DON’T LET THEM SILENCE US
In 2018, WSNA’s annual union leadership conference will be broken out into several regional one-day events that we’ll be bringing to a city near you.

Join us for a day of personal and professional development and come away with the tools needed to make a difference. We’ll be asking you to use your own personal experiences and values to understand how workplace violence, staffing and the attack on workers’ rights will impact you both personally and professionally.

Hear from RNs around the state and country speak about the potential impact of the three topic areas, network with other RNs working in your community and begin making a difference.

Join us for a fun and interactive opportunity with the best and brightest minds in nursing to make plans for our future and take your career to the next level.

Visit www.wsna.org/leadership for more details and to register.
Are You a Seasoned Labor & Delivery RN?

- Top-tier healthcare & retirement benefits
- Competitive compensation
- Full & part time shifts
- Relocation reimbursement considered

Picture Yourself at Valley’s Birth Center!

Every year nearly 4,000 babies in South King County get their start at Valley.
Our Birth Center offers state-of-the-art care, soothing surroundings and a compassionate, family-centered experience. Level III NICU nurses are a tightly coordinated team working alongside highly respected, neonatal specialists from Seattle Children’s and UW Medicine.

Top-tier benefits • Competitive compensation • Full & part time shifts • Relocation reimbursement considered
EXCLUSIVE SAVINGS ON DENTAL CARE FROM Bright Now! Dental and WSNA are pleased to be partnering together to provide WSNA members and their families with exclusive savings for dental care. This is not an insurance plan, and participation is voluntary. You save and it works whether you have dental benefits or not!

BRIGHT NOW! DENTAL FEE COMPARISON | EXCLUSIVE WSNA PRICING | CASH BASIS

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>YOUR POTENTIAL COST AT ANOTHER PROVIDER* BEFORE DENTAL BENEFITS ARE APPLIED</th>
<th>YOUR COST AT A BRIGHT NOW! DENTAL OFFICE* BEFORE DENTAL BENEFITS ARE APPLIED</th>
<th>UNION MEMBERS SAVINGS AT A BRIGHT NOW! DENTAL OFFICE* BEFORE DENTAL BENEFITS ARE APPLIED</th>
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<tbody>
<tr>
<td>Initial Oral Exam &amp; Digital X-rays</td>
<td>$288</td>
<td>$29</td>
<td>$259</td>
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<tr>
<td>Teeth Cleaning In absence of periodontal disease</td>
<td>$132</td>
<td>$68</td>
<td>$64</td>
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<tr>
<td>Filling (2-surface Composite Resin-back tooth)</td>
<td>$296</td>
<td>$145</td>
<td>$151</td>
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<td>Root Canal (Molar 3-canals) By General Dentist. If Specialist is necessary fees will vary.</td>
<td>$1,540</td>
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<td>Crown (Porcelain Fused to High Noble Metal)</td>
<td>$1,420</td>
<td>$755</td>
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<td>Denture (Complete Lower)</td>
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<td>$905</td>
<td>$775</td>
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*Source: 2014 Fair Health Data. Other exclusions may include and are not limited to implants, implant crowns, crowns with gold, specialty services and crowns/onlays/inlays that are all porcelain.

Have questions?
Contact your Union Account Representative,
Carrie Magnuson | Carrie.Magnuson@BrightNow.com | 253.405.4547

Follow us
1.888.BRIGHT.NOW | 1.888.274.4486 | BrightNowDental.com

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DON'T LET THEM SILENCE US

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wsna.org The Washington Nurse WINTER 2018
The information in this magazine is for the benefit of WSNA members. WSNA is a multipurpose, multifaceted organization. 'The Washington Nurse' provides a forum for members of all specialties and interests to express their opinions. Opinions expressed in the magazine are the responsibility of the authors and do not necessarily reflect the opinions of the officers or membership of WSNA, unless so stated. Copyright 2018, WSNA. No part of this publication may be reproduced without permission.

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CONTRIBUTOR GUIDELINES

WSNA welcomes the submission of manuscripts and artwork. Please contact Ruth Schubert by email at rschubert@wsna.org with submissions, article ideas or further questions. It is not the policy of WSNA to pay for articles or artwork.

ARTICLE SUBMISSION DEADLINES

Spring ............................................. Feb. 15
Summer .............................................. May 15
Fall .................................................. Aug. 15
Winter ............................................. Nov. 15

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What is Janus?
In this issue of The Washington Nurse, you’ll read a lot about a case called Janus v. AFSME, which the U.S. Supreme Court has agreed to hear. A decision is expected by Spring 2018. If successful, the Janus decision could significantly weaken our freedom to stand together and negotiate a fair return on our work and safe conditions for our patients. Janus is a part of a national strategy by wealthy corporations to take away our freedom to join together and fight for things like safe staffing, protections from workplace violence and so much more.

Why is this important for all of us?
Strong work by unions results in a strong employee voice in the workplace. Competitive wages, access to affordable health care and security in retirement are some of the benefits that our collective voice can bring to us through negotiating together. This is also how we have been successful in advocating for a safer practice environment where staffing, rest breaks, safe lifting requirements and protection from mandatory overtime are secured. Members have many stories that reinforce the notion that collective action and a strong WSNA member voice in the workplace is essential to secure a safe environment for patients and nurses. I know, because I have witnessed your work and heard your stories.

What do you need to do?
First, know the facts. This issue of The Washington Nurse has the details you need to better understand this coordinated attack on workers and how it benefits the CEOs of hospitals and large corporations.

Be alert to unsolicited information from outside groups who claim to be on your side — are they really pushing to weaken your voice and take away all the gains we have made together?

WSNA has been working hard to educate and engage our members. Our membership is growing, and we have made some incredible gains in recent contract negotiations. Our ability to advocate for our patients and ourselves will be compromised by this case. It’s time for all of us to step up and engage. What can you do, in partnership with WSNA, in your Local Unit, in the legislature and in your communities across the state to ensure that we as nurses continue to stand together and push hospitals to put patients before profits?

Jan Bussert, BSN, RN
WSNA President
NEWS BRIEFS

CMS to start mailing new Medicare cards in April

The Centers for Medicare & Medicaid Services (CMS) is preparing to remove Social Security numbers from all Medicare cards in an effort to prevent fraud and combat identity theft for the 57.7 million Americans on Medicare. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019.

Providers and beneficiaries will both be able to use secure look-up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN, further easing the transition.

CMS has a website dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also planning regular calls as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018.

For more information, please visit www.cms.gov/Medicare/New-Medicare-Card.
WSNA Hall of Famer Muriel Grace Softli recognized by UW School of Nursing

Decorated military veteran and WSNA Hall of Famer Muriel Grace Softli, MPA, MEd, BSN, RN received the University of Washington School of Nursing Community Health Nurse Track Preceptor of the Year Award at the Washington State Advanced Practice Nursing Conference on Oct. 27, 2017. As a preceptor, Muriel gives UW School of Nursing students important hands-on patient care experience.

Muriel served in the Air Force Medical Corps from 1970 to 1996 and was the longest assigned flight nurse and first African American nurse to be assigned to McChord Air Force unit 40th AES. Outside of the military, Muriel served as a Seattle Public School nurse for 42 years. She retired seven years ago but came out of retirement to care for students as the school nurse at First Place School, a private nonprofit school for children experiencing trauma or homelessness, where she began precepting Community Health nursing students. As a school nurse, Muriel and her UW students managed medications, dealt with students’ mental health needs, provided annual preventative care exams, participated in Student Intervention Team meetings and more.

WSNA would like to thank Muriel for her commitment and leadership in health care, education and nursing as well as congratulate her well-deserved award and recognition!

David Reyes elected President of WSPHA

Congratulations to WSNA member David Reyes, DNP, MPH, RN, PHNA-BC, who was elected President of the Washington State Public Health Association Oct. 17, 2017.

David Reyes is an assistant professor in the Nursing & Healthcare Leadership Program at the University of Washington Tacoma. Before entering academia, David spent 17 years as a supervisor and administrator at Public Health – Seattle & King County. As a Health Services Administrator in the Community Health Services Division, David managed health services delivery at various public health centers, and participated in PHSKC’s diversity, social justice and health equity initiatives.

David received the Marguerite Cobb Public Health/Community Health Nurse Award at the Washington State Nurses Convention in May 2017. In 2016, he was appointed by the University of Washington’s President to the new Population Health Executive Council, which addresses eliminating disease as well as the intersecting and overlapping factors that influence health.

Jean Pfeifer elected to North Valley Hospital Board

Congratulations to Jean Pfeifer, a retired RN and former WSNA Board member, for her election to the Board of Commissioners for North Valley Hospital in Tonasket. Before retirement, Jean was a nurse at Seattle Children’s Hospital for 37 years, where she served as the WSNA Local Unit Chair for many years. North Valley is a critical access hospital.

Hall-of-Famer Patty Hayes, MN, RN, named Most Influential Seattleite

Congratulations to our very own Hall of Fame member, Patty Hayes, MN, RN for her recognition as one of Seattle Magazine’s Most Influential Seattleites of 2017.

As Seattle Magazine said: “She doesn’t ride a white horse or wear a badge, but Patty Hayes, R.N., M.N., is the closest thing King County has to a sheriff for health, trying to protect more than 2 million county residents.”

Patty, who served as WSNA’s Executive Director from 1989–1992, has been the director of Public Health – Seattle and King County since 2015. She and her team work to track and protect residents from dangers ranging from bad meals to reportable illnesses. In the face of a shrinking budget due in large part to the state’s diminished support for essential public health services, Patty leads the charge against public health threats like food-borne illnesses and communicable diseases like tuberculosis, mumps, Ebola and Zika.

“Hayes is a beacon of calm in this turbulence, juggling each outbreak and preserving services for the neediest,” Seattle Magazine said.
Health Care Authority limits quantity of opioids

In the spirit of preventing misuse and addiction to opioids and taking control of the opioid crisis, Washington state Medicaid health plan, Apple Health, has set limits in the quantity of opioids that may be prescribed.

With the exception of cancer treatment, palliative care, hospice, end-of-life care and established chronic (ongoing) opioid therapy, the policy sets the following limits:

- For people ages 20 or younger: 18 tablets or capsules (about a three-day supply)
- For people ages 21 or older: 42 tablets or capsules (about a seven-day supply)

For further details on this clinical policy, visit www.hca.wa.gov/billers-providers/programs-and-services/opioids.

WSNA membership cards go digital

For many years, WSNA has printed and mailed a new membership card to every member once a year. With the changing times, we’re going digital to save administrative time and the cost of producing physical cards. Starting this year, we’ll be providing your membership numbers for WSNA, ANA and AFT (for union members) to you by the following methods:

- An annual email
- The Washington Nurse magazine (WSNA membership number only – you’ll find it on the line above your name in the address block on the back cover)
- The ‘My WSNA’ website (my.wsna.org)

Additionally, you can always contact us by phone to obtain your membership numbers at 206-575-7979 (local) or 800-231-8482 (toll-free).

Seattle/King County Clinic serves 4,300

A big thank you to the WSNA members and other providers and volunteers who helped make the annual Seattle/King County Clinic a success. The four-day event, held Oct. 26–29 at KeyArena at Seattle Center served over 4,300 patients and provided more than $3.7 million in health care services.
Edna Cortez speaks up for kids at Apple Health for Kids celebration

Edna Cortez, RN, the WSNA Local Unit Chair for Seattle Children’s Hospital, joined a panel of providers, clients and enrollment workers at the 10th Anniversary Celebration of Apple Health for Kids, the state’s health care program for children.

The event, held at New Holly Gathering Hall on Nov. 3, 2017, brought together child health advocates, health care providers, navigators, legislators, families and community leaders to celebrate the ten-year anniversary of the passage of the Cover All Kids law in 2007, a landmark step toward the goal of providing health coverage for all of Washington’s children through Apple Health for Kids.

Edna spoke movingly about the importance of health coverage for the children and families she sees at Seattle Children’s.

“It is amazing to see parents that are so concerned about insurance when I usually tell parents let’s not worry about that right now, let’s focus on your kiddo,” Edna said. “I do not want parents to worry about how insurance is going to cover them... I’m grateful for what this program has to offer.”

In 2007, 80,100 Washington children were uninsured, but our state has made remarkable progress since that time, with fewer than three percent of Washington’s kids now uninsured. Apple Health for Kids is a solution unique to Washington state, using the federal programs Medicaid and Children’s Health Insurance Program (CHIP) to finance care for children in families with incomes below 300% of the federal poverty level under one umbrella program. Thanks to these programs working together, the number of kids in Washington without health insurance is the lowest in history.

As this issue of The Washington Nurse went to press, Congress had not yet passed reauthorization of the CHIP program, which is essential to keeping children on Apple Health for Kids covered.
PROTECTING OUR FREEDOM TO JOIN TOGETHER

We can protect our rights and our power by continuing to stand together as active WSNA members.

When we stand together as union nurses, we have the power to win a fair return on our work and conditions that allow us to provide better care to our patients.

Over the years, we have joined together to successfully fight for better pay and working conditions. And, we have fought back against things like unsafe staffing schemes, intermittent rest breaks and mandatory overtime that put profits before patients and make it harder for us to give our patients the care they deserve. As active members of WSNA, we have the power in numbers to advocate for our patients and what we need to care for them in a healthy and safe way, pushing hospitals to address safe staffing, workplace violence, safe lifting and other workplace issues.

But real freedom is about more than making a living and doing our jobs well; it’s also about having time to take a loved one to the doctor or nurse practitioner, attend a parent-teacher conference and retire in dignity. We need the power in numbers of unions to protect things our families need like health benefits and paid time off to care for our loved ones.

Wealthy special interests and corporate lobbyists are chipping away at all we have gained. Over the past several years, corporate special interests have launched unprecedented attacks against the freedom of working people to form strong unions, most recently urging the U.S. Supreme Court to take up a case called Janus v. AFSCME that takes aim at the ability of working people to join together and speak up for themselves, their families and their communities. They want to take away our ability to collect dues at public facilities and weaken our union, opening the way for hospital CEOs to increase patient loads, lower wages and reduce benefits. They want to silence us.

A decision from the Supreme Court is expected this spring. At issue is whether public-sector workers—including nurses at public hospitals, health departments and veterans’ homes—should be allowed to quit paying their fair share for the work we do to negotiate and enforce good contracts, while continuing to benefit from union representation. If that happens, expect outside groups to come into your workplaces or even to your front doors offering to teach you how to drop out. They want to weaken us so they can take away better working conditions, pay and benefits for which we have worked so hard. They want to take away your ability to effectively advocate for your patients and our profession.

We can protect our rights and our power by continuing to stand together as active WSNA members. Working people like nurses deserve the same freedom hospital and corporate CEOs have—the freedom to negotiate a fair return on our work so we can provide for our families and have better working conditions that allow us to give patients our best.
WHEN WE FIGHT TOGETHER WE WIN!

What you need to know about Janus v. AFSCME.

By Christine Watts, MN, RN
Senior Director of Labor, WSNA
WE ARE ALL WSNA. Together, we have grown our membership by leaps and bounds, achieved major victories to help protect our patients and our professional lives and negotiated precedent-setting agreements, all while fighting off efforts to strip away pay, benefits and the dignity of the nursing profession. We have not won them all, but consider the following recent achievements:

- New contract language to attack chronic understaffing, including specific nurse-to-patient ratios written into our contract at MultiCare Tacoma General Hospital;
- A new staffing law passed by the legislature in 2017 that empowers nurses to protect patients through stronger staffing committees;
- Supreme Court victories to force employers to give meal and rest breaks;
- Wages that support freedom for families to prosper; and
- Multimillion dollar settlements with new break-relief nurses.

And consider just a few examples of the takeaways threatened by management that we defeated together:

- Forced house-wide floating;
- Cutting or eliminating rest between shifts;
- Mandatory on-call/standby in all units;
- Even deeper cuts in medical insurance, PTO and retirement; and
- Pay-for-performance schemes tying nurses’ wages to factors beyond their control.

We have won at the negotiating table, in court and the legislature because we stood together in unity. When we as WSNA members exercise our freedom to join together and speak with a single powerful voice, we can stand up to management’s combined financial power.

Corporate lobbyists and wealthy CEOs have been mounting attacks on our freedom to speak with that one voice. One of the greatest threats is a case now pending before the United States Supreme Court, Janus v. AFSCME, in which the new conservative Court appears poised to overturn its own longstanding precedent and take away the freedom of public sector nurses to build their powerful, unified voice.

At risk is the freedom of public sector union employees and their employers to agree to fair-share union dues agreements. This gives employees the option of becoming full union members or skipping membership and becoming fair-share payers, who pay a reduced fee to support their union’s efforts on their behalf.

If the U.S. Supreme Court decides against working people, and public-sector nurses start dropping their membership, our power to negotiate fair contracts for our work would be significantly diminished. If that isn’t bad enough, we will face a coordinated, sophisticated campaign by anti-union groups and foundations to persuade our members to drop their membership. They know that when we don’t speak with a strong, unified voice, management wins and our patients lose.

Organized attack by wealthy corporations

These anti-worker attacks are coming from individuals and groups such as the Walton family (of Wal-Mart fame), the Koch brothers, Wall Street, banks, huge multi-national corporations and corporate-funded political think tanks. These groups work with state politicians behind closed doors to try to rewrite state laws that govern your rights. This is the wealthiest one percent, and they are the ones who benefit when they take away our freedom to join together and negotiate.

Make no mistake. These groups are very upfront about their goal—to weaken and destroy public employee unions. As one fundraising letter to wealthy donors puts it:

“To the horror and dismay of government unions across the country, the Supreme Court is taking up Janus v. AFSCME this term. As a result, we may well be on the verge of an historic victory over government unions — and now is the time to put ourselves into position to make the most of this incredible opportunity.”

They are engaged in this massive fundraising effort so they can peddle falsehoods, and will even go so far as to send paid, scripted lobbyists to show up at members’ homes and harass them into resigning union membership. Why go to the trouble, you may ask? Because your collective voice is in their way.

Big corporations, politicians and wealthy interests have rigged our economy against working people for decades. They have robbed Americans of the freedom to earn a decent living, have work-life balance, take a loved one to the doctor or serve the public well without fear of losing their job. In our hospitals and clinics, wealthy CEOs press management to cut staff, often leaving nurses without rest or meal breaks and with more patients than they can safely care for. Nurses are forced to float to units in which they lack the necessary
The Washington Nurse

THE UNION DIFFERENCE

Members of labor unions earn more and have better benefits than non-members.

**WAGES**

Union members earn 25% more than non-union workers.

Median weekly earnings for full-time and salaried workers, 2015–16

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<th>Union members</th>
<th>Non-union</th>
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<td>($1,004)</td>
<td>$1,004</td>
<td>$802</td>
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**HEALTH CARE**

Union members pay less in health insurance premiums than non-union workers.

Share of premiums paid by employer, March 2017

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<th>Individual coverage</th>
<th>Family coverage</th>
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<tr>
<td>($1,004)</td>
<td>Union members: 87%</td>
<td>Non-union: 79%</td>
</tr>
<tr>
<td>($1,004)</td>
<td>Union members: 80%</td>
<td>Non-union: 65%</td>
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**RETIREMENT**

Union members are 28% more likely to have retirement benefits than non-union workers.

Percentage of workers with access to retirement benefits, March 2017

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<th></th>
<th>Union members</th>
<th>Non-union</th>
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<td>94%</td>
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<td>66%</td>
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**PAID LEAVE**

Union members are 18% more likely to have paid sick leave than non-union workers.

Percentage of workers with paid sick leave, March 2017

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<th></th>
<th>Union members</th>
<th>Non-union</th>
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<tr>
<td>87%</td>
<td></td>
<td>60%</td>
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Source: U.S. Bureau of Labor Statistics

Ask any union negotiator. The single most important factor in negotiating fair collective bargaining agreements is the level of union membership.

Our power in numbers to fight back

Unions are the most effective way for workers to come together and counter the influence big money and big corporations have on our democracy. By forming strong unions, workers are able to negotiate a fair return on their hard work and benefits that support their families, as well as provisions to protect patients and their own health. This isn’t just talk. According to the Bureau of Labor Statistics, workers who belong to a union typically earn higher pay than non-union workers doing the same kind of job.

And we use our collective voice to advocate for policies that benefit all working people—like increases to the minimum wage, affordable health care and great public schools for students—and to elect politicians who will stand up for working people, not the wealthy and corporate interests.

Unions are critically important to fix a rigged economy that disproportionately hurts workers across the country, and particularly workers of color. Across the country, more than half of black workers and nearly 60 percent of Latino workers are paid less than $15 per hour. If corporations and politicians eliminate our freedom to come together in union, they will continue to drive down wages, kill jobs, defund public hospitals, silence working people at the ballot box and dismantle the fundamental values of freedom and opportunity we hold dear as Americans.

We can’t let that happen.

What is the Janus case?

The United States Supreme Court has agreed to hear a case regarding the constitutionality of public sector unions’ right to collect fair share or agency fees from non-members in a case known as Janus v. AFSCME Council 31. The issue in Janus is whether the First Amendment gives the freedom to a public employer to reach an agreement with a labor union that all employees of the bargaining unit who choose not to become members of the union will be required, instead of paying dues, to pay a reduced “fair share” fee to help cover the union’s costs of negotiating contracts and grievance administration that the union is required to provide to those non-members. Outlawing “fair share” agreements would overturn 40 years of legal precedent.

The Janus case originated with a federal court lawsuit, filed by billionaire Bruce Rauner, Governor of Illinois, in February of 2015. Governor Rauner summarily signed an order that stopped the collection of fair-share fees from non-union state employees represented by over 25 different unions, in an attempt to weaken the ability of state employees to join together and negotiate. The union defendants and the state attorney general moved to dismiss the case. That’s when state employee Mark Janus, with legal assistance from national anti-union groups filed a motion to intervene on the side of the Governor. The district court subsequently dismissed the Governor from the case, but Janus pursued his claims before the district court and court of appeals, losing at every level.

Now that the case is before the U.S. Supreme Court, huge corporate interests and the wealthy are funding a host of briefs to the Court arguing to weaken the ability of working people to negotiate a fair return on our work. The case is expected to be decided sometime between the end of March and June of 2018.
What happens if the Supreme Court rules against working people?

The first impact of a loss in Janus is that it will become illegal for unions like WSNA to deduct fair-share fees from public sector non-members. While this is a blow, the much bigger question is up to all of us, the members of WSNA. If we maintain our memberships and persuade future nurses to join, we will keep growing stronger together. But if a substantial number of current members drop out, the impact on your standard of living, freedom to live a balanced life and ability to advocate for and protect yourselves and your patients may be profound.

Ask any union negotiator. The single most important factor in negotiating fair collective bargaining agreements is the level of union membership. If management is not convinced that nurses are united to support their negotiating committee, not only will fair wage increases disappear, but management will try to force nurses into giving up the keys to their independence and professionalism. In hospitals with strong union membership, we have time and time again beat back painful takeaways and dangerous proposals that would endanger the care our nurses provide.

What are the implications for each of you?

Consider both your home life and professional life. Real freedom is about more than making a living—it’s about having the time and ability to spend time with family and friends or care for loved ones. Many employers are proposing new restrictions on the use of earned benefits and are trying to take away your freedom to use your time off as you need.

The same is true with scheduling. How would your freedom to schedule your life be impacted if the employer could tack on additional shifts over your FTE without your permission, or even change your shifts and hours weekly or daily? And, perhaps most importantly, what if your wages stagnate or even fall? Over time, your family’s freedom to prosper will diminish. In 2017, 94 percent of union employees in the U.S. had access to health care benefits, compared to only 67 percent of non-union workers. Union workers also pay less out-of-pocket for their insurance than non-unionized workers do. What if hospital CEOs were to erode your medical benefits packages at will, imposing plans with thousands of dollars of copays and deductibles at ever higher premiums?

Also consider your professional life. From the point of view of many CEOs, a nurse is a nurse is a nurse. Some hospitals are trying even now to take away your freedom to do work in your own specialty by forcing you to float all over the hospital. They want to take away rest between shifts for nurses who are already working far past a 12-hour shift. And what about your professional duty to care for your patients? Many hospitals are already stripping critical support staff, laying off nurses and denying time for breaks. We as WSNA members are pushing back against these practices, but we can only do that if we stand together in unity. Ask yourself if you are happy with trends like these continuing at your hospital and imagine it becoming intolerably worse.

How would your freedom to schedule your life be impacted if the employer could tack on additional shifts over your FTE without your permission, or even change your shifts and hours weekly or daily?

3 THINGS YOU CAN DO NOW

A decision in the Janus v. AFSCME case is expected from the U.S. Supreme Court this spring. Here are three things you can do now to be prepared.

1. Understand the issues

Understand the rationale behind this movement to silence you. The articles in this issue of The Washington Nurse are a great place to start.

2. Talk about it

A decision by one nurse to withdraw from union membership undermines us all. Let your colleagues know you’re standing with your union to protect your patients.

3. Just say no

If the U.S. Supreme Court decides against working people, we can expect outside organizations to pressure nurses to drop their union membership. Resist attempts to take away our freedom to join together to make change happen.
Finally consider your profession. Your dues money supports advocacy efforts to protect your professional standards in state law and regulatory agencies, and it allows for full participation in the American Nurses Association and its critical advocacy role for nurses. Your dues also support WSNA in its role of interpreting the complexities of the Nurse Practice Act and assuring the quality of nursing education. We represent your workplace and practice interests with the Nursing Care Quality Assurance Commission and other state agencies, and we also provide input on proposals that affect your workplace safety and your practice.

What can I personally do if Janus is decided against us?

Engage
Remain a member and persuade others that standing together is not only the right choice, it’s the smart choice.

Get involved
Get involved in negotiations and talk to your negotiators. Help educate your fellow nurses, especially those just entering the profession, about the collective bargaining agreement.

Serve
Become a local committee member and learn how to bring those around you together.

Whatever happens, know that WSNA has faced and overcome even greater challenges in the past. Standing together we can and will fight. Standing together we will win. ■

Being part of a union, I have a voice to make changes and the ability to stand up without fear of retaliation.

I have the opportunity to improve conditions for nurses and their patients. I have a collective voice to make changes in legislation, nursing practice and health and safety. As an active, involved and empowered member, I have contributed to victories on rest breaks, with a $5 million settlement for nurses, and I helped win a grievance that allows all members to opt out of solicitation calls at home from the staffing office. After my mom got cancer and my children graduated from college, it was possible for me to become a nurse. I decided to do all I could for the rest of my life to lean in and to give back to patients and families. My union helps me do that.

My union membership means the power to negotiate a fair return on my work and conditions that allow me to give the best care to the mothers and babies I work with as a public health nurse.

But the power we have working together goes beyond contract negotiations. When King County proposed closing four public health clinics during the 2014 budget crisis, I joined together with other public health members and WSNA staff to organize rallies, gather petition signatures, reach out to civic leaders and put pressure on the King County Council. Joining together in union, we were able to save all four clinics. That’s power, and that’s why it’s important to me to remain an active member of WSNA.

I am grateful for my union membership in WSNA.

I have worked as a nurse for nearly 10 years, all of them at Seattle Children’s.

Being a part of a union means being part of a greater group with strength to stand together for what is right and what is fair. It is tremendously comforting to know that, so long as I have done the right thing, I will have the support of a strong union to stand by me, to have my back. I have seen this not only in my personal experiences but also those of my colleagues.

It also has meant a lot to me to know that the union will make policies happen which will make my working life as well as personal life better. In my discussions with RNs who have worked at non-union hospitals, I also realize the huge gains and perks that we have as RNs in my hospital. This includes everything from time off between shifts, pay schedules, certification pay and other areas, to name a few.

In this time of unfair labor practices and litigious society, I know that I have an extremely strong and respected union working behind the scenes to allow me to do what I do best and love, be a nurse.

John Gustafson, RN, CMSRN
St. Joseph Medical Center, Tacoma

Christina Enriquez, BSN, RN
Public Health – Seattle & King County

Lindsey Kirsch, BSN, RN
Seattle Children’s Hospital

PHOTOS: BEN TILDEN AND COURTESY LINDSAY KIRSCH
WILL YOU STAND WITH ME?

by Tara Goode, BA, BSN, RN
Director of Organizing, WSNA

Like you, I’m a registered nurse, and I need to warn you that there is a war being waged on our ability to advocate for our profession and our patients. It’s not about party politics. It’s about power and our need to assert our collective voice to influence the care our patients receive.

This attack did not originally target nurses, but instead, public union workers. Regardless, it’s going to impact our practice. It’s an effort that has been in process for decades and is now gaining steam due to the current political climate at the federal level. A decision is coming from the U.S. Supreme Court early this year that could allow public union nurses to withdraw their union membership, but would still most likely obligate the union to continue to represent those nurses.

As educated professionals, how do you think that would work? Where will the resources to represent you come from if not from dues money? What will diminished membership do to your collective power? Who’s going to gain from this decision? Better yet, who’s waging this attack on our profession and in turn our patients? Two names come to mind, the Walton family (Walmart) and the Koch brothers (billionaire industrialists). These are people who can afford private care at any cost and enjoy almost limitless power. They have no conscience when it comes to the practical impact of this effort on nursing or health care. They are solely concerned with two things: money and power.

You have the power to make a difference. You have the freedom to choose to stand strong with RNs around the country. I challenge all RNs to do the following to ensure our voice remains strong:

1. **Just say no.** If someone asks you to drop your membership in your union, just say no. It only serves to weaken your union and vastly diminish your ability to work on solutions to problems like safe staffing, workplace violence and nurse and patient safety. Every nurse matters, and we stand strong when we stand together.

2. **Be unafraid** to discuss this issue with your colleagues. I’m calling on you all to have hard conversations and hold each other accountable for your decisions. If a nurse withdraws their membership, it’s a clear message to everyone that they are actively working against building union power. Expecting others to do the work needing to be done isn’t professional, and it’s not who we are as nurses. We’re better than that.

3. **Stay informed.** Seek out information. Look at the data. Understand the rationale. Re-evaluate your position and reaffirm your commitment to stand united with your colleagues. When nurses stand together, amazing things can happen.

The call to action is now. Refuse to be swayed by slick sales tactics, repetitive untruths and party politics. Rely on your critical thinking abilities as a highly educated person and see through the smoke.

You want freedom? You have it. You have the freedom to choose to work in a union facility or not.

You want a choice? You have it. You have the choice to stand strong together or let outside, moneyed interests interfere with your ability to provide the best care possible to your patients.

You want power? You have it. Nurses standing together can move mountains! Imagine what we could accomplish if we refuse to allow politicians and business people to play at being nurses and doctors.

You want control? You have it. You control the trajectory of the labor movement.

I am honored to be in the company of such intelligent and professional health care practitioners. Nurses are the heart and soul of not only the health care industry in this country, but of each and every community in which we live and work. It’s time to come together and stand strong against a very real and imminent threat to all we hold dear. Will you stand with me?
Because you should be more worried about what’s inside your books than how to pay for them...

The Washington State Nurses Foundation annually awards scholarships to qualified students preparing for a career as a registered nurse in Washington state. The minimum amount of each scholarship is $1,000.

APPLICATION DEADLINE & SCHOLARSHIP AWARD
Materials must be postmarked by Feb. 9, 2018, and scholarship award announcements will be made by April 15, 2018.

TO APPLY
You can find an application form in downloadable PDF format at [www.wsna.org/wsnf](http://www.wsna.org/wsnf).

Undergraduate student applicants must be enrolled in an approved program leading to an associate or baccalaureate nursing degree, and must have completed at least 12 nursing credits (credits from LPN programs do not apply toward the 12 completed credits). Graduate student applicants must be admitted to an approved graduate nursing program to be eligible to apply for a scholarship. Applicants must be either a resident of Washington state or enrolled in an approved RN program in Washington state.
WSNA’s priorities for the 2018 legislative session

The 2018 legislative session is underway. During this short, 60-day session, WSNA is focused on nurse education funding, public health funding, securing uninterrupted meal and rest breaks, ending surprise medical billing, addressing the opioid epidemic and expanding access to mental health services.

Budget priorities:

**Nursing education funding**

To provide scholarship and loan repayment funding that has a significant impact for nurses, allowing them financial stability while working with underserved communities.

Provider shortages affect everyone. When there are not enough health care providers, health access is limited, costs go up and wait times increase.

Despite a projected nursing shortage in Washington state, access to scholarship and loan repayment programs has not increased. Such programs help rural and underserved communities by incentivizing providers to locate there—and these programs help provide financial stability for nurses.

**Washington State Opportunity Scholarship program**

House Bill 2143 would expand the existing Opportunity Scholarship program to include students in eligible advanced degree health profession programs. Like the existing Health Profession Loan Repayment program, awards from the Opportunity Scholarship program would require a service obligation in a rural or underserved community.

The existing Opportunity Scholarship program is a public-private partnership, so private health care entities would need to contribute funding to help pay for these scholarships.

**Health Profession Loan Repayment Program**

Washington’s Health Profession Loan Repayment program is a crucial resource for providers who have incurred significant student loan debt, and who want to provide care in rural and underserved communities. Sixty awards are currently funded. We are seeking to increase the funding, and awards, available to nurses.

**Foundational public health services**

To protect the health and safety of our communities by ensuring that standards for chronic and communicable disease prevention are met across the state.

Washington’s population has grown by more than one million residents since 2000. In that same time, when adjusted for inflation and population growth, public health funding has decreased by 40 percent.

In the 2017 state legislative session, the legislature provided a new, one-time $12 million investment in core public health services. This seed money is essential to support Foundational Public Health Services, especially as it struggles to address the spiking rates of communicable disease across our state.

While this new investment is helpful, it is a drop in the bucket toward adequately funding Washington’s public health system to ensure it can track, respond to and prevent disease outbreaks. WSNA joins coalition partners in continuing to highlight the dire need for new, sustainable public health funding in 2018 and beyond.
Policy priorities:

**Meal and rest breaks bill**

To protect patients by ensuring nurses receive uninterrupted meal and rest breaks, so that they can provide the highest quality patient care.

House Bill 1715 requires nurses be provided with uninterrupted meal and rest breaks, which are needed so that nurses can provide the highest quality patient care. Nurses intercept 86 percent of medication errors before there is harm to patients, and we always find time to provide care and comfort that leave an impression on patients and their families. That’s why, year after year, nurses are voted the most trusted profession. Yet, nurses often work 10, 12 or more hours in a row—sometimes without time to take a break. Ensuring uninterrupted breaks allows us as nurses to refocus and recharge. Breaks can literally be a lifesaver.

Additionally, House Bill 1715 closes the mandatory overtime loophole by clarifying that employers may not use prescheduled on-call time to fill chronic or foreseeable vacancies due to staff shortages. Right now, many nurses are being called back for mandatory overtime after they’ve already worked a 10- or 12-hour shift. This isn’t safe—for nurses or patients. We know that nurses who work shifts of 12.5 hours or longer are three times more likely to miss things—putting patients at risk.

**Surprise medical billing**

To safeguard patients and their families against surprise medical bills when treated by an out-of-network provider at an in-network facility under emergency or surgical circumstances.

House Bill 2114 was introduced in the 2017 session and seeks to address surprise medical billing, which happens when a patient is treated at a health care facility that is in their health plan’s network, but may unexpectedly receive services or see certain providers that are out of their health plan’s network—resulting in a surprise medical bill for the out-of-network rate. These unexpected charges can amount to hundreds or thousands of dollars.

This bill would ensure that patients pay in-network rates at in-network facilities, even when being treated by an out-of-network provider in an Emergency Department or surgical facility.

Surprise medical billing is not only an issue for patients, but also for nurses. In 2017, WSNA surveyed our members on their experiences with surprise billing and medical debt. About a third of nurses who responded to the survey had experienced a surprise medical bill, ranging from $100 to tens of thousands of dollars. This legislation will pull patients—and nurses—out of the middle of billing disputes.

Thirteen other states restrict surprise balanced billing—and it’s time Washington did, too.

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**Advocacy on the go!**

Nurses are some of the best patient and legislative advocates! You are also extremely busy. That’s why, this session, we are offering some tips to help you advocate on the go.

- Advocate through WSNA Legislative Action Alerts – find these alerts in your email inbox; our click-to-act system allows you to store your information so that you only need to click three buttons to email your lawmakers on nursing priorities.
- Add the Washington State Legislative Hotline to your contacts – enter Washington’s legislative hotline into your mobile phone to make it easy to take action on the go: 1-800-562-6000. They’ll connect you directly to your legislator’s office. If you would prefer to leave a voicemail, call after hours and make sure to identify yourself as a constituent.
- Follow WSNA on Twitter – you’ll find us @mywsna.
- Learn your Legislative District – enter your home address at http://app.leg.wa.gov/DistrictFinder to find your district.

**“Like” and “Follow” WSNA’s Facebook page** – we’ll include critical action alerts there as well.
Opioids / secure medicine return

To address the opioid epidemic and to ensure patients have a safe, secure way to dispose of unwanted and unused medications.

During the 2017 session, the legislature passed House Bill 1427 which addressed preventive measures aimed at curbing the opioid epidemic, such as:

• Requiring rulemaking to establish requirements for prescribing opioid drugs.
• Sharing of the state’s Prescription Monitoring Program data with provider groups and health care facilities for quality improvement processes.
• Making it easier for opioid treatment programs to be established in communities.

In 2018, WSNA will support bills to further prevent, and provide treatment for, opioid addiction in our communities.

Additionally, WSNA will continue to support House Bill 1047 which establishes a statewide secure medicine return program (sometimes referred to as drug take-back). House Bill 1047 would:

• Expand secure medicine disposal options to reduce risks of medicine poisonings, misuse and overdoses, and prevent waste medicines from contributing to environmental pollution.
• Improve convenience for residents by providing secure drop boxes in pharmacies and hospitals, as now allowed under the DEA Rule for take-back of controlled substances.
• Ensure financial sustainability through a system the pharmaceutical industry funds and coordinates, relieving burdens on law enforcement, local agencies and taxpayers.
• Grandfather in county programs created via local Board of Health action in King, Pierce, Snohomish and Kitsap counties—giving them 18 months to merge their local programs into the statewide program once it is implemented.

Access to mental health services

(Volk decision)

To ensure new foreseeability standards do not result in practice changes that limit access to mental health care.

A year ago, the Washington State Supreme Court issued a 6-3 decision in Volk v. DeMeerleer that changed the standard for “duty to warn” previously established in Washington state and nationally. The Court held that, in the outpatient context, the duty of health care providers to warn potential victims of violence extends to all individuals who may “foreseeably” be endangered by a patient who has made a threat, even if no specific target was identified. This leaves providers with unprecedented responsibility to interpret who to warn.

Senate Bill 5800 would return to the standard established before the Volk decision: to require that a mental health professional providing mental health services to a patient has a duty to warn about a patient’s violent behavior only if the patient has made an actual threat of physical violence against an identifiable victim.

This bill would ensure that mental health professionals do not change their practice, resulting in either a chilling effect on the willingness to treat severely mentally ill patients or an increase in involuntary treatment commitments.

Following the 2017 legislative session, the University of Washington School of Law conducted a study to analyze how the Volk decision was affecting providers and patient care. In 2018, WSNA will work to educate lawmakers about the results of that study and continue to advocate for legislation that would return to the previous duty to warn standard.

Introducing Nurses’ Voices in Politics

WSNA needs you!

In 2018, WSNA is launching a new political leadership program called Nurses’ Voices in Politics (NVP)—and we’re looking for WSNA nurses who would like to be trained to help build our grassroots political power.

NVP is designed to ensure that we have the nurse power to:

• Hold legislators accountable (win elections)
• Apply timely and voluminous pressure on legislators (pass pro-nurse laws)
• Develop nurse leaders (help nurses win elections)

The WSNA-PAC Board of Trustees is leading the effort to recruit nurses to participate in the NVP program—and you may be receiving a call from one of them soon!

This exciting program has the ingredients to be a fun and effective way to build our power; all it takes is your support by joining today.

If you’d like to learn more please contact Nathasja Skorupa, WSNA’s Political Action Specialist, at nskorupa@wsna.org or 206-491-4647.
Surprise billing and health care costs

Most of us try to contain our health care expenses by ensuring we are seen by providers inside our health insurance company’s network. But this can become challenging in some health care situations. For example, a patient in the emergency room may need surgery and despite being in an in-network facility, that patient may see an anesthesiologist who is out of their insurance network—leading to a surprise bill for that provider’s services.

Surprise medical bills can affect anyone—even those working in health care, like nurses. In 2017, WSNA surveyed 850 of its members on their experiences with medical bills and surprise billing.

We asked nurses about their personal experience with trouble paying for medical bills.

1 in 3
said they had experienced trouble paying for medical bills in the last 12 months. Of those...

- 70% had medical bills for a one-time or short-term medical expense
- 90% had trouble paying for co-pays, deductible, coinsurance
- One in three had trouble paying for an out-of-network doctor or facility that insurance didn’t fully cover

We asked nurses about the consequences to their health due to high medical cost.

- Necessary medical treatment
  - Seven out of ten put off or postponed necessary medical treatment
- Recommended tests and treatments
  - Half of nurses surveyed deferred a medical test or treatment that was recommended
- Substituting self-treatment for professional care
  - Half of nurses surveyed relied on home therapies or over-the-counter drugs instead of seeing a health professional
Victory!

100% of WSNA-PAC endorsed candidates won their elections

Phil Fortunato (R)
Legislative District 31
State Senator

Rebecca Saldana (D)
Legislative District 37
State Senator

Manka Dhingra (D)
Legislative District 45
State Senator

Patty Kuderer (D)
Legislative District 48
State Senator

Vandana Slatter (D)
Legislative District 48
State Representative Pos. 1

2017 elections shift power in Olympia

Across the country in November, power dynamics shifted in towns, cities and states. Here in Washington, the balance of power in Olympia was up for grabs with two special election Senate races. With Manka Dhingra’s victory in Washington’s 45th legislative district, Democrats regained control of the state Senate for the first time in six years.

National exit polls indicate the issues that propelled voter turnout were the federal attacks on health care and horrifying incidents of gun violence. Women, people of color and millennial voters turned out in droves nationwide.

The Washington State Nurses Association Political Action Committee (WSNA-PAC) is charged with making bipartisan endorsements, as well as financial contributions, to candidates in statewide and state legislative races. Endorsements are based on candidate questionnaires, candidate interviews and incumbents’ voting records on WSNA priority issues.

100% of the WSNA-PAC endorsed candidates won their elections this year.

We are so proud of the strong showing by WSNA-PAC endorsed candidates this year—and of the nurses who helped get out the vote to ensure their victories.

WSNA-PAC get out the vote (GOTV) efforts included the “communication sandwich” in the 45th legislative district, where the race was anticipated to be close and where WSNA nurses voting patterns reflect that of the district—swing voters. In other districts, WSNA-PAC mailed post cards that featured nurses standing with our endorsed candidates.

In all GOTV efforts, WSNA-PAC focused on high quality interactions, making live phone calls and sending hand-written post cards rather than robo calls and pre-printed messages, as many other campaigns use. Over 900 nurses received personalized messages from other nurses. Social media was utilized with timely and effective Facebook posts.

Additionally, this year WSNA ran a phone bank in the 45th district during which nurses called all the WSNA nurses who live in that district. Calls were also made the night before general elections.
HONORING OUR 2018 INDUCTEES

Debbie Brinker, MSN, RN, CNS
David Campbell, JD
Hilke Faber, MN, BSN, RN, FAAN
Judy Huntington, MN, RN
Karen Matsuda, MNA, BSN, RN
Barbara Van Droof, ARNP-BC

March 22, 2018, 5:30–8:30 p.m.

Salty’s on Alki
1936 Harbor Avenue SW, Seattle, WA 98126

Register at wsna.org/hof2018.
**Joelle Fathi joins WSNA as Director of Nursing Practice and Health Policy**

In October 2017, Joelle Fathi, DNP, RN, ARNP, began a new position as Director of Nursing Practice and Health Policy here at WSNA.

WSNA is fortunate to have a nurse of Fathi’s caliber and experience to lead the association forward in our nursing practice and health policy work. Her demonstrated excellence in clinical practice, nursing leadership and education, and health care policy advocacy are an incredible asset for nurses in Washington state and beyond.

Joelle comes to us from the Seattle area where she most recently worked as Program Director and Lead Nurse Practitioner for the Swedish Cancer Institute with Swedish Medical Center. In her 15 years at Swedish, Fathi served on the Medical Executive Committee, Credentials Committee and the Continuing Medical Education Committee. She has driven initiatives and built nationally recognized programs that are clinically based, federally regulated and systemwide.

Joelle is currently on working committees such as the Washington State Telehealth Collaborative, American Cancer Society’s National Steering Committee for the Lung Cancer Round Table and the American Thoracic Society. Her experience includes advocacy and work in policy via various action networks, including providing testimony to the Legislature.

In nursing education, Joelle has worked as Lecturer and currently serves as Clinical Assistant Professor in the School of Nursing at the University of Washington. In 2004, she was nominated as “Exceptional Preceptor of the Year.” Joelle has also been faculty for physician leadership programs discussing and educating physicians on effective models of collaborative practice with nurses and advanced practice providers.

Joelle’s rich background in clinical research has resulted in multiple publications, including a recent article in OJIN entitled “Nurses Advancing Telehealth Services in the Era of Healthcare Reform.”

We are delighted to have Joelle on the WSNA team.

“As nurses, on the front lines of clinical care, we often carry the answers and the skills to address challenges in a pragmatic and patient-centered approach.

I have committed much of my clinical practice to identifying clinical problems or needs, and designing and developing evidence-based clinical programs from the ground up to address these problems. This work has given me the opportunity to drive initiatives and build nationally recognized programs that are clinically based, federally regulated and systemwide, at a high level.

This rounded and fulfilling nursing career has led me to the next steps of my professional continuum with a sincere interest and desire to offer a robust, impactful and meaningful contribution to nurses on a broader level.

We have entered a particularly complex era of health care, and currently the need for nursing at the forefront has never been greater. The issues are complex, multifaceted and involve a multitude of stakeholders, including nurses, health care systems, payers (insurers) for health care services, patients as consumers of health care, nursing education systems and traditional or nontraditional collective bargaining units. These entities are interdependent but sometimes reside on opposite ends of the care continuum, hold alternative priorities and are not always actively engaged. It is not possible to remedy these challenges without all stakeholders collaboratively working together with a shared vision, priorities and conscious effort.

As the unifying voice and advocating organization for nurses, patients and the entire community, the WSNA is the undisputed entity to lead Washington’s nursing community through a myriad of challenging issues and limitless opportunities. I look forward to participating in that work and the opportunity to join with nurses around the state to advance the profession, advocate for patients and ensure that high quality health care is accessible to all.

– Joelle Fathi, DNP, RN, ARNP
Help us paint an accurate picture of Washington’s nursing workforce

By Paula R. Meyer MSN, RN, FRE
Executive Director, Nursing Care Quality Assurance Commission
and Sofia Aragon JD, MN, BSN, RN
Executive Director, Washington Center for Nursing

Statewide surveys will look at current trends and future nursing workforce needs

Nurses in Washington state will be asked to complete one or more surveys in 2018. The Nursing Care Quality Assurance Commission, the state regulatory board, will be requiring for licensure a statewide demographic nursing survey. Some nurses will also receive a separate survey from the Washington Center for Nursing, the state nursing workforce center and University of Washington Center for Health Workforce Studies. While they will have similar questions, each survey will serve a different purpose, and data from both will be crucial to identifying state and national trends and informing nursing workforce development efforts.

By filling out both surveys, you will help inform policy recommendations on how to expand and improve nursing education programs and strengthen the nursing workforce to better serve our changing communities.

What information is needed and why?
Across the country, state nursing workforce centers and state boards of nursing collaborate to collect and analyze data about the nursing workforce. The reports that are generated inform policy makers, nursing education programs and employers of nurses about the characteristics of the state’s nursing workforce, including education and skills obtained, where nurses choose to practice, practice specialty and other data for workforce planning and development. In addition, information about the nurse workforce benefits nurses directly by informing them about professional opportunities and challenges. Like all credible research surveys, the upcoming surveys from WCN-UW CHWS and NCQAC will carefully protect individual nurses’ information and use approved procedures to ensure personal information is not disclosed and all data are kept confidential. (Read more about
the processes in the FAQ section.) The reports will not focus on any individuals, but rather, will paint a broader picture of Washington's nursing workforce.

**What data is already being collected?**
Since 2006, the WCN in collaboration with UW CHWS has published Nurse Data Snapshots, an analysis and report on Washington’s nurse supply, distribution and demographic characteristics—based on the limited data available from nurse licenses (birthdate, gender and address) maintained by NCQAC.

Established in 2003 by the leaders of the Washington state nursing community, including the state nurses association, collective bargaining, four-year and community college nursing education programs, and nurse executives to address the nursing shortage, WCN serves as the statewide nursing resource center. WCN is largely funded by a $5 surcharge on LPN and RN licenses.

**Why do we need to track the changing nursing trends?**
Health care delivery in Washington is changing rapidly. The landmark publication “The Future of Nursing,” published in 2010 by the Institute of Medicine, set goals about the nursing workforce to meet the health care challenges of our diverse communities:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning care in the United States.
- Effective workforce planning and policy-making require better data collection and an improved information infrastructure.

As a leader in nursing, Washington state was well positioned in 2010 to act on these goals. However, due to the lack of data on the nursing workforce, there is little information on to what extent our state has advanced these goals.

The upcoming surveys will give us a clearer view of the workforce, how nurses are prepared to meet health care demands and what support is needed.

**The Nursing Commission Demographic Survey**
Beginning on Jan. 1, 2018, all nurses in Washington state will be required to fill out the Nursing Commission’s demographic survey questions online at the time they renew their licenses.

**Frequently asked questions**

**How are these surveys conducted?**
The WCN is contracting with the UW CHWS to conduct the Registered Nurse Workforce Survey in early 2018. A sample of nurses will be asked to participate by mail or email, and this survey will be identified as being from the WCN and the UW CHWS, with the Social and Economic Sciences Research Center (SESRC) at Washington State University carrying out the data collection. Only a portion of licensed registered nurses in Washington will be asked to complete the Registered Nurse Workforce survey. Separately, beginning Jan. 1, 2018 NCQAC is requiring nurses to complete a demographic survey electronically through Nursys e-Notify. (Nurses can currently volunteer to complete the survey.)

**How frequently will a registered nurse have to complete these surveys?**
The WCN and UW CHWS Registered Nurse Workforce Survey will be completed early in 2018. The NCQAC survey (using Nursys) will require data submission annually upon licensure renewal. After the initial Nursys data submission, nurses will be asked to update changes for any of the questions asked.

**How is my personal information protected?**
Data and information security is important to everyone. There are primarily three organizations working collaboratively to ensure the appropriate security controls are in place to protect nurses’ demographic data: The ethics boards overseeing WCN and UW, the Washington State Department of Health and the National Council of State Boards of Nursing.

The WCN and UW CHWS Registered Nurse Workforce Survey has been reviewed by Washington’s human subjects review board, like any other research study. WSU’s human subjects review board reviews SESRC’s survey operations involvement. The identities of individual nurses will be kept confidential, no personal identifiers will be disclosed and all information will be reported in aggregate form, consistent with all state and federal regulations.

The DOH, working with Washington State Office of Cyber Security, works to detect, block and respond to cyber-attacks on state networks every day. This work includes prevention and mitigation of threats before they can cause significant damage. Cyber threats will continue to evolve, and so must our defenses against them. DOH and security partners protect the information assets entrusted to them and are also prepared to respond in the event something unexpected occurs.

The NCSBN Information Security Management Program is aligned with the Security and Privacy Controls for Federal Information Systems and Organizations. NCSBN uses the National Institute of Standards and Technologies 800-53, moderate-impact security controls framework for its information security to protect the confidentiality, integrity and availability of information that is processed, stored and transmitted by NCSBN’s information systems. Please visit the NIST website for additional information on the NIST 800-53 framework.

NCSBN has corporate security policies, procedures and contractual security requirements that promote the protection of intellectual property, employee and customer personal information, proper data security and data handling procedures, and data transmissions. NCSBN also performs assessments, audits, penetration tests and vulnerability scans to help assure NIST 800-53, moderate-impact security control compliance.
More about Nursys

The National Council of State Boards of Nursing (NCSBN) is a national, not-for-profit, organization comprised of boards of nursing from 50 states and the District of Columbia. Washington state’s Board of Nursing (the Nursing Care Quality Assurance Commission – NCQAC) is an active member of the NCSBN. The NCSBN and NCQAC exist to protect the public’s health and welfare by assuring that safe and competent nursing care is provided by licensed nurses. As the comprehensive source of nursing licensure statistics for the U.S. and in order to track nursing as a workforce, NCSBN is partnering with their member state Boards of Nursing, including Washington state, to collect demographic data that pertains to licensed registered nurses. Beginning Jan. 1, 2018, NCQAC is requiring all nurses enroll with Nursys at the time of application for a new nursing license or licensure renewal.

Nursys fulfills the following purposes:
1. Allows you or an employer to verify the status (active/inactive) of your nursing license(s), the status of your practice privileges and the status of any disciplinary action by a participating board of nursing.
2. Provides an e-notification when you are due to renew any nursing licenses you hold and provides a central place to review your license(s).
3. Collects demographic data via Nursys for the purposes of national and state workforce tracking.

The NCSBN is a strong resource for nurses. For more information about Nursys and other topics you may visit: https://www.ncsbn.org/nursys.htm.

The demographic/national workforce tracking data that you will be asked at the time of enrollment is:
• gender, race/ethnicity
• primary zip code
• membership status of a collective bargaining unit
• language(s) spoken fluently
• nursing degree at time of initial licensure
• nursing school attended and year of graduation
• all nursing-related degrees and credentials
• which country originally licensed in
• year of initial nursing license
• active status as an Advanced Practice Nurse
• which states licensed as an APN
• employment status as a nurse
• typical hours worked

Find more information about Nursys and how to access it at the Nursing Commission website: www.doh.wa.gov/LicenseesPermitsandCertificates/NursingCommission.

The WCN UW CHWS Registered Nurse Workforce Survey
Some nurses will be invited to participate in an additional sample survey conducted by the WCN and the UW CHWS in early 2018, either by mail or email. This survey will gather more information about where nurses work, their practice specialty, whether they are working part time or full time, whether they have plans to advance their education, career satisfaction, the provision of culturally competent care and other factors. The findings from this survey will also be available by the end of 2018.

Nurses may also be invited to participate in one or more national surveys.
Since 2013, the National Forum of Nursing Workforce Centers and the National Council of State Boards of Nursing collaborated every odd year on a nationwide nursing workforce survey to learn about the nursing supply. This survey was open until Nov. 30, 2017. Results from the 2015 survey can be viewed at https://www.ncsbn.org/workforce.htm.

The Heath Resource Services Administration within the U.S. Health and Human Services administration will also be conducting a survey of registered in nurses across the U.S. beginning March of 2018.

What are the differences between state and national nursing workforce surveys?

• National surveys compile data from small samples of nurses in each individual state. Sample sizes for a given state may not be sufficiently large to provide results that can accurately represent the nurse workforce of that state.
• The national surveys provide “big picture” context but do not seek to explain regional or local workforce trends. They can contribute to informing national workforce efforts, such as providing support for federal funding initiatives. Informing state policy requires analysis appropriate to the data collection provided by the state in conjunction with the state’s socioeconomic and political trends.
• Additional state-level data collection from a large number of nurses remains important to provide information about the nurse workforce statewide and for areas within the state.

Funding for nurse workforce data collection and analysis comes from different sources and is available at different times, so having sufficient high quality data for national, state and sub-state workforce information may mean nurses are asked to respond to multiple surveys with similar questions.

It is key for nurses to participate in each nursing workforce survey they may receive from the Nursing Commission, WCN, NCSBN and HRSA.

Nurses’ full participation of in these surveys is vital to inform the policy makers, educators and others who influence nursing workforce development efforts. Information from these surveys can bolster support to expand and improve nursing education programs and prevent nursing shortages that threaten the health of Washington communities.

View nursing workforce snapshots and other WCN nursing data at www.wcnursing.org/data-resources.
Two people die of an opioid overdose nearly every day in Washington state. Though heroin and synthetic fentanyl overdoses have increased in number, deaths due to opiates prescribed by providers remain the leading cause of unintentional overdose deaths. While the number of prescriptions for narcotics is decreasing in Washington, the number of deaths is not.

Nurses have a role to play in reducing opioid deaths in Washington. Here are some things you can do.

Enroll in and use the Prescription Monitoring Program (PMP)
http://www.wapmp.org/practitioner/pharmacist

As of July 2017, 33 percent of ARNPs were enrolled, leading physicians in percentage enrolled, but behind Physician's Assistants and Osteopathic Physicians. When seeing patients in clinical practice, check the PMP before any and every prescription for a controlled substance is written. If done every time for every patient, we are not targeting any individual. Nurses can be enrolled as delegates to simplify the process in clinic.

Become waivered with the DEA to prescribe buprenorphine.
http://wsna.to/AANP-OpioidCE

One year after waivers became available, 137 Washington state ARNPs are now registered with the Drug Enforcement Agency as buprenorphine prescribers. Becoming waivered requires 24 hours of continuing education provided free through the American Association of Nurse Practitioners and the American Society of Addiction Medicine. The training is free, but your time is not. Request additional time from your employer to complete the one-time training. Use a low threshold for patients to access buprenorphine. Even if a patient continues using other drugs or alcohol, buprenorphine aids the patient in continued positive behavior change. Assist patients to find a source for substance use disorder treatment with “no wrong door,” including primary care, behavioral health or chemical dependency treatment. Be aware of housing and social services that can support a patient's efforts to become opioid free.

Prevent opioid dependence to begin with by careful opiate prescribing.

Exposure to a first dose of opioids increases the risk of recurrent use. Recognize that acute pain can be quickly addressed with non-opiate options. Chronic non-cancer pain requires a multimodality approach to learn means of functioning and adapting using nonpharmacologic methods to maintain a higher quality of life.

Follow the recommendations of the Agency Medical Director's Guidelines for safe prescribing.
http://wsna.to/AMD-OpioidGuidelines

If you are a prescriber, refer to the guidelines. If you support prescribers, make sure they are aware of and follow these guidelines. The guidelines answer questions regarding challenging situations, including how to address the acute pain needs of a chronic pain sufferer. Support alternatives to opioid prescribing for chronic pain management including non-opiate medications, exercise, yoga, counseling and complementary medicine.

Be aware of the new Health Care Authority guidelines
http://wsna.to/HCA-OpioidGuidelines

HCA restricts opioid prescribing to 18 tablets, a 3-day supply, for patients 20 and under and 42 tablets, a 7-day supply, for patients over 20.

Provide naloxone, a short-term antidote for opioid overdose, to all patients receiving opioid prescriptions and to family members who express concerns about relatives with substance use disorders.

Be sure they know how and when to use naloxone. All Safeway and Albertsons pharmacies in Washington now have naloxone available directly from pharmacists. Pharmacies stock Narcan Nasal Spray, and patients can acquire it after a 15-20 minute pharmacy consultation. A prescription permits insurance coverage. At increased risk of overdose are persons who have had a period of abstinence; someone leaving a rehabilitation or detox facility, jail, prison or after a hospitalization. That person's tolerance will have decreased and if they resume opioid intake at the level they did before the period of abstinence they are at increased risk for overdose.

Support efforts for public and private insurers to cover the costs of substance use disorder treatment.

Medicare pays for some services and not others. Similarly, Apple Health programs are inconsistent on what treatments for what diagnoses are covered, exposing patients to prohibitive costs.

Psychiatric ARNPs have a special role to play in providing Cognitive Behavioral Therapy or Dialectic Behavioral Therapy as a means of addressing chronic pain.

The Washington State Department of Labor & Industries now pays ARNPs 100 percent of allowable charges for providing therapy to injured workers and assisting in their return to work.

Learn the location of your nearest needle exchange program.
You can find it on the NASEN directory (https://nasen.org/directory/wa). Provide the information to patients.

Keep local and state legislators informed and ask for their support.
Tell you lawmakers about effective, evidence-based substance use disorder treatment options, and ask them to support and fund these services in our communities.

Participate in the University of Washington Telepain conferences.
http://depts.washington.edu/anesth/care/pain/telepain
Submit information on a patient problem and experts will provide feedback and suggestions for care. Observe and earn continuing education credits.

President, ARNPs United of Washington State
Opioids patient fact sheet available in 22 languages

The Washington Health Alliance and Bree Collaborative teamed up to produce two info sheets on Opioids, one for providers, the other directed at patients.

“Guidelines for Prescribing Opioids for Acute Pain,” for providers, and “Opioid Medication & Pain: What You Need to Know,” for patients, include helpful graphics, key facts and information.

These info sheets in English are posted on the WSNA Opioids web page, wswana.org/nursing-practice/opioids.

Public Health – Seattle & King County translated the patient sheet into 21 additional languages. To download, go to wsna.to/OpioidInfographic, scroll down and click on the “Resources” tab.

Opioid Medication & Pain: What You Need to Know

If you’ve had an injury, surgery or major dental work, you are likely to have pain. Pain is a normal part of life and healing. Talk with your doctor about how you can get the most effective pain relief with the least risk.

NON-OPIOID PAIN TREATMENTS HAVE FEWER RISKS

For pain that will likely be gone in a week or two, it is always best to start with non-opioid pain treatments. Opioids may help control pain at first, but they are usually not necessary. Consider other options that may work just as well but have far fewer risks.

• Over-the-counter pain relievers
• Physical therapy
• Exercise
• Professional help coping with the emotional effects of pain

OPIOIDS ARE STRONG PRESCRIPTION MEDICATIONS

Opioids are the right choice for treating severe pain, such as from cancer or immediately after major surgery. However, medications such as Vicodin, Percocet and ClorCon are very powerful and can be deadly. Even if you take them as directed, all opioids have serious side effects such as addiction and overdose.

OPIOIDS ARE CHEMICALS OF HEROIN AND ARE HIGHLY ADDICTIVE

You can build up a tolerance to opioids over time, so you need to take more and more to get the same effect. The higher the dose, the more dangerous opioids are. You can even become addicted after a short time.

If you are prescribed an opioid for short-term pain:

• The prescription should only be for a three to seven-day supply (often a three- to seven-day supply).
• Take the lowest dose possible for the shortest period of time.
• Always talk with the doctor about managing your pain better without taking prescription opioids.
• Dispose of opioid medications as soon as you stop using them.**

Commonly prescribed opioids:

- Codeine
- Oxycodone
- Hydrocodone (Vicodin)
- Hydrocodone
- Methadone
- Methadone
- Morphine
- Hydromorphone
- OxyContin
- Oxycodone (Opana)
- Percocet
- Tramadol
- Sublimaze
- Fentanyl
- Subutex

There are only some of the prescription opioids. If you get a prescription for pain, ask your doctor if it is an opioid.

GUIDELINES FOR PRESCRIBING OPIOIDS FOR ACUTE PAIN

The goal of these guidelines is to encourage the Washington state medical community to more safely prescribe opioids and to prevent the unintended or inappropriate long-term use of prescription opioid medications. The guidelines are not intended for patients who are on active cancer treatment, behavior change, or end of life care. In addition, some modifications to the guidelines may be appropriate for patients facing major surgery.


1. Do not prescribe opioids as first-line treatment for acute pain. Opioids (including prescription opioid pain relievers and heroin) killed more than 28,000 people in 2014, more than any year on record. At least half of all opioid overdose deaths involve a prescription opioid.

2. Use evidence-informed pain care and opioid prescribing.

   BEFORE PRESCRIBING:

- Talk to patients about a treatment plan. Discuss realistic goals for pain and function—help them to understand that pain is a normal part of life and healing. Make sure they know the significant risks associated with opioid use.
- Unless contraindicated, ensure non-opioid alternatives are considered prior to use of opioid medications, such as: - NSAIDS and antihistamines, tricyclic antidepressants (TCAs), serotonin-norepinephrine reuptake inhibitors (SNRIs), anti-convulsants, heat/cold, exercise, massage therapy and cognitive behavioral therapy.
- Actively use the Washington State Prescription Monitoring Program (PMP) to review the patient’s history of controlled substance prescriptions. Use the data to determine whether the patient is receiving opioid dosages or dangerous combinations that put them at high risk for overdose. Find out more here: www.wa.gov/health/Safety/PrescriptionMonitoringProgram.

   IF YOU PRESCRIBE:

- Start low and go slow. Prescribe the lowest effective dosage for the shortest duration.
- Use immediate-release opioids.
- For acute pain prescribe no more than a 7-day supply of opioid medication for adults or a 3-day supply (or 10 pills maximum) for youth 20 years and younger.
- Avoid co-prescribing opioids, benzodiazepines (such as Xanax or Valium) and muscle relaxants (such as Flexeril or Flexeril) concurrently whenever possible.
- Avoid > 90 mg Morphine Equivalent Dose (MED) per day, refer to pain specialist if more is being considered.
- Use a lower maximum dose threshold of 90 MED/day for chronic conditions.

Opioids Facts & Figures

THE OPIOID EPIDEMIC

Drug overdose is the leading cause of accidental death in the US and in Washington state, and opioid addiction is driving the epidemic.

- In 2015 alone, 718 people in Washington died from overdoses involving opioids.
- Washington State Department of Health

TEENS AND OPIODS

1 in 5 teens experiment with prescription drugs.

- Nearly half of young people who inject heroin started off abusing prescription drugs.
- Washington State Department of Health

KEEPING KIDS & TEENS SAFE

Sometimes kids and teens are prescribed opioids when they shouldn’t be. Or they may be given a prescription for more pills than they need. Teens may also experiment with drugs they find in your medicine cabinet.

Follow these 3 simple guidelines whenever possible:

1. DON’T FILL a prescription for more than a 3-day supply (maximum 10 pills) for anyone 20 years old or younger.
2. SECURELY STORE opioids away from kids and teens.
3. SAFELY DISPOSE* of extra opioids when you are done.

*They can be dropped off at pharmacies that dispense of your prescribed medications for free. Find the one closest to you at www.takeshitoryourmeds.org.
Why are nurses suing the EPA?

By Barbara Sattler, DrPH, MPH, RN, FAAN

How is it that our shampoo can contain carcinogens and our floor cleaner reproductive toxicants?

For over a decade, nurses have been working with a wide range of partners, including other health professionals, environmentalists and health-affected groups, to update the nation’s chemical safety policy. Written in 1976, the Toxic Substance Control Act was an ineffectual safeguard for people and the environment from exposures to toxic chemicals in our air, water, food and products. It did not require companies to do any sort of pre-market testing of their products for toxicity or potential harm.

Worse, it established that any chemicals that were already in the marketplace (some 80,000 chemicals) were “generally regarded as safe” without any evidence about their safety or harm to confirm this assumption. This was a way to “grandfather” a host of toxic chemicals and thus protect them from new requirements for safety testing. The burden of proof regarding toxicity was placed on the public and the Environmental Protection Agency, rather than requiring manufacturers to prove that a chemical or product is safe before letting us use the product in our homes, schools or workplaces. In every instance in which the EPA tried to prove that a chemical was dangerous, the industry prevailed in keeping it on the market. The EPA could not even ban asbestos—a known carcinogen with unquestionable evidence of harm.

In 2016, after making significant compromises, the Republican Congress passed and President Obama signed a new chemical safety law. The biggest compromise made was inclusion of a provision that precludes states from passing chemical safety laws that are stricter than the new federal law once a chemical is under review by the EPA. Historically, we have looked to progressive states to pass legislation on health and safety before federal laws have made their way through Congress and to the President. Now, states are barred from further protecting their citizens from toxic chemicals, even if their citizens overwhelmingly want the added protection.

Another problem with the 2016 chemical safety law is the timeline for review of potentially and
often known, toxic chemicals. In the first year, only 10 new chemicals are required to be reviewed. By 2019, only 20 chemicals need to be under review at any given time. The Registry for Toxic Effects of Chemicals includes over 150,000 chemicals for which there is some toxicological evidence; over 80,000 chemicals are in the marketplace. Think about how many years it will take to get through that list at a pace of 10 to 20 chemicals per year. Consider, too, how many years and decades we will continue to see preventable health effects from toxic chemicals that have not yet been reviewed.

As a nurse whose mantra is “evidence-based practice,” I find it difficult to help individuals and communities navigate the purchasing decisions required to live, work, learn and play in a healthy environment because of the lack of information about so many of the chemicals that make up our everyday products. Because we don’t require complete labeling for the vast majority of products, we can’t even do our own independent literature searches regarding the ingredients.

When nurses started working on revamping the old chemical law, we had three elements that our coalition members agreed on: 1) We need basic health and safety information on all chemicals in the marketplace, 2) We must be able to protect the most vulnerable of our population, including the fetus, infants and children, from the effects of toxic chemicals, and 3) The EPA must have the power to ban chemicals that create the greatest risk of harm.

In June 2017, the EPA issued new guidance documents, as required by law, spelling out how they are going to review chemicals under the new law. These guidelines, issued under an anti-regulation administration, allow the EPA to pick and choose which uses they will consider when determining if the chemical poses an unreasonable health risk. Consider the case of lead. Lead can be found as a contaminant in air, water, food, toys and even in lipstick. If the EPA elects to look at only one or two of these sources, they could underestimate the health risks, allowing a toxic chemical to be used in products that would otherwise be deemed unsafe.

These new guidelines were the last straw; nurses joined other organizations in suing the EPA for placing the public at an unreasonable health risk.

“The new guidelines fly in the face of our attempts to protect the public’s health,” said Katie Huffling, Executive Director of the Alliance of Nurses for Healthy Environments.

Three separate suits were filed in District Courts around the country. It is anticipated that the judges in the courts will consolidate the cases into one. With so many policy changes occurring—in health care, the environment and other important areas—it is sometimes difficult to keep up. We invite you to stay informed, join our calls, get involved and join a growing number of nurses who are concerned about potentially toxic chemicals in our everyday lives.

Follow the court case and get information about chemical safety and chemical policy at www.saferchemicalshealthyfamilies.org.

Join our free monthly national calls with other nurses who are concerned about chemicals and public health policy. Get the details at the Alliance of Nurses for Healthy Environments website, https://envirn.org/policy-advocacy.

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**WSNA’s position on mandatory influenza vaccinations and strategies to address influenza**

The following position statement was adopted by the WSNA Board of Directors Dec. 4, 2009 and reviewed Oct. 20, 2017.

The Washington State Nurses Association (WSNA) is committed to advocating for the health of nurses, patients and the communities they serve. Because of this commitment, WSNA strongly recommends that all nurses and other health care providers be vaccinated against all influenza viruses. WSNA strongly supports and urges voluntary efforts that aim for 100 percent vaccination rates, including annual education and implementation of comprehensive influenza vaccination programs for all health care providers.

WSNA supports enforcement of existing Federal and State regulations to ensure that all employers meet the Centers for Disease Control (CDC) and Occupational Health and Safety Administration (OSHA) requirements for influenza prevention.

WSNA believes a hospital-by-hospital approach to mandatory vaccinations is poor public policy. It lacks consistency and adequate protection for patients and health care workers. WSNA believes that any vaccination policy is only one component of a comprehensive influenza prevention policy and should only be enacted as a result of federal or public health regulation. WSNA believes that any such regulation must include the following core components:

- Employers must ensure that appropriate protection and safety measures are in place to provide a safe workplace environment for nurses and health care workers.
- Employers must ensure that influenza vaccines are available and offered to every health care worker annually at convenient times and locations.
- The policy must cover all health care settings and health care workers. This includes all settings such as hospitals, long-term care facilities, adult boarding homes, outpatient clinics, etc. Health care workers must include those licensed and unlicensed who work in close proximity to patients, (e.g., nurses, emergency responders, physicians, housekeeping personnel, health care secretarial staff, etc).
- If a declination form is required for vaccination, the nurse must be able to sign the form confidentially; that is, the nurse must not be required to divulge personal health information or declare the reason(s) for refusal of a vaccine. The employer must not discriminate against or discipline a nurse for opting out.
- The employer must not discriminate against or discipline nurses for the appropriate use of sick time.
- The employer must comply with CDC and OSHA Guidelines must be used for prevention, protection and safety of nurses and patients.

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**WSNA is a member of the Safer Chemicals, Healthy Families coalition.**

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Barbara Sattler, DrPH, MPH, RN, FAAN, Professor, University of San Francisco School of Nursing and Health Professions (bsattler@usfca.edu) and Board Member of the Alliance of Nurses for Healthy Environments (https://www.envirn.org)
CONTINUING EDUCATION CALENDAR

FEbruary 2018

Nursing Grand Rounds (NGR), Live and Video Teleconference Series
Feb. 1, 2018, noon–1 p.m.
Seattle, WA

Wound Management Education Progr a.m. Winter/ Spring 2018
Feb. 7, 2018 – April 12, 2018

Midwifery Update 2018
Feb. 7, 2018, 8 a.m.–4:50 p.m.
Shoreline, WA

TrachSafe Emergency Airway Management Course
Feb. 7, 2018, 3:45 p.m.–9 p.m.
Seattle, WA

A UWCNE Progr a.m.: Cardiovascular Care Update
Feb. 15, 2018, 8 a.m. – Feb. 16, 2018, 4:45 p.m.
Shoreline, WA

March 2018

A UWCNE Progr a.m.: Diabetes Update
March 1, 2018, 8 a.m.–4:50 p.m.
Shoreline, WA

Nursing Grand Rounds (NGR), Live and Video Teleconference Series
March 1, 2018, noon–1 p.m.
Seattle, WA

A UWCNE Progr a.m.: Suicide Prevention Training
March 6, 2018, 8 a.m.–4 p.m.
Shoreline, WA

Suicide Prevention Course
March 16, 2018, 8 a.m.–3:30 p.m.
Seattle, WA

Pediatric End-of-Life Conference – Save the Date
March 20, 2018, 8 a.m.–4:45 p.m.
Seattle, WA

April 2018

Nursing Grand Rounds (NGR), Live and Video Teleconference Series
April 5, 2018, noon–1 p.m.
Seattle, WA

A UWCNE Progr a.m.: a.m.bulatory Care Nursing Conference
April 18, 2018, 8 a.m. – April 19, 2018, 4:05 p.m.
Lynnwood, WA

39th Annual Duncan Seminar: Spina Bifida: Promoting Wellness and Preventing Pitfalls
April 20, 2018, 8 a.m.–4:30 p.m.
Seattle, WA

May 2018

Nursing Grand Rounds (NGR), Live and Video Teleconference Series
May 3, 2018, noon–1 p.m.
Seattle, WA

Fifth Annual, Nursing Research Symposium
May 11, 2018, 8 a.m.–4:30 p.m.
Seattle, WA

Suicide Prevention Course
May 23, 2018, 8 a.m.–3:30 p.m.
Seattle, WA

June 2018

Nursing Grand Rounds (NGR), Live and Video Teleconference Series
June 7, 2018, noon–1 p.m.
Seattle, WA

TrachSafe Emergency Airway Management Course
June 20, 2018, 3:45 p.m.–9 p.m.
Seattle, WA

May 2019

Washington State Nurses Convention
May 1–3, 2019
Tulalip, WA

For the the most up to date information on these and other events, including how to register, visit www.wsna.org/calendar.

2018 UNION LEADERSHIP EVENTS

We’re making changes at WSNA to better meet your needs! In 2018, our annual leadership conference will be broken into several regional one-day conferences that we’ll be bringing to a city near you.

Announcing our 2018 Leadership Summit educational offerings (CNE content will be the same at each):

Jan. 27
Pacific Lutheran University, Tacoma
March 18 and 19
Campbells Resort, Chelan
April 14
Red Lion Riverside, Spokane
May 19
Teamsters 58, Vancouver
June 2
Good Shepherd Center, Seattle
June 10 and 11
Campbells Resort, Chelan
Sept. 8
Red Lion (Columbia Center), Kennewick
Sept. 30 and Oct. 1
Campbells Resort, Chelan
Nov. 3
Skagit Casino, Mt. Vernon

Join us for a day of personal and professional development and come away with the tools needed to make a difference. We’ll be asking you to use your own personal experiences and values to understand how workplace violence, staffing and the attack on workers’ rights will impact you both personally and professionally.

Hear RNs from around the state and country speak about the potential impact of the three topic areas, network with other RNs working in your community and begin making a difference.

Join us for a fun and interactive opportunity with the best and brightest minds in nursing to make plans for our future and take your career to the next level.

Visit www.wsna.org/leadership for more details and to register.

Visit www.wsna.org/calendar for the most up to date information on these and other events, including how to register.
The store is now open.

Get your WSNA-branded Lands’ End gear at wsna.org/landsend.
Powering up at WSNA’s Union Leadership Conference

WSNA’s Union Leadership Conference was held in Chelan Sept. 24–26, 2017. About 120 WSNA union leaders from around the state gathered at Campbell’s Resort to share ideas, listen to speakers and participate in workshops aimed at supporting their WSNA work. There was also time for celebration and fun as WSNA’s Cabinet on Economic & General Welfare presented the 2017 Leadership Awards at the banquet.

Sally Watkins, PhD, RN, Executive Director of WSNA
Sally welcomed attendees with a nod to the association’s history and look to the future. Since 1908, registered nurses of Washington state have played a pivotal role as the leading voice, authority and advocate for the nursing profession. Sally’s question to the group was a challenge: “Where do we go now?” Every nurse in Washington state must think about, and challenge themselves to overcome, obstacles in an ever-changing and tumultuous time in our history.

Laura Ewan, JD, Senior Associate at Schwerin Campbell Barnard Iglitzin & Lavitt and Tim Sears, JD, WSNA General/Corporate Counsel
In “Unionism 2017 and Beyond,” Laura and Tim provided an overview of what we can potentially expected at both the state and federal level when it comes to worker protections and collective bargaining rights. Member engagement will be key as we stand together to protect our rights and our power as registered nurses.

Jennifer Mensik, PhD, MBA, RN, NEA-BC, FAAN
The author of “Lead, Drive, and Thrive in the System” delivered the keynote address on the theme for Leadership this year, “Surviving and Thriving.” Jennifer shared her personal journey of becoming a health care leader and provided the audience tools to identify and develop not only their survival skills but mechanisms to thrive.

Evan Sutton, Assistant to the President for Communications, AFT
In his presentation, “Power Up: Social Media for Mobilization,” Evan discussed the key elements of a good story and how we can use social media to amplify our message and get people to act.

Christine Watts, MN, RN, WSNA Senior Director of Labor and Anne Tan Piazza, MBA, WSNA Senior Director of Strategic Initiatives
This presentation, “How to Make the New Staffing Law Work for Us,” explained key components of the 2017 law, which focuses on greater transparency of staffing plans, increased accountability in adoption of staffing plans and strengthening staffing committees. They also provided an overview of WSNA wins on staffing in both bargaining and legal actions including negotiation of staffing ratios into collective bargaining contract (Tacoma General) and $5 million win on back rest break pay (St. Joseph Tacoma). Look for education and training sessions around the state in 2018 to support nurses in the implementation of this new law.
Michelle Burton, winner of the “rising star” award, and Karen Winchell.

Beverly Hilliard, Jeanne Avey and Evelyn Schill.

Tesfaye Geda, Kami Prentice and Travis Elmore.

Cathy Sanders, Tom Booze and Cathy Powers accept an “outstanding negotiating team” award on behalf of the Northwest Hospital local unit negotiating team.

DiDi Gray (winner of the “membership” award) with fellow Southwest Washington Medical Center nurses Jonathan Chase, Summer Chase and Erin Winston in back, and Rae Lynn Crocker and Nicole Schriock in front.

Julie Strate and Sharon Sim Rozee.

Beverly Hilliard, Jeanne Avey and Evelyn Schill.

Michelle Burton, winner of the “rising star” award, and Karen Winchell.
Nurses from across the state convened at WSNA’s annual labor training event in Chelan to get an update on the national and state labor scenes, learn how to be more effective leaders in the workplace, celebrate successes and strategize for the coming year.

Leadership Conference auction raises money for scholarships
Auction bidders donated $2,000 for scholarships at our Union Leadership Conference in Chelan. A special thank you to the local bargaining units that provided baskets for the auction:
• Seattle Children’s Hospital
• St. Joseph Medical Center, Tacoma
• Skagit Regional Health

WSNA President Jan Bussert (second from left) with University of Washington Medical Center nurses Susan Griffith, Teresa Wren, Jill Cook and Jordan Pai Palimar. Emergency department nurses at UWMC won the 2017 “adversity” award.

Members of the WSNA Cabinet on Economic and General Welfare Martha Goodall, Julia Barcott, Gary Cook, Fran Castillo, John Gustafson, Janet Stewart and Clarise Mahler with Edna Cortez (winner of the “outstanding local unit chair” award for her work leading the WSNA local unit at Seattle Children’s Hospital).
Congratulations, 2017 Leadership Award winners!

OUTSTANDING LOCAL UNIT CHAIRPERSON

Harry James, RN
University of Washington Medical Center, Seattle

Harry has been on the negotiation team for 20 years. He is known for his ability to keep his team informed and for making the extra effort to communicate with the nurses in his facility. Harry is well respected by both peers and management for his leadership skills and calm demeanor. He is always steady in the face of adversity and acts as a true mentor to new members.

Harry is the first WSNA person to greet newly hired nurses at UWMC and presents the best first impression of the positive influence the union has on everyday life at UWMC. He is helping the next generation learn to advocate for RNs.

Harry gives selflessly of his time and talent to lead his local unit and is always faithful to his leadership role. The person who nominated Harry called him a real “unsung hero!”

Edna Cortez, RN
Seattle Children’s Hospital, Seattle

Edna is a longtime member and leader in her local bargaining unit. She tirelessly gives of her time to help other nurses in the facility. Her strong voice and commitment to the nurses at Children’s has been unparalleled.

To know Edna is to know a confident yet humble person. She is never too tired to listen to a nurse’s concerns or to represent them in speaking to management. She is active in chairing or co-chairing numerous hospital committees and has been a vital part of the negotiation team during the last several contract cycles.

Edna is an excellent communicator, fielding calls and email from members, as well as using the Local Unit Facebook page to promote visibility and communication among the nurses at Children’s. Edna’s natural ability to mentor, inspire and “never give up” are unsurpassed.

Joan Guercia, MSN, BSN
Kadlec Regional Medical Center, Richland

Joan is not only a grievance officer, she is also a true leader and a team builder who has the strength and dedication to serve as Local Unit Chair while an active grievance officer.

Joan knows how to make each member feel that she has his or her back and that she is in the fight alongside them, defending each and every one!

She maintains a positive attitude in the face of negativity, is vigilant in pursuing facts instead of accepting fiction and encourages positive communication in her peers.

Joan is always available to nurses who have a grievance and is known to go to administration whenever she feels there is a problem that needs her advocacy. During her many years in nursing, Joan has worked in many specialty areas and is admired for her compassion, professionalism and competence. Joan is very knowledgeable and is a great resource. She loves helping!

Christopher “CJ” Johnston, RN
MultiCare Tacoma General Hospital, Tacoma

As a bargaining unit leader, CJ is very active in many aspects of his local unit. He attends new hire orientation whenever possible and is constantly recruiting nurses as local unit reps. CJ takes responsibility for many of the WSNA bulletin boards, keeping them neat and up to date. He is noted especially for his ability and initiative in utilizing social media to recruit and engage members.

During recent periods of turmoil at Tacoma General, CJ was a steady support for his co-workers, offering kindness, caring and an objective attitude.

CJ is always willing to help in any way he can to strengthen the membership visibility of WSNA, to help nurses understand how WSNA impacts them and to tell nurses how they can get more involved in WSNA. He serves on the Nurse Conference Committee, as well as participating actively on the negotiation team for several contract cycles.

Michelle Burton, RN
Public Health – Seattle & King County

Michelle is an emerging leader in her local unit and in WSNA. She has been active in her local unit for several years, attending meetings and being vocal.

In the past year, Michelle has demonstrated her commitment to her local unit and fellow nurses by supporting colleagues through a difficult grievance time, even though it meant more work for her. She is compassionate toward her peers and their dedication to safe patient care. Michelle stepped forward as a witness in a grievance meeting that might have put her in a very difficult situation with her supervisor.

Michelle is respected by her peers and continues to show excellent leadership, communication and organizational skills.
ADVERSITY AWARD
Northwest Hospital Negotiating Team
Northwest Hospital, Seattle
Pictured page 34.

This team is tough! They stood together through challenging times. They worked long and hard, at their own personal financial sacrifice. There were those in the bargaining unit who were quick to criticize them but did not want to work to make things better.

This team was steadfast, though the very people they were working to represent were giving them verbal abuse in the background. Despite the hardships, they remained calm and professional.

Through it all, this brave and tremendously strong team continued to go to the table to get the best contract possible for all members of the bargaining unit.

ADVERSITY AWARD
Emergency Department Nurses
University of Washington Medical Center, Seattle
Pictured page 35.

As you can imagine, the ED at UWMC is a fast-paced and often chaotic place in which to work. When you add in dealing with construction and the disruptions it causes, along with high acuity and high census, one can understand that it takes a special type of nurse to work there. The stresses of dealing with just one shift in this area are truly exceptional; dealing with it week after week is daunting.

Through all the difficulties this year, this group of nurses has maintained their focus on their reason for being nurses. They always provide the best possible care to each person who presents at their doors, regardless of gender, illness or economic status. All of these ER nurses proudly represent professional nursing to their patients and community.

OUTSTANDING NEGOTIATION TEAM AWARD
Northwest Hospital Negotiation Team
Northwest Hospital, Seattle
Pictured page 34.

There is strength and steel in each of these team members. They have faced open hostility from other nurses at their hospital and endured harsh criticism from peers who were not willing to volunteer to help to make things better. With professionalism and determination, they worked together to provide one-on-one coaching to others who had trouble understanding the negotiation process.

This group had to overcome personal biases and conflicts to build a cohesive team and stand firm in the face of adversity. They were able to achieve unity and represent the best interests of the nursing staff, as well as the patients for whom they care, always keeping patient safety in the forefront of their concern. Each team member was so deeply committed to the long haul that they willingly sacrificed time and energy to stick with the protracted negotiations.

OUTSTANDING NEGOTIATION TEAM
Tacoma General Hospital Negotiating Team
MultiCare Tacoma General Hospital, Tacoma

The Tacoma General team faced an uphill battle from the first day of negotiations. Negotiating for over a year in adversarial conditions, they stuck together in an exceptional way.

They worked hard to provide timely and accurate communication to their bargaining unit. As WSNA pioneers in successfully using Facebook and social media to engage nurses and the community, they have shown the power of this type of publicity. Through various event—from hiring a food truck, to public rallies, to pickets over the freeway which included an airplane towing a message banner—they were powerful and tireless. Whenever opportunities presented themselves, they spoke passionately about the need for safe nursing staffing and were successful in garnering the next step forward in the push for fixed ratio staffing in this state.

Negotiations were very challenging, yet everyone remained cohesive and determined, never swaying from their resolve to represent each nurse and each department to the best of their ability. This team’s professionalism, approachability and interactive stance are a shining example for us all.

EMERITUS AWARD
Terry Surratt, RN
Formerly of MultiCare Tacoma General Hospital, Tacoma

Terry worked at Tacoma General for many years before her recent retirement and has been a loyal and involved member of WSNA. As a respected and vocal leader, Terry led her unit through their recent successful contract negotiations, changing strategies as necessary to bring about the best outcome for the nurses at her facility.

Terry’s contributions over the years have been many and are truly valued by the nurses at Tacoma General, especially those who have followed in her footsteps to become the current leaders and officers. She was so determined to make these negotiations successful that she resigned her seat on the Cabinet to focus her attention on her Local Unit. Terry is described by her nominator as a “true motivator and advocate extraordinaire!”

Each year, WSNA’s Cabinet on Economic & General Welfare recognizes outstanding leaders in Local Units across the state. These fearless nurses, nominated by their peers, received their awards at WSNA’s Leadership Conference in late September 2017. Congratulations to all of them for their dedication and outstanding work on behalf of WSNA members!
Mission accomplished!
NFN celebrates its history and plans for the future

by Judith A. Huntington, MN, RN
WSNA Executive Director Emerita

Brief history of the NFN
2007 Following the disaffiliation from the United American Nurses (UAN) in December 2007, the state nurses associations of Montana, New York, Ohio, Oregon and Washington formed a labor states coalition and began to work together to form a new national union of Nurses Labor Organizations (NLOs). The resulting new union was called the National Federation of Nurses (NFN). The Montana Nurses Association joined NFN shortly thereafter.

Over the next 12 months, the coalition worked together at least monthly by conference calls and face-to-face meetings to develop a NFN Constitution and Bylaws based on a set of “Core Covenants” dedicated to respect for each state association’s sovereignty and transparency and to build a strong collaboration to meet the needs of nurses everywhere.

2008 When the National Federation of Nurses was founded in 2008, the stated purposes of the NFN were to strengthen and assist member NLOs and to establish and implement an effective national labor agenda that supports and advances the economic and general welfare, workplace conditions and practice of RNs through collective bargaining and shared decision-making.

2008–2011 These were the formative years for the NFN. Much time and effort was spent developing policies and procedures, assisting each other in state organizing and defending against attacks from other unions—including the National Nurses United (NNU), working on a National Labor Agenda, and preparing to apply for a national charter with the AFL-CIO. It was also a period of great unrest in the New York State Nurses Association, which was undergoing an internal raid. NYSNA ultimately was taken over by new radical leadership and disaffiliated from both ANA and NFN in 2012.

2011–2013 One of the main objectives of NFN was to achieve a charter as a national union within the AFL-CIO. After our disaffiliation from the UAN, it was necessary to wait three years to apply for a national Charter with the AFL-CIO. The NNU strongly objected to and opposed any direct affiliation or national charter for the NFN within the AFL-CIO. During 2011 there were many meetings with attorneys and the AFL-CIO to see if we could find a path back to direct affiliation with the AFL-CIO. The disaffiliation of NYSNA from the NFN in 2012 further weakened our ability to gain recognition, with the loss of half of the NFN membership (approximately 35,000 RNs.)

Ultimately, the AFL-CIO made it clear that from their perspective there would be no direct charter to NFN and the only options open to us were either a reaffiliation with NNU or an affiliation with another AFL-CIO national union.

As a result, in 2012, NFN appointed an NFN “Membership Committee” to begin exploration of an NFN affiliation with another national AFL-CIO labor union. After evaluating many different national unions, the membership committee narrowed the field to three possible national unions: AFT, AFSCME and OPEIU.

The NFN Board and the NLOs, after careful vetting and much deliberation and discussion, selected AFT as the union of our choice and in 2012 an affiliation agreement was negotiated. It was an exciting time and proved to be a truly great decision!

2013–2017 In February and March of 2013, NFN and its member NLOs successfully negotiated and signed a 5-year affiliation agreement with AFT and, through the affiliation, regained its membership in the AFL-CIO. The affiliation with AFT became permanent in February 2017.

Dissolution and a vote for change
Now that the AFT affiliation is permanent and we have regained membership within the AFL-CIO, the question arose whether we needed to continue the NFN in its present form, dissolve or reorganize into a different structure.

Following a year of discussions, the NFN Executive Board voted in Aug. 2017 to formally dissolve the NFN and begin a transition to a more voluntary, less formalized coalition structure to meet as needed. The action of the Executive Board was ratified by a vote of the elected labor leadership of each of the four remaining NFN states on Sept. 27, 2017.

Rationale for a less formalized structure and possible return to a coalition meeting format was supported because the NFN leaders believe there is still value in the NLOs that represent primarily RNs and are a part of ANA in coming together for mutual support and collaboration on important nursing and labor issues, even as we participate actively in the AFT. They also believe there is value in continuing to build on those relationships and that it can be done as a coalition as opposed to a separate organization with a formal structure. The coalition format may also open up possibilities for additional states to want to participate in the coalition.

For the past few years, NFN operated with minimal staff and has been rebating back nearly all the NFN dues to the NLOs for their use. WSNA has used the rebate to offset the impact of the new AFT dues on our members. Additionally, NFN has provided additional support to the NLOs in the form of organizing and special assistance grants. Because the NFN dues have been paid out of the total WSNA dues collected from our members represented for collective bargaining, there will be no change to the current WSNA dues as a result of the recent structure change.
The Washington State Nurses Association warmly invites you to join us for a gala dinner in honor of the 2018 inductees into our Hall of Fame:

Debbie Brinker, MSN, RN, CNS
David Campbell, JD
Hilke Faber, MN, BSN, RN, FAAN
Judy Huntington, MN, RN
Karen Matsuda, MNA, BSN, RN
Barbara Van Droof, ARNP-BC

March 22, 2018, 5:30 p.m. — 8:30 p.m.

Salty's on Alki
1936 Harbor Avenue SW, Seattle, WA 98126

$40 per guest
Grilled salmon, Draper Valley Farms chicken breast or vegetable napoleon

Please return the registration form below to reserve your spot.
2017 March of Dimes Nurse of the Year Awards

On Friday, Nov. 17, 2017, the March of Dimes – Washington Chapter Annual Nurse of the Year Awards were presented during a breakfast program at the Washington State Convention Center in Seattle. More than 300 nurses in 15 categories were nominated by their peers for their contributions to the nursing profession and to patient care.

We congratulate those recognized at the 2017 Nurse of the Year Awards (WSNA members highlighted).

We would also like to recognize the WSNA members who were nominated by their peers for an award.

ADVOCACY FOR PATIENTS
Mike Hastings
Swedish Medical Center - Edmonds

CLINICAL CARE
Gail Van Alstyne
Seattle Children’s Hospital

COMMUNITY HEALTH AND PUBLIC HEALTH
Maggie Bissell
Swedish Medical Center - Edmonds

DISTINGUISHED NURSE OF THE YEAR
Jennifer Graves
Washington State Hospital Association

EDUCATION
Sheryl Greco
University of Washington Medical Center

FRONT LINE LEADER
Kara Yates
Seattle Children’s Hospital

HOSPICE, HOME HEALTH PALLIATIVE CARE
James Johnson
EvergreenHealth Hospice

LEGEND OF NURSING
Patricia Groff
Seattle Cancer Care Alliance

NURSING ADMINISTRATION AND LEADERSHIP
Jeanel Rasmussen
Harrison Medical Center, a part of CHI Franciscan Health

PEDICATRIC
J. Mari Clarkmoore
Seattle Children’s Hospital

RESEARCH ADVANCEMENT
Seth Eisenberg
Seattle Cancer Care Alliance

RISING STAR
Hunter Barrett
Multicare - Mary Bridge Children’s Hospital

SURGICAL/PROCEDURAL
Amber Weiseth
EvergreenHealth

WOMEN’S HEALTH
Rebekah Arends
Providence Regional Medical Center - Everett

Amanda Baker
Deaconess Medical Center
Carolyn Jones
Evergreen Home Health
Jessica Odongi
Evergreen Home Health
Teresa Arndt
Evergreen Home Health
Terra Johnson
Evergreen Home Health
Julia Perhurova
EvergreenHealth
Leah Bray
Evergreen Health
Tara Connor
EvergreenHealth
Ann Marie Smith
EvergreenHealth
Allyson Matsumoto
Multicare Good Samaritan Hospital
Julie Gehring
Multicare Tacoma General Hospital
Alyssa Nguyen
Overlake Hospital Medical Center

Daniel Henriquez
Overlake Hospital Medical Center
Erin Zimmerman
Overlake Hospital Medical Center
Julia Hart
Overlake Hospital Medical Center
Maggie Kujath
Overlake Hospital Medical Center
Susan Stuffer
Providence Sacred Heart Medical Center & Children’s Hospital
Alexis Weable
Seattle Children’s Hospital
Allison Agnew
Seattle Children’s Hospital
Andrea Steinbach
Seattle Children’s Hospital
Brianna Felix
Seattle Children’s Hospital
Brianna Williams
Seattle Children’s Hospital
Caitlin Shearer
Seattle Children’s Hospital
Caitlin Siegfried
Seattle Children’s Hospital
Carly Kuhman
Seattle Children’s Hospital

Chad Markward
Seattle Children’s Hospital
Danielle Roland
Seattle Children’s Hospital
Erika Miller
Seattle Children’s Hospital
Jena Verbance
Seattle Children’s Hospital
Karly Regalia
Seattle Children’s Hospital
Kathleen (Kate) Coffee
Seattle Children’s Hospital
Maria Donavi Vinarao
Seattle Children’s Hospital
Megan Jackson
Seattle Children’s Hospital
Megan Urquhart
Seattle Children’s Hospital
Nancy Brajtburg
Seattle Children’s Hospital
Rachel Richards
Seattle Children’s Hospital
Rachel Sayles
Seattle Children’s Hospital
Remia Zhong
Seattle Children’s Hospital

Saaliha Nawaz
Seattle Children’s Hospital
Sarah Caufield
Seattle Children’s Hospital
Tawny Morris
Seattle Children’s Hospital
Amanda Mackey
St. Clare Hospital
Eloisa Charles
St. Clare Hospital
Janette Reddekopp
St. Clare Hospital
Claire Eckhoff
St. Joseph Medical Center
Julie Roberts
St. Joseph Medical Center
Kathleen Briggs
St. Joseph Medical Center
Rebecca Weichers
St. Joseph Medical Center
Anna Garrett
UW Medicine/Northwest Hospital & Medical Center

Emma Corbilla
UW Medicine/Northwest Hospital & Medical Center
Kailyn Skonsby
UW Medicine/Northwest Hospital & Medical Center
Merilee Fjestul
UW Medicine/Northwest Hospital & Medical Center
Madeline Dahl
UW Medicine/University of Washington Medical Center
Molly MacGuffie
UW Medicine/University of Washington Medical Center
Lansia Jipsen
Virginia Mason Medical Center
Lillian (Elizabeth) Bowler
Virginia Mason Medical Center
Mashelle Fathiashfar
Virginia Mason Medical Center
Mina Wirth
Virginia Mason Medical Center
Pam Jewell
Virginia Mason Medical Center
Sharon Veith
Virginia Mason Medical Center
Welcome new WSNA staff

Becky Anderson
Membership associate
Becky Anderson is a native of Washington, born and raised in the Puget Sound area. She has a long background working with the Washington State Water & Sewer Association, where she assisted the Membership Department with multiple projects, meetings, conferences and workshops, along with maintaining the membership dues. Most recently, Becky comes to WSNA from the Alaska Fishing Industries, where she was a Human Resources Recruiter for five factory trawlers.

In her spare time, Becky enjoys spending time with her family, grandchildren and friends.

Tara Barnes
Organizer
Tara is a Seattle native and child of an Irish immigrant. She attended Seattle Central Community College and completed her BSN from Seattle University in 1994. Her work experience started in long-term care and pediatric home care. She spent 12 years at Evergreen Hospital in med/surg and critical care. While there, Tara was a local unit officer and served on the negotiation team three times. She received the honor of WSNA grievance officer of the year.

Tara worked at Swedish Edmonds for the past seven years, where she served as SEIU1199NW delegate for her department, as executive board member for the facility and member political organizer for all Swedish campuses.

Tara’s passion for labor union work stems from her Grandfather Eamon and Uncle Gerry, who sacrificed much in the shipyards of Ireland and America to elevate conditions for workers and families. She enjoyed several quarters teaching Shoreline CC nursing students in the hospital setting 2011 to 2012.

Will Nesper
Organizer
Will was born and raised in Cleveland, Ohio. He earned a BA in psychology at Bowling Green State University in Ohio. Will moved to Seattle with his girlfriend, now wife, and changed careers to nursing during the economic downturn. He worked as a hospice/palliative care nurse for patients with HIV, ALS and Huntington's Disease at Bailey Boushay House in Seattle. Will is excited to continue his career where helping nurses reach their potential and patient safety are paramount.

Outside of work, Will is an avid outdoor recreationist, including kayaking, snowboarding, cycling and backpacking. The last three summers he backpacked with his family around Mt. Rainier on the Wonderland Trail.

Christine Nguyen
Communications and digital media coordinator
Christine is a recent graduate of the University of Washington, where she studied communications and history. During her time at UW, she worked in various departments, including finance, marketing and communications. Prior to joining WSNA in October, Christine worked with a team within the University of Washington’s human resources department, The Whole U, to promote wellness in the workplace for all staff, faculty, students and families of UW.

Christine finds joy in working in an environment where all are passionate and driven to strengthen the community and make a change. Bettering workplace environments and conditions is something she finds very important, and to be a part of an organization that focuses on influencing reform and development is something she is proud to say she is a part of.

When she doesn’t have her nose in a book, she is on the mat, training in judo.

How much did you pay in dues in 2017?

By Patrick McGraw
WSNA Membership Payments Program Manager

Would you like to know how much you paid in dues to WSNA in 2017?

The membership department can provide information to a member over the phone about the total amount of dues collected in the current or previous year. We can also send a statement by mail or email at the request of a member. Please note that the Washington State Nurses Association (WSNA) does not send information regarding the total amount of dues payments received without a request from the member.

Dues payable to WSNA are not deductible as a charitable contribution for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. For more information, please consult your tax advisor.

The membership department may be reached by phone by calling 206-575-7979, by fax at 206-838-3099 or by email at membership@wsna.org. Thank you for your continued support of and participation in WSNA.
King County Nurses Association is offering several continuing nursing education events on a variety of current topics of interest to nurses. Unless otherwise noted, events are open to all nurses and nursing students. Details and registration at www.kcnurses.org, “Education and Events.”

Seminar: Ethics Conversations and Health Equity
Saturday, Feb. 10, 8:30 a.m.–1 p.m.
Good Shepherd Center, Wallingford (Seattle)
This workshop will feature three interactive sessions exploring ethics, upscaling social justice practice for health equity and value-based care, and mindfulness. Speakers include: Anne Poppe, PhD, MN, BSN, BA, RN; Doris M. Boutain, PhD, RN, PHNA-BC; and Christine Prenovitz, MSW, E-RYT.

District Meeting: Conversations with the New WSNA Executive Director
Wednesday, Feb. 28, 5:30–7:30 p.m.
Good Shepherd Center, Wallingford (Seattle)
1.5-hour Certificate of Completion
Sally Watkins, PhD, RN, executive director of Washington State Nurses Association, provides leadership in multiple areas, including legislation, health policy, nursing practice, advocacy and labor relations. Hear about current WSNA activities and legislative updates for 2018, and ask any burning questions you may have. Register by Feb. 22.

Dinner Seminar: Health Care Ethics Discussion: Henrietta Lacks and Beyond
Wednesday, March 28, 5:30–8 p.m.
Good Shepherd Center, Wallingford (Seattle)
2.0-hour Certificate of Completion
Join Bridget Carney, PhD, RN, health care ethicist, to discuss the book “The Immortal Life of Henrietta Lacks” and bioethics issues related to the medical use of patient tissue and genetic material. Registration fee includes a copy of the book; register by March 1 and KCNA will mail it to you. Final registration deadline March 19.

HEADS UP: Annual Meeting and Spring Banquet
Thursday, May 10, 5:30–9 p.m.
Ballard Bay Club, Seattle
This festive event, scheduled during National Nurses Week, includes annual nurse awards, nursing student scholarships, a lovely Northwest-cuisine dinner, and silent and live auctions to benefit the KCNA Scholarship program. Enjoy good food and beautiful views while supporting the future of the profession. Register before March 15 for early-bird savings: $40/KCNA member, $45/nonmember. Rates will increase by $20 after March 15. Final registration deadline April 30.
The mission of the WSNF, a 501(c)(3) charity, is to promote the advancement of educational and professional excellence within nursing, and the health and well being of the citizens of Washington state.
Yvette Edwards

Yvette Edwards, a dedicated public health nurse, died on Sept. 3, 2017. She spent the last 20 years in service to King County, much of this time with the Child Care Health program. She touched countless people in the community, serving the most vulnerable children and families with her kindness and passion.

Yvette was born in Las Vegas, New Mexico, on Jan. 19, 1965, to Elias J. Monroe Jr. and Diane M. Monroe (nee Geoffrion), one of seven children. As a child Yvette was described as somewhat of a tomboy and as a teen was an accomplished Baton Twirler and marched in parades. She was also featured in a movie as an extra. She was a phenomenal musician as a clarinetist who was awarded All-State honors three years in a row. She was a member of the University of New Mexico Marching Band. She also played the Piano and Pipe Organ at a Church that she attended with her husband in Germany.

Yvette was a student at the University of New Mexico after receiving a Presidential scholarship in addition to several other academic and music scholarships. While attending UNM she met her husband, Yusef, and then they had a child, Monique, born in Albuquerque, New Mexico. The family relocated to Georgia while Yusef enlisted and worked for the U.S. Army. Vanessa and Dominick were born in Georgia, and then the family relocated to Germany, where Yusef was stationed for a little over three years. While in Germany, Yvette worked for the local PX (Military Store) and then was a Department of Defense employee. Upon completion of the tour in Germany, her husband re-enlisted and the family relocated to Washington state.

Yvette attended Pierce College, received her degree and was accepted into the University of Washington School of Nursing. Yvette graduated with honors while being parenting full time. As an RN she worked for a Sea Mar clinic, serving Hispanic and predominantly indigent patients. She also did some volunteer work and assisted at El Centro de la Raza, across the street from Sea Mar. Yvette eventually moved on to enter Public Health Nursing for King County, where she was known as not only a public health nurse but also an excellent authority on Child Care Health and Facilities. She authored or co-authored numerous health policies for countless King County Child Health/Day Care Facilities. Her policies resulted in multiple changes in how infants and children are treated at numerous day care facilities. She also assisted pregnant unwed and indigent teens and women. In addition, she taught first aid and CPR courses throughout King County.

Yvette was a member of two parishes, Holy Spirit in Kent and St. Anthony’s in Renton. Yvette will always be remembered as a loving daughter, sister, wife and mother and is missed by all that knew her. Services were held at St. Anthony’s Parish in Renton. After a slow, professional escort by the Seattle Police Department, Yvette was Interred in the columbarium at Tahoma National Cemetery.

Sharon Marie Monaghan

Raised in Dodge City, Kansas and an alumna of the University of Kansas, Sharon Monaghan came to Seattle in 1981, which quickly became home. Graduating from the University of Washington in 1982 with her Masters in Nursing, Sharon worked in the Harborview Burn Center ICU before opening the hospital’s Neurosurgery ICU in 1984 as the department’s Nurse Manager. For several decades, she continued her career as a health care executive in roles with NW Emergency Physicians, Virginia Mason and Children’s Hospital, while building a reputation for exceptional leadership, mentorship and devotion to her staff.

In 1982, Sharon met and fell in love with Cathie Cannon, whom she would marry in 1987 on the backside of the Taj Mahal. Together they travelled the world, built a village of friends and family and raised their daughter, Mackenzie Monaghan Cannon. She was a lifelong adventurer and always up for one last sled ride, challenge or dare if you suggested it. Whip smart with a wicked sense of humor, Sharon was unflinchingly loyal and protective of those lucky enough to be in her tribe. When she welcomed her daughter, she adapted her signature dry wit for a playfulness that earned her the role of Mackenzie’s favorite playmate and instigator of mischief. A devoted wife and mother, Sharon was also a favorite aunt and source of endless laughter and love for children of all ages.

Alzheimer’s Disease crept into Sharon’s life just before her fiftieth birthday, corroding the brain of this fiercely intelligent, independent woman. Sharon tried in every way possible to hold on to those she loved and they to her. Over the years, Cathie, Mackenzie, family and friends have surrounded her with the love and devotion she showed them throughout her life. On Aug. 24, 2017 after a vigil that included a scootch toast, tales of a wild youth and an open window, Sharon’s spirit was finally set free. She believed she would return to us; we will watch for her.

Sharon is survived by her wife, Cathie; daughter, Mackenzie; brothers, Shawn, Kevin, Patrick, Stacey and Tom; sister, Sheila (Seattle); a band of in-laws; a plethora of loving nieces and nephews, and a multitude of friends. She joins her parents, Chuck and Madge, as well as her aunts in the next life.

In Memoriam

Natalie A. Audette
Nicole L. Reynolds
Nicole M. Jowett
Olivia J. Fox
Paige K. McCulley
Patricia S. Smith
Qi C. Huang
Rachel A. Handley
Rachel B. Cannon
Rachel E. Bull
Rachel A. Handley

Sharon Marie Monaghan

Ashlyn N. Hicks
Aubrey R. Goldsmith
Aizza S. Saleem
Bekah K. Port
Berenet W. Bryn
Brannia M. Hagen
Brianna N. Guerrero
Brooke A. Phagan
Brooke A. Wilson
Bryan J. Meadows
Caitlin B. Young
Carnita T. Pair
Carly M. Hubbard
Carolyn M. Fitzpatrick
Catherine D. Paul
Chelsea J. Bergthaler
Christina A. Aga
Christopher T. Parks
Cindy B. Chang
Corina Saldivar
Comediu Capusan
Cristi L. Mellon
Daniel Peck
Darlin A. Gatchalian
Dawnta R. Munshaw
Deborah G. Dial
Deshena L. Espinoza
Diana L. Johnson
Eliza A. Grey
Elizabeth G. McMahon
Elizabeth H. Asmara
Elizabeth W. Shannon
Emily M. Biggs
Emma J. Cunningham
Erin E. Johnson
Fawna Fatima A. Sheriff
Gabriela L. Toledano
Gwendolyn B. Portes
Haimanot Abate
Halie M. Boyce
Heather L. Jordan
Heather M. Dixon
Heidi-Tanya L. Farrington
Holly H. Clem
Hunter L. Bowby
Irit Gomelsky
Jacob J. Lakatua
Jacqueline A. Gage
Jacqueline S. O’leary
James M. Elliott
Janni L. Trenary
Jasmin A. Mackey
Jean M. Pette
Jennifer L. Hutchings
Jennifer M. Noar
Jeremy D. Stultz
Jeremy M. Trout
Jesalynn S. Holdcroft
Jill E. Stack
Joan M. Cornell
John D. Patterson
John M. Delgado
Joseph W. Glahn
Justin K. Thompson
Kalle N. Peterson
Kara E. Coombs
Kara R. Martin
Karen Lark<br>
Katherine A. Frentzel
Katherine A. Reyna
Keaton L. Hambrecht
Keillan L. Mennella
Kelley C. McLaughlin
Kelle A. Tanascu
Kelsey K. Duren
Kevyn A. Letter
Krista N. Johnson
Kun Yang
Landon K. Wadley
Lara L. Thoresen
Laura D. Stafford
Lewis A. Valladares

New Members

Ashlyn N. Hicks
Aubrey R. Goldsmith
Aizza S. Saleem
Bekah K. Port
Berenet W. Bryn
Brannia M. Hagen
Brianna N. Guerrero
Brooke A. Phagan
Brooke A. Wilson
Bryan J. Meadows
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Laura D. Stafford
Lewis A. Valladares

New Members
**Member Information**

If you are currently a member and have had a change in your employment situation...

Please complete a Change of Information Form or email your changes to membership@wsna.org. The Change of Information Form is available on the WSNA website under “Membership,” or you can contact the WSNA Membership Department at 800-231-8482 or 206-575-7979 to request one.

**Please note:** It is the member’s responsibility to notify WSNA in writing of any changes in address, employer, FTE status, layoff or leave of absence. Write to: Membership – Washington State Nurses Association, 575 Andover Park West, Suite 101, Seattle, WA 98188.

**Notice of Washington State Nurses Association policy regarding nonmembers employed under WSNA collective bargaining agreements**

Federal and state labor laws recognize the right of unions in Washington to enter into collective bargaining agreements with employers that require employees, as a condition of employment, either to join the union (and thereby enjoy all of full rights and benefits of membership) or to pay fees to the union (and thereby satisfy a financial obligation to the union without enjoying the full rights and benefits of union membership). Regardless of the wording of the “union security” agreement, employees represented by the Washington State Nurses Association for purposes of collective bargaining and covered by a union security agreement are not required to become full members of WSNA, and are required only to choose either to be members of WSNA or pay fees to it. Employees who choose to become members of the Washington State Nurses Association pay WSNA dues and receive all of the rights and benefits of WSNA membership. Employees who either decline to become members of WSNA or who resign from WSNA membership may pay “agency fees” to cover their share of the cost of representation, and thereby satisfy any applicable union security obligation. WSNA has negotiated union security agreements, which have been ratified by the democratic vote of the affected employees and which require that all employees must either unionize or pay fees to the union, in order to ensure that each employee who is represented by WSNA pays a fair share of the cost of representation. Such union security agreements strengthen WSNA’s ability to represent employees effectively in collective bargaining, contract enforcement and grievance administration, while eliminating “free riders” who enjoy the benefits of a WSNA contract and representation without contributing their fair share of the union’s expenses for negotiating, administering and enforcing the contract. Through the collective bargaining process, agreements negotiated by the Washington State Nurses Association represent employees’ interests with the goal of achieving higher wages, better benefits, fairness in the disciplinary procedure, and enhanced respect for their skills and professionalism. These improvements, won through collective bargaining, enhance the terms and conditions of working life for all employees, and allow them to better provide for themselves and their families. Only WSNA members enjoy all of the full rights of WSNA membership. Agency fee payers give up their rights to have input into the affairs of WSNA, the organization that represents them in dealings with their employer concerning wages, hours of work, health and retirement benefits, disciplinary matters, and other terms and conditions of employment. Any non-member who is financially obligated to WSNA under a union security obligation. WSNA has negotiated union security agreements, which have been ratified by the democratic vote of the affected employees and which require that all employees must either join the union (and thereby satisfy a financial obligation to the union without enjoying the full rights and benefits of union membership) pay fees to the union (and thereby satisfy a financial obligation to the union without enjoying the full rights and benefits of union membership) or resign from WSNA membership. Agency fee payers give up their rights to have input into the affairs of WSNA, the organization that represents them in dealings with their employer concerning wages, hours of work, health and retirement benefits, disciplinary matters, and other terms and conditions of employment. Any non-member who is financially obligated to WSNA under a union security obligation may resign at any time from WSNA by submitting a written notice of resignation from WSNA membership, which becomes effective upon receipt by WSNA. Agency fee payers should submit to WSNA an Agency Fee Pay Application Form, which is available upon request from WSNA. Agency fee payers are required to pay fees equal to their share of WSNA’s costs pertaining to collective bargaining, contract administration and grievance adjustment. WSNA automatically reduces the fee charged agency fee payers by the amount attributable to expenditures incurred for WSNA activities that are not related to its responsibilities as representative for purposes of collective bargaining. In our most recent accounting year, 6.6% of WSNA’s total expenditures were spent on activities unrelated to collective bargaining, representation. Any non-member who is financially obligated to WSNA under a union security agreement may inspect the audit report of WSNA expenditures at a reasonable time and place upon written request to WSNA. Any non-member who disagrees with the amount of the agency fee may file a written challenge with WSNA, which must state the basis for the challenge. For members who resign their membership during the calendar year, challenges must be made within 30 days of the postmark of the notice regarding their change in status from members to agency fee payers. For non-members, challenges must be made during the 30 day period after the postmark of WSNA’s written notice of the new calculation for agency fees that take effect on Jan. 1 of each year. Such challenges shall be adjudicated by an impartial arbitrator appointed by the American Arbitration Association pursuant to its Rules for Impartial Determination of Union Fees. Any challenges must be submitted to WSNA, ATTN: Agency Fee Challenges, 575 Andover Park West, Suite 101, Seattle, WA 98188. It is recommended that any challenges submitted be sent by certified mail, but certified mail is not required.
Why I give...

“I believe in supporting the WSNA-PAC so that we can advocate for candidates who will go to Olympia and advocate for nurses and patients.”

— Clarise Mahler, RN

Learn more about WSNA-PAC and make your contribution at wsna.org/pac
Are you under investigation from the Department of Health or have you been served with a Statement of Charges and face an administrative hearing? Protect your professional license and livelihood by calling the Rosenberg Law Group: we handle all components of your professional licensure defense before a Washington State agency or board. We have a proven track record of successfully defending professional licenses.