

THE WASHINGTON NURSE MAGAZINE

WINTER 2019

THE WASHINGTON NURSE

Workplace violence
Legislative priorities
New nursing workforce data



#END NURSE ABUSE

Stand up. Speak up.



Rise up.

WSNA Lobby Day

Feb. 28, 2019, 8:30 a.m. – 4 p.m.

The Heritage Room, Olympia

**WASHINGTON
STATE NURSES
CONVENTION**

TRANSFORMING HEALTH CARE THROUGH THE POWER OF NURSING

MAY 1-3, 2019 • TULALIP, WASHINGTON

ANA President Ernest Grant, PhD, RN, FAAN • WSNA President Jan Bussert, BSN, RN
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Jennifer Muhm • Legislative update: state-level progress on nursing & patient safety issues
Understanding the governance of WSNA & how you can influence nurses & professional practice in WA state
Stephanie Staples, CSP • Healthier & happier nurses: bringing your “A” game to work & life
A radical breakthrough: communication skills for achieving mutual goals • Sara Kim, PhD
“Meet the candidates” with WSNA’s President • Bylaws rule the world • Secret life of a resolution
Who is the nurse next door? • Sofia Aragon, JD, BSN, RN • Paula Meyer, MSN, RN
WSNA Recognition Awards dinner • Live auction to benefit nursing scholarships • Nightingale Tribute
Workplace violence panel discussion • Sandy Slaton, JD, BSN, RN • Poster Sessions
Duty to protect: A call to action for nurses in caring & advocating for the LGBTQ+ community
Rev. Dr. Cameron M. Sharp, PhD, M. Div., B.Th., ADN • Suicide Prevention Training • 20.75 possible CNE

DETAILS ON PAGE 38

ARE YOU TAKING ADVANTAGE OF THESE MEMBER BENEFITS?



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WSNA members have access to these and many other benefits through WSNA, ANA and AFT.*

Learn more at wsna.org/membership/benefits.

WASHINGTON STATE **NURSES** ASSOCIATION

* AFT benefits apply only for those members who are represented by WSNA for collective bargaining

#END NURSE ABUSE

WINTER 2019

Front

- 3 In focus
- 6 How to work a night shift
- 7 Member news
- 7 Upcoming events

COVER STORY

#EndNurseAbuse

- 9 Introduction

WORKPLACE VIOLENCE IN THE SPOTLIGHT

- 10 Incidents at Kadlec Medical Center result in criminal charges, investigation
- 10 Ashley Schade
- 11 I was assaulted by you
By Jessica Murphy
- 12 Karina Bethje
- 13 Patient assaults numerous nurses at St. Joseph's Medical Center in Tacoma
- 13 Hidden wounds of a wounded nurse
By Tami Green

NURSES SPEAK OUT

- 14 We need more security, training, reporting
By Michael Long
- 15 Member views

WHAT YOU CAN DO

- 16 Can a nurse walk off the job to protest unsafe working conditions?
- 16 On-the-job injury: what you need to know
- 17 Incident (occurrence) reporting: a cornerstone for safety and quality improvement

MORE...

- 18 Working with national partners to prevent and respond to workplace violence
- 19 Joint Commission Sentinel Alert
- 20 Federal workplace violence bill
- 20 Nurses tell us...



ON THE COVER

#EndNurseAbuse

These photos of WSNA nurses show injuries from punching, biting and choking attacks. This is just the tip of the iceberg. 56% of surveyed nurses report having suffered a physical injury due to workplace violence, and one in every five faces workplace violence at least once a week.

Read their stories and find out what you can do to protect yourself and to effect change.

Page 9

Legislative affairs

- 21 Nurses Speak: how your stories move legislators to act
- 22 Preventing workplace violence
- 23 Uninterrupted rest breaks
- 24 2019 legislative priorities
- 26 Tools for advocacy
- 28 Presenting your Legislative and Health Policy Council
- 30 Introducing WSNA's government relations team

Labor relations

- 31 United in Yakima
- 32 Incrementalism: bad or good?

Nursing practice

- 33 New nursing workforce data sheds a light on supply and demand in an increasingly changing healthcare landscape
- 36 Research exploring nurse delegation
- 37 When you're there in body, but not in mind

2019 Washington State Nurses Convention

- 38 Transforming health care through the power of nursing
- 40 Featured speakers
- 42 Event schedule
- 44 Nominate an outstanding nurse for a 2019 Recognition Award
- 46 Run for WSNA office
- 48 Call for poster abstracts
- 50 WSNA bylaws amendments to be considered at General Assembly meeting May 2, 2019
- 51 Scholarship fundraising opportunities

More member news

- 51 In memoriam
- 52 2018 March of Dimes Nurse of the Year Awards
- 53 District news
- 54 How much did you pay in dues in 2018?

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IN FOCUS

Throughout the summer and fall, WSNA leadership and staff have been meeting with nurses across the state, conducting legislative and educational events. The incidence of violence in the workplace is on the rise and has been a large part of our agenda at these events. Your stories are being heard and are compelling others to also share their own stories. In addition to these face-to-face conversations, we have member survey results that confirm workplace violence has risen to the top of the list of concerns of our membership. WSNA is responding. We are addressing workplace violence during the 2019 legislative session as well as engaging our state and national partners on this issue.

According to the American Nurses Association, one in four nurses has been assaulted at work. This number is most likely low because we also know that incidents of workplace violence are underreported. Some employers discourage nurses from reporting. Some nurses feel that reporting an occurrence will not make a difference. What we do know is that we need to have more accurate information on the prevalence of workplace violence and the factors in our practice environment that contribute to it. We especially need information from our nurses who work in community-based settings such as long-term care and free-standing acute care. Physical and psychological attacks on nurses must never be considered OK or accepted as a normal part of our nursing practice.

You need to report!

The WSNA position paper on workplace violence is in its final stages of development. This paper will help to inform our work and give us the data we need to identify appropriate strategies as we move forward over the next biennium. The current draft of the workplace violence position paper summarizes the issue as follows:

“Across occupational settings, workplace violence is a significant concern. Employees within health care settings, particularly nurses, are at risk. The American Nurses Association, the National Institute of Occupational Health and Safety, the Occupational Health and Safety Administration, The Joint Commission, and the Washington State Department of Labor and Industries each have recognized violence as a significant problem in all health care settings and have enacted, or advocated for, research, laws, standards, policies and position statements aimed at risk reduction to promote safe health care environments. This position statement

serves as a foundation for action, joining Washington State Nurses Association with these prominent agencies in seeking solutions to workplace violence in health care settings. Nurses should not have to risk their personal safety just to do their jobs of giving patients the very best care.”

My ask of you is to stay informed. Respond to the WSNA “call to action” when it is needed. We will be asking you to attend WSNA Lobby Day in Olympia. At this event we will have the opportunity to share our stories and do all we can do to pass legislation that will be a good first step in addressing this issue.

This fall, as we explored Washington’s current law regarding workplace violence in health care and as we listened to our members around the state, it became clear that some reasonable updates to this law are needed. We have been working with legislators, their staff and other stakeholders to develop a bill that would create more uniformity in workplace violence prevention plans and trainings across facilities around Washington state. We heard many of you say that you are not familiar with your workplace violence prevention plan, and we heard that the type of workplace violence training you receive varies widely — from hands-on training to an online module where you read scenarios and answer questions. Best practices exist for workplace violence prevention and we want to see some of those best practices encompassed in our state law.

As our members around the state began sharing their workplace violence experiences with legislators, it was easy to see that this issue has been largely hidden from public view. Legislators were absolutely shocked to listen to the abuse you face on the job. It is important that we tell our stories, that we make this issue known and that we show the importance of acting now to make it stop.

Your stories are powerful, and we will be asking you to tell your stories and to report all incidents of physical and psychological violence to WSNA when they occur.

Together, we can raise awareness and make a difference.

Jan Bussert, BSN, RN
WSNA President

Legislators were absolutely shocked to listen to the abuse you face on the job. **It is important that we tell our stories.**

**THE WASHINGTON
NURSE MAGAZINE****VOLUME 49, ISSUE 1 • WINTER 2019**

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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.

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Information on advertising rates may be obtained from the WSNA website or by contacting Martin Hsiung at (206) 575-7979. Advertising is accepted on a first-come, first-served basis for preferred positions, depending on space availability. WSNA reserves the right to reject advertising. Paid advertisements in The Washington Nurse do not necessarily reflect the endorsement of WSNA members, staff or the organization.

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

**DESIGNED AND PRINTED IN
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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!

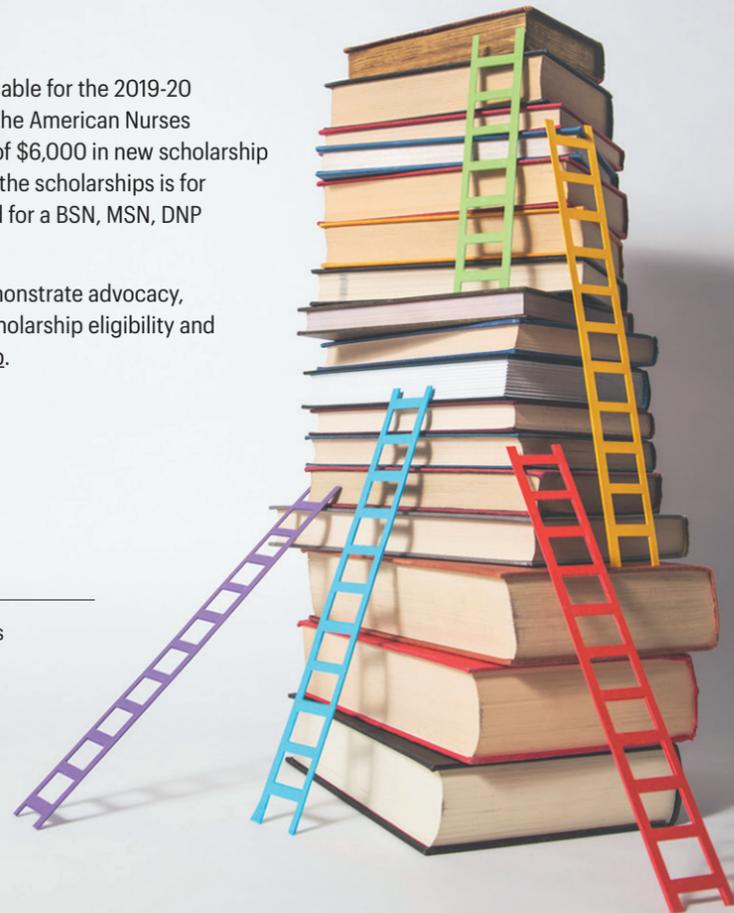
Academic year 2018-2019

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



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 and to those seeking advanced degrees. The minimum amount of each scholarship is \$1,000.

Application Deadline & Scholarship Award

Materials must be postmarked by **Feb. 8, 2019**, and scholarship award announcements will be made by **April 14, 2019**.

To Apply

You can find an application form in downloadable PDF format at www.wsna.org/wsnf.

Undergraduate student applicants must be enrolled in an accredited program leading to an associate or baccalaureate nursing degree. Graduate student applicants must be admitted to an accredited graduate nursing program and be a WSNA member in good standing to be eligible to apply for a scholarship. Applicants must be a Washington state resident or be enrolled in a nursing program located in Washington state, and must have a minimum grade point average of 3.0 on a 4.0 scale.

MEMBER NEWS BRIEFS

HOW TO WORK A NIGHT SHIFT

WSNA member and local unit officer Teresa Wren, RN, recently talked with a columnist from the New York Times Magazine about working the night shift. Here's the column that resulted from their conversation.

By Malia Wollan
Oct. 26, 2018

"BEWARE OF THE DEEP DARK," says Teresa Wren, who has worked the night shift for 30 years as a labor-and-delivery nurse at the University of Washington Medical Center in Seattle. With sufficient sleep during the day, you can stay alert, but you'll have to get through a wave of fatigue between 2 a.m. and 4 a.m. Take a short nap if you can. Wren warns against eating unhealthy snacks or candy to stay awake; her go-to weapons against the darkness are one caffeinated diet soda per night and a walk up and down the external stairwell in the cool air.

Schedule your nights as though they were days. The world won't be broadcasting the passage of time at you with school bells, lunch specials, happy hours and traffic. "Time is either dragging or it's flying by," says Wren, who eats a family dinner (her breakfast) before work. If you drink caffeine, do so at the start of your shift and cut yourself off at least five hours before you intend to sleep. Take a lunch break in the middle of the night. Keep your work space well lit. It helps to have stimulating, nonrepetitive work (childbirth, in Wren's case).



Because you are a diurnal mammal with a 24-hour circadian rhythm, your body wants to be awake during the day; around sunrise your levels of the hormone cortisol will peak. Treat morning as your bedtime and quash that rush of steroidal energy. When Wren gets home, she drinks a cup of herbal tea, reads the paper, talks with her husband and then goes to sleep for a minimum of six hours. Working the night shift puts you at higher risk for cardiovascular disorders, gastrointestinal problems, psychological issues like anxiety and depression and

possibly cancer. Some people seem to be biologically incapable of adjusting to it. If that's you, find a different job before it kills you.

If you can adapt, you'll join the subset of nocturnal humans (as much as 30 percent of the work force in industrialized countries is estimated to work outside regular daytime hours). Years ago, Wren briefly switched to working days. She missed the after-dark collegiality, when fewer people were awake and everyone tended to look out for one another. "I couldn't wait to get back to my night-shift people," she says. ■

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WSNA member Teresa Ward, RN, PhD inducted into the 2018 Class of Academy Fellows

WSNA would like to congratulate Washington state nurse and WSNA member Teresa Ward, RN, PhD on her induction into the 2018 Class of Academy Fellows! The American Academy of Nursing honored and inducted Ward at this year's Transforming Health, Driving Policy conference, held Nov. 1-3.

Ward is a professor and interim chair for the Department of Psychosocial and Community Health at the University of Washington School of Nursing, the co-director of the Center for Innovation in Sleep Self-Management (CISSM) and affiliate researcher at the Center for Health Innovation and Policy Science. She has dedicated herself to clinical and research work as a sleep nurse practitioner. Her work has helped manage behavioral sleep problems in children and adolescents, integrate behavior change strategies for parents of preschool children with poor sleep health, provide tools and skills for self-management of sleep through technology and more.



John Gustafson receives Daisy Award

John Gustafson, BA, RN, CMSRN, a Med-Surg nurse at St. Joseph Medical Center in Tacoma and a leader within WSNA, was honored with a Daisy Award in September.

The DAISY Award for Extraordinary Nurses was created by the family of J. Patrick Barnes, who died of the age of 33 due to ITP. The family wanted to honor the exceptional nursing care Patrick received at the Seattle Cancer Care Alliance and to ensure that nurses know how deserving they are of our society's profound respect for the education, training, brainpower and skill they put into their work, and especially for the compassion with which they deliver their care.

The nomination submitted on John's behalf said, in part: "Recently John received a very special note from one of our patients that said Live Each Day with a Grateful Heart.

"Dear John, Thursday morning my dear husband died. You were the angel who walked him and us through his last hours and minutes. We can't thank you enough for your kindness, compassion, honesty, and respect shown to Richard, his daughter and myself. His last breaths were in comfort and in peace. Thank you for your skills and empathy."

Congratulations, John, on this honor and the exceptional nursing care and compassion you demonstrate.



Didi Gray honored as "Labor Leader of the Year"

Didi Gray, RN, Local Unit Co-Chair at PeaceHealth Southwest Washington Medical Center in Vancouver, was awarded the "Labor

Leader of the Year" award at the Southwest Washington Central Labor Council in September. Congratulations, Didi, on this recognition of your exceptional union work.



Mary Moller named Psychiatric Nurse of the Year

In October, the American Psychiatric Nurses Association honored WSNA member Mary Moller, DNP, ARNP, PMHCNS-BC, CPRP,

FAAN, with the Psychiatric Nurse of the Year award for her work on a nationally-recognized training program for treating Schizophrenia.

Mary is an associate professor at Pacific Lutheran University and Director of Psychiatric Services at Northwest Integrated Health. The APNA noted that in international lectures, publications and program consultations, Mary makes use of many platforms to make the scientific knowledge that informs care and quality of life accessible. Michael Rice, one of Mary's references said, "Dr. Moller is one of the national and international leaders in translating scientific information into lay language for the purpose of enhancing understanding and improving the quality of people's lives. Her commitment to 'why this knowledge matters' continues through the current date."



Dawn Morrell joins NCQAC

Congratulations to longtime WSNA member and former state legislator Dawn Morrell, BSN, RN, CCRN on her appointment to the Nursing Care Quality Assurance Commission as a staff nurse commissioner.

UPCOMING EVENTS

January

- 28 WSNA Advocacy Camp – Olympia
- 30 WSNF Board of Trustees meeting

February

- 2 King County Nurses Association (KCNA) Poverty Immersion event
- 15 WSNA Finance Committee meeting
- 15 WSNA Board Executive Committee meeting
- 23 WSNA Professional Nursing and Health Care Council meeting
- 23 Pierce County Nurses Association (PCNA) Bowling Tournament
- 28 WSNA Lobby Day – Olympia

March

- 6 WSNA Occupational and Environmental Health and Safety Committee meeting
- 13 Constituent Representative Council
- 14 WSNF Board of Trustees meeting
- 22-23 WSNA Board of Directors meeting

May

- 1-3 Washington State Nurses Convention – Tulalip
- 6-12 National Nurses Week
- 10 Pierce County Nurses Association (PCNA) Nurses Week Banquet
- 10 King County Nurses Association (KCNA) Spring Banquet

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

**FOR TOO LONG, WE
HAVE ACCEPTED TOO
MUCH ABUSE AS JUST
PART OF THE JOB.**

We're working hard to #EndNurseAbuse

Workplace violence and nurse abuse has been a top issue for the Washington State Nurses Association and American Nurses Association for many years, and is a priority for AFT Nurses and Health Professionals. Recent high-profile incidents at Kadlec Regional Medical Center that resulted in assault charges being filed directed an even brighter spotlight on the issue and the need to address it.

Nurses should not have to risk their safety just to go to work. For too long, we have accepted too much abuse as just part of the job. **Now, brave WSNA members are breaking the code of silence about the abuse and violence they face,** and WSNA is acting on multiple fronts to make health care facilities safer.

- › WSNA staff and members have been meeting with legislators and candidates to educate them about the violence nurses face, and WSNA is working on legislation that would strengthen safety plans, provide regular, meaningful training and encourage reporting of incidents.
- › On the regulatory front, WSNA has filed complaints with the state Division of Occupational Safety and Health, Department of Labor and Industries in response to violence at two hospitals, Kadlec Regional Medical Center and St. Joseph's Medical Center – Tacoma, over unsafe working conditions in the wake of violence in those facilities.
- › WSNA traveled around the state in 2018 providing workplace violence education sessions, and we are developing additional education opportunities, including adding a Workplace Violence Panel to the 2019 Washington State Nurses Convention agenda.
- › We are also working at the bargaining table to negotiate stronger workplace violence / safety language in members' contracts, supported by members who are showing up with stickers and signs calling for an end to nurse abuse.

Let's all continue to speak up, raise awareness and advocate for change.
Together we can make a difference.

WORKPLACE VIOLENCE
IN THE SPOTLIGHT

Incidents at Kadlec Medical Center result in criminal charges, investigation

On Sept. 9, 2018, three emergency department nurses, a physician and another employee were physically assaulted by a patient, who punched, scratched, attempted to bite and body-slammed nurse Jessica Murphy against a wall, inflicting serious injuries. A co-worker, Karina Bethje was injured when she tried to pull the patient off of Jessica.

On Sept. 16, 2018, intensive care unit nurse Ashley Schade was physically assaulted by a patient, who choked her to the point of rendering her unconscious. He threatened to kill her and any other hospital employee who got in the way.

These serious incidents got local and national media attention when Ashley Schade's Facebook post went viral, with 29,000 shares in the first two days alone. WSNA staff stepped up to help members tell their stories to the media, legislators and state agencies.

Ashley, Jessica and Karina spoke with police and the prosecuting attorney, who filed assault charges against the patients.

WSNA filed a complaint with the Division of Occupational Safety and Health (DOSH) at the state Department of Labor & Industries stating our belief that the employer had violated laws and regulations related to safe workplace, workplace violence prevention and safety committee mandates. The complaint triggered an investigation.

Ashley Schade, RN



On Sept. 18, 2018, two days after being choked by a patient, ICU nurse Ashley Schade posted the following on her Facebook page. Within 48 hours, more than 7,000 people had commented on the post and more than 29,000 had shared it. By Nov. 30, 2018, the number of comments surpassed 18,856, with more than 67,000 shares.

Even as she works through the psychological impact of nearly dying at the hands of a patient, Ashley is working to raise awareness about the issue of violence against nurses and advocate for change.

Sept. 18, 2018

"As many of you know, I was assaulted by a patient while at work on Sunday. A patient that I had cared for and dedicated myself to for 12.5 hours a day for three straight days prior to this. I wasn't home with my family, or out having fun, I was doing what God called me to do, to care for those who are at their worst. Most patients in the Intensive Care Unit are unstable in many ways. Hemodynamically, emotionally, and mentally. Most of us have been hit, kicked, or pushed out of the way of a scared patient who is trying to run away. Being in the ICU, or the hospital in general can be a very scary thing. Mental illness is also a scary thing. I have never hated someone for the injuries I've experienced while they were scared or not thinking straight. I've never pressed criminal charges before this, because I've tried to put myself in their shoes and do what us nurses do best, be compassionate. But on Sunday it was my turn to be scared. Let me tell you, having a strong individual's hands around your neck, the inability to breathe, let alone call for help, to the point where you can't see a thing and can only hear an emergency "staff assist" tone going off, is one of the absolutely gut-wrenching, most terrifying feelings anyone could ever imagine. It didn't help that it was preceded with the words "I'm gonna kill you." It was also followed by a confirmation that this individual was not only aware of what they had just attempted to do, but also "if anyone else comes near me I'll kill them too" followed by a smirk. I had collapsed and was taken to the emergency department, so I wasn't present for the arrival of Law Enforcement, so I can't speak to that. What I can speak to is the sickening feeling I got when officers came to my ER room to get my statement and inform me that they are unable to take this patient into custody. Instead, said patient

gets to stay at the hospital, where my coworkers/friends/work family are forced to continue to put themselves into harm's way and care for someone who just tried to murder their friend. Do you know what it feels like to know that someone who just tried to kill you isn't even being arrested?



I'm sorry... but excuse me, when did my life become so **INVALUABLE** that someone can try to take it away, and not be taken into custody???

Let me ask you this, if this happened in front of you on the street, would you expect that person to get a slap on the wrist and get to continue walking down the sidewalk? How safe would you feel then? What if it was a teacher, a cashier, a police officer who was assaulted? Do you think their assailant would get to go upon their day like nothing happened, and not be arrested and taken into custody? Or should we wait and have a psychiatrist come do a mental evaluation first to decide if they should be held accountable? Should we have someone evaluated before getting arrested each time we have a domestic violence call? What if they aren't mentally stable? As I sit here still trying to process the nightmare from Sunday, the debriefing yesterday where I saw some of the strongest nurses I know break down into sobbing tears, and the emotions that have filled me since I questioned if I was going to survive that moment or not, as I wait to hear if the Deputy Prosecutor will "be able to" file felony aggravated assault charges, I can't help but feel angry and disappointed at how little rights we have as caregivers, and how little our lives are truly valued. I know the bruises, the sore muscles, and the loss of my zest for life will take time to heal, and I can

accept that. I'm not only hoping and praying for healing for myself and my coworkers, but for some kind of **CHANGE** in how sexual harassment and physical and verbal abuse in healthcare is handled and tolerated.

I'm putting this out there to bring awareness of what is happening in hospitals. Not just in big cities, but right here. Just because you are in the hospital does **NOT MEAN THERE ARE NO LAWS AND NO MORAL RESPONSIBILITY**. It is not a stupid series of movies where you get a free pass to be an asshole for a specified amount of time. **ITS REAL LIFE**. You cannot strangle people. You cannot sexually harass people. You cannot hit, kick, bite, scratch, spit on, or call people names. And by people I mean those folks who sacrifice time with their families, their bladders, and their **SANITY** to care for you in every single way. **IT IS NOT OKAY**.

Nurses are fueled on compassion, because Lord knows we don't get lunch breaks and the money is nothing compared to what we have to deal with. I can guarantee you that there are at least 8 amazing nurses and nursing staff whose compassion for what they do has been greatly compromised from this event, and that in itself is tragic.

#endnurseabuse #endhealthcareabuse #notyourpunchingbag #zerotolerance #silentnomore #ICUstrong #ERstrong #nursestrong #nurseadvocacy #nursefamily #timetorally

That being said, **THANK** you from the bottom of my heart to those who have reached out and for all of the continued support. And words can never explain how grateful I am to my work family for your quick actions and unwavering support. We are a team and I love you all...we **WILL** make a difference so that we are safe at work. 🙏❤️

I was assaulted by you

By Jessica Murphy, RN, Kadlec Regional Medical Center

I am a human. I am a daughter. I am a sister. I am a mom. I am a wife. I am an aunt. I am a friend to many and co-worker to several. I am a survivor. I am an Emergency Room nurse.



On the morning of Sept. 9, 2018, I was going to a job that I love. A job that I have been doing for the last 10 plus years, five of which have been in the emergency department. As usual, I greeted my peers with a smile, positive energy and was eager to proceed with my day.

Unbeknownst to me, I was going to become a statistic that morning. According to the New England Journal of Medicine, health care workers experience workplace violence at a rate far higher than the national average; 80 percent of emergency medical workers experience physical violence during their careers. Furthermore, 39 percent of nurses report verbal assaults each year, and 13 percent of nurses report physical abuse each year.

This is MY story:

I was assaulted by you. Yes, assaulted. As you walked towards me with hate in your eyes, yelling at me. I tried to calmly re-direct you, asking you to go back into your room. Yet, you adamantly swore at me. And without hesitation, you struck me on the side of my head. You are much taller than I am and outweigh me by 245 lbs. One can imagine the force I felt as your hand hit the side of my face. Yet, I did not fall. I continued to stand. I don't know what changed your mind or how we got back into your room as those few seconds are unclear to me. I do remember asking the lead nurse to call a code gray and the police.

You continue to call me vulgar names and cuss. You are now angrier, if that is even possible. But it must be, because you grab me by both of my arms and body-slam me into the door. I feel the door handle in my back. The pain is there. We are face to face, within inches, our noses could almost touch. Your body is pressed up against mine. I cannot move as you have me pinned up against the door, the door handle still pressing into my back. Your voice is echoing as you are screaming at me. Calling me all the horrific names you can think of. You are spitting as you scream. I can still smell your breath, fruity from the yogurt you ate.

The look of anger, hate, rage and hollowness in your eyes. I will never forget your eyes. I didn't know if you were going to head-butt me, spit on me or what was your next move was. Then there it was, you raised your right hand in a motion to strike at me. It was all in slow motion, like a movie, yet it happened so fast. As you were raising your right hand, my (co-worker) angel came into the room. My angel grabbed your arm and was able to secure it. By doing so, I was able to use leverage from the door and push myself off the door to push you away from me, along with other angels in the room pulling you off me. More angels arrived. As we were trying to secure you, you decided it was okay to urinate all over the floor. This made it difficult to secure you, as we were slipping and sliding in your urine that had blood in it. Another angel arrives, body slamming you back onto the stretcher after a struggle. You continue to hit, kick, scratch, spit and even try to bite at us all. We are finally able to secure you. In the end, five of us were hurt because of you.

Yes, I am subjected to verbal and physical assault because I am an emergency room nurse, they say. It comes with the territory, they say. It's part of the job, they say. The biting, the scratching, the hitting, the name calling. I know it is wrong and I know they know it is wrong too. But because patients are sick or have mental health issues, leniency tends to be given. This is not okay. I am a human being and should be treated as such. I am not your enemy, I am your health care provider. I am trained to care for you, provide for you and advocate for you. I am not your punching bag.

This violence not only affected me physically, but also emotionally and mentally in a way that influenced my drive to care. It affected something that I was driven and born to do, born to serve those that are in a time of need and care for those in their darkest hour. I was finding myself vulnerable. This is a place I have never been. How could "I" get hurt? How did "I" let this happen to me? What did "I" do wrong? I was only doing what I was supposed to do, care for you.

(Continued next page)

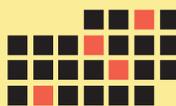
Then the anger came. The whys and what ifs? I couldn't understand why another human being who has come to me asking for help would want to hurt me. Then the anxiety. I would see people in public that would resemble you. I would have to do a double take. I would have to tell myself: No, you are not here. You are getting the help you need. You are getting the treatment you need. You too are healing. Then the insomnia and nightmares came. Restless nights of sleep. Waking up and seeing your face so close to mine with those eyes, I will never forget those eyes. Your actions have affected me but did not break me. Through counseling, physical therapy and support from countless people, I am still standing. Standing taller than before.

As a nurse, one of the most essential elements is compassion. To get knocked down repeatedly in life is a given. To get up and move forward is a choice. I have pledged to a code of ethics and adhered to the principles of honesty and integrity which I embrace daily. I continued standing for a reason that day after being struck aside the head with such force. Despite having two bulging discs in my back with nerve impingement as a result of the assault, I continue to stand. I will not be knocked down despite your overpowering size. I have chosen to take this energy and inspire change. Your act of violence has given me a voice, a platform. And for that, I chose not to be a victim. I forgive you.

Standing tall,
Your emergency room nurse, Jessica

Nurses tell us...

S M T W T F S



One in five RNs report facing workplace violence at least once a week

More results from our health and safety survey on page 20.



On Sept. 9, Karina Bethje was assaulted by a patient in the ED at Kadlec Regional Medical Center. On Sept. 25, the prosecuting attorney filed assault charges against the patient. On Sept. 26, Karina posted this to Facebook.

Karina Bethje Sept. 26, 2018

“No one seeks us on their best day.” I tell my patients this often when they believe they are being an inconvenience. Without your health, you become scared and helpless. You have to relinquish your trust to strangers. You are fighting, at times for your lives.

This is where my team and I come in. We have the rare combination of expertise in science and compassion. We are your nurses, doctors, and hospital staff. You know. You see us in your community. The ones getting off work at 3 a.m. The ones, still in scrubs, running 15 minutes late to our son's baseball games. The ones who truly believe said scrubs are highly fashionable no matter how much you try to convince us otherwise.



The fact is, we want you to have best days. But when you don't, we are honored and humbled to take your health journey with you. We gingerly walk on the sacred ground of vulnerability and rawness that only reveals itself in our darkest hours. We are soaked in the tradition of Florence Nightingale and Hippocrates. We are born to serve. To study relentlessly. To turn our faces toward uncertainty and charge into the darkness.

It may be the stalwart heartiness or high expectations we have on good outcomes, but we are harboring a secret. It's one that only emerges when it becomes so egregious, it is read as a headline. We are subject to verbal and physical assault. Biting, scratching, hitting, spitting, name-calling. We know that it's wrong, but we give you leniency because you are sick. In the past decade, however, there has become a frightening trend. You fight because you think you had to wait too long. Or your dinner wasn't to your liking. Or because you felt like it.

According to OSHA, 'healthcare accounts for nearly as many serious violent injuries as all other industries combined.' And the American Nurses Association reveals that 1 in 4 nurses report being physically assaulted. Not only is this violence negatively impactful to physical and psychological well-being, but it impacts our drive to care. To do what we are born to do. To serve our community in their time of need.

On Sept. 9, I became one of the statistics. I saw a coworker being hit and I intervened, causing me to be scratched and thrown around while being called every name imaginable. In the end, five people were injured. I replay this moment in my head frequently. I wonder what more I could've done for my co-worker. I wonder how bad the situation could've gotten. I wonder when the next attack may be. I fear for my friends. And I'm mad that we had to endure this.

Please consider standing strong for those who stand strong for you and support the #EndNurseAbuse initiative. And please treat your health team like humans. Thank you for helping us all be safe. ■



Patient assaults numerous nurses at St. Joseph's Medical Center in Tacoma

In October 2018, a patient in the psychiatric unit at St. Joe's assaulted numerous nurses and threatened to kill employees at St. Joe's. The patient punched, kicked and scratched staff members, inflicting serious injuries.

WSNA filed a complaint with the Division of Occupational Safety and Health (DOSH) at the state Department of Labor & Industries stating our belief that the employer had violated several laws and regulations related to safe workplace, workplace violence prevention and safety committee mandates. The complaint triggered an investigation.

One of the nurses injured was Tami Green, a longtime psych nurse who worked for decades at Western State Hospital and a former state legislator.

Hidden wounds of a wounded nurse

By Tami Green, RN, St. Joseph Medical Center Tacoma



Bam! My glasses went flying and the impact of the patient's fist to my eye knocked me to the floor. I scrambled to my feet to assist the other staff members in securing the patient to the bed with behavioral restraints. Once secured I checked the placement of the restraints and left the room with a flurry of obscenities and spitting following me out the door.

I was a bit shocked. This same patient had kicked me in the mouth just a few days ago. I thought we had adequate staff to keep everyone safe. I had been trying to allow the patient to use the toilet and shower because it had been several days since she had been able to have enough behavioral control to do so. I

felt like a failure as a charge nurse. I had made the decision to try the patient out of restraints and it resulted in a major assaultive incident. Never mind that the assault was to me, it was just as much a failure.

My eye hurt. I went to the mirror to check it out. Someone had picked up my glasses and I was happy that they were bent badly but not broken. My eye looked bad. There was swelling already. I grabbed an ice bag and then went to document the incident. All my coworkers were telling me to go to the ED and get treated but I pushed back on them. "I'm fine." "I don't want to go sit in the ED for hours." "If I start to feel dizzy or have sight or memory issues, I'll go to my clinic tomorrow." My coworker yelled, "what's your address?" "I'm filling out your injury report for you." I robotically recited my address and managed a weak "thank you" to my friend.

What was really bothering me was how was I going to hide this assault from my friends and family. They know the work I do is sometimes dangerous, but when they get a visual reminder there is a conversation that follows that I would rather avoid. I had been able to hide the swollen lip from them, but this would be difficult to hide.

The rest of the evening was a blur. I did the necessary work—or at least I think I did. On the drive home I started thinking about the assault. I ruminated about how we could have prevented it. I ruminated about my decision to let her shower. I had collaborated with several other nurses before letting her shower and we had all agreed it was time to try, but the decision still felt heavy on my heart. Luck would have it that the house was dark. No conversations would be needed tonight. I dashed up the stairs. Safe for now.

Sleep was difficult. The next morning my eye was much worse. The swelling had increased and so had the pain. I used ice to ease the pain and took some ibuprofen. I decided to sleep in. The less people that saw this the better. I had two days off and the only time I left the house was to get my glasses repaired. Eventually my injury was noticed, and I had to have several of the conversations I dread. It always reminds me that my friends and family don't get what I do or why I do it.

It took my eye over a week to heal. I still haven't recovered emotionally. In nursing we are taught to be a patient advocate first and foremost. Sometimes in certain situations our patients see us as the enemy. They act out, hurting us physically and emotionally. We need to be prepared for the emotional injury that persists long after the physical injuries are healed.

Debriefing with our unit chaplain was helpful. It was a safe space to talk about what should have been done to keep our unit safe from this patient. Nine people were physically injured. Many more were emotionally injured. Talking through the situations helped me decide how to act more assertively when my gut tells me a patient has a high risk of assaultive behavior. It also gave me courage to demand assistance if a similar situation occurs again. Time will heal my hidden wounds. Experience and courage will prevent me from obtaining new ones. ■

“It took my eye over a week to heal. I still haven't recovered emotionally.”



We need more security, training, reporting

By Michael Long, RN



I have been working as a nurse for almost seven years, first as an LPN, then as an RN. I have definitely seen things get worse over that time in terms of violent patients. I've seen patients coming in who have mental health issues, drug and alcohol issues. I have had a nurse I work with get her head slammed into the floor and another nurse get his finger

snapped off trying to restrain an out-of-control patient.

I'm a pretty big guy at 6 feet, 1 inch tall and 220 pounds.

Male nurses are absolutely, 100 percent of the time, assigned to patients who are abusive or violent. When there is a code gray called, there's an unwritten expectation that the men will go in. I don't mind doing it, but I sure don't like it. Who wants to do a job where you have to go into a room knowing that you are going to get beat up? We do it because we care and we're professionals, but violence and abuse shouldn't be a given. The truth is, hospitals are not well equipped to take care of patients with mental health issues and violent histories. Yet, they are getting exactly those kinds of patients, and the nurses and other staff take the hit.

I feel more unsafe at my workplace than I do anywhere else in my life. I am completely open, completely a victim. There's not enough security, not enough training and not enough statistical data. The problem of workplace violence is not getting documented.

Hospitals need to do more to ensure the safety of nurses and other staff. We need more security and better trained security. Hospitals should consider placing an off-duty police officer in the ER. Having that presence of a law enforcement officer at all times is a big deterrent. There needs to be stronger support to prosecute these assaults.

Of course, security can't be everywhere all the time. That's why it is essential that nurses get proper training, including hands-on training where you practice techniques for responding to a violent patient. Nurses need the kind of muscle memory you get from an in-person training. When you're confronted with a violent patient, you're not going to remember what you saw on a video.

We also need better reporting and documenting of violent incidents. There's a propensity to not talk to the police or push for the prosecutor to file charges. Nurses feel like they don't want to ruin someone's life by reporting the incident to the police. Or they know they are going to have to continue providing care to that person. Or they feel like the patient has mental health issues and doesn't

know what they are doing. At a minimum, nurses need to file a formal incident report.

I would like to see a national database, with mandatory reporting of violent incidents, just like sentinel events must be reported. CMS should be tracking this data, too. I would also like to see a reporting system for violent patients. If a past violent incident is in a patient's medical history, health professionals can plan their care accordingly, just like they would take into account a history of seizures.

The general public doesn't understand the level of violence and abuse nurses and other health care workers face. The issue is being kept under a cloak of silence because of HIPAA. Patient privacy is important, but it means that we are not dealing with

the problem head-on. Everything is hidden, and we're dancing around it.

It's time to bring the issue forward so we can work toward solutions that protect the people charged with providing care.

"I feel more unsafe at my workplace than I do anywhere else in my life."



Safety is a moral and ethical responsibility

"Quite honestly, I do not feel health care safety should be a part of contractual negotiations. Times are changing across the nation, and our safety should never be up for negotiation. It should be a moral and ethical responsibility of our hospitals and clinics to recognize this growing problem and be proactive in supporting our safety while we do our jobs."

— Monica



Staffing is so, so critical

"I've experienced a great deal of violence against me and my coworkers.

I worked mostly with patients who had traumatic brain injuries. When these patients' needs are not met, they get agitated and they can get angry. If they're uncomfortable because they haven't been repositioned or a wound is irritating or they're in pain or they need to use the toilet, they can become agitated and even violent.

I've seen patients grab at nurses, and I've had nurses report being punched and pulled at and hit and pinched and bitten.

Staffing is so, so critical. I would say 80 percent of it has to do with staffing. We have to staff better.

You have to get in and deal with patients before they get aggravated, because it's so much harder to de-escalate. You need staff that are well trained in how to de-escalate."

— Cheryl



We need more safety measures, security

"We need more safety measures put in place to prevent and end workplace violence. We need more security. We need our triage desk to be secured with bullet-proof glass."

— Jordan





Can a nurse walk off the job to protest unsafe working conditions?

By *Tim Sears, WSNA General Counsel*

The short answer is “No.” As a general matter, the law does not afford employees the right to walk off the job because of unsafe conditions in the workplace. The law assumes that if the employee brought the hazard to the employer’s attention the employer would promptly correct the hazardous conditions, or if not, the employee could request an inspection of the workplace by the Washington State Department of Labor & Industries, Division of Occupational Safety & Health (DOSH).

However, a situation may arise in which a nurse is confronted with an immediate choice between not performing an assignment or being subjected to a real risk of serious injury or death arising from a hazardous workplace condition. If the nurse, with no reasonable alternative, refuses in good faith to perform work that involves exposure to the dangerous condition, the nurse is legally protected from retaliation by the employer.

The right to refuse an assigned task is protected only in these circumstances:

1. The refusal to work must be in good faith, and not an attempt to harass the employer or disrupt business;
2. A reasonable person would agree that under the circumstances confronting the nurse, the hazard creates a real danger of serious injury or death if the nurse were to perform the assigned task; and
3. There is not enough time, due to the urgency of the situation, to get the hazard corrected through regular enforcement channels such as filing a complaint with DOSH.

When all three of these conditions are met, the nurse should:

- Ask the employer to fix the problem;
- Ask the employer for a different work assignment;
- Tell the employer that unless the hazard is corrected, the nurse will not perform the assigned work; and
- Remain at the facility unless directed to leave by the employer.

DOSH Publication F417-244-000 (04-2013); 29 U.S.C. 1977.12; Whirlpool Corporation v. Marshall, 445 U.S. 1 (1980).

On-the-job injury: **WHAT YOU NEED TO KNOW**

Each employer has a duty to provide a workplace that is free of known dangers that may harm employees. Like all workers, you have the right to working conditions that are free of known health and safety hazards.

Since accidents and injuries often occur unexpectedly, the list below provides a series of actions to consider if you are harmed on the job, including seeking medical care, contacting the police and injury assistance. Amidst what may be chaos and confusion, it is essential to care for the caregiver!

✓ Obtain first aid.

✓ Immediately report the injury to your supervisor and get relieved of duties, if necessary.

- › Submit an employee injury/accident report with the facts of the event.
- › Seek immediate support resources for stress debriefing and posttraumatic counseling services, as needed. Consider accessing employee assistance program resources.

✓ Submit an incident/occurrence report.

- › Describe what happened, provide event facts, consider a timeline, identify those involved.
- › Report all incidents and threats of workplace violence and share with coworkers at safety huddle; discuss ways to prevent similar events in the future.

✓ Seek medical attention.

- › Go to the emergency room or health-care provider of your choice.
- › Inform the provider the injury is work-related and provide details of the injury.
- › If you provide a written injury statement to the provider, retain a copy for your file.
- › Request medical directions in writing and follow all medical directions.
- › Obtain assistance from the provider to file a workers' compensation claim. (The claim will go through a review process for approval. If the claim is approved, Labor & Industries or your self-insured employer will cover approved medical bills directly related to your injury.)
- › If care is needed beyond the first visit, ensure that the provider you are seeing is approved for future visits.

✓ Keep a personal log of events.

- › Track missed days of work, travel, out-of-pocket expenses, and daily details of your injury and circumstances.

✓ Contact your union representative.

✓ File a police report promptly.

- › If you are a victim of work place violence (or another crime), you have the right to file a police report. (Your organization will not do this for you.)
- › Both HIPAA and Washington state law allow the disclosure of Protected Health Information (PHI) to a law enforcement official that the covered entity believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the hospital. 45 CFR 164.512(f)(5); RCW 70.02.200 (1)(g).
- › Write down details of the event to create a report that is clear, accurate, factual and thorough. File the police report in person or by telephone (avoid electronic filing).
- › A law enforcement officer will investigate and collect evidence about the reported event and will meet with you in person to finalize the report. Cooperate with law enforcement and provide evidence.
- › The police report is provided to the Prosecuting Attorney’s office, where a determination is made on how to proceed. The prosecuting attorney decides if there is sufficient evidence to prosecute a crime.
- › Retain your case number to follow-up on the investigation and to obtain a copy of the report.

✓ Seek Workers’ Compensation.

- › Discuss missed work with your employer/Workers’ Compensation Representative.
- › Expect that the three consecutive days of work immediately following your injury will be considered a waiting period. L&I or your self-insured employer typically won’t pay for these days, if they are the only ones you miss.
- › Refer to the Washington State Department of Labor & Industries (lni.wa.gov) for additional information on time-loss and wage replacement.



Incident (occurrence) reporting: a cornerstone for safety and quality improvement

By *Gloria Brigham, WSNA Education Director*

Incident reporting is a powerful source of information. When used effectively, it provides a factual description of an adverse event or near miss that supports learning, safety and improved care quality. Most health care entities utilize an electronic incident reporting system to identify opportunities for improvement.

Health care facility regulation requires tracking of medical errors and adverse events, though it is estimated that only 10-20 percent of occurrences are reported. Incident reporting systems are used to gather event information using a structured format. This facilitates analysis of data using metrics such as event type, frequency, severity, location, day, date and time of occurrence in the workplace.

Ten tips for incident reporting

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|----------|--|-----------|--|
| 1 | Report events that are inconsistent with the routine care of a patient or are inconsistent with the usual operations of the health care facility. | 6 | Write objectively, providing event facts (e.g., direct observations, actions taken, assistance provided and communication(s) initiated). |
| 2 | Report events of workplace violence (injury and near miss events). | 7 | Use quotation marks if it is necessary to include patient / witness accounts in the incident report. |
| 3 | Report near miss events for tracking, trending and the opportunity to improve safety/quality before an adverse event reaches a patient, staff member or visitor. | 8 | Avoid assignment of blame, hearsay or assumptions. |
| 4 | Complete an incident report if you are the first person/observer on the scene. | 9 | Immediately report significant events of harm directly to your supervisor and to risk management, quality and/or safety personnel as soon as possible after the event and submit an incident report. |
| 5 | Complete the report close to incident time and preferably before end of the shift. | 10 | Follow your facility policy / guidelines for filing an incident report. |

According to the Joint Commission, nurses submit the highest number of incident reports. This is a testament to your dedication to safe and quality care in the professional practice environment. Keep up the good work and strive to increase incident reporting!

Working with national partners to prevent and respond to workplace violence

In addition to working with individual members, WSNA is working with national affiliates to address workplace violence, including the **American Nurses Association** and **AFT Nurses and Health Professionals**.

Through its #EndNurseAbuse campaign, ANA is working to raise awareness and seeking pledges to stand with nurses to support zero tolerance policies for violence against nurses and report abuse against nurses.

AFT has resolved to help push for stronger laws and contract language, member education, and post-event recovery services.

American Nurses Association Position Statement on Incivility, Bullying and Workplace Violence (2015)

ANA's Code of Ethics for Nurses with Interpretive Statements states that nurses are required to "create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect" (ANA, 2015a, p. 4). Similarly, nurses must be afforded the same level of respect and dignity as others. Thus, the nursing profession will no longer tolerate violence of any kind from any source.

All RNs and employers in all settings, including practice, academia, and research, must collaborate to create a culture of respect that is free of incivility, bullying, and workplace violence. Evidence-based best practices must be implemented to prevent and mitigate incivility, bullying, and workplace violence; to promote the health, safety, and wellness of RNs; and to ensure optimal outcomes across the health care continuum.

This position statement, although written specifically for RNs and employers, is also relevant to other health care professionals and stakeholders who collaborate to create and sustain a safe and healthy interprofessional work environment. Stakeholders who have a relationship with the worksite also have a responsibility to address incivility, bullying, and workplace violence.

Read the full statement, with background and recommendations, at <https://wsna.to/2LahyXD>.

AFT Resolution: Promoting Prevention of Workplace Violence (2018)

WHEREAS, all employees deserve a workplace free from violence; and
 WHEREAS, the National Crime Victimization Survey defines workplace violence as nonfatal violence against employed persons age 16 or older that occurred while they were at work or on duty; and
 WHEREAS, healthcare workers face a significant risk of experiencing violence while on the job; and
 WHEREAS, the healthcare sector makes up just 9 percent of the overall U.S. workforce, but it experiences nearly as many violent injuries as all other industries combined; and
 WHEREAS, 2015 data from the U.S. Bureau of Labor Statistics show that incidents of serious workplace violence are four times more common in healthcare than in other private industries; and
 WHEREAS, between 2005 and 2014, the rate of healthcare workplace violence increased by 110 percent in private sector hospitals; and
 WHEREAS, the U.S. Bureau of Labor Statistics reports that while under 20 percent of all workplace injuries happen to healthcare workers, those same healthcare workers suffer 50 percent of all assaults; and
 WHEREAS, healthcare assault rates correlate with time spent in direct patient contact, making nurses, nurses' aides, and other healthcare assistants the most frequent victims of attack; and
 WHEREAS, according to the Journal of Emergency Nursing study, only about 29 percent of nurses who experienced a physical attack reported the incident; and
 WHEREAS, American Federation of Teachers Nurses and Health Professionals members frequently describe impediments to reporting incidents of workplace violence either internally or to the police; and
 WHEREAS, 27 of the 100 fatalities in healthcare and social service settings that occurred in 2013 were due to assaults or violent acts; and
 WHEREAS, workplace violence is a serious concern for AFT Nurses and Health Professionals members:
 RESOLVED, that the American Federation of Teachers will advocate for and assist affiliates in lobbying for new or strengthened laws to protect members from workplace violence, including felony laws and comprehensive prevention program laws; and
 RESOLVED, that the AFT will work with affiliates to educate members and lawmakers about workplace violence prevention programs; and
 RESOLVED, that the AFT will work with affiliates to educate members about the importance of reporting all workplace violence to the employer, including assaults, near misses, threats and verbal abuse; and
 RESOLVED, that the AFT will encourage affiliates to bargain for user-friendly reporting systems and reprisal-free reporting; and
 RESOLVED, that the AFT will work with affiliates to educate members about their right to report assaults to the police and to press charges; and
 RESOLVED, that the AFT will encourage affiliates to work with employers to develop a post-experience support initiative to assist in recovery from workplace violence.

Joint Commission Sentinel Alert

In April 2018, The Joint Commission published "Sentinel Event Alert 59: Physical and verbal violence against health care workers."

The Joint Commission suggested the following actions for health care organizations:

1. Clearly define workplace violence and put systems into place across the organization that enable staff to report workplace violence instances, including verbal abuse.
2. Recognizing that data come from several sources, capture, track and trend all reports of workplace violence — including verbal abuse and attempted assaults when no harm occurred.
3. Provide appropriate follow-up and support to victims, witnesses and others affected by workplace violence, including psychological counseling and trauma-informed care if necessary.
4. Review each case of workplace violence to determine contributing factors. Analyze data related to workplace violence, and worksite conditions, to determine priority situations for intervention.
5. Develop quality improvement initiatives to reduce incidents of workplace violence.
6. Train all staff, including security, in de-escalation, self-defense and response to emergency codes.
7. Evaluate workplace violence reduction initiatives.

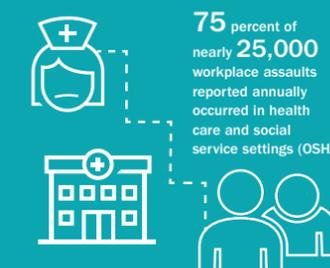
Take a stand: No more violence to health care workers

Forms of violence to health care workers

- Biting
- Kicking
- Punching
- Pushing
- Pinching
- Shoving
- Scratching
- Spitting
- Name calling
- Intimidating
- Threatening
- Yelling
- Harassing
- Stalking
- Beating
- Choking
- Stabbing
- Killing

Statistics on violence against health care workers

- 25 percent of nurses reported being physically assaulted by a patient or a patient's family member, and about half reported being bullied (ANA)
- Workers in health care settings are four times more likely to be victimized than workers in private industry (SIA and IAHSF)
- Health care workers have a 20 percent higher chance of being the victim of workplace violence than other workers (National Crime Victimization Survey)
- Violence-related injuries are four times more likely to cause health care workers to take time off from work than other kinds of injuries (BLS)



Violence against health care workers is grossly underreported

Only **30 percent** of nurses report incidents of violence



Only **26 percent** of emergency department physicians report violent incidents



Health care workers

- think that violence is "part of the job"
- are sometimes uncertain what constitutes violence
- often believe their assailants are not responsible for their actions due to conditions affecting their mental state

Factors associated with perpetrators of violence

- Altered mental status or mental illness
- Patients in police custody
- Long wait times or crowding
- Being given "bad news" about a diagnosis
- Gang activity
- Domestic disputes among patients or visitors
- Presence of firearms or other weapons

What to do when violence occurs



Report it! Notify leadership, security and, if needed, law enforcement.

See Sentinel Event Alert Issue 59, "Physical and verbal violence against health care workers," for more information. © 2018 The Joint Commission | May be copied and distributed | Published by the Department of Corporate Communications



INFOGRAPHIC: JOINT COMMISSION

Read the full alert at www.jointcommission.org/sea_issue_59



Federal workplace violence bill

ON NOV. 16, 2018, Congressman Joe Courtney of Connecticut, a senior member of the House Education and Workforce Committee, introduced legislation aimed at curtailing rising rates of on the job violence facing health care and social service employees such as nurses, physicians, emergency responders, medical assistants and social service workers.

The Workplace Violence Prevention for Health Care and Social Service Workers Act, H.R. 7141, directs the Occupational Safety and Health Administration (OSHA) to issue a standard requiring health care and social service employers to write and implement a workplace violence prevention plan to prevent and protect employees from violent incidents.

AFT supports the bill, as does WSNA. AFT President Randi Weingarten issued a statement that said, in part:

“With workplace violence on the rise and with healthcare and social services workers suffering 69 percent of reported workplace violence, nurses and healthcare technicians can no longer assume every workplace is safe. That is why this bill is needed. No one should face violence, intimidation or fear for their safety while they’re on the job.” ■

Nurses tell us...

In 2017, more than 2,000 nurses participated in a WSNA survey on health and safety.

86%

have experienced or witnessed violence in the workplace.



Nurses are reluctant to report violence from a patient.

23% fear retaliation
25% are unsure how to report
50% believe reporting will not prevent future assaults



More than 50% believe workplace violence is a serious problem where they work.

Nurses are even more reluctant to report violence, bullying or harassment from a coworker.

64% do not feel support from management
66% fear retaliation
46% fear losing their job



56% have suffered physical injury.
76% have suffered psychological injury.

LEGISLATIVE AFFAIRS

ALSO IN THIS SECTION

- 22 Preventing workplace violence
- 23 Uninterrupted rest breaks
- 24 2019 legislative priorities

- 26 Tools for advocacy
- 28 Legislative & Health Policy Council
- 30 WSNA's government relations team



“I voted for the rest breaks bill because nurses showed up in my office last session and talked to me about the importance of this issue.”

Rep. Mike Volz, Spokane (R-6th LD)

Nurses Speak: how your stories move legislators to act

By Jennifer Muhm
WSNA Director of Public Affairs

“I had no idea that you all were experiencing violence at work. I am horrified.”

“I am in law enforcement and receive hours and hours of training for the same situations that you are walking into in your hospital.”

“I want to know what we [the legislature] can do to help keep you safe.”

THESE WERE SOME of the sentiments legislators and legislative candidates expressed over and over as they heard nurses talk during three Nurses Speak events this fall.

Most legislators are unaware that health care workers experience rates of violence that are up to 12 times higher than rates for the overall workforce, according to a 2016 study by the U.S. Government Accountability Office (GAO). In fact, 70 percent of non-fatal workplace assaults in 2016 occurred in the health care and social assistance sectors.

These incidents are happening here in Washington state.

On Oct. 17, nurses from Kadlec Regional Medical Center participated in Nurses Speak, meeting with legislators and candidates in Kennewick and sharing their experiences and fears about the two incidents of workplace violence that occurred in their facility in September. That same week, the hospital had been on

lockdown following an incident where a man with homicidal-suicidal ideations had entered the facility with a gun.

The stories told by the nurses in that meeting had a tremendous impact on the lawmakers and candidates. Earlier that week, a number of nurse leaders at Kadlec met with their State Senator to discuss her interest in introducing workplace violence legislation. Much of the conversation focused on what the nurses felt they needed to stay safe — things like better workplace violence prevention training for employees and security personnel.

Other Nurses Speak events in Chelan and Spokane covered the topics of workplace violence and rest breaks. New legislative candidates were surprised to hear that nurses often miss meal and rest breaks, and some expressed shock at the use of intermittent breaks — all came away with a better understanding of the need for uninterrupted breaks.

Your individual stories and collective voice make a tremendous impression on lawmakers — and Nurses Speak events provide a venue for building ongoing relationships with legislators. In all three locations, legislators said, “I want to talk with you more!”

Email them. Call them. Meet with them in Olympia on WSNA Lobby Day (Feb. 28). These relationships are critically important, and your voices help shape laws that protect workers and patients in Washington state. Learn more about advocacy tools on p. 26. ■

WSNA LEGISLATIVE PRIORITY

Preventing workplace violence

Immediately following the 2018 legislative session, WSNA's government relations team began a review of Washington's workplace violence in health care statute, as well as recent workplace legislation in other states. We spent much time this fall working on changes to Washington's workplace violence statute — and discussing those desired updates with many other stakeholders.

Washington state implemented a law regarding workplace violence in health care in 1999, recognizing violence as an escalating problem in many health care settings. Since that time, this law has not been updated — and with increasing levels of workplace violence affecting nurses, doctors and other frontline health care employees in Washington state, we believe it is time to take another look at how this law can help protect workers.

POTENTIAL COMPONENTS OF A WORKPLACE VIOLENCE BILL (RCW 49.19)

Updated definitions

The current definition of workplace violence in RCW 49.19 is “any physical assault or verbal threat of physical assault against an employee of a health care setting.”

We would like to see the definition expanded to include at least the following two components: 1) the use of physical force or verbal threat against a health care employee by a patient or person accompanying a patient that results in, or has high likelihood of resulting in, injury or psychological trauma, regardless of whether the employee sustains an injury; and 2) an incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.

Increased specificity regarding workplace violence prevention plan

Current law requires each health care setting to conduct a security and safety assessment and to develop and implement a workplace violence plan, but does not specify how often the assessment must occur nor how often the plan must be reviewed — so under current law, a plan developed 10 years ago would suffice. We would like to see a requirement for a more regular safety assessment and plan update.

We would like to see a facility's Safety Committee (where one exists) be tasked with the development of the workplace violence plan and to clarify who is responsible for implementing the plan.

We would like to clarify that workplace violence prevention plans must be developed in conjunction with affected employees, including recognized collective bargaining agents, if any — and that workplace violence prevention plans must comply with the OSHA guidelines for preventing workplace violence for health care and social service workers as amended or updated by the OSHA.

Increased specificity regarding workplace violence training

Workplace violence training lacks uniformity in Washington state — varying greatly from facility to facility. Some facilities require hands-on training that includes self-defense, while others use an online training system that allows an employee to “pre-test” out of the training. Current law requires workplace violence training within 90 days of initial hire, but carries no requirement for ongoing training.

We would like to clarify that in addition to training within 90 days of initial hire, annual training must include an opportunity for interactive questions and answers and hands-on practice with a person knowledgeable about the workplace violence prevention plan.

Reporting – new section

Like with training, there is wide variation in reporting of workplace violence to law enforcement — both because nurses and other health care employees have been hesitant to report, and in some cases nurses tell us they have been discouraged from reporting. In some cases, facilities suggest reporting, while other facilities discourage employees from involving law enforcement.

An Illinois bill we reviewed requires health care workers who contact and/or file a report with law enforcement to notify facility management within three days. It also states that no management of a health care provider may discourage a health care worker from exercising his or her right to contact law enforcement or file a report with law enforcement because of workplace violence. The Illinois bill also states that facilities shall display a notice stating that verbal aggression will not be tolerated and physical assault will be reported to law enforcement. We believe that inclusion of these elements in Washington's workplace violence in health care law could provide more support and protection for affected employees.

All employees deserve to be safe at work. With your help, WSNA will continue proactively raising this issue with lawmakers and advocating for workplace standards that keep nurses, other health care employees and patients safe.

Please watch for “Action Alerts” on workplace violence prevention this legislative session — and use the legislative hotline to share your workplace violence experiences with lawmakers: 1-800-562-6000. Calling this number will connect you with an operator who can determine your legislative district (using your home address) and connect you directly with your legislators' offices.

Let's speak up for safety at work. ■

Uninterrupted rest breaks — let's make 2019 the year it happens

Three minutes going to the restroom. One minute grabbing a sip of water. One minute texting to be sure your child made it home from school.

Under Washington's current break standard, these quick activities count toward an “intermittent” break — even though you may not have had a chance to get off your feet or collect your thoughts.

Rest breaks are important for all workers. For nurses, uninterrupted rest breaks can literally save a life. The risk of medication and other errors increases significantly after eight hours of work and is even higher after 12.5 hours of work. The rate of employee accidents increases after nine hours of work and doubles after 12 hours of work. Critical care nurses who experienced fatigue are more likely to report “decision regret,” a concern that they might have made the wrong decision for a patient. Among critical care nurses, error reports almost doubled after 12.5 or more consecutive hours of work. According to the Journal of Nursing Management, nurse fatigue is “strongly associated with negative impact on nurses' health and the quality of the patient care they provide.”

For the last decade, WSNA has been advocating for the legislature to change the meal and rest break standard for nurses from “intermittent” to “uninterrupted.” During the 2018 legislative session, our bill made it through the House and all the way through the Senate — it just needed to be pulled to the Senate floor for a final vote, but they ran out of time.

Your government relations team spent the summer and fall meeting with legislators around the state, and ensuring they understand the need and the case for uninterrupted breaks. Now it's your turn. Legislators need to hear from you on meal and rest breaks. They need to understand what it is like to work a 12-hour shift caring for patients without having time to eat a meal or sit down.

This year, we are working with Senator Karen Keiser (D-33rd LD), who will introduce the rest breaks bill in the Senate, and Rep. Marcus Riccelli (D-3rd LD) will again introduce the bill in the House. Here's what the bill does:

Components of the rest breaks/mandatory overtime bill

- Meals and rest periods must be uninterrupted and employers cannot use intermittent meals/breaks.
- Exceptions to uninterrupted breaks are included for unforeseeable emergent circumstances and need for the specific skill/expertise of the employee on break.
- Requires hospitals to record taken and missed meal and rest breaks.
- Addresses the mandatory overtime loophole:
- Employer may not use prescheduled on-call time to fill chronic or foreseeable staff shortages;
- Exceptions are included for unforeseeable emergent circumstances, immediate and unanticipated patient care emergencies, documented reasonable efforts to otherwise obtain staffing, when overtime is required to complete a patient care procedure already in progress;
- Employer may not schedule non-emergency procedures that would require overtime.

Please contact your lawmakers this session and ask them to pass the rest breaks bill — share your stories of missed meals and breaks, and how that impacts patient care. ■

A 2016 study published in the Journal of Nursing Management found that lack of regulations mandating rest breaks contributed to nurses not getting enough rest — and noted that “in the absence of such formal stipulations, healthcare facilities often fail to ensure that staff are getting adequate rest.”

“SURVEY SAYS...”

2018 breaks and overtime survey results

More than 1,700 Washington state RNs participated in WSNA's recent survey.



One in every two RNs (52%) report not being able to take a 10 minute rest break every four hours during their shift during the majority of their shifts.

Only 13% say they are able to get a rest break during just about every shift they work.



40% report no tracking system to log missed rest breaks.



One in three say prescheduled on-call is used for non-emergency patient care needs and chronic staffing shortages at least once a week, with 22% saying it's “almost every day/every day.”



Four in five are concerned about nurse fatigue and patient safety due to lack of breaks and overtime.

2019 legislative priorities

WSNA is the leading voice and advocate for the professional interests of more than 100,000 registered nurses who live and work in Washington state. In addition to the priorities listed below, this year WSNA is also advocating for the legislature to pass a bill that addresses nurse delegation.

BUDGET PRIORITIES



School nurse funding

Improve the health and safety of K-12 students across Washington by increasing state support for the Prototypical School Funding Model to place more nurses in Class One school districts and for the School Nurse Corps which funds nurses in Class Two school districts.



Nursing education funding

Increase funding for nursing faculty salaries to recruit and retain well-qualified educators. Provide scholarship and loan repayment funding that allows financial stability while giving underserved communities additional providers. Increase training opportunities for Sexual Assault Nurse Examiners (SANE) around the state to ensure victims receive the care they deserve.



Foundational public health services

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

POLICY PRIORITIES



Meal and rest breaks bill

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



Prevent workplace violence

Protect frontline health care providers, such as nurses, by establishing annual workplace violence prevention planning and training. Ensure that this training includes how to report an incident and what response providers can expect when an incident does occur.



Surprise medical billing

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.



Access to mental health services

Support patient access to mental/behavioral health treatment from community providers such as psychiatric nurse practitioners. The current practice of inappropriately boarding mental/behavioral health patients in hospitals often leads to workplace violence experienced by nurses and other providers.

CONTACT

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Stand up. Speak up.



Rise up.

WSNA Lobby Day

Feb. 28, 2019, 8:30 a.m. – 4 p.m.

The Heritage Room, Olympia



Register online today!
wsna.org

Tools for advocacy

NURSES MAKE THE BEST ADVOCATES

STAND UP. SPEAK UP. RISE UP. Those are the themes for WSNA’s advocacy in Olympia this year. Nurses are the most trusted profession, and your voice carries much credibility and weight with lawmakers. It is important that your legislators hear from you on the need for uninterrupted breaks and workplace violence prevention.

In our Nurses Speak events this fall, it was clear that your stories have a significant impact. Hearing about having patients’ lives in your hands while you are fatigued from working 12 hours without a rest break and hearing about your experiences with workplace violence creates impact. Lawmakers listen, and they want to help find solutions.



WSNA action alerts

Watch for email alerts asking you to take action on WSNA Legislative Priorities. We only send these alerts when it is critical for lawmakers to hear from nurses at key moments during session — to move a bill out of committee or to encourage a floor vote. Please click on the “Take Action” button in these emails!

NEW This year you can also sign up to receive Action Alerts via text message. Look for this option when you click thru to the “Take Action” link in our Action Alert emails.



Legislative hotline

Call your legislators using the toll-free Legislative Hotline: 1-800-562-6000. You will be connected with an operator who can determine your legislative district (using your home address) and connect you directly to your legislators’ offices. Your lawmaker’s Legislative Assistant will answer the phone and can ensure your legislator is briefed on your concerns.



Attend WSNA Lobby Day

Meet with your legislators in person during WSNA Lobby Day on Feb. 28, 2019. This event is free and will provide you with the training and tools you need to effectively advocate during small group meetings with your lawmakers in the afternoon. Register at wsna.org. Legislators value seeing you during session — and it’s a good reminder why they should support our priority issues.

LEGISLATIVE 101

2019 Legislative Session: Jan. 14 – April 28

This is a “long” session, running 105 days.

Washington’s State Legislature operates in two-year cycles; each cycle is called a “biennium.” The 2019 session is the first year of the biennium, which makes it a “budget writing” year, when the legislature writes and passes an operating budget to fund state services and programs for the next two years.

Major pieces of new legislation are generally introduced in the first year of the biennium and bill numbers start over each biennium.

What legislative district do I live in?

Use your smartphone to look up your legislative district in two easy steps!

Both your legislative district and congressional district will be displayed with links to your elected officials’ contact information.

- 1 Visit <https://app.leg.wa.gov/districtfinder>.
- 2 Enter your home address.
- 3 View information on your district and elected officials.



PRESENTING YOUR LEGISLATIVE AND HEALTH POLICY COUNCIL

Your Legislative and Health Policy Council is instrumental in setting WSNA's Legislative Priorities and in guiding our response to bills and issues during the state legislative session. Each week during the legislative session, the Legislative & Health Policy Council members join WSNA's government relations team on a conference call to review newly introduced bills, make decisions on policy positions and to plan for WSNA's participation in legislative hearings. Serving on this Council is a big — and very important — contribution to the nursing profession! Thank you to our Council members who have taken on this role and who, both individually and collectively, are incredibly strong advocates for nursing and patient safety.



Lynnette Vehrs

Lynnette Vehrs, MN, RN, is Chair of the WSNA Legislative and Health Policy Council. She has served on this Council since 2011, and as Chair since 2015 (a role that gives her a seat on the WSNA Board of Directors as well). Lynnette is retired from teaching at Washington State University's College of Nursing. Prior to teaching at WSU, Lynnette worked at Providence Visiting Nurses (Home Care), an Intensive Care Unit in Norway 1987 – 1989, and in Cardiac Intensive Care and Psychiatric Nursing. Additionally, Lynnette has nearly 30 years' experience working in WSNA contract facilities and actively participating on collective bargaining teams. She brings this wealth of experience to the legislative arena.

"This experience has given me the opportunity to speak directly to our legislators on behalf of Washington state nurses. The Council and WSNA staff work together to pass bills such as the safe nurse staffing bill, to increase state funding for public health, and to protect our scope of practice. The council's primary focus is for patient safety and advocacy for nurses. Advocacy is the way to build our profession!"



Sue Dunn

Susan Dunn, RN, is a native Washingtonian who has spent almost 25 years working in Critical Care and who, for the last decade, has been a Hyperbaric Nurse. Sue earned her BSN from Seattle University, and has worked at the same Seattle hospital ever since.

"Throughout my career, I have explored different facets of nursing. As a member of the Legislative and Health Policy Council, I have had an opportunity to see how the legislative process works and participate in improving health care for Washingtonians and helping increase workplace safety and protections for nurses."



Justin Gill

Justin Gill, BSN, RN, ARNP, has served on the Legislative and Health Policy Council since 2013. He currently works as an urgent care nurse practitioner in Gig Harbor. Justin has also worked in inpatient and outpatient environments as a bedside RN. He is currently pursuing a Doctor of Nursing Practice degree at Yale University, with a focus on health policy and leadership. As a nurse, Justin has retained his lifelong passion for politics and policy by serving on the WSNA Legislative and Health Policy Council, the ANA-PAC board, and the ANA Presidential Advisory Council. He believes that nurses, as the largest health profession, should have a seat at the table in all health policy discussions.

"I serve on the council because I see political advocacy as part of my professional duty. Nursing practice and advocacy are synergistic, not mutually exclusive."



Susan E. Jacobson

Susan E. Jacobson, RN, CCRN, joined the Council in 2017, after serving in a number of WSNA leadership roles — including time as Chair of the Council. Currently, Susan serves as secretary and board member of District 6, Ambassador to the American Association of Critical Care Nurses and a member of the Civil and Human Rights Committee of AFT. She has also served as a Delegate to the ANA and AFT conventions. Most recently, Susan was a Critical Care Charge Nurse.

"To serve is a calling, a conscious choice to put the needs of others above self. Serving on the Legislative and Health Policy Council has provided opportunities to advocate for relevant nursing and patient safety issues, such as access to quality health care, patient safety and workplace violence, nursing education, public health and mental health parity. Our work with lawmakers in both Washington state and Washington, D.C., has impacted not only WSNA members, but people across the country. Together, we will continue leading the way in advocating for those who do not have a voice, educating those who make the laws, and sitting at the table collaboratively moving toward the future. If we do not commit to this service, someone else will make those decisions for us."



Jeremy King

Jeremy King, MSN, ARNP, FNP-C, has been a nurse for 20 years, currently working in the Emergency Department. He recently graduated from Seattle University as an ARNP. Jeremy has been involved with WSNA since 1997, and has served on the Legislative and Health Policy Council since 2017.

"As a nurse, I believe in health care as a human right and that it is my professional duty to do what I can to bring health care to everyone. Nursing can and should have a larger say in the direction of our health care system. This is why I am involved in WSNA and the Legislative and Health Policy Council. I want to do my part to help nurses put their stamp on public policy. I believe that this will help to drive health policy toward a place where every American has health care security."



Lynn Nelson

Lynn Nelson, MSN, RN, is the Director of Health Services and Student Support at Capital Area Educational Service District #113, in Tumwater, Washington, where she supervises School Nurses in 23 school districts. Lynn develops and administers both school health and dropout prevention, intervention and reengagement programming. She currently serves as the National Association of School Nurses Director and was the past Legislative Chair for the School Nurse Organization of Washington. She is a member of the Washington Association of School Administrators, and the National Association of School Nurses.

"Both my graduate education and my professional passion focus on health policy. In my work in K-12 education, I know that providing quality service for children and families must include an intentional focus on equity in both the health and education arenas. I have found that being active in WSNA and serving as a member of the Legislative and Health Policy Council has offered me the opportunity to learn about and advocate for policy across a wide variety of practice settings, increasing both my professional learning and my influence."



Erin A. Stevenson

Erin A. Stevenson, BSN, RN, CEN, works as an Emergency Department nurse in Bellingham. She ran for an elected position on the Legislative and Health Policy Council in 2017 after realizing she needed to take action to make a difference. As a nursing student, she served on the Nursing Students of Washington State (NSWS) Board in 2013-2014, which is supported by WSNA.

"I have thoroughly enjoyed my time serving on the Legislative and Health Policy Council. There is a lot to learn and know about the process and I have barely scratched the surface. I am eager to continue the work to advocate for my fellow nurses statewide, by educating our legislators on critical nursing issues such as workplace violence, meal and rest breaks, and mental health issues. I have never been one to sit quietly when I see something that needs to be improved upon. I bring to this council a passion for changing the current environment to one where all nurses can feel safe and supported in their workplace."

INTRODUCING WSNA'S GOVERNMENT RELATIONS TEAM

For more than 100 years, WSNA has been the leading advocate for nursing issues in Washington state. It is our job to track and weigh-in on proposed legislation and regulations at the state level — thousands of bills are introduced each legislative session, making this a big job that needs a strong team.

Government relations is described by the American Society of Association Executives as advocacy on public policy issues, which is “carried out by an organization’s government relations team to promote and protect the interests of the... profession it represents.” We are pleased to introduce you to WSNA’s government relations team that will be working for you in Olympia this session.

That said, the most important member of this team is YOU! It is critically important that your lawmakers hear your stories — especially when it comes to priority issues such as uninterrupted breaks, closing the mandatory overtime loophole and preventing workplace violence. Please watch for “Action Alert” emails from us this legislative session — we will make sure you know when it is critical that legislators hear from you and ensure that you have the tools you need to make your voice heard in Olympia.



Jennifer Muhm
Director of Public Affairs

Jennifer Muhm, MPA, joined WSNA just prior to the 2017 legislative session and leads its public affairs and government relations team. Jennifer has worked in public affairs for nearly 20 years, and before joining WSNA, she served as the Director of External & Legislative Affairs at Public Health – Seattle & King County and the Vice President of Public Affairs for the Washington Health Foundation. She has worked in politics at the national, state and local levels. Jennifer holds a Bachelor of Arts from George Washington University in Washington, D.C., and a Master of Public Administration from Seattle University.

“Nurses are the most trusted profession and have a strong collective voice that has been at the forefront of gains in workplace standards and patient safety. I am thrilled to be working with such a strong team of government relations professionals and an active and engaged Legislative & Health Policy Council as we advocate for uninterrupted rest breaks, worksites that better prevent workplace violence, and the need for more school nurses and stronger investments in both public health and mental health.”



Travis Elmore
Public Affairs Associate Director

Travis Elmore, BSN, RN, joined the WSNA staff in 2012 as a Nurse Representative and has recently made the move from Labor Relations to Public Affairs.

Prior to coming to WSNA as staff, Travis served as WSNA local unit co-chair at PeaceHealth Southwest Washington Medical Center in Vancouver, WA. Travis is an American Nurses Credentialing Center (ANCC) Certified Nurse who earned his Bachelor’s degree in nursing from Washington State University. Travis also serves as Vice-Chair of the American Nurses Association Political Action Committee (PAC) Board, Co-Chair of the American Nurses Association Leadership Society, and as an Oregon Nurses Association PAC Board Member.

“Having successfully served on PAC Boards, I know that the key to our legislative success lies in finding support from both Republicans and Democrats for the legislative priorities of nurses. I look forward to working with the WSNA PAC Board and advocating for the priorities of nurses in Olympia.”



Melissa Johnson
Contract Lobbyist

Melissa Johnson, JD, has served as WSNA’s lead contract lobbyist in Olympia for more than a decade. She lobbies for a number of health care, human services and education clients through Bogard & Johnson, a public affairs and government relations firm based in Olympia. Prior to joining Bogard & Johnson, Melissa was staff with the Department of Social and Health Services (DSHS) and the Washington State House of Representatives. She also practiced law in the Seattle area. Melissa graduated with distinction from the University of Washington with a degree in Political Science. She is a member of the Washington State Bar Association, earning her law degree from the Washington College of Law at American University in Washington, DC.

“Nursing is the foundation of our health care system. Legislators must hear nurses’ stories about workplace and patient safety and I’m excited to be a part of bringing those stories forward.”



Amy Brackenbury
Contract Lobbyist

We are pleased to have Amy Brackenbury join our Government Relations team this year as our second contract lobbyist. Amy will focus on WSNA’s budget priorities, which include

funding for school nurses, nursing education and public health. Amy has worked on legislative issues for more than 25 years. Prior to founding her lobbying firm, Amy served as Vice President of Governmental Affairs for the Washington State Food Dealers Association and gained campaign experience working on a statewide ballot initiative. For the last two years, Amy has successfully lobbied on behalf of the Public Health Roundtable, a statewide coalition to secure public health funding to keep our communities healthy and safe. She is a graduate of the University of Washington.

“I’m excited to be working with WSNA to help educate lawmakers about the important roles nurses play in many aspects of our lives. Whether it’s advocating for more school nurses, funding for public health or patient safety, I look forward to being your voice in the Legislature.”

LABOR RELATIONS

ALSO IN THIS SECTION

32 Incrementalism: bad or good?



United in Yakima



Last Nov. 20, more than 130 nurses and health care workers turned out to support Astria Regional nurses as they came together for an informational picket in front of Astria Regional Medical Center to stand up for safe patient care and safe staffing. WSNA and SEIU Healthcare 1199NW teamed up to coordinate this united front and send a message to management that this is what #UnionStrong looks like.

Nurses at Astria Regional have endured many years of mismanagement and transition of ownership. Astria nurses have been forced to accept multiple one-year contract roll-overs with minimal or no wage increases, resulting in wages at least 15% behind the market. With about half of the nursing positions vacant, the hospital relied on travelers to fill in the gaps.

In addition to the picket, members in both unions displayed car signs and yard signs, and they canvassed the businesses and residences of the neighborhoods surrounding the hospital. ■



PHOTOS: CHRISTINE NGUYEN

Incrementalism: bad or good?

By *Tara Goode BA BSN, RN*
WSNA Organizing Director

What is incrementalism? Merriam-Webster defines it as a policy or advocacy of a policy of political or social change by degrees: gradualism. Why do we as nurses need to be aware of incrementalism? Because it's a double-edged sword and it can cut deep.

On one side it can look like small, seemingly inconsequential takeaways at the bargaining table. Slight changes to the language surrounding how and when you are afforded time with your union rep during orientation, or whether you must click just one or two more boxes in the electronic health record. It can look like the RN needing to stock their own carts and linen, and it can look like joining a committee is "optional." Not that big of a deal, right? Wrong. That's what they want you to think. This approach to change is effective and dangerous.

These scenarios can gradually diminish your ability to safely perform the work you trained to do by overburdening you, under informing you, or just plain excluding you when your workload is being assessed. The concepts of "the nurse is there, let them do it," or "a nurse, is a nurse, is a nurse," or "they're busy, we can decide without them" can have devastating workload and safety implications.

There are not enough hours in the day to complete all the tasks being assigned to nurses. Cutting other skilled staff in favor of reallocating those functions to the nurse because they are already there is a shortsighted and dangerous management practice. Also, nurses are the experts in nursing practice and should be at the table where decisions are being made. Both practices are disrespectful and unacceptable management behavior. It's what is driving some from the profession and creating a shortage.

The good news is that the other edge of that sword cuts the other way. We as nurses have the power to push back against these policies little by little, step by step. We have not only the privilege to advocate for our patients, but also the obligation to advocate for ourselves. If you are not practicing in a safe and sound manner, that means your patients are at risk as much as you are. What can you do about it?

- 1. Pay attention.** When a communication comes from your employer or your union, read it closely. All of it. Every time. Many of these policies or practices are hidden in otherwise innocuous communications and can be easily overlooked. Or they may appear to be nothing big. "Just do this and you'll get that" is one way to slowly waive your rights. "Wear a button to support your team" is one way to fight back by showing you stand together.
- 2. Think critically** — we're all trained to do it. You should be comfortable applying this skill to your workplace as well as to your patient care. Both are equally important. When something sounds off, pay attention. If someone else says it sounds off to them, listen carefully.
- 3. Get involved.** When something doesn't sit right with you, don't just complain, do something about it. Show up and shout out. Work to fix the problem by utilizing the tools at your disposal. Many of them are guaranteed by your union contract.

The point I'm trying to get across is that as much as there is a slow erosion of our labor rights and our practice happening in our profession, there is equal opportunity to fight back. You are the solution. If we stay aware, stand together and think critically, we can protect not only our patients, but our practice and our profession too. ■



PHOTO: STOCKSY / RIALTO IMAGES

NURSING PRACTICE

ALSO IN THIS SECTION

- 36 Research exploring nurse delegation
- 36 When you're there in body, but not in mind

FROM THE WASHINGTON CENTER FOR NURSING

New nursing workforce data sheds a light on supply and demand in an increasingly changing health care landscape

The Washington Center for Nursing, the state's nursing workforce center, has released several new reports that give insight into the changing nursing workforce in the state.

Washington State Data Snapshots: a high-level overview

WCN's Snapshot reports are prepared every other year by the University of Washington Center for Health Workforce Studies, with funding through a grant from the Washington State Department of Health. Each Data Snapshot uses data from Washington's RN, LPN and ARNP license files, which contain the nurse's name, mailing address, birthdate and gender. This minimal data has been used since 2004 to produce estimates of characteristics of the state's nursing workforce. Washington population data are from the Washington State Office of Financial Management.

What do we know about Washington's Registered Nurses?

The number of registered nurses with addresses in Washington state and holding active Washington licenses is 71,386, up by 2,729 or 4 percent from 2016. That translates to about 977 registered nurses per 100,000 people in Washington.

The average age of RNs has gone down from 47.1 two years ago to 45.7 today. The number of male RNs continues climbing and is at 11.9 percent, a slight increase from 11.3 percent in 2016.

RNs are distributed in rural and urban areas fairly similarly to the overall population: 6.1 percent of RNs are in rural settings, compared with 8.3 percent of the state population.

What do we know about Licensed Practical Nurses?

The number of licensed practical nurses (LPNs) continues to decline. Currently, Washington has 9,859 LPNs with Washington addresses, which has dwindled each year since reaching a peak of

13,751 in 2008. In 2018, this translates to about 135 LPNs per 100,000 people in Washington. Licensed Practical Nurses perform a variety of tasks under the supervision of a registered nurse. They oversee basic care, such as administering medicine and injections and taking vital signs. Although many stay in licensed practical nursing throughout their career, many LPNs want to move on to registered nursing.

LPNs, like RNs, are distributed in rural and urban areas similar to the overall population: 7.6 percent of LPNs have addresses in Washington's rural areas, home to 8.3 percent of Washingtonians, compared with just over 92.4 percent of LPNs in urban areas, where 91.7 percent of the state's population lives.

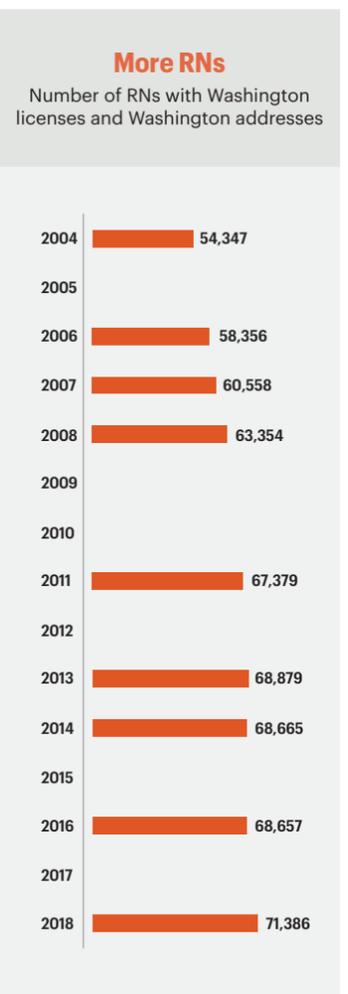
The percentage of LPNs who are male is 13.6 percent, staying roughly the same since 2014.

What do we know about Advanced Registered Nurse Practitioners?

The ARNP license category in Washington includes certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM), clinical nurse specialists (CNS) and nurse practitioners (ARNP).

The number of ARNPs licensed in Washington with in-state addresses continues to climb steadily, reaching 5,981 today, from 2,835 in 2006. That is an increase from 50 ARNPs per 100,000 Washington population in 2006 to about 82 per 100,000 in 2018.

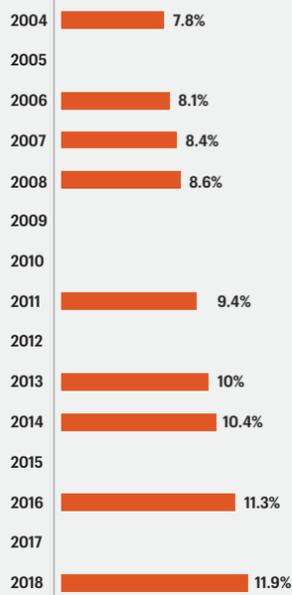
The average age of ARNPs in Washington was 47.7 years in 2018 and has been declining in the past 10 years as more younger ARNPs enter the workforce. Male ARNPs increased slightly to 15.3 percent in 2018 from 14.5 percent in 2016. About 6 percent of ARNPs have rural addresses compared with 8.3 percent of the state population.



DATA SOURCE FOR GRAPHS: WASHINGTON CENTER FOR NURSING

More men in nursing

Percent of RNs who are male in Washington state



Washington State Advanced Registered Nurse Practitioner Survey Data Report

WCN has published a new report on the Washington state Advanced Registered Nurse Practitioner (ARNP) workforce, which identifies and describes characteristics of previous and current Washington state ARNP practice owners and independent contractors and analyzes the ways in which reductions in reimbursement by Washington state health plans in 2013 and 2015 affected ARNP-owned practices and independent contractors.

The report was co-sponsored by Washington State University and the American Association of Nurse Practitioners and prepared by Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN, Principal Investigator and Justin Gill, MS, ARNP, FNP-C, Yale University DNP Student, Co-Investigator. As part of a longitudinal study of ARNPs in Washington, this report was also published in 2001, 2003, 2006 and 2015.

The survey was sent to all 6,188 Washington ARNPs with valid contact information, and the report reflects responses from 1,235 ARNPs at a response rate of 20.7 percent.

Key findings from the 2018 ARNP Survey:

- ARNPs are predominately white (88%) females (86%) with an average age of 48 years.
- Almost all ARNPs (98%) have a graduate degree (master’s or doctorate).
- Family nurse practitioners represent the largest group (47.8%) of ARNPs.
- The top two locations of practice are a healthcare office/clinic owned by a health care system or organization (30.5%) or independent/private owned practice (19.6%).
- Ten percent of ARNPs own a practice alone or with others.
- Less than half (41%) of respondents provide primary care while 15% work in rural areas.
- The average portion of time worked in providing direct patient care was 60%.
- Two-thirds (68%) were moderately or very satisfied with their current position.
- An average gross income for an ARNP who works full time is \$128,529.
- Only one-third (33%) of respondents prescribe for patients with chronic non-cancer pain.

- The top two reasons prior practice owners and independent contractors closed their practice were reduced reimbursement (29%) and inability to compete with large health systems (20%).

Find the full report at wcnursing.org by searching for “ARNP Survey 2018.”

The Washington State RN Survey

Expanding the Snapshots with a more complete picture of nurses in Washington state

In the past, available data on nurses has been minimal and inconsistent, contributing to confusing predictions about supply and demand of the nursing workforce. In March 2018, WCN and their research partners at the University of Washington Center for Health Workforce Studies conducted a pilot statewide RN sample survey using the Minimum Data Set (MDS), a set of questions developed by a national coalition committed to promoting having comparable data about the nurse workforce across the country. We asked nurses about:

- Employment status.
- Job setting, title and position (up to two jobs).
- Hours worked per week.
- Practice zip code.
- Basic demographic information, including educational attainment.
- Initial and current license information.
- Current credentials.

The Washington survey added questions to capture additional nurse characteristics to create a more accurate picture of the ability of Washington’s nursing workforce to meet the needs of our communities. The additional questions asked additional career satisfaction questions including:

- Salary.
- More-detailed information on hours worked and education history.
- Health care-related employment prior to becoming a nurse.

The goal of the survey was to strengthen understanding of Washington’s current registered nurse workforce and inform policymakers and educators about future needs. The information from this survey will be used to create a baseline profile of the state’s registered nurses

that can be compared with findings from data collected through license renewals in the years to come.

A total of 9,214 nurses responded to the survey, with 7,607 employed as an RN in their primary job.

Survey highlights

- Overall, 62 percent of surveyed nurses have baccalaureate degrees or higher (70 percent when including non-nursing degrees).
- 76 percent of nurses in the 19–29 age group have a baccalaureate in nursing or higher.
- Washington’s RNs are quite satisfied with their jobs and roles, although some report feeling overwhelmed.
- RN median salaries in WA are higher than the U.S. as a whole (\$70,000 in 2017) but vary by age, setting and educational attainment.
- The proportion of RNs who are white is higher than the proportion of white residents in the state as a whole.

The results of this survey will be a crucial step to getting the complete picture of the Washington RN workforce, as well as learning the best ways to support nurses in education, career advancement, and job satisfaction.

What all Washington state nurses need to know about the Nursing Commission Survey

A key recent change in the Washington State Nursing Care Quality Commission’s license renewal procedure has added a monumental — and exciting — shift to getting a clearer view of the workforce, how nurses are prepared to meet health care demands and what support is needed. Beginning Jan. 1, 2018, all nurses in Washington state were required to fill out the Nursing Commission’s Demographic Survey online at the time they renew their licenses. WCN will oversee the annual data analysis and publish findings, which 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.

Measuring employer demand

WCN is regularly engaged in the Washington Health Workforce Sentinel Network, which links the health care sector with policymakers, workforce planners and educators to identify and respond to changing demand for healthcare workers, with a focus on identifying newly emerging skills and roles required by employers. The Sentinel Network is an initiative of Washington’s Health Workforce Council, conducted collaboratively by Washington’s Workforce Board and the University of Washington’s Center for Health Workforce Studies. According to the Sentinel Network’s recent findings for RNs (July 2016 to September 2018), RNs are the top occupation with exceptionally long vacancies recently reported by small (25 beds or fewer) acute care hospitals as well as skilled nursing facilities.

RNs are also among occupations with long vacancies in:

- Federally Qualified Health Centers/community clinics.
- Behavioral health/mental health clinics.
- Psychiatric/substance abuse hospital.
- Large acute care hospitals.
- Schools.
- Specialty medical clinics.

How do we ensure Washington state can produce enough nurses to take care of all patients?

Washington state needs more nurses, yet we are experiencing a dire nursing faculty shortage, which means qualified students are being turned away from programs due to lack of space, not all students have access to practice experiences due to high competition for spots and funding for nursing education fails to keep pace. All of these factors provide a clog in the production of a highly qualified nursing workforce needed by our communities. Coupled with these issues is a national call to advance nursing education to increase access to and support success at baccalaureate and graduate levels.

As WCN engages in workforce development issues at the state and national level, a key area of focus is Action Now!, which is the statewide coalition to strengthen the nursing education system to meet the increasing demand for nursing services. The effort is co-led by WCN, the Council on Nursing Education in Washington State and the Nursing Care Quality Assurance Commission. We launched Action Now! because we understand the critical link between nursing education, the nursing workforce and the health of the people of Washington state. Our vision statement is: “Nursing Education: Securing the Future of a Healthier Washington.”

In November, we produced the Action Now! Solution Summit, a culmination of two years of our collaborative work among stakeholders from higher education, health care practice, workforce development, policy and the business community to transform the state’s nursing education system, securing the future of a healthier Washington. With an inspiring keynote address on innovation from renowned futurist Pablos Holman, the message was clear: we need to transform the system from within. We heard some fascinating ideas from our attendees. More importantly, we got commitment from them to do some of the heavy lifting — a few organizations have stepped up to participate in a pilot simulation project, others have offered valuable resources as we proceed. This work is complex but it is all the more important to continue and persevere.

Are you interested in joining our efforts? Send us an email at ActionNow@wcnursing.org. ■

The Washington Center for Nursing supports a healthier Washington by engaging nurses’ expertise, influence, and perspective and by building a diverse, highly qualified nurse workforce to meet future demands. Our vision: Transforming communities in Washington state through increased access to quality nursing care.

RESEARCH EXPLORING NURSING DELEGATION

By Jordan Hardman, BSN, RN and Nona Hunter, BSN, RN

This year, a WSNF mini grant for community-based health projects was awarded to Jordan Hardman, BSN, RN, the principal investigator for a research study, originally titled “The Development of An Instrument for Assessing Patient Stability and Predictability by Nurse Delegates,” which investigated the utility of an investigator-developed instrument that assessed clinical stability and predictability within nurse delegation.

Nurse delegation, unlike general delegation, is a specific process within nursing under the Washington Administrative Codes. It is focused on assigning care tasks to be performed by long-term care workers (i.e. nursing assistants and home care aides) within certain settings, under the management of a registered nurse, called a nurse delegator. Delegated tasks can include, but are not limited to, oral, topical, nebulizer, G-tube and rectal medication administration; insulin administration; tracheal suctioning; in and out catheterization; tube feedings; oxygen administration, and certain dressing changes (Parada, 2017). In order for nurse delegation to occur, the patient/client must be deemed “stable and predictable” by the nurse delegator.

It was determined from prior qualitative research by Hardman, under the guidance of his research mentor from the University of Washington School of Nursing, Barbara Cochrane PhD, RN, FAAN, FGSA, that the legal definition of “stable and predictable condition” could be improved upon. This project attempted to add clarity to that definition through the creation and evaluation of a standardized assessment instrument.

To develop the instrument, Jordan Hardman BSN, RN and Nona Hunter BSN, RN, under the guidance of their honors program mentor, Dr. Cochrane, explored the legal definitions and peer-reviewed literature found around the United States of “stable and predictable condition” pertaining to nurse delegation, to expand upon the Washington state legal definition. Because few results could be found that differed from the current state definition, the researchers decided to develop an instrument for clinical stability and predictability, building on evidence-based

comprehensive assessments that are utilized in similar settings where nurse delegation occurs.

As part of the next stage of research and as the instrument was being developed, it was presented to content experts, DSHS Nurse Delegation Program Managers and Heather M. Young, PhD, RN, FAAN, a nursing researcher whose early studies helped develop the nurse delegation program and regulations in Washington state. Their feedback indicated a need to have the instrument be more task-specific, and a new instrument was developed to assess clinical stability and predictability for insulin administration. This new instrument was provided online to nurse delegators for review along with a survey for feedback on clinical utility and relevance. Results demonstrated that approximately 44 percent of participants agreed or strongly agreed that the instrument could be helpful in making stable and predictable decisions within insulin administration, with suggestions on instrument improvements (e.g., streamlining, targeting to early-career delegators) that would increase its likelihood of being incorporated into clinical practice. Based on this research, a future study, using an online survey linked to specific clinical scenarios, is being developed to investigate assessment decision patterns for delegated insulin administration. ■

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Parada E. (2017, September 29). Nurse Delegation FAQ 10.2017 [PDF]. Tumwater: WA DSHS. Retrieved from [https://www.dshs.wa.gov/sites/default/files/ALISA/rcs/documents/Nurse Delegation FAQ 10.2017.pdf](https://www.dshs.wa.gov/sites/default/files/ALISA/rcs/documents/Nurse%20Delegation%20FAQ%2010.2017.pdf)



Jordan Hardman, BSN, RN, and Nona Hunter, BSN, RN, are both recent graduates of University of Washington School of Nursing, where they conducted research on nurse delegation. Their mentor, Barbara Cochrane PhD, RN, FAAN, is a professor and the Family and Child Nursing interim chair at the University of Washington School of Nursing.



When you're there in body, but not in mind

By Jessica Rainbow, PhD, RN

Greetings WSNA members! My name is Jessica Rainbow, and I wanted to thank the many WSNA members who answered the call to participate in my dissertation study on nurse presenteeism in the fall of 2017. Presenteeism is when someone is physically at work, but not fully engaged or performing. I became interested in presenteeism due to my own experiences with burned out and sick coworkers as an ICU nurse and after interviewing nurses about their fatigue while a nursing PhD student. As nurses, we have a lot going on both at work and outside of work, and these things (like our work environment and our own health and well-being) can affect our ability to be fully present at work.

Presenteeism in nursing has been linked to negative outcomes for patients, nurses and health care organizations. Missed patient care, falls and medication errors have all been linked to presenteeism in prior studies (Cassie, 2014; Dhaini et al., 2016; Letvak, Ruhm, & Gupta, 2012). In studies that have looked at presenteeism across professions, nurses have been found to have the highest rates. However, there are limited studies on what leads to presenteeism among nurses, and we don't know what the best way is to measure presenteeism. So, for my dissertation study, I did a survey that compared different existing presenteeism measures and assessed what leads to presenteeism and what the consequences of presenteeism are.

I recruited nurses from around the country through social media, nursing organizations like WSNA and hospitals. Specifically,

I recruited nurses who worked in hospitals providing direct patient care. A total of 447 nurses from 40 different states participated in the survey. On average, nurses had 11.3 years of experience, worked 34 hours per week and were 39 years old. Presenteeism rates on our survey were higher across measures that looked at presenteeism due to sickness, job-stress and workplace violence than in previous studies. We found that there was a connection between negative work environment, lower professional values as described in the ANA's Code of Ethics, higher perceived stress and work-life imbalance and higher presenteeism. Presenteeism was linked to lower professional quality of life, higher turnover intention and more missed patient care.

These findings indicate that presenteeism is a more prevalent problem than previously thought, that multiple factors can contribute to presenteeism, and that there are consequences for nurses, health care organizations and patients. Nurses should be aware of their own potential presenteeism during a shift and think about presenteeism and its consequences when deciding to attend work when not at their best. Nurse leaders should consider presenteeism and its associated consequences when making decisions about employee policies (e.g. mandatory overtime.) As a researcher, I am working to learn more about how to measure presenteeism and how to intervene to address the issues leading to presenteeism (like work environment and stress) and presenteeism itself.

Thank you again to all those who participated in my survey — your responses provide a baseline from which we can build going forward and future directions for my research. If you are interested in learning more about nurse presenteeism and my research, you can contact me via email at jrainbow@email.arizona.edu or follow me on Twitter @JessicaGRainbow. ■

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Cassie, F. (2014). Nursing research finds presenteeism steps up risk of missed care. *Nursing Review* (1173-8014), 14(6), 12.

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Jessica Rainbow, PhD, RN, has practiced as a nurse in both critical care and infusion clinic settings in Nevada and Wisconsin. She received her BSN from the Orvis School of Nursing at the University of Nevada, Reno and her PhD in Nursing from the University of Wisconsin – Madison. She is currently an Assistant Professor at the University of Arizona College of Nursing. Jessica is passionate about improving the nurse work environment in order to improve nurse and patient health and well-being.

MAY 1-3, 2019

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Registration is now open at rnconvention.org.

FEATURING...



Dr. Phyllis Kritek, PhD, RN, FAAN

PROFESSOR AND ARCHBISHOP JOSEPH FIORENZA CHAIR IN NURSING, UNIVERSITY OF ST. THOMAS CAROL AND ODIS PEAVY SCHOOL OF NURSING

Phyllis Beck Kritek is a world-renowned expert on conflict resolution and healing. Her long career includes mental health nursing, academic leadership roles, publishing and consulting.

Dr. Kritek has published extensively in peer-reviewed journals and books. Her first book, *Negotiating at an Uneven Table: Developing Moral Courage in Resolving Our Conflicts*, now in its 2nd edition, explores conflict engagement under conditions of structured inequity.

Long recognized for her leadership in the national nursing community, Dr. Kritek is a Fellow of the American Academy of Nursing (FAAN).



Ernest Grant, PhD, RN, FAAN

PRESIDENT, AMERICAN NURSES ASSOCIATION

Ernest J. Grant is an internationally recognized burn-care and fire-safety expert. He currently serves as the burn outreach coordinator for the North Carolina Jaycee Burn Center at University of North Carolina (UNC) Hospitals in Chapel Hill and as adjunct faculty for the UNC-Chapel Hill School of Nursing.

Dr. Grant is frequently sought out as a speaker and educator. He has conducted numerous burn-education courses with the U.S. military in preparation for troops' deployment to Iraq and Afghanistan. In 2002, President George W. Bush presented Dr. Grant with a Nurse of the Year Award for his work treating burn victims from the World Trade Center site.

Dr. Grant was inducted as a fellow into the American Academy of Nursing in 2011.



Stephanie Staples, CSP

THOUGHT PROVOKER

Master motivator (and reWired nurse) Stephanie Staples is an author, radio host and social entrepreneur. She works with busy healthcare professionals from the Mayo Clinic to the Middle East to help them live their lives with full gusto!

Staples is the Mb.Women Entrepreneur of the Year award winner for Contributions to Community, a wife, mom and triathlete (she came in last, but who's counting?) with programs proven to increase feelings of hope, happiness and empowerment for participants.



Sara Kim, PhD

ASSOCIATE DEAN FOR EDUCATIONAL QUALITY IMPROVEMENT, SCHOOL OF MEDICINE, UNIVERSITY OF WASHINGTON

Dr. Sara Kim is the inaugural holder of the George G. B. Bilsten Professorship in the Art of Communication with Peers and Patients at the University of Washington School of Medicine. She leads research programs in conflict management and collaborates with a wide range of clinical, administrative and educational stakeholders across UW Medicine. Since 2014, she has developed training programs and taught over 3,000 health care professionals communication skills associated with conflict management and resolution.

Dr. Kim has numerous peer-reviewed publications in leading medical education and medical specialty journals, covering topics of physician communication skills, assessment, and teaching and learning practices.



Sofia Aragon, JD, BSN, RN

EXECUTIVE DIRECTOR, WASHINGTON CENTER FOR NURSING

Sofia Aragon leads the work of the Washington Center for Nursing, the state nursing workforce and resource center advancing nursing leadership, diversity and workforce development. She is currently the President of the National Forum of Nursing Workforce Centers. Previous roles include Senior Governmental Affairs Advisor for the Washington State Nurses Association and Legislative and Policy Manager for the Community and Family Health Division of the Washington State Department of Health.



Paula Meyer, MSN, RN, FRE

EXECUTIVE DIRECTOR, NURSING CARE AND QUALITY ASSURANCE COMMISSION

Paula Meyer became the executive director of the Nursing Care Quality Assurance Commission (NCQAC) in 1998. During her two decades with NCQAC, she has advanced nursing and advanced practice nursing through her tireless advocacy and vision for the profession. Ms. Meyer continues to positively impact nursing practice in Washington state through her oversight of critical legislation and attentive leadership. She is active in the National Council of State Boards of Nursing and achieved her fellowship in regulatory excellence in August 2014.



Rev. Dr. Cameron M. Sharp, PhD, M. Div., B. Th., ADN

ORDAINED MINISTER, NURSE

Rev. Dr. Cameron worked as nurse for more than 45 years, as an ED nurse, Pediatric RN, Psychiatric RN, Infusion Specialist and most recently as a Cardiac Nurse.

Having a dual profession, the Rev. Dr. Sharp comes to you as a compassionate Pastor-Teacher.

Rev. Dr. Cameron is part of LGBTQI2+ community. He is married to a nurse, Kat Sharp, MDN. They have three sons, one daughter-in-law and two grandchildren. His main passion through life has been teaching kind justice for all and modeling inclusivity with extravagant welcome. He is Ordained in the United Church of Christ.

EVENT SCHEDULE

WEDNESDAY, MAY 1

DAY 1

7 a.m. – 8 a.m.	Attendee check-in / badge pick-up
7 a.m. – 8 a.m.	Breakfast
8 a.m. – 9 a.m.	Welcome and WSNA President's address Jan Bussert, BSN, RN
9 a.m. – 11 a.m.	Negotiating at an uneven table: developing moral courage in resolving conflict Phyllis Kritek, PhD, RN, FAAN
11 a.m. – 11:45 a.m.	Speaker to be announced
11:45 a.m. – 12:45 p.m.	Lunch
12:45 p.m. – 1:30 p.m.	Legislative update: state-level progress on nursing and patient safety issues Jennifer Muhm
1:30 p.m. – 2:30 p.m.	Keynote: ANA President Ernest Grant, PhD, RN, FAAN
2:30 p.m. – 3:30 p.m.	Understanding the governance of WSNA and how you can influence nurses and their professional practice in Washington state Jan Bussert, BSN, RN
3:30 p.m. – 5:30 p.m.	Meet the candidates with WSNA's President Networking reception and no host wine bar with heavy hors d'oeuvres
5:30 p.m. – 7:30 p.m.	Local Unit Council meeting (For dues-paying WSNA members who are represented by WSNA for collective bargaining only)

THURSDAY, MAY 2

DAY 2

7 a.m. – 8 a.m.	Attendee check-in / badge pick-up
7 a.m. – 8 a.m.	Breakfast
8 a.m. – 9:30 a.m.	Healthier and happier nurses: bringing your "A" game to work and life Stephanie Staples, CSP
10 a.m. – 11 a.m.	A radical breakthrough: communication skills for achieving mutual goals Sara Kim, PhD
11 a.m. – 12:30 p.m.	Moving nursing forward in Washington state (part 1) Jan Bussert, President
12:30 p.m. – 1:30 p.m.	Lunch
1:30 p.m. – 2:15 p.m.	Bylaws rule the world Anita Stull, RN
2:15 p.m. – 2:45 p.m.	Secret life of a resolution Jan Bussert, BSN, RN
2:45 p.m. – 3:00 p.m.	Moving nursing forward in Washington state (part 2) Jan Bussert, President
3 p.m. – 4 p.m.	Who is the nurse next door? Sofia Aragon, JD, BSN, RN and Paula Meyer, MSN, RN, FRE
5 p.m. – 8 p.m.	WSNA Recognition Awards dinner Featuring live auction (to benefit nursing scholarships) and the Nightingale tribute

FRIDAY, MAY 3

DAY 3

7 a.m. – 8 a.m.	Attendee check-in / badge pick-up
7 a.m. – 8 a.m.	Breakfast
8 a.m. – 9:00 a.m.	Workplace violence panel discussion Moderated by Sandy Slaton, JD, BSN, RN
9 a.m. – 10 a.m.	Duty to protect: A call to action for nurses in caring and advocating for the LGBTQ+ community Rev. Dr. Cameron M. Sharp, PhD, M. Div., B.Th., ADN
10 a.m. – 10:15 a.m.	Closing

FRIDAY, MAY 3 (OPTIONAL ADD-ON)

SUICIDE PREVENTION TRAINING

CO-PRESENTED BY UWCNE

10:30 a.m. – noon	Part 1
Noon – 12:30 p.m.	Lunch
12:30 p.m. – 5:30 p.m.	Part 2

CNE information

Total possible CNE credits for attending Convention: 14.5

Total possible CNE credits for attending Convention plus the optional add-on Suicide Prevention Training: 20.75

JOIN THE CELEBRATION!



We're upping the fun for the 2019 Convention's Recognition Awards Banquet. Thursday, May 2, will be an exciting evening of camaraderie as we celebrate over dinner and recognize Washington state's best and brightest in nursing

practice, education, research, ethics and human rights, and leadership.

Keynote speaker **Stephanie Staples** is joining us as the Master of Ceremonies, and auctioneer extraordinaire **April Brown** will lead an electrifying live auction to support nursing scholarships.

Get your applause and your paddles ready for an extra fun celebration.



BE A PART OF THE PROCESS



The **WSNA General Assembly business meeting** will take place on Thursday, May 2, 2019, and will address many items of important business for the membership, including **proposed resolutions, bylaws changes** and final **nominations for elected offices**. (See related article for the current 2019 ticket of nominees for elected offices and how to self-declare or be nominated from the floor.) Proposed non-emergency resolutions and candidate statements will be posted on the WSNA website at wsna.org and printed in the spring 2019 issue of this magazine.

TAKE CARE OF YOUR SUICIDE PREVENTION REQUIREMENT FOR LICENSURE

With the University of Washington School of Nursing, we're offering the opportunity to fulfill your 6-hour mandatory suicide prevention **training requirement for licensure** with this special add-on course offered May 3, 2019.

This training is approved by the Washington State Department of Health and is on their model list. Attendees will be awarded six CNE credits. The cost for attending is \$150 for WSNA members, or \$75 for attendees who qualify for the student rate. Lunch included.





NOMINATE AN OUTSTANDING NURSE FOR A 2019 RECOGNITION AWARD

JAN. 31 DEADLINE!

Do you know a nurse who deserves to be celebrated for her or his exceptional contributions to the profession of nursing? Nominate them for a 2019 Recognition Award!

The WSNA and Professional Nursing and Health Care Council awards recognize WSNA members who have made significant contributions in nursing practice, leadership, education and research. These awards will be presented at a banquet celebration on May 2, 2019 in conjunction with the Washington State Nurses Convention, being held May 1-3 at the Tulalip Resort.

Nominations must be accompanied with a narrative from the nominator, listing the nominee's credentials and achievements, and a copy of the nominee's curriculum vitae/resume.

👉 See the detailed list of criteria for each award and complete the nomination form at www.rnconvention.org/news/2018/nominations.

WSNA AWARD CATEGORIES

Honorary Recognition Award

For significant contributions, distinguished service or valuable assistance to the nursing profession.

The nominee must be a WSNA member who has actively contributed by serving in an elected or appointed office or has been a consumer advocate and/or interpreted the role of nursing to consumers.



2017 AWARD RECIPIENT: Jennifer Graves, RN, MS, Vice President for Patient Safety and Quality Operations, Washington State Hospital Association.

Marguerite Cobb Public Health / Community Health Nurse Award

For outstanding professional contributions to public health or community health, as well as calling these achievements to the attention of members of the profession and/or general public.

The nominee must be a current and active WSNA member or have been a WSNA member during the years of service for which this award is given and must have made a significant contribution and have shown leadership in the field.



2017 AWARD RECIPIENT: David Reyes, MPH, RN, DNP, APHN-BC, Assistant Professor, Nursing & Healthcare Leadership, University of Washington Tacoma.

Joanna Boatman Staff Nurse Leadership Award

This award for leadership was established in 1995 in recognition of Joanna Boatman's significant contributions to the advancement of staff nurses and her achievements in improving the economic and general welfare of nurses in the State of Washington.

The nominee must currently be employed as a staff nurse and must have made a significant contribution (at the local or state level) to the advancement of staff nurses or in the economic and general welfare area of nursing.



2017 AWARD RECIPIENT: Judi Lyons, RN, staff nurse, Kittitas Valley Healthcare

ANA Honorary Membership Pin

Presented to a WSNA member or members in recognition of outstanding leadership, as well as participation in and contributions to the purposes of WSNA and ANA.

The nominee must have demonstrated outstanding leadership and must have held elected/appointed state, national or district office.

Community Partner Award

Recognizes a community and/or consumer partner who has contributed significantly to promoting health and a positive image of nurses through advocacy, safety and/or quality health care improvement.

The nominee has demonstrated interest in professional nursing by contributing in a concrete way to its growth and development and promoting a better understanding of professional nursing in the community.



2017 AWARD RECIPIENT: Adam Davis, RN, DNP and Mitch Snyder, Division Chief for the FD CARES program

PROFESSIONAL NURSING AND HEALTH CARE COUNCIL AWARDS

Excellence in Practice Award

Recognizing excellence in practice in the direct care of patients/clients.

The nominee demonstrates an evidence-based contribution or achievement that positively impacts patients and the advancement of nursing practice. The nominee also leads through effective collaboration with stakeholders and colleagues.



2017 AWARD RECIPIENT: Lynn Nelson, MSN, RN, NCSN, Director of Student Support and Health Services, Educational Service District #113

Leadership and Management Award

Recognizing excellence in nursing leadership and management.

The nominee promotes the professional development of nurses and facilitates excellence in clinical practice. With progressive leadership, she or he fosters a care environment that promotes creativity and enhances quality of care in a safe, supportive and professional working environment.



2017 AWARD RECIPIENT: Susan Manfredi, DNP, MBA, RN, FACHE, Vice President for Patient Care Services and Chief Nursing Officer at UW Medicine Northwest Hospital.

Nurse Educator Award

Recognizing excellence in nursing education.

The nominee demonstrates excellence in nursing education through evidence-based, innovative and inspirational methods that promote learning and enthusiasm.



2017 AWARD RECIPIENT: Lynn Von Schlieder, MN, RN, Director of Nursing Program, Shoreline Community College

Ethics and Human Rights Award

Recognizing excellence in ethics and human rights.

The nominee, through major a contribution or achievement, supports ethical and human rights issues in Washington state through partnership with communities.



2017 AWARD RECIPIENT: Sofia Aragon, JD, BSN, RN, Executive Director, Washington Center for Nursing

Nurse Researcher Award

Recognizing excellence in nursing research that addresses practice issues.

The nominee must have conducted research that has relevance to practice and direct practice implications, using sound research procedures, with findings disseminated through publications, presentations and/or conferences.



2017 AWARD RECIPIENT: Pamela Mitchell, PhD, RN, FAANP, Executive Associate Dean, University of Washington School of Nursing.

CURRENT CANDIDATES FOR 2019 ELECTIONS

**It's not too late to run
for WSNA office!**

Thank you to those who have submitted 'Consent to Serve' forms declaring their candidacy for elected office in WSNA. If you are considering running for office, it is not too late!

WSNA members may declare their candidacy by submitting a 'Consent to Serve' form by March 3, 2019 (sixty days prior to the first meeting of the WSNA General Assembly) or can be nominated from the floor at the General Assembly on May 2, 2019.

The 'Consent to Serve' form is available at <https://wsna.org/serve> or may be obtained by calling WSNA.

Elections will take place by secret, mailed ballot shortly after the Washington State Nurses Convention. Regardless of the time and method of nomination, the names of all candidates will appear on the mailed ballot. (Write-in candidates are also allowed.)

So far, the following WSNA members have declared their candidacy for office.

Except as noted, terms for all offices are two years.

WSNA Board of Directors

The Board of Directors is made up of 11 members: three officers (President, Vice President and Secretary/Treasurer), five directors elected at-large (with two seats designated for staff nurses only) and the chairs of the Legislative and Health Policy Council, Professional Nursing and Health Care Council and the Cabinet on Economic and General Welfare.

President

- Lynnette Vehrs, District 4, Spokane

Vice President

- Jennifer Graves, District 2, Seattle
- Pam Pasquale, District 7, Wenatchee

Secretary / Treasurer

- Martha Goodall, District 4, Mead
- Vee Sutherlin, District 4, Nine Mile Falls

Director At-Large (3 open positions)

- Christina Bradley, District 3, Tacoma
- Mikey Anne O'Sullivan, District 4, Spokane
- Trish Tobis, District 2, Bellevue

Director At-Large Staff Nurse (2 open positions)

- Edna Cortez, District 2, Lynnwood
- Judi Lyons, District 18, Ellensburg

WSNA Nominations / Search Committee

The members of the WSNA Nominations/Search Committee meet at WSNA Headquarters at least once in the even year for a period of at least one day to prepare a slate of qualified nominees for election as officers, board of directors, councils, WSNA Nominations/Search Committee, and Delegates to ANA Membership Assembly. In addition, the committee meets one day in early summer of the odd year to prepare recommendations to the Board of Directors for appointments to councils and committees. WSNA pays travel and per diem according to Board policies.

Member (4 open positions)

- Suzanne Baek, District 2, Federal Way
- Judy Huntington, District 2, Kent
- Muriel Softli, District 2, Seattle

Legislative & Health Policy Council

The members of the Legislative and Health Policy Council meet by telephone conference calls weekly during the Legislative Session and hold two to three meetings at WSNA Headquarters each year. These meetings are usually one day and WSNA pays travel and per diem according to Board policies. The Chair of this Council also serves as a member of the WSNA Board of Directors. There shall be seven members on the Council: four elected (three members at-large and one chairholder) and three members appointed by the WSNA Board of Directors.

Chair / Member of WSNA Board of Directors

- Justin Gill, District 3, Gig Harbor

Member At-Large (3 open positions)

- Gemma Aranda, District 2, Bellevue
- Elizabeth Espy, NW Region, Bellingham
- Jeremy King, District 2, Seattle
- Lynn Nelson, District 13, Olympia
- Erin Stevenson, NW Region, Bellingham

Professional Nursing & Health Care Council

The members of the Professional Nursing and Health Care Council hold three one-day meetings at WSNA headquarters each year. WSNA pays travel and per diem according to Board policies. The Chair of this Council also serves as a member of the WSNA Board of Directors.

Chair / Member of WSNA Board of Directors

- Chuck Cumiskey, District 13, Olympia

Member At-Large (1 open position)

- Louanne Hausmann, District 4, Spokane
- Rayanne Lilley, District 4, Spokane

Administration (1 open position)

- Suzanne Scott, District 13, Lacey

Education (1 open position)

- Heather Stephen Selby, District 2, Renton

Ethics and Human Rights (1 open position)

- Vesna Jovanovich, District 2, Mercer Island

Practice (1 open position)

- Jennifer Reinhardt, District 3, Bonney Lake

Research (1 open position)

- No candidates yet

ANA Membership Assembly

Delegates/Alternates to the ANA Membership Assembly, as provided by the ANA Bylaws, shall be WSNA members elected by the membership of WSNA by secret ballot following each biennial meeting of the WSNA General Assembly with appropriate provisions to allow for all members to vote in accordance with procedures established by the WSNA Board of Directors. The WSNA ballot will provide that, when elected, the WSNA President will also serve as one of the WSNA's official voting representatives to the ANA Membership Assembly.

Representatives, one of whom shall be the WSNA President, will serve as Delegates to the 2020 as well as 2021 Membership Assembly and serve thru elections in 2021.

Delegate (13 open positions)

- Suzanne Baek, District 2, Federal Way
- Julia Barcott, District 6, Yakima
- Jan Bussert, District 2, Vashon
- Edna Cortez, District 2, Lynnwood
- Chuck Cumiskey, District 13, Olympia
- Julie Drake, District 2, Bothell
- Elizabeth Espy, NW Region, Bellingham
- Justin Gill, District 3, Gig Harbor
- Sue Glass, District 4, Spokane
- Martha Goodall, District 4, Mead
- Jennifer Graves, District 2, Seattle
- John Gustafson, District 3, Poulsbo
- Angela Hansen, NW Region, Oak Harbor
- Judy Huntington, District 2, Kent
- Vesna Jovanovich, District 2, Mercer Island
- Crystal Kosik, District 28, Selah
- Judi Lyons, District 18, Ellensburg
- Mikey Anne O'Sullivan, District 4, Spokane
- Gwen Parrick, NW Region, Freeland
- Jennifer Reinhardt, District 3, Bonney Lake
- Bernadette Reyes, District 2, Lynnwood
- Suzanne Scott, District 13, Lacey
- Heather Stephen Selby, District 2, Renton
- Erin Stevenson, NW Region, Bellingham
- Janet Stewart, District 3, Tacoma
- Anita Stull, District 2, Seattle
- Lynnette Vehrs, District 4, Spokane
- Rosa Young, District 2, Seattle

Offices for the following three bodies are restricted to members represented by WSNA for collective bargaining.

Cabinet on Economic & General Welfare (E&GW)

There shall be ten members on the Cabinet on Economic and General Welfare, including the chairholder, vice chairholder and the secretary/treasurer and seven at large positions elected by secret ballot by WSNA members who are represented by WSNA for collective bargaining and are in good standing. The members of the Cabinet on Economic and General Welfare meet for two one-day meetings at WSNA Headquarters each year and two meetings a year in conjunction with the Local Unit Leadership Council. WSNA pays travel and per diem according to Board policies. The Chair of the Cabinet also serves on the WSNA Board of Directors.

Chair / Member of WSNA Board of Directors

- Julia Barcott, District 6, Yakima

Vice Chair

- Clarise Mahler, District 2, Duvall

Secretary / Treasurer

- John Gustafson, District 3, Poulsbo

Member At-Large (3 open positions)

- Francesca Castillo, District 4, Spokane
- Crystal Kosik, District 28, Selah
- Janet Stewart, District 3, Tacoma

Economic & General Welfare Nominating / Search Committee

The members of the Economic and General Welfare Nominating/Search Committee meet at WSNA Headquarters at least once during the biennium, for a period of at least one day, to prepare a slate of nominees for election as members of the Cabinet on Economic and General Welfare, the Economic and General Welfare Nominating/Search Committee and Delegates to the biennial AFT convention. Travel and per diem are reimbursed according to Board policies.

Member (3 open positions)

- No candidates yet

2020 AFT Convention

Delegates to the biennial AFT National Convention are elected for a two-year term, 2019-2021, and are expected to keep informed on labor and workplace issues from WSNA and the AFT, and to participate in the WSNA AFT Delegate Orientation prior to the 2020 Convention. Conventions are held in the even year (2020). Delegates elected following the 2019 WSNA Convention will serve as Delegates to the 2020 AFT Convention which will be held in Houston, Texas.

Delegate (20 open positions)

- Suzanne Baek, District 2, Federal Way
- Julia Barcott, District 6, Yakima
- Edna Cortez, District 2, Lynnwood
- Julie Drake, District 2, Bothell
- Elizabeth Espy, NW Region, Bellingham
- Martha Goodall, District 4, Spokane
- Crystal Kosik, District 28, Selah
- Judi Lyons, District 18, Ellensburg
- Clarise Mahler, District 2, Duvall
- Sue Munro, District 2, Seattle
- Gwen Parrick, NW Region, Freeland
- Bernadette Reyes, District 2, Lynnwood
- Janet Stewart, District 3, Tacoma
- Anita Stull, District 2, Seattle



CALL FOR POSTER ABSTRACTS

MARCH 15 DEADLINE!

WSNA is the leading voice and advocate for nurses in Washington, providing representation and training that allow nurses to reach their full professional potential and focus on caring for patients. As the state's premier professional nursing organization, we seek to advance nursing knowledge by providing and promoting access to evidence-based research and practice developments.

If you have led a quality improvement project, influenced change in nursing practice through innovation, implemented a new care delivery model, promoted the field of nursing and/or nursing practice through your leadership performance or conducted original research, WSNA invites you to submit a poster abstract for presentation at the Biennial Nurses Convention to be held May 1-3, 2019, at the Tulalip Resort and Convention Center.

The conference will feature the theme "Transforming Health Through the Power of Nursing" by sharing the latest advances in research, practice, technology, health care delivery and leadership, and we invite nurses who have been transforming nursing practice to share their findings and experience!

General poster abstract information

WSNA welcomes poster abstract submissions from members and nonmembers using the fully automated online system at surveymonkey.com/r/WSNAPoster. Accepted poster abstracts will be published online at rnconvention.com.

General poster abstract criteria

Poster abstract content must support WSNA priority agenda topics such as evidence-based practice, leadership, research, ethics, public policy and advanced practice. All research, evidence-based solutions and best practice poster abstracts must have been completed with documented outcomes prior to online submission.

Poster abstracts will not be edited for content. Abstracts are limited to 1,200 words, excluding the title and should contain all six of the following elements:

1. Title – Title of project or research
2. Purpose — What was the intent or goal of the project or study? What did you want to learn?
3. Background/Significance — What was the problem and why was it important? What knowledge are you building on?
4. Method — What was the design? What was the sample? What instruments were used? What was the intervention or practice change? How was data collected and analyzed?
5. Results — What were the findings? What was the impact on nursing practice and/or clinical outcomes?
6. Conclusions — What do the findings or your research or outcomes of your project mean? What are the implications for clinical practice and/or care delivery?

Poster submission: surveymonkey.com/r/WSNAPoster

Poster Abstract Submission Deadline: March 15, 2019

Acceptance Notification: April 1, 2019

2019 CONVENTION: KEY DETAILS

How to register

Register on the Convention website at rnconvention.org/register.

Pricing

Convention

Standard	\$500
WSNA member	\$450
Student or Retired	\$225

Gala awards banquet (for those not already attending the Convention on Thursday)

Guest	\$60
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Suicide prevention training (optional add-on)

WSNA member	\$150
Student or Retired	\$75

Location

The 2019 Convention will be held at the Tulalip Resort Casino and Conference Center, located about an hour north of Seattle. The Tulalip Resort features a spa, several restaurants, bars and a casino and is located adjacent to the Seattle Premium Outlet mall.

Lodging

Reserve your room at the Tulalip Resort by April 2, 2019 and enjoy a significant discount on your room. Deluxe King and Deluxe Queen rooms are available for \$159-179 per night when you reserve using group code CKA200. Find more information online at rnconvention.org/location.

WSNA BYLAWS AMENDMENTS TO BE CONSIDERED AT GENERAL ASSEMBLY MEETING MAY 2, 2019

The WSNA Bylaws/Resolutions Committee met over the course of this past biennium to review the WSNA Bylaws in depth and develop proposed amendments, which were sent as recommendations to the WSNA Board of Directors for approval. Additional members were also engaged in this work via the Cabinet, Districts, Dues Task Force and other forums to provide input and recommendations. For many sections specific Parliamentary and legal advice was also obtained.

There are two types of recommended amendments to the WSNA Bylaws: Non-substantive and Substantive.

Non-substantive amendments

The Non-Substantive Amendments contain several types of minor modifications that the Bylaws Committee believes brings further clarity to the Bylaws:

- Insertion of "WSNA" in front of numerous statements or terms to further clarify and specify that we are referencing this association, WSNA.
- Statements repositioned from one section of the Bylaws to another section due to reprioritization or clarification in accordance with a specific Article in the current Bylaws. There are no changes to content of those statements moved in location.
- Further refinement, simplification and clarification edits with no change in intent of the statement.

Substantive amendments

Substantive Amendments include the following:

- Further clarification of multiple statements to reflect current practice within WSNA.
- Clarification that membership within a WSNA Constituent Association (District/Region) is a result of membership in WSNA, not a condition of membership.
- Removal of reference to ANA's publications by title so WSNA does not have to change its bylaws should ANA change a title of a publication.

- Clarification that WSNA employees may not seek election or appointment to positions within WSNA.
- Clarification that WSNA members may not at any time, including while running for office, advocate for non-membership or the nonpayment of dues.
- Incorporation of labor law language requirements addressing membership rights for Local Unit Program members who are non-Registered Nurses covered by a WSNA collective bargaining agreement.

- Addressing membership rights of individual WSNA members within an Organizational Affiliate.
- Updating the WSNA definition of a Quorum at General Assembly to ensure a balance of representative membership and elected officers.
- Simplification and clarification of Board responsibilities based on current practice, including removing those statements that are the responsibility of the Executive Director.
- Standardizing terms of office language throughout the Bylaws document.
- Clarifying that the Cabinet, rather than the Board of Directors, is responsible for making Cabinet Chair appointment for any unexpired term.
- Clarifying the role of the Executive Director in relation to any national or international organization with which WSNA is affiliated.
- Removing the term limits for the Chair of the Bylaws Committee given current practice.
- Adding language supporting the Bylaws Committee review of bylaws for Districts/Regions at least every three years to ensure harmony with WSNA.
- Clarification of the audit function of the WSNA Finance Committee.
- Simplification and clarification of Cabinet responsibilities based on current practice.

- New language required to support Districts/Regions seeking or remaining as a 501(c)(3) organizational status.
- Removal of reference to election of chair of the Constituent Representative Council as current practice is that the WSNA President serves in that capacity.
- Addition of a new Article describing the Washington State Nurses Foundation.
- Removal of reference to the Nursing Organization Liaison Forum as this does not exist.
- Clarification that the Cabinet Chair will also serve as WSNA's Ranking Delegate for any national or international labor organization.
- Clarification that, should WSNA ever dissolve, assets will be distributed to the American Nurses Foundation (ANF), an ANA related Foundation.

The proposed Bylaws Amendments will be reviewed during the upcoming General Assembly on May 2, 2019. Once adopted they will then be voted upon by the WSNA membership via a mailed ballot.

A copy of the current as well as the proposed Bylaws Amendments can be found at www.wsna.org/about/bylaws-and-resolutions. If you would like us to mail you a full copy of all bylaws amendments, please call (206) 575-7979.

If you have any questions, or need further clarification, you may contact Sally Watkins, WSNA Executive Director, at swatkins@wsna.org.

NEW! SCHOLARSHIP FUNDRAISING OPPORTUNITIES

The Washington State Nurses Foundation was created to advance the nursing profession and contribute to the health of our communities.

An important focus is the provision of student scholarships, critical to the future of Washington state. The cost to attend nursing programs and graduate education continues to escalate, creating a significant barrier to prospective students. WSNF is committed to raising funds to increase access to students seeking to enter the profession or advance their careers in nursing.

This year, WSNF is excited to announce a very special event on May 3, 2019 to raise funds for student scholarships. **There will be several opportunities to join the fun.**

Live auction and 'Raise the Paddle.'

Auctioneer April Brown's charisma and expertise are sure to make this a memorable and successful event. Stay tuned to the Convention web page (rnconvention.org) to catch a sneak preview of items that will be up for bid beginning at \$150.00.



Mystery wine bottle

Tickets will be on sale to select a mystery bottle of quality wine. Take a chance and try a new wine from the large selection.

50-50 raffle

Tickets will be on sale for a raffle, with the winner receiving 50 percent of the proceeds raised through raffle ticket sales. Don't miss out on this great opportunity to win the grand prize and other special awards.



Florence Nightingale

In recognition of Florence Nightingale's upcoming 200th birthday, a special memento will be unveiled for purchase. Proceeds will go to the WSNF scholarship fund.



We hope that you will plan to join the festivities. If you have questions about the event or if you would like to donate an item for auction, please contact Emma Ruhl at WSNA by email at eruhl@wsna.org or by calling our main number, (206) 575-7979.

IN MEMORIAM

Anne Brown

Longtime resident of Bellingham, Washington and recently The Summit at First Hill in Seattle, Anne Brown passed away June 29, 2018 in Seattle. She was born on Aug. 8, 1926 in the small German town of Schlüchtern to Paula and Fred Wolf. Anne and her brother Ernie enjoyed idyllic childhoods. With the rise of the Nazis, in 1936, Jewish children were no longer allowed in public schools, so she and her brother were sent to boarding school in England and her family was able to eventually immigrate to New York in 1939. Her father supported the family working for a soap factory and her mother as a baby nurse. Her mother eventually decided to go to school and became a Licensed Practical Nurse.

After high school, Anne enrolled at Adelphi College in the Registered Nurse program, with her tuition paid by the Nursing Cadet Corps, a government-financed program to prepare nurses for the war. Although the war ended before she had to serve in the military, she continued her studies at Adelphi and earned a Bachelor of Science in Nursing in 1947.

She briefly worked at Children's Hospital in San Francisco, but later that year heard about a need for nurses to help with a polio epidemic in Idaho and moved to Boise. Wanting to work in public health, in 1948 she accepted a position at the Public Health Department in Seattle, a city where an uncle lived. During the daytime she worked with mothers and babies in the Well Child Clinic and during nights and weekends she pulled shifts at Harborview Hospital, working with polio patients. Shortly after, Anne decided to leave her health department job to study for her Master's Degree in Nursing with a Certificate in Public Health at the University of Washington. She continued to work part-time at Harborview Hospital. In 1949, Anne married Will Brown, a Boeing engineer, at the Waldorf Astoria in New York, where Anne's parents still lived.

The couple settled in Seattle, where their two children were born, Rob in 1952 and Debbie in 1953. By 1956, Will was hired by what was then called Western Washington College of Education, moving the family to Bellingham. Here, Anne was able to create her own dream job, working with families of infants with developmental delays. In 1971, she became a full-time public health nurse for families of

young children in Whatcom County. Through the years, she worked with many groups and programs with this focus, including Whatcom Community College Early Childhood Program, Western Center for Early Learning, the Coalition for Child Advocacy and helped found the Whatcom Center for Early Learning, which thrives today.

Anne was preceded in death by her husband, Dr. Willard A. Brown, in 2003 and her son, Rob Brown, in 2017. She is survived by her daughter, Debbie, granddaughter Melissa (Chris), grandson Marc (Stephanie), great-granddaughter Anneliese, brother Ernie (Vivienne), niece Kayte, nephews Michael and David, as well as many loved 'bonus' grand – and great-grandchildren, extended family and friends

Laurie Choate

Laurie Choate passed away Sept. 5, 2018 after a hiking incident. Former Associate Dean of Nursing at the South Puget Sound Community College, Laurie was known as a powerful woman full of joy and love for her two children, passion for the outdoors, love of learning and intellectual pursuits and dedication to enhancing the nursing profession and its workforce. She also held interests in quilting, canning, reading and mountain wildflowers. Laurie was looking forward to other outdoor endeavors as she was preparing for retirement.

Joanne Jordan

Joanne E. Jordan of Anacortes, Washington passed peacefully at Rosario Assisted Living on Sept. 20, 2018 at age 75. Daughter of Lloyd and Julia Fuller, Joanne was one of seven children. Joanne attended Bellingham High School and graduated with the Class of 1961. On Sept. 19, 1964, Joanne married Guy Elbert Jordan, later ending in divorce. Joanne and Guy had four children together—David Roy, Julieanna, Timothy Michael and Julia.

Joanne was in the health care industry for about 30 years, working as an RN at Skagit Valley Hospital, Island Hospital and Hospice of the Northwest. Joanne was a WSNA member and served as a local unit leader at Island Hospital. Joanne had a unique ability to quietly, steadfastly and competently provide for her patients and their loved ones' care. She also trained incoming nurses and received a Nurse of the Year award. Her favorite pastimes were camping and family activities.

Joanne was preceded in rest by her parents, daughter, Julia, and siblings Jack, Vernon,

Leroy and Cheryl. She is survived by her sisters, Maxine Trettevik and Deanne Cain, her children and their spouses, David Roy, Julieanna (William Purdue) and Timothy Michael, adopted great grandson, Aiden Jesse James, spouse of 40 years, Dianna Robb and daughter, D'Andra (Dan Robb-Bryan), both of whom were a great help to Joanne in her later years.

Mary Newell

Dr. Mary Newell, PhD, RN, NCSN passed away suddenly on Oct. 24, 2018. In the early 1990s, she was the director of the Family Childbirth Center at the former Providence Medical Center in Seattle and then moved on to become the nursing-program director at Highline Community College in Des Moines. Long-time member of SNOW and active member of NASN, Mary served as a nurse facilitator at the Kent School District for over 17 years. Mary oversaw the district's 27 nursing staff and its student health services. She developed an in-school health clinic at Kent Phoenix Academy (KPA), one of the district's "choice schools," which serves a high-poverty student population. At the inception of KPA, the District determined 15 dropout risk factors for students, and her health program, which was eventually named the Teen Health Center, addressed 13 of those factors. In 2014, she was honored as the "2014 Leader to Learn From" by over 900 nominations and had also been a RWJF Executive Nurse Fellow. Mary also worked with WSNA on School Nurse shortage issues.

Margarita M. Suarez

Margarita M. Suarez died Oct. 17, 2018 at age 76 after what she called "a blessed and full life." Margarita was born in Havana, Cuba on Aug. 5, 1942 as the fifth of 14 children of Manuel Suarez and Eloisa Gaston. She was active in the Cuban underground against Fidel Castro before a two-year stint as a novice with the Maryknoll Sisters. Margarita completed her MA in psychosocial nursing at the University of Washington and served as a U.S. Army nurse in Vietnam, worked as a pediatric nurse practitioner, taught at the University of Washington School of Nursing and worked as a private counselor in family interaction, child and adolescent grief and conflict management. She also conducted workshop trainings with Virginia Satir, a pioneer in a family therapy model, and eventually served as executive director of AVANTA The Virginia Satir Network. Her work and dedication to nursing has brought her national recognition

as a keynote speaker, mentor and health and social services advocate.

Margarita is survived by her wife, Sandi Spence, 10 brothers and sisters, 49 nieces and nephews and many friends.

Florence Irene Tenneson

Irene passed away at the Living Springs memory care facility in Post Falls, Idaho on May 5, 2018. Mother of David and Jane (Bihary) Tenneson and daughter of Lind, Washington farmers John and Eunice (Howton) Shimek, Irene was born on June 17, 1925, joining her sister Roberta, her brother Jack and youngest sister Mary Alice. Shortly after her high school graduation, Irene enrolled at Deaconess Nursing School and graduated just before her forever high school sweetheart, Harry Tenneson, returned from World War II. After marrying Harry, both their careers eventually took them to Seattle, Washington. Irene joined the nursing staff at Children’s Orthopedic Hospital in pediatric oncology where she helped organize the hematology clinic, eventually forming a children’s oncology department. She was involved in leading the charge to bringing a Ronald McDonald House to the Seattle area with the help of Senator Henry M. (Scoop) Jackson. Irene was also involved with organizing Camp Goodtimes, an American Cancer Society children’s cancer summer camp on Vashon Island and in Spokane.

Irene is survived by her son, David (Kerrin) Tenneson, a daughter Jane (Chris) Bihary and their children Paul (Amy) Franklin-Bihary, Josh (Rachel Ragland) Bihary, Laura Tenneson, Elise Tenneson and Matt Tenneson and great grandchildren Ellie Franklin-Nihary, Penny Franklin-Bihary and Harvey Nielson.

2018 March of Dimes Nurse of the Year Awards

On Nov. 14, 2018, the March of Dimes – Washington State held its annual Nurse of the Year Awards. The awards, presented during a breakfast program at the Washington State Convention Center, were selected from hundreds of nurses nominated by their peers in 13 different categories.

We congratulate the WSNA members who received awards:

Emergency
Samuel “Sam” Hapke, Seattle Children’s Hospital

Rising Star
Savannah Chatriand, Seattle Children’s Hospital

Pediatric
Sheryl Schmeling, Seattle Children’s Hospital

Women’s Health
Aubri Bennett, UW Medicine - Northwest Hospital and Medical Center

And the WSNA members who received nominations:

Genevieve Arthur, EvergreenHealth	Tori Evans, Seattle Children’s Hospital	Chin Kok, Seattle Children’s Hospital	Christine Samson, EvergreenHealth
Ian Vincent Atienza, UW Medicine - Northwest Hospital & Medical Center	Mary Grassi, Providence Sacred Heart Hospital	Meg Larkin, Seattle Children’s Hospital	Whitney Schaefer, Seattle Children’s Hospital
Holly Baker, EvergreenHealth	Eliza Grey, Seattle Children’s Hospital	Shaina Lawson, Seattle Children’s Hospital	Natalie Sherbert, EvergreenHealth
Aubri Bennett, UW Medicine - Northwest Hospital and Medical Center	Darlene Grinde, EvergreenHealth	Christine Leddo, UW Medicine	Amy Skjonsberg, Seattle Children’s Hospital
Steven Bourque, EvergreenHealth	Brianna Grozak, Seattle Children’s Hospital	Sarah Lewicki, Seattle Children’s Hospital	Nate Stalsbroten, Seattle Children’s Hospital
Logan Brown, Seattle Children’s Hospital	Tamika Hall, EvergreenHealth	Mary Jean Lucas, St. Joseph Medical Center, a part of CHI Franciscan Health	Tracy Swanigan, Seattle Children’s Hospital
Acacia Bunce, Seattle Children’s Hospital	Mikaela Hammit, Seattle Children’s Hospital	Sara Malda, Seattle Children’s Hospital	Amanda Tarmann, Providence Sacred Heart Hospital
Valerie Carson, EvergreenHealth	Samuel “Sam” Hapke, RN-BSN, CPEN, CPN, MSC, Seattle Children’s Hospital	Sara Morasch, Providence Sacred Heart Hospital	Treva Thomas, Seattle Children’s Hospital
Sarah Caufield, Seattle Children’s Hospital	Tabitha Herbert, St. Anthony Hospital, a part of CHI Franciscan Health	Megan Martinez, EvergreenHealth	Rossette Tobias-Barr, EvergreenHealth
Kate Chaplin, Seattle Children’s Hospital	Amie Holmquist, Providence Sacred Heart Hospital	Briana McCadam, Seattle Children’s Hospital	Karly Trees, Seattle Children’s Hospital
Savannah Chatriand, Seattle Children’s Hospital	Madison Hommes, Seattle Children’s Hospital	Catherine McGuinness, Seattle Children’s Hospital	Alexis de Turenne, EvergreenHealth
Theresa Dewitt, Providence Sacred Heart Hospital	Courtney Huffman, Seattle Children’s Hospital	Erika Miller, Seattle Children’s Hospital	Nicole (Jennie) Turner, EvergreenHealth
Elyse Dumont, RN, Seattle Children’s Hospital	Tracy Ide, St. Clare Hospital, a part of CHI Franciscan Health	Catherine Nolan, Seattle Children’s Hospital	Julie Uskovich, MultiCare Tacoma General Hospital
Chris Ebmeier, Virginia Mason Medical Center	Joy Irvin, Seattle Children’s Hospital	Kari Oftedahl, EvergreenHealth	Alexis Weable, Seattle Children’s Hospital
Hannah Esmeralda, St. Joseph Medical Center, a part of CHI Franciscan Health	So Jung (Katie) Kim, Seattle Children’s Hospital	Stephanie Partin, EvergreenHealth	Angel Whaling, Seattle Children’s Hospital
	Erin Kim, St. Clare Hospital, a part of CHI Franciscan Health	Eileen Reichert, Seattle Children’s Hospital	Valerie Whorton, EvergreenHealth
		Lacey Retzlaff, Seattle Children’s Hospital	

DISTRICT 2

King County Nurses Association

Continuing education and events
Register at kcnurses.org.

Interactive Experience: Poverty Immersion
Saturday, Feb. 2, 9:30 a.m. – 1 p.m.

Tukwila Community Center
3-hour Certificate of Completion
Poverty Immersion is a virtual experience of life on the edge, designed to help professionals better understand and serve those living in poverty. This program is offered FREE to all participants with sponsorship by Salal Credit Union. Although it uses play money and fictional scenarios, Poverty Immersion helps participants experience what life is like for those with a shortage of resources and helps build a foundation for personal, professional and organizational change. KCNA offered this program last year, and the feedback was extremely positive. Boxed lunch is provided. Register by Jan. 28.

KCNA District Meeting: Community Grants

Monday, Feb. 11, 5:30 – 7:30 p.m.
Good Shepherd Center, Wallingford
1.5-hour Certificate of Completion
King County Nurses Association is committed to improving the health of communities and encourages members to participate in community-based projects. The KCNA Community Grant Program provides funding of \$500 to \$1,250 for projects that: address a current health need, involve a KCNA member, collaborate with a nonprofit organization, and can be conducted within a six-month timeframe. We encourage collaboration with student nurses, registered nurses and other health care professionals. This event will include an overview of the grants, application tips, and a panel of KCNA members who have received grants. Register by Feb. 6.

Workshop: Interested in Being a Nurse Educator?

Saturday, March 16, 9 a.m. – 1 p.m.
Good Shepherd Center, Wallingford
3-hour Certificate of Completion
This workshop will include information about becoming a nurse educator: basic requirements, mentorship and support, and challenges. A panel discussion will bring together nurse educators from a variety of settings to answer questions from the audience. Register by March 11.

Heads up: KCNA Annual Meeting & Spring Banquet

Thursday, May 9, 5:30-9 p.m.
Ballard Bay Club, Seattle
This festive event takes place during National Nurses Week and honors members and all nurses for what they do for others every day. The banquet provides an opportunity to enjoy the company of nurses, nursing students and others, and includes: presentation of Shining Star awards to exceptional nurses (see article below); silent and live auctions to support the KCNA Scholarship fund; award of scholarships to deserving local students; and Northwest-inspired hors d’oeuvres, buffet and no-host bar. Early-bird registration until March 15 (save \$10).

Shining Star Awards: nominate a nurse!

KCNA presents Shining Star Awards to outstanding King County nurses each year at the Annual Meeting & Spring Banquet. Do you know a nurse colleague who deserves recognition for going above and beyond in the profession or in the community? Nominations are open year-round, but nominations for 2019 honors are due by April 1. Information and nomination form are available at www.kcnurses.org, Members > Nurse Awards.

KCNA offers variety of scholarships in 2019

KCNA will award 18 scholarships of \$3,000 each in 2019. Scholarships are available to those pursuing associate or baccalaureate degrees (including graduate entry), RN-to-BSN, and advanced degree programs. To be eligible, a student must: be currently enrolled in a nursing program, maintain a 3.0 GPA, and have a permanent address in King County or be enrolled in a nursing school in King County. More information is available at www.kcnurses.org (“Scholarships”). Applications are due by April 1.

DISTRICT 3

Pierce County Nurses Association

This is an exciting time for PCNA! With the reorganization of our boundaries, PCNA now spans seven counties, serving over 3,100 nurses. This integration brings new opportunities and challenges. We would love to see and hear from all our members — new and old! Please email us at office@piercecounrynurses.com, call us at 253-572-7337 or message us on Facebook with any questions, concerns or suggestions.

Upcoming events

6th Annual Bowling Tournament

On Saturday, Feb. 23 at noon, we will hold our 6th Annual Bowling Tournament to raise money for nursing scholarships. Teams and individuals can register online at www.piercecounrynurses.com. Please consider forming a team! Registration fee is \$25 dollars a person/\$100 for a team of four. This fun event includes lunch for all bowlers & a basket raffle with all proceeds going into the PCNA Nursing Scholarship Fund.

Free education event

Saturday, March 30 at Jackson Hall in Tacoma. Topics: Difficult Conversations: End of Life Issues, Hospice & Palliative Care, with Pam Ketzner MN, RN, CHPN & Exploring Legal Aspects: End of Life Care with Margaret Holm, JD, RN, CIP. Pre-registration required at www.piercecounrynurses.com.

2019 Nurses Week Banquet, Annual Meeting & Silent Auction

We’re very excited for our 2019 Nurses Week Banquet, Annual Meeting & Silent Auction on Friday, May 10, 5-9 p.m. at the Landmark Convention Center in Tacoma. Join us for a fun 1920s Murder Mystery. This annual celebration of nurses is an opportunity to honor our Nurse of the Year as well as our scholarship winners. The NOTY nomination form is available on our website at www.piercecounrynurses.com.

Please consider sponsoring of table of eight for \$240. Individual guests can join us for dinner for \$30 in advance or \$35 at the door. Retired nurses are free. Online registration & payment is available at www.piercecounrynurses.com.

How much did you pay in dues in 2018?

By Patrick McGraw
WSNA Membership Payments Program Manager

Would you like to know how much you paid in dues to WSNA in 2018?

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.

Dues rates correction

Correction: In the Fall 2018 issue of the *The Washington Nurse*, the table containing the 2019 WSNA Membership dues contained an error. The monthly payment amount listed for Districts 6, 8, 17 and 18 under the category F was incorrectly shown as \$34.83. The correct amount is \$34.84.

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 with private sector 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 any 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 valid 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. (Note that regardless of whether a collective bargaining agreement between WSNA and a public sector employer contains a union security agreement, public sector employees are not required to pay dues, agency fees, or any other payment to WSNA as a condition of employment.) 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, create conditions under which nurses can safely advocate for their patients, 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 comply with any applicable union security agreement to 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 may resign at any time from WSNA (and thereby forfeit his or her WSNA membership rights) by submitting a written notice of resignation from WSNA membership, which becomes effective upon receipt by WSNA. It is recommended that any resignation from WSNA membership be sent by certified mail, but certified mail is not required regardless of the terms of any applicable collective bargaining agreement. A member covered by a valid union security agreement who resigns from WSNA shall be re-classified as an agency fee payer. 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 valid 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 nonmembers, 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 decided 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...

A portrait of Clarise Mahler, RN, a woman with dark hair and glasses, smiling. She is wearing a floral patterned top. The background is a lush green hedge.

"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



Washington State
Nurses Association
**Political
Action
Committee**

Learn more about WSNA-PAC
and make your contribution at
wsna.org/pac



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