

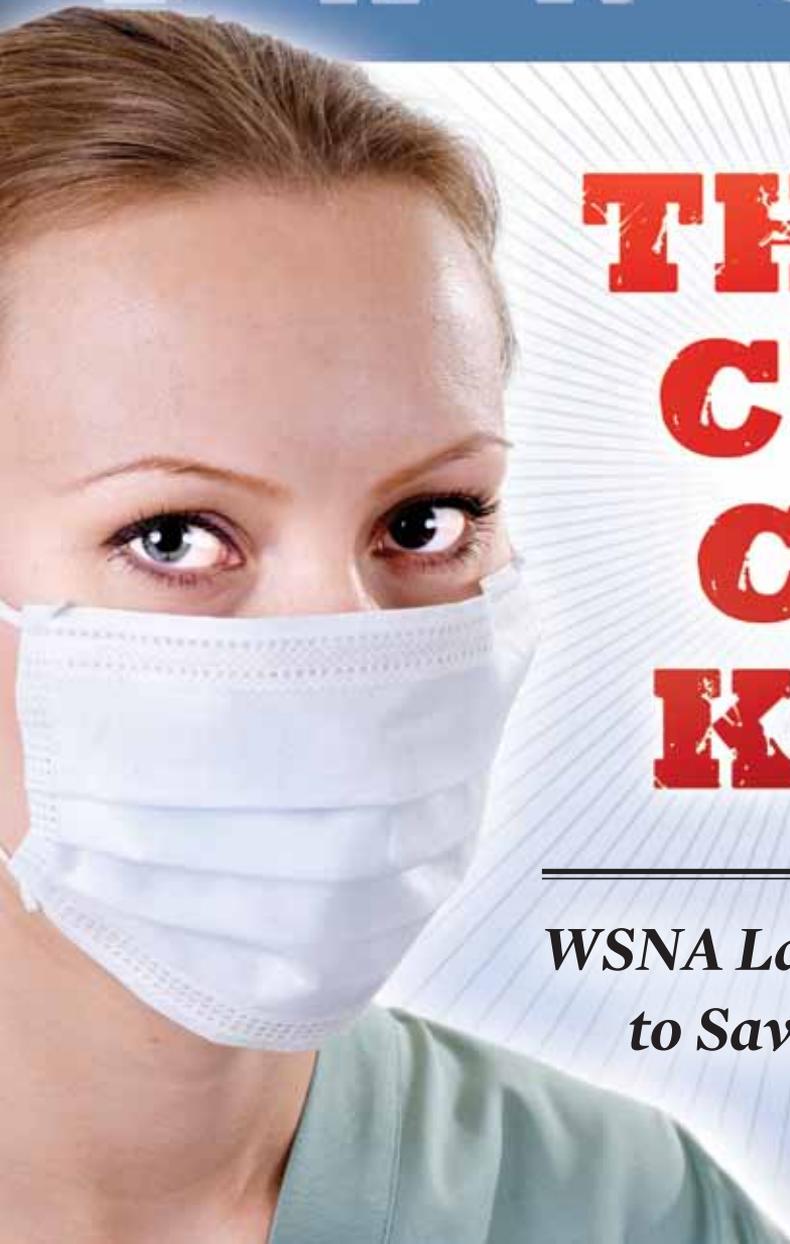
New Look!

The Washington Nurse

A Publication of the Washington State Nurses Association

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D A N G E R



**THESE
CUTS
CAN
KILL.**

*WSNA Launches Campaign
to Save Public Health*

— See Page 11

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Spring February 15
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Fall August 15

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You Were Represented

The WSNA staff and elected and appointed leaders represent your interests in a wide variety of meetings, coalitions, conferences and work groups throughout the year, anticipating and responding to the issues the membership has identified as priorities. In addition to many meetings with legislators, policy makers, other health care and nursing organizations and unions, the following represents a partial listing of the many places and meetings where you were represented during August 2008 through October 2008. Visits with lawmakers and regulatory agencies on WSNA legislative priorities included safe nurse staffing, mandatory overtime, rest breaks, public health, environmental safety, ARNP practice, school nurse ratios, and nursing education funding.

- Meetings of the Washington State Nursing Care Quality Assurance Commission including its Practice and Education subcommittees, Committee on Continued Competency, ARNP Rules, and other Nursing Commission issues
- Healthy Washington Coalition
- Puget Sound Health Alliance Leadership Team & Consumer Engagement Team
- Primary Care Coalition
- Public Health Funding Roundtable
- Public Health Summit
- 15th Annual Joint Conference on Health in Yakima, WA
- Safe Patient Handling Implementation Steering Committee
- Foundation for Health Care Quality re: SCOAP Program (Surgical Care & Outcomes Assessment Program)
- Health Care Personnel Shortage Task Force
- WSHA Disaster Response Task Force
- Washington State DOH Public Health Emergency Preparedness Advisory Committee
- Washington State DOH Altered Standards of Care Advisory Committee

Calendar

November

- 4 **Election Day - Remember to Vote**
- 4 WSNA Labor Studies School - Grievances Week 5 - Seattle
- 5 WSNA Staffing Committee Training: Tools for Staff Nurses - Bellingham
- 7 WSNA Legislative and Health Policy Council
- 8 WSNA Staffing Committee Training: Tools for Staff Nurses - Seattle
- 20 **Office Closed - WSNA Staff Planning Retreat**
- 21 WSNA Board of Directors
- 27-28 **Office Closed - Thanksgiving Holiday**

December

- 4 March of Dimes Nurse of the Year Awards Luncheon
- 22-26 **Office Closed - Christmas Holiday**

- Washington State DOH Adverse Events Committee
- Washington Patient Safety Coalition - Medication Safety Initiative meetings
- NWOONE Nursing Practice Commission
- NWOONE Fall Conference
- CNEWS Fall Planning meeting
- Steering Committee of the Foundation for Health Care Quality on Prevention of Medical Errors
- UW Global Nursing Leadership EU-US Atlantis Grant Stakeholder meeting
- Washington Health Foundation Board of Directors
- Washington Health Foundation Policy Advisory Council
- Washington State Labor Council Convention (AFL-CIO)
- AFL-CIO Mediation meeting with the UAN in Washington, DC
- WSNA Annual Leadership Conference Chelan, WA

January

- 1 **Office Closed - New Year's Day**
- 6 WSNA Labor Studies School - Local Unit - Seattle
- 10 WSNA Cabinet on Economic and General Welfare
- 12 Washington State Legislative Session begins
- 13 WSNA Labor Studies School - Law - Seattle
- 19 **Office Closed - Martin Luther King Holiday**
- 20 WSNA Labor Studies School - Local Unit - Seattle
- 22-23 ANA 3rd Annual NDNQI Conference - Dallas, Texas
- 27 WSNA Labor Studies School - Law - Seattle

February

- 2 Nurse Legislative Day in Olympia

- Washington Center for Nursing (WCN) Board Meetings
- Nursing Students of Washington State (NSWS) Board meeting
- Johnson and Johnson Promise of Nursing Gala Steering Committee
- Washington Toxics Coalition & Toxics Free Legacy Coalition Steering Committee
- Health Care Without Harm Nurses Work Group
- Meetings of Ruckelshaus Safe Staffing Steering Committee re: implementation of the Safe Nurse Staffing legislation
- Ruckelshaus Immediate Staffing Alert Task Force
- Ruckelshaus Education Advisory Committee
- Ruckelshaus Hospital Staffing Committees Training Sessions (Seattle & Spokane)
- ANA-State Nurses Association Nursing Practice network
- ANA Annual Lobbyists Meeting in Washington, DC
- ANA Business Arrangement Task Force

IN FOCUS

Finding Yourself Dead Tired?

by Kim Armstrong, BSN, RNC
WSNA President

It wasn't that long ago, Washington State passed a law prohibiting mandatory overtime. I was one of the nurses who testified in favor of this law saying, 'Let me decide when I'm well rested enough to care for patients.' I have thought a lot about that testimony. Yes it was absolutely right to pass this law, and I will continue to work to close the loopholes and expand it to nurses in all settings. However, evidence shows, the individual is not always the best judge of his/her own fatigue level. Yes, I do believe the individual is better than the institution to judge, but still maybe not the best judge. Studies have shown the mental acuity of a nurse working beyond twelve hours approximates that of someone who is intoxicated. Think about that. That's two alcoholic beverages. I don't know about you, but I feel ok with two drinks on board and in my younger days, would even drive. I don't do that anymore! So why would I chose to work greater than 12 hours? And I have to ask, why anyone would really want to



work 12 hour shifts which in fact is a minimum of 12.5 hour?

In querying my colleagues - those who work 8 hour, 12 hour, and a mixture of both shifts - I have found varying opinions of shift work. Their perspectives are very interesting. The number one reason cited as an advantage for 12 hour shifts is the decreased number of trips actually made to the work site. Anyone can understand the desire for less time on the road, less parking fees and more days for personal life. Working 36 hours a week and having 4 days off per week is attractive. However, many of these nurses wanted to 'bunch' scheduled days together, some working 6 shifts in 6 days, thus having more days off without interruption. Every 12 hour shifter, especially those who work nights, says they are often tired and are not getting enough rest. One nurse who works a mixture of both shifts stated she always prepared for 12 hours, even if her scheduled day was 8 hours and simply counted leaving work at 8 hours as a bonus. The most thought provoking statement I heard in these discussions was one nurse's belief that 12 hour shifts were a form of age discrimination. Hmm.

The newspapers are quick to pick up on stories of catastrophic errors made when someone is simply too tired. One story involved a nurse who inadvertently injected an epidural line with a medication which led to the patient's death. The nurse was in her 2nd double shift of 16 hours with less than 7 hours off in between shifts. Yes, systems problems were identified, but why was this nurse even allowed to work 32 out of 40 hours and why would she believe she could be safe? Many of us who work under contracts, have clauses in those contracts providing for an increased rate of pay for double shifts, rest be-

tween shifts and premiums for working the so-called undesirable shifts. These were originally placed in contracts as a disincentive to the hospitals to prevent nurses from working more hours. But this is no longer the disincentive it was meant to be: it has become a great incentive to those nurses who see it as a method for extra wages. In fact, some nurses have based their life style and personal budget on so-called 'guaranteed overtime.' Contracts often call for 'incentive pay' which denotes a positive image. Maybe we should have 'incentive pay rates' for working extra time on our days off when we are well rested and 'disincentive pay rates' for working after the end of our shifts or returning to work without adequate rest. While overtime will never be completely eliminated, it should not be used for on-going staffing issues. Even when units are fully staffed, there are still unforeseen problems such as personal and family emergencies and illness which result in overtime.

The work environment has also added stress causing additional fatigue. Some facilities are doing a great job, providing quiet rooms and gardens and other peaceful places where nurses and other health care providers can rest their minds and bodies. Some facilities actually encourage the use of 'power naps' of 15 to 30 minutes, while others would characterize this practice as "sleeping on the job" which can lead to discipline. While most work places are attempting to be more ergonomically friendly, often it is still one size fits all. The under flooring is still concrete, the hallways long, patients are as heavy if not heavier, the equipment is heavy and difficult to move, the noise levels from monitors, voices, telephones, alarms — the list goes on and on. While technology has greatly improved the delivery of care to patients, it has also

greatly complicated that delivery of care. It is very easy to suffer from stimulus overload. All of these things increase stress and adds to fatigue making the need for **uninterrupted** rest and meal breaks more critical. I think we need to remember the reason for rest breaks. Breaks are to help an individual restore themselves for the demands of the job. I can't think of any other industry which so desperately needs to have breaks. As a patient, I want and deserve a nurse who is able to be right-on and clear-thinking. As a Nurse, I need to be rested enough to perform the critical thinking requirements of the job so I can provide safe patient care. Some would argue nurses don't want to take breaks. I do not find that to be true. In today's fast-paced health care facilities, where patients are sicker and the length of stay is decreased, nurses are challenged on a daily basis with increasing patient care requirements. Nurses don't take breaks because their patients' needs aren't always provided for while they are gone. When covering another nurse for a break, the 1st nurse has often increased his/her assignment by 100%. Sometimes this is manageable and other times it is not. Granted many things can wait until the return of the primary nurse, but if you are a patient in pain or in need of assistance, 15- 30 minutes can be a very long time. Waiting is not always the best thing for the patient. Because of patient care needs, assigned breaks are often difficult to manage. Many nurses use their breaks to 'catch up' on charting. Lack of breaks is a staffing issue. No nurse likes coming back from a break and instead of just picking up where the relief left off, have to back track and pick up where they left off.

So what do you do? What do you do when faced with a need for immediate staffing because of a last minute opening

in the schedule? If the individual nurse is not the best judge, who is?

These are tough questions which don't have easy answers. Each individual nurse needs to find the answers for themselves. One thing is certain; this is not the responsibility of any one entity. There needs to be a major shift in the culture of care giving. The so-called rites of passage need to be abolished. The idea that it is OK for someone to 'tough it out' and continue to work without breaks for greater than 12 hours because nurses who came before did it, needs to go away. Nurses are human beings, not machines and there are physical and mental limits. All of the members of the health care team have more than a vested interest in providing safe patient care. The Profession of Nursing needs to find the answers and not allow other professions, regulators or legislators to decide what is best for us. We will not like the answers if others decide for us. We need to do what we do best: gather the data—it is here, make the plan and make the tough decisions, and carry out the plan, on a multitude of factors affecting patient safety and nurse safety. These include the number of hours worked, working conditions, and nurse worth. If we don't do it—others will. A physician recently shared a story with me. It concerned a mistake made by a fellow physician while in surgery. The physician was sued for what was considered a minor mistake. However, since the physician was awake and on duty for the day, evening and night before, he lost the lawsuit based on fatigue. After all, he should have known he was too tired to do the surgery, or so the plaintiff's attorney claimed. Studies show motor skills continue, cognitive skills decrease after 12 hours. Can you imagine—insurance companies

not providing reimbursement for care based on the care providers not being well rested enough to make the correct decisions?

I don't have the answers: I can only offer what I believe can be a start:

1. The professionals of nursing, including administrators, managers, and staff nurses need to come together to limit the time worked to no more than 12.5 hours and provide in that time at least 3, 15 minute breaks and a 30 minute lunch period. It is essential that all of them be **uninterrupted**.
2. The profession of nursing needs to assure appropriate staffing, making double shifts and less than 12 hours off between shifts an abnormality no matter what the financial cost and adequate staffing to provide for uninterrupted breaks and meal periods.
3. Nursing Professionals need to set a reasonable limit to the total hours per week an individual nurse can work. This means as an individual nurse, confronting a colleague who has worked too many hours.

And as nurses, we must take the individual responsibility to provide safe care to our patients and to protect ourselves by:

1. Not accepting extra hours tagged on to the end of our regular shifts unless we know we have adequate rest breaks and sleep prior to our scheduled shift even when being coerced by 'it's your turn, or the patient's need you, or there is no one else.' Remember, a tired nurse can be a deadly nurse.
2. Not signing up for extra shifts—no

matter what the payment is—unless adequate rest between shifts and prior to the beginning of the shifts is obtained.

3. Don't work more than a 12.5 hour shift.
4. Assure adequate rest: Research recommends 7-8 hours of sleep. In one study, only 20% of nurses reported sleeping at least 6 hours prior to reporting to work. What did the other 80% of nurses report? We know the risk of near or actual motor vehicle accidents nearly double when nurses drove following shifts greater than 12.5 hours.
5. Maintain routine bedtime hygiene. This includes set times for bed, activities before bed, eating routines, decreasing stimulants for a period of time prior to sleep. Small things such as having a timer on the TV helps. Studies have shown even while sleeping, the light from a TV set or computer can interfere with the amount of deep sleep obtained. Set a bedtime routine and stick to it. This in itself can be extremely difficult with family and personal demands

One last reminder: the Friday before Memorial Day this year, a person was stopped in Pierce County by the police after a minor traffic altercation. This person admitted to police she was simply tired and was going home to rest after getting off work. She was dead 8 minutes later. I don't know what the person's occupation was, whether she worked over 12 hours or perhaps was doubling back, but I do know, no one recognized the fact, not the police and not herself, she was too fatigued to drive. She paid the ultimate price — a price no nurse or patient should ever have to pay for being dead tired. ■

Letters to the Editor



NURSES DO MAKE A DIFFERENCE, AND CAN DO EVEN MORE

It is easy for you and your employer to overlook the importance of the professional knowledge and judgment that you bring to the health care setting. The treatment of nurses as interchangeable parts to be moved from one area to another as a remedy for staffing ills is an illustration of that.

I know because I am a former nurse. I graduated from the University of Washington Nursing School, worked five years as a nurse, and then continued to work part time to put myself through the UW Law School. I know what it is like to be a nurse.

The U.S. has the most expensive health care in the world, but ranks 37th, just behind Costa Rica, in delivery of care. We spend 17% of our Gross Domestic Product on health care as opposed to the 8% to 10% spent by other developed nations which have universal health care. Of course we have a huge uninsured population — 47 million. We pay 2 to 3 times as much for the same drugs as other developed nations.

How did we get to this point in our health care system? By treating health care as a cash cow to be milked by big business rather than as a utility to be available to all, as is done in other developed countries such as France, Italy, Germany and Taiwan. Note that I did not include Canada and the UK

as examples of good health care. Big business health care has made those systems examples to be feared to justify our failure to fix our broken health care system. The positive examples that I point to are public/private partnerships of successful health care systems with happy patients.

Where is our health care money being drained? The biggest drain on the system is insurance companies which take a huge amount for claims administration and profit. Reports of the exact amount vary depending on the source. A Harvard study reported that 34% of the California health care dollar went to insurance administration and profit, while the Bureau of Labor Statistics reports that between 1987 and 1997, the portion of your health care dollar going to insurers rose to 50% and has stayed there ever since.

In addition to insurers and pharmaceutical companies, another unnecessary drain from your health care dollar is big business health care management companies. These companies have the ear of Washington DC and, for example, obtained a system of Medicare reimbursement that provides 12% to 21.5% more than care provided by the individual doctor. Hopefully, the four year phase-out of this uneven pay structure will be completed.

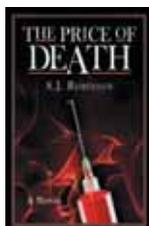
How does this draining of health care dollars affect you, the health care practitioner? It means that there isn't enough money to pay you, the actual

health care deliverer. In order to make up the difference, health care management requires doctors and nurses to work harder, faster, and more efficiently. No one is able to provide good care if he or she has less time to evaluate a situation or is put into situations for which he or she is not adequately trained. That is why 98,000 people per year die unnecessarily and as much as 30% of care is judged to be unnecessary or wasted.

We can make a difference by bringing these facts into the open. The general public knows that the health care system is broken but it doesn't really know how it affects them. Nurses are in a unique position to educate the public about ills of the current system and to advocate for changes to achieve universal, accessible, affordable and quality health care for everyone.

—SJ Robinson

*Ms. Robinson is a registered nurse currently working as an attorney. She is the author of *The Price of Death*, a novel illustrating the effect of corporate greed in our health care system. See sjrobinson.com for more information and to buy the book*



BE A ROLE MODEL IN THE WORKPLACE

Retention of qualified staff is as important, if not more so, than the recruitment of new nurses. Much money is spent on advertising for positions, sign-on bonuses, and orientation of new personnel. The nursing shortage has healthcare organizations concentrating efforts on recruitment and retention of nurses to ease short-staffing patterns

and provide quality care for patients but the best advertisement comes from the nurses already employed at the facility.

Individual nurses share a responsibility in safe staffing efforts by providing positive role models in the workplace and community. Each nurse can lead by example in the way he or she represents the profession of nursing through daily interactions with peers, colleagues, and visitors. Nurses must ask the question "What am I doing to contribute to a safer workplace environment, improve quality patient care, and to encourage other staff members to do their best?"

There are many ways in which nurses can become leaders in their profession and in their workplace. Getting involved in local, state, and national professional organizations adds momentum to the positive force of nursing in the development of public health and nursing policy. Taking continuing education classes can help nurses to broaden their perspective and to learn new skills and knowledge. But the biggest contributor to becoming an effective leader in nursing is to examine personal behavior and to find ways to inspire and mentor the nurses around you.

Personal attitude is within the control of every nurse. How we treat each other is equally important to how we treat our patients. Our attitude at work speaks volumes even when we are silent. Promoting professional behavior encourages open communication between healthcare providers and creates a team atmosphere. While nurses may feel challenged with current staffing patterns and high patient acuity, providing positive role models and support for each other and our patients

will do more to keep qualified nurses at the bedside and bring new people into the profession than any promise of financial return.

—Marcia Morgenthaler, RN, BSN, CNOR

PERSPECTIVE FROM LEADERSHIP CONFERENCE: NURSES DESERVE BETTER WORKING CONDITIONS

I had never attended the WSNA Local Unit Leadership Conference before, as I have not been a Local Unit officer in my years participating in WSNA activities. I happened to be present briefly on the 28th of September with the intent to speak to local nurses from the Wenatchee area district, where I now reside.

While I was there, I was able to hear the various bargaining units represented at this year's conference and came away almost depressed.

Currently, my main focus in nursing is as a Nurse Educator. I love nursing and have since I was 9 years old, and that enthusiasm for the profession consistently comes through to my students. But, I have been away from day-to-day staff nursing at an acute care setting for a long time. Listening to the various representatives give their updates of working conditions, it's almost enough to make me re-think encouraging nursing students as faculty.

Please, don't misunderstand me. I have a great deal of admiration and respect for all of you in the trenches, whether you are in leadership roles or not. But, listening to the litany of arbitration grievances and difficulties faced day to

day by nurses with clueless managers and hospital administrators was an eye opener, especially in contrast with recent news about nursing shortages and new incentives to keep nurses at the bedside.

It's astounding that the Washington State Hospital Association and their constituents don't get it yet. Obviously, we are all in agreement that there is a nursing shortage. So, it's okay to keep the punitive attitude toward individual nurses with medication errors instead of systems analysis? Hospitals that do away with agency nurses, so regular staff nurses are denied vacations and breaks? Hospitals who arbitrarily say you're an RN one shift, and an LPN the other? WSNA Assignment Despite Objection forms that sit piled on managers desks ignored? New and creative ways around mandatory overtime? New computer time management systems initiated without input from staff, resulting in "missing paid time off?" The litany went on.

The E&GW staff do a great job of keeping the issues on the table and pushing the grievances. But to get to resolution takes months, and sometimes years, if the Leadership representatives are correct in their reports.

Washington State does so many health care things right that this seems to be a no-brainer: treat nurses with respect and, as a result, ensure patient satisfaction instead of JCAHO having to step in with mandates for safe patient care.

I'll keep on teaching because I love it, but I will be sure to be even more vocal about the challenges of the workplace and how to use WSNA as a professional advocate.

—Pamela Pasquale, MN, RN, BC, CNE



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Letters to the Editor

Want to join the conversation? Essays and letters to the editor are welcome from all WSNA members. Please send your submissions to lcriland@wsna.org or by mail to: The Washington Nurse – Washington State Nurses Association, 575 Andover Park West, Suite 101, Seattle WA 98188. Letters may be subject to editing and we suggest a length of approximately 300 words. Please provide your name and contact information with your letter.

2009 Dues Rate Schedule Effective January 1, 2009

WSNA dues are adjusted annually on January 1st each year based on a formula approved by the membership in 1991 and revised in 2003. The formula is based on the statewide average of the 5th-step wage rate for RNs in WSNA represented bargaining units. This calculation is made from existing contracts in effect on July 1st each year. The average 5th step monthly salary is then multiplied by a dues adjustment factor of 1.00% and again by 12 to determine the amount for the annual WSNA portion of the dues to be and applied in January of the following year. The amount of the dues increase for 2009 for the WSNA portion of the dues will be 3.78% (\$1.82 per

month) for members who full-time in our highest dues-paying category. The ANA portion of the dues are adjusted every two years based on the Consumer Price Index (this increase is capped at a maximum of 2%). There is no increase in the ANA portion of the dues in 2009. The total amount of WSNA member dues include WSNA, ANA and District dues where applicable. Members who work less than 80 hours per month, are retired or not represented for collective bargaining may qualify for one of the reduced dues categories. Below is the updated WSNA dues rate schedule, effective January 1, 2009.

If you are currently a member and have had a change in your employment situation, please complete a Change of Information Card or email your changes to membership@wsna.org. The Change of Information Card 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.

WSNA Dues: The amount of dues you pay includes the ANA, WSNA and the District Nurses Association dues portions. This combined amount is based on the following information 1) the District you are employed in, 2) the total hours you are scheduled to work per month (FTE), and 3) whether you are covered by a WSNA collective bargaining contract or not. Eight percent (8%) of the WSNA portion of the dues of WSNA collective bargaining members are returned to the WSNA Cabinet on Economic and General Welfare (4%) and to the members local unit (4%) for their use.

WSNA Districts: The District's portion of your dues are determined by the county's geographic boundaries where you work. If your county is not listed, you are included in District 98.

01 Whatcom	05 Walla Walla/Columbia	10 Wahkiakum/Cowlitz	15 Benton/Franklin
02 King	06 Yakima City/N. Yakima	11 Clark/Skamania	16 Skagit/Island/San Juan
03 Pierce	07 Chelan/Douglas/Grant	12 Clallam/Jefferson	17 Kitsap
04 Spokane/Adams/ Lincoln/Pend Oreille	08 Grays Harbor	13 Thurston	18 Kittitas
	09 Snohomish	14 Whitman	98 All others not listed

WSNA Categories:

- I** Employed an average 80 hours or more a month and working in a bargaining unit facility.
- II** Employed an average 40 hours or more & Less than 80 hours a month and working in a bargaining unit facility.
- III** Employed an average 80 hours or more a month and NOT covered by WSNA collective bargaining.
- IV** Employed an average of less than 40 hours a month and working in a bargaining unit facility OR
Generic Graduates within 6 months of graduation (for the 1st year of membership ONLY) OR
Employed less than 80 hours per month and NOT covered by WSNA collective bargaining OR
Unemployed.
- V** 62 years of age and not employed or totally disabled.

MEMBERS COVERED BY A BARGAINING UNIT

DISTRICTS	CATEGORY I			CATEGORY II			CATEGORY IV		
	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1,6,8,17,18	774.48	259.49	64.54	588.48	197.49	49.04	402.24	135.41	33.52
2	827.76	277.25	68.98	628.32	210.77	52.36	428.88	144.29	35.74
3	783.12	262.37	65.26	594.72	199.57	49.56	406.56	136.85	33.88
4	790.56	264.85	65.88	600.48	201.49	50.04	410.16	138.05	34.18
5,15	769.44	257.81	64.12	584.64	196.21	48.72	399.84	134.61	33.32
7	774.96	259.65	64.58	588.72	197.57	49.06	402.48	135.49	33.54
12	781.92	261.97	65.16	594.00	199.33	49.50	406.08	136.69	33.84
10,13	772.08	258.69	64.34	586.56	196.85	48.88	401.04	135.01	33.42
11	784.56	262.85	65.38	595.92	199.97	49.66	407.28	137.09	33.94
9,14,98	764.40	256.13	63.70	580.80	194.93	48.40	397.20	133.73	33.10
16	779.52	261.17	64.96	592.08	198.69	49.34	404.64	136.21	33.72

MEMBERS NOT COVERED BY A BARGAINING UNIT

DISTRICTS	CATEGORY III			CATEGORY IV			CATEGORY V		
	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1,6,8,17,18	546.24	183.41	45.52	402.24	135.41	33.52	186.24	63.41	15.52
2	599.76	201.25	49.98	428.88	144.29	35.74	199.44	67.81	16.62
3	554.88	186.29	46.24	406.56	136.85	33.88	188.16	64.05	15.68
4	562.32	188.77	46.86	410.16	138.05	34.18	190.08	64.69	15.84
5,15	541.44	181.81	45.12	399.84	134.61	33.32	184.80	62.93	15.40
7	546.96	183.65	45.58	402.48	135.49	33.54	186.24	63.41	15.52
12	553.92	185.97	46.16	406.08	136.69	33.84	187.92	63.97	15.66
10,13	543.84	182.61	45.32	401.04	135.01	33.42	185.52	63.17	15.46
11	556.32	186.77	46.36	407.28	137.09	33.94	188.64	64.21	15.72
9,14,98	536.40	180.13	44.70	397.20	133.73	33.10	183.60	62.53	15.30
16	551.28	185.09	45.94	404.64	136.21	33.72	187.44	63.81	15.62

THESE CUTS CAN KILL.

CAMPAIGN TO SAVE PUBLIC HEALTH

Counties across the state are proposing dangerous cuts to public health funding

— cuts that would leave our health system unprepared for disasters and incapable of maintaining current services like providing child immunizations and protecting the safety of our food and water supplies. As county and state governments face difficult funding decisions this fall, our public health system is at a crisis point. Any more cuts to public health funding will place our communities and families at unacceptable risk.

It is absolutely critical that we have an adequate, long-term and stable funding source for public health. Public health and public health nurses are the most cost effective system for disease prevention and health improvement. Public health is also our first line of defense in responding to bioterrorism and in disaster preparedness.

Unfortunately, the ability of our local public health departments and public health nurses to perform core functions has been drastically reduced since the elimination of the Motor Vehicle Excise Tax in 2000. Only 2% of the total health care dollars are spent on public health services, and Washington ranks 44th in the nation in per capita spending on public health.

Prior to 1996, Washington law required city and county government to have joint responsibility for the funding and delivery of public health services. In 1996, the law changed to relieve cities of the financial responsibility. A portion of the cities' Motor Vehicle Excise Tax (MVET) was instead dedicated to public health while the rest of the funding rested on county government.

In 2000, the MVET was eliminated as a result of I-695. Since then, back-fill funding has been at risk at each legislative session and counties have had to take up the burden of finding adequate funding for these essential services. Washington's public health system is in great jeopardy due to decades of neglect and erosion in public health funding.

Public health nurses are on the front-lines of the system and witness the positive impact that public health has across communities throughout Washington State. Unfortunately, nurses in all types of settings also understand and see the consequences every day of the crumbling public health system. With the health of our communities at stake, we must take action now to prevent any further cuts to public health funding while also looking for a long-term solution to this crisis.

WSNA's EFFORTS

The severity of this crisis and potential for long-term impact on health in Washington demand immediate and far-reaching action. In response to this looming crisis, WSNA has launched the new Campaign to Save Public Health.

The goals of the WSNA Campaign to Save Public Health are to:

- Educate the public and policymakers about the importance of public health
- Raise awareness about the current funding crisis
- Give people the information and tools to get involved
- Prevent additional cuts at the local level
- Secure a long-term adequate and stable source of funding for public health

WSNA is addressing both the short-term and long-term threats to public health with the WSNA Campaign to Save Public Health. We are engaging the public and county leaders now to maintain public health funding levels during this budget process while also beginning the work of developing a long-term, stable and adequate funding source for the future. Components of the campaign include WSNA convening a Summit on Public Health with key stakeholders, public education and media, and legislative advocacy for additional funding in 2009.

SavePublicHealth.com

A critical part of the WSNA Campaign on Public Health is the launch of a new website with tools and information for people to get engaged in this issue. It will serve as the central resource center for information about the crisis, background on public health and public health nursing, links and resources, and updates on WSNA's efforts.

Most importantly, the online action center provides quick and easy ways to become an advocate for public health. You can use the automated system to send a message to your county officials, view and edit sample letters to the editor for your local newspapers, and download and print out a flyer on public health so you can help spread the word. Best of all, we've developed special messages for nurses that emphasize our unique understanding of the health system.

MEDIA CAMPAIGN

An initial four week advertising campaign (September 16th -October 19th) in Spokane, King, Snohomish and Whatcom County featured billboards and bus boards to draw attention to this crisis. We reached nearly 200,000 viewers daily and over 5 million viewers throughout the month at locations in Spokane, Everett, Bellingham and Seattle.



SavePublicHealth.com



Billboard

More billboards are planned this fall and a special strategy for the Olympia legislative session is being developed to raise awareness among our state policy makers. WSNA is also working with partner organizations who are concerned about our public health crisis with the goal of launching a television and internet campaign this winter. Stay tuned for more information!

Spokane

Three billboards at Washington & Boone, Lincoln & Broadway, and Broadway & Monroe

Everett

Two billboards on Broadway and Rucker

Bellingham

Five bus boards in downtown

CORE ACTIVITIES OF PUBLIC HEALTH

Public health departments and public health nurses are doing their jobs well when most people are not aware of their work. However, the health of our communities is very much dependent on these unheralded efforts.

These are a few of the ways public health keeps our communities safe and healthy:

- **Communicable disease control**, such as for tuberculosis and pertussis outbreaks
- Ensuring we have **safe food and safe drinking water**
- **Prenatal health** for expectant mothers to prevent negative birth outcomes
- **Emerging disease prevention** and planning for concerns such as West Nile virus and pandemic flu
- **Parenting skills and child development education** to prevent child abuse and infant mortality
- **Chronic disease prevention and injury prevention**
- **Immunizations**
- **Family planning** services
- **Bioterrorism detection and response** to concerns such as anthrax, smallpox, and plague
- Maintaining **emergency preparedness** in case of natural disasters

Seattle

15 bus boards in Seattle and six billboards on Rainier, Lake City Way, Meridian, Queen Anne Avenue, Boren, and Smith in Kent.

More billboards are planned this fall and a special strategy for the Olympia legislative session is being developed to raise awareness among our state policy makers.

PUBLIC HEALTH SUMMIT

With funding for public health in jeopardy in counties across the state, WSNA hosted a 'Summit on Public Health' to address this looming crisis. Held on Friday, September 12th, the packed room of over 40 key stakeholders demonstrated the pressing need and importance of the forum. Attendees came from all corners of the state and represented a variety of organizations and interests in public health ranging from public health district administrators to government officials to leaders of health care and advocacy organizations.

During two work sessions, one focused on short-term strategies and one on long-term strategies, many ideas were raised and discussed. There was broad agreement that a top priority needed to be educating the public and policy makers about what public health is and how it helps ensure the health and safety of our communities. Personal stories

of people helped by public health, compelling visuals of public health, and specific examples of the cost saving public health provides over the long-term were all raised as potential outreach tools.

At the conclusion of the summit, there was agreement and enthusiasm for the group to reconvene in three months to evaluate progress and build on the work of the summit. WSNA will also report back on the success of the Campaign to Save Public Health and discuss next steps for the campaign. With many counties working through budget processes during the fall, the next meeting will focus on action steps on the county level to prevent any more cuts to public health services or funding as well as action steps on the state level to secure additional public health funding in the 2009 Legislative session.

HOW YOU CAN HELP

County budgets are being discussed and decided right now. Visit SavePublicHealth.com to find out the latest news in your area and how you can voice your support for public health. The 'Take Action' section of the webpage has general information and advocacy tools as well as special messages developed for nurses. It only takes a few moments, but the time you take today could save a life tomorrow. ■



Can your insurance do this?

Who's going to help pay for life's necessities if you get sick or hurt and can't work?

Thanks to the WSNA and Aflac, you can now apply for insurance coverage as a benefit of membership at association rates!

Aflac does what major medical insurance doesn't. It puts cash in your pocket and in a hurry, helping you put food on the table, pay the rent, and take care of other bills. And if you're laid up, those bills sure can pile up. Nearly half of the million Americans who filed for bankruptcy last year did so after being sidelined with an unexpected sickness like cancer or injury. And the majority of those people did have major medical insurance; they just didn't have income.

For more information call the WSNA agent, Adrienne Herom at 425-478-3439, or visit the website www.chooseaflac.com/wsna, and apply for Aflac insurance policies that can help at the pump, or with any of your bills.

There's only one Aflac.



From Power Point to Poodle Skirts

Fall is in the air. Leaves start changing colors, kids go back to school, temperatures start cooling off... and nurses from across the state journey to Lake Chelan for the annual WSNA Local Unit Leadership Conference! The last week of September has become synonymous with this wonderful event with staff nurses from all across the state journeying to Chelan, WA for two and a half days of meetings, classes, networking and celebration. Now in its 19th year, the conference welcomed 120 nurses from 27 different local units, many of whom were first time attendees.

Attendees were welcomed Sunday afternoon by Executive Director Judy Huntington, MN, RN and Chair of the Cabinet on Economic & General Welfare Jeanne Avey, RN. WSNA Director of Labor Relations Barbara Frye, BSN, RN was unable to attend and her presence was greatly missed by all. The busy schedule began with the Fall Local Unit Council Meeting during which each local unit gave a brief update on their work over the last months. Some had successes to report and some described the challenges they were facing, but everyone received great support and encouragement from their fellow nurses. With a looming crisis in public health funding, a special panel of public health nurses spoke about the challenges they currently face and the danger that these budget cuts could have on the entire health system.

During the second afternoon session, WSNA Director of Nursing Practice, Education and Research Dr. Sally Watkins, PhD, MS, RN gave a thought-provoking talk about the current issues in nursing practice such as emergency manage-

.....
Elaborate table settings and decorations transported attendees to the 1950s for this year's theme, "At the Hop."
.....

ment, patient safety and the Master Plan for Nursing Education. Watkins also gave an update on her first year on the job with WSNA and a preview of what's on tap for the next year. With several new online efforts including website additions, web-based continuing education, and interactive links for nursing staff on various hospital committees, it should be a dynamic and busy year. Attendees then enjoyed the beautiful Chelan weather and regional wines during a local unit council networking reception.

A full day began on Monday with breakfast and an official welcome to the 2009 Local Unit Leadership Conference from Jeanne Avey, RN, Chair of the WSNA Cabinet on Economic and General Welfare. Participants attended either "Harassment and Bullying in the Workplace" or "2008 Safe Staffing Law Overview and Update" in the morning and then were able to attend the other seminar in the afternoon. "Harassment and Bullying in the Workplace" was presented by the University of Oregon Labor and Education Research Center and prompted participants to think about what constitutes bullying in the workplace and how to respond to it. The "2008 Safe Staffing Law Overview and Update" was



also an engaging session with attendees role playing different scenarios that could arise in staffing committees. A lunch break allowed attendees time to relax, view the vendor booths, and gather for the annual group photo in WSNA scrubs.

As always, the highlight of the conference was the now-famous E&GW Awards Banquet. Decorations and elaborate table settings transported attendees to the 1950s for this year's "At the Hop" theme. Poodle skirts, pedal pushers, and ponytails emerged as everyone transformed into party mode. The celebration culminated in the annual E&GW Awards Ceremony which honors the outstanding nurses who have represented WSNA and their fellow nurses in their local units.

After a fun-filled evening, everyone was up bright and early on Tuesday for a special presentation by Dr. Janice Ellis, PhD, RN, ANEF on the WSNA-sponsored white paper on fatigue. The goals of the paper are to explore the evidence linking fatigue to patient safety and also to identify how fatigue can affect the recruitment and retention of registered nurses. Cause by the "3 Cs" – cumulative sleep loss, continuous hours of wakefulness, and circadian time of day – fatigue can greatly increase errors and accidents as well as take a toll on the health and wellness of the fatigued nurse. With safety and quality care at stake, both nurses and employers share responsibility in preventing fatigue in the workplace. Ellis was joined by Anne Tan Piazza, WSNA Director of Governmental Affairs, Communications & Membership, who discussed possible policy and legislative solutions to fatigue in the workplace. Concurrent education sessions filled the rest of the morning with attendees choosing between "Addressing Bullying & Harassment" and "Recent Legal Decisions Impacting the Work Environment".

Following lunch, attendees were treated to a captivating panel discussion, "The National Labor Scene – Ever Changing – Ever the Same". Leaders from WSNA, Oregon Nurses Association, Ohio Nurses Association, and New York Nurses Association discussed the recent break of the "Four States" from the UAN and what's next for this dynamic group. Though challenges lie ahead, the panel was excited and energized for the future.

With equal parts celebration, education and inspiration, the Local Unit Leadership Conference was again a huge success. If you didn't get to attend this year or if you did and you're already looking forward to next year, be sure to make your plans for the 2009 Local Unit Leadership Conference. The event will again be held in Chelan, September 27-29, 2009. ■

Local Unit Awards

The Cabinet received over forty-four nominations for the 2008 Local Unit Awards. Peers nominated outstanding members from their local unit to recognize the contribution each has made. The following nurses were nominated for awards: **Debbie Pronk, Julie Long, Marilyn Sterling, Jane Hill-Littlejohn, Susan Dunn, Kathy Nolan, Edna Cortez, Debra Brackman, Rob Salas, Sally Budack, Jim O'Halloran, Tamara Jones, Tara Barnes, Cathy Sanders, Terry Joyce, Peter Burr, Pam Newson, Shayne Yokum, Lorna Sebastian, Jean Pfeifer, University of Washington Medical Center officers and unit representatives, and Anita Stull.** Different local unit members nominated many of these outstanding nurses in multiple categories!

Adversity Award: Debbie Pronk | Debbie spearheaded the Evergreen Healthcare PACU's efforts to hold off an increase in mandatory call to cover other units in the hospital in addition to PACU. Debbie also chairs the Conference Committee and is a member of the Local Unit Executive Team.

Local Unit Star: Sally Budack | After numerous accidents and near misses at a particular pedestrian crossing by St. Joseph Medical Center, Sally worked with the City of Tacoma to bring a proposal to the Hospital HR and COO to solve the problem of pedestrian safety. Sally has also worked behind the scenes at St. Joseph Medical Center as an Officer in many different capacities during her years of dedicated service.

Local Unit Star: Kathy Nolan | Working at both Central Washington Hospital and Cascade Medical Center, Kathy was instrumental in gaining support and voting in WSNA as the union at Cascade and continued her volunteer efforts at Central Washington Hospital in various local unit officer positions over many years. Both of these Local Units nominated Kathy for her outstanding contribution leaving quite a legacy at both facilities!



Jean Pfeifer, recipient of the Local Unit Leader Emeritus Award, with Cabinet on E&GW Member Kathryn Ormsby.

Outstanding Grievance Officer: Tara Barnes | At Evergreen Healthcare, Tara had big shoes to fill with the passing of the “original” Grievance Officer, Carol Price, a couple of years ago. Tara has taken on this position full force and has done an outstanding job in representing her bargaining unit at grievance meetings, completing investigations, attending investigatory meetings that might have led to discipline, and being available to consult with her peers at a moment’s notice.

Outstanding Grievance Officer: Susan Dunn | At Virginia Mason Medical Center, Susan’s peers respect her for the time and effort she puts into gathering all the necessary information and documentation to represent a nurse during the grievance process. She also did an outstanding job of representing her local unit when she testified before the NLRB a few years ago regarding the issue of the charges nurses being classified as supervisors.

Membership Award: Anita Stull | Anita has a long and inspiring history with University of Washington Medical Center. She was hard at work during the “raids” and has served her local unit and WSNA since that time. She is currently the Local Unit Secretary, assists with the membership process, and has served WSNA in numerous ways including Bylaws committees, Summit Committees, and nomination committees.

Outstanding Negotiation Team: Skagit Valley Hospital, Mount Vernon | When the hospital said “no!” to win/win of the Interest Based Negotiation style and returned to traditional table bargaining, this Local Unit was able to achieve their success of a negotiated tentative agreement in five sessions. They did an outstanding job of representing the nurses and prevailed in stopping many take-away’s proposed by Administration.

Outstanding Negotiation Team: Virginia Mason Hospital, Seattle | This team started preparations, worked, and stayed strong together to achieve a successfully negotiated contract. They settled for no take-away’s while managing to meet their goal of maintaining current benefits and gaining a competitive wage increase with parity for foreign educated/experienced nurses.

Outstanding Local Unit Chair: Pam Newsom | At Northwest Hospital, Pam has been the Local Unit Chair for many years. She is respected by her peers for her outstanding contributions to the Local Unit and has mentored a new group of officers elected to the Executive Committee. Pam is also the President of the King County Nurses Association and has been a past member of the Cabinet on Economic and General Welfare.

The Cabinet has created a new category to recognize and honor a WSNA member of a local unit who is retiring or has retired.

Local Unit Leader Emeritus: Jean Pfeifer | Recently retired from Children’s Hospital & Regional Medical Center after 35 years of service, Jean has been active in WSNA for her entire career holding most of the Local Unit Offices as well as Cabinet and WSNA Officer and member of the WSNA Board of Directors. Jean has had an opportunity to welcome the majority of nurses at Children’s into the bargaining unit during her years of service and been on the negotiation teams for most of her tenure. Though Jean recently retired and moved to eastern Washington, she intends to remain an active and involved WSNA member.

Photobook

At the Hop!

Selected photos from the 2008 Local Unit Leadership Conference and the 50's-themed awards banquet held there entitled, "At the Hop!"

Chelan, Washington, September 2008





1. Nurse Representative Hanna Welander with former WSNA President and current WSNA Organizer Jan Bussert
2. Cabinet on Economic & General Welfare (CE&GW) Member Peggy Slider presents Pam Newsom with the Outstanding Local Unit Chair award
3. CE&GW Secretary/Treasurer Judi Lyons and WSNA Nurse Representative Carmen Garrison
4. WSNA members
5. Nurse Representatives Rosie Tillotson and Christine Himmelsbach with Nurse Organizer Tara Goode
6. Pam Rimel (center) and CE&GW Member Julia Barcott (right) with friend
7. Kathy Nolan accepts the "Local Unit Star" award from CE&GW Member Martha Avey



Standardizing Safety

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

Numerous practice changes are emerging nationwide *and globally* as patient safety continues to be a primary focus. The Washington State Hospital Association, Foundation for Health Care Quality, Department of Health, and the Puget Sound Health Alliance are but a few of the organizations working to improve the delivery of safe, effective, timely, equitable, efficient and patient-centered care. The Washington State Nurses Association is actively participating in all of these forums and is working to strengthen support in these efforts by continuing to inform and engage nurses in not only the dialogue, but also the implementation of practice changes in the work environment.

One area of focus has been that of **patient identification bracelets**. A nurse who worked in multiple hospitals in Pennsylvania had a near miss when using the wrong color “do not resuscitate” wrist band for a patient. Many states including Arizona, Colorado, New Mexico, Utah, Oregon and California have embarked on this national initiative to standardize wrist band color coding. In Washington, three specific colors have been targeted for standardization (see illustration at right).

Organizations will need to address policy issues such as:

- Who can apply the wristband to the patient?
- When does such application occur (i.e. admission, change in condition, new patient information available)?
- Will patients be allowed to wear “social cause” wristbands?
- Who can re-apply a wristband?
- What patient/family education will be provided?
- What if a patient refuses a wristband?
- How will discharged patients to another facility be handled?

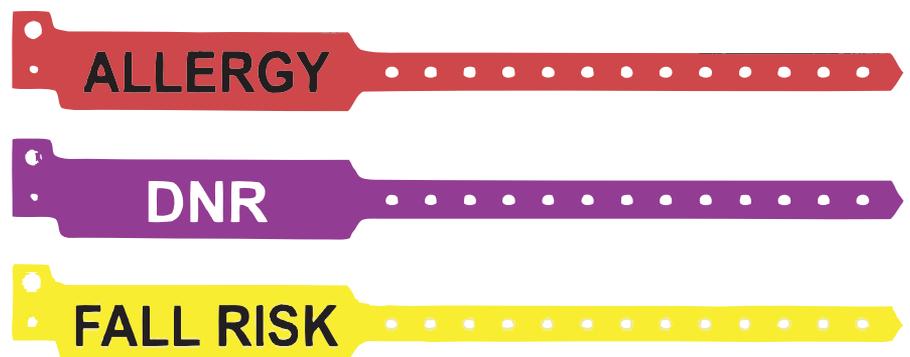
Another high risk area is that of **emergency codes**. In a recent survey of

Washington State hospitals, findings showed that there were at least 10 different ways to call a cardiac/respiratory arrest. Standardizing the terms and definitions for “code blue”, “code orange”, etc., will be another area of focus.

Isolation precautions are another area of emerging standardization. Signage, clear delineation of attire to be worn, management of visitors, and patient transport are all components of new infection control protocols that are being communicated statewide.

And, while hospitals are facing issues concerning medication reconciliation, a recent Washington survey has shown that only 42% of the consumers responding (N = 1135) even have a medication list. Only 37% of the physicians responding stated they update the list at every patient visit while only 20% of the pharmacists responding stated they ask for a list at the time of filling prescriptions. An upcoming campaign

In Washington State, three wristbands have been targeted for standardization.



to the public will be surrounding the concept of “Carry and Share,” focused on having everyone “carry” a copy of their medication list and encouraging them to “share” that medication list with all of their providers, including their pharmacist(s).

In the care environment, different strategies are starting to appear to “visually isolate” the nurse during medication administration. Creating a “code of silence” to support medication safety checks (i.e. the five rights) have emerged. Such strategies have included the use of red tape around the medication rooms/dispensing machines to denote “no talking in this space” and to decrease the interruptions for the nurse. Some organizations, as recently shared in an article about Kaiser in The American Nurse, are using color-coded sashes for nurses to wear when they are in the process of administering medications. In the country of Wales, nurses are wearing red jackets to denote medication administration. Follow up findings have shown decreased interruptions, less medication errors, and more timely medication delivery for pain control.

The use of checklists for various procedures and care processes are also emerging as the norm. Recently the World Health Organization has embarked on an initiative to ensure a surgical safety checklist is used in every operating room across the globe. The Surgical Care and Outcomes Assessment Program (SCOAP) has identified a team process to expand upon the “side-site” and “time-out” concepts. This checklist addresses numerous issues at time of patient arrival, during the “time-out” period, and before the patient leaves the operating room. Dr. David Flum from the University of Washington is championing this initiative across Washington State. His efforts have led to checklists that support quality outcome transparency, showing staff in the operating room the most recent outcome results related to various checklist items (i.e. latest quarterly

An upcoming
“Carry and
Share”
campaign will
encourage
consumers
to carry a
copy of their
medication list
and to share it
with all of their
providers.

result for antibiotic prophylaxis being given in last 60 minutes, glucose being checked for diabetics, etc.). His intent is to help staff understand that “a perfect score” might not yet have been achieved. “Some staff do not think these are issues in their organization – they think it happens somewhere else,” he noted. The goal is to recruit all of the Washington State hospitals in this endeavor.

So, what’s next? Some of the latest research is showing that there are public concerns about healthcare employees “taking infections out into the community.” Nurses have also expressed concerns about the increased risk of infections in their families when they return home after being exposed to MRSA, etc. Since Wales was mentioned above, it is worth noting that their Health Minister has committed to issuing nationally recognized uniforms for healthcare workers. The uniform will not only enable patients and visitors to distinguish between the different categories of nurses and healthcare staff, but will clearly distinguish which nurses are in charge in a particular area. Additionally, these uniforms will be “impractical to wear outdoors” and will be laundered by the hospital laundry services rather than laundered in the healthcare workers’ homes. The design features include short sleeves to allow forearms to be washed; side buttons or zip openings to avoid pulling stained, contaminated, or soiled uniforms over the face when changing; and the ability to withstand industrial, high temperature washing techniques. And, in Britain, a new rule has been imposed barring physicians from wearing ties and long sleeves. While the evidence is just now emerging, and while some perceive the risk to be low, it is not an emerging belief that clothing contamination and infection are not “never happens” incidents. I’m guessing that, once again, this whole issue about uniforms will come around again for spirited discussion.

– *Stay tuned!*

CEARP Committee Recruiting Interested RNs

Functions of the Committee are to review and approve continuing nursing education activities, covering a range of topics, for approval of contact hours from a variety of applicants including hospitals, community colleges, universities and commercial entities.

Criteria for appointment include: masters degree in nursing, previous experience in successfully planning continuing nursing education offerings (i.e., writing behavioral objectives, developing evaluations, designing content) for adult learners; member of WSNA; time to review about two



applications a month; able to attend two Continuing Education Approval & Recognition Program Committee meetings, and participate in two 1.5-hour teleconferences each year. Volunteer yourself and a friend. This experience provides a valuable needed service to

nurses in Washington State. Your careful evaluation of applications will help assure that educational activities meet the standards set by ANCC for continuing nursing education.

Approved CEARP applicants are welcome to apply given your expertise in completing our applications.

To learn more, contact Hilke Faber at 206.575.7979, ext. 3005, or send email to hfaber@wsna.org.

WSNA Job Opening: Nursing Practice & Education Specialist

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

Duties and responsibilities shall include but not be limited to:

- Promotes and implements the WSNA professional nursing practice and education programs in cooperation with councils, cabinet, committees, and other appropriate groups and individuals.
- Assists nurses and practice committees in developing and implementing activities aimed at identifying and resolution of problems in nursing practice and education, as well as raising standards of nursing care.
- Oversees the implementation, maintenance, and evaluation of WSNA's on-line education program.
- Prepares and channels communication about nursing practice and education to component and constituent parts of WSNA, including The Washington Nurse, the

WSNA website, and other WSNA publications.

- Provides consultation and advice, and interprets information for officers, committees, individual members of WSNA and the public about nursing practice standards, policies, and issues.
- Assists in the identification of significant issues, trends and developments which may impact the practice of nursing.

Qualifications:

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

To Apply:

Mail, fax or email resume:

WSNA
Attn: Sally Watkins
575 Andover Park West, Suite 101, Seattle, WA 98188
206.575.1908 FAX
swatkins@wsna.org

STAFF SURVEY



Announcing the WSNA Safe Staffing Survey

Washington State recently passed the Safe Nurse Staffing law. By September 2008, each hospital must establish a nurse staffing committee composed of at least half direct care nurses. This committee will develop, oversee, and evaluate a nurse staffing plan for each unit and shift of the hospital based on patient care needs, appropriate skill mix of registered nurses and other nursing personnel, layout of the unit, and national standards/recommendations on nurse staffing.

While the Safe Nurse Staffing law will help improve patient outcomes, WSNA wants to also assess the law's impact on nurse safety, health, and well-being. To do this, we ask that you complete a short online survey that will provide some baseline information as nurse staffing committees are being established and are early in the process of carrying out their duties.

In approximately 6 months, we plan to ask you to complete a follow-up survey to see the difference these nurse staffing committees are making in terms of nurses' lives.

**ONLINE SURVEY ON NURSE STAFFING LAW'S IMPACT ON NURSE SAFETY,
HEALTH, AND WELL-BEING:**

To take the survey,
log on to wsna.org/surveys/staffing

ARNP NEWS

ANA Commissions New Study on Positive Impacts of Advanced Practice Registered Nurses

The American Nurse Association (ANA) is collaborating with nearly two dozen national nursing organizations to commission the first comprehensive study of its kind in 20 years. The study will address the positive impact the 240,000 Advanced Practice Registered Nurses (APRNs) have on health care quality and patient outcomes.

Though APRNs have been linked to improved access to health care services, enhanced patient safety, and cost-effective care, a contemporary systematic review

is needed to gauge the overall impact these providers are having in today's health care system.

Researchers will examine research-based evidence connected to care provided by nurses in the four APRN roles – certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), certified clinical nurse specialist (CNS), and certified nurse practitioner (CNP). Additionally, APRNs focus on at least one of six population foci: psych/mental health, women's health, adult-gerontology, pediatrics, neonatal, or family.

Substantial challenges to educational expectations and certification requirements for APRNs, and the proliferation of nursing specializations have sparked debates on appropriate credentials,

scope of practice, and state-by-state regulation of nursing scope of practice. To that end, the consensus model for APRN regulation focuses on the regulation and credentialing of nurses.

“An Assessment of the Safety, Quality, and Effectiveness of Care Provided by Advanced Practice Nurses, for the first time, when implemented by January 2009, will standardize each aspect of the regulatory process for APRNs, resulting in increased mobility, and will establish independent practice as the norm rather than the exception. This will support APRNs caring for patients in a safe environment to the full potential of their nursing knowledge and skill,” said ANA President Rebecca M. Patton, MSN, RN, CNOR.

Protect Your Patients from Influenza

Protecting the health of patients is one of the most important reasons for health care professionals to get an annual influenza vaccination. Flu vaccination helps protect you and your patients against the flu. Getting vaccinated can also prevent the spread of disease to your patients and your family. You can spread influenza to others even when you have no symptoms. So, be sure to get vaccinated to protect others, especially your patients.

Only about 42 percent of health care professionals get a flu vaccination each year. Be a role model and get vac-

inated. You can set a positive example for your patients and coworkers!

Here are answers to a couple common questions about flu vaccine that sometimes keep people from getting vaccinated:

Q Can I get the flu from the flu vaccine?

A No. It is not possible to get the flu from the vaccine. The flu shot is made from killed viruses that are not able to cause disease. The nasal spray vaccine is made from weakened virus, which is not strong enough to infect people either. Some people may get a mild fever or experience muscle aches for 1-2 days after vaccination. These are normal reactions that happen when

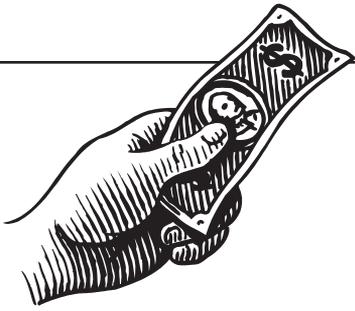
your immune system starts responding to the vaccine.

Q I do not usually get the flu, so why should I get vaccinated?

A Everyone is at risk of getting the flu and can benefit from vaccination. You are at risk even if you are healthy, and you can spread the virus to your patients who may be at greater risk of serious illness from the flu. Flu vaccinations are your best protection against the flu, but covering your cough and washing your hands regularly are important too.

For more information about the flu and flu vaccines, visit www.doh.wa.gov/flunews or www.cdc.gov/flu

Legislative Affairs



The Same Pay for the Same Service

ARNP Reimbursement Inequality

Under current law, a health plan can reimburse services provided by an ARNP at a lower rate than if a doctor performed those same services. The reduced ARNP reimbursement only benefits the health plan while reducing access to care for patients. To address these unequal health plan reimbursement rates, ARNPs United of Washington State and WSNA plan to take the issue of ARNP reimbursement rate inequality before the Legislature in 2009.

Background of the Problem

In 2002, a Washington State ARNP filed a complaint with the Office of the Insurance Commissioner (OIC) after identifying that the Regence Blue Shield reimbursement policy for ARNPs might be violating the state's Health Care Services Contract Act (RCW 48.44.290). Regence arbitrarily set ARNP reimbursement at 95% of the physician rate for performing the same service.

After a trial and series of appeals with the OIC, WSNA brought the issue to the King County Superior Court in 2005. Unfortunately, the court ruled that the term "health care service contract" used in the law referred to contracts between the health plan and the insured individual and did not extend to the health care provider. The ruling suggested that the law did not have legal force in addressing reimbursement parity for ARNPs because it did not directly affect the agreement between the health plan and the provider.

This loophole in the current law has allowed Regence to continue reimbursing ARNPs at a rate lower than that of physicians for the same service. In addition, the Washington State Department of Labor and Industries reimburses ARNPs at 90% of the physician fee schedule.

Impact of Inequality in Reimbursement

Payment equal to that of a physician for a service provided by an ARNP is an access to care issue and an issue of equality and non-discrimination. When an

ARNP makes a decision about which patients to accept into the practice based on the rate of reimbursement this can reduce access to care.

Health plans that reimburse at 100% of the physician rate provide a more stable financial base for ARNP practice and access to care than health plans that arbitrarily reduce reimbursement to ARNPs. Given the shortage of primary care providers in Washington, this law will increase access to care for many people while addressing a loophole in the current law that unfairly discriminates against ARNPs.

There are over 4,600 ARNPs licensed in Washington State. ARNPs include certified nurse midwives who provide obstetric care; nurse anesthetists who provide anesthesia care and nurse practitioners and psychiatric clinical nurse specialists who provide both primary and specialty care. ARNPs work in urban and rural areas and care for underserved and vulnerable populations. According to a University of Washington study, ARNPs provide 12% of primary care in rural areas of the state.

Proposed Legislative Remedy

The proposed legislation would require health plans and state agencies to provide the same rate of reimbursement for ARNPs as physicians receive when the same service is provided. This would be based on the use of national, standardized billing codes. If you are interested in finding out more about this issue, please visit the 'Legislative Affairs' section of the WSNA website.

2009
NURSE
LEGISLATIVE
DAY

February
2
2009

Register Today!

Join hundreds
of nurses and
nursing students
from around
Washington State.

It's an energizing,
educational,
fun-filled day.

Learn about critical nursing
and health care legislation
to be considered during the
2009 Legislative Session.

Obtain the skills needed to **become
a citizen lobbyist**. Learn how to
communicate effectively with your
elected officials.

**Visit with your state
representatives** and let them know
which issues are important to you.

Unite with other nurses, and
educate lawmakers on nursing
and health care issues.

Registration Form **WSNA Nurse Legislative Day '09**

Registrant Information – Separate registration form required for each registrant. Photocopy registration form as needed.

\$ _____ **Registration Fee**

\$ _____ **PAC Contribution** (Suggested donation \$25)

\$ _____ **Total Amount Enclosed**

Name _____ Credentials _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Legislative District _____ Membership # / Last 4 SSN _____

School _____

Cost

- \$20 Pre-registered* Students
- \$50 Pre-registered* WSNA, ARNPs United, AAPPN, WANA, AORN, or SNOW Members
- \$55 Pre-registered* Non-members
- \$30 Students Who Register On-Site
- \$70 All Others Who Register On-Site

* To qualify for pre-registration prices, registration forms must be received no later than January 26th.

Check Enclosed

VISA/MasterCard _____ Exp _____

Cardholder Name _____ Cardholder Signature _____

✂ Detach here and return top portion by mail or fax to 575 Andover Park West, Suite 101, Seattle, WA 98188 or 206-575-1908

2009
NURSE
LEGISLATIVE
DAY

NURSE LEGISLATIVE DAY

Date – Monday, February 2, 2009

Location –
Washington Center for Performing Arts
512 Washington Street SE, Olympia, WA

More Information – wsna.org

~REMINDER CARD~

Preventing the Spread of **Clostridium Difficile**

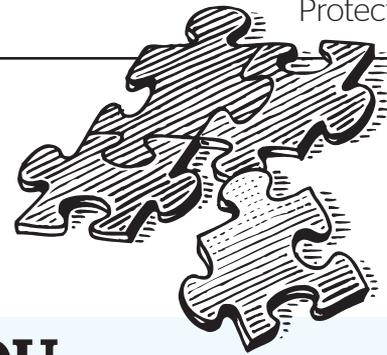
from the Washington State Hospital Association

Clostridium difficile (C. difficile) is a bacteria with toxin producing spores that cause gastrointestinal infections in humans. C. difficile bacteria is commonly in the intestines of healthy people. When a person takes an antibiotic, some of the normal bacteria die, allowing the C. difficile to multiply. An infection with C. difficile can cause mild to life-threatening diarrhea and intestinal inflammation.

C. difficile spores are difficult to kill and can live on surfaces for months. As the bacteria is spread by contact with feces, good hand hygiene with soap and water — not alcohol based gels — and cleaning with hypochlorite (bleach) products is important.

C. difficile infections have been shown to extend hospital stay and to increase the risk of acquiring other nosocomial infections. In the United States, the estimated cost to health care is 1.1 billion dollars per year.*

* Implications of the changing face of Clostridium difficile Disease for Healthcare Practitioners - AJIC Vol.35 No.4, May 2007



THINGS YOU CAN DO...

- 1. Use antibiotics judiciously;** exposure to certain antibiotics or use of multiple antibiotics increases the chances of getting C. difficile infections.
- 2. Hand hygiene**
 - » Wash hands using soap and water. (Alcohol-based hand gels may not be as effective against spore forming bacteria.**)
 - » Achieve excellent hand hygiene compliance.
 - » CEO and C-suite monthly monitoring of hand hygiene compliance by unit to achieve specific hospital targets – personal visit by CEO to managers of units below target.
- 3. Clean surfaces** with disinfectant that is an Environmental Protection Agency (EPA) -registered hypochlorite or diluted household bleach.
- 4. Use contact precautions** for known or suspected patients with C. difficile infections and

place them in private rooms when possible.

- 5. Use disposable equipment** if possible.
- 6. Monitor high risk patients** for developing C. difficile infection, such as patients with: use of multiple antibiotics, GI surgery, increased length of stay in hospital, advanced age, immunocompromised condition, and serious underlying illness.
- 7. Reduce transmission** through prompt diagnosis and effective treatment.
- 8. Educate patients** with C. difficile infections. (Information for patients and family: http://www.cdc.gov/ncidod/dhqp/id_CdiffFAQ_general.html).
- 9. Educate staff** about C. difficile infections. (Information for healthcare providers: http://www.cdc.gov/ncidod/dhqp/id_CdiffFAQ_hcp.html).
- 10. Participate** in WSHA Safe Table Learning Collaborative on Eliminating Hospital Acquired Infections.

** CDC Information for Healthcare Provider

HANFORD

THE TRI-PARTY AGREEMENT

by Karen Bowman, MN, RN, COHN-S
WSNA Environmental Health Specialist

As part of our commitment to environmental health advocacy, WSNA became a board member of the Washington Branch of Physicians for Social Responsibility (WPSR) last year. This organization is the medical and public health voice that advocates for the reduction of nuclear weapons, and to slow, stop or reverse global warming and toxic degradation of the environment (<http://www.psr.org>). In 1985, the national Physician's for Social Responsibility, which is an affiliate of International Physicians for the Prevention of Nuclear War, received the Nobel Peace Prize for educating the public about the health risks of the nuclear arms race.

The Hanford Nuclear Reservation is the most contaminated site in the Western Hemisphere.



Through this organization, I accepted a position as an alternate delegate to the Hanford Advisory Board, a watch dog organization that works with the Department of Energy (USDOE), the Department of Ecology, the United States Environmental Protection Agency (USEPA), and citizens groups to make sure that Hanford follows current policies that will protect workers and prevent further nuclear waste from contaminating the environment. I'd like to share with you what I've learned.

While participating in a public forum last evening to educate concerned citizens on the radioactive toxic waste clean up process at the Hanford Reservation, my fears around the economic health of the nation and my 401k soon faded as they were replaced with grave concerns about the "State of the Site" clean up, otherwise known as the Tri-Party Agreement (TPA). The TPA was signed in 1989 between the three agencies mentioned above. It is a legally binding agreement that establishes timelines, costs, benchmarks and responsibilities for the clean up process of Hanford (Hanford Forum, Seattle Washington 10/7/08).

The Hanford Nuclear Reservation is the most contaminated

site in the Western Hemisphere. In 2000 alone, Hanford imported 232,000 cubic feet of radioactive waste for burial in unlined soil trenches-enough to cover a football field 13 feet deep (Washington Physicians for Social Responsibility, *The Challenge of Hanford and Health*). Another example of the hazards posed is the 140 single shelled tanks that hold radioactive toxic waste on the site. They're old; they're leaking. It takes over a year to contain and remove the toxic slurry from each one and it costs approximately \$16 million per tank. "These tanks are to be emptied into the double shell tanks. But, the double shell tanks do not have room for the 35 million gallons in the old single shell tanks. The official White House OMB has approved budgets for USDOE for cleanup over the next ten years, but that only funds the clean up of one or two tanks per year (mostly just one per year)," says Gerry Pollet, Executive Director of Heart of America, the public's voice on the Hanford cleanup.

The USDOE wants to continually delay the clean up of this incredibly poisonous site. I met concerned citizens last night who have been fighting for the Hanford clean up for over 30 years. They're now in their 70s!! They won't see the fruits of

their labor. Neither will I, and I fear now my children won't either. We must act now so that our children and future generations have a toxic and radioactive free environment. Here are the issues we must act on and refuse right now:

- The USDOE has proposed three ways to delay critical clean up:
 - » Postpone emptying those leaking single-shelled tanks of high-level nuclear waste by 22 years, from the current 2018 timeline to 2040. (*I'll be 87! How old will you be?*)
 - » Delay the processing of the tank waste by 20 years by changing the original deadline from 2028 to 2047.
 - » Delay completing cleanup of high-level waste tank farms and other final clean-ups until 2052. (*I'll be 99!*)
- The USDOE also proposes using Hanford as a national radioactive hazardous waste site. The health effects of radiation can be devastating, both from long-term exposure to small amounts of radiation and from high exposure in one incident. Increased risk for cancer is just one of the many health threats that radiation causes.

In a "60 Minutes" interview, Governor Gregoire stated, "The chances of a catastrophic event over there are real. Time

is not on our side. We need to get going." She's right. We cannot accept this proposal. Doesn't it make sense to clean up what we already have before ever considering taking on more toxic waste?

What Can Nurses Do?

Plenty!

Tell the Dept. of Ecology and the USEPA not to agree to the USDOE's proposal to delay the clean up.

Nurses are concerned about nuclear radiation exposure. We're concerned about our communities being downwind of a witch's brew of toxic radioactive waste. We are concerned about the health of our brothers and sisters who work there. We know the long term health effects of radiation exposure and chronic, cumulative exposures to toxic chemicals. However, no one knows the synergistic health effects associated with multiple dose exposures of many different toxic radioactive chemicals. The chance to have a nurse on the Hanford Advisory Board provides nurses with opportunities to understand this issue and voice our concerns. We thank WPSR

for this opportunity to support their work.

Check out the 'Public Involvement' section of the Hanford website at www.hanford.gov. Become informed – then contact the agencies below and share your thoughts. Nurses' opinions greatly matter. We are the voice of change. These are critical issues that affect our children and our future. If you have any questions on how to advocate or proceed, feel free to contact me at Karen@karenbowman.com or 206.368.9377.

Contacts

U.S. Department of Energy
Richland Operations Office (RL)
Kim Ballinger
509.376.6332
Kimberly_S.Ballinger@rl.gov
www.hanford.gov/rl

U.S. Environmental Protection Agency
Region 10 – Hanford Project Office
Dennis Faulk
509.367.8631
Faulk.dennis@epa.gov
www.epa.gov/region10

U.S. Department of Energy
Office of River Protection (ORP)
Erik Olds
509.372.8656
Theodore_e.erik_olds@orp.doe.gov
www.hanford.gov/orp

Washington State Department of Ecology
Nuclear Waste Program
Sharon Braswell
509.372.7895
Shab461@ecy.wa.gov
www.ecy.wa.gov/programs/nwp

Join the Hanford Information email list for updates and notices on Hanford events at <http://listserv.wa.gov/archives/hanford-info.html>, or call the Hanford cleanup line at 1-800.321.2008.

Labor Relations

Labor Studies School



Have You Registered for Labor Studies School?

		Week 1	Week 2	Week 3	Week 4	Week 5
Grievances	Seattle	March 31	April 14	April 28	May 12	May 26
	Spokane	April 9	April 23	May 7	May 14	May 28
Negotiations	Seattle	April 7	April 21	May 5	May 19	June 2
	Spokane	April 9	April 23	May 7	May 14	May 28
Leading a Local Unit	Seattle	Jan 6	Jan 20	Feb 3	Feb 17	March 3
	Spokane	Jan 8	Jan 22	Feb 12	March 5	March 26
Labor Law & Special Topics	Seattle	Jan 13	Jan 27	Feb 10	Feb 24	March 10
	Spokane	Jan 22	Feb 5	Feb 26	March 12	April 2

On September 9, 2008 the Labor Studies School held its first class at the WSNA office. Attending the Grievance Track are nurses from St. Clare Hospital in Lakewood, Virginia Mason Hospital in Seattle, Skagit Valley Hospital in Mt. Vernon, Yakima Regional Hospital in Yakima, Good Samaritan Hospital in Puyallup, and Sunnyside Community Hospital in Sunnyside. These 15 bargaining unit members and officers are attending class approximately every 2 weeks and will complete the 5 sessions on November 4, 2008. Each participant will receive a certificate for the completion

of their track of study.

The current track being taught is 'Grievances.' Specific topics being covered include: determining what is and what is not a grievance; how to investigate, interview and prepare for a grievance meeting; how to present the grievance; working with settlement offers; discussion of the grievance procedure; and unfair labor practices.

It is now time to register for the winter sessions. Classes will begin on January 6, 2009 at the Seattle Office and on January 8, 2009 in the Spokane area.

Classes will again be held from 5:30 pm – 8:30 pm, meeting approximately every 2 weeks. Classes are free but advance registration is required. If less than 3 members are registered 10 day prior to the start of the track, it will be cancelled. To prevent classes from being cancelled, register early and receive your class confirmation by email. The winter Tracks are: **Leading a Local Unit** and **Labor Law / Special Topics**.

To register, call Kathryn Macleod at 1.800.231.8482 or send email to kmacleod@wsna.org.

BELOW: A summary of WSNA contract negotiation gains achieved from June – October 2008.

	1st Year Wage Increase	2nd Year Wage Increase	3rd Year Wage Increase	Key Gains
Skagit Valley Hospital 2008-2011	3.5%	3.5%	4%	<ul style="list-style-type: none"> » Final parity adjustment » Increase shift differential » Preceptor pay for senior students » Float pool with premium » BSN Premium <ul style="list-style-type: none"> » Additional annual leave from the 1995 “freeze” » FMLA – one year of service eligibility; does not have to be a continuous year » New steps between 24-28
United General Hospital 2008-2011	5%	4.5%	4.5%	<ul style="list-style-type: none"> » Domestic violence leave » 100% employer–paid insurance premium at 0.6+ FTE » Float premium <ul style="list-style-type: none"> » Standby rate based on total hours in 12 weeks » 1 step increase every year for up to 30 years
Sunnyside Community Hospital 2008-2011	5%	5%	5%	<ul style="list-style-type: none"> » Increase in premiums for shift differential, preceptor, certification, BSN/MSN, IBD program, & continuing education » Payout of some accrued vacation/holiday when resignation between 14-20 days <ul style="list-style-type: none"> » FMLA – one year of service eligibility; does not have to be a continuous year » New steps » Improved prime time vacation request
Spokane Veterans Home Washington Soldiers Home Washington Veterans Home 2009-2011 (2 year contract)	1.7%	2%	N/A	<ul style="list-style-type: none"> » One additional personal day annually » Family military leave » Domestic violence leave <ul style="list-style-type: none"> » Bargaining unit seniority to determine vacation » Shift differential for shift worked
Benton-Franklin Health Department 2008-2011	3.5%	2nd and 3rd year based on 100% of the West -BC Consumer Price Index (2% to 3%)		<ul style="list-style-type: none"> » Access to trained interpreters » Quarterly conference committee meetings <ul style="list-style-type: none"> » Opportunity to attend health district board meetings » No change in insurance benefits (50/50 split for increased costs)
Island Hospital 2008-2011	4%	3.5%	3.75%	<ul style="list-style-type: none"> » Overtime after 8 hrs for nurses on 40 hr/week rule (on 8 hr shifts) » New Temporary Nurse position » Pre-determination meeting language » Premium increases for charge nurses <ul style="list-style-type: none"> » Shift differential » Certification/degree premium » Standby rate based on total hours in 12 weeks period » New Per Diem language on availability and job bidding
University of Washington Medical Center 2009-2011 (2 year contract)	3%	2%	(2011) 2.5%	<ul style="list-style-type: none"> » Maintain current percentage of insurance and pension paid for by employer and by RN » Double–time for unscheduled extra weekend work <ul style="list-style-type: none"> » State Wellness Incentive Program » Change in peak vacation periods » Military spouse leave » Domestic abuse leave

WSNA Completes AFL-CIO Mediation Session with the UAN

On Friday, September 19, 2008 representatives of the eight state nurses associations (Washington, Oregon, Ohio, New York, Montana, New Jersey, and Indiana) that disaffiliated from the United American Nurses (UAN) and representatives of the UAN met with mediators from the AFL-CIO in a face-to-face meeting at the



National Labor College in Silver Spring, MD. WSNA was represented at the meeting by Kim Armstrong, President; Jeanne Avey, Chair of the E&GW Cabinet; Judy Huntington, Executive Director and Barbara Frye, Director of Labor.

The meeting was a positive and respectful one and we are pleased to share the outcome of that meeting. Be-

low is the joint public statement about the meeting agreed upon by all parties involved:

"The parties had a positive meeting which involved a frank discussion of issues relating to the disaffiliations. The UAN expressed its interest in having the State Nurses Associations reaffiliate. The States expressed an interest in finding opportunities to work with UAN on matters of mutual interest, but not a desire to reaffiliate in the near future. The parties have committed to reach out to each other in an effort

to identify and develop these opportunities."

As for the eight states, we will now concentrate on formalizing our commitment to each other so that we can continue in the House of Labor at the state and national level. We will keep you posted on our progress as we go forward.

**"LEADERSHIP
AND LEARNING ARE
INDISPENSABLE TO EACH OTHER."**

John Fitzgerald Kennedy, 1963

The faculty at the **University of Washington School of Nursing (UWSO_N)**, Seattle invites you to lead and learn by enrolling in the Doctor of Nursing Practice (DNP) program.

UWSO_N is proud to offer the DNP in Community Health – not only does the curriculum prepare for roles in areas such as Policy Analysts, Program Analysts, Nurse Executives and Occupational and Environmental Health Nurse Specialists – the program uses a community health leadership framework to dynamically integrate coursework and clinical internship experiences with emphasis on Communities for Youth, Cross Cultural and Global Health, Healthy Aging, Occupational and Environmental Health and Rural Health.

Distance learning (elearning) technologies are used in one-third of the courses to allow for flexible learning at home and in classrooms on Saturdays.

To prepare yourself for the future visit: <http://www.son.washington.edu/eo/dnp.asp>

School of Nursing
UNIVERSITY OF WASHINGTON



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Lakewood, WA 98499

**Nursing Program
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RN programs**

w/ BSN + 3 yrs exp.

**VIEW:
[http://www.cptc.edu/
humanresources/
employment.html](http://www.cptc.edu/humanresources/employment.html)**

'Inside WSNA'

New E-Newsletter Coming Soon!

Why wait for the next issue of the Washington Nurse when you can get important WSNA updates and news delivered straight to your inbox?



Whether it's legislative news, an E&GW call to action, or information about upcoming events, you'll get the latest updates from **'Inside WSNA.'**

Send your name and email address, along with your membership number or the last four digits of your social security number to

newsletter@wsna.org so we can update your information and get you signed up for 'Inside WSNA.' You can also sign up or get more information online at wsna.org.

Please note that we cannot send to a work email, so please make sure to provide us with a personal email address.

WASHINGTON STATE NURSES FOUNDATION

Give Before the End of the Year

That time of year is coming up again soon. Yes, the holiday gift giving season. What to do for your friends, family, and colleagues? Why not do something that will be really easy and makes everyone feel great. And it doesn't require going shopping at the mall!

How about making a gift to the Washington State Nurses Foundation (WSNF) in honor of a special friend, loved one, colleague, and/or mentor? You will receive a receipt for your tax-deductible gift and an acknowledgment of your gift will be sent to the person you are honoring. (NOTE:

Gift amounts are confidential.)

WSNF was established in 1982 to support the advancement of nursing practice, nursing education, nursing research and to help nurses in need. There are a number of funds designated for specific purposes (e.g. schol-

arship funds, emergency assistance, health and public policy), as well as an unrestricted fund to be used for general purposes.

What does your gift to the WSNF do? WSNF annually awards a minimum of four scholarships at \$1,000 each to deserving nursing students enrolled in programs of study leading to licensure as a Registered Nurse and to RNs in BSN and graduate programs of study. In addition, mini-grants are funded (up to \$500 each) to assist nurses in accomplishing community service projects. Also, emergency grants or loans are sometimes made to a seriously ill or struggling nurse need facing mounting bills with nowhere to turn for help.

Now, just think about some

of your family, friends, colleagues and mentors. You may have thought in the past about giving them a holiday gift, but never quite knew what would fit or what color to get or they simply didn't need one more "thing." Well, now you have the answer! Make a tax-deductible gift to the Washington State Nurses Foundation in their honor. You can send whatever amount fits for your budget. Think how much time and hassle you will save by not fighting traffic and parking at the mall! For more information just call the WSNA office at 206.575.7979, go on online at wsna.org, or send an email to wsnf@wsna.org.

We will be happy to help answer your questions or to help you make a donation.

IN MEMORIAM

Cathleen Marie Scoccolo 1956-2008

Cathleen Marie Scoccolo was born October 2, 1956 in Seattle, WA to Thomas and Marie Curtright. She died peacefully September 15, 2008 at her Bonney Lake home surrounded by her loving family.

Cathleen graduated from Highline High School in 1975, attended Bellevue Community College where she received her nursing degree. She worked at Seattle Children's Hospital in the PICU for 23 years.

Beloved wife of 30 years of Tony; mother of Anthony, Nicole and Raechelle; grandmother of Anthony Jackson; daughter of Marie Curtright and sister of Kelly Persson.

Memorials are suggested to Make-A-Wish Foundation (811 First Avenue, Suite 520, Seattle WA 98104) or Seattle Children's Hospital PICU (4800 Sand Point Way NE, Seattle WA 98105). Please sign the online memorial guestbook at www.bonneywatson.com.

Nancy Jane Kintner 1918-2008

Nancy Jane Kintner was born February 28, 1918 in Louisville, Kentucky and died at Skagit Valley Hospital in Mount Vernon, Washington at age 90 with her family by her side. She was raised in West Seattle by her parents Dr. William C. and Martha Kintner.

She followed her father and brother, Bill, into medicine graduating from the

University of Washington in 1940 with a degree in nursing. She completed her mental health training in New Haven, Connecticut in 1941. She returned to Washington State in 1942 and began working at Northern State Hospital in Sedro Woolley, Washington. She went back to school in 1964 and earned a Masters in Nursing from the University of California at Berkeley. She was Nursing Administrator at Northern State Hospital, and she retired in 1972 after 31 years. She served on the Washington State Board of Nursing and administered many of the state nursing exams. She was on the faculty at the University of Washington Nursing School and worked with Skagit Valley College faculty to develop the licensed practical nursing program at Skagit Valley College, in Mount Vernon. During her retirement years she was active with the Retired and Senior Volunteer Program for 27 years and was recognized for her service and commitment to the community.

Nancy Jane was athletic, talented, and led a very active life. She loved water and snow skiing, boating, animals, gardening, and her extended family. She loved Husky football and had season tickets for over 55 years. She and her lifetime partner, Gloria Laush, lived on Big Lake for 61 years. She was masterful at wood working, needle point, stamping and enjoyed crafts of all kinds. Her handmade Christmas gifts to family members were cherished masterpieces from her heart. She was an avid reader, worked crossword puzzles easily, and enjoyed corresponding with her brothers, nieces, and nephews, and friends. She was charismatic, thoughtful, giving, and loved by all whose paths she crossed. She strongly believed in education, and established many educational trusts to ensure that

family members would be educated.

She and Gloria enjoyed their retirement years traveling to all parts of North America, Europe, New Zealand, and Australia. They remodeled their home many times, and she tore down the front deck at age 86. In later years she fought some health issues but never let them get in the way of her travels, daily chores, special birthday parties and family gatherings.

She is survived by her lifetime partner, Gloria Laush; her brothers Dr. Dick Kintner (Mervi) and Bob Kintner (Fran); nieces and nephews, Tom Kintner (Carolyn), Jim Kintner (Marylynn), Hallie Jo Kintner (Monica Liebert), Dr. Janine Kintner Johnson (Dr. Mark Johnson), Monte Kintner (Katie), Dr. Pat Kintner (Dr. Mary Jo Kintner), Janice Kintner, Laurel Kintner, Catherine Kintner ; grand nieces and nephews, A.J. Kintner, Karl, Peter and Nick Johnson, Cassandra Kintner, Marni Jo and Julie Kintner, Jill Kintner (2008 BMX Olympic Bronze Medalist) and Paul Kintner (Hattie Bethke), Leah and Holly Kintner, Galen Kintner; and great-great nieces and nephews, Ashley and Evan Kintner, and Cathy Lynn Kintner. She was preceded in death by her parents, her brother Dr. William Kintner, her nephews Peter Kintner, Mike Kintner and Scott Kintner.

Remembrances can be made to the Nursing Program at Skagit Valley College (2405 East College Way, Mount Vernon, WA) and the Big Lake Fire Volunteer Firefighters Association (16822 West Big Lake Boulevard, Mount Vernon WA 98274). Please share your thoughts and sign the online guest registry at www.hawthornefuneralhm.com.

Seattle Children's Nurse Awarded National Research Grant for Nursing Research and Evidence-Based Practice Project

Ten teams of nurses recently received funding to improve the treatment of patients with auto-immune diseases and cancer, through a series of grants awarded by the DAISY Foundation. The grant recipients, located throughout the United States, are conducting research to improve patient quality of life and clinical outcomes. Grant amounts were up to \$5,000. Pamela Christensen, RN, MN, Children's Hospital and Medical Center of Seattle, was one of the grant recipients for her study: Adolescent Health Related Quality of Life and Satisfaction with Care in the First Year After Diagnosis With Inflammatory Bowel Disease

Applications are now being accepted for the foundation's 2009 J. Patrick Barnes Research Grant, which funds nursing research and evidence-based practice projects. The deadline for grant applications is March 1, 2009. Additional information and the grant application are available at www.DAISYfoundation.org.

The DAISY Foundation was established in 1999 by the family of J. Patrick Barnes, who died from complications of Idiopathic Thrombocytopenic Purpura (ITP) at the age of 33. Having been touched by the remarkable care, clinical skills and compassion demonstrated by nurses during Patrick's illness, the Barnes family established the Foundation to recognize and support exceptional nurses around the country. The Foundation has two primary programs: the DAISY Award



for Extraordinary Nurses, which recognizes the outstanding daily work of nurses in more than 280 hospitals throughout the United States, and the J. Patrick Barnes Research Grant. The Foundation also funds a limited number of other programs to support and inform people with ITP.

Two Washington State programs receive \$1 Million in Grants for Child Mental Health Services

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced awards of 18 cooperative agreements totaling at least \$146 million over six years to provide comprehensive community mental health services for children and youth with serious emotional disturbances and their families. The Yakima Valley Youth and Family Coalition, Yakima, and the Lummi System of Care Initiative, Bellingham each received grants of \$1,000,000

These grants will be used to implement a systems of care approach to services, based on the recognition that the needs of children with serious mental health

issues can best be met within their home, school, and community, and that families and youth should be the driving force in the transformation of their own care. The grants will be used to provide a full array of mental health and support services organized on an individualized basis into a coordinated network in order to meet the unique clinical and functional needs of each child and family.

“Experience has shown that children with serious emotional disturbances and their families benefit from an integrated approach to care and services,” said SAMHSA Acting Administrator Eric Broderick, D.D.S., M.P.H. “With appropriate care, these young people are far more likely to experience success in school and far less likely to become tangled in either the juvenile justice system or the institutional care system. The awards we announce today represent a wise investment that both helps preserve families and protect every child's right to a future.”

Since its inception in 1992, the Comprehensive Community Mental Health Services Program for Children and Their Families has funded a total of 126 programs across the United States that have helped transform the way in which treatment and care are provided to children with mental health needs and their families.

The programs selected for these cooperative agreements can receive up to \$1 million in year 1, up to \$1.5 million in year 2, up to \$2 million in years 3 and 4, up to \$1.5 million in year 5 and up to \$1 million in year 6. In addition, an increasing ratio of non-federal dollars is required from each organization to match the program's federal dollars. Continuation awards are subject to both availability of funds and progress

achieved by awardees. The program will be administered by SAMHSA's Center for Mental Health Services.

For additional information about this grant and other SAMHSA programs, please visit <http://tinyurl.com/35dfg5> or www.samhsa.gov

Nursing Commission Recruiting for Investigator Positions

If you have an inquisitive mind, a great attention to detail, and are a critical thinker, is an Investigator Position in your future? The Nursing Commission is in need of Registered Nurses with a Bachelor's in Nursing. If you have three or more years of experience as a registered nurse the Health Care Investigator 2 positions may be for you. The positions are based in Tumwater, WA. Entry level is a Level 2 Investigator position with potential advancement to a Level 3 Investigator position with progressive responsibilities. Starting pay for a Level 2 Investigator position is \$43,572 depending on qualifications, with advancement to a Level 3 Investigator position, the top range pay is \$57,240. For more information on the job announcement see <http://tinyurl.com/582fg7> or call Sandra Prideaux, Chief Investigator at 360.236.4731 or by e-mail at Sandra.prideaux@doh.wa.gov



DISTRICT NEWS

King County Nurses Association District 2

Nursing Scholarship King County Nurses Association (KCNA) is proud to help ensure the future of nursing in our community by offering scholarships to qualified nursing students. The deadline for 2009-10 scholarships is March 1, 2009. Scholarships are available to students pursuing initial licensure, as well as RNs returning to earn their BSNs and graduate students pursuing advanced degrees in nursing or related fields. For more information and to download an application, visit www.kcnurses.org.

Hot Topics Seminar

Sexuality Issues in Health Care: "Are we comfortable talking with our clients about SEX?"

Thursday, November 13, 6-9 P.M.
Good Shepherd Center, Wallingford
Nursing Education Credits: 2.5 contact hours

This session, led by Mary E. Fry, PhD, RN, will examine the progress we have made professionally as RNs. We will explore our own values, comfort, roadblocks, as well as our positive experiences talking about sex, and discuss current information on screening for and defining sexual problems. Mary Fry is associate professor in the School of Health Sciences at SPU, and has teaching experience in reproductive health, care of the childbearing family, women's health and human sexuality. She is known for presenting information in a lively and humorous way.

The cost – \$35/member, \$45/non-member, \$25/student – includes a boxed dinner.

For more information or to register, please visit www.kcnurses.org.

Inland Empire Nurses Association District 4

IENA has scheduled its annual **Legislative Reception**. The event will be held October 14th at the Red Lion River Inn, Spokane. As in the past there will be no charge for members and speakers will include legislative representatives from Local, State and Federal level. Each attendee will receive a 2009 pocket calendar inscribed with "Complements of the Inland Empire Nurses Association" in addition to smaller gifts of thanks for attending.

The night will be capped off with a Q & A with the audience. Each legislator will be given a short amount of time to address their views on Health Care prior to the Q & A.

IENA is continuing its efforts to celebrating the members with various activities that benefit all members with little or no cost to the members.

New members who will be joining the existing Board of Directors in November as a result of the elections held in July include: Michele Slider-VP, Carlene Haynes-Secretary, Anne Bailey, Louanne Hausmann, and Peggy Slider- Directors-at-Large, Nurse in Private Practice-Carrie Holliday, Nursing Education-Lynn Stapleton, General Duty-Judy Edmonds, Community/Public Health-Laurie Vessey. Also three new members have been elected to the nominating committee Kelly Knight, Michele Wolf and Christine Slider

IENA is moving forward on plans for its 2009 Centennial.

ANA NEWS

ANA Advances the Prevention of the Unethical Recruitment of Foreign-Educated Nurses

The American Nurses Association, along with representatives of unions, health care organizations, educational and licensure bodies, and recruiters joined forces on September 4, 2008, by publicly releasing the Code of Ethical Conduct for the Recruitment of Foreign Educated Nurses. The Code provides voluntary guidelines that aim to ensure the growing practice of recruiting foreign-educated nurses to the United States is done in a responsible and transparent manner. To learn more about the Code of Conduct, please visit <http://tinyurl.com/6rtlyy>.

ANA Continuing Education and Professional Development

ONLINE CE: *"When Closeness Breeds Cruelty: How to Help Victims of Intimate Partner Violence"* from *American Nurse Today* at <http://tinyurl.com/5g3bku>.

"To identify, comfort, and aid victims, we need to stop turning a blind eye to the problem of domestic abuse. What would you do if you suspected your friend, neighbor, or colleague were being abused by a spouse or partner? For many of us, it seems easier to turn away and ignore the signs. But today, greater public awareness of domestic abuse brings increased responsibility. If we see the signs, we can't just turn a blind eye. This is especially true for healthcare providers. We may encounter domestic abuse victims in the

course of routine care or when caring for a physical or psychological condition caused by such abuse. Because of our frequent contact with potential abuse victims and the nature of our relationship with them, we're in a unique position to screen for abuse and intervene appropriately. We also play a legal role: Police and prosecutors may rely on our assessment and documentation of abuse-related injuries, and in some states we're required by law to report suspected cases of domestic abuse."

The 3rd Annual ANA National Database of Nursing Quality Indicators Conference

The third annual National Database of Nursing Quality Indicators Data Use Conference, **New Frontiers in Quality Care**, is scheduled on Jan. 22 and 23, 2009, in Dallas at Hyatt Regency Dallas at Reunion. The pre-conference will be held on Wednesday, Jan. 21, 2009.

The keynote speaker on Thursday, Jan. 22, will be nursing leader Dr. Linda Aiken. She is the Claire M. Fagin Leadership Professor in Nursing and Sociology and Director, Center for Health Outcomes and Policy Research, at the University of Pennsylvania. Dr. Aiken's presentation will be on the *"Impact of Hospital Care Environment on Patient and Nurse Outcomes."*

WHO SHOULD ATTEND?

Staff Nurses – Chief Executive Officers – Nurse Executives – NDNQI Site Coordinators – Researchers – Quality Improvement Professionals

EARLY BIRD REGISTRATION:

ANA member or NDNQI hospital: \$550

Non-ANA member: \$600

HOTEL RESERVATIONS:

Hyatt Regency Dallas at Reunion
214.651.1234 or
888.421.1442

ONLINE HOTEL RESERVATIONS:

<http://tinyurl.com/5nprlg>

For information or for a brochure when it becomes available, send e-mail to meetings@ana.org

R E M I N D E R

Membership Information and Employment Status Changes

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

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

Ever Have Trouble Locating Your ANA Membership Number?

by Patrick McGraw
WSNA Membership
Coordinator

As an active participant in WSNA, you are a part of your state organization for nurses, your local unit and, at the national level, a mem-

ber of the American Nurses Association.

Your WSNA membership number and your ANA membership number are both located on your WSNA membership card. **Your WSNA membership number is different from your ANA membership number.** The WSNA membership number is located just beneath the name on the card and just above the ANA membership number.

A WSNA membership card is mailed to each new member and also annually to existing

members (quarterly to those members who pay their dues by installment).

Member benefits in WSNA include professional liability insurance through the Nurses Service Organization (NSO), special pricing and policies with AFLAC, and much more. Information on all of the benefits of membership of WSNA can be found on the WSNA Web site at wsna.org → Membership → Benefits.

The American Nurses Association also offers a wide array of benefits and discounts

available to members. Information on the many membership benefits of the American Nurses Association can be found on the American Nurses Association website, www.nursingworld.org.

If you do not have your WSNA membership card on hand, please feel free to contact the membership department of WSNA for a replacement card. 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

Seattle Children's Hospital Awarded Magnet Status

The American Nurses Credentialing Center (ANCC) has awarded Magnet status to Seattle Children's Hospital in recognition for its nursing excellence. Less than four percent of hospitals in the United States have qualified for Magnet status and Seattle Children's Hospital is the first pediatric hospital in the Pacific Northwest to achieve this distinction. Children's joins the University of Washington Medical Center as the only Magnet recognized hospitals in the state of Washington.

"This is a mark of excellence not only for our nursing program, but the entire hospital," said Dr. Thomas Hansen, CEO at Children's. "We are honored to receive this external recognition of the exceptional quality of our nurs-



es — something our patients and their families have known for years."

Designation was awarded after a rigorous evaluation process that began in Febru-

ary 2005. Both qualitative and quantitative factors of nursing services are measured. Selection criteria include such areas as nursing philosophy and structure, expertise and role of nursing administration, fiscal resource management, use of the nursing process, organizational environment that supports professional practice, quality assurance programs, ethics, use of nursing research and recognition of a diverse client population.

According to the ANCC, research indicates that Magnet hospitals produce better patient outcomes than other

hospitals. Independent research also shows that Magnet hospitals consistently outperform their peers in recruiting and retaining nurses, resulting in increased stability in patient care throughout those hospitals. As a result, Magnet hospitals benefit from reduced costs due to low turnover.

"This is truly an accomplishment to be celebrated. The Washington State Nurses Association congratulates the entire nursing staff and could not be more pleased that their hard work, dedication and professionalism have earned Magnet status for Children's Hospital. We look forward to continuing our work with the nurses at Children's as they continue to provide excellent care for their patients," said Judy Huntington, MN, RN, WSNA Executive Director.

New Members

WHATCOM COUNTY

DISTRICT 01

Biederman, Kathleen
Bowman, Charles
Davis, Julie
Eldridge, Kathleen
Foster, Suzan
Garretson, Dashka
Kring, Jenny
Lascuola, Sandra
Moore, Roberta
Porras, Theresa
Reiber, Laurilee
Steven, Peggy
Struiksmma, Katherine
Whiteside, Carol

KING COUNTY

DISTRICT 02

Abutin, Robby Bryant
Agtarap, Kristin
Ahn, Mijin
Albornoz, Kristyn
Allen, Cindy
Anderson, Amy
Anderson, Randi
Ang, Desiree
Apolinar, Laarni
Barahimi, Nassrin
Barbee-Gast, Katie
Barnett, Kristin
Baskins, Duane
Bates, Sandy
Bay, Emily
Beaupre, Anne
Becker, Kristen
Belayneh, Thomas
Bell, Courtney
Benitez, Stephanie
Birgani, Mitra
Blaus, Heather
Bostic, Emily
Brack, Katie
Braddock, Adam
Braden, Amber
Braun, Lesley
Brooks, Calli
Bruemmer, Kelli
Bumanglag, Rhoda
Buslon, Salve
Cafarelli, Tarri
Campbell, Kelly
Carlson, Elizabeth
Ceesay, Maram
Chacon, Pablo
Chesneau, Antonia

Clarke, Wendy
Clay, Rebecca
Clemmons, Rachael
Connolly, Caitlin
Cook, Jamie
Cordova, Cecilia
Crew, Jennifer
Damento, Patricia
Danilyuk, Mairita
Denham, Melissa
Dougherty, Barbara
Dufek, Jacqueline
Ennaro, Sharon
Ericson, Destiny
Ezeonwu, Alice
Falk, Maari
Fitzgerald, Ingrid
Frantz, Trudy
Garbett, Debora
Gausman, Colleen
Genaro-Wolf, Denise
Gillette, Jennifer
Giordano, Katherine
Glockling, Jennifer
Goldman, Stephanie
Gore, Kenneth
Gratz, Michelle
Graves, Maureen
Greenwood, Sarah
Gumbo, Mary
Halpern, Brian
Halvorson, Holly
Hartman, Douglas
Hawk, Marena
Henry, Tamera
Herrera, Lydia
Heyn, Robert
Hirata, Nicole
Holmes, Gayleen
Hooper, Tamara
Howard, Bonnie
Hughes, Dorothy
Hutchens, Danielle
Ikaika, Robin
Jama, Farhiya
Jensen, Dawn
Jeziarski, Sara
Johnsen, Arne
Johnson, Breanne
Jordan, David
Kearns, Emma
Kelly, Genevieve
Kelly, Melissa
Kempke, Lisa
Kim, Bokyoung
Kulp, Lindsay

Larchey, Mary
Lee, Esther
Lee, Kyoungnyoun
Lehmann Friedeck,
Melanie
Lewis, Kathleen
Lifliand, Natalie
Lloyd, Shawna
Loken, Katie Colleen
Lomax, Alena
Lyons, Joann
Malone, Maureen
Marquez, Elaine
Marshall, Sharon
Martini, Susan
Mason, Amber
Maurer, Christopher
Mccoy, Shannon
Mcfarland, Ashley
Mcnamee, Sarah
Mejia-Sierra, Maria
Merritt, Alison
Merryman, Catherine
Morris, Anna
Morris, Shirley
Mortenson, Jerianne
Munns, Anna
Murphy, Frank
Murphy, Julia
Nagle, Coco
Nelmark, Dori
Nelson, Laura
Nesbit, Miranda
Nipper, Danielle
Olson, Kaitlin
Olson, Wendy
Oney, Lauren
Overland-Smith, Linda
Palacios, Cristine
Paquet, Renee
Paulitz, Christine
Pauls, Carrie
Pearson, Jennifer
Pham, Crystal
Phommachanh, Ana
Pietrzyk, Arlene
Prewitt, Darren
Puente, Kasandra
Quang, Khiet
Razor, Meagan
Reichner, Rianne
Reid, Sarah
Reilly, Jennifer
Rejto, Natalie
Rice, Billy
Roddy, Christine

Sanchez, Esther
Sandoval, Michelle
Schembs, Pauline
Schill, Kristine
Sehring, Kelly
Shaup, Julie
Shelton, Amber
Shisler, Erica
Shrestha Shakya, Buddha
Siegel, Gary
Sjostedt, Kerry
Skinner, Brittany
Soulie, Justin
Speight, Amy
St Denis, Ashley
Storaasli, Lysen
Sutcliffe, Claire
Sutter, Heather
Sweeney, Michelle
Swenson, Joni
Thomas, Darcy
Thomas, Stacia
Tiburcio, Millo Ray
Ulrich, Michaela
Van Vleet, Pamela
Vaughan, James
Warr, Sara
Wilhite, Anselma
Wright, Cameron
Yankovsky, Viorika
Ytterberg, Abigayle

PIERCE COUNTY

DISTRICT 03

Albery, Nicole
Alvarez, Carolyn
Alvarez, Marcos
Atkinson, Janelle
Baertschiger, Kathy
Ballard, Joy
Barmore, Diane
Belden, Stephanie
Blodgett, Mindy
Carver, Robert
Ceccoli, Darcy
Charboneau, Molly
Cleaves, Robyn
Coronado, Michelle
Cox, Darrelyn
Dobashi, Nadia
Doyle, Marcie
Duitman, Michelle
Edmunds, Kimberly
Eltrich, Allison
Fimple, Sonja
Fredrickson, Karen

Gepitulan, Cheryl
Gimpel, Anecia
Gordon, Kim
Habets, Jodi
Harbeson, Susanne
Hendon, Laurie
Hirz, Shari
Horton, Jessica
Jenkins, Christine
Johnson, Janet
Jones, Kimberly
Judd, Kristin
Jungmann, Julie
Justus, Marsha
Kaiser, Lawrence
Klein, Catherine
Kline, Sarah
Lam, Toan-Nguyen
Lankhaar, Tiffany
Ley, Sophann
Lindemon, Linda
Line, Jerry
Lines, Bilinda
Love, Margaret
Magel, Deborah
Malloque, Heidi
Manucal, Karen
Martin, Tiffanie
McConnell, Mark
Moore, Adora
Morgan, Briana
Murphy, Jode
Niuman, Kelly
Palmer, Jessica
Pechera, Marc
Perez, Carmela
Pettersson, Sandee
Phillips, Nikki
Pradere, Daniel
Randisi, Tara
Rasmussen, Sonja
Rayfield, Elizabeth
Rebadio, Judy
Retuerne, Diana
Roush, Angela
Ruiz, Dawn
Sadak, Cynthia
Sather, Margaret
Scott, David
Seo, Hyang Sook
Shaffer, Barbara
Skipworth, Jacqueline
Smolko, Rachel
Sparks, Diana
Starr, Victoria
Stevens, Corinne

Stillson, Rory
Sudbeck, Sara
Taber, Kolleen
Talbot, Margaret
Theiste, Vanessa
Thompkins, Nancy
Thompson, Jenean
To, Phuong
Traynor, Aaron
Valdes, Katherine
Veliz, Latoya
Watkins, Tracy
Whitacre, Elizabeth
Wiebersch, Heidi
Willison, Tammy
Wincewicz, Wendy
Yorgensen, Lyn
Young, Heather

**SPOKANE/ADAMS/
LINCOLN/PEND OREILLE**

DISTRICT 04
Armentrout, Charles
Baguley, Naomi
Barrett, Crystal
Belch, Rebecca
Bennett, Alison
Bickley, Cindy
Blackman, Diana
Bowers, Tiffany
Boyd, Michele
Bresnahan, Chelsea
Brock, Valerie
Budgeon, Dianna
Cooney, Diane
Cutler, Amy
Deaustin, Nancy
Dinnison, Mary
Duhnke, Caitlin
Eberly, Brigitte
Evans, Tara
Falk, Cherie
Fehlman, Wade
Fountain, Dennice
Ganahl, Tamara
Grebenyuk, Genadiy
Greenwalt, Jamie
Gruner, Diana
Hedrick, Aaron
Hess, Cindy
Hess, Kim
Hiatt, Darci
Hicks, Dana
Jones, Susan
Khinda, Hardish
Kromm, Brianna

Lapano, Sharon
Lukashev, Anna
Lykins, Jodi
Mahaffy, Laura
Main, Renee
Manning, Meredith
Mcconnell, Sonja
Mckinney, Heather
Michaud, Lisa
Miller, Lynsie
Montgomery, Andrea
Moors, Debra
Mort, Karen
Nelson, Jill
Newsom, Vickie
Palanuk, Capri
Palmer, Rachel
Pierce, Diane
Putt, Jennifer
Ralphs, Duane
Reed, Kevin
Richins, Allison
Robinson, Maurya
Rosenthal, Miranda
Rummel, Beth
Sander, Kathryn
Schieffer, Jill
Scott, Rebecca
Slomp, Carolyn
Snider, Joy
Spencer, Molly
Spencer, Molly
Stanger, Misty
Stapleton, Lynn
Sutherland, Carolyn
Titov, Natasha
Vehrs, Lynnette
Verrette, Rebecca
Wardian, Sara
Weed, Nichole
Zink, Jamie

**YAKIMA CITY/N. YAKIMA
DISTRICT 06**

Blankinship, Suzanne
Bushnell, Allison
Dowling, Mary
Garcia, Noel
Hagstrom, Jennifer
Sparling, Desiree

**CHELAN/DOUGLAS/
GRANT**

DISTRICT 07
Hurtado, Erika
Jacobsen, Kyle
Robins, Sarah
Scheibe, Joanna
Watson, Andrea

**GRAYS HARBOR
DISTRICT 08**

Grant, Theresa
Johnson, Lisa
Keller, Dana
Miller, Julie
Miller, William
Novak, Chantal
Sherwood, Amber
Stenbeck, Allison
Streifel, Holly
Tomlin, Kristine

**SNOHOMISH COUNTY
DISTRICT 09**

Powers, Elena

**WAHIAKUM/COWLITZ
DISTRICT 10**

Brinson, Tisa
Enyeart, Dana
Gilbo, Carmen
Gilmore, Amy
Makaiwi, Tessa
Matlock, Racheal
Perniconi, Peggy
Rijnhart, Diana
Tawater, Jodie
Tower, Katrina
Watson, Lindsay
Wichert, Erica

**CLARK/SKAMANIA
DISTRICT 11**

Bennett, Stephanie
Burke, Eric
Cook-Calcagno, Patricia
Engleman, Kathleen
Figy, Erin
Graves, Donald
Roberts, Maribeth
Steckley, Ashley
Streif, Crystal
Sunde, Colleen
Walker, Sonja
Washburn, Dianne

**WHITMAN COUNTY
DISTRICT 14**

Brady, Andrea
Pfeifer, Stephanie

**BENTON/FRANKLIN
DISTRICT 15**

Eerkes, Anne
Green, Editha
Huls, Brenda
Karspeck, Kimberly
Kinman, Michael
Mayton, Christine
Melo, Adrianna
Sharp, Nichole

**SKAGIT/ISLAND/
SAN JUAN**

DISTRICT 16
Bevens, Charlotte
Blanton, Teri
Booth, Mary Kathryn
Bourne, Nicole
Boyer, Nichole
Connor, Douglas
Defolo, Valerie
Edwards, Lisa
Eisenberg, Maria
Frail, William
Hinckle, Brook
Hobbs, Rebecca
Hopes, Valor
House, Deborah
Johnson, Courtney
Lee, Karisse
Lester, Mary
Mannell, Melba
Martin, Regina
Merrill, Angela
Merrill, Kimberly
Morris, Candice
Murray, Francisca

Murray, Sarah
Nylander, Robyn
Ocegueda, Erin
Olalia, Marissa
Peckham, Jessie
Platt, Deborah
Pringle, Gerard
Santos, Josefina
Smallwood, Linda
Sutton, Melissa
Tapia, Nadia
Turner, Nettie
Weldon, Dana
Wolfe, Gloria

**KITTITAS COUNTY
DISTRICT 18**

Wallick, Tammy
Winegar, Leilani

ALL OTHER COUNTIES

DISTRICT 98

Abringe, Bethelle
Caron, Vicki
Eckstein, Suzie
Gentle, Twyla
Godfrey, Rosario Ma Del
Jensen, Colleen
Laughery, Rhonda
Mckinstry, Michelle
Snarr, Brian
Still, Sherri
Warren, Kathlene

Continuing Nursing Education

November 2008

5th Annual Nursing Conference: Improving Patient Outcomes with Effective Pain Management; St. Joseph Hospital-Bellingham; November 5-6, 2008; Fee: \$100 - Contact Hours: 6.5; Contact: 360.788.6300; Ext. 3869

Carbohydrate Counting for Healthcare Providers add Insulin; Pacific Lutheran University; Wednesday, November 5, 2008, 6:00 - 900 pm - Fee: \$25.00 - Contact Hours: 3.0; Contact: A

Wound and Skin Care; Pacific Lutheran University; Wednesday, November 12, 2008, 9:00 am - 1:00 pm - Fee: \$69.00 - Contact Hours: 4.0; Contact: A

Wound Management Update: Emerging Issues, Evolving Approaches.; University of Washington School of Nursing; Shoreline, Seattle, WA; November 13-14, 2008; Contact Hours: 6.5-13.0; Contact: C

Immediate Response: Essential Skills for Urgent Clinical Situations; University of Washington School of Nursing; Shoreline, Seattle, WA; November 17, 2008; Contact Hours: 7.0; Contact: C

Diabetes: Beyond the ABCs; Virginia Mason Medical Center, Seattle, WA; November 18, 2008. Fee: \$90-\$145; Contact Hours: TBD, Contact: F

December 2008

Teaching About Pregnancy, Childbirth & Newborn: Basic Teacher Education Program; Great Starts Birth & Family Education; Seattle, WA; December 4, 5, 8, 9; Fee: \$450 - 350; Contact Hours: 24.0; Contact: Janelle Durham at 206.789.0883 or jdurham@parenttrust.org

Responding to the Needs of Family Caregivers Featuring Wendy Lustbader; University of Washington School of Nursing; Shoreline, Seattle, WA; December 5, 2008; Contact Hours: 7.0; Contact: C

January 2009

Diabetes Update.; University of Washington School of Nursing; Shoreline, Seattle, WA; January 28, 2008; Contact Hours: 7.0; Contact: C

Pharmacotherapeutics for ARNPs; Pacific Lutheran University; Friday, January 30, 2009, 8:15 am - 4:45 pm - Fee: \$149.00 - Contact Hours: 7.5; Contact: A

February 2009

Cardiovascular Care Update 2009; University of Washington School of Nursing; Shoreline, Seattle, WA; February 12-13, 2008; Contact Hours: 7.0-14.0; Contact: C

Neuroscience Nursing Symposium; University of Washington School of Nursing; Shoreline, Seattle, WA; February 27, 2008; Contact Hours: 7.0; Contact: C

Neonatal Drug Therapy; University of Washington School of Nursing; Shoreline, Seattle, WA; February 28, 2008; Contact Hours: 7.5; Contact: C

March 2009

Nursing Leadership and Management in Long Term Health Care; University of Washington School of Nursing; CNE Northgate, Seattle, WA; March 6 - May 29, 2008; Contact Hours: 37.0; Contact: C

Pediatric Drug Therapy; University of Washington School of Nursing; Shoreline, Seattle, WA; March 11, 2008; Contact Hours: 7.0; Contact: C

Critical Care Update 2009; University of Washington School of Nursing; Shoreline, Seattle, WA; March 25, 2008; Contact Hours: 7.0; Contact: C

Dementia Care: The Tools You Need to Make a Difference; Pacific Lutheran University; Thursday, March 26, 2009, 8:30 am - 12:30 pm - Fee: \$ 69.00 - Contact Hours: 4.0; Contact: A

April 2009

Basic Preparation Course for Parish Nurses; Pacific Lutheran University; April 20, 21, 22 & May 18 & 19, 2009; Fee: \$459.00 - Contact Hours: 25; Contact: A

Geriatric Assessment; Pacific Lutheran University; Friday, April 24, 2009, 8:30 am - 4:30 pm - Fee: \$109.00 - Contact Hours: 6.25; Contact: A

Wound Care: Management of Peripheral Vascular Disease and Pressure Ulcers; Pacific Lutheran University; Wednesday, April 29, 2009, 9:00 am - 1:00 pm - Fee: \$69.00 - Contact Hours: 4.0; Contact: A

May 2009

Pharmacologic Update for Nurses; Pacific Lutheran University; Wednesday, May 6, 2009, 8:30 am - 4:30 pm; Fee: \$119.00 - Contact Hours: 6.25; Contact: A

Foot Care Skills for Nurses; Pacific Lutheran University; Wednesday, May 20, 2009, 8:30 am - 4:30 pm; Fee: \$119.00 - Contact Hours: 6.25; Contact: A

June 2009

Introduction to Perioperative Nursing; Pacific Lutheran University; June 1 - 26, 2009. Please contact PLU CNE for more information; Contact: A

July 2009

Introduction to School Nursing; Pacific Lutheran University; Tuesday - Friday, July 7 - 10, 2009, 8:00am - 4:30pm; Fee: \$459.00 - Contact Hours: 25; Contact: A

Pediatric Assessment; Pacific Lutheran University; Monday & Tuesday, July 13 & 14, 2009, 8:30am - 4:30pm; Fee: \$219.00 - Contact Hours: 12.5; Contact: A

Keeping Kids in the Classroom 2009; Pacific Lutheran University; Wednesday & Thursday, July 15 & 16, 2009, 8:30am - 4:30pm; Fee: \$199.00 - Contact Hours: 12.5; Contact: A

Note to Continuing Nursing Education Providers: *The Washington State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. If you wish to attain WSNA approval for an educational activity which you are providing to nurses, please go online to www.wsna.org/educations/cearp*

Independent Self-Study Courses

Adult Smoking Cessation:
Contact Hours: 2.0; Contact:
nphealthcarefoundation.org

AIDS: Essential Information for
the Health Care Professional;
Contact Hours: 7.0; Fees: \$55;
Contact: D

Animal Assisted Therapy;
Bellevue Community College;
Fee: \$49; Contact: B

Assessing Lung Sounds; Contact
Hours: 2.0; Fee \$10; Contact: E

Asthma Management; Contact
Hours: 8.0; Fee: \$30; Contact: E

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

Breast Cancer Prevention for
Rural Healthcare Professions;
Contact Hours: 1.5; Fee: -0-;
Contact: nphealthcarefoundation.
org

Cardiology Concepts for Non-
Cardiologists; Contact Hours:
18.75; Fee: \$425.00; Contact:
Fiona Shannon 360.297.1274

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

Clinical Pharmacology Series:
Contact Hours: 7-8.0; Fee:
\$195/175*; Contact: C

Congestive Heart Failure-
Diagnosis & Treatment; Contact
Hours: 6.0; Fee: \$25; Contact: E

Culture & End-of-Life Web-based
Educational Modules; Contact
Hours: 3.0; Fee: None; Contact:
Mary Shelkey at 206.713.5637

Devices and Systolic Dysfunction:
What's New? Contact Hours:
1.0; Fee: Free/Non-Member \$10;
Contact G

Domestic Violence; Contact
Hours: 2.0; Contact: C

Ethics Related to Nursing
Practice; Contact Hours: 9; Fees:
\$200; Contact: D

Frequent Heartburn; Contact
Hours: 1.0; Fee: No Fee; Contact:
FnP Associates

Geriatric Health Promotion
Lecture Series; Contact Hours:
34.50 or 1.5; Contact C

Geriatric Health Promotion
Workbook Series; Contact Hours:
40.0 or 4.0; Contact C

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

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

Health Assessment and
Documentation; Contact Hours:
20; Fees: \$150; Contact: D

HIV/AIDS Basic Education; Fee:
Various; Contact B

HIV/AIDS -6th Edition
Implication for Nurses and Other
Health Care Providers; Contact
Hours: 7.0; Contact C

IMPACT: Web-Based Training in
Evidence Based Depression Care
Management; Contact Hours:
12.4; Contact C

Indoor Air Quality's Impact:
Contact Hours: 7.0; Fees: \$34.95;
Contact: American Institute
of Respiratory Education
209.572.4172

Legal Issues in Nursing; Contact
Hours: 4.0; Fees: \$120; Contact: D

Lung Volume Reduction Surgery:
Contact Hours: 2.0; Fee: \$10;
Contact E

Managing Type 2 Diabetes:
Contact Hours: 1.5; Contact:
www.nphealthcarefoundation.org

Management of Persistent
Pain; Contact Hours: 1.8;
Fee: No Fee; Contact: www.
nphealthcarefoundation.org

Medical/Surgical Nursing 2008:
Review Course for Practice &
Certification; Contact Hours: 50;
Contact C

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

Nurse Grand Rounds; Contact: C

OTC Advisor: Advancing
Patient Self-Care; Contact
Hours: 17.0; Contact: www.
nphealthcarefoundation.org

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

Prescribe, Deny or Refer?
Honing Your Skills in Prescribing
Scheduled Drugs; Contact Hours:
10.4; Fee: \$155/140*; Contact C

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

RN Refresher Course; Fees:
Theory: \$500; Health Assessment
and Skills Review: \$500; Clinical
Placement for Precept Clinical
Experience: \$400; Contact: D

Sleep Disorders; Contact Hours:
8.0; Fee: \$30; Contact E

Smoking Cessation; Contact
Hours: 12.0; Fee \$35; Contact E

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

The Pain Management Dilemma:
Contact Hours: 1.5; Contact:
www.nphealthcarefoundation.org

Treating the Common Cold;
Contact Hours: 1.8; Fee: No Fee;
Contact: FnP Associates

Tubes & Drains Techniques,
Tips & Troubleshooting; Contact
Hours: 2.0; Contact: C

University of Washington
Continuing Nursing Education;
Offers over 30 self-study courses;
Contact C

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

Wound Academy-Course 1
Wound Assessment & Preparation
for Healing; Fee: \$40; Contact
Hours: 4.3; Contact C

Wound Academy-Course 2 Lower
Extremities and Pressure for
Ulcers; Fee: \$60; Contact Hours:
6.8; Contact C

Wound Academy-Course 3
Dressing Selection & Infection
Tuition; Fee: \$30; Contact Hours:
2.5; Contact C

Wound Assessment and
Documentation; Fee: \$60; Contact
Hours: 2.0; Contact C

.....
**See next page for Contact
Information**

For Additional Offerings, Contact These Providers:

Wild Iris Medical Education

Ann Johnson, CEO
PO Box 257
Comptche, CA 95427
707.937.0518
ann@WildIrismedical.com
www.nursingceu.com/courses/218/
index_nceu.html

Nurse Practitioner Healthcare Foundation

2647 134th Ave NE
Bellevue, WA 98005
360.297.1274
fiona@nphealthcarefoundation.org

Contacts

Contacts for the continuing nursing education opportunities listed on the previous two pages.

- A. Pacific Lutheran University School of Nursing
Continuing Nursing Education
Terry Bennett, Program Specialist
Tacoma, WA 98447
253.535.7683 or bennettl@plu.edu
Fax: 253.535.7590
www.plu.edu/~ccnl/
- B. Bellevue Community College
Continuing Nursing Education
Health Sciences Education & Wellness Institute
3000 Landerholm Circle SE
Bellevue, WA 98007
425.564.2012
www.bcc.ctc.edu
- C. University of Washington School of Nursing
Continuing Nursing Education
Box 359440
Seattle, WA 98195-9440
206.543.1047
206.543.6953 FAX
cne@u.washington.edu
www.uwcne.org
- D. Intercollegiate College of Nursing
Washington State University College of Nursing
Professional Development
2917 W. Fort George Wright Drive
Spokane, WA 99224-5291
509.324.7321 or 800.281.2589
www.icne.wsu.edu
- E. AdvanceMed Educational Services
2777 Yulupa Ave., #213
Santa Rosa, CA 95405
www.advancemed.com
- F. Virginia Mason Medical Center
Clinical Education Department
Barb Van Ciso, CNE Coordinator
Continuing Nursing Education, G2-ED
1100 Ninth Avenue - G2-EDU
Seattle, WA 98101
206.341.0122
206.625.7279 fax
Barbara.vanciso@vmmc.org
www.MyPlaceforCNE.com

2009 Convention

2009 WSNA Convention: WSNA's Next 100 Years Start Now

Make your plans now to attend the WSNA Biennial Convention on April 29 - May 1.

This action-packed two and a half day event will be held at the Hilton Seattle Airport Hotel & Conference Center. Activities will begin April 29th with an optional late afternoon trip to the Washington State History Museum in Tacoma to visit the 100 Years of Washington State Nursing exhibit followed by a Wine and Cheese Networking Reception later in the evening.

Don't miss out on this important opportunity to join your nurse colleagues from all across the state. Learn about the important issues facing nurses today and in the future and what's being done to address them. Enter into the dialog and help shape the direction of WSNA's priorities for the coming biennium.

Something for Everyone! The convention will feature many nationally recognized speakers and presenters, including Barbara Dossey, PhD, RN, FAAN, who will deliver the convention's keynote address. The WSNA General Assembly business meeting will be held, along with poster sessions, exhibits, CE sessions, the WSNA awards reception and many fun-filled events, good food, and lots of opportunity for networking and renewing and making new friendships! Keynotes/Plenaries and CE Sessions currently planned include:

- Florence Nightingale Today: Healing, Leadership and Global Action
- The Nightingale Initiative for Global Health
- Nursing Workflow: Can Technology Really Help?
- The "Never Events" – Is This Finally Nursing's Opportunity?
- Fatigue and the Impact on Patient and Nurse Safety
- Social Justice – The Future of Caring
- Continued Competency – Our Commitment to the Public

Register early and become eligible for a very special door prize! Convention registration forms are available by calling Deb Weston at WSNA at 206.575.7979, ext. 3003, or by going online to wsna.org.

For information on exhibiting or submitting a Poster for this year's Poster Session, please contact Deb Weston at WSNA at 206.575.7979, ext. 3003.

- Preventing and Dealing with Workplace Violence
- Transition into Practice – Keeping the Promise to New Nurses
- The Master Plan for Nursing Education
- Nursing Research & the Workplace - Where Are We Now and What's Next?

Also, don't miss the **WSNF SILENT AUCTION**, Thursday, April 30, 2009, on the first full day of the WSNA Convention. Auction items are beginning to roll in and details will be posted on the WSNA website (wsna.org) in early March. To make a donation to the WSNF auction, call WSNA at 206.575.7979, ext. 3024.

Call for Nominations

The WSNA Nominations/Search Committees are seeking nominations for elected offices. Elections will occur by mail ballot following the close of the WSNA General Assembly on April 30, 2009. Each candidate for WSNA office must complete a *Consent to Serve* form and a written statement on his/her stand on WSNA programs. All WSNA members are eligible for office, however, candidates for the Cabinet on Economic and General Welfare and Economic and General Welfare Nominating / Search Committee shall hold current membership in WSNA, be represented for collective bargaining by WSNA, and meet the definition of staff nurse. Deadline for receipt of nominations at WSNA Headquarters is October 31, 2008.

Although members may declare their own

candidacy by submitting a *Consent to Serve* form to the WSNA Secretary no later than sixty (60) days prior to the first meeting of the General Assembly (February 27, 2009) or by being nominated from the floor at the General Assembly (April 30, 2009), this will be too late for printing in the Winter Issue of *The Washington Nurse*. The names of candidates, regardless of method of nomination, will appear on the mailed election ballot and write-in candidates are allowed. Completed *Consent to Serve* forms are to be mailed to: Washington State Nurses Association, 575 Andover Park West, Suite 101, Seattle WA 98188.

For more information or to request a *Consent to Serve* form, contact Barbara Bergeron at 206.575.7979, ext. 3024, or by e-mail at bbergeron@wsna.org, or go to wsna.org.

The following offices are open to candidates. All offices are two year terms.

BOARD OF DIRECTORS (11 members)

- President (1)
- Vice President (1)
- Secretary/Treasurer (1)
- Directors At-Large (3)
- Directors At-Large Staff Nurse (2)

(NOTE: The chairs of the Cabinet on Economic and General Welfare, Legislative and Health Policy Council, and Professional Nursing and Health Care Council are elected separately and serve as full members of the WSNA Board of Directors by virtue of their offices.)

WSNA NOMINATIONS / SEARCH COMMITTEE (3 members—candidate receiving the highest number of votes serves as the Chair)

CABINET ON ECONOMIC AND GENERAL WELFARE (10 members)
Chair (1)
Vice Chair (1)
Secretary/Treasurer (1)
Members (7)

ECONOMIC AND GENERAL WELFARE NOMINATING / SEARCH COMMITTEE (3 members – candidate receiving highest number of votes is chair)

LEGISLATIVE AND HEALTH POLICY COUNCIL (4 members)
Chair (1)
Members (3)

PROFESSIONAL NURSING AND HEALTH CARE COUNCIL (7 members)

Chair (1)
Members (6)

DELEGATES AND ALTERNATES TO THE 2010 AND 2011 ANA HOUSE OF DELEGATES MEETINGS

Call for Proposed Amendments to WSNA Bylaws

Deadline for receipt of proposed amendments to the WSNA Bylaws at WSNA Headquarters is October 31, 2008. Following the receipt of proposed amendments, the WSNA Bylaws/Resolutions Committee will meet to review proposed amendments. The committee's recommendations will be submitted to the WSNA Board of Directors for approval. The Board-approved proposed amendments will be printed in the Winter 2008 issue of *The Washington Nurse*, and be submitted to the 2009 WSNA General Assembly for consideration at the WSNA Convention to be held April 29-May 1, 2009 at the Sea-Tac Hilton Convention Center. The proposed bylaws amendments will be presented and debated at the General Assembly meeting and will be sent to the membership for adoption by mailed ballot.

Call for Proposed Non-Emergency Resolutions

Deadline for receipt of proposed non-emergency resolutions at WSNA Headquarters is October 31, 2008. The WSNA Bylaws/Resolutions Committee will meet following the deadline to consider any proposed non-emergency resolutions that may go before the WSNA General Assembly, April 29-May 1, 2009. Any individual member or constituent group of WSNA may submit proposed resolutions. The resolutions form must be completed, including the cost impact. To receive a copy of the procedural guidelines and/or resolutions form, call WSNA at 206.575.7979.

2009 WSNA Awards Call for Nominees

The WSNA Awards Committee and the Professional Nursing and Health Care Council are seeking outstanding WSNA members as nominees for the 2009 WSNA recognition awards. Nominations must be received at WSNA no later than January 16, 2009. The awardees will be notified in March 2009. The awards, given every two years, will be presented at a special awards reception at the 2009 WSNA Convention to be held April 29-May 1 at the Sea-Tac Hilton Convention Center.

All nominations must be accompanied with a narrative from the nominator, listing the nominee's credentials and achievements, and a copy of the nominee's Curriculum Vitae/Resume must accompany the narrative.

The criteria for the awards are as follows.

WSNA Honorary Recognition Award

Honorary Recognition may be conferred at any convention on persons who have rendered distinguished service or valuable assistance to the nursing profession, the name or names having been recommended by the Board of Directors. Honorary Recognition shall not be conferred on more than two persons at any convention.

NURSE CANDIDATE

An actively contributing member of the WSNA by:

- a. having held elected state, district or local unit office.
- b. served as appointed chairholder at the state, district, or local unit level.

Made significant contributions to:

- a. the state or district association, or local unit.
- b. the professional practice of nursing.

Has been a consumer advocate and/or interpreted the role of nursing to consumers.

A narrative from the nominator, listing the nominee's credentials and achievements must be submitted.

2009 Convention

LAY CANDIDATE

Has demonstrated interest in professional nursing by

- a. contributing in a concrete way to its growth and development.
- b. promoting better understanding of professional nursing in the community.

A narrative from the nominator, listing the nominee's credentials and achievements must be submitted.

Marguerite Cobb Public Health / Community Health Nurse Award

This award recognizes the outstanding professional contributions of one public health or community health nurse and calls this achievement to the attention of members of the profession as well as the general public.

The nominee must be a current WSNA member or have been a WSNA member during the years of service for which this award is given.

The nominee must have made a significant contribution to the field of public or community health nursing.

The nominee must have expertise in professional and technical performance.

The nominee must have shown leadership in the field of public or community health nursing.

The nominee must have participated in the Washington State Nurses Association.

A narrative from the nominator, listing the nominee's credentials and achievements must be submitted.

Joanna Boatman Staff Nurse Leadership Award

The Joanna Boatman Staff Nurse Leadership Award was established in 1995 in recognition of Joanna Boatman's significant contributions to the advancement of staff nurses and her achievements in the economic and general welfare area of nursing in the state of Washington.

The nominee must have a Washington State RN License.

The nominee must be a WSNA Member, for at least one year.

The nominee must currently be employed as a staff nurse.

The nominee must have made a significant contribution to the advancement of staff nurses or in the Economic and General Welfare area of nursing. Contributions may be at the local or state level.

A narrative from the nominator, listing the nominee's credentials and achievements, must be submitted, and a copy of the nominee's Curriculum Vitae/Resume must accompany the narrative.

ANA Honorary Membership Pin

The American Nurses Association Honorary Membership Pin is presented to a Washington State Nurses Association member or members in recognition of outstanding leadership, as well as participation in and contributions to the purposes of WSNA and ANA.

The nominee(s) must:

Hold current WSNA membership.

Have held elective state, national or district office.

Have served as an appointed chairperson of a state, district or national committee.

Have demonstrated outstanding leadership that contributed to the purposes of the WSNA, District, or ANA.

A narrative from the nominator, listing the nominee's credentials and achievements must be submitted.

2009 Professional Nursing and Health Care Council Awards Call for Nominees

The Professional Nursing and Health Care Council is seeking outstanding WSNA members as nominees for the 2009 WSNA recognition awards. Nominations must be received at WSNA no later than January 16, 2009. The awardees will be notified in March 2009. The awards, given every two years, will be presented at a special awards reception at the 2009 WSNA Convention to be held April 29-May 1 at the Sea-Tac Hilton Convention Center.

All nominations must be accompanied with a narrative from the nominator, listing the nominee's credentials and achievements, and a copy of the nominee's Curriculum Vitae/Resume must accompany the narrative.

The criteria for the awards are as follows.

Best Practice Award

This award is presented to an individual, to recognize best practice in the daily care of patients/clients.

1. The nominee must be a current WSNA member.
2. The nominee must have identified a problem or issue and utilized strategies to solve the problem.
3. The nominee must have utilized resources (i.e. people, literature, equipment) to solve the problem.

Nurse Leadership and Management Award

This award is presented to an individual to recognize excellence in nursing leadership and management.

1. The nominee must be a current WSNA member.
2. The nominee must facilitate excellence in clinical practice, and promote the professional development of nurses.
3. The nominee must demonstrate progressive leadership and management practice.

- The nominee must foster a care environment that promotes creativity and enhances quality of care for clients and/or communities.

Nurse Educator of the Year

This award is presented to an individual to recognize excellence in nursing education.

- The nominee must be a current WSNA member.
- The nominee must demonstrate excellence in nursing education.
- The nominee must promote the professional education of nursing students and/or nurses.
- The nominee must foster an educational environment that promotes learning.

Ethics and Human Rights Award

This award is presented to an individual to recognize excellence in ethics and human rights.

- The nominee must be a current WSNA member.
- The nominee must have demonstrated exceptional activities supporting major ethical and human rights issues in Washington State.
- The nominee must have worked within the community to influence the community and must also have support from the people in the community.

Research Award

The purpose of this award is to recognize excellence in nursing research that addresses practice issues. Individuals and/or groups are eligible for the award. The awardee(s) may be asked to present the research in a poster or presentation at the WSNA Summit, and/or to write a brief summary of the work for *The Washington Nurse*.

- The nominee must be a current WSNA member. If the nominee is a group or team, at least one member of the group must be a WSNA member.
- The research conducted by the nominee must have taken place in a practice setting and must have direct practice implications.
- The nominee must have demonstrated sound research procedures including the protection of human subjects.

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2009

**NURSE
LEGISLATIVE
DAY**

See Page 21!

February

2

Don't Miss It!

WSNA is HIRING! Immediate opportunity for experienced RN for **Nurse Representative** position with the Washington State Nurses Association Collective bargaining program. Full time, flexible hours. Positions in various parts of state. Excellent benefits. Some travel required. Training will be provided. Union or Local Unit experience preferred. EOE. E-mail your resume to Barbara Frye at bfrye@wsna.org.

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