WSNA Lobby Day
Feb. 28, 2019, 8:30 a.m. – 4 p.m.
The Heritage Room, Olympia

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wsna.org
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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.

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

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#EndNurseAbuse

These photos of WSNA nurses show injuries from punching, biting and choking attacks. This is just the tip of the iceberg. 96% 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.

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Nurses tell us...

#EndNurseAbuse

ON THE COVER

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.
Throughout the summer and fall, WSNA leadership and staff have been meeting with nurses across the state, conducting legislative and educational events. The response 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. We all know 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 problem in all 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 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 healthcare 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 across Washington state. We heard many of you that say 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.

Talk to your legislators and help pass this important legislation. 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.
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 Knutsen (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. For more information, visit wsna.org/wsnf.

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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 an nursing program located in Washington state, and must have a minimum grade point average of 3.0 on a 4.0 scale.
“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 unhealthful snacks or candy to stay awake; her go-to weapons against the darkness 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 middle of the night. Keep your work space well lit. It helps to have stimulating, nonrepetitive work (childbirth, office copying, redistribution, or retransmission of this Content without express written permission is prohibited.

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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.
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 40,000 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 talk about the issue of violence among nurses and advocate for change.

Ashley Schade, RN

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 10.5 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 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 we nurses do best, be compassionate. But on Sunday it was my hardest day of the week.

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 only hear an emergency “staff assist” tone going off, I 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 comes near me I will kill them too” followed by a smirk. I had collapsed and was taken to the emergency department, so I wasn’t present for the arrest 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 had followed 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 their lives on the line to harm’s way and care for someone who just tried to kill you isn’t even being arrested. I’m sorry… but excuse me, when did my life become INVISIBLE to someone that 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 would you feel them if I was a teacher, a cashier, a police officer who assaulted you? Do you think their assault would get them hours upon hours that their body was happening, and not be arrested and taken into custody? Or should we wait and have a psychopaths 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 day that I was assaulted, I am trying to find some of the strongest nurses I know break down into 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 broken and disheartened. How little nurses we have as caregivers, and how little our lives are truly valued. I know the value of the ropes, the sore muscles, and the inability 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 city, 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. IT IS 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 bullied 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 want to 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 #nursing #nursingreform #silentno more #endCRImovement #RISItown #nurses #nursesmatter #nursesareworthy #nursesareequal #timetorally

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. I can only imagine what it would be like to do someone else’s job 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 room workers experience workplace 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 swarmed 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. You 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 were unclear to me. Do I remember asking the lead nurse to call a code gray and the police.

You continue to call me vulgar names and curse. You are now angrier, that is if 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. Being in the ICU, or the hospital in general can be a scary thing. I have never hated someone for the injuries I’ve experienced while they were scared or not thinking straight. 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 city, 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. It IS 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.

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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 Murphy 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 his 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 work, workplace violence prevention and safety committee mandates. The complaint triggered an investigation.

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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 may have sweated. The fact is, we want you to have best days. But when you don’t, we are there for you.

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.

Standing tall.

Your emergency room nurse, Jessica

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

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.

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
On-the-job injury: WHAT YOU NEED TO KNOW
Each employee 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. As with 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 duty, 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, considering 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 officer 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(h)(5); RCW 70.02.200 (1)(a).
- 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, coordinate 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.
- Complete an incident report if you are the first person/observer on the scene.
- Complete the report close to incident time and preferably before end of the shift.
- Follow your facility policy/guidelines for filing an incident report.

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

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.
2. Report events of workplace violence (injury and near miss events).
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.
4. Complete an incident report if you are the first person/observer on the scene.
5. Complete the report close to incident time and preferably before end of the shift.
6. Write objectively, providing event facts (e.g., direct observations, actions taken, assistance provided and communication(s) initiated).
7. Use quotation marks if it is necessary to include patient/witness accounts in the incident report.
8. Avoid assignment of blame, hearsay or assumptions.
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.
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!
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 not 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 workforce also have a responsibility to address incivility, bullying, and workplace violence.

Read the full statement, with background and recommendations, at https://www.nursingworld.org/anacode.html.


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 at work; 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 industries; and
WHEREAS, between 2005 and 2014, the rate of 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, 21 of the 100 fatalities in healthcare and social service settings that occurred in 2013 were due to assaults or violent acts; and
WHEREAS, according to the National Institute for Occupational Safety and Health, between 2010 and 2014, registered nurses had the highest rate of workplace violence; and
WHEREAS, American Federation of Teachers 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 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 report-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


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

1. Clearly define workplace violence and put systems in place across the organization that enable staff to report workplace violence, 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.

American Federation of Teachers (AFT)

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Take a stand: No more violence to health care workers

Forms of violence to health care workers

- Blitting
- Karate
- Punching
- Pushing
- Pulling
- Shoving
- Scratching
- Spitting
- Name calling
- Intimidating
- Threatening
- Yelling
- Harassing
- Stalking
- Biting
- Choking
- Stabbing
- Killing

Statistics on violence against health care workers

- 36 percent of nurses report being physically assaulted by a patient or a patient’s family members, and about half report being verbally abused (ANA, 2015a).
- Workers in healthcare jobs are four times more likely to be attacked by patients than workers in private industry (ANA, 2015a).
- Health care workers have a 20 percent higher chance of being the victims of workplace violence than other workers (ANA, 2015a).
- Intimate-partner injuries are four times more likely to cause health care workers to take time off work than other kinds of injuries (WSNA, 2018).

Vaccination of health care workers is grossly underreported

Only 30 percent of nurses report incidents of violence

Factors associated with perpetrators of violence

- Antecedent mental status or mental illness
- Patients in police custody
- Long wait times or crowding
- Being given ‘bad news’ about a diagnosis
- Going activity
- Defensive: disputes among patients or visitors
- Presence of firearms or other weapons

Health care workers

What to do when violence occurs

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

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 this bill is needed. No one should face violence, intimidation or fear for their safety while they’re on the job.

**Federal workplace violence bill**

**Survey results**

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

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

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

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

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

**Legislative & Health Policy Council**

**ALSO IN THIS SECTION**

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

**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.
Legislative Affairs 2019 Priority: Preventing Workplace Violence

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 modernizing 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 settings 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 workers 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 lacking 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 it, 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.

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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.

One in three say prescheduled on-call is used for non-emergency patient care 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.

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 testing to be sure your child is made 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 unexpected 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.
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.

**2019 legislative priorities**

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**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.

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**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.

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Register online today! wsna.org
NURSES MAKE THE BEST ADVOCATES

STAND UP. SPEAK UP. RISE UP. These 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!

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.
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 1987-1995, 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.

“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.”

“I serve on the council because I see political advocacy as part of my professional duty. Nursing practice and advocacy are syner-gistic, not mutually exclusive.”

Sue Dunn

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

“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 advocacy and advocacy for nurses. Advocacy is the way to build our profession.”

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-FAC 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.

“Serving on the council 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 advocacy and advocacy for nurses. Advocacy is the way to build our profession.”

Susan E. Jacobson

Susan E. Jacobson, RN, CCRN, has served on the Legislative and Health Policy Council since 2013. She is currently working as a Critical Care Charge Nurse.

“To serve is a calling, a conscious decision from above. 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 to build our strength and advocate for nurses.”

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 a member of 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, rest and sleep 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 in one where all nurses can feel safe and supported in their workplace.”

Legislative Affairs: Legislative and Health Policy Council

Legislative and Health Policy Council

2.8 WINTER 2019 THE WASHINGTON NURSE

Legislative Affairs: Legislative and Health Policy Council

Legislative and Health Policy Council

2.9 WINTER 2019 THE WASHINGTON NURSE
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 unThankful 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.”

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.”

Travis Elmore
Public Affairs
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 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.”

Last Nov. 20, more than 130 nurses and health care workers turned out to support Astria Regional Nurses as they came together for an information 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.

ALSO IN THIS SECTION
32 Incrementalism: bad or good?

January 2020

THE WASHINGTON NURSE

WASHINGTON NURSE
**Incrementalism: bad or good?**

By Tara Cusine BA BSN, RN
WIAA Organizing Director

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 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.

**FROM THE WASHINGTON CENTER FOR NURSING**

### 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’s RN, LPN and ARNP license is 71,386, up by 2,729 or 4 percent from 2016. That 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 3,873 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.
More men in nursing

Percent of RNs who are male in Washington state

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>2006</td>
<td>48.4%</td>
</tr>
<tr>
<td>2008</td>
<td>48.5%</td>
</tr>
<tr>
<td>2010</td>
<td>48.5%</td>
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<tr>
<td>2011</td>
<td>48.7%</td>
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<tr>
<td>2014</td>
<td>48.8%</td>
</tr>
<tr>
<td>2017</td>
<td>49.0%</td>
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</tbody>
</table>

Average age of RNs in Washington state

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>48.3</td>
</tr>
<tr>
<td>2006</td>
<td>48.4</td>
</tr>
<tr>
<td>2008</td>
<td>48.2</td>
</tr>
</tbody>
</table>

Key findings from the 2018 ARNP Survey:

- ARNPs are predominantly white (88%) females (86%) with an average age of 48 years.
- Almost all ARNPs (98%) have a graduate degree (master’s or doctorate).

The top two locations of practice are a healthcare office/clinic owned by 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 69%.

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.

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 (20% 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.
- Ten percent of ARNPs work in settings 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 healthcare 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 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 policy-makers, 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.

RNAs 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 clue 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 ActionNow!, 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 ActionNow! 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 ActionNow! 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 to meet the increasing demands 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.
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 Delegators,” which investigated the response to 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 Code. 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; and 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, the University of Washington School of Nursing, Barbara Cochrane PhD, RN, FAAN, FGSa, that the legal definition of “stable and predictable” by the nurse delegator 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 honor’s 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 within 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 decision assessment patterns for delegated insulin administration.

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

By Jessica Rainbow, PhD, RN

Greetings WSNF members! My name is Jessica Rainbow, and I wanted to thank the many WSNF 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 itself. Nurses’ presenteeism and its effects on self-reported quality of care and costs. Am J Nurs, 112(2), 30-8; quiz 48, 39. https://doi.org/10.1097/01.NAJ.0000411176.15696.f9

Presenteeism is an employee policy (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—you responses provide a baseline from which we can build 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 @JessicaRainbow

References

For more information on presenteeism and the ways it can impact nursing, see the following article:

TRANSFORMING HEALTH CARE THROUGH THE POWER OF NURSING

Amazing speakers
Professional development worth up to a full year of CNEs

Networking
Legislative updates
Celebration banquet and live auction

In 2019, we’re taking the Convention to the next level.
You will be energized and inspired by nationally sought-after speakers, top-tier professional development opportunities, and an extra helping of entertainment and fun at our gala celebration banquet, emceed by Stephanie Staples and featuring an exciting live auction to benefit nursing scholarships. Whether you’ve been before or will be attending for the first time, the 2019 Washington State Nurses Convention is one you don’t want to miss. Join us for an unforgettable experience!

Registration is now open at rnconvention.org.
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.

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 LGBTQ+ community. He is married to a nurse, Kat Sharp, MSN. 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.
Attendee check-in / badge pick-up

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

**THURSDAY, MAY 2**

**DAY 2**

7 a.m. – 8 a.m.
Attendee check-in / badge pick-up

7 a.m. – 8 a.m.
Attendee check-in / badge pick-up

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

12:15 p.m. – 1:15 p.m.
Lunch

**FRIDAY, MAY 3**

**DAY 3**

7 a.m. – 8 a.m.
Attendee check-in / badge pick-up

7 a.m. – 8 a.m.
Attendee check-in / badge pick-up

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)**

SUCIDE PREVENTION TRAINING

CO-PRESENTED BY UWCNE

**SUICIDE PREVENTION TRAINING**

10:30 a.m. – noon
**Part 1**

Noon – 12:30 p.m.
Lunch

12:30 p.m. – 3:30 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

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**ATTENDANCE**

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.

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**CREDENTIALS**

- Please bring your conference badge for access to all events.
- CNE credits are available for convention attendees. Details can be found in the CNE Information section.
- Attendees are encouraged to download the WSNA Conference App for easy access to meeting details and updates.

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**FINANCIAL INFORMATION**

- Full event information available at mconvention.org.
- 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.
- This training is approved by the Washington State Department of Health and is on their model list.
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**SUPPORTS**

- WSNA will offer 2019 Suicide Prevention Training at a reduced rate of $125 for WSNA members and $75 for non-members. For add-on information, visit rnconvention.org.
- WSNA will also be offering a Suicide Prevention Training add-on, which qualifies for the student rate. Lunch included.

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**PARTICIPANTS**

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**PROFESSIONAL NURSING AND HEALTH CARE COUNCIL AWARDS**

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Criteria</th>
<th>Recipient(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excellence in Practice Award</strong></td>
<td>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.</td>
<td>Joanna Boatman Staff Nurse Leadership Award</td>
</tr>
<tr>
<td><strong>Leadership and Management Award</strong></td>
<td>Recognizing excellence in nursing leadership and management.</td>
<td>Joanna Boatman Staff Nurse Leadership Award</td>
</tr>
<tr>
<td><strong>Ethics and Human Rights Award</strong></td>
<td>Recognizing excellence in ethics and human rights. The nominee, through major contributions or achievements, supports ethical and human rights issues in Washington state through partnerships with communities.</td>
<td>Joanna Boatman Staff Nurse Leadership Award</td>
</tr>
<tr>
<td><strong>Nurse Researcher Award</strong></td>
<td>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.</td>
<td>Joanna Boatman Staff Nurse Leadership Award</td>
</tr>
<tr>
<td><strong>Nurse Educator Award</strong></td>
<td>Recognizing excellence in nursing education. The nominee demonstrates excellence in nursing education through evidence-based, innovative and inspirational methods that promote learning and enthusiasm.</td>
<td>Joanna Boatman Staff Nurse Leadership Award</td>
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**WSNA AWARD CATEGORIES**

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<thead>
<tr>
<th>Award Category</th>
<th>Criteria</th>
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<tbody>
<tr>
<td><strong>Honorary Recognition Award</strong></td>
<td>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.</td>
<td>Joanna Boatman Staff Nurse Leadership Award</td>
</tr>
<tr>
<td><strong>Marguerite Cobb Public Health / Community Health Nurse Award</strong></td>
<td>For outstanding professional contributions to public health or community health, as well as calling these achievements to the attention of the public. The nominee must be a current and active WSNA member.</td>
<td>Joanna Boatman Staff Nurse Leadership Award</td>
</tr>
<tr>
<td><strong>ANA Honorary Membership Pin</strong></td>
<td>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.</td>
<td>Joanna Boatman Staff Nurse Leadership Award</td>
</tr>
<tr>
<td><strong>Community Partner Award</strong></td>
<td>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 the growth and development of promoting a better understanding of professional nursing in the community.</td>
<td>Joanna Boatman Staff Nurse Leadership Award</td>
</tr>
<tr>
<td><strong>Nurse Researcher Award</strong></td>
<td>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.</td>
<td>Joanna Boatman Staff Nurse Leadership Award</td>
</tr>
</tbody>
</table>

**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!**

**NOMINATE AN OUTSTANDING NURSE FOR A 2019 RECOGNITION AWARD**

**See the detailed list of criteria for each award and complete the nomination form at [www.rnconvention.org/news/2018/nominations](http://www.rnconvention.org/news/2018/nominations).**

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**WASHINGTON STATE NURSES CONVENTION**

**Excellence in Practice Award**

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

- **2017 AWARD RECIPIENT:** Joanna Boatman, RN, staff nurse, Kittitas Valley Healthcare.

**Leadership and Management Award**

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

**Ethics and Human Rights Award**

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

**Nurse Researcher Award**

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

**Nurse Educator Award**

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

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**WINTER 2019 THE WASHINGTON NURSE**

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**Washington State Nurses Convention**

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

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**JAN. 31 DEADLINE!**

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**Full event information available at [rnconvention.org](http://rnconvention.org).**
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). CANDIDATES may 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, Meadow
• Vee Sutherlin, District 6, 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 selection 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
• Muniel 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 chairperson) 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 Cumisky, District 13, Olympia

Member At-Large (3 open positions) • Louise Haussmann, 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) • Lynnette Vehrs, District 4, Spokane

ANA Membership Assembly
Delegates 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 ANA 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 ANA Membership Assembly and serve three elections in 2021.

Delegate (13 open positions) • Suzanne Baek, District 2, Federal Way
• Julia Bartuccio, District 6, Yakima
• Jan Bussert, District 2, Vashon
• Edna Cortez, District 2, Lynnwood
• Chuck Cumisky, 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, Meadow
• 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 Kostik, District 28, Selah
• Judi Lyons, District 18, Ellensburg
• Claire Mahler, District 2, Duvall
• Sue Munro, District 2, Seattle
• Gwen Parrick, NW Region, Freeland
• Bernadette Reyes, District 2, Lynnwood
• Janet Stewart, District 3, Tacoma

Vice Chair • Clarise Mahler, District 2, Duvall
Secretary / Treasurer • John Gustafson, District 3, Poulsbo
Delegate At-Large (2 open positions) • Jennifer Reinhardt, District 3, Bonney Lake
• Crystal Kostik, District 28, Selah
• Edna Cortez, District 2, Lynnwood
• Julie Drake, District 2, Bothell
• Elizabeth Espy, NW Region, Bellingham
• Martha Goodall, District 4, Spokane
• Crystal Kostik, District 28, Selah

Member (3 open positions) • Jennifer Graves, District 2, Federal Way
• Venus Jovanovich, District 2, Mercer Island
• Anta Stull, District 2, Seattle

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.

Chair / Member of WSNA Board of Directors • Julia Bartuccio, District 6, Yakima

Vice Chair • Clarise Mahler, District 2, Duvall
Secretary / Treasurer • John Gustafson, District 3, Poulsbo

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.

Delegates (20 open positions) • Suzanne Baek, District 2, Federal Way
• Julia Bartuccio, District 6, Yakima
• Edna Cortez, District 2, Lynnwood
• Julie Drake, District 2, Bothell
• Elizabeth Espy, NW Region, Bellingham
• Martha Goodall, District 4, Spokane
• Crystal Kostik, 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

ANNA Convention
Delegates to the ANNA Convention in Chicago, Illinois, in 2020, are elected by the membership of WSNA for collective bargaining.

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.

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• Gwen Parrick, NW Region, Freeland
• Bernadette Reyes, District 2, Lynnwood
• Janet Stewart, District 3, Tacoma

No candidates yet
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: Substantive and Non-substantive amendments.

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 terms or sections 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 reorganization of content and 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 term limits for the Executive Director.  
• Increasing the quorum for the election of officers.  
• Clarity 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 for collective bargaining agreements.  
• Adding language that WSNA employees who are non-Registered Nurses covered by a WSNA collective bargaining agreement shall be discouraged from running for elected office.  
• Removing the term limits for the Chair of the Bylaws Committee.  
• Further clarification of Board responsibilities based on current practice, including removing those statements that are the responsibility of the Cabinet.  
• Standardizing terms of office language throughout the Bylaws document.  
• Clarifying the role of the Executive Director, and clarifying the Board’s responsibility for removing the Executive Director.  
• Clarifying the role of the Board of Directors.  
• Clarification that WSNA makes 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 Cabinet.  
• Standardizing terms of office language throughout the Bylaws document.  
• Clarifying the role of the Executive Director, and clarifying the Board’s responsibility for removing the Executive Director.

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

**FUNDRAISING OPPORTUNITIES**

**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 webpage (rnconvention.org) to catch a sneak preview of items that will be available for bid beginning at $150.00. If you have questions about the event email at eruhl@wsna.org or by calling our main number, (206) 575-7979.

**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.

Mystery wine bottle

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.

**Florence Nightingale**

Joanne Jordan
Joanne E. Jordan of Ancarata, Washington passed peacefully at Rivier Assisted Living on Sept. 20, 2018 at age 75. Daughter of Lloyd and Julia Fuller, Joanne was one of seven children. Joanne attended Bellington High School and earned a Bachelor of Science in Nursing at the South Puget Sound Community College 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 Harborsview 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 while settled in Seattle, where her 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-grand-daughter Anneliese, brother Ernie (Vivienne), nieces 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 lifelong illness. 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, camping and mountain wildflowers. Laurie was looking forward to other outdoor endeavors as she was preparing for retirement.

Margaret 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 Elena 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 psycho-social 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 workshops with Virginia Satir, a pioneer in a family therapy model, and eventually served as executive director of AVANTA The Virginia Satir Center. Her work and dedication to nursing has brought her national recognition.

IN MEMORIAM

**IN MEMORIAM**

**Laurie Choate**

Laurie Choate passed away on May 3, 2019 to raise funds for student scholarships. There will be several opportunities to join the fun.

**IN MEMORIAM**

**Joanne Jordan**

Joanne E. Jordan of Ancarata, Washington passed peacefully at Rivier Assisted Living on Sept. 20, 2018 at age 75. Daughter of Lloyd and Julia Fuller, Joanne was one of seven children. Joanne attended Bellington High School and graduated with the Class of 1946. On Sept. 19, 1946, Joanne married Guy Elbert Jordan, later ending in divorce. Joanne and Guy had four children together—David Roy, Julieanna, Timmy and Julia Michael and one granddaughter, Melissa (Chris), great-grand-daughter Anneliese, brother Ernie (Vivienne), nieces Kayte, nephews Michael and David, as well as many loved ‘bonus’ grand- and great-grandchildren, extended family and friends.

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Florence Irene Tenneson

Irene passed away at the Living Springs in Spokane. 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 Hospital, marrying Harry, both their careers eventually coming to an end in Seattle, Washington. Irene's 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 bring a Ronald McDonald House to the Seattle area. Irene was a 1980 graduate of Senator Henry M. (Scop) 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 (Cheri)Bihay and their children Paul (Amy) Franklin-Bihay, John (Rachael Ragland) Bihay, Laura Tenneson, Elise Tenneson and Matt Tenneson and great-grandchildren Ellie Franklin-Nihay, Penny Franklin-Bihay and Harvey Nelson.
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 the rights and benefits of membership) or to pay fees to the union. Federal labor law gives the right to bargain collectively to all employees covered by a collective bargaining agreement, and in the case of public sector employees, the law gives the rights to participate in the formation of collective bargaining agreements and to determine their terms in collective bargaining. These objectives are represented by the Washington State Nurses Association (WSNA).

Employees who either decline to become members of WSNA or who resign during the year may continue to be represented by WSNA subject to the terms of the collective bargaining agreement, but who comply with any applicable union security agreement to pay their share of WSNA expenses for negotiating, administering and enforcement of 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 democratic policies; and the right to have input into WSNA 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 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 to 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 Payment Application Form, which is available upon request from WSNA. Agency fee payers are required to pay fees equal to the 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 member to agency fee payer. 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 certified mail, but certified mail is not required.
“I believe in supporting the WSNA-PAC so that we can advocate for candidates who will go to Olympia and advocate for nurses and patients.”

— Clarise Mahler, RN

Learn more about WSNA-PAC and make your contribution at wsna.org/pac
Are you under investigation from the Department of Health or have you been served with a Statement of Charges and face an administrative hearing?

Protect your professional license and livelihood by calling Seattle Litigation Group: we handle all components of your professional licensure defense before a Washington State agency or board. We have a proven track record of successfully defending professional licenses.

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