tacoma, WA 98402

Parking
Special parking rate $8 per day.

Lodging
Discount prices on room reservations are good through April 11, 2007. Call 888-627-7044 to reserve your room now. Hotel policy requires cancellation before 6 p.m. on the day before check in.

Room Rates
Single King & Double - $119 per night
Club King & Club Double - $139 per night
Deluxe King - $149 per night
King Suite - $239 per night

Special Dietary or Other Needs
If you have special dietary needs or require special assistance, contact Deb Weston at (206) 575-7979 Ext 3003 or dweston@wsna.org

Special Pre-Convention Session (May 2, 2007)
As a supplement to the WSNA Convention, we are offering an optional, separate Pre-Convention Session. You do not need to attend the Convention to attend the Pre-Convention Session, and the Pre-Convention Session is not included with the full Convention registration.

Workshop:
"Improving Care and Saving Lives – The Impact of the 100,000 Lives Campaign"

Panel Discussion:
"Developing and Implementing Rapid Response Teams"

2007 WSNA Convention Registration Form

First Name: _____ **M.I.:** _____ **Last Name:** _____

Credentials: (check one) ☐ **RN** ☐ **LPN** ☐ **Other** (specify)**:** _____

Home Address: _____

City: _____ **State:** _____ **ZIP:** _____

Daytime Phone: _____ **Home E-mail:** _____

Primary Employer: _____

Pre-Convention Session – May 2, 2007 Only

☐ Convention Attendee and/or WSNA Member ($50)
☐ Non-member ($75)
☐ Nursing Student* ($25)

Early Bird Reception – May 2, 2007

Open to Pre-Convention Session and Conference attendees

☐ (No Fee)

Convention – May 3 – 4, 2007

Full Convention (Does Not Include Pre-Convention Session)
☐ Members-only Early Bird ($165) – Before 4/15/07
☐ Members ($190) – After 4/15/07
☐ Non-Member ($240)
☐ Retired Member ($90)

One Day Only (Select Rate and Day)
☐ Member ($100) ..... ☐ 5/3.....☐5/4
☐ Non-Member ($150) ..... ☐ 5/3.....☐5/4
☐ Nursing Student* ($25) ..... ☐ 5/3.....☐5/4

Beverly Hall, PhD, RN Only (May 3)
☐ ($50)

Pamela Mitchell, PhD, RN, FAAN Only (May 3)
☐ ($50)

Ann Rogers PhD, RN Only (May 4)
☐ ($50)

Awards Reception Only (May 4)
☐ ($35)

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

Total Fees: $ _____

Continuing Education – May 4, 2007

Session One
☐ Evidence-based Practice
☐ Changing the Environment of Care
☐ Continued Competency and Your Practice
☐ Ensuring Workplace Safety for Patients and Nurses
☐ More from the "Bug Guy"

Session Two
☐ Evidence-based Practice
☐ Changing the Environment of Care
☐ Continued Competency and Your Practice
☐ Ensuring Workplace Safety for Patients and Nurses
☐ Workplace Environmental Health

This educational activity is provided by the Continuing Education Provider Program of the Washington State Nurses Association (OH-231), an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. OBN-001-91. Provider status is valid through August 31, 2009.

Please note: To receive contact hours for WSNA continuing education, the participants must be physically present for 100% of the content being presented. This includes any discussion, questions and answers that may result from the presentation.

Payment

☐ Check/Money Order (payable to WSNA)

☐ VISA/MasterCard

Card Number: _____ Exp.: _____

Cardholder's Name: _____

Signature: _____

WSNA **Please return this form by mail to Deb Weston, WSNA, 575 Andover Park West, Suite 101, Seattle WA 98188, or by Fax to (206) 575-1908.**

Make your plans now to attend the 2007 WSNA Convention

Don't miss out on this important opportunity to join your nurse colleagues from all across the state. Learn about the important issues facing nurses today and what's being done to address them. The 2007 Convention will feature many nationally recognized speakers and presenters, poster sessions, exhibits, CE sessions, association recognition awards, as well as fun-filled events, good food, and lots of opportunity for networking and renewing friendships! Be sure to register early and invite your nurse-friends and nursing students to do the same and plan to attend the Earlybird Reception on Wednesday evening.

When
May 3-4, 2007
There will be an Earlybird reception on May 2, 2007 to start things off, so please plan to attend that evening.

Where
Tacoma Sheraton Hotel
1320 Broadway Plaza
Tacoma, WA 98402

More Information
Check inside on Page 29 for more information and registration form.

Washington State Nurses Association
CONVENTION

Washington State Nurses Association
575 Andover Park West Suite 101
Seattle, WA 98188

WSNA