

# The Washington Nurse

A Publication of the Washington State Nurses Association

Volume 39, No 4 **Winter 2009**

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Closing Mandatory Overtime Loophole  
Eliminating BPA from Baby Bottles  
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Secure Medicine Return

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# The Washington Nurse

## **WASHINGTON STATE NURSES ASSOCIATION**

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[www.wsna.org](http://www.wsna.org)

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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 2009, WSNA. No part of this publication may be reproduced without permission.

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Article ideas and unsolicited manuscripts are welcome from WSNA members (300 word maximum). Please submit a typed copy and digital copy (Word 97/2003/2007), and include identified relevant photos, a biographical statement, your name, address and credentials. It is not the policy of WSNA to pay for articles or artwork.

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## **ARTICLE SUBMISSION DEADLINES**

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Spring ..... February 15  
Summer ..... May 15  
Fall ..... August 15  
Winter ..... November 15

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— 2010 —

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*Stay up to date as events unfold during the 2010 session. Find tools  
for contacting your legislators in support of nursing-related causes.*

Visit [www.wsna.org/legislative-action-center](http://www.wsna.org/legislative-action-center)

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by Julia Weinberg, RN  
WSNA President

**W**here does the time go? As I sat down to write this, I thought about how much WSNA has worked on and accomplished this year. But with 2009 behind us, it's also time to look forward and think about what we can do together to make 2010 a wonderful and successful year for all of us.

I have been in awe witnessing the participation and engagement of so many of our nurses standing up and speaking out with one voice this year. We are taking action to help educate our legislators, both in Washington D.C and right here at home in Washington State, about the importance of real health care and insurance reform. Some of us have not seen such activity since 1965 when Medicare became a reality. Wow!

I know we can do what it takes to make health care reform a reality now, so that we can meet everyone's health care needs in the future. When WSNA, ANA, and NFN members are speaking and acting together, we are a powerful voice for nursing and we do have an impact.

However, it's important to remember that health care reform is only one aspect of the many ways that WSNA is representing nurses and it's just one of many ways for nurses to get involved.

With the help and support of our many members, WSNA has stepped forward and demanded better workplace protections when it comes to implementation of appropriate OSHA and CDC guidelines when dealing with the seasonal flu and H1N1 flu pandemic. We have been working to educate our fellow nurses, employers, the public, and government agencies about the need for comprehensive flu prevention planning based on CDC guidelines.

We've only seen the first wave of the flu season, and I encourage all of us to continue maintaining our diligence. If you have not received your flu vaccination yet, please consider getting vaccinated today for both the seasonal and H1N1 flu as the vaccines become available.

As many of you know, our WSNA Legislative & Health Policy Council has already begun to work on preparing and focusing in on the top priorities for this short legislative session beginning January 11th. The Council evaluates and recommends legislation and regulation in the hopes of better addressing the needs of nurses, nursing, and the public. Please read the Legislative Section in this issue to find out more about the top issues.

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**Health care reform is only one aspect of the many ways that WSNA is representing nurses and it's just one of many ways for nurses to get involved**

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During a busy and very budget-focused session last year, we were unable to get bills passed closing loopholes in the mandatory overtime law and ensuring uninterrupted rest breaks for nurses. We will get this done. We know that the Governor and our state are again facing budget shortfalls, which may again impact our ability to make huge steps on these important pieces of legislation, especially with employers claiming that it will have an economic impact. We are working tirelessly despite these challenges.

We will be creative, innovative, and persistent in pursuit of this legislation because, of course, this is what we do as nurses every day in our practice. I can tell you from my years of experience, when we are focused and determined in our work effort, we can have a tremendous impact. We have done it before with our Staffing Law and Lifting Law. Together as nurses, we can make a difference on the issue that matter to all of us.

I am asking all of you today to consider, right now, committing your time and energy when you are called upon to act. Through legislative e-mail alerts from WSNA, you may be asked to call, write or email your elected leaders. These are easy things you can do that don't take a lot of time, but do have a big impact when we all act together. Or consider taking your activism



a step up by visiting your legislators, coming to Nurse Legislative Day on February 8th, or going to Olympia to testify as an experienced nurse on an issue like mandatory overtime. WSNA is here to support you and give you the tools to be a better advocate. Join me today by saying YES, you will commit to adding your voice.

In 2010, we will be seeing new faces joining us, both as nursing students and as new graduate nurses. The looming nursing shortage has not gone away and we all need to remember that each of us has a

responsibility for mentoring and supporting those who are entering our profession. These people are nursing's future and we need each and every one of them to have a fulfilling and productive career.

As professional registered nurses of WSNA, we should be there to lend our knowledge, patience, work ethic, and life experiences. Each of us has been where these young new nursing students and new graduate registered nurses find themselves now. Remember how you felt then? Reach out to them and offer your

support as they learn, grow, graduate, and begin their own professional journey from novice to expert as a practicing registered nurse.

Let us all make 2010 the year of the nurse, the year of health for our patients and public, and the year when everyone says that WSNA is the professional association of choice for all registered nurses. ■

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Austin Texas 78757  
[www.nacesplus.org](http://www.nacesplus.org)

## 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, regulators, 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 the months of October through December 2009.*

- Washington State Nursing Care Quality Assurance Commission (NCQAC) and its Practice, Education and other subcommittees
- ANA, CDC, and NIOSH conference call updates on H1N1 Influenza response
- Department of Health and Department of Labor and Industries meetings on H1N1 Influenza
- Meetings with the Department of Labor and Industries on rest breaks
- Puget Sound Health Alliance Consumer Engagement meetings
- Puget Sound Health Alliance Aligning Forces for Quality meetings
- Healthy Washington Coalition
- Health Care Reform Town Hall Meetings
- No on I-1033 campaign and coalition meetings
- Friends of Basic Health Coalition
- Health Coalition for Children and Youth
- Health Care for America Now (HCAN)
- Safe Patient Handling Steering Committee
- Public Health Funding Roundtable
- Revenue Coalition
- Ballot Initiative Network steering committee
- House of Representatives Health and Human Services Appropriations Committee work session on public health funding and H1N1
- House of Representatives Commerce and Labor Committee work session on H1N1 and sick leave policies
- Washington Health Foundation (WHF) Board Meeting
- WHF Improving Health Through National Reform Policy Conference
- Foundation for Health Care Quality re: SCOAP Program (Surgical Care & Outcomes Assessment Program)
- Washington State DOH Adverse Event Committee
- Washington Patient Safety Coalition - Medication Safety Initiative meetings
- Washington Center for Nursing (WCN) Board Meetings
- Washington Center for Nursing Master Plan All-Chairs Meeting
- Washington Center for Nursing Curriculum Innovations Workgroup
- Transition to Practice workgroup for Master Plan for Education, WCN
- Faculty Compensation workgroup for Master Plan for Education, WCN
- Council on Nursing Education in Washington State (CNEWS) semi-annual meeting
- NWONE Nursing Practice Commission
- NWONE Fall Meeting
- AONE Practice Policy Committee
- Toxics Free Legacy Coalition Steering Committee
- Health Care Without Harm Nurses Work Group
- Alliance of Nurses for Healthy Environments Advocacy/Policy Group
- Ruckelshaus Safe Staffing Steering Committee Meetings
- Ruckelshaus Immediate Staffing Alert Task Force
- NFN National Executive Board meetings & National Advisory Board meetings
- ANA Nursing Practice Network conference calls
- ANA Board of Directors meeting
- ANA Business Arrangements Task Force
- ANA Constituent Assembly Executive Committee
- ANA Constituent Assembly Meeting

## Upcoming Events

### – January –

- 18 WSNA Office Closed in Observance of Martin Luther King Holiday
- 20 Barbara Frye Retirement Party - Salty's on Alki
- 20-22 ANA NDNQI Conference - New Orleans
- 22 Washington State Nurses Foundation Board of Trustees - WSNA
- 23 Cabinet on Economic and General Welfare
- 30 WSNA Disaster and Emergency Preparedness Special Committee - WSNA

### – February –

- 8 Nurse Legislative Day - Olympia
- 12 CEARP Committee Meeting
- 15 WSNA Office Closed in Observance of Presidents' Day
- 19 Finance and Executive Committees
- 20 3rd Annual Nursing Students of Washington State (NSWS) Convention
- 25-26 NFN National Executive Board & National Advisory Board - Chicago
- 27 Professional Nursing and Health Care Council

### – March –

- 12 ANA Board of Directors - Silver Springs, Maryland
- 13-14 ANA Constituent Assembly - Silver Springs, Maryland
- 18 WSNA Hall of Fame - Salty's on Alki
- 18-19 WSNA Board of Directors
- 26 Washington State Nurses Foundation Board of Trustees

### – April –

- 17 Cabinet on Economic and General Welfare

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## EMPLOYMENT OPPORTUNITY

### Nurse Representative

#### *Union Advocacy*

\*

Immediate opportunity for experienced RN for WSNA Nurse Representative position. The position is full time with flexible hours and excellent benefits. Some in-state travel is required. Local Unit / labor union experience preferred. Training will be provided.

#### Send resumes and inquiries to:

Christine Himmelsbach, MN, RN

Assistant Director  
of Labor Relations

Washington State  
Nurses Association

575 Andover Park West, Suite 101

Seattle, WA 98188

fax: 206.575.1908

[chimmelsbach@wsna.org](mailto:chimmelsbach@wsna.org)



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

John Fitzgerald Kennedy, 1963

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

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

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

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

School of Nursing  
UNIVERSITY OF WASHINGTON



### KIM ARMSTRONG APPOINTED TO NEW COMMITTEE ON HEALTH CARE REFORM

Congratulations to **Kim Armstrong, BSN, RN**, former WSNA President, on her appointment to the Office of Insurance Commissioner 'Health Care Reform Realization Committee.' In an effort to streamline implementing federal health reforms, Washington State Insurance Commissioner Mike Kreidler has convened a 30-member 'Realization Committee' to gather input and suggestions from a wide variety of stakeholders. The aim is not to debate federal reform legislation, but rather to get ready for the state's role of implementation. WSNA is proud to have Kim representing the interests of nurses on this important issue.

### NURSES AGAIN VOTED MOST TRUSTED PROFESSION

For the eighth consecutive year, nurses have been voted the most trusted profession in America according to Gallup's annual survey of professions for their honesty and ethical standards. Eighty-three percent of Americans believe nurses' honesty and ethical standards are either "high" or "very high."



Since being included in the Gallup poll in 1999, nurses have received the highest ranking every year except in 2001, when fire fighters received top honors. Results were based on telephone interviews with more than 1,000 adults.

### Seattle University Celebrates 75 Years of Accreditation

In 1935, Seattle College received full accreditations for a new academic program in Nursing. On Sunday, April 25, 2010, Seattle University will celebrate the 75th anniversary of the College of Nursing. \* For more Information, SU nursing graduates should contact Laurie Ramacci Noegel at [lrnoegel@seattleu.edu](mailto:lrnoegel@seattleu.edu) or 206.296.2152. \* *Congratulations to Seattle University and the many registered nurses who have graduated over the past 75 years.*

## STUDY FINDS TOXIC CHEMICALS IN DOCTORS' & NURSES' BODIES



Physicians for Social Responsibility (PSR) in partnership with American Nurses Association (ANA) and Health Care Without Harm (HCWH) released a new report, "*Hazardous Chemicals In Health Care: A Snapshot of Chemicals Found in Doctors and Nurses*," detailing the first investigation ever of chemicals found in the bodies of health care professionals. The inquiry found that **all of the 20 participants had toxic chemicals associated with health care in their bodies**. Each participant had at least 24 individual chemicals present, four of which are on the recently released Environmental Protection Agency list of priority chemicals for regulation. These chemicals are all associated with chronic illness and physical disorders.

Twelve doctors and eight nurses, two in each of 10 states – Alaska, California, Connecticut, Maine, Massachusetts, Michigan, Minnesota, New York, Oregon, and

Washington – were tested for the presence of six major chemical types used in the health care setting that are associated with health problems and are pervasive in our environment. All participants had bisphenol A, phthalates, PBDEs and PFCs, priority chemicals for regulation by the EPA and associated with chronic illness such as cancer and endocrine malfunction

"Simply put, we are being 'polluted' by exposure to chemicals used in health care. This study demonstrates the urgent need to find safer alternatives to toxic chemicals whenever possible; to demand adequate information on the health effects of chemicals; and to require manufacturers to fully disclose the potential risks of their products and their components, for the safety of both health care professionals and the communities we serve," said ANA President Rebecca M. Patton, MSN, RN, CNOR.

PSR, ANA and HCWH have joined the Safer Chemicals, Healthy Families campaign, a diverse and growing coalition of organizations, businesses and individuals united by concern about the toxic chemicals in our homes, places of work and in products used every day. The coalition is working to reform the federal law governing toxic chemicals, the Toxic Substance Control Act (TSCA) calling for eliminating the most dangerous chemicals from commerce, holding chemical companies responsible for information about health and environmental impacts of chemicals, and using the best science to protect all people and vulnerable groups, including children. (See [www.saferchemicals.org](http://www.saferchemicals.org))

■ Full report at [www.psr.org](http://www.psr.org)

*In addition to data on testing, the report includes recommendations on how health care professionals can protect their patients and themselves by avoiding the use of toxic chemicals.*





#### SAVING LIVES

## A New Youth Suicide Prevention Plan for Washington State

The DOH Injury and Violence Prevention Program has just released Washington State's Plan for Youth Suicide Prevention 2009. You can find a copy of the Plan at [www.doh.wa.gov/preventsuicide](http://www.doh.wa.gov/preventsuicide). This electronic version will be updated as new information becomes available.

Youth suicide affects our communities, neighborhoods, and families. On average, two youths in Washington State kill themselves each week and 17 more are hospitalized. Youth suicide is the second leading cause of death for Washington youth. There are nearly twice as many suicides as homicides for youths between 10-24 years of age.

Youth suicide prevention involves prevention of violence, access to mental health treatment, adolescent resiliency, and intervention by primary health providers and emergency services.

*Please help promote this plan:*

- 1** LOOK at the plan yourself.
- 2** SHARE this link and information with your stakeholders, colleagues, friends, and community groups. For a hard copy, contact Debbie Ruggles at [debbie.ruggles@doh.wa.gov](mailto:debbie.ruggles@doh.wa.gov). *The plan is also available on CD.*
- 3** JOIN a new network to share information about suicide prevention.

If you are interested or if someone contacts you about this issue, contact [debbie.ruggles@doh.wa.gov](mailto:debbie.ruggles@doh.wa.gov) to join the network's list-serve. Topics will include current prevention work, best practices, national research, resources, current data, and funding opportunities.

## ANA LAUNCHES NEW WEBSITE PROMOTING SAFE PATIENT HANDLING

ANA has launched a new website dedicated to safe patient handling intended to help reach ANA's goals of eliminating manual patient handling in health care facilities and creating a safer work environment.

ANA strongly supports two current House proposals – House Resolution 510, sponsored by Rep. Carolyn McCarthy, (D-N.Y.) and “The Nurse and Health Care Worker Protection Act of 2009” (H.R. 2381), sponsored by Rep. John Conyers, (D-Mich.). The web site encourages registered nurses to write to their members of Congress in support of House Resolution 510, and to join ANA's Safe Patient Handling Team.

The web site also encourages RNs to submit their personal stories about why safe patient handling is important to them. Such stories can aid ANA's advocacy efforts in Congress on this high-priority issue. The site also features background information and resources on safe patient handling, solutions to creating effective injury prevention programs, and information on state and federal legislation.

ANA has long advocated the use of assistive lifting equipment and devices to reduce incidences of musculoskeletal injuries and pain suffered by nurses, which is often career-ending and increases work-related health care costs.



*Visit*

**[www.ANASafePatientHandling.org](http://www.ANASafePatientHandling.org)**

*to learn more and to see how  
you can become involved*

## King County Nurses Association

### DISTRICT 2 NEWS

Mark your calendar and join King County Nurses Association for its **District Meeting** on Wednesday, February 17, 6-7:30 p.m. at the Good Shepherd Center (Wallingford). This year's theme is "Helping the Homeless," and the program will include a talk by a representative of Real Change, an organization that advocates for the homeless. A light meal will be served. Please come for the program, and to help assemble "cold packs" for distribution to homeless persons who sell the Real Change newspaper. There is no cost to attend, but KCNA will be collecting the items most needed by

the homeless: socks (men's, women's and children's) and feminine hygiene and incontinence products. To register, please visit [www.kcnurses.org](http://www.kcnurses.org).

■ **To stay up to date on KCNA events and education opportunities, visit [www.kcnurses.org](http://www.kcnurses.org).**

## Inland Empire Nurses Association

### DISTRICT 4

IENA hit the ground running with our annual **Legislative Reception** October 13th at the Red Lion Hotel at the Park. State and local legislators spoke, along with representatives from WSNA and other nursing organizations. What a wonderful opportunity for us to

hear from our Representatives and new candidates running for office regarding issues affecting healthcare in our communities. It was also a great opportunity to let them hear from us, with eighty (80) nursing students and members in attendance! This event was presented with additional support from our Washington Association of Nurse Anesthetists (WANA) and Nurse Practitioner Group of Spokane (NPGS) colleagues.

**New Board of Directors members** joined us in November. New Directors-at-Large are Larry Koffel and Peggy Smith. Vivian Hill is our General Duty Director, and Julie Thomsen is our new Treasurer. If you or anyone you know is interested in serving on the IENA Board, please contact us. We would love to have your support and assistance!

In January, we will host the **Local Unit Chair "Dinner on Us."** This is IENA's opportunity to strengthen our connection with your WSNA LUCs and discover opportunities to support the wonderful nurses in our community.

February 8th is **Nurse Legislative Day in Olympia**. IENA will again sponsor a bus to Olympia. More details will be available on our website in January at [www.spokanenurses.org](http://www.spokanenurses.org).

The Inland Empire Nurses Association now has a page at **Facebook**. Find out about upcoming events, read our comments, and learn more from our nursing links. Come and join us! <http://www.facebook.com/pages/Inland-Empire-Nurses-Association/155040554790>

■ **If you would like to be notified of upcoming IENA events, please send your email address to [iena@aimcomm.net](mailto:iena@aimcomm.net) or submit your email address via the link on the IENA webpage at [www.spokanenurses.org](http://www.spokanenurses.org).**

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# WSNA Hall of Fame



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**Verna Hill, MN, BSN, RN • Louise Kaplan, PhD, MN, ARNP**  
**Margaret M. Ouchi (deceased), MN, RN • Thelma Pegues, MN, BSN**

•

*Join us for a reception to be held in their honor.*

*Date & Time:* **March 18, 2010 from 5:30pm to 8:30pm**

*Location:* **Salty's on Alki • 1936 Harbor Avenue. S.W., Seattle, WA 98126 • 206.937.1600**

*Cost:* **\$40 per guest**

*Dinner choice of:* **Wild Copper River Salmon • Herb Marinated Chicken • Asparagus Ravioli**



Detach and return to **WSNA, 575 Andover Park West, Suite 101, Seattle WA 98188**

## EVENT REGISTRATION FORM

### 2010 WSNA Hall of Fame Awards

Guest Name

Chicken

Fish

Vegetarian

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please list additional guests and dinner selections on a separate sheet*

\_\_\_\_\_ Total number of guests

at \$40 per person

\_\_\_\_\_ **Total fees**

#### Payment Method

☐ MC

☐ VISA

☐ Check

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

*Make checks payable to WSNA*

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# Legislative Affairs

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## INTRODUCTION

# We Need Nurses' Voices



### **The Washington State Legislature will convene on January 11th in Olympia.**

It's time to get engaged and get active. Last year, we saw the devastating effects of a crumbling economy. Health and human services funding was slashed, leaving many families in crisis or just one medical bill away from catastrophe. This year is shaping up to be more of the same. It will be a difficult

session, meaning that more than ever before, nurses will need to stand together and advocate for our priorities.

Each year there are hundreds of proposed regulations and legislative bills introduced in Olympia with potential to greatly impact nurses, nursing, patient advocacy, and your ability to deliver exceptional care. As a nurse, you have one of the most trusted and respected

voices - it's time to use it! Legislators and the public recognize that our daily experiences caring for the health of our patients and communities give us valuable and unique insight. WSNA needs your support and involvement to ensure registered nurses' voices are heard in Olympia this year on issues like mandatory overtime, rest breaks, public health funding, nursing education, and more.

*Be sure to attend the annual Nurse Legislative Day on February 8th. Keep your eyes out for more updates coming to your email inbox and make sure you check the WSNA Legislative Action Center at [www.wsna.org/Legislative-Action-Center](http://www.wsna.org/Legislative-Action-Center) to find out how you can get involved.*

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## 2010 Legislative Session Forecast

# BUDGET CUTS LOOMING

In December, Governor Gregoire released her draft budget for 2010. The state is facing a \$2.6 billion shortfall for 2010 and that's in addition the \$9 billion that was cut last year. The Governor is required to develop a budget within the constraints of current revenue, meaning that everything in her budget must be paid for with existing funds. With these limitations, there are severe cuts in the budget with many programs facing complete elimination.

To put it quite simply, Washington State cannot absorb these cuts without devastating our health,

\$9 Billion

Amount already cut  
from Washington  
State budget in 2009

safety, and future. Programs facing elimination or cuts include:

- Elimination of Maternity Support Services, cutting \$53 million and services to 50,000 high risk mothers and children. These cuts would result in the loss of 200 public health nursing positions in Seattle King County Public Health alone. Additional public health nursing positions and services are being eliminated or reduced in other health jurisdictions such as Spokane and Snohomish.



- Elimination of the Basic Health Plan, the state's only health insurance program for low-income working adults. There are already as many people on the waiting list as those enrolled. An additional 67,000 people, on top of the 35,000 people who lost their coverage last year may lose their Basic Health coverage.
- Slashing funding for the Apple Health program, leaving twenty thousand children without coverage as the state reduces eligibility from 300 percent to 205 percent of poverty level.
- Reduction of \$6 million in funding for the health professional loan repayment program.

We must start taking a comprehensive look at the full range of options available to deal with this crisis. As a state, we need to continue having difficult conversations about what we deserve and demand as a community and how those needs will be met given the revenue shortfall. We are calling on the Governor and our Legislators to lead us in that conversation and examine the full range of options available to deal with this crisis.

The Governor plans to release a second budget in January, called a "Book 2." With this second budget, the Governor is no longer restricted to a balanced budget based on existing revenue and can look at scenarios where new funding is generated. She has indicated that she hopes to restore some cuts based on new revenue coming into the state. Her "wish list" of restored programs include the Basic Health Plan, Apple Health plan, general assistance for the most needy (signaling that maternity support services is a part of this), levy equalization funds for public schools, state financial aid for students to attend higher education, early childhood education and kindergarten, adult medical, dental, vision and hospice programs, developmental disability and long-term care services.

\$2.6 Billion

Additional amount we'll have to cut again this year

200

Number of nurses at King County Public Health that will be out of a job as a result of eliminating Maternity Support Services

20,000

Number of children who will lose health care coverage due to 2010 budget cuts

WSNA is already engaging in a dialogue about what this state needs and how we will pay for it. We will be proactive in advocating for nursing priorities and providing input over the next several months so that this year's budget doesn't see the dismantlement of our health care infrastructure, devastating this state for years to come.

### WSNA'S BUDGET PRIORITIES

In order to ensure access to care and preserve the health care safety net in Washington State, WSNA supports the funding of the following key programs:

- Nursing Education funding including enrollment slots, nursing faculty recruitment and retention, and scholarships/loan repayment programs.
- Public Health Nursing & Public Health funding to ensure a basic health infrastructure to meet the critical needs of the community such as immunization clinics, maternity support services, emergency preparedness, and disease prevention.
- Basic Health Plan funding to meet the needs of some of the nearly 1,000,000 uninsured individual projected in Washington State in the near future.

**WSNA will be hard at work** in Olympia in 2010 to ensure that the issues important to nurses, nursing and health in Washington receive the funding they need to meet the needs of our communities. We will also be working hard to keep you up to date as the budget develops, letting you know how you can provide input to the Governor and your legislators. Stay tuned to your email for Legislative Action Alerts and check WSNA's Legislative Action Center at [www.wsna.org/legislative-action-center](http://www.wsna.org/legislative-action-center) for the latest news. ■

Visit **WSNA's Legislative Action Center**  [www.WSNA.org/Legislative-Action-Center](http://www.WSNA.org/Legislative-Action-Center)

{ Read about the issues }

{ Get the latest updates }

{ Find out how to get involved }

{ Email your legislators }

## NO REST – NO BREAKS

## One Nurse's Testimony in Olympia



Having an impact in Olympia can be as simple as just telling your story. Legislators are eager to hear from nurses and, as a trusted and respected professional, sharing your personal insights can have a profound effect.

*The following is an excerpt from testimony by **Susan E. Jacobson, RN, CCRN**, given before the House Commerce and Labor Committee in 2009. Susan is a critical care registered nurse in Yakima with 25 years of nursing experience. She is also now serving as the Chair of WSNA's Legislative & Health Policy Council.*



"I am here speaking in support of legislation to ensure quality and safe patient care by assuring nurses uninterrupted rest and meal breaks. Let me give an account of my typical day.

I arrive at work at 7 am. I am taking care of a total of three patients, the last being an extremely unstable open heart patient with multiple medications, intra-aortic balloon pump, and ventilated. My patients require my constant attention. My colleagues have a similar patient load and cannot watch my patients while I go on break.

By 9 am, two hours into my shift, I am getting hungry. Unable to get away for a rest break, I quickly drink a cup of orange juice with two packs of sugar

and two graham crackers standing up in the utility room.

My day continues. My open heart patient is extremely unstable, requiring my constant attention, so I cannot leave his room. I am unable to get away for a lunch break because there is no qualified RN to come and relieve me. Now I am starting to feel fatigued, and it is getting difficult to concentrate. I have been on my feet for seven hours straight and have not even had a chance to use the restroom.

It's now 5:30 pm, I drink another orange juice with two packs of sugar to sustain myself. My head hurts from hunger. The brain is a glucose driven organ. It is becoming unsafe for both my patient and me.

I am finally able to use the restroom at 6pm, the first time since starting my shift 11 hours earlier. That's also when

I was able to run out to the visiting area vending machine to buy a candy bar. I eat the candy bar at the patient's bedside. That's when my patient arrested and because I was right there, I was able to help get him the immediate care he needed.

Hospitals will say that it is the nurse's responsibility to take their breaks. But how can I when there is no one qualified to take care of my patients? The current regulation that allows intermittent breaks essentially lets employers get away with not providing adequate relief for nurses to take their breaks at all. Nurses need and patients deserve uninterrupted rest and meal breaks for registered nurses. Having time to nourish my body and collect my thoughts are essential in my ability to deliver safe and quality patient care. I urge your support of this bill."

**SOUND FAMILIAR?** Find out more about how you can get involved in fighting for adequate rest and meal breaks, visit [www.wsna.org/Legislative-Action-Center](http://www.wsna.org/Legislative-Action-Center).

## REST BREAKS & OVERTIME

For the past several years, WSNA has worked hard to initiate and push forward legislation to close loopholes in the current mandatory overtime law and to ensure nurses receive full, uninterrupted rest breaks. These two issues are critical for nurses to maintain the alertness and focus required to provide safe and quality patient care.

Research confirms what we already know from our own experiences; nurses working long hours leads to decreased alertness, vigilance, concentration, judgment, mood, and performance. The result is an increase in medical and medication errors. Nurses' ability to maintain the mental and physical alertness and focus required to provide safe and quality patient care is dependent on:

- *The ability to take full, uninterrupted rest breaks* — Current practice of claiming that brief interruptions in work activities provide adequate intermittent breaks is detrimental to patient safety and nurse wellbeing.
- *Closing loopholes in the mandatory overtime law* — Loopholes need to be closed in the current mandatory overtime law to ensure that exemptions are not used inappropriately leading to longer hours for nurses and compromised patient care.

During the 2009 Legislative Session, WSNA worked to initiate and move forward three bills to remedy these problems. In the House, HB 1642 addressed meal and rest periods for employees of health care facilities and HB 1680 tightened existing loopholes in the existing mandatory overtime law. In the Senate, SB 5563 combined the two concepts in one senate bill.

These bills did not pass the legislature during the 2009 Legislative Session, but are still active for the 2010 session. WSNA has been building support during the interim by continuing to educate legislators and meeting with other unions, stakeholders, and the Department of Labor and Industries to support these policies in the future, through legislation, regulation, or otherwise. We will again be advocating for the passage of legislation in Olympia that guarantees that nurses have the rest necessary to provide excellent patient care. ■

## INVESTING IN THE WORKFORCE



### Redirecting Funding Toward Programs for Nurses

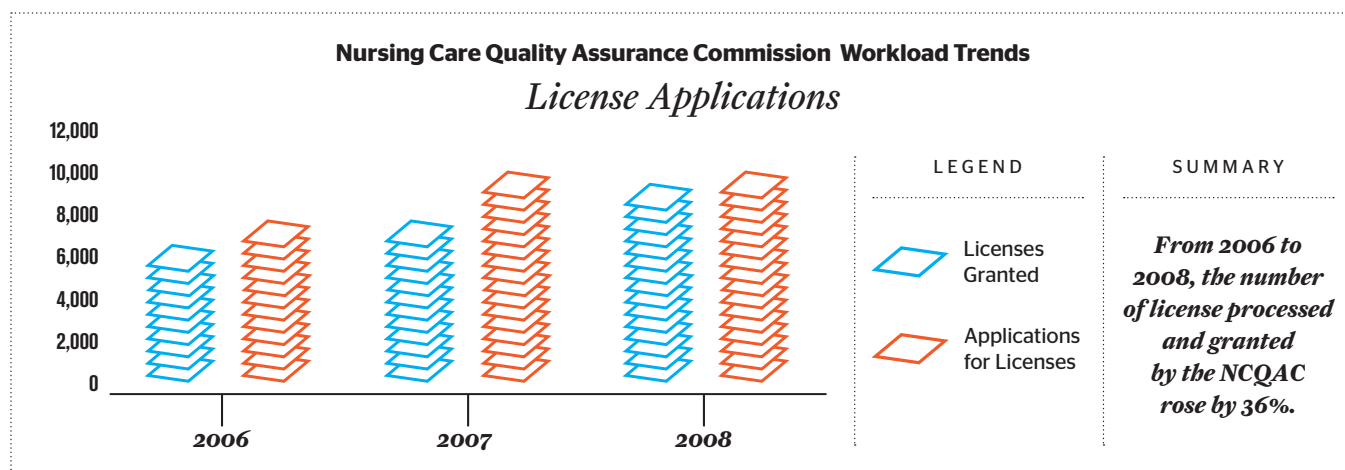
*WSNA will urge the Legislature to include the Washington State Nursing Care Quality Assurance Commission (NCQAC) and the Washington Health Professional Services (WHPS) funding packages in the 2010 Supplemental budget. The Governor included these items in her 2009 supplemental budget released December 9th. These two programs are critical to patient safety and maintaining and expanding a qualified nursing workforce in Washington for years to come.*

### NURSING CARE QUALITY ASSURANCE COMMISSION

The NCQAC protects the public's health and safety by regulating the competency and quality of over 95,000 health care workers including registered nurses and advanced registered nurse practitioners. To continue serving the interests of nurses and patients in Washington, the NCQAC is seeking funding to enhance two major programs:

#### Disciplining Unsafe Nurses

The NCQAC receives, investigates, and frequently takes legal action on complaints of nursing practice, crimes committed by nurses, and patient harm from nurses. The NCQAC is overwhelmed with cases and has been forced to prioritize and investigate only the most serious cases. Without funding for additional staff, the delays in investigations and growing backlog will leave alleged unsafe nurses to practice with critically ill and



trusting patients because the investigations cannot be completed in a timely manner.

#### Issuing Nursing Licenses

An increasing workload means that licenses are taking longer to process and issue, causing a delay in the availability and employment of qualified nurses. WSNA has heard complaints from both nurses and facilities about the delay in licensure. In addition to being a hindrance to nurses and employers, this also creates an unnecessary barrier to safe patient care during our growing nursing shortage. In the past year alone, the number of nursing licenses issued increased by 30%. The process requires NCQAC staff to determine if applicants meet Washington's licensing requirements including graduation from an approved school, payment of the correct fee, multiple criminal and background checks (including FBI fingerprint background checks for out of state nurses), and additional investigation or assessment if there are any discrepancies in the application.

### WASHINGTON HEALTH PROFESSIONAL SERVICES

The WHPS program provides appropriate and effective treatment for chemical dependency to over thirty health professions, including nurses, and provides effective, accountable monitoring of these health care providers when they return to work. While protecting the public's health and safety from impaired nurses, the WHPS program also works to safely return highly skilled and trained practitioners to the workforce through recovery and ongoing monitoring of dependency issues.

WHPS has been highly successful in creating better outcomes for participants, with 85-90% safely returning to practice. Additional

funding will allow WHPS to expand to meet the growing needs of health practitioners and therefore help ensure patient safety in Washington.

Because of its outstanding track record, WHPS has been very popular with an increase in cases referred as an alternative to discipline as well as cases of self referral. However, due to a lack of capacity and resources, WHPS has had to turn away self referral cases in the past and will soon have to do so again. Without WHPS intervention, these nurses may continue to practice with chemical dependency issues, risking the health and safety of their patients and themselves.

### FUNDING

Because of the essential nature of the services both programs provide and the great impact on patient safety, nurses, and nursing, WSNA supports redirecting existing nursing licensure surcharges for the University of Washington Libraries HEAL-WA program towards these programs.

Currently, a \$20 surcharge is added to every registered nurse's license fee for the HEAL-WA program at the University of Washington. When this surcharge was added to the licensure fee in 2007, the purpose was to allow access to the existing UW online library to support evidence based practice. Rather than expanding the current UW library, a whole new program was created instead. While we support evidence based practice, we have learned that many nurses already have alternative sources for research articles. Only 3% of eligible nurses choose to use the system, yet the amount of nursing license surcharge fees constitutes 52% of revenue for the program.

WSNA believes that during these hard economic times, this money should be redirected to programs that more directly support Department of Health regulatory goals for nursing and nurses in Washington, including the NCQAC and WHPS funding packages. ■



## WSNA Continues Efforts on Behalf of PUBLIC HEALTH NURSES + PUBLIC HEALTH FUNDING

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WSNA has actively promoted the important role of public health nursing and public health to gear up for another unprecedented legislative session to address a \$2.6 billion shortfall in state dollars. This deficit is in addition to shortfalls experienced by local health, amounting to several million additional dollars.

The Governor's proposed budget, released December 9th, contains a long list of health and human services cuts, such as the elimination of the Maternity Support Services program, that will have a devastating impact on public health and public health nurses.

*WSNA has continued our strong advocacy for public health nursing and public health funding. Here are some highlights of our activities since July 2009:*

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### WASHINGTON STATE LABOR COUNCIL RESOLUTION

The Washington State Labor Council at its annual convention adopted the WSNA submitted resolution on public health emphasizing the important role of public health nurses and a long-term adequate funding source for public health nursing and public health services.

### PUBLIC HEALTH ROUNDTABLE

WSNA is continuing our leadership role in the Public Health Roundtable to establish sustainable state funding for public health and public health nursing.

### PARTICIPATION ON A JOINT CONFERENCE ON HEALTH EXPERT PANEL ON REVENUE TO HIGHLIGHT THE NEED FOR NEW REVENUE TO SUPPORT PUBLIC HEALTH

Along with other stakeholder groups, **Sofia Aragon** (WSNA Senior Governmental Affairs Advisor), participated in two panels to educate the audience on identified revenue options. She discussed the challenges to raising new revenue through the legislature and local government and their role.

### BUDGET AND POLICY CENTER (BPC) BRIEFING DOCUMENT: CUTS TO PUBLIC HEALTH FUNDING



WSNA contributed to the BPC's briefing document and Snohomish Public Health Nurse and WSNA member **Barbara Bly** (pictured left) is prominently quoted. Barbara Bly and Sofia Aragon also promoted the brief at a media event with the BPC and emphasized the need for stable, dedicated

public health funding and the role of public health nurses. Various newspapers, including the Olympian and National Public Radio reported on the event.

### RALLY IN OLYMPIA ABOUT THE IMPACT OF BUDGET CUTS TO PUBLIC HEALTH

WSNA and a number of advocacy groups held a rally at the State Capitol to highlight the impact of state budget cuts to vital public programs. WSNA highlighted the impact of public health by contributing to press materials and recruiting and preparing **Sherry McDonald, RN**, administrator for Thurston County Public Health and Social Services to speak about the loss of public health nurses in her health district.

### NURSES SPEAKING OUT AND PROVIDING TESTIMONY



WSNA member **Leyli Whitfield**, public health nurse for the Spokane Health District, provided testimony on public health and H1N1 response to the House Appropriations Subcommittee on Health and Human Services. Leyli provided information on the role of public health nurses as first responders and received much praise for her remarks.

Thanks to members in Seattle / King County Public Health, WSNA was able to provide the House Health Care and Wellness Committee on First Steps Prioritization with information on the impact and effectiveness of Maternity Support Services to at-risk women and children.

WSNA also spoke before the King County Council in support of preserving public health funding, focusing on the importance of preventative services and public health nursing in times of economic crisis for Washington families,

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*The legislature will need to hear from WSNA members about the importance of continued funding of critical health programs, including public health nursing. Keep your eyes out for email legislative alerts calling on you to contact your legislators and the Governor.*

# 2010 Nurse Legislative Day Registration Form

Learn about the critical issues facing nurses, nursing and health in Washington this year, but most importantly, you'll discover how you can make a difference in Olympia.

## February 8th, 2010

- **Presentation of 'Legislator of the Year'**  
*Find out who's been a friend of nursing in Olympia*
- **Overview of WSNA priorities for 2010**  
*Issues WSNA will work on in the next legislative session and how you can get involved*
- **WSNA Political Action Committee News**  
*Update and information on how you can support the WSNA-PAC*
- **Breakout Sessions**  
*Learn how to be an effective advocate on the issues*
- **Informal lunch**  
*Reconnect with old friend and meet new ones*
- **Meet with your legislators and attend hearings**

**The Washington Center for the Performing Arts**  
**512 Washington St. SE, Olympia, WA 98501**

Visit [www.leg.wa.gov](http://www.leg.wa.gov) to find out your legislative district and representatives or call the Legislative hotline at 1-800-562-6000. (You are encouraged to call your legislators in advance to make an appointment to guarantee availability.)

A block of rooms have been reserved at a special rate of \$92/night at the Governor Hotel in Olympia for the evening of February 7th. Please call 877-352-7701 and ask for the Nurses Association block reservation for the special rate before January 18th

Continuing Nursing Education (CNE) contact hours will be provided.

The Washington State Nurses Association Continuing Education Provider Program (OH-231, 9-1-2012) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBNA-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## 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 \_\_\_\_\_

**Return to Washington State Nurses Association, 575 Andover Park West, Suite 101, Seattle, WA 98188**

## 2010 Dues Rate Schedule Effective January 1, 2010

WSNA dues are adjusted annually on January 1st each year based on a formula approved by the membership in 1991 and revised in 2003. The formula is based on the statewide average of the 5th-step wage rate for RNs in WSNA represented bargaining units. This calculation is made from existing contracts in effect on July 1st each year. The average 5th step monthly salary is then multiplied by a dues adjustment factor of 1.00% and again by 12 to determine the amount for the annual WSNA portion of the dues to be and applied in January the following year. The amount of the dues increase for 2010 for the WSNA portion of the dues will be 4.7% (\$2.36 per month) for members in our highest dues-paying category. The ANA portion of the dues are adjusted every two years based on the Consumer Price Index (this increase is capped at a maximum of 2%). There is no increase in the ANA

portion of the dues in 2010. The total amount of WSNA member dues include WSNA, ANA and District dues where applicable. Members who work less than 80 hours per month, are retired or not represented for collective bargaining may qualify for one of the reduced dues categories. Below is the updated WSNA dues rate schedule, effective January 1, 2010.

If you are currently a member and have had a change in your employment situation, please complete a Change of Information Card or email your changes to [membership@wsna.org](mailto:membership@wsna.org). The Change of Information Card is available on the WSNA website under "Membership", or you can contact the WSNA Membership Department at 800.231.8482 or 206.575.7979 to request one. **Please note:** *It is the member's responsibility to notify WSNA in writing of any changes in address,*

*employer, FTE status, layoff or leave of absence.* Write to: Membership – Washington State Nurses Association, 575 Andover Park West, Suite 101, Seattle, WA, 98188.

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

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

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

### WSNA Categories:

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

### Members Covered by a Bargaining Unit

DISTRICTS	CATEGORY I			CATEGORY II			CATEGORY IV		
	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1,6,8,17,18	\$ 802.80	268.93	66.90	609.60	204.53	50.80	416.40	140.13	34.70
2	856.08	286.69	71.34	649.68	217.89	54.14	443.04	149.01	36.92
3	811.44	271.81	67.62	616.08	206.69	51.34	420.72	141.57	35.06
4	818.88	274.29	68.24	621.60	208.53	51.80	424.56	142.85	35.38
5,15	797.76	267.25	66.48	606.00	203.33	50.50	414.00	139.33	34.50
7	803.28	269.09	66.94	610.08	204.69	50.84	416.64	140.21	34.72
12	810.48	271.49	67.54	615.36	206.45	51.28	420.24	141.41	35.02
10,13	800.40	268.13	66.70	607.68	203.89	50.64	415.20	139.73	34.60
11	812.88	272.29	67.74	617.28	207.09	51.44	421.44	141.81	35.12
9,14,98	792.96	265.65	66.08	602.16	202.05	50.18	411.36	138.45	34.28
16	807.84	270.61	67.32	613.44	205.81	51.12	419.04	141.01	34.92

### Members Not Covered by a Bargaining Unit

DISTRICTS	CATEGORY III			CATEGORY IV			CATEGORY V		
	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1,6,8,17,18	\$ 565.44	189.81	47.12	416.40	140.13	34.70	193.20	65.73	16.10
2	618.72	207.57	51.56	443.04	149.01	36.92	206.64	70.21	17.22
3	573.84	192.61	47.82	420.72	141.57	35.06	195.36	66.45	16.28
4	581.28	195.09	48.44	424.56	142.85	35.38	197.28	67.09	16.44
5,15	572.40	192.13	47.70	414.00	139.33	34.50	192.00	65.33	16.00
7	565.92	189.97	47.16	416.64	140.21	34.72	193.44	65.81	16.12
12	572.88	192.29	47.74	420.24	141.41	35.02	195.12	66.37	16.26
10,13	562.80	188.93	46.90	415.20	139.73	34.60	192.72	65.57	16.06
11	575.28	193.09	47.94	421.44	141.81	35.12	195.84	66.61	16.32
9,14,98	555.36	186.45	46.28	411.36	138.45	34.28	190.80	64.93	15.90
16	570.24	191.41	47.52	419.04	141.01	34.92	194.40	66.13	16.20

**CORRECTION:** Due to a rounding error, some of the categories of the 2010 WSNA Dues published in the Fall issue of the Washington Nurse were off by a few cents. Please note that this is the corrected version that will be implemented effective January 1, 2010.

# Health & Safety

## TOXINS

# What is **BPA** doing in a sippy cup?

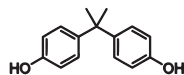


by Karen Bowman, MN, RN, COHN-S

Bisphenol A affects the health of every Washington State citizen. Scientific evidence is piling up demonstrating the endocrine disruptor Bisphenol A (BPA) is harmful to children's health and can cause harm later in life. BPA is linked in hundreds of independent studies to a wide range of devastating diseases such as tumor proliferation, abnormal development of breast tissue, and a host of metabolic disorders including cardiac disease, type 2 diabetes and liver abnormalities, which are increasing to epidemic proportions in the United States.

A recent study quantifying health care utilization and the economic costs of metabolic syndrome in Washington State, conducted by Boudreau and her associates at Group Health Center for Health Studies, found that study participants with metabolic syndrome had a higher rate of health care utilization and costs compared to non-metabolic disorder subjects. "Average annual total costs between subjects with metabolic syndrome versus

no metabolic syndrome differed by a magnitude of 1.6 overall (\$5,732 vs. \$3,581), and a magnitude of 1.3 when stratified by diabetes (diabetes, \$7,896 vs. \$6,038; no diabetes, \$4,476 vs. \$3,422). Overall, total costs increased by an average of 24% per additional risk factor ( $P < 0.001$ )<sup>1</sup>.



BPA

The economic impact of environmental exposures is staggering. We have an opportunity to prevent these costs and the pain and suffering associated with these diseases by eliminating exposure of Bisphenol A to the most vulnerable population, children under three. Anything we can do to reduce the burden on our troubled health care system is critical. The **Safe**

**Baby Bottle Act** would ban BPA in baby bottles, sippy cups, and other children's food containers. It's an important first step in removing this toxic chemical from our bodies.

<sup>1</sup> Boudreau DM, Malone DC, Raebel MA, Fishman PA, Nichols GA, Feldstein AC, Boscoe AN, Ben-Joseph RH, Magid DJ, Okamoto LJ. (2009). Health care utilization and costs by metabolic syndrome risk factors. *Metab Syndr Relat Disord*. 2009 Aug;7(4):305-14. Group Health, Center for Health Studies, Seattle, Washington, USA. [denise.boudreau@unitedbiosource.com](mailto:denise.boudreau@unitedbiosource.com)





## SECURE MEDICINE RETURN BILL

by Karen Bowman, MN, RN, COHN-S

The **Secure Medicine Return Bill** (2SHB 1165) will ensure that a secure and convenient statewide medicine return program is provided by medicine producers. These companies already provide and pay for medicine return in British Columbia and several European countries such as Spain, Italy, and France. We know it works.

The majority of overdoses involve prescription opiates. We need safe disposal methods to reduce diversion of potent pain relievers like OxyContin and Vicodin. ER visits in Seattle for non medical use of prescription opiates went up 47% from 2004 to 2007. Drug overdoses have surpassed car accidents as the leading cause of accidental deaths in Washington. Youth admissions to state funded treatment for prescription opiates are now 19 times higher than in 2001.

Our medicine cabinets are taking the place of drug dealers. Group Health Cooperative clinics and select Bartell Drugs locations have continued to collect all other medicines that are not controlled substances, now totaling 27,000 pounds of unwanted medicines collected since October 2006. Nursing practice is prevention based. The Secure Medicine Return Bill is an important step in breaking the chain of access to drugs. Nurses need an easy, safe, secure, and environmentally friendly resource to recommend to our clients and this bill “fits the bill.”



## WSNA Nurse Patricia Butterfield, PhD, RN Testifies In Washington D.C. in Support of the *Clean Water Act*

On October 15th, Patricia Butterfield, PhD, RN was on Capitol Hill to testify before the House Transportation Committee in support of environmental reform legislation. Dr. Butterfield, a WSNA member and professor at the University of Washington, spoke on behalf of ANA at the hearing on the “The Clean Water Act after 37 Years: Recommitting to the Protection of the Nation’s Waters.”

The Clean Water Act, first passed in 1972, was enacted to protect and maintain the chemical, physical, and biological integrity of the nation’s waters. Now, lawmakers are trying to improve implementation of the law, focusing on clear standards for point source pollution, adequate funding, and stronger enforcement.

“As a scientist, as a nurse, and as a citizen I want to know that the EPA and their

state designates have the resources to enforce the Clean Water Act,” Dr. Butterfield testified. “It is important.... to know that intentional polluters, who seek to profit by poisoning our nation’s coastal areas, are caught and prosecuted to the full extent of the law. While I am only one person, I can speak for many of my nursing colleagues by stating that we support ... committing the requisite resources to ensure protection of our water and our health. Our citizens and your constituents deserve nothing less.”

ANA, WSNA, and the nursing profession have long recognized the impact of the environment on the individual. WSNA is proud to have Dr. Butterfield’s leadership, expertise, and advocacy representing the nursing profession, WSNA, and our state in Washington D.C.

# Labor Relations



## 'Unity Dinner' Brings WSNA Nurses Together

On December 7th, WSNA members gathered for an evening of conversation with one of the most dynamic labor leaders in the country, our own National Federation of Nurses President, Barbara Crane. Sponsored by the WSNA Cabinet on Economic and General Welfare, the 'Unity Dinner' was filled with dialogue, laughter, and solidarity. Held on the Tacoma waterfront, nearly 60 nurses attended, including WSNA Local Unit Leaders, WSNA President Julia Weinberg, and members of the E&GW Cabinet and Staff.

Barbara is a critical care nurse who has grown from being a member of a local New York State unit to leading one of the largest unions representing registered nurses in America. Always a magnetic presence, Barbara spoke about her own personal journey towards becoming a labor leader and her commitment to working on nursing issues on a national level. She described the great potential of the NFN and how each person in the room had a role in building a better future for nursing.

Conversation and dialogue followed, with WSNA nurses asking questions or just making comments about their own experiences. While challenges were discussed, the mood was hopeful and confident in our ability to work together towards achieving goals. Truly, the night lived up to its billing. Over the course of the evening, old friends and new friends built solidarity, camaraderie and unity.



Photos this page by Sally Budack Photos on opposite page by Tara Goode

## RAISING OUR COLLECTIVE VOICE

# Informational Picket at St. Joseph Medical Center

*"What do we want? Fair contract!  
When do we want it? Now!"*

Despite chilly temperatures and a rainy morning, registered nurses at St. Joseph Medical Center in Tacoma brought spirit, energy, and enthusiasm to informational picketing on November 13th. Chanting, whistles, music, and passing car horn honks filled the air as dozens and dozens of nurses came out to picket over the course of the day. The picket was a wake-up call to the hospital administration that nurses are willing to stand up for quality and safe patient care.

After six negotiation sessions, little progress had been made, and hospital administration was proposing numerous reductions to the existing benefits and health care package.

In the midst of a growing nursing shortage, it is shocking that the hospital would put forth a proposal that makes St. Joseph's less and less competitive over the next three years. The administration's salary and benefits proposals will cause



St. Joseph's to fall behind its competitors in the area, which could lead to the loss of experienced nurses and make it more difficult to fill openings.

Additionally, proposed changes to the sick leave policy will discourage nurses from taking time off when they are sick. As a fundamental issue of patient safety, nurses need to be encouraged to stay home when they are sick so they're not contributing to the spread of disease in the hospital. Sweeping changes to health care benefits have also been proposed which would increase monthly premiums and out-of-pocket costs for nurses. The small salary increases proposed will likely not even cover these increased costs for health care.

The nurses at St. Joseph's were joined by other WSNA nurses in the area and WSNA staff in demanding that administration respect their nurses and provide them with an adequate salary and benefits package. Since the picket, negotiations have moved to mediation. There is still much more work to do, but WSNA and the nurses at St. Joseph have shown that we have the determination and unity to get it done!



### ■ Pictured Opposite:

Dian Davis, Co-Chair of the St. Joseph Medical Center Local Unit



# Nursing Practice

## CONTINUING COMPETENCY

### What will be required for Washington State licensure renewal?

In September 2009, the Nursing Care Quality Assurance Commission (NCQAC) approved a model for continuing competency for all nursing licensees. In accordance with RCW 18.79.010, it is the purpose of NCQAC to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing continuing competency mechanisms. Continuing competency has been defined by the National Council of State Boards of Nursing (NCSBN) as the ongoing ability of a nurse to integrate the knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice.

Nurses can maintain and enhance their nursing skill competencies in a variety of ways including:

- Active practice
- Continuing nursing education
- Obtaining/maintaining national certification
- Nursing skills workshops
- Advanced education
- Publication in nursing or health-care related journals
- Participating in nursing research
- Participating in professional nursing or employee sponsored organizations/committees

- Presentations on healthcare related topics

The approved model for documenting continuing competency will require a combination of practice hours (a total of 576 hours over a period of 36 months) and 45 contact hours for continuing education (or equivalent as defined by NCQAC) during a period of 36 months. NCQAC recognizes practice as being performance in either a paid or unpaid position with such practice requiring substantial specialized knowledge, judgment, and skill based on the principles of biological, physiological, behavioral, and sociological sciences. Practice is not limited to direct patient care, but may include various roles such as educator, administrator, school nursing, public health, etc.

Beginning in or about 2013, all RNs and LPNs will be required to provide NCQAC with written attestation of full compliance regarding maintaining continuing competency at the time of licensure renewal. Additionally, in 2013, random audits will be initiated to ensure compliance with these requirements.

The rules writing process has been initiated by NCQAC. Input and public participation is being sought as this process continues to move forward. (See below.)

■ For more information or to find out how to give your input, go to:  
[www.doh.wa.gov/hsqa/Professions/Nursing/Rules.htm](http://www.doh.wa.gov/hsqa/Professions/Nursing/Rules.htm)

## UPCOMING PRACTICE & EDUCATION-RELATED EVENTS

### NSWS CONVENTION

The Nursing Students of Washington State (NSWS) holds their third Annual Convention.

**Date:**

Saturday, February 20<sup>th</sup>

**Location:**

University of Washington, Seattle

*The Convention is being held in conjunction with the University of Washington School of Nursing Career Day*

### WSNA HALL OF FAME

Every two years, the Washington State Nurses Association honors the careers and contributions of a few outstanding nurses.

**Date:**

Thursday, March 18<sup>th</sup>

**Location:**

Salty's on Alki, Seattle





## PATRICIA J. MULHERN

Patricia (Patty) J. Mulhern passed away on November 3, 2009 after a brief illness. Patty was born March 4, 1947 to John and Mary Zambisky and raised in Dearborn, MI. She received her BS in Nursing from Marquette University in 1969 and subsequently worked in a variety of nursing roles: inpatient, public health, and education.

Patty earned a MS in Community Health Nursing from the University of Washington in 1980. Upon completing the Transition Services graduate program, she began a 27 year career with Visiting Nurse Services of the Northwest (VNSNW). Her first assignment was to develop a hospice program, a natural extension of her graduate work. Patty ended her career at VNSNW as VP, Patient Services.

After retiring from VNSNW, Patty began her own consulting firm, most recently working as Director of Professional Affairs for the Home Care Association of Washington (HCAW). With her signature energy and enthusiasm, she developed educational programs, provided technical and legislative expertise, and promoted emergency preparedness for in-home service providers.

As part of her ongoing commitment to home health and hospice, Patty made numerous presentations at practitioner and academic conferences, published professional articles, and held a clinical faculty position at the University of Washington School of Nursing. She was an active member of the Oncology Nursing Society at the national and local levels. Patty was a member of the National Association of Home Care and HCAQW, serving as President 1994-1995. She was also on the Advisory Board for both the UW and Seattle Pacific University Schools of Nursing.

Patty served the Rosehedge Foundation on their Board of Directors from 1998 through 2003 and as Board President in 2003. Most recently, she was deeply involved with Harmony Hill Retreat Center, both as house mother for cancer retreats and faculty for professional workshops.

She dearly loved traveling and the outdoors, especially hiking, backpacking, sailing, kayaking, camping, and gardening.

She is survived by her husband of 40 years, Michael G. Mulhern, her sisters Kay Selzer (Paul) of Palm Springs, CA and M. Jeanne Dallavao of Springboro OH, as well as several aunts and uncles, many nieces, nephews, grandnieces and grandnephews.

*Honey, your legacy of caring and compassion will endure.  
You are loved by all. We miss you terribly.*



### BOOK REVIEW

## The Hospital at the End of the World

by Joe Niemczura, MS, RN

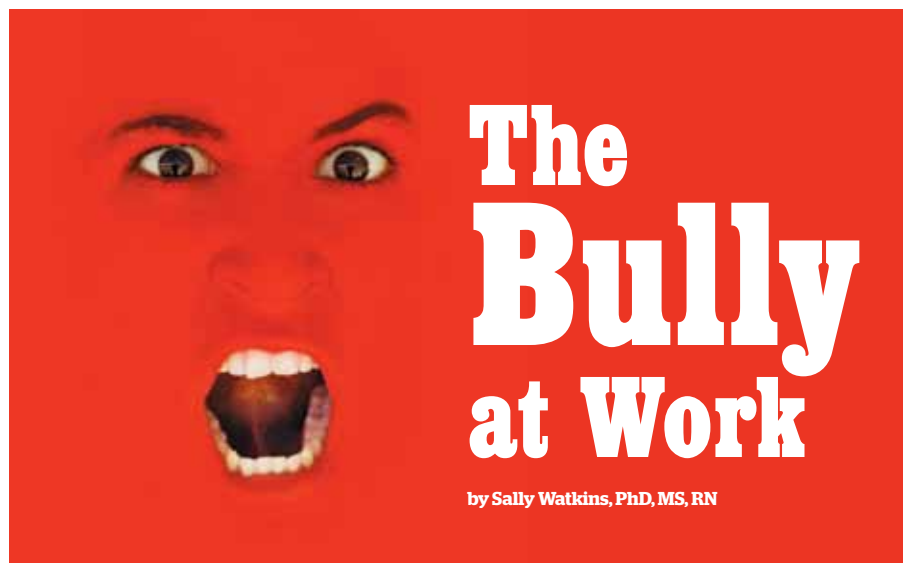
On page three, Joe Niemczura writes,

*"This book is not for the casual armchair traveler. Nepal has wonderful people as well as colorful local customs and scenery, but if you expect to read about these things, you should find some other book."*

While indeed this book is not for the typical traveler, for any nurse interesting in pursuing work in another country, *The Hospital at the End of the World* is a fascinating read. Joe Niemczura writes this non-fiction piece with creativity while sharing real world stories of patients in his care. As a clinical instructor he carefully articulates his teaching moments, and he humbly shares his mark on the world through narratives describing the impact of his presence in this beautiful, yet struggling, country. He focuses on the interdisciplinary nature of healthcare while providing numerous cultural descriptions of traditions within the community in which he lived. Clinical situations are made vivid in his writing, so this is not a book for those uncomfortable with the realities of care delivery challenges. However, there are also numerous moments of celebration including his stories of personal transformation from his experiences.

This book is guaranteed to engage the reader in another world of possibilities and opportunities — especially if the reader is a nurse.

— Sally Watkins, PhD, MS, RN



**D**uring 2009, violence in the health-care workforce was identified as an ongoing priority by WSNA's Occupational and Environmental Health and Safety Committee. This led to the development of a continuing nursing education session that was provided in four locations – Bellingham, SeaTac, Yakima, and Spokane. Multiple organizations and associations came forward to provide sponsorship support, validating the importance of this concerning topic. These included: Northwest Center of Occupational Health and Safety of University of Washington; Occupational Health Nursing Program, University of Washington; Washington State University College of Nursing; Washington State Emergency Nurses Association; Northwest Organization of Nurse Executives; and the Washington State Hospital Association. Additionally, financial support was provided by WSNA's Economic and General Welfare Cabinet.

Annie Bruck, MN, RN, COHN-S, opened each session by defining workplace violence as “any action that may threaten the safety of an employee, impact the employee's physical or psychological well-being,

or cause damage to company property” (AAOHN/FBI, 2003). Violence may arise from strangers, customers/clients, personal relations, and/or co-workers including supervisors. She discussed the cost of workplace violence including, but not limited to, employee turnover, risks to patient safety, and negative publicity. Various regulatory and legislated requirements are already in place in Washington State that address employer responsibilities for providing a safe work environment including making provisions for leave for victims of domestic violence, sexual assault, and stalking. However, further strategies for prevention of workplace violence include reviewing risk assessments, engineering controls, administrative controls, and person protection. She called for everyone to pledge to take action and do one thing to stop workplace violence.

Mary Dean, PhD, RN, followed with a humorous, yet serious, session focused on stress management. She focused on individual actions that can be taken to positively influence personal and professional responses to stress in the workplace, briefly reviewing clinical research find-

*Bullying behaviors  
& negative acts  
most frequently  
reported by RNs*

#### **Professional / Supervisory Attacks:**

Withholding information that affects target's job performance

Ignoring target's professional opinions

Ordering the target to work below level of competence

Replacing the target's key job responsibilities with trivial or unpleasant tasks

Pressuring the target not to claim benefits or entitlements (e.g. sick time, vacation time, travel expenses)

Giving the target an unmanageable workload

#### **Personal Attacks:**

Spreading gossip or rumors about the target

Ignoring or excluding the target from conversations and / or social events

Source: Susan Johnson, MS, RN

#### **ADDITIONAL READING ONLINE**

**WSNA'S Position Paper on  
Workplace Violence**

[www.wsna.org/practice/resourcelibrary](http://www.wsna.org/practice/resourcelibrary)

ings from those who regularly practice “the relaxation response”, a concept fostered by Dr. Herbert Benson of the Harvard Medical School. As a closing exercise to each evening, Dr. Dean led the group in a facilitated relaxation “practice session” encouraging regular commitment to using such as a personal strategy to manage both personal and professional stress.

The next speaker was Susan Johnson, MN, RN, a University of Washington doctoral student with over twenty years of nursing experience and an emerging nurse expert in this field. Susan has conducted original research on workplace bullying among registered nurses and has published several articles on this topic in peer reviewed journals.

Susan provided an overview of the concepts of bullying and lateral violence, a term derived from the theory that nurses are an oppressed group prone to experiencing bullying/harassment. Examples of lateral violence include sabotage, infighting, backstabbing, breaking confidences, undermining, and withholding information. A recent study showed that at any given time 27-31% of RNs experience bullying. Susan described workplace bully-

*At Some Point, Bullying  
Affects Nearly Everyone*

27-31%

Percentage of U.S. nurses  
experiencing bullying in the  
workplace at any given time

Source: Johnson & Rea, 2009; Simons, 2008

#### COPING WITH A BULLY

### *How to Elicit the* **RELAXATION RESPONSE**

Pick the focus word, sound,  
prayer, thought, phrase, etc.

Sit quietly in a comfortable position

Close your eyes

Relax your muscles

Breathe slowly and naturally  
repeating your focus word  
on the exhalation

Assume a passive attitude.  
(It is quite normal for thoughts to  
come and go. Whenever thoughts  
come to mind, be aware of them, let  
them go and return your attention to  
your breathing and your focus word.)

Continue for 10–20 minutes,  
once or twice daily

Source: Mary Dean, PhD, RN

ing as a series of negative acts occurring regularly over a period of time where typically the bully has more power than the victim. In one study, 75% of those who were bullied indicated that it was done by persons in supervisory positions. It's also important to note that there is no difference between new nurses and experienced nurses, nor are there any differences due to age, gender, ethnicity, job position, sexual orientation, or education level.

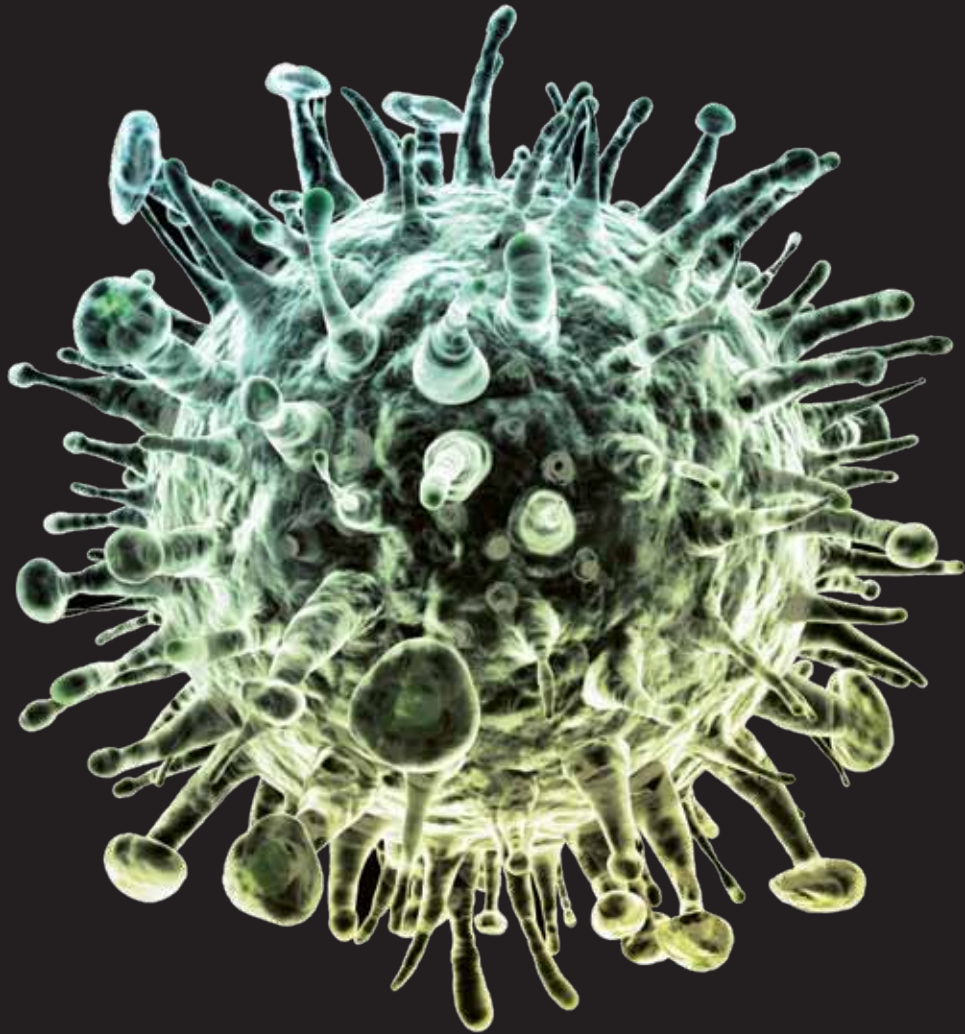
Susan emphasized that the impact of workplace bullying affects not just the target/victim but also witnesses, the workgroup, organization, and society. Strategies for ending bullying include increasing awareness, taking action, and taking measures towards prevention.

Susan, too, encouraged a call to action, emphasizing the need to form coalitions to address bullying.

The final presentation was delivered by Sally Watkins, PhD, RN, WSNA Assistant Executive Director of Nursing Practice, Education and Research. Sally reviewed past and current WSNA activities addressing violence in the health-care workplace and distributed copies of WSNA materials including the recently developed position paper Violence in the workplace (available on the WSNA web site at <http://www.wsna.org/practice>). Sally also shared data from a 2009 WSNA staffing survey showing that 62% of the respondents have been threatened or experienced verbal abuse at work. Over 53% also reported they have experienced harassment at work. WSNA's plans to continue working in this arena include:

- Development of a webinar early in 2010 in collaboration with NWONE and WSHA. WSHA has verbally committed to fund an initiative targeting engagement of CEOs, CNOs, and executive teams.
- Developing and highlighting available on-line CNE programs relevant to this topic
- Providing ongoing education regarding “tools” and strategies to build “conflict competency” in the workplace
- Continuing efforts to address safe staffing including breaks recognizing that a fatigued/ stressed workforce can lead to “short fuses” and potentially foster a hostile work environment

We are currently working to schedule at least one more session in the Seattle area, and, as mentioned above will be working to schedule a webinar the beginning of 2010. Please refer to WSNA's website for more information.



# H1N1 Update

A Letter to Members • WSNA Updates Its Position on Influenza • Frequently Asked Questions • Advocacy in Action at Sacred Heart Medical Center

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*The H1N1 pandemic continues. Here's an update on what WSNA is doing to protect nurses and patients around the state.*



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## *A Letter to Members*

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November 17, 2009

Dear WSNA member,

As you are well aware, the H1N1 flu pandemic is hitting communities all across the country, including Washington State, very hard right now. As a Registered Nurse, you are on the frontlines each day and play a critical role in the battle to slow the spread of H1N1 and to diagnose and treat its victims.

I'm writing today to briefly update you on just a few of the activities that The Washington State Nurses Association (WSNA) has been engaged in to help support you – the registered nurse – as you care for your patients with suspected or diagnosed H1N1 and to direct you to some important documents that may be of additional help to you.

WSNA is strongly committed to protecting and advocating for the health and safety of registered nurses and the patients we serve. This is an unprecedented time for everyone in health care, with new information, multiple rumors, and differing recommendations about H1N1 coming out almost daily. WSNA and ANA strongly supports and urges everyone to follow the Center for Disease Control and Prevention (CDC) guidelines on Infection Control Measures rather than take a hospital-by-hospital approach to setting H1N1 policy. You can find two of these important CDC documents at the links below and I urge you to read them carefully:

### **CDC Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel**

[www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm#A](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm#A)

### **Questions and Answers about CDC's Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel**

[www.cdc.gov/h1n1flu/guidance/control\\_measures\\_qa.htm](http://www.cdc.gov/h1n1flu/guidance/control_measures_qa.htm)

Over the past few weeks and months, WSNA members and staff have worked intensely and tirelessly in a coordinated team effort to ensure a comprehensive approach to the H1N1 crisis that includes education, sound public policy, advocacy, and union representation to protect both patients and nurses. WSNA has been actively engaged in working with many stakeholders, governmental agencies, and the public to collaborate and support these efforts.

In addition to our ongoing work with stakeholders and governmental agencies on emergency and pandemic preparedness, our recent efforts on H1N1 include:

### **Educating the public and nurses on flu prevention:**

- Partnered with the Washington State Department of Health, Washington State Medical Association, Washington State Hospital Association, and Washington Health Foundation on statewide television ads in English and Spanish on H1N1 and seasonal flu prevention.
- Focused eight pages of the Fall issue of the Washington Nurse on H1N1 and Seasonal Flu.
- Development of an entire section on the flu on the WSNA website – [www.wsna.org/flu](http://www.wsna.org/flu).

### **Ensuring patient and nurse safety:**

- WSNA staff are participating in briefings and continuously monitoring the CDC and OSHA websites for the latest standards and recommendations on infection control measures for H1N1, including the recommendations for nurses' use of personal protective equipment (PPEs), such as N95 respirators, in caring for patients with suspected or diagnosed cases of H1N1.
- WSNA filed formal complaints with both the WA Department of Health (DOH) and Labor and Industry Division of Occupational Safety and Health, when notified by our members that Sacred Heart Medical Center was not following CDC guidelines and not providing N95 respirators to nurses directly caring for suspected or diagnosed H1N1 patients.
- WSNA has lobbied state agencies for enforcement of state regulations to ensure that hospitals are following CDC infection control guidelines for H1N1 and that hospitals are held accountable for providing a safe workplace for their employees.
- WSNA worked with the Washington State Hospital Association on a joint letter to the Department of Health urging DOH to develop guidance to hospitals and to re-emphasize the importance of implementing the hierarchy of controls recommended by the CDC.
- WSNA has worked closely with the Department of Health in establishing a standardized procedure and checklist to ensure that all health care facilities are following the CDC recommended action steps, including the hierarchy of controls, and documenting their efforts to secure N95 respirators from commercial suppliers prior to receiving N95 respirators from the Washington State allocation from the strategic national stockpile.



**Protecting nurses' rights:**

- WSNA filed an injunction against MultiCare Health System for violating the collective bargaining contract by unilaterally implementing a flu policy requiring all nurses to be vaccinated against H1N1 or wear a surgical mask at all times without first negotiating with WSNA. While the judge did not grant the temporary restraining order, the hospital did agree to negotiate the policy. We have renewed negotiations with MultiCare and successfully achieved significant changes to the flu policy.
- WSNA has opposed use of vaccination declination forms that require the nurse to disclose personal health information.
- WSNA is advocating for nurses who are disciplined or discharged for calling in sick.

**Supporting sound public policy for flu vaccination for nurses:**

- ANA and WSNA continue to strongly recommend that nurses and all other health care providers who provide direct patient care be vaccinated against the seasonal influenza and H1N1 viruses.
- We do not believe that a hospital-by-hospital policy concerning mandatory vaccination is good public policy. It lacks consistency and adequate protection for the patients and workers. Absent of a Center for Disease Control (CDC) or Department of Health requirement for mandatory annual influenza vaccination of all health care workers, WSNA supports aggressive and comprehensive voluntary efforts.
- WSNA believes that any mandatory vaccination policy should be comprehensive and only be enacted as a federal or statewide public health regulation. The policy must include the following core components:
  - Employers must ensure that appropriate protection and safety measures are in place to provide a safe workplace environment for nurses and health care workers.
  - Employers must ensure that influenza vaccines are available and offered to every health care worker annually.
  - The policy must cover all health care settings and health care workers. This includes all settings such as hospitals, long-term care facilities, adult boarding homes, and outpatient clinics. Health care workers

must include those licensed and unlicensed who work in close proximity to patients, e.g. nurses, emergency responders, physicians, housekeeping personnel, health care secretarial staff, etc.

- If a declination form is required, the nurse must be able to sign the form confidentially; that is, the nurse must not be required to divulge personal health information or declare the reason(s) for refusal of a vaccine. The employer must not discriminate against or discipline a nurse for opting out.
- The employer must not discriminate against or discipline nurses for the appropriate use of sick time.
- CDC Guidelines must be used for prevention, protection, and safety of nurses and patients.

WSNA firmly believes that registered nurses must have input into flu prevention strategies and that nurses need to be involved in the decisions that affect their health and the health of their patients. This position is supported by the CDC guidelines, which states: "Strong sustained management commitment and active worker participation in a comprehensive, coordinated prevention program are extremely important in promoting implementation of, and adherence to, prevention recommendations." (Excerpted from CDC's *Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel: October 14, 2009*)

Unfortunately there is no single answer to keeping our patients and health care providers healthy this flu season, WSNA is committed to a variety of approaches to accomplish this goal. Combating H1N1 will require coordination and collaboration among many stakeholders and WSNA will continue to actively lead and engage in these efforts. You can also help us with these efforts by filling out a short online survey about the availability and use of N95 respirators in your workplace – Go to [www.wsna.org/flu](http://www.wsna.org/flu) to complete the survey.

Attached please see a list of useful links to additional online resources as well as the H1N1 Frequently Asked Questions developed by WSNA. Don't forget to check the WSNA website frequently for updated information of H1N1.

Thank you for the opportunity to share this information with you. I appreciate all that you do each and every day on behalf of safe and quality patient care. Please feel free to contact WSNA at [wsna@wsna.org](mailto:wsna@wsna.org) or 206.575.7979 with any questions.

Sincerely,

— Judith A. Huntington, MN, RN, WSNA Executive Director



## WSNA Demands a Comprehensive Flu Prevention Strategy at Sacred Heart Medical Center

**R**epresenting more than 1,600 registered nurses at Sacred Heart Medical Center, WSNA held a press conference at Sacred Heart on November 19th to highlight serious concerns about the safety of nurses and patients at the hospital during this H1N1 pandemic. In response to numerous reports from nurses about unsafe working conditions, WSNA is demanding that the hospital fully comply with CDC guidelines on H1N1 prevention and step up its flu prevention precautions so that nurses and patients are no longer put at risk. Of particular concern has been the lack of availability of N95 respirators or proper fit testing for the respirators.

A number of reports and formal complaints have been filed by nurses who are concerned about their own safety and their ability to keep patients safe. WSNA believes that Sacred Heart is in violation of OSHA standards and state regulations on the issues of infection control and an employer's responsibility to provide a safe and healthy workplace. WSNA has filed complaints against Sacred Heart with both the Department of Health and the Department of Occupational Health and Safety at L&I to ensure patient and nurse safety.

Following the press conference, WSNA members and staff distributed N95 respirators and information packets to nurses coming into work. The N95 respirators are recommended by the CDC for use when healthcare personnel are within 6 feet of suspected or confirmed H1N1 patients. Many nurses are report-

ing that N95s are not readily available on their units when caring for H1N1 patients and many nurses have not been properly fit-tested to ensure that the respirators will be effective. The hospital has claimed that a shortage exists and has already begun implementing policies to conserve their N95 respirators such as reusing N95s and only using them during specific procedures. However, calls to suppliers of the respirators show no such shortage and WSNA was easily able to obtain 3,000 N95 respirators for the event.

Kristie Dimak, a nurse at Sacred Heart spoke at the press conference, saying "I'm here today because I'm worried about the safety of my patients and fellow nurses. As a nurse, every day I come to work committed to providing excellent patient care and doing my best to promote health and safety. Nurses are being exposed to H1N1 and we are getting sick. I am one of those nurses, I had the flu, presumed to be H1N1, and it is a serious illness. I deserve to come to work and know that my employer is taking every precaution to keep me healthy,"

Sacred Heart absolutely must have a comprehensive flu prevention strategy with an adequate supply of safety equipment and resources. Until that happens, WSNA will continue to be aggressive in our efforts to advocate for the safety of nurses and patients at Sacred Heart Medical Center and educate our nurses about how they can help prevent the spread of H1N1 this winter.

# WSNA Board Updates Position on Flu

## *WSNA Position on Mandatory Influenza Vaccinations and Strategies to Address Influenza*

The Washington State Nurses Association (WSNA) is committed to advocating for the health of nurses, patients, and the communities they serve. Because of this commitment, WSNA strongly recommends that all nurses and other health care providers be vaccinated against all influenza viruses. WSNA strongly supports and urges voluntary efforts that aim for 100% vaccination rates, including annual education and implementation of comprehensive influenza vaccination programs for all health care providers.

WSNA supports enforcement of existing Federal and State regulations to ensure that all employers meet the Centers for Disease Control (CDC) and Occupational Health and Safety Administration (OSHA) requirements for influenza prevention.

WSNA believes a hospital-by-hospital approach to mandatory vaccinations is poor public policy. It lacks consistency and adequate protection for patients and health care workers. WSNA believes that any vaccination policy is only one component of a comprehensive influenza prevention policy and should only be enacted as a result of federal or public health regulation. WSNA believes that any such regulation must include the following core components:

- Employers must ensure that appropriate protection and safety measures are in place to provide a safe workplace environment for nurses and health care workers.
- Employers must ensure that influenza vaccines are available and offered to every health

### KEY WEB RESOURCES:



[www.wsna.org/flu](http://www.wsna.org/flu)



[www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu)

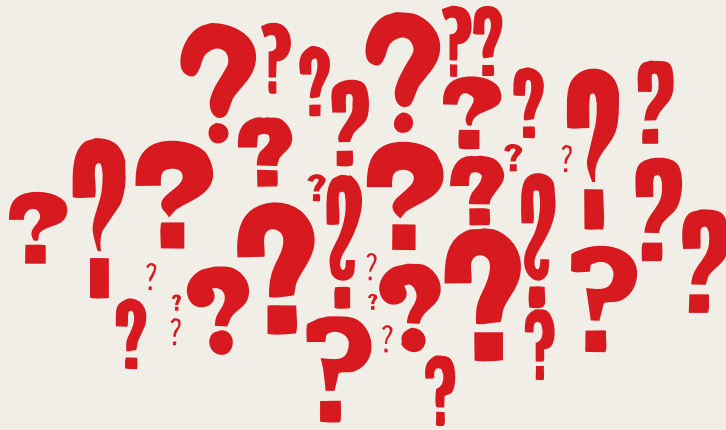


[www.osha.gov/h1n1](http://www.osha.gov/h1n1)

care worker annually at convenient times and locations.

- The policy must cover all health care settings and health care workers. This includes all settings such as hospitals, long-term care facilities, adult boarding homes, outpatient clinics, etc. Health care workers must include those licensed and unlicensed who work in close proximity to patients, (e.g. nurses, emergency responders, physicians, housekeeping personnel, health care secretarial staff, etc).
- If a declination form is required for vaccination, the nurse must be able to sign the form confidentially; that is, the nurse must not be required to divulge personal health information or declare the reason(s) for refusal of a vaccine. The employer must not discriminate against or discipline a nurse for opting out.
- The employer must not discriminate against or discipline nurses for the appropriate use of sick time.
- The employer must comply with CDC and OSHA Guidelines must be used for prevention, protection, and safety of nurses and patients.

*Adopted by the WSNA Board of Directors on December 4, 2009*



## QUESTIONS FREQUENTLY ASKED ABOUT H1N1

### **Q. What is the CDC respiratory protection recommendation for health care workers caring for patients with H1N1?**

CDC continues to recommend the use of respiratory protection that is at least as protective as a fit-tested disposable N95 respirator for healthcare personnel who are in close contact with patients with suspected or confirmed 2009 H1N1 influenza. Close contact is defined as working within 6 feet of the patient or entering into a small enclosed airspace shared with the patient (e.g., average patient room).

### **Q. If there is a shortage of N95 respirators, how should the hospital prioritize the use of N95 respirators?**

Hospitals should implement the following steps in this order:

1. Minimize the number of individuals who need to use respiratory protection through the use of engineering and administrative controls
2. Use N95 or higher level of protection (e.g. Powered Air Purifying Respirator-PAPR or elastomeric respirators) where feasible

3. If NOT doing a high risk procedure, prioritize use for those personnel at highest risk based on considerations such as:

- Vaccination status of worker
- If worker is in a high risk group for complications, (e.g. pregnant)
- Frequency of close exposure procedures and contact

4. Consider extending use of disposable N95 respirators in special situations for multiple patient encounters utilizing appropriate extended-use procedures

### **Q. What constitutes high-risk (aerosol-generating) activities?**

Some procedures are at higher-risk for potential exposures, such as aerosol generating procedures, that could increase inhalation of respiratory droplets. These procedures include, but are not limited to: bronchoscopy, sputum induction, endotracheal intubation and extubation, open suctioning of airways, cardiopulmonary resuscitation, and autopsies.

### **Q. How can healthcare personnel reduce their exposure risk when performing aerosol-generating procedures?**

To reduce exposure risk, healthcare personnel should only perform these procedures on patients with suspected or confirmed influenza when medically necessary and limit the number of healthcare personnel in the room. These procedures may also be conducted in airborne infection isolation rooms, when available. Healthcare personnel should adhere to standard precautions and wear respiratory protection (N95 or higher) when conducting these activities.

### **Q. What other respirators can be used to reduce dependence on disposable N95 respirators?**

Other classes of disposable respirators (e.g., N99s, N100s), which are similar in design and shape to N95s, can be considered. Alternatives to disposable respirators, such as powered air purifying respirators (PAPRs), or elastomeric half-mask and full facepiece respirators, can also be considered, especially in settings such as procedure rooms (e.g. bronchoscopy suites) where higher-risk activities

such as aerosol-generating procedures are intermittently performed.

**Q. How long could an N-95 respirator be used? Should it be used for one patient only, or can it be used for multiple patients?**

Currently, disposable N95 respirators for 2009 H1N1 influenza are recommended only for single use in healthcare settings. Used respirators are considered contaminated and ideally should be discarded after each patient encounter. However, in the event of supply shortages, facilities may need to consider extending the use of each respirator.

**Q. Is extended use over multiple patient encounters an appropriate strategy for extending supplies of respiratory protection?**

Extended use refers to wearing disposable N95 respirators for serial patient encounters, where the respirator has not been removed and re-donned between encounters. This practice may result in a risk of contact transmission by touching a contaminated surface of the respirator and subsequently touching the mucous membranes of the face.

Because extended use across multiple patient encounters is of uncertain safety with respect to infection control, these alternatives should only be considered in the event of significant supply shortages/disruptions.

Extended use would be favored over re-use, because it is expected to involve less touching of the respirator and face. If

extended use practices are implemented as a means to extend respirator supplies, measures should be taken to reduce contact transmission, including but not limited to:

- Discarding disposable N95 respirators following use during aerosol generating procedures.
- Discarding disposable N95 respirators if contaminated with blood, respiratory secretions, or other bodily fluids from patients.
- Considering use of a face shield over the disposable N95 respirator to prevent surface contamination.
- Performing hand hygiene before and after touching the respirator.

**Q. Can respirators be re-used to help extend the existing supply?**

Re-use of disposable N95 respirators, where the respirator is removed and re-donned between patient encounters, can result in a risk of contact transmission by touching a contaminated surface of the respirator and subsequently touching the mucous membranes of the face.

If re-use is chosen as a strategy to increase availability of respiratory protection, the following should be considered to minimize risk of transmission:

- Discard disposable N95 respirators following aerosol-generating procedures.
- Discard disposable N95 respirators contaminated with blood, respira-

tory or nasal secretions, or other bodily fluids from patients.

- Disposable respirators must only be used and re-used by a single wearer.
- Do not re-use a disposable respirator that is obviously contaminated, damaged or hard to breathe through.
- Consider use of a face shield over a disposable N95 respirator to prevent surface contamination.
- Store the respirator in a clean, breathable container such as a paper bag between uses.
- Avoid touching the outside of the respirator.
- Wearer should perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching a used respirator.

**Q. How long should I stay home if I am sick?**

Ill healthcare personnel should stay home from work for at least 24 hours after they no longer have a fever, without the use of fever reducing medicines. If healthcare personnel are returning to work in areas where severely immunocompromised patients are provided care, they should be considered for temporary reassignment or exclusion from work for 7 days from symptom onset or 24 hours after the resolution of symptoms, whichever is longer.

**FOR MORE DETAIL:**

**CDC Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel**

[http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm)

**Questions and Answers about CDC's Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel**

[http://www.cdc.gov/h1n1flu/guidance/control\\_measures\\_qa.htm](http://www.cdc.gov/h1n1flu/guidance/control_measures_qa.htm)

**OSHA Frequently Asked Questions on Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers (Occupational Safety & Health Administration)**

[https://www.osha.gov/SLTC/pandemicinfluenza/pandemic\\_health.html](https://www.osha.gov/SLTC/pandemicinfluenza/pandemic_health.html)



## FREQUENTLY ASKED QUESTIONS: **DUES**

*Questions the membership department frequently receives via phone, fax or email regarding membership dues* by Patrick McGraw

### **My dues rate increased by a small amount this year.**

#### **How are the dues rates determined?**

Per the *Common Questions* page on the WSNA web site, the dues rates are determined in part by the average Step 5 wages of nurses represented by WSNA. On an annual basis, this average is used to help formulate the membership dues amount for the year ahead.

### **If I pay dues to WSNA, do I have to pay separate dues to my local district and ANA as well?**

The amount of dues paid to WSNA covers membership in WSNA, the local district, and on the national level through the American Nurses Association (ANA).

### **I work eighty hours per pay period in the bargaining unit at my facility. How can I determine what my dues rate should be?**

The dues rate for WSNA membership is determined by three factors. The first factor is the district where the member is employed. The second is the total number of hours a member is scheduled to work per month (FTE), and the third is whether or not the member is covered by a WSNA collective bargaining contract. A member may find the district that they are employed in by reviewing the membership application.

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

### **If there is a change in my employment status, will it affect the rate of my dues?**

The answer to this question can be found in the dues rate schedule on the membership application. A change in FTE or in employment status in the collective bargaining unit may affect the rate of WSNA membership dues. Please consult the dues rate schedule on the application and be sure to let the membership department know of any change in FTE or employment status so that the dues rate (if necessary) may be adjusted accordingly.

### **I currently pay my dues via payroll deduction. Is there any other way that I can pay my dues?**

Yes, there are three other options to pay membership dues in addition to payroll deduction. The first option is full annual payment; an invoice is generated and mailed to members once per year. The second option is payment of dues by installment; there are three installment periods per year. Finally, members can also pay dues by electronic funds transaction (EFT). A member must provide a voided check to the membership department for this option, which would be the deduction of dues from a checking account on a monthly basis. In order to change payment preference, please download a *Change of Information* card from the WSNA website. The completed card should be sent to the membership department by mail or fax.

For any questions related to membership dues, the membership department may be reached by phone at 206.575.7979, by fax at 206.838.3099 or by email at [membership@wsna.org](mailto:membership@wsna.org).

## REMINDER

### **MEMBERSHIP INFORMATION & 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](mailto: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.**

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Hardeman, Sarah  
Hook, Marlene  
Larson, Lindsay  
Latham, Kelli  
Norris, Karyn  
Royer, Jonathon  
Sislow, Janel  
Telford, Leann  
Tipton, Lacey  
Wilske, Paulette

## KING COUNTY

Adams, Michele  
Agudo, Ramon  
Aliaghai, Navid  
Anguiano, Rogelio  
Archide, Melinda  
Asgedom, Zereay  
Ashton, Kelly  
Barbero, Sandy  
Barnes, Tara  
Baure, David  
Bello Neves, Courtney  
Benc, Walter  
Berg, Brandy  
Bickford, Lura  
Blalock, John  
Blonski, Mary  
Briggs, Joy  
Brown, Amber  
Buslon, Mary Blaine  
Camerros, Joy Anne  
Carris, Kimberly  
Collar, Lynn  
Collison, Carly  
Colon, Kukila Kila  
Constantine, Jenny  
Conway, Carly  
Cornet, Delphine  
Crowe, Scott  
Davis, Amanda  
Davis, Kari  
Daybert, Katie  
Decillia, Stephanie  
Dekker, Elisabeth  
Dessalegn, Fanaye  
Desta, Saba

Dipalma, Carolyn  
Dobbins, Tamera  
Donaldson, Mary Jane  
Douglass, Bronwen  
Duthie, Mary Alice  
Ejigu, Meseret  
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Espanola, Christian  
Espanola, Jeanette  
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Gerig, Chantel  
Goldberg, Rosa  
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Greiling, Andrea  
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Harris, Kathryn  
Harvey, Valerie  
Hauglie, Erica  
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Heinrich, Kimberlee  
Hell, Megan  
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Kim, So Hee  
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Kurle, Lisa  
Labrash, Laurel  
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Lavin, Anna  
Leisholmn, Willjort  
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Martin, Scott  
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Mckinley, Austin

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Piol, Anadel  
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Posner, Christina  
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Rani, Golorani  
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Remillard, Cheryl  
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Robbins, Jennifer  
Rose, Sherryl  
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Roubound, Amy  
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Scalet, Lisa  
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Sheffer, Sunny  
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Straight, Ami  
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Trost, Vladimir  
Tsukayama, Kelsi  
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Watts, Cynthia  
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Williams, Chona  
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Worbets, Heather  
Yates, Kara  
Yu, Candy

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Danevich, Kristen  
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Dinglasan, John  
Eagle, Jennifer  
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Fox, Christopher  
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Gogus, Vera  
Goldsby, Jerree  
Golub, Yelena  
Gozel, Patricia  
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Granlund, Molly  
Graves, Joshua  
Guffey, Kevin  
Guthrie, Deborah  
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Jung, Hye  
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Maciag, Richard  
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Markiewicz, Mallory  
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McKee, Heather  
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Mondoy, Ilia  
Morfín, Elizabeth  
Morgan, Shanda  
Murray, Megan  
Ndateba, Israel  
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Neumann, Jessica  
Nguyen, Gina  
Nix, Kasinda  
Northrup, Julie  
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Overton, Madison  
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Peterson, Allison  
Pham, Van  
Pieciewicz, Angela  
Powers, Angela  
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Quam, Melissa  
Rainwater, Alison

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 Reed, Elizabeth  
 Reed, Kathleen  
 Reina, Deborah  
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 Reynolds, Tanya  
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 Sandifer, Julie  
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 Schliesman, Jamie  
 Schmitz, Tim  
 Schwartz, Leah  
 Sellers, Kirstin  
 Sikes, Rachel  
 Sipes, Colleen  
 Skinner, Trina  
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 Smith-Sulcer, Tiffany  
 Somera, Iris Christine  
 Sta Maria, Jess  
 Sullivan, Stephen  
 Tadesse, Habtamu  
 Tea, Christy  
 Tesla, Bozena  
 Thomas, Shamay  
 Turnbull, Emily  
 Turull, Stefane  
 Vaefaga, Jean  
 Van Dyke, Vanessa  
 Wachter, Leanne  
 Wears, Soyouny  
 Webb, Tonya  
 Whitefield, Alex  
 Williams, Tina  
 Willings-Orozco, Kimbra  
 Wilson, Justin  
 Wolf, Phyllis  
 Wong, Laurine  
 Zimmerman, Erin

#### **SPokane / Adams / Lincoln / Pend Oreille**

Akers, Alisha  
 Asche, Carole  
 Bohrmann, Alexis  
 Brodin, Jenny  
 Burk, Mariah  
 Chandler, Crystal  
 Cramer, Jessie  
 Deeney, Lauren  
 Devine, Cherine  
 Feiler, Genessee  
 Fischer, Andreas  
 Garrett, Rheanne  
 Haffner, Molly  
 Haines, Jennifer  
 Hankins-Dysart, Cynthia  
 Harlow, Jill  
 Hayes, Tracy  
 Hemphill, Melissa  
 Johns, Eloise  
 Jordan, Aimey  
 Kaluzny, Micah  
 Kardong, Kaitlin  
 Labau, Michael  
 Mccurdy, Denise  
 Mckee, Jeremiah  
 Pope, Teresa  
 Radika, Holly  
 Reed, Kristin  
 Speichinger, Jennelle  
 Teeter, Brian  
 Warren, Alison  
 Young, Jessica

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Stokes, Kay

#### **Chelan / Douglas / Grant**

Booth, Erin  
 Campbell, Sharna  
 Etter-Erbo, Teri  
 Gray, Peggy  
 Huffman, Ingrid  
 Johnson, Julie  
 Lavanway, Michael  
 Meredith, Julie  
 Messick, Nancy  
 Petersen, Jessica

#### **GRAYS HARBOR**

Braaten, Jared  
 Brown, Angela  
 Dahlstrom, Jacy  
 Fauber, Jodie  
 Fritschel, Pamela  
 Kingsly, Jessica  
 Maccrae, Nancy  
 Mills, Natalie  
 Nicholas, Danielle  
 Stead, Georgja

#### **Snohomish**

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 Strand, Roger

#### **Wahkiakum / Cowlitz**

Brier, Sabrina  
 Chambers, Mark  
 Coiteux, Bradley  
 Cooper, Brent  
 Foco, Patricia  
 Goodell, Becky  
 Hatfield, Jason  
 Makinson, Jennifer  
 Michaud, Mary  
 Richardson, Ashley  
 Vandre, Michele  
 Walker, Louise  
 Wheeldon, Tamara

#### **Clark / Skamania**

Butler, Cynthia  
 Francis, Alexis  
 Hatfield, April  
 Johnson, Karolyn  
 Joyce, Caitlin  
 Kelly, Kevin  
 Kolling, Edrina  
 Laeger, Jennifer  
 Leloff, Jackie  
 Pieters, Jody  
 Schwartz, Eileen

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Dunn, Sandra

#### **Whitman**

Bruns, Meghan  
 Horn, Whitney  
 Sutcliffe, Kimberly  
 Wilks, Bethany

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Baer, Leslie  
 Benguiat, Kristine  
 Benson, Bonnie  
 Bills, Shana  
 Blanscett, Timothy  
 Burt, Lacey  
 Cornett, Laurel  
 Crouse, Marta  
 Evans, Ashley  
 Gaston, Kaylin  
 Hamilton, Kellie  
 Howell, Edie  
 Hymas, Brigitte  
 Jennings, Christa  
 Johnson, April  
 Jordan, Ashli  
 Lipke, Alisha  
 Macalister, Sabrina  
 Markham, Jennifer  
 Marks, Erik  
 Marsh, Breanne  
 Midkiff, Kristy  
 Mills, Cassie  
 Outsen, Brenda  
 Prater, Danielle  
 Sherwood, Danielle  
 Solis, Melanie  
 Springer, Maire  
 Stevenson, Angela  
 Stockton, Dina  
 Straws, Yessenia  
 Stromvig, Kristina  
 Suarez, Nichole  
 Suits, Shonda  
 Valladao, Jennifer  
 Wallace, Marlo

#### **Kitsap County**

Akland, Nancy  
 Applewhite, Krista  
 Auvinen, Liisa  
 Belanger, Teresa  
 Butenschoen, Kathryn  
 Delosreyes, Angela  
 Francisco, Bridgette  
 Geil, Lisa  
 Harvey, Melissa  
 Haun, Melissa  
 Jones, Alisha  
 Mitcham, Jeffrey  
 Parsek, Christina  
 Porter, Laura  
 Robinson, Sara  
 Schutz, Erica  
 Staite, Jennifer  
 Thurston, Kent  
 Wallingford-Lee, Kathleen  
 Williams, Colleen  
 Yarr, Lisa

#### **Kittitas County**

Beck, Libby  
 Chambers, Marlys  
 Johnson, Stephanie

#### **All Other Counties**

Andrews, Emily  
 Buchanan, Amy  
 Dill, Linda  
 Downs, Claudia  
 Liefke, Tomi  
 Mcconnell, Nancy  
 Smeenk, Faith

# ▶ CONTINUING EDUCATION CALENDAR

## JANUARY:

**Join the Surgical Team** - Pacific Lutheran University School of Nursing; January 5 through February 2, 2010; Contact: A

**Dialectical Behavior Therapy Intensive Training Course** - Behavioral Tech, Northampton, MA; Part I: January 11-15, 2010, Part 2A-June 21-25, Part 2B-July 19-23; Contact Hours: 65; Contact: H

**Preceptor Workshop**; Virginia Mason Medical Center; Seattle, WA; January 26, 8:00am - 4:00 pm; Fee: \$150; Contact Hours: 6.5; Contact: F

**Mental Health and the Older Adult: Common Issues and Care Strategies** - Pacific Lutheran University School of Nursing; Friday, January 29, 2010, 12:30-4:30 pm - Fee: \$ 69.00 - Contact Hours: 3.8; Contact: A

## FEBRUARY:

**Pharmacotherapeutics for ARNPs** - Pacific Lutheran University School of Nursing; Friday, February 5, 2010, 8:15 am - 4:45 pm - Fee: \$149.00 - Contact Hours: 7.5; Contact: A

**Geriatric Assessment** - Pacific Lutheran University School of Nursing; Friday, February 5, 2010, 8:30 am - 4:30 pm - Fee: \$119.00 - Contact Hours: 6.25; Contact: A

## MARCH:

**Beyond the Basics: DBT Individual Therapy in Action** - Behavioral Tech, Northampton, MA; March 1-2, 2010; Contact Hours: 12.5; Contact: H

**Coping with Chaos: Treating Multiple, Severe Disorders with Dialectical Behavior Therapy** - Behavioral Tech, New Canaan, CT; March 3-4, 2010; Contact Hours: 12.5; Contact: H

**Dialectical Behavior Therapy: Treating Adolescents with Multiple Problems** - Behavioral Tech, Atlanta, GA; March 11-12, 2010; Contact Hours: 12.5; Contact: H

**Beyond the Basics: DBT Skills Essentials in Action** - Behavioral Tech, Nashville, TN; March 18-19, 2010; Contact Hours: 12.5; Contact: H

Falls and the Older Adult: A Holistic Approach to Identifying and Managing Risks and Consequences - Pacific Lutheran University School of Nursing; Friday, March 19, 2010, 12:30-4:30 pm - Fee: \$ 69.00 - Contact Hours: 3.8; Contact: A

**Dialectical Behavior Therapy Intensive Training Course**; Trainer: Marsha Suzanne Witterholt, MD & Randy Wolbert, LMSW; Minneapolis, MN; Part I: March 15-19, 2010; Part II: April 26-30, 2010; by application only; 65 contact hours; Contact Behavioral Tech at info@behavioraltech.org

**Beyond the Basics: DBT Skills Essentials in Action** - Behavioral Tech, Los Angeles, CA; March 25-26, 2010; Contact Hours: 12.5; Contact: H

**Dialectical Behavior Therapy: Updates to Emotion Regulation and Crisis Survival Skills** - Behavioral Tech, San Francisco, CA; March 29-30, 2010; Contact Hours: 12.5; Contact: H

## APRIL:

**Wound and Skin Care** - Pacific Lutheran University School of Nursing; Thursday, April 1, 2010, 4:00 - 8:20 pm - Fee: \$69.00 - Contact Hours: 4.0; Contact: A

**Certification Review Course for the National Board for Certification of School Nurses (NBCSN) Exam** - Pacific Lutheran University School of Nursing; April 2010, , 8:00 am - 4:30 pm - Fee: \$219.00 - Contact Hours: 12.5; Contact: A

**Basic Preparation Course for Parish Nurses** - Pacific Lutheran University School of Nursing; April 12,13,14 & May 12 & 13, 2010, 8:00 am - 5:00 pm - Fee: \$489.00 - Contact Hours: 25; Contact: A

**Beyond the Basics: DBT Skills Essentials in Action** - Behavioral Tech, Indianapolis, IN; April 15-16, 2010; Contact Hours: 12.5; Contact: H

**Dialectical Behavior Therapy Intensive Training Course**; Trainers: Jennifer Waltz, PhD, & Anthony DuBose, Psy.D; Malibu, CA; Part II April 19-23, 2010; by application only; 65 contact hours; Contact Behavioral Tech at info@behavioraltech.org

## MAY:

**Dialectical Behavior Therapy: Treating Clients with BPD and Substance Use Disorders** - Behavioral Tech, Miami, FL; May 3-4, 2010; Contact Hours: 12.5; Contact: H

**Dialectical Behavior Therapy: Updates to Emotion Regulation and Crisis Survival Skills** - Behavioral Tech, Needham, MA; May 10-11, 2010; Contact Hours: 12.5; Contact: H

**Beyond the Basics: DBT Skills Essentials in Action** - Behavioral Tech, Albuquerque, NM; May 13-14, 2010; Contact Hours: 12.5; Contact: H

**Dialectical Behavior Therapy: Treating Clients with BPD and Substance Use Disorders** - Behavioral Tech, Baltimore, MD; May 17-18, 2010; Contact Hours: 12.5; Contact: H

**Diabetes 101: What Every Eldercare Worker Should Know** - Pacific Lutheran University School of Nursing; Friday, May 21, 2010, 12:30-4:30 pm - Fee: \$ 69.00 - Contact Hours: 3.8; Contact: A

## CONTACTS:

- 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**  
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Box 359440  
Seattle, WA 98195-9440  
206.543.1047  
206.543.6953 FAX  
cne@u.washington.edu  
www.uwcne.org

- D. **Intercollegiate College of Nursing Washington State University College of Nursing**  
Professional Development  
2917 W. Fort George Wright Drive  
Spokane, WA 99224-5291  
509.324.7321 or 800.281.2589  
www.icne.wsu.edu
- E. **AdvanceMed Educational Services**  
2777 Yulupa Ave., #213  
Santa Rosa, CA 95405  
www.advancemed.com
- F. **Virginia Mason Medical Center Clinical Education Department**  
Barb Vancislo, CNE Coordinato  
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206.583.6567  
206.625.7279 fax  
cne@vmmc.org  
www.virginiamason.org/cne
- G. **American Association of Heart Failure Nurses (AAHFN)**  
Heather Lush  
731 S. Hwy 101, Suite 16  
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858.345.1138  
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- H. **Behavioral Tech, LLC**  
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## 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: 7.0; Fees: \$55; Contact: D

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

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

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

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

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



Cardiology Concepts for Non-Cardiologists; Contact Hours: 18.75; Fee: \$425.00; Contact: Fiona Shannon (360) 297-1274

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

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

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

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

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

Domestic Violence; Contact Hours: 2.0; Contact: C

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

Everyday Encounters: Communication Skills for Successful Triage; Contact Hours: 1.4; Contact: Carol M. Stock & Associates

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

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

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

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

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

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

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

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

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

Legal Issues & Trends in Telephone Triage; Contact Hours: 1.2; Contact: Carol M. Stock & Associates

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

Legal Risks of Remote Triage; Contact Hours: 1.0; Contact: Carol M. Stock & Associates

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

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

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

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

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

New Telehealth Technology: Legal Risks & Call Center Benefits; Contact Hours: 1.2; Contact: Carol M. Stock & Associates

Nurse Grand Rounds; Contact: C

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

Telephone Triage Trivia; Contact Hours: 1.0; Contact: Carol M. Stock & Associates

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

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

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

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

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

## CONTACT THE FOLLOWING INDEPENDENT STUDY PROVIDER FOR SPECIFIC COURSE OFFERINGS:

### Wild Iris Medical Education

Ann Johnson, CEO  
PO Box 257  
Comptche, CA 95427  
707.937.0518  
ann@WildIrismedical.com  
[http://www.nursingceu.com/courses/218/index\\_nceu.html](http://www.nursingceu.com/courses/218/index_nceu.html)

### Nurse Practitioner Health care Foundation

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

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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/education/cearp](http://www.wsna.org/education/cearp)





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# 2010 Nurse Legislative Day

Monday, February 8, 2010

**It's time to get engaged and get active.** As a nurse, you have one of the most trusted and respected voices – it's time to use it! Legislators and the public recognize that our daily experiences caring for the health of our patients and communities give us valuable and unique insight. You advocate for your patients every day. During Nurse Legislative Day, you'll learn how to be a powerful advocate for all patients in Washington.

## Join Us.

Registration Form → Page 18