

The Washington Nurse

A Publication of the Washington State Nurses Association

Volume 41, No 3 Fall 2011

52%

FEEL THAT
THEIR MISTAKES
ARE HELD
AGAINST THEM

42%

SAY THAT IT IS JUST BY
CHANCE THAT MORE SERIOUS
MISTAKES DON'T HAPPEN

34%

HESITATE TO REPORT AN
ERROR OR PATIENT SAFETY
CONCERN BECAUSE THEY
ARE AFRAID OF RETALIATION
OR BEING DISCIPLINED

46%

SAY THERE
ARE SAFETY
PROBLEMS IN
THEIR UNIT

39%

DO NOT FEEL SUPPORTED
BY THEIR EMPLOYER WHEN
REPORTING ERRORS OR
SAFETY CONCERNS

BE A PART OF IT! FEBRUARY 13, 2012



NURSE LEGISLATIVE DAY

INVITED SPEAKERS: Gubernatorial candidates **Jay Inslee** and **Rob McKenna**

Morning education sessions
at Great Wolf Lodge

Lunch and afternoon activities
at the Capitol in Olympia

*Free shuttle between Olympia and
Great Wolf Lodge provided before
and after education sessions.*

— Registration form on page 23 —

**We asked our members about
medical errors and patient
safety in their workplaces.
Hundreds of you responded.**

PAGE 24

– Fall 2011 –

UP FRONT	LABOR NEWS	NURSING PRACTICE	MEMBER NEWS
5 You Were Represented	16 E&GW Leadership Conference <i>Recap & Photos</i>	24 <i>Cover Story</i> Seeking a Culture of Safety	34 District News <i>KCNA & IENA</i>
5 Calendar	21 New Contract & Rest Break Settlement at Holy Family	27 Creating Cultures of Safety	35 New Education Benefit for Members
6 In Focus <i>President's Letter</i>	21 Contract Ratified at Skagit Valley Hospital	29 WSNA Hiring Practice & Education Staff	36 EFT Payment Changes
WSNA NEWS	LABOR RELATIONS	NEWS BRIEFS	36 <i>The New Members List</i>
8 Board Approves New Membership Project	22 Special Legislative Session	30 Nursing News	38 In Memoriam <i>Katie Keiper</i>
8 2012 Dues Update	22 Introducing New Legislative Staff	31 ANA News	EDUCATION
10 Issues & Priorities for 2011-2013	23 2012 Nurse Legislative Day Registration	33 NFN News	38 WSNF Scholarships
11 <i>Call for Nominations</i> 2012 Hall of Fame			40 CEARP News
12 ANA Delegates Announced			41 <i>Continuing Education Calendar</i>
14 Influenza Update			

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The Washington Nurse

WASHINGTON STATE NURSES ASSOCIATION

575 Andover Park West, Suite 101, Seattle, WA 98188

206.575.7979 • 206.575.1908 fax • wsna@wsna.org

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 2011, 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 (Microsoft Word, or plain text) 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.

ARTICLE SUBMISSION DEADLINES

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

DESIGNED, EDITED & PRINTED IN THE USA

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 July through September.*

- Alliance of Nurses for Health Environments (ANHE) Policy/Advocacy Committee
- American Nurses Association (ANA) Board of Directors meeting
- ANA Dues Evaluation Task Force
- ANA Nursing Practice Network conference calls
- ANA Congress on Nursing Practice and Economics
- ARNP Coalition Meeting
- Collaborative on a Healthy Environment (CHE-WA)
- Department of Health Committee on Healthcare Acquired Infections
- Department of Health hearing regarding scope of practice for medical assistants
- Health Care Access Coalition (to maintain access to medications)
- Health Care Without Harm
- Health Coalition for Children and Youth
- Healthy Washington Coalition
- Office of the Insurance Commissioner Health Reform Realization Committee
- NFN National Executive Board meetings & National Advisory Board meetings
- Northwest Organization of Nurse Executives (NZONE) Nursing Education & Practice Commission
- NZONE Fall Meeting
- Nursing Care Quality Assurance Commission Meetings (NCQAC)
- NCQAC Continuing Competency Subcommittee
- NCQAC Nursing Practice Advisory Group for Consistent Standards of Practice Subcommittee
- NCQAC stakeholder meeting regarding medication assistants in Long Term Care
- Nursing Students of Washington State (NSWS) Board meetings
- Pierce County Health Careers Council
- Primary Care Coalition
- Public Health Funding Roundtable
- Puget Sound Health Alliance and Consumer Engagement Team meetings
- Rebuilding Our Economic Future Coalition
- Revenue Coalition
- RWJF "IOM Report on Future of Nursing" WA-RAC planning
- Ruckelshaus Safe Staffing Steering Committee Meetings
- School Nurses of Washington State Board meeting
- Toxic Free Legacy Coalition
- Washington Center for Nursing (WCN) Board Meetings
- WCN Faculty Compensation workgroup for Master Plan for Education
- WCN Master Plan Transition to Practice workgroup
- Washington Chapter of Physicians for Social Responsibility
- Washington Health Foundation Board Meeting
- Washington Patient Safety Steering Committee and Medication Safety initiative
- Washington State Labor Council Legislative Labor Caucus
- Washington State Public Health Association Board meeting
- Washington State Safe Patient Handling Steering Committee
- Washington Toxics Coalition
- Washington State Hospital Association (WSHA) Safe Table Learning Collaborative Advisory Committee

SPOTLIGHT ON...

Regional Action Center planning meetings on IOM Future of Nursing Report

Judy Huntington, WSNA Executive Director, and Sally Watkins, WSNA Assistant Executive Director of Nursing Practice, Education and Research, have been working closely with other stakeholders as part of the **Robert Wood Johnson Foundation's (RWJF)** Initiative on the Future of Nursing. Washington was recently selected along with nine other states as a 'Regional Action Center' by RWJF to plan and execute the implementation of recommendations laid out in the **Institute of Medicine** report, *The Future of Nursing: Leading Change, Advancing Health*. In addition to improving the state of health and nursing in Washington, the work of the coalition will be used by RWJF to devise and implement national strategies to advance the future of nursing. WSNA's involvement in this coalition will be ongoing, so stay tuned for more news and updates. **For more information about the IOM report, visit <http://bit.ly/WSNA-IOM>.**

Upcoming Events

November

- 4-6 ANA Constituent Assembly - Silver Springs, MD
- 10-11 NFN NEB / NAB Meetings - Chicago, IL
- 15 WSNA Dues Structure Task Force
- 19 Nursing Students of Washington State (NSWS) Board Meeting
- 21 WSNA Constituent Representative Council
- 30 WSNA Staff Retreat **OFFICE CLOSED**

December

- 5 WSNA Board of Directors
- 26-30 Christmas Holidays **OFFICE CLOSED**

January 2012

- 2 New Years Day Observed **OFFICE CLOSED**
- 12 Legislative Advocacy Camp & Legislative Reception - Olympia, WA
- 16 Martin Luther King's Birthday Observed **OFFICE CLOSED**
- 25 Public Health Lobby Day - Olympia, WA
- 25-27 ANA NDNQI Conference - Las Vegas, NV
- 26-27 E&GW Cabinet Meetings

February

- 12 Legislative & Health Policy Council & WSNA-PAC meetings - Olympia, WA
- 13 Nurse Legislative Day - Great Wolf Lodge & Olympia, WA
- 17 Finance / Executive Committee Meetings
- 20 Presidents' Day **OFFICE CLOSED**
- 23-24 NFN NEB/NAB Meetings - Chicago, IL

More...

March 14, 2012

Culture of Safety Workshop - Vancouver, WA

March 27, 2012

WSNA Hall of Fame, Salty's on Alki, Seattle, WA

April 25, 2012

Culture of Safety Workshop - Skagit Valley Casino



By Julia Weinberg, RN, WSNA President

I hope everyone had a chance to enjoy the summer weather and get outdoors for some play and relaxation. I had a chance to spend some wonderful time with my husband and also to take some time for myself to rejuvenate my body, mind and spirit. But alas, the leaves are changing and the temperature is cooling. Another year is around the corner.

WSNA Leadership Conference

Of course, that means that we've now had another fantastic Leadership Conference in Chelan. The theme this year, Follow the Yellow Brick Road, was a reminder that whether you're on the Yellow Brick Road or your own path to success, you're always well-prepared when you bring brains, courage and heart to the task.

The awards banquet was a lot of fun, with everyone dressed as their favorite Wizard of Oz character. There were so many deserving awardees recognized at the banquet (find photos and info about the award winners on page 16). I bet you can't guess who I dressed up as?

For first-year attendees new to Local Unit leadership and for those like me who now treasure this annual tradition, the Leadership conference was an opportunity to make new friends, reconnect with old friends and learn during presentations and break-out sessions. I always learn something new, both from the formal education sessions and the informal time I spend with colleagues from across the state. It was wonderful to have both our President of the American Nurses Association, Karen Daley, and our President of the National Federation of Nurses, Barbara Crane, at Leadership with all of us together. Wow—what a great group of people to spend a few days with! WSNA rocks!



Judy Huntington, Pamela Newsom, Kim Armstrong, Karen Daley, Barbara Crane, Edna Cortez, Julia Weinberg, and Melissa Goldberg at the 2011 E&GW Leadership Conference

Patient Safety Conference Held August 7, 2011

As I look ahead with our WSNA councils and cabinet in preparation for next year's work, I keep on coming back to the ideas and questions raised during the WSNA education session this summer on medical errors and patient safety. The all day session about the importance of creating a 'Culture of Safety' was very well attended. This issue is so important to patient safety and nurse safety that we will soon be taking it across the state. This 'road show' will be much like what we did last year on the issue of fatigue and the importance of uninterrupted rest and meal breaks.

What I came away with from this workshop is that 99.9% of the time when errors occur or near misses are caught, they were the result of a systems failure. Nurses do not go to work to cause harm to anyone at anytime. However, what do we usually see happen? Blame the nurse or blame someone for an error. It's much simpler

to blame than to do the harder job of problem solving, investigating, and doing root cause analysis. Was the error the result of a broken system or system which failed?

Our guest speaker, Craig Clapper, raised many of these questions and discussed the need to have a workplace where reporting errors and near-misses are encouraged so that systems can be improved. He is not a nurse, but rather a nuclear engineer who has stepped into this fray as a healthcare consultant based on his experience trying to minimize the risk of accidents in nuclear facilities. He is helping healthcare organizations across the country look at how they can be doing a better job and helping them to develop a 'Culture of Safety' within their own hospitals and other healthcare settings.

Paula Meyer, the Executive Director of the Washington Nursing Care Quality Assurance Commission spoke to us about the Commission and their responsibility to license nurses. She also provided an in-

depth look at the investigation and discipline process. They investigate complaints by consumers or employers of nurses who are accused of unprofessional conduct or other practice concerns, and the Commission is responsible for taking action—such as suspension or revocation—on a nurse's license when necessary.

Nurses in attendance had many questions and concerns about the Commission, but the thorough coverage of the disciplinary process helped us all better understand how the Commission reaches its decisions. Her presentation helped to remind me that the Commission serves the public of Washington with the primary goal of keeping people safe. I left the session with a new way of thinking about my license: when I am licensed, I am being given permission to practice by the people of Washington State. I had thought all these years that I earned my license, I deserved my license, and therefore the Commission issued me my license. I never thought of the Commission as a stand-in or proxy for the people of Washington State, but that is really what they do.

When errors occur, not only is the patient a victim, the nurse who made the error is a victim too. The overwhelming majority of the time when errors occur or near misses are caught, they were the result of a systems failure.

The last thing I want to share that really hit home for me was that when errors occur, not only is the patient a victim, the nurse who made the error is a victim too. Nurses are human. With an error, we can feel a range of the emotions like guilt, fear, remorse, anger, sorrow, and shame. We also ask the endless questions

of ourselves: the what-ifs, how could I have changed the outcome, how do my co-workers feel about me now, will I lose my license, am I still a good nurse. Whether it's an error that causes harm, an error without a major health impact, or even just a near miss, we are flooded with these feelings and questions. Worst of all, when an error causes serious patient harm or death, these consequences are multiplied and can have a serious impact on the nurse as a second victim.

I will tell you the truth, there is so much that needs to be done on these topics. WSNA as an organization and each of us as members of our nursing profession have a role and responsibility. We need to educate ourselves and other nurses,

healthcare organizations, and the public about these issues. Meanwhile, we also must start the process of building and implementing a 'Culture of Safety' where we avoid taking the easy way out and placing blame. How do you create a lasting 'Culture of Safety' in every workplace and work setting where nurses care for people? I don't know the answer yet, but it's critical to the future of our profession and patient safety that we make this happen. It's up to each and every one of us, with the help of WSNA, ANA and NFN, to start making it a priority. ■

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Board Approves Special Two-Year Membership Project for Non-Collective Bargaining Nurses

On August 19th, the WSNA Board of Directors received a report on the work of the WSNA Dues Structure Task Force and approved its recommendation for a two-year membership project targeted at increasing the number RN members who are not represented by WSNA for collective bargaining. Many of these potential members are nurse educators or work in non-hospital settings or because of where they work, are represented for collective bargaining by other unions. The recommendation calls for the WSNA Dues Categories F and M to be merged into a new category with a flat dues rate of \$400.00 per year plus the applicable District dues rate. Category E (currently 25% of Category A will be 50% of the new combined category F/M (\$200.00 per year). In addition, applicable District dues rates will be added to the \$200. This membership project and the dues rate schedule will be evaluated at the end of two years to determine its effectiveness on membership and finances. The new categories and dues rates will begin in January 2012 and will include both the ANA and WSNA dues amounts.

Additional Board actions from the July 29th Board meeting included:

- Approved 2011-2012 WSNA Budget
- Approved the dates and location for the 2013 WSNA Convention to be held May 1-3, 2013 at the Tulalip Resort Hotel in Marysville, WA
- Referred the adopted resolutions and main motions from the 2011 WSNA General Assembly for follow-up and implementation to the appropriate committee, Cabinet and Councils and Staff
- Approved the 2011-2013 WSNA Issues and Priorities Assignments
- Established Board, Executive Committee and Finance Committee meeting dates for 2011 and 2012.
- Appointed Dawn Morrell, Angel Mathis and Joni Hensley to the Legislative and Health Policy Council and Pam Pasquale, Louanne Hausmann and Heather Stephen-Selby to the Professional Nursing and Health Care Council and made appointments to the WSNA committees and task forces for the 2011-2013 biennium. For a complete listing of the members of the WSNA Cabinet and Councils please see go to www.wsna.org.

The next face-to-face meeting of the WSNA Board of Directors will be held on December 5, 2011 at the WSNA offices.

2012 MEMBERSHIP DUES

WSNA dues for Collective Bargaining members 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 and is applied in January the following year. The amount of the dues increase for 2012 for the WSNA portion of the dues will be 1.77% (\$0.95 per month) for members in our highest dues-paying category.

ANA dues are adjusted every three years based on the Consumer Price Index (this increase is capped at a maximum of 2%). There is no increase in the ANA dues for 2012. The total amount of WSNA member dues includes WSNA, ANA and District dues and NFN 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. On the facing page is the updated WSNA dues rate schedule, effective January 1, 2012.

If you are currently a member and have had a change in your employment situation, please complete a Change of Information Form or email your changes to membership@wsna.org. The Change of Information Form is available on the WSNA website under "Membership," or you can contact the WSNA Membership Department at 800.231.8482 or 206.575.7979 to request one. *Please note: It is the member's responsibility to notify WSNA in writing of any changes in address, employer, FTE status, layoff or leave of absence. Write to: Membership - Washington State Nurses Association, 575 Andover Park West, Suite 101, Seattle, WA, 98188.*

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

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

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

DUES RATE SCHEDULE Effective Jan 1, 2012 - Dec 31, 2012 *Subject to change with proper notice*

Members Covered by a Bargaining Unit

- | | | | |
|---|--|---|---|
| A In a WSNA represented bargaining unit and working an average of 80 or more hours per month | B In a WSNA represented bargaining unit and working an average of 40 hours or more and less than 80 hours per month | C In a WSNA represented bargaining unit and working an average of less than 40 hours per month | D New Graduate Nurse employed in a WSNA represented bargaining unit (for the 1st year of membership only) |
|---|--|---|---|

	CATEGORY A			CATEGORY B			CATEGORY C / D		
DISTRICT	Annual	Installment*	Monthly	Annual	Installment*	Monthly	Annual	Installment*	Monthly
1, 6, 8, 17, 18	\$835.20	\$279.73	\$69.60	\$633.84	\$212.61	\$52.82	\$432.48	\$145.49	\$36.04
2	\$888.48	\$297.49	\$74.04	\$673.92	\$225.97	\$56.16	\$459.12	\$154.37	\$38.26
3	\$855.60	\$286.53	\$71.30	\$649.20	\$217.73	\$54.10	\$442.80	\$148.93	\$36.90
4	\$851.04	\$285.01	\$70.92	\$645.84	\$216.61	\$53.82	\$440.64	\$148.21	\$36.72
5, 15	\$830.16	\$278.05	\$69.18	\$630.00	\$211.33	\$52.50	\$430.08	\$144.69	\$35.84
7	\$835.68	\$279.89	\$69.64	\$634.32	\$212.77	\$52.86	\$432.72	\$145.57	\$36.06
9, 12	\$842.64	\$282.21	\$70.22	\$639.60	\$214.53	\$53.30	\$436.32	\$146.77	\$36.36
10, 13	\$832.56	\$278.85	\$69.38	\$631.92	\$211.97	\$52.66	\$431.28	\$145.09	\$35.94
11	\$845.04	\$283.01	\$70.42	\$641.28	\$215.09	\$53.44	\$437.52	\$147.17	\$36.46
14, 98	\$825.12	\$276.37	\$68.76	\$626.40	\$210.13	\$52.20	\$427.68	\$143.89	\$35.64
16	\$840.24	\$281.41	\$70.02	\$637.68	\$213.89	\$53.14	\$435.12	\$146.37	\$36.26

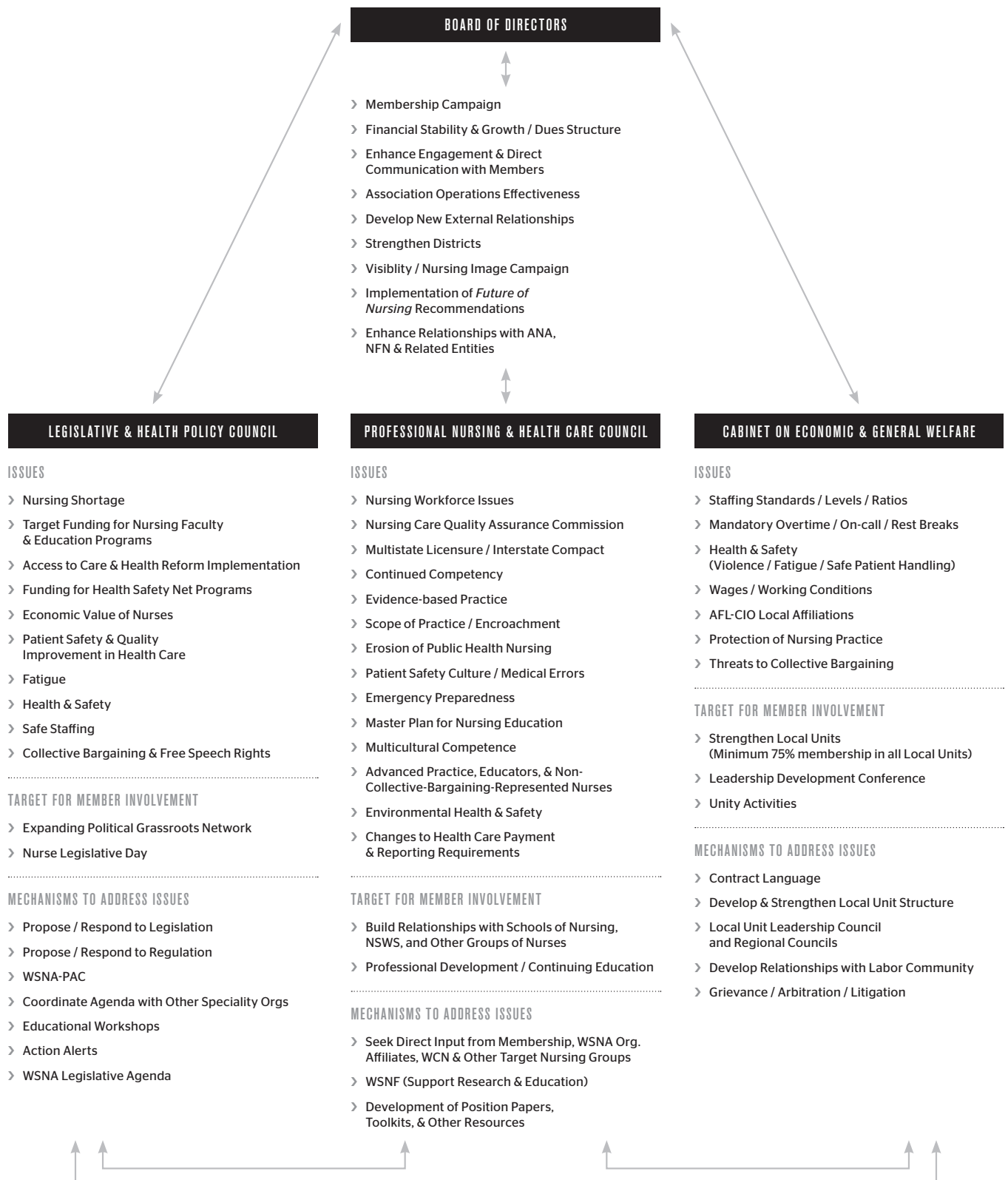
Members Not Covered by a Bargaining Unit

- | | | |
|--|---|--|
| E 62 years of age and not employed or totally disabled. | F Employed and not covered by a WSNA collective bargaining contract, or unemployed | R New Graduate Nurse , employed and not covered by a WSNA collective bargaining contract (for 1st year of membership only) |
|--|---|--|

	CATEGORY F			CATEGORY R			CATEGORY E		
DISTRICT	Annual	Installment*	Monthly	Annual	Installment*	Monthly	Annual	Installment*	Monthly
1, 6, 8, 17, 18	\$405.00	\$136.33	\$33.75	\$205.00	\$69.66	\$17.08	\$202.50	\$68.83	\$16.88
2	\$431.65	\$145.21	\$35.97	\$231.65	\$78.55	\$19.30	\$215.83	\$73.27	\$17.99
3	\$415.25	\$139.75	\$34.60	\$215.25	\$73.08	\$17.94	\$207.63	\$70.54	\$17.30
4	\$413.00	\$139.00	\$34.42	\$213.00	\$72.33	\$17.75	\$206.50	\$70.16	\$17.21
5, 15	\$402.50	\$135.50	\$33.54	\$202.50	\$68.83	\$16.88	\$201.25	\$68.41	\$16.77
7	\$405.25	\$136.41	\$33.77	\$205.25	\$69.75	\$17.10	\$202.63	\$68.87	\$16.89
9, 12	\$408.75	\$137.58	\$34.06	\$208.75	\$70.91	\$17.40	\$204.38	\$69.46	\$17.03
10, 13	\$403.75	\$135.91	\$33.65	\$203.75	\$69.25	\$16.98	\$201.88	\$68.62	\$16.82
11	\$410.00	\$138.00	\$34.17	\$210.00	\$71.33	\$17.50	\$205.00	\$69.66	\$17.08
14, 98	\$400.00	\$134.66	\$33.33	\$200.00	\$68.00	\$16.67	\$200.00	\$68.00	\$16.67
16	\$407.50	\$137.16	\$33.96	\$207.50	\$70.50	\$17.29	\$203.75	\$69.25	\$16.98

* Installment payments include a handling fee of \$3.99 per year. ** Only payroll deduct or EFT payers may use the monthly payments schedule.

Issues & Priorities Assignments 2011-2013



CALL FOR NOMINATIONS

2012 WSNA Hall Of Fame Awards**Due November 15th**

In 1996, the Washington State Nurses Association established the WSNA Hall of Fame to recognize and honor the achievements of Washington State Registered Nurses who have made significant lifetime accomplishments in the nursing profession. WSNA continually seeks ways to encourage all registered nurses to strive for excellence in nursing and the WSNA Hall of Fame is the highest level of recognition that WSNA bestows on WSNA Members to recognize and support those who demonstrate the highest standards of their profession.

Criteria: Each nominee must have demonstrated excellence in the areas of patient care, leadership, education, public service, nurse advocacy, heroism, patient advocacy, and/ or clinical practice and for achievements that have affected the health and/or social history of Washington State through sustained, lifelong contributions. The nominees must have been or currently hold membership in WSNA. The nominee may be living or deceased.

Please go to www.wsna.org/Hall-of-Fame/ and download and complete the nomination form (Word format), attach documentation to support the award criteria, include a photograph of the nominee, and return to: WSNA, Attention: Hall of Fame, 575 Andover Park West, Suite 101, Seattle, WA 98188. Typed nomination forms must be received at WSNA by November 15, 2011, to be considered for the 2012 Award.

Nominees will be notified in January, 2012. The award winner(s) will be recognized by the Association, family, friends and nursing colleagues at the Hall of Fame Awards event to be held at Salty's Restaurant on March 27, 2012.

*Previous Hall of Fame Awardees include:***1996**

Betty Anderson, RN, BSN, M.Ed
 Betty Harrington, RN, BSN, M.Ed
 Janet Holloway, MA, RNC
 Katherine J Hoffman, RN, MN, PhD
 Minerva Blegen Sathe, RN
 Myrtle Warneke, RN

1998

Marguerite Cobb, MN, RN
 Dolores "Deo" Little, MN, RN
 Mary Ann Thimmes, MN, RN

2000

Mary Lee Bell, MPA, BSN, RN-C
 Joanna Boatman, RN
 Shirley M Gilford, BSN, RN
 Muriel G Softli, MPA, MEd, BSN, RN
 Frances Terry, MN, ARNP
 Elizabeth R Thomas, BSN, ARNP

2002

Eunice Cole, RN, BSN
 Barbara Thoman Curtis, RN
 Rosa Franklin, RN
 Patty Longstreet Hayes, RN
 Margarita Prentice, RN
 Louise Shores, RN, EdD

2004

Marjorie Batey, PhD, RN, FAAN
 Bobbie Berkowitz, PhD RN, FAAN
 Janice Ellis, PhD, RN
 Beverly M. Horn, PhD, RN, FAAN
 Erin King, RN, MN
 Jeanne Quint Benoliel, PhD, RN, FAAN

2006

Pat Greenstreet, BSN, JD, RN
 Barbara Innes, EdD, RN
 Paul Kunkel, MS, RN
 Frank T. Maziarski, CRNA, BSN, MS, CLNC
 Lois Price-Spratlen, MN, PhD, RN, CNS, FAAN
 Susan Wilburn, BSN, MPH, RN

2008

Anne Foy Baker, RN
 Etta B. Cummings, RN
 Sister John Gabriel, RN
 Evelyn Hall, RN
 May S. Loomis, RN
 Anna R Moore, RN
 Lillian B Patterson, RN
 Elizabeth Sterling Soule, RN

2010

Mary Bartholet, MS, RN
 Anna Mae Ericksen, RN
 Verna Hill, MN, BSN, RN
 Louise Kaplan, PhD, MN, ARNP
 Margaret M. Ouchi, MN, RN
 Thelma Pegues, MN, BSN

WSNA Delegates Elected to the 2012 ANA House of Delegates

EDITOR'S NOTE: Following the 2011 WSNA elections, WSNA was notified by ANA that WSNSA will be allotted 43 delegate seats for the 2012 ANA House of Delegates. The ANA House of Delegates meets only every two years in the even year, unless a special HOD in called in the odd year. WSNA Delegates and Alternate-Delegates are elected to serve for the full 2 years: 2012-2013, in case there is a special HOD held in 2013. Alternate delegates will be appointed to serve as delegates if needed from the alter-nate-delegate listings in order by the highest number of votes received. Tie votes will be determined by lot. To serve as a delegate to ANA, the elected delegate must be currently licensed as a registered nurse, be a member in good standing in WSNA and meet the other ANA delegate criteria.

WSNA Members Elected as 2012–2013 ANA Delegates (43)

AT-LARGE DELEGATES (8)

In order of highest number of votes received

1. Sally Watkins, PhD, MS, RN
2. Ed Zercher, BSN, RN
3. Danielle Feist, RN
4. Michele Slider, RN
5. Lynnette Vehrs, RN
6. Sally Herman, RN
7. Judy Huntington, MN, RN
8. Jan Bussert, BSN, RN

STAFF NURSE DELEGATES (35)

In order of highest number of votes received

1. Denise Wolf, RN
2. Julia Weinberg, RN
3. Joanna Boatman, RN
4. Tim Davis, RN, MN
5. Pat Lombard, RN
6. John Tweedy, RN, CNOR
7. Judy M. Lyons, RN
8. Christina Jepperson, RN
9. Jeanne Avey, RN
10. Kim Armstrong, BSN, RNC
11. Susan M. Jacobson, RNC (Tacoma)
12. Dana Weldon, RN
13. David Trevino, RN
14. Marty Avey, CCRN, RN
15. Sarah Bear, RN
16. Leigh Raby, RN
17. Michelle Van Pelt, MSN, RN, CCRN
18. Jon Olson, RN
19. Evelyn Street, RN, CNOR
20. Kathy Higgins, RN
21. Sonya Miller, BSN, RN
22. Susan E. Jacobson, RN, CCRN (Yakima)
23. Kathy Ormsby, RNC, BSN
24. Martha Goodall, RN

25. Melissa Goldberg, RN
26. Betty Blondin, RN
27. Ann M. Whitley, RN
28. Debra L. Stevenson, RN
29. Julia Rose Barcott, RN
30. Catherine Powers, RN
31. Judith Turner, RN
32. Karen Tranholt, RN
33. Pamela Newsom, BSN, RN
34. Sally A. Bague, RNC
35. Pat Callow-Borgeson, RN

AT-LARGE ALTERNATE-DELEGATES

In order of highest number of votes received

1. Kim Jo Ward, RN
2. Louise Kaplan, PhD, ARNP
3. Louanne E. Hausmann, RN
4. Jennifer A. Graves, RN, MS, ARNP
5. Christine Himmelsbach, MN, RN
6. Tara Goode, BA, BSN, RN
7. Sofia Aragon, JD, RN
8. Elizabeth Caley Stewart, RN, BSN, BA
9. Angel Mathis, ARNP
10. Antwinette O. Lee, MSN, RN
11. Muriel G. Softli, MN, RN
12. Mara Kieval, BSN, RN
13. Louise C. Waszak, PhD, ARNP, RN
14. Patricia D. Tobis, MN, RN, CCM

AT-LARGE WRITE-IN ALTERNATE-DELEGATES TO 2012 ANA HOD

All members in good standing at the time of election, receiving at least one vote, including Write-ins, are elected as 2012-2013 Alternate At-large Delegates. These names will be retained as possible alternate delegates, providing they also meet the criteria for ANA At-

Large Delegate. They are: Rosa Young, RN, MSN, MPA (2 votes); Anne Poppe, RN; Barbara Frye, BSN, RN; Danielle Espinosa, RN; Hanna Welander, BSN, RN; Joan Garner, MN, RN; Margaret Conley, RN, ARNP; Office of the President.

STAFF NURSE ALTERNATE-DELEGATES TO 2012 ANA HOUSE OF DELEGATES

In order of highest number of votes received

1. Lorraine L. Bethay, RN BSN CCRN
2. Anita A. Stull, RN
3. Jeux Rinehart, RN

STAFF NURSE WRITE-IN ALTERNATE-DELEGATES TO 2012 ANA HOUSE OF DELEGATES

All members in good standing at the time of election, receiving at least one vote, including Write-ins, are elected as 2012-2013 Alternate Staff Nurse Delegates. These names will be retained as possible alternate delegates, providing they also meet the criteria for ANA Staff Nurse Delegate. They are: Darlene Delgado, RN; Brenda Shaw, RN; Camille Sturdivant Daly, RN; Daniel Brickert, RN, CCRN, CEN; Edna Cortez, RN; Joan Hansbery, RN; Lisa Blake, RN; Margaret Schmidt, RN; Nancy Wilder, RN; Pat Kandratowicz, RN; Pat Meyers, RNC; Raquael Johnson, RN; Susan Galloway, RN; Travis Elmore, RN; Valerie Pennington, RN.

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1 Hooded Poncho	1 first aid pack (3 2"x2 gauze pads, 1 5"x9" abdominal pad, 10 plastic strip bandages, 1 roll Kendall tape, 3 antiseptic towelettes, 2 antibiotic ointments, 1 pair vinyl gloves, 3 alcohol wipes)
3 Trash Bags	
2 12-hour light sticks	
2 zip baggies	
1 flashlight with 2 D cell batteries	
1 Whistle	

First Responder Kit \$49.99

16 Datrex Emergency Drinking Water Pouches	1 Whistle
1 Datrex packet of 18 food bars	1 deck playing cards
1 Thermal Blanket - 84" x 52"	1 pair leather palm gloves
2 Air-activated 12-hour body / hand warmers	1 sling bag
1 Hooded Poncho	1 hygiene pack (1 tissue packet, 3 moist towelettes, 1 biohazard waste bag, 1 n-95 dust mask, 2 sanitary napkins, 1 zip baggie)
3 Trash Bags	1 first aid pack (3 2"x2 gauze pads, 1 5"x9" abdominal pad, 10 plastic strip bandages, 2 antibiotic ointments, 1 pair vinyl gloves, 3 alcohol wipes)
2 12-hour light sticks	
2 zip baggies	
1 flashlight with 2 D cell batteries	
1 AM/FM radio	

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Protect Yourself, Protect Your Patients — Get Vaccinated!

The role that you and other health care workers play in helping prevent influenza-related illness and death—especially in high-risk patients—is invaluable. By setting a good example and spreading flu facts (instead of the flu itself) among your colleagues and patients, you have the opportunity to save even more lives.

Did You Know?

- CDC and the Advisory Committee on Immunization Practices (ACIP) recommend that all health care workers get an annual flu vaccine.
- Fewer than half of health care workers report getting an annual flu vaccine.
- As a health care worker, by getting vaccinated, you can help protect your family at home as well as your patients at work from getting sick.
- Influenza outbreaks in hospitals and long-term care facilities have been attributed to low vaccination rates among health care professionals.
- Studies have shown that higher vaccination rates among health care workers can reduce influenza-like illness, and even deaths, in settings like nursing homes.
- Health care workers play an important role in protecting public health, and your co-workers need you to be healthy and able to cover your shift.
- Getting a yearly flu vaccine can help ensure your time off is spent doing what you want to do, not staying at home sick.

Health Care Workers and Influenza Vaccination

Health care workers have a special role in the fight against influenza.

1. By getting vaccinated themselves, health care workers can protect their health, their families health and the health of their patients.
2. Encouraging vaccination of vulnerable patients can protect them from the flu.
3. High rates of vaccination among nurses and health care workers have been linked to improved patient outcomes and reduced absenteeism and influenza infection among staff.

Annual vaccination is important because influenza is unpredictable and flu viruses are constantly changing. Even if you've been vaccinated before, the flu vaccine from a previous season may not protect against current flu viruses.

Health care workers who should be vaccinated include physicians, nurses, other workers in hospital and outpatient-care settings, and medical emergency-response workers (e.g., paramedics and emergency medical technicians). It is also important for employees of nursing homes and long-term-care facilities who have contact with patients or residents, and students of these professions who will have contact with patients to all be vaccinated.

Flu Vaccine Facts

- Flu vaccines CANNOT cause the flu. The viruses in flu vaccines are either killed (the flu shot) or weakened (the nasal-spray vaccine). The flu vaccines work by priming your body's defenses in case you are exposed to an actual flu virus.
- Flu vaccines are safe. Serious problems from the flu vaccine are very rare. The most common side effect that a person is likely to experience is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

Which Vaccine Should You Get?

There are two types of flu vaccine: (1) the "flu shot"—a vaccine with killed virus given by needle injection and (2) the nasal-spray vaccine (Live Attenuated Influenza Vaccine or LAIV)—a vaccine with weakened live viruses.

- The **flu shot** is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.
- The **nasal-spray vaccine (LAIV)** is approved for use in healthy people 2 to 49 years of age. Nearly all healthy, non-pregnant health care workers, may receive LAIV if eligible, including those who come in contact with newborn infants (e.g., persons working in the neonatal intensive care unit, or NICU), pregnant women, persons with a solid organ transplant, persons receiving chemotherapy, and persons with HIV/AIDS.

However, health care providers should not get LAIV if they are providing medical care for patients who require special environments in the hospital because they are profoundly immunocompromised, for example if they work in bone marrow transplant units. This is intended as an extra precaution and is not based on reports of vaccine virus transmission in those settings. **The flu shot is preferred for vaccinating health care workers who are in close contact with severely**

» This article was adapted from the Centers for Disease Control and Prevention website 'Influenza Vaccination Information for Health Care Workers,' available online at www.cdc.gov/flu/HealthcareWorkers.htm

immunocompromised patients who are being cared for in a protective environment. These health care workers may still get LAIV, but they must avoid contact with such patients for 7 days after getting vaccinated.

No special precautions (e.g., masks or gloves) are necessary for health care personnel who have been vaccinated with LAIV and who do not work with patients undergoing bone marrow transplantation.

Protect Yourself, Your Family, and Your Patients by Getting a Flu Vaccine

For more information about flu information, updates, and access to free materials to assist with educating staff and patients about the impact of influenza and the benefits of vaccination, visit www.cdc.gov/flu and www.flu.gov, or call the National Immunization Hotline at 800.232.2522 (English), 800.232.0233 (español), or 800.243.7889 (TTY).

WSNA's Efforts

We are committed to the health and safety of the nurses, health care workers, patients and the communities they serve. Because of this commitment, we strongly recommend that all nurses, health care providers and other hospital personnel be vaccinated against all influenza viruses and support voluntary efforts that aim for 100% vaccination rates.

Consistent with interim CDC Influenza Guidelines and recommendations of the Advisory Committee on Immunization Practices (ACIP), WSNA strongly recommended that all nurses and other health care providers be vaccinated against all influenza viruses. However, a voluntary vaccination program is only one component of a comprehensive influenza prevention policy. To be consistent with the updated CDC guidelines, an influenza prevention program must include a comprehensive approach – any influenza prevention program that relies solely on

vaccinations (mandatory or voluntary) is inadequate.

We also believe that any vaccination policy is only one component of a comprehensive influenza prevention policy. Here are the core components of a comprehensive influenza policy that we believe must be included in any influenza policy adopted by hospitals in Washington State:

1. Voluntary efforts that aim for 100% vaccination rates, including annual education and implementation of comprehensive influenza vaccination programs for all health care providers.
2. Employers must ensure that influenza vaccines are available and offered to every health care worker annually at convenient times and locations.
3. Employers must ensure that appropriate protection and safety measures are in place to provide a safe workplace environment for nurses and health care workers including following the Centers for Disease Control (CDC) and Occupational Health and Safety Administration (OSHA) requirements for influenza prevention and hierarchy of controls.
4. Masking policies must follow CDC guidelines for all workers, not just those unvaccinated (currently required when within 6 feet of patients) and not be used as a retaliation or punishment for unvaccinated workers.
5. If a declination form is required for vaccination, the employee must be able to sign the form confidentially; that is, the health care worker 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 or health care worker for opting out.
6. The employer must not discriminate against or discipline nurses or health care workers for the appropriate use of sick time due to influenza.

WSNA APPLAUDS NLRB RULING ON NURSES' RIGHT TO BARGAIN WORKING CONDITIONS

The Washington State Nurses Association (WSNA) applauds the National Labor Relations Board (NLRB) for recognizing the importance of nurses' voice in the healthcare workplace. The NLRB decision in favor of the nurses rejected Virginia Mason Hospital's argument that it had a special privilege to unilaterally impose (without negotiation with the union) a policy requiring unvaccinated nurses to wear face masks.

This is a significant victory for nurses' rights by upholding an important legal principle that any changes affecting nurses' working conditions must be negotiated between the employer and the union. This ruling said that Virginia Mason Hospital has the same duty as any other employer to negotiate in good faith on policies affecting working conditions.

WSNA fully supports voluntary vaccination programs for all nurses consistent with CDC guidelines. WSNA has been aggressive in our outreach and education to both nurses and the public about the importance of comprehensive flu-prevention strategies, including vaccination.

WSNA will continue to work with hospitals in Washington to implement comprehensive flu-prevention programs that adhere to CDC guidelines.

FOLLOWING THE YELLOW BRICK ROAD

From September 25th – 27th, over 100 nurses from across Washington gathered in Chelan at the WSNA Economic & General Welfare Leadership Conference to learn how to follow their own paths to success in their practices and workplaces. Keynote speakers and breakout sessions educated attendees on topics ranging from grievance handling to labor law to stress management to updates on the state and national labor scene. Attendees were given the information and tools to return to their Local Units as leaders and advocates for their fellow nurses and patients.

In addition to the expertise of WSNA staff, the Conference also featured several notable national and state leaders. Karen Daley, ANA President, provided a keynote address about overcoming adversity and the importance of advocacy; Lorraine Seidel, Director of the New York State Nurses Association E&GW Program, described the possible dysfunctions of a team and how to overcome them; Lynne Dodson, Secretary / Treasurer of the Washington State Labor Council discussed the labor movement in Washington; and Barbara Crane, NFN President, gave an update on the national labor scene and activities of the NFN.

More than just meaningful education sessions, the Conference offered ample networking and social time so that nurses not only acquired new skills but also new support and friends. Networking across Local Units also helped leaders learn about what had worked in different facilities in Washington and how to take those lessons back to their own workplaces. As always, the highlight of the Conference was the E&GW Awards Banquet held on September 26th with many attendees donning lively Wizard of Oz themed costumes.

Nurses who attended the 2011 Leadership Conference now have the tools, knowledge and support to build unity and engagement in their Local Units. Whether battling the Wicked Witch of the West or hospital management, WSNA nurses are committed to each other and ready for the challenge.

Middle, center **David Trevino**, of Yakima Regional Hospital, with guest speaker **Mary Deen**

Middle, right Former WSNA President **Kim Armstrong** and current ANA President **Karen Daley**

Bottom, left Public health nurse **Barb Bly** speaks during Local Unit Council

Bottom, center WSNA Organizer **Jan Bussert** presents an education session on increasing local unit strength

Bottom, right Local Unit Award winner **Marie Peacock-Albers**

OUTSTANDING LOCAL UNIT CHAIRPERSON AWARD

EDNA CORTEZ SEATTLE CHILDREN'S HOSPITAL

Edna first emerged as a leader over a decade ago and has been a member of every negotiation team since 2000. She has served in numerous roles including secretary-treasurer, grievance officer and for several years now as Local Unit Chair. Edna seems to know everyone in the Hospital and is able to help nurses in many capacities from grievances, to disciplinary meetings, to local unity events. She is responsive to her colleagues, consistent in her support and is always willing to share her detailed knowledge of the WSNA contract. The events of the last year still loom large at Children's. Edna has worked tirelessly to provide support, leadership, and courage to the nurses at Seattle Children's in their time of grief, frustration and loss. Her peers describe her as the backbone of WSNA at Children's.

OUTSTANDING LOCAL UNIT CHAIRPERSON AWARD

JOHN TWEEDY SKAGIT VALLEY HOSPITAL

John is a longtime member and officer at Skagit Valley Hospital having served as Grievance Officer, Co-Chair and Chair over the years. He is known for his direct communication style, for being fair and compassionate, and for providing tough love when necessary. During recent negotiations, management was determined to break the local unit and the union by contentious and destructive takeaways such as loss of seniority, intermittent breaks, and up to 30% wage cuts. It was John's leadership that pulled the nurses together, helped them to unite, and stay motivated. John agitated and activated bargaining unit nurses with much encouragement and support to do whatever it took to get a fair contract. With John's leadership and dedication, the nurses at Skagit Valley prevailed.





Edna Cortez, Local Unit Chair at Seattle Children's Hospital, speaks during the Local Unit Council

MEMBERSHIP AWARD

JEANNIE ENGBRECHT SKAGIT VALLEY HOSPITAL

Jeannie is always positive and willing to help in any way she can to help strengthen the visibility of WSNA, to help nurses understand how WSNA impacts them, and to tell them how they can get more involved in WSNA. She is very diligent in her job as membership officer and goes the extra mile to make sure new RNs feel welcome at Skagit Valley Hospital, greeting them with warmth and a ready smile. She also attends new employee orientation to share the benefits of belonging to WSNA and consistently follows up to be sure new nurses submit their applications within the 30 day period. She makes rounds at the hospital with the WSNA Nurse Representative, sharing news and listening to what is going on in the specific units.

LOCAL UNIT OUTSTANDING GRIEVANCE OFFICER

SUE DUNLAP EVERGREEN HOSPITAL MEDICAL CENTER

Sue has been persistent and diligent in her representation of grievances. In her letter of nomination, she was commended for helping "nurses at Evergreen heal from wrongful disciplines which caused emotional, mental, and physical illness." The result has been increased trust and willingness to participate in the Local Unit among nurses at Evergreen. Sue goes above and beyond for every nurse she represents, asking the right questions, showing attention to detail, and having the ability to encourage and support peers who are in stressful and difficult situations. She has used resources and guidance from WSNA to help to build strength in her Local Unit. Her fellow nurses benefit from her great problem solving skills and excellent understanding of the contract. These skills allow her to speak out and advocate for nurses while encouraging them to speak up as well.

RISING STAR AWARD

DAVID HARI SKAGIT VALLEY HOSPITAL

Although he is new to Skagit Valley Hospital and WSNA, David has already served as a member of the recent negotiation team and has assumed the role of co-membership officer. David has become the communications officer as well, providing rapid two-way communication to and from the team during their stressful negotiations this year. During their recent negotiations David was quick to get the word out to keep nurses informed about developments as they occurred. As part of the facility IV team David has access to nurses throughout the facility. David has taken a supportive role with new unit reps, helping them to keep communications flowing among nurses throughout the hospital. Having recently retired from the military David brings a wealth of experience and a fresh perspective to his role as a local unit officer. His fellow officers report that they have already greatly benefitted from David's problem-solving skills.

RISING STAR AWARD

FLICKA ARQUETTE TOPPENISH HOSPITAL

Flicka is the face of WSNA at Toppenish Hospital, at times being the only officer in her Local Unit. She is well respected for consistently offering wisdom, encouragement and guidance as well as keeping tabs on issues pertaining to the whole bargaining unit such as nursing practice and contract compliance. Flicka exemplifies true dedication to working in collaboration with her Nurse Representative to achieve the outcome desired, safe working conditions for all nurses and patients at Toppenish Hospital. In addition to her work with Toppenish, Flicka has been very supportive of the Yakima Regional Hospital nurses, even driving up to walk the line in informational picketing during the last negotiations there. Her willingness to give of herself and her time in support of other nurses is truly inspiring.

ADVERSITY AWARD

CHRISTINA CURTIS & BETH RISHER YAKIMA REGIONAL HOSPITAL

Christina and Beth exemplify the power of working together to overcome adversity. As a new nurse in the OR, Christina was dealing with unsupportive coworkers and discouragement from supervisors. As a result of this bullying, her confidence was shaken and she questioned her ability and desire to continue working there. While working one day, she called a code overhead in the OR, believing it was the best action she could take for the patient. Her coworkers criticized her decision, despite the fact that her primary concern was her patient and she had done the best she could with little training and direction on code management. She responded to the criticism by choosing to educate herself and seeking advice and answers from critically trained nurses, giving her the knowledge and confidence to handle code situations. Her supervisors and coworkers have taken notice.

Meanwhile, Beth, a very experienced critical care nurse, also had grave concerns about the way that codes were handled in the OR. She saw what had happened to Christina and decided that it should never happen again. She knew that most OR nurses are not trained to deal with codes and aren't critically trained. She spoke to the key facility decision-makers about the problem, and a meeting was held to discuss how a code should be handled in the OR. It was a positive and collaborative effort by nursing staff, physicians, and ancillary staff. She took a stance to defend what she believed was right and to stop what was detrimental to patient care and staff. Beth helped to put in motion a change that will improve nursing retention and patient care.

OUTSTANDING NEGOTIATIONS TEAM

SKAGIT VALLEY HOSPITAL

This team stood tough and strong to fight off one of the worst contract proposals WSNA has seen in a long time. They fought off wage cuts that could have been as severe as 38% for some nurses, changes to overtime, a proposed switch to intermittent breaks and many more proposals that would threaten nurse retention and patient safety. The hospital wanted to break the back of the union at this facility. The united response this team was able to mount resulted in a significantly strengthened position with management. The team remained united and focused throughout long and discouraging negotiations, putting aside their own priorities and feelings to negotiate what was best for the whole.

This team was organized and united from the beginning. They set up communications to enhance the volunteer unit rep system, identifying and establishing connections for rapid communication with each unit rep. There were post cards, emails from WSNA, bulletin board messaging, and one-to-one communications with bargaining unit members to keep every nurse as informed and engaged as possible.

Everyone on the team was willing and able to step up activities to put pressure on management and 'go public.' Team members served as spokespersons at numerous public meetings, a rally on the Courthouse steps, and during a full day of informational picketing. This team was determined to fight off takeaways and was successful due to their unity and determination. Most importantly, this team demonstrated to themselves, the Local Unit and Management what preparation, determination and unity can achieve.



Middle Nurses from Yakima Regional Hospital accept on behalf of **Beth Risher** and **Christina Curtis**

Bottom **Flicka Arquette**, of Toppenish Hospital, with E&GW Cabinet Member **Susan M. Jacobson**

LOCAL UNIT LEADER EMERITUS AWARD

MARIE PEACOCK-ALBERS SEATTLE KING COUNTY PUBLIC HEALTH (RETIRED)

Marie worked for Seattle King County for over 20 years prior to her retirement and has always been a loyal and involved member. Marie has the distinction of having held every Local Unit officer position at some time during her years as a WSNA represented public health nurse. In 2007, Marie took on the difficult job of fighting off a contentious group of nurses agitating against WSNA and bringing the negotiations at the time to a screeching halt. She was steadfast in her commitment to do the right thing for all the Sea-King nurses. In May of 2007, Marie wrote a heartfelt letter to her colleagues about how proud she was of her WSNA membership. She emphasized that WSNA succeeds because of the involvement of its membership. Marie continued to talk with her colleagues about the good work that WSNA has done and continues to do so for its members, statewide and nationally.

Ultimately after much time, energy and effort by Marie and the WSNA staff, WSNA won in an election to retain WSNA as the union representing the nurses of the Seattle King County Public Health Department. Additionally, Marie and then LU chair, Bill Johnston, were steadfast in their efforts to stand up against the group of contentious leaders that were leading the raid. Marie's enormous gifts of time and dedication are an inspiration to each of us.



Top

John Tweedy, Chair at Skagit Valley Hospital, E&GW Cabinet Chair
Kathy Ormsby, and WSNA Assistant Executive Director of Labor Relations
Christine Himmelsbach

Middle, left

NSWS Board Member **Alex Dunne**

Middle, center

Gerianne Nichols accepts a Local Unit award on behalf of **Sue Dunlap**, of Evergreen Hospital Medical Center

Middle, right

Skagit Valley Hospital nurse
Jeanne Engbrecht

What Happens When Something Goes Wrong?

What constitutes a Patient Safety Culture?
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WSNA invites you to join us for a free continuing education event: **Creating a Culture of Safety!**

SPEAKERS

Sally Watkins, PhD, RN

Assistant Executive Director, Nursing Practice, Education, and Research
Washington State Nurses Association

Pat McCotter, JD, RN*

Senior Healthcare Risk Management Consultant
Physicians Insurance, Seattle

Paula Meyer, MSN, RN

Executive Director
Nursing Care Quality Assurance Commission

Sarah Shannon, PhD, RN*

Assoc. Professor, Clinical Ethicist
Univ. of Washington Medical Center, Seattle

(* unable to attend Oct 25th session)

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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 (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



www.wsna.org

Labor News

New Contract & Rest Break Settlement at Holy Family

This was a difficult contract cycle. Perhaps hoping to capitalize on recent anti-union assaults such as those in Wisconsin, management proposed to strip years of accomplishments out of the collective bargaining agreement. By standing united, the Holy Family negotiating team beat back the worst of it and obtained modest economic benefits, including three years of pay increases and new pay steps.

Along with settling the contract, WSNA has also settled its rest break lawsuit against Providence Holy Family. As part of the settlement, Holy Family has agreed to begin recording and paying for missed rest breaks, as well as adopt procedures and training protocols that create working conditions that allow nurses to take rest breaks. In addition, Holy Family Hospital will offer some back pay for missed rest breaks in the past. WSNA believes that the agreement will permanently and positively change the way rest breaks are handled at the Hospital.

Nurses will never leave a patient in need, and the new rest break policy negotiated by WSNA should ensure that nurses can take their rest break knowing that their patients will continue to receive quality care. WSNA will continue to work with Holy Family nurses to make this new policy work and ensure that nurses receive the rest breaks they are entitled to and need.

Contract Ratified at Skagit Valley Hospital

In August, Skagit Valley Hospital nurses ratified a new contract, ensuring their rights in the workplace for another three years. The negotiating team worked tirelessly over the summer to secure a fair contract that would enable nurses to continue caring for their patients safely. The victory came only after a lengthy and contentious battle including proposals from management to switch to intermittent breaks, work nurses longer hours and weaken the seniority system. The nurses successfully fought off all of these takeaways and many more hazardous proposals.

The Local Unit leaders and the negotiating team worked closely with the whole bargaining unit to keep nurses informed and active. Additional outreach to the local community and other local union increased pressure on management to step up with a fair contract. The broad support for nurses at Skagit Valley Hospital was evident throughout negotiations with high turnout for hospital board of commissioners meetings, a rally, informational picket and WSNA unity dinner.

BUDGET UPDATE

Upcoming Special Session

The latest revenue forecast (released in September) for Washington State projects that the state will collect \$1.4 billion less in tax revenue than expected between now and the end of June 2013. This is on top of a low revenue forecast in June that wiped out most of the State's reserves. Governor Gregoire has said that given the State's need to keep a healthy reserve fund, she is looking at the current budget hole as closer to \$2 billion.

The severity of this deficit means that critical health and safety net programs such as these will all be at risk once again:

- Maternal Support Services
- Public health
- Basic Health Plan
- Apple Health for kids
- Community Health Centers

The Governor has called for a Special Session of the Legislature in late November to begin to address the budget shortfall. WSNA is working with several coalition partners to examine revenue options in order to preserve these critical health care programs. For more information and what you can do to support our efforts, go to www.wsna.org.

Stay tuned for updates in your email about what's at stake and how you can contact your Legislators.

Introducing: Richard Burton, WSNA Political Action Coordinator

WSNA is excited to welcome Richard Burton, our new Political Action Coordinator! In order to maximize the collective voice of nursing, WSNA is committed to helping our members effectively advocate for nursing priorities in Olympia and during the electoral process.

As part of the WSNA political and lobbying team, Richard will be working to develop strategies and materials to educate nurses about the political process, recruit WSNA members to attend hearings and rallies in Olympia, and helping nurses build strong relationships with their lawmakers.

A native of Washington State, Richard grew up in Edmonds. He has a BA, MA, and Ph.D. in Philosophy and taught for 15 years at Seattle Central Community College in Seattle. While at SCCC, he was active with the local teachers union and served as political action chair of the local union.

Over the years, he gained an appreciation for member involvement, state electoral and legislative processes, and the importance of coordinated collective voice, both at work and in the legislature.

Richard's new enthusiasm in grassroots activism took him to a new career. He spent the past four years at the American Federation of Teachers Washington as a political organizer, creating a strong organized cadre of community college faculty activists engaged in the political process.

Richard is married to Lynne Dodson, a union activist currently serving as the Secretary-Treasurer of the Washington State Labor Council. His Mom is an avid hiker and his father was a music teacher, and still enjoys playing, so he has a love for both the outdoors and for music.



"I am excited to bring my political passion and organizing experience to WSNA! The commitments to continued organizational growth, outreach to new members, situating members at the center of decision-making, and intelligent strategy and policy all are dimensions of WSNA that I especially appreciate. I look forward to meeting and getting to know many more of you as I grow in this position and as we grow the power and voice of nurses in Washington."

2012 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.

Overview of WSNA priorities for 2012

Issues WSNA will work on in the next legislative session and how you can get involved

Implications of the State Budget Crisis

Hear the latest budget proposals and what it means to critical health programs in Washington State

Breakout Sessions

Learn how to be an effective advocate on the issues you care about

Meet with your legislators and attend hearings

MONDAY, FEBRUARY 13TH, 2012

Great Wolf Lodge
20500 Old Highway 99 SW
Centralia, WA 98531

Visit 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.)

Special Room Rate of \$129 (accommodates up to 4 people) for Sunday night at Great Wolf Lodge.

Call **800.640.9653 (WOLF)** for reservations. Use group code **1202WSNA**. Rate good on reservations made by 1/25/12.

REGISTRANT INFORMATION

*Separate form required for each registrant.
Photocopy this form as needed.*

Name _____ Credentials _____
Street Address _____
City _____ State _____ Zip _____ Phone _____
Legislative District _____ Membership # / Last 4 SSN _____
School _____ Email _____

COST & PAYMENT METHOD

- ☐ **\$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

* Register by 1/20/12 for Pre-registered rate.

\$ _____ Registration Fee (includes continental breakfast and box lunch)

\$ _____ PAC Contribution (suggested donation \$25)

\$ _____ **Total Amount Enclosed**

☐ Check Enclosed

☐ VISA / MasterCard _____ Exp Date _____

Cardholder Name _____ Cardholder Signature _____

Continuing nursing education contact hours will be awarded for this event

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 (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Return registration form to the address below or e-mail to wsna@wsna.org or fax to 206-575-1908.

Seeking a Culture

Of Safety

The Sobering Results of a Statewide Survey on Patient Safety

In 2004, the Agency for Healthcare Research and Quality released a survey to be used by hospitals to assess the presence of a culture of safety in their organizations. WSNA recently started using this survey, asking nurses to give us their perceptions of patient safety where they work. Approximately 550 nurses have responded so far, representing organizations in both rural and urban communities. Respondents have identified their clinical areas as:

- **med-surg** 33.8%
- **peri-operative** 19.4%
- **critical care** 18.5%
- **emergency** 12.5%
- **women and newborn** 12%
- **pediatrics** 10.4%

The majority (37.4%) have had more than twenty-one years of experience, while 21.8% have had one to five years of experience. Most respondents work the day shift (64.8%). Additionally, 77.1% replied that they had submitted 1-10 “event reports” within the past twelve months.

On the positive side, respondents agreed that:

- **People support one another in this unit** 83.9%
- **When a lot of work needs to be done quickly, we work together as a team to get the work done** 76.3%
- **We are actively doing things to improve patient safety** 64%
- **My supervisor / manager seriously considers staff suggestions for improving patient safety** 52.9%

However, there is room for improvement, as indicated by the following responses:

- **Mistakes have led to positive changes here** 45.8%
- **In this unit we discuss ways to prevent errors from happening again** 45.4%
- **Our procedures and systems are good at preventing errors from happening** 44.4%
- **After we make changes to improve patient safety, we evaluate their effectiveness** 41.7%
- **I am never / rarely / sometimes informed about errors that happen in my unit** 66.5%
- **While 47% believed management provides a work climate that promotes patient safety and 45.4% believed actions show that**

WHAT IS A 'CULTURE OF SAFETY'?

A Culture of Safety is one in which the organization makes safety a top priority. The Agency for Healthcare Research and Quality (AHRQ) describes a number of elements that are important to patient safety including prioritizing safety across the organization, leadership support, personal involvement and responsibility, training, ongoing assessment of safety, and clear patient safety goals and policies.

In the Institute of Medicine report *"To Err is Human,"* the IOM provides the following guidelines:

Health care organizations and the professionals affiliated with them should make continually improved patient safety a declared and serious aim by establishing patient safety programs with defined executive responsibility. Patient safety programs should:

- provide strong, clear and visible attention to safety;
- implement non-punitive systems for reporting and analyzing errors within their organizations;
- incorporate well-understood safety principles, such as standardizing and simplifying equipment, supplies, and processes; and
- establish interdisciplinary team training programs for providers that incorporate proven methods of team training, such as simulation.

Within a Culture of Safety, errors or near-misses are an opportunity to evaluate what underlying systems or processes led to the event, rather than simply blaming an individual. The IOM states, "People must still be vigilant and held responsible for their actions. But when an error occurs, blaming an individual does little to make the system safer and prevent someone else from committing the same error."

The IOM further stresses the importance of collaboration and shared pursuit of safety. Creating a Culture of Safety must be an ongoing priority across all levels of employees. To view the full report, visit <http://bit.ly/Err-IOM>.

patient safety is a top priority, 53.2% believed management seems interested in patient safety only after an adverse event happens.

Some of the more concerning responses were the following:

- Patient safety is sacrificed to get more work done 53.6%
- We have patient safety problems in this unit 46.3%
- It is just by chance that more serious mistakes don't happen around here 41.9%
- My supervisor / manager overlooks patient safety problems that happen over and over 22.3%
- Staffing, as we know, can also impact the ability to perform work safely. In the survey only 37.3% strongly agreed / agreed they have enough staff to handle the workload. Additionally, 41.2% strongly agreed / agreed staff in their unit work longer hours than is best for patient care.

Differentiating human error from intentional negligence, reckless conduct, intentional rule violation, "broken" systems, or systems issues is another aspect of creating a culture of safety. This process incorporates concepts of consoling, coaching, sanctions, and discipline – but not only discipline alone. The survey responses makes it clear that these concepts are not fully embedded into the work environment.

- I worry that mistakes I make are kept in my personnel file 67.4%
- I feel my mistakes are held against me 52.4%
- When an event is reported, the *person* is written up, not the problem 51.4%
- My workplace is a place where individuals are able to report errors or near-misses without fear of reprimand or punishment 41.8% disagree or strongly disagree
- I would hesitate to report an error or patient safety concern due to fear of retaliation or discipline 33.8%
- I would hesitate to report an error or patient safety concern because I might lose my job 28.2%

The Gallup Poll consistently reports that the public regards nursing as the "most trusted profession"—an honor we have held for more than a decade. Yet, as evidenced by the following responses, we must become more assertive and use our voices to better protect our patients and the public.

- I never / rarely / or sometimes am afraid to ask questions when something does not seem right. (As discussed in a study completed by the American Association of Critical-Care Nurses, *"Silence Kills."*) 79.3%
- I never / rarely / or only sometimes speak up if I see something that may negatively affect patient care 43.8%
- I never or only rarely feel free to question decisions or actions of those in authority 42.6%

SOLVING SYSTEMS PROBLEMS

The following list, “*Nine Solutions for Improving Patient Safety*,” from the World Health Organization Collaborating Centre for Patient Safety Solutions is an example of areas where systems changes can have a major impact on patient safety.

- Awareness of Look-Alike, Sound-Alike Medication Names
- Accurate Patient Identification
- Improve Communication during Patient Hand-Over
- Performance of Correct Procedure at Correct Body Site
- Improve Control of Concentrated Electrolyte Solutions
- Assuring Medication Accuracy at Transitions in Care
- Avoid Catheter and Tubing Mis-Connections
- Single Use of Injection Devices
- Improve Hand Hygiene to Prevent Health Care-Associated Infection

For example, possible systems changes to prevent look-alike, sound-alike medication errors include education about look-alike, sound-alike medications; using ‘tall man’ lettering on medications; including a description of what a drug is for; decreasing the number of orders given verbally; and using both the non-proprietary name and the brand name of the medication on orders. These types of solutions take a problem that is highly vulnerable to human error and create a series of checks and balances so that errors are reduced. Just as importantly, a well-designed system will catch and correct an error before it causes harm, even if an individual does make a mistake during the process.

FOR MORE INFORMATION ABOUT EACH OF THESE TOPICS, VISIT WWW.CCFORPATIENTSAFETY.ORG/PATIENT-SAFETY-SOLUTIONS/

- I never, rarely or only sometimes report when a mistake is made that could harm a patient **38.5%**

A workplace environment that is intimidating, tolerates bullying, or fosters strong hierarchical structures and processes is not conducive to a culture of safety. A culture of safety requires that open communication at all levels be encouraged. Yet, at some point, the individual nurse needs to accept responsibility for taking appropriate action that indeed does include reporting unsafe practice and processes.

An area where the individual nurse can make a significant difference in patient safety is in managing “handoffs”—transferring care of a patient to another. The survey showed that:

- Things “fall between the cracks” when transferring patients from one unit to another **51.6%**
- Problems often occur in exchange of information across units **42.7%**
- Shift changes are problematic for patients **39.8%**

In the end, only 9.8% of the respondents graded their organization as “excellent” with regard to having a patient safety culture. An additional 70.6% gave their organization a “very good” or “acceptable” rating. But 16.5% gave a “poor” rating, and another 3.1% rated their organization as “failing.”

‘CULTURE OF SAFETY’ WORKSHOP

What constitutes a Patient Safety Culture? What do you do when something bad happens? Do you know about nurses being a “second victim”? What happens if you are reported to the Nursing Commission for an error? Should you carry liability insurance?

On August 12th, WSNA hosted a full-day seminar to answer these questions and many more. The workshop included presentations, a panel discussion, and plenty of Q&A with the experts. *Topics included:*

- Improving Human Performance in Complex Systems: What is a Patient Safety Culture?
- When something bad happens: Error Disclosure
- Nurses as Second Victims: Providing effective support after adverse events
- Protection of the Public: NCQAC’s investigatory & disciplinary process
- What to do to protect yourself: Resources for Nurses
- WSNA Patient Safety Survey Results and Action Steps

It was a thought-provoking day for attendees. While some of the concepts were new, others were all too familiar, such as a presentation on how errors and even near-misses can affect a nurse’s confidence and ability to practice.

Stay tuned for more information from WSNA about these important topics. We will be taking this important education session on the road, with classes across the state in the coming months. The Washington Nurse will also continue to feature safety topics throughout the year. Visit www.wsna.org/Topics/Patient-Safety/Culture/ for more information.

Creating Cultures of Safety

Presented by Nurses Service Organization

Risk management is the process by which vulnerabilities are identified and changes are made to minimize the consequences of adverse patient outcomes and liability. Related clinical initiatives to reduce risk and harm should be part of a larger organizational commitment to patient safety. In a true culture of safety, everyone in the organization is committed and driven to keep patients safe from harm. It's under the umbrella of a patient safety culture that risk managers and healthcare providers effect the most successful clinical change.

Human error is often unavoidable, unpredictable, and unintentional. Risk managers conduct root cause analyses (RCAs), which are opportunities for organizational learning and development of corrective action strategies. However, RCAs are reactive responses; organizations should also employ proactive risk assessments for vulnerabilities that can be corrected.

Let's look at some challenges experienced within large teaching community hospitals and how they can be addressed. The case examples are hypothetical cases.

Patient identification

CASE: *It's 9 a.m. The transporter arrives to take Mrs. S for a computed tomography scan with contrast. The patient says she's not supposed to have any tests, but the transporter insists she's on the schedule and the radiology department is busy so they have to hurry. Mrs. S has the exam. Mrs. J, in the other bed, was actually scheduled for the test.*

In almost every case of mistaken patient identification there's human error. Factors usually include being in a hurry, not following policy, language barriers, missing ID bands, staff carelessness, and patients answering to the wrong name. In the above case, staff didn't listen to the patient and there was a lapse in the patient identification process both at the patient's bedside and in the testing area.

Risk management strategies revolve around the basic patient safety rule of using two patient identifiers to verify identity. Encouraging patient involvement in combination with active listening skills of staff is key. Using a second identifier that patients know, such as their date of birth, facilitates patient participation.

Some organizations have chosen patient identification as a "red rule," meaning the two-identifier rule must be followed without exception or there are defined consequences.

Correct specimen labeling is another vulnerable area in the patient identification arena. The importance of bedside labeling using two identifiers is vital.

Hospital-acquired infections (HAIs)

CASE: *Mr. H was brought into the ED unresponsive and hypotensive. In the ED, a femoral line was placed for emergency access. After transferring him to the ICU, the femoral line wasn't changed as per hospital protocol and CDC recommendations. Approximately 48 hours later the patient became febrile with an elevated white blood cell count. Blood cultures were positive in 4/4 bottles for enterococcus.*

HAIs are often avoidable complications that are in the public eye and under scrutiny by regulatory agencies, insurance companies, and malpractice attorneys. The bundle checklist has become a relatively simple yet powerful strategy to standardize practice. When each critical step is identified, agreed on, observed at each procedure, and supported by hospital leadership, you have the recipe for decreasing risk. It works: You can't forget important steps when you have a real-time guide to check off at the procedure. The key here is that all concerned follow the process, communicate with each other, and don't regard it as an exercise in postprocedure penmanship.

Enforcement of the golden rule of hand washing is an important facet on the road to reducing risk from HAI. As with all efforts to improve safety, best practice must be identified and shared, along with identifying and fixing barriers.

Communication/escalation

CASE: *Mrs. F has been in labor for 10 hours. Her electronic fetal monitoring has started to show absent variability with prolonged decelerations. Nurse N asks the resident to look at the strips; the resident recommends the nurse to keep observing. After 10 minutes of no improvement, Nurse N escalates to the attending physician, who assures her the baby will be born soon and nothing more needs to be done. Baby F is born with an Apgar score of 2 and 4, requiring resuscitation and NICU admission.*

In this case the nurse attempts to communicate her concern and escalates to an attending, but is in a difficult situation: She's reached the top of the physician tree, it's a time-sensitive situation, and there's no agreement on case urgency. Several factors challenge communication and escalation, including fear of disruptive behavior, cultural/gender perceptions and experiences, as well as clinical competency and mutual trust and respect.

One remedy specific to this case scenario is the development of a rapid response team. Other remedies include an organizational code of conduct with zero tolerance of disruptive behavior, chain of command policies, multidisciplinary team training, and use of structured communication techniques.

Medication administration

CASE: *A 30-year-old man comes into the ED Level I trauma unit as one of several victims of a motor vehicle accident. A new ED nurse picked up multiple medications as prescribed on this patient and was distracted by the physicians giving additional verbal orders. She forgets to label two syringes that contain clear liquid, one meant to be given I.V. and the other subcutaneously. She inadvertently administers the subcutaneous medication I.V.; the patient subsequently codes and dies.*

Multiple vulnerabilities existed for this error to occur: An emergency situation, multiple distractions, verbal orders, and failure-to-label syringes are obvious ones. Interruptions occur in at least 50% of medication administrations, and each interruption is associated with over a 10% increase in procedural failures and clinical errors.

Syringe labeling is a basic safety procedure. Engaging staff, especially involved staff, in identifying barriers and their fixes goes a long way. Consistent reinforcement of the process is essential.

Many other major risk areas besides syringe labeling exist in the responsibility of medication administration: failures in medication reconciliation, transcription, pharmacy prescription review, and more. Electronic solutions are most beneficial in advancing safety and decreasing risk. Computerized provider order entry features clinical alerts, standardized orders, clarity, immediate transmission to pharmacy, and decreased turnaround time for medication availability. Bar code medication administration eliminates transcription, manual documentation of medication administration, and many sources of error.

Clinical alarms

CASE: *A cardiac patient requiring continuous heart rate and rhythm monitoring died in January after developing a lethal arrhythmia for 22 minutes and systole for 17 minutes before being found by staff members.*

Multiple research studies identify caregiver fatigue from false and nuisance alarms as problematic, leading to distrust in alarms and even tampering. Alarm fatigue is a real and daunting challenge, as more and more patient-care equipment is beeping at the bedside and in patient-care units.

Strategies to reduce risk include layering of alarm systems such as monitor technicians, integrating alarms into beepers or phones, improving audibility of high-priority alarms, and modifying equipment so alarms can't be turned off. Reducing nuisance/false alarms is critical and involves competency skills;

lead placement, signal assessment, individualization of alarms, alarm recognition, and troubleshooting skills can be taught but need practice and experience to perfect. Standardized procedures for clinical alarm monitoring, communication, and documentation responsibility are necessary.

Falls

CASE: *An 82-year-old male is admitted to a medical floor with a diagnosis of dehydration, pneumonia, and urinary tract infection. He's confused at times, especially at night. A fall risk assessment is completed on admission, which puts him at high risk for falls. Fall precautions are taken, and the family insists on a 1:1 companion. While the companion was preparing the patient's evening tea, the patient fell from his bed and fractured his hip, requiring an open reduction internal fixation.*

Even under the most monitored situations, patients fall. Initial and ongoing fall risk assessment with a concurrent fall risk reduction care plan is important. Interventions include call bell placement, frequent rounding, regular toileting, low beds, mobility alarms, enclosure beds, wristbands, room signage, color-coded blankets or socks, and companions. An interdisciplinary approach individualized to the patient is beneficial, for example, collaborating with pharmacy for medication interactions, which may affect balance or cognition, as well as physical therapy for strengthening.

Several statewide associations have implemented collaboratives around fall safety. A "SAFE from FALLS" patient-care bundle was developed by the Maryland Patient Safety Center:

F: falls risk screening

A: assessment of risk factors

L: linked interventions

L: learn from events

S: safe environment.

Hospital-acquired pressure ulcers

CASE: *A 74-year-old frail female with a history of diabetes and chronic obstructive pulmonary disease was admitted from a long-term-care facility for difficulty breathing. Her condition deteriorates and she's intubated and sedated. A skin assessment isn't completed upon admission. On day 5 of admission, a nurse documents a Stage II pressure ulcer on the sacrum and a Stage I on both heels. There's sparse documentation throughout her hospital stay, and the transfer summary to the long-term care facility is silent on the condition of the patient's skin. Upon arrival at the nursing home, the admitting nurse documents Stage III pressure ulcers.*

Documentation! It's essential, and the lack of it in this case clearly demonstrates increased liability. A comprehensive skin assessment must be done upon admission, with periodic reassess-

ments throughout the hospital stay, including at the time of any transfers. Clearly documented present-on-admission skin breakdown is critical not only for reimbursement purposes, but also from the risk and standards of care perspectives. Risk assessment using established measures such as the Braden scale standardizes practice.

Frequency of ongoing risk assessments and documentation must be defined by the organization. Assessment every shift of pressure areas is minimal for patients at high risk. Monthly prevalence rounds with sharing and benchmarking of unit and overall outcomes facilitate goal achievement. Turning and positioning as part of regular patient rounding is fundamental, along with staff education at all levels in prevention, assessment, pressure ulcer staging, and intervention techniques.

Leadership

Looking at the strategies identified for each challenge, it's evident that there are overall leadership approaches to reducing risk and harm and improving patient safety. Three steps to success are identified by The Joint Commission's Center for Transforming Healthcare:

1. Set expectations
2. Educate
3. Build accountability through measurement, feedback, leadership, and coaching.

It's not as easy as 1-2-3, but sustainable change is possible using this leadership "bundle for change," combined with a systems approach that concentrates on the conditions under which individuals work, identifying barriers and implementing changes to remove them. "We cannot change the human condition, but we can change the conditions under which humans work." Organizational leaders must provide needed resources and send consistent messages about safety and expectations. It takes a long time for culture to change, so tenacious and passionate leaders are a necessity.

Nurses Service Organization offers professional liability insurance and risk management information for RN's, LPN's, Nurse Practitioners, Clinical Nurse Specialists, as well as many other healthcare professionals. WSNA has endorsed the Professional Liability Insurance Program for Nurses provided by NSO for many years. For more information, visit www.nso.com.

WASHINGTON STATE NURSES ASSOCIATION

JOB OPPORTUNITY

Nursing Practice and Education Specialist

This position:

1. Oversees WSNA's online education program, working collaboratively with technical team, CEARP program, and community educators. Seeks expert content writers and testers as necessary and collaborates with them for course / resource development.
2. Creates communication materials about nursing practice & education for use in WSNA publications and website. Works with webmaster to ensure WSNA Practice & Education pages remain current and timely, recommending changes as necessary.
3. Interprets information and provides consultation and advice to WSNA officers, committees, individual members and the public about nursing practice standards, policies, and issues.
4. Assists nurses and practice committees in identifying and resolving problems in nursing practice and education as well as issues related to raising standards of nursing care.
5. Assists in the identification of significant issues, trends and developments which may impact the practice of nursing.
6. Assists in developing, implementing and evaluating programs, conferences, and publications. Ensures WSNA-sponsored educational events comply with CEPP program requirements.

Qualifications:

Masters in Nursing and at least five years experience in nursing. Teaching experience and adult education background are essential.

Experience with regulatory boards and volunteer organizations and/or committees is preferred. Must be able to provide examples illustrating professional writing skills. Detailed knowledge of the Washington State Nurse Practice Act preferred. Knowledge of and experience with HTML, graphics design, and Adobe Flash programming highly desirable.

NURSES SPEAK OUT FOR SAFE CHEMICALS ACT

In September, over 30 nurses, moms and health advocates took part in Health Care Provider Action Day by voicing support for the **Safe Chemicals Act**, federal legislation that would require chemicals to be proven safe before they are put on the market. Across the state, groups of advocates visited Senator Maria Cantwell's and Senator Patty Murray's state offices to urge them to co-sponsor the legislation.

Karen Bowman, WSNA Occupational & Environmental Health Specialist, was a key leader of the action and has been integral in fighting the proliferation of cancer-causing toxic chemicals in our homes and bodies. She has also recently expanded her outreach and advocacy to other states including Alaska and Idaho.

» There is still time to have your voice heard on this issue. Visit <http://watoxics.org/> to find out how to take action.

SPOKANE NURSE FAMILY PARTNERSHIP EXPANDS INTO IDAHO

The Spokane Regional Health District is expanding its work in the Nurse Family Partnership to include counties in Idaho. As part of a new federal grant, the Idaho Department of Health and Welfare is contracting with the Spokane Regional Health District to expand the Nurse Family Partnership (NFP) into two counties in Idaho. Their decision to work with the Spokane Regional Health District is based on the robust and successful program in the Spokane region, a testament to the great work being done by the WSNA-represented nurses in the program. The Spokane NFP has served over 430 families since it began four years ago with measureable results in numerous areas including improved prenatal care, fewer

childhood injuries, and better results in school.

Through the NFP, public health nurses with specialized training visit first-time, low-income mothers in their homes, providing services to the women and their infant until the child is two years old. The goals of the program are to help first-time parents succeed and to improve pregnancy outcomes, child health and development, and the economic self-sufficiency of the family. Studies have shown that for every \$1 the government invests in the program, over \$5 is saved in other costs such as healthcare, CPS intervention, and criminal justice.

» Visit The Spokesman-Review at <http://bit.ly/SpokesmanNFP> to read the full article about the expansion of the Nurse Family Partnership.

ARE YOU PREPARED?

Are you prepared for a disaster or emergency? Citizen Corps has created a new library of webinars to help you prepare. In the wake of recent natural disasters such as Hurricane Irene, now is a critical time to promote preparedness education. The Community Preparedness Webinar Series provides up-to-date information on community preparedness and resources available to citizens and community organizations. Visit www.citizencorps.gov/news/npm2011webinars.shtm to view the series of preparedness webinars. Topics include preparedness for youth, schools, aging Americans, and earthquakes.

» Citizen Corps is coordinated nationally by FEMA. In this capacity, FEMA works closely with other federal entities, state and local governments, first responders and emergency managers, and volunteers. For more information about Citizen Corps, visit www.citizencorps.gov.

WSU DOCTORAL STUDENT SELECTED TO LEAD NATIONAL NURSING SIMULATION INITIATIVES

Janet Willhaus, a nursing PhD student and teaching assistant, was recently selected as the scholar in residence for the New York-based National League for Nursing (NLN), a professional organization for nurse faculty and leaders in nursing education.

The role is a new position for the NLN, and Willhaus has been appointed for one year. Willhaus will provide direction on NLN initiatives to advance the use of simulation in nursing education, including efforts to increase faculty development in simulation program offerings and expansion of the Simulation Innovation Resource Center Web site.

Nursing simulation involves the use of a manikin to practice key skills such as inserting an IV and monitoring changes in health. It allows students to practice nursing in a safe setting on a "patient" who responds in a realistic manner—high-fidelity manikins can talk, sweat, bleed, experience changes in blood pressure, and even cry. Simulation also enables students to practice working as a team to deliver the best patient care.



ANA RELEASES NEW SOCIAL NETWORKING PRINCIPLES

Given the pervasiveness of social media, ANA has released its Principles for Social Networking and the Nurse: Guidance for the Registered Nurse, a resource to guide nurses and nursing students in how they maintain professional standards in new media environments.

“The principles are informed by professional foundational documents including the Code of Ethics for Nurses and standards of practice. Nurses and nursing students have an obligation to understand the nature, benefits, and potential consequences of participating in social networking,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “These principles provide guidelines for nurses, who have a responsibility to maintain professional standards in a world in which communication is ever-changing.”

The number of individuals using social networking is growing at an astounding rate. Facebook reports that there are 150 million accounts in the United States while Twitter manages more than 140 million ‘tweets’ daily. Nurses face risks when they use social media inappropriately, including disciplinary action by the state board of nursing, loss of employment and legal consequences.

ANA’s e-publication, ANA’s Principles for Social Networking and the Nurse provides guidance to registered nurses on using social networking media in a way that protects patients’ privacy and confidentiality. The publication also provides

guidance to registered nurses on how to maintain, when using social networking media, the nine provisions of the Code of Ethics for Nurses with Interpretive Statements; the standards found in Nursing: Scope and Standards of Practice; and nurses’ responsibility to society as defined in Nursing’s Social Policy Statement: The Essence of the Profession.

» This publication is available as a downloadable, searchable PDF, which is compatible with most e-readers. It is free to ANA members on the Members-Only Section of www.nursingworld.org. Members are also encouraged to visit ANA’s Social Networking Toolkit website at www.nursingworld.org/socialnetworkingtoolkit

ANA SUPPORTS EFFORTS TO EMPOWER AMERICANS TO GET BETTER HEALTH CARE

ANA has signed on as a partner with the “Care About Your Care” campaign, a national initiative to increase awareness about how critically important it is that Americans take an active role in managing their health and making informed health care decisions. Visit www.CareAboutYourCare.org to watch a replay of the live broadcast of the national Care About Your Care event with TV’s Dr. Oz, Dr. Risa Lavizzo-Mourey, Dr. Farzad Mostashari and Dr. Carolyn Clancy, as they discuss efforts to engage patients in their care.

Convened by the Robert Wood Johnson Foundation, the campaign is supported by the U.S. Department of Health and Human Services’ Agency for Healthcare Research and Quality, the Office of the National Coordinator for Health Information Technology. A key element of the effort is a new website, www.CareAboutYourCare.org, which includes extensive resources to help Americans understand, identify and receive high-quality health care.

AHRQ AND ANA OFFER FREE CE FOR NURSES ABOUT EVIDENCE-BASED PRACTICE AND RESEARCH

Free online continuing education (CE) programs, sponsored by the Agency for Healthcare Research and Quality (AHRQ), are now available for access. These programs highlight research findings in patient-centered outcomes research, also known as comparative effectiveness research. The programs address a variety of therapeutic and disease areas, many of which apply to the roles and interests of nurses in all settings. New accredited content will be added on a monthly basis through September 2012. The CE is provided by PRIME Education, Inc. (PRIME®) which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

» Visit <http://ce.effectivehealthcare.ahrq.gov/continuing-education/Nurse> to view CE courses available through AHRQ. For more information about ANA’s education on evidence-based practice and research, visit <http://tiny.cc/bqea8>

ANA HOLDS CONGRESSIONAL BRIEFING IN SUPPORT OF HOME HEALTH CARE LEGISLATION

ANA held a Congressional briefing on Sept. 27 in Washington, D.C., urging lawmakers to support the bipartisan “Home Health Care Planning Improvement Act of 2011” (H.R. 2267, S.227). The bill would remove a barrier to practice in Medicare by ensuring APRNs can sign home health plans—the current law puts an undue burden on the patient, leading to delays in home health services and increased costs for patients. During the briefing ANA also highlighted compelling results from a new study that found implementation of the law will lead to a cost savings of \$309 million over ten years for Medicare.

Re-introduced in the 112th Congress by Representatives Greg Walden (R-OR) and Allyson Schwartz (D-PA) and Senators Susan Collins (R-ME) and Kent Conrad (D-ND), the bill would allow advanced practice registered nurses (APRNs) – nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse midwives (CNMs), physician assistants (PAs) – to order home health services and fulfill the face-to-face requirement in accordance to state law. Currently, a quirk in Medicare law has prevented APRNs from having the authority to sign home health plans and certify Medicare patients for the home health benefit. Despite their proven track record in providing timely access to quality patient care, APRNs remain unable to order home health services for their Medicare patients.

The Congressional briefing is the latest step in ANA’s ongoing efforts to advocate for passage of the Home Health Care Planning Improvement Act of 2011. ANA also hosted a Home Health Virtual Lobby Day, enabling hundreds of nurses across the country to contact their members of Congress and urge them to support this legislation.

The bill is supported by the American Academy of Nurse Practitioners, American Academy of Physician Assistants, the American College of Nurse Midwives, the American College of Nurse Practitioners, the National Association of Home Care and Hospice, and the Visiting Nurse Associations of America.

► To learn more about ANA’s work on the home health care issue, visit www.naction.org/homehealth

Upcoming Events

WSNA Nurse Legislative Day

February 13, 2012

Olympia, WA

WSNA Hall of Fame

March 27, 2012

Seattle, WA

ANA House of Delegates

June 13, 2012 - June 16, 2012

Washington, D.C.

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NFN on the Ground in Montana to Support Nurses' Fight for Fair Contract

The NFN is stepping up activity for nurses at Marcus Daly Memorial Hospital and members of the Montana Nurses Association. NFN recently had a letter of support published in the Missoulian and Ravalli Republic for the nurses at Marcus Daly Memorial Hospital who are fighting to secure third-party dispute resolution in their contract.

NFN President, Barbara Crane, RN, also flew to Hamilton, MT, to join 50 nurses (all members of the Montana Nurses Association) and other labor leaders on the picket line to help show the far-reaching impact of this issue and its importance to patient care.

Here is an excerpt from the letter:

"This issue involves more than the 50 nurses referenced in the article but rather our entire community.

The number one priority for nurses is patient care. At any time, you might find yourself or a loved one in need of care, and a nurse will be the first person at your side.

But, in order to provide this care for our patients, we must have fair and safe working conditions in place that protect us on the job. These include provisions that help us lift and move patients without injury to ourselves or the people in our care, ensure we aren't assigned too many patients at once so we can provide effective, attentive care, and provide security to allow us to do our jobs without fear of undue termination or discipline.

Having a fair collective bargaining process in our contracts—that allows for the use of an impartial third party to resolve disputes—is the only way we can ensure these protections are in place."

Please show your support for these nurses and their patients in Montana as well as nurses everywhere who are having to defend the collective bargaining rights they've worked so hard to secure.

» Visit www.nfn.org for updates and information on how you can help.

STAY IN TOUCH WITH NFN!

Receive quarterly updates straight to your inbox. Get the info you need from your national union to stay up to date on nursing and labor news that affect your workplace and patient care.

Be sure to sign up for the e-newsletter and be sure to send it on to interested colleagues and friends. Also, join the conversation and movement on Facebook at www.facebook.com/nfn.org.

An Inside Look at What's Next for the Repeal of SB5 in Ohio

Senate Bill 5, which was crammed through the Legislature earlier this year, would strip workers in Ohio of the right to collectively bargain for fair and safe workplace conditions. Now NFN, the Ohio Nurses Association and the entire We Are Ohio Coalition are working diligently to repeal the bill on November's ballot, and you can help!

First, some background. For nurses, this legislation is quite literally a matter of life or death. Collective bargaining allows us to make sure there are safety provisions in place that protect nurses and, more importantly, our patients. These include policies that ensure nurses aren't assigned to too many patients at once or forced to lift heavier patients without the right safety equipment, which can lead to mistakes, injuries and death.

In addition to nurses, this legislation is detrimental to workers across the board as well as our economy.

Today, in Ohio, experts on women's workplace issues and women from Ohio's workforce detailed their concern about how SB5 would be disproportionately detrimental to working women in Ohio and will only exacerbate the current jobs crisis. Moderated by former state senator Gene Branstool, the panel included the perspective of Ohio Nurses Association's deputy executive officer of Labor Relations, Kelly Trautner, who discussed the legal aspects of collectively bargaining that protect women in the workplace and the threat SB5 has in eliminating these hard fought gains for women.

» Read more about this fight and how you can help at www.nfn.org

King County Nurses Association

DISTRICT 2

If you are looking for continuing education opportunities—for professional growth and re-licensure—you will want to keep an eye on King County Nurses Association this fall. KCNA is planning the following events, each of which offers nursing education credits. For more details and registration, visit www.kcnurses.org or call 206.545.0603.

East Meets West: Understanding Chinese Medicine and Qi Gong

November 8: 5:30–8:00 pm

This workshop will help you become knowledgeable about the history of Chinese medicine and its modern clinical applications within integrated healthcare settings. The information provided will be helpful in clinical practice in interactions with patients. Qi Gong is a Chinese exercise combining physical postures, breathing techniques, and mental focus. Qi Gong exercises are becoming an increasingly popular way to reduce pain, lower blood pressure, and strengthen the immune system.

Nursing Summit

November 19, 8 am–12:30 pm

The Nursing Summit will address ongoing concerns in nursing and the King County community:

PUBLIC HEALTH RESERVE CORPS

RNs can take the first step to becoming a member of the Public Health Reserve Corp by completing a 1.5-hour orientation. Once a member, nurses are eligible to volunteer with a variety of projects to

help the homeless, including flu shots and health clinics.

HELPING THE HOMELESS IN KING COUNTY

This panel discussion, led by nurses who work with the homeless, is sponsored by the KCNA Neighborhood Health Special Interest Group.

NAVIGATING A NURSING CAREER IN CHALLENGING TIMES

This workshop will feature speakers well versed in helping nurses get what they want out of their careers – finding that first job, surviving the first year or two on the job, changing jobs or specialties, becoming (or identifying) a mentor. This event is sponsored by the KCNA Membership and Public Relations Committee.

All participants will have the opportunity to help pack 400 cold kits to be distributed to vendors of Real Change, a newspaper that addresses homeless issues. Registration is free to KCNA members; box lunches, handouts and nursing education credits will be provided.

So You Want to Renew Your RN License?

November 21, 5:30–8:30 pm

A continuing competency program for nurses promotes patient safety, public protection and enhances the nursing profession. The Nursing Care Quality Assurance Commission new rules went into effect January 2011 regarding continuing competency for registered nurses; this workshop is designed to provide the latest information and review the individual nurse's responsibilities in compliance. This event, sponsored by the King County Nurses Association Nursing Practice Committee, will provide all the details of the new program and helpful tips for compliance.

Inland Empire Nurses Association

DISTRICT 4

IENA Elections were held in July for the IENA Board of Directors. **Louanne Hausmann** will be assuming the roll of president for IENA in November. **Vivian Hill** will be the new President-elect and **Nancy O'Leary** will be joining us on the Nominating Committee, which will also be my new role. We have open positions available so please contact our office if you are interested in being involved with your local district. Your professional experience is invaluable in promoting the nursing profession and advocating for health and safety in our community. Please contact Administrative Secretary JoAnn Kaiser at iena@aimcomm.net.

We hope you will take time out of your busy schedules to participate in some of the events sponsored by your local WSNA district. Be sure to let us know if you have nursing or other healthcare events in your communities or workplaces and we will happily spread the word to our members on our web or Facebook pages.

The Inland Empire Nurses Association hosted our **Annual Legislative Reception** on Tuesday, October 4, 5:30 PM, at the Red Lion Inn at the Park in the Skyline Ballroom in Spokane. Many nurses took advantage of this great opportunity for legislators, nurses, advance practice nurses, and nurse educators to discuss the critical issues we face today and potential changes in the future of healthcare. If you'd like to be notified of upcoming events, please send us your email address at iena@aimcomm.net or submit your email address via the link on our webpage at www.spokanenurses.org.

In January, we will host the Local Unit Chair **"Dinner on Us."** This is IENA's opportunity to strengthen our connec-

tion with your WSNA LUC's and discover opportunities to support the wonderful nurses in our community.

February 13th is **Nurse Legislative Day** in Olympia. IENA will again be sponsoring a bus to Olympia. More details will be available in January on our website at www.spokanenurses.org.

Please visit the Inland Empire Nurses Association at **Facebook**. Find out about upcoming events, read our comments and learn more from our nursing links. Be sure to check the website often for updated information including educational offerings and community events www.spokanenurses.org. Come and join us!

Michele Slider, RN, MSN
IENA President

Special Benefits for WSNA Members Who Enroll at WGU Washington

The Washington State Nurses Association has chosen to partner with Western Governors University Washington, the new state-endorsed online university. The partnership was created to help WSNA members achieve their career goals by advancing their education.

The partnership provides the following benefits to WSNA members:

- Waiver of the \$65 application fee
- A 5% tuition discount
- Eligibility to apply for a WSNA scholarship

WGU Washington offers affordable tuition, rigorous yet flexible coursework, the personalized support of an assigned mentor, and degree programs that are accredited and recognized for their quality. The university offers more than 50 online bachelor's and master's degree programs in Business, Information Technology, and Healthcare, including Nursing.

For more information about WGU Washington and how to take advantage of WSNA partner benefits, visit washington.wgu.edu/WSNA or call 1.877.214.7004.

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As part of the partnership, WSNA members and employees are entitled to the following benefits:

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EFT — An Update

By Patrick McGraw

An important change in timing should be noted for members who pay their dues via electronic funds transfer or EFT.

As discussed in the Membership Update for Summer 2011, EFT is a monthly alternative to annual or installment dues payments. A member who pays dues via EFT would have an amount withdrawn from a checking account on a monthly basis.

Prior to September 2011, WSNA processed the payment of dues via EFT between the 13th and 15th of each month.

Effective September 2011, the deduction of membership dues via EFT will now be processed by WSNA between the 18th and 20th of each month.

As a reminder, a modification to the amount of dues withdrawn or cancellation of the authorization must be made in writing to WSNA twenty (20) days prior to the deduction date.

Please contact the membership department for any questions related to the payment of your dues by phone at 206.575.7979, by fax at 206.838.3099 or by email at membership@wsna.org.

Thank you for being a part of WSNA.

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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

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.*

IN MEMORIAM

**Anna Katherine
"Katie" Keiper, RN****1951-2011**

Anna Katherine "Katie" Keiper, RN, PhC, 60, died July 20, 2011 after a courageous battle with breast cancer. Katie was born April 28, 1951 in Santa Barbara. She is survived by her husband, Robert Wallace, his sons and daughters; father Bruce Keiper, his wife Jeanette and her son and daughters; brother Jay Keiper, his wife Monica and their daughter; and a loving extended family of cousins, nieces, grandchildren, and close friends. Katie was preceded in death by her mother, Lavonne Lby and brother Joel Keiper.

Katie grew up in Santa Barbara and surrounding area including Cuyama Valley and Santa Maria. She graduated from Santa Barbara High School and Mesa College in San Diego. She received her nursing degree (BSN) from Southern Oregon State College and a Master degree (MHA) and PhC from the University of Washington. The focus of her doctoral work at the UW was on evaluating responsible conduct of research. Katie worked for 26 years at Harborview and the UW Medical Center.

She loved quilting, scrapbooking, music, QVC, and all things Disney. She was a loving, giving and caring person with a zest for life. Her joy and optimism will be greatly missed by all who knew her.

Remembrances may be sent to the Katie Keiper Scholarship Fund, UW School of Nursing, Box 357260, Seattle, WA 98195.

**WSNF Scholarship Applications
Now Available****Apply Today or Recommend a Deserving Nursing Student**

The Washington State Nurses Foundation (WSNF) annually awards a minimum of four \$1,000 scholarships to qualified students preparing for a career as registered nurses in Washington State.

The primary goal of the Foundation is to advance the nursing profession and facilitate nursing's contribution to the health of the community. Currently, nursing is experiencing a shortage that is predicted to continue for several years to come. Now, in these turbulent times of health care, nursing has an opportunity to gain much for the profession and for the health of the community. Our nursing student scholarships help to advance the profession by assisting bright students achieve their educational goals.

Scholarships are awarded on the basis of academic performance, nursing leadership, school and community involvement, professional activities, and commitment to the Washington State Nurses Association (WSNA).

Eligibility

Undergraduate student applicants must be enrolled in an approved program leading to an associate or baccalaureate nursing degree, and must have completed at least 12 nursing credits. Graduate student applicants must be admitted to an approved graduate nursing program to be eligible to apply for a scholarship. Applicants must be either a resident of Washington State or enrolled in an approved RN program in Washington State. For full details, visit www.wsna.org/wsnf.

**Application Deadline
& Scholarship Award Date**

Materials must be postmarked by February 11, 2011 and scholarship award announcements will be made by April 15, 2011.

Help Fund WSNF Scholarships!

The Foundation is always accepting donations. Your gift will help sustain our support for nurses and nursing students of the future. For more information just visit www.wsna.org/wsnf, call the WSNA office at 1.206.575.7979, or send an email to wsnf@wsna.org. We will be happy to answer your questions.

» Visit www.wsna.org/wsnf to download an application or to recommend a student for consideration.

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SAVE THE DATE

CEARP Provider Orientation March 2, 2012

Are you considering applying to have your CNE approved by WSNA?

Are you a new planner for provision of CNE for your organization?

WSNA is an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Please plan to attend this orientation session to learn the WSNA Continuing Education Approval and Recognition Program (CEARP) process for approval. We will review the forms, highlight requirements for approval, and answer questions.

CEARP Committee Seeks Additional Members

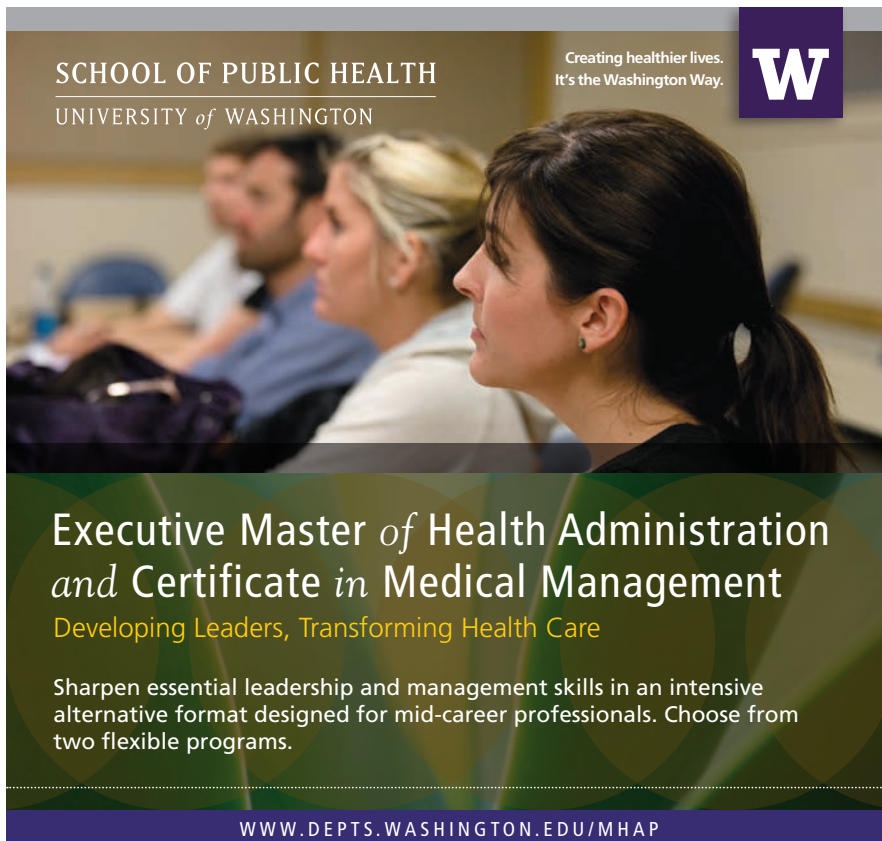
Functions of the Committee are to review and approve continuing nursing education activities, covering a range of topics, for approval of contact hours from a variety of applicants including hospitals, community colleges, universities and commercial entities.

Criteria for appointment include: masters degree in nursing, previous experience in successfully planning continuing nursing education offerings (i.e., writing behavioral objectives, developing evaluations, designing content) for adult learners; member of WSNA; time to review about two applications a month; able to attend two Continuing Education Approval & Recognition Program Committee meetings, and participate in two 1.5-hour teleconferences each year. Volunteer yourself and a friend. This experience provides a valuable needed service to nurses in Washington State. Your careful evaluation of applications will help assure that educational activities meet the standards set by ANCC for continuing nursing education.

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

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

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Get Connected    

Continuing Education Calendar

NOVEMBER 2011

Exploring Reiki in Nursing Practice at 8 AM-10:15 AM and Reiki I in Nursing Practice at 10:45-4:15 PM Soar With the Eagles; November 4th, 2011: Healing Spirit, 207 SW 7th Ave., Kelso, WA; Contact Hours: 2.0 and 4.0; Fee: \$35 and \$85; Information and registration: <http://reikitrainingfornurses.com>

Immediate Response – Essential Skills for Urgent Clinical Situations

November 8, 2011; Fee: \$265; Contact Hours: 7 **C**

East Meets West: Understanding Chinese

Medicine and Qi Gong King County Nurses Association/Seattle; November 8, 2011; Fee: \$40/KCNA member, \$50/nonmember, \$25/student; Contact Hours: 1.0; Register at www.kcnurses.org

Wound Management Update 2011 – Successful

Wound Care: It Takes a Team November 17-18, 2011; Fee: \$345/\$325; Contact Hours: 13.7 **C**

Fall Nursing Summit: Helping the

Homeless King County Nurses Association/Seattle; November 19, 2011; Fee: No charge for KCNA members and students, \$25/nonmember; Contact Hours: 1.0; Register at www.kcnurses.org

JANUARY 2012

Medical-Surgical Review and Update—Onsite—Winter 2012 January 12–April 12, 2012; Fee: \$695/\$645; Contact Hours: 42.5, Contact: <http://uwcne.net/secure/display3.asp?SKU=12134-SP>

The Changing World of Diabetes—Update

2012 January 18, 2012; Fee: \$245/\$225; Contact Hours: 7.3 (2.3 pharm hours), Contact: <http://uwcne.net/secure/display3.asp?SKU=12111-C>

Foot Care

King County Nurses Association/Seattle; January 30, 2012; Fee: \$40/KCNA member, \$50/nonmember, \$25/student; Contact Hours: 2.0; Register at www.kcnurses.org

INDEPENDENT SELF STUDY COURSES

AIDS: Essential Information for the Health Care Professional

Contact Hours: 7.0; Fees: \$55 **D**

Breaking the Cycle of Depression

Contact Hours: 14.0 **C**

Central Venous Catheter Infections: The Link between Practice and Infection Rates

Contact Hours: 1.0; Fee: \$10 **C**

Clinical Pharmacology Series

Contact Hours: 7 – 8.0; Fee: \$195 / 175* **C**

Domestic Violence

Contact Hours: 2.0; Fee: \$20 **C**

Ethics as a Compass: A Model for Dealing with Complex Issues in Patient Care

Contact Hours: 7.4; Fees: \$195 **C**

Ethics Related to Nursing Practice

Contact Hours: 9; Fees: \$200 **D**

Everyday Encounters: Communication Skills for Successful Triage

Contact Hours: 1.4 **A**

Geriatric Health Promotion

Lecture Series Contact Hours: 63 Fee: \$395; 1.5 Fee: \$30 **C**

Hepatitis Case Studies

Contact Hours: .5 **C**

Hepatitis Web Studies

Contact Hours: .5 **C**

Health Assessment and Documentation

Contact Hours: 20; Fees: \$150 **D**

High Cholesterol Pt. 1: Western

Medicine Contact Hours: 7; Fee: \$50; Contact: www.healthcmi.com

High Cholesterol Pt. 2: Chinese

Medicine Theory Contact Hours: 4; Fee: \$50; Contact: www.healthcmi.com

High Cholesterol Pt. 3: Chinese

Medicine Dietetics Fee: \$50; Contact Hours: 12; Contact: www.healthcmi.com

HIV / AIDS

Contact Hours: 7.0; Fee: \$95 / \$85 **C**

IMPACT: Web-Based Training in Evidence Based Depression Care Management

Contact Hours: 12.4 **C**

Legal Issues & Trends in Telephone Triage

Contact Hours: 1.2 **A**

Legal Issues in Nursing

Contact Hours: 4.0; Fees: \$120 **D**

Legal Risks of Remote Triage

Contact Hours: 1.0 **A**

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 Spanish for Hospital Nurses

Contact Hours: 25 **B**

Medical Spanish for Office Nurses

Contact Hours: 25 **B**

Medical Spanish for NPs, Physicians and PAs – Course A

Contact Hours: 25 **B**

Medical Spanish for NPs, Physicians and PAs – Course B

Contact Hours: 25 **B**

Medical / Surgical Review and Update – 2012 “Enhance Medical Surgical Nursing Practice”

Contact Hours: 50 **C**

New Telehealth Technology: Legal Risks & Call Center Benefits

Contact Hours: 1.2 **A**

Nurse Grand Rounds

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* **C**

RN Refresher Course Fees

Theory: \$500; Health Assessment and Skills Review: \$500; Clinical Placement for Precept Clinical Experience: \$400 **D**

Telephone Triage Trivia

Contact Hours: 1.0 **A**

The Pain Management Dilemma

Contact Hours: 1.5; Contact: www.nphealthcarefoundation.org

Tubes & Drains Techniques, Tips & Troubleshooting

Contact Hours: 2.0 **C**

University of Washington Continuing Nursing Education

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Wound Academy – Course 1 (Wound Assessment & Preparation for Healing)

Fee: \$40; Contact Hours: 4.3 **C**

Wound Academy – Course 2 (Lower Extremities and Pressure for Ulcers)

Fee: \$60; Contact Hours: 6.8 **C**

Wound Academy – Course 3 (Dressing Selection & Infection)

Tuition; Fee: \$30; Contact Hours: 2.5 **C**

Wound Assessment and Documentation

Fee: \$60; Contact Hours: 2.0 **C**

Wound & Ostomy

Fee: \$60; Contact Hours: 2.0 **C**

CONTACTS

A Carol M. Stock & Associates

Carol M. Stock, JD, MN, RN
PO Box 31114
Seattle, WA 98103
(206) 789 – 0909
cstock@carolstock.com
www.carolstock.com/videos/communication.html

B Medical Spanish.com

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PO Box 190913
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keninalaska@gmail.com
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Washington State University
College of Nursing
Professional Development
2917 W. Fort George Wright Dr.
Spokane, WA 99224
509.324.7321 or 800.281.2589
www.icne.wsu.edu

CEARP Provider Update

November 11, 2011

8:30 am – 4:45 pm

All WSNA approved CEARP Provider Units are invited to get an update on the ANCC-COA Criteria and to discuss ways to address the issues you face day-to-day to implement these criteria.

Contact hours will be awarded for successful completion of this activity which requires attendance at the entire event and submission of a completed evaluation form.

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

WHEN: **November 11, 2011**
8:30 am registration
9:00 am to 4:45 pm program
Breakfast served from 6:30 am to 10 am. Lunch included.

WHERE: **Cedarbrook Lodge**
Close to SeaTac Airport; shuttle service available.
18525 36th Ave South
SeaTac, WA 98188
1-866-901-9268

WHO: **All approved provider unit staff**
New potential provider applicants welcome.
Space is limited.

COST: **\$130 or \$100 per person if multiple people from one organization register together**

LODGING: Overnight accommodations are available at **Cedarbrook** or the **Marriot Towne Place Suites** located nearby.

Fees at Marriott Towne Place Suites are discounted for WSNA events. Notify Reservation Desk at 1-253-796-6000, or email Tonia Ostronic at tonia.ostronic@marriott.com.



www.wsna.org/education

✂ Detach here

CEARP PROVIDER UPDATE **REGISTRATION**

First Name _____

Last Name & Credentials _____

Name of Provider Unit _____

Names & Credentials of Additional Attendees from Provider Unit

Address _____

City _____ State _____ Zip _____

Email _____

☐ **Check / Money Order** payable to WSNA is enclosed.

☐ Charge my **Visa / MasterCard**

Card Number

_____ - _____ - _____ - _____

Exp Date _____ / _____

Cardholder's Name

Cardholder's Signature

Total Fees

\$130 for one attendee.

\$100 per person for multiple attendees from a single provider unit.

\$ _____

Return this form to:

WSNA
Attn: Irene Mueller
575 Andover Park West, Suite 101
Seattle, WA 98188
(206) 575-1908 fax • (206) 575-7979, ext. 0 phone
imueller@wsna.org

WSNA LEGISLATIVE & ADVOCACY CAMP

THURSDAY, JANUARY 12, 2012

10:30am - 4:30pm

Governor Hotel, Olympia
621 South Capitol Way

5:00 pm - 7:00 pm *Reception with Legislators*

Waterstreet Café, Olympia
610 Water Street Southwest

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For detailed information, go to www.wsna.org



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