Janus decision response
Two nurses run for State Senate
Behavioral health and suicide

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#Union
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- **Workplace Violence**
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- **Attacks on Worker Rights**
  The movement to silence your voice and how you can stop it.

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**FREE** for union-represented WSNA members*

**6 CNE credits**

**Sept 30-Oct 1**
Campbell’s Resort, Chelan

**Nurses Speak**
Sunday evening

**Banquet with entertainment**
Sunday evening

**Leadership Summit**
Monday

Also:
**Nov. 3**
Leadership Summit
Skagit Casino, Mt. Vernon

* The Union Leadership Summit is designed for and limited to WSNA union-represented nurses. Nurses covered by a WSNA union contract who are not yet full dues-paying members will be charged a fee of $20 upon registration.

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*Source: 2018 Fair Health Data. Exclusions may include and are not limited to implants, implant crowns, crowns with gold, and crowns/onlays/linlays that are all porcelain. Fees will vary for specialty services. Members covered under a DHMO plan such as Willamette Dental do not qualify for these discounts. 1. Cash patients only.

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The Washington Nurse
VOLUME 48, ISSUE 2  SUMMER 2018

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I want to update you on the progress WSNA has made on some of our ongoing work and priority issues. Membership growth and engagement of members is a high priority within WSNA’s strategic plan. I’d like to highlight a couple of initiatives that address this priority.

**District / Region Nurses Associations:**

**The Plan to consolidate District Nurses Associations and form Regions within WSNA across the state**

Currently, we have some very active District Nurses Associations that have been successful in engaging many WSNA members from all practice settings to address issues important to their membership. A few examples:

- Work with nursing students and schools of nursing.
- Developing relationships with community partners to work with the homeless population, set up and staff free clinics for low income populations.
- Providing quality continuing education for members.
- Providing a venue for members to gather, to learn and to engage in Legislative advocacy.

We also have areas in our state where there is very little activity occurring or where District Nurses Associations no longer exist. It became clear that the structure of our District Nursing Associations needed to change to maintain a strong community-based presence and better meet the needs and desires of our members.

We believe the need to have a strong community-based nursing presence is growing. Legislative and political advocacy is needed as our practice is growing outside of acute care settings and nursing practice concerns are emerging in Public Health, community-based clinics and long-term care facilities. We need to continue to advocate for affordable access to health care in our communities as well as continuity of care as our patients are discharged from acute care to community settings.

I’m pleased to report that after the successful creation of the WSNA NW Region Nurses Association, we have had requests from other areas of the state to similarly consolidate WSNA District Nurses Associations to form Regions.

We are planning to begin in the Pierce County area, Inland Empire (Spokane) area and Vancouver area. We will then work to form Regional Nurses Associations in Eastern, Central and Southeast Washington. We have started the discussion and some outreach has begun. Upon completion of this project, the King County Nurses Association (KCNA) will be the only District Nurses Association that will retain its current boundaries.

**Organizational affiliates**

WSNA has bylaw language that allows for Organizational Affiliate membership in WSNA. Speciality Nursing Organizations or other Nursing Organizations that have a mission and purpose harmonious with WSNA are eligible. Each Organizational Affiliate will have a seat on our Practice Council as well as a voting seat in our Biennial General Assembly. Other needs specific to the organization will be discussed and considered.

School Nurses of Washington State (SNOW) has made the decision to become WSNA’s first Organizational Affiliate effective August 2018. We are pleased and excited about this opportunity to add these organizations and their voice to our Practice and Legislative agendas.

The work to consolidate District Nurses Associations into Regions and implementation of Organizational Affiliate membership will provide opportunities for registered nurses in Washington state to strengthen the collective voice of nurses as they advocate for nursing practice, patient safety and the wellbeing of their communities. My hope is that the Region/District Nurses Associations and the WSNA Organizational Affiliate members will come together and be seated together at the WSNA General Assembly meeting, which will take place at the upcoming Washington State Nurses Convention in May 2019, so they can join WSNA members in meeting the candidates running for WSNA leadership positions and be a voice to set the priorities that WSNA will address over the next biennium.

Jan Bussert, BSN, RN
WSNA President
2018 Seattle/King County Clinic volunteer opportunity

On Sept. 20–23, the 2018 Seattle/King County Clinic volunteer event will be held in the KeyArena at Seattle Center.

Volunteer and join more than 100 partner organizations to offer free dental, vision and medical care to underserved and vulnerable populations. Each day, the Clinic needs over 750 healthcare professionals and general support volunteers to operate. The Clinic provides most equipment and supplies, as well as free meals and parking.

WSNA is proud to partner with the Seattle/King County Clinic on this opportunity to produce and advance a free large-scale health clinic. Your support and participation are what make this community project a success.

Over the past four years, the clinic has provided $14 million in dental, vision and medical care to 16,300 people in need and helped connect them to community resources to encourage continuity of care. In September 2018, the Clinic will serve another 4,000 people and provide over $3.5 million in direct healthcare services.

Thank you once again for helping us to provide for the health and wellbeing of underserved and vulnerable populations in our community.

Additional information at seattlecenter.org/volunteers and seattlecenter.org/patients.
Are you, or a colleague, working in long-term care?

Help WSNA build new bridges. We are expanding our reach to RNs who work in community-based and long-term care settings. A newly-implemented task force will focus on improving quality of care and increasing appreciation and understanding of the role of community-based and long-term care nursing.

We are reaching out to nurses with a special interest in bridging the gap. This is vitally important, as the issues of providing safe care in these settings is becoming more serious. Please consider providing your expertise by joining the task force. Contact 206-575-7979, ext. 0.

WSNA members join ANA’s Hill Day in D.C.

WSNA’s delegation to ANA’s Membership Assembly joined 274 nurse-advocates at the nation’s capital on June 21 to speak up for nurses and our patients. WSNA’s contingent spoke in person to Senator Maria Cantwell, Rep. Dan Newhouse and Rep. Derek Kilmer, as well as staff in other congressional offices.

ANA participants in Hill Day included representatives from 45 states and all types of nursing professionals. Nearly every congressional office heard from an ANA advocate as members delivered 3,731 letters supporting an opioid response plan that would include nurses, as well as safe staffing legislation.

In a big legislative win, the day following Hill Day, the U.S. House of Representatives overwhelmingly passed H.R. 6, a comprehensive opioid response plan that will equip another 170,000 nurses to help fight the opioid epidemic.

ANA members elect new president

Eligible voting representatives at the ANA Membership Assembly elected Ernest Grant, PhD, RN, FAAN, of the North Carolina Nurses Association as the association’s next president to represent the interests of the nation’s 4 million registered nurses. The term of service for Dr. Grant and other newly elected leaders will begin January 1, 2019.

Dr. Grant, the current ANA vice president, is an internationally recognized burn care and fire safety expert and oversees the nationally acclaimed North Carolina Jaycee Burn Center at the University of North Carolina (UNC) Hospitals in Chapel Hill. He also serves as adjunct faculty for the UNC-Chapel Hill School of Nursing, where he works with undergraduate and graduate nursing students in the classroom and clinical settings.

For more information and a complete and up-to-date listing of events, visit wsna.org/calendar.
**NEWS BRIEFS**

**Washington Nurses to be recognized by NCSBN**

On Aug. 15 to 17, three Washington nurses will be honored by the National Council of State Boards of Nursing at its annual awards ceremony.

Washington’s Lois Hoell, MS, MBA, RN, commission member, Washington State Nursing Care Quality Assurance Commission, and Suellyn Masek, MSN, RN, CNOR, commission member, Washington State Nursing Care Quality Assurance Commission will each receive the Exceptional Contribution Award for their significant contribution and demonstrated support of NCSBN’s mission. A Service award will be given to Paula Meyer, MSN, RN, FRE, executive director, Washington State Nursing Care Quality Assurance Commission, for her work as an executive officer of the boards of nursing (BONs) for the past 20 years.

Congratulations to our Washington nurses for the recognition!

NCSBN will be recognizing other recipients for the Exceptional Contribution Award including:

- **Gloria Damgaard, MS, RN, FRE**, executive director, South Dakota Board of Nursing, will be honored with the R. Louise McManus Award for sustained and significant.

- **Gregory Y. Harris, JD**, former board member, Arizona State Board of Nursing, and **South Dakota State Senator Deb Soholt, MS, RN**, former board member, South Dakota Board of Nursing, will each receive the Distinguished Achievement Award.

- **The College of Nurses of Ontario** will be awarded the Regulatory Achievement Award, for an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

- **Former Minnesota Board of Nursing Executive Director Joyce M. Schowalter, MEd, RN**, will be presented with the NCSBN Founders.

NCSBN is marking its 40th anniversary as an independent, not-for-profit organization, bringing together boards of nursing to act and counsel together on matters of common interest.

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**NATIONAL NURSES WEEK**

**HOW YOU CELEBRATED!**

Nurses across the state celebrated National Nurses Week May 6 through 12. ANA’s theme for this year was “Nurses: Inspire, Innovate, Influence.” Thank you for sharing photos of your celebration!

Above and right: Kadlec Regional Medical Center nurses gathered for a well-attended breakfast, May 8, 2018.

Above: WSNA Nurse Representative Carmen Garrison with Kay Langevin, who has for several years been the driving force behind Kadlec’s annual Nurses Week breakfast.

Above and right: Seattle / King County Health Department nurses enjoyed a dinner at The Old Spaghetti Factory in Tukwila.
Above: RNs at King County Correctional Facility in downtown Seattle.

Above: Seattle Children's Hospital nurses enjoy a dinner at Ray's Boathouse, in Seattle, May 7, 2018.

Above: Whatcom County Health Department nurses.

Above: Seattle Children's Hospital nurses enjoy a dinner at Ray's Boathouse, in Seattle, May 7, 2018.
WSNA joins nationwide condemnation of Supreme Court decision in Janus case

On Wednesday, June 27, the U.S. Supreme Court issued a 5-4 decision in Janus v. AFSCME holding that the collection of “fair share” or agency fees is unconstitutional under the First Amendment.
Proud WSNA union members joined our labor brothers and sisters across the nation to condemn the decision, which ruled against working people and in favor of billionaire CEOs and corporate interests. WSNA nurses showed up at rallies in Seattle, Spokane and Vancouver, and in our facilities across the state, nurses wore stickers and held signs proclaiming their commitment to stick with our union.

WSNA released a statement on the day of the decision, which said:

We strongly condemn the U.S. Supreme Court’s decision to overturn 40 years’ worth of precedent in the Janus v. AFSCME case by making fair share fees for public sector employees unconstitutional. Today, the Supreme Court ruled against working people and in favor of billionaire CEOs and corporate interests.

Nurses and other working people will continue to organize for a fair deal on the job that allows us to negotiate with management for good wages, decent benefits and safe working conditions. We will continue to stand up for the needs of our patients and our ability to give them the best care.

Standing together, nurses have achieved remarkable victories that lead to safer patient care. We have successfully fought for safer nurse staffing, rest and meal breaks that allow nurses to step away from the stress and responsibility of providing care, and greater workplace safety. We won’t allow a court decision to stand in the way of our fight for our profession, our patients and our communities.

Read more about how WSNA members are standing union strong at wsna.org/union-strong.

It is more important than ever that we stand together to negotiate strong contracts that support our ability to give our patients and communities the best care. We all have a voice, and we all have a part to play. Want to get involved? Contact your Nurse Representative or WSNA’s Director of Organizing, Tara Goode, at tgood@wsna.org.
Nurses act to save UWMC inpatient psych unit

In April, nurses working in the inpatient psychiatric unit of the University of Washington Medical Center learned that administration planned to close the unit, perhaps as early as the end of June. The nurses sprang into action, reaching out to the media and WSNA staff for support in getting the message out that the unit, called 7 North, is essential to both the special populations they serve and to address the severe shortage of psych beds in Washington state.

By May, UWMC administration said they would keep the unit open until 2019, when they planned to move the beds to Northwest Hospital. But, as the nurses argued, a bed is not a bed.

On May 9, WSNA and RNs from around UWMC rallied together to show support for the continued existence of the inpatient psychiatric unit prior to the scheduled UW Board of Regents meeting. Inside the meeting, nurses Heather Vargas-Lyon and Teresa Wren and attending physician Margaret Cashman M.D. told the Regents that this terrible idea could present great harm to the community. Beyond treating the families and workers in the area, 7 North provides treatment for the students attending the UW and the high-risk moms-to-be in the medical center’s specialized unit when they are facing mental health issues as well as medical ones.

For students, the inpatient psych unit provides a safe and supportive environment for those experiencing anxiety, depression, suicidal ideation, psychotic breaks and other serious mental health problems that is accessible 24 hours a day. For high-risk OB patients, those who need psychiatric services can be involuntarily committed to safeguard the lives of high-risk OB patients.
Let’s talk about the power of one. I know that sounds counterintuitive coming from a union organizer because the whole concept of a union is based on the coming together of individuals for a common purpose. Uniting for a cause. Working together for the greater good. But, I’d like you to think for a minute and ask yourself what the common denominator is in any union? Answer: It’s members.

Every member has her or his own reason for joining. Some believe it to be an efficient way to address issues in the workplace. Some do it because they come from a union family. Some do it because a trusted colleague asked them to join. The larger concept of union boils down to the needs, wants and abilities of the individual.

Why do I mention abilities? Because a union only functions when its members function. Yes, strength and power come from the sheer number of members, but the real power comes from being able to educate, energize, empower and engage members in activities that increase that power exponentially.

What does engaging members really mean? It means finding out what people are interested in and either finding a place or creating an opportunity for them to explore how that interest can be helpful to the bargaining unit. Are you crafty? You can decorate the bulletin boards to draw people’s attention to important info. Are you a writer or photographer? You can help create communications to inform and educate your peers about what’s happening in your workplace. Are you social media savvy? Help your peers highlight your wins and garner support for their struggles by sharing it on social media.

My point is that each individual member is a unique and wonderful part of your union. Whether they are new to the profession, closer to retirement or anywhere in between, their value is priceless. As any good organizer is wont to do, I have an ask for you. Talk to each other. Reach out to a nurse on your unit you haven’t yet connected with or one who is your shift bestie. Connect and mentor those newer to your unit and learn from those who’ve been there a while. The topic I want you to discuss: Why do I belong to my union? What do I find most valuable? What matters to me and what am I willing to do to protect and defend it?

I believe through these conversations you will find a new connection both to your colleagues and to the profession. We are not all that different from each other. The better we understand each other, the more effective we can be in our efforts to advocate for those who need us. It starts with one conversation.
Putting the 2017 Safe Staffing

Safe staffing is the number one priority for our nurses and is critical to safe and quality patient care in our hospitals.

WSNA is committed to supporting nurses on staffing committees and ensuring the 2017 Nurse Staffing Law (Patient Safety Act, HB 1714) is effectively implemented across Washington.

This law:
• Creates greater transparency on hospital staffing plans.
• Increases accountability in the implementation of staffing plans.
• Strengthens and empowers nurse staffing committees.

In early 2018, WSNA joined with the Washington State Hospital Association, SEIU 1199NW and UFCW 21 to form the Nurse Staffing Coalition, with the aim of supporting implementation of the Nurse Staffing Law. The coalition has created a tool kit with information, recommendations, draft forms and work samples to support the work of nurse staffing committees across Washington.

As we move forward, WSNA will continue to provide training and support for our members on nurse staffing committees.

If you have questions, please contact Anne Tan Piazza, WSNA Senior Director of Strategic Initiatives, at apiazza@wsna.org or by calling 206-575-7979.

Tool Kit
You will find the tool kit on our website at wsna.org/nursing-practice/safe-nurse-staffing/toolkit.

Forming the Staffing Committee

2017 Nurse Staffing Law
Full text of the final bill as signed into law.

Nurse Staffing Committee Checklist
Key elements of nurse staffing committees under the 2017 law, including composition, primary responsibilities, staffing plan development and implementation of the plan.

Sample Nurse Staffing Committee Charter
We recommend that all hospitals have a Nurse Staffing Committee charter describing the roles, responsibilities and processes by which nurse staffing plans are developed and used.

Developing and submitting the nurse staffing plan

Nurse Staffing Plan Minimum Criteria
Core elements of the nurse staffing plan (matrix by unit and shift) recommended for submission to the Department of Health beginning January 1, 2019.

Sample Attestation Form
To be signed by hospital CEO attesting that the staffing plan submitted to the Department of Health was developed in accordance with the law.

Submitting, evaluating and tracking complaints

Staffing Complaint Form
The 2017 Staffing Law includes a process for staff nurses to raise staffing-related complaints. Our recommended complaint form will help track complaints and data coming to the nurse staffing committee.

Assessing and Evaluating Complaints
Tool to help nurse staffing committees assess and evaluate complaints, including a decision tree outlining the process.

Complaint Tracking Tool
Excel form to help the nurse staffing committee track complaints, the resolution and the time frame by which complaints were received and resolved.
Law into action

Nurse Staffing Committee (NSC) Checklist

**NSC composition and participation**
- At least 50% are staff nurses (RNs providing direct patient care).
- Staff nurses on the NSC are selected by the union if RNs represented by union.
- Participation on NSC shall be scheduled work time, relieved of all other work duties, and paid.
- No retaliation or intimidation of employees serving on NSC or reporting concerns to NSC.

**NSC primary responsibilities**
- Development & oversight of annual patient care unit & shift staffing plan based on patient care needs.
- Semiannual review of staffing plan against patient need & evidenced-based info (nursing sensitive indicators).
- Review, assess, and respond to staffing variations/concerns/complaints reported to the NSC.
- Track complaints reported to the NSC.
- Track resolution of each complaint by NSC (resolved, dismissed, unresolved).

**Key elements in development of staffing plan**
- Census, including total number of patients on unit/shift including discharges, admissions, and transfers.
- Level of intensity of all patients and nature of care delivered on each shift.
- Skill mix.
- Level of experience and specialty certification or training.
- Need for specialized or intensive equipment.
- Layout of patient care unit including placement of patient rooms, treatment areas, nursing stations, medication prep areas, and equipment.
- Staffing guidelines adopted by national nursing profession and specialty nursing organizations.
- Availability of other personnel supporting nursing services.
- Strategies to enable nurses to take meal and rest breaks.

**Staffing plan posting, disclosure, implementation and complaint**

**Posting**
- Posting of nurse staffing plan and actual staffing levels (nurses and relevant clinical staff) for that shift in public area on each patient care unit.
- Plan approval and implementation
- CEO provide written explanation if staffing plan from NSC is not adopted, and prepare alternate staffing plan.
- Hospital must implement staffing plan (either original NSC plan or alternative by CEO) and assign nursing personnel to each unit according to plan beginning January 1, 2019.

**Reporting disclosure**
- Hospital must submit staffing plan (either original NSC plan or alternative by CEO) to Department of Health beginning January 1, 2019.
- Hospital must submit staffing plan annually and at any time in between when plan is updated.
- Report to NSC for violations
- Variations where the staffing level is not in accordance with the adopted staffing plan
- Disagreement with shift-to-shift staffing adjustments made by management
Behavioral health disorders and suicide in Washington state

By Joelle Fathi, DNP, RN, ARNP
WSNA Director of Nursing Practice and Health Policy

With behavioral health issues (mental health and substance use disorders) and suicide prominently positioned in the local and national news headlines nearly daily, we are called to action as nurses but often feel overwhelmed and disoriented by the depth and breadth of the problem. Understanding the prevalence and pervasiveness of behavioral health issues and who can be afflicted is often the first step in defining a strategic approach.

Nearly 45 million people in the U.S. (4.2 percent of the population) suffer from mental illness and at least 10 million of these people suffer from serious mental illness. It is reported that in 2016 less than half (43.1 percent) of those suffering received mental health treatment and nearly 45,000 lost their lives to suicide — far more than the 19,362 who were victims of homicide in this country (The National Institute of Mental Health, 2018a, 2018b).

Suicide rates have steadily climbed, by 28 percent, since 1999, with Washington state carrying a relatively high suicide rate at 12.58-14.23 deaths per 100,000 compared with other states that are as low as 6.19-11.40 per 100,000. Women are more likely to seek help than men, and men are four times more likely to take their own lives than women (Regge, 2017).

Why do so many people need to unnecessarily suffer and die from these treatable diseases, and how do we get them the services they need? Stigma is at the helm of this problem and can be a barrier to seeking help. This stigma can also contribute to alienation from others who don’t understand the disease or how to help (Mayo Clinic Staff, 2018). Despite Washington’s robust mental health parity law (Washington State Legislature, 2010), struggles continue with health insurers who can create barriers to basic services and treatment for mental health disorders. Education and increased individual and public dialogue are key to continuing to diminish and hopefully, one day, erase societal stigma, allowing people to obtain the help they need so more lives can be saved.

There are many examples in health care, such as cardiovascular disease (heart disease) and acute myocardial infarction (heart attack), that illustrate the benefit of immediacy in response by the community and health care professionals. This facilitates the successful delivery of appropriate and timely care, and quality outcomes. However, this attention and immediacy of care — and allocation of resources — isn’t always available with behavioral health issues because of the associated stigma and failure to identify the presence of illness, and due to the significant challenges in access to care and availability of resources. Access is defined and measured by geographic proximity and time it takes to get to help, ability to secure a health care provider who is qualified to diagnose and treat the condition, existence of adequate funding (usually insurance coverage) and access to a residential (inpatient) facility when needed.

Both inpatient and outpatient behavioral health care are often insufficiently reimbursed. This financial caveat is a crucial consideration in designing successful pathways for accessing behavioral health services (National Council for Behavioral Health, 2017). Too often, the very people who are suffering from these disabling diseases are those who have significant barriers to care due to financial constraints and limited social resources. Until behavioral health care is appropriately valued in our health care system, these problems will persist.
As of 2014, Washington state has an average of 9.1 inpatient psychiatric beds per 100,000 people, which ranks Washington 46 out of 50 states in capacity for inpatient beds (Burley & Scott, 2015).

There are efforts to increase mental health resources including a new 120 bed behavioral health hospital in Tacoma Washington scheduled for completion in 2018 (Becker, 2017). Though this is a step in the right direction, much of the work ideally will be focused on primary prevention of acute episodes through secure access to outpatient treatment over the continuum, long before an inpatient bed is necessary.

Resources for outpatient treatment of behavioral health issues pose challenges. There is a paucity of available psychiatrists to see people suffering from severe mental illness (Center for Healthcare Workforce Studies & University of Washington, 2016). This number of practitioners with expertise in psychiatry can be doubled when psychiatric nurse practitioners are added; they are also specifically trained to diagnose and treat mental health disease. However, even these numbers remain inadequate to address the need. In reality, behavioral health issues should be predominantly diagnosed and managed by front-line health care professionals – nurses, primary care providers, including, nurse practitioners and other allied members of behavioral health teams, in order to prevent delay of much needed care and yield better outcomes.

We all play a critical role in early identification of behavioral health issues, opening access to treatment, facilitating ongoing care and suicide prevention. It is essential that anyone who is suffering with behavioral health issues or caring for someone challenged by them, understand that they can confidently reach out to a nurse, their local primary care provider or nurse practitioner for screening, evaluation and treatment for this spectrum of disorders. Awareness of the resources for you, someone you know, or a patient you are encountering and how to refer someone can save a life. In addition to prompt referral to a health care professional for a face-to-face visit, the following represent some Washington state and national resources.

RESOURCES

**National Suicide Prevention Lifeline** at 1-800-273-TALK (8255) is a confidential service available to anyone 24 hours a day, 7 days a week. [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**Crisis Clinic at King County 2-1-1:** Dial 2-1-1, 1-800-621-4636 offers telephone-based crisis intervention and information and referrals to community services for youth and adults in Seattle-King County, WA. [crisisclinic.org](http://crisisclinic.org)

**Teen Link** at 1-866-833-6546 is a teen-answered help line. [866teenlink.org](http://866teenlink.org)

**Washington Recovery Help Line** at 1-866-789-1511 is a statewide service offering emotional support and linkage to substance abuse, problem gambling and mental health services to anyone in Washington state. [www.warecoveryhelpline.org](http://www.warecoveryhelpline.org)

**Washington Warm Line** at 1-877-500-WARM (9276) is a peer-answered help line for people living with mental health challenges. [crisisclinic.org/find-help/washington-warm-line](http://crisisclinic.org/find-help/washington-warm-line)

**Crisis Text Line** is a free, 24/7 support for those in crisis. Text HOME to 741741 from anywhere in the U.S. to text with a trained Crisis Counselor. Crisis Text Line trains volunteers to support people in crisis. [www.crisistextline.org](http://www.crisistextline.org)

**Substance Abuse and Mental Health Services Administration** – SAMHSA’s National Helpline at 1-800-662-HELP (4357) is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders. [www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline)

**REFERENCES**


Professional development: Grow your future in nursing

By Gloria Brigham, EdD, MN, RN
WSNA Education Director

Professional development is essential for nurses in the delivery of safe, quality care. Continuing education and training opportunities support nurses in meeting the changing demands of complex systems, new regulations and diverse patient populations.

The Washington State Nurses Association provides ongoing nursing education on a variety of topics. Classes and webinars occur throughout the year and a revitalized online continuing education site is under construction. Watch for announcements of upcoming educational opportunities and join us at wsna.org to develop the competence and confidence to thrive!

What are your continuing education needs? Are there classes, webinars or online courses you would like to see? We welcome your ideas as we develop new continuing education opportunities for nurses. Email me at gbrigham@wsna.org.

“Let us never consider ourselves finished nurses. We must be learning all of our lives.” (Florence Nightingale, 1800s)

Nursys requirements and nursing data surveys

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 January 1, 2018, NCQAC requires all nurses enroll with Nursys at the time of application for a new nursing license or licensure renewal.

Nursys fulfills the following purposes:

- 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).
- Collects demographic data via Nursys for the purposes of national and state workforce tracking.

As the comprehensive source of nursing licensure statistics for the U.S. and territories, the NCSBN collects demographic data via Nursys for the purposes of national workforce tracking. The demographic/national workforce tracking data that you will be asked at the time of enrollment in Nursys 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 (APN), which states licensed as an APN, employment status as a nurse and typical hours worked.

The NCSBN is a strong resource for nurses. For more information about Nursys and other topics, please visit www.ncsbn.org/nursys.
Providing the best available data on the nursing workforce

From the Washington Center for Nursing

Maintaining information on the current and projected supply and demand of nurses through the collection and analysis of data is a fundamental part of what the Washington Center for Nursing does. We recently conducted three surveys to learn more about promoting diversity in the profession, transition-to-practice programs and nursing faculty in our state. The findings will inform the work of WCN and our coalitions.

Nursing Student Diversity Survey
After collecting input from 295 nursing students at the 2016 Nursing Students of Washington State Convention and online on their experiences with diversity and inclusion in nursing education, the Washington Center for Nursing, with input from a broad stakeholder group, has put forth recommendations for strategies that promote recruitment, retention, graduation and leadership development of future diverse students from underrepresented groups. One key factor from the survey: Promoting outreach and recruitment to families of underrepresented students is one of the key strategies for making nursing more inclusive. Read the full report and recommendations at wsna.to/WCNdiversity.

Transition to practice in acute care
We conducted a survey of Washington state acute-care hospitals on their Transition-to-Practice (TTP) programs for nurses. This was a second survey after WCN queried hospitals in 2010. With the help of the Washington State Hospital Association and the Northwest Organization of Nurse Executives, we attempted to distribute the survey to all 92 DOH-certified hospitals in the state and received 31 responses from hospitals in rural and urban settings, representing a wide geographic range. Read the full report at wsna.to/WCN-TTP.

Out of those who responded, 20 (71 percent) stated that they have a TTP program; and eight (29 percent) do not. This report will inform WCN’s ongoing transition-to-practice work, such as adding resources for hospitals that want to build or enhance their TTP programs. (We are building a TTP toolkit for non-acute settings; stay tuned!)

Another highlight is the increase in the number of respondents who emphasized: 1) Safe medication administration, and 2) Patient safety, an uptick from the 2010 survey. Many resources emphasize the key role of registered nurses in these two areas of practice.

Washington State nurse faculty survey
Nursing faculty fulfill many different roles in their institutions, including teaching in laboratory (including simulation), clinical and classroom settings. We surveyed WA nurse educators about their job satisfaction, plans for the future and other important factors that impact the future of the RN workforce.

› Nurse educators enjoy professional satisfaction.
  Most survey respondents are highly satisfied or satisfied with being a nurse educator, especially when it comes to relationships with students, colleagues, management and professional autonomy.

› However, income and workload are the top dissatisfiers among nurse educators.
  Faculty work an average of 50 hours per week when school is in session and 20 hours per week when school is not in session. Nurse faculty employment contracts are limited to when school is in session. As competition increases for nursing services across health care sectors, if noncompetitive compensation and concerns about workload continue, this will create challenges in recruiting and retaining future nurse educators.

› Nurse educators are leaving for higher pay and manageable workloads.
  When asked what was the main reason for considering leaving nursing education within the last year, the most frequent reason was higher pay, followed by lack of a manageable workload.

› Retirement was the most-frequently cited plan for actually leaving a current nursing faculty position.
  The age range of those responding to this survey is from 30 to 70 years old, with a median age of 55. The average age of RNs in Washington is 47. 2.

› Nursing faculty lack racial and ethnic diversity.
  According to the 2012 U.S. Census, ethnic minority groups make up 30.2 percent of Washington state’s population. This is a concern, given a trend we see in the demographics of the nursing student population as well as the general community which nurses serve.

We are working to address these issues and more in our Action Now! work. Learn more at wsna.to/WCN-ActionNow.
Doris L. Carnevali receives the University of Washington Lifetime Achievement Award

By Janet Primomo
UW Tacoma Nursing & Healthcare Leadership Associate Professor Emeritus

Doris Carnevali, RN, MN, Associate Professor Emeritus, University of Washington School of Nursing, received the school’s Lifetime Achievement Award last month. Now 96 years old, Doris writes a blog called Engaging with Aging (engagingwithagingblog.wordpress.com) and shares with readers how she deals with her own aging process.

Writing about her experiences with aging, both as nurse and elder, Doris says “I write for elders and yet-to-be elders. This is absolutely not a ‘how to’. There are no panaceas, just a sharing of experiences, explorations, ideas and an invitation to try out engaging with aging instead of just living it.” In her blog, she uses her clinical expertise to reflect on her own experiences with aging, what she is doing to manage age-related changes and what she is thinking. “My life has become more vibrant since I began writing the blog” she states.

When she first started the blog, she wrote about aspects of aging that she experienced in the past: health care challenges, loss of a spouse and adapting to physical changes. “Now I write about my day-to-day experiences. For example, I am coping with more of my fingers becoming flat, decreasing stamina, increasing precariousness in balance, all progressive. I am thankful that my thinking is intact.”

Over the course of her extraordinary and long career [she was a Teaching Fellow at the UW School of Nursing in 1947 followed later by 20 years on the faculty], Doris authored and co-authored many books, book chapters and articles. Beginning in 1969 with the first edition of “Nursing Care Planning,” she also published “Diagnostic Reasoning in Nursing,” “Nursing Management for the Elderly” (1980 American Journal of Nursing Books of the Year Award) and “The Cancer Experience: Nursing Diagnosis and Management.” The books have been translated into other languages, including Japanese, Filipino, French, Norwegian, Spanish and Swedish.

Doris was active in professional nursing associations, including WSNA. She was elected Secretary of the Board in the 1940s. In 1953-56, she served as WSNA Assistant Executive Secretary where she provided staff support and managed conventions. Doris also chaired the educator/administrator group for King County Nurses Association and was a judge for the American Nurses Association and Washington State Journal of Nursing writing awards.

Born to Swedish parents, Doris is particularly proud to be a Lifetime member of the Swedish Surgical and Medical Nursing Association. After her retirement, she learned to read and speak Swedish. She was introduced to a Swedish doctoral student and during the ensuing decade was invited to Sweden to teach and work with Swedish nurses in a variety of care and teaching organizations. That led to a productive collaboration with Swedish nurses and the publication of a diagnostic reasoning text specifically for Swedish nurses.

As a “young elder,” I am inspired by Doris and her blog. Although Doris says her purpose in writing is not to teach, but rather to share what she is experiencing as a point of departure, I find she is still the quintessential teacher. Doris continues to discover ways to grow and change. She demonstrates how that is possible. “Writing the blog has sharpened me. I’m doing better engaging with aging because of my writing.”
Be prepared for the unexpected.
Get a WSNA emergency preparedness kit.

‘First Responder’ kit

Sling bag
(16) Datrex emergency drinking water pouches
Datrex packet of 18 food bars
84” x 52” thermal blanket
(2) Air-activated 12-hour body / hand warmers

AM/FM radio
Hygiene pack:
(1) tissue packet, (3) moist towelettes, (1) biohazard waste bag, (1) n-95 dust mask, (2) sanitary napkins and (1) zip baggie

(3) Trash bags
(2) 12-hour light sticks
(2) Zip baggies
Flashlight with two D cell batteries
Hooded poncho
Deck of playing cards
(1) Pair leather palm gloves

First aid pack:
(3) 2” x 2” gauze pads, (1) 5” x 9” abdominal pad, (10) plastic strip bandages, (1) roll Kendall tape, (3) antiseptic towelettes, (2) antibiotic ointments, (1) pair vinyl gloves and (3) alcohol wipes
Whistle

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WSNA nurses run for State Senate

Nurses make outstanding elected officials – bringing a deep knowledge of the health care system, excellent critical thinking skills and a strong ability to build relationships. That is why WSNA is always excited when members step up to run for office at any level.

This year, we are proud to support two WSNA members running for office in the 34th legislative district, which covers West Seattle, Vashon Island and Burien. Both Sofia Aragon and Lois Schipper are running for the open Senate seat, currently held by Senate Majority Leader Sharon Nelson.

Sofia Aragon, JD, BSN, RN

“As Senator for the 34th, my goal is to put my experience to work and hit the ground running to advocate for fulling funding quality education, assuring affordable housing for all families, and making sure quality health care is available for everyone.”

Sofia Aragon serves as the Executive Director of the Washington Center for Nursing (WCN), an organization established by WSNA and other leading nursing organizations to address the nursing shortage. Prior to joining WCN, Aragon was a senior governmental affairs advisor at the Washington State Nurses Association. Aragon also spent a number of years at the Washington State Department of Health, serving as the legislative and policy manager for the Community and Family Health Division and as the contracts manager with HIV Client Services. She has held direct-care nursing positions with Providence Medical Center and the Rainier Park Medical Clinic in Seattle.

Additionally, Aragon has served on Governor’s Commission on Asian Pacific American Affairs, as president of the Washington chapter of the American Association of Nurse Attorneys, and is a member of Filipino Lawyers of Washington. She is a current board member of the Washington Low Income Housing Alliance. In 2014, Aragon was recognized as a “Heroine of Health Care” by the Center for Women & Democracy.

In 1975, Aragon immigrated to Seattle with her parents – her mother was one of the many hundreds of Filipino nurses recruited to practice in the United States. Aragon credits her journey in nursing to her mother, and her journey in advocacy to her experience as a registered nurse advocating for patients. The desire to be a stronger patient advocate led her to pursue a law degree and to engage in health policy at the state level.

Aragon is a graduate of Issaquah High School and earned a degree from the University of Washington and a Bachelor of Science in Nursing from Seattle University. She holds a law degree from the Loyola University – Chicago School of Law.

Lois Schipper, MPH, BSN, RN

“As a nurse, I have dedicated my 30-year nursing career to helping families and children live better lives. I want to bring my experience as a public health and children’s health expert to the State Senate in Olympia to inform the discussion about what we can do as a state to make things better for our children, our families and our community.”

Lois Schipper has spent the majority of her 30-year career working in Public Health and Community Health Care, in both direct service and leadership roles. Much of her work has focused on underserved and low-income women and their children. While working for Public Health – Seattle & King County, Schipper led evidenced-based home visiting programs for pregnant women and children, oversaw the Parent & Child Health Program and served as the administrator of the White Center Public Health Clinic. Schipper currently manages the Patient Navigation Program at Seattle Children’s Hospital. This program is located in the Center for Diversity and Health Equity and helps non-English speaking families understand their child’s complex health condition and partner with the medical team to support and optimize their child’s health.

Additionally, Schipper has been active in her community, serving as Diversity Chair for the 34th District Democrats and as PTSA Legislative Chair. She led the bond and levy committee for her local school district for almost a decade, successfully passing bonds and levies to support teachers and schools.

A long-time member of WSNA, Schipper has served on negotiating teams and previously served as the Chair for a bargaining unit. Until this Spring when she announced her Senate run, Schipper also served as a member of the WSNA-Political Action Committee Board of Trustees.

Schipper holds a Bachelor of Science in Nursing from Ohio State University and a Master’s in Public Health from the University of Minnesota. She served in the Peace Corps in Mauritania, West Africa, where she worked with malnourished children as a Maternal & Child Health Nurse.

Note: The WSNA-PAC has also endorsed candidate Shannon Braddock in this race.
2018 primary endorsements

The WSNA-PAC has endorsed the following candidates running for election to the Washington State Legislature. The 2018 Washington state primary election is August 7.

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YOUR ADVOCACY

How do we decide?
Decoding WSNA-PAC’s Endorsement Process
By Chris Birchem, RN
WSNA-PAC Board Chair

Each election cycle, the Washington State Nurses Association Political Action Committee (WSNA-PAC) receives dozens of requests for endorsement. Why? Because candidates value the support of nurses, and WSNA-PAC’s endorsement sends a strong message to voters.

WSNA-PAC supports candidates and incumbents who are strong on nursing and patient safety issues, regardless of political party affiliation. As nurses, we value transparency and integrity - and our endorsement process reflects that.

Outreach to all candidates
As part of a fair endorsement process, WSNA-PAC reaches out to all candidates who file with the Secretary of State to run for the state legislature or statewide office, such as Governor or Attorney General.

Each candidate is emailed a candidate questionnaire, which he/she is invited to complete and send back to the WSNA-PAC Board. Not all candidates choose to respond to the WSNA-PAC, but all candidates are invited to participate in the endorsement process.

Candidate evaluation
The WSNA-PAC board evaluates candidates based on:

Candidate questionnaire
The first step of WSNA-PAC’s endorsement process is the candidate questionnaire. Candidates receive a five-page document that outlines nursing policy and budget priorities, and asks candidates how they would address or vote on certain issues if elected. Each questionnaire that is returned to the WSNA-PAC Board is scored, and candidates are invited to interview.

Candidate interview
Candidates who choose to interview with WSNA-PAC Board members and nurses have an opportunity to engage in deeper conversation about their backgrounds, experiences and their priorities. These interviews also give candidates the opportunity to hear directly from nurses about the budget and policy issues that affect nurses and patients.

WSNA-PAC Board members and nurses who participate in candidate interviews complete an evaluation of each candidate interview.

Legislative voting record (incumbents only)
Candidates currently serving in the legislature (referred to as “incumbents”) are also evaluated on how they voted on nursing priorities and key issues. WSNA’s 2017 and 2018 Legislative Voting Records are available online and illustrate that most nursing issues have bipartisan support.

In addition to these evaluation tools, WSNA-PAC also takes into account the makeup of the legislative district and past voting patterns.
Join WSNA for a series of get out the vote (GOTV) efforts this year to help elect WSNA-PAC endorsed candidates!

WSNA will be hosting a number of GOTV activities prior to both the primary and general elections. We would love for you to join us in getting out the vote for a pro-nurse and pro-patient safety legislature!

Participate in a variety of activities, such as:

- **Attending a postcard party**
  Write postcards to be mailed to other nurses, reminding them to vote for the pro-nurse candidates in their district.

- **Phone banking**
  Call other nurses – ask them if they received their postcard from WSNA and remind them to vote!

- **Doorbelling**
  Join other nurses in an afternoon of fun by canvassing a precinct in your area. Talk with voters at their door – nurses are the most trusted profession and voters appreciate hearing from you in person about WSNA-PAC endorsed candidates.

There truly is so much at stake in the 2018 elections. Now more than ever, we need nurses to help get out the vote for uninterrupted meal and rest breaks, for closing the mandatory overtime loophole, for a reduction in workplace violence, for more accountability and transparency from health insurance companies, and for more support for people in our communities battling opioid addiction.

Watch your email to be alerted to GOTV activities in your area, or contact Nathasja Skorupa to become more involved with your local pro-nurse candidates: nskorupa@wsna.org or 206-575-7979, ext. 3005.

Not sure what legislative district you’re in? Just enter your address into app.leg.wa.gov/DistrictFinder.

Have fun with other WSNA members while making a difference in our democracy!
Your support for tomorrow’s careers

Your contributions to the Washington State Nurses Foundation support the academic advancement of outstanding nursing students pursuing Associate, Bachelors, Master’s and Doctoral degrees.

Congratulations to the following students who have been awarded scholarships by the Washington State Nurses Foundation for the 2018-2019 academic year!

Academic year 2018-2019

**Associate ($1,500)**
- Luu Phan (Highline College), Karina Paul (Clark College)
  and Krysta Hess (Whatcom Community College)

**Baccalaureate ($2,000)**
- Allison Walter (Gonzaga University) and Hem Acharya (Washington State University)

**Masters ($2,000)**
- Marit Knutson (Seattle Pacific University)

**Doctoral ($1,500)**
- Bridgett Chandler (Seattle University)

**Judy Huntington Scholarship Fund ($2,000)**
- Ingrid Anderson (Gonzaga University)

**Deo Little Scholarship Fund ($2,500)**
- Sophia Cima (Seattle University)

New scholarships

WSNF is proud to announce two new scholarships available for the 2019-20 academic year. These scholarships, made possible by the American Nurses Foundation, will be available for three years for a total of $6,000 in new scholarship funding to support registered nurse education. One of the scholarships is for an MSN, DNP or PhD student. The second is designated for a BSN, MSN, DNP or PhD student.

These scholarships are awarded to applicants who demonstrate advocacy, leadership and excellence. Learn more about WSNF scholarship eligibility and application requirements at wsna.org/wsnf/scholarship.

The primary goal of the Washington State Nurses Foundation is to advance our profession and facilitate nursing’s contribution to the health of the community. WSNF was established in 1982 to award grants and nursing scholarships, and to support educational advancement for the future of nursing. Contributions to WSNF are tax-deductible and are used for the clinical, literary, scientific and educational advancement of the nursing profession.

wsna.org/wsnf
King County Nurses Association

Nurses, nursing students come together for National Nurses Week

More than 130 nurses, nursing students and others enjoyed the KCNA Annual Meeting and Spring Banquet on May 10 at the Ballard Bay Club. The sun came out in full, just in time to honor five Shining Star Award winners (all from Public Health - Seattle & King County this year) and 18 scholarship recipients. The silent and live auctions raised $13,000, all of which will go to the KCNA Scholarship Fund, making a total of $31,000 raised this year.

Congratulations, 2018 Shining Star Award recipients

Shining Star Awards honor exceptional nurses who are outstanding in their positions and/or in the community. Awardees are nominated by their peers and selected by the KCNA Membership/PR Committee.

Zerai Asgedom, RN, BSN, MPH is nursing supervisor at Jail Health Services. He came to the U.S. from Ethiopia to attend college, with the hope of becoming a nurse. He worked to pay his tuition at Seattle Pacific University, and also was awarded a KCNA scholarship in 2006. After starting out at Swedish Medical Center, Zerai obtained his MPH (with an emphasis in global health.) Currently, he also works part-time in the Edmonds Community College LPN program and per diem for Swedish.

Karen Brozovich, RN, MPH recently retired from her position in the Nurse Family Partnership at Public Health, an evidence-based home visit program that serves low-income women having their first babies. She is known for her attention to detail and gentle mentoring to attain the highest standards of nursing practice. A great advocate for those for whom English is a second language, Karen has written grants to help fill the gaps for Spanish-speaking families. She has been active with KCNA for many years, serving on the board of directors and Finance and Scholarship committees.

Xochitl Chavez, RN began her career as a medical assistant, then obtained her LPN diploma and completed an LPN to RN program. Having earned her BSN at UW Bothell, Xochitl has been a clinic RN with the Public Health Clinic at NAVOS for two years. She is known as an impeccable nurse – thorough, compassionate, smart and efficient – who has helped the clinic reach a new level of proficiency.

Jennifer Sarriugarte, RN, MN, CIC is infection preventionist at Public Health, a position that supports clinical practices in ambulatory care, Jail Health Services, TB Prevention and STD Clinics. Her position was the first of its kind, and Jennifer developed it from the ground up, bringing her laid-back style and unassuming professionalism to her job. She has an MSN from Seattle University and brings her passion for social justice to her practice and as a leader in the Trauma Informed Systems Initiative.

Lynn Tyner, RN, BSN has been care manager for the wellness integration team at NAVOS/Public Health for six years, where she is responsible for coordinating a group of clients with both serious mental health and medical issues. Her high-quality nursing and individual attention have made measurable differences in both work delivery and client wellbeing.
DISTRICTS

Pierce County Nurses Association

Best wishes to our scholarship recipients — 18 in 2018

KCNA also presented scholarships of $3,000 each to 18 high achieving nursing students from King County. Their short biographies are available at www.kcnurses.org, “Scholarships.” The 2018 scholarship recipients are:

Valerie Weiss Awards (pursuing advanced degrees): Mishele Bang, Seattle University; Prabina Dahal, University of Washington/Bothell; Jingyi “Cindy” Dong, University of Washington; Lindsey Foley, University of Washington; Jane Kim, University of Washington; Marit Knutson, Seattle Pacific University; Katelyn Powell, University of Washington; Kathryn Stanley, Seattle University.

Graduate Entry Awards: Bridgett Chandler, Seattle University; Carolyn Wortham, Seattle University.

Basic Awards (pursuing initial licensure as RNs): Habibo Baro, University of Washington; Joshua Carter, Shoreline Community College; Sophia Cima, Seattle University; Danica Kleweno, Shoreline Community College; Amanda Kovecs, Seattle University; Brooklyn Leick, Seattle University; Nina Mei, Seattle University; Maria Salguero, Seattle Pacific University.

KCNA offers special thanks to Salal Credit Union, which generously sponsored four scholarships this year.

KCNA holds annual elections

Newly elected board members include:

Officers: Pamela Newsom, Vice President; Pauline Lao, Secretary.

Members at Large: Brenda Balogh; Carolyn Clark; Jane Kim; Darlene Von Lehman; Rosa Young.

Nominating Committee members: Edna Cortez; Chris Henshaw; Erin Michonski.

PCNA nurse of the year, Judy Newville, with friends and coworkers, May 11, 2018.

Pierce County Nurses Association

On Friday, May 11, PCNA celebrated Nurses Week with our annual Nurses Week Annual Meeting, Silent Auction and Banquet of Laughter. This laughter-filled event included entertainment by hypnotist Michael Cain, fundraising activities that raised over $3,800 for nursing scholarships and, most importantly, a celebration of Pierce County nurses.

We honored our 2018 Nurse of the Year, Judy Newville! Judy was nominated for her wonderful clinical and bedside skills as well as her work as a preceptor. She’s precepted over 50 nurses in the last ten years. Judy feels that it’s “something that comes natural to me... I love watching the progression of new nurses.” She enjoys helping them find their way from a nervous new graduate to a confident and safe practicing nurse.

We also recognized our 2018 scholarship winners. This spring PCNA awarded eight scholarships to nursing students who demonstrated academic excellence, community involvement and a passion for nursing. We are very excited to be supporting the next generation of nurses!

July marks the beginning of a new fiscal year for PCNA. We’re looking forward to a year filled with community outreach through career fairs and meeting with nursing students, fundraising for nursing scholarships and providing educational opportunities for nurses. We invite you to join us! Email us at office@piercecountynurses.com to be added to our contact lists.

Please save the date for upcoming PCNA events:

Saturday, Oct. 20, 2018 – Fall Education Event
Saturday, Feb. 23, 2019 – PCNA Bowling Tournament
Saturday, March 30, 2019 – PCNA Spring Education Event
Friday, May 10, 2019 – PCNA Nurses Week Banquet!

To stay up to date on all our activities, we invite you to visit our website at www.piercecountynurses.com and to Like us on Facebook at www.facebook.com/piercecountynurses.
How are WSNA membership dues rates calculated?

By Patrick McGraw
WSNA Membership Payments Program Manager

The rates for Washington State Nurses Association (WSNA) membership dues are determined by three factors. The first factor is the district where the member is employed. A member may find the district that they are employed in by reviewing the membership application. The second factor is the total number of hours a member is scheduled to work per month (FTE). Of note, this is the total hours per month and not the total hours per pay period. The final factor is whether or not the member is covered by a WSNA collective bargaining contract.

The answer as to who is covered in the bargaining unit at a facility can be found in the collective bargaining contract. The application as well as the collective bargaining contracts may be found on the WSNA website.

A change in FTE or in employment status in the collective bargaining unit may affect the rate of WSNA membership dues. Please contact the membership department to advise of any change in FTE or employment status so that the dues rate (if necessary) may be adjusted accordingly.

If unsure about a dues rate, please review the membership application for 2018. The membership application is available at wsna.org/membership/application.

Please feel free to contact the membership department for any questions related to dues amounts or dues payment by phone at 206-575-7979 or by email at membership@wsna.org.

IN MEMORIAM

Barbara (Hoving) Snider

Barbara (Hoving) Snider passed peacefully away on Feb. 13, 2018 from natural causes. She died as she would have wanted, in her beloved beach home in Oceanside, Washington. Barb was born in Minneapolis, Minnesota on Aug. 23, 1938.

Barb graduated from the University of Washington Nursing Program and worked for over three decades as a public health nurse in King County. In an evaluation, her supervisor commented on her hard work, advocacy, care of her patients and mentioned, as well, her “adequate” reporting skills. Like many nurses, she always put the patient first and the paperwork last. In her retirement, she enjoyed living at the beach, working with children and bowling.

Barb’s husband Ray preceded her in death as did two UW nursing colleagues and good friends, Mary Lynne (Wood) Short and Barbara Pederson.

MEMBERSHIP 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 that require employees, as a condition of employment, either to join the union (and thereby enjoy all of the 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 join the union 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 that 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, nurses represented by WSNA achieve 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. Only WSNA members have the right to attend local unit meetings and speak out on any and all issues affecting their workplace, WSNA and its members; the right to participate in the formulation of WSNA policies; the right to have input into WSNA bargaining goals and objectives, and to serve on WSNA negotiating committees; the right to nominate and vote for candidates for WSNA office, and to run as a candidate for WSNA office; the right to vote on contract ratification and strike authorization; the right to participate in the WSNA general assembly; and the right to participate in the American Nurses Association and the American Federation of Teachers.

Agency fee payers are those who choose not to be full members of WSNA but who pay their share of WSNA’s expenses for negotiating, administering and enforcing the contract with their employer by payment of agency fees. They thereby fulfill any applicable union security financial obligation to WSNA under the terms of any collective bargaining agreement between their employer and WSNA. Agency fee payers forfeit valuable rights and benefits 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 WSNA member who chooses to become an agency fee payer (and thereby forfeit his or her WSNA membership rights) 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 Payer Application Form, which is available upon request from WSNA. Agency fee payers are required to pay fees equal to their share of WSNA costs germane to collective bargaining, contract administration and grievance adjustment. WSNA automatically reduces the fee charged to 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.

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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.