Priorities for the 2009 Legislative Session

- Eliminating BPA in Food Containers
- Mandatory Overtime
- Access to Care
- Public Health Nursing & Public Health Funding
- Secure Medicine Return Bill
- Uninterrupted Rest Breaks
- Full Reimbursement for Nurse Practitioners
- Nurse Legislative Day
- Nursing Education Funding

See Page 13 →
The Washington Nurse (ISSN# 0734-5666) newsmagazine is published quarterly by the Washington State Nurses Association. It is distributed as a benefit of membership to all WSNA members. A member rate of $10 per year is included in WSNA membership dues. Institutional subscription rate is $20 per year (Canada/Mexico: US $26 per year; Foreign: US $39 per year) or $37.50 for two years. Single copy price is $5.00 each prepaid.

The information in this newsmagazine is for the benefit of WSNA members. WSNA is a multi-purpose, multi-faceted organization. The Washington Nurse provides a forum for members of all specialties and interests to express their opinions. Opinions expressed are the responsibilities of the authors and do not necessarily reflect the opinions of the officers or membership of WSNA, unless so stated. Copyright 2008, WSNA. No part of this publication may be reproduced without permission.

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ARTICLE SUBMISSION DEADLINES
Winter ..................................................... November 15
Spring .........................................................February 15
Summer ..............................................................May 15
Fall .................................................................August 15

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BUSINESS AGENT & SYSTEMS ADMINISTRATOR
Deb Weston
THE 2009 LEGISLATIVE SESSION

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The Washington Nurse
Winter 2008

When our 26th President, Theodore Roosevelt, used ‘bully’ as an expression of excitement, enthusiasm, exhilaration or surprise, it certainly didn’t have the connotation of the school yard bully I remember as a child. Most of us remember the kid who was usually larger than the rest of the kids, who would systematically pick on a weaker child who didn’t have the tools to cope with the harassment. The bully would torment, terrorize, and intimidate anyone who couldn’t or wouldn’t stand up for themselves or others. Often the bully would have ‘sidekicks’ who would assist them in the physical, mental or emotional abuse. The latest example in modern literature is the character of Draco Malfoy and his sidekicks, Goyle and Crabbe, of the Harry Potter series. Unfortunately these are not simply childhood memories. We don’t accept bullies, knowing this is a poor example to set for our children, yet in many health care settings, we not only tolerate bullying, we put ourselves and our patients in possible dangerous situations.

For example, when a physician insists they are the ‘captain’ of the ship and orders are to be carried out immediately and prior to the nurse becoming familiar with the patient’s history, symptoms or needs, the patient is placed at risk. In addition, when this attitude and bullying are accepted and not addressed, other care providers in the institution become reluctant to question the plan of care, orders and procedures which may not be in the patient’s best interest or the best use of resources. Thus the patient is placed at risk.

I do not suggest that the physician/nurse/health care provider’s relationship is the only situation undermining patient safety. Bullying is by no means only in the domain of physicians. Directors/managers often intimidate their employees. Many times it is manifested in poor schedules, poor patient care assignments, unrealistic expectations, and poor evaluations. And nurses do it to each other. Think about it. I have been a nurse for over thirty years. I still hear how nurses ‘eat their young’ and how each new nurse has to ‘pay their dues.’ I ask you, how would these beliefs perpetuate themselves in a true collegial environment, where bullying is not tolerated? Bullying is not often reported, secondary to fear of retaliation, not wanting to be considered a ‘whistle blower,’ or belief the offender would not be addressed in an appropriate manner. Whether overtly or inadvertently, bullying is a part of everyday life in many health care organizations and it is silencing nurses, doctors and other health care providers, creating a hostile work environment and through omission and silence, hurting patients.

The Joint Commission agrees. In Behaviors that Undermine a Culture of Safety, JCAHO states “Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments.” As of January 1, 2009, these behaviors will be monitored as a Sentinel event by JCAHO. So what does this mean? I encourage all of you to go to the JCAHO web site, www.jointcommission.org/SentinelEvents/ (Sentinel Event Alert #40), and read the requirements and additional suggestions. For those organizations which already have many of the processes in place, we need to ask, are they working? Is this truly a collegial, respectful, supportive environment which promotes a culture of safety for patients and all staff? Our profession must address the issues of bullying. We each have a responsibility to do so. We are advocates for patients and our voice must not be silenced and we must not silence any other’s voice.

In Focus

Bully, Bully!

by Kim Armstrong, BSN, RNC
WSNA President

When our 26th President, Theodore Roosevelt, used ‘bully’ as an expression of excitement, enthusiasm, exhilaration or surprise, it certainly didn’t have the connotation of the school yard bully I remember as a child. Most of us remember the kid who was usually larger than the rest of the kids, who would systematically pick on a weaker child who didn’t have the tools to cope with the harassment. The bully would torment, terrorize, and intimidate anyone who couldn’t or wouldn’t stand up for themselves or others. Often the bully would have ‘sidekicks’ who would assist them in the physical, mental or emotional abuse. The latest example in modern literature is the character of Draco Malfoy and his sidekicks, Goyle and Crabbe, of the Harry Potter series. Unfortunately these are not simply childhood memories. We don’t accept bullies, knowing this is a poor example to set for our children, yet in many health care settings, we not only tolerate bullying, we put ourselves and our patients in possible dangerous situations.

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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 October 2008 through December 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, its Practice and Education subcommittees, Committee on Continued Competence, ARNP Rules; and other Nursing Commission issues
- 1st Annual Summit on Practical Nursing
- March of Dimes 2008 Nurse of the Year Awards
- 2008 Washington Health Legislative Conference
- Puget Sound Health Alliance
- Primary Care Coalition
- Public Health Funding Roundtable
- Second Public Health Action Summit
- Foundation for Health Care Quality re: SCOAP Program (Surgical Care & Outcomes Assessment Program);
- WSHA Disaster Response Task Force
- Washington State DOH Public Health Emergency Preparedness Advisory Committee
- Washington State DOH Altered Standards of Care Advisory Committee
- Washington State DOH Adverse Event Committee

Calendar

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 - Olympia
3 WSNA Labor Studies School - Local Unit - Seattle
7 Finance/Executive Committees
10 WSNA Labor Studies School - Law – Seattle
16 Office Closed - Presidents Day Holiday
17 WSNA Labor Studies School - Local Unit - Seattle
21 Professional Nursing and Health Care Council
24 WSNA Labor Studies School - Law – Seattle
27 Occupational and Environmental Health and Safety Committee

March
3 WSNA Labor Studies School - Local Unit - Seattle
10 WSNA Labor Studies School - Law – Seattle
20 WSNA Board of Directors
24 WSNF Board of Trustees
24 Johnson & Johnson “Promise of Nursing” Gala – Seattle
31 WSNA Labor Studies School - Grievances - Seattle

Also, Mark Your Calendar For...
April 29 - May 1, 2009
WSNA Biennial Convention and General Assembly - Seattle
September 27-29, 2009
WSNA Annual Leadership Conference - Lake Chelan, WA

- Washington Patient Safety Coalition - Medication Safety Initiative meetings
- Steering Committee of the Foundation for Health Care Quality on Prevention of Medical Errors
- Washington Health Foundation Board of Directors
- Washington Health Foundation Heroes in Health Care
- Washington Center for Nursing (WCN) Board Meetings
- Johnson and Johnson Promise of Nursing Gala Steering Committee
- Environmental Health and Nursing Unity Meeting in Oracle, AZ
- 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
- WSNA Labor Education Series
- WSNA Staffing Committees Regional Training Sessions (6 sessions)
- ANA Constituent Assembly meeting
- ANA Board of Directors meeting
- ANA Business Arrangement Task Force
At a recent Nursing Services Organization (NSO) Advisory Board meeting, an update was provided regarding NSO’s experience with claims related to the nursing profession. A few shifts have been noted that cause strengthened renewed commitment to making sure all RNs are aware that having coverage is becoming more and more necessary.

First, “what’s old is new again.” History teaches us that Florence Nightingale established systems to monitor and report clinical morbidity and mortality during the Crimean War. She revolutionized approaches to patient care based on safety. History also shows that between the 1700s and the 1850s, hospitals were places to be avoided due to the risks of what is now known as “nosocomial infections” — hospital acquired infections causing severe morbidity and mortality. Nightingale established improved conditions through the training of skilled professional nurses as well as designing well-ordered and clean hospitals as centers of healing. Now, as recently reported in Washington Healthcare News, “never events” such as hospital-acquired infections, hospital-acquired injuries, objects left in surgery, and pressure ulcers account for one out of every six malpractice liability claims.

Additionally, the Washington State Department of Health reported that of the serious reportable events between 2006 and 2008, the highest occurrences have been in this order: unintended retention of foreign object post surgery/procedure, surgery on wrong body part, and patient death/serious disability associated with a fall. So, in other words, we as nurses have a role to influence these outcomes given our “roots”, subsequent training, and professional recognition through licensure. Practice priorities remain assessment, communication, intervention, and documentation.

Second, plaintiff’s attorneys have shifted their focus regarding nurses. In the past, many attorneys perceived nurses to be “functionaries” or “custodians” of care. Nurses have evolved to be the most “trusted” healthcare profession. And, in a 2004 IOM report, studies revealed that almost half of physician errors were caught by nurses before they harmed patients. Additional studies began to reveal that patient safety and satisfaction depend upon an integrated and empowered nursing staff. Many have articulated the need for nursing knowledge and leadership abilities to be appreciated and further utilized. Recommendations have articulated the need for the healthcare culture to foster and support nurse practice at high levels within organizations. So with that, the profession of nursing is now being recognized as “clinician” rather than “custodian.” Nurses, as we know, are vital members of the healthcare team. But, with this framing now as “clinician,” the perception of nurses carrying more responsibility for the appropriate delivery of care is present.

NSO reviewed 8,151 open and closed professional liability nurse claims that covered claims from January 1, 1997, through December 31, 2007. As shown in the table on the opposite page, severity trends continue to rise.

While the majority of nurses in this claims study practiced in adult medical-surgical specialty, those practicing in obstetrics/gynecology had the highest average paid indemnity. Again, assessment, communication including use of chain of command, and documentation were areas found needing constant attention and focus by the nurse. Additionally, the most severe allegations involved the nurse working outside the scope of practice. Of claims involving allegations related to medication administration, those that involved administration via the incorrect route had the highest average paid indemnity. The most frequent “wrong route” was inappropriate use of a central line.

Agency nurse claims were also a part of this study. Claims involving agency nurses working on obstetrics and gynecology had the highest average paid indemnity. The most severe claims involving agency
Severity Trends by Year
(Closed Claims with Paid Indemnity of ≥ $10,000)

![Graph showing severity trends by year]

nurses occurred in the hospital perinatal service. And, claims involving agency nurses who failed to act within established scope of practice resulted in the highest average paid indemnity. Findings also reinforced the need to ensure all contracted workers undergo complete background screening for criminal activities, substance abuse and sex offender status in compliance with governing state laws. Restricting clinical work assignments to those within the nurse's scope of practice and demonstrated competencies, requiring orientation, identifying a preceptor/supervisor who is available if questions arise, and ensuring the agency nurse complies with organization-specific documentation protocols/requirements were focused risk management recommendations regarding this population of nurses.

Another trend noted by NSO was the rise in frequency and severity of Director of Nursing claims in gerontology and adult medical/surgical areas. Nursing leadership is viewed by plaintiff's attorneys as holding key accountability for the management of their assigned areas including being responsible for the conduct of all nursing staff within their area of responsibility. The highest average paid indemnity related to Directors of Nursing was in the areas of patient abuse, patient rights and professional misconduct.

In conclusion, nurses play a critical role in delivering healthcare. And, nurses are vulnerable to professional liability claims. Protecting yourself against malpractice is “back to the basics:” assessment, communication, intervention and documentation. Additionally, if you are without liability coverage, you might want to reconsider. Employer-provided coverage does not indemnify you for investigations by the Nursing Commission. As a reminder, the claims data shared in this article were for indemnity expenses of greater than or equal to $10,000. Annual liability premiums are much less expensive. *Food for thought during these tough economic times.*
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

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**National Nursing Conference**

May 13, 2009, Vancouver, BC

**An interactive workshop with well-known author**

**Dianne Dyck** RN, BN, MSc, COHN(C) COHN-S, CRSP

**Developing Nursing Disability Management Best Practices**

Welcome to all OHNs and Nurses interested in Occupational Health

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**WSNA Job Opening: Nursing Practice & Education Specialist**

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575 Andover Park West, Suite 101, Seattle, WA 98188
206.575.1908 FAX
swatkins@wsna.org
On the Front Line:
Health Care Workers Urged To Get Influenza Vaccination

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 vaccinated - you can set a positive example for your patients and coworkers!

The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) recommend that all health care workers who work directly with patients get an annual influenza vaccination. Because flu illness is caused by flu viruses that change constantly and the vaccine is updated every year, annual vaccination is needed for protection to remain current.

Despite the well-known benefits of the influenza vaccine, common misconceptions persist.

**Fiction:** The influenza vaccine can cause the flu.

**Fact:** This is untrue. The flu shot contains inactivated viruses and the nasal spray contains weakened strains that are too insignificant to cause flu illness. Many studies confirm this. If a person gets the flu following a flu vaccine, it means that person had been exposed to the virus at least 3 to 5 days prior to showing symptoms. It can take up to two weeks from the time the vaccine is administered for immunity to kick in.

**Fiction:** Health care workers are immune to influenza, or have stronger immune systems, because they work around sick people every day.

**Fact:** Because influenza viruses are constantly changing, past exposure does not provide protection against new influenza virus strains.

**Fiction:** The vaccine’s side effects are worse than getting the flu itself.

**Fact:** The most common side effects are redness and mild soreness at the injection site. These symptoms usually resolve themselves in one to two days. Persons who chose to get the nasal vaccine can avoid these injection–related problems, but can have nasal congestion or a runny nose for a day or two. The most serious side effect is an allergic reaction by those who have a severe allergy to eggs (the vaccine viruses are grown in eggs). For this reason, getting an influenza vaccination is not advised for people with an egg allergy. But egg allergies are rare, and severe allergic reactions are even rarer.

**Fiction:** The flu vaccine is not effective.

**Fact:** When there is a good match between circulating influenza virus strains and those in the vaccine, effectiveness rates have been as high as 70%-90% in healthy adults. Although the vaccine does not prevent everyone from getting ill, vaccination can make your illness milder. Plus the vaccine greatly reduces the chances of hospitalization and death.

Two Easy Options

The influenza vaccination remains the best way for health care workers and others to protect themselves, their families and their patients during the annual influenza epidemic. All they need to do is choose the method of delivery.

**Intramuscular influenza vaccination:** Administered by shot, this is one of few immunizations that is recommended for all health care workers, regardless of any special conditions (i.e., pregnancy, HIV infection, severe immunosuppression, renal failure, asplenia, diabetes and alcoholism/alcoholic cirrhosis.)

**Live intranasal influenza vaccine:** This live vaccine is approved for use in healthy persons 5 to 49 years of age, who are not pregnant, and do not provide care for severely immuno-compromised people when they are in a protective environment, such as a bone marrow transplant unit. Most healthcare workers who are younger than 50 years of age can receive the intranasal vaccine if they choose to.

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

Surgical Care and Outcomes Assessment Program

The Surgical Care and Outcomes Assessment Program (SCOAP) is a unique, clinician-led, voluntary collaborative that links hospitals and surgeons with clinicians from across the state to increase the use of best practices in surgical care. SCOAP's goal is to provide the kind of surveillance of procedures and response to negative outcomes that exists in the world of aviation. Now in its third year, SCOAP includes 33 hospitals across Washington State. To find out more about SCOAP you can access the website at www.surgicalcoap.org.

An important part of SCOAP is an OR checklist initiative rolling out in all Washington State hospitals. The checklist is used at the start of surgery as part of an extended “time out” and after surgery as part of a debriefing. The SCOAP OR Safety checklist, which goes beyond the JCAHO time out concept, guarantees that vital steps to a successful procedure are carried out, and reinforces a culture of patient safety. A coalition of healthcare stakeholders including WSNA (American College of Surgeons – Washington State Chapter, Washington State Hospital Association, Washington Association of Nurse Anesthetists, Washington Patient Safety Coalition, Washington State Health Care Authority, Washington State Medical Association, and Washington State Society of Anesthesiologists, King County employees, the Puget Sound Health Alliance and many others all working through the Foundation for Health Care Quality) is supporting the initiative's goal of having a SCOAP surgical checklist in every OR at every hospital in Washington State by the end of 2009.

WSNA supports the SCOAP OR Checklist Initiative because we believe that this will create a system that delivers safer surgery. The mission of the SCOAP Surgical Checklist Initiative aligns with WSNA’s goal of strengthening nursing's role in client advocacy for consumer safety and quality health care.

We ask you to recognize the importance of the SCOAP checklist initiative, and, through your support, help us achieve the goal of a SCOAP checklist in every operating room.
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
As 2008 draws to a close, we can reflect on the nineteen ratified WSNA contracts that have changed the hours, wages and working conditions for over 5,100 Registered Nurses. These ratified contracts include: Cascade Medical Center, St. Luke Rehab, Spokane Health District, Skyline Hospital, Morton Hospital, Holy Family Hospital, Ocean Beach Hospital, Whatcom County Health District, Overlake Hospital Medical Center, Southwest Washington Medical Center, Skagit Valley Hospital, United General Hospital, Benton-Franklin Health District, University of Washington Medical Center, State Department of Veterans Affairs, PeaceHealth Lower Columbia Region, Island Hospital, Sunnyside Hospital, and Kittitas Hospital.

We want to acknowledge the commitment of Registered Nurses to safe patient care through the ratification of each of these contracts by the membership. We would also like to remind each nurse to thank your Bargaining Unit Teams who represented you at the table and negotiated on your behalf for a better, safer work environment and recognition of the contribution you make as professional nurses in your facilities. Remember them when your next negotiated raise is effective. You receive your negotiated wage increases because of their dedication.

BELOW: highlights from the three most recently ratified contracts from this quarter’s negotiations.

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<th>Ocean Beach</th>
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<td>Key Gains</td>
<td>Night Shift Premium – 3/1/09 - $3.25/hr; 1/1/10 - $3.50/hr</td>
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<td>Weekend Premium - 1/1/09 – $3.25/hr</td>
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<td>Chemo/BioTherapy Certification Premium - $1.00/hr</td>
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<th>Peace Health Lower Columbia Region</th>
<th>11/3/2008 – 9/30/2011</th>
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<td>Key Gains</td>
<td>Additional $1.00 over 2 years to lower steps</td>
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<td>Additional increases for Clinic Nurses</td>
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<td></td>
<td>New Step 30</td>
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<td>Participation in CARE Award Plan</td>
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<td>Increase in PTO accrual</td>
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<td></td>
<td>Floating language for CCU and ED nurses</td>
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<td></td>
<td>Differentials/Premium Pay Gains:</td>
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<tr>
<td></td>
<td>Night Shift – $4.75/hr; on 10/09 increase to $5.00/hr</td>
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<td></td>
<td>Charge Nurse - $2.10/hr</td>
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<td></td>
<td>Relief Charge Nurse - $1.80/hr</td>
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<td></td>
<td>Redefine “Weekend Call” to be till Monday at 7:00 am</td>
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<tr>
<td></td>
<td>Preceptor - $1.50/hr; 10/09 $0.75 for “students” /no instructor</td>
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<td></td>
<td>BSN or CRN - $1.00/hr</td>
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<td>BSN + CRN - $1.50/hr</td>
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<td>MSN - $0.50 in addition to BSN/CRN</td>
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<table>
<thead>
<tr>
<th>Kittitas Valley</th>
<th>1/1/2009 – 12/31/2011</th>
<th>5%</th>
<th>4.25%</th>
<th>4%</th>
</tr>
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<tbody>
<tr>
<td>Key Gains</td>
<td>Both Cert. &amp; BSN/MSN - $2.00/hr</td>
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<tr>
<td></td>
<td>Increase in Recognized Certifications</td>
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<td></td>
<td>Change in Emergency Leave timelines</td>
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<td></td>
<td>Inclusion Leaves related to Active duty and Domestic Violence</td>
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<td></td>
<td>Medical Insurance – change from % to actual $ amount of Employer subsidy for dependent premiums</td>
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<td></td>
<td>Change in Call back for Home Visits</td>
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<tr>
<td></td>
<td>Add step 28 as of 1/1/09</td>
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</tbody>
</table>

| Premium Pay Gains: |
| Evening Shift - $2.25/hr |
| Night Shift - $3.50/hr and to $3.75 on 1/1/10 |
| Certification - $1.00/hr |
| BSN or MSN - $1.00/hr |
The WSNA legislative priorities reflect our continued commitment to improving nursing and health in Washington. With a weak economy forcing state and local governments to make difficult decisions about which programs to fund and which to cut, the 2009 Legislative session is shaping up to be one of the most difficult in recent years. Given these economic realities, we have identified the issues that are most critical to safe and quality patient care.

**Uninterrupted Rest Breaks**
Full uninterrupted rest and meal breaks are critical for nurses to maintain the mental alertness and focus required to provide safe and quality patient care through the duration of a shift. Many nurses are forced to work long hours with no breaks or interrupted breaks which can lead to unsafe patient care, an increase in workplace injuries, and a decline in nursing retention. WSNA supports legislation to ensure that nurses receive uninterrupted rest breaks.

**Mandatory Overtime**
Long hours take a toll on mental alertness, leaving nurses exhausted and at greater risk for serious medical mistakes, medication errors, transcription errors and errors in judgment. The 2002 law left several loopholes that must be addressed. Strictly limiting the use of mandatory overtime is an important step toward improving patient safety and nurse retention.

**Nursing Education Funding**
Nursing programs in WA State are turning away hundreds of qualified students every year due to a lack of funding for enrollment slots, lack of funding to recruit and retain qualified nursing faculty, and lack of physical capacity. The Health Professions Scholarship and Loan program is essential in attracting more men and ethnic diversity to the profession. WSNA supports designated enrollment slots for nursing students, increased nursing faculty funding, and additional appropriation towards nursing scholarships.

**Public Health Nursing & Public Health Funding**
Public health nurses and public health departments are the center of a quality health care system and the most cost effective system for disease prevention and health improvement. Public health and public health nurses are also our first line of defense in responding to bioterrorism and in disaster preparedness. WSNA supports additional funding for the public health system including funding for public health nurses and nursing services.

**Full Reimbursement for Nurse Practitioners**
Under current law, a health plan can reimburse services provided by an Advanced Registered Nurse Practitioner (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. WSNA supports legislation that 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.

**Health Care Access**
As frontline health care providers, registered nurses are aware of the consequences when people do not have access to quality and affordable health care. WSNA support efforts to ensure that everyone in Washington State has access to preventative services and quality care in a timely fashion by the most appropriate health care provider at an affordable cost.
**NURSING PRACTICE and EDUCATION**

- Support implementation of the Washington State Strategic Plan for Nursing to address the nursing shortage.
- Support implementation of the Master Plan for Nursing Education in Washington State.
- Support nursing’s unique role in the delivery of comprehensive and cost-effective quality care.
- Support the principle of individual licensure as mandatory for the practice of registered nursing through completion of a RN education program approved by the Nursing Care Quality Assurance Commission.
- Encourage specialty certification and advanced practice of nursing.
- Support nursing education funding for:
  1. Increased access to nursing programs within institutions of higher education and for nursing faculty salaries.
- Support funding for:
  1. Grants and loans to encourage nursing recruitment and retention.
  2. Increasing the diversity of the nursing workforce.
  3. Nursing research to maximize nursing’s contribution to health.
  4. Data collection and analysis on the nursing workforce.
- Protect the public by promoting the role and practice of registered nurses across all settings.

**FINANCING HEALTH and SOCIAL SERVICES**

- Support an equitable tax base which will provide adequate funding for needed social and health services and state agency oversight.
- Ensure adequate and stable funding for state health plans, public health, and public health nursing services.
- Support evidenced based cost containment incentives in the health care delivery system that do not compromise quality of care and that:
  1. apply to all providers, payors and vendors.
  2. are based on continued review of the appropriateness of health care services.
  3. serve to eliminate significant waste and inefficiency.
- Protect dedicated health funding and ensure it is used solely for health services.

**ACCESS TO QUALITY CARE**

- Support full access to health care for all.
- Support health promotion education and disease prevention as a major focus of the health care system.
- Support efforts to reduce health disparities.

**HUMAN RIGHTS**

- Support the basic right of all people for equity under the law regardless of race, creed, color, gender, age, disability, lifestyle, religion, health status, nationality, or sexual orientation.
- Promote a culturally competent health care system that recognizes and values differences among people.

**PLATFORM**

The Washington State Nurses Association provides leadership for the nursing profession and promotes quality health care for consumers through education, advocacy, and influencing health care policy in the State of Washington.

**ECONOMIC and GENERAL WELFARE**

- Promote RN staffing standards to ensure quality patient care and safety for health care providers.
- Endorse and actively support the rights of all employees to participate in the collective bargaining process.
- Support measures, including comparable worth and parity, which promote the economic welfare of all nurses.
- Promote reimbursement policies that support the principle of equal payment for equal services provided.
- Promote and seek enactment of legislation and regulation that protects the economic and employment rights of nurses, including their right to advocate for patients.
- Support measures that create a work environment where nurses are respected, valued, and included in the decision making process.

**OCCUPATIONAL and ENVIRONMENTAL HEALTH**

- Support research and education for the prevention and treatment of occupational and environmental health problems.
- Support efforts to assure adequate prevention, preparedness, and response to natural, biological and chemical disasters, and acts of terrorism.
- Support legislation and regulation that assures workplace safety and promotes environmental health.
- Support a precautionary approach towards occupational and environmental health.

_ADOPTED BY WSNA BOARD OF DIRECTORS, NOVEMBER 2008_
AGENDA  During the state legislative session, there are hundreds of health care related bills introduced. WSNA will examine legislative and regulatory proposals that pertain to nursing and health care and revise the agenda as needed. These are not listed in rank order. Please check our website at wsna.org for updated legislative information throughout the session.

**Active Primary Support**
Legislation/Regulation that WSNA is initiating, researching, drafting, or working on actively.

- Ensuring uninterrupted meal and rest breaks
- Closing loopholes and prohibiting mandatory overtime for RNs
- Funding for RN faculty salaries
- Funding for nursing enrollments
- Funding for scholarships and loan repayments
- Funding for nursing workforce data collection and analysis
- Funding for public health and public health nursing
- Public health nursing as an essential service in public health
- Full 3rd party reimbursement for ARNP practice
- Disaster preparedness, including immunity and liability protections for employers and voluntary emergency responders
- Support for School Nurses, including funding and school nurse ratios

**Active Monitor**
Issues that WSNA has not taken a formal position on but is monitoring very closely. WSNA will decide whether to support or oppose depending on the exact language of the legislation.

- Mental health funding
- Access to affordable liability insurance and Tort Reform
- Regulatory Reform
- Criminal background checks
- Individual & small group insurance market reform
- Changes to the Uniform Disciplinary Act
- Medical/medication errors
- Budget
- Medicaid changes/reforms
- Long term care issues
- Nurse Practice Act
- Medication Assistants
- Scope of Practice Issues
- Prescription drug monitoring program
- Nurse delegation

**Regulatory Monitoring**
Issues that pertain to the various state regulatory agencies such as Department of Health and Labor & Industries. We monitor and provide input to these issues as rule making and agency oversight occurs.

- Safe RN staffing standards
- Safe Patient Handling/Ergonomics
- Prescription drugs
- Eliminating mercury use in health care settings
- Nursing assistant education
- Nurse delegation
- Chemical and Latex allergy
- Long term care
- Mandatory overtime and rest breaks
- State employee’s right to bargain for wages
- Medicaid changes/reforms
- Mandated coverage of contraceptives
- Indoor air quality
- DOH/Nursing Commission
- Patient and provider confidentiality issues
- Blood borne pathogens/Prevention of Sharps Injuries
- Nurse technicians
- Mandatory Provider Reporting

**Active Support**
Issues not initiated by but are strongly supported by WSNA. These are issues that WSNA is working on in collaboration with other associations and coalitions.

- Improving access to quality care
- Protect services and increase funding for state health plans including CHIP and BHP
- Legislative and regulatory issues of WSNA affiliates and other specialty nursing organizations
- Prevention of workplace violence
- Access to affordable prescription drugs
- Elimination of persistent environmental toxins
- Safe disposal of pharmaceuticals
- Age of consent for mental health services
- Reimbursement for any category of provider
- End of life issues
- Access to family planning services

**Review**
Issues that have been identified as having a potential impact to nursing and quality health care. WSNA is not likely to work actively on these issues but will monitor them.

Adopted by WSNA Board of Directors, November 2008
As the 2009 legislative session quickly approaches, I want to share two pieces of legislation with you that you’ll be hearing about in the media and during WSNA Lobby Day. The first is the Secure Medicine Return Bill for Washington State. “Fifty-four million prescriptions were dispensed in Washington State last year, and an estimated 30% of those medications go unused,” said Representative Dawn Morrell, RN in a guest interview for the Seattle PI. With the old toxicology adage ‘dilution is the solution,’ we used to think it was ok to ‘crush and flush’ these medications down the toilet or throw them in the trash. We now know different. According to a United States Geological Survey that tested 139 US streams (including some in Washington State) for 95 chemicals and pharmaceuticals, at least one chemical was detected in 80% of the streams. Further studies are showing reproductive changes in aquatic life. It’s an environmental nightmare. Add this to the potential for accidental overdose (up 345% in Washington State alone since 1990); demand for a safe disposal method is high.

The Solution: The Secure Medicine Return Bill provides a cost-effective, producer-provided medicine return program that is easy, safe and convenient for citizens throughout the state. The bill takes a shared responsibility approach with pharmaceutical companies. For example, retailer involvement could include making pharmacies medication return locations, with state government oversight by Washington’s Board of Pharmacy. A pilot study conducted by Group Health Cooperative, Bartell Drugs, state agencies and non-profits collected more than 15,000 pounds of unwanted medications since October 2006. It works. For more information check out www.medicinereturn.com

The second bill addresses an estrogen mimicking chemical called Bisphenol A (BPA). This bill will eliminate Bisphenol A in many food containers. Over the last year there’s been a lot of press regarding the polycarbonate plastic component found in certain plastic water bottles, baby bottles and in the lining of food cans. The United States produces over 2 billion pounds of this toxic chemical and globally it’s much, much more. “In studies conducted over the past 20 years, scientists have detected BPA in breast milk, serum, saliva, urine, amniotic fluid, and cord blood from at least 2,200 people in Europe, North America, and Asia (CERHR 2006). Researchers at the Centers for Disease Control and Prevention recently detected BPA in 95% of nearly 400 U.S. adults (Calafat et al. 2005). The Environmental Working Group (EWG) has led biomonitoring studies that have detected BPA in people from four states and the District of Columbia (EWG 2007). According to the Breast Cancer Fund, several studies involving mouse and rat models indicate even brief exposure during gestation and around birth changes breast tissue which is predictive of breast tumor involvement. And in fact, prenatal exposure to rats led to pre-cancerous lesions and in-situ tumors. Oh, and that’s not all! The Safer States fact sheet on BPA adds, “A number of studies have found BPA to be linked to cancer, heart disease, obesity, reproductive failures and hyperactivity in laboratory animals.” Fortunately, responsible companies like Nalgene have replaced Bisphenol A with a safer alternative and many baby bottles are Bisphenol A free now too, but there are many more products out there that contain this dangerous chemical.

WSNA is a major stakeholder in environmental health policy development and is recognized as a national leader in developing nurses as environmental health activists. Stay tuned to Capwiz and WSNA’s Environmental Health and Safety webpage for more information and ways to inform your legislators on the Secure Medication Take Back and Bisphenol A bills and more.
Since the Fall Issue of the Washington Nurse and our report on the crisis in public health funding, the situation has only gotten worse. During November and December, many counties finalized their budgets and the outlook for public health is grim. Statewide, hundreds of positions are being slashed in different health departments and estimated funding cuts have totaled over $30 million. Programs like WIC and First Steps, TB prevention, and immunization clinics are getting sacrificed.

The 2009 legislative session is shaping up to be one of the most difficult in recent years. However, despite the challenge of creating a balanced budget, it is absolutely imperative that state government maintains its funding for public health. More and more families will be facing financial hardship in the coming year, so the need to strengthen our public health safety net is now more critical than ever. With these new realities in mind, WSNA hosted the ‘Action Summit on Public Health,’ a second forum to follow up on the initial efforts of the ‘Summit on Public Health’ and to start building a real plan to save public health this year and in the future.

**Action Summit on Public Health**

Held on December 8th, the Action Summit garnered even more interest and participation than the first. Over 40 individuals representing a wide variety of organizations and interests in public health gathered to discuss the worsening status of public health and what could be done to address the problem in the short term and long term. The morning began with updates on public health funding in the counties with reports from Snohomish County, Seattle-King County Public Health and a review of what was happening in other counties across the state.

Looking towards the legislative session, Representative Jim Moeller discussed his ideas for what kind of work was needed in the next few months to make public health a prominent issue during this session. He urged those working on the issue to create a better story for public health – a story that would resonate with the public and legislators on an emotional and personal level. He also emphasized the need to create more flexibility in public health funding. A representative from the Governor’s office added that with the tight budget, just being able to maintain state public health funding would be a victory this year.

**Workgroup Recommendations**

As in the previous Summit, participants broke into two work groups, one focusing on short-term strategies and one on long-term strategies. The goal of the discussions was to begin developing realistic plans of action with steps that could be taken in the next few months. As with the first summit, one of the key findings of both groups was that public health needed to create a sustained education campaign about what public health is and how it benefits every single person in the state. It would also be important for public health develop a consistent message and speak with a unified voice.

Creating effective messaging that built an emotional and personal connection to public health was agreed to be a top priority. Food and water safety, disaster preparedness, and disease control were named as issues that particularly resonated with the public. The importance of developing a strong message was underlined by discussions about a possible referendum and what it would take to win a vote on public health funding.

A second strategy named by both groups was identifying the stakeholders in public health who were not currently participating in the Public Health Roundtable or other efforts. Broadening the coalition of support was named as a priority in the short and long term. It was noted that effective messaging would play a key role in the recruitment of new partners.

The final key recommendation was that short and long term goals be clearly identified and that strategies for both should be pursued simultaneously. Saving public health funding this year will be a difficult battle, but it is also important that a long-term, stable and adequate funding source be identified so that we don’t face this crisis every year.

**2009 Media Campaign**

During the Action Summit, WSNA announced a new coalition of partners who had joined together to expand the ‘Campaign to Save Public Health’ into the winter and spring. The partnership consists of WSNA, Washington Health Foundation, Washington State Medical Association, IFPTE Local 17, and Group Health Cooperative.

Building on the success of WSNAs billboard, busboard and newspaper editorial campaign in the fall, the 2009 campaign will launch in January and feature television ads throughout the entire state, internet banner ads, and billboards. This new effort will focus on engaging the public and giving people the tools to get involved in the issue on the state level as it’s discussed in the Legislature.

You can follow the campaign, write an email to the Governor and your legislators, find out how to get involved, or just get more information at www.SavePublicHealth.com.
Overtime and Rest breaks

Working to Protect Nurse & Patient Safety

Research confirms what we already know from our own experiences - nurses working long hours results in decreased alertness, vigilance, concentration, judgment, mood, and performance. Nurse fatigue translates to an increase in medical and medication errors. Current practice imposes mandatory overtime upon RNs and LPNs and goes against the intent of the current law.

WSNA has identified two major infringements on nurses’ ability to maintain the mental alertness and focus required to provide safe and quality patient care throughout the duration of a shift. Both issues will be a top priority for WSNA during this legislative session.

Mandatory Overtime

The current law restricting mandatory overtime includes exemptions which have become loopholes that facilities are exploiting to force nurses to work mandatory overtime. This law needs to be amended so that employers are not using these exemptions inappropriately, leading to longer hours for nurses and compromised patient care.

Prescheduled on-call is appropriate for some but not all nursing units. For example, those units not staffed twenty four hours a day, seven days a week, utilize prescheduled on-call to respond to unanticipated patient care needs. This is typical for operating rooms where the unpredictable nature of emergency procedures makes advance scheduling of nursing staff levels not possible. However, due to the exemption of prescheduled on-call in the current law, many facilities are using pre-scheduled on-call to attend to non-emergency cases or to fill chronic staff shortages. In effect, this practice imposes mandatory overtime upon RNs and LPNs and goes against the intent of the current law.

Another exemption in the law requires nurses to work overtime until procedures are completed to maintain patient safety. To exploit this exemption, some facilities are scheduling non-emergency cases near the end of nurses’ shifts thus triggering the exemption and requiring nurses to work overtime in order to complete the procedure. The current law recognizes that imposing overtime upon nurses without reasonable limits erodes a nurse’s ability to maintain safe patient care. Facilities should comply with the intent of the current law and avoid scheduling patient care that imposes mandatory overtime on nursing staff, resulting in compromised patient safety.

WSNA supports legislation that improves patient safety by closing loopholes in the mandatory overtime law to ensure that exemptions are used appropriately.

Uninterrupted Rest Breaks

To ensure quality and safe patient care, nurses must receive uninterrupted rest breaks. Patients today are sicker and demand an increased level of nursing care. Full uninterrupted rest breaks are critical for nurses to meet the demanding needs of the profession. Current practice of claiming that brief interruptions in work activities provide adequate intermittent breaks is detrimental to patient safety and nurse wellbeing.

State regulation requires rest periods of not less than 10 minutes of paid time in each four hours of working time while allowing in certain industries for intermittent breaks instead of an uninterrupted break. Current practice among many health care employers is to claim necessary brief interruptions in work activities as intermittent rest periods and deny full, uninterrupted rest breaks.

A “rest period” is intended to be an opportunity to completely stop work duties, exertions, or activities for personal rest and relaxation. Activities like going to the bathroom or getting a drink of water should not be characterized as personal rest and time away from work or exertion. Similarly, conferring with colleagues and sitting down to chart are related to carrying out nursing duties and cannot be viewed as activities for relaxation and rest.

WSNA supports legislation that assures uninterrupted rest breaks for nurses.

If you would like to find out more information about these issues or WSNA’s legislative efforts, please visit www.wsna.org/LegislativePolicy
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 pileup. 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.
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.

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

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

February 2, 2009

Register Today!

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Register Today!
Learn about critical nursing and health care legislation to be considered during the 2009 Legislative Session. Unite with other nurses, and educate lawmakers on nursing and health care issues. Visit with your state representatives and let them know which issues are important to you.

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

Join hundreds of nurses and nursing students from around Washington State. It's an energizing, educational, fun-filled day.

February 2, 2009

Register Today!

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 __________________

Agenda

7:30-8:30 - Registration
8:30-8:45 - Welcome
8:45-9:00 - WSNA Legislator of the Year Award recognizing Representative Dawn Morrill, RN
9:00-9:30 - Keynote address by Governor Gregoire
9:30-10:30 - Presentation of WSNA Legislative Priorities for 2009
10:30-10:45 -- PAC Fundraising
10:45 - 11:00 - Break
11:00-12:00 - Concurrent breakout sessions
   - Olympia 101: Grassroots Basics
   - Advanced Olympia: Taking Your Advocacy to the Next Level
   - Healthcare Reform: Yes We Can?
   - Environmental Health Priorities
12:00-1:30 - Lunch
1:30 - 4:30 - Visit with your legislators and attend hearings

Location

The Washington Center for the Performing Arts
512 Washington St. SE, Olympia, WA 98501 (Downtown Olympia)
People who know me know how enthusiastic I am about my specialty – Occupational and Environmental Health Nursing (OEHnursing). There are so many interesting areas of focus within this practice it’s unbelievable. I must say, I’ve never, ever been bored. OEH-nursing is incredibly unique, empowering and has the potential to make a profound impact on the health of one individual, a community or the human environment at large. Today’s environment is filled with environmental hazards. Whether in the workplace, community or even home, we can’t escape potential exposures to toxic chemicals, disease or hazardous processes. And of course, those individuals most vulnerable are children, workers and the elderly. That covers just about all of us, doesn’t it? People look to us for answers and we must be prepared. Therefore, it is critical that nurses understand the basic mechanisms and pathways of exposure to environmental health hazards, their prevention strategies and control measures to abate those health hazards, and the interdisciplinary nature of these interventions and the role of research.

Our human environment is becoming very unhealthy. Washington State has the highest rates of breast cancer in the nation, we also have one of the highest rates of multiple sclerosis, childhood brain cancer is on the rise, and 17% of school-aged children have learning disabilities. More than one quarter of the global disease burden is attributable to environmental exposures, with children bearing a disproportional amount of the risk. According to Economic Costs of Diseases and Disabilities Attributable to Environmental Contaminants in Washington State (Kate Davies, MA DPhil), a report from the Collaborative for Health and Environment – Washington Research and Information Working Group, the costs of environmental diseases in Washington State is an alarming $1.9 billion annually for five childhood diseases attributable to environmental contaminants. If you combine adult and childhood costs the total is $2.7 billion annually. This accounts for almost 5% of the total health expenditures in Washington State.

<table>
<thead>
<tr>
<th>Childhood Diseases</th>
<th>Best Estimate Proportion of Disease Attributable to Environmental Contaminants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>30%</td>
</tr>
<tr>
<td>Cancer</td>
<td>5%</td>
</tr>
<tr>
<td>Lead Exposure</td>
<td>100%</td>
</tr>
<tr>
<td>Birth Defects</td>
<td>2.5%</td>
</tr>
<tr>
<td>Neurobehavioral Disorders</td>
<td>10%</td>
</tr>
</tbody>
</table>

Nursing practice has its foundations firmly planted in environmental health principles. Florence Nightingale’s philosophy of manipulating the environment to place the patient in the best position to heal is still observed today. The 21st Century nurse continues to advocate for clean water, healthy and pure food, fresh air, sanitation and hygiene. Florence was also a leader in advocating for her patients, often working with legislators and other disciplines to improve health conditions.

We can make a difference in changing the course of the health of our environment. We’re doing it now. WSNA is a national leader in environmental health advocacy using our political savvy and voices to inform legislators about environmental health issues. Look at what we’ve done already - the PBDE ban and The Children’s Safe Product Act. And, we’re supporting more in the 2009 legislative session too with the Secure Rx and Bisphenol A bills. We understand we must become green; we must also phase out toxic chemicals for safer alternatives. We all are familiar with “Reduce, Reuse, and Recycle.” Improving and protecting the environment is becoming big business, thank goodness! There are environmentally focused jobs now and more will be developed in the near future. What profession is better suited than nursing to fill these new jobs?
Fifty nurse leaders in education, practice, research, and those who are active in national and state nurses associations and/or nursing subspecialty organizations were invited to participate in a national invitational meeting recently in Oracle, Arizona. Conveners of this gathering were Brenda Afzal, RN, MS, and Barbara Sattler, PhD, RN, FAAN, from the Environmental Health Education Center at the University of Maryland. Sally Watkins, PhD, RN, Assistant Executive Director for Nursing Practice, Education and Research, attended on behalf of WSNA. Attendees represented the “vanguard in environmental health nursing.”

The purpose of the meeting was to deepen individual and collective commitment to environmental health, and to begin the development of a strategic plan for expanding the engagement of the nursing profession in incorporating environmental health into our practice as well as creating a unified approach to mobilization on state and national policy issues. Outcomes from the meeting included:

1. All attendees signed “The Oracle preamble” outlining the conception of the nursing profession’s role in environmental health. A few excerpts from this Preamble include:

   We are in a new dawn regarding environmental health in the U.S., and, in fact, globally. The public awareness and interest in all things “green” is creating a huge opening for those of us in nursing who are interested in environmental health. We have moved beyond questioning the science of whether we are in environmental peril to consensus that we are, and that we must act and act now on some of the most critical issues.

   Nurses, who are one of the most trusted sources of information by the public, must be in a position to both respond to questions about the environment and its relationship to health with credible, evidence-based information, as well as provide leadership in making the necessary changes in our policies and practices to protect and promote human health. To that end we must prepare nurses to be a cut above the average citizen with regard to their knowledge of environmental health issues....

   While the “Race for the Cure” is essential, we need a “Race for Prevention” in which we focus on eliminating carcinogens from our environments. The profession of nursing was founded on principles of prevention of disease
Health & Safety

and illness. Today’s environmental health challenges demand that we return to that foundation. We have immense power to bring science and passion to the critical environmental health issues at hand. (The full Preamble can be found on the web site listed below.)


As stated in the Preamble, “Creating an e-Commons requires a slight shift in our current approach to the web. The site is truly intended not to have single ownership but to be owned by the community of nurses with a focus in environmental health. It will be content rich with information and links to trustworthy sources from all of us individually and from non-profit organizations, governmental agencies, and academia. It will also use a variety of the newest internet tools for multimedia postings/links, for nurses to co-create materials (using “wiki” programs), as well as using current social marketing tools. This e-Commons can also be a place where nurses can see and place meeting announcements, “meet,” share stories, post questions, and collectively guide ourselves, thereby exploiting our immense collective knowledge and experience for the good of all.” WSNA is not only listed on this web site, but links to our own web site are provided! WSNA is acknowledged as a resource for others!

3. Unanimous agreement was reached by all attendees that environmental health is NOT a nursing specialty requiring a new special interest group to be formed. Environmental health is a necessary component for every nurse’s training, competency, and professional role no matter the setting. There are personal as well as professional environmental health obligations to foster delivery of quality health care and strengthening healthy communities. And, nurses being “the most trusted profession” need to continue to incorporate this knowledge into their practice. Self-care purchases and activities need to support a safer environment.

4. The beginnings of a strategic plan with action components were developed from work groups focusing on advocacy and policy, practice, education and research. The IOM Nursing, Health, & Environment 1995 Report was used as a beginning framework for discussion and identification of next steps.

WSNA remains extremely committed to supporting environmental health and its various initiatives. Several speakers acknowledged WSNA as a national leader in this arena. Frequently, power point slides showed our activities such as the “rubber ducky” on the steps of the capitol in Olympia as the Children’s Safe Product Act was passed – a model and leading piece of legislation for our nation. WSNA would like to thank Karen Bowman, MN, RN (WSNA’s Environmental Health Specialist), our Occupational and Environmental Health and Safety Committee, and our Legislative and Health Policy Council for their exemplary work. Indeed, WSNA is well recognized as a national leader communicating and promoting environmental health issues.
ANA Working Towards Re-Authorization for Title VIII Nursing Workforce Development Programs

For 45 years, Nursing Workforce Development Programs authorized under Title VIII of the Public Health Service Act have addressed each aspect of nursing shortages – education, practice, retention, and recruitment. The programs provide the largest source of federal funding for nursing education, offering financial support for nursing education programs, individual students, and nurses.

Title VIII programs bolster nursing education from entry-level preparation through graduate study, favoring institutions that educate nurses for practice in rural and medically underserved communities. According to the Health Resources and Services Administration which administers the programs, 74,781 nursing students and nurses received loans, scholarships, and programmatic support in 2008. Title VIII programs include:

<table>
<thead>
<tr>
<th>Title VIII Nursing Workforce Development Programs</th>
<th>FY 2008 Appropriations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Education Nursing Grants</td>
<td>$61.88 million</td>
</tr>
<tr>
<td>Workforce Diversity Grants</td>
<td>$15.83 million</td>
</tr>
<tr>
<td>Nurse Education, Practice, and Retention Grants</td>
<td>$36.64 million</td>
</tr>
<tr>
<td>Loan Repayment and Scholarship Programs</td>
<td>$30.51 million</td>
</tr>
<tr>
<td>Nurse Faculty Loan Program</td>
<td>$7.86 million</td>
</tr>
<tr>
<td>Comprehensive Geriatric Education Grants</td>
<td>$3.33 million</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$156.05 million</strong></td>
</tr>
</tbody>
</table>

Funding for the programs reached a high of $160.61 million in 1973 (in today’s dollars that would be a commitment of more than $763 million), yet today the programs currently receive an appropriation of just $156.05 million. Clearly, there is great need for additional funding.

ANA joined with 25 other nursing organizations to develop a consensus document reflecting shared principles and goals for the re-authorization process, including an emphasis on the need for more funding to build on the success of Title VIII. The final report was signed earlier this year by 32 organizations, including ANA.

Congress added authorities to Title VIII in 2002 with the passage of the Nurse Reinvestment Act, but the Title has not been re-authorized since 1998. Congress is now preparing to review the underlying authority for Title VIII and ANA plans to lobby vigorously in this process. As of December, this re-authorization remains on the agenda for the 111th Congress but it is not known yet whether it will occur in 2009 or 2010.

ANA Works With Partners to Set National Priorities in Health Care

ANA joined with the National Quality Forum and 26 other organizations to release a new report, Aligning Our Efforts To Transform America’s Healthcare Goals, that identifies key national priorities and goals for the health care system. This new coalition will be called the National Priorities Partnership and will focus attention and resources on high-leverage areas of improvement.

Eliminating harm, eradicating disparities, reducing disease burden, and removing waste are named in the report as the four major challenges in health care that need to be addressed. The partner organizations agreed to work together to:

- Engage patients and their families in managing health and making decisions about care
- Improve the health of the population
- Improve the safety and reliability of America’s health-care system
- Ensure patients receive well-coordinated care across all providers, settings, and levels of care
- Guarantee appropriate and compassionate care for patients with life-limiting illnesses
- Eliminate waste while ensuring the delivery of appropriate care
March of Dimes 2008
Nurse of the Year Awards

Western Washington

On Thursday, December 4, 2008, over 500 nurses from Western Washington gathered at the Bellevue Hilton to celebrate Nursing Excellence. One hundred thirty-three nurses were nominated by their colleagues in 14 distinct categories for their contribution to the profession of nursing and to patient care.

WSNA congratulates these nurses as the recipients of the 2008 Nurse of the Year Awards.

Tahallia “Holly” Snyder, RN
Franciscan – St. Francis Hospital
Patient/Clinical Care • A nurse who demonstrates excellence in delivering care directly to the patient in any clinical setting.

Shelly Picco, RN
Franciscan – Enumclaw Regional
Leadership • A nurse who has demonstrated exceptional leadership in nursing or patient care services in any setting.

Shevaun Rudlin-Clark, RN
PeaceHealth – St. Joseph Hospital
Innovation/Creativity • A nurse who has made innovative/creative contributions that have improved patient care.

Constance “Connie” Hirnle, MN, RN, BC
Virginia Mason
Education • A nurse who has made significant contributions in education, professional development, and/or long-term learning of nursing professionals.

Liz Bridges, PhD, RN, CCNS, FCCM, FAAN (WSNA Member)
University of Washington
Research/Advancing the Profession • A nurse who has made contributions that have advanced research or advanced the nursing profession.

Irene Peters, MN, RNC
Overlake Hospital
Advocacy for Patients • A nurse who goes beyond the call of duty to advocate for patients

Kiko Van Zandt, RN, BSN, CHPN
Seattle Children’s Hospital
Community Service • A nurse who has made significant professional or voluntary contributions in community-based settings, such as public schools or community outreach efforts.

Cheryl A. Griffin, RN AE-C
Group Health
Mentoring • A nurse who provides positive, professional influence, guidance, and support of other nurses in any setting.

Patricia “Trish” Guiffrida, RN, BSN
Northshore School District
School Nurse • RNs who provide direct care to children in grades K-12 and have made a lasting contribution to the health of students

Erin San Angelo, RN
Providence Regional Medical Ctr Everett
Rising Star • A nurse who, within the first 18 months of practice, exemplifies outstanding caring, leadership, and professionalism.

Raelynn Canell, SN
Providence Regional Medical Ctr Everett
New Generation • A nursing student who has demonstrated outstanding professionalism and mastered the coursework necessary for a successful nursing career

Jennifer S Bielotzke, RN
University of Washington Medical Ctr
Perinatal/Pediatric • A nurse whose influence and service in the care of pregnant mothers and babies exemplifies the mission of the March of Dimes to improve the health of babies.

Madonna Reinke, ADN, RN
PeaceHealth – St. Joseph Hospital
Legend of Nursing • A retired nurse whose lifetime career has advanced the field of nursing for all generations to come.

Susan Heath, RN, MN, CNAA
Seattle Children’s
Distinguished Nurse of the Year • A nurse whose contributions and accomplishments have had an extraordinary influence within the nursing profession in Western Washington.
WSNA would like to recognize the following 32 WSNA members who were nominated by their colleagues for the 2008 March of Dimes Nurse of the Year Awards:

Christine Adams, RN, MSN, CS
University of Washington

Linda Barnes, MN, RNC-OB
Shoreline Community College

Dawn Cannizzaro, RN
PeaceHealth – St. Joseph Hospital

Dianne Clancy, RN
Seattle, Children's

Kristie D'Angelo, RN
PeaceHealth – St. Joseph Hospital

Ginger Frankhouser, BSN, AS
Seattle Children's

Paul Hanson, RN, CDE
Seattle Children's

Allison Eloi James, RN, BSN, MPH
Franciscan – St. Joseph Hospital

Miranda Livermore, RN
Virginia Mason

Mary Beth Menagh, RN
Evergreen Healthcare

Tiffany Olsen, RN
PeaceHealth – St. Joseph Hospital

Linda Rethike, RN, PHN, IH
Snohomish Health District, Community Health

Desiree Scragg, RN, BSN
University of Washington

Frances Thompson, BSN, RN-BC
Seattle Children's

Lisa Taynor, RN, BSN, CHPN
Evergreen Healthcare

Catalina Watt, RN, CNN
Seattle Children's

Anita Wright, RN
Franciscan – St. Joseph Hospital

Judith “Judy” Albers, RN, BSN, CRN
Seattle Children's

Laura Blackwell, RN
Virginia Mason

Sarah Caufield, RN
Seattle Children's

Deborah L. Cole, RN, BSN, CNOR
Seattle Children's

Kelly DeRosier, RN, BNS, BCC
PeaceHealth – St. John Medical Center

Catherine Hansen, RN CDN
Seattle Children's

Mary Heilman, RN, MN
University of Washington

Rebecca Kvanmek, RN, BSN
Seattle Children's

Maureen McAfee, RN
Seattle Children's

Marcia Morgenthalar, RN, BSN, CNOR
Skagit Valley Hospital

Carsann Padrnos, RN, BSN, CEN
PeaceHealth – St. Joseph Hospital

Molly Ruddy, RN, CCRN
Seattle Children's

Patricia “Trish’ Shields, RN CRRN
Seattle Children's

Mary “Betsy” Thompson, RN
Skagit Valley Hospital

Michelle Walters, RN, AD
Franciscan – St. Clare Hospital

Charles Wm. Weeks Jr., RN
Franciscan – St. Clare Hospital

Julene Wuesthoff, RN
Franciscan – St. Joseph Hospital

Taking On a New Position?
by Patrick McGraw
WSNA Membership Processor

Are you about to start a new job? Don’t forget to take your WSNA membership with you!

The Washington State Nurses Association is a professional association serving registered nurses in all regions of the state. As a nurse in a WSNA bargaining unit, your support of WSNA is necessary to protect your practice. WSNA is a strong advocate in Olympia of your rights as a nurse. The Safe Patient Handling Law of 2006 and the Safe Nurse Staffing legislation that passed in 2007 are two powerful examples of the success that WSNA has had in lobbying and working for change on your behalf.

As a member of WSNA, you have access to exclusive benefit programs. WSNA members may obtain professional liability insurance through the Nurses Service Organization (NSO). Members also have special pricing on accident and cancer policies with AFLAC, and much more.

Did you know that WSNA is also your link to participation in the American Nurses Association? Your dues not only provide a way for you to be involved at the state level, but also to be a part of ANA, your national nursing association.

How can you stay involved? When you start a new job, make sure to submit a membership application or a change of information card. The application and card are available for download on the WSNA Web site, which can be located at wsna.org.

If you would like to have a membership application or change of information card sent to you by mail, please feel free to contact the membership department of WSNA. 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.
Nursing News Briefs

Nurses Voted Most Trusted Profession in Gallup Poll
Nurses are again ranked as the most trusted profession by the American public. This is the seventh consecutive year that nurses have ranked the highest, with 84% of Americans ranking nurses either “high” or “very high” for honesty and ethical standards this year. Since being included in the annual survey in 1999, nurses have earned the number one spot every single year except 2001, when firefighters took top honors.

Nurse-led Study: Daily Dental Care Reduces VAP Risk
A yearlong study by ICU nurse specialists in St. Louis found providing simple dental care for critically ill patients reduced their risk of developing ventilator-associated pneumonia by 46%. Nurses brushed the teeth of patients twice daily and applied mouthwash to the inside of the mouth.


State Budget Woes to Affect Basic Health Enrollment Limits
Washington State’s Basic Health Plan, which provides sliding-scale health insurance to low-income adults, is being cut 7,700 slots to address the state’s budget crisis. The program currently covers 105,000 people. The cuts are effective immediately.

AACN Survey: Nationally Nursing Enrollment Growth Slowing
The American Association of Colleges of Nursing reported that in 2008 baccalaureate nursing programs admitted 2% more students than in 2007 – the smallest annual increase since 2001. Between 1995 and 2000, nursing colleges posted overall declines in the number of new students admitted, followed by a spike in growth of 16.6% in 2003 and declines in every year since, according to the AACN survey.

AACN leaders posited that one reason for the change may be that colleges of nursing are reaching their enrollment capacity because the growing shortage of nursing instructors is preventing programs from accepting more new students.

At the same time, large numbers of students are still applying at nursing programs. Colleges reported turning away 27,771 qualified applicants from entry-level nursing programs in 2008 -- a significant drop from the record 38,415 turned away in 2006. AACN interpreted the decrease to potential students becoming frustrated at enrollment difficulties and are likely turning to other careers.

AACN also noted a decrease in growth rates in the number of new enrollments and masters-level graduations from nursing programs. New master’s degree enrollments grew by 8.7% in 2008, less than half the growth rate in 2006, while the 10.6% growth in master’s graduations was comparable to 2007 and 2006.
King County Nurses Association  District 2

The KCNA Board is looking to the future with a new community service project in mind: helping the homeless. The Board has combined two active KCNA special interest groups into a single task force, which will take on the issue with consideration to governmental affairs, involvement with the King County Board of Health, and community health impact. The group will then determine how KCNA members, Board, staff and students can collaborate with other community organizations to provide meaningful assistance to the homeless.

Inland Empire Nurses Association  District 4

IENA has scheduled a “dinner on us” meeting (January 12th, 2009) with local unit chairs to see what issues to address to better meet the needs of the membership. The meeting will be held at a local restaurant and will give the board as well as the local unit leaders a chance to interact, share ideas and information on how to reach out to our membership. IENA will pick up the tab for the dinner. This is a follow up to the dinner that was held in 2008 which was very successful and proved very helpful in addressing issues to help our members and to better plan for the coming year.

IENA will be planning a CNE for its members in the spring. The event that was planned in the fall of ‘08 was cancelled so this will be a reschedule.

IENA is in the early stages of planning its 100 year celebration. Original documents just recently discovered, as well as pictures and memorabilia, will be exhibited. The board is looking forward to a fun-filled and informational event. The celebration will take place in the late spring.

In January IENA will begin accepting applications for its 2009 scholarship program. Last year IENA gave away scholarships totaling $7000 to its members and student nurses.

We are excited and pleased to begin this New Year with our existing and new board members. We are looking forward to another great year.
# New Members

## Whatcom County District 01
- Barrett, Adrienne
- Bocek, Andrea
- Brooks, Lorinda
- Campos, Norma
- Chen, Carolyn
- D’angelo, Kristie
- Fraser, Beverley
- Hegarty, Tyson
- Holland, Tara
- Mullen, Julie
- Samms, Julie
- Sorensen, Victoria
- Squires, Erin
- Stephenson, Cecelia
- Tolmsa, Kelly
- Travis-Carter, Kimberly

## King County District 02
- Aadland-Lewis, Nicole
- Aberin, Lindsay
- Andersen, Starr
- Ashton, Kathryn
- Backes, Kendra
- Barnett, Kim-Hwa
- Bell, Karla
- Berry-Bell, Patricia
- Bersin, Jan
- Braun, Lesley
- Broeckel, Jennifer
- Bronson, Stephen
- Brown, Molly
- Burney, Sarah
- Burrows, Judy
- Cady, Carrie
- Canoy, Anna Leah
- Chardon, Severine
- Clark, Stephanie
- Coenen-Winer, Fiona
- Cote, Michelle
- Crews, Julie
- Cuisen, Spencer Margarette
- Dalby, Bente
- Dey, Deanne
- Doherty, Shannon
- Downs, Peggy
- Durden, Christi
- Eligino, Janette
- Evans, Margaret
- Fenoglio, Susan
- Ferraro, Kathleen
- Fletcher, Levana
- Ford, Monica
- Forsythe, Erin
- Fuller, Kathryn
- Graybill, Andrea
- Grey, Valerie
- Harding, Kellie
- Hatch, Kevin
- Hayes, Becky
- Heidbrink-Lomer, Anne
- Herrmann, Cassandra
- Hill, Marie
- Holmes, Tammy
- Holroyd, Lisa
- Holzknecht, Holly
- Hoshino, Riimu
- Im, Jin
- Jaspers, Carissa
- Jenks, Marcy
- Johnson, Amanda
- Johnson, Nicole
- Kallio, Kari
- Kaufroath, Jennifer
- Kearney, Alisa
- Kelly, Emma
- Kieu, Carolyn
- Kremer, Ann
- Kulseth, Kimberly
- Lacombe, Kirsten
- Langlois, Cassandra
- Larsen, Kimberly
- Lefaive, Stephanie
- Ligman, David
- Longwe, Wezi
- Mangum, Terra
- Marlenee, Lori
- Martin, Gary
- Martin, Lucy
- Martinano, Sharon
- Mattern, Heidi
- Mcafee, Maureen
- Mcclendon, Anna
- Mc Cormack, Kimberly
- Mclaughlin, Sarah
- Mebrahtu, Selamawit
- Meis, Ramona
- Mercader, Grace
- Meyer, Fran
- Miley, Meghan
- Minaglia, Mary Elizabeth
- Minerich, John
- Moll, Jaclyn
- Mooney, Aaron
- Mulnix, Heidi
- Murphy, Lacey
- Myers, Leanne
- Nakamura, Mikiko
- Nixon, David
- Oar, Tara
- Oftedahl, Lindsey
- Peterson, Jamie
- Peterson, Megan
- Philip, Patricia
- Phithamma, Andrea
- Pieraccini, Beau
- Power, Marion
- Pyper, Gail
- Rahn, Heidi
- Rappe, Amanda
- Reynolds, Joan
- Rippeteau, Haley
- Roberts, Tracy
- Rockwood, Erin
- Rottsolk, Asa
- Roxburgh, Julie
- Ryndak Krys, Patricia
- Scharf, Merrie
- Schumacher, Melissa
- Shdo, Jessica
- Shearer, Caitlin
- Shook, Jodi-Lynn
- Shyachi, Lucy
- Smith, Alison
- Smith, Judy
- Spencer, Elise
- Stamper, Serena
- Sun, Xiuling
- Thompson, Nathan
- Thomson, Julie
- Truong, Mei
- Vicente, Elise
- Ward, Leah
- Watson, Bronwynn
- Watson, Paula
- Weisenborn, Janelle
- Westcott, Rachael
- Sarah
- Whittaker, Tracy
- Xie, Jie
- Yates, Julie
- Yoshimoto, Faith

## Pierce County District 03
- Anderson, Ann
- Anderson, Myong
- Baertschiger, Kathy
- Ball, Stephen
- Barker, Steven
- Bean, Rebecca
- Bekker, Chelsea
- Besett, Kelly
- Bio, Angelita
- Bisceglia, Dawn
- Blanton, Janell
- Bolster, Kelli
- Bullock, Peter
- Calicoat, Nicholas
- Carlock, Brenda
- Caubre, Barbara
- Chau, Gigi
- Chraska, Karen
- Cofreros, Fiel
- Colby, Bria
- Compton, Rachelle
- Cope, Holly
- Correa, Andrea
- Coulibaly, Mohamed
- Cruza, Jasmine
- Davy, Julie
- De Guzman, Rowena
- Deliyanides, Beverly
- Delong, Dawn
- Dimayuga, Rowena
- Doyle, Marcie
- Dudley, Deanna
- Erecar, Denise
- Ferrari, Tracie
- Fifield, Lindsay
- Fitzgerald, Melissa
- Fontana, Elizabeth
- Foth, Monika
- Gannetta, Elizabeth
- Gaughan, Kristina
- Giampapa, Jaime
- Go, Elizabeth
- Gonzalez, Romana
- Goodfellow, Megan
- Green, Sarah
- Grunenfelder, Emily
- Gursigano, Stacy
- Hardin, Pamela
- Harris, Kimberly
- Hartsock, Ian
- Haug, Stephani
- Henderson, Karen
- Ho, Nathan
- Hoff, Michele
- Hopewell, Elizabeth
- Horton, Jessica
- Hudson, Lisa
- Jimenez, Diana
- Johnson, Alesa
- Jones, Sonnie
- Kellner, Leslie
- Kelly, Jeri
- Keohler, Lucille
- Khan, Anastasia
- Knox, Erica
- Lapena, Marissa
- Leske, M
- Lewis, John
- Lewis, Sherri
- Masters, Joan
- Mcgrath, Rachael
- Miller, Kevin
- Miller, Laura
- Mount, Jessica
- Myers, Kimberly
- Nguyen, Toan
- Oddie, Diane
- Osborn, Nicole
- Pangan, Rodolfo
- Patterson, Janie
- Phillips, Kristin
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**REMINDER**

**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.
# Continuing Nursing Education

## 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

Cardiovascular Care Update 2009; University of Washington School of Nursing; Shoreline, Seattle, WA; February 12-13; Contact Hours: 7-14.0; Contact: C

Neuroscience Nursing Symposium; University of Washington School of Nursing; Shoreline, Seattle, WA; February 27; Contact Hours: 70; Contact: C

## February 2009:

Wound Management Education Program; University of Washington School of Nursing; UW Towers, Seattle, WA; February 11-April 16; Contact Hours: 7.5; Contact: A

Critical Care Update 2009; University of Washington School of Nursing; Shoreline, Seattle, WA; March 25; Contact Hours: 70; Contact: C

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

## April 2009:

Basic Preparation Course Nursing Leadership and Management in Long Term Health Care; University of Washington School of Nursing; CNE UW Towers, Seattle, WA; April 17-May15; Contact Hours: 570; Contact: C

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

Neonatal Drug Therapy; University of Washington School of Nursing; Shoreline, Seattle, WA; March 21; Contact Hours: 7.5; Contact: C

Critical Care Update 2009; University of Washington School of Nursing; Shoreline, Seattle, WA; March 25; Contact Hours: 70; Contact: C

## May 2009:

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

Women's Health Drug Therapy; University of Washington School of Nursing; Shoreline Conf., Seattle, WA; May 16; Contact Hours: 70; Contact: C

Immediate Response: Essential Skills for Urgent Clinical Situations; University of Washington School of Nursing; Shoreline Conf., Seattle, WA; May18; Contact Hours: 70; Contact: C

## June 2009:

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

Neuropsychotropic Drug Therapy; University of Washington School of Nursing; Shoreline Conf., Seattle, WA; June 5; Contact Hours: 70; Contact: C

Independent Self-Study Courses:

- Adult Smoking Cessation; Contact Hours: 2.0; Contact: www.nphealthcarefoundation.org
- AIDS: Essential Information for the Health Care Professional; Contact Hours: 70; Fees: $55; Contact: D

## July 2009:

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

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

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

Cardiology Concepts for Non-Cardiologists; Contact Hours: 18.75; Fee: $425.00; Contact: 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: 60; Fee: $25; Contact: E

Culture & End-of-Life Web-based Educational Modules; Contact Hours: 3.0; Fee: None; Contact: Mary Shelley at (206) 713-5637

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**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
For Additional Offerings, Contact:

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
360.2971274
fiona@nphcarefoundation.org

Contacts for the continuing nursing education opportunities listed on these 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@uw.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
Barbaravanciso@vmmc.org
www.MyPlaceforCNE.com

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: 1.0; Fee: No Fee; Contact: D.

Hepatitis Web Studies; Contact Hours: 1.0; Contact: D.

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; 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; 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.nphcarefoundation.org

Management of Persistent Pain; Contact Hours: 1.8; Fee: No Fee; Contact: www.nphcarefoundation.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: 170; Contact: www.nphcarefoundation.org

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.nphcarefoundation.org

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
**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, 17620 International Blvd, across from the Seattle-Tacoma International Airport. Activities will begin April 29th with a pre-conference afternoon CE session on Safe Staffing, a WSNA Candidate Forum, followed by a Wine and Cheese Networking Reception. A meeting of the WSNA Local Unit Council will also be held earlier that day.

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 dialogue 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 being 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
- 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?

For nursing students, the Nursing Students of Washington State (NSWS) will be holding their convention on Friday, May 1st. Contact NSWS for more information.

**WSNA General Assembly Business Meeting, Nominations, Resolutions and Bylaws**

The WSNA General Assembly business meeting will take place on Thursday, April 30th and will address many items of important business for the membership, including proposed amendments to the WSNA Bylaws, Resolutions and final nominations for elected offices.

(See related article for the current 2009 Ticket of Nominees for Elected Offices and how to self-declare or be nominated from the floor). Proposed amendments to the WSNA Bylaws, Non-Emergency Resolutions, the Biennial Association Reports and Candidate Statements will be posted on the WSNA website at wsna.org and printed in the Spring 2009 Issue of the Washington Nurse.

Register early and become eligible for a very special door prize! Convention Registration forms will be available by calling Deb Weston at WSNA at 206-575-7979 ext 3003 or online at wsna.org after February 1, 2009. Hotel Reservation information and rates will also be available at that time.

WSNA 2009 Convention & General Assembly Schedule At-A-Glance

**Wednesday - April 29, 2009**

Pre-Convention Meetings (Exact Times to be Determined)

Local Unit Council Meeting (limited to Local Unit Members)

Pre-Conference CE Session on Safe Staffing (Open to all)

4:00 pm - 6:00 pm

Candidate Forum (Open to all)

6:00 pm - 8:00 pm

Wine and Cheese Networking Session (Open to all)

**Thursday, April 30, 2009**

7:30 am - 9:00 am

Registration Opens, Continental Breakfast, Networking, Vendor Exhibit and poster Sessions & WSNF Silent Auction Open

8:15am -8:45 am

“Finding Your Way at Convention” - A Brief Orientation for Students and New Attendees

9:00am - 10:15 am

Keynote Speaker: “Barbara Dossey, PhD, RN FAAN” – Florence Nightingale Today: Healing, Leadership and Global Action

9:00:00 am - 10:15 am

Keynote Speaker: "Barbara Dossey, PhD, RN FAAN" – Florence Nightingale Today: Healing, Leadership and Global Action

10:15 am - 10:45 am

Break and Networking in the Vendor exhibit and poster Sessions & WSNF Silent Auction

10:45 am -12:30 pm

1st Session WSNA General Assembly Business Meeting

- Introductions & Welcome & Opening Remarks
- Centennial Video
- Adoption of General Assembly Rules...
& Agenda
• Nightingale Tribute
• Vision, Mission & Goals and Biennial Reports
• Call for Nominations from the Floor
• President's Address
• Old business

12:30 pm - 1:30 pm
Lunch and Networking in the Vendor exhibit and poster Sessions & WSNF Silent Auction

1:30 pm - 3:30 pm
2nd Session WSNA General Assembly and Business Meeting
• Action on Proposed Bylaws Amendments
• Action Proposed Resolutions
• Special Awards
• New Business
• Adjournment

3:30 pm -4:00 pm
Break: Refreshments and Networking in the Vendor exhibit and poster Sessions & WSNF Silent Auction

4:00 pm - 5:00 pm
Keynote Speaker - Barbara Dossey, PhD, RN, FAAN – "Nightingale Initiative for Global Health"

5:00 pm - 5:45 pm
Heavy hors d'oeuvres Reception & last bids for the WSNF Silent Auction

6:45 pm - 7:45 pm
WSNA Member and Community Awards Session
Closing of WSNF Silent Auction

Friday, May 1, 2009
7:30 am - 8:30 am
Registration, Continental Breakfast and Networking with Vendor Exhibits and Poster Sessions

8:30 am - 9:45 am
Keynote Speaker - Monique Lambert, PhD, “Nursing Workflow - Can Technology Really Help?”

9:45 am 10:15 am
Break and Networking in the Vendor Exhibits and Poster Sessions

10:15 am - 11:30 am
Plenary Session – “Never Events - Is This Finally Nursing's Opportunity?”

11:30 am - 12:45pm
Lunch Break and Networking in the Vendor Exhibits and Poster Sessions

12:45 pm - 1:30 pm
Concurrent CE Sessions
• “Fatigue and the Impact on Patient and Nurse Safety”
• “Social Justice - The Future of Caring”
• “Continued Competency – Our Commitment to the Public”
• “Transition into Practice - Keeping the Promise to New Nurses”
• “Preventing and Dealing with Workplace Violence”

One-Time Only Session
• “Master Plan for Nursing Education”

1:30 pm - 2:00 pm
Break and Networking in the Vendor Exhibits and Poster Sessions

2:00 pm - 2:45 pm
Repeat of Concurrent CE Sessions
• “Fatigue and the Impact on Patient and Nurse Safety”
• “Social Justice - The Future of Caring”
• “Continued Competency – Our Commitment to the Public”
• “Transition into Practice - Keeping the Promise to New Nurses”
• “Preventing and Dealing with Workplace Violence”

One-Time Only Session
• “The Nursing Research & the Workplace– Where Are We Now and What's Next?”

2:45 pm - 3:00 pm
Break to move to next sessions

3:00 pm - 4:30 pm
Roundtable Dialogue Sessions: Nurses in facilitated small groups will identify key issues and strategies to help guide WSNA priority-setting for the next two years.

3:00 pm - 5:00 p.m.
Nursing Students of Washington State (NSWS) Convention – Business Meeting for Nursing Students, Faculty Advisors, Student Leaders and interested nursing students

4:30 pm - 5:00 p.m.
WSNA Wrap Up and Summit Adjournment - “Future Direction: Where We Go From Here”

CONTINUING EDUCATION CONTACT HOURS:
The 2009 WSNA Convention educational activities are provided by the Continuing Education Provider Program of the Washington State Nurses Association (OH-231), an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. OBN-001-91. Provider status is valid through August 31, 2009. Please note: To receive contact hours for WSNA continuing education, participants must be physically present for 100% of the content being presented. This includes any discussion, questions and answers that may result from the presentation.

2009 WSNA Awards
Call for Nominees

The WSNA Awards Committee is seeking outstanding WSNA members as nominees for the 2009 WSNA recognition awards. Nominations must be received at WSNA no later than February 13, 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 Hilton Seattle Airport Hotel & Conference 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. Nominating forms for the awards are available by calling Barbara Bergeron at WSNA at ext. 3024. The criteria for the awards are as follows:
2009 Convention

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.

**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 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 Counsel 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.
4. 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.

1. The nominee must be a current WSNA member.
2. The nominee must demonstrate excellence in nursing education.
3. The nominee must promote the professional education of nursing students and/or nurses.
4. 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.

1. The nominee must be a current WSNA member.
2. The nominee must have demonstrated exceptional activities supporting major ethical and human rights issues in Washington State.
3. 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.

1. 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.
2. The research conducted by the nominee must have taken place in a practice setting and must have direct practice implications.
3. The nominee must have demonstrated sound research procedures including the protection of human subjects.

2009 Ticket of Nominees for Elected Offices

The WSNA and E&GW Nominations/Search Committees wish to thank all those who submitted consent-to-serve forms for elective office and to remind others that it is still not too late to become a candidate. Members who want to self-declare their candidacy for an elected office may still do so by sending a letter and completing a consent-to-serve form to WSNA Headquarters. These materials must be received at WSNA by no later than February 28, 2009, sixty days prior to the first meeting of the WSNA General Assembly. Nominations will also be taken from the floor of the General Assembly, and elections will take place by secret mail ballot shortly after the conclusion of the WSNA Convention/Summit. The following WSNA members, identified by District number and hometown, have consented to run for WSNA elected offices.

President (1 to be elected)
• Julia A. Weinberg, District #16, Bow

Vice President (1 to be elected)
• Harriet C. Colwell, District #15, Pasco
• Tim R. Davis, District #16, Mt. Vernon

Secretary-Treasurer (1 to be elected)
• Verle ‘Vee’ Sutherlin, District #4, Nine Mile Falls

Directors At-Large (3 to be elected)
• Ed Dolle, District #17, Port Orchard
• Jennifer A. Graves, District #2, Seattle
• Pamela Pasquale, District #9, Wenatchee
• Jean Pfeifer, District #7, Wenatchee

Directors At-Large Staff Nurse (2 to be elected)
• Jeanne Avey, District #10, Longview
• Judith Turner, District #3, Fox Island

WSNA Nominations/Search Committee (4 to be elected)
• Danielle Feist, District 4, Spokane
• Sally Herman, District #16, Mt. Vernon
• Yolanda Pacheco, District #6, Yakima
• Muriel G. Softli, District #2, Seattle

Cabinet on Economic and General Welfare (7 At-Large and 1 Chairholder, 1 Vice Chairholder, and 1 Secretary/Treasurer)

Chair and Member of the Board of Directors (1 to be elected)
• Marty Avey, District #4, Spokane
• Julia Rose Barcott, District #6, Yakima

Vice Chair (1 to be elected)
• Kathy Ormsby, District #4, Spokane

Secretary-Treasurer (1 to be elected)
• Sally A. Baque, District #3, Olalla

Members At-Large (7 to be elected)
• Susan M. Jacobsen, District #3, Tacoma
• Keith Koga, District #2, Seattle
• Pamela Newsom, District #2, Seattle
• Pamela O. Rimel, District #6, Yakima
• Peggy Slider, District #4, Spokane
• Evelyn Street, District #3, Olympia
• John Tweedy, District #16, Camano Island

E&GW Nominating/Search Committee (3 to be elected)
• Betty Blondin, District #3, Gig Harbor
• Martha Goodall, District #4, Mead
• Pat Lombard, District #1, Bellingham
• Ann M. Whitley, District #6, Yakima

Legislative & Health Policy Council (3 At-Large and 1 Chairholder)

Chair and member of the Board of Directors (1 to be elected)
• Susan E. Jacobson, District #6, Yakima

At-Large (3 At-Large to be elected)
• Patricia (Trish) Di Egidio Tobis, District #2, Bellevue
• Elizabeth Caley Stewart, District #11, Vancouver
• Joan Garner, District #2, Maple Valley
• Patty Hayes, District #13, Olympia
• Stasia Warren, District #4, Spokane

Professional Nursing and Health Care Council (7 to be elected with representation of 1-Research; 1-Education; 1-Practice; 1-Administration; 1-Ethics and Human Rights; 1-At-Large; 1-Chair)

Chair and member of the Board of Directors (1 to be elected)
• Sharon L. Bradley “Sheri”, District #4, Spokane

Administration (1 to be elected)
• Joan M. Caley, District #11, Vancouver

At-Large (1 to be elected)
• Bonnie B. Sandahl, District #2, Lynnwood

Education (1 to be elected)
• Terry Buxton, District #4, Spokane

Ethics and Human Rights (1 to be elected)
• Antwinett O. Lee, District #2, Lynnwood

Practice (1 to be elected)
• Felecia Rachner, District #3, Port Orchard

Research (1 to be elected)
• Barbara Innes, District #2, Seattle

At-Large Delegates to 2010 AND 2011 ANA House of Delegates (approximately 3 to be elected)

Office of the President
• Joanna Boatman, District #10, Kalama
• Tara Goode, District #2, Everett
• Jennifer Graves, District #2, Seattle
• Sally Herman, District #16, Mt. Vernon
• Antwinett O. Lee, District #2, Lynnwood
• Hanna K Welander, District #2, Shoreline

Staff Nurse Delegates to 2010 AND 2011 ANA House of Delegates (approximately 22 to be elected)
• Kim Armstrong, District #2, Olalla
• Jeanne M. Avey, District #10, Longview
• Marty Avey, District #4, Spokane
• Sally Baque, District #3, Olalla
• Julia Rose Barcott, District #6, Yakima
• Tim R. Davis, District #16, Mt. Vernon
• Patricia (Trish) Di Egidio Tobis, District #2, Bellevue
• Susan E. Jacobson, District #6, Yakima
• Susan M. Jacobson, District #3, Tacoma
• Keith Koga, District #2, Seattle
• Judi M. Lyons, District #18, Ellensburg
• Sonya Miller, District #3, Puyallup
• Kathy Ormsby, District #4, Spokane
• Yolanda Pocheco, District #6, Yakima
• Pamela O. Rimel, District #6, Yakima
• Muriel G. Softli, District #2, Seattle
• Evelyn Street, District #3, Olympia
• Karen Tranholt, District #3, Auburn
• Judith Turner, District #3, Fox Island
• John Tweedy, District #16, Camano Island
• Julia A. Weinberg, District #16, Bow

PAID ADVERTISEMENT

Julia Weinberg RN for WSNA President 2009-2011

Over 25 years of professional staff nurse practice
Over 25 years as a member of WSNA serving in a variety of leadership roles and positions at the local, district, state and national level
Is Prepared, Passionate, Dedicated, Experienced, AND
READY TO LEAD OUR PROFESSIONAL NURSING ORGANIZATION INTO THE FUTURE
First Name: __________________________________________ M.I.: _____ Last Name: __________________________________________

Credentials:  □ RN  □ LPN  □ Other (specify): __________________________

Home Address: __________________________________________________________________________________________

City: ________________________________________________________________________________________________
State: ___________  ZIP: _______________

Daytime Phone: ___________________________ Home E-mail: __________________________________________________________

Primary Employer: __________________________________________________________________________________________

**Continuing Education Sessions**

Please select one session for each time period.

**Period 1**
- Fatigue and the Impact Patient and Nurse Safety
- Social Justice - The Future of Caring
- Continued Competency – Our commitment to the public
- Transition into Practice – Keeping the Promise to New Nurses
- Preventing and Dealing with Workplace Violence
- Master Plan for Nursing Education

**Period 2**
- Fatigue and the Impact Patient and Nurse Safety
- Social Justice - The Future of Caring
- Continued Competency – Our commitment to the public
- Transition into Practice – Keeping the Promise to New Nurses
- Preventing and Dealing with Workplace Violence

Continuing Nursing Education Contact Hours will be awarded.

* A non-RN nursing student working toward becoming a Registered Nurse. RNs in school to complete a higher educational degree do not qualify for the “student nurse” rate.

**Payment**

Total Fees: _________________________

- □ Check/Money Order (payable to WSNA)
- □ VISA/MasterCard
  - Card Number: ___________________________  Exp.: ___________________________
  - Cardholder’s Name: _______________________________________________________
  - Signature: __________________________________________________________________

Please return this form by mail to Deb Weston, WSNA, 575 Andover Park West, Suite 101, Seattle WA 98188, or by Fax to (206) 575-1908.

**Conference Location:**
Hilton Seattle Airport & Conference Center • 17620 International Blvd, Seattle, Washington, 98188-4001 • 206-244-4800
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.