

# The Washington **Nurse**

Helen Behan  
Helen Kuebel  
Frankie Manning  
Maureen Niland  
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*Meet the **BIG NAMES** of the 2012 WSNA HALL OF FAME.*





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– Spotlight Events –

### ANA House of Delegates

June 13 – 16, 2012

Washington, D.C.

### WSNA Leadership Conference

September 23 – 25, 2012

Chelan, WA

### J&J “Promise of Nursing” Gala

October 10, 2012

Seattle, WA

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# The Washington Nurse

**WASHINGTON STATE NURSES ASSOCIATION**

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

206.575.7979 • 206.575.1908 fax • [wsna@wsna.org](mailto:wsna@wsna.org)

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The information in this newsmagazine is for the benefit of WSNA members. WSNA is a multi-purpose, multi-faceted organization. *The Washington Nurse* provides a forum for members of all specialties and interests to express their opinions. Opinions expressed are the responsibilities of the authors and do not necessarily reflect the opinions of the officers or membership of WSNA, unless so stated. Copyright 2012, WSNA. No part of this publication may be reproduced without permission.

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### CONTRIBUTOR GUIDELINES

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

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### ARTICLE SUBMISSION DEADLINES

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

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**DESIGNED, EDITED & PRINTED IN THE USA**

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## You Were Represented

■ *The WSNA staff and elected and appointed leaders represent your interests in a wide variety of meetings, coalitions, conferences and work groups throughout the year, anticipating and responding to the issues the membership has identified as priorities. In addition to many meetings with legislators, 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/SNA Executive Enterprise Conference
- ANA Nursing Practice Network conference calls
- ANA Congress on Nursing Practice and Economics
- ANA IT/Business task force
- ARNP Coalition Meeting
- Council of Nurse Educators for Washington State (CNEWS)
- Collaborative on a Healthy Environment (CHE-WA)
- Department of Labor and Industries Safe Patient Handling Steering Committee
- Department of Labor and Industries rule-making on hazardous drug exposure
- Federal Basic Health Option legislative advisory committee
- Future of Health Care Conference including Planning Committee
- Health Care Access Coalition (to maintain access to medications)
- Health Care Without Harm
- Health Coalition for Children and Youth
- HealthPact Forum Invitational meeting
- Healthy Washington Coalition to Healthy Washington Steering Committee
- Inland Empire Nurses Association annual legislative reception
- Johnson and Johnson Promise of Nursing Steering Committee planning meeting
- March of Dimes 'Nurse of the Year' celebration for Western Washington
- 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
- NSO Advisory Board
- Nursing Students of Washington State (NSWS) Convention and Board meetings
- Pierce County Health Careers Council
- Public Health Funding Roundtable
- Puget Sound Health Alliance and Consumer Engagement Team meetings
- Racial Equity Team
- Rebuilding Our Economic Future Coalition
- Ruckelshaus Safe Staffing Steering Committee Meetings
- Senator Margarita Prentice retirement reception
- 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 & Leadership Subcommittee
- WNAC Future of Nursing Leadership work group
- Washington Chapter of Physicians for Social Responsibility
- Washington Community Action Network (WA-CAN) Rally in Olympia
- Washington Health Foundation Board Meeting
- Washington Patient Safety Coalition Steering Committee
- Washington State Board of Community and Technical Colleges
- Washington State Labor Council (WSLC) Executive Board
- WSLC Legislative Labor Caucus
- WSLC Political Committee
- WSLC reception for legislators
- Washington State Public Health Association Board meeting
- Washington Toxics Coalition
- Wednesday Night Study Group Health Professions Lobby yearly retreat
- Western Governors University-Washington
- WSNA Legislative Advocacy Camp and Legislative Reception
- WSNA Nurse Legislative Day

## Calendar

### APRIL

- 25 Culture of Safety Workshop – Skagit Valley Casino, Bow, WA
- 26 WSNA CEARP Committee
- 26-27 Council of Nurse Educators (CNEWS) – Spokane, WA
- 27 WSNA Cabinet on Economic and General Welfare
- 30 WSNA Occupational and Environment Health & Safety Committee

### MAY

- 1 WSNA-PAC Board of Trustees
- 3-6 NFN Labor Academy and NFN Board Meeting – Chicago, IL
- 8 Inland Empire Nurses Association Spring Gala – Red Lion Hotel at the Park, Spokane, WA
- 9 UW Annual Nurses Recognition Banquet – Benaroya Hall, Seattle, WA
- 10 KCNA Annual Spring Banquet – Shilshole Bay Beach Club, Seattle, WA
- 11 PCNA Spring Banquet – Landmark Convention Center, Tacoma, WA
- 12 WSNA Professional Nursing and Health Care Council
- 18-23 International Congress of Nursing (ICN) – Melbourne, Australia
- 19 WSNA Delegate Orientation for ANA House of Delegates
- 19 WSNA Statewide Local Unit Council Meeting – Seattle Airport Marriott, Seattle, WA
- 21 WSNA Board of Directors
- 28 Memorial Day Observed **OFFICE CLOSED**

### JUNE

- 7 WSNA Disaster and Emergency Preparedness Committee
- 8 WSNA Finance and Executive Committees
- 13 ANA Nurse Lobby Day – Washington, DC
- 14 ANA Healthy Nurse Conference – National Harbor, MD
- 15-16 ANA House of Delegates – National Harbor, MD
- 28-29 Forum of State Nursing Workforce Centers Conference – Indianapolis, IN

### JULY

- 4 Independence Day **OFFICE CLOSED**



By Julia Weinberg, RN  
WSNA President

These past few months have been quite the adventure for me and many of our WSNA staff as we traveled around our state. We weathered the snow, rain, wind and, yes, even a few sunny days. We hit the road in January to spend time with you, at your facilities and in your communities, to talk about WSNA's **Campaign for Patient Safety** and engage as many of our nurses as possible in this legislative fight.

We nicknamed our city-to-city tour the "Rolling Thunder RV Road Show" and visited dozens of cities and hospitals in Washington. This traveling road show was a major component of our outreach for the Patient Safety Campaign, and we just kept rolling into new locations to help educate, agitate and activate our nurses. WSNA has never done anything like this before. I have to say, from my perspective, it was productive—and fun too.

I enjoy every opportunity to have meetings in person with our nurses, and I like talking with you about what's going on with you. On this adventure I was also especially energized to share details about what WSNA is up to. We held unity dinners in Tacoma, Vancouver, and Spokane to follow up on our outreach with the RV. I was also able to join your WSNA nurse reps and organizers as they walked around posting updates on your WSNA bulletin boards and meeting some of you in the break rooms. I appreciated the many impromptu conversations that came from these activities.

At all of these activities, we didn't just ask you to just listen to us. I learned so much by asking you questions and hearing your thoughtful responses to important questions: *What's really going on at your facilities when it comes to staffing? Are you getting your*

*breaks? Or being scheduled for mandatory overtime?* These issues go on everywhere, but they are more prevalent at some units or facilities than others. However, we all recognize that a patient shouldn't have to do unit-by-unit research to find out what kind of care they'll receive. That's why this is an issue for each of us. I could see in my conversations that we all "get it."

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**Three words:**  
*passion, vision, perseverance.*  
**This is our blueprint for success.**

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We asked you to reflect on your own concerns about staffing, and provided tools for you to take action, such as contacting your legislators and letting them know your perspective as a nurse. I appreciated the opportunity to enlist each and every one of you. I want to thank many of you for your willingness to act right then and there by writing those letters to your legislators. *Wow!* That was really awesome work.

Going into this legislative session, we knew it would be a challenging year for our three bills on staffing and patient safety. But we are doing this because WSNA has heard over and over from our nurse members and so many others that the biggest issue for nurses is "safe staffing." We knew this would not be a short-term fight, and we are prepared to devote our time and resources to it until we make meaningful change.

And we did make significant progress with our bills this year. In particular, HB 2501 to limit mandatory overtime passed out of the House and was just a few steps from the Senate floor when session ended. We also returned to one of our core issues and introduced legislation again to ensure

uninterrupted meal and rest breaks for nurses. Lastly, in response to what WSNA has heard from you for the past several years, we introduced legislation to fix our staffing law. We know that staffing committees are not working as intended and there are still no meaningful protections in place to prevent unsafe staffing.

With the economic hardships of the past several years, the pressures on nurses have only increased. Across the state, in almost every facility (including my own), we have seen layoffs, restructures and unit consolidations. We have also seen an increase in the discipline and termination of many nurses, particularly some of our senior nurses who have years if not decades of service without a blemish on their records.

No denying it, we are in the midst of a difficult fight, and there are challenges ahead. However, I want to urge you to read the article in this issue about our **2012 Hall of Fame** inductees. While each of these women took a different path towards success, it's clear that they all shared a few common traits: passion, vision and perseverance. They demonstrate that we each have incredible power and an opportunity to make a difference. I applaud them for their accomplishments, but to me, a far better way to show my respect is to aspire to embody those same traits myself. I am inspired by what they have achieved, and I honor that by pushing myself harder.

Now think about what we, as WSNA nurses, can achieve if we collectively act with passion, vision and perseverance. I know that as we continue to pursue our Campaign for Patient Safety, there will be obstacles. However, when those difficult times occur, I plan to remember those three words: passion, vision, perseverance. This is our blueprint for success. ■



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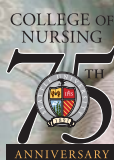


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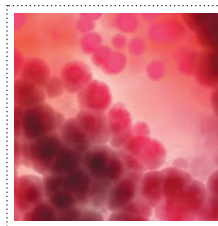
## JOINING FORCES

### WSNA AND ANA SIGN ON TO 'JOINING FORCES' CAMPAIGN

WSNA has joined ANA and the experts in the Department of Veterans Affairs (VA) in committing to “touch every nurse” in the country to raise awareness of post traumatic stress disorder and traumatic brain injury. ANA has partnered with the American Association of Colleges of Nursing, the Department of Veteran Affairs, National League for Nursing and sectors of the nursing profession to support this national **Joining Forces** campaign.

Joining Forces is a comprehensive national campaign launched by First Lady Michelle Obama and Dr. Jill Biden to mobilize all sectors of society to give our service members and their families the opportunities and support they deserve. Joining Forces is calling on all health professionals to be aware of the specific health issues facing service members, veterans, and their families. With the end of the war in Iraq and the draw-down in Afghanistan, over one million service members are projected to leave the military in the next five years. Some will return amputees, and some will quietly suffer with the “invisible wounds of war,” including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, and other challenges. Our nation’s nurses must be prepared to care for this distinct patient population.

Visit [www.anajoiningforces.org](http://www.anajoiningforces.org) to learn more about PTSD and TBI. Equip yourself to recognize, know about and make appropriate referrals to quality programs and services. It is critical that we stand together to demonstrate leadership on this issue to improve the military service members quality of care.



### UNIVERSITY OF VIRGINIA AND ANA CALL TO PROTECT HEALTHCARE WORKERS FROM EXPOSURE TO BLOODBORNE DISEASES

In the 10 years since the passage of the federal **Needlestick Safety and Protection Act**, much progress has been made to reduce the risk of healthcare worker exposure to bloodborne pathogens—yet significant challenges remain. The International Healthcare Worker Safety Center at the University of Virginia and ANA, along with colleagues across the spectrum of healthcare, have agreed on a **Consensus Statement and Call to Action** to address these issues. The statement has been endorsed by 19 nursing and healthcare organizations as a roadmap for future efforts on needlestick prevention.

The **Call to Action** focuses on five pivotal areas in need of attention:

1. Improve sharps safety in surgical settings
2. Understand and reduce exposure risks in non-hospital settings (which include physicians’ offices, clinics, home healthcare, and an array of other settings)
3. Involve frontline workers in the selection of safety devices
4. Address gaps in available safety devices, and encourage innovative designs and technology
5. Enhance worker education and training

ANA, which launched the **Safe Needles Save Lives** campaign in the late 1990s to advocate for national legislation, was the first nursing organization to endorse the statement. Organizations endorsing the statement represent a wide range of nursing specialties, including surgical, infusion, medical-surgical, occupational health, neonatal, and critical care, and many different settings, such as ambulatory care and veterans affairs. Safety and educational organizations are also among the signers, along with AdvaMed, the medical device trade association.

The idea for the Call to Action grew out of a 2010 conference organized by the Safety Center and supported by a grant from the National Institute for Occupational Safety and Health, marking the 10-year anniversary of the federal Needlestick Safety and Prevention Act. Attended by over 100 key opinion leaders in sharps injury prevention, including clinicians, researchers, and industry and government representatives, the conference explored the impact of the federal law in reducing sharps injuries and improving the safety of healthcare workers, both in the U.S. and globally. Conference participants agreed that while significant progress has been made over the previous decade and a half in reducing this risk in the U.S., more needs to be done. The **Consensus Statement** delineates the ongoing issues and current challenges in the field.

» The statement, along with a complete list of endorsing organizations, at [www.healthsystem.virginia.edu/internet/safetycenter/Consensus\\_statement\\_sharps\\_injury\\_prevention.pdf](http://www.healthsystem.virginia.edu/internet/safetycenter/Consensus_statement_sharps_injury_prevention.pdf)



## ANA WORKING TO ENSURE FULL CONTRIBUTIONS OF RNs ON 2ND ANNIVERSARY OF AFFORDABLE CARE ACT

The American Nurses Association, an advocate for health system reform for more than two decades, has been working with federal agencies in the two years since enactment of the **Affordable Care Act** (ACA) to ensure that patients have increased access to higher-quality health care, in large part by enabling registered nurses to practice to their fullest capabilities.

As agencies engage in implementation of the law, ANA has been working to ensure that RNs are fully included as leaders and eligible health care providers in new, patient-centered, team-based models of care, such as “medical homes” and “accountable care organizations.”

Equally important, ANA is urging that advanced practice registered nurses (APRNs) are specifically identified as primary care providers, and that nurse-

managed clinics qualify as “Essential Community Providers” under state health insurance exchanges that launch in 2014.

Under numerous ACA provisions intended to create a more effective and efficient health care system, new rules will affect APRNs’ eligibility to lead health care teams, provide primary care, and receive reimbursement for services. Provisions also will affect patients’ ability to choose their preferred health care provider and to access services timely and conveniently.

ANA also is emphasizing that new initiatives under the law must reflect and measure nurses’ role in care coordination, which can lead to better patient outcomes and lower costs. ANA is focusing on protecting patients by ensuring that “essential health benefits packages” developed by the states meet the needs of vulner-

able populations and feature services that promote long-term health and productivity, rather than just affordability. ANA contends that this package of essential benefits must reflect a strong focus on primary, preventive and community-based care, care coordination, chronic disease management and wellness services.

Alarmed by the growing numbers of uninsured individuals and families, rising costs, and quality of care concerns, ANA has advocated for health reform since the 1991 publication of *Nursing’s Agenda for Health Care Reform*. The guiding principle of ANA’s reform efforts since the outset is that health care is a basic human right.

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## WSNA TO SEND 43 DELEGATES TO THE 2012 ANA HOUSE OF DELEGATES

Preparations are underway for the 2012 meeting of the **ANA House of Delegates** (HOD), the highest governing body of ANA. The HOD meetings will be held Friday, June 15 through Saturday, June 16, 2012, at the Gaylord National Hotel and Convention Center in National Harbor, Maryland. More than 500 elected delegates will gather from across the country to set policy for ANA on critical nursing issues and to deliberate important proposals for the future direction and governance of ANA. WSNA will have 43 delegates in attendance at the meeting.

Prior to the HOD meetings, delegates will have the opportunity to go to Capitol Hill to meet with members of Congress and participate in an all-day **ANA Nurse Lobby Day** on Wednesday June 13th.

ANA is also holding a one-day **Healthy Nurse Conference** on Thursday, June 14. The theme of the conference is “Nurses as Models of Wellness in Action.” Participants will attend sessions on integrating healthy habits into their home and professional lives and have the opportunity to earn continuing education hours. Topics include: *Change Anything: The New Science of Personal Success*; *Work-Related Sleep Loss and Fatigue: Protecting Yourself and Your Patients*; *Safe Staffing*; *Nurses Living Fit*; *Instant Stress Busters for Nurses*; environmental health topics and more. All nurses are invited to attend the conference.

» Please visit the conference site for additional information at [https://hnc2012.cistems.net/Public/registration\\_home.php](https://hnc2012.cistems.net/Public/registration_home.php)

## WHOOPIING COUGH REACHES EPIDEMIC LEVELS IN WASHINGTON STATE

So far in 2012, more than 600 cases of whooping cough (pertussis) have been reported, compared to fewer than 100 cases in the same time period in 2011. This puts us on track to have the highest number of cases in decades. The Washington Department of Health is asking for health-care providers to help stop the spread of this disease by taking the following steps:

**Vaccinate all women of childbearing age, including pregnant women, with a one-time dose of pertussis (Tdap) vaccine**

A new recommendation from the Advisory Committee on Immunization Practices (ACIP) calls for pregnant women to get pertussis vaccine during pregnancy (after 20 weeks gestation). Women who

get Tdap before or during pregnancy pass on extra protection against pertussis to their babies rather than just the typical maternal antibodies transferred during pregnancy. For women who were not previously vaccinated with Tdap, vaccination during pregnancy is preferred, but it may also be given post-partum before discharge.

**Check the immunization status of all your patients and vaccinate them if they are not up-to-date for pertussis**

It's especially important for anyone who has or anticipates close contact with babies to be current on their pertussis vaccine. This includes siblings of infants who should be up-to-date on DTaP. All adults should receive one dose of Tdap

as well. Senior citizens who have close contact with children should also receive a dose of Tdap.

**Test and treat suspected pertussis cases**

Delays in recognizing and treating this disease can lead to increased spread and worse clinical outcomes. Report pertussis cases promptly to your local public health agency.

**Make sure your practice has a system in place to assure your staff and patients are up-to-date on all their immunizations**

Be sure all your staff members get a Tdap. You can easily track all your young and adult patients' vaccination status by using the Child Profile Immunization Registry ([www.childprofile.org](http://www.childprofile.org)).

► View the full letter from DOH and DOH's guidelines for pertussis cases on WSNA's homepage.

## LOUISE KAPLAN TO DIRECT NEW NURSING PROGRAM AT SAINT MARTIN'S UNIVERSITY

Long-time WSNA member **Louise Kaplan, PhD, ARNP, FNP-BC, FAANP**, has been hired to serve as director for a new RN-to-BSN program at **Saint Martin's University**. A new addition to the University's College of Arts and Sciences, the RN-to-BSN program will enhance the ability of nurses to work in today's demanding health care environment and contribute to their communities in the spirit of service and stewardship.

Louise served for 10 years on the WSNA Legislative and Health Policy Council and as WSNA President from 2001 until 2003. During her term, she was the WSNA representative to the Washington Nurse Leadership Council, which developed the Washington State Strategic Plan for Nursing that led to the creation of the Washington Center for Nursing. She was inducted into the WSNA Hall of Fame in 2010.

Most recently, Louise served as a senior policy fellow at the American Nurses Association (ANA) in Silver Spring, Mary-

land. Prior to her role at the ANA, she was a tenured associate professor at Washington State University (WSU) Vancouver, and has also taught for the University of Washington, Pacific Lutheran University and George Washington University. Louise has maintained an active clinical practice as a family nurse practitioner and has served in leadership positions for numerous local, state and national committees, health task forces and advisory councils.

For the RN-to-BSN program, Saint Martin's has designed courses to develop critical thinking and the ability to translate research into practice. Coursework will also focus on health policy, ethics, leadership, care coordination, and the promotion of population health in the community. An integrative capstone experience will allow students to synthesize their learning and make it applicable to their future career plans. Students will have the opportunity to take electives, including a course on traditional Chinese medi-

cine and evidence-based practice that is being developed in collaboration with the Shanghai University of Traditional Chinese Medicine (SUTCM). Another elective course is a practicum to study in Shanghai at SUTCM.

Class sizes will be small, offering close relationships with experienced, accessible faculty members. Saint Martin's will work with incoming students to help them obtain maximum transfer credit, and will assist them with seeking new career opportunities after graduation. Students will be able to enroll for part-time or full-time study. Financial aid is available for students who are enrolled at least half-time.

"Saint Martin's will serve RNs who want to strengthen their knowledge and skills in order to effectively support what is known as the 'triple aim'—better care for individuals, better health for populations and lower health care costs," said Dr. Kaplan.



## NATIONAL NURSES WEEK MAY 6-12, 2012

**National Nurses Week** is officially celebrated annually from May 6, (**National Nurses Day**), through May 12, the birthday of Florence Nightingale, the founder of modern nursing.

Beginning in 1998, May 8th was designated as **National Student Nurses Day** and as of 2003, **National School Nurse Day** has been celebrated on the Wednesday within National Nurses Week each year.

WSNA is proud to join ANA in celebrating **Nurses: Advocating, Leading, Caring**, the theme of the 2012 National Nurses Week. The purpose of the week-long celebration is to raise awareness of the value of nursing and help educate the public about the role nurses play in meeting the health care needs of the American people.

In honor of the dedication, commitment, and tireless effort of the nearly 3.1 million registered nurses nationwide to promote and maintain the health of this nation, we are proud to recognize registered nurses everywhere during this week for the quality work they provide seven days a week, 365 days a year.

In honor of National Nurses Week, all registered nurses in America are encouraged to proudly wear the official ANA "RN" pin, or any other pin that clearly identifies them as registered nurses, on May 6, 2012.

SAVE THE DATE

## 2013 WSNA Convention

May 1—3, 2013

## JOANNA BOATMAN TO RECEIVE ANA 'SHIRLEY TITUS' AWARD

WSNA recently received notification by ANA that Joanna Boatman, RN, Kalama, WA, past president of WSNA and member of the **WSNA Hall of Fame**, will receive the prestigious **Shirley Titus Award** during the 2012 ANA House of Delegates. WSNA nominated Joanna for this award because of her lifelong commitment and outstanding contributions to WSNA and to the advancement of the economic and general welfare of nurses in Washington State and across the nation. Joanna has been an active member of WSNA since her graduation from nursing school in 1951.



The Shirley Titus Award was established in 1976 in recognition of Shirley Titus who, at the 1946 convention of the American Nurses Association, convincingly urged ANA to formally launch a national economic and general welfare program. The purpose of the award is to recognize the contributions that an individual nurse has made to the ANA or to any of its state nurses association affiliates and their economic and general welfare programs. The honoree must have demonstrated expertise in the professional and technical areas of economic and general welfare and have made significant contributions to these activities. The individual nurse must also have contributed to the improvement of the quality of patient care. The award is presented every two years.

During her more than 60 years in WSNA and ANA, Joanna served as both President and as a member of the Boards of Directors for Lower Columbia and King County Nurses Associations. She twice served as President of WSNA from 1989 to 1993, and again in 2003-2005.

As a two-term WSNA President from 1989 to 1993, Joanna successfully led the Association in its difficult fight back after the devastating raids on WSNA by other unions. In her first term, she visited nearly every district and local bargaining unit (there were more than 85 at the time) in WA State at least twice to let nurses know she was

listening and responding to their concerns. It was her leadership and commitment to WSNA and ANA that enabled other members to fight to preserve WSNA in this very difficult time, and her presence and willingness to listen had a reassuring effect on the membership.

In the 1950's, Kalama, like other small towns, had no immediately available health care and so it was not thought unusual when Joanna became the "nurse" in her home town. In addition to her regular job, Joanna spent 25-30 hours a week sitting with dying patients, giving immunizations or other prescribed medications, doing wound care, and providing respite to parents while comforting ill children. The people in that community had their own "nurse" and were as proud of their nurse as she was in caring for and about them. During World War II, she served as a member of the County Civil Defense team, scanning the horizon for enemy planes. Years later, she was honored by the Washington State Patrol for her role in assisting citizens during the aftermath of the Columbus Day storm.

Joanna's nursing career was spent primarily in the operating room, where for more than 44 years, patients, doctors, and fellow staff nurses all expressed confidence in her abilities. As picket captain during the long sixty-nine day strike at Virginia Mason in 1976, Joanna cham-



pioned the role of the nurse as patient advocate and devoted the last two weeks of the strike convincing administration that nurses' input into patient care issues was essential.

Even today, she volunteers her time in her community, meets with local unit members across the state and continually emphasizes the importance of the point of view and concerns of the staff nurse. Whether it's as a delegate to the ANA convention or as a delegate to the National Council of State Boards of Nursing, Joanna has always represented the staff nurse. She was the first staff nurse to become WSNA President, the first staff nurse to be appointed to the Washington State Nursing Care Quality Assurance Commission and the first staff nurse to be elected as its Chair.

Always politically active, Joanna has been actively involved in her political party and in both WSNA-PAC and ANA-PAC activities. She was the first woman mayor of Kalama and served four years on the Kalama City Council as well as being chair for the Cowlitz County Planning Council. She has also served two terms as President of Washington Women United, has been a member of the Cowlitz County Historical Society Board and a member of the Grange for more than thirty years, and has provided endless hours of community volunteer work beautifying the roadsides along the freeway and other community areas.

"Joanna Boatman is truly a 'nurses' nurse,' and her work on behalf of staff nurses, the E&GW program and the profession is well recognized and will be long remembered. The enduring value of Joanna's achievements lies in her efforts and successes in having the worth and dignity of every staff nurse recognized. She is most deserving of this honor," said Julia Weinberg, WSNA President. "We are delighted to share her achievements with the rest of ANA."

## King County Nurses Association

### DISTRICT 2

#### Annual Meeting & Spring Banquet

*Thursday, May 10, 2012*

*Shilshole Bay Beach Club*

Join King County Nurses Association for the **Annual Meeting & Spring Banquet**—Thursday, May 10, at the Shilshole Bay Beach Club. The event will include presentation of the **Shining Star nurse awards**, the annual auction (100% of proceeds benefit the KCNA scholarship fund), an opportunity to meet the 2012-13 scholarship recipients, and a gourmet meal to enjoy while gazing out at lovely Shilshole Bay.

Come and enjoy appetizers while visiting with colleagues and perusing this year's silent auction, including handmade items and certificates to enjoy popular attractions. Over dessert, join the live bidding for such items as gourmet meals at local restaurants and overnight stays within easy reach of Seattle.

The cost of this event is \$45 per KCNA member, \$50 per nonmember, and \$40 per student. Register online at [www.kcnurses.org](http://www.kcnurses.org) (click on events). The registration deadline is April 30.

## Pierce County Nurses Association

### DISTRICT 3

#### 'Keeping the Magic in Nursing'

*Friday, May 11th, 2012*

Please join us for the **Pierce County Nurses Association Annual Banquet!**

The annual Nurses Week Banquet for the Pierce County Nurses Association—and any student nurses, nursing faculty, nurse practitioners, or retired nurses who would like to attend—will be at 5:30 p.m., Friday May 11th, at the Landmark Convention Center in Tacoma. Tickets are \$25 per person.

Please RSVP by sending us an email at [office@piercecounrynurses.com](mailto:office@piercecounrynurses.com), or visit the Pierce County Nurses Association website at [www.piercecounrynurses.com](http://www.piercecounrynurses.com) for more information.

## Inland Empire Nurses Association

### DISTRICT 4

*My fellow colleagues and IENA members:*

*As IENA president, I welcome everyone back after the holidays. I hope each of you had a wonderful Christmas, Hanukkah, Kwanza, and New Year with your loved ones. It seems that the days still darken early, but we are at the point where we can see light at the end of the tunnel and Spring will be here in a few weeks. I continue to hope that you will take time out of your busy schedules to attend an upcoming event sponsored by your professional organization and perhaps decide to join the Board of Directors!*

*Louanne E. Hausmann, RN, ADN, BSN, MA  
IENA President*

#### Local Unit Dinner

The January dinner with Local Unit Chairs (LUC) was rewarding and productive. Many good ideas were shared for improving our continuing education program as well as enlightening the Board on what is happening in the Local Units. We were all very impressed that the LUC from Pullman drove to Spokane to join us! As a member of a non-collective bargaining unit myself, I am very interested in what is happening to our members and the difficulties they face that preclude delivering the patient care that all professional nurses know is so necessary.

#### Nurse Legislative Day

WSNA Nurse Legislative Day was held February 13th in Olympia. IENA again chartered a bus that left Spokane on February 12th with 30 WSU Nursing Students, two WSU Advanced Nursing Students, one Nursing Instructor, and me on board. We picked up another student in Ellensburg. Nurse Legislative Day began with a workshop on the "hot buttons" for WSNA in nursing today and how to communicate

with legislators. Both Washington State gubernatorial candidates gave a brief presentation, giving attendees the opportunity to hear their perspectives. Likewise, they heard our perspectives as well. Many nurses and students stood up to succinctly let these two gentlemen know just how strongly the nurses in Washington State believe in the future of patient care, no matter where it is provided. Just imagine actually having access to these candidates and being able to provide a voice to nursing! Freedom of speech is such a powerful tool. The candidates and elected officials need to know, and occasionally be reminded, that they work for their constituents, not the other way around. That is just what occurred. I personally was able to talk with three legislators about an area in nursing that stirs my passion. This is an election year... let your voice be heard loud and clear!

#### Continuing Education

By the time you read this, we will have held our annual Continuing Education Workshop and Dinner on March 6th at Mukogawa Commons. The topic was Alternative Care with a focus on Biotherapy and Music Therapy. The Biotherapy lecture was presented by Sharon Mendez, RN, Wound Care Specialist at Holy Family Hospital. Catharine Drum Scherer, MA, Certified Music Thanatologist gave the lecture on Music Therapy. Nursing and the provision of patient care has changed radically since I graduated 38 years ago. We now have so many specialty areas that are essential to the provision of patient care. This was an eye opening event for me.

#### Annual Spring Gala

*May 8, 2012*

*Red Lion Hotel at the Park*

The Spring Gala is set for May 8th in the Skyline Ballroom at the Red Lion Hotel at the Park. We will present our annual awards, scholarships, and recognize nursing excellence in the Inland Empire. Our keynote speaker is Tracey Whybrow, who will discuss "Communications in Healthcare." I have heard Ms. Whybrow speak at two local American Association of Critical Care Nurses Annual Spring Symposiums and can state without reservation that she is a dynamic presenter.

» If you would like to learn more about IENA, visit our website at [www.spokanenurses.org](http://www.spokanenurses.org). To be notified of upcoming IENA events, please send an email to [iena@aimcomm.net](mailto:iena@aimcomm.net).

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## Be prepared for the unexpected.

Get a WSNA Emergency Preparedness Kit.

### Standard Kit \$34.99

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| 1 Datrex packet of 9 food bars              | 1 pair leather palm gloves  |
| 1 Thermal Blanket - 84" x 52"               | 1 sling bag   |
| 2 Air-activated 12-hour body / hand warmers | 1 hygiene pack (1 tissue packet, 3 moist towelettes, 1 biohazard wate bag, 1 n-95 dust mask, 2 sanitary napkins, 1 zip baggie)  |
| 1 Hooded Poncho                             | 1 first aid pack (3 2"x2 gauze pads, 15"x9" abdominal pad, 10 plastic strip bandages, 1 roll Kendall tape, 3 antiseptic towelettes, 2 antibiotic ointments, 1 pair vinyl gloves, 3 alcohol wipes) |
| 3 Trash Bags                                |   |
| 2 12-hour light sticks                      |   |
| 2 zip baggies                               |   |
| 1 flashlight with 2 D cell batteries        |   |
| 1 Whistle                                   |   |

### First Responder Kit \$49.99

- |   |   |
|---|---|
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| 1 Datrex packet of 18 food bars             | 1 deck playing cards  |
| 1 Thermal Blanket - 84" x 52"               | 1 pair leather palm gloves  |
| 2 Air-activated 12-hour body / hand warmers | 1 sling bag   |
| 1 Hooded Poncho                             | 1 hygiene pack (1 tissue packet, 3 moist towelettes, 1 biohazard wate bag, 1 n-95 dust mask, 2 sanitary napkins, 1 zip baggie)  |
| 3 Trash Bags                                | 1 first aid pack (3 2"x2 gauze pads, 15"x9" abdominal pad, 10 plastic strip bandages, 1 roll Kendall tape, 3 antiseptic towelettes, 2 antibiotic ointments, 1 pair vinyl gloves, 3 alcohol wipes) |
| 2 12-hour light sticks                      |   |
| 2 zip baggies                               |   |
| 1 flashlight with 2 D cell batteries        |   |
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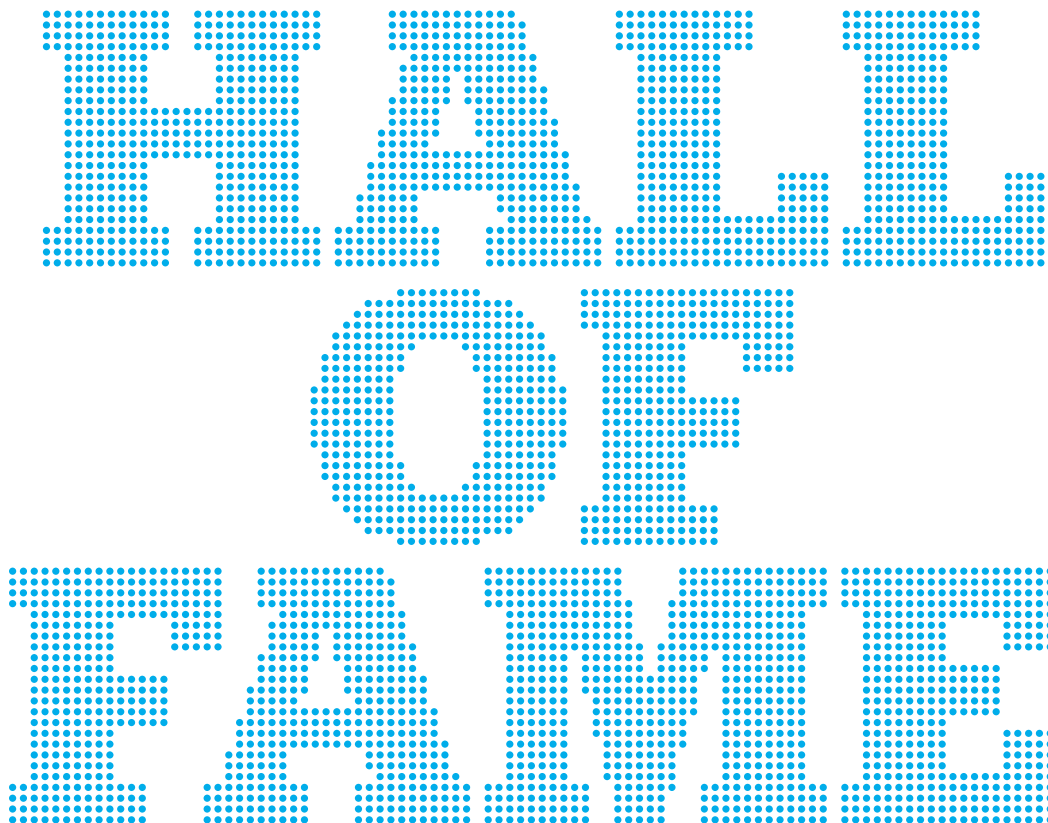
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*On Tuesday, March 27th, 2012 the Washington State Nurses Association inducted six new members into the WSNA Hall of Fame. In a ceremony held in Seattle, the inductee's accomplishments and contributions were recognized and each spoke to the gathering of over 175 people about their careers.*

WSNA unveiled its Hall of Fame in 1996, recognizing the dedication and achievements of Washington State registered nurses who have made significant lifetime accomplishments in the nursing profession. Each inductee has demonstrated excellence in the areas of patient care, leadership, education, public service, nurse advocacy, heroism, patient advocacy, or clinical practice, and for achievements that have value to nursing beyond the inductee's lifetime. In addition, each has demonstrated excellence that affected the health and/or social history of Washington State through sustained, lifelong contributions.

"Induction into the Hall of Fame is the highest honor that we bestow on an individual. These six new inductees are truly remarkable. They have not only improved numerous lives throughout their careers, but they are each leaving a legacy that will advance health and nursing in Washington for years to come. WSNA is proud to add these six deserving individuals to our Hall of Fame. They truly exemplify and embody the spirit of compassion, perseverance, intelligence and courage that runs through the nursing profession." — *Judy Huntington, MN, RN, Executive Director of WSNA*

*You can find biographies of all the past Hall of Fame honorees on the WSNA website at [www.wsna.org/Hall-of-Fame](http://www.wsna.org/Hall-of-Fame)*



With over 35 years of direct teaching experience, at all levels and with thousands of students, **Helen Behan, MN, RN**, has helped to produce active, competent and caring nurses that continue to serve our communities and advance our profession. Her personal dedication to lifelong learning and service has inspired countless students to hold these same values.

Helen graduated from the Virginia Mason Diploma School of Nursing in 1951 and went on to complete her BSN at the University of Washington in 1953. She later earned her Master's in Nursing at the University of Washington and completed a post-Master's program in rehabilitation nursing. She began her career as a public health nurse then moved on to delivering direct patient care at Harborview, Boeing and with the Veterans Administration.

Helen worked at the VA until an auto accident prevented her from lifting patients. No longer able to provide bedside care, she knew she had to pursue other pathways. Associate Degree programs were being expanded in Washington State and Helen was invited in 1971 to join the faculty of the new program at Seattle Central Community College. Using the community college system to expand access to nursing education programs was a bold idea at the time and enabled a more diverse population to receive training. Helen worked hard to help develop curriculum and meet standards for national accreditation.

Seeing the need to help promising students, she began assisting students with tutoring on her own time to help them meet the rigorous requirements. She has maintained that commitment to student success by continuing to tutor to this day.

After finding a talent and passion for teaching, she took a teaching position at Everett Community College in 1973. When nursing moved toward the primary care model, Helen was asked to develop the Career Mobility LPN to RN program. The first class of LPN's started in the summer of 1983, and every participant in the pilot

## HELEN BEHAN

During her career, Helen also spent two years in Oregon serving as the Director of Nursing at Umpqua Community College where she worked to expand the healthcare curriculum and continuing education courses, in particular, assisting LPN's and former military medics with advanced placement courses to complete their RN requirements.

Despite officially retiring in 1993, Helen continues to teach part time at Everett Community College. She also remains committed to fostering student success, helping English as second language students with their Nursing Assistant Certification. Helen also currently serves as a Pastoral Care volunteer at Providence Hospital, Colby Campus where she provides spiritual care and comfort to patients as only she can.



Helen has been a member of WSNA since she became an RN in 1951, over 60 remarkable years. During that time, she has served in numerous leadership positions with WSNA, the King County Nurses Association and Snohomish County Nurses Association. She has attended nearly every WSNA Convention and 15 Nurse Legislative Days with her students, including the very first Nurse Legislative Day. She has also been a longtime leader in the American Association of University Women, including serving as the President from 2009-2011.

We honor Helen for expanding the nursing profession to such a diverse number of students from so many different circumstances and beginnings and in so many different settings. Helen's contributions are invaluable.



*Left:* Pam Pasquale and Helen Behan

*Center:* Hall of Fame Member and Past WSNA president Joanna Boatman with retired nurse and longtime community health advocate Charlotte Ruff

*Right:* Washington Center for Nursing Executive Director Linda Tieman and Helen Kuebel

**Helen Kuebel, MSN, RN**, has consistently demonstrated a commitment to addressing the needs of underserved populations. Her dedication to reaching out and educating prospective nurses in rural communities will have a lasting impact on health in Washington.

A graduate of the University of Michigan with a BSN and The Catholic University of America with a Master's in Nursing, Helen spent more than 20 years at Lower Columbia College expanding and improving the nursing education program. Starting first as a faculty member, she went on to serve as Dean and Director of Nursing Programs at Lower Columbia. Upon her retirement in June of 2011, she was named Dean Emeritus by the Lower Columbia College Board of Trustees.

Her leadership and ability to think outside the box resulted in Lower Columbia College's receipt of several grants that enabled the expansion of nursing education across the state of Washington through distance education with an emphasis on serving rural and outreach students. By finding innovative new ways to reach these students, she increased the supply of nurses who will ultimately provide quality nursing care to rural patients and families. This work included development of the Rural Outreach in Nursing Education program which was recognized as a 'Best Practice' by Governor Gregoire. This award-winning online program enables students to take courses remotely while completing clinical work at partner facilities in the state.

Nursing educators and administrators from other states across the country reach out to Helen, seeking her guidance in their efforts to replicate what she has done in their respective nursing programs. She also co-authored a chapter in the book *Rural Nurse: Transition to Practice* about the rural outreach program.

Helen has shown an amazingly keen sense of innovative and creative thinking in her tenure at Lower Columbia College. She has

## HELEN KUEBEL

served others in a humble manner, never calling attention to her part in the overall success of the nursing program at Lower Columbia College and other programs across Washington State. However, she has still been honored by numerous organizations for these contributions including being named a 'Friend of Rural Health' by the Washington Rural Health Association.

During her 20-plus year involvement with the Washington State Nurses Association, she has served as President of Washington State Nurses Foundation and Vice President of the WSNA. She has also served two terms as president of the Council on Nursing Education in Washington State (CNEWS). Her involvement in these organizations speaks to her passion and commitment to ensuring the highest quality nursing education and practice.



Helen continues to contribute in her work as a consultant to the Seattle/King County Workforce Development Council. She reviews programs, advises and communicates best practices for nursing and allied health education projects involving six community and technical colleges in the Seattle area.

For her work improving access to education, and therefore access to health care, we honor Helen Kuebel. Her leadership has been an asset to the nursing profession and her innovative approach to education will continue to improve health in Washington, particularly in rural areas, for years to come.





For nearly five decades, **Frankie T. Manning, MSN, RN**, has dedicated herself to public service through a nursing career spent in a number of roles within the U.S. Department of Veteran Affairs, on professional boards, as a faculty member for several academic nursing programs and through her service in the U.S. Army.

#### FRANKIE MANNING

She began her career in Tulsa, Oklahoma, as a staff nurse on a medical-surgical ward for African American patients. She has had assignments in the U.S. Army Nurse Corps as head nurse, nursing supervisor, director of quality improvement, Chief Nurse and Director of Education. During her service she was deployed to Saudi Arabia, functioning as special assistant to the commander for the 50th General Hospital and as the special projects officer with emphasis on counseling and guidance of soldiers who were non-deployable. After a 22 year military career span, she retired in 2000, with the rank of Lieutenant Colonel.

At the Department of Veteran Affairs, Frankie made significant contributions in education and clinical practice including expanding access to veterans throughout the Puget Sound region by developing community outreach programs, clinics and mobile medical units. She helped establish veteran health screening clinics at Pike Place Market, Bellingham, Port Angeles, and Friday Harbor. She also developed the VA learning opportunity residency program for nursing students into a nationally-recognized program.

Frankie has consistently developed programs to enhance services to patients and communities. This is reflected in her early work improving services to women veterans. In the early 1970s, prior to the many program initiatives for women veterans, she established basic procedures and procurement of equipment to support women veterans. In the 1980s she chaired and guided the Women Veterans' Program for Western Region of DVA. The standards of care, policies and procedures including the improvement in clinical

guidelines, research and resources still remain in place today.

Frankie's visionary leadership is characterized in her efforts to provide an intergenerational "Partners Program" linking veterans and junior high and high school students to build mutual support systems. This program has served as the launching mechanism for students to progress into health care with an emphasis on nursing. This collaborative program has served many minority and disadvantaged youth. She was also a co-founder in the early 1970s of the Family Clinic Service for women and children to provide one-stop preventive services in the local minority community.



Frankie was selected as the first nurse to serve on the King County Board of Health in 2003. In 2004, she was appointed by Governor Locke to serve as board member for a three-year term on the Washington State Board of Health. Frankie also served as the State Board of Health representative on the Council from 2006 through 2011. In February 2011, she was appointed to the Governor's Interagency Council on Health Disparities as a consumer representative. Frankie has also been recognized with numerous awards, including the 2010 March of Dimes Nursing Legend award, and the 2004 American Organization of Nurse Executives (AONE) Community Partnership Award.

She continues to serve her community through various organizations including WSNA, the King County Nurses Association, and the local chapter of The Mary Mahoney Professional Nurses Organization. Frankie's continued interest in improving the lives of others is reflected in the many hours of volunteer work she provides to elders, the homeless and to other underserved populations. She has been characterized by her nursing colleagues as a strong leader, visionary nurse, mentor, coach, and guide.



*Left:* Frankie Manning

*Center:* WSNA Senior Political Analyst Sofia Aragon, WSNA Vice President Susan E. Jacobson, and WSNA-PAC Board Member Pamela Newsom

*Right:* Maureen Niland with her sisters Carolyn Frazier and Diane Jones

Since the beginning of her career, **Maureen Niland, PhD, MS, BSN, RN**, has shown a deep commitment to providing excellent patient care and fighting against discrimination, particularly in health care systems and the provision of care.

Maureen attended the De Paul Hospital School of Nursing in Norfolk, Virginia. An experience in school would go on to spur her passion for social justice and deepen her belief that all people deserve to be treated equally. When she and a group of classmates were traveling to Florida for the Student Nurses Convention in 1960, several restaurants along the way refused to serve Maureen's African American classmates in the dining room and would only let them eat in the kitchen. All of the students on the bus refused to let this happen and they ended up not eating during the entire trip down to Florida.

Later, Maureen was employed as the head nurse of a Coronary Care Unit (CCU) that had segregated floors for white and African American patients. Faced one day with a patient care emergency, Maureen made the decision to move an African American patient into a semi-private room on the white floor. Despite being reprimanded by her boss, she continued to make decisions based on patient needs and the administration soon stopped caring about her integration of the floors. During this integration, she always took care to introduce the two patients sharing the room, knowing that the way patients were approached and introduced would have a huge impact on their experience and satisfaction. No patients ever complained.

Maureen's ability to bring different groups of people closer together served her well throughout her career, including her work building partnerships between physicians and ARNPs in clinics, improving the educational experience for Hopi Indian students and finding grant funding from the Seattle Housing Authority for Community

## MAUREEN NILAND



Health Nursing at Holly Garden Community Neighborhood in Seattle.

Maureen brought the same tenacity to her work as a nurse in the Air Force Reserve. She retired at the rank of Colonel after over 25 years of service including flight nurse, assistant chief nurse, and Commander of the 40th Aeromedical Evacuation Squadron. She also spent time both working with veterans in direct patient care and working for the Veteran's Administration as a nursing education instructor.

Maureen spent much of her career in teaching and education, working in many different parts of the country. At both the University of Washington and Seattle University, she developed and administered nursing undergraduate curricula that increased the focus on prevention and on community health across the life span. She pioneered and designed the use of learning modules and learning contracts. At Seattle University, she developed and started the Master's of Science in Nursing degree program which focuses on community health for vulnerable populations.

Throughout a busy career, Maureen has maintained membership in WSNA since 1970 and has held leadership positions in the Washington State Nurses Foundation and the King County Nurses Association. She has also been active in Sigma Theta Tau and Broadway House, an organization supporting low-income housing for homeless women.

Maureen retired from Seattle University in 2005 and was named Professor Emerita before returning to serve as Acting Dean in 2009 and Special Assistant to the Dean in 2010. She has now re-retired, but remains active in St. Patrick's Parish in Seattle and the Public Health Reserve Corps. Throughout her life, she has been a champion for those who are vulnerable or without a voice, and continues to lead by example today.





Ever since she was a little girl, growing up on a dairy farm in Buckley, **Gretchen Schodde, MN, ARNP, FNP-BC**, knew that she wanted to go into health and medical care. She received her bachelor's degree in nursing in 1968 and master's in nursing in 1975, both from the University of Washington.

Soon after leaving school, she became a leader in the nurse practitioner movement in Washington State. The movement began in Colorado and the Washington-Alaska regional Medical Program began looking into training nurses in this region with additional skills. In the 1960s, many rural communities did not have adequate access to medical care because they were too far away from bigger cities and there was a doctor shortage. Gretchen remembers the town of Darrington in the North Cascades that put up a sign reading, "This town needs a doctor." In 1973, Gretchen became one of the first two nurse practitioners in Washington State and was sent to that very town for on-the-ground work.

Gretchen went on to help pioneer the University of Washington's first nurse practitioner program, earning her Master's degree along the way by leading courses and embarking on nearly a decade of teaching.

Gretchen harbored a dream, however, to help build an educational, recreational health community. She left UW in the early 1980s, but was unsure what to do next. While spending time teaching part time and working in clinics, she continued to feel there was important work still ahead for her.

In 1985, Gretchen went to St. Andrew's House in Union for a retreat, and she describes it as feeling like she had come home. Upon returning a second time, she simply didn't leave, and began living and volunteering at St. Andrew's, sometimes sleeping in the pantry. When the adjacent property, now the site of Harmony Hill, went up for sale, Gretchen began renting from the family that owned it

## GRETCHEN SCHODDE

and remembered her dream of building a wellness center.

In 1986, Harmony Hill was formed, and in 1988, the Nordstroms purchased the property and allowed Gretchen to remain, rent free. They offered advice on how to grow the project, and asked in return that Harmony Hill act as steward of the land.

In 1994, after her mother was diagnosed with a serious jaw cancer, Gretchen started the center's now-famous Cancer Program, modeled after a smaller cancer retreat program in California called Common Wealth.



Gretchen has spent the better part of the last 25 years promoting healthy lifestyles and providing a haven for those seeking renewal. The Association of Advanced Practice Psychiatric Nurses (AAPPN) recently recognized Gretchen with its first lifetime achievement award—henceforth known as the Gretchen A. Schodde Lifetime Achievement Award.

Harmony Hill's best known program, the no-cost cancer retreat and workshops, have given thousands of people tools to get through their cancer journeys, whether as a survivor, caregiver or loved one. Gretchen has been part of almost every Cancer Program workshop and retreat at Harmony Hill, assisting thousands of individuals along their cancer journey.

In addition, Harmony Hill offers other healthy living and nutrition programs and workshops, yoga and Zumba classes, and a nurse renewal program. It has become a community space for weddings, birthday parties, non-profit events, poetry workshops and more.

Gretchen Schodde has touched and improved the lives of thousands.





*Left:* Gretchen Schodde and WSNA Education Specialist Hilke Faber

*Center:* WSNA past president Kim Armstrong with Hall of Fame member Muriel Softli

*Right:* WSNA Executive Director Judy Huntington and President Julia Weinberg present the Hall of Fame award to Beverly Smith

During her more than 55 years of service to WSNA, **Beverly Smith**—although not a nurse—was frequently looked to for leadership and as a spokesperson for the nursing profession. Most people who knew her never realized she was not a nurse because she was so passionate and knowledgeable about the issues impacting nurses and nursing.

Beverly first began working for WSNA as a consultant and parliamentarian from 1956 to 1966, at which time she was hired as Assistant Executive Director. In 1968 she was promoted to WSNA Executive Director and she held that position for nearly 16 years until retiring in 1983. Beverly was instrumental in initiating productive joint meetings with key government officials, the media, and other groups, including the medical association and the hospital association.

It was Beverly who encouraged WSNA to move forward with an Affirmative Action Plan, and WSNA was the first ANA constituent to be honored for developing and supporting nurses of color and minority backgrounds.

Beverly believed in the importance of nurses being involved in the legislative and political process. In 1972, WSNA established (PUNCH) Politically United Nurses for Consumer Health – now known as the WSNA PAC. Again under her leadership, WSNA became the first state to form a political action committee, leading the way for other states and for the American Nurses Association (ANA).

A sought-after speaker, she frequently conducted workshops and spoke to audiences locally and around the country. She served as chair of the ANA Committee to Study the Roles and Functions of the American Nurses Association; developed the first regional support group for state nurses association executives and presidents; and was a driving force and one of the architects of the successful movement to change the ANA structure to a modified federation. As a consultant, she assisted ANA in the development of a State

## BEVERLY SMITH

In 1984 she began a second career as a consultant and founded Beverly Smith Consulting, but she has remained a tireless advocate for nurses and an invaluable resource. She has served as WSNA's parliamentarian for the past 11 years and as the parliamentarian for the Nursing Students of Washington State since its inception in 2007.

Beverly is well-known and highly respected in Washington State for her advocacy and civil rights, women's rights, and the labor movement, and she has been honored for numerous times for her activities. She served on the Governor's Council on Productivity, the Center for Community Development, the Seattle King County YWCA, the Washington State Council for Children and Youth, and the Board of Directors of the Washington Society of Association Executives. Beverly was a founding member and board member of Sound Savings and Loan—the Women's Bank during a time when women had trouble getting loans from most commercial banks. She served as president of the Seattle PTA and then on the Seattle School Board during the turbulent 60's both as a member of the Board and as president.



Beverly has been an influential mentor to many. It has been her great joy has been to watch Washington nurses find their own voices and become leaders. Through her leadership and her ability to maximize the potential of those around her, she has dramatically changed the landscape for nurses and nursing in Washington State.

## Campaign for Action Names 12 New State Action Coalitions

Twelve new state-based collaborations have been named **Action Coalitions** by the **Future of Nursing: Campaign for Action**, bringing the total to 48 states with action coalitions, including the Washington Nursing Action Coalition (WNAC). The Campaign for Action is an initiative to ensure that all Americans have access to high-quality, patient-centered health care, with nurses contributing to the full extent of their capabilities. Action Coalitions work with the Campaign to implement the recommendations of the Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*.

The coalitions are comprised of nursing, health care, business, consumer and other leaders across the country. The new Action Coalitions announced in early March include: Alabama, Arizona, Connecticut, Iowa, Maine, Nevada, New Hampshire, North Dakota, Oklahoma, South Dakota, Tennessee and Vermont.

The Washington Center for Nursing (WCN), which includes WSNA, 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 is continuing its work to bring together a diverse group of stakeholders from a variety of sectors to focus on developing the WNAC strategic plan for implementation. Priorities include

identifying the key work for Washington State, capturing best practices, determining research needs, tracking lessons learned and identifying replicable models. This work will build on previous success efforts in Washington.

The WNAC Steering Committee has identified Recommendations 2-7 of the IOM Report as the strategic focus areas for Washington State:

- 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

» For more details and to follow the work both nationally and locally go to [www.wacenterfornursing.org/current-projects/nurse-of-the-future/](http://www.wacenterfornursing.org/current-projects/nurse-of-the-future/)

## WSNA Hires Nursing Practice Staff



WSNA is pleased to announce the recent hiring of **Robin Fleming, PhD, RN** as the Nursing Practice Specialist. She replaces Karen Benson, PhD, RN,

who resigned this past year. Robin has been an independent researcher and school health consultant whose expertise is in school nursing and school health practice and policy. Dr. Fleming also has conducted research on health and educational disparities, and on immigrant

populations in schools. She speaks frequently on these topics and has published research in peer reviewed journals including Public Health Nursing, the Journal of School Health, the Journal of School Nursing, and Teacher Education and Practice.

Dr. Fleming received her doctorate in Education and Leadership Policy Studies from the University of Washington in 2008. She serves as the Washington State Director for the National Association of School Nurses, and has worked full time as a school nurse at Franklin High School in Seattle.

In her new position, Robin will assist in forecasting, identifying, and analyzing significant emerging issues, trends and

developments which may impact the practice of nursing, delivery of health care, and the association. She will be collaborating within and outside the nursing profession making connections with key constituents identified by WSNA leadership including faculty at schools of nursing. Additionally, she will represent WSNA for advanced practice issues including regularly attending ARNP specialty group meetings such as ARNPs United and the NCQAC ARNP Subcommittee. She will be reporting to Sally Watkins, PhD, RN, Assistant Executive Director for Nursing Practice, Education, and Research.



## NURSES AS SECOND VICTIMS

## Supporting Colleagues Following an Adverse Event

John Nance's award-winning book, *Why Hospitals Should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care*, describes health care as a complex system with potential for catastrophic consequences. Health care is a human enterprise—and as a result, it is imperfect. Any process involving humans will be prone to errors. We should recognize that it's not a matter of if, but when, because humans will always make mistakes regardless of our training. In fact, most preventable harm done to patients is caused by unintended human error and systems failures.

According to Donald Berwick, MD, outgoing administrator of CMS and former president and CEO of the Institute for Healthcare Improvement, few health care organizations use a systematic way of taking care of their clinicians who find themselves involved in adverse events that harm patients. Instinctively as clinicians, when something bad happens, our hearts naturally go out to the injured patient and family. They are the first and most important victim. But clinicians are hurt too. And if we are really healers, then we collectively have a job of healing them too.

Nurses and other health care providers dealing with the emotional aftermath of a medical error have been described in literature as the “second victims.” Researcher Susan Scott, RN, MSN, at University of Missouri Health Care, developed this commonly used definition:

*A second victim is a health care provider involved in an unanticipated adverse patient event, medical error and / or a patient-related injury who becomes victimized in the sense that the provider is traumatized by the event. Frequently, second victims feel personally responsible for the unexpected patient outcomes and feel as though they have failed their patients, second-guessing their clinical skills and knowledge base.*

### RECOGNIZING & HELPING THE NURSE “SECOND VICTIM”

#### Common Second Victim

##### Physical Symptoms

- Uncontrolled crying or shaking
- Increased blood pressure
- Extreme fatigue / exhaustion
- Abdominal discomfort
- Sleep Disturbances
- Nausea, vomiting, diarrhea
- Muscle tension
- Headaches

#### Common Second Victim

##### Psychosocial Symptoms

- Extreme guilt, grief
- Repetitive, intrusive memories
- Difficulty concentrating
- Loss of confidence, self doubt
- Return to work anxiety
- Excessive excitability
- Frustration, anger, depression
- Second-guessing career
- Fear of damage to professional life
- Avoidance of patient care areas

#### Key Phrases that Indicate

##### Coping Difficulty

- “...sickening realization of what has happened.”
- “This will alter the way I work from now on.”
- “I don't deserve to be a nurse.”
- “This has been a career-changing event for me.”
- “This event shook me to the core. I'll never be the same.”
- “This is a turning point in my career.”

#### Ways to Stimulate Conversation

##### with Second Victims

- “Are you OK?”
- “I'll help you work through this.”
- “You are a good nurse working in a very complex environment.”
- “I believe in you.”
- “I'm glad that we work together.”
- “Please call me if you would like to talk about it again.”
- “I can't imagine what that must have been like for you. Can we talk about it?”
- “I'm here if you want to talk.”



## RECOGNIZING & HELPING THE NURSE “SECOND VICTIM”

### Key Actions for

#### Supporting Individual Peers & Colleagues

“Be there” — Practice active listening skills and allow the second victim to share his or her story. Offer support as you deem appropriate

If you have experience with an adverse event or bad patient outcome yourself, share it. “War stories” are powerful healing words.

If you don't have experience with an adverse event or bad patient outcome, be supportive and predict the victim's needs.

Avoid condemnation without knowing the story — It could have been you!

Let your peer know that you still have faith in his or her abilities, and that he or she is a trusted member of your unit.

Determine a way that you can make an individual difference.

### Key Actions for

#### Department Leaders

Talk with the employee as soon as you become aware of the incident.

Reaffirm your confidence in him or her as a staff member.

Consider calling in flex staff to allow time to compose thoughts, prepare if an investigation is anticipated.

Keep the second victim informed of likely next steps in the event of an investigation.

Check on second victim regularly.

Be visible to all staff; physical presence during post-event helps decrease anxiety and shows accessibility.

Adapted from Scott, S, Hirschinger, L and Cox, K. (2008). *Sharing the load of a nurse “second victim”*. RNWeb, 71(12): 38-43

Resources reprinted with permission from the University of Missouri Health System. Operational since 2007, the forYOU Team is sponsored by University of Missouri Health System (MUHS) under the direction of the Office of Clinical Effectiveness (OCE) to support second victims within our health system network. The forYOU Team provides a form of emotional first aid specifically designed to provide crisis support and stress management interventions for particularly stressful clinical events such as traumatic clinical events, failure of rescue efforts following prolonged intervention, adverse patient outcome related to a medical error, the death of a child, and any other event that is unusually emotionally challenging and stressful in our healthcare environment. For more information, visit [www.muhealth.org/SecondVictim](http://www.muhealth.org/SecondVictim)

When an error occurs, nurses report that they isolate themselves and withdraw in shame. Some will scrupulously review the moments of the event countless times, thinking “If only I would’ve...” They will condemn themselves as being not good enough, and second-guess other clinical decisions. They will struggle to concentrate and suffer a host of physical problems. Unfortunately, the risk of making a subsequent error also grows when a health care provider experiences the stress and symptoms of a second victim. Therefore, offering a warm hand of support to an affected nurse isn’t just the ethical thing to do, it’s the safest thing to do.

In 2007, a University of Missouri Health Care system survey reported that 1 in 7 caregivers (14 percent) had experienced a patient safety event within the past year that had caused personal problems such as anxiety, depression, or concerns about the ability to perform one’s job. By 2010, a follow-up survey showed the number had climbed to 1 of every 3 caregivers (30 percent).

Nurses are part of this vulnerable group. A study of nurses, physicians, and pharmacists found that nurses were the group most likely to report negative emotions and fear of disciplinary action or punishment.

### Promoting a culture of caregiver support

Today too few nurses are supported adequately by their organizations following an adverse event. However, several promising support models are being developed and implemented by Scott and by others. These programs raise awareness through all-staff education, and provide support from peers and specially trained rapid-response team members.

One example is a program at University of Missouri Health Care, **forYOU**, which provides 24/7 free, confidential support to clinicians reacting to a stressful event or outcome. Trained peers from a range of disciplines support caregivers one-on-one, so the caregiver can explore normal reactions and feelings after adverse events. Additionally, forYOU educates coworkers and their families about the second victim phenomenon and prepares managers with tools to support second victims.

As nurses, you can begin to promote this culture shift by advocating for implementation of robust provider support programs in your organization. An excellent resource to help an organization get started is Medically Induced Trauma Support Services (MITSS), a nonprofit organization that helps support healing of patients, families, and clinicians affected by a medical trauma. Its Web site, at [www.mitss.org](http://www.mitss.org), offers downloadable clinician-support toolkits and resources for organizations and individuals. Please feel free to contact the authors directly for additional resources, literature, and support.

As John Nance wrote, human mistakes are inevitable. But when they occur, we as healers can help alleviate our coworkers’ suffering, perhaps as well as our own.

Ron Hofeldt, MD, is Director of Physician Affairs at Physicians Insurance. Patricia I. McCotter, RN, JD, CPHRM, CPC, is the Director of Facility Risk Management and Provider Support at Physicians Insurance. She can be reached at [patmc@phyins.com](mailto:patmc@phyins.com) or 206.343.6511.

## SECOND VICTIM TRAJECTORY

	Stage Characteristics	Common Questions	Proposed Institutional Actions
<b>STAGE 1</b> <b>Chaos &amp; Accident Response</b>	<ul style="list-style-type: none"> <li>Error realized / event recognized.</li> <li>Tell someone → get help</li> <li>Stabilize / treat patient</li> <li>May not be able to continue care of patient</li> <li>Distracted</li> <li>Experience a wave of emotions</li> </ul>	<p>How did that happen?</p> <p>Why did that happen?</p>	<p>Identify second victims</p> <p>Assess staff member(s) ability to continue shift</p>
<b>STAGE 2</b> <b>Intrusive Reflections</b>	<ul style="list-style-type: none"> <li>Re-evaluate scenario</li> <li>Self isolate</li> <li>Haunted re-enactments of event</li> <li>Feelings of internal inadequacy</li> </ul>	<p>What did I miss?</p> <p>Could this have been prevented?</p>	<p>Observe for presence of lingering physical and/or psychosocial symptoms</p>
<b>STAGE 3</b> <b>Restoring Personal Integrity</b>	<ul style="list-style-type: none"> <li>Acceptance among work / social structure</li> <li>Managing gossip / grapevine</li> <li>Fear is prevalent</li> </ul>	<p>What will others think?</p> <p>Will I ever be trusted again?</p> <p>How much trouble am I in?</p> <p>How come I can't concentrate?</p>	<p>Provide management oversight of event</p> <p>Ensure incident report completion</p> <p>Manage unit / team's overall response ("rumor control," especially)</p> <p>Evaluate if event debrief is indicated</p>
<i>Stages 1-3 may occur individually or simultaneously</i>			
<b>STAGE 4</b> <b>Enduring the Inquisition</b>	<ul style="list-style-type: none"> <li>Realization of level of seriousness</li> <li>Reiterate case scenario</li> <li>Respond to multiple "why's" about the event</li> <li>Interact with many different "event" responders</li> <li>Understanding event disclosure to patient / family</li> <li>Litigation concerns emerge</li> </ul>	<p>How do I document?</p> <p>What happens next?</p> <p>Who can I talk to?</p> <p>Will I lose my job / license?</p> <p>How much trouble am I in?</p>	<p>Identify key individuals involved in event</p> <p>Interview key individuals</p> <p>Develop understanding of what happened</p> <p>Begin answering "why" did it happen</p>
<b>STAGE 5</b> <b>Obtaining Emotional First Aid</b>	<ul style="list-style-type: none"> <li>Seek personal / professional support</li> <li>Getting / receiving help / support</li> </ul>	<p>Why did I respond in this manner?</p> <p>What is wrong with me?</p> <p>Do I need help?</p> <p>Where can I turn for help?</p>	<p>Ensure emotional response plan in progress if needed</p> <p>Ensure Patient Safety / Risk Management representatives are known to staff and available as needed</p>
<b>STAGE 6</b> <b>Moving On</b> (One of three trajectories)	<b>1</b> <ul style="list-style-type: none"> <li>Dropping Out</li> <li>Transfer to a different unit or facility</li> <li>Consider quitting</li> <li>Feelings of inadequacy</li> </ul>	<p>Is this the profession I should be in?</p> <p>Can I handle this kind of work?</p>	<p>Provide ongoing support of the second victim.</p> <p>Support second victim in search for alternative employment options within institution.</p>
	<b>2</b> <ul style="list-style-type: none"> <li>Surviving</li> <li>Coping, but still have intrusive thoughts</li> <li>Persistent sadness, trying to learn from event</li> </ul>	<p>How could I have prevented this from happening?</p> <p>Why do I still feel so badly / guilty?</p>	<p>Provide ongoing support</p> <p>Maintain open dialogue</p>
	<b>3</b> <ul style="list-style-type: none"> <li>Thriving</li> <li>Maintain life / work balance</li> <li>Gain insight / perspective</li> <li>Does not base practice / work on one event</li> <li>Advocates for patient safety initiatives</li> </ul>	<p>What can I do to improve our patient safety?</p> <p>What can I learn from this?</p>	<p>Provide ongoing support</p> <p>Support second victim in "making a difference" for future</p> <p>Encourage participation in case reviews involving event</p> <p>Encourage staff feedback on practice modifications</p>

*Throughout all stages, individuals may experience physical and / or psychosocial symptoms.  
 Triggering of symptoms and repetitive thoughts regarding the event can occur anytime during stages 2-6.*

## FAQ: Weingarten Rights

You have a right to union representation at investigatory interviews.

### What is an “investigatory meeting”?

An investigatory meeting or interview is when you are asked to attend a meeting with your manager or director about any issue that you are involved with that could possibly lead to disciplinary action. This can include tardiness, overtime, patient complaints, peer complaints, etc. You should ask at the beginning of the meeting, “Is this a meeting that can lead to disciplinary action?” If they answer “Yes,” then you have the right to ask for representation. If they say “No” and indicate that you don’t need anyone, listen carefully to what is being discussed. If it starts to feel like it could lead to discipline, you have the right to invoke your Weingarten rights.

### Why do I need representation?

You need to take a representative from WSNA in for meetings that could lead to discipline. While the representative may not disrupt or obstruct the interview, management must allow the representative to speak and provide you with assistance and counsel. In addition, the representative should take detailed notes of what you say and what your manager says. Usually these meetings are emotional for the RN involved. After walking out of the director or manager’s office, often the RN doesn’t remember all that was said, how it was said, and what was agreed to, etc. Having a note taker can also prevent the “He Said / She Said” situations. The representative can also help you clarify confusing questions.

### Who can represent me?

Your first choice is your Local Unit Grievance Officers. To contact them, call WSNA or the officers directly. If the Grievance Officers are not available, one of the other Local Unit Officers can attend. You have the right to have a reasonable amount of time to get representation.

### If they keep asking questions, can I leave?

No, stay at the meeting, but do not answer questions until your representative has a chance to arrive. Let them know, “I will listen but I’m going to withhold any comment until I can get a representative.”

**If called into a meeting with management, read the following (or present the Weingarten palm card) to the management when the meeting begins:**

*If this discussion could in any way lead to my being disciplined or terminated, or affect my personal working conditions, I respectfully request that my union representative be present at this meeting. Without representation present, I choose not to participate in this discussion.*

### What are Weingarten Rights?

As a union employee, you have a right to union representation at investigatory interviews.

Under the Supreme Court’s Weingarten decision, when an investigatory interview occurs, the following rules apply:

1. The employee must make a clear request for union representation before or during the interview. The employee cannot be punished for making this request. (Note: If you ask the employer, “do I need union representation?” the answer may be no. It is up to you to make the statement that you want union representation.) Remember, management is not an appropriate representative, so if they offer you the nursing supervisor or someone else to sit with you, that is not adequate.
2. After the employee makes the request, the employer must choose among three options. The employer must either:
  - Grant the request and delay questioning until the union representative arrives and has a chance to consult privately with the employee; or
  - Deny the request and end the interview immediately; or
  - Give the employee a choice of: 1) having the interview without representation, or 2) ending the interview.
3. If the employer denies the request for union representation and continues to ask questions, this is an unfair labor practice and the employee has the right to refuse to answer. The employee cannot be disciplined for such refusal but is required to remain present until the supervisor terminates the interview. Leaving before this happens may constitute punishable insubordination.

» Visit [www.wsna.org/labor/weingarten/](http://www.wsna.org/labor/weingarten/) to download & print a Weingarten Rights pocket card



## WSNA Appointed a Seat on the WSLC Executive Board

Judy Huntington, MN, RN, WSNA Executive Director, was sworn in as an At-Large Vice President of the **Washington State Labor Council, AFL-CIO**, at the recent WSLC Executive Board meeting held in Olympia on February 8, 2012.

Currently, there more than 600 local unions affiliated with the WSLC, representing approximately 400,000 rank-and-file union members working in Washington State. The WSLC is the largest labor organization in Washington State and is the only organization representing all AFL-CIO unions in the state. Although not every AFL-CIO local or council is affiliated, the WSLC represents the official position of the AFL-CIO in Washington State. It operates by consensus and has no legal or constitutional authority to impose

a position or policy on any local union or trade council.

WSLC officers are elected by affiliated members every four years. The elected officers are the President, the Secretary-Treasurer and the 27 Vice Presidents, who together comprise the WSLC Executive Board. The board meets quarterly and establishes the WSLC's policies and programs in between conventions.

Conventions are held annually. Delegates to WSLC conventions debate and establish the organization's positions or policies on issues, candidates and programs by voting on motions and resolutions. Any credentialed delegate may introduce motions to the convention, and any

affiliate may submit resolutions to the convention.

By Constitution, 19 Vice Presidents are elected by district to the WSLC Executive Board. In addition, At-Large Vice Presidents represent any international union that pays per capita on 10,000 or more rank-and-file members, if that union is not already represented on the board. AFL-CIO affiliated constituency groups also have Vice Presidents appointed to represent their unique interests.

WSNA has been a member of the WSLC for several years and many of WSNA's Local Units are members of the WSLC's Central Labor Councils.

For more information about the Washington State Labor Council got to: [www.wslc.org](http://www.wslc.org)

## 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	
<b>Spokane Regional Health District</b>	No wages changes during the life of the contract		<ul style="list-style-type: none"> <li>● Increase in the amount of preceptor pay</li> <li>● The parties will begin negotiations related to medical premiums no later than 9/1/12</li> <li>● WSNA shall participate on the Employee Insurance Committee</li> </ul>	<ul style="list-style-type: none"> <li>● If the Board of Health approves a wage increase for any other employees during the life of this contract the RN's will receive the equivalent increase</li> </ul>
<b>PeaceHealth St. John Medical Center</b>	1st Year 2nd Year 3rd Year	2.0% 1.0% 1.0%	<ul style="list-style-type: none"> <li>● Added 3 steps to the wage scale</li> <li>● Improved language limiting mandatory low census</li> <li>● Increased employer contribution to medical plans</li> </ul>	<ul style="list-style-type: none"> <li>● Increase in all pay, night shift differential, charge nurse rates, and preceptor differential</li> <li>● Increased PTO maximum accrual limits</li> <li>● Added domestic partner language</li> </ul>
<b>Island Hospital</b>	1st Year 2nd Year 3rd Year	0.5% 0.5% 0.5%	<ul style="list-style-type: none"> <li>● Improved language related to EIB use</li> <li>● Improved Callback language</li> <li>● Enhanced Military Spouse, Veterans status, Family medical leave and Domestic violence leave language</li> </ul>	<ul style="list-style-type: none"> <li>● Improved grievance procedure language</li> <li>● Maintained Home Health nurse wages at par with the rest of the bargaining unit</li> </ul>

# IN SUMMARY 2012 LEGISLATIVE SESSION

**A**t the beginning of the year, just days before legislative session began, WSNA launched a bold new initiative: the **Campaign for Patient Safety**. After hearing from you—our members—time and time again that staffing was simply not adequate in many of your units, we knew we needed to try something different. Our best efforts to work in collaboration with the hospitals, including hundreds of hours of mediated meetings, have yielded little meaningful progress.

As part of the campaign, WSNA pushed three bills forward in the Legislature, in collaboration with the other healthcare unions and the support of the Washington State Labor Council. Each bill addresses a core patient safety concern and seeks to establish statewide safety standards to protect patients and nurses:

- New statewide staffing minimums
- Uninterrupted rest and meal breaks
- Limiting mandatory overtime

In January, with the launch of the campaign, we knew that we had an uphill battle. Legislators were simply not aware of the staffing and safety issues that nurses face on a daily basis. We also knew that the Washington State Hospital Association and many hospital administrators would fight tooth and nail to prevent the creation and implementation of any real protections in the workplace for you and your patients.

While we knew that this was an important issue to you, we were overwhelmed by your support and engagement for the campaign. At dozens of events across the state, WSNA brought information to your facilities, to unity dinners and local unit meetings and more. WSNA held an all-day **Legislative Advocacy Camp** in January, and a **Nurse Legislative Day** in February, which brought over 700 interested nurses and nursing students to Olympia to learn how to be effective advocates for nursing priorities. Attendees also learned more about each legislative proposal in the Campaign for Patient Safety and how to discuss these safety issues with legislators.

Thousands of nurses helped move these bills forward this year—with visits to Olympia, handwritten letter, phone calls, emails and more. On the strength of your efforts, we were able to make significant progress with at least one hearing on each bill.

WSNA is committed to continuing this fight for as long as it takes for meaningful change to happen. All components of our organization are working together to ensure that we come into the 2013 Legislative Session stronger than ever. We are spending the interim continuing to educate lawmakers, the public, and our members about the importance of safe staffing.

**We need you to stay involved!** Just because session is over doesn't mean the work is over. Meet with your legislators when they're back from Olympia, continue to write letters, talk to colleagues, volunteer for a campaign, or get involved in the WSNA-PAC.

If you have questions about how you can stay active this summer, contact Richard Burton, WSNA Political Action Coordinator, at [rburton@wsna.org](mailto:rburton@wsna.org).

*A special thank you to the WSNA members who made a trip to Olympia during session to speak with their legislators or testify at hearings:*

Amanda Mackey  
Andrea Sehmel  
Angel Mathis  
Angelo Fazio  
Bobbi Merriman-McClain  
Bobbi Woodward  
Brenda LaSalle  
Chris Bircherm  
Debbie James  
Ed Dolle  
Geraldine Falacy  
Ginny Cassidy-Brinn  
Heather Stephen-Selby  
Jeremy King  
John Tweedy  
Joni Hensley  
Julia Barcott  
Julia Weinberg  
Karen Bowman  
Kathryn Burger  
Libby Zadra  
Lori Bethay  
Louise Kaplan  
Molly Murphy  
Sally Baque  
Sarah Hartl  
Steve Krauss  
Susan E. Jacobson  
Susan M. Jacobson  
Thelma Leuba

» Visit [www.wsna.org/Campaign-for-Patient-Safety/](http://www.wsna.org/Campaign-for-Patient-Safety/) for more information about the Campaign for Patient Safety.

— BY THE NUMBERS —

## 2012 LEGISLATIVE SESSION

**2,010**

Individual emails sent to legislators  
by WSNA members

**600+**

Nurses and nursing students at  
WSNA Nurse Legislative Day

**1,000+**

Handwritten letters and phone calls  
from WSNA members to legislators



## — CAMPAIGN LEGISLATION —

### **House Bill 2501** *to limit mandatory overtime*

Cleared a major hurdle and was successfully passed out of the House of Representatives by a 57 – 41 vote. After moving to the Senate, the bill was passed out of the Senate Committee on Labor and Commerce & Consumer Protection into the Rules Committee. Unfortunately, the bill was not moved out of Rules in time for a full vote on the Senate floor.

### **House Bill 2519** *on new statewide staffing minimums for safer patient care*

A hearing was held in the House Committee on Labor & Workforce Development, but the bill did not pass out of the committee before the cutoff deadline.

### **Senate Bill 6307** *on new statewide staffing minimums for safer patient care*

Heard and passed out of the Senate Committee on Health & Long-Term Care. The Senate Ways & Means then held a hearing on SB 6307, but it did not pass out of the committee before the cutoff deadline.

### **Senate Bill 6309** *to ensure full uninterrupted rest and meal breaks*

Heard and passed out of the Senate Committee on Labor and Commerce & Consumer Protection. The bill was then referred to the Senate Ways & Means Committee but did not pass out of the committee before the cutoff deadline.



*Top left:* WSNA president **Julia Weinberg** greets attendees at Nurse Legislative Day

*Top:* WSNA Environmental Specialist **Karen Bowman** speaks during a break-out session at Nurse Legislative Day

*Middle:* **Richard Burton, Sara Frey, and Barbara Frye** in Spokane for the Campaign for Patient Safety RV tour

*Below:* A group of **University of Washington** nursing students at Nurse Legislative Day

## Tired of politics as usual? Get involved!

The **WSNA Political Action Committee**, along with WSNA member volunteers, will interview and evaluate candidates for their commitment to patient safety and support of the nursing profession beginning in the Spring through November of 2012. Key statewide offices include races for the Governor and State Attorney General.

We must elect Legislators who are committed to patient safety and recognizes the critical role nurses play in our health care system. We need your help during this election season to make our voice heard!

For information on how to get involved, contact Richard Burton, Political Action Coordinator, at [rburton@wsna.org](mailto:rburton@wsna.org) For questions on WSNA legislative activity, contact Sofia Aragon, JD, RN, Senior Governmental Affairs Advisor, at [saragon@wsna.org](mailto:saragon@wsna.org).











## ADVOCACY IN ACTION

Through events like Nurse Legislative Day, Legislative Advocacy Camp, the WSNA RV tour, and Unity Dinners, nurses learned about the Campaign for Patient Safety and got involved in advocacy efforts. Thousands of WSNA members worked to move patient safety legislation forward during the 2012 Legislative Session.

*Top left:* **Joni Hensley, Bobbi Woodward, Sally Watkins and Angel Mathis** participate in roundtable discussions during Legislative Advocacy Camp

*Far left:* **WSU nursing students** share a table at Nurse Legislative Day

*Left:* State Attorney General and gubernatorial candidate **Rob McKenna** addresses a crowd of more than 650 nurses and students at Nurse Legislative Day

*Top center:* **Senator Steve Conway** with RNs **Amanda Mackey** and **Susan M. Jacobson**, both of St. Clare Hospital, following WSNA's Legislative Advocacy Camp

*Center:* A break-out session during **Nurse Legislative Day**

*Top right:* **Ed Zercher** talks with **Susan Dunn**, Grievance Officer at Virginia Mason, during a stop of the Campaign for Patient Safety RV tour

*Right:* Gubernatorial candidate **Jay Inslee** greets **Heather M. Stephen-Selby**





## WSNA SHAPED SIGNIFICANT LEGISLATION IN 2012

In addition to the WSNA Campaign for Patient Safety, we also helped shape many pieces of health care legislation. Here is a brief overview of some of the bills that the Legislature passed this Session:



*Top:* Louise Kaplan, Sofia Aragon, Tammy Warnke and others join Governor Chris Gregoire at the signing of HB 1486

*Below:* Senator Jeanne Kohl-Welles and Jeremy King, Local Unit Co-Chair at Seattle Children's Hospital

**House Bill 1486** authorizes Washington pharmacies to fill prescriptions written by advanced registered nurse practitioners in other states. This will remove barriers to access to prescription drugs for patients living near the borders of Idaho and Oregon, where some pharmacists in these areas would not honor prescriptions by ARNPs licensed in those states.

**House Bill 2247** expands the types of medication that may be administered by a school employee to include topical medication, eye drops, and ear drops. WSNA worked with the School Nurses of Washington and the Nursing Care Quality Assurance Commission to develop this legislation prior to session.

**Senate Bill 6237** creates a career pathway for medical assistants by establishing a scope of practice for medical assistants. While medical assistant is a title held by health care workers currently practice in primary care, hospitals, and other settings, there was no recognition of this profession in Washington law. This is a risk to patient safety. Prior to this legislation, many

medical assistants held a certification as one or more of seven categories of Health Care Assistant, Categories A through F or no credential at all.

This bill will end the Health Care Assistant Certification, to be replaced by the Medical Assistant categories instead: Medical Assistant-Certified, Medical Assistant-Hemodialysis Tech, Medical Assistant-Phlebotomist, and Medical Assistant-Registered. Medical Assistant-Certified must complete a Department of Health approved training program and exam.

*Scope of practice:* The Secretary of Health is to adopt rules specifying the minimum qualifications for each category. All tasks may be delegated to the medical assistant by health care practitioner, including a registered nurse. Supervision requires the health care practitioner to be physically present and immediately available in the facility. The legislation contains explicit language that Medical assistants are not to exercise clinical (medical or nursing) judgment.

- *Medical Assistant-Certified:* includes clinical tasks and medication administration limited to legend drugs, vaccines, and scheduled III-V controlled substance as authorized by a health care practitioner. DOH may further limit the drugs that may be administered. This certification is portable from facility to facility.
- *Medical Assistant-Registered* have a more limited list of allowed clinical tasks and may not administer medications, but may administer vaccines. A medical assistant-registered must be endorsed by a health care practitioner, clinic, or group practice.
- *Medical Assistant-Hemodialysis Tech* performs the same duties as the current Health Care Assistant category G.
- *Medical Assistant-Phlebotomist* performs capillary, venous, and arterial invasive procedures for blood withdrawal.

The bill now allows Nursing Technicians to practice in clinics in addition to hospitals and long term care facilities.

The Nursing Commission and other boards and commissions are to review and identify other specialty assistive personnel and the tasks they perform. The DOH will compile the information and submit to the legislature no later than December of 2012.

**House Bill 2473** allows Certified Nursing Assistants with advanced training to obtain a Medication Assistant endorsement onto a C.N.A license in long term facilities under the direct supervision of a registered nurse. Endorsed CNAs must demonstrate a license in good standing and complete a Nursing Commission approved training program and exam. The legislation contains explicit language that Medication Assistants are not to exercise nursing judgment.

**House Bill 2229** requires nonprofit and public district hospitals to report to the Department of Health employee compensation of the five highest paid employees that do not provide direct patient care. This ensures more transparency for rising hospital CEO salaries.



**House Bill 2341** requires non-profit hospitals to implement evidenced based community benefits, taking into account geography, the general population served by the hospital, the leading causes of death, levels of chronic illness, descriptions of the medically underserved, low-income, and minority or chronically ill populations in the community.

**Senate Bill 2319** is part of implementing federal health reform by establishing how the Washington Health Benefit Exchange is to develop and operate. Highlights include establishing rules for insurance products that could be sold inside and outside the exchange, creates a process for certifying and rating qualified health plans, designating essential health benefits, state mandated health benefits, and further study on how to implement a Basic Health Plan option.

**Senate Bill 5620** establishes the scope of practice for certified dental anesthesia assistants, who assist dentists in dental surgery. WSNA worked to clearly limit their scope of practice so that their ability to adjust an intravenous line is only for the purpose of keeping the line open. Medications are to be administered only under the direct visual supervision of the dentist. The responsibility for monitoring a patient and determining the selection of the drug, dosage, and timing of all anesthetic medications rests solely with the oral and maxillofacial surgeon or dental anesthesiologist.

**Senate Bill 5978** allows Washington, under the Federal False Claims Act, to recuperate false or fraudulent claims for Medicaid funds. The state could recover between \$220 million up to \$800 million in fraud prosecutions. This allows an individual to file a civil suit against another on behalf of Washington State (qui tam provision) alleging Medicaid fraud. The Office of the Attorney General may intervene and dismiss frivolous cases. The Joint Legislative Audit and Review Committee must conduct a sunset review of the Medicaid Fraud False Claims Act and it terminates on June 30, 2016. In most states, recovered dollars come from pharmaceutical companies. WSNA worked to ensure protection for health care providers not intending to commit fraud.

## STATE HEALTH SERVICES AND HIGHER EDUCATION HANG IN THE BALANCE

**The Legislature goes into Special Session to reach a compromise on a state budget caught in partisan politics**

**A weary legislature**, recovering from two special sessions in 2011, faced serious challenges going into the 2012 legislative session this January. Since 2009, legislative sessions focused on how to close state budget shortfalls resulting in 10 billion dollars in cuts to vital health, human services, and higher education. The list of cuts and eliminations to programs grows every year. In December, the Governor recommended to the legislature a half penny sales tax to generate 500 million of needed revenue, a step forward in preserving vital health and human services.

After WSNA members volunteered time and effort to hold several public demonstrations to preserve the health care safety net and end cuts to programs such as **Apple Health for Kids** and the **Basic Health Plan**, efforts seemed to pay off. The House and Senate Democrats proposed a budget with no new cuts to these services. To achieve this fair and equitable revenue sources from closing two tax loopholes were proposed: one benefiting big banks, and another narrowed a sales tax exemption for renewable energy equipment.

In a surprise move, the Senate Republicans recruited three Senate democrats (Senators Jim Kastama of the 25th Legislative District, Rodney Tom of the 48th Legislative District, and Tim Sheldon of the 35th Legislative District) to force an alternative budget that proposed more cuts to health, human services, and higher education by a slim one vote margin. A conservative agenda holds hostage budget negotiations that aim to erode state government and diminish state employee pensions, virtually eliminate state funding for family planning services, advance charter schools and other “reforms.”

As a result, the Governor declared a special session that began on March 12th at noon for the primary purpose of finalizing the state budget. Because of severe partisan and ideological divisions, it seems the legislature has a long way to go before reaching a compromise.

The handful of votes needed to make the takeover possible makes it clear that the slimmer Democratic majority in the Senate resulting from the 2010 elections creates barriers to addressing larger issues such as fair and equitable revenue to fund health services. The number of uninsured in Washington is at an all time high, with many middle class families finding themselves in economic distress due to unemployment. At risk in this budget battle is the health care safety net and accessible higher education, both necessary for the economic growth and recovery of our state.

The same partisan and ideological forces that stall the state budget stalled the Patient Safety Campaign in the Senate. The same conservatives blocking progress on the state budget to push forward harmful state reforms blocked the Patient Safety Campaign in the Senate. WSNA has the opportunity to help elect new legislators and public officials who put patient care in front of partisan politics in 2012.

## Nursing Students of Washington State Convention a Smash!

By Chris Nelson



The **Nursing Students of Washington State** (NSWS), the WSNA-affiliated student group for the state of Washington, had their annual convention on Saturday, March 10th at Great Wolf Lodge in Grand Mound, Washington. Over 130 attendees enjoyed the festivities, which included speeches by WSNA President Julia Weinberg, RN; WCN Executive Director Linda Tieman, RN, MN, FACHE; Pacific

Lutheran University's Patsy Maloney, EdD, RN, BC, MSN, MA, CEN, NEA-BC; and Colin Tomblin, RN (2012) NSNA Break Through to Nursing (BTN) Director.

Breakout sessions included the *International Service Learning Workshop* presented by ISL President Rev. Michael Birnbaum; *Disaster Preparedness in Nursing* by Debbie Brinker, RN, MSN, CCRN, CCNS; *Breakthrough to Nursing* by Colin Tomblin; and *Influential Leadership* by Debbie Brinker and Chris Nelson, NSWS President-elect, EMT-B.

The elections for the NSWS Board were very exciting as numerous positions had multiple applicants, with four candidates running for the Community Service Chair alone! The newly elected Board included the highest number of Community College students ever, as well as the largest geographic diversity in the organization's history!

Overall, the convention was a grand success! Next year's convention will be linked with WSNA's 2013 State Convention at Tulalip Resort Casino, May 1-3, with the NSWS Convention being held on May 4th. Many exciting plans are afoot, including unique speakers, NCLEX review and break-out sessions, and lots of fun!

Chris Nelson is a student at Seattle Central Community College and President of the Nursing Students of Washington State

## NEW LOOK FOR THE WASHINGTON STATE NURSES FOUNDATION

The Washington State Nurses Foundation launched a new look and logo in March. The new design updates the logo, bringing it back in line with the look and feel of WSNA and its affiliated organizations. Through scholarships and grants, the WSNF helps build strong futures for nurses. The bold square logo symbolizes WSNF's role as a building block in the nursing community.



### OPPORTUNITIES TO GIVE

## YOU CAN HELP: AUCTION ITEMS NEEDED

Every year, WSNF holds a silent auction at the **E&GW Leadership Conference**. Proceeds are used for nursing scholarships and small nursing research grants. Even if you can't be there, you can join in the fun and help support the scholarship and grant activities of WSNF by donating an item for the auction! Your donations are tax-deductible. We are looking for the following popular items, or you can contribute money toward purchase of these items to be auctioned:

- Wine Baskets
- Retail gift certificates
- Travel gift certificate
- Restaurant gift certificates
- Hotel gift certificates
- Theatre / Arts / Movie Tickets
- Sporting Event Tickets
- Family Event Tickets
- Art
- Memorabilia
- Other fun items

Create your own custom basket filled with special items!

For additional information please contact Barbara Bergeron at the WSNF / WSNA office 206.575.7979, ext 3024.

**WHATCOM COUNTY**

Breting, Sarah  
 Davis, Stephanie  
 De Vries, Melinda  
 Garza, Catherine  
 Grainger, Andrea  
 Johnson, Emily  
 Johnson, Kelsey  
 Limanskiy, Sergey  
 Pitman, Jessie  
 Riemann, Kylie  
 Riley, Joseph  
 Sorensen, Breanna  
 Stigter, Kathleen  
 Taussig, Kate  
 Van Dalen, Chelsea  
 Vogt, Margaret

**KING COUNTY**

Agtarap, Sarah  
 Alcaraz, Arnel  
 Anderson, Tara  
 Andriyuk, Nataliya  
 Baccam, Vilaisouk  
 Baumgartner, Leslie  
 Bellante, Amy  
 Benares, Germaine  
 Bhandarkar, Aparna  
 Bokma, Julia  
 Bond, Eleanor  
 Brajtbord, Nancy  
 Cantor, Jane  
 Carrico, Amanda  
 Clark, Jamie  
 Classen, Kathy  
 Clawson, Brenda  
 Connor, Sarah  
 Corcorran, Frances  
 Cordero, Nicole  
 Coverson, Jaimee  
 Cowman, Jessica  
 Crocker-pearson, Kathleen  
 Crosby, Carol  
 Culver, Diane  
 Dalby, Kristine  
 Daly, Cathleen  
 Del Rosario, Rhiza Marie  
 Desimone, Carmella  
 Drake, Ross  
 Dugan, Denise

Elder, Daniel  
 Elliott, James  
 Emami, Azita  
 Entus, Christopher  
 Eudy, Elizabeth  
 Fewing, Caroline  
 Fredrickson, Karen  
 Fullerton, Dominika  
 Gamzayeva, Ruzanna  
 Gardner, Joseph  
 Gibson, Janice  
 Gillett, Avery  
 Girvan, Sarah  
 Gordon, Debra  
 Gould, Sydney  
 Greenlee, Donna  
 Gritton, Alyssa  
 Hale, Susan  
 Hancock, Nicole  
 Hansen, Andrea  
 Hanson, Sydney  
 Harris, Nikela  
 Hedrix, Rebecca  
 Heller, Mallory  
 Hendricks, Spencer  
 Henry, Stephanie  
 Hickman, Laicy  
 Hirsch, Anne  
 Holmquist, Gabrielle  
 Hornsby, Julie  
 Hosking, Sarah  
 Howard, Ken  
 Hunt, Gabrielle  
 Iizuka, Amie  
 Jacobs, Karen  
 Jimenez, Corinne  
 Jones, Karen  
 Karkoski, Elizabeth  
 Kelley, Jessica  
 Keophila, Katherine  
 Kostova, Desislava  
 Kovalenko, Philip  
 Krafft, Maryanna  
 Lacey, Lana  
 Lachowitz, Dayna  
 Landis, Dale  
 Landrito, Sandra Faye  
 Larussa, Joanie  
 Leader, Megan  
 Lucero, Dennis

Lynch, Susan  
 Maddrell, Sarah  
 Maestas, Mariaugh  
 Mambetkarimova, Aida  
 May, Julie  
 Mc Evoy, Molly  
 Mccallum, Julia  
 Mcginnis, Joseph  
 Mclaughlin, Sarah  
 Mecimore, Evan  
 Mendez, Christopher  
 Miller, Rebecca  
 Mitchell, Susan  
 Moellenberg, Chanda  
 Morse, Sean  
 Myers, Mary  
 Nagel, Darci  
 Navarre, Renee  
 Neal, David  
 Nelson, Madalyn  
 Ng, Karin  
 Nguyen, Trang-tam  
 Nguyen, Trinh  
 Nichols, Catherine  
 Nicola, Jennifer  
 Norby-slycord, Colette  
 Nyambura, Peter  
 Nyenhuis, Donna  
 Obligacion, Ma.isabel  
 Oldenburg, Martha  
 Olsoe, Karin  
 Olsson, Gloria  
 Patterson, Sara  
 Peets, Sharon  
 Perryman, Mary  
 Picknell, Francie  
 Polston, Tenaya  
 Presland, Anna  
 Prim, Michelle  
 Ralston, Kam  
 Rebuck, Kathy  
 Reisenauer, Sandra  
 Reyno-rac, Rosemarie  
 Rittenhouse, Carrie  
 Rosenberger, Kristen  
 Roth, Bethany  
 Sabiniano, Fernando  
 Sakoda, Pornpimol  
 Santschi, Amy  
 Schmidt, Laura

Secrist, Katherine  
 Seeber, Whitney  
 Senter, Steven  
 Shirey, Maura  
 Smith, Joanne  
 Spears, Erin  
 Spencer, Jennifer  
 Spohn, Emma  
 Stelmach, Leona  
 Sukhareva, Larisa  
 Swenson, Kajsa  
 Taylor, Molly  
 Teets, Erica  
 Tran, Suong  
 Truong, Kim  
 Tsinker, Jenny  
 Uber, Sabina  
 Ustemchuk, Vadim  
 Van Brenk, Michelle  
 Veit, Karen  
 Vijai, Sradha  
 Vogelzang, Mary  
 Walker, Luanne  
 Wiley, Christina  
 Wilson, Heather  
 Wolczyk, Meegan  
 Wolfe, Jessica  
 Wong, Tiffany-sieu  
 Wuest, Ekaterina  
 Young, Anisa  
 Zegers, Lauren

**PIERCE COUNTY**

Aubert, Tiffany  
 Barnes, Heather  
 Bernard, Tryrena  
 Bishop, Holly  
 Blankman, Daniel  
 Booker, Marie  
 Breer, Stacy  
 Brigham, Paulette  
 Cameron, Vanessa  
 Cason, Kari  
 Chae, Albert  
 Chu, Jia Mei  
 Cline, Dianne  
 Coulombe, Laurie  
 Crewe, Karen  
 Cromwell, Richard  
 Dang, Minh-chau  
 Davis, Angelo

Doggett, Donald  
 Erie, Emily  
 Fladgard, Deanna  
 Fleshman, Scot  
 Gariando, Catherine  
 Glasscock, Loredana  
 Green, Andrea  
 Griffin, Ashley  
 Gruber, Rachelle  
 Habassi, Zahirah  
 Handy, Kaitlin  
 Hargrove, Julianne  
 Hirayama, Lori  
 Housden, Julieanna  
 Hughes, Stefanie  
 Irby, Kerri  
 Jensen, Candida  
 Johnson, Sarah  
 Jones, Timothy  
 Kalsi, Shannon  
 Kilyen, Ecaterina  
 Lapraim, Randelle  
 Lehde, Connie  
 Lemon, Hudson  
 Lewis, Austin  
 Mackey, Erin  
 Mansour, Laurie  
 Mason, Suzanne  
 Mayne, Abby  
 Mcgee, Monica  
 Mendoza, Ramiro  
 Molina, Moonyeen  
 Morton, Kolleen  
 Nery, Jocelyn  
 Nichols, Alexis  
 Nugent, David  
 O'brien, Karrie  
 Olson, Erika  
 Perez, Jennifer  
 Minnette  
 Pierce, Carl  
 Polyashov, Mikhail  
 Pope, Deborah  
 Proctor, Lauren  
 Reyes, Suzette  
 Richter, Ashley  
 Rollins, Johanna  
 Rosalin, Carmelita  
 Sabio, Deanna Jean  
 Schwesinger, Tammy

Seale, Jill  
 Shevchenko, Vladimir  
 Sinclair, Joelynn  
 Singer, Marcella  
 Sorger, Kari  
 Stafford, Laura  
 Suarez, Laura  
 Thornberg, Kristina  
 Tiu, Brian  
 Whitson, Ashley  
 Zavala, Crystal  
 Zhuravleva, Oksana

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

Abrams, Angela  
 Adams, Allison  
 Alverson, Lindsey  
 Anders, Karen  
 Anderson, Marian  
 Barnes, Angela  
 Bonilla, Marcia  
 Boyer, Jennifer  
 Bruceri, Barbara  
 Bunton, Audrey  
 Corey, Erin  
 Courchaine, Janice  
 Crogan-pomilla, Neva  
 Dreckman, Tiarra  
 Emery, Julie  
 Flaherty, Molly  
 Fox, Michael  
 Garcia, Luis  
 Gardner, Jana  
 Gregory, Jennifer  
 Gruver, Heather  
 Haberman, Mel  
 Hain-flores, Michelle  
 Hudson, Danne  
 Johnson, Susan  
 Keller, Tara  
 Kenney, Richelle  
 Kent, Rebecca  
 Labau, Michael  
 Legnard, Melissa  
 Lyakhov, Aleksandr  
 Lybbert, Teresa  
 Matheson, Inga  
 Mattie, Mary  
 Mays, Jeffrey  
 Mccracken, Stephanie



## What Did You Pay in 2011?

By Patrick McGraw

*Would you like to know how much you paid in dues to WSNA in 2011?*

The Washington State Nurses Association does not send, without a request from a member, a statement of annual dues received. However, if you would like to know the total amount of dues that you paid for your membership in 2011, please contact the membership department.

The membership department can provide information over the phone to a member as to the amount of dues that were collected in the previous year. A statement can also be sent by mail or email if requested by a member.

A question that the membership department receives during winter and spring is whether dues are tax deductible. Dues payable to WSNA are not deductible as a charitable contribution for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. For more information, please consult your tax advisor.

The membership department may be reached by phone by calling 206.575.7979, by fax at 206.838.3099 or by email at [membership@wsna.org](mailto:membership@wsna.org).

Mcdaniel, Diane

Miklush, Lisa

Moody, Patricia

Moskovitz, Carlie

Norris, Kelly

O'Brien, Charles

Padilla, Cassie

Polione, Shawna

Rafter, Bethany

Roney, Steven

Sanchez, Nora

Schaffer, Laura

Shreve, Rebecca

Smock, Alison

Thompson, Jeannine

Tiffany, Melisa

Vanhook, Kristy

Wallace, Vickey

Whitney, Lindsey

Williams, Marissa

Williams, Wendy

Zipse, Camas

### WALLA WALLA / COLUMBIA

Kovach, George

### YAKIMA / NORTH YAKIMA

Larson, Andrea

Luke, Steven

McLaughlin, Nichol

### CHELAN / DOUGLAS / GRANT

Erickson, Stacey

Hoeffler, Anne

Jackson, Christy

Scott, Stephanie

Small, Chelsea

### GRAYS HARBOR

Howard, Michelle

Metcalf, Michelle

Steensrud, Margaret

Wilcox, Krista

### SNOHOMISH

Dingman, Ann

Schessler, Gail

### WAHIAKUM / COWLITZ

Jones, Thor

### CLARK / SKAMANIA

Broeckel, Nickie

Casbay, Karen

Finch, Kathe

Flora, Megan

Groh, Amber

### GLALLAM / JEFFERSON

Wheeler, Deborah

### THURSTON

Cumiskey, Charles

Dills, Ruth

### WHITMAN COUNTY

Bishop, Julie

### BENTON / FRANKLIN

Barajas, Jessika

Barton, Adrienne

Connor, Christy

Cordova, Monica

Herbst, Jessica

Le, Vi-thao

Medina, Ronda

Menjivar, Nancy

Monsrud, Kyle

Rood, Vanessa

Salemi, Ateusa

Schneider, Tiffany

Stidham, Maria

### SKAGIT / ISLAND / SAN JUAN

Arneson, Kathryn

Atchley, Wendy

Bishop, Kara

Borisov, Natalya

Clary, Kathryn

Debarge, Kimberly

Fewing, Adrian

Garrett, Robert

Garrett, Teresa

Geroux, Gretchen

Granville, Hallie

Hobbs, Rebecca

Houston, Christie

Huntley, Desiree

Hurst, Andrew

Hurst, Delicia

Jager, Heather

Johnson, Jessica

Lahnan, Deanna

Miller, Anne

Parks, Michael

Richards, Amy

Ries, Debbie

Sipma, Jennifer

### KITSAP COUNTY

Andrus, Brittany

Bennett, Alicia

Chatman, Joshua

Pantig, Noemi

Petrie, Dennis

Shea, Leslie

Shide, Rebecca

Vickers, Kelly

### KITTITAS COUNTY

Clark, Lara

Dretke, Layne

Harwell, Julie

Loen, Christine

Yu, Hannie

### ALL OTHER COUNTIES

Diosdado, Amber

Evans, Leean

## MEMBERSHIP INFORMATION & EMPLOYMENT STATUS CHANGES

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

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

## Jeanne Quint Benoliel

### 1919-2012

Jeanne Quint Benoliel was a pioneer in the field of nursing research and the study of death and dying. Dr Benoliel championed the role of the nurse scientist and fought battles for membership on prestigious national boards on which only physicians had served. She eventually led these boards. Professor Emerita in the School of Nursing at the University of Washington, she served on the faculty for over 20 years, and was its first Elizabeth Sterling Soule Professor in Nursing. The American Academy of Nursing named her a Living Legend, nursing's highest recognition.

Jeanne was born in National City, CA in 1919. She completed RN training in 1941 and served in the Army Nurse Corps from 1943 until 1946. In 1962 she, along with the famed sociologists Anselm Strauss and Barney Glasser, conducted groundbreaking research at the University of California, San Francisco, studying communication with dying patients and hospital personnel.

In 1970 she married Robert Benoliel. Their marriage was marked by a deep love for each other, joy in traveling the world, and spending time with family and ever growing numbers of grandchildren. Also in 1970, Jeanne joined the nursing faculty at the University of Washington. She was a productive researcher, an accomplished teacher, and a prolific writer, having published six books and hundreds of articles. She participated in developing some of the first doctoral programs in nursing in the US, and founded a graduate program preparing nurses for leadership in community-based services for advanced cancer patients and their families.

Much of her research focused on how one learns to live with chronic illness and what it is like to live with a terminal illness. She studied the concept of identity in the face of impending death, the conspiracy of silence that often surrounds the dying patient, and how illness affects the caregiver.

She has worked with local, national and international groups in thanatology and care

of the dying to introduce hospice models. She provided consultation on research to developing nursing programs in Israel and Japan in the 1970's as well as in Sweden and Norway.

During her career, she received numerous national and international awards for her work, including induction into the WSNA Hall of Fame in 2004. She was also given honorary degrees from the University of San Diego, the University of Pennsylvania, and from Yale University. Her legacy is defined by the greater understanding of cancer care, the needs of entire families, and the importance of open communication among health providers, patients, and family members. The hundreds of students she mentored continue her work.

She mentored faculty as well as students, igniting Dr. Ruth McCorkle's work in cancer care and Dr. Fran Lewis' work with nursing families who have a member with cancer, and David Kahn's conceptualization of suffering. Most, if not all, of the regional nurse leaders in end of life care in Washington State have either studied under Jeanne, or learned from her through her writings, courses, presentations and numerous workshops she gave throughout her career.

She transformed the field of care for dying people. She was the first to bring the family into care for the dying. Jeanne was the first registered nurse to be president of the International Work Group on Death, Dying and Bereavement. She helped to create and organize a number of international thanatology organizations and is recognized as one of the founders in the field of palliative and hospice care.

Her research continues to inspire others to focus on system distress, enforced social dependency, and health outcomes for patients and the families. Taken together, Jean's contributions have helped shape the field of palliative care and hospice care for many years. She has made many legendary contributions to nursing that bring honor to the discipline.

Her husband, Robert, preceded her in death in 1999. She is survived by her sister Diana M.



Quint of San Diego, CA, her nieces Bobbi Earle of Sand Point, ID and Patti Jensen of Priest River, ID, Robert's 4 children, and many grand- and great grand children.

Donations may be made to the Jeanne Q. Benoliel Endowed Fellowship Fund which provides financial aid to UW School of Nursing doctoral students who are researching the impact of life-threatening illness or end of life transitions. Donate online at: [www.washington.edu/giving/browse-funds](http://www.washington.edu/giving/browse-funds) by searching under "Nursing" for the Jeanne Q. Benoliel Endowed Fellowship Fund or checks may be sent to UW School of Nursing Advancement, Box 357260, Seattle, WA 98195. Make checks payable to "UW School of Nursing," noting the Jeanne Benoliel Fellowship Fund.

» Visit [www.wsna.org/hall-of-fame/Jeanne-Quint-Benoliel/](http://www.wsna.org/hall-of-fame/Jeanne-Quint-Benoliel/) to read more about Jeanne's entry in to WSNA's Hall of Fame.

Visit <http://bit.ly/wlt12Y> to read about Jeanne's impact and contributions at the University of Washington.

## Marie Breden Chadwell 1922-2012

Marie Chadwell passed away on January 27, 2012 at the age of 89. She was born in Galena, Kansas on July 19th, 1922 and was the youngest of five children of Earl and Dora Breden. She was preceded in death by her husband Charles Murray Chadwell; her parents; sisters Nellie Haynes and Nadine Bryson, and brothers Clifford Breeden and Max Breeden. She is survived by several nieces and nephews.

Marie served proudly during WWII in the Army Nurse Corps, and attained the rank of 1st Lieutenant. Marie and Charles (Boots) were married in 1956 and moved to the Pacific Northwest that same year, and lived in Renton, Kent, or Auburn WA for past 55 years. Marie worked as a Registered Nurse at Valley Medical Center for 23 years, 22 of which were as the Nursing Services Administrator. She retired in 1979 due to a loss of her eyesight.

Marie enjoyed traveling in the U.S. and overseas, fishing, knitting, crocheting, reading - with the help of "Books on Tapes," visiting relatives and friends, and volunteering for programs within her church. Marie was an avid Seahawks and Mariners fan, holding a season ticket and attending games until she could no longer physically get there.

Marie will be buried with her husband "Boots" in Willamette National Cemetery in Portland, OR.

» Donations may be made to the United Christian Church in Renton, or the Hospice society.

## Margaret "Maggie" Franulovich

Margaret died of natural age causes on January 5, 2012 in Bellevue WA. She was preceded in death by her husband, Rudy. Maggie (as friends called her,) graduated from the University of Portland, College of Nursing in 1944. She served in the Army Nurse Corps during the Second World War.

Margaret retired from the Sedro Woolley School District as School Nurse for all elementary and secondary schools in 1982.

She is survived by: daughter Carol O'Connell and husband, Michael, of Renton, WA; daughter, Sharon Morris and husband, Jack, of Wasilla, Alaska; son, Tim Franulovich, of Woodinville, WA; grandchildren: Kelly O'Connell-Weisfield, husband Jim, of Mercer Island. Amy O'Connell Colthurst, husband Mark, of Bellevue WA, Michael Morris, Anchorage, Alaska and Julie Morris, Seattle WA; great-grandchildren: Conor Shewey, Julia Weisfield, Kate Weisfield, Maggie Colthurst and Charlie Colthurst.

Margaret loved her family and friends. She enjoyed music, golfing, bowling, reading and spending time with friends and colleagues as well as dining at the Skillet in Sedro-Woolley.

At her request, there will be no public services. Margaret will rest with her husband Rudy and other passed Franulovich family members at the Anacortes Washington Mausoleum. Margaret asks you to remember her as you knew her.

## Pat Hoyt 1929-2011

Mary Patricia "Pat" Hoyt, avid skier, world traveler and skilled nurse, passed away Dec. 27, 2011. She will be remembered for her love of life and good-humored courage while fighting Parkinson's Disease.

She is survived by her husband, James Hoyt of Seattle, son Fred Hoyt (Michelle Barry) of Seattle, son Tom of Issaquah, daughters Mary (Ed Hoskins) and Jan of Idaho, four grandchildren and two of her sisters.

Pat was born in Waukegan, IL on June 7, 1929. She moved to California as a teen, where she ultimately discovered the two passions in her life: her husband Jim and her nursing career. Pat graduated from St. Mary's School of Nursing, and spent the next 45 years as a skilled RN. She was so proud of being an RN, and served in variety of capacities.

In 1952 she married Jim, and over the years they lived in California, Kansas, Idaho and Wyoming before moving to Washington in 1989. Pat had a sense of adventure that was shared by Jim and together skied in the Alps, barged the Yangtze in China, cruised through the Panama Canal, horse packed in Montana, hiked in New Zealand, drove all over France and Italy with good friends, and that's just scratching the surface.

Pat was an avid skier. Even in her final days she was asking the doctors when she could ski again. When she was living in Idaho, she'd pack a carful of kids up to Schweitzer. While living in Washington, she'd hit the senior discount days at Crystal. Her journey lasted 82 years and ended two days after Christmas 2011.

» Donations in her memory may be made to the Northwest Parkinson's Foundation.



## Barbara E. Hughes 1940–2011

Barbara E. Hughes, 71, died on Monday, December 26, 2011. Formerly of Kirkland, Barbara had been living in Dubuque, Iowa to be close to her family since her diagnosis of ALS in 2009.

Barbara was born in Dubuque on October 5, 1940. She received a degree in Anthropology from the University of Washington and a nursing degree from Shoreline Community College. She worked for Northwest Airlines as a flight attendant for 48 years before retiring in 2008. She worked as a nurse at Virginia Mason Hospital for 15 years, retiring in 2010 because of her illness.

During her lifetime Barbara traveled throughout the world experiencing and learning from other cultures in many third world countries in the Middle East, Africa and Asia. She climbed Mt. Kilimanjaro and hiked to the base camp of Mt. Everest. She completed The Stanley Expedition hiking the breadth of Tanzania on foot to retrace the route taken by Henry Morton Stanley during his epic search for the wandering missionary Dr. David Livingston. She also climbed Mt. Rainier. Barbara went to Borneo to study orangutans with Birute Galdikas, and went to Nepal where she worked for The Dooley Foundation providing medical assistance to the poor, and where she worked with Mother Theresa at the home for the sick and dying and at a school for the mentally handicapped. She traveled to Pakistan twice and had hoped someday to be able to travel to Afghanistan.

Barbara will be greatly missed by her many friends and co-workers from across the country who were fortunate to have been able to know her and to share in her extraordinary life.

She is survived by her brother Dan and his wife Doris and nieces Tina (Glen) Hasken, Julie (Mike, Jr.) Schmaltz, and Kimberly (Rick) Dehn and eight grandnieces and nephews, all of Dubuque, Iowa. Funeral services were held in Dubuque. A celebration of Barbara's life will be held in the Seattle area in the spring of 2012.

## Carines Mae Itchon Klinefelter 1985–2012

Carines Mae Itchon Klinefelter, age 26, passed away on Sunday, January 15 in Renton.

She is loved and survived by her husband Edward Klinefelter, who she married in 2010. She is also survived by her 2-month-old son James Carlos, father Carlos, mother Agnes, brother Carlo, and many family members.

Carines spent her childhood in Silverdale and graduated from CKHS in 2003. She attended the University of Washington and graduated Cum Laude from Seattle University. She received her BS in Nursing in 2008, and worked at Harrison Medical Center in Silverdale as a Labor/Delivery and HOPE nurse, and Overlake Hospital in Bellevue.

Carines was the president of Seattle University SNA from 2007-2008 and very involved with her nursing cohort, the college, and with the Nursing Students of Washington State (NSWS). She was an individual who exemplified genuine care and compassion that is the nursing profession. She touched many hearts during her time in nursing school and her career as an L&D nurse at Harrison Hospital and Overlake Hospital.

## Kathleen Tilley 1953–2012

Kathleen Tilley passed away on Monday, January 2, 2012 at Skagit Valley Hospital at the age of 58. She was born to Kenneth G. and Jean E. Thompson on January 4, 1953 in Mount Vernon.

She graduated from Mount Vernon High School with the class of 1971, and married William Tilley on December 17, 1971.

In 1973, she graduated with a Nursing Degree from Skagit Valley Community College. She founded the Cardiovascular Lab at Skagit Valley Hospital and achieved certified status from the American College of Sports Medicine (ACSM). She worked for Skagit Valley Hospital for 38 years.

She raised her son Dirk in Mount Vernon and became a proud grandmother in 2007. She loved spending time with her grandson and buying him toys and goodies.

She and Bill camped year round and enjoyed going on cruises. She also enjoyed anything that had to do with turtles. She had made plans to go to Trinidad next spring to assist with turtle conservation.

Kathleen is survived by her husband William "Bill" Tilley; son Dirk M. Tilley; father Kenneth and step-mother Pearl Thompson; sister Pamela DeMarco; brothers, Mike Thompson and Mark Thompson; and one grandchild, James L. Tilley.

Kathy was preceded in death by her mother Jean Thompson on March 22, 1996.

» Memorial contributions may be made to the Grande Riviere Nature Tour Guides Association (GRNTGA). [www.widecast.org/What/Country/Trinidad/trinidad.html](http://www.widecast.org/What/Country/Trinidad/trinidad.html).

You may offer your condolences and share your memories of Kathleen online at [www.kernfuneralhome.com](http://www.kernfuneralhome.com).

## MAY 2012

**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; May 4, 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>

**Women's Health Drug Therapy, Clinical Pharmacology Series 2012;** University of Washington Continuing Nursing Education; May 10, 2012; Fee: \$245/225; Contact Hours: 7.0. Contact: [www.uwcne.org/secure/display3.asp?SKU=12118-C](http://www.uwcne.org/secure/display3.asp?SKU=12118-C)

**Geriatric Assessment;** Pacific Lutheran University/Tacoma; May 11, 2012; Fee: \$119.00; Contact Hours: 6.25; Register at [www.plu.edu/-ccnl/](http://www.plu.edu/-ccnl/) or call 253.535.7683

**Immediate Response - Essential Skills for Urgent Clinical Situations;** University of Washington Continuing Nursing Education; Shoreline Conference Center; May 15, 2012; Contact Hours: 7.2. Contact: [cne@uw.edu](mailto:cne@uw.edu)

**Geriatric Pharmacology;** Pacific Lutheran University/Tacoma; May 18, 2012; Fee: \$119.00; Contact Hours: 6.25; Register at [www.plu.edu/-ccnl/](http://www.plu.edu/-ccnl/) or call 253.535.7683

**Adult/Geriatric Drug Therapy, Clinical Pharmacology Series 2012;** University of Washington Continuing Nursing Education; May 18, 2012; Fee: \$245/225; Contact Hours: 7.2. Contact: [www.uwcne.org/secure/display3.asp?SKU=12120-C](http://www.uwcne.org/secure/display3.asp?SKU=12120-C)

## JUNE 2012

**Neuropsychotropic Drug Therapy, Clinical Pharmacology Series 2012;** University of Washington Continuing Nursing Education; June 8, 2012; Fee: \$245/225; Contact Hours: 7.2. Contact: [www.uwcne.org/secure/display3.asp?SKU=12122-C](http://www.uwcne.org/secure/display3.asp?SKU=12122-C)

**Touching Hearts: The Art & Science of Labor Support for Nurses;** Patti Ramos Family Education Center; June 9, 2012; Fee: \$125; Contact Hours: 6.0; Contact: [wyzwomn2011@gmail.com](mailto:wyzwomn2011@gmail.com)

**Medical-Surgical Review and Update—Online—Summer 2012;** University of Washington Continuing Nursing Education; June 11–August 19, 2012; Fee: \$695; Contact Hours: 50. Contact: [www.uwcne.org/secure/display3.asp?SKU=12134-A-SP](http://www.uwcne.org/secure/display3.asp?SKU=12134-A-SP)

**The Art of Precepting;** University of Washington Continuing Nursing Education; June 12, 2012; Fee: \$245/225; Contact Hours: 7.0. Contact: [www.uwcne.org/secure/display3.asp?SKU=12136-C](http://www.uwcne.org/secure/display3.asp?SKU=12136-C)

**Assuring Pediatric Nutrition in the Hospital and Community;** University of Washington Continuing Nursing Education; June 27–June 29, 2012; Fee: \$545/595; Contact Hours: 20. Contact: [www.uwcne.org/secure/display3.asp?SKU=12135-C](http://www.uwcne.org/secure/display3.asp?SKU=12135-C)

## JULY 2012

**Introduction to School Nursing;** Pacific Lutheran University/Tacoma; July 10–13, 2012; Fee: \$459.00; Contact Hours: 25; Register at [www.plu.edu/-ccnl/](http://www.plu.edu/-ccnl/) or call 253.535.7683

**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, 28203 - 22nd Ave. S. Federal Way, WA 98003; July 15, 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>

**Keeping Kids in the Classroom 2012;** Pacific Lutheran University/Tacoma; July 16–17, 2012; Fee: \$199.00; Contact Hours: 12.5; Register at [www.plu.edu/-ccnl/](http://www.plu.edu/-ccnl/) or call 253.535.7683

**Pediatric Assessment;** Pacific Lutheran University/Tacoma; July 18–19, 2012; Fee: \$219.00; Contact Hours: 12.5; Register at [www.plu.edu/-ccnl/](http://www.plu.edu/-ccnl/) or call 253.535.7683

**Documenting Continuing Competency with a Portfolio;** Pacific Lutheran University/Tacoma; July 20, 2012; Fee: \$69.00; Contact Hours: 3.5; Register at [www.plu.edu/-ccnl/](http://www.plu.edu/-ccnl/) or call 253.535.7683

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## AUGUST 2012

**Wound Management (Winter/Spring Course);** University of Washington School of Nursing; August 15 - October 18, 2012; Fee: \$3,795; Contact Hours: 130.0; Contact: [www.uwcne.org/secure/display3.asp?SKU=12140-C](http://www.uwcne.org/secure/display3.asp?SKU=12140-C)

**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, 28203 - 22nd Ave. S. Federal Way, WA 98003; August 18, 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>

**Wound Management Fundamentals Course—Summer 2012, A Certificate Program for Healthcare Professionals;** August 20–September 22, 2012; Fee: \$595; Contact Hours: 30; Contact: [www.uwcne.org/secure/display3.asp?SKU=12181-SP](http://www.uwcne.org/secure/display3.asp?SKU=12181-SP)

## SEPTEMBER 2012

**Touching Hearts: The Art & Science of Labor Support for Nurses;** Patti Ramos Family Education Center; September 8, 2012; Fee: \$125; Contact Hours: 6.0; Contact: [wyzwomn2011@gmail.com](mailto:wyzwomn2011@gmail.com)

**Medical-Surgical Review and Update—Online—Autumn 2012;** University of Washington Continuing Nursing Education; September 10–November 19, 2012; Fee: \$695; Contact Hours: 50. Contact: [www.uwcne.org/secure/display3.asp?SKU=12134-B-SP](http://www.uwcne.org/secure/display3.asp?SKU=12134-B-SP)

**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, 28203 - 22nd Ave. S. Federal Way, WA 98003; September 22, 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>

## INDEPENDENT SELF STUDY COURSES

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

**Dementia - Dementia in Older Adults;** Contact Hours: 7.5; Fee: \$195 **C**

**Depression - IMPACT: Online Training for Depression Care Management;** Contact Hours: 17.5; Fee: \$50 **C**

**Domestic Violence - Domestic Violence Recognizing and Responding to Victims;** Contact Hours: 2.0; Fee: \$20 **C**

**Ethics - Ethics as a Compass: A Model for Dealing with Complex Issues in Patient Care;** Contact Hours: 7.7; 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**

**Foot Care for the Older Adult;** Rainier Medical Education Programs; Contact Hours: 6.5; Contact: [www.RainierMedEd.com](http://www.RainierMedEd.com)

**Geriatric Health - Geriatric Health Promotion Lecture Series;** Contact Hours: 78 Fee: \$460; 1.5 Fee: \$30 **C**

**Grand Rounds - UW Nursing Grand Rounds;** Contact Hour \$10 per; Free to view

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

**Hepatitis - Hepatitis Case Studies;** Contact Hours: 5 **C**

**High Cholesterol Pt. 1: Western Medicine;** Contact Hours: 7; Fee: \$50; Contact: [www.healthcmi.com](http://www.healthcmi.com)

**High Cholesterol Pt. 2: Chinese Medicine Theory;** Contact Hours: 4; Fee: \$50; Contact: [www.healthcmi.com](http://www.healthcmi.com)

**High Cholesterol Pt. 3: Chinese Medicine Dietetics;** Fee: \$50; Contact Hours: 12; Contact: [www.healthcmi.com](http://www.healthcmi.com)

**HIV - HIV/AIDS Education Implications for Nurses;** Contact Hours: 7.0; Fee: \$95 **C**

**HIV - Routine HIV Screening;** Contact Hours: 1.5; Fee: \$Free **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](http://www.nphealthcarefoundation.org)

**Management of Persistent Pain;** Contact Hours: 1.8; Fee: No Fee; Contact: [www.nphealthcarefoundation.org](http://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**

**New Telehealth Technology: Legal Risks & Call Center Benefits;** Contact Hours: 1.2 **A**

**OTC Advisor: Advancing Patient Self-Care;** Contact Hours: 17.0; Contact: [www.nphealthcarefoundation.org](http://www.nphealthcarefoundation.org)

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

**Pharmacology - Adult/Geriatric Drug Therapy;** Contact Hours: 7 - 8.0; Fee: \$195 / 175\* **C**

**Pharmacology - Neuropsychotropic Drug Therapy;** Contact Hours: 7 - 8.0; Fee: \$195 / 175\* **C**

**Pharmacology - Women's Health Drug Therapy;** Contact Hours: 7 - 8.0; Fee: \$195 / 175\* **C**

**Pharmacology - Prescribing Scheduled Drugs;** Contact Hours: 10; Fee: \$195 **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](http://www.nphealthcarefoundation.org)

**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 Academy - Course 4 (The Role of Collagen in Wound Healing);** Tuition; Fee: \$30; Contact Hours: 2.5 **C**

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

**Wound & Ostomy;** Fee: \$60; Contact Hours: 2.0 **C**

## CONTACTS

**A Carol M. Stock & Associates**  
Carol M. Stock, JD, MN, RN  
PO Box 31114  
Seattle, WA 98103  
206.789.0909  
[cstock@carolstock.com](mailto:cstock@carolstock.com)  
[www.carolstock.com/videos/communication.html](http://www.carolstock.com/videos/communication.html)

**B MedicalSpanish.com**  
Ken Ryan  
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[keninalaska@gmail.com](mailto:keninalaska@gmail.com)  
[www.medicalspanish.com](http://www.medicalspanish.com)

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