

The Washington Nurse

A Publication of the Washington State Nurses Association

Volume 41, No 4 Winter 2012

**The fight
to give
patients
safer care.**

It starts with safe staffing.



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.*

 **WASHINGTON STATE
NURSES ASSOCIATION**

www.wsna.org/legday

Contents



– Winter 2012 –

UP FRONT

- 5 **You Were Represented**
- 5 **Calendar**
- 6 **In Focus**

NEWS

- 8 **News Briefs**
- 9 **ANA News**
- 12 **District News**
KCNA & IENA

NURSING PRACTICE

- 14 **The Future of Nursing**
- 15 **Are You Protected from Liability?**

LABOR NEWS

- 20 *St. Joseph in Bellingham*
Fight for Respect and a Voice
- 21 *How-to: Protect Yourself*
by Documenting Unsafe Conditions
- 21 **Recently Settled Contracts**

LEGISLATIVE AFFAIRS

- 22 *Cover Story: Campaign*
for Patient Safety
- 27 **State Budget Crisis Continues**
- 30 **Budget Priorities for 2012 Legislative Session**
- 31 *Issue Brief: Hazardous*
Drugs in the Workplace
- 32 **Legislative & Health Policy Platform for 2012**

MEMBER NEWS

- 33 *The New Members List*
- 35 *In Memoriam:*
Hilda Boerhave Roberts
- 36 *March of Dimes Nurse*
of the Year Awards

EDUCATION

- 38 **Continuing Education Calendar**
- 41 **News & Upcoming WSNA Education Events**

– Spotlight 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.

WSNA BOARD OF DIRECTORS & STAFF

President

Julia A. Weinberg, RN – *Bow*

Vice President

Susan E Jacobson, RN, CCRN – *Yakima*

Secretary / Treasurer

Verlee Sutherland, MEd, MSN, RN – *Nine Mile Falls*

Chair, Cabinet on Economic & General Welfare

Kathy Ormsby, RN – *Yakima*

Chair, Professional Nursing & Health Care Council

Jeaux Rinehart, RN – *Seattle*

Chair, Legislative & Health Policy Council

Ed Dolle, RN – *Port Orchard*

Directors-at-Large

Pat Lombard – *Bellingham*

Jennifer Graves, RN, MS, ARNP – *Seattle*

Judi M. Lyons, RN – *Ellensburg*

Patricia Di Egidio Tobis – *Seattle*

Ann Whitley, RN – *Yakima*

Executive Director

Judith A. Huntington, MN, RN

Special Projects Manager

Darlene Delgado, RN

**Executive Administrative Assistant
to the Executive Director**

Barbara Bergeron

Bookkeeper

Mary Reed

**Assistant Executive Director,
Government Affairs and Operations**

Anne Tan Piazza

Senior Governmental Affairs Advisor

Sofia Aragon, JD, BSN, RN

Political Action Coordinator

Richard Burton

Communications Specialist

Lillie Cridland

Web & Communications Specialist

Ben Tilden

Contract Lobbyist

Tamara Warnke

Operations / Systems Administrator

Duncan Taylor

Membership Coordinator

Mary Peterson

Membership Processors

Patrick McGraw

Louise Hohbach

Membership Processor / Clerical Support

Kelly King

**Membership Processor /
Administrative Assistant, Labor Relations**

Shastie Steinsouer

Administrative Assistant, Programs & Operations

Hue Tran

Communications Processor

Kathryn MacLeod

Receptionist / Mail Clerk

Irene Mueller

**Assistant Executive Director,
Nursing Practice, Education & Research**

Sally Watkins, PhD, MS, RN

Education Specialist

Hilke Faber, MN, RN, FAAN

Occupational & Environmental Health Specialist

Karen R. Bowman, MN, RN, COHN-S

**Assistant Executive Director,
Labor Relations**

Christine Himmelsbach, MN, RN

Senior Labor Consultant

Barbara E. Frye, BSN, RN

Assistant Director, Labor Relations

Margaret Conley, RN, ARNP

General / Corporate Counsel

Timothy Sears

General Counsel

Laura Anderson

Michael Sanderson

Paralegal

Maria Pettit

Nurse Representatives

Debra Bessmer, BSN, RN

Sara Frey, JD, BSN, RN

Barbara Friesen, BSN, RN

Carmen Garrison BSN, RN

Kathi Landon, RN

Judy Marken, BSN, RN

Pat McClure, RN

Jaclyn Perkins, BSN, RN

Michele Rose, BSN, RN

Hanna Welander, BSN, RN

Terri Williams, RN

Ed Zercher, BSN, RN

Nurse Organizers

Jan Bussert, BSN, RN

Tara Goode, BA, BSN, RN

Mara Kieval, BSN, RN

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

The Washington Nurse (ISSN# 0734-5666) newsmagazine is published quarterly by the Washington State Nurses Association. It is distributed as a benefit of membership to all WSNA members. A member rate of \$10 per year is included in WSNA membership dues. Institutional subscription rate is \$30 per year (Canada/Mexico: US \$36 per year; Foreign: US \$49 per year).

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 2012, WSNA. No part of this publication may be reproduced without permission.

ADVERTISING

Information on advertising rates may be obtained on the WSNA website or by contacting the WSNA Business Agent at 206.575.7979. Advertising deadlines are: March 1, June 1, September 1, and December 1. Advertising will be accepted on a first come, first served basis for preferred positions, pending space availability. WSNA reserves the right to reject advertising. Paid advertisements in *The Washington Nurse* do not necessarily reflect the endorsement of the WSNA Members, Staff or Organization.

CONTRIBUTOR GUIDELINES

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 last three months.*

- 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
- ANA Constituent Member State annual lobbyist meeting
- ANA Constituent Assembly
- ARNP Coalition Meeting
- Council of Nurse Educators for Washington State (CNEWS)
- Collaborative on a Healthy Environment (CHE-WA)
- Department of Health (DOH) Healthcare Associated Infections Advisory Committee
- DOH Sunrise Review Study on Medical Assistants
- Department of Labor and Industries rule-making on hazardous drug exposure
- Federal Basic Health Option legislative advisory committee
- Health Care Access Coalition (to maintain access to medications)
- Health Care Without Harm
- Health Coalition for Children and Youth
- Healthy Washington Coalition to Healthy Washington Steering Committee
- Inland Empire Nurses Association annual legislative reception
- March of Dimes 'Nurse of the Year' celebration for Western Washington including Selection Committee
- NFN National Executive Board meetings & National Advisory Board meetings
- Northwest Organization of Nurse Executives (NWONE) Nursing Education & Practice Commission
- 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
- NSO Advisory Board
- Nursing Students of Washington State (NSWS) Board meetings
- Northwest Parish Nurse conference
- Office of the Chief Medical Officer, CMS, Region X, HHS
- Public Health Emergency Preparedness and Response (PHEPR) Program Joint Advisory Committee
- Public Health Funding Roundtable
- Puget Sound Health Alliance and Consumer Engagement Team meetings
- Racial Equity Team
- Rebuilding Our Economic Future Coalition
- RWJF "IOM Report on Future of Nursing" WA-RAC planning
- Ruckelshaus Safe Staffing Steering Committee Meetings
- Toxic Free Legacy Coalition
- United Labor Lobby
- Washington Center for Nursing (WCN) Board Meetings
- WCN Faculty Compensation workgroup for Master Plan for Education
- Washington Regional Action Coalition (WNAC) Steering Committee
- WNAC Statewide conference on IOM Future of Nursing recommendations
- Washington Chapter of Physicians for Social Responsibility
- Washington Community Action Network (WA-CAN) Rally in Olympia
- Washington Health Foundation Board Meeting
- Washington Patient Safety Steering Committee and Medication Safety initiative
- Washington State Board of Community and Technical Colleges
- Washington State Labor Council Legislative Labor Caucus
- Washington State Labor Council Political Committee
- Washington State Joint Conference on Health
- Washington State Public Health Association Board meeting
- Washington Toxics Coalition
- Wednesday Night Study Group Health Professions Lobby yearly retreat
- Western Governors University-Washington

Calendar

FEBRUARY

- 4 Professional Nursing and Health Care Council
- 11 WSNA Culture of Safety Workshop – Jackson Hall, Tacoma, WA
- 12 Legislative and Health Policy Council and WSNA-PAC – Olympia, WA
- 13 WSNA Legislative Day – Great Wolf Lodge, Grand Mound, WA
- 17 Finance / Executive Committees
- 20 Presidents' Day Observed **OFFICE CLOSED**
- 23-24 NFN Board Meetings – Portland, OR

MARCH

- 2 CEARP Committee
- 5 Washington State Nurses Foundation Board of Trustees
- 10 Nursing Students of Washington State Convention – Great Wolf Lodge, Grand Mound, WA
- 14 WSNA Culture of Safety Workshop – Vancouver, WA
- 27 Board of Directors
- 27 2012 WSNA Hall of Fame Event – Salty's on Alki, Seattle, WA
- 28 WSNA Board of Directors

APRIL

- 17 WSNA Continued Competency Workshop – Yakima, WA
- 25 WSNA Culture of Safety Workshop – Skagit Valley Casino, Bow, WA
- 26 CEARP Committee
- 26-27 CNEWS – Spokane, WA

MAY

- 3-6 NFN Labor Academy and NFN Board Meeting – Chicago, IL
- 18-23 International Congress of Nursing (ICN) – Melbourne, Australia
- 21 WSNA Board of Directors
- 28 Memorial Day Observed **OFFICE CLOSED**

—
More...

June 13-16, 2012

ANA House of Delegates

September 22-25, 2012

WSNA Leadership Conference



By Julia Weinberg, RN
WSNA President

We begin the new year much like we ended the last year, fighting against dangerous budget cuts. Our work and the work of our Legislators during Special Session did not solve the two billion dollar budget crisis facing us in 2012. We must continue to push back against an all-cuts budget that would slash essential health programs. Keeping our health infrastructure intact—such as our public health systems, the basic health plan, disability lifeline and other safety net programs—must be our top budgetary priority. It's time to raise revenue in Washington to ensure that we are protecting our most vulnerable in this state.

We know that this will be an ongoing struggle; one that will require all of our best efforts, our resolve and our unity. We also know, as nurses, that the time has come to take a stand on staffing.

We are also embarking on a new challenge in 2012. With the launch of the **Campaign for Patient Safety**, WSNA is bringing together all aspects of our organization to fight for safe nurse staffing. We know that this will be an ongoing struggle; one that will require all of our best efforts, our resolve and our unity. We also know, as nurses, that the time has come to take a stand on staffing.

Across the state, our staffing committees have had mixed results. Some have achieved partial success under the law while others are nonexistent or dysfunctional, to say the least. Of course, inadequate staffing leads to missed breaks and stopgap measures like mandatory call. These shortcut solutions come with

a price – increased fatigue and burn out. What we need is a real solution and that means getting our staffing levels up to where they need to be so that each of us can provide the highest level of care.

We have tried a staffing law that relies on voluntary cooperation and the belief that management and staff nurses should be able to work together towards common goals. Many people from WSNA, SEIU, UFCW, Washington State Hospital Association (WSHA) and Northwest Organization of Nurse Executives (NNONE) have spent countless hours in mediated sessions through the Ruckelshaus process to come to agreements on issues of staffing and breaks. These good faith efforts have fallen short. What we need now is new legislation, specifically, a law that has teeth and that will guarantee we have safe staffing standards in Washington.

I am energized and hopeful. Looking forward, I ask myself what will keep me charging forward. There is much going on right now that can derail us or leave us depressed, hopeless and apathetic. Yet on the other hand, when I look around, read the papers, or watch the news, there are people everywhere speaking out, marching, chanting and organizing. People are standing up and fighting against the status quo.

The list includes the movement of the 99%; Occupy Wall Street; the 'We are One' labor union movement; the recall election of the governor in Wisconsin; the amazing win recently in Ohio on the referendum vote of the people to overturn SB5; and it goes on and on.

Nurses are standing up for themselves and for their patients. I recently attended a rally in Bellingham to support our St. Joseph Hospital nurses who felt they were not being heard and given the respect

they deserved. Management brought in consultants who told them to restructure and switch every nurse to eight hour shifts. Nurses had no meaningful input. The nurses knew that focusing on shift lengths instead of staffing, missed breaks, and overtime, would not solve anything. Through incredible unity and effort, those nurses stopped unilateral implementation and brought management back into meaningful conversations

At facility after facility, nurses are holding firm during very difficult contract negotiations to keep both patient safety and nurse safety as top priorities. In particular, when it comes to floating to different units, nurses are insisting on appropriate training and on a better process for identifying when it makes sense to float and how often. Nurses are also standing up and speaking out when layoffs and restructures happen to let the public know when patient care is at risk.

Do you see a trend here? I do. Do you see the power in the voices and the actions of empowered nurses here? I do.

I have a nurse colleague who compared nursing to a sleeping giant. She wondered what the limits to our power would be if we awakened and spoke together, not just in Washington but all across this country. Not only is this vision becoming a reality, but we are leading the way. With the Campaign for Patient Safety, WSNA is at the forefront of nursing issues in this country. It's an exciting time and an opportunity for each one of us to have an impact in our workplaces, in this state, and beyond.

We need to drive home the message that registered nurses are the beating heart of health care and not a cost driver. In fact, we are a revenue generator. Since 2010, hospitals and others have been paid for performance and standards will only get

stricter and better defined in July of 2012. Having appropriate staffing models with enough registered nurses to provide safe patient care does benefit the bottom line. We are the ones who ensure that hospitals meet their performance goals. We are the ones responsible for the clinical care outcomes every day and every shift. When you decrease or eliminate 'never events' from happening in the first place, dollars are saved.

To change a culture takes time and commitment from all involved. Change will not occur overnight or because we do the education. Change will occur when employers and employees determine change is needed and required by all. Then, and only then, will the culture change for the better. WSNA has already been working to educate our members and hospital administrators about creating a Culture of Safety in hospitals. Reducing errors takes effort from every person at every level of a hospital. Eliminating errors means focusing on improving systems and procedures, not punitive measures for individuals.

This education goes hand in hand with the legislative work we are doing now. It is time for nurses to stand up and stand together. As the providers at the bedside, we are the ones who know our patients and know this health care system. Our Legislators need to hear from us and the public needs to hear from us. Let's use our powerful voice for powerful change. Nurses, united, will never be divided! WSNA—leading the way! ■



SCHOOL OF PUBLIC HEALTH
UNIVERSITY of WASHINGTON

Creating healthier lives.
It's the Washington Way.



Executive Master of Health Administration and Certificate in Medical Management

Developing Leaders, Transforming Health Care

Sharpen essential leadership and management skills in an intensive alternative format designed for mid-career professionals. Choose from two flexible programs.

WWW.DEPTS.WASHINGTON.EDU/MHAP



COLLEGE OF NURSING
75
ANNIVERSARY

Lead. Serve. Empower.
Educating caring nurses for 75 years.

Seattle University College of Nursing

Master of Science in Nursing

Choose from the following options:

- Advanced Community/Public Health Nursing
- Family Primary Care Nurse Practitioner
- Psychiatric-Mental Health Nurse Practitioner (Addictions Focus)
- Gerontological Nurse Practitioner
- Nurse Midwifery

Monthly MSN Information Sessions offered.



SEATTLE UNIVERSITY

Contact (206) 296-5660, nurse@seattleu.edu or visit www.seattleu.edu/nursing



NURSES KEEP TOP SPOT FOR HONESTY AND ETHICS IN POLL RANKING PROFESSIONS

For the 12th year, nurses were voted **the most trusted profession in America** in Gallup’s annual survey that ranks professions based on their honesty and ethical standards. Eighty-four percent of Americans rated nurses’ honesty and ethical standards as “very high” or “high.”

Since the profession’s first appearance in the poll in 1999, nurses have received the highest ranking each year except in 2001, when firefighters ranked first.

Nurses consistently demonstrate honesty and high ethical standards in their everyday dealings with patients and their families. However, a recent high-profile legal case underscored the commitment nurses demonstrate to patient safety and quality. In 2009, two Texas nurses reported a physician at their hospital for unsafe practices. The nurses withstood intimidation and criminal charges, but held firm to their principles. Justice ultimately prevailed when the legal battles concluded in November. Four individuals involved with bringing charges against the nurses were either convicted or pled guilty to misuse of official information and retaliation.

AMERICAN ACADEMY OF NURSING INDUCTS 5 WASHINGTON STATE NURSES AS FAANS

The American Academy of Nurses (AAN) inducted five Washington State nurses into their 2011 class of 142 new Fellows at their 38th annual meeting and conference in Washington DC on October 15th. The new AAN Fellows from Washington State are:

- Betty Bekemeir, PhD, MPH, MSN, RN, University of Washington
- Cynthia Dougherty, PhD, ARNP, RN, University of Washington
- Brenda Zierler, PhD, RVT, RN, University of Washington
- Neva Crogan-Pomilla, PhD, GCNS-BS, GNP-BC, RN, Washington State University
- Lori Loan, PhD, RNC-NIC, Madigan Healthcare Systems

The Academy serves the public and the nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. Every day across America, the Academy and its members create and execute knowledge-driven and policy-related initiatives to drive reform of America’s health care system. The Academy was founded in 1973 under the aegis of the American Nurses Association, but today is an independent affiliate of the ANA.

The Academy’s 1,800 members—known as Fellows—are nursing’s most accomplished leaders in education, management, practice and research. They have been recognized for their extraordinary nursing careers and are among the nation’s most highly-educated citizens; more than 80 percent hold doctoral degrees, and the rest have completed masters programs. Sixty-four percent of the Fellowship work in academic settings, 30 percent work in service and practice settings, and about 3 percent work in state and federal government agencies. Fellows are encouraged to participate in one of the Academy’s Expert Panels that correlates with their area of expertise. Currently, 22 Expert Panels serve as the working groups of the Academy.

› Visit www.aannet.org/ for more information.

NATIONAL PRESCRIPTION DRUG TAKE BACK DAY SCHEDULED FOR APRIL 28, 2012

Save the date! April 28, 2012 is the next **National Prescription Drug Take Back Day**. This will be a great time to dispose of no longer needed prescription drugs by taking them to a Drug Enforcement Agency (DEA)-sponsored event site. By preventing the diversion of potentially dangerous drugs to those they were not prescribed for, the DEA is able to help safeguard public health.

Americans that participated in the DEA’s third National Prescription Drug Take-

Back Day on October 29, 2011, turned in more than 377,086 pounds (188.5 tons) of unwanted or expired medications for safe and proper disposal at the 5,327 take-back sites that were available in all 50 states and U.S. territories. When the results of the three prior Take Back Days are combined, the DEA, and its state, local, and tribal law-enforcement and community partners have removed 995,185 pounds (498.5 tons) of medication from circulation in the past 13 months.

› For more information please visit: www.deadiversion.usdoj.gov/drug_disposal/takeback

NURSES' HEALTH STUDY SEEKS NEW SET OF PARTICIPANTS

The landmark Nurses' Health Study is recruiting a new cohort of 100,000 female nurses and nursing students ages 20 to 46 from across the U.S. and Canada.

Described as **the world's largest and longest-running set of research on women's health**, the Nurses' Health Study has included more than 230,000 participants since the 1970s. By completing confidential lifestyle surveys for more than three decades, the participating nurses have enhanced medical knowledge about nutrition, exercise, cancer and heart disease.

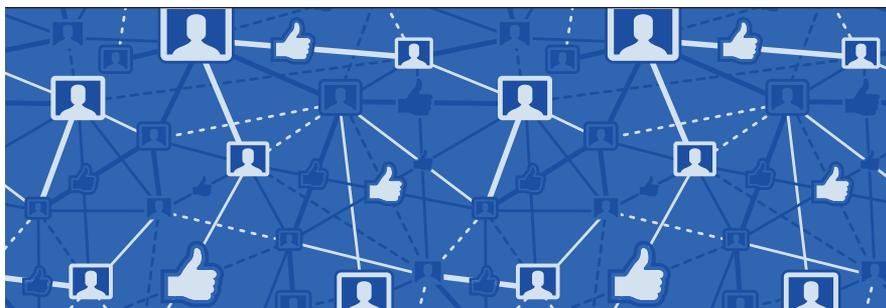
For example, bolstered by evidence from the study, according to a news release, many restaurants ban artificial trans fats. In the study, these fats were shown to contribute to heart disease.

The Nurses' Health Study III will explore important issues in women's health—including those related to the environment, work life, fertility and the effects of lifestyle—on a younger and more diverse group of women.

NHS3 is conducted entirely online, with participants completing brief confidential surveys every six months.

Approximately 20,000 nurses and nursing students have enrolled to date through sponsoring nursing associations, direct mail, social networks, the media and word-of-mouth through current participants. Recruitment will continue until the goal of 100,000 participants has been reached.

Eligible nurses can learn more on the study's website: www.nhs3.org/



ANA AND NCSBN UNITE TO PROVIDE GUIDELINES ON SOCIAL MEDIA AND NETWORKING FOR NURSES

ANA and the National Council of State Boards of Nursing (NCSBN) have mutually endorsed each organization's guidelines for upholding professional boundaries in a social networking environment.

The use of social media and other electronic communication is expanding exponentially; the latest statistics indicate that there are 150 million U.S. Facebook accounts, and Twitter processes more than 250 million tweets worldwide on a daily basis. Social networking can be a positive tool that fosters professional connections, enriches a nurse's knowledge base, and promotes timely communication with patients and family members. ANA and NCSBN caution nurses that they need to be aware of the potential consequences of disclosing patient-related information via social media and mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality.

"Nurses must recognize that it is paramount that they maintain patient privacy and confidentiality at all times, regardless of the mechanism that is being used to transmit the message, be it social networking or a simple conversation. As licensed professionals they are legally bound to maintain the appropriate boundaries and treat patients with dignity and respect," comments NCSBN Board of Directors President Myra A. Broadway, JD, MS, RN, executive director, Maine State Board of Nursing.

"Social media can be a powerful tool, one with the potential to enhance or undermine not only the individual nurse's career, but also the nursing profession," said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. "ANA hopes these principles provide a framework for all nurses to maintain professional standards in a world where communication is ever changing."

Social media can foster professional connections, enrich your knowledge base, and enable timelier communications, but it is paramount that patient privacy and confidentiality be maintained at all times.

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, confidentiality and inherent dignity. 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; non-members may order the publication at www.nursesbooks.org. ANA also provides additional resources at its Social Networking Principles Toolkit page at <http://bit.ly/uzw8yo>.

ANA PROMOTES HIGHER QUALITY ELECTRONIC DOCUMENTATION

ANA, as part of a coalition to promote nurse involvement in the development of quality measures for electronic health record (EHR) documentation, hosted a conference at its Silver Spring, MD, headquarters on September 13-14, "Tipping Point 2 - A Blueprint for Action: Demonstrating Care Coordination in All Settings with HIT Enabled Pressure Ulcer Quality Measures."

The Institute of Medicine's (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, released October 2010, stressed that nurses "can and should play a fundamental role" in the transformation of the health care system. ANA has taken a leadership role in utilizing technology as a necessary tool to innovate the delivery of care and looks to the Tipping Point meetings to solidify nursing's role in developing and contributing to the transformation of the national quality health IT landscape.

ANA supports enhanced reporting of health care outcomes with a focus on quality. Specifically, it supports the adoption of pressure ulcers measures as quality measures that demand care coordination and encompass all age spectrums and settings of care. ANA has been a long-time advocate for the inclusion of quality indicators in health IT systems and has been working to advance nursing's quality agenda through strategic investment in measure development for future stages of meaningful use.

» To learn more about ANA's quality work please visit www.ncnq.org.

MARILYN TAVENNER NOMINATED TO HEAD CENTERS FOR MEDICARE AND MEDICAID SERVICES

ANA commends the White House for its decision to nominate Marilyn Tavenner, MHA, BSN, RN, to head the **Centers for Medicare and Medicaid Services (CMS)**. Tavenner, a former ICU nurse, has served as Chief Executive Officer of the Hospital Corporation of America (HCA) and was Virginia's secretary of Health and Human Resources under then-Governor Tim Kaine. Most recently, Tavenner worked as CMS's principle deputy administrator.

"Marilyn Tavenner will make an excellent CMS administrator," remarked ANA President Karen Daley, PhD, MPH, RN, FAAN. "As a nurse, her focus is on

improving care for the patient. ANA looks forward to working with Tavenner to implement the provisions of the Affordable Care Act so that Americans can benefit from a system that is more responsive to their need for accessible and high quality care."

If approved through Senate confirmation, Tavenner will replace Don Berwick, MD, who was appointed by President Obama in July 2010. ANA commends Berwick for his work at CMS, most significantly as an innovator and catalyst for quality improvement.

ADVERTISEMENT



Seattle STD/HIV PREVENTION TRAINING CENTER

Providing training to clinicians on the prevention, diagnosis, management, and treatment of STDs.

Essential STD Exam Skills	STD Update for Clinicians & Optional Clinical Practicum	STD Update for Clinicians
<p>...</p> <p>This 2-day workshop focuses on essential communication skills and examination techniques used with patients at risk for STDs.</p> <p>...</p> <p><i>Continuing Education Credits Available</i></p> <p>...</p>	<p>...</p> <p>This 2-day didactic course addresses recent developments in the prevention, diagnosis, and management of STDs. The clinical practicum includes basic examination skills, skill development in sexual history taking, review of clinical case studies, and hands-on experience in the STD clinic and laboratory.</p> <p>...</p> <p><i>Continuing Education Credits Available</i></p> <p>...</p>	<p>...</p> <p>This 1-day didactic course is a shorter version of our larger STD Update. It addresses recent developments in the prevention, diagnosis, and management of STDs.</p> <p>...</p> <p><i>Continuing Education Credits Available</i></p> <p>...</p>
<p>January 30-31, 2012 Seattle, Washington</p> <p>...</p>	<p>January 19-20, 2012 Spokane, Washington</p> <p>...</p>	<p>March 01, 2012 Yakima, Washington</p>
<p>March 26-27, 2012 Seattle, Washington</p>	<p>February 16-17, 2012 Seattle, Washington</p>	

Register Online: www.seattlesthdhivptc.org

SURVEY: WORK ENVIRONMENT SAFER, MORE CAN BE DONE

Patient lifting equipment and needles with safety devices are more prevalent today than 10 years ago in health care facilities, contributing to a safer overall work environment for registered nurses, yet more can be done to reduce hazards and promote a workplace culture that prioritizes nurses' health and safety, according to a new ANA survey.

What's clear from the *2011 Health and Safety Survey* is that nursing still is tough on the body. And recent U.S. Bureau of Labor Statistics figures support the survey's findings about the relatively high risk of harm, ranking nursing fifth of all occupations in work days missed due to occupational injuries and illnesses. ANA's survey shows 80 percent of nurses with neck, back or shoulder pain caused by the job frequently work despite pain. And 13 percent say they had been injured three or more times on the job within a year, compared to 7 percent in 2001.

The survey, which drew responses from 4,614 RNs, reveals the same top three work environment concerns as in a similar 2001 ANA survey: the acute or chronic effects of stress and overwork (74 percent of respondents); disabling musculoskeletal injury (62 percent); and risk of contracting an infectious disease (43 percent).

Creating a healthier, safer workplace is crucial to building and maintaining an adequate nursing workforce, which has suffered from recurring shortages. Several recent studies have shown that dissatisfaction with the nursing work environment—including stressful working conditions leading to burnout, heavy physical demands and difficult work schedules—influences nurses' decisions to leave direct-care nursing. ANA's survey supports these findings, indicating that nearly 6 in 10 nurses agree that health and safety concerns influence their decision to continue practicing in the nursing field.

Nearly two-thirds of nurses say they have ready access to patient lifting and transfer devices, compared to less than half in 2001. But even though the devices are more available, less than one-third of nurses say they use them frequently, suggesting that selection and placement of patient lift and transfer devices need to be evaluated. Increased education and changes in workplace culture may also help increase safety.

Health care employers have been more accountable in providing safe needle devices, with 96 percent of RN respondents saying they are available, compared to 82 percent in 2001. But the survey shows that RNs may benefit from a better understanding of their rights under the Needlestick Safety and Prevention Act (2000), which requires that direct-care professionals participate in identifying and selecting safer needle devices: 62 percent either don't know if nurses are involved in the selection process, or say they aren't involved.

Though concerns about on-the-job physical assault have increased since 2001 (25 percent to 34 percent), the percentage of RNs who say they were assaulted decreased from 17 percent to 11 percent. The majority of nurses still say they have been verbally abused or threatened on the job within a year, though the occurrence decreased since 2001 (57 percent to 52 percent).

Emotional and physical exhaustion can drive nurses from direct care. Overall, the survey shows a trend toward healthier work schedules. The percentage of nurses working more than 40 hours per week decreased from 64 percent to 55 percent, and RNs who work some mandatory or unplanned overtime each month decreased from 68 percent to 53 percent.

Nursing Practice Specialist

This position involves strategic planning, implementation and evaluation of activities at a statewide level that advance nursing practice and ensures nursing's presence in healthcare community at large. Core competencies require leadership, consultation, mentoring, coaching, persuasion, and provision of services to diverse groups around areas of nursing practice, education, and research.

Duties and responsibilities include but are not limited to:

- Forecasting, identifying, and analyzing significant emerging issues, trends and developments impacting practice of nursing, delivery of health care, and the association.
- Collaborating and making connections with key constituents, and representing WSNA for advanced practice issues regularly attending ARNP specialty group meetings.
- Collaborating with governmental affairs staff regarding potential legislative / regulatory issues; providing testimony as requested for key practice issues.
- Maintaining WSNA's on-line CNE program. Exploring and implementing new learning formats such as webcasts, podcasts, posting of "live" CNE events for web-based access, etc.
- Assisting with identification of grant / research opportunities and establishment of statewide nursing research agenda.

Qualifications: RN license in WA State; credentialed as ARNP preferred. Masters in Nursing and at least five years experience; PhD preferred. Experience with regulatory boards, volunteer organizations and / or committees preferred. Knowledge of Washington State Nurse Practice Act preferred.

The Nursing Practice Specialist reports to the Assistant Executive Director of Practice, Education, and Research.

Contact Sally Watkins, PhD, RN at swatkins@wsna.org for more information.

King County Nurses Association

DISTRICT 2

District Meeting: Mentoring in Nursing

How a Mentor Relationship Can Change Your (Professional) Life

Wednesday, February 15, 2012
5:30–7:30pm

Good Shepherd Center (Wallingford)
A light supper will be served.

Increasingly, nursing students and new nurses are seeking mentor relationships to provide support as they “learn the ropes” in the profession. At the same time, many veteran nurses are anxious to share their experience in a meaningful way for the next generation.

So whether you’re a student, a new RN, or an experienced nurse looking to share your expertise, you will want to join us to hear this program. A general discussion will identify ways to find a mentor, or be a mentor, inside or outside of the work or school environment.

This program is free. To register, visit www.kcnurses.org.

Annual Meeting & Spring Banquet

Thursday, May 10, 2012
Shilshole Bay Beach Club

The scholarship deadline and KCNA Annual Meeting & Spring Banquet will be here before you know it! Visit www.kcnurses.org for more details.

- Do you know a nursing student who needs a **scholarship**? Or perhaps you are a student who needs a scholarship. Next spring, KCNA will award 12 scholarships of \$2,500 each, including awards to undergraduates, graduate students and RNB students. KCNA Scholarship applications are on-line; completed applications are due by March 1.
- Heads up! The **2012 KCNA Annual Meeting & Spring Banquet** is scheduled for Thursday, May 10. This is a festive event that celebrates the nursing profession—including the annual KCNA Auction to support scholarships and the presentation of annual Shining Star nursing awards. Held at the Shilshole Bay Beach Club, the evening includes a gourmet meal, wonderful northwest views and a chance to connect with nurses from a variety of specialties and practice settings. Early-bird registration (save \$5!) is available at www.kcnurses.org until March 15.

Inland Empire Nurses Association

DISTRICT 4

The IENA Board welcomed two new faces, **Camille Sturdivant-Daly** as Director-at-Large and **Rachel Inman** as General Duty Representative. Thanks to both Camille and Rachel for volunteering to serve the nurses in our community!

The positions below are currently open:

- Board Secretary
- Director-at-Large
- Independent Practice Rep (CRNA, ARNP, etc)
- Nursing Management Rep (Administration)

Your professional experience is invaluable in promoting the nursing profession and advocating for health and safety in our community. If you or anyone you know is interested in serving on the IENA BOD, please contact Administrative Secretary JoAnn Kaiser at iena@aimcomm.net. *There are immeasurable benefits to serving on our BOD!*

During our **Annual Legislative Reception** on 4 October 2011, three of our BOD members met with WSNA staffers and Senator Lisa Brown (Dist 3) and discussed critical issues such as the lack of mental health beds and resources in the Inland Empire and the absolute need for increasing nursing instructor salaries. The reception was again cosponsored by the **Washington Association of Nurse Anesthetists** and the **Nurse Practitioners Group of Spokane**. What a team we make! Since this is an annual event, mark your calendar now for October 2012.

2012 Events

LUC Dinner on Us

Monday, January 9, 2012

This important event was sponsored by IENA and was an opportunity for the IENA Board of Directors to strengthen our connection with Local Unit Chairs

and Co-Chairs, and to discuss how we can support nurses in our community. Nursing concerns were discussed and attendees offered their suggestions for future educational topics.

WSNA Nurse Legislative Day

*Monday, February 13, 2012
Great Wolf Lodge, Grand Mound and
State Capitol, Olympia*

We invite you to participate in Nurse Legislative Day, a great opportunity to learn how to advocate for your profession and all patients in Washington State. You will also have the opportunity to voice your concerns regarding nursing issues to state legislators. Morning education sessions will be held at Great Wolf Lodge in Grand Mound. Visit with legislators and attend hearings in Olympia for the afternoon. (Shuttle transportation provided).

IENA will again sponsor a **charter bus from Spokane to Olympia**, leaving on Sunday, February 12, 11:00 am and returning Monday evening, February 13. Cost is only \$10—**reserve your seat now** by sending a \$10 check, payable to IENA, to 222 W Mission, Suite 231, Spokane, WA 99201. In addition to reserving your seat on the IENA bus, be sure to check the WSNA website at www.wsna.org/legday/ for registration and hotel information.

CE Event “Alternative Therapies”

*Tuesday, March 6, 2012
Mukagawa Commons*

This dinner / CE event will be held at Mukogawa Commons, 4000 W Randolph Road in Spokane. Check the IENA website at www.spokanenurses.org for registration and CEARP info.

Annual Spring Gala

*Tuesday, May 8, 2012
Red Lion Hotel at the Park*

Join us in honoring nurses during National Nurses Week in the Skyline Ballroom at the Red Lion Hotel at the Park. This special event includes dinner, scholarship and award presentations, and a keynote speaker. If you would like to apply for a scholarship, go online to <http://spokanenurses.org/scholarship.htm>. To nominate a colleague for an award, visit our website at <http://spokanenurses.org/IENAAWNF10.pdf>.

» If you would like to be notified of upcoming IENA events, please contact us at iena@aimcomm.net.

WSNA Activities

WSNA has been very active this year, and it has been a privilege to attend some of their events. The **Biennial Convention** was held in April—what an exceptional event! Several classes on “Social Media” were presented the day before the convention began, and it was a real eye opener. Nursing personnel can inadvertently get into trouble by “innocent” postings on Facebook, Twitter, and even their own cell phones. The best way to put it, “If you do not want the information on the front page of the New York Times or have to explain it to your mother, don’t put it into cyberspace.” During the convention, there were many opportunities to network with colleagues from all over the state and from diverse backgrounds and work areas. Just imagine actually having input into resolutions and having your voice heard—that is just what occurred! Freedom of speech is such a powerful tool. Keep your calendar open for spring 2013, when the next convention is planned, and you do not need to be a BOD member to attend.

WSNA presented a free **continuing education event** on October 25th at the Davenport Hotel in Spokane. Topics included “The Culture of Safety,” again correlating with social media issues. A presentation on “Licensing Issues” was given by a member of the Washington State Board of Nursing. Both topics were timely and educational, and considering a 5-star meal was included—what more could we ask for?

Louanne Hausmann attended the **WSNA Provider Unit Update** on November 11th in Seattle. The keynote speaker was Zandra Ohri from the Ohio Nurses Association. We learned more about the CEARP process as it relates to Provider Units, Faculty Directed Programs, and Independent Study—such a wonderful educational opportunity. Nurses from diverse backgrounds were present and each provided a wealth of information. Since it was Veterans Day, all veterans in the room were asked to stand and were honored with an ovation.

The IENA is presently working to develop a more robust newsletter. In an effort to reach out to other professional nursing organizations in the Inland Empire, we are promoting IENA, WSNA, and other organizations’ professional workshops. We now feature the segment “**WSNA and Your Board Members**” informing our members of the Board’s involvement with different WSNA committees. We added a “Needs Assessment” to the newsletter and are including pertinent articles from various members. No input is too small! We are also working with our webmaster to update our Facebook page.

Welcome to another exciting and eventful year, from your Inland Empire Nurses Association!

Coalition Forms to Implement 'Future of Nursing' Recommendations

Since the release of the Institute of Medicine (IOM) report, *The Future of Nursing (FON): Leading Change, Advancing Health*, in October 2010, staff from WSNA, the Council of Nurse Educators of Washington State (CNEWS), the Northwest Organization of Nurse Executives (NW-ONE) and the Nursing Care Quality Assurance Commission (NCQAC) have worked together with the staff of the Washington Center for Nursing (WCN) to ensure that Washington State is actively involved in the national efforts to implement the report's recommendations.

The FON report includes four key messages and 8 recommendations. The key messages are:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

The Robert Wood Johnson Foundation (RWJF), in collaboration with AARP, is coordinating the work nationally through what they are calling a Campaign for Action (CFA). RWJF required that there be both a nursing organization and a non-nursing organization as co-leads in order for a State to be part of the CFA and to be

recognized as a Nursing Action Committee (NAC). Although RWJF is not providing any direct funding for the NACs, they are providing technical assistance and training to the co-lead organizations' staff in each of the designated NAC states.

The Washington Center for Nursing (WCN)—of which WSNA is a founding member—is the nursing co-lead organization for the Washington Nursing Action Coalition (WNAC). The Washington Health Foundation (WHF) is the non-nursing organization co-lead.

WNAC planning is underway and being coordinated by a steering committee of WCN and WHF staff with staff representatives from WSNA, NW-ONE, CNEWS and the Nursing Commission. A larger statewide stakeholder advisory committee with representation from both nursing and non-nursing organizations is also under development. The WNAC Steering Committee will oversee the WNAC work which will focus on developing a strategic plan for implementation of the recommendations that includes identifying the key focus work for Washington State, capturing best practices, determining research needs, tracking lessons learned and identifying replicable models.

This work will build on the many successes that Washington State has already achieved over the years. For example, Washington State is a leader in the country and has an excellent track record of steady and persistent progress for advanced practice nursing. These efforts culminated in successfully achieving legal authority for ARNPs in Washington to have fully autonomous practice that includes full prescriptive authority, including Schedule II-V drugs. Under the Washington State Nurse Practice Act,

ARNPs are fully authorized as independent practitioners and there is no requirement for supervision by, or joint practice with, a physician in Washington.

As a result, the WNAC Steering Committee has identified Recommendations 2-7 of the IOM Report for the initial WNAC focus:

- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
- Implement nurse residency programs
- Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020
- Double the number of nurses with a doctorate by 2020
- Ensure that nurses engage in lifelong learning
- Prepare and enable nurses to lead change to advance health

By 2012, the Regional Action Coalition (RAC) approach is expected to move into all 50 states.

Follow the progress of the WNAC activities and learn how to get involved at www.wacenterfornursing.org/current-projects/nurse-of-the-future/

New NSO Study on Nurse Liability: Important Implications for Your Practice

Nurses Service Organization (NSO), WSNA's endorsed nursing liability insurance provider, recently completed a report entitled Understanding Nurse Liability 2006-2010: A Three-part Approach. The following highlights some of the findings.

Part 1: Five-year Closed Claims Analysis

Between 2006 and 2011 there were 516 nurses' claims closed with indemnity payments exceeding \$10,000 (monies paid on behalf of an insured nurse in the settlement or judgment of a claim). These claims excluded those of advanced practice nurses (ARNPs) as that study will be completed this next year. 91.9% of the claims concerned RNs, whereby only 8.1% concerned LPNs. The average paid indemnity totaled \$168,438 with an additional average of \$43,051 expense paid to cover the investigation and management of the claim for a total average cost of \$211,489. These costs excluded expert witness expenses, attorney fees, court costs and record duplication expenditures.

The specialties with the highest average paid indemnities were obstetrics, neurology / neuro-surgery, and plastic / reconstructive surgery. The highest percentage of closed claims occurred in medical / surgical, gerontology and obstetrics specialties. Findings showed 40.1% of closed claims were in the adult medical / surgical specialty suggesting that a large portion of these nurses may be insured through NSO and not necessarily that such nurses are more likely to be sued.

ANALYSIS OF SEVERITY BY NURSE SPECIALTY

FIGURE 1 **Severity by Nurse Specialty**
(Closed Claims with Paid Indemnity of ≥ \$10,000)

Nurse specialty	Percentage of closed claims	Total paid indemnity	Average paid indemnity
Obstetrics	10.3%	\$20,264,713	\$382,353
Neurology / neurosurgery	0.6%	\$1,137,000	\$379,000
Plastic / reconstructive	0.8%	\$1,297,500	\$324,375
Pediatric / adolescent	2.7%	\$3,486,250	\$249,018
Behavioral health	1.7%	\$1,367,500	\$151,944

Correctional health	3.1%	\$2,315,208	\$144,701
Adult medical / surgical	40.1%	\$29,801,615	\$143,969
Emergency / urgent care	9.7%	\$7,091,584	\$141,832
Public / community health / hospice	8.9%	\$6,368,790	\$138,452
Gerontology - in aging service facility	18.0%	\$9,327,317	\$100,294
Aesthetic / cosmetic	3.7%	\$821,875	\$43,257
Other*	0.4%	\$55,000	\$27,500
Overall	100.0%	\$83,334,352	\$161,501

[* "Other" include a certified insulin pump trainer and an administrative county-employed nurse who reviewed state Department of Health nursing home recommendations.]

ALLEGATION BY CATEGORY

- Claims involving scope of practice had the highest average paid indemnity, perhaps because practicing outside the scope of one's professional license is perceived as egregious misconduct. Claims with allegations related to scope of practice are thus difficult to defend successfully as illustrated by the following examples:
 - An RN instructed an LPN to administer medication via intravenous bolus injection which was outside the LPN's scope of practice and facility policy. The patient suffered a stroke as the bolus was being administered resulting in irreversible neurological damage and permanent right sided hemiparesis.
 - A nurse removed and replaced an aging services resident's gastric tube without practitioner orders and without notifying the practitioner. The patient suffered severe infection, sepsis and subsequent death from respiratory arrest.
- Allegations related to patient assessments and monitoring were relatively common and resulted in high average paid indemnity. The highest average paid indemnity regarding assessment involved delayed or untimely patient assessment. 70.8% related to the nurse's failure to properly or fully complete the assessment or to assess the need for medical intervention.
- Allegations related to treatment / care accounted for the highest percentage of closed claims. These included failure to timely respond to patient concerns, failure to respond to

equipment warning alarms, failure to invoke or utilize the chain of command, and delay in implementing practitioner orders or notify the practitioner of changes in the patient's condition.

- The average paid indemnity for closed claims involving medication administration is lower than allegations related to scope of practice, patient assessment, monitoring and treatment / care. Administration of the wrong medication had the highest average paid indemnity.
- Documentation deficiencies are contributing factors in many nurse professional liability claims, but documentation was the primary allegation in one closed claim. The documentation claim shown below resulted from the complete absence of any form of documentation for an incident in which a nurse removed a tick from the patient's skin in a hospital emergency department. The nurse did not register the patient and created no records regarding the patient's treatment. This absence of documentation was a causative factor in the patient's subsequent death as no practitioner was aware that the patient had undergone a tick removal. The diagnosis and treatment of the infection resulting from the tick bite was delayed resulting in unsuccessful treatment.

FIGURE 2 Severity of Allegation Category

Allegation category related to	Percentage of closed claims	Total paid indemnity	Average paid indemnity
Scope of practice	1.7%	\$ 2,664,100	\$296,011
Assessment	12.6%	\$14,867,925	\$228,737
Monitoring	6.8%	\$ 7,814,875	\$223,282
Treatment / care	58.5%	\$47,370,806	\$156,857
Medication administration	14.7%	\$ 8,593,330	\$113,070
Abuse / patient's rights / professional conduct	5.4%	\$ 1,992,066	\$ 71,145
Documentation	0.2%	\$ 31,250	\$ 31,250
Overall	100.0%	\$83,334,352	\$161,501

SEVERITY OF INJURY

Death was the most common injury accounting for 48.5% of all closed claims. The three causes of death with the highest paid indemnity were cardiac injury, loss of organ function, and

embolism. In some of the closed claims patient death was associated with a single injury or acute illness. However, of the 44% of closed claims where cardiopulmonary arrest was the ultimate cause of death, many involved patients whose clinical course included a series of illnesses, injuries and symptoms occurring over a period of time, which contributed in varying degree to the patient's overall decline.

CONCLUSION

This analysis of nurse professional liability closed claims reveals that nurses continue to be held strictly accountable for acting within their scope of practice according to their license, as well as within the policies and procedures of their place of employment. Many claims develop due to a failure involving core competencies such as patient assessment, monitoring, treatment and care, practitioner and patient communication, timely and complete documentation, and invocation of the chain of command – all of which are essential to ensure quality patient care in a safe environment. The claims also demonstrate that nurses are expected to serve as the patient's advocate and are responsible for obtaining alternative practitioner intervention if the initial practitioner does not respond appropriately to patient's medical needs.

Another lesson reinforced by the data is the need for timely, ongoing, two-way communication between the nurse and other members of the healthcare team. All communication, either spoken or written, must be fully documented in the patient's health information record, providing the information needed to make sound clinical decisions. Documentation should clarify the decision-making process and support discharge planning and other activities implemented on behalf of the patient by nurses, physicians and other professionals.

Risk Control Recommendations

- Know and comply with your state scope of practice, nurse practice act and facility policies, procedures and protocols.
- Follow documentation standards established by professional nursing organizations and comply with your employer's standards.
- Develop, maintain and practice professional written and spoken communication skills.
- Emphasize ongoing patient assessment and monitoring.
- Maintain clinical competencies relevant to the patient population and healthcare specialty
- Invoke the chain of command when necessary to focus attention on the patient's status and / or any change in condition.

Part 2: Nurse License Protection on Paid Claims

During this same five year period there were 1,127 license defense paid claims in which legal counsel defended nurses against allegations that could potentially have led to the revocation of their license. 84.5% of such claims were paid for RNs and 15.5% were paid for LPNs. RNs who experienced a license defense paid claim worked most often in a hospital setting (57.3%) followed by aging services facilities and home health services. The most common allegation was professional conduct (23.5%). Other areas of allegation included improper treatment / care, medication administration errors, abuse / patient's rights, documentation error or omission, scope of practice, assessment, and monitoring. Within the professional conduct category, drug diversion and / or substance abuse was the top allegation for both RNs and LPNs. Allegations concerning improper treatment / care often reflected miscommunication or lack of communication with a provider, other nurse or inadequate hand-off of a patient to another practitioner. Administering a wrong medication was the most frequent medication error followed by improper technique. For the majority of claims (50%) no action was taken against the nurse's license while 45.2% of the outcomes involved monitoring the nurse's practice, requiring further education or issuing a caution. In addition, 4.8% of the decisions involved licensure surrender or revocation, terminating the careers of these nurses.

A nursing board complaint can be filed against a nursing license by a patient, patient's family member, colleague or employer. By knowing the most common types of allegations filed, nurses can identify their vulnerabilities and take appropriate action to protect their licenses.

Effective risk control strategies include:

- working to improve communication and interpersonal skills
- knowing and adhering closely to facility policies
- maintaining nursing skills / competencies through continuing education efforts
- ensuring thorough and accurate documentation in patient care records

Part 3: Nurse Work Profile Survey

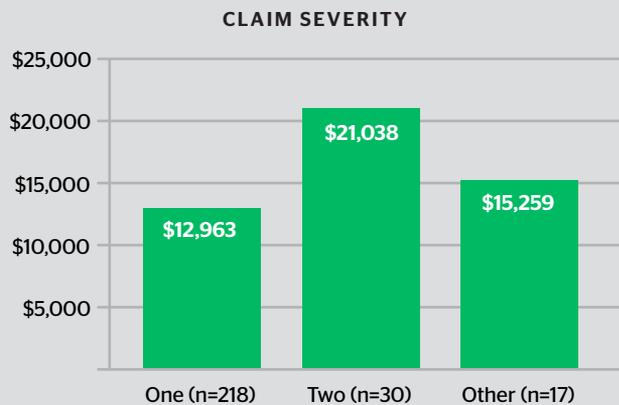
The purpose of this survey was to examine the relationship between professional liability exposure and a variety of demographic and workplace factors. To that end, the responding nurses were divided into two groups: those who had experienced a professional liability claim resulting in loss that had closed between 2006 and 2010, and those who had never experienced a claim. Two similar survey instruments were distributed to NSO-insured nurses with and without claims.

SUMMARY OF FINDINGS

The initial sample for the survey consisted of 1,617 nurses who have submitted a professional liability claim within the past 5 years, and 7,475 nurses who had no claim filed. The response rate was 20% (n = 294) for those with a claims history, and 12% (n = 820) for those with no claim. The current nursing licensure held was that of an RN for 92.1% for those with a history of a claim, and 87.7% for those without a claim.

Despite only 11.3% of claimants working for at least two different employers at the time of the incident, this seems to have contributed to an increase in average payment.

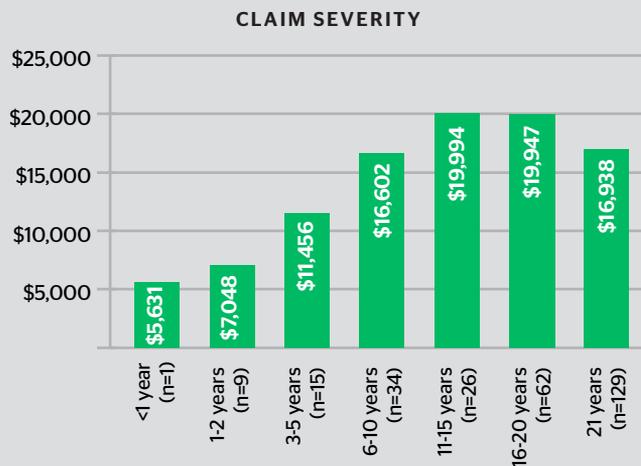
Q: How many different employers do you currently work for?



Education contributed to the average paid indemnity amount as payments were higher for claims from respondents who had completed a nursing diploma program than for respondents with a bachelor's or associate's degree.

The highest percentage of closed claims involved respondents who had worked more than 21 years as a nurse. Analysis of claim severity showed a positive correlation between the amount paid and the number of years in the profession.

Number of Years in Profession

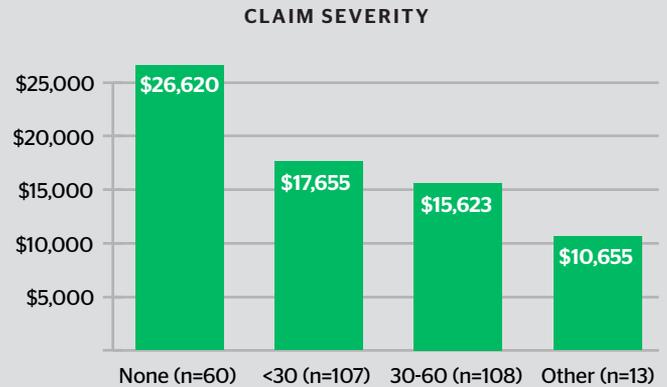


Obstetrics and perinatal practice areas had a significantly higher proportion of nurses with claims. The highest paid claims came from the practice areas of occupational health, followed by psychiatric / behavioral health, and adolescent care.

Respondents who did not have a mentor or preceptor during their first two years as a nurse experienced higher average paid indemnities than those who did.

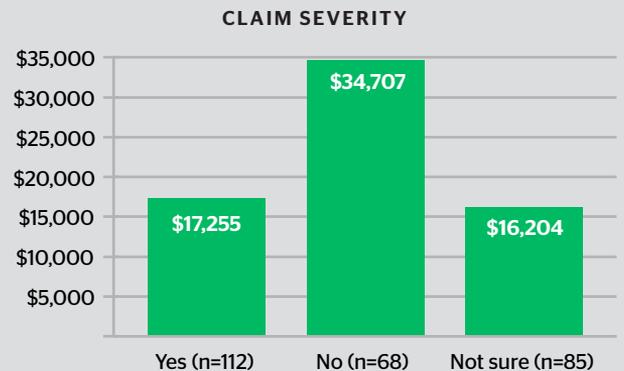
State-required continuing education licensure requirements were associated with decreased average paid indemnity. As the number of required credits for such increased, the average paid indemnity decreased.

Continuing Education Required Credits



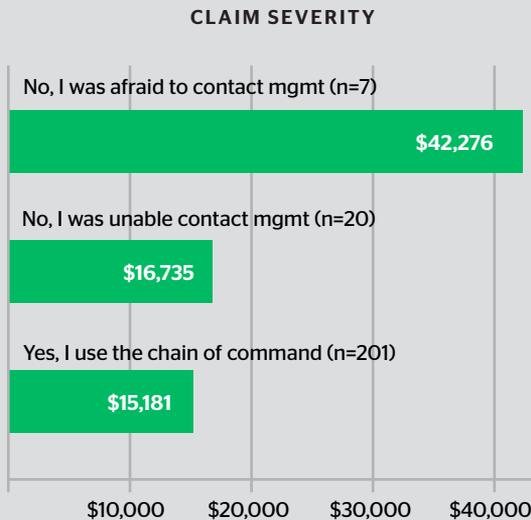
The existence of an organization / facility policy for disclosing mistakes resulted in a 50% decrease in the average paid indemnity. A quarter of respondents state their facility did not have a policy in place for disclosing mistakes, and a third stated they did not know if such a policy existed.

Q: Does your employer have a policy around the disclosure of mistakes?



Interaction with management was associated with decreased average paid indemnity. Respondents who noted they felt comfortable turning to management for help had a lower average paid indemnity than those who did not.

Q: Describe your level of interaction with your manager / supervisor when you experience a problem at work. In other words, did you feel comfortable asking for help?



Conclusion

It is important that nurse be aware of these study findings and that they take to heart the recommendations:

- Know and comply with your state scope of practice, nurse practice act and facility policies, procedures and protocols.
- Follow documentation standards established by professional nursing organizations and comply with your employer’s standards.
- Develop, maintain and practice professional written and spoken communication skills.
- Emphasize ongoing patient assessment and monitoring.
- Maintain clinical competencies relevant to the patient population and healthcare specialty
- Invoke the chain of command when necessary to focus attention on the patient’s status and / or any change in condition.

NSO will be posting this full report on their website at www.nso.com.

— *By Sally Watkins, PhD, RN*

Please Note: NSO will be raising their rates for nurse liability insurance premiums:

- Full-time employed nurses in WA will increase by 8% to come up to \$106 / year
- Part-time employed nurses will also increase to \$106 / year
- Self-employed full-time nurses will receive a 10% increase, to \$380 / year
- ARNPs will receive a 9.7% increase, to \$789 per year

For more information, contact: Kate Mager, Account Manager, Aon Affinity, kate.mager@aon.com, 215.773.4118

Important Implications for Creating a Culture of Safety

WSNA has launched a major education and outreach initiative for our members about the importance of creating a Culture of Safety in health care workplaces. We have also joined with other professional organizations, including the Washington State Hospital Association (WSHA) and Association of Nurse Executives (AONE) to raise these important topics with employers and administrators. We will be taking our education session on the road and online, 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.



Nurses at St. Joseph Medical Center in Bellingham Battle for Respect and a Voice in Patient Care

Nurses at St. Joseph Medical Center in Bellingham have won a hard fought struggle to make their voices heard. In a proposed restructure, hospital management planned sweeping changes while ignoring nurses' input on issues that impact their work at the bedside. Over several months, nurses escalated their actions and demands for respect culminating in a public rally with several hundred nurses, community members and other labor unions.

The proposed restructure would include switching almost every nurse in the hospital to eight hour shifts. The decision was reached without meaningful input from the nurses at the bedside and management was planning to move forward unilaterally with implementation. WSNA was

active in organizing the nurses' efforts and pushing management to reevaluate their plans before making drastic changes that would affect nurses' professional and personal lives. After several meetings between nurses, WSNA and management, there was no significant progress and we brought this issue forward to the public with a newspaper ad and public rally.

Speakers at the rally emphasized that inadequate staffing is the safety concern that needs to be a top priority, rather than the cost-driven restructure the administration was proposing. The nurses also used the rally to launch a petition for community members to sign in support of the nurses and their efforts to have a voice in hospital decisions affecting patient care. Attendance at the rally and participation

in the survey clearly demonstrated the surge of public support for the St. Joseph's nurses.

In response to the nurses' efforts and growing publicity of this issue, management decided to back off their initial plan to act unilaterally. The hospital CEO scheduled several forums for nurses to provide input and used those sessions to create a new course of action. St. Joseph's remains committed to reducing caregiver fatigue, but has resolved to seek nurse input, including using the established Nursing Councils at the hospital, before developing any further plans that affect nurses' working conditions. This is a clear victory for the nurses at St. Joseph Bellingham and a testament to the unity and hard work of the local unit and WSNA.

'ADO' Form Helps Nurses Document Unsafe Conditions

WSNA is happy to introduce a newly designed "Assignment Despite Objection" (ADO) form that is easier to use and fill out.

If you find yourself in a situation that you believe creates unsafe conditions for patients or for you, you should complete an ADO Form as soon as possible.

By completing the form, you will help make the problem known to management, creating an opportunity for the problem to be addressed. Additionally, you will be documenting the facts, which may be helpful to you later if there is a negative outcome.

WSNA also uses your ADO forms to track the problems occurring in your facility. When you and your coworkers take the important step of filling out an ADO form, you are helping to identify whether there is a pattern of unsafe conditions for you or your patients at your facilities. This information is used by your conference committee, staffing committee, and WSNA labor staff to improve your working conditions.

Types of Situations Where You Should Complete an ADO Form

- Charge nurse is unable to perform charge nurse duties, secondary to increased patient care assignment
- Inadequate nurse to patient ratios for patient acuity based on your clinical judgment
- Insufficient support staff requires you to assume additional duties
- You are not trained or experienced in the area assigned
- You have not been oriented to this unit / case load
- Patient care equipment missing or unusable
- Necessary equipment is not available (e.g.: supplies, IVs, medication availability)
- You are not trained or experienced to use equipment in assigned area
- System failure (e.g.: computer, phone, pyxis, call system)
- An assignment poses a serious threat to your health and safety
- An assignment poses a serious threat to the health and safety of a patient under your direct care
- Forced / Mandatory Overtime
- Missed breaks

Find the form at www.wsna.org/labor/ado

Labor Relations Report Card

The current economic environment continues to make negotiations challenging for collective bargaining units throughout the state. WSNA negotiation teams, nurse representatives and attorneys have worked hard to achieve fair contracts, with continued positive results.

By participating in the collective bargaining process, WSNA members are standing together and continuing to demand strong contract language, that holds employers accountable.

We are proud of our successes and will continue to hold the line, fighting for fair and equitable contracts that promote the interests and welfare of WSNA-represented nurses.

	Wage Increase		Key Gains	
Peace Health Southwest Medical Center	1st Year 2nd Year 3rd Year	1.5% 2.0% 2.0%	<ul style="list-style-type: none"> • Annual Step increases up to 30 years • Charge pay increased to \$2.50 per hour starting 2012 • Preceptor pay increased to \$1.50 per hour starting 2012 	<ul style="list-style-type: none"> • BSN/MSN premium of \$1.00 per hour starting 2011 • Bereavement leave increased from 24 to 36 hours
Skagit Valley Hospital	1st Year 2nd Year 3rd Year	Parity 0.5% 0.5%	<ul style="list-style-type: none"> • Local Unit officer or designee may be present at all steps of the grievance process 	<ul style="list-style-type: none"> • Nurses working 10 or 12 hour shifts must have 10 hours rest between shifts or be paid time and a half for all hours worked without such rest
Holy Family Hospital	1st Year 2nd Year 3rd Year	2.0% 2.5% 1.5%	<ul style="list-style-type: none"> • Step 18 increased, Step 19 added • Job postings and applications will now be done online 	<ul style="list-style-type: none"> • Improved Low Census and Low Census Standby Language • Eligibility for insurance reduced from 24 to 20 hours per week
Sunnyside Community Hospital	1st Year 2nd Year 3rd Year	0.5% 0.5% 0.5%	<ul style="list-style-type: none"> • Float Premium pay of \$2.00 per hour • Unit Resource Nurse premium of \$2.00 per hour 	<ul style="list-style-type: none"> • Relief Charge Nurse Pay increased to \$1.75 per hour • Clarification of Charge Nurse and Preceptor assignment language

MOUNTING A
Campaign
FOR
*Patient
Safety*

As nurses, we know that appropriate staffing protects patients from preventable medical errors, injuries and deaths. Studies show that registered nurses intercept 85% of medical errors before there is harm to the patient. Quality nursing care can mean the difference between life and death, yet the volume and complexity of patient care continues to grow without adequate precautions in place to protect nurses and patients from the dangers of fatigue.

WSNA has worked in the Legislature, in collective bargaining, in the courts, and in good-faith negotiations between the hospital association and health care unions to ensure adequate staffing levels and safe patient care. Despite claiming economic hardship, the hospitals continue to focus on new buildings and expansions without any meaningful commitment to ensuring that nurses are not overworked and fatigued.

We have heard our members loud and clear. There is outrage over the ineffectiveness of the hospital nurse staffing committees, there is frustration with the ongoing fight to get uninterrupted meal and rest breaks, and there is anger over the increased use of pre-scheduled call to bypass the mandatory overtime law.



**Campaign
for Patient
Safety**

We are all out of patience and the hospitals are out of time!

Now is the time for bold action. We cannot allow hospitals to continue prioritizing profits over patients.

In response to this growing health crisis, WSNA is launching a new **Campaign for Patient Safety** to ensure safe nursing care for our patients. The campaign is comprised of three legislative bills to ensure Safe RN Staffing, uninterrupted meal and rest breaks, and an expansion of protection against mandatory overtime.

We know the hospitals will fight us every step of the way, but we cannot allow them to speak for us or for our patients on these important matters. WSNA is prepared to dedicate every resource to this battle for as long as it takes to win the real improvements we need in patient care. However, it is you—the members of WSNA—that are our greatest asset in this campaign. Legislators and the public need to hear from nurses about why these issues are so critical to patient safety. This campaign will require hard work and dedication from all of us, but we simply have no other choice

It is time for Safe Staffing Now!



Nursing care is complex and often delivered in an intense environment. The job requires continuous patient assessment, critical thinking, expert judgment, advocating on behalf of our patients, and educating patients and their families. An aging population, advances in technology and declining lengths of stay have steadily increased patient acuity in hospitals yet nursing is often still treated as a cost center rather than a hospital's greatest asset.

WSNA's Campaign for Patient Safety is dedicated to:

- Better, safer care
- Stronger retention of nurses
- Reduced health-care costs

The Campaign is a comprehensive effort that will draw on every resource and staff member at WSNA. We are committed to ensuring that every patient receives quality and safe nursing care.

Establishing Safe Staffing Standards

In 2008, WSNA was proud that years of advocacy and outreach paid off with the passage of Safe Nurse Staffing Legislation (House Bill 3123). We knew that the law was not perfect, but were willing to work with hospital administrators in an attempt to give staff nurses meaningful input into staffing decisions at each hospital. The law mandated that every hospital establish a nurse staffing committee composed of at least half direct care nurses. This committee was tasked with developing, overseeing and evaluating a nurse staffing plan for each unit and shift of the hospital. The law was designed to provide opportunities for meaningful input from nurses, but the hospital administration and CEO still retained final authority on all staffing level decisions.

Since the passage of this legislation, WSNA has worked with the other health care unions (SEIU and UFCW) in collaboration with the Northwest Organization of Nurse Executives (NWONE) and the Washington State Hospital Association (WSHA) on the successful implementation of the staffing law and negotiations on improvements to the existing laws on safe staffing, meal and rest breaks, and mandatory overtime. These mediated sessions included a total of 43 meetings and 545 hours of meeting time since 2008. Unfortunately, despite unprecedented efforts by all parties to reach an agreement, we were unable

Legislative Components of the Campaign

WSNA is pushing three bills forward in the Legislature in collaboration with other healthcare unions, labor organization and consumer groups. Each bill addresses a core patient safety concern and seeks to establish statewide safety standards to protect patients and nurses.

NEW STATEWIDE STAFFING MINIMUMS FOR SAFER PATIENT CARE

Despite good-faith efforts to encourage hospitals to adopt safer staffing levels to address the staffing disparities that put patients, nurses and other healthcare professionals at risk, hospitals have failed to make measurable, meaningful changes. It's time the State steps up and holds hospitals accountable for this dangerous trend in health care.

Requires the Department of Health (DOH) to establish **statewide minimum nurse staffing standards** with input from registered nurses and patient safety experts

Mandates hospitals to include staff nurses in the development of staffing plans. Hospitals can leverage existing staffing committees to review criteria such as census, intensity of patients and personnel skill mix to develop plans

Mandates nurses receive orientation prior to assignments to new units or clinical areas

Mandates hospitals collect and disclose data related to nursing patient outcomes such as nurse staffing levels and nursing hours per patient day

Gives patients access to more data to make informed choices about the quality of their care

Requires DOH to investigate complaints related to inadequate nurse staffing

Mandates hospitals who violate staffing minimums correct staffing practices and face a potential civil penalty of \$10,000 for each violation

UNINTERRUPTED REST & MEAL BREAKS

Federal regulations prohibit pilots and truckers from flying and driving fatigued. But thousands of nurses and other healthcare professionals are forced to deliver complex, demanding care to patients in emotionally-charged hospital environments without an uninterrupted break.

Nurses and healthcare professionals must be vigilant and focused to oversee an array of duties for up to 12 hours or more without an uninterrupted break. These duties include: administering complicated pharmaceutical prescriptions and treatments, constant assessment and evaluation of patient treatments and conditions, and initiating life-saving emergency procedures.

Mandatory uninterrupted breaks for nurses and healthcare professionals who deliver direct-patient care

Hospitals retain the right to determine break times and exceptions to the law to deliver critical patient care around emergencies and disasters

Requires hospitals to track missed breaks

Prohibits hospitals from retaliating or firing nurses and healthcare professionals who report missed breaks

Institutes a potential financial penalty for knowing violations

LIMITING MANDATORY OVERTIME

Nursing and staffing shortages have forced nurses and other healthcare professionals into mandatory overtime or risk losing their jobs. The current State law for hospital nurses has a loophole that allows hospitals to use pre-scheduled call as a thinly veiled replacement for mandatory overtime.

Nurses and other healthcare professionals are being forced to work long hours without adequate rest. This causes fatigue and contributes to increased risks of patient safety.

Requires hospitals to apply mandatory overtime laws to prescheduled on-call duties so they are not abused to resolve chronic staffing shortages

Expands overtime protections to jails and State veterans' homes

Expands overtime protections to other healthcare professionals charged with direct-patient care

to do so. We know that we can't wait any longer to act on these important issues.

We do not have a single example of a successful nurse staffing committee operating in any of our hospitals where staff nurses have truly meaningful input into ALL nurse staffing decisions. While the unions and management organizations were able to collaborate on training efforts around the staffing law and the tools in developing staffing plans, we have been unable to reach WSNA's goal of giving staff nurses meaningful input into staffing decisions to ensure safe and quality patient care. We have numerous examples where the staffing committees' recommendations are ignored, vetoed or altered without any feedback or input from the committee. In fact, during this recession, we have seen an increase in hospital restructures and layoffs, yet none of these processes included the nurse staffing committees.

Ensuring Uninterrupted Meal & Rest Breaks

In addition to concern about staffing levels, WSNA has been leading this state and this country in education about fatigue and the impact on patient care. Ensuring that nurses receive full, uninterrupted rest and meal breaks has been a top priority for WSNA for the past several years and remains a top priority for WSNA. Since 2007, we have taken every opportunity to work with the Department of Labor and Industries to change regulations that prevent uninterrupted meal and rest periods. Despite launching a powerful public campaign and moving the bill through the House, we were unable to pass meal and rest break legislation in 2010. In 2011, we began a mediated negotiation process working with the other health care unions and WSHA to address the issue of nurse fatigue and the impact of missed rest and meal breaks. Since May, 2011, we had 12 meetings for a total of 43.5 hours. While we reached a common ground on certain concepts such as the need for uninterrupted meal and rest breaks, we were not able to reach agreement on the details of the policy.

WSNA has also taken this battle to the legal system and to the negotiation table in our collective bargaining agreements. We have filed suit and settled with two hospitals regarding missed breaks, have three lawsuits pending, and won arbitration at one hospital. We also continue to educate our members and other

health care professionals and professional organizations about the connection between meal and rest breaks and the dangers of fatigue.

Limiting Mandatory Overtime

The passage of the 2002 landmark legislation to prohibit mandatory overtime for nurses was a huge victory. The law allowed for prescheduled on-call which has become a loophole for employers.

Unfortunately, over this past decade, we have witnessed an increase and expansion in the use of prescheduled on-call by employers as another means of mandatory overtime. Nurses sign up for call in order to respond to unanticipated patient care emergencies. Reports from our members show that on-call is being used instead for elective or nonemergency surgeries, and to fill chronic staffing shortages such as vacations and longstanding holes in the schedule.

The current law also requires that nurses not leave during an ongoing procedure at the end of his / her shift. However, many employers are using that provision to schedule nonemergency procedures towards the end of a nurse's shift knowing that it will require overtime.

In addition, certain settings such as jails and State Veteran's Homes were excluded from the current law. The patients and nurses in those settings deserve the same protection.

We are working to end inappropriate use of prescheduled on-call in order to meet the intent of the law. Limiting mandatory overtime prevents fatigue among nurses and supports safe patient care.

Stand up for Safe Patient Care

LEGISLATORS NEED TO HEAR FROM YOU!

We need to ensure that the public and lawmakers hear from registered nurses, the trusted experts at the bedside and in patient care, not hospital administrators. You will continue to receive regular updates from WSNA in your email, on our website and in *The Washington Nurse* about how the campaign is progressing and what you can do to get involved. We need your voice!

Plan to attend **Nurse Legislative Day** on February 13th and speak with your Legislators in the afternoon.

Use WSNA's automated email system to **send your Legislators a message**—be sure to include a personal story or perspective!

Mail a letter to your Legislators.

Call your Legislators and tell them about the campaign and why these bills are so important.

Visit www.wsna.org to get the latest information and list of legislative activities that you can participate in to help move the Campaign for Patient Safety forward.

Visit Olympia any week day during session. WSNA staff will work with you set up meetings with your Legislators or their staff.

Attend a WSNA meeting in your area to participate in advocacy activities. We are scheduling dinners, hot chocolate socials and other local activities, including driving a special WSNA Mobile Action RV to hospitals across the state with all the resources you need to take action on this issue!

】 Contact Richard Burton, WSNA Political Action Coordinator at rburton@wsna.org or (206) 575-7979, Ext. 3019 for more information about how to get involved.

Update: Budget Crisis Persists

As reported in the last issue of *The Washington Nurse*, the Legislature convened a special session in November lasting 30 days. They were tasked with creating a supplemental budget to close a nearly \$2 billion dollar gap in funding through June 30, 2012. The Governor proposed a preliminary budget that included drastic cuts to critical health programs like the Basic Health Plan, but also released a later budget proposal that included new revenue to offset some of the cuts. WSNA fully supports revenue options that allow this state to have a fair, balanced budget. During special session, WSNA was active in the legislature with members, our staff and lobbying team (see side bar for a list of recent legislative activities).

Unfortunately, very little progress was made in the special session, with Legislators only agreeing on approximately \$500 million in cuts. Now Legislators must close the remaining \$1.5 billion budget gap over the 60 days of the regular legislative session. Many organizations, including WSNA, are urging Legislators to pass a revenue package so that we don't enact another all-cuts budget that continues to shrink the health safety net for some of our most vulnerable populations.

WSNA and our members have spent the past several years fighting to maintain funding for critical programs like the Apple Health Children's Health Program, Basic Health Program, Disability Lifeline, Maternity Support Services and public health funding. Through our hard work, many of these programs have been saved from the chopping block, but unfortunately they are jeopardized again and we are seeing an ever-growing list of endangered programs. It is clear that there is just nowhere to cut that would not have grave conse-

quences for the individuals served by these programs but also for the health of our communities as our public health system struggles to keep up with growing demands.

There is also growing concern about the nursing workforce and our ability to handle the needs of the public if we are unable to boost the number of graduates from nursing programs. An expected 23% of nurse educators will retire before 2013. At the current capacity of our schools, by 2017 the supply of nurses will not be enough to demand. By 2031, we are projected to be 12,000 registered nurses short of what we need. Budget cuts have hurt the ability of schools to attract nursing faculty and have not allowed for needed expansions in program size. Only one out of two eligible students are accepted by nursing programs due to capacity. Many potential students are also being squeezed with ever-increasing tuition that is closing the door to opportunity for these prospective nurses.

Another all-cuts budget hurts our families and jeopardizes economic recovery. Washington used to be a leader in innovation because we made a deliberate choice to invest in schools, jobs, and safe, healthy communities through public health. Now more than ever, we need investments in schools, healthcare, public health, and local community services that will create jobs. It does not make sense to continue to cut the state budget without raising revenue in fair and equitable ways.

We need your voice in Olympia to tell Legislators what budget cuts will mean to you and your patients! Find out how to get involved at www.wsna.org.

IMPACT OF THE CUTS

Nursing Education

By Chris Nelson, a nursing student at Seattle Central Community College and President-Elect of the Nursing Students of Washington State

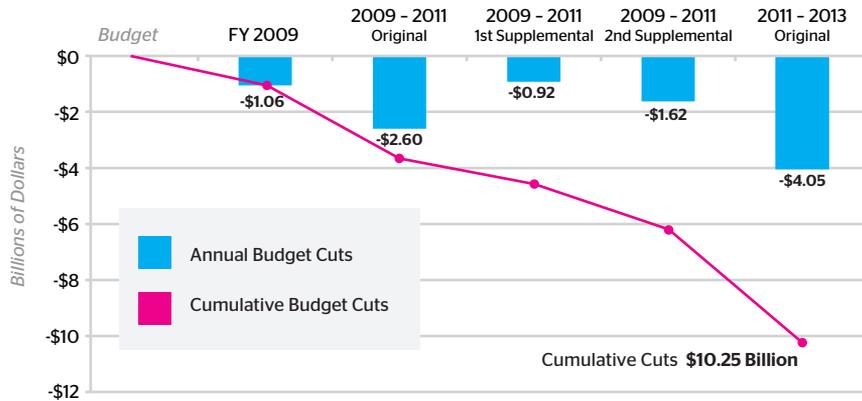
After working a few years on the ambulance as an EMT, I decided to pursue my dream of becoming a registered nurse. Little did I know that tuition and fee hikes would nearly derail me! The first classes I took at Seattle Central Community College were my pre-requisites for nursing school, and I was lucky to receive some financial aid to make my attendance possible.

Then my tuition went up 12%, and the following year an additional 13%. At the same time, my financial aid went down, all due to state budget cuts. Without winning a scholarship from the Washington State Nurses Foundation, I couldn't have remained in the program.

This upcoming June, after completing my ADN, I am transferring to the University of Washington-Bothell to enroll in the RN-to-BSN program but I don't know how I'm going to be able to afford it. They've announced a minimum 20% tuition rate hike with the expectation that the actual rise in costs will be even higher than that. UW is already more than three times as expensive as my community college!

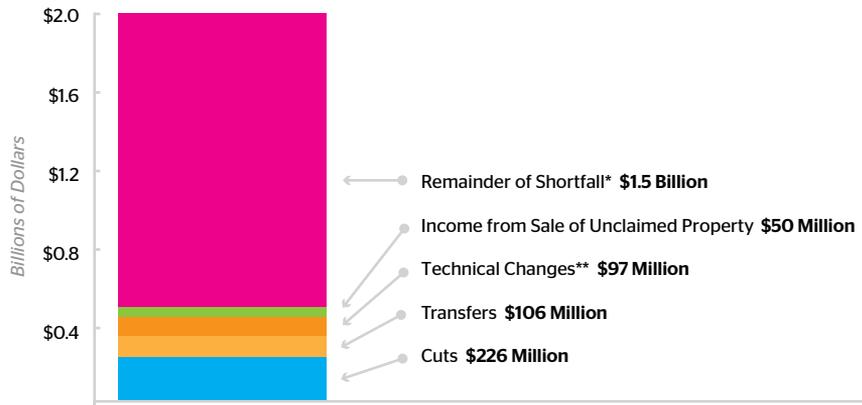
I'm excited to be in school to become a nurse. I know I will make it to the finish line, but I'm scared to think of how on earth I'm going to pay for it in today's economy.

Scope of the Crisis: Over \$10 Billion in Cuts Since Recession Began



Source: Budget & Policy Center calculations; data from LEAP; based on most relevant maintenance levels

The Legislature Addressed Only a Quarter of the Shortfall During Special Session

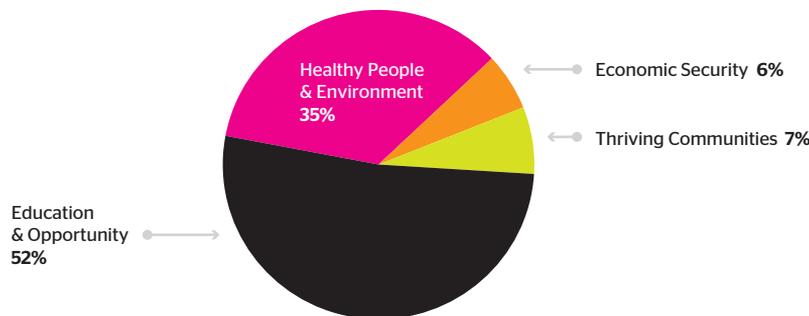


Source: Budget & Policy Center analysis; data from LEAP

* Factors in an ending balance of approximately \$600 million

** Includes changes to caseload, worker's compensation, utilization and other changes to maintenance levels

Health and Education Have Suffered the Largest Share of Cuts



Source: Budget & Policy Center calculations; data from LEAP

WSNA Political Action

WSNA's **Special Session lobby day** brought members to Olympia to speak to legislators about our budget priorities. Participants included Julia Weinberg, Ed Dolle, Anita and Fred Stull, Charlotte Foster, Tina Maestas, Juan Bocanegra, Leanne McFarland, Andrea Sehmel, Jeanette Cole and her daughter.

WSNA President Julia Weinberg **testified at a House Ways and Means Committee public hearing** on the Governor's Proposed Supplemental Budget and highlighted Maternity Support Services, the Basic Health Plan, and Volunteer Provider Program. She also testified to WSNA's support for the Governor's proposed half cent increase in sales tax (which raises only about \$500,000), but urged the legislature to do more to raise revenue. Ginny Cassidy-Brinn, an ARNP and nurse educator, supported Julia's remarks and added concern about cuts to family planning services.

Julia Weinberg delivered an inspiring speech at the **Face of the 99% Rally** on the steps of the capitol, organized by the Community Action Network.

WSNA members participated in the **Children's Alliance Have a Heart for Kids Day**, to support avoiding cuts to Apple Health for Kids and new revenue. Participating members included Clare Brooks and Jeremy King from Children's Hospital, Josephine Saltmarsh and Janet Bowen (UW School of Nursing).

Karen Bowman, WSNA's environmental health specialist, and Libby Zadra, a former oncology nurse, **testified in support of Senate Bill 5594 Hazardous Drugs** which would establish minimum requirements for facilities that handle hazardous drugs to protect employees from harmful health exposures such as hospitals, clinics, and pharmacies.

In numerous meetings, WSNA staff and lobbyists testified or submitted written remarks on maintaining funding for **Maternity Support Services**, cuts to higher education, and several scope of practice issues.

WSNA organized **in-district meetings with Legislators** prior to Special Session in Spokane with Sen. Lisa Brown, in Bellevue with Sen. Rodney Tom, in Everett with Rep. Mike Sells, and in Seattle with Sen. David Frockt. WSNA members participating included Lynnette Vehrs, Bobbi Woodward, Louanne Hausmann, Phyllis Zimmer, Marilyn Albert, Deb Stauffer, Barbara Bly, Reggie Voyk, Leta Tarrell, Donna Borgford-Parnell, and Jeremy King.

During Special Session, WSNA organized **get-togethers in Spokane, Everett and Vancouver** to bring nurses together to write letters to their Legislators. WSNA participants included Lynnette Vehrs, Sue Glass, Ulrike Kaufmann, Sunday Miletich, Janet Bren, Sylvia Meloche, Bronwen O'Neill, Debbie James, Marva Petty, Vicki Wornath, and Madeleine Ormond

IMPACT OF CUTS

Maternity Support Services

Excerpted from testimony provided by Faith Hammel MN, RN, PHSS, Personal Health Services Supervisor, Public Health – Seattle-King County

Maternity Support Services (MSS) is a program that works across time that allows our clients to become independent. The practice of Public Health Nursing is not the episodic care of medicine but the maturing of families to withstand the assault from the outside world. Without the MSS programs, Washington will provide prenatal services but first time moms, teen moms and disadvantaged moms will not receive all the services necessary to support a healthy pregnancy. Our clients do not have built in support systems; they live in chaotic situations and have problems accessing services, Public Health Nursing helps clients learn to manage their own lives. Public health nurses integrate community involvement and knowledge about the entire population with personal clinical understandings of the health and illness experiences of individuals and families within that population.

I would like to share just one client's story with you. This client discovered she was pregnant at 22 weeks. This is much later than normal for pregnant women to begin prenatal care. She was renting a couch at a friend's house for \$80 a month and had only one shelf of refrigerator space designated for herself. She had been living on top ramen for three days and had no gas for her car. She walked five miles to make her first meeting with me. She had applied for her medical coupon but did not have a doctor. In that first visit, we found her an OB provider and made an appointment, arranged for her to receive a gas card so she could drive to her appointment, certified her for WIC food benefits so she could have a

healthy diet, signed her up for a smoking cessation program, educated her on fetal development, assessed her for depression and registered her in Childbirth Education classes.

She kept every appointment with me, the social worker, the registered dietitian, her OB and she delivered a healthy baby at term. She then continued to attend parenting classes, mom's support group and when her child was one year old, she applied and got a slot in a job training program to be a transit driver. She did not earn much money the first year, but after she completed her training, she got a full time job with benefits for herself and her child. I continued to see her in the clinic until her child was 5 and no longer on the WIC program. I have stayed in contact with this mom. Her child is now almost an adult, and I know that I helped equip this mom with the tools that she needed to have a successful pregnancy and her daughter has grown up healthy and happy.

This mom knew she needed the tools to put herself on the road to successful parenting but was unaware of all of the assistance that was available to her. My job was to show her the doors, help her knock and to provide support as she outgrew the need for the program.

WSNA Budget Priorities

WSNA believes that an all cuts approach to the current budget crisis will further endanger the health and safety of our communities. We urge the Governor and the Legislature to consider all options including new revenue and closing tax loopholes to preserve the safety net infrastructure such as:

PRESERVATION OF KEY HEALTH SAFETY NET PROGRAMS

By denying these services, Washington tax payers stand to experience higher costs due to increased emergency room visits and more expensive treatment of chronic illness that could have been better managed or prevented. WSNA supports preserving the infrastructure of safety net programs including:

The Basic Health Plan

With the number of uninsured in Washington at a record high, the BHP is the only affordable option for WA residents who are self-employed or whose employer does not offer coverage. Although the age of participants have increased, the BHP keeps health care cost low.

Apple Health for Kids

This program provides health coverage for low income children. Washington has secured millions in new, flexible federal funding because of the state's leadership in providing health care for children, physical exams, and dental check-ups.

Disability Lifeline

This is the only source of medical care for individuals who are unable to work and don't have access to employer based insurance coverage or the individual market.

Interpreter Services

70,000+ residents in Washington State will lose interpreter services. Inability to communicate with patients means increased medical errors or wrong or unnecessary treatment.

Prescription Drug Coverage

Adult Medicaid pharmacy benefits for 277,000 clients.

PUBLIC HEALTH NURSING & PUBLIC HEALTH FUNDING

Public health nurses and public health departments are the center of a quality health care system and the most cost effective system for disease prevention and health improvement. Washington's public health system is in jeopardy due to decades of neglect and erosion in public health spending. WSNA supports protection of current funding for local public health capacity and dedicated revenue for public health and public health nursing including programs such as:

Maternity Support Services

Elimination of this program will impact 55,000 women with pregnancies at high risk for poor birth outcomes, resulting in expensive hospitalization such as low birth weight or prematurity. For example, low birth weight medical costs average \$49,000 in the first year, compared to an infant with an appropriate weight: \$4,551. MSS has decreased low birth weight for Hispanic babies by 20% and African American babies by 50%.

NURSING EDUCATION

Washington's health care needs grow, and health reform brings higher demand for access to quality to care. WSNA is working with coalition partners to increase nurse faculty recruitment and retention. About 23% of nurse educators are expected to retire by 2012. While WA State will need 60,000 RNs by 2020, current capacity would leave the state short 24,000 registered nurses.

VOLUNTEER MALPRACTICE INSURANCE

A State program providing free malpractice insurance for volunteer health care providers, including RNs at free and low-income clinics is in jeopardy of being eliminated. Volunteer physicians, registered nurses, and other providers gave \$82 million dollars of care to 67,500 patients in 2011 alone.

ISSUE

Protection Against Exposure to Hazardous Drugs in the Workplace

Health care workers are routinely exposed to hazardous drugs in the workplace such as antineoplastics to fight cancer. It's been known since the 1940s that antineoplastics affect health cells and tissue as well as cancerous cells. Nurses, when administering antineoplastics are at risk for bad health effects such as chromosomal aberrations during pregnancy. A 2005 report discovered that nurses who handle chemotherapy have a greater risk of offspring with learning disabilities. The daily handling of hazardous drugs without control measures like engineering and administrative controls along with personal protective equipment and safe work practices, increases a nurse's vulnerability to early development of disease.



Substitute Senate Bill 5594 passed the legislature last year to require the Department of Labor and Industries pass regulations to ensure that health care facilities assess for the risk of exposure to hazardous drugs, put a plan in place, implement appropriate control measures, and provide training to personnel. Some facilities are raising concern about the cost of instituting these protections.

WSNA worked closing with the department to develop comprehensive proposed rules that prevent dangerous exposure and are consistent with other workplace practices such as universal precautions. Karen Bowman, WSNA Environmental Health Specialist and WSNA member Libby Zadra (an oncology nurse from Spokane) testified in support of the rules in public hearings. They spoke from their experience of hazardous drug exposure and the need for Labor and Industries to stay firm on its approach.

The following is an excerpt from Karen's testimony.

My first experience as a nurse, like many nurses in Washington State, started in the hospital setting. It was routine for me to mix my own medications, including chemo drugs, on the little medication cart in the clean linen room; no gloves, no mask, no engineering controls. I didn't realize I was being exposed on a daily basis to drugs associated with chronic disease and even cancers. That was back in the '80's. Close

to 30 years later, we still have the same situation for many nurses in Washington State.

The current use of voluntary guidelines by hospitals and other facilities have not shown to prevent contamination of workplaces and exposure of nurses. With all the voluntary guidelines in place, nurses and other health care providers are still exposed. Research shows that nurses who work with these toxic drugs are still at risk for anemia, thyroid dysfunction and benign and malignant tumor formation. We know that nurses who work with cytotoxic drugs have the highest rates of chromosomal aberrations compared to control groups, and research concludes that daily handling without control measures—like engineering and administrative controls along with personal protective equipment and safe work practices—increases a nurse's vulnerability to early development

of disease. Research is not lacking that demonstrates the need for better control measures, education and consistency with policy and procedure.

Guidelines for the safe handling of hazardous drugs have been in place since the late 1980s; however, confusion remains about the proper handling of the substances. Institutional policies vary and the use of personal protective equipment is inconsistent. We need clear and consistent regulation to prevent and reduce illness and injury associated with exposure to hazardous drugs and that is exactly what draft rule 296-62-500 WAC, Part R Hazardous Drugs, to implement SSB 5594 does.

Nurses are the largest health care provider workforce in Washington and in the United States. We can do better to protect this invaluable resource along with other health care facility employees. The Washington State Nurses Association supports the Department of Labor and Industry's draft rule WAC 296-62-500, Part R Hazardous Drugs. It is consistent, health protective and just makes sense.

WSNA Legislative & Health Policy Platform

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

NURSING PRACTICE & EDUCATION

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

ACCESS TO QUALITY CARE

- Support full access to safe, effective, patient-centered, timely, efficient, affordable, and equitable health care for all.
- Support health promotion education, health literacy, and disease prevention as a major focus of the health care system.
- Address social determinants of health and support efforts to reduce health disparities.
- Support comprehensive health care and wellness services in familiar, accessible and convenient community sites such as schools, workplaces and homes, as well as traditional health care settings.
- Ensure access to nursing services that emphasize the role of registered nurses as qualified providers of health care in all practice settings.
- Enhance patient safety through a systems approach such as the prevention of medical errors and injuries.
- Support and promote advanced practice registered nurses as primary care providers.

FINANCING HEALTH & SOCIAL SERVICES

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

HUMAN RIGHTS

- Support the basic right of all people for equity under the law regardless of race, creed, color, gender, age, disability, lifestyle, religion, health status, nationality, or sexual orientation.
- Promote a culturally competent health care system that recognizes and values differences among people.
- Promote education of nurses, other health-care providers and the general public about the problems of violence, bullying, sexual assault and harassment.

ECONOMIC & GENERAL WELFARE

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

OCCUPATIONAL & ENVIRONMENTAL HEALTH

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

Adopted by WSNA Board of Directors, December 2011

WHATCOM COUNTY

Brar, Balwinder
Duff, Linda
Jappert, Sarah
McCombs, Judith
Nijjar, Sundeeep
Shahan, Allison
Thom, Kristy
Watson, Bronwynn

KING COUNTY

Achacoso, Francis
Adams, Sherry
Aguasin, Maria Cristine
Allakhverdyan, Jane
Anderson, Carl
Anderson, Janette
Anderson, Michelle
Ardt-McAlister, Julie
Arndt, Teresa
Bailey, Domenica
Bailey, Kaitlyn
Banal, Nicole
Barkshire-Coonce, Kristine
Battisti, Summer
Beltran, Kolene
Beringer, Lindsey
Bjornstrom, Steffani
Blay, Stacie
Boudwin, Patricia
Brady, Briana
Brasseur, Andrea
Brock, Aleah
Brunner, Nicole
Bryce, Sara
Bulloch, Allyn
Burton, Deborah
Byers, Anissa
Byrne, Laurie
Candido, Jacqueline
Candido, Melissa
Carney, Susanne
Carpenter, Meghan
Carr, Natasha
Castaneda, Leah
Catlin, Kaitlin
Catudio, Danielle
Chapman, Jill
Chavez, Xochitl
Christly, Benjamin
Chun, Lydia
Clark, Carolyn
Clark, Terry
Cole, Rhonda
Collins, Claire
Costello, Dana
Coulson, Linda
Cruz, Deborah
Dala, Elfira
Daley, Alyssa
Darling, Dawn
Dasalla, Abbie
Davenport, Katie
Del Camp, Keely
Des Jardens, Arielle
Dickson, Elizabeth
Dinnocenzo, Pamela

Drinnon, Allison
Duerr, Jacquelin
Dykstra, Sara
Eastman, Heather
Emami, Babak
Erichsen, Katie
Eshleman, Elizabeth
Fargher, Kristen
Fenstermacher, Sara
Fernandez, Kelly Jean
Fischer, Therese
Franz, Amy
Freeman, Lauren
French, Allison
Gaskill, Kaitlyn
Gates, Bailey
Gegantenio, Alice
Geltman, Paulina
Glennie, Sonia
Goetz, Tamara
Goodrich, Sarah
Gordon, Katie
Graham Murakami, Mary
Graves, Angela
Griffes, Ellen
Grosenick, Martha
Gumber, Rachael
Guthrie, Heather
Halpern, Brian
Handulleh, Asha
Hannafious, Tiara
Hannon, Jennifer
Hardesty, Kimi
Hart, Amy
Hebert, Christine
Hendsbee, Katherine
Hermer, Jacquelyn
Hinkle, Aimee
Hinshaw, Brynn
Hoban, Kaitlin
Horak, Susan
Hossler, Robyn
Howell, Kellee
Hutchins, Eva
Hylton, Casey
Jackson, Alan
Jackson, Karra
Jaithe, Ousman
Jakubowski, Chris
Jannusch, Tera
Jeannot, Sophia
Jensen, Stephanie
Johnson, Christie
Johnson, Whitney
Jones, Amy
Justus, Jacqueline
Kalpakoff, Kathryn
Kamitsuka, Lauren
Kehner, Christine
Khaleghi, Susan
Killian, Kristen
Kimball, Emilie
King, Cristi
Kirkpatrick, Christine
Klauder, Jessie
Kraft, Kelli
Kundtz, Julie
Kuritz, Patrick

Lackey, Jessica
Lagunas, Megan
Lake, Samantha
Lames, Zeus
Lao, Pauline
Lau, Kathy
Lee, Yeon Hoe
Leisholmn, Heidi
Linton, Sarah
Little, Sharon
Lord, McKenzie
Lotshaw, Carla
Luedecker, Carrie
Lund, Emma
Lynn, Aimee
Macaraig, Christy
Martin, Melissa
Marty, Kayla
Mauro, Nicole
McFerran, Rhonda
McKinley, Kara
Mistry, Hemlata
Mittenmiller, Maressa
Mulflur, Kara
Munns, Maren
Murillo, Elena
Murphy, Molly
Murray, Carlie
Namkoong, Lisa
Navarra-Key, Jeannette
Neher, Rachel
Neshmonin, Anna
Ngete, Linet
Nguyen, Ngoc-Chau
Nikodym, Jacqueline
Ninan, Roopa
Nonog, Jemma
O'Connell, Marykate
Ohnstad, Hannah
Oleson, Megan
Olson, Jessica
Oman, Tara
Opersteny, Esther
Ott, Caren
Otterbein, Heidi
Owens, Katrina
Perry, Jessica
Peyton, Courtney
Phoenix, Barbara
Pickrell, Stephanie
Piersol, Melissa
Pomerleau, Amber
Prentice, Katherine
Rabung, Michael
Rall, Jane
Ralston, Caitlin
Rassilyer, Brianna
Ready, Melissa
Reddoch, Jill
Rheingans, Jordan
Richard, Laura
Riderburg, Andrea
Rivera, Erika
Roberts, Amy
Robosa, Jeanelyn
Rogers, Andria
Rowell, Gail

Royston, Cathryn
Ryu, Suzie
Saladanian, Ryanne
Saleh, Ahmad
Sander, Julie
Sanon, Marie-Anne
Santos, Jerome
Saunders, Genna
Sayles, Rachel
Schenkel, Priscilla
Scheuer-Sturgeon, Elisabeth
Schmidt, Sarah
Schoolcraft, Kathryn
Scott, Heather
Scott, Jillian
Scott, Marcy
Seay, Renah
Shalom, Edit
Shannon, Gretchen
Shannon, Sarah
Sharpe, Melissa
Shay, Kaelen
Shea, Jessica
Shingai, Noriko
Shumpert, Christy
Sikma, Suzanne
Sikora, Lisa
Silke, Barbara
Simbulan, Melba
Smith, Chelsea
Smith, Margaret
Smith, Sally
Snyder, Ashley
Snyder, Janae
Songco, Paul Nicolai
Soriano, Christiane Faith
Specca, Emily
St. Cyr, Nadine
Stalmaster, Kristin
Stemmler, Alicia
Steppe, Cheryl
Stillman, Margaret
Sutton, Brett
Swanson, Kaari
Sweet, James
Tachibana, Charleen
Takisaki, Lauren
Tangatailao, Stacie
Thomas, Heidi
Thoreson, Ashley
Tigno, Vincent
Tilch-Bryant, Brandie
Tilton, Alice
Totten, Mary
Tsai, Lauren
Turner, Stephanie
Tyan, Mei
Tyrrell, Brooke
Uberty, Katie
Upton, Linda
Vega-Talbot, Katie
Viau, Noelle
Violet, Amanda
Wainer, Susan
Waiss, Kelli
Walker, Courtney
Wallstrom, Laura

New Dues Rates in Effect

By Patrick McGraw

If you pay dues annually or by installment, then you may have already noticed the change. The new rates were made active for invoices mailed in December 2011 for the annual renewal period of January through December 2012 and for the installment renewal period of January through April 2012.

If you pay dues via payroll deduction, you should notice the change to your dues rate in your January 2012 paycheck.

Should you pay dues via electronic funds transfer (EFT), you will see a change to your dues rate in January 2012.

If you are not sure what your dues rate would be, please feel free to review the membership application for 2012. The membership application is available on the WSNA Web site.

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

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.*

Walter, Debra
 Wamugi, Julie-Ann
 Watt, Beverley
 Wedgwood, Josiah
 Wessner, Emily
 West, Samantha
 Wheeler, Lisa
 Whitbeck, Elizabeth
 White, John
 White, Kelsey
 Wilhelm, Britt
 Wolfe, Madison
 Wolter, William
 Wong, Sheena
 Wright, Emily
 Wright, Paul
 Wrightman, Sara
 Zanzi, Jennylle
 Zerby, Lisa

PIERCE COUNTY

Aalmo, Michael
 Adams, Michelle
 Alston, Theresa
 Anderson, Jordan
 Arana, Nicole
 Assadi, Mary
 Bailey, Rishanne
 Baker, Lorraine
 Barcomb, Barry
 Bawden, Heather
 Bazzetta, Nicole
 Becker, Samantha
 Bell, Linda
 Berger, Heidi
 Berry, Karli
 Black, Desiree
 Blair, K.Taylor
 Bradley, Renee
 Brensinger, Stephanie
 Bruff, Michelle
 Bryan, Elena
 Cabilas, Kristianne Joy
 Camacho, Roseanna
 Cardinal, Jennifer
 Crespo, Angela
 Deichl, Leah
 Delaughter, Leila
 Delphy, Michele
 Devine, Thomas
 Diaz, Gerald Anthony
 Dinglasan, Gladys
 Doremus, Lisa
 Drakeford, Shonte'
 Dustin, Matthew
 Engberg, Elizabeth
 Engelhardt-Parales,
 Maria Jely
 Engelsvold, Jenna
 Erickson, Jodi
 Eschenfelder, Rachel
 Farber, Sharon
 Fernandez, Angela
 Flike, Kimberlee
 Fukuhara, Elizabeth
 Garbutt, Donna
 Gardenhire, Renee
 Gemma, Janice

Goetsch, Sarah
 Gomes, Terri
 Gonnerman, John
 Harden, Wendy
 Hardwick, Kelly
 Harris, Mindi
 Hausmann, Chantelle
 Heintz, Brittany
 Henderson, Susanne
 Hitchcock, Kelli
 Howard, Crystal
 Huh, Kevin
 Hyatt, Megan
 Ignaco, Jean
 John, Susan
 Johnson, Jesse
 Jones, Christy
 Jung, Stefanie
 Khalil, Denise
 Kimmerle, Maria
 Ladner, Kimberly
 Lamanna, Thomas
 Lamy, Joanna
 Lantz, Sabine
 Larson, Sarah
 Libago, Nelia Michaela
 Livernash, Eli
 Lowe, Angela
 Luzzo, James
 Ly, Chan
 Madson, Gabrielle
 Mang, Dickson
 Manginga, Socelinda
 Martin, Susan
 Matson, Charles
 Mayer, Lisa
 McCullough, Rachel
 McGrath, Marilisa
 McKee, Zaneta
 Miles, Scarlett
 Miiholland-Fears, Michelle
 Minhas, Gurpreet
 Minnock, Jaime
 Moccia-Sattler, Judith
 Moore, Kristin
 Murphy, Natalie
 Murray, Alison
 Na, Sooh-Young
 Nera, Lope
 Nguyen, Thomas
 Norcott, Kalia
 Norwood, Kim
 Orallo, Shauna Lynn
 Patamia, Kimberly
 Paul, Dean
 Paulson, Diane
 Perez, Cristina
 Peterson, Cheryl
 Petty, Deborah
 Phillips, Carrie
 Pikla, Devin
 Pittman, Christal
 Randazzo, Cara
 Reaves, Dana
 Reiter, Laurel
 Richter, Alana
 Rivera, Donna
 Rogers, Sangai

Rose, Linda
 Ross, Mary
 Ryan, Tara
 Sampson-Hall, Lanice
 Sanchez-Terry, Dana
 Sandoval, Victor
 Sasser, John
 Secrist, Jessica
 Skovold, Jaclyn
 Sliva, Kathleen
 Sokolovskiy, Olga
 Somera, Enrique
 Soriano, Katherine
 Spannagel, David
 Spurlin, Lindsay
 Steiner, Jesse
 Stevens, Lisa
 Stone, Karen
 Stookey, Jodie
 Swan, Christina
 Thomas, Amina
 Thomas, Cynthia
 Thomas, Megan
 Thomas, Shamay
 Upton, Robert
 Van Dijen, Nicolaas
 Vanlierop, April
 Verhoeven, Lisa
 Walker, Kelley
 Weier, Kathryn
 Weinman, Jill
 Wellendorf, Megan
 Wells, Sharon
 Williams, Andrea
 Williamson, Lindsay
 Willoughby, Sarah
 Winslow, Ashley
 Yabroff, Eve
 Yakimets, Ruslana
 Zarella, Trudy

SPOKANE / ADAMS / LINCOLN / PEND OREILLE

Abbey, Adrienne
 Adams, Anna-Marie
 Aiken, Nicole
 Anderson, Kali
 Balek, Molly
 Nera, Lope
 Barton, Jessica
 Batson, Kendall
 Behan, Kimberly
 Bisson, Nicole
 Bolstad, Rebekah
 Boyer, Chad
 Bozlee, William
 Breuer, Pamela
 Bye, Trissica
 Carlsen, Brady
 Carper, Kari
 Chapman, Audrey
 Chapman, Heather
 Cornutt, Jennifer
 Deakins, Peter
 Di Carlo, Kristen
 Dorius, Nancy
 Eklund, Trisha
 Eldredge, Samantha
 Festner, Amanda

Ford, Debbie
 Foster-Fausett, Jennifer
 Frers, William
 Garner, Janine
 Garza, Marisol
 Godwin, Megan
 Grey, Joylene
 Guthrie, Andrea
 Harrigan, Laura
 Harris, Sara
 Hawkins, Laura
 Hayes, Heidi
 Hilzendeger, Kathryn
 Huppert, Heidi
 Johnson, Kelly
 Jordan, Alisa
 Keatts, Todd
 Kent, Melissa
 Kirkland, Vanessa
 Koberstine, Dianna
 Kopytjuk, Lira
 Lane, Kristin
 Lawrence, Harry
 Light, Carolyn
 Linderer-Hurley, Janice
 Lopez-Garcia, Emerald
 Louis, Robyn
 Lundt, Erin
 Lundy, Brittany
 Mackey, Elisabeth
 Marcotte, Rose
 Martell, Kelsey
 Martin, Stacy
 Martini, Cody
 Mason, Tanya
 Mellick, Yvonne
 Michael, Sarah
 Miller, Linda
 Minayev, Ruslana
 Moore, Karlyn
 Moore, Rachel
 Nelson, Eva
 Olmstead, Jessica
 Omari, Ednah
 Packwood, Katherine
 Page, Loni
 Park, Renee
 Payne, Bryan
 Peters, Meghan
 Pyper, Kimberly
 Read, Ashley
 Sands, Danielle
 Stoker, Megan
 Tara, Rachel
 Thomas, Jesin
 Thwing, Allison
 Tishenko, Konstantin
 Tran, Tra My
 Truitt, Allison
 Uhlman, Allyson
 Vanhoozer, Megan
 Wahler, Sarah
 Wieber, Kathleen

YAKIMA / NORTH YAKIMA

Bickler, Shannon
 Gibson, Lana
 Ojeda, Melissa

CHELAN / DOUGLAS / GRANT

Brown, Christiane
 Buhrman, Heidi
 Garcia, Patricia
 Garcia, Patricia
 Lachica, Ann
 Lagrange, Alison
 McKerlie, Brenda
 Moshe, Erica
 Ruud, Stacey
 Scott, Kathleen
 Smith, Sarah
 Ziker, Lynne

GRAYS HARBOR

Ball, Barbara
 Freinwald-McMahon,
 Victoria
 Greeley, Tara
 Hopkins, Marianna
 Lane, Joli
 McEachern, Mario
 Mitchell, Robyn

WAHIAKUM / COWLITZ

Cramer, Jesse
 Dailey, Valerie
 Evans, Julie
 Nusbaum, Melissa
 Riutta, Kimberly
 Samhammer, John
 Wilkinson, Wendy

CLARK / SKAMANIA

Allison, Tatetum
 Buchholz, Christy
 Chase, Jonathan
 Churchman, Adam
 Coffman, Ryan
 Coiteux, Bradley
 Cooley, Julie
 Decillo, Jackolyn
 Eckhart, Lisa
 Garner, S. Jane
 Hanna, Katherine
 Jenkinson, Teresa
 Langlois, Karla
 Marris, David
 Miller, Sarah
 Minnifield, Bernadette
 Nam, Jatuporn
 O'Reilly, Kady
 Quigley, Patrick
 Rivenburgh, Brandy
 Stoffel, Tamara
 Tagintsev, Nadya
 Thompson, Brenda
 Weisenborn, Janelle
 Yochim, Katharine
 Young, Kerri

GLALLAM / JEFFERSON

Dworsky, Baila
WHITMAN COUNTY
 Leonard, Cynthia
 Reel, Sally

Robson, Ginger
 Smart, Katherine
 Weitz, Kerri

BENTON / FRANKLIN

Blume, Gwendolyn
 Fleming, Ashley
 Garza, Amanda
 Gilbert, Mary
 Hoyt, Katie
 Mayberry, Jennifer
 McElroy, Laci
 Nguyen, Joanne
 Simpson, Jessica
 Sterry, Barbara
 Travis, Jackie
 Wichtendahl, Kathryn

SKAGIT / ISLAND / SAN JUAN

Alvarado, Heather
 Anderson, Maxine
 Andestad, Lori
 Barger, Rebecca
 Bartlett, Diana
 Bentz, Bonnie
 Corr, John
 Edgley, Kirsten
 Hunt, Lorena
 Knight, Patricia
 Little, Taylor
 Maley, Bonnie
 McCormick, Angela
 Moulton, Kristin
 Nicholson, Paul
 Ringhouse, Alyssa
 Risenhoover, Janine
 Rosamonda, Jolene
 Saretto, Laure
 Schmelz, Joyce
 Sheikh, Ajaz
 Shumate, Curtis
 Sklar, Amanda
 Strong, Nellie
 Tomaso, Lynnet
 Woods, Carly
 Worthing, Theresa

KITSAP COUNTY

Scott, Cristen

KITTITAS COUNTY

Graham, Andria
 Henson, Douglas
 Moon, Rachel

ALL OTHER COUNTIES

Claborn, Michael
 Crane, Barbara
 Diaz-Zepeda, Claudia
 Gonzalez, Anabel
 Guzman, Kelly
 Mora, Sarah
 Neely, Tara
 O'Neal, Kasey
 Rosenow, Erika
 Sass, Leanne

Hilda Boerhave Roberts 1917-2011

Hilda Boerhave Roberts died Thursday, September 29, 2011 at age 94. Born in Lynden, WA March 23, 1917 to John Peter Boerhave, who was manager of several departments in the Lynden Department Store, and Grace Pilon Boerhave, who was a nurse. Her parents were part owners of the Lynden Department Store for many years.

She graduated from Lynden High School in 1935. Hilda graduated with a B.S. and a Master of Nursing from University of Washington and attended Columbia University taking coursework toward a doctorate.

Hilda worked as a nurse at King County Hospital in Seattle, WA; she was an instructor and supervisor at Good Samaritan Hospital in Portland, OR in the 1940's. She became an assistant professor and director of the School of Nursing at Washington State College in 1948. She was awarded a National Scholarship by Columbia University, NY and studied "Fellowship in Journalism" and "Nursing Education" in 1951. She became an associate professor in 1953.

She enjoyed traveling and toured Holland, England, Belgium, Norway, Sweden, France and Canada.

Hilda married William S. Roberts in 1956 at the Second Christian Reformed Church in Lynden. She and Bill celebrated their 55th wedding anniversary on August 21, 2011. They resided in Moscow, Idaho for most of their marriage.

While employed by WSU, she wrote and submitted grant proposals which earned the University \$900,000 from 1968-1978. She had many articles published in the Washington State Journal of Nursing and in the American Journal of Nursing.

During her career, Hilda belonged to the American Association of the University Professors, Sigma Theta Tau International Honor Society of Nursing, American Nurses Association, Kappa Delta Pi-education honorary, National League for Nursing, and Pi Lambda Theta-education honorary for women, Oregon State League for Nursing Education, Oregon State Nursing Association.

She was an officer in all the above organizations. She was appointed to the Washington State Board of Nurse Registration for five years by Governor Langlie and was chairman for three years. She also belonged to the American Nurse Association, Washington State Nurses Association, Whitman County Nurses Association, National League for Nursing, Washington State League for Nursing, University of Washington School of



Nursing Alumni Association and the Intercollegiate Center for Nursing Education Alumni Association.

Her many awards include: Certificate for meritorious service and wartime contribution as an instructor for US Cadet Nurse Corps, certificate of appreciation from Colonel Philip Day, Jr. for immeasurable support to the US Army Nurse Corps. Certificate of Appreciation from Governor Langlie for service on the Washington State Board of Professional Nursing, the Mary Roberts' Fellowship in Nursing to study at Columbia University, Certificate of appreciation from President Dwight Eisenhower in 1957 and President Richard Nixon in 1972 for service for the Nation and the National Advisory committee to the Selective Service System, Meritorious Service Award from the Selective Service System in recognition for long-time service.

She invented a syringe medical tray, an adjustable tray for holding syringes and medicines in the 1940's. She took her design to the Washington State Institute of Technology at WSC and it was manufactured by them in 1948 and was used in hospital wards.

Hilda retired from Washington State University in 1982 after 37 years. As the Director of the School of Nursing, a scholarship was established in her name, the "Hilda Boerhave Roberts Scholarship" by the WSU Nursing Department for campus nursing students. In 1989, one floor of the Regents Hill Resident Hall was named the "HILDA B. ROBERTS HOUSE." Hilda was awarded the WSU School of Nursing's Distinguished Alumna Award in 1989.

Her love of nursing was evident all her years as she mentored so many women in their nursing careers while they were in college and after they graduated. She kept her nursing license valid even after her retirement in 1982.

Hilda was preceded in death by her parents; brother John W. Boerhave and wife Dorothy (Kroontje); sister Margaret (Boerhave) and husband Richard McCoy; and nephew John E. Boerhave. She is survived by her loving husband, William S. Roberts of Lynden; nephew Bill McCoy, nieces Joyce (Boerhave) and husband Lloyd Tobiassen, Nancy McCoy, Marilyn McCoy and husband Patrick Jones, Patricia (McCoy) and husband Oral Keen and several great nieces and nephews.

Memorials may be sent to: Hilda Boerhave Roberts Scholarship Fund, Washington State University, College of Nursing, P.O. Box 1495, Spokane, WA 99210.

March of Dimes Nurse of the Year Awards

On December 8, 2011 the March of Dimes annual Nurse of the Year awards were presented during a breakfast program at the Meydenbauer Center in Bellevue, WA. Ninety-five nurses were nominated by their peers, in 14 categories for their contributions to the nursing profession and to patient care.

WSNA CONGRATULATES THE RECIPIENTS OF THE 2011 NURSE OF THE YEAR AWARDS

Nelson Monastrial, RN
Harrison Medical Center

Patient/Clinical Care A Nurse who demonstrates excellence in delivering care directly to the patient in any clinical setting.

Gayle Lanier, MN, RN
Snohomish Health District

Leadership A nurse who has demonstrated exceptional leadership in nursing or patient care services in any setting

Sarah Baumann McMorris, BSN, RN
Overlake Hospital Medical Center

Innovation / Creativity A nurse who has made innovative / creative contributions that have improved patient care.

Brenda Newman, BS, RN
Swedish Edmonds

Education A nurse who has made significant contributions in education, professional development, and / or long-term learning of nursing professionals.

Dawn Corl, MN, RN, CDE
Harborview Medical Center

Research / Advancing the Profession A nurse who has made contributions that have advanced research or advanced the nursing profession.

Molly Ruddy, RN*
Seattle Children's Hospital

Mentoring A nurse who provides positive, professional influence, guidance, and support of other nurses in any setting.

In her role as unit based educator, Molly mentors nurses in the pediatric intensive care unit on a daily basis. Molly designed and developed a program that brings new graduates into the PICU after completion of a six month residency. It is because of Molly's commitment to each of these new nurses that the program has been so successful. Molly is supportive both professionally and personally and is often cited by new graduates as the individual who helped them most in their residency program.

Cathi Woolley, RN
Snoqualmie Valley School District

School Nurse RNs who provide direct care to children in grades K-12 and has made a lasting contribution to the health of students.

Robin Evans Agnew, MN, RN, PhC
University of Washington

New Generation A nursing student who has demonstrated outstanding professionalism and mastered the coursework necessary for a successful nursing career.

Christine DeBois, BSN, RN
Swedish Medical Center

Perinatal / Pediatric A nurse whose influence and service in the care of pregnant mothers and babies exemplifies the mission of the March of Dimes to improve the health of babies.

Sarah Reid, RN*
PeaceHealth St. John Medical Center

Advocacy for Patients A nurse who goes beyond the call of duty to advocate for patients.

Sara is a staff nurse and Sexual Assault Nurse Examiner in the Emergency Department at St. John Medical Center. Sara is often called in on short notice to provide care for victims of sexual assault. In addition to caring for adult victims of sexual assault, Sara is also the sexual assault nurse examiner for pediatric patients at the Child and Justice Advocacy Center. Sara is considered by the sexual assault advocates and prosecuting attorneys she works with to be a caring and compassionate expert for vulnerable patients. Sara is a tireless advocate for her patients and continues to work to improve the Sexual Assault Nurse Examiner program.

Eileen Reichert, ARNP*
Seattle Children's Hospital

Community Service A nurse who has made significant professional or voluntary contributions in community-based settings, such as public schools or community outreach efforts.

Eileen is the Program Coordinator for the Pediatric Advanced Life Support Training Center which provides training to health professionals across the state. She ensures that each class will give the attendees the knowledge and skills they need to save a child's life in an emergency. Her courses are given the highest praise by colleagues and she is well known for her leadership and outstanding quality assurance. She also initiated a Pediatric Basic Life Support course for families of children with special needs. Eileen also works to produce numerous outreach education events for regional and international professionals.

Christine Anderson, RN*

Franciscan Health Systems – St. Joseph Medical Center – Tacoma

Rising Star A nurse who, within the first 18 months of practice, exemplifies outstanding caring, leadership, and professionalism.

Since obtaining her Registered Nurse license in 2009, Christine has demonstrated ease in her skills and shows great compassion for her work. She is a leader, patient advocate and great team player. In the past year, Christine has served on process improvement teams where she has proven herself an ambassador for change. She willingly pilots new ideas and works to ensure they are successful. In her relatively short time as a nurse, Christine has a long list of accomplishments to her name.

Julia Weinberg, RN*

Skagit Valley Hospital

Distinguished Nurse of the Year A nurse whose contributions and accomplishments have had an extraordinary influence within the nursing profession in Western Washington.

Julia is a staff nurse whose contributions have not only advanced nursing practice in her hospital, but statewide. She has a great devotion and love for the nursing profession and is tireless in her efforts to be involved with staff members in all departments and on every floor of the hospital.

She has encouraged many nurses to participate in committees, focus groups and department activities and decisions, always with the purpose of upholding high nursing standards and to provide the safe, quality care our patients

deserve. She worked with hospital management and was instrumental when her hospital made several significant changes including moving to a stick free needleless system. She has also acted as the historian for many labor contracts and has initiated safe standards of care. As the current president of the Washington State Nurses Association, she advocates for legislative priorities that benefit nurses, nursing and health in this state and beyond.

Antonia Alejo, RN

Virginia Mason Medical Center

Legend of Nursing A retired nurse whose lifetime career has advanced the field of nursing for all generations to come.

**Is a member of WSNA*

WSNA WOULD LIKE TO RECOGNIZE 24 WSNA MEMBERS THAT WERE NOMINATED BY THEIR PEERS FOR THE 2011 MARCH OF DIMES NURSE OF THE YEAR AWARDS

Denise Asdal, RN-BC

PeaceHealth-St Joseph Medical Center – Bellingham

Kathy Eaton, BSN, RN

Seattle Children's Hospital

Michelle Meerdink, RN

Franciscan Health Systems – St. Joseph Medical Center – Tacoma

Yasmine Ayzam, BSN, RN-BC

Franciscan Health Systems – St. Joseph Medical Center – Tacoma

Kevin Garcia, RN

Virginia Mason Medical Center

Maria Pastores, RN

Franciscan Health Systems – St. Clare

Janna Brick-Uffelman, BSN, RNC-OB

University of Washington Medical Center

Jennifer Gray, RN

Franciscan Health Systems – St. Joseph Medical Center – Tacoma

LeeOni Pinkley, RN

Ocean Beach Hospital

Molly Brown, MBA, BSN, RN

Seattle Children's Hospital

Courtney Hurst, BSN, RN, CCRN

Seattle Children's Hospital

Jennifer Reilly, RN, CPN

Seattle Children's Hospital

Sally Budack, RN-BC

Franciscan Health Systems – St. Joseph Medical Center – Tacoma

Raquel Jones, BSN, RN

Franciscan Health Systems – St. Clare

Randee Robinson, BSN, RN

Franciscan Health Systems – St. Joseph Medical Center – Tacoma

Arceli Caldejon, RN

Franciscan Health Systems – St. Joseph Medical Center – Tacoma

Matthew Kennedy, RN

PeaceHealth-St Joseph Medical Center – Bellingham

Jason Russo, RN

Seattle Children's Hospital

Evan Delay, MSN, BA, RN

University of Washington Medical Center

Barbara Lafayette, RN

Seattle Children's Hospital

Lauren Ryerson, RN

Seattle Children's Hospital

Debbie DiMaio, RN

Overlake Hospital Medical Center

Amanda Mackey, BS, RN

Franciscan Health Systems – St. Clare

Amy Soule, RN

Skagit Valley Hospital

FEBRUARY 2012

Midwifery Update 2012—13th Annual Pacific Northwest Conference University of Washington Continuing Nursing Education; February 1; Fee: \$245/225; Contact Hours: 7.3 (4 pharm hrs). Contact: www.uwcne.org/secure/display3.asp?SKU=12105-C

Pharmacotherapeutics for ARNPs Pacific Lutheran University/Tacoma; February 3, 2012; Fee: \$169.00; Contact Hours: 7.5; Register at www.plu.edu/~ccnl/ or call 253.535.7683

Preceptor Training for Nurses Virginia Mason Medical Center /Seattle; February 6, 2012; Fee: \$ 175; Contact Hours: 7.5; Register at CNE@vmmc.org or call 206.583.6567

2012 Medical-Surgical Potpourri - Two Day Virginia Mason Medical Center /Seattle; February 7 & 8, 2012; Fee: \$ 175; Contact Hours: 7.8 / 7.6; Register at CNE@vmmc.org or call 206.583.6567

Wound Management (Winter/Spring Course) University of Washington School of Nursing; February 8 - April 12, 2012; Fee: \$3,795; Contact Hours: 130.0; Contact: www.uwcne.org/secure/display3.asp?SKU=12140-C

Health Care Resources Management Pacific Lutheran University/Tacoma; February 10 - May 25, 2012; Fee: \$679.00; Contact Hours: 37.5; Register at www.plu.edu/~ccnl/ or call 253.535.7683

Cardiovascular Care Update 2012 University of Washington School of Nursing; February 16-17, 2012; Fee: \$345; Contact Hours: 14.2; Contact: www.uwcne.org/secure/display3.asp?SKU=12140-C

Update on The Management of STDs and HIV Prevention, with Optional Clinical Practicum Seattle, WA. February 16-17, 2012, CE Available, Contact the Seattle STD/ HIV Prevention Training Center via seaptc@uw.edu and Register Online at www.seattlesthdhivptc.org

Tools and Tips to Improve Your Safety Training Course University of Washington Northwest Center for Occupational Health and Safety Continuing Education; Feb. 29, 2012, Seattle, WA; Contact: <http://osha.washington.edu>

The Changing World of Diabetes—Update 2012 February 29, 2012; Fee: \$245/\$225; Contact Hours: 7.3 (2.3 pharm hours), Contact: <http://uwcne.net/secure/display3.asp?SKU=12111-C>

MARCH 2012

STD Update for Clinicians Yakima, WA, March 1, 2012., Contact the Seattle STD/ HIV Prevention Training Center via seaptc@uw.edu and Register Online at www.seattlesthdhivptc.org

Spanish for Health Care Providers Pacific Lutheran University/Tacoma; March 2 & 16, 2012; Fee: \$239.00; Contact Hours: 12.5; Register at www.plu.edu/~ccnl/ or call 253.535.7683

Annual Neuroscience Nursing Symposium—Expertise, Knowledge and Innovation University of Washington Continuing Nursing Education; March 2; Fee: \$245/225; Contact Hours: 7.3. Contact: www.uwcne.org/secure/display3.asp?SKU=12108-C

2012 GI Potpourri: Spring Update Virginia Mason Medical Center; Saturday, March 3, 2012; Fee: \$175 CH: 7.2; Register at CNE@vmmc.org or call 206.583.6567

Touching Hearts: The Art & Science of Labor Support for Nurses Patti Ramos Family Education Center; March 10, 2012; Fee: \$125; Contact Hours: 6.0; Contact: wyzwomn2011@gmail.com

Why Wait, Simulate! Simulation for Successful Educational Outcomes University of Washington Shoreline Conference Center; March 20, 2012, Contact Hours: 71 

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; March 24, 2012, 28203 22nd Ave. S., Federal Way, WA; Contact Hours: 2.0 and 4.0; Fee: \$35 and \$85; Information and registration: <http://reikitrainingfornurses.com>

Essential STD Exam Skills Seattle, WA, March 26-27, 2012, CE Available, Contact the Seattle STD/ HIV Prevention Training Center via seaptc@uw.edu and Register Online at www.seattlesthdhivptc.org

Diabetes 101: What Every Nurse Should Know Pacific Lutheran University/Tacoma; March 30, 2012; Fee: \$69.00; Contact Hours: 3.8; Register at www.plu.edu/~ccnl/ or call 253.535.7683

Wound Care: Management of Peripheral Vascular Disease and Pressure Ulcers Pacific Lutheran University/Tacoma; March 30, 2012; Fee: \$69.00; Contact Hours: 4.0; Register at www.plu.edu/~ccnl/ or call 253.535.7683

APRIL 2012

Wound Management Fundamentals Course—Spring 2012 A Certificate Program for Healthcare Professionals; April 2—May 19, 2012; Fee: \$595; Contact Hours: 30; Contact: www.uwcne.org/secure/display3.asp?SKU=12180-SP

Certification Review Course for the National Board for Certification of School Nurses (NBCSN) Exam Pacific Lutheran University/Tacoma; April 12, 26, May 10 & 24, 2012 (online via PLU Sakai); Fee: \$219.00; Contact Hours: 12.5; Register at www.plu.edu/~ccnl/ or call 253.535.7683

Falls and the Older Adult: A Holistic Approach to Identifying and Managing Risks and Consequences Pacific Lutheran University/Tacoma; April 12, 2012; Fee: \$69.00; Contact Hours: 3.8; Register at www.plu.edu/~ccnl/ or call 253.535.7683

Wound and Skin Care Pacific Lutheran University/Tacoma; April 12, 2012; Fee: \$69.00; Contact Hours: 4.0; Register at www.plu.edu/~ccnl/ or call 253.535.7683

Bullying & Harassment: A Sepsis in HealthCare North Dakota Nurses Association; April 13, 2012; Fee: \$127.50; Contact Hours: 5.75; Register at judy.beck@trinityhealth.org

Dementia Care: The Tools You Need to Make a Difference Pacific Lutheran University/Tacoma; April 13, 2012; Fee: \$69.00; Contact Hours: 3.8; Register at www.plu.edu/~ccnl/ or call 253.535.7683

Foot Care for Older Adults, Update 2012 University of Washington Continuing Nursing Education, April 13, 2012; Fee: \$245/225; Contact Hours: 7. Contact: www.uwcne.org/secure/display3.asp?SKU=12116-C

Basic Preparation Course for Parish Nurses Pacific Lutheran University/Tacoma; April 16, 17, 18 & May 14 & 15, 2012; Fee: \$489.00; Contact Hours: 25; Register at www.plu.edu/~ccnl/ or call 253.535.7683

Monitoring for and Managing Delirium: Mandate for Patient Safety Pacific Lutheran University/Tacoma; April 21, 2012; Fee: \$69.00; Contact Hours: 3.8; Register at www.plu.edu/~ccnl/ or call 253.535.7683

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
Ken Ryan
PO Box 190913
Anchorage, AK 99519
keninalaska@gmail.com
www.medicalspanish.com

C University of Washington School of Nursing
Continuing Nursing Education
Box 359440
Seattle, WA 98195
206.543.1047
CNE@UW.Edu
www.uwcne.org

D Intercollegiate College of Nursing
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

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

Offers over 30 self-study courses

C

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**

Continuing Education (CEARP) Orientation

March 2, 2012

9:00 a.m. - noon

Are you interested in having your CNE contact hours approved by WSNA? Are you new to the WSNA CEARP (Continuing Education Approval and Recognition Program) process? Attend this free CEARP orientation program and gain increased skills in completing WSNA CEARP "CNE activity & provider unit application" forms.

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

Snacks, coffee and tea will be provided.

RSVP by calling Irene at 206.575.7979, ext 0, and provide your name, facility / agency, email address, and telephone number. We will send additional details about the event shortly before March 2nd.

ADVERTISEMENT

UNIVERSITY of WASHINGTON | BOTHELL



W
BOTHELL

NURSING PROGRAM

**RN to BSN degree
Master of Nursing**

Course content relevant to your clinical practice.

- Nursing classes 1 day/week
- BSN in Bothell, Everett and Mt Vernon (minimum 4-5 quarters)
- MN Friday classes (7 or 11 quarters)

UWB Nursing@uwb.edu

425.352.5000 | **www.uwb.edu**

Get Connected

Need Help Organizing Your Continuing Competency Records?



This folder can be personalized to help you file information verifying compliance with the new NCQAC licensure renewal requirements.

Design your own file folder. Insert tab dividers (included) pertinent to your practice / education documents verifying compliance.

Billing Address

Name

Address

City

State _____ Zip _____

Phone

Shipping Address

Name

Address

City

State _____ Zip _____

Phone

_____ Folders
x \$10.00 per folder
= _____ **Total**

If Paying by Credit Card:

Cardholder Name

Cardholder Signature

Card Number

Card Expiration

Place your order by mail, phone or fax:

Washington State Nurses Association • 575 Andover Park West, Suite 101 • Seattle, WA 98188

206.575.7979 phone • 206.575.1908 fax • wsna@wsna.org • www.wsna.org

Save the Date!

The Future of Healthcare**March 29, 2012, 9 am – 5 pm**

Carlson Theater
Bellevue College
3000 Landerholm Circle SE
Bellevue WA, 98007

Robert Tennant, MA

MGMG Senior Policy Advisor

Robert focuses on federal legislative and regulatory health information technology issues, including the Health Insurance Portability and Accountability Act (HIPAA), electronic health records, electronic prescribing and ICD-10.

Doug Keeley

CEO & Chief Storyteller
The Mark of a Leader

The Mark of a Leader was created by a team of global communications experts and storytellers committed to using the latest and most powerful multimedia tools to help organizations create better leaders. CEO and Chief Storyteller, Doug Keeley, is one of North America's leading communicators, and a self-professed "leadership junkie."

WSNA Introduces Speakers Bureau

Our speakers address a wide range of topics of critical importance to nurses throughout our state. The speakers listed will provide at least a 1.0 contact hour lecture on behalf of WSNA.

These lectures are provided at no cost to WSNA Districts, Local Units, or Schools of Nursing. Other organizations pay \$250 in addition to the speaker's travel and lodging expenses. Payment should be made to the Washington State Nursing Foundation. Speaker's fees will support scholarships and mini-grants provided by the Washington State Nurses Foundation.

- Health Reform and Implications for Nursing
- Continuing Competency (overview of new rules)
- Compassion Fatigue
- Creating a Culture of Safety
- Running on Empty: Fatigue and its Implications for Patient and Nurse Safety
- Leadership, Political Advocacy, and Your Professional Association
- Political Advocacy: A necessary role for nurses
- Preventing Violence in the Workplace
- Safe Staffing Law and How to be an Effective Committee Member
- Social Media: Is your job in peril over your next facebook posting?
- Stress Management in a Hurry

For a full list of topics, speakers and contact information: www.wsna.org/speakers

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.

“What Happens When Something Goes Wrong?”

Attend a free class on *Creating a Culture of Safety*. and receive 3 continuing education contact hours!

Topics

- 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?

Registration

Call Irene at 206.575.7979 x.0 to register.

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.

LOCATIONS & DATES**Tacoma**

February 11, 2012, 9 am – 1 pm
Jackson Hall
314 Martin Luther King Jr. Way
Tacoma, WA 98405

Vancouver

March 14, 2012, 5:00 pm – 8:30 pm
Dinner provided
Heathman Lodge
7801 NE Greenwood Dr
Vancouver, WA 98662

Skagit Valley

April 25, 2012, 5:00 pm – 8:30 pm
Dinner provided
Skagit Valley Casino & Resort
5984 N. Dark Lane
Bow, WA 98232

SPEAKERS**Sally Watkins, PhD, RN**

Assistant Executive Director
Nursing Practice, Education, and
Research, WSNA

Paula Meyer, MSN, RN

Executive Director, Nursing Care
Quality Assurance Commission

Pat McCotter, JD, RN

Senior Healthcare Risk
Management Consultant,
Physicians Insurance, Seattle

Sarah Shannon, PhD, RN

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



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

NONPROFIT ORG.
U.S. POSTAGE
PAID
Seattle, Washington
Permit No. 1282

PROFESSIONAL &
CONTINUING EDUCATION
UNIVERSITY of WASHINGTON

Because brilliance takes a spark.

Energize your health care career with a certificate or degree.

UW Professional & Continuing Education partners with the UW Schools of Medicine, Nursing, Social Work and Public Health to offer you online, evening or weekend programs in nursing, health care administration, mental health, health informatics, gerontology, research, public health and more. Visit us online to explore your options.

W

www.keeplearning.uw.edu