

2016 electoral season
How nurses should get involved

When disaster strikes
Are you prepared to help?

Rest breaks
MultiCare fights groundbreaking win

Volume 46, No 1 **Spring 2016** A Publication of the Washington State Nurses Association

The Washington Nurse

Culture of safety

Our members tell us
we're not even close.

SAVE
THE DATE!

ALL ABOARD!



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WSNA Leadership Conference

September 25-27, 2016 Campbell's Resort, Chelan

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The Washington Nurse

VOLUME 46, ISSUE 1 SPRING 2016

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

The information in this magazine is for the benefit of WSNA members. WSNA is a multipurpose, multifaceted organization. *The Washington Nurse* provides a forum for members of all specialties and interests to express their opinions. Opinions expressed in the magazine are the responsibility of the authors and do not necessarily reflect the opinions of the officers or membership of WSNA, unless so stated. Copyright 2016, WSNA. No part of this publication may be reproduced without permission.

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WSNA welcomes the submission of manuscripts and artwork. Please contact Ruth Schubert by email at rschubert@wsna.org with submissions, article ideas or further questions. It is not the policy of WSNA to pay for articles or artwork.

ARTICLE SUBMISSION DEADLINES

Spring February 15
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Fall August 15
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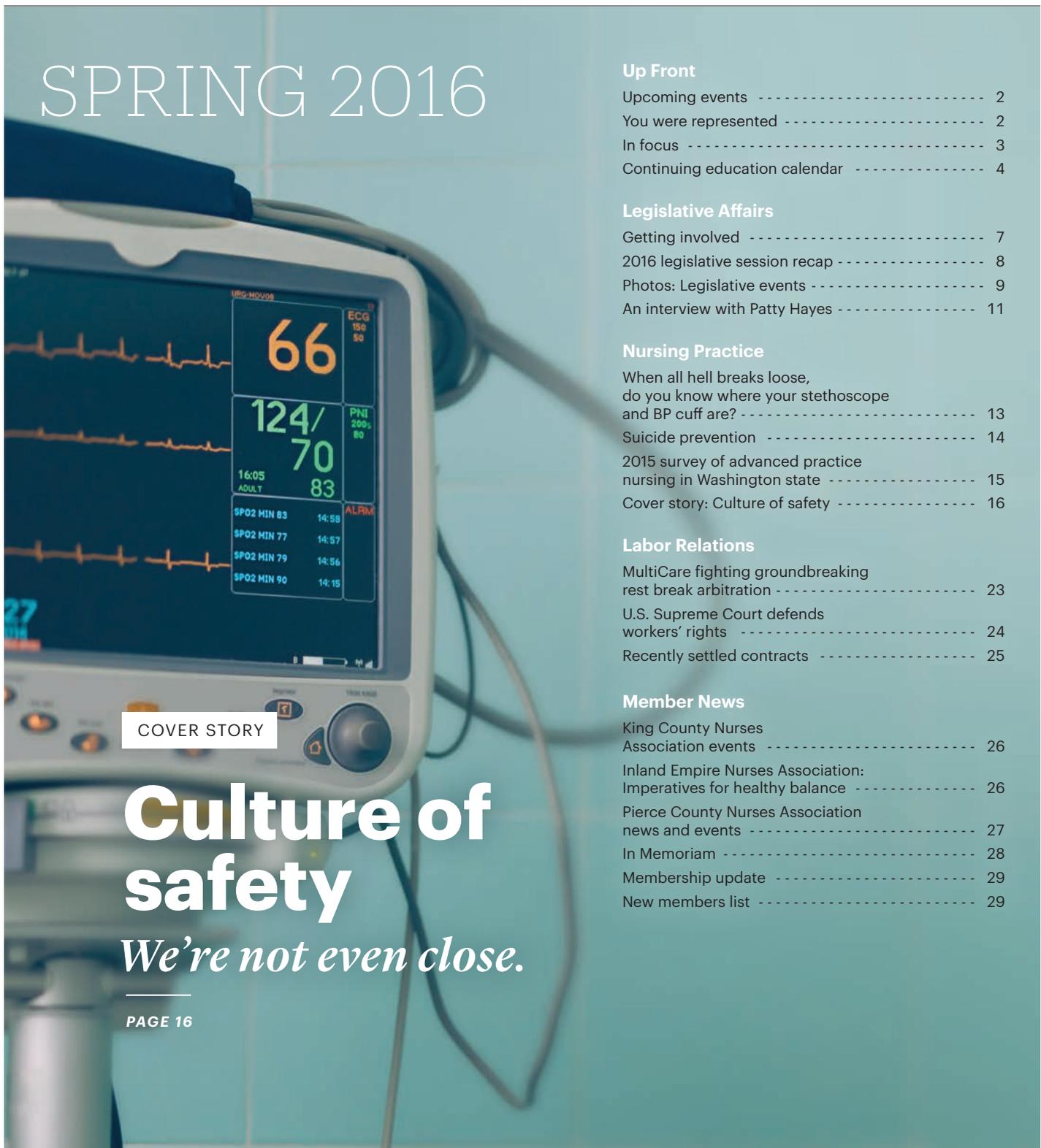
DESIGNED, EDITED & PRINTED IN WASHINGTON STATE

Executive Editor Judith A. Huntington
Editor Ruth Schubert
Designer Ben Tilden

Washington State Nurses Association

575 Andover Park W., Suite 101, Seattle, WA 98188
206.575.7979 • 206.575.1908 fax
wsna@wsna.org • www.wsna.org

SPRING 2016



COVER STORY

Culture of safety

We're not even close.

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— SAVE THE DATE —

WSNA Union Leadership Conference
 Sept. 25-27, 2016 / Chelan, WA

Upcoming Events

APRIL 2016

22 A-CNE (formerly CEARP) meeting – WSNA headquarters

MAY 2016

6 Pierce County Nurses Association Nurses Week Banquet – Tacoma

10 Inland Empire Nurses Association Annual Spring Gala – Spokane

12 King County Nurses Association Annual Meeting & Spring Banquet – Seattle

18 Cabinet on E&GW meeting – WSNA headquarters

18 Local Unit Council meeting – WSNA headquarters

20 Washington State Labor Council COPE Convention

25 WSNA-Pac Trustee meeting – WSNA headquarters

30 Memorial Day – WSNA offices closed

JUNE 2016

3 WSNA Finance & Executive Committee meetings – WSNA headquarters

22-25 ANA Lobby Day and Membership Assembly – Washington, D.C.

26 NFN Executive Board meeting – Washington, D.C.

JULY 2016

4 Independence Day – WSNA offices closed

18-21 AFT Centennial Convention – Minneapolis, MN

19-21 Washington State Labor Council Constitutional Convention – Wenatchee

AUGUST 2016

4 Washington State Nurses Foundation meeting – WSNA headquarters

5 WSNA Board of Directors meeting – WSNA headquarters

17 ANCC workshop – Seattle

SEPTEMBER 2016

9 Labor Day – WSNA offices closed

12 Constituent Representative Council meeting – district presidents – WSNA headquarters

24-25 Cabinet on Economic & General Welfare meeting – Campbell's Resort, Chelan

25 Local Unit Council meeting – Campbell's Resort Chelan

26-27 WSNA Union Leadership Conference – Campbell's Resort, Chelan

You Were Represented

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 and leaders of other health care and nursing organizations and unions, the following is a partial list of the many places and meetings where you were represented during the past three months...*

- AFT Nurses and Health Professionals Program & Policy Council meetings
- AFT Nurses PeaceHealth Coalition meetings
- AFT State Federation Presidents Conference calls
- Alliance of Nurses for Healthy Environments (ANHE) Policy/Advocacy Committee
- American Cancer Society Cancer Action Network
- American Nurses Association (ANA) Board of Directors meeting
- ANA Nursing Practice Network conference calls
- ANA Governmental Affairs & Health Policy conference calls
- ARNPs United of Washington State
- ARNP Coalition
- Bellevue College Nursing Advisory Board
- CEARP Committee Meetings
- Children's Alliance
- Clark Community College Allied Advisory Board
- Collaborative on a Healthy Environment (CHE-WA)
- Council of Nurse Educators of Washington State (CNEWS)
- DOH Healthcare Associated Infections Advisory Committee
- DOH Midwifery Advisory Committee
- Department of Labor and Industries (L&I) rule-making on hazardous drug exposure
- L&I Safe Patient Handling Steering Committee
- Equity in Education Coalition
- Everett Community College Technical Advisory Committee
- Federal Basic Health Option legislative advisory committee
- Healthcare Personnel Shortage Task Force
- Health Care Access Coalition (to maintain access to medications)
- Health Care Without Harm
- Health Coalition for Children and Youth
- Health Pact Forum
- Healthy Washington Coalition to Healthy Washington Steering Committee
- Joint Task Force on Education Funding (Legislative Task Force)
- King County "Best Starts for Kids" campaign
- King County Council
- National Federation of Nurses (NFN) National Executive Board meetings & National Advisory Board meetings
- North Seattle Community College Technical Advisory Board
- Nursing Care Quality Assurance Commission Meetings (NCQAC)
- Nursing Students of Washington State (NSWS) Board Meetings
- Prevention Alliance
- Public Health Roundtable
- Racial Equity Team
- Rebuilding Our Economic Future Coalition
- Renton Center of Health and Occupational Health Education Labor Advisory Board
- Renton Technical College Allied Health Advisory Board
- School Nurse Organization of Washington State
- Shoreline Community College Nursing Advisory Committee
- Snohomish County Council
- Snohomish County Labor Council
- South Seattle Community College Technical Advisory Board
- Toxic Free Legacy Coalition
- United Labor Lobby
- University of Washington Continuing Nursing Education Advisory Committee
- Washington Alliance for Gun Responsibility
- Washington Alliance for School Health Care
- Washington Center for Nursing (WCN) Board Meetings
- Washington Chapter of Physicians for Social Responsibility
- Washington Health Benefit Exchange Advisory Committee
- Washington Health Care Association
- Washington Health Care Authority
- Washington Patient Safety Coalition Steering Committee
- Washington Regional Action Coalition (WNAC) Steering Committee and Leadership Group
- Washington State Board of Community and Technical Colleges
- Washington State Labor Council Executive Board
- WSLC Legislative Labor Caucus
- WSLC Political Committee
- Washington State Public Health Association Board meeting
- Washington Toxics Coalition



LETTER FROM THE PRESIDENT

The American Nurses Association has designated 2016 as the Culture of Safety year and has developed tool kits, background information and talking points, which can be found on the ANA website, nursingworld.org. Key messages from this national campaign speak to safety being everyone's responsibility and the importance of all voices being respected, heard and empowered.

This is not easy or quick work. Moving an organization into a change in culture takes more than a new program or department. It takes fundamental change, a step-by-step, long process that is transparent and inclusive. Organizations that have achieved this cultural shift have also decreased patient errors and saved money.

What we want, and what WSNA is working toward, is a culture where quality patient care can be delivered, where patients and nurses are safe. We want a culture where nurses are supported in reporting errors or near misses, and where these errors are then treated as a problem within the system and not a reason to blame and discipline an individual. This is an environment where errors are accurately tracked, assessed and prevented. Patients are safer in this environment. A "no blame" culture, in my mind, is of highest priority to address.

New nurses are entering the workforce environment with a practice that is evidence-based, focused on quality and patient-centered. In a culture of safety, you see an environment where our new practitioners are safely transitioned and their practice is supported. Many new nurses across the country are leaving nursing after only a year of practice because they are not able to practice with the quality focus they know is needed.

We have a system where nurses are put into management roles with all the responsibility of providing a safe practice environment, but too often, they do not have the necessary knowledge and skill to be successful in this role. There is a wide variety of ways our nurse managers can be trained, and we know the kinds of support and resources that can and should be available to help nurse managers in their new role. In a culture of safety, nurse managers provide the nursing staff an environment where safe patient care is delivered.

ANA's Culture of Safety campaign emphasizes the notion that patient safety is everyone's responsibility. All of us will be needed to take the necessary first steps. We will continue to make the business case because we know safe patients, with a focus on quality, saves money. We will continue to make the legal case. Most importantly, we must continue to make the ethical case. How many medical errors are acceptable? We must use our voice and tell our stories at any table where our patient advocacy voice can be heard.

Jan E Bussert
Jan Bussert, BSN, RN
WSNA President

LIVE EVENTS**JUNE 2016**

The Art of Healing: Acute Care Ed; June 9, 2015, 8:00 am - 4:30 pm; Red Cross Ballroom, Ft. Vancouver National Historic Site, Vancouver, WA; Fee: \$199; Contact Hours: 6.0; Contact: Support@AcuteCareEd.com or phone: 971.231.4413. For more information visit www.AcuteCareEd.com/events

School Nursing: Preparation for Initial Certification; WSU College of Nursing; June 22-25, 2015, Spokane, WA; Fee: \$425; Contact Hours: 30.0; Contact: Nancy Oberst 509.324.7219 or noberst@wsu.edu

Reiki II for Nursing. Prereq: Reiki I at least 30 days prior. Friday, June 26, 2015, 9-3:00 pm; Soaring Dragon Training Center, Federal Way, WA; Fee: \$120; Contact Hours: 5.5; Contact: victoria.leo.reiki@gmail.com or 253.203.6676

Understanding Reiki & Reiki I for Nursing (2 classes combined). Saturday, June 27, 2015, 9-3:30 pm; Soaring Dragon Training Center, Federal Way, WA; Fee: \$130 includes text by Pamela Miles; Contact Hours: 6; Contact: victoria.leo.reiki@gmail.com or 253.203.6676

LPN-C Update; Northeast Community College; June 29, 2015, Norfolk, NE; Fee: \$65; Contact Hours: 6.25; Contact: Karen Weidner at karenkw@northeast.edu or 402.844.7330

JULY 2016

Legal and Ethical Issues in Prescribing; Acute Care Ed; July 17, 2015, 8:00 am - 12:00 pm; Red Cross Ballroom, Ft. Vancouver National Historic Site, Vancouver, WA; Fee: \$179; Contact Hours: 3.5; Contact: Support@AcuteCareEd.com or phone: 971.231.4413. For more information visit www.AcuteCareEd.com/events

AUGUST 2016

Understanding Reiki & Reiki I for Nursing (2 classes combined). Wednesday, August 12th, 9-4 pm; South Hill Counseling, 5915 S. Regal Street, Suite 304, Spokane, WA 99223; Contact Hours: 6; Fee: \$120 includes text by Pamela Miles. You may take Reiki II on Aug 20. Contact: victoria.leo.reiki@gmail.com or 253.203.6676

Understanding Reiki & Reiki I for Nursing (2 classes combined). Friday, August 21, 2015, 9-3:30 pm; Soaring Dragon Training Center, Federal Way, WA; Contact Hours: 6; Fee: \$130 includes text by Pamela Miles; Contact: victoria.leo.reiki@gmail.com or 253.203.6676

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Reiki II for Nursing. Prereq: Reiki I at least 30 days prior. Thursday, August 20, 2015, 9-3:00 pm; Soaring Dragon Training Center, Federal Way, WA; Contact Hours: 5.5; Fee: \$120. Contact: victoria.leo.reiki@gmail.com or 253.203.6676

OCTOBER 2016

Suicide Assessment and Prevention; Acute Care Ed; October 9, 2015, 8:00 am - 4:30 pm; Red Cross Ballroom, Ft. Vancouver National Historic Site, Vancouver, WA; Fee: \$199; Contact Hours: 6.5; Contact: Support@AcuteCareEd.com or phone: 971.231.4413. For more information visit www.AcuteCareEd.com/events

ONLINE COURSES

Alpha-1 Antitrypsin Deficiency and Augmentation Therapy-Prolastin C; Contact Hours: 3.0; Fee: None; Contact: www.alphaone.org or call 877.228.7321

Alpha-1 Antitrypsin Deficiency and Augmentation Therapy-Zemaira; Contact Hours: 3.0; Fee: None; Contact: www.alphaone.org or call 877.228.7321

Depression Care Management; Fee: \$50; Contact Hours: 17.5 **A**

Diabetes Update; Fee: \$150; Contact Hours: 7.1 **A**

Hepatitis C Online Course; Free to View; Contact Hours: 17.75 **A**

Hepatitis Case Studies – Hepatitis A; Free to View; Contact Hours: 1.5 **A**

Hepatitis Case Studies – Hepatitis B; Free to View; Contact Hours: 7.0 **A**

Hepatitis Case Studies – Hepatitis C; Free to View; Contact Hours: 4.0 **A**

Hepatitis C – Special; Free to View; Contact Hours: 0.75 **A**

HIV/AIDS Implications for Nurses; Fee: \$95; Contact Hours: 9.0 **A**

Managing Change – Working within the Kotter Model; The Evangelical Lutheran Good Samaritan Society; Free to Staff; Contact Hours: 0.5; Contact: Kriss Ponto at Kponto@good-sam.com or 605.362.3279

Managing Change – Working with Individuals; The Evangelical Lutheran Good Samaritan Society; Fee: Free to Staff; Contact Hours: 0.5; Contact: Kriss Ponto at Kponto@good-sam.com or 605.362.3279

Medical Spanish for Hospital Nurses; Contact Hours: 25 **B**

Medical Spanish for Office Nurses; Contact Hours: 25 **B**

Pharmacology – Prescribing Scheduled Drugs; Fee: \$195/175; Contact Hours: 10 **A**

Question, Persuade, Refer: Suicide Assessment Training for Nurses; Contact Hours 7.0; Fee: \$139; Contact: Carrie Holliday at WSU College of Nursing at cholliday@wsu.edu

Wound Academy – Successful Wound Care: It Takes a Team; Fee: \$195; Contact Hours: 11.1 **A**

Wound Academy – Wound Assessment and Documentation; Fee: \$60; Contact Hours: 2.0 **A**

CONTACT INFORMATION

A University of Washington School of Nursing
Continuing Nursing Education
Box 359440
Seattle, WA 98195
206.543.1047
cne@uw.edu
www.uwcne.org

B MedicalSpanish.com
Kathryn C. Fox, BSN, RN
KatieFoxRN@gmail.com
www.medicalspanish.com

Listings change frequently. For the most current list of WSNA CEARP-approved continuing nursing education courses, visit www.wsna.org/calendar.

To make a donation or to apply for a grant, visit www.wsna.org/wsnf



YOU CAN MAKE A DIFFERENCE WITH A TAX-DEDUCTIBLE DONATION TO THE WSNF



That's right. You can make a difference in someone's life by giving a gift to the Washington State Nurses Foundation (WSNF). **Your gift will help support nursing students attending college, either to become RNs or to advance their education with a BSN, Master's or doctoral degree.** We are all aware that tuition costs have climbed much faster than inflation, especially in the past few years. Your tax-deductible gift will allow us to award scholarships to more students and to give larger scholarships, all to very deserving students—our future nurses and future nurse leaders.

Another way to make a difference in someone's life is to honor them with a gift to the WSNF. Do you have a nurse friend, colleague or mentor who has made a difference in your life? Consider honoring them by making a donation to the Foundation in their honor. WSNF will send honorees a letter notifying them that you have honored them with a donation to WSNF (Note: Donation amounts are confidential).

Are you interested in giving back to your community? A WSNF community service mini-grant can make a difference in YOUR community! WSNF makes grants to nurses doing various community service or education projects. You can design a community service project and then submit an application for funding of your project. Grants up to \$500 are available. Your project could be the next one that the foundation supports. We look forward to hearing from YOU!

Since 1999, the Washington State Nurses Foundation has given out more than \$150,000 in scholarships to more than 130 students at schools of nursing located around the state.

OTHER WORTHY CAUSES THE FOUNDATION HAS SUPPORTED IN RECENT YEARS

\$1,000 to help fund scholarships to nursing camp for high school students	\$5,000 to study nurse practitioners barriers to practice and barriers to prescribing	\$500 to support toy safety and health promotion at a community clinic for the uninsured in a culturally diverse area of King County	\$500 to study the attitudes of nursing staff toward safe lift equipment and policies	\$1,000 from the Etta B. Cummings Fund to assist a nurse with extraordinary medical expenses	\$2,500 to assist nurses in the aftermath of Hurricane Katrina and other natural disasters	\$500 to support staff education to improve patient safety initiatives and outreach at a critical access hospital serving rural eastern Washington	\$500 to support bicycle safety awareness and helmet use	\$1,376 for research on culturally competent health care for Latinos in the Yakima area
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The mission of the WSNF, a 501(c)3 charitable foundation, is to promote the advancement of educational and professional excellence within nursing, and the health and well-being of the citizens of Washington State.

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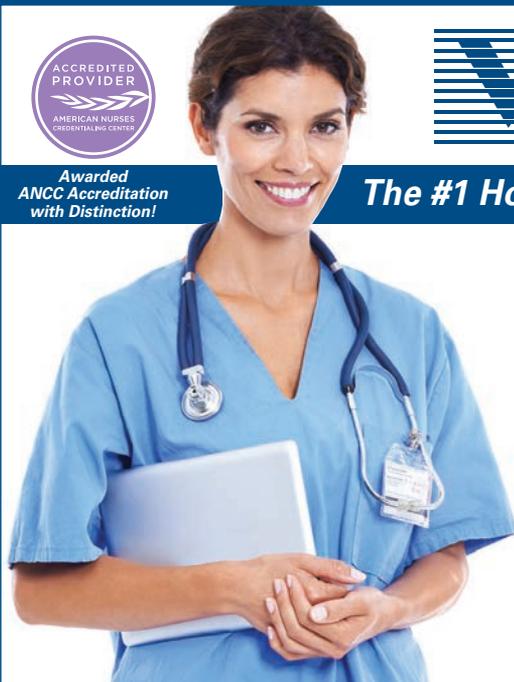
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Jan Bussert
WSNA President

Dear Nurses,

As I know you all agree, this election year is an extremely important one with many critical issues at stake. Nurses cannot stand on the sidelines. We must get engaged and get activated to make our voices heard!

The WSNA Board of Directors on March 17, 2016, adopted the following motion:

In order to ensure safe and quality patient care, increase health care access, and preserve collective bargaining rights of nurses and all workers, WSNA must engage and mobilize our members during the 2016 election to elect nursing, labor, and health care champions for local, state, and national office.

As a registered nurse and through my many years and various roles at WSNA, I know the difference we can make when nurses are engaged in the political process.

Let's vote!

– Jan

Janice Bussert, BSN, RN
President, WSNA

Getting involved

Critical to nurses' voices being heard is the ability to affect the outcomes of elections. Integral to that is ensuring that nurses are registered to vote and feeling empowered to take part in the political process! If you're someone who would like to take a role in making our democracy work for us, please contact Nathasja Skorupa, WSNA's Political Action Specialist, and she'll be more than happy to plug you in to what is available near you! Contact Nathasja at nskorupa@wsna.org or 206.575.7979, extension 3005.

KEY ELECTION DATES

PRESIDENTIAL PRIMARY

April 25	Deadline for voter registration, address change and other updates for the Presidential Primary Election
May 6	Start of 18-day voting period (through Presidential Primary)
May 16	Last day for in-person registration to vote in the Presidential Primary
May 24	Presidential Primary Election

TOP TWO PRIMARY

July 4	Deadline for mail or online new registrations and voter updates for Top Two Primary Election
July 15	Start of 18-day voting period for Top Two Primary
July 25	Last day for in-person registration in order to vote in the August Primary
August 2	Top Two Primary Election

LINKS

www.sos.wa.gov/elections/myvote

Use this handy link to update your voter registration, check to see if you're registered, see what elections you voted in and more!

2016 legislative session recap

On March 29, day 20 of the first special session, the Legislature adjourned sine die. The House and Senate passed the supplemental budget and the corresponding bills related to the budget and voted to override the 27 bills that had been vetoed by Governor Inslee.

The final budget leaves the Department of Health's Health Professions Account untouched. A previous Senate budget had swept \$500,000 of this account into the general fund. The Health Professions Account houses all the licensing fees for health professions and is critical in maintaining licensing fees at a reasonable rate.

The final budget directs that psychiatric ARNPs be hired into current and future vacancies at Western State Hospital.

SB 6656 (Western State) also passed the House and Senate. This bill was amended on the floor of the Senate as follows:

- The bill directs DSHS to create a staffing model that recognizes ARNPs and physicians assistants (PAs) to use their full scope of practice. This language has been included in HB 2453, the House's version of the Western State bill.
- The bill includes new language that recognizes that ARNPs and PAs are underutilized by state hospitals. This section directs the Office of Financial Management to create a job classification for psychiatric ARNPs and PAs, allowing practice at the top of their scope. It directs the state hospital to hire ARNPs and PAs to reduce reliance on psychiatrists. It goes on to require any future CBA negotiated or renegotiated must be consistent with the expanded use of ARNPs and PAs.

HB 1713 also passed the Legislature (involuntary commitment). It contains the agreed-upon amendment that adds physician assistants and psychiatric ARNPs to the bill.

For a complete bill outcome review, go to www.wsna.org/legislative-affairs/2016-legislative-session-recap. ■

Look for a detailed summary of the 2016 Legislative Session in the summer issue of The Washington Nurse and online at wsna.org.

Event Photos



1

1
Jan Bussert and the WSNA Legislative and Health Policy Council deliver a briefing on the environment of this year's legislative session



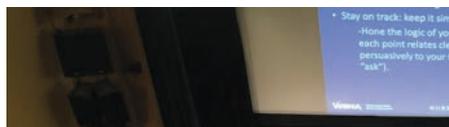
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2
First time attendee Gulsen Rodriguez



3

3
Mary Baroni, faculty at the University of Washington and Judy Huntington, WSNA's executive director



4
Nathasja Skorupa, WSNA's political action specialist, delivers tips on talking to legislators



4

2016 Nurse Legislative Day

More than 550 nurses and nursing students attended WSNA's annual Legislative Day in Olympia on Feb. 1. The enthusiastic crowd once again made Nurse Legislative Day the largest such event of the 2016 Legislative Session. The day started at the Washington Center for the Performing Arts in Olympia, where the group got legislative updates from WSNA's Legislative & Health Policy Council members and advocacy partners, including SNOW, ARNPs United and AAPPN. Governor Jay Inslee delivered the keynote.

Attendees were divided into groups by legislative district and headed to the Capitol Campus to talk directly to their legislators about issues of importance to nurses and nursing. WSNA scheduled more than 100 meetings with representatives and senators from across the state.



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Governor Jay Inslee delivers the keynote address

6

Nursing students with WSU faculty member Debbie Brinker

7

More than 550 nurses and nursing students gathered in Olympia for WSNA's annual lobby day



6



7

2016 WSNA Legislative Reception

On Jan. 14, nurses gathered in Olympia for a day of intensive advocacy and activism training in a small classroom setting, followed by a reception that evening with state legislators.

¹
Rep. Mia Gregerson and
Rep. Sherry Appleton

²
Rep. Jake Fey and
Susan M. Jacobson

³
Sen. Pam Roach speaks
with WSNA nurses

⁴
Rep. Jim Moeller
and Diane Grey

⁵
Attendees with
Rep. Tom Dent



1



2



3



4

⁶
Michael Long, Steve Bergquist
and Alex Dunne

⁷
Sen. Steve Conway and
Anne Tan Piazza

⁸
Susan M. Jacobson,
Sen. Karen Fraser and Diane Gray

⁹
Susan Dunn, Rep. Mike Sells
and Martina Allen



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8



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PHOTOS: BEN TILDEN

An interview with Patty Hayes

An important aspect of our Nurses Speak initiative is highlighting the careers of individuals who began as staff nurses and then turned their attention to become leaders in the fields of public policy, hospital administration, the law and the legislature. This is the second in our series.



Patty Hayes, MN, RN

Director of Public Health – Seattle & King County

Patty Hayes tells a story from her childhood about that time-honored opportunity to shine or flame out, the School Talent Show. Her mother asked the young Patty what her talent was going to be. “I’m going to be the MC!” she replied. It’s an apt metaphor for Patty’s career. “I love orchestrating events,” she said. “I love helping other people shine.” That’s exactly what Patty has been doing for more than three decades in roles that include executive director of WSNA, policy director at the state Department of Health, executive director of WithinReach and, now, as director of Public Health – Seattle & King County.

WSNA’s Legislative Affairs Director, Jennifer McCausland, sat down with Patty to talk about leadership, politics and her passion for the health and well-being of young families.

In your work today, yesterday or last year, have you used the skills you learned in your nursing education?

Yes, in my basic training and then in my master’s degree in Psychosocial Nursing, I learned a way of thinking that I use every day. The nursing process lends itself well to policy development, politics and research. Nurses are so well prepared to be epidemiologists or therapists, to work in the legislature or to work directly with families. From my master’s degree, I learned more about how to work in groups, how to listen, how to navigate issues. Nursing gives you the theory behind how to work from the other person’s perspective.

You have spent part of your career in legislature affairs representing nurses and nursing specialties such as nurse anesthetists.

Yes. Walking into the volatility of politics means you have to be able to tolerate the intensity of politics. Nurses are great at being able to achieve things behind the scenes, which is not always how politics works. I believe leading on issues that are important to the public is an essential role for nurses – issues like access to care, rural health, public health. We need more nurses in the Legislature. Representative Cody, as Chair of House Health Care Committee, has been a great champion on so many issues over the years, but we need many more people who can understand the patient perspective.

And then the shift to public health?

I found myself drawn to public health after doing broader systems work and working with families. Nursing gives you that opening to so many avenues, and I found the freedom to explore working directly with families. I have always been a gregarious external person; my Myers Briggs is a strong ENFP for those who are familiar with that. [editor’s note: Extraversion, iNtuition, Feeling, Perceiving] I find it so much more interesting to hear other people’s stories.

You said in your talent show story that you wanted to be the MC. Is that still true?

When you begin to study leadership (and I have been a student of leadership theory and practice all of my career) you learn the art of empowering the members of your team, to work in groups; you learn to create magic through partnerships. I’ll never forget when we were running the seat belt legislation and couldn’t get traction until we brought in the used car dealers. It created the magic solution for the legislators to hear support for the issue from a totally different interest group.

You have stayed active in WSNA throughout your career.

I believe in WSNA, I believe in the balance of policy and representation, and I’m proud to be part of the evolution of WSNA as it is today. Nurses still don’t have the appreciation of their value in the workplace, and WSNA is there to help encourage the advancement of nursing as well as nurses.

And your legacy?

My work for the health of families and the investment in families in the early years is my legacy. One of my passions is building the respect and vision of the essential role that public health plays every day for everyone. I want to help drive that system and continued policy changes. ■

"Nursing has always provided me with a pathway to frame my passion in health care."

HURRICANE BLIZZARD EARTHQUAKE
 FLOOD TERRORISM ATTACK TORNADO
 VOLCANO NUCLEAR NATURAL DISASTER



Be prepared for the unexpected.

Get a WSNA Emergency Preparedness Kit.

Standard Kit \$34.99

- | | | |
|---------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 Datrex Emergency Drinking Water Pouches | 1 flashlight with 2 D cell batteries | 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 Datrex packet of 9 food bars | 1 Whistle | 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) |
| 1 Thermal Blanket - 84" x 52" | 1 deck playing cards | |
| 2 Air-activated 12-hour body / hand warmers | 1 pair leather palm gloves | |
| 1 Hooded Poncho | 1 sling bag | |
| 3 Trash Bags | | |
| 2 12-hour light sticks | | |
| 2 zip baggies | | |

First Responder Kit \$49.99

- | | | |
|---------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16 Datrex Emergency Drinking Water Pouches | 2 zip baggies | 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 Datrex packet of 18 food bars | 1 flashlight with 2 D cell batteries | 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) |
| 1 Thermal Blanket - 84" x 52" | 1 AM/FM radio | |
| 2 Air-activated 12-hour body / hand warmers | 1 Whistle | |
| 1 Hooded Poncho | 1 deck playing cards | |
| 3 Trash Bags | 1 pair leather palm gloves | |
| 2 12-hour light sticks | 1 sling bag | |

BILLING ADDRESS

Name _____

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City _____

State _____ Zip _____

Phone _____

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Same as billing address

Name _____

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City _____

State _____ Zip _____

ORDER DETAILS

Standard Kits x \$34.99 = _____

First Responder Kits x \$49.99 = _____

\$12.50 shipping charge per item + _____

Subtotal = _____

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Total = _____

CREDIT CARD

Cardholder Name _____

Cardholder Signature _____

Card Number _____

Card Expiration _____

Place your order by mail, phone or fax. Pay by credit card, or if ordering by mail you may also pay with a check written to "WSNA."

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When all hell breaks loose, do you know where your stethoscope and BP cuff are?

By Pamela Pasquale, MN, RN, BC, CNE

Chair, WSNA Professional Nursing & Health Care Council

IT DID BREAK LOOSE as a wave of wildfires descended on North Central Washington Saturday and Sunday, Aug. 13 and 14, 2015. As TV and news articles so dramatically described, the town of Chelan was surrounded on three sides by flames and smoke, with active fire-fighting by tankers and helicopters creating the big show on the lake.

Early Saturday, major power lines feeding Chelan had been damaged, leaving 9,000 people without power, including cell service. NCW Emergency Management was issuing level 3 evacuation notices to those in the town, meaning, “Leave NOW with no time to pack!”

Managers of Lake Chelan Hospital, Regency Manor SNF, Heritage Heights Assisted Living made the decision to evacuate the patients and residents. The hospital

can admit 30 patients, Heritage Heights has 35 ALF residents and the SNF 40 plus. Now what?!

Take a minute to think about the number of employees who would be on your shift, especially on a weekend when far fewer staff are working. Is there someone in charge in case of a sudden change in circumstances that put people at risk?

I heard a jaw-dropping presentation about the evacuations by Ray Eickmeyer, EMS Operations Manager - Lake Chelan Community Hospital in October highlighting the challenges of evacuating people on such short notice. Many could help themselves and follow directions, but those with memory loss, O₂, IVs? Bariatric patients?

Emergency Managers had to make arrangements for evacuation to move people 45 miles to Wenatchee through smoke and without communication.

“Evacuation” means finding:

- Leaders to organize and direct the volunteers in a fluid situation
- Large open spaces with running water and electricity services to set up beds, such as hotel ballrooms and school gyms
- Volunteers to pack, load and unload beds, med carts, supplies, linens, water, food, etc. on vehicles, including school buses and local transit
- Volunteers to set up beds and space to work at the shelter site



- Support staff to reassure scared and confused people
- Ways to prepare and deliver food and fluids to evacuees
- CNAs to help with the usual basic personal care: cleaning, feeding, assisting with incontinence care
- Creative ways to problem solve privacy with care and document records without EMRs
- Ability to provide quality care to patients without the equipment and supplies taken for granted
- Coordinating care with unfamiliar people and lack of routine in a high-stress situation without knowing how long it will last or if there will be a home to return to
- Places for caregivers to stay while taking care of the evacuees

Surprisingly, there weren't many stories in print or on TV of the enormous effort that went into this event. I think the lessons learned and questions raised during the fires have been a practice run, focused on a small community. However, the response in a more populated part of the state should another catastrophic event, such as an earthquake or tsunami, occur has the potential to be very chaotic. The 2011 tornado that cut a swath in Joplin, Missouri, resulted in more than 1,100 people injured and 159 killed in 45 minutes.

When these events occur, people with medical skills want to DO something. As part of WSNA's commitment to Emergency Management, links have been added on the WSNA website at www.wsna.org/nursing-practice/emergency-preparedness. This is how you can volunteer to be part of the Washington State Rapid Response teams through the WaServe registry. In addition, it would be helpful to review the ANA white paper that outlines volunteering and your license, scope of practice and responsibilities in case of disaster as you might be visiting outside your community but could still be called up if needed.

As outlined above, all kinds of people are needed, not just those with licenses or certificates. As a nurse centered within your immediate health care systems, your ability to communicate with your neighbors and community contacts about responding to disasters would help start swelling the rosters of volunteers in all parts of the state.

No one can predict where the next disaster will occur or the scope of the people and systems affected and getting enough of the right people to start assisting quickly is imperative. Please consider registering. ■

Suicide prevention

New mandatory continuing education for RNs and others in Washington state

By Helen Kuebel, MSN, RN

WSNA Board Member, Director-at-Large

By June 30, the state Department of Health must establish minimum standards for the newly required 6-hour Suicide Assessment, Treatment and Management continuing education training.

Here's what you need to know about what's required and when.

In response to the growing incidence of suicide in the state, the Washington legislature passed a new law in 2014 requiring that nurses and other health professionals complete mandatory 6 hours of continuing education in suicide assessment, treatment and management. In 2014, there were 1,119 deaths by suicide in Washington out of more than 42,700 suicide deaths in the U.S., according to the most recent Centers for Disease Control and Prevention (CDC) statistics (www.cdc.gov/nchs).

The following is adapted from RCW 43.70.442 Suicide assessment, treatment, and management training — Requirement for certain professionals: "Beginning January 1, 2016, each of the following professionals credentialed under Title 18 RCW shall complete a one-time training in suicide assessment, treatment, and management that is approved by the relevant disciplining authority: (including...) a licensed practical nurse, registered nurse, or advanced registered nurse practitioner, other than a certified registered nurse anesthetist, licensed under chapter 18.79 RCW; ... A professional listed in this subsection must complete the one-time training by the end of the first full continuing education reporting period after January 1, 2016, or during the first full continuing education reporting period after initial licensure, whichever is later."

For example: if your reporting period for practice hours and continuing education was in 2014, your next reporting period is in 2017. Your next full reporting period is from 2017 to 2020. Therefore, your suicide prevention training is required prior to your license renewal in 2020.

The Nursing Commission issued the following statements in December 2015: "The Washington State Department of Health is required to adopt rules establishing the minimum standards for the training programs by June 30, 2016. Beginning July 1, 2017, the training must be on the approved model list developed by the Washington State Department of Health. The course must include a portion devoted to working with veterans and assessment of issues related to imminent harm via lethal means or self-injurious behaviors." The Nursing Commission has issued changes to the nursing continuing competency rules that can be found in WAC 246 840 220. This includes the mandatory 6-hour suicide prevention training requirement.

You are not required to submit documentation unless the Nursing Commission audits your license for practice hours and continuing education. You should be keeping a log of practice hours and continuing education to document compliance with legal requirements for licensure in Washington. WSNA has information and sample forms on its website to assist you in record keeping for continuing competency (www.wsna.org/nursing-practice/continuing-competency).

A current list of Model Programs for the 6-hour requirement for suicide assessment, treatment, and management (in-person and online) is posted on the Washington Department of Health website, doh.wa.gov. Search for "suicide prevention training."

For additional questions, please contact the NCQAC Call Center at 360.236.4700. ■

2015 survey of advanced practice nursing in Washington state

By Louise Kaplan, PhD, MN, ARNP and Marie Annette Brown, PhD, RN, ARNP, FNP-BC, FAAN

New study findings about advanced practice nurses (nurse practitioners, certified nurse midwives, certified registered nurse anesthetists) highlight the “good news” and “bad news” about our workforce in Washington state. According to information from the Nursing Care Quality Assurance Commission, the number of Advanced Registered Nurse Practitioner (ARNP) licenses in 2015 rose to 6,294, up from 3,150 in 2006.

A recent study of ARNPs conducted by Dr. Louise Kaplan and Dr. Marie Annette Brown, with support from the Washington State Nurses Association and the Washington Center for Nursing, reported that 57 percent of the sample were age 50 or older and that there is great potential for a large number of retirements in the next five years, as 29 percent of survey respondents were age 60 and older.

These retirements could create a wave of open positions available for ARNPs and highlight the need to prepare for significant workforce changes. Key preparation will include transitional planning; as the elder generation transitions out of the workforce and the next generation enters, balance will be important. Potential systems to examine might include mentorship and coaching for newer practitioners, expanded access to education on emerging technology for established professionals and part-time opportunities for experienced ARNPs who still have much to offer as touchstones of the nursing community.

About the Survey

The 2015 ARNP Survey Report briefly summarizes data about workforce demographics, salaries and practice patterns of advanced practice nurses in Washington state.

Of the 5,503 ARNPs living in Washington, Oregon and Idaho invited to participate in the survey, 1,402 completed the questionnaire for a response rate of 26 percent. The survey was sent through regular mail and was available online. Only currently practicing ARNPs completed the section of the questionnaire related to practice.

Key Findings from the 2015 ARNP Survey

- ARNPs are predominately white (92%) women (86%) and average 50.5 years of age
- Almost all ARNPs (94%) have a graduate degree (master’s or doctorate)
- Family nurse practitioners represent the largest group of ARNPs



AVERAGE ANNUAL
FULL-TIME SALARY
\$108,581



TWO-THIRDS ARE
MODERATELY OR VERY
SATISFIED WITH THEIR
CURRENT POSITION

APRN

THE MAJORITY SUPPORT
CHANGING THE TITLE FROM
ARNP TO APRN



AVERAGE AGE
50.5 YEARS

- The top two locations of practice are a health care office/clinic owned by a health care system or organization (28%) or an independent/privately owned practice (19%)
- Eleven percent own their own practice alone or with others
- Almost half (45%) of respondents provide primary care
- The average percentage of time worked in providing direct patient care was 61%
- Two-thirds (68%) were moderately or very satisfied with their current position
- Average salary for an ARNP who works full-time (35 or more hours a week) is \$108,581
- Nearly half (46%) of participants prescribe a moderate amount or a great deal of Schedule II-V controlled substances
- Less than 1% frequently provide medical marijuana authorization, and only 6% seldom or occasionally provide them
- The majority of respondents (61% of practicing and 77% of non-practicing) support changing the licensing title from ARNP to Advanced Practice Registered Nurse (APRN), a recommendation of the APRN Consensus Model

Dr. Kaplan and Dr. Brown, both practicing family nurse practitioners and university faculty, believe the survey data will assist Washington ARNPs to improve their salaries, work environment and job satisfaction. Results may also be used to predict and plan for the education, utilization and employment of Washington state ARNPs.

WSNA began collaborating with Dr. Marie Annette Brown to create the first Washington State Advanced Practice Nurses Survey in 1986. Since then, Dr. Louise Kaplan and Dr. Brown have completed multiple Washington state ARNP surveys. The publications from their work have prompted other states across the country to launch similar efforts, in another example of the way that WSNA has led the way for advanced practice nursing in Washington state. ■

✦ Full survey report can be found at
<http://wsna.to/ARNPsurvey>

Culture of safety

Our members tell us we're not even close.

By Judith A. Huntington, MN, RN

Executive Director of the Washington State Nurses Association

We still have a long way to go in establishing a culture of safety in our hospitals and other medical facilities. We aren't even close to ensuring nurses work in a just culture, where they can report errors knowing that the hospital will look closely at how to improve systems rather than just blaming the individual nurse. Of course, there are rare cases where a nurse makes a careless and egregious error, but my questions are: Were the systems in place that prevent mistakes? Were there double checks and adequate staffing and support from managers to push error rates down to near zero? Was there an established process for reporting errors or near misses without retaliation? Too often, the answers to these questions are "no, no and no."

In 2011, the Washington State Nurses Association ran a survey of our members to get their impressions of patient safety and management support for a culture of safety where they worked. In 2016, designated the Culture of Safety year by the American Nurses Association,



we re-ran the same survey. We hoped to find that things had changed for the better, but on balance, they have not. Some things have changed in some places, but they haven't changed nearly enough.

It is particularly disturbing that in 2016 our nurses see less of a commitment on the part of hospitals to patient safety and fewer resources being put into it. In 2011, 33 percent of our nurses disagreed with the statement "The actions of hospital/workplace management show that patient safety is a top priority." This year, the number who disagreed rose to 42 percent.

When we first ran the survey in 2011, the responses from about 850 WSNA members demonstrated that, although there were some positives, nurses saw serious safety deficiencies in hospitals around Washington state. On the plus side, the vast majority of nurses agreed that people in their units supported one another and worked together as a team. However, nearly half of respondents said they saw patient safety problems in their units, and more than half said patient safety was sacrificed to get more done. Far too many were hesitant to report



an error because they thought they would be disciplined or even fired. At that time, WSNA was working hard to advocate for our members, to educate people on what a culture of safety is and how it can be achieved, and to share resources to help nurses protect themselves and their patients.

Results from the 2016 survey show that, on most measures, we have made absolutely no progress in creating a culture of safety in our hospitals and other medical facilities where RNs provide care. Some of the places where we most wished to see positive change remained alarming. More than half of the 1,670+ nurses who responded to our survey in 2016 agree that “Things ‘fall between the cracks’ when transferring patients from one unit to another” and that “Hospital/workplace management seems interested in patient safety only after an adverse event happens.” As before, about one-third said they “would hesitate to report an error or patient safety concern because I am afraid of retaliation or being disciplined.”

Health care’s ongoing march toward fewer nurses doing more with less is taking its toll — on nurses and on their patients. In 2011, 48

percent of our survey respondents did not feel their units had “enough staff to handle the workload.” In 2016 a whopping 64 percent don’t feel there is enough staff. Washington nurses are even more concerned than before about patient safety being sacrificed to get more done and by what they view as an over-reliance on agency and temporary staff to plug staffing holes. This trend is infinitely distressing to nurses, whose primary concern is the well-being of their patients.

Five years ago, 47 percent of our nurses gave their facilities an overall grade of “excellent” or “very good” when it comes to patient safety. In 2016, only 38 percent gave their facilities those grades.

Hospitals and other medical facilities can do better — they must do better. The Washington State Nurses Association is committed to keeping the twin issues of safe care for patients and a just culture for nurses in the spotlight, and we will continue to push for improvements. It’s important to our nurses, and it’s important to their patients.

What is a 'culture of safety'?

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

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

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

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

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

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

ANA declares 2016 Culture of Safety Year

From the American Nurses Association

It has been 15 years since the Institute of Medicine (IOM) issued the call for a safer health care system in its landmark reports "To Err Is Human" and "Crossing the Quality Chasm."

"To Err Is Human" found that between 44,000 and 98,000 hospitalized patients die each year from preventable medical errors. Many nurses were shaken by the report, as "do no harm" is at the core of nursing.

The follow-up report, "Crossing the Quality Chasm," had a broader focus and suggested a roadmap for reforming the nation's health care system. Taken together, these two reports have shaped the modern patient safety conversation.

ANA endorsed the National Patient Safety Foundation report that reiterates the importance of establishing and sustaining a culture of safety. The report emphasizes "the well-being and safety of the healthcare workforce." ANA supports the concept that a healthy nurse leads to a healthy community.

Recent studies suggest U.S. patients experience a far greater number of adverse events each year than even suggested by the IOM 15 years ago. A 2013 study published in the Journal of Patient Safety revealed that preventable adverse events accounted for 210,000 to 440,000 deaths of hospital patients every year. There is still work to be done, and nurses will play a key role.

Nurses have been instrumental in improving the quality and safety of health care particularly when it comes to hospital-acquired conditions. According to the Agency for Healthcare Research and Quality (AHRQ), these conditions declined 17 percent between 2010 and 2014. There were 2.1 million fewer hospital-acquired conditions, 87,000 saved lives, and \$20 billion in savings.

ANA is focusing on a different topic each month, offering webinars and other resources for nurses, and this year's National Nurses Week, coming May 6–12, is built around the theme "Culture of safety. It starts with YOU." Learn more about nurses week at www.nursingworld.org/nnw.

Monthly Culture of Safety topics

JANUARY <i>What Is a Culture of Safety?</i>	FEBRUARY <i>Healthy Nurse</i>	MARCH <i>Fatigue and Shift Work</i>
APRIL <i>Mental Health</i>	MAY <i>National Nurses Week: Cultural Congruence</i>	JUNE <i>IOM Scholar Topic: Childhood Bullying Membership Assembly</i>
JULY <i>Emerging Infections</i>	AUGUST <i>Leadership: Leading from the Middle</i>	SEPTEMBER <i>Transitions of Care</i>
OCTOBER <i>Data and Systems Thinking</i>	NOVEMBER <i>Hospice and Palliative Care</i>	

Still seeking a culture of safety

In 2004, the Agency for Healthcare Research and Quality released a survey to be used by hospitals to assess the presence of a culture of safety in their organizations. In 2011, following the tragic suicide of a WSNA member after a fatal medication error, WSNA shared this survey with our members in an effort to better understand what nurses in Washington were facing in their workplaces. Your responses made clear that while there were some positives, there was a great deal of room for improvement.

On the plus side, more than three-quarters of the respondents agreed that people on the unit supported each other and worked together as a team to get the work done. However, other results — on issues including procedures to prevent errors, reporting of errors or near misses, and unsafe conditions on units — were very troubling. During this very difficult time, WSNA worked hard to advocate for our members, to educate people

on what a culture of safety is and how it can be achieved, and to share resources to help nurses protect themselves and their patients.

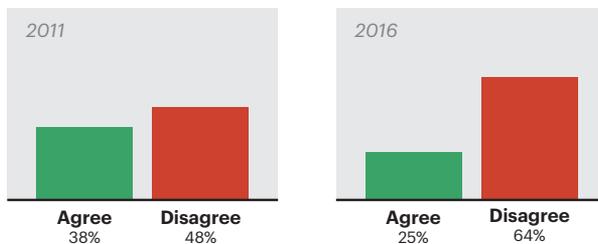
Given the American Nurses Association's designation of 2016 as the Culture of Safety year, it seemed like a good time to run the survey again. In total, 1,671 of you took the time to respond. We were very disappointed to discover that, five years after we first ran the survey, few things have improved and some things have gotten worse. What this survey tells us, more than anything, is that we still have a lot of work to do to promote a culture of safety in our medical facilities and a just culture for our nurses.

Below are some key findings from the survey. Full survey results can be found at www.wsna.org/nursing-practice/patient-safety/survey-results.

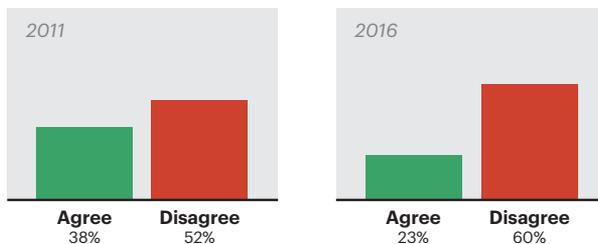
Unsafe Staffing

Lack of adequate staffing has come to the fore as a patient safety concern even more than in 2011. Hospitals and other medical facilities are pushing nurses to do more, and some facilities are chronically understaffed, creating fatigue and burnout. More nurses feel that hospitals are filling the staffing gaps with agency and temporary staff more than is best for patient care.

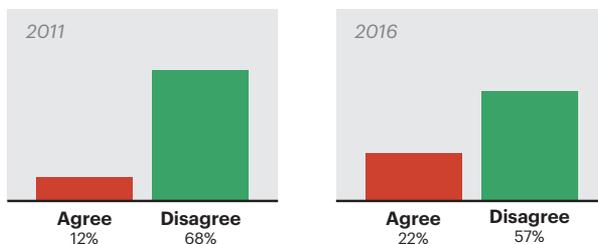
We have enough staff to handle the workload.



Patient safety is never sacrificed to get more work done.



We use more agency/temporary staff than is best for patient care.



Your comments from the Patient Safety Survey

Of the more than 1,670 nurses who responded to our Patient Safety Survey, 369 took the opportunity to type in their own comments.

Here are just a few:

"In my work area the pace is too fast and patient safety is often overlooked. Administration/ Management's perspective is if no adverse event occurred then it was safe. This erroneous thinking is far from the truth. There have been so many near misses..."

"I feel the focus has shifted, as a whole in healthcare, to addressing issues based on patient satisfaction rather than patient safety."



"It seems that although they say patient safety is first, in reality, saving money and budget cuts are really the top priority with the way things are handled."

"I've reported safety concerns and suggested 'fixes' that were immediately put in place. My supervisor was thrilled and I felt empowered."

"Just because the staff does not make a mistake when we are chronically understaffed, does not mean the hospital is doing a good job."

"No one wants to report anything for fear of retaliation and termination."

Fear of reporting errors

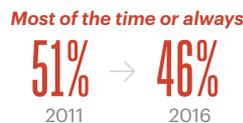
There has been little change in the confidence level nurses feel about questioning decisions or speaking up for patient safety. However, nearly half of the respondents feel that when an error is reported, the nurse gets written up, not the problem. Perhaps because of this, nearly a third of respondents say they would hesitate to report an error or near miss.

Patient safety programs, according to guidelines in the Institute of Medicine's report "To Err is Human," should "implement non-punitive systems for reporting and analyzing errors within their organizations." A culture of safety differentiates between human error and reckless conduct, and it looks at where systems can be improved to safeguard against human error. Responses to our survey make it clear that these important elements of a culture of safety are not embedded in many of our facilities.

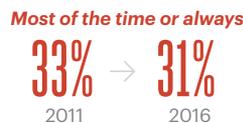
Staff are afraid to ask questions when something does not seem right



When an event is reported, it feels like the person is being written up, not the problem



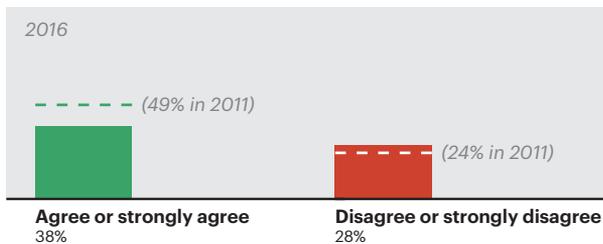
I would hesitate to report an error or patient safety concern because I am afraid of retaliation or being disciplined



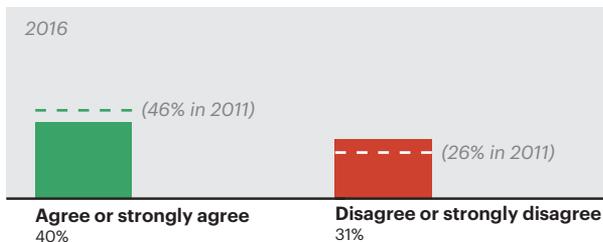
Lack of management commitment to safety

One of the more troubling findings of our survey is that fewer nurses perceive a management commitment to safety or a dedication of resources to patient safety. We had hoped that, with the increased attention to the issue five years ago, hospitals would have heard the alarms and would have moved aggressively to incorporate a culture of safety throughout their facilities. Many of our respondents indicated in the comments section that lack of adequate staffing was their top safety concern, which is likely a key element in nurses' perception that hospitals are doing less, not more, to ensure patient safety.

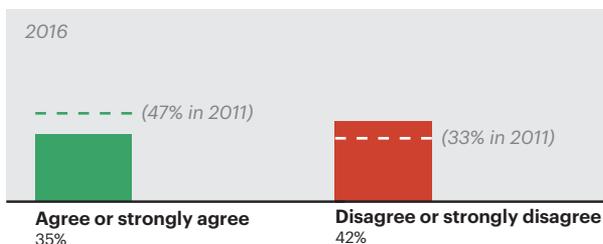
Mistakes have led to positive changes here



Our procedures and systems are good at preventing errors from happening



The actions of hospital/workplace management show that patient safety is a top priority



Lower overall safety grades

Overall, nurses give hospitals/facilities lower patient safety grades than they did five years ago.

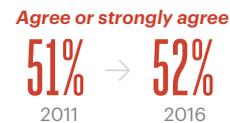
Please give your work area/unit in the hospital/workplace an overall grade on patient safety



No progress

Just as importantly, on most measures there has been absolutely no progress in creating a culture of safety in our hospitals and other medical facilities where RNs provide care. Many of the survey responses remain alarming. Here are just two examples:

Things "fall between the cracks" when transferring patients from one unit to another



Hospital/workplace management seems interested in patient safety only after an adverse event happens





WSNA members and staff join for a group photo with nurses from other National Federation of Nurses member states at the 2016 ANA conference on “Connecting Quality, Safety and Staffing to Improve Outcomes,” March 2016.

Report from the ANA 2016 Conference: “Connecting Quality, Safety and Staffing to Improve Outcomes”

The Washington State Nurses Association was well represented at ANA’s 2016 Conference, “Connecting Quality, Safety and Staffing to Improve Outcomes,” held in Lake Buena Vista, Fla. March 9 through 11. Representing WSNA were:

- Jan Bussert, President
- Judy Huntington, Executive Director
- Heather Stephen-Selby, Assistant Executive Director for Nursing Practice, Education and Research
- Christine Himmelsbach, Assistant Executive Director for Labor Relations
- Margaret Conley, Assistant Director of Labor
- Ed Zercher, Nurse Representative
- Terri Williams, Nurse Representative,
- Renata Bowlden, WSNA PNHCC member
- Sally Watkins, WSNA PNHCC member
- Susan E. Jacobson, WSNA member and NFN Vice President
- Marty Avey, WSNA member and NFN Director

Two preconference sessions were held on March 9, “Staffing Basics: Building Concepts” and “Making the Case for Staffing: Finding Advanced Solutions.”

Attendees were asked to participate in a small group activity to answer the following questions: What are your greatest staffing and scheduling challenges? What is working well related to staffing and scheduling? They were then asked to highlight one successful solution related to staffing or scheduling from their organization. Some of the challenges the nurses shared included finding adequate staff, scheduling, high employee dissatisfaction and managing overtime.

In opening comments on the conference’s official opening day, March 10, ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, told more than 1,300 nurses, “By being here today, you are demonstrating your own commitment to fostering a culture of safety in health care — wherever you practice — in the hospital, the community, the home, in long term care, in schools, or a clinic. Your voice and leadership will be essential to ensure safety is not compromised.”

Nurses have been instrumental in the significant gains made in improving the quality and safety of health care in the United States over the last decade. According to the Agency for Healthcare Research and Quality, hospital-acquired conditions declined 17 percent between 2010 and 2014 — resulting in 2.1 million fewer hospital-acquired conditions, 87,000 lives saved and \$20 billion in savings.

Despite these achievements, however, more can and must be done.

At the closing plenary session on March 11, nurses discussed tips and tools to make the connection between quality, staffing and safety. The final day featured Jane Englebright, PhD, RN, CENP, FAAN, chief nursing executive, patient safety officer and senior vice president at Hospital Corporation of America in Nashville. “The first step is to start with goals for optimal care,” Englebright said. “Those include quality outcomes, patients free from harm, a process free of waste and a caring experience.” She discussed the other key steps: understand the patient’s needs for care, establish care processes, optimize the care environment and define the mix and dispersion of staff.

Other conference highlights on the final day included sessions on building patient satisfaction, improving workflow efficiency and addressing nurse fatigue. ■

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MultiCare fighting groundbreaking rest break arbitration

By Ruth Schubert

Communications and Public Relations Program Manager

When an arbitrator ordered MultiCare Tacoma General Hospital to cease using the “break buddy system” by Jan. 15, 2016, WSNA members across the state celebrated. It was a groundbreaking validation of what nurses know from experience: You can’t get a real break when you know your colleague is carrying a double load of patients — yours and theirs.

MultiCare responded by filing a lawsuit in federal district court to get the “final and binding” arbitration award overturned, and the company has put proposals on the negotiating table that attempt to invalidate everything WSNA fought for — and won — in court.

WSNA’s battle with MultiCare, which started when we filed the original lawsuit in 2010, continues. We are fighting back in federal court and at the negotiating table. In early March, we took the issue public with a guest column in the Tacoma News Tribune, entitled “MultiCare is putting profits before patients at TG,” authored by WSNA Assistant Executive Director of Labor Relations Christine Himmelsbach (read the Op-Ed at http://wsna.to/RestBreaks_OpEd).

One of the major challenges facing health care today is the problem of fatigue. Over the last few decades, hospitals have reduced staffing, so that there are fewer nurses to care for patients than there would

have been 30 or 40 years ago. At the same time, hospital stays have become shorter. And the nursing workforce is aging. As of 2013, the national average age of registered nurses was 50 years old. With the physical, mental and emotional demands of nursing, it is no wonder that many nurses regularly suffer fatigue at work.

The rise in fatigue is bad for nurses and patients alike. Numerous studies have shown that fatigue increases the chances of mistakes, including potentially life-threatening medication errors.

Because of our concern for nurse fatigue and its impact on safe patient care, WSNA filed a lawsuit against MultiCare in Octo-

ber 2010. Nurses at the company's hospitals, including Tacoma General Hospital, were not consistently afforded the rest breaks they are guaranteed by law and contract. This was not a problem limited to infrequent emergency situations, when any nurse readily foregoes a rest break to provide the urgent care needed by patients. Nurses reported missing rest breaks thousands of times per quarter at Tacoma General alone.

After three years of protracted litigation, during which the number of rest breaks missed by Tacoma General nurses climbed from just over 2,000 per quarter to nearly 6,000, WSNA and MultiCare agreed to settle the case. Under the terms of the settlement, MultiCare agreed that every hospital department would adopt procedures that ensure that each nurse is "relieved of patient care duties for a 15 minute rest period every four hours of work." MultiCare also agreed that its procedures for providing rest breaks would not in any case violate the established staffing plan.

MultiCare also agreed that any disputes arising out of the settlement would be resolved by final and binding arbitration.

Unfortunately, the settlement failed to fix the problem. In most departments, the rest break procedure adopted by MultiCare was the "buddy system," under which each nurse is responsible for arranging with a

co-worker for his or her own relief while on break. Under this arrangement, the number of patients for which a nurse is responsible typically doubles when the nurse relieves a co-worker for a break. The only advantage of the "buddy system" is that it saves money (and increases profits) for MultiCare.

By 2015, the number of rest breaks missed by nurses at Tacoma General skyrocketed to more than 14,000 per quarter. In at least one department, nurses missed more than 60 percent of their breaks.

Since MultiCare was plainly failing to live up to its obligations, WSNA submitted the issue to final and binding arbitration, as agreed in the settlement. After a full and fair hearing at which WSNA and MultiCare presented evidence, the arbitrator jointly chosen by the parties ruled that MultiCare was violating the settlement agreement.

The arbitrator ruled that MultiCare failed to ensure that nurses receive the breaks they are guaranteed. The arbitrator determined that MultiCare's preferred method of dealing with rest breaks — the "buddy system" — is not only ineffective, but also does not meet the requirement of adopting a system to relieve nurses for their rest breaks, since the method routinely doubles the number of patients for which a nurse must provide care in violation of the established staffing plan. The arbitrator therefore

ruled that MultiCare must discontinue the "buddy system" and ensure that nurses are actually relieved from work during their breaks.

Despite MultiCare's agreement in advance that the arbitrator's decision would be final and binding on all parties, the company rushed into federal court in a desperate attempt to nullify the arbitrator's ruling. At the same time, MultiCare is demanding that WSNA agree to cancel the arbitrator's decision in WSNA's next contract and is threatening to discipline nurses who report missed rest breaks in accordance with that decision.

In truth, profits at MultiCare Tacoma General are more than enough to provide safe nurse staffing. Tacoma General pulled in \$65 million in profits in 2014 alone — that's \$160,000 a day.

WSNA and the nurses at Tacoma General will continue to fight until nurses get the rest breaks they are entitled to and they deserve. ■

🔗 Look for updates on the Tacoma General nurses Facebook page: www.facebook.com/NursingStrongTG

U.S. Supreme Court defends workers' rights

On March 29, the U.S. Supreme Court, down to eight justices after the death of Antonin Scalia, split 4-4 on the *Friedrichs v. California Teachers Association* case. The split decision affirms a lower-court ruling that allows public employee unions to continue collecting "fair share membership" dues for those it represents who decline to join the union.

This is a great win for public employees, including Washington State Nurses Association members at public hospitals and facilities around the state.

American Nurses Association President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, hailed the decision:

"The American Nurses Association is gratified by the Court's decision in the *Friedrichs* case, which upholds public employee unions' right to collect 'fair share' fees to support collective bargaining. This ruling is a victory for hard-working Americans who benefit from better wages, benefits and improved working conditions achieved through collective bargaining. Despite this win, we know that efforts to erode hard-won rights will continue, and we remain vigilant and committed to protecting nurses' legal right to organize and bargain collectively."

The *Friedrichs* case is only the latest in a string of attacks against unions by wealthy special interests and organizations like the Center for Individual Rights and the Freedom Foundation that want to make it harder for working people to come together, speak up and get ahead. By affirming the lower court decision, the U.S. Supreme Court did not create a precedent, and more legal challenges are expected.

Randi Weingarten, president of the American Federation of Teachers, said that the fight is far from over:

"Millions of working people who understand the importance of their unions in bettering their lives and the well-being of their communities are breathing a sigh of relief today. Even so, we know this fight is far from over. Just as our opponents won't stop coming after us, we will continue full speed ahead in our effort to mobilize our members and their neighbors around a shared vision to reclaim the promise of America. While we wait for Senate Republicans to do their job and appoint a new justice to the [Supreme] Court, we're working hard for the future we want to see — one with vibrant public education from pre-K through college; affordable, accessible health care; public services that support strong neighborhoods; and the right to organize and bargain for a fair wage and a voice on the job."

Recently settled contracts

	Wage Increases		Other Gains
American Medical Response Seattle	1st year 2nd year 3rd year	2% 1.5% 1.5%	<ul style="list-style-type: none"> › Night shift differential increased to \$2.50 › Uniform reimbursement increased to \$150/yr › No changes to current insurance plans, added an additional plan option › Remove cap on sick leave rollover › Recognition for experience in ICU, CCU, ED 1:1 credit for prior experience up to 5 years/6 steps
	January 2017: 2% lump sum bonus for nurses at step 26 and above		
EvergreenHealth Kirkland	1st year 2nd year 3rd year	2% 3% 3%	<ul style="list-style-type: none"> › Job posting period extended by 3 days › Bulletin board postings do not have to be sent to HR › Language clarifying per diem nurse seniority › Low census limited to 48 hours per period January-June and July-December
	Enhance weekend premium pay language		
Kadled Regional Medical Center Richland	1st year 2nd year 3rd year	3% 3% 3%	<ul style="list-style-type: none"> › Employer will subsidize current medical premiums to match 2015 rates › Double time nurses called in to work on a holiday previously scheduled off › Certification pay \$1 per hour for each of BSN/MSN/Certification › Increased continuing education reimbursement › PTO increased to 480 hours maximum › Preceptors to be given training prior to being assigned the role › Enhanced floating protection language › Enhanced staffing and ADO resolution/collaborative process
PeaceHealth Peace Island Medical Center Friday Harbor	All nurses receive an across-the-board 2.5% increase and rounded up to the nearest step at ratification Future increase will be tied to the wages agreed upon in the St. Joseph, Bellingham negotiations and will be paid retroactively to January 2016		<ul style="list-style-type: none"> › Employer to pay up to 6 hours travel for training. \$350 per year in compensated tuition and course costs per year plus travel pay and education days › Differentials, preceptor, BSN, MSN, Standby and other premiums will be paid per St. Joseph, Bellingham agreement › Clear language on low census to assure fair treatment
Sunnyside Community Hospital Sunnyside	\$2,300 signing bonus pro-rated to FTE, per diem pro-rated by hours worked \$800 bonus 10/17 same proration process No across the board increases		<ul style="list-style-type: none"> › New language requiring the employer to maintain current level of 401(k) match for life of the contract › Improved job posting language › Increased layoff notice requirement from two weeks to 30 days. Enhanced recall language. › New language regarding 12 hour nurses' meal periods › Clarification of weekend work language › Enhanced orientation and training language
University of Washington Medical Center Seattle	3% across-the-board increase upon ratification 3% increase in July 2016 \$600 signing bonus for RNs working above 0.6 FTE \$300 signing bonus for RNs at 0.6 FTE and below New step 30 added Certification Premium increased to \$1.25/hr ECLS Premium \$4.00 hr RN3, and \$6.50 hr RN2 Vascular Access Premium \$4.00		<ul style="list-style-type: none"> › Enforceable staffing language › Fair Share Membership Vote to occur July or August 2016 › Improved standby/callback premium language › MOU on mandatory call confirms no mandatory except on units where it already exists › Enhanced language on voluntary low census
Whidbey General Hospital Coupeville	1st year 2nd year 3rd year	2% April + .5% Oct. 2.5% 2.5%	<ul style="list-style-type: none"> › Standby pay increased to \$3.75 4/16 and to \$4.00 4/17 › Preceptor premium increased to \$1.50/hr › MSN premium added at \$1.00/hr › Enhanced language regarding overtime in MAC unit › Clarifying language on charge nurse assignment › Clarified substance abuse policy
	Pro-rated signing bonuses ranging from \$150 to \$1500 dependent on FTE and employment status.		
Yakima Regional Medical Center – Cath Lab Yakima	Cath Lab nurses to be compensated per the wage scale as negotiated in the MOU		<ul style="list-style-type: none"> › Provisions of the current Yakima contract will apply to the Cath Lab nurses › Cath Lab nurses retain all PTO and EIB in their accounts › Clarifying language re stand-by for this unit

KING COUNTY NURSES ASSOCIATION

DISTRICT 2

National Nurses Week is May 6-12!

Each year, King County Nurses Association celebrates this special week by inviting nurses and nursing students to the KCNA Annual Meeting & Spring Banquet. This year, the banquet is being held on May 12— Florence Nightingale's birthday!

KCNA Annual Meeting & Spring Banquet

Thursday, May 12, 5:30–9:00 p.m.

Ballard Bay Club

6413 Seaview Ave W, Seattle 98107

This fun, festive event will celebrate National Nurses Week and KCNA's 113th year, honor recipients of Shining Star nurse awards (excellence in nursing) and introduce the 2016 KCNA scholarship award winners. The Ballard Bay Club is a quintessential Northwest venue, with views of Shilshole Bay and beyond.

Other festivities include hors d'oeuvres and a no-host bar to enjoy while visiting with colleagues; silent and live auctions (100% benefits the KCNA Scholarship Program), and a lovely buffet dinner featuring a variety of food options. All of this in a quintessential Northwest setting on the shore of Shilshole Bay.

Register to attend at www.kcnurses.org by May 2. Rates are \$60/KCNA member, \$65/nonmember and \$30/student. (KCNA also provides two free student spaces per nursing school in King County.)

Hope to see you there!

INLAND EMPIRE NURSES ASSOCIATION

DISTRICT 2

Colleagues,

Anton Chekhov once said, “Any idiot can face a crisis — it’s this day-to-day living that wears you out.” Well, Amen to that! All of us carry heavy loads whether at work, with sicker patients and increasing demands on nursing time, or in our busy home lives. What we miss while tending to unending demands is taking care of ourselves. But how do we do self-care when so much else requires our energy? At the end of the day, we come home exhausted and are, too often, unable to stop and enjoy the moments that make it all worthwhile.

Some years ago, I created a 12-step program for nursing students beginning their professional coursework. I have come to believe that we all need this, and so, I have adapted the 12 steps for my brilliant, beautiful colleagues. I hope this helps.

Imperatives for healthy balance

(AKA: A 12-Step Program for Tired Nurses)

1. **Breathe.** Sounds simple, but the old adage “in with the good air, out with the bad” is often forgotten when dealing with the everyday rigors of life. What we forget is that one deep, cleansing breath can actually decrease cortisol levels thus reducing our acute stress level. A practice used by many people, breath counting, has proven calming and restorative. I challenge you to exhale!
2. **Remember, eat your greens!** There is no denying the benefits of healthy eating when dealing with stress. Comfort food is good once in a while, but maybe have it with a salad chaser.
3. **Be flexible; know your limits.** If your superwoman/man cape is consistently getting stuck in the door as you leave the house, shorten it! Take a look at your obligations. Are there any that you really don't enjoy or that you want to give up? Maybe it is time to say no.
4. **Stretch but know your limits.** Sometimes, you just need to redirect the blood flow. and your outlook improves immensely. I highly recommend yoga. Not only has it been shown to reduce stress, but it will protect our bodies while we carry out our day-to-day nursing assignments.
5. **What have you done for you lately?** Take no less than 10 minutes every day doing something that brings you joy.
6. **Fifteen minutes in a hot bath are cheaper than 45 minutes of therapy.** No, really. No matter how much you spend on bath salts and accessories!
7. **Families...can't live without 'em.** Studies have shown that having close connections with our families (including those friends who are chosen family) is protective as we age. These connections decrease stress (okay, most days) and increase our life span. Take time to enjoy those you love.
8. **Cry, and if that doesn't work, scream.** We are told in our society that having and showing strong emotions makes us weak. I cannot disagree more. It takes courage to feel and share our emotions. Find someone you trust to talk with or create a journal for recognizing your thoughts. I have two: one for writing those things for which I am grateful and one for writing those things that I wish would go away. Once a week, I burn the pages from the latter and let them go.
9. **Don't let anyone take your power.** Nurses generally underestimate the power that they have as individuals and as a collective. Consider this — we are the most trusted group of professionals for all but one of the last 15 years. This gives us clout with the public. We are also the largest single group of health professionals: a group that hospitals and society cannot do without. Although we are not

PIERCE COUNTY NURSES ASSOCIATION

DISTRICT 3

Dr. Karen Daley headlines Nurses Week Celebration May 6

The PCNA Nurses Week Celebration Banquet is on Friday, May 6, 5–9 p.m. at the Landmark Convention Center in Tacoma. This annual celebration of nurses is an opportunity to honor our Nurse of the Year as well as our scholarship winners.

The PCNA Board of Directors is thrilled to have Karen Daley, PhD, RN, FAAN, as our keynote speaker. Dr. Daley's legendary work toward legislation mandating the use of safer needle devices in health care practice settings led to the Federal Needlestick Safety Prevention Act in 2000. She is a past president of the American Nurses Association, the Massachusetts Association of Registered Nurses and the Massachusetts Center of Nursing. She has published widely and has served on the boards of the ANA, the American Nurses Credentialing Center and the ANA-PAC. She is a leader, a dynamic speaker and an advocate for safe nursing practice!

We hope you will join us! Individual guests can join us for dinner for \$25 in advance or \$30 at the door. Retired nurses join us for free. Online registration and payment is available online at www.piercecountynurses.com.

Please feel free to email us at office@piercecountynurses.com or call us at 253-572-7337 with any questions.

monolithic, there are things about which we can all agree. Advocate for yourself and your colleagues about things like staffing. Write letters, make noise. And always stand up to a bully no matter how many degrees that bully might have. Never let anyone take away or compromise the values you hold as a nurse.

10. **Celebrate milestones; examine pitfalls.** It will not always be sunshine and roses, but if you learn something from rough times, you really will be stronger and wiser. Take time to reflect on your days, good, bad or otherwise.
11. **Friends, chocolate and wine (the latter in moderation).** Need I say more?
12. **Laugh out loud!** It raises endorphins, makes you breathe more deeply and is highly contagious. I think we all know we see some funny stuff!

Disclaimer: These imperatives are in no way imperative. They are designed merely to help maintain perspective. They are also not all inclusive. If you find one that needs to be added, please share!! (© Lori Brown 3/2016)

IENA opportunities

We here at IENA have a number of opportunities for you to celebrate yourself and your profession. We would love to have you participate.

Many of you are working on a specialty certification. **The board just increased the award amount to \$300!** If you or someone you know is interested, we love to give away money! Click on http://spokanenurses.org/scholar_cert.htm to complete the application.

Awards and scholarships will be awarded at our **Annual Spring Gala on May 10** at the Red Lion River Inn. This celebration of our nursing community during National Nurses Week is free to WSNA members!!

Finally, the IENA Board, which meets the first Monday of the month for just one hour, is looking for a few good nurses! Participants will join a dynamic group in preparing and presenting quality education and networking opportunities to the IENA nursing community. We will also feed you! We have openings on the board for the following positions:

- President-elect
- Vice President
- Secretary
- Director-at-Large (4)
- Nominating Committee (3)
- Occupational Group Directors: Community/Public Health, Education, Independent Practice, General Duty, Nursing Management.

The election will be held in July by mail ballot. New board terms will start in November 2016. If you are interested in running for one of the positions listed above, please contact Administrative Secretary JoAnn Kaiser at iena@aimcomm.net or call the office at 509.328.8288.

With fondest regards,

Lori A. Brown, RN-BC, PhD, CCRN, CNE
IENA President

In Memoriam



Anna Mae Ericksen

Anna Mae Ericksen, RN, who was inducted into WSNA's Nursing Hall of Fame in 2010, died

March 5, 2016 at the age of 96.

At her induction ceremony, Anna Mae was described as one of the finest examples of humility, professionalism, compassion, humanitarianism, and volunteerism. She inspired those around her to continue her legacy of excellence in nursing and life.

A graduate of Spokane's Deaconess Hospital School of Nursing in 1943, Anna Mae spent several years working in the Army Nurse Corp before returning to Spokane in 1947. She worked for over 40 years at Deaconess Hospital, now called Deaconess Medical Center, becoming a well-known member of the Deaconess and Spokane community. She was active in the Inland Empire Nurses Association throughout her career, as well as participating in WSNA on the Membership Committee and Board of Directors.

Anna Mae began as a staff nurse in the Emergency Room at Deaconess Hospital and was head nurse from 1948 to 1957. From 1955 to 1957, she worked in collaboration with local physicians to establish the Spokane Poison Center at Deaconess which became part of the Emergency Department responsibilities and later became its own separate area, with dedicated staff, next to the Emergency Department.

Under Anna Mae's leadership, the Mr. Yuk program started in 1975 in the greater Spokane area. The center provided education to thousands of pre-school children through adults about poison prevention, including measures to poison proof the home. Countless third, fourth and fifth grade students participated in the annual Mr. Yuk poster contest. Presentations were given to provide information about accidental poisonings. This became a national program. In the late 1970's, the Spokane Rotary Club honored Anna Mae by presenting her with a personalized license plate reading "Mrs. Yuk".

From 1957 to 1970 Anna Mae was the Supervisor of the Emergency, Outpatient

Departments and Poison Information Center and in 1970 she became the Assistant Director of these departments and the Admitting Department was added to her responsibilities. Anna Mae was always passionate about finding and sharing ideas at the community level as well as state level for on-going improvement in nursing care.

In 1985 Anna Mae organized the first Rural Nurse conference and in 1989 founded the Rural Nurse Organization that provided education, networking and leadership experiences for nurses in rural areas. She was also involved in the Rural Outreach program that provided education to physicians, registered nurses and other health providers in rural communities. Through these programs, she positively impacted rural health needs in rural communities of eastern Washington, northeastern Oregon, northern Idaho and even western Montana.

Anna Mae was also a leader in Emergency Medical Care, helping to organize the Emergency Department Nurses Association in the late 60s and serving as a representative for the Pacific Northwest in the National organization. She was also the founder of the Inland Empire EDNA. During the 1970s, she held several national offices for EDNA including serving as president from 1975 to 1976. In 1975, she was invited to the White House by President Gerald Ford as one of 26 people to speak regarding Emergency Medical Services issues. In 1999, Anna Mae was the recipient of the Hall of Fame Award from the National Emergency Nurses Association.

Anna Mae served as a committee member from 1975 to 1993 on the East Regional Medical Services and Trauma Council. She also worked with outlying Fire Departments to develop training for EMTs and paramedics and was appointed to the Governor's Emergency Medical Service Committee. While Supervisor of the Emergency Department, she convinced the School of Nursing to let her teach a one-week section on emergency care. That class was later extended to three weeks as part of the senior student nurse education.

At the time of her retirement in 1987, Anna Mae was the Director of the Regional Outreach Program, Director of the Spokane

Poison Information Center and served as the Liaison with the Physicians. Even after retiring, she continued to be involved in all three of these roles.

Anna Mae was the recipient of the Clara Barton Honor Award from the Inland Northwest Chapter of the American Red Cross and the Ann Magnuson Award from the American Red Cross, the highest honor for volunteer nursing. In addition to receiving numerous awards and honors, both the Washington Emergency Nurses Association and Rural Nurses Organization now present an annual Anna Mae Ericksen award to recognize excellence in emergency nursing and rural nursing, respectively. Of course, Anna Mae was the first recipient of both awards. ■

If you would like to submit an obituary to WSNA, you may do so by emailing newsletter@wsna.org.

EFT — The easiest way to pay your membership dues

By Patrick McGraw

WSNA Membership Processor

Electronic funds transfer, or EFT, is a simple and efficient method for paying WSNA membership dues.

EFT is a monthly alternative to payroll deduction or annual dues payments. All that is necessary for a member to update their dues payment preference to EFT is to send a voided check to WSNA with a membership application or a change of information card.

Ease of use is the principal reason for paying dues via EFT. A member only needs to contact the membership department about changes to their checking account or employment status and receives an invoice only if dues cannot be deducted from a checking account. There is no concern about whether or not dues are deducted from a paycheck. In addition, members can rest assured that dues are deducted consistently between the 18th and the 20th of each month.

Please note that any changes to the checking account used to pay EFT dues should be reported to the WSNA membership department immediately. Any changes to the amount of dues withdrawn or cancellation of the authorization must be made in writing to WSNA twenty (20) days before the deduction date.

If you would like to pay your dues via EFT, please download a membership application or Change of Information Form from the membership page of the WSNA website. The membership page can be found at www.wsna.org/membership.

Please contact the Membership Department for any questions related to your dues by phone at 206.575.7979, by fax at 206.838.3099 or by email at membership@wsna.org. Thank you for your continued participation in WSNA!

DISTRICT 1 WHATCOM COUNTY

Joseph Adams
Colleen Baker
Heather Baron
Nicole Carty
Jennifer Caudle
Carol Chilcote
April Culwell
Erica Dochovski
Aileen Grajeda
Kristi Gray
Katherine Hoffmeyer
Alisha Hunter
Kimberly Ivie
Alyssa King
Ryan Knight
Melanie Marshall
Kelly Melillo
Elizabeth Miller
Johanna Miller
Nicole Miller
Ashley Owens
Barbara Peterson
Magda Popa
Nina Reva
Manpreet Sandhu
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Elizabeth Stevenson
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