THE WASHINGTON NURSE

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WASHINGTON STATE NURSES ASSOCIATION

CENTENNIAL

PRIDE IN OUR PAST. CONFIDENCE IN OUR FUTURE.

1908
2008

JOIN US IN CELEBRATING WSNA's FIRST 100 YEARS

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Calendar of Events

MARCH 2008
17 Washington State Nurses Foundation Board of Trustees
21 WSNA Board of Directors

APRIL
9 Grievance Workshop - WSNA
22 Seattle Regional Council Meeting - WSNA

MAY
5 Cabinet on Economic and General Welfare
5 Statewide Local Unit Council Meeting
6 WSNA Centennial - Seattle Westin Hotel
26 Office Closed - Memorial Day Observed
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JUNE
21 Professional Nursing and Health Care Council
25-27 ANA House of Delegates - Washington, DC Hilton Towers

More information & resources available online at wsna.org

WSNA Board of Directors & Headquarters Staff

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

ARTICLE SUBMISSION DEADLINES
Winter .....November 15
Spring..... February 15
Summer..... May 15
Fall ..... August 15

by Kim Armstrong, BSN, RN
WSNA President

It was what we had to do.

In the mid to late 90's, like-minded State Nurses Associations across the nation had a vision. That vision was a National Nurses' Union, within the House of Labor and with close ties to ANA. Our vision was of a Union which would organize and be on site immediately to support nurses in need. After years of discussions and much debate, the UAN was 'born' in 2000. Shortly after this time, the UAN, through the efforts of the ANA, received a Charter to the AFL-CIO. We all celebrated. Our Union was young, but had great promise for the future.

But in the ensuing years, things began to change. Fundamental differences between the UAN and the State Affiliates began to emerge. For example, the state nurses associations, who were founding members of the UAN, were no longer members under the UAN constitution adopted in 2004. There was little or no communication between the UAN and founding and affiliated State Nurses Associations except some direct communication with the Chair of the E&GW, who was expected to speak for the whole state and association. The State Nurses Association structure was not only ignored, but denigrated as incorrect and not worthy of the UAN's consideration. There became a basic difference of opinion and a challenge as to who we are, as WSNA – how we are structured and how we represent our members. There was no effort to recognize, value, understand or work with our chosen decision-making processes. At WSNA, we have represented nurses for Collective Bargaining since the 1940's and we have been the voice for all of nursing within Washington State for 100 years.

Many within the State Nurses Associations worked endless hours attempting to educate and advise the staff of the UAN as to the original vision of our National Union and the value of our relationship with the ANA. There was little effect. I personally once had a conversation with the Executive Director of the UAN, concerning staffing, based on acuity and numbers. She assured me she, as an airline attendant, knew what it meant because she too had been requested to care for an additional 8-10 passengers on the airlines. When I asked her if one was self care, another with a trach, another who was diabetic, an ill neonate and on and on, she simply didn't have a reply. That lack of willingness to learn specifics of nursing and to see patients as only numbers is one of the fundamental differences the staff of the UAN never embraced. There are others.

For those of you who do not remember the raids of the 80's, SEIU raided and stole 50% of our membership. There were many reasons why, and frankly, WSNA as an organization learned a great deal from this experience. We rebuilt our membership and financial stability, but we did so without losing our values, integrity or the ability to speak for the nurses of Washington. Many would say our feeling about SEIU is old news; however, we deal with the organization in different coalitions and in different venues almost daily. Their mantra has not changed.

SEIU, as you may or may not know, left the House of Labor, the AFL-CIO, several years ago, and developed a coalition of unions called Change to Win. It is a powerful coalition, with political clout and resources. SEIU is also a union with completely different philosophical approaches in its beliefs. For example, while SEIU may state that they are a member driven organization, recent actions in California and elsewhere indicate behaviors quite different, where decisions are made at the national executive level, with the members and locals then informed after the fact. Even though they were out of the AFL-CIO House of Labor, the UAN entered into talks with SEIU which we were led to believe would lead to a 'No Raid Agreement.' In January 2006, it was announced to UAN state affiliates that a no raid agreement had been obtained. No other details were shared with State Nurses Associations at that time. But there was an extensive document, signed by the President of the UAN, entitled "A UAN-SEIU Partnership Agreement." Even though Article 1.E of the UAN Constitution mandates that "Subject to expeditious ratification by the National Labor Assembly (The National Labor Assembly is the highest decision making body of the UAN) at its next regular or special meeting or by ballot, the Executive Council is empowered to and may enter into affiliation agreements," this document was not brought to the National Labor Assembly the following March 2006. In fact, the State Affiliates did not know of its complete content until a joint meeting of UAN & SEIU was held in February of 2007! Even then, the UAN didn't provide the information; SEIU provided the States with the document.

At that point and time, your elected representatives and WSNA staff, working in partnerships, set upon a path to do everything possible to dissuade the UAN from further and more binding affiliations with SEIU, while preserving the UAN. At the next National Labor Assembly in March of 2007, Resolutions

were hotly discussed, debated and passed. It was clear to the delegates; these resolutions prohibited the UAN Executive Council from entering into any binding affiliations, with any other union, without a vote at the National Labor Assembly. Many delegates left feeling democracy was working, only to find that talks were continuing with SEIU, because the Executive Council of the UAN and their advisors chose not to interpret the resolutions as they were intended. Still we worked. In July of 2007, representatives from the UAN came to WSNA to 'answer' questions. The answers we received at that meeting, later proved to be false regarding our concerns with continued talks with SEIU. We were asked specifically as to what it would take to support an affiliation between UAN and SEIU. At that meeting, we, your elected representatives, informed the UAN, that under no circumstances would we support an affiliation with SEIU.

Still, WSNA and the State Nurses Associations of New York, Ohio and Oregon continued to work within the UAN. Our goal, at all times, was to maintain the UAN as our National Union with the substantial changes that needed to be made. In that light we submitted Constitutional changes for the upcoming National Labor Assembly. We continued to question and send representatives to meetings to provide input. Your representatives put up with a great deal of verbal abuse in those meetings. Jeanne Avey, as your Chair of E&GW, has done an exemplary job representing the Nurses of Washington, and I thank her.

On the last day of September, 2007, some 600 nurses in Eastern Kentucky and West Virginia went on strike. The UAN sent little help or guidance until New York, Ohio, Oregon and Washington State Nurses Associations sent people, funds and organizers. WSNA sent over $29,000 dollars, much contributed by our local units, out of local unit funds, to these nurses. We also sent nurses to walk the picket lines. We acted as four individual states, working together. We acted as we always have – helping our sister state nurses associations and their members in their hour of need – and as our vision of a National Union would. We were there before the UAN.

During this time, we have had almost monthly conference calls with local unit leaders, staff and elected officials to inform the members and receive input. For those of you who participated on those calls, thank you. Your questions, contributions and support have been extremely helpful in this process. We will continue with these calls into the future.

We continued to try to change the UAN—to make it the National Union we knew would best serve our members. Each of the states sent letters and finally, unfortunately, without the willingness for fundamental changes to occur at the Executive Council and Executive Staff levels, we were forced to take the step of disaffiliation. WSNA very deliberately, with legal counsel, counsel of members and others, thought through the risks and ramifications of disaffiliation. Finally, using the same steps we used to join the UAN, the Cabinet on Economic and General Welfare made a recommendation to the Board of Directors and based on their recommendation, the WSNA Board voted to disaffiliate from the UAN effective December 18, 2007. It was an extremely difficult and emotional decision. It was not what anyone wanted. We came to the decision that to best represent the nurses of Washington and protect the future of WSNA—We Had To. The discussions between UAN and SEIU, though denied by UAN, continued. At an SEIU meeting in California this January, it was reported that the # 1 recommendation of SEIU leaders was to prioritize an agreement with the UAN which binds all UAN Affiliates. New York State Nurses Association, Oregon Nurses Association and Ohio Nurses Association also disaffiliated effective in December, 2007. Since the beginning of the new year, the New Jersey Nurses Association and the Montana Nurses Association have also disaffiliated and we have heard that other states are considering similar actions.

So you may ask what our future is at the National Level. Let me assure you, your elected officials and staff at WSNA are working for a bright future, with strong ties to the American Nurses Association. We, along with the other Nurses Associations mentioned in this article, are meeting and working with the National AFL-CIO to maintain our place in the house of labor, at the national level. And we continue to maintain our relationships at the state and local levels of the AFL-CIO. WSNA is the certified bargaining representative for all of our WSNA contracts and we will continue to provide uninterrupted services to our members and will not falter in our commitment and obligations of providing the best representation to our members. And we continue to work with our coalition of states, ANA and the AFL-CIO and we will have a national presence.

Important Notice to the WSNA Membership

WSNA Ends Affiliation with the United American Nurses

It is with great sadness that we are officially notifying you of the recommendation and decision by the WSNA Cabinet on Economic and General Welfare, and subsequent acceptance by the WSNA Board of Directors, that WSNA no longer be an affiliate of the United American Nurses (UAN), AFL-CIO. These decisions were made on December 17, 2007 and the UAN was officially noticed of this action on December 21, 2007. The New York, Ohio, and Oregon Nurses Associations took the same action in December 2007. Since that time, two other states have also disaffiliated from the UAN, New Jersey Nurses Association and Montana Nurses Association. These six states represent more than 65,000 registered nurses in state association collective bargaining agreements. WSNA and the other states remain constituent members of the American Nurses Association and we intend to maintain our state and national relationships with the AFL-CIO. As a member of WSNA, you will experience no change to the services you receive through your WSNA membership.

The difficult decision to disaffiliate from the UAN was reached only after extensive yet unsuccessful efforts to reconcile longstanding fundamental differences with the UAN, and only after an enormous amount of discussion and communication among our elected leaders, UAN delegates and WSNA local unit leaders. (Also see President Armstrong's *In Focus* article.) Additional information will also be posted on the WSNA website and published in future issues of the Washington Nurse. If you would like to receive a chronology of the events leading up to this decision, please send your name and e-mail address to wsna@wsna.org.

This was not an easy decision, WSNA was a founding member of the UAN and WSNA remains committed to the value of a strong, national voice for nurses and the crucial role played by unity among nursing associations. We will continue to work within ANA and the AFL-CIO and alongside any state nurses association that values the principles of democracy and nurse unity to advance the economic and general welfare of nurses and promote the profession of nursing.

Jeanne Avey
Chair, WSNA Cabinet on Economic and General Welfare

Kim Armstrong
President, WSNA Board of Directors

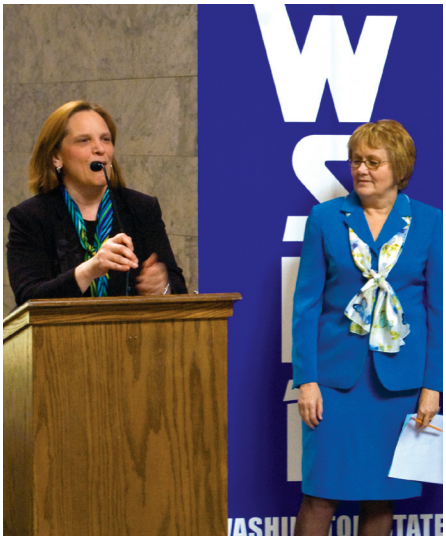
Nearly 700 Nurses and Students Attend Nurse Legislative Day

The 26th Annual Nurse Legislative Day was held in Olympia on February 4th. We had a record turnout of nearly 700 registered nurses and nursing students from throughout the State. It was a successful event, and a demonstration of the power of nurses and nursing in the Legislature.

Highlights of the morning education session included the presentation of the Special Recognition Award to Governor Gregoire and her address to the audience. She applauded the work of WSNA and the critical role of nurses in the health care system. Governor Gregoire emphasized her commitment to address the nursing shortage and to improve the work environment for nurses, in addition to her proposal to improve health care for Washington.

The WSNA Legislative and Health Policy Council presented WSNA's legislative priorities for 2008, followed by a panel presentation on health care reform efforts. Next were educational breakout sessions on Grassroots Advocacy, the Uniform Disciplinary System, and Advance Practice Issues. The attendees gathered once again in the Capitol Rotunda for lunch, and the steps of the Capitol were filled with hundreds of nurses, making our presence known. We heard from several of our nurse legislators including Representatives Green and Morrell and Senator Pflug.

The afternoon was filled with visits to



Far Upper Left:
Nursing Students of Washington State (NSWS) President Deanna Vesco answers a question

Upper Left:
Governor Christine Gregoire, following her keynote address

Above:
State Representatives Tami Green, RN and Dawn Morell, RN address attendees during lunch in the Capitol Rotunda

Upper Right:
Nursing Students

Right:
WSNA President Kim Armstrong testifies before the Senate Health & Long Term Care Committee

Left:
Sally Herman, WSNA E&GW Cabinet Vice-Chair Julia Weinberg, Kathryn Saulsbury, and Cynthia Scaringe

You Were Represented

state legislators and attending hearings. One of WSNA's priority bills on nurse staffing was heard in the Senate Health and Long Term Care Committee, where WSNA President Kim Armstrong testified in support of the legislation on behalf of WSNA.

It was yet another wonderful event. We hope you will join us next year. For an update on WSNA's legislative priorities, please visit www.wsna.org.

Photos by Ben Tilden

The WSNA staff as well as 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 December 2007 through February 2008.

- Visits with lawmakers on WSNA legislative priorities including safe nurse staffing, mandatory overtime, rest breaks, public health, environmental safety, ARNP practice, school nurse ratios, and nursing education funding.
- Meetings with DOH staff on proposed changes to the Uniform Disciplinary Act
- Washington State DOH Altered Standards of Care Workgroup
- Washington State DOH Healthcare Associated Infections Advisory Committee
- Meetings of the Washington State Nursing Care Quality Assurance Commission, its Practice and Education subcommittees, Committee on Continued Competence, ARNP Rules; and other Nursing Commission issues
- Working for Health Coalition (access to care issues for children)
- Washington Coalition for Primary Care
- Puget Sound Health Alliance
- Primary Care Coalition
- Fare Share Health Coalition
- Public Health Funding Roundtable
- Health Care Personnel Shortage Task Force
- WA Department of Labor and Industries Safe Patient Handling Steering Committee
- Washington Patient Safety Coalition - Medication Safety Initiative meetings
- NWONE Nursing Practice Commission
- Washington State Hospital Association Infection Safety Advisory Committee
- Washington Health Foundation Board of Directors
- Steering Committee of the Foundation for Health Care Quality on Prevention of Medical Errors
- Washington Center for Nursing (WCN) Board Meetings
- ARNP Coalition
- March of Dimes Nurse of the Year Celebration
- Joint Planning Meetings with the Nursing Students of Washington State (NSWS)
- Johnson and Johnson Promise of Nursing Gala Steering Committee
- Washington Toxics Coalition & Toxics Free Legacy Coalition Steering Committee
- CHE-NW on environmental health issues
- Health Care Without Harm Nurses Work Group
- UAN "Unity" meeting in Chicago
- Meetings with Ruckelshaus Institute and staff of WSHA, NW-ONE, SEIU Healthcare/1199, and USNA/UFCW re: Legislation and policy work on Nurse Staffing and Patient Safety
- ANA Constituent Member Assembly in Washington, DC
- ANA Executive Directors annual Meeting in Orlando
- ANA 2nd annual NDNQI national conference on nursing quality indicators in Orlando
- 26th Annual WSNA Nurse Legistlative Day in Olympia
- ANA Center for American Nursing (CAN) Board meeting in Washington, DC
- Meeting with the national AFL-CIO leadership in Washington, DC
- Meeting with the American Nurses Association leadership in Washington, DC
- ANA endorsement announcement for Hillary Clinton for President

WSNA's 2008 Legislative Priorities

Safe RN Staffing (HB 3123/SB 6734)

Research confirms that increased RN staffing leads to better patient outcomes. Registered nurses providing direct patient care know best the needs of their patients and must have a voice in staffing decisions. This legislation requires each hospital to establish a nurse staffing committee composed at least half direct care nurses. This committee will develop, oversee and evaluate 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. If this plan is not adopted by the hospital, the CEO must provide a written explanation of the reasons why to the committee.

Mandatory Overtime (HB 2824 & HB 1306)

Long hours take a toll on mental alertness and requiring nurses to work overtime and long hours without breaks 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 and ensuring real meal/rest breaks are important steps toward improving patient safety and nurse retention.

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 appropriation towards nursing scholarships.

Repeal of 72 hrs Dispensing for ARNPs (HB 2497 & SB 6267)

Patients' access to medications is affected when nurse practitioners cannot dispense more than 72 hours of Schedule II-IV medications that are essential to improving health outcomes. This is particularly an issue for uninsured or underinsured patients who have no resources to purchase medications and people in rural areas who have limited access. WSNA supports legislation to repeal the 72 hour limit on dispensing of schedule II-IV controlled medications by advanced registered nurse practitioners.

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 supports additional funding for the public health system including funding for public health nurses and nursing services.

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. WSNA support efforts to ensure that everyone in Washington State has access to preventative services and quality care in a timely fashion by the most appropriate health care provider at an affordable cost.

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 AND EDUCATION

- Support implementation of the Washington State Strategic Plan for Nursing to address the nursing shortage.
- Support Implementation of the Master Plan for Nursing Education in Washington State
- Support nursing's unique role in the delivery of comprehensive and cost-effective quality care.
- Support the principle of individual licensure as mandatory for the practice of registered nursing through completion of a RN education program approved by the Nursing Care Quality Assurance Commission.
- 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

2. Increasing the diversity of the nursing workforce.

3. Nursing research to maximize nursing's contribution to health.

- Data collection and analysis on the nursing workforce.
- Protect the public by promoting the role and practice of registered nurses across all settings.

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 efforts to reduce health disparities.
- Support comprehensive services delivered in familiar, accessible and 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:
  1. apply to all providers, payors and vendors.
  2. are based on continued review of the appropriateness of health care services,
  3. 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 and parity, which promote the economic welfare of all nurses.
- Promote reimbursement policies that support the principle of equal payment for equal services provided.
- 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.

Adopted by WSNA Board of Directors, November 2007

WSNA's 2008 Legislative & Regulatory 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
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
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
Repeal of 72-hour dispensing restriction for ARNPs
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.

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.

Safe Patient Handling/Ergonomics
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/Prevention of Sharps Injuries
Nurse technicians
Tobacco settlement implementation
Mandatory Provider Reporting

Adopted by WSNA Board of Directors, November 2007

essence

JOB TITLE:
Medical Management Leader

DEPARTMENT:
Essence

REPORTS TO:
Medical Director

SUMMARY:
The Medical Management Leader oversees all strategic functions of the Medical Management Department

Education: Minimum of RN or BSN with a Master's degree preferred.

Experience & Skills: Minimum 3-5 years case management experience and 4-5 years progressive management experience in the Healthcare field required - as well as Medicare experience (especially with Federal Regulations) and knowledge of nationally recognized criteria. Must demonstrate: Knowledge of disease management, medical quality, case management and utilization tools; Self-direction with strong organizational skills; Ability to foster inter- and intradepartmental communication and team building; Strong analytical capabilities; Attention to detail; Multi-task oriented with ability to follow-up on numerous complex problems; Strong customer focus; Appreciation of cultural diversity and sensitivity towards target population.

If interested in this position, please visit our website at www.essencecareers.com or contact Candace Campbell at 314/851-3668.

From Conflict to Collaboration: Coalition Work on Safe Staffing

Left:
WSNA Executive Director Judy Huntington responds to a question during the press conference

Center:
Signing the Memorandum

Right:
Governor Christine Gregoire, Senator Karen Keiser, and Representatives Tami Green and Dawn Morrell, with supporters of HB 3123

Ensuring safe nurse staffing has been a top priority for WSNA for the past several years. A growing body of research confirms what we all know, that the care provided by registered nurses has a direct impact on quality of hospital care and patient safety. Nursing care requires continuous patient assessment, critical thinking and expert judgment, advocating on behalf of our patients, and educating patients and their families. Those activities are the essence of nursing care and are critical factors in avoiding preventable complications, injuries and avoidable deaths.

Here are the Facts:

- In a major study, risk of patient mortality within 30 days of admission among surgical patients was found to increase by an average of 7% for every additional patient in a nurses' patient assignments
- Inadequate staffing was found to be a contributing factor in 24% of all unanticipated events that resulted in patient death, injury, or permanent loss of function
- A higher proportion of hours of registered nursing care per day are associated with better outcomes for hospitalized and these outcomes can result in significant cost-savings to the system.

Over the past year, WSNA has collected and synthesized the evidence-based data on nurse staffing, conducted nine regional workshops across the state on the history and development of the nurse staffing outcomes data, our proposed legislation and the legislation and regulation being considered and passed in other states.

The Patient Safety Act in 2007 was narrowly defeated and as many of you are aware, we have had very contentious legislative sessions for at least the last three years on this issue. WSNA has been working very hard throughout the past year to educate our members, our legislators and our former opponents about the important evidence-based impact of nurse staffing on patient safety and nurse retention and satisfaction.

Over the past few months, WSNA has been engaged in a mediated process with the Washington State Hospital Association, the Northwest Organization of Nurse Executives and the other nurse unions on the critical issue of nurse staffing. WSNA is pleased to announce that the dialogue has provided for a greater understanding of the issue by the parties and has produced the following results.

Agreement to jointly support legislation (HB 3123/HB 6734) in 2008:

- The bill requires each hospital, by September 2008, to establish a nurse staffing committee composed at least half direct care nurses. This committee will develop, oversee and evaluate a nurse staffing plan for each unit and shift of the hospital based on patient care needs, appropriate skill mix of registered nurses and other nursing personnel, layout of the unit, and national standards/recommendations on

Left and center photos by Ben Tilden; right photo courtesy of the State of Washington

nurse staffing.

- If the staffing plan developed by the staffing committee is not adopted by the hospital, the CEO must provide a written explanation of the reasons why to the committee.
- The proposed bill also calls for posting staffing information. This information must be posted in a public area and must include the nurse staffing plan and the nurse staffing schedule, as well as the clinical staffing relevant to that unit. It must be updated at least once every shift and made available to patients and visitors upon request.

Ongoing work and discussions on nurse staffing:

- Establishment of a Ruckelshaus Steering Committee composed of two representatives each of WSHA, NWONE, WSNA, SEIU, and UFCW.
- Dialogue through October of 2008 on minimum nurse staffing standards and public disclosure of nursing sensitive quality indicators.
- Conduct a survey of all hospitals to compile the nursing sensitive quality indicators currently collected by hospitals. Based on the results, select those most meaningful for hospitals to share with the staffing committee of the hospital and the Ruckleshaus Steering Committee.
- Develop a process to identify, standardize, and collect at least five nurse sensitive quality indicators to be collected by all Washington hospitals.
- Pilot project of an immediate staffing alert system designed to address real time staffing concerns in several Washington hospitals.
- Establishment of an advisory committee to support the work of the staffing committees in hospitals. The committee would compile nurse staffing guidelines; collect, develop, and disseminate materials; serve as a resource and collect best practices; and recommend and provide training for nurse staffing committees.
- Jointly urge the Washington State Department of Health to include nurse staffing information on the state's adverse events reporting form in order to examine the impact of nurse staffing on the adverse event.

The Governor, at Nurse Legislative Day, held a press event to announce this agreement and oversaw the signing of the Memorandum by the organizations. This agreement marks a concerted effort by all the parties to address the concerns surrounding patient safety and nursing retention.

While the 2008 legislation does not encompass all the elements of a comprehensive solution on safe nurse staffing, it is a significant step forward in addressing the issue. WSNA is encouraged by the progress made thus far through this facilitated dialogue with the various stakeholders and looks forward to collaborating on meaningful solutions to enhance the safety of our patients and improving the workplace for nurses.

For more details on studies of staffing go to:
www.wsna.org/safestaffing/
and
www.wsna.org/safestaffing/documents/research-summary.pdf

WSNA Wins Flu Shot Lawsuit, Again

On December 24, 2007, WSNA was notified that the Ninth Circuit Court of Appeals affirmed the District Court decision enforcing the arbitration award invalidating Virginia Mason Hospital's mandatory flu immunization program.

The WSNA lawsuit was about a violation of the WSNA contract at VM and the employer threatening to fire anyone who did not get a vaccination, not about our position on mandatory immunization. In fact, WSNA has always supported and encouraged voluntary immunization for our nurses.

Below is a quick summary of the VM issue and litigation:

The Washington State Nurses Association (WSNA), representing more than 600 registered nurses at Virginia Mason Medical Center (VMMC), filed a petition in Federal Court on October 1, 2004 seeking an injunction to stop the implementation of the VMMC's policy requiring mandatory flu vaccination for all RNs. According to an internal VMMC memo dated September 21, 2004, all Hospital staff (including volunteers) must be vaccinated against influenza or take anti-viral flu medications. Those who decide not to comply with the mandatory vaccination policy will face termination.

WSNA strongly and vigorously opposed this policy especially since the Hospital used it to threaten nurses and other employees with termination as its first approach and did not even attempt to involve WSNA in the formulation of a sound voluntary policy. The policy was a change in the "fitness for work" policy and was a mandatory subject of bargaining under the existing contract between VM and WSNA.

WSNA also filed a grievance arguing that VM had violated the collective bargaining contract. The arbitration process took some time and a decision by an arbitrator was announced in August of 2005. The arbitrator ruled in favor of WSNA. VM then filed an appeal of the decision in US District Court.

In early January, 2006, the United States District Court ruled in favor of the WSNA in upholding the arbitrator's decision against VMMC and stopped the hospital from forcing RNs to receive flu shots. The decision by the United States District Court denied VMMC's motion challenging the arbitrator's decision, which would have allowed the hospital to make flu shots a condition of employment and fire RNs who did not comply. VMMC responded by unilaterally implementing a policy to require nurses who refused flu shots to wear face masks during their shift. WSNA filed an unfair labor practice complaint on behalf of the RNs who were forced to wear face masks.

In the spring of 2006, the National Labor Relations Board (NLRB) agreed with the WSNA and issued a complaint and notice of hearing to the Virginia Mason Medical Center (VMMC) for engaging in unfair labor practices against the registered nurses. The complaint issued by the NLRB charged that VMMC:

- failed and refused to disclose critical information that the WSNA is legally entitled to and requested in order to represent the nurses.
- provided "false and misleading information about its intention to implement such policy" to the WSNA in the Union's request to bargain over an influenza immunization policy.
- refused to bargain with the WSNA before unilaterally implementing the policy forcing nurses to wear face masks.

In spite of the both the arbitrator and the District Court having ruled in the nurses' favor, Virginia Mason filled an appeal of the lower court's decision to the 9th Circuit Court of Appeals, claiming they have the authority to unilaterally implement a mandatory flu vaccination policy including the registered nurses represented by WSNA. ANA filed an Amicus Brief in support of WSNA.

The Ninth Circuit Court of Appeals affirmed the District Court original decision enforcing the arbitration award invalidating Virginia Mason's mandatory flu immunization program.

This decision has great significance for not only Washington nurses, but nurses across the country!

Contract Negotiations At a Glance

2008 looks to be a full year with 17 facility contract up for negotiations. WSNA Chief Negotiators are Linda Machia and Michael Sanderson. They work with your Nurse Representatives, your Local Unit Officers and your Negotiation Teams to research, propose and negotiate the best possible contract based on your input.

During the past several months contracts have been ratified at Spokane Regional Health District in Spokane, Virginia Mason Hospital in Seattle, Grays Harbor Community Hospital in Aberdeen and Cascade Medical Center in Leavenworth..

Currently at the negotiations table are WSNA negotiation teams from: St. Luke's Rehabilitation Institute in Spokane, Whatcom County Health District in Bellingham, Seattle-King County Public Health – Supervisors in Seattle, Skyline Hospital in White Salmon, Morton General Hospital in Morton, Holy Family in Spokane and Ocean Beach Hospital in Ilwaco.

The following facilities are in the last stages of preparation and will be at the negotiations table in early spring: Overlake Hospital Medical Center in Bellevue, and Southwest Washington Medical Center in Vancouver, Washington.

To find updated information on each facility and contract, go to:

www.wsna.org/localunits

Short Staffing = No Breaks = Unsafe Patient Care

The issue of meal and rest breaks has plagued nurse for many years. It has never been about nurses not wanting to take their breaks. It is about real concerns related to staffing and the ability to provide safe patient care. It is about hospitals having enough staff to meet the requirements of the law to provide rest breaks.

Missed meal and rest breaks have a direct relationship to short staffing which can lead to unsafe patient care. Missed meal and rest breaks are a direct result of the lack of commitment to provide adequate staffing. Missed meal and rest breaks force you to work exhausted and lead to increased medical and medication errors, thus putting both your patients – and you – in jeopardy.

We don't think it is unreasonable to expect to be able to stop and rest for 15 minutes every 4 hours … do you?

As a Registered Nurse working in Washington:

DID YOU KNOW?

- You are entitled to an unpaid meal period of one-half (1/2) hour if you work five (5) or more hours.
- You are entitled to one (1) fifteen minute break halfway through every four (4) hours of work.
- You are entitled to compensation if you are required to remain on duty or in your unit during your meal period.
- You are entitled to compensation for your missed rest breaks.
- Short staffing results in you not getting your breaks and in unsafe patient care.

WSNA IS FIGHTING FOR YOU!

- Filed grievances at numerous facilities on missed breaks. Settlement reached at Virginia Mason Hospital and St. Joseph Hospital in Bellingham.
- Won Arbitration decisions on missed breaks at Sacred Heart Medical Center, Yakima Regional Medical & Heart Center.
- Pursuing the Department of Labor & Industries to change State Regulations on missed Breaks for Nurses.

WHAT YOU CAN DO!

- **Follow your contract,** if you miss your meal/break period, document on your time card and keep your own personal record of missed breaks.
- **Complete an ADO form** and distribute to your manager with a copy to your local unit chair and your WSNA Nurse Representative
- **To file a complaint** with the L & I, notify your Nurse Representative at WSNA for the paperwork and instructions.

WSNA Job Opening: Nursing Practice & Education Specialist

The Nursing Practice and Education Specialist facilitates the development, implementation and evaluation of assigned programs within and related to nursing practice, education, and research. This includes activities identified by the Professional Nursing and Health Care Council. This individual develops and implements activities, tools, and mechanisms aimed at improving and/or advancing nursing practice through regulation, government relations, or individual nurse activity.

Duties and responsibilities shall include but not be limited to:

- Promotes and implements the WSNA professional nursing practice and education programs in cooperation with councils, cabinet, committees, and other appropriate groups and individuals.
- Assists nurses and practice committees in developing and implementing activities aimed at identifying and resolution of problems in nursing practice and education, as well as raising standards of nursing care.
- Oversees the implementation, maintenance, and evaluation of WSNA's on-line education program.
- Prepares and channels communication about nursing practice and education to component and constituent parts of WSNA, including The Washington Nurse, the WSNA website, and other WSNA publications.
- Provides consultation and advice, and interprets information for officers, committees, individual members of WSNA and the public about nursing practice standards, policies, and issues.
- Assists in the identification of significant issues, trends and developments which may impact the practice of nursing.

Qualifications:

Masters in Nursing and at least five years experience in nursing. Experience with regulatory boards, volunteer committees, public speaking, writing skills, and knowledge of the Washington State Nurse Practice Act preferred. Teaching experience and adult education background are essential.

To Apply:

Mail, fax or email resume:

WSNA
Attn: Sally Watkins
575 Andover Park West, Suite 101, Seattle, WA 98188
206-575-1908 FAX
swatkins@wsna.org

Nursing Practice Update

by Sally Watkins, PhD, RN, WSNA's Director of Nursing Practice, Education and Research

"Nurses are indispensable and grossly under-appreciated" were the words from Barry Straube, MD, Director and Chief Clinical Officer in the Office of Clinical Standards and Quality at the Centers for Medicare and Medicaid Services (CMS). Dr. Straube was one of many excellent speakers at the recent 2nd Annual National Database of Nursing Quality Indicators (NDNQI) Conference held in Orlando, Florida. He acknowledged that the hospital and outpatient quality focus including defined outcome measures have been heavily physician-centric, and he emphasized the need for nursing "presence at the table" and the increased utilization of nursing sensitive measures. He recognized the great work that has been done by NDNQI identifying appropriate nursing sensitive measures, and he admitted to the lack of national appreciation for this work. As is evident in the NDNQI measures, we have a ten year history of monitoring meaningful metrics that are just now being recognized by national organizations and associations such as CMS, JCAHO, National Quality Forum (NQF), IHI, and others. He concluded by making a "brazen recruitment pitch" asking nurses to seek federal employment sometime during their career to appropriately influence health care and health policy.

While these words were more than welcomed by those in attendance, they also present a direct challenge to our profession. Over and over again, I believe the messages are clear – nurses must unify as one voice advocating for quality patient care, become involved, and use this time in history as an opportunity to lead this country into massive positive healthcare reform. The alternative is to once again become recipients of mandates as others determine the requirements for nursing performance – CMS being one who is known for such mandates, i.e. their recent decision to not pay for hospital acquired preventable events.

NDNQI now has over 1215 participating hospitals and the number is rising. However, closer to home, in Washington State, there are only 14 participating hospitals (out of 98 community hospitals). We obviously have an opportunity. Many hospitals collect similar data but do not report their results into this particular database. Some share such results with other benchmarking organizations, but questions frequently arise about whether or not the indicators are measured, or counted, the same way. And, when we want to look at statewide data, we fall short. How would we know best performance within out state?

Another challenge is the engagement of staff at the bedside. Many are not aware that this work is even happening and becoming more valued at national levels. Where organizations are participating in NDNQI, many staff are not aware of their unit or hospital results. Where results are openly shared, nurses are frequently shy about initiating their own "research" to determine best practice. And, finally, where nurses have done their own studies and achieved "best", it is frequently not communicated within the State so that others can benefit from those learnings. (I do, however, want to applaud the Seattle area for their recent Nursing Research Conference showcasing the work of many staff nurses who completed various studies. We need more of these events!)

I fully appreciate that these issues are heavily acute-care based. Even during the NDNQI conference, the need to extend these concepts and measures into long-term care, home health, school nursing, public health and ARNP practices was recognized. But, these are first steps, and first steps in areas where the majority of nurses are employed. There was focus, and examples were shared, on how schools of nursing are engaging under-graduate and graduate students in NDNQI data analysis and the application to practice.

Many excellent presentations were a part of this NDNQI conference. I believe the biggest message was one of "Seize the Day." Nurses must continue to step forward and become involved in understanding their practice environments, analyzing outcome data, and creating culture change within their own organizations. Each individual nurse, no matter their title or position within an organization, must be an active team player in this endeavor to continue to improve care. Standing along the sidelines, being apathetic, or taking on a victimized personae cannot be tolerated. As nurses we are in this together and, as the most trusted profession in the eyes of the public, we owe it to our patients and communities to continue to provide the best care possible. We need to know what "best" is – within our unit, hospital, state and nation. We need to know how to improve upon "best" in order to continually seek excellence…and perfection where possible.

What can you do?

1. Seek to understand the outcome measures and results in your area of practice. Ask questions until you are clear about the specifics concerning what is measured and how it is measured. Brush up on your math!
2. Find out with whom your results are being compared. Who is your designated "peer group"? What are the benchmarks your organization is using? Who do they represent?
3. As you compare outcome results with others, seek to

NDNQI Nursing Sensitive Quality Indicators

Patient falls
Patient falls with injury
Pressure ulcers (community, hospital & unit acquired)
Staff mix
Nursing hours per patient (NHPPD)
RN surveys • Job satisfaction • Practice environment scale
RN education and certification
Pediatric pain assessment cycle
Pediatric IV infiltration rate
Psychiatric patient assault rate
Restraints prevalence
Nurse turnover
Nosocomial infections • Ventilator-assisted pneumonia (VAP) • Central line associated blood stream infection (CLABSI) • Catheter associated urinary tract infections (CAUTI)

understand how those achieving "best performer" are getting there. What is their practice environment like? What strategies are they using to improve performance? How are staff being educated to use those strategies and ensure consistency? Seek opportunities to dialogue with your peer in that organization.

4. If your organization is not participating in NDNQI, find out why. WSNA would like to better understand the barriers to such participation as we continue to work with other organizations eager to further refine nursing sensitive indicators in our state. This will be especially important as our state's staffing legislation evolves.

So… carpe diem.

Nursing Practice Reading List

Reading recommendation from Sally Watkins, PhD, RN, WSNA's Director of Nursing Practice, Education and Research

Greg Mortenson's *Three Cups of Tea*

This book reflects the "power of one" and comes from the remarkable adventures of an individual who began his career as a Registered Nurse. Greg has devoted his life to the education of children in Pakistan and Afghanistan – especially girls. This is a marvelous story and an excellent reading experience.

Marie C. Wilson's *Closing the Leadership Gap: Why Women Can and Must Help Run the World*

While not intending to influence your political choices, I found this book to be a call to action – similar to the aforementioned call to nurses. This book is fact-based yet an easy read – not "text-bookish." Marie Wilson is founder and president of the White House Project, an organization dedicated to advancing women's leadership.

WSNA Announces New Web Page for ARNPs!

Just click on "Practice" on the WSNA web page main menu (online at www.wsna.org). For comments/suggested additions, please contact swatkins@wsna.org.

Nursing Commission or Nursing Association?

What's the difference between the Nursing Care Quality Assurance Commission (NCQAC) and the Washington State Nurses Association?

NCQAC and WSNA are two Washington State organizations that play a critical role for the career of every nurse. Although these organizations frequently share common agendas and agree on similar policy issues, the role and function of each organization is very different. Frequently there is a great deal of confusion about the differences between the two organizations, and nurses contact one organization when they really need to make contact with the other. The following is intended to assist Washington State nurses by providing some clarifying information about each organization.

Organization	**Nursing Care Quality Assurance Commission** Phone: (360) 236-4700 Fax: (360) 236-4738 Website: www.fortress.wa.gov/doh/hpqa1/hps6/Nursing/	**Washington State Nurses Association** Phone: (206) 575-7979 Fax: (206) 575-1908 Website: www.wsna.org
Structure	Legally constituted State of Washington regulatory agency within the Department of Health	Professional association for all Registered Nurses; a constituent member of the American Nurses Association
Mission statement	Section 18.79.010 of the Revised Code of Washington Revised Code of Washington describes the purpose of NCQAC as: *to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the commission must promote the delivery of quality health care to the residents of the state of Washington.*	WSNA mission statement: *The Washington State Nurses Association provides leadership for Registered Nurses and the nursing profession and promotes quality health care for consumers through education, advocacy, and influencing state health care policy in the State of Washington.* WSNA's vision statement: *The Washington State Nurses Association is the collective and leading voice, authority, and advocate for the nursing profession in the State of Washington.* (Approved 03/07)
Leadership	Members of the Commission are appointed by the Governor up to four year terms. Membership consists of fifteen members including: 7 RNs, 2 ARNPs, 3 LPNs, and 3 public members.	Members of the Board are elected by current members of WSNA through a democratice voting process.

Board of Directors	Judith D. Personett, Ed.D., RN (Chair) Susan Wong, MBA, MPA, RN Linda Batch, LPN Erica Benson-Hallock, Public Member Richard Cooley, LPN Williams J. Hagens, Public Member Laura Yockey, LPN Rev. Ezra D. Kinlow, Public Member Darrell Owens,Ph.D.,ARNP Jacqueline Rowe, RN Robert Salas, RN Diane M. Sanders, MN, RN Rhonda Taylor, MSN, RN Mariann Williams, MPH, MSN, ARNP Susan L. Woods, Ph.D., RN	Kim Armstrong, BSN, RN (President) Tim Davis, BSN, RN Stasia Warren, MN, RN Ed Dolle, RN Pam Pasquale, MN, RN , BC, CNE Judith Turner, RN Jean Pfeifer, BSN, RN Verlee Sutherlin, MEd., RN Jeanne Avey, RN Susan E. Jacobson, RN, CCRN Sharon L. Bradley, MSN, RN
Membership	Mandatory licensure to practice as an RN, LPN, or ARNP (original education, examination, renewals, and endorsements).	Voluntary membership through application and dues; mandatory membership through various collective bargaining contract agreements.
Role	Protects the public health, safety and welfare from unqualified or unsafe practitioners.	Informs nurses in WA State about issues and trends that affect their professional practice. Promotes the professional development and advances the economic and general welfare of all nurses.
Policy	Adopts rules and regulations to implement its functions; issues interpretations on practice related issues as relevant to statute, rules and regulations.	Adopts position statements and resolutions that advance the profession and the organization's mission.
Practice Standards	Establishes minimum standards for nursing education and practice.	Promotes ANA standards of nursing practice; works to ensure adherence to ANA's *Code of Ethics for Nurses*
Education	Develops reasonable and uniform standards for nursing practice and education. Approves and renews approval for nursing education programs that meet the Washington Administrative Code requirements.	Develops, promotes and approves continuing nursing education as authorized by the American Nurses Credentialing Center.

Workforce Advocacy	Investigates complaints regarding nurses; issues discipline and monitors disciplinary actions (Discipline may include stipulations, revocations, suspensions, denial of license or limitations on scope of nursing or nursing related practice activities.)	Promotes occupational safety for nurses. Provides workforce advocacy program for nurses including addressing workplace issues, e.g., staffing, safe lifting, hazardous exposure, work-place violence.
Government Affairs	Administers Nurse Practice Act and adopts rules and regulations for its implementation.	Acts and speaks for nursing profession related to legislation, governmental programs, and health policy. Reviews all bills introduced in the Washington State Legislature for impact on nurses, nursing and the health care of the public.
Revenue	Establishes and collects licensure fees pursuant to legislative rules.	Membership dues established by members. Percentage may go to ANA.

Adapted from: "Board or Association?" (September, October, November, 2007) Nebraska Nurse. 20-21

Expanding Nurse Delegation to Allow Insulin Injections: Is it Safe Practice?

By Pamela Pasquale, MN, RN, BC, CNE, Wenatchee

The Registered Nurse Delegation program has been successfully managed by the Department of Social and Health Services since l997, as a part of the leadership Washington State has shown in expanding community based living programs that offer an alternative to nursing home placement. Over 13,000 elderly and disabled residents live in a variety of setting that allow for them to have the maximum independence and support as they age in place.

Currently, there are 150 contracted RNs who serve throughout the state to assure that the residents in these settings are receiving safe and appropriate care by essentially, minimally trained caregivers. The RNs assess the clients to assure they are stable with their diseases and assure the caregivers are performing the assigned and delegated tasks within their scope of knowledge and practice. In every instance, the RN is the one who determines the care needs and if caregivers are skilled enough to perform tasks such as medication administration, simple wound care, blood glucose checks, catheter care, gastric tube feedings and medications and other tasks as determined by the RN.

Last summer, DSHS Aging and Disability Division staff came to the Nursing Commission seeking to add Insulin Administration to the RCW that governs delegation. Since then, there has been a lot of discussion about the appropriateness of the program and if this is "giving away" nursing practice. I don't believe it does, because of these already built in safeguards, checks and balances:

1. ALL care must be approved by a licensed MD or care provider. And, written, signed orders must be in the record of the facility-Boarding home or AFH. RN may not delegate any care without an order, including OTC medications such as Tylenol, DSS or Milk of Magnesia.
2. ALL caregivers must be willing to perform the task, and have current credentials stating they are in good standing with the Department of Health. This means they have completed the required training, have registered and have no pending actions.
3. Facilities may only accept residents if they can meet their care needs according to WAC regulations.
4. RNs extend their license to the facilities and are not willing to delegate in facilities, tasks or caregivers where their training and experience indicate potential problems that could put the RN license at risk. Most Delegators make decisions on the side of caution when determining if the care should be delegated and consult with the Delegation Coordinators in Olympia for guidance.
5. The care is specific to the resident only and the care procedure must be in writing as established by WAC. The plan must

include instructions for what to do in an emergency, and potential problems and risks with the care, thereby preventing the providers from having to make assessment or judgment decisions out of their scope of practice.

6. The RN uses the foundation of nursing practice: Assessment, and nursing judgment to determine if the client medical status will remain stable and follow a predictable course prior to initiating the delegation process.
7. The Adult Family Homes and Boarding Home facilities are licensed by DSHS, following stringent guidelines to be able to provide the care needed. The guidelines have been expanded in recent years to require appropriate documentation and to assure resident care needs are met in case of emergency. Because the cost of obtaining a AFH license is so high, as well as the investment into a home large enough to have 4-6 clients, the provider is financially motivated to assure they are following the guidelines. Additionally, liability insurance is very expensive and providers are again, motivated to limit any potential problems that would result in a claim.
8. Facilities are inspected regularly by DSHS approved RN inspectors, who must have at least a BSN in order to be hired by the department. This assures another layer of professionalism to be able to observe and teach providers and caregivers for public safety. Facilities are part of the 1-800 hotline investigation procedure available for anyone to use to address concerns.
9. Supervision of care is mandated by WAC to occur every 90 days, but the RN has the discretion to return as part of their visit summary if they feel more frequent follow up is required for newly delegated care. RNs can go weekly or every 2 weeks if needed, though they are limited initially by the reimbursement. However, the RN can apply for additional reimbursement with appropriate documentation of need.
10. Only RNs or qualified DSHS social workers are allowed by WAC do a pre-placement assessment to assure the residents meet the stable and predictable threshold.
11. RN delegators maintain their own scope of practice by coordinating care needs of clients with hospice and home health agencies when appropriate to meet client needs due to sudden acute events that require closer skilled nursing monitoring and communication with health care providers.
12. RN Delegator client files are subject to review by the current Aging and Adult Services Delegation coordinators for quality assurance in meeting the current WAC. Currently they are used as information and education tools to help the RN better understand how to meet the Delegation WACs.

RN delegators have developed close, working relationships with their providers and caregivers to assure our community based care is the safest alternative available. Not all RN delegators I have surveyed feel comfortable delegating Insulin Injections, and not all caregivers wish to. However, it will likely move forward as a cost saving measure for those who have stable diabetes. Rather than take away "nursing" I believe it speaks to the essence of nursing practice, to motivate and teach care that brings us back to the early days of visiting nurses that brought care to the community.

Professional Nursing and Health Care Council Update

Nursing Delegation of Insulin Administration

The PNHCC held two conference calls during December concerning the proposed act related to delegation of nursing tasks to care for persons with diabetes, creating a new section and amending RCW 18.79.260 and RCW 18.88A.210. Approximately 12 Registered Nurse Delegators were also surveyed to elicit their input on this issue.

Recommendations made to the legislature included the following:

1. Include the ability to delegate such to Nursing Assistant, Registered population as long as they also must complete the same educational requirements as referenced. This is based on the fact that many adult family homes and boarding homes do not have Certified Nursing Assistants on staff. WSNA supports the need for allowing the elderly and persons with disabilities to live in their own home or other home-like setting while providing cost effective care.
2. Sliding scale insulin dosages do not necessarily constitute "unstable and unpredictable" condition of the patient; therefore, administration of such dosages should be included in the required educational curriculum.
3. In order to better facilitate access, care and transitional care placement for patients, reimbursement issues for primary care providers needs to continually be a primary focus of any ongoing healthcare legislation. Medical Director reimbursement for services rendered should not interfere with the ability for primary care providers to bill for ongoing coordination of care.
4. With these aforementioned items addressed, WSNA supported the proposed legislative changes.

Chemical exposures on the job may be linked to diseases in nurses

A first ever national survey of nurses' exposures to chemicals, pharmaceuticals and radiation on the job suggests there are links between serious health problems such as cancer, asthma, miscarriages and children's birth defects and the duration and intensity of these exposures. The survey included 1,500 nurses from all 50 states.

The results were released online today at www.ewg.org/reports/nursesurvey by the Environmental Working Group, the American Nurses Association, Health Care Without Harm, the Environmental Health Education Center at the University of Maryland School of Nursing. The survey was extremely detailed and is the first of its kind, but it was not a controlled, statistically designed study.

Every day, nurses confront low-level but repeated exposures to mixtures of hazardous materials that include residues from medications, anesthetic gases, sterilizing and disinfecting chemicals, radiation, latex, cleaning chemicals, hand and skin disinfection products, and even mercury escaping from broken medical equipment. There are no workplace safety standards to protect nurses from the combined effects of these exposures on their health.

"Nurses are exposed daily to scores of different toxic chemicals and other hazardous materials whose cumulative health risks have never been studied," said Jane Houlihan, Vice President for Research at Environmental Working Group. "Nurses ingest, touch or breathe residues of any number of these potentially harmful substances as they care for patients, day after day and face potential but unstudied health problems as a result."

"This survey is a call to action for nurses to demand the use of safer products and protective measures to control exposures to hazardous agents in the workplace," said Anna Gilmore Hall, RN, executive director of Health Care Without Harm, an international coalition working to reduce the environmental impact of the health care sector.

The Centers for Disease Control proposed a National Occupational Exposure Survey for the health care industry in 2002. To date, no such survey has been initiated to better understand the range of potentially hazardous chemical exposure in the health care industry and related illnesses.

"For many of the toxic chemicals in hospitals there are safer alternative or safer processes. We must make these healthier choices for the sake of our patients, nurses and all hospital employees," said Barbara Sattler, RN, DrPH, FAAN, Professor and Director of the Environmental Health Education Center at the University of Maryland School of Nursing.

"ANA is dedicated to ensuring the health and safety of nurses and their patients," said Rebecca M. Patton, MSN, RN, CNOR, President, American Nurses Association. "We are pleased to work with our partners to bring attention to the growing concern over chemical exposures in the workplace, and ANA will continue its efforts on behalf of the nursing profession to create healthier working environments."

Best Practices in Adolescent Immunizations: Tdap & More

Submitted by the Washington State Department of Health

Be sure to employ best practices with your adolescent patients. They need immunizations too, and they need reminders from you! Follow the Recommended Adolescent Immunization Schedule when giving immunizations.

Pertussis

Adolescents need protection from pertussis (whooping cough). Pertussis spreads easily through coughing and sneezing and causes severe coughing spells that make it hard to eat, drink or even breathe. Adolescents who have pertussis can spread the disease to infants and children who are more likely to suffer severe complications from the disease.

Don't Be Confused

Many parents and health care providers are confused about the vaccines for pertussis. Tdap and DTaP are confusing acronyms. You can help clear up the confusion by explaining the difference.

All kids 11 years of age and older need to get Tdap (tetanus, diphtheria and pertussis) vaccine, especially if it's been more than five years since their last tetanus shot.

Young children receive five doses of DTaP vaccine to prevent pertussis, but protection starts to wear off in the early teen years.

Tdap School Requirement

Not only is Tdap a recommended immunization for adolescents, it is also a school requirement in Washington State. Children attending sixth grade are required to show proof of Tdap vaccination if they are 11 years old and it has been five years since they received a vaccine containing tetanus. For this reason, schools may be sending students your way to get the correct shot. Remember: the Tdap requirement will expand to include an additional grade every school year until it includes all students attending grades six through 12.

When You See Them, Recommend Tdap and More

Recommend the Tdap vaccine for all your adolescent patients. This age group visits health care providers fewer times than younger children, so when you see them for colds, injuries or sports physicals, check their record to make sure their immunizations are up-to-date. Adolescents can also benefit from vaccines for varicella (chickenpox), hepatitis A and B, meningococcal disease and human papillomavirus (HPV).

Resources

For the **Recommended Immunization Schedules**, visit: www.cdc.gov/vaccines/recs/schedules

For **more information on the Tdap requirement**, visit: www.doh.wa.gov/cfh/immunize/schools.htm or call the Immunization Program CHILD Profile at 360-236-3595 or 1-866-397-0337.

For **more information on the Tdap vaccine**, visit: www.doh.wa.gov/cfh/immunize

A **new adolescent immunization fact sheet** is available online at: www.doh.wa.gov/cfh/immunize/documents/adolescentfactsheet.pdf The fact sheet is designed to provide information to parents on all recommended adolescent vaccinations.

New **Tdap materials for use with parents in your office** will be available to order soon! Check www.doh.wa.gov/cfh/immunize/vaccine/ordering-materials.htm for information on availability.

Nursing News Briefs

2007 *Nurse of the Year* Awards Honor Eleven Star Nurses

The 2007 March of Dimes Nurse of The Year Awards were announced December 6 at a special party in Bellevue. Judy Roudebush, Director of Women and Children's Services for Providence Everett Medical Center, received the Distinguished Nurse of the Year award. She was singled out for her many years promoting the vision and philosophy of family-centered maternity care in Washington State. Jean Soderquist, former Group Health Cooperative nurse, was honored with the 2007 Legend of Nursing award in recognition of a 34 year career in which she worked closely with pediatricians, family physicians and nurses in many medical centers. Other award recipients included:

- Patient/Clinical Care: Anne Williams, Children's Hospital and Regional Medical Center, Seattle
- Leadership: Connie Anderson, Northwest Kidney Centers, Seattle
- Innovation/Creativity: Donna Strand, Swedish Medical Center, Seattle
- Education: Kathryn Ogden, Swedish Medical Center, Seattle
- Research/Advancing the Profession: Nicole Kupchik, Harborview Medical Center, Seattle
- Advocacy for Patients: Leslie Elder, Children's Hospital and Regional Medical Center, Seattle
- Community Service: Megan Spangler, University of Washington Medical Center, Seattle
- Mentoring: Nancy McAfee, Children's Hospital and Regional Medical Center, Seattle
- Rising Star: Diane King, Providence St. Peter Hospital, Olympia
- Prenatal/Pediatric: Kathy O'Connell, University of Washington Medical Center, Seattle

Emcee of the event was Jean Enersen, KING 5 News HealthLink reporter and anchor. Premera Blue Cross was the primary sponsor for the event, which also had State Senator Margarita Prentice, RN, as the Keynote Speaker. The program chair was Gail Larson, CEO of Providence Everett Medical Center.

Correction:

In the Fall 2007 issue of the Washington Nurse, the article My View of the 2007 Leadership Conference was incorrectly identified as being written by Cathy Powell. It should have read by Cathy Powers, RN, BSN, CCRN. We are sincerely sorry for this error and have apologized to Cathy for this unfortunate error. Cathy is a staff nurse at Northwest Hospital and medical Center in Seattle where she has worked for 25 years. She and her husband Michael reside in Edmonds, WA.

Dr. Marla Salmon Selected as Dean of UW School of Nursing

University of Washington announced that Marla Salmon, PhD, RN, FAAN, has been selected as the next dean of the UW School of Nursing.

Dr. Salmon is the former dean and professor of health policy and management and director of the Lillian Carter Center of International Nursing at Emory. She has served as dean since 1999. She received a bachelor's degree from the University of Portland in political science in 1971 and a bachelor of science in nursing from Portland in 1972. She was awarded a doctor of science from The Johns Hopkins University School of Hygiene and Public Health in 1977, and received a master of science from the University of Portland School of Nursing in 1999. Salmon also holds honorary doctoral degrees from the University of Nebraska and the University of Portland and studied as a Fulbright Scholar at the University of Cologne in Germany.

She was assistant professor in the University of Minnesota School of Public Health from 1978 to 1982 and associate professor at Minnesota from 1982 to 1986. During her service at University of Minnesota, Salmon directed both the Public Health Nursing Program and the Public Health Nursing Policy Center at Minnesota. She was associate professor of public health nursing in the School of Public Health at the University of North Carolina at Chapel Hill from 1986 to 1991; she also served as chairperson of the curriculum in public health nursing from 1986 to 1992. She was appointed professor of public health nursing at North Carolina in 1991.

Salmon was professor in the School of Nursing at the University of Pennsylvania from 1997 to 1999, also serving as associate dean and director of graduate studies.

Salmon served as the chief nurse for the Health Resources and Services Administration, U.S. Department of Health and Human Services, from 1992 to 1997, as director of the Division of Nursing, Bureau of Health Professions in the U.S. Department of Health and Human Services from 1991 to 1997, and chaired the National Advisory Council for Nurse Education and Practice. Salmon was also a member of the White House Taskforce on Healthcare Reform.

Salmon is a member of the Institute of Medicine of the National

Academy of Sciences and serves on the board of trustees of the Robert Wood Johnson Foundation and the boards of directors for the Institute for the International Education of Students and the National Center for Healthcare Leadership. She is currently a member of the Nursing Commission for the Joint Commission on Healthcare Accreditation and the editorial board for books at Sigma Theta Tau International, the honor society for nursing. She has served on the editorial boards of many professional journals, including the International Journal of Nursing Scholarship and Clinical Effectiveness in Nursing. Salmon has recently been invited to serve on the National Institute of Health's Nursing Advisory Council for the National Institute for Nursing Research.

Salmon's scholarship has focused on national and international workforce policy and development. She is past chair of the World Health Organization's Global Advisory Group on Nursing and Midwifery, provides ongoing consultation to the Commonwealth Health Ministers Secretariat on Nursing and Midwifery and the Caribbean Health Minister's Regional Nursing Body, as well as a number of other international organizations and governments.

Membership Update

New job? Don't forget your application!

Congratulations on the new job at a WSNA facility! If you are a current member of WSNA and paid your dues at your previous job through payroll deduction, don't forget that you need to submit a new application.

Payroll deduction of your membership dues does not automatically transfer from one facility to another. The best way to insure that there is no lapse in your membership is to submit your application in a timely manner.

Would you rather pay your dues annually, by installment or by monthly electronic funds transactions from your checking account? Its simple, just select that option on your membership application.

To download a copy of the current WSNA membership application, please visit the membership section of the WSNA Web site, located at www.wsna.org.

For any questions regarding your membership, please contact the membership services department at 1-800-231-8482.

Good luck and thank you for your continued participation in WSNA.

R E M I N D E R

Membership Information and Employment Status Changes

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

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

District News

King County Nurses Association
District 2

KCNA, Bastyr Offer Two-day Seminar

"Motivating Patients, Employees and Others to take Responsibility for their Healthcare" is the title of a seminar being co-sponsored by King County Nurses Association (District II) and Bastyr University, on Friday and Saturday, March 14 and 15. The Friday session is 1 – 6 p.m. and will focus on the workplace; the Saturday session is 9 a.m. – 3 p.m. and focuses on practitioners. For details about the seminar, continuing education credits and how to register, please visit the KCNA Website at www.kcnurses.org.

Heads Up: Popular KCNA Banquet May 15th

Nurses, nursing students and their guests will want to mark their calendars for the KCNA Annual Meeting and Spring Banquet on Thursday, May 15 at the Shilshole Bay Beach Club. This event includes both silent and live auctions (100% to benefit the KCNA Scholarship Program), annual nursing Star Awards, and a gourmet meal in a beautiful Northwest setting. To register, please visit the KCNA Website at www.kcnurses.org.

Inland Empire Nurses Association
District 4

IENA, District 4 of WSNA is currently recruiting members for the IENA Board. Elections will be held in April.

To continue the support for nursing issues and get more individuals involved in the legislative process, IENA is hosting a bus from Spokane to Olympia for the Nurse Legislative Day on February 4th. All IENA members as well as current nursing students have been extended an invitation to "board the bus" and head for Olympia

In an effort to reach out to members IENA has expanded its scholarship program for this year and will be offering 6 scholarships instead of the two as in previous years. The program will be offered to all nurses who are furthering their education both in academic institutions and through certification specialties. Scholarships for nursing students have been expanded to include students enrolled in ADN, baccalaureate, RN-BSN, and graduate nursing programs. Application deadline for this year's scholarships is March 1st, 2008. Information on the scholarships can be obtained on the web-site at www.spokanenurses.org.

On April 15th, 2008 IENA will hold its annual nurses awards event. This year the theme will be "Nurses Night Out: R/R (rewards and recognition)." In addition to the Excellence awards given in previous years we also hope to honor individuals who have given outstanding service to the nursing profession. Nominations for these individuals can be submitted to the IENA office at 222 W Mission Suite 231, Spokane WA 99201 by April 1st.

We will also hold a silent auction and raffle at this year's event and IENA Board members are currently working on donations for this event.

The Board is working on other ideas to increase membership involvement in the IENA board as well as finding creative ways to support and give.

Snohomish County Nurses Association
District 9

SCNA announces that Pamela Pasquale, long time president and board member, has resigned pending her move to Wenatchee. She hopes to become active in District 7 which has 3 bargaining units in the Wenatchee area. She will also continue as a member of the Board of Directors. One of her last activities has been to guide the Professional Nursing and Health Care Council deliberations about the extension of Insulin Delegation in selected home settings under the existing Nurse Delegation program. Legislation is being currently offered to make that change.

SCNA Welcomes Bronwen O'Neil as appointed president. Bronwen has wide experience in the Snohomish County area, having worked in pediatric home care, home health, as a clinical instructor for both Skagit Valley and Everett Nursing programs. She also has an active legal consulting practice.

Nikki Behner has accepted an appointment as a Site Evaluator for the American Nurses Credentialing Center for the Commission on Accreditation for ANA. She has been traveling recently performing site evaluations for the University of Washington and a CE provider in Palm Springs. She is thrilled to be able to use her many years on the WSNA CEARP Committee to move to the national level.

ANA News Briefs

ANA Launches New Safe Staffing Web Site

The American Nurses Association (ANA) has launched a new Web site dedicated to the issue of safe staffing. The new site educates nurses about ANA's history of advocacy on the issue, provides updates on the newest information and developments, and gives nurses tools to get involved.

The site allows nurses to share their own stories and concerns and invites them to help strengthen the case for safe staffing legislation by completing a survey. Through the site, nurses can also stay informed about the latest developments on Capitol Hill and contact their members of Congress to urge their support.

"ANA has been a persistent driving force in the efforts to make safe staffing legislation a reality," said Linda J. Stierle, MSN, RN, CNAA, BC, CEO of the American Nurses Association. "This site gives nurses a stronger voice, and empowers them to take an active role in impacting their workplace environment."

"Safe staffing saves lives," added Rebecca M. Patton, MSN, RN, CNOR, President, American Nurses Association. "There is a growing body of evidence that demonstrates adequate nurse staffing improves the health outcomes of patients, resulting in fewer inpatient days, complications and deaths. Implementing safe staffing levels should be seen as a critical investment in quality, cost effective care, and ANA's goal with this Web site is to establish staffing levels that promote a safe and healthy working environment for nurses, and ensure the highest possible patient care."

Please visit
www.safestaffingsaveslives.org to get
involved in ANA's safe staffing campaign.

Are You Ready? ANA Encourages All Nurses to Prepare for Emergencies

ANA is encouraging you to visit ready.gov or call 1-800-BE-READY to learn how to prepare your families, homes and businesses for all types of emergencies including natural and human-caused disasters. Free materials, including family emergency plan templates and sample business continuity plans, are available through these resources. These materials will provide you with tools to make a New Year's resolution that will bring you and your loved ones peace of mind. If you wish to take a more active role in your community's preparedness, get involved by joining or starting a Citizen Corps Council near you. Citizen Corps brings community and government leaders together to coordinate the involvement of community members and non-governmental resources in emergency preparedness, planning, mitigation, response, and recovery. Visit www.citizencorps.gov for more information.

Here are some great preparedness tips for families, parents, employees in the workplace and in your community:

For Families:

- Get an emergency supply kit. Be sure to consider additional items to accommodate family members' special needs:
- Prescription medications and glasses
- Infant formula and diapers
- Pet food, extra water for your pet, leash and collar
- Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container
- Books, games, puzzles or other activities for children
- Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency.
- Determine a neighborhood meeting place, a regional meeting place and an evacuation location.
- Identify an out-of-town emergency contact. It may be easier to make a long-distance phone call than to call across town, so an out-of-town contact is important to help communicate among separated family members. Be sure every member of your family knows the out-of-town phone number and has coins or a prepaid phone card to call the emergency contact. You may have trouble getting through, or the telephone system may be down altogether, but be patient.
- You may also want to inquire about emergency plans at places where your family spends time, such as their place of employment. If no plans exist, consider volunteering to help create one.
- Talk to your neighbors about how you can work together in the event of an emergency. You will be better prepared to safely reunite your family and loved ones during an emergency if you think ahead and communicate with others in advance.

For Parents:

If you are a parent, or guardian of an elderly or disabled individual, make sure schools and daycare providers have emergency response plans:

- Ask how they will communicate with families during a crisis.
- Ask if they store adequate food, water and other basic supplies.
- Find out if they are prepared to "shelter-in-place" if need be, and where they plan to go if they must get away.

For Workplaces:

- Take a critical look at your heating, ventilation and air conditioning system to determine if it is secure or if it could feasibly be upgraded to better filter potential contaminants, and be sure you know how to turn it off if you need to.
- Think about what to do if your employees can't go home.
- Make sure you have appropriate supplies on hand.

For Communities:

Find out what kinds of disasters, both natural and man-made, are most likely to occur in

your area and how you will be notified. Methods of getting your attention vary from community to community. One common method is to broadcast via emergency radio and TV broadcasts. You might hear a special siren, or get a telephone call, or emergency workers may go door-to-door. Contact a nearby Citizen Corps Council for help with emergency planning, or work with your local government and emergency management office to help start a Council in your area. Visit citizencorps.gov to find local Councils or learn how to start one in your community.

In Memoriam: Imogene M. King, EdD, MSN, RN, FAAN

Dr. Imogene M. King died December 24 at the age of 84. Dr. King is universally recognized as a pioneer of nursing theory development and theory-based nursing practice. She served in elected and appointed positions as a voice for the profession at international, national and state levels and has made invaluable contributions to the nursing profession.

For her outstanding legacy of service, Dr. King was inducted in the American Nurses Association's Hall of Fame and the Florida Nurses Association Hall of Fame, and was a recipient of the 1996 ANA Jessie M. Scott Award.

Our deepest sympathies are with Dr. King's family, and our hope is that they derive some comfort from the great affection and respect felt for their beloved family member by the nursing community.

ANA-PAC Announces Endorsement of Senator Hillary Rodham Clinton

The Clinton Campaign announced the endorsement of the American Nurses Association (ANA). The ANA represents the interests of the nation's 2.9 million registered nurses.

"Too many Americans must do without high quality health care, and this country deserves a president that will make health system reform a priority," said ANA President Rebecca M. Patton, MSN, RN, CNOR. "Senator Clinton has shown a commitment to implementing real change in our health care system to ensure high quality, affordable and accessible care. She has also recognized the importance of educating, recruiting and retaining, RNs, and the need to improve the nurse's work environment which includes addressing safe and appropriate staffing. America's 2.9 million registered nurses represent the largest group of health care professionals. We have long advocated for the critically needed reforms vital to the improvement of health care and will use our power in the voting booth to make health care a priority."

"I am honored to have the support of the American Nurses Association," said Clinton. "We owe nurses a great debt of gratitude for the critical role they play every day in providing quality care. As President, I will continue to support efforts to attract and retain qualified nurses, especially in rural and urban areas, and to improve working conditions. I look forward to working with America's nurses to deliver affordable, quality health care to every American."

Hillary has a history of working for America's nurses. In the Senate, Hillary introduced the Nursing Education and Quality of Care Act, which would expand the number of programs that address nursing faculty shortages and increase the supply of nurses in rural areas. As part of the Nurse Reinvestment Act, she helped create grants that expanded nurse Magnet hospitals. Hillary also supported increased funding for both Title VII and Title VIII, which help to address the higher education needs of nurses and nursing faculty. Finally, she has supported programs to attract nurses to the field, including efforts to improve the quality of the working environment for nurses.

Hillary's American Health Choices Plan will cover all Americans and improve health care by providing consumers new choices, lowering costs and improving quality. Under Hillary's plan, Americans who like the insurance they have can keep it and stay with their doctor. But Americans who don't like the coverage they have will be able to pick from the same set of plans Members of Congress choose for themselves. Under Hillary's plan, insurance companies won't be able to deny people coverage for a pre-existing condition and tax credits will ensure that working families never have to pay more than a limited percentage of their income for quality health care. People who change jobs will be able to keep their health care.

ANA has been making presidential endorsements since 1984. The endorsement process includes sending a questionnaire on nursing and health care issues to all of the Democratic and Republican candidates, an invitation to all of the democratic and republican candidates for a personal interview and an online survey of ANA's membership regarding which candidate is most supportive of nursing's agenda.

If you have any questions or concerns about ANA's endorsement process, please contact ANA's Government Affairs department.

The ANA-PAC announced their official endorsement of Senator Hillary Rodham Clinton for President in Tacoma, Washington. WSNA members and staff were on the scene in force.

Photos by Poncharee

Right:
Margaret Flanagan and other WSNA members cheer for Hillary

Below
Senator Clinton addresses the crowd

Bottom:
Senator Clinton is greeted by WSNA President Kim Armstrong, WSNA members and WSNA staff following her address

Continuing Education Calendar

Note: The Washington State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. If you wish to get contact hours approved for your educational activities, go on line to www.wsna.org/education/cearp/.

March 2008:

Neonatal Drug Therapy; University of Washington School of Nursing; Seattle, WA; March 1, Fee: $225/195*; Contact Hours: 7.5; Contact: C

Pediatric Assessment; Pacific Lutheran University; Tacoma, WA; March 5 & 6, 8:30am – 4:30 pm, Fee: $209.00; Contact Hours: 15; Contact: A

Pediatric Drug Therapy; University of Washington School of Nursing; Seattle, WA; March 5, Fee: $225/195*; Contact Hours: 7.0; Contact: C

GI Potpourri – 2008 Spring Update; Virginia Mason Medical Center; Seattle, WA; March 8, Fee: $90 - $125; Contact Hours: 6.0; Contact: F

Critical Care Nursing Annual Conference: Update 2008; University of Washington School of Nursing; Seattle, WA; March 26, Fee: $225/195*; Contact Hours: 7.0; Contact: C

April 2008:

Certification Review Course for the National Board for Certification of School Nurses (NBCSN) Exam; Pacific Lutheran University; Tacoma, WA; April 4 & 5, 8:00am – 4:30 pm, Fee: $209.00; Contact Hours: 12.5; Contact: A

Forensic Nursing Update 2008; University of Washington School of Nursing; Seattle, WA; April 8-9, Fee: $225/195* (entire conference: $325/295*); Contact Hours: 13.0; Contact: C

Responding Effectivelyto Disasters and Environmental Health Events: Nursing Update 2008; University of Washington School of Nursing; Seattle, WA; April 15, Fee: $115/95*; Contact Hours: 6.5; Contact: C

It's A Bug's Life – Emerging Trends in Infectious Diseases; Virginia Mason Medical Center; Seattle, WA; April 15, Fee: $90 - $125; Contact Hours: 6.0; Contact: F

19th Annual Pacific Northwest – Ambulatory Care Nursing Conference; University of Washington School of Nursing; Seattle, WA; April 23-24, Fee: $225/195* (entire conference $325/295*); Contact Hours: 13; Contact: C

Basic Preparation Course for Parish Nurses; Pacific Lutheran University at Providence St. Peter Hospital, Olympia WA; April 22, 23, 24 & May 21 & 22, 2008, 8:00am – 5:00 pm, Fee: $445.00; Contact Hours: 25.0; Contact: A

Teaching About Pregnancy, Childbirth & Newborn: Basic Teacher Education Program; Great Starts Birth & Family Education; Seattle, WA; April 24, 25, 28, 29; Fee: $450 - 350; Contact Hours: 24.0; Contact: Janelle Durham at (206) 789-0883 or jdurham@parenttrust.org

Diabetes Update; Pacific Lutheran University, Tacoma; April 25, 8:30am – 4:30 pm, Fee: $99.00; Contact Hours: 6.25; Contact: A

May 2008:

Women's Health Drug Therapy; University of Washington School of Nursing; Seattle, WA; May 7, Fee: $225/195*; Contact Hours: 7.0; Contact: C

Immediate Response: Essential Skills for Urgent Clinical Situations; University of Washington School of Nursing; Seattle, WA; May 12, Fee: $245/225*; Contact Hours: 7.0; Contact: C

Finding Common Ground: Communicating Effectively with Diverse Patients and Co-Workers; University of Washington School of Nursing; Seattle, WA; May 13, Fee: $225/195*; Contact Hours: 7.0; Contact: C

Foot Care Skills for Nurses; Pacific Lutheran University, Tacoma; May 14, 8:30am – 4:30 pm, Fee: $109.00; Contact Hours: 6.25; Contact: A

Adult/Geriatric Drug Therapy; University of Washington School of Nursing; Seattle, WA; May 21, Fee: $225/195*; Contact Hours: 7.0; Contact: C

Carbohydrate Counting for Healthcare Providers; Pacific Lutheran University, Tacoma; May 21, 6:00 – 9:00 pm, Fee: $25.00; Contact Hours: 3.0; Contact: A

Practical Approaches to Treating Rheumatic Diseases-2008; University of Washington School of Nursing; Seattle, WA; May 22, Fee: $225/195*; Contact Hours: 7.0; Contact: C

June 2008:

End of Life Care; Pacific Lutheran University, Tacoma; June 6, 8:30am – 4:30 pm, Fee: $99.00; Contact Hours: 6.25; Contact: A

Neuropsychotropic Drug Therapy; University of Washington School of Nursing; Seattle, WA; June 8, Fee: $225; Contact Hours: 7.0; Contact: C

Design and Deliver: Creating Meaningful Learning; Pacific Lutheran University, Tacoma; June 13, 9:00 am – 4:00 pm, Fee: $89.00; Contact Hours: 5.5; Contact: A

July 2008:

Introduction to School Nursing; Pacific Lutheran University, Tacoma; July 8-11, 8:00am – 4:30 pm, Fee: $445.00; Contact Hours: 25.0; Contact: A

Keeping Kids in the Classroom 2008; Pacific Lutheran University, Tacoma; July 15 & 16, 8:30am – 4:30 pm, Fee: $189.00; Contact Hours: 12.5; Contact: A

December 2008:

Teaching About Pregnancy, Childbirth & Newborn: Basic Teacher Education Program; Great Starts Birth & Family Education; Seattle, WA; December 4, 5, 8, 9; Fee: $450 - 350; Contact Hours: 24.0; Contact: Janelle Durham at (206) 789-0883 or jdurham@parenttrust.org

INDEPENDENT SELF STUDY COURSES:

AIDS: Essential Information for the Health 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

Breast Cancer Prevention for Rural Healthcare Professions; Contact Hours: 1.5; Fee: -0-; Contact: Fiona Shannon (360) 297-1274

Cardiology Concepts for Non-Cardiologists; Contact Hours: 18.75; Fee: $425.00; Contact: Fiona Shannon (360) 297-1274

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

Clinical Pharmacology Series: Contact Hours: 7-8.0; 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: 2.0; 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

Hepatitis Web Studies; Contact Hours: .5; Contact C

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

IMPACT: Breaking the Cycle of Depression; Contact Hours: 14.0; 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

Managing Type 2 Diabetes: Contact Hours: 1.5; Contact: FnP Associates

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

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

Medication Administration for Safe Clinical Practice; Contact Hours: 7.0; Contact C

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

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

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

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

Patient Safety Leadership Tutorial; Contact Hours 3.5; Contact C

Prescribe, Deny or Refer? Honing Your Skills in Prescribing Scheduled Drugs: Contact Hours: 10.4; Contact C

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

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

RN Refresher Course; Fees: Theory: $500; Health Assessment and Skills Review: $500; Clinical Placement for Precept 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

Telephone Triage: Contact Hours: 3; Fee: 24.00; Contact Wild Iris Medical Education

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

Washington State: HIV/AIDS With the KNOW Curriculum: Contact Hours: 7; Fee 65.00; Contact Wild Iris Medical Education

Wound Academy-Course 1 Wound Assessment & Preparation for Healing; Contact Hours: 4.3; Contact C

Wound Academy-Course 2 Lower Extremities and Pressure for Ulcers; Contact Hours: 6.8; Contact C

Wound Academy-Course 3 Dressing Selection & Infection Tuition; Contact Hours: 2.5; Contact C

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

Many additional Independent Study course offerings are available online from these providers:

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

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

Contacts

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

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

C. University of Washington School of Nursing
Continuing Nursing Education
Box 358738
Seattle, WA 98195-8738
206-543-1047
206-543-6953 FAX
cne@u.washington.edu
uwcne.org

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

E. AdvanceMed Educational Services
2777 Yulupa Ave., #213
Santa Rosa, CA 95405
www.advancemed.com

F. Virginia Mason Medical Center
Clinical Education Department
Barb Van Cislo, CNE Coordinator
Continuing Nursing Education, G2-ED
1100 Ninth Avenue – G2-EDU
Seattle, WA 98101
(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

New Members

WHATCOM COUNTY DISTRICT 01

BISSONNETTE, KRISTI
BRITTON, KAREN
CHARLES, KENNA
COOK, WILLIAM
DAVIS, GERRIE
EDENFIELD, JENNIFER
ELLIOTT, JENNIFER
FALCON, SARITA
FIELDS, LAURA
GUSTAFSON, LYNN
HAMPTON, JENNIFER
HIBDON, CORY
HILL, NANCY
JOHNSON, MARIDEL
LEAVITT, ROBIN
LEE, TANIA
MEDLER, RACHEL
MURRAY, FRANCISCA
PENTZ, KARA
ROBB, CHRISTOPHER
STREMLER, COLLEEN
TEED, CORNELIA
TEED, ETHAN
TEED, LISA
TOMBERLIN, EUNICE
VILLEGAS, CHRISTIAN

KING COUNTY DISTRICT 02

ABRAHAM, SIOBHAN
ACENA, CAROLYN
ALEXANDER, SAORI
ALLBAUGH, KATHERINE
ALLEN, REBECCA
ALLENDER, AMANDA
AMICO, MARY
ANDERSON, ALEXIS
ANDERSON, INGRID
AQUINO, CHRISTINE
ARMSTRONG, MEGAN
ARMSTRONG-HOSS, BRITTANY
AYAP-TIRADOS, AGNES
BAGLEY, EILEEN
BEALS, ANGELA
BENSON, HEATHER
BLISSITT, PATRICIA
BONKOWSKI, ALEXIA
BOWER, JANET
BRADSTREET, EMILY
BROCK, JANNA
BRODOCK, KATIE
BRUHNS, LINDA
BURROWS, IRENE
CARUSO, JILL
CASE, JESSICA
CHAMBERLAIN, JEANNIE
CHARBONEAU, MOLLY
CHASE, MARCIA
CHERKAS, HANNA
COLELLA, MARIEL
CORNISH, BECKY
CRANDALL, CORAL
CUNNINGHAM, CATHERINE
DASSLER, ALEXIS
DAVIS, SARA
DEL TERZO, ELISE
DELECKI, JACQUELINE
DERRAH, CHRISTOPHER
DEYAGER, COURTNEY
DURRANT, JENNIFER
DZHUS, LESYA
EGBERT, KELSEY
EICHELBERGER, ELIZABETH
EPSTEIN, JUDI
FERRER-GOLLA, APRIL
FRANCE, WENDY
GARRETT, HOLLY
GOJETIA, ROWENA
HEFFERNAN, AMANDA
HELFRICK, AMANDA
HOIT, PAULA
HOLZKNECHT, MATTHEW
HOOVER, ROSAMOND
HORECNY, JENNIFER
HUANG, YALING
HUNTER, KEOKA
HUSSEIN, NIMO
HYATT, CHRISTOPHER
JACKSON, DANA
JANKE, BRANDEL
JANSEN, KATHARINE
JENSEN, ALYSIA
JOHNSON, MARIA
KARKI, SATYA
KARLSTAD, MARI
KELLETT, LINDSEY
KELLETT, TYLER
KELLEY, JESSICA
KIDD, KRISTIN
KINZER, ERIK
KITAMURA, JILL
KLIGER, MAKAYLA
KOONER, NASIB
KOVAC, CLAIRE
KREIN, JANNA
KUYKENDALL, KELLY
KVAMME, REBECCA
LAGOMARSINO, COURTNEY
LARSON, MISTY
LASKOWSKI-DAY, VIRGINIA
LEGEROS, JULIE
LEMASTER, SHANNON
LERMAN, JENNIFER
LEWIS, JASMINE
LEWIS, MICHELLE
LIBB, PATRICIA
LIMESAND, MILLICENT
LINK, MELISSA
LITTLE, OLYMPIA
LUNDSTROM, JAMIE
MAGDAY, XUCHILL
MANPREET, MANPREET
MARSHALL, CHAD
MARTINSON, WENDY
MARTIRANO, SHARON
MCDONELL, MARGARET
MCGLOTHLIN, STEPHEN
MERTZ, TINA
MILLET, TIFFANY
MORRISON, NICHOLAS
MORTON, REBECCA
MUNGER, EDWARD
MWANGI DANFORTH, ESTHER
NEWELL, MELISSA
NGUYEN, SARA
NIXON, AUBRI
NJAI, DEMBA
OEHL, LISA
OLSSON, GLORIA
PADZENSKY, CHRISTINA
PASQUARELLA, ANNA
PATTON, PAUL
PHILBIN, PATRICIA
PINA, MARIA
POLAKOWSKI, MARY
POLTZ, ERIN
POSTOR, VIRGINIA
POZOZ, MARIA
RAMIREZ, TERESA
RAUCH, JODY
RAZON, MIRASOL
REDMAN, KRISTIN
REYNOLDS, STEPHEN
RIGOS, RACHELLE
ROBINSON, ANGELA
ROHDY, LAURA
ROQUE, MARIA
ROSSELL, INGRID
ROSTRON, JOSIE
ROUBICEK, MATTHEW
RYCHWALSKI, WENDY
SALES, JOSIELINE
SANTHOSH, SHEELA
SANTIAGO, BEVERLY
SCHWARTZ, KERI
SHARKEY, RACHEL
SMITH, FIONA
SMITH, KARA
SOHOVICH, LINDSAY
SPEYER, JUSTIN
STAFFORD, CARMELITA
STAMPER, SERENA
STERRITT, LINDA
STETSON, YOLANDA
STEWART, JOHN
STOMPRO, DAVID
SUGGS, DEBRA
TAGLIALAVORE, CARA
TUBBS, JONABETH
TURNER, STASIA
VAN DUINE, PATRICE
VAN VUREN, TERI
VIBAL, KHRISTINA
VINYAR, DANIEL
WALDRON, MARTHA
WALKER, JESSICA
WANG, YA-LING
WEBB, LARISSA
WESTRA, JASON
WHITAKER, ELIZABETH
WOLL, BROGAN
WOODALL, DIANA
WOODBURY, TARA
WU, TING
YAGO, ESTELA
ZELKA, TIFFANEE

PIERCE COUNTY DISTRICT 03

AUZA, YASMINE
BALOGH, JOY ANNE
BARNETT, ELIZABETH
BEAUDOIN, JEAN
BEERS, MAUREEN
BISHOP, JENNIFER
BLAIR, TRINA
BRIGHTON, TONI
CAMPBELL, ALISON
CARR, STEPHANIE
CLARK, AMANDA
COLBY, KAITLYN
COLLINS, BRIAN
COX, TRISTA
DAVIS, MELANIE
DEMAYO, VALENTINO
DWYER, MEGAN
EMS, PRIMA
EVERSON, MICHELLE
FAZIO, ANGELO
FETENE, FASIKA
FITZSIMMONS, DIANA
FORD, ANNA
FORSLUND, TARA
FREITAS, DAVID
FRIEDRICH, MILA
FROST, MEGAN
GARDNER, CAROLINE
GASPAR, KARI
GOSSO, DEBORAH
GREEN, JILLIAN
HALE, KIMBERLY
HAMMOND, JENNIFER
HARVEY, KATHLEEN
HECKER, REBECCA
HILL, JODI
HOLBROOK, JOHN
HOWELL, RICHARD
HUNTER, JACEY
JAMORA, JOCELYN
JENSEN, TAMARA
KIM, MIGYOUNG
KLEIN, NICOLE
KLINGBEIL, ALBERT
KNAPP, CHRISTINA
KNIGHTON, ELIZABETH
KO, MYUNG
KOHLER, JENNIFER
LAMPERT, JULIE
LARSEN, ERIC
LOFTUS, DAWN
LONG, DANIELLE
MANUCAY, JOESIE
MCGRAW, JULIE
MILLIGAN, ASHLEY
MOLLETT, AMBER
MOLTER, COLLEEN
MOORE, LAURA
MURSCH, DEBORAH
NAANOS, VIVIENNE
NDIRANGU, ANTHONY
NEWLUN, ABIGAIL
NGUYEN, THANH-HA
NORDYKE, JOSANNE
O'REILLY, LINDA
PATTON, SARAH
PHAN, Y-NHI
PINGLE, GENE
POWERS, JULIE
POWERS, TAWNA
QUAADMAN, SARAH
QUAM, MELISSA
QUESTI, MICHELLE
RATH, CAROLINE
RIZON, EVELYN
ROE, LAUREN
ROWAN, JESSICA
RUNYON, LORRAINE
RUZYLA, CHRISTOPHER
RYDER, STACEY
SANTIAGO, SARANAY
SCOTT, KATHLEEN
SHEPHERD, DANA
SKYLES, ASHLEY
TAYLOR-ROELOFSE, JENNIFER
TECSI, VERONICA
THOMPSON, MANDIE
TINSLEY, CYNTHIA
TROSETH, SHARON
TRUONG, THU-NGAN
TURNER, DEBBIE
VAVRINYUK, IRINA
VOILES, NANCY
WEICHERS, REBECCA
WESTERFIELD, ELAINE
WIGGINS, LAURA

WIKLUND, SARAH
WOOD, KIMBERLY
YOON, YOUNGMEE

SPOKANE / ADAMS / LINCOLN / PEND OREILLE DISTRICT 04

AIKEN, MONICA
ANDERSON, SILKE
ANDERSON-MITCHELL, KIMBERLY
AUBERT, JOLENE
BEEM, MICHAEL
BELCOURT, MELANIE
BRASSEY, CORINNE
BROWN, DAVEENA
BROWN, JAMIE
CALHOUN, MOLLY
CHRISTNER, REBECCA
CLEAVELAND, ALLISON
CLEIGH, ELIZABETH
COFFING, LINDSAY
DOLAN, CHERYL
ELLIS, TAMARA
ENDERTON, NORMANDIE
ENGER, LORA
FANNING, GEOFFREY
FARRELL, KATERI
FELGENHAUER, AMY
FERRIS, LISA
GARDNER, NICOLE
GILSTRAP, SUMMER
GUEVARRA, NICOLE
HECKER, CASSANDRA
HENSZ, NANCYE
HERATH, LAURA
HILDESHEIM, MEGAN
HOWARD, FAYE
HOWARD, MARJAN
JENKINS, ANNETTE
KIMPEL, BRANDI
KIRSCHBAUM, ELLEN
LAMBERT, CALLIE
LAMBERT, JAMIE
LARSON, CHRISTIE
LAVINDER, TARA
LEE, AMY
LEE, KAREY
LEINWEBER, AMY
MARCHELLI, ANTHONY
MATES, TRIXIE
MAYER-GIROUX, DUNJA
MCGEHEE, ASHLEA
MCLANE, CARRIE
MECKEL, APRIL
MERCER, VICKI
MESKE, TAMMY
MILLER, TODD
MOORE, JUDY
MORRIS, JENELL
MUNCEY, LORA
NELSON, STEPHEN
NEWTON, SCOTT
NICHOLSON, KOOLA
NICKLESON, JAMES
O'CONNOR, KELLI
OILAND, LAURA
OMAN, RUTH
PACHECO, MARCY
PADGETT, DENNIELLE
PECOR, AMBER
PEHA, TONJA
PERKINS, ELIZABETH
PETERS, DENISE
PETRACHE, ELENITA
PRITZL, KELLY
RICHER, ALYSSA
RIGGAN, KAREN
ROHNER, JAIME
SCHLATTER, MARISA
SOTER, DEBRA
STARK, PATRIZIA
STEELE, DEANNA
TATOM, TINA
THOMAS, REBECCA
VANNATTER, MELISSA
WACHTEL, KAREN
WALSH, JANET
WELCH, JAMIE
WEST, JACALYN
WHITMAN, KAILUB
WILLIAMS, JENNILEE
YACKLEY, PAULA
YAKE, CAROLYN

YAKIMA CITY / N. YAKIMA DISTRICT 06

BERGER, SHANNA
FOGLEMAN, TONYA
GROTH, PAULINE
HENSLER, SCOT
ICE, MIRANDA
OWENS, PEGGY
REISS, NINA
SANTOY, JESSICA
SIEBER, RUIXUE

CHELAN / DOUGLAS / GRANT DISTRICT 07

DITOMMASO, ALLISON
ELY, KIM
FLEISHAKER, KELLY
INFANTE, CYNTHIA
KRAEMER, KATE
MILLER, ANNIE
MULLADY, JULIE
OVERTON, MARIE
PETERS, YVONNE
RIGGS, LISA
ROUSE, CRYSTAL
SHALES, RACHEL
STRACHAN, DARCY
VANLITH, MIEL

GRAYS HARBOR DISTRICT 08

ARRENDALE, TRACEY
BAUMGARTNER, DEVRA
CATON, KRISTI
HERWICK, THOMAS
KARNAS, CRYSTAL
LITTLE, JOHN
MASON-DUNKLE, DAWN
WALES, TRACIE
WEYER, KAREN

SNOHOMISH COUNTY DISTRICT 09

BLACK, PATRICIA
CRAWFORD, CHANA
SHAMBACH, CHARLENE
STYERS, DEBORAH

WAHKIAKUM / COWLITZ DISTRICT 10

AHLGREN, LISA
BERGMAN, SUSAN
BEVARD, SARAH
BODKIN, CHERY
BURZYNSKI, DEBBI
COBURN, KAREN
COCKERHAM, ANNA
GERMAN, NICOLE
HAAS, TAVIA
HANCOCK, BRITTANY
HICKS, AMY
MUNSCH, TIFFANY
PAINE, JACQUELINE
ROBINSON, JAMES
STONEKING, DANIEL
SYNOGROUND, VICTORIA
WOODS, DAWN

CLARK / SKAMANIA DISTRICT 11

BENGE, SHAWN
BROWER, SUZAN
GROTTER, SUSAN
GRUESBECK, KEN
HOSSEINI, MARIA
KIRSCHENMAN, SHARI
MAERZ, DANIELA
MARKS, ANGIE
MATHRE, JENNIFER
MAZUREK-NICOLOF, DOROTA
MORLAN, DEBRA
SEABURG, IVY
TRAVIS-GULLANS, BARBARA
UMPHRED, LEE
ZAMUDIO, BOBBI

CLALLAM/JEFFERSON DISTRICT 12

NELSON, ERIC

WHITMAN COUNTY DISTRICT 14

COOPER, LYNNE
CORDODOR, LISA
CORLEY, JULIE
DELZER, WENDY
LIBEY, DAWN
SWIFT, TESSA
WALDHER, ANNA
WEAVER, AMBER
WEISS, NICOLE

BENTON / FRANKLIN DISTRICT 15

KARANICOLA, TERI
KUCHERYAVYY, IVAN
MCLERRAN, JEANNETTE

SKAGIT / ISLAND / SAN JUAN DISTRICT 16

ANDOY, ARLENE
BARRAILLER, DARLENE
BEAR, CAROL
BIRKLAND, COURTNEY
BRADFORD, KATHY
BURR, CRISSI
CAVANAGH, ELLYN
COLE, TRACI
CROFT, LINDZY
CROUSE, DEBORAH
CUTLER, GLORIA
DANKO, SHENA
DEERING, DIANA
DELACRUZ, KATIE
DIAZ, FALYN
FLY, ANNETTE
FORD, INGRID
FRANCIS, BRIAN
GAHRINGER, BARBARA
GARDNER, LINDA
GHEORGHITA, VERONICA
GRAFF, ERIC
GREEN, BRENDA
HARRIS, HELEN
HAUN, MELISSA
HOLM, KESSA
JEWELL, LISA
JOHNSTON, PAMELA
KEDIR, ABDULKERIM
KETCHAM, DONNA
KING, SHIRLEY
KNOTT, KEITH
KRSNADAS, DHARMA-RUPA
KULAWAS, ELAINE
KUTSCHMAN, RICHARD
LAPORTE, ERIC
LAWS, ROBERT
MATAYA, DONNA
MCILRATH, CHERI
MITCHELL, JULIE
NAMOWICZ, PAMELA
NYLANDER, ROBYN
O'BRYAN, GLYNDA
PETERSEN, CASSANDRA
RISTER, LAUREL
SANDIFUR, KRISTIN
SANTIAGO, ERNEST
SAULSBURY, KATHRYN
SAWYER, NANCY
SCOTT, VICKY
SHIRLEY, RICHARD
SONE, DENISE
STJERN, HEATHER
STRAUSS, ROBIN
TEGGELAAR, KRISTEN
TERRY, CHIA
THERRIEN, ANNETTE
UY, ZURIEL
VAIL, ANDREA
VISSCHER, GAIL
VOS, ROCHELLE
WALKER, LAURA
WILLIAMSON, JULIE
WYMA-TSCHOPP, CAROLINE
YOCKEY, VERNA
YORKE, LESA
ZURCHER, AMY

KITSAP COUNTY DISTRICT 17

GALBAN, MARIA CORAZON
WIETFELD, SYNDEE

KITTITAS COUNTY DISTRICT 18

CORTESE, REBECCA
CRANE, JENNIFER
FOLEY, JACLYN
MOORE, SHEILA
RAAP, MELISSA
ROUMONADA, THERESA

ALL OTHER COUNTIES DISTRICT 98

BISTER, LAURA
CHRISTENSEN, MEGAN
LINDH, DANEEN
LORENSON, MANDI
SCHRODER, ERIC
SCOTT, ANGI
SMYLIE, SHARON
WOOLDRIDGE, LYRIS


PLACE YOUR
BALLOT
IN THIS ENVELOPE
SEAL AND RETURN
Welcome To Yakima
WASHINGTON STATE
NURSES ASSN

100 YEARS

WSNA'S FIRST CENTENNIAL CELEBRATION

For a century, the Washington State Nurses Association has proudly represented the voice of registered nurses across Washington State. Today, WSNA is one of the nation's leading associations representing nurses and the nursing profession, advocating for quality patient care and health care access for all. Please join us as we celebrate the achievements of the last century and the exciting future of this organization.

May 6, 2008
3-9 PM
The Westin Seattle
1900 Fifth Street, Seattle

Visit www.wsna.org for more information, including maps and directions to the Westin.

WASHINGTON STATE NURSES ASSOCIATION
CENTENNIAL
PRIDE IN OUR PAST. CONFIDENCE IN OUR FUTURE.
1908 2008

Registration: Centennial Celebration

Complete this form and return it to WSNA by mail (575 Andover Park West, Suite 101, Seattle, WA 98188), or fax it to 206-575-1908.

First Name _____

Last Name _____

Credentials ☐ RN ☐ LPN ☐ Other *(specify)* _____

Home Address _____

City _____

State _____ ZIP _____

Daytime Phone _____

Home E-mail _____

Employer or Affiliation _____

Dinner Preference

All selections are served with market fresh vegetables, artisan breads, coffee, & teas.

☐ Roasted oregano and lemon chicken breast with a cider glaze and asiago yam polenta

☐ Basil crusted salmon with red pepper pesto sauce

☐ Marinated vegetable ragout in a butternut squash polenta cup, wilted greens, balsamic jus, garnished with figs

Additional Guests

		Chicken	*Salmon*	*Vegetarian*
1.	_____	☐	☐	☐
2.	_____	☐	☐	☐
3.	_____	☐	☐	☐
4.	_____	☐	☐	☐

(If registering more than four additional guests, please list names & dinner choices on separate sheet of paper.)

Fees

You..... $50

\+ Additional guests (# of guests _____ x $50)..... _____

= **Total Fees** ..... _____

Payment

☐ Cash

☐ Check (payable to WSNA)

☐ Local Unit _____

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Name on Card _____

Card Number _____ Exp Date _____ / _____

Signature

Your signature is required Credit Card payments; a Local Unit officer signature is required for Local Unit payments.

_____

If you have special dietary or access needs, please contact Deb Weston at dweston@wsna.org or 206-575-7979, ext. 3003.

MAKE PLANS TO ATTEND!

2008 STATE CONVENTION

OF THE

Nursing Students of Washington State

Saturday, May 24, 2008

Hosted by Seattle University Student Nurse Association

Why Attend?

- **Learn about NSWS and how to run for State Board office**
- **Attend information sessions and seminars, CE's provided for faculty and other professional nurses**
- **Get to know other student nurses from Washington**
- **Share fundraising, projects, and membership ideas with other nursing clubs**
- **Learn how student nurses are making a difference**
- **Visit our many exhibitors (hospitals & others will be there for SU SNA Career Fair), plus professional nursing orgs, and arrange for your club to have a booth to sell T-Shirts or other fundraising items**

For Information and Registration visit us at:
ConventionNSWS@wsna.org

Save the date!
Saturday, May 24, 2008

Nursing Students of Washington State 2008 Convention

in combination with

6th Annual Northwest Student Nursing Career Fair

sponsored by

Seattle University Student Nurses Association

The first Washington state convention in 8 years!

Place: Piggott Building, Seattle University Campus, Seattle, WA
Date: Saturday, 24 May 2008
Time: 9AM to 4PM

Attendees will include nursing, pre-nursing, and LPN students - plus professionals, including nursing faculty, from the state of Washington.

The event will be held in the Piggott Building on Seattle University campus. The building includes a well-lit three story atrium with surrounding balconies optimal for poster displays and ample floor space for tables and other standing displays.

- Speakers include Dean Mary Walker, PhD, RN, FAAN, of Loyola University and Dean Nancy Woods, PhD, RN, FAAN, of the University of Washington.
- Access to exhibitors will be continuous from 9AM to 4PM
- Speakers and sessions, including CE sessions for professionals, will continue until 3PM.

For information on exhibiting, sponsoring, or presenting,

respond by February 29th to:

ConventionNSWS@wsna.org.

Necessary registration information will be sent upon request.

Space is limited.

This event is supported in part by the Washington State Nurses Association.

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