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Contributor Guidelines

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

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Summer ...................................... May 15
Fall ............................................ August 15
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WASHINGTON NURSE
# FALL 2015

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## OUR NORTH STAR

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## UPCOMING EVENTS
- Advocacy Camp & Legislative Reception
  January 14, 2016 / Olympia, WA
- Nurse Legislative Day
  February 1, 2016 / Olympia, WA
### 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 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 & Membership Assembly
- 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 Academy for State Health Policy
- National Association of County & City Health Officials
- 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 Board of Community and Technical Colleges
- Washington State Labor Convention
- WSLC Legislative Labor Caucus
- WSLC Political Committee
- Washington State Public Health Association Board meeting
- Washington Toxics Coalition

### Upcoming Events

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<td>WSNA Finance &amp; Executive Committee Meeting, WSNA Office</td>
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<td>Professional Nursing &amp; Health Care Council Meeting, WSNA Office</td>
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<td>Veteran’s Day Holiday — WSNA Office Closed</td>
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<td>March of Dimes Nurse of the Year Breakfast — Meydenbauer Center, Bellevue</td>
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<td>26-27</td>
<td>Thanksgiving Holiday — WSNA Office Closed</td>
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<td>Cabinet on Economic &amp; General Welfare Meeting, Olympia</td>
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<td>Martin Luther King, Jr. Day — WSNA Office Closed</td>
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PHOTO: MERYL SCHENKER
The American Nurses Association’s “Code of Ethics for Nurses with Interpretive Statements” has been revised. The actual provisions have not changed significantly, but there is new language added in the statements that speak to Nursing Leadership, Social Policy and Global Health, as examples.

ANA held a Symposium in June that highlighted the changes, and after all the sessions and dialogue opportunities, the Code of Ethics became a unifying Call for Action at that meeting. (Read more about this in Katheren Koehn, MA, RN’s article “An Updated Code of Ethics for Nurses as a Call to Action” from the American Journal of Nursing, reprinted on page 11.)

In my mind, this focus on our Code is timely. I have had opportunities to speak with many of you about this very topic. Your stories of unsafe and unethical situations in your practice environment are troubling. A large amount of literature supports the fact that you are not alone. You have described the practice environment that many nurses are experiencing across the country. You have also described the emotions and frustration that come with it.

**Moral Distress** occurs when we, for whatever reason, fail to meet the ethical standards of care. We have regrets and become emotionally drained, frustrated and angry. This can take a huge toll on nurses physically and emotionally.

We are all obligated by the Code to advocate for ourselves and our patients. This will take some courage to accomplish in our more punitive workplace environments. **Moral Courage** will be needed to effect change. One small courageous step at a time by individuals can grow into a voice of many and unite us in this common purpose.

The Code is a moral barometer for all of us! American Nurses Association President Pam Cipriano was quoted as saying it is the obligation of every nurse: “There is no opt-out from the Code — no exceptions, no days when it doesn’t apply.”

Our nurse executives and managers have the same obligation to adhere to the Code. They do, however, have a different challenge. Their role is to create the environment “for morally courageous actions to occur” (OJIN May 2015). It was acknowledged that there is a lack of information in the literature in preparing our nurse leaders to “lead in a morally courageous and transformational manner in our current corporate environments and hierarchies of health care.”

WSNA has put out a call for information from you. We want to hear your stories, your thoughts and your feedback. We have received some compelling stories, and I know there are more out there. What are your challenges? Email me at president@wsna.org. Gathering and sharing information is just the beginning.

As nurses, we have a long and proud history of coming together when action was required. We found both courage and boldness, and we responded. We found our one strong voice, and we have been successful. This time for action has come again.

Jan Bussert
WSNA President
## Live Events

### November 2015

**Summit for Leadership Excellence**
- Date: Nov. 6, 2015
- Time: 8 a.m. – 4:30 p.m.
- Location: Red Cross Ballroom, Ft. Vancouver National Historic Site, Vancouver, WA
- Fee: $199
- Contact hours: 6.0

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

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

**Depression Care Management**
- Fee: $50
- Contact hours: 17.5

**Diabetes Update**
- Fee: $150
- Contact hours: 7.1

**Hepatitis C Online Course**
- Free to view
- Contact hours: 17.75

**Hepatitis Case Studies—Hepatitis A**
- Free to view
- Contact hours: 1.5

**Hepatitis Case Studies—Hepatitis B**
- Free to view
- Contact hours: 7.0

**Hepatitis Case Studies—Hepatitis C**
- Free to view
- Contact hours: 4.0

**Hepatitis C—Special**
- Free to view
- Contact hours: .75

**HIV/AIDS Implications for Nurses**
- Fee: $95
- Contact hours: 9.0

**Managing Change—Working within the Kotter Model**
- The Evangelical Lutheran Good Samaritan Society
- Fee: Free to Staff
- Contact hours: .5
- Contact: Kriss Ponto at Kponto@good-sam.com or 605.362.3279

**Medical Spanish for Hospital Nurses**
- Contact hours: 25

**Medical Spanish for Office Nurses**
- Contact hours: 25

**Pharmacology—Prescribing Scheduled Drugs**
- Fee: $195 / 175
- Contact hours: 10

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

**Wound Academy—Successful Wound Care: It Takes a Team**
- Fee: $195
- Contact hours: 11.1

**Wound Academy—Wound Assessment and Documentation**
- Fee: $60
- Contact hours: 2.0

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**ONLINE COURSES**

**Contact Information**

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

- **Medical Spanish**
  - Katheryn C. Fox, BSN, RN
  - KatieFoxRN@gmail.com
  - www.medicalspanish.com

- **Soaring Dragon**
  - victoria.leo.reiki@gmail.com
  - 253.203.6676

- **Acute Care Ed**
  - support@acutecared.com
  - 971.231.4413
  - www.AcuteCareEd.com/events

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Listings change frequently. For the most current list of WSNA CEARP-approved continuing nursing education courses, visit [www.wsna.org/calendar](http://www.wsna.org/calendar).
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“An ethical practice environment that supports the Code is needed. Without this support, nurses risk failing their patients and violating what they know to be ethical practice, resulting in moral distress. The link between an ethical and healthy practice environment and the ability of nurses to provide quality care and keep patients safe is becoming self-evident.”

*Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN — President, American Nurses Association*
Code of Ethics for Nurses

First created 65 years ago, the “Code of Ethics for Nurses” was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession. In January of this year, the American Nurses Association published a completely updated “Code of Ethics for Nurses with Interpretive Statements” and declared 2015 to be the Year of Ethics. Revisions were made in response to the complexities of modern nursing, to simplify and more clearly articulate the content, to anticipate advances in health care and to incorporate aids that would make it richer, more accessible and easier to use.

The Code is based on nine provisions.

**Provision 1  Respect for Others**

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

**Provision 2  Commitment to the Patient**

The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.

**Provision 3  Advocacy for the Patient**

The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

**Provision 4  Accountability and Responsibility for Practice**

The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

**Provision 5  Duty to Self and Duty to Others**

The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

**Provision 6  Contribution to Healthcare Environments**

The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

**Provision 7  Advancement of the Nursing Profession**

The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

**Provision 8  Promotion of Community and World Health**

The nurse collaborates with other health professionals and the public to protect human rights promote health diplomacy, and reduce health disparities.

**Provision 9  Promotion of the Nursing Profession**

The profession of nursing, collectively through its professional organizations must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.
The American Nurses Association has declared 2015 to be the Year of Ethics and in January released a new edition of its "Code of Ethics for Nurses with Interpretive Statements," so now is the perfect time for RNs to re-examine the essential role ethics plays in the nursing profession. Having a strong ethical foundation is a key component to a successful career. Yet, even the best nurses may find themselves struggling with ethical concerns on the job.

Here are five considerations for nurses when facing ethical challenges.

**Know yourself**

It’s important to have a strong sense of personal ethics to build upon in your profession. “Knowing who you are and what you stand for personally and professionally provides a foundation to speak up and speak out about issues that support or compromise your values,” said Cynda Hylton Rushton, PhD, RN, FAAN, Anne and George L. Bunting Professor of Clinical Ethics at the Berman Institute of Bioethics/School of Nursing and a professor of nursing and pediatrics at Johns Hopkins University, and a Maryland Nurses Association member. “Without this clarity, your responses may be reactive, unreflective and potentially damaging to you and to others.”

**Live your values**

Just knowing your values and ethics isn’t enough, Rushton said. “We are required to speak them and live them in our daily actions. This takes courage, wisdom and resilience. Living our values means that we have to take seriously the fifth provision of the ANA Code — our obligation to care for ourselves so that we can care for others.” Because ethical issues are part of daily nursing practice, every nurse has an obligation to have the knowledge, skills and abilities to recognize and address them.

**Listen to your gut**

If you know yourself and are consistent about living your values, you’ll be able to rely on that voice inside your head saying something is wrong. “One of the things I talk to my students about all the time is that you need to listen to your gut,” said Sarah Shannon, PhD, RN, associate professor of Biobehavioral Nursing and Health Systems at the University of Washington School of Nursing and adjunct associate professor of Bioethics and Humanities at the University of Washington School of Medicine, and a Washington State Nurses Association member.

**Check in with others**

Having said that, Shannon said it’s important to remember that the gut is “a great barometer but a lousy compass.” Just because you know you’re in an ethical quandary doesn’t mean you know what the next step is. Consult with others, such as your shift manager or head of nursing, when a sticky ethical situation arises.

Translating ethical decision-making into everyday nursing practice is challenging. Building a network of colleagues who can help you think through ethical situations is a priceless resource.

**Practice with respect**

The first provision of the revised Code highlights each nurse’s responsibility to practice with “respect for the inherent dignity, worth, unique attributes and human rights of all individuals,” said Carol Taylor, PhD, RN, professor of nursing at Georgetown University and senior clinical scholar at the Kennedy Institute of Ethics, and an ANA member. Upholding that worth can provide a foundation for ethical action.

“Taken seriously, this means that each of us must practice with zero tolerance for disrespect, for our patients, their family members, our colleagues and ourselves,” Taylor said. Taylor recommended practicing responding to a colleague who describes a patient in negative terms to make it easier to speak up next time, such as by saying, “I’m no goody two-shoes, but I’m trying hard to meet each patient with respect.” If disrespect is a widespread problem, huddle and call attention to your organization’s zero-tolerance policy for disrespect to empower everyone to bring quick attention to violations.

The American Nurses Association has a wealth of information on the association’s website at nursingworld.org/ethics. Along with the updated “Code of Ethics for Nurses with Interpretive Statements,” the site includes ANA Position Statements on Ethics and Human Rights, Ethics Topics and Articles, as well as sections devoted to Personalized Medicine, End-of-Life Issues and Moral Courage/Distress.
What the Code means to me

The Code of Ethics for Nurses wasn’t meant to sit on a shelf. It was meant to be a guide for nurses in their daily practice, whether as a nursing student, a staff nurse, an educator or a nurse administrator. So, we asked you, our members, for some of your perspectives on the Code and how it applies to you and your profession. Here are some of the answers we got back.

The Code of Ethics is foundational to nursing education

The “Code of Ethics for Nurses with Interpretive Statements” (ANA, 2015) is foundational to the profession and a crucial document for every quality nursing educational program. As a profession, it is imperative that we have a framework for ethical decision-making in the provision of quality patient care across all levels, roles and health care settings. As nurse educators, we share this seminal document with our students at the beginning of their program of study. Subsequent courses in the curriculum build on the foundation provided by the fundamental values and commitment that nurses embrace in their endeavors to fulfill their professional roles. In addition to sharing the ethical standards inherent in high-quality nursing practice with our students, we must serve as role models, demonstrating ethical behavior and making all decisions based on a sound foundation of ethics.

It is so important that we recognize our very rich heritage as nurses and fully appreciate the legacy that our forebears gifted to us. Without their vigilance and adherence to strong values, we would not enjoy our current status as members of the most trusted profession. What an incredible honor it is to be a nurse and carry on the tradition of not only caring for our patients and communities but also caring for each other. Carrying on the tradition is also a responsibility that we must take very seriously. Treating our patients, and each other, in an ethical manner is not only possible, it is expected, because we have a Code of Ethics that includes interpretative statements that provide specific guidance for practice.

This Year of Ethics (ANA, 2015) should encourage all of us to reflect on how we treat each other, our students, our colleagues and our patients. Are we always behaving in a manner that is congruent with our profession’s Code? Can we do better? The ANA Code of Ethics must serve as a blueprint for ethical practice and for the establishment of relationships that are based on ethical principles. The recent changes in our health care environment are based on the ethical principle of distributive justice and will lead to the provision of quality care for the underinsured and the uninsured. These changes will also necessitate a strong nursing workforce to provide care to an expanded population of patients. New graduates and nurses need to stay in their chosen profession, continue to advocate for all patients, foster interprofessional collaboration and help to ensure the long-term sustainability of our health care system. Professionals who establish relationships with patients, families and colleagues, based on the ANA Code of Ethics, will flourish in a workplace environment that is supportive, effective, positive and caring.

The Code of Ethics and advocating for my patients

As a recent RN graduate and new employee on the medical unit at a local hospital I have had many opportunities to advocate for my patients both as a nursing student and as a new nurse.

The most vivid example would have to be when a patient of mine decided to ask to speak to a physician late in the evening, when only two crossover physicians were on duty for the entire hospital. Knowing how busy the physicians were I inquired to see if it was something that I could help the patient with, and afterwards I had to make the unpopular decision of contacting the physician and letting them know of the patient’s wishes.

It would have been easy to just try to convince the patient to wait until the next day to talk to her own physician, or make her feel bad about “bothering” the busy doctors. But, I knew that the patient was in distress and could really benefit from a talk with someone they saw as capable of helping them. So I went ahead and contacted the physician, who shortly after came by and talked to the patient.
What the Code means to me

The power of one nurse speaking to one legislator

Although I am not employed as a nurse yet, I always try my best to abide by the “Code of Ethics” when volunteering. As a new graduate RN, the Code has been taught to me in many classes throughout my ADN program as well as the RN to BSN program I am currently attending.

Last year, I attended the WSNA Nurse Legislative Day. At first I felt small and like I wouldn’t make a difference among the thousands of nurses there. However, once we broke off into our specific regions that we lived in to speak with policymakers, I was only one of three people there going to talk to my local legislators. This experience taught me the value of being present at events like this. I learned that one person speaking to one policymaker and sharing one story relating to a bill can possibly make a huge difference.

The Code of Ethics and the staff nurse

The staff nurse is required to adjust to specific situations in the workplace on an hourly, daily, every shift basis. Social reasons are as prevalent as reasons arising between peers, physicians or interactions with patients themselves. We work in ‘the trenches’ as the saying goes, and more and more, these ‘trenches’ are truly resembling their namesakes.

Short staffing, no rest breaks, no lunches, demanding patient loads and higher acuity of patients set up a very daunting atmosphere for the nurse and her or his thoughts of entering the hospital to begin one more shift. The nurse wonders what will be the highlight of the shift, what kind of care can be given to the patients depending on the mind and hands providing that care. Will there be enough time to treat ‘the whole patient’? Will there be time to snatch something to eat, a quick bite between administering required meds?

I believe this is called Moral Distress, according to an article written by American Nurses Association President Pam Cipriano in the July/August 2015 issue of The American Nurse. The article talks about “safe and empowering environments.” We staff nurses look forward with hope to the day we can feel safe and empowered in our work environments once again.

Gone are the days when we knew we had a job and didn’t need to plan for the LC (Low Census) hit to our paychecks and the need to use our PTO (Paid Time Off) hours to cover the loss of worked shifts. Gone are the days when we could exercise our right to take a vacation with PTO hours as a chance to relax and regenerate so we can go back ‘into those trenches’ and provide the kind of excellent care we want to provide. Gone are the days when we knew we would have a sufficient number of nurses working next to us so the patients and the nurses are in a safe and empowering environment.

Staff nurses are asked to watch each other to make sure we are washing our hands correctly, to make sure all ‘gel in and gel out’ when coming and going from a patient room. We are told, ‘suck it up’, ‘make it work’, ‘make do with what we have’, ‘cut costs/supplies’, cut, cut cut….

However, even with the constraints of the current health care environment, we, the staff nurses, keep coming back for more of the same. Because that is who we are and that is what we do. We are ethical creatures. We provide ethical care, and we care about our patients and the people we work with.

“Even with the constraints of the current health care environment, we, the staff nurses, keep coming back for more of the same. Because that is who we are and that is what we do. We are ethical creatures. We provide ethical care, and we care about our patients and the people we work with.”

By Allison Bridgewater, RN
BSN candidate, Washington State University – Vancouver

By Terry Surratt, RN
Staff nurse, Family Birth Center, Tacoma General Hospital
In January, the American Nurses Association declared 2015 to be “The Year of Ethics,” to highlight the first revision to the “Code of Ethics for Nurses with Interpretive Statements” since 2001. Last week, in Baltimore, ANA hosted an Ethics Symposium to facilitate a dialogue about just what the Code means to nursing practice.

This was not your typical esoteric ethics conference, with terms like beneficence, nonmaleficence, fidelity, and utilitarianism floating throughout the sessions. At this symposium the Code of Ethics became a unifying “Call to Action” for the profession.

In welcoming comments, Patricia Davidson, dean of Johns Hopkins School of Nurses, spoke of how ethical practice is critical for improving health care, especially with the move to person-centered care. She reminded us of the moral imperative to address entrenched health disparities, including access to care, and urged each of us to summon our own courageous leadership as we advocate for patients and families and question “entrenched beliefs.”

ANA President Pam Cipriano gave an overview of the Code of Ethics for Nurses, which articulates the ethical obligations and duties of every nurse. The Code binds us together, according to President Cipriano, no matter what practice setting we work in, or job title we hold. It is our nonnegotiable ethical standard, expressing our profession’s understanding of our commitment to society. There is no “opt-out” from the Code—no exceptions, no days when it just doesn’t apply.

The fundamentals are unchanged

The nine provisions of the Code of Ethics will be familiar, because they did not change with this newest revision.

- Provisions 1–3 are about the “fundamental values and commitments” of the nurse, and include concepts of compassion, respect, advocacy, protection and safety.
- Provisions 4–6 describe the “boundaries of duty and loyalty,” and include concepts of authority, accountability, responsibility, self, and ethical environment(s).
- Provisions 7–9 describe “duties beyond patient encounters,” including research, scholarly inquiry, human rights, health disparities, social justice and the integrity of the profession.

What’s new? While the provisions didn’t change, there is new language about nursing leadership, social and health policy, and global health, as well as updated language and concepts. There is also, for the first time, a helpful glossary of terms. These revisions occurred after an inclusive process including 7,800 responses from nurses to the initial inquiry about what should be updates, and 3,000 comments after the draft document was sent out for field review.

Call to action

After the overview, Diana Mason, president of the American Academy of Nursing, returned us to the concept of the Code of Ethics as a call to action, as she highlighted “action” words and phrases located in the nine provisions, including:

- Promotes, advocates for, and protects
- The obligation to promote health and provide optimum care
- Applies to the nurse, in all roles and settings
- Protect human rights, promote health diplomacy, and reduce health disparities

Was nursing’s current focus, she went on to ask, really on promoting the health of people? What might we do to change the focus of health care from one that is based on health rather than illness? She reminded us that, as nurses, we have an ethical responsibility to work towards the health of communities and all people.

The two-day symposium’s many sessions drew upon the theme of a call to action with titles such as “Integrity: Creating, Sustaining, and Changing Ethical Environments,” “Moral Courage: Building Resilience,” “Evolving Ethics: Implications of Technology,” and “Relieving Suffering: Boundaries of Ethical Practice.”

Many speakers emphasized that the Code of Ethics must be foundational, a shared commitment, as a profession, to society, and in her closing remarks, Pam Cipriano of the ANA reminded us that we have a moral obligation to work toward solutions to current challenges, such as health equity and safe staffing. These actions demand courage, moral integrity, hope and leadership, but “we can stand together, using the authority of the Code as our ‘true North.’”

As she reminded us, every single one of us can be courageous in small and large ways.

We can stand together, using the authority of the Code as our ‘true North.’
ANA Lobby Day and Membership Assembly

The 2015 American Nurses Association Membership Assembly was held July 23 through 25, at the Renaissance Hotel in downtown Washington, D.C.

ANA’s designation of 2015 as the Year of Ethics provided the backdrop to this year’s Membership Assembly.

Keynote speaker Leah Curtin, ScD (h), RN, FAAN, engaged participants in an interactive presentation on ethics in everyday practice. Drawing on her expertise, and at times humor, she defined the basic concept of ethics – protecting the vulnerable from the powerful – and the professional’s obligation to do what they say they are going to do. She noted that today those promises translate to patient safety and advocacy, lifelong learning and collegiality.

Curtin specifically addressed the ethical relationship of not only nurse to patient but also nurses to each other. “Collegiality is probably one of our greatest challenges,” Curtin said. “We should be sharing what we do and what we know with each other and with the public. We need to show our respect for what our fellow nurses do.”

Elected representatives from each constituent state were joined by state organization staff members and non-voting observers who participated in Membership Assembly proceedings. The Membership Assembly is the governing and official voting body of the ANA. It identifies and discusses issues of concern to members and provides direction to the board of directors.

The ANA Membership Assembly, chaired by the ANA president, is comprised of two representatives from each constituent/state nurses association (C/SNA), two representatives from the Individual Member Division (IMD), one representative from each organizational affiliate (OA) and the ANA board of directors.

WSNA was represented by WSNA President Jan Bussert, BSN, RN and WSNA Board member Kathy Ormsby, MSN, ARNP, FNP. WSNA staff members Anne Tan Piazza and Heather Stephen-Selby, MSN, ARNP-BC also attended, along with the following WSNA member observers:

- Renata Bowlden, BSN, RN
- Martha Goodall, RN
- Coleene “Kim” Armstrong, BSN, RNC
- Sonya Miller, BSN, RN
- Sally Baque, RNC
- Astra Tenborg, RN
- Tim Davis, RN, MSN, CCRN
- Muriel Softili, BSN, MSN, RN
- Rosa Young, MSN, RN, MPA

ANA Lobby Day

Some 240 RNs from around the country headed to Capitol Hill on July 22 to meet with policymakers and their staff to discuss the importance of Title VIII nursing workforce development funding, as well as legislation on safe staffing, home health care and improving veterans’ access to care. Additionally, more than 1,500 nurses participated virtually in a social media campaign, greatly increasing nursing’s impact.

Before their Capitol Hill visits, Lobby Day participants attended a breakfast briefing, where U.S. Rep. Michelle Lujan Grisham (D-NM) thanked nurses for the difference they make in health care and the lives of so many Americans.

“The best champions for health care have been nurses,” said Lujan Grisham, who’s been a tireless advocate for long-term care, public health and greater access to care. She stressed the importance of federally investing in the nursing workforce and having safe staffing in all work environments, from primary to acute to long-term care.

The focus of Lobby Day meetings with lawmakers included the following nursing priorities:

- The Registered Nurse Safe Staffing Act (H.R. 2083/ S. 1132). This measure, introduced by U.S. Sen. Jeff Merkley (D-OR) and U.S. Reps. Lois Capps (D-CA) and David Joyce (R-OH), presents a balanced approach to ensure adequate RN staffing by recognizing that direct care nurses, working closely with managers, are best equipped to determine the staffing level for their patients.

- The Home Health Care Planning and Improvement Act (H.R.1342/ S. 578). Introduced by U.S. Reps. Greg Walden (R-OR) and Ron Kind (D-WI) and U.S. Sens. Susan Collins (R-ME) and Charles Schumer (D-NY), this measure allows advanced practice registered nurses to order home health services under Medicare in accordance with state law.

- The Veterans Access to Care Act (H.R. 1247), introduced by U.S. Reps. Sam Graves (R-MO) and Jan Schakowsky (D-IL). It grants APRNs full practice authority, which will address the delays in health care at the Veterans Health Administration.

Nurses also are being asked to urge lawmakers to support the Title VIII Nursing Workforce Reauthorization Act (H.R. 2713). Title VIII programs provide the largest source of federal funding for nursing education, offering financial support for nursing education programs, individual students and nurses.
ANA Awards

ANA presented U.S. Rep. Lois Capps (D-CA), an RN and founder and co-chair of the Congressional Nursing Caucus, with the 2015 President’s Award. Capps, who announced her retirement earlier this year, was honored for being a champion for nurses during her career as a lawmaker.

ANA also presented the Year of Ethics award to a Navy nurse who refused to force-feed prison detainees at Guantanamo Bay Detention Camp. ANA supported the nurse who initially faced dismissal from the Navy for following his professional ethical obligations. As the nurse chose to remain anonymous, his attorney, Ronald Meister, accepted the award on his behalf.

Meister expressed feeling honored to accept the award for the “loyal Navy” nurse who acted “so courageously” by following the profession’s ethical code to maintain his “duty to patients” and not being complicit in force-feeding detainees.

“There’s more to being a good nurse than just following orders,” Meister said. The nurse asked Meister to express his heartfelt gratitude for ANA’s stalwart support, which served as a beacon of light in a dark time.

ANA Membership Assembly Elections

Representatives at the Membership Assembly elected Ernest James Grant, PhD, MSN, RN, FAAN, of the North Carolina Nurses Association, to serve as vice president of ANA. The voting representatives of ANA’s Membership Assembly also re-elected two members of the nine-member board of directors—Treasurer Gingy Harshley-Meade, MSN, RN, CAE, NEA-BC, of the Indiana State Nurses Association; and Director-At-Large Recent Graduate Jesse M.L. Kennedy, BSN, RN, of the Oregon Nurses Association.

Those continuing their terms on the ANA board are: President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, Virginia Nurses Association; Secretary Patricia Travis, PhD, RN, CCRP, Maryland Nurses Association; Director-At-Large Andrea Gregg, PhD, RN, Florida Nurses Association; Director-At-Large Faith Jones, MSN, RN, NEA-BC, CMA, Wyoming Nurses Association; and Directors-At-Large Staff Nurses Linda Gural, RN, CCRN, New Jersey State Nurses Association, and Gayle M. Peterson, RN-BC, ANA Massachusetts.

Elected to serve on the Nominations and Elections Committee are: Jennifer Louise Embree, DNP, RN, NE-BC, CCNS, Indiana State Nurses Association; Jennifer McGuire Hitt, PhD, RN, CNE, Mississippi Nurses Association; Chris M. Rhodes, BSN, RN, Alabama State Nurses Association; and Brienne M. Sandow, MSN, RN, RNC-OB, Idaho Nurses Association.

Membership Assembly Addresses Issues

Infection prevention and control, measuring and publicly reporting nurses’ essential contributions to quality patient care, and fostering an ethical work environment and culture were three of the critical issues addressed at dialogue forums.

Infection Prevention

With the specter of Ebola still looming, renowned infection prevention expert Elaine Larson, PhD, RN, CIC, FAAN, provided a broad overview of selected infection and epidemiology issues in the United States, and priorities to prevent and control infections in both routine and emergent clinical care situations.

Forum participants were then asked to share efforts around managing Ebola in their workplaces, the state of preparedness in their region and what ANA can do to address remaining gaps. Nurses also shared actions that health care workers could take to decrease health care-associated infections, such as ensuring health care workers’ greater access to hand sanitizers and tracking its use, and having better staffing so nurses are less rushed between patients.

Public Reporting

During another forum, Lillee Gelinas, MSN, RN, FAAN, system vice president and chief nursing officer of CHRISTUS Health, tackled the issue of big data. She spoke to its benefits and challenges — and why it’s critical that nurses understand it and advocate for nursing-sensitive measures that can be reported publicly. (Big data is a popular term for large amounts of data and sets of data that can be analyzed to determine trends.)

Forum participants then offered their views on the benefits and challenges of big data and public reporting. Challenges included electronic systems not capturing nursing care or patient needs and data being misinterpreted. Benefits included more transparency and the identification of areas where care can be improved.

Nurses also addressed strategies regarding their use of public information and data to promote better consumer decision-making and advance patient safety, such as helping consumers identify credible online health information resources.

Ethical Environment and Culture

Again capitalizing on 2015 as the Year of Ethics, nurses gathered for a dialogue forum in which they offered their insights into what constitutes an ethical environment and strategies to create that optimal work setting.

Presenter Laurie Badzek, LLM, JD, RN, FAAN, director of ANA’s Center for Ethics and Human Rights, shared an ANA Ethics Advisory Board survey that revealed nurses’ top ethical issues. Among them were bullying, staffing, and end-of-life and organizational issues.

Then after working in small groups, nurses suggested important components of an ethical environment or climate, such as mutual respect and trust for others, a spirit of collaboration to share solutions and all health care professionals being aware of and understanding ANA’s Code of Ethics for Nurses with Interpretive Statements.

Participant-recommended strategies to achieve an ethical environment included empowering nurses and others to report unethical situations without retaliation, a no-blame environment, educating all professionals about the Code and managers having an open-door policy.
Nurses should be full partners in redesigning healthcare.

In the U.S. Institute of Medicine, Future of Nursing report:

She’s the change.
You can be too.

Our graduates are shaping the future of healthcare.

Career Goal

| Nurse Leader | Family Nurse Practitioner | Healthcare Administrator in Health & Group Practice | Nurse Researcher |
| Nurse Educator | Psych Mental Health Nurse Practitioner | Hospital Management, Public Health & Group Practice | Nurse Scientist |
| Population Health Nurse | Post-Master’s DNP | Your paths at WSU | Nurse Faculty |

Your path at WSU:

- Master of Nursing in Population Health & Graduate Certificates
- Doctor of Nursing Practice
- PhD in Nursing

Opportunities for RNs and LPNs:

- RN $24.43 to $39.09 per hour
- LPN $16.73 to $23.43 per hour
- 12 facilities Statewide
- State Benefits package
- Union Representation
- Promotional Opportunities

WA Nursing License AND one year experience required.

To apply go to:
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Best Starts for Kids levy: Saving money and saving lives
King County residents, vote yes in November!
Nurses, help spread the word.

By Ruth Schubert

We all know kids who have more than their share of obstacles to overcome – whether we know it or not. They’re the ones hiding the domestic violence or alcoholism in their homes, the ones who don’t always get enough to eat, the ones who have difficulty in school.

We also know what can help children and families facing obstacles like these. There are proven strategies like home visits for new moms and families to ensure babies are healthy, developmental screenings at the right times to intervene if needed, programs that help protect families from becoming homeless; and safe, walkable communities. We know the way; we just need the will.

That’s what the Best Starts for Kids levy is all about. On the November ballot, Best Starts would support the preventive programs we know work – for individuals and for the community. Passing the levy represents an investment in babies who are born healthy, a healthy and safe journey to adulthood for all of our kids, and communities that offer safe, welcoming environments for all children and families. It also means fewer children who are abused, neglected and homeless; fewer youth who suffer from chronic disease; fewer emergency room visits and fewer young people involved in the justice system.

“Best Starts for Kids is how we will transform the way we invest in our next generation, to finally provide the upstream solutions that prevent negative outcomes such as mental illness, substance abuse, domestic violence, homelessness and incarceration,” King County Executive Dow Constantine said in remarks to the King County Council earlier this year.

Nurses know from experience how important it is to invest in prevention. And, as members of one of the most trusted professions, nurses are uniquely qualified to help spread the word.

Amy Bellante is a public health nurse who provides maternal support services in South King County. “It’s a way to connect young moms or young families to resources for better outcomes,” she said.

Bellante received W.I.C. services herself when she was a young mom; seeing first-hand the power of the program moved her to become a lactation consultant and then a registered nurse herself. Now she is the one educating other moms about pregnancy, labor and delivery, and breastfeeding so that they can make informed decisions. “I think it matters,” Bellante said.

About a year ago, she helped start a post-partum group that is still going strong. “There is such a need for that in languages other than English such as Spanish – like immediately, two years ago,” Bellante said.

Best Starts for Kids is a six-year levy at a rate of 14 cents per $1,000 of assessed property value, or about $56 per year for the average King County homeowner. The focus is on investing in prevention for kids aged 5 and under, instead of spending more money on preventable chronic illness and the criminal justice system later on.

About half of the revenue would focus on children under age 5 and pregnant women, including a modest investment to support programs like the one Bellante works in. About 35 percent would go to children and youth aged 5 through 24, a time when the parts of the brain that govern emotion and self-regulation continue to develop. About 10 percent would go to creating more safe and healthy communities that have things like access to healthy and affordable food, affordable housing and economic opportunity.

“As nurses, we know the difference prevention programs can make in supporting healthy child development and strong families,” said Judy Huntington, executive director of the Washington State Nurses Association. “We know it is better to support healthy pregnancies than to care for babies in the NICU. We would rather see children getting healthy food and exercise than help them manage type 2 diabetes. And we would much rather see teens get the help and support they need than see them in the emergency room. For us as nurses, prevention is the best kind of care.”

You can find detailed information on how levy funds would be used on the King County Executive’s website. Go to http://wsna.to/BestStarts.
INVESTING IN PREVENTION: SAVING MONEY AND SAVING LIVES.

Prevention is the most effective, least expensive way to put our children and youth on a path toward lifelong success. Yet, by the time we respond to negative outcomes in our community, there aren’t enough resources available to invest in proven prevention strategies.

Best Starts for Kids provides the resources to invest early in a child’s development to deliver the greatest returns.

Emerging neuroscience shows the first 5 years in a child’s life are particularly critical for brain development. Regions of the brain that govern emotion and self-regulation develop through their teenage years.

Research shows that investing in a child’s development delivers the highest return.

BEST STARTS FOR KIDS WILL INVEST IN WHAT WORKS:

- Strengthen a child’s early development.
- Invest at key developmental milestones on a child’s journey to adulthood.
- And create healthy communities that reinforce their progress.
**BEST STARTS FOR KIDS WILL COMPLEMENT PRE-K.**

By having more children start school each day strong, healthy, and ready to learn, we will maximize our region’s investment in Pre-K programs.

**OUTCOMES WE WANT TO ACHIEVE FOR KING COUNTY:**

- Babies are born healthy and establish a strong foundation for lifelong health and well-being.
- The journey to adulthood is healthy and safe for everyone, building emotional and life skills to succeed.
- Healthy communities offer safe, welcoming environments that support all children and families.

**WE WILL INVEST IN PROVEN AND PROMISING STRATEGIES THAT DELIVER POSITIVE RESULTS:**

- Early intervention for teen depression.
- Home visitations for new moms and families ensures babies are healthy.
- Universal access to developmental screening when it is most effective.
- Flexible funding for families and youth to prevent homelessness.
- Communities that are more walkable and better connected.
- Increase access to affordable, healthy foods.

**PREVENTION WILL RESULT IN:**

- **MORE** Babies born at healthy weight.
- **FEWER** Children who are abused, neglected and homeless.
- **FEWER** Youth who suffer from chronic disease and disability.
- **FEWER** Emergency room visits and lower healthcare costs.
- **FEWER** Young people who are involved in the justice system.

**BEST STARTS FOR KIDS WILL HELP ENSURE THAT EVERY CHILD IN KING COUNTY HAS THE OPPORTUNITY TO REACH HIS OR HER FULL POTENTIAL IN LIFE.**

[www.kingcounty.gov/beststarts](http://www.kingcounty.gov/beststarts)
The community is shocked that something as vital as immunizations is being discarded. The county’s First Steps program is also slated for elimination.

While King County is looking to expand services for pregnant women, young children and teens, the Snohomish Health District shut the doors for the last time on the Immunization Clinic on June 30. The closure was due to budget cuts and the lack of stable, sustainable funding for public health. The county’s First Steps program, which provides maternity support services, is also slated for elimination.

Closure of the Immunization Clinic leaves a community without ready access to immunizations needed for infants and children, pregnant women, refugees and travelers. School-aged children used to be able to walk in and receive their shots. They have now been told they have to go to one of the community clinics, make an appointment, be seen for a well-child check, and then they can receive their immunizations.

The community is shocked that something as vital as immunizations is being discarded and that the health district and its health officer, Dr. Gary Goldbaum, didn’t fight harder to retain the clinic. In an editorial piece in The Everett Herald, Dr. Goldbaum wrote that “The best whooping cough defense is a vaccine.” He continued: “August is National Immunization Awareness Month, and in that spirit, I encourage everyone to contact a local health-care provider to make sure you are up to date. Pertussis and many other diseases are largely preventable today because of vaccines. And thanks to the Affordable Care Act, and increased access at local pharmacies, getting immunized is easier than ever.” Not so, unfortunately. Many pharmacies do not have vaccines on hand, and many have age limits on immunization administration. For example, some pharmacies will not give immunizations to infants or children under the age of 8. As of August, more than 177 pertussis (whooping cough) cases had been recorded in Snohomish County.

Another program slated for elimination is First Steps, a program implemented in 1989 to protect vulnerable women and children. The rationale for initiating this program was to decrease the number of emergency room deliveries for women who had zero prenatal care. This has been a successful program in Snohomish County and statewide. In 2014, between Everett and Lynnwood Clinics, more than 12,000 visits to pregnant women were provided by nurses, nutritionists and a behavioral health specialist.

Two public health nurses recently met with several Snohomish County Councilmembers to talk about the importance of maternity support services and advocate for saving First Steps.

“I see the client where they are, to address what is their priority that day. For example, how can I talk to them about good nutrition if they don’t have enough food in their home?” said Mary Springer, a Snohomish Health District public health nurse since 1989 and registered nurse for more than 40 years. “Many are socially isolated. They may not have any family, and it’s important to have someone validate them and point out their strengths. Some have had multiple adverse childhood experiences, and being a good parent is important to them.”

The visits with Councilmembers were one step in a campaign launched by nurses to educate members on the city and county councils of Snohomish County about the types of issues their clients face every day. Snohomish Health District believes that these women need to be seen in group settings to maximize services, and that First Steps can shut down and be “transitioned” to private providers. Many of these clients might need to come for two to three visits before they feel comfortable opening up to their nurse.

Debbie Cartmell-Herzig, Public Health Nurse at Snohomish for 13 years, also attended the meetings with Snohomish County Councilmembers. “I have women walking in off the street to seek services,” she said. “I help them find prenatal care and see them throughout their pregnancy and after the child is born. One teen mom had been told by her doctor to give the baby only 2 ounces of formula every 2 hours. At 6 weeks of age, the baby cried and cried, and she was up every 1-2 hours feeding the baby. She kept calling her clinic and they told her she called too much. I was able to teach her about feeding her baby on demand and that it was OK to give the baby as much formula as she needed for satiation.”

The Snohomish Board of Health convened a retreat Sept. 24 to determine the course and future of the Health District. Once the County Executive transmits the 2015 budget to the County Council, public health funding may be further slashed. The nurses are planning more meetings to let elected leaders around the county know how harmful these cuts would be.
Tacoma-area RNs speak with legislators about what it's really like to be a nurse

In person and through video-conferencing, more than 50 registered nurses spoke directly with Tacoma area legislators on Sept. 21. The Tacoma event, held at the downtown Courtyard by Marriott hotel, was the first of a series of “When Nurses Speak, We Win” events planned in the run-up to the legislative session.

The idea is to put small groups of nurses together with legislators so that they can talk with lawmakers directly about what it is really like to be a nurse and the professional challenges nurses face every day. The Tacoma event was attended by State Senator Steve Conway and Representatives Jake Fey, Laurie Jinkins, Steve Kirby and David Sawyer.

Grouped into small roundtable discussions, nurses and legislators talked about patient safety, adequate nurse staffing, mandatory overtime, patient transition from hospital to primary care clinics and information privacy. Not surprisingly, safe staffing levels came up in all of the discussions, including having an appropriate number and appropriately trained staff on the floor to give patients excellent care. This is a top issue for WSNA and our members.

Additional events are being planned in other parts of the state. Stay tuned!
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

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<thead>
<tr>
<th>Amount</th>
<th>Project Description</th>
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<tbody>
<tr>
<td>$1,000</td>
<td>Help fund scholarships to nursing camp for high school students</td>
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<tr>
<td>$5,000</td>
<td>Study nurse practitioners barriers to practice and barriers to prescribing</td>
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<tr>
<td>$500</td>
<td>Support toy safety and health promotion at a community clinic for the uninsured in a culturally diverse area of King County</td>
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<tr>
<td>$500</td>
<td>Study the attitudes of nursing staff toward safe lift equipment and policies</td>
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<tr>
<td>$1,000</td>
<td>From the Etta B. Cummings Fund to assist a nurse with extraordinary medical expenses</td>
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<tr>
<td>$2,500</td>
<td>To assist nurses in the aftermath of Hurricane Katrina and other natural disasters</td>
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<tr>
<td>$500</td>
<td>Support staff education to improve patient safety initiatives and outreach at a critical access hospital serving rural eastern Washington</td>
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<tr>
<td>$500</td>
<td>Support bicycle safety awareness and helmet use</td>
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<tr>
<td>$1,376</td>
<td>For research on culturally competent health care for Latinos in the Yakima area</td>
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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.

WSNF BOARD OF TRUSTEES (2013-2015)

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If you would like to target your donation to a specific fund, select from the following:

- Etta B Cummings Emergency Assistance Fund
- May S Loomis Professional Development Fund
- Dolores Little Scholarship Fund
- Nursing Mini Grant Fund
- WSNF General Operations Fund
Streamlining the path to BSN

Washington Center for Nursing

By Suzanne Sikma, PhD, RN
APIN-WA Project Manager

We are halfway through the second phase of the Academic Progression in Nursing (APIN) project in Washington State. This initiative aims to achieve the Institute of Medicine’s goal of an 80 percent BSN-prepared workforce that is more diverse and inclusive by 2020. In April, Sofia Aragon, JD, BSN, RN, Washington Center for Nursing’s new executive director, took over as co-lead of the Washington Nursing Action Coalition and serves as the APIN project’s principal investigator.

Currently, 66 percent of nurses in Washington hold a BSN or higher, according to a 2013 National Council of State Boards of Nursing (NCSBN) Sample Survey estimate. In order to meet the ambitious goal of increasing that number to 80 percent by 2020, we need to give nurses in all regions of the state better access to and support for advancing their education to BSN and graduate studies.

By the end of our first two years of funding (2012-2014), all Washington State public and private colleges and universities offering RN-to-BSN degrees had signed a Direct Transfer Agreement/Major Ready Pathway (DTA/MP) agreement, which will streamline the statewide curricular pathway from the ADN to the BSN. Over the past year, APIN leaders collaborating with the State Board for Community and Technical Colleges have offered in-person workshops, interactive videoconferences and individual consultation to associate degree nursing programs interested in offering this new degree. At least 21 community and technical colleges have indicated interest and have begun working with their individual institutions to create plans for developing the Associate in Nursing DTA/

Continued →
to meet our goals. To further support diversity and inclusion efforts in nursing education, we are partnering with the Council on Nursing Education in Washington State (CNEWS), the organization of deans and directors of nursing programs, to provide resources for faculty, including workshops with nationally renowned experts in this field. We are also reaching out to health organizations and minority nursing organizations statewide to identify common goals and opportunities for collaboration.

Working hand-in-hand with employers to respond to regional needs and find strategies and policies that promote academic progression in nursing is integral. We strengthened the practice component within the APIN project leadership by establishing a statewide Practice Partner Group, which includes a strong rural voice. Two of our employer leaders, Linda Latta, PhD, RN, NEA-BC (Seattle Children’s Hospital) and Jeanie Eyler, MN, RN (Pullman General Hospital), joined the core APIN leadership team and co-chair the Partner Group. Key projects championed by this group include strategies to communicate the value of advancing nursing education in patient safety, improve patient outcomes and sharing best practices for employer support of academic progression for their staff. This is particularly important in more remote communities, and we are creating focused resources addressing unique challenges for rural and critical access hospitals.

As with other states striving to develop a nursing workforce that is responsive to community needs, much work remains to increase the diversity of the nursing workforce and contribute to efforts to eliminate health disparities.

What is Academic Progression in Nursing (APIN)?

APIN funds nine states doing innovative work to advance seamless academic progress to baccalaureate degrees and beyond. These nine states, including California, Hawaii, Massachusetts, Montana, New Mexico, New York, North Carolina, Texas and Washington state, are leading the country by implementing new education pathways to meet the demand for baccalaureate prepared nurses, as recommended by an Institute of Medicine’s (IOM) report, The Future of Nursing: Leading Change, Advancing Health (http://wsna.to/AONEAPIN).

— AONE (Association of Nurse Executives)
Intersection Between Nursing and the Law

Issues for an Aging Workforce and Aging Patients

December 4, 2015
12 p.m. – 4 p.m.
Seattle University School of Law, Seattle, WA

Elder Law in an Hour
Angela Macey Cushman
Morrow Kidman Tinker Macey-Cushman, PLLC

Medicare Penalties under the Affordable Care Act: Unnecessary Hospital Readmissions
Bonnie Blachly, MN, RN, NHA
LeadingAge Washington

Why Nursing and Physicians Support Alternative to Discipline Programs
A PANEL DISCUSSION

Plaintiff’s bar perspective
Angela Macey Cushman
Morrow Kidman Tinker Macey-Cushman, PLLC

The Defense Bar’s Perspective on existing law and challenges to providers of care.
Why should defense lawyers for allied health support alternative to discipline programs?
Gerald Tarutis
Tarutis & Brunstrom

Early Remediation Program for Nurses
Margaret Holm
WA State Nursing Care Quality Assurance Commission

Legislation to establish alternative to discipline for physicians and other health professionals
Denny Maher
WA State Medical Association

The Communication and Resolution Plan as an effective approach to alternative to discipline
Dr. Thomas Gallagher, MD
University of Washington School of Medicine

Registrants can join live or by webcast.

For more information and registration, visit http://wsna.to/nursinglawupdate15

3.75 Continuing Nursing Education Contact Hours

The Washington State Nurses Association Continuing Education Provider Program (OH-231, 12-2-2015) is an approved provider of continuing nursing education by the Ohio Nurses Association (0BN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
What hospitals report

The Centers for Disease Control and Prevention’s National Healthcare Safety Network tracks health care-associated infections. The network also is used to track health care process measures such as health care personnel influenza vaccine status and infection control adherence rates.

Hospitals must count vaccination rates for anyone who works for any part of one day in the health care facility between October 1 and March 31. That includes everyone from volunteers and clerical workers to doctors and executives. Organizations then report their rates to the National Healthcare Safety Network for public reporting on Hospital Compare, where the percentage of healthcare workers given influenza vaccinations is one of the measures displayed.

The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season

Traditional flu vaccines (called trivalent vaccines) are made to protect against three flu viruses: an influenza A (H1N1) virus, an influenza A (H3N2) virus and an influenza B virus. There also are flu vaccines made to protect against four flu viruses (called “quadrivalent” vaccines). These vaccines protect against the same viruses as the trivalent vaccine as well as an additional B virus.

Flu vaccines cannot cause the flu

Flu vaccines that are administered with a needle are currently made in two ways: The vaccine is made either with a) viruses that have been ‘inactivated’ (killed) and are therefore not infectious or b) with no flu viruses at all (which is the case for recombinant influenza vaccine). The nasal spray flu vaccine does contain live viruses. However, the viruses are attenuated (weakened) and therefore cannot cause flu illness. The weakened viruses are cold-adapted, which means they are designed to only cause infection only at the cooler temperatures found within the nose. The viruses cannot infect the lungs or other areas where warmer temperatures exist.

Flu vaccines are safe

Serious problems from the flu vaccine are very rare. The most common side effect that a person is likely to experience is either soreness where the injection was given, or runny nose in the case of nasal spray. These side effects are generally mild and usually go away after a day or two. Visit Influenza Vaccine Safety (www.cdc.gov/flu/protect/vaccine/vaccinesafety.htm) for more information.

Protect yourself, your patients and your family

Get your flu vaccine this year

The upcoming season’s flu vaccine will protect against the influenza viruses that research indicates will be most common during the season.

This includes an influenza A (H1N1) virus, an influenza A (H3N2) virus and one or two influenza B viruses, depending on the flu vaccine.

What hospitals report

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WSNA Position on Mandatory Influenza Vaccinations & Strategies to Address Influenza

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

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

WSNA believes that any vaccination policy is only one component of a comprehensive influenza prevention policy and should only be enacted as a result of federal or public health regulation. WSNA believes that any such regulation must include the following core components:

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

Public health officials recommend that everyone who is eligible receive their flu vaccine and get it every year.

About influenza viruses

Influenza viruses are constantly changing. They can change in two different ways. One way they change is called “antigenic drift.” These are small changes in the genes of influenza viruses that happen continually over time as the virus replicates. These small genetic changes usually produce viruses that are closely related to one another, which can be illustrated by their location close together on a phylogenetic tree. Viruses that are closely related to each other usually share the same antigenic properties, and an immune system exposed to a similar virus will usually recognize it and respond. (This is sometimes called cross-protection.)

The other type of change is called “antigenic shift.” Antigenic shift is an abrupt, major change in the influenza A viruses, resulting in new hemagglutinin and/or new hemagglutinin and neuraminidase proteins in influenza viruses that infect humans. Shift results in a new influenza A subtype or a virus with a hemagglutinin or a hemagglutinin and neuraminidase combination that has emerged from an animal population that is so different from the same subtype in humans that most people do not have immunity to the new (e.g., novel) virus.

Such a “shift” occurred in the spring of 2009, when an H1N1 virus with a new combination of genes emerged to infect people and quickly spread, causing a pandemic. When shift happens, most people have little or no protection against the new virus. While influenza viruses are changing by antigenic drift all the time, antigenic shift happens only occasionally. Type A viruses undergo both kinds of changes; influenza type B viruses change only by the more gradual process of antigenic drift.

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#NursesShowUsYourStethoscopes

How a courageous Miss America contestant, a monumental gaffe on talk TV and the power of social media conspired to raise the profile of nurses.

It all started on Sept. 9 when Miss Colorado, Kelley Johnson, used the talent portion of the Miss America Pageant to perform a monologue about being a nurse. The next day, the hosts of the television show “The View” ridiculed her performance, and co-host Joy Behar asked why Ms. Johnson had a “doctor’s stethoscope” around her neck. Nurses were offended and outraged.

The American Nurses Association responded by launching a campaign on Twitter and Facebook asking nurses to tweet selfies with their stethoscopes using the hashtag #NursesShareYourStethoscopes. Others piped in with selfies under the hashtags #ThisIsNotACostume and #NursesUnite. On Facebook alone, ANA’s post reached more than 1.6 million and on Twitter the hashtag had a reach well over 2 million.

On Sept. 16, ANA President Pam Cipriano issued a statement that said, in part:

“Each and every day, the nation’s 3.4 million registered nurses provide expert, high-quality and compassionate care, as well as dedicated leadership from the bedside to the boardroom. One in every 100 Americans is a registered nurse. We are the frontline caregivers, 24 hours, 7 days a week, who are with individuals from birth, throughout their lifespan and at the end of life. We care for patients, their families and communities. Nurses have a professional, ethical obligation to their patients, and are committed to transforming the health care system to achieve better health outcomes at reduced cost.

That’s why it was disturbing when Joy Behar, co-host of “The View,” used her national platform and influence to mock Miss America contestant Kelley Johnson for wearing a “doctor’s stethoscope” while performing a dramatic monologue about her experience as a registered nurse during the pageant’s talent competition, as if Johnson were wearing a costume.

Nurses don’t wear costumes; they save lives.”

In the days following the pageant, Kelley Johnson appeared on “The Ellen DeGeneres Show” and “The Dr. Oz Show,” acting as a courageous spokesperson for the profession.

These events created a wonderful opportunity for nurses and the associations that represent them to educate the public about all the many things nurses do and the importance of nursing care.

WSNA shared some photos of nurses from the University of Washington Medical Center and is one of the more than 800,000 people and organizations that joined the “Show us your Stethoscopes” Facebook group in the days after it was created.

WSNA and you can keep the momentum going by continuing to speak up about the scope and importance of nursing. #NursesShareYourPride!

For the most current nursing news and information, visit www.wsna.org/update.

Pamela Mitchell named permanent executive associate dean of UW School of Nursing

In August, longtime WSNA member Pamela Mitchell, PhD, RN, FAHA, FAAN was appointed permanent executive associate dean for the UW School of Nursing. She had been serving in the role on an interim basis.

In making the announcement, the UW said, “As interim executive associate dean, Dr. Mitchell provided capable and visionary leadership, encouraged innovation and fostered a culture of continuous process improvement. Her appointment to the permanent position is a positive and exciting step forward for the entire School of Nursing.”

Dr. Mitchell has been on the faculty at the UW School of Nursing since 1969 and is a tenured professor in the Department of Biobehavioral Nursing & Health Systems. She is a fellow and member of 10 national and international academies and associations, including the American Academy of Nursing; has held several deanships; and founded the Center for Health Sciences Interprofessional Education.

HPV Vaccine is cancer prevention: Protect kids

If there were a vaccine against cancer, wouldn’t you get it for your child?
The HPV vaccine prevents cancers caused by human papillomavirus (HPV), a very common infection.

That is the message we need parents to hear. The Washington State Nurses Association is proud to partner with the Washington State Department of Health to encourage parents to get their children vaccinated against HPV. Parents are the key to protecting adolescents from HPV cancers, and nurses can help by sharing information with parents.

The HPV vaccine is recommended for both boys and girls at age 11 or 12—or as soon as possible if they’re older.

It is important to vaccinate preteens because the HPV vaccine produces the most infection-fighting cells, or antibodies, during the preteen years.

Boys and girls should get the vaccine at age 11 or 12—or as soon as possible if they’re older.

Free postcards are available for you to use in your practice. Email wsna@wsna.org with the subject line “HPV postcards” to request postcards. Include your mailing address so we can send the postcards to you.

Visit doh.wa.gov/HPV for more information. The vaccine is free.
The Seattle nurse whose letter to ‘The View’ went viral

The open letter to “The View” posted on Facebook by “Katy RN” has been shared more than 78,000 times, all around the World. Katy joined the Washington State Nurses Association on Sept. 28 at our Leadership Conference in Chelan and shared the following remarks, including her original letter to “The View.” The response to her Facebook post has been so great that she created a separate Facebook page. Connect with her at www.facebook.com/Katy-S-Travel-Nurse-997046283687917 or by searching “Katy S Travel Nurse” from your Facebook page.

My name is Katy Shindelus, and I’m an ER nurse originally from California. I’ve been working as a traveler for about five and a half years, most of which have actually been spent in Seattle. My husband and I coordinate our travel – he does contract work as an engineer. A few years ago, he was offered a contract at Boeing that he felt was too good to pass up. To be completely honest, we were a little bummed. You guys do a great job convincing the rest of the world that Seattle is a miserable rainy place. So these two Californians packed up and decided we’d “tough it out” for six months. Four years later, we are still here and just head over heels in love with your beautiful state.

Last week, two notable things took place on television. Ironically, I don’t watch much TV, but I did see the video clips when they made their rounds on social media. The first was of Kelley Johnson, who was a contestant in the Miss America Pageant. Kelley is a nurse from Colorado, and for the talent portion of the pageant, she recited a monologue about nursing. She described an emotional interaction with one of her patients who taught her that she was more than “just a nurse.” The nursing community embraced this, I think mostly because they all went into nursing for the same reasons. We all have so many of these heart-warming stories. I had this realization recently that I can say with 100 percent certainty that if I really think about it, no matter how difficult or frustrating my day at work may be, I can look back and identify at least one touching moment from every single shift.

That’s amazing if you really think about it. How lucky are we? How many people can say they are inspired every time they go to work?

The day after the Miss America Pageant, I was sitting on a plane on the tarmac in Denver, waiting to taxi in so I could meet a friend for her birthday. As I scrolled through my Facebook, I stumbled across a few links to videos of the hosts of a show called “The View” making fun of Kelley’s monologue. They questioned her scrubs, stated that her monologue was not considered a talent, and one went so far as to ask, “Why is she wearing a doctor’s stethoscope?” I thought to myself, these ladies have no idea what we do. And I knew I shouldn’t be surprised. Even I didn’t understand what I was getting into when I signed up for nursing school. I remember the day I learned that nurses insert Foley catheters. I was in utter disbelief, physically ill at the thought of it. Had I not worked so hard to get into the program in the first place, I would have seriously considered dropping out. Little did I know at that time that those skills or tasks we perform are only just the beginning. As nurses, we have such a great deal of responsibility. We titrate drips of very serious medications, catch errors in doctors’ orders and are the ones responsible to notify the doc if the patient’s condition changes. WE are the ones at the bedside.

As I walked through the airport, my heart was racing, and my head was spinning with thoughts. I thought, I should write these ladies a letter. My friend texted and said she would be 30 minutes late picking me up so I stood in the waiting area typing it up on my phone. I posted it on Facebook thinking maybe a handful of people would read it and better appreciate what we do as nurses. I figured it was unlikely it would be read by anyone at “The View.”

I learned a valuable lesson about the Internet that day. Within minutes, several friends had shared my post. By that night, it was at 5,000 shares. In the days the followed, it was re-posted on Twitter, Reddit and a couple other nursing sites. By the third day, my husband joked, “Well, it’s slowing down. It’s only getting shared 40 times per minute today.” I learned that after a thousand friend requests, Facebook stops letting people friend request you. I got messages from people all over the world.

A Canadian nurse emailed me saying that she had been feeling burnt out and that my letter had reminded her of why she got into nursing. She said it gave her a renewed sense of positivity, and she was going to reread it any time the going got tough. I received a message this weekend that I cannot stop thinking about. A woman in the Seattle area wrote to me, saying, “I’m sorry to bother you but I wonder if we have met before.” She went on to explain that years ago her sister was being treated in a local ER. After all options were exhausted, the doctor told the family no more could be done, and her father agreed to withdraw life support. The family, in what I can only imagine was a highly emotional state, left the hospital. For years, she has lived with guilt and regret that they did not stay with her sister during her final moments. She referenced a part in my letter and said she hoped that I had sat with her sister, holding her hand while she died. I was devastated, partly because I have two sisters and I cannot imagine losing them, and partly because of what this woman, who I suspect was only a child at the time, has had to live with. I sat in tears, unsure about how to respond. I decided I could only respond truthfully. I said I wished I could tell her that I had sat with her sister but that my patient had been elderly. However, I was able to tell her that I have received countless emails from nurses who have held the hands of dying patients. It is more common than I had realized. And it’s possible that one of us, maybe even one of you, had been there that day.

The messages I’ve received have been so inspiring. So many people have stories about heroic acts by nurses that they have encountered, nurses who changed their lives or nurses they feel can be credited with saving the life of their loved one. It has made me realize that although we sometimes feel nursing is a thankless job, people do notice and do appreciate what we do.

Continued »
My letter has now been shared over 78,000 times, and a computer-savvy friend of mine estimates that it’s been read by millions of people. I’m absolutely overwhelmed and blown away by the response it received. But I truly am honored to be a voice for our amazing profession. I do care so deeply about nursing, and I’m so proud of what we do. We are all human, and I think it’s natural to sometimes feel burnt out and tired. In some ways, I’m grateful for this incident. It’s been incredible to see our community join together and defend our profession, show pride for what we have devoted our lives to and remember why we love nursing.

I’ve been invited here to read my letter tonight, so here it is:

Dear Ladies of “The View,”

I’m saddened by the comments that were made on your show this week ridiculing the Miss America contestant from Colorado. I’m not surprised that there are people who don’t understand the broad range of knowledge and skills required to be a nurse. My own husband was shocked when he learned what nurses do when we first started dating. So instead of getting angry I figured I could enlighten you.

I’ve been a nurse for 9 years, most of which have been spent in the ER. I have worked in two states, three countries, and over ten different hospitals. Like many nurses, I feel passionate about my job despite its long hours, physical demands, and stressful situations. I feel nursing is my calling. It’s often exhausting but so unbelievably rewarding that I cannot imagine doing anything else.

We wear scrubs because they are light weight, loose, and comfortable. Their purpose is to keep me cool when I’m literally sweating because I’m so busy running around for 12 straight hours. They allow me to be flexible when I’m squatting down emptying full catheter bags, leaning over beds to slide patients from ambulance gurneys, or turning obese or elderly people. I can’t tell you how many times each day I slide a patient up in bed to make them more comfortable, or turn them to change their soiled sheets or to prevent them from getting pressure sores when they can’t move themselves. Those scrubs allow free movement so I can lift an obese leg while it is being casted, help transfer a frail or elderly person out of a wheelchair or onto a bedside commode, and to run through the hospital when there is a code blue. On top of all that, they are made to get dirty. I’ve gotten just about every bodily fluid imaginable on me while trying to help those in need. If you haven’t yet realized, nursing is not a glamorous job.

My “doctor’s stethoscope” is used to help me to adequately assess and protect my patients. When my patient has a low blood pressure and the doctor orders IV fluid to increase their volume, it is my job to identify if that patient’s heart cannot handle that increased volume. I must be able to hear the sounds of fluid backing up in someone’s lungs. When someone has a bowel obstruction, it is my job to insert a nasogastric tube through their nostril and into their stomach. I use my stethoscope to confirm placement and ensure that tube has not gone into their lungs instead. I use my stethoscope to make sure the breathing treatment I am administering for the patient with shortness of breath is working. Are you aware that a stethoscope is necessary to take a manual blood pressure?

We can’t always rely on the machines. In 9 years of nursing I have never once seen a doctor take a blood pressure. These are just a few examples of the many things I listen for during every shift and rarely is the doctor present when I am doing them.

Doctors are brilliant, no doubt. But they need nurses to keep their patients safe. Nurses are the ones who are expected to know how the patient is doing at all times throughout the course of treatment and are the ones who notify the doctor when there is a concern. Just this week I had a patient whose situation didn’t seem particularly concerning based on the triage note. However, once I assessed her I recognized she was in trouble. I notified the doctor who went in to see the patient right away. Sure enough, that patient went in for emergency surgery and I know I helped speed that process along. While volunteering at a hospital in Haiti, a colleague and I kept an infant alive by manually inflating his lungs with an ambu bag after his breathing tube became dislodged. We kept him alive while someone went running throughout the compound in search of a doctor who would reinsert the tube. I have brought a patient back to life by doing chest compressions, have reversed the effects of a stroke by administering clot busting medication, have cried over patients getting devastating news, have had nightmares about patients we could not save. I have been yelled at, swung at, spit at, and was once almost shanked had a police officer not acted quickly enough to protect me. I’ve had days where I didn’t get a single break in 12 hours, one job so stressful that I had heart palpitations during the time I was employed there, and days when I’ve left work feeling defeated. But I’ve also had days when I’ve known without a doubt that I helped save a life. Days where I know my actions made a positive impact.

However, the thing that is so sad about the comments made on yesterday’s show is that not only were they ignorant, but you actually ridiculed a nurse who wanted to share the emotional side of nursing. She wasn’t trying to brag about the extent of her knowledge or skills, she was sharing a deeply personal experience that made all the difficult parts about being a nurse worth it. We all have those stories, and lots of them. I once had a patient in the ER for whom family, along with the medical team, decided no more could be done and it was time to pull the plug. The family could not bear to watch their loved one die so they left the room. The doctor was too busy to stay. I was also busy but could not imagine leaving this person to die alone in an empty hospital room. My coworkers realized this and took care of my other patients while I held the dying patient’s hand and stayed with her until she took her last breath.

I can only hope that if you ever find yourself in a situation where you require any type of medical attention, that you are lucky to have a nurse who feels as passionately and cares as much about you as Kelley felt about her patient, or as I have felt about mine.

Sincerely,

Katy RN

Connect with Katy at www.facebook.com/Katy-S-Travel-Nurse-997046283687917 or by searching “Katy S Travel Nurse” from your Facebook page.
LABOR RELATIONS

WSNA shows solidarity at the Washington State Labor Council Convention

Hundreds of delegates filled the SeaTac DoubleTree Hotel July 23-25 for the 2015 Convention of the Washington State Labor Council. This year’s convention, built around the theme of “Fighting Inequality,” featured speakers such as AFL-CIO Executive Vice President Tefere Gebre, Washington State Attorney General Bob Ferguson and King County Executive Dow Constantine.

WSNA members and staff were among the honor guard that walked King County Executive Dow Constantine to the podium, where he addressed the Best Starts for Kids levy, among other things.

“Together, as you heard this morning, with public unions like the Washington State Nurses Association and PTE17, we are rolling out Best Starts for Kids, a science-driven initiative to give every child regardless of income or race or ZIP code the best start in life they can - it shouldn’t matter who your parents are,” Constantine said. “It should not matter who your parents are, it should matter who you are. Every single human being in this county deserves the right to succeed, the right to flourish, the right to fulfill their potential and that is exactly what we’re talking about.”

Delegates to the convention considered 35 resolutions on a variety of topics. The full list is available at wslc.org/2015res.htm. More about the convention, including links to TVW coverage of the plenary session is at http://wslc.org/00conven.htm.

The following members and staff represented WSNA at the convention:

- Julia Barcott, RN
- Sydne Brewer, BSN, RN, CHPN (WSNA staff)
- Christian Dube (WSNA staff)
- Teresa Ekdahl, RN
- Sara Frey, JD, BSN, RN (WSNA staff)
- Tara Goode, BSN, RN (WSNA staff)
- Tami Green, RN
- Christine Himmelsbach, MN, RN (WSNA staff)
- Stellita Moxley, RN
- Sue O’Donnell, MSN, RN, CMN, WHNP-BC (WSNA staff)
- Jordan Palimar, RN
- Lois Schipper, BSN, RN, MPH
- Ruth Schubert (WSNA staff)
- Terry Surratt, RN
- Jennifer Swackhammer, BSN, RN (WSNA staff)
- Marcie Turpin, RN
- Hanna Welander, BSN, RN (WSNA staff)
Welcome our new WSNA Local Bargaining Units

We have had a busy quarter as nurses across Washington recognize the value of joining with WSNA in support of their patients and their nursing practice.

Nurses at three facilities have recently voted to be represented by WSNA and are in the initial phases of resolving legal issues and selecting bargaining teams. Soon, with the assistance of the WSNA attorneys and their nurse representatives, nurses at each facility will begin the process of negotiating first contracts.

As the process progresses, we will introduce the units at Peacehealth Peace Island Medical Center in Friday Harbor, Kindred Hospital Seattle - First Hill and Lopez Island Clinic. After contracts are in place, and local unit rules adopted, these new units will elect local unit officers for the first time. Watch for more about each new unit as these formative steps are taken.

More than 100 nurses and community members held a Rally-Q (rally and BBQ) at the Captain Whidbey Inn in Coupeville on Aug. 13 to support nurses fighting for a fair contract at Whidbey General Hospital.
On Sept. 16, RNs at the University of Washington Medical Center held an informational picket and march to the University Bridge. The picket was covered by all four major TV stations in Seattle.
## Standard Kit $34.99

- 8 Datrex Emergency Drinking Water Pouches
- 1 Datrex packet of 9 food bars
- 1 Thermal Blanket - 84" x 52"
- 2 Air-activated 12-hour body / hand warmers
- 1 Hooded Poncho
- 3 Trash Bags
- 2 12-hour light sticks
- 2 zip baggies

- 1 flashlight with 2 D cell batteries
- 1 Whistle
- 1 deck playing cards
- 1 pair leather palm gloves
- 1 sling bag

- 1 hygiene pack (1 tissue packet, 3 moist towelettes, 1 biohazard waste bag, 1 n-95 dust mask, 2 sanitary napkins, 1 zip baggie)
- 1 first aid pack (3 2"x2" gauze pads, 1/5"x9" abdominal pad, 10 plastic strip bandages, 1 roll Kendall tape, 3 antiseptic towelettes, 2 antibiotic ointments, 1 pair vinyl gloves, 3 alcohol wipes)

## First Responder Kit $49.99

- 16 Datrex Emergency Drinking Water Pouches
- 1 Datrex packet of 18 food bars
- 1 Thermal Blanket - 84" x 52"
- 2 Air-activated 12-hour body / hand warmers
- 1 Hooded Poncho
- 3 Trash Bags
- 2 12-hour light sticks
- 2 zip baggies

- 1 flashlight with 2 D cell batteries
- 1 AM/FM radio
- 1 Whistle
- 1 deck playing cards
- 1 pair leather palm gloves
- 1 sling bag

- 1 hygiene pack (1 tissue packet, 3 moist towelettes, 1 biohazard waste bag, 1 n-95 dust mask, 2 sanitary napkins, 1 zip baggie)
- 1 first aid pack (3 2"x2" gauze pads, 1/5"x9" abdominal pad, 10 plastic strip bandages, 1 roll Kendall tape, 3 antiseptic towelettes, 2 antibiotic ointments, 1 pair vinyl gloves, 3 alcohol wipes)

### ORDER DETAILS

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<tr>
<th>Item Description</th>
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<tr>
<td>First Responder Kit</td>
<td>x 1</td>
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**$12.50 shipping charge per item +**

**$9.50% sales tax +**

**Total**

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.”
Antonia (Tonie) J.V. Alejo
1924–2015

Antonia J.V. Alejo, 91, passed away at home in Seattle on June 10, 2015. She was born on Jan. 17, 1924 in Cavite, the Philippines to Flor-encio and Feliciana Ventura.

Tonie first felt her calling to become a nurse when, as a young girl, she watched American nurses stationed in Manila help the wounded during World War II. “Ever since I was a child, I’ve always liked helping others; the sick, the poor … to make them more comfortable,” Tonie once said.

Tonie was enrolled at Mary Knoll College in Manila to study piano when her grandmother became ill and needed a private nurse. Tonie decided to change vocations. She enrolled in the University of the Philippines nursing program, completing her residency at the Philippine General Hospital in Manila.

In 1957, Rotary International sponsored Tonie and 17 other Filipino nurses in a program to take classes and work in Washington, D.C., at Georgetown University Hospital. After passing the exams, Tonie chose to become an OB-GYN Nurse. Over the years, she assisted many young mothers with the delivery of their babies. Perhaps the most notable was First Lady Jacqueline Kennedy when she gave birth to her son, John Kennedy Jr., in Washington, D.C.

“Although I was very busy working the floor, I did help set up her birth room,” Tonie once said. “Mrs. Kennedy had three nurses assigned to her, but I did get a chance to talk with her… She thought I was so tall!”

Tonie worked at Georgetown University Hospital for the next five years, then went back to the Philippines to marry her fiancé, Roger. She worked as a private nurse but was soon convinced by a friend to come to Seattle. She was hired by Virginia Mason Medical Center, which agreed to sponsor her and her husband’s move to America. She worked as a registered nurse at the OB-GYN department of Virginia Mason Hospital from 1967 until she retired in 1994.

Her Virginia Mason patients, co-workers and doctors alike appreciated Tonie for her tireless spirit and dedication to patient care, and her genuine interest in them and their families. Tonie was, more often than not, the last one to head for home following her shift. There was no end to her heartfelt generosity, charity and her frequent offerings of prayers and assistance, as well as Filipino delicacies like pancit, lumpia and pastrty. After 27 years of dedicated service working at Virginia Mason, Tonie retired from her official nursing duties. Retired? Not likely. Tonie continued to be a preceptor to many young nurses, instructing them on the finer points of OB-GYN nursing.

Tonie was widely recognized as a woman who achieved much and was involved with many organizations, including the Filipino Community Center, the International Drop-In Center, the Filipino Nurses’ Health Care Professionals Association, the Lions Club, the Police Academy of Seattle, Volunteers of America Senior Companion Program and the Saint Benedict Church, among others. Tonie also proudly sponsored seven needy children through international organizations in the Philippines and Brazil.

In recognition of her outstanding work, she received several awards, such as the 2010 Washington State Governor’s Volunteer Service Award and the Asian American Pioneers in Healthcare Award. “This is why I look young,” Tonie once said. “It’s because my mind is always on something I have to do for other people, to help them out.” She also won the 2011 March of Dimes Nurse of the Year “Legend of Nursing” award for retired nurses.

Tonie was a shining example of how one person can deeply touch and make a real difference in people’s lives, through a lifelong commitment to actively caring and helping others. Countless patients, co-workers and members of the Seattle community consider it a blessing to have been cared for by Antonia Alejo (Tonie), RN; always touched by her altruistic, skillful, yet compassionate, care. Tonie’s personal goal for her nursing care was to give the highest standard of quality and excellence, well before these goals became the shared goals of the health care community.

Kathryn Barnard
1938–2015

Kathryn Barnard, a pioneer in infant mental health

Dr. Kathryn E. Barnard, UW School of Nursing professor emeritus and anonymous founder of the school’s Barnard Center on Infant Mental Health and Development, died Saturday, June 27. She was 77.

Barnard was an internationally recognized pioneer in the field of infant mental health, which studies the social and emotional development of children during the first five years of life. She was a renowned researcher, teacher and innovator.

She also served on the board of directors of the ZERO TO THREE National Center for Infants, Toddlers and Families and as a board member of the World Association of Infant Mental Health.

“Dr. Barnard was a visionary nurse scientist who believed deeply that every child not only has the right to early nurturing relationships, but also that those relationships are the foundation for lifelong healthy development,” said Dr. Azita Emami, Robert G. and Jean A. Reid dean of the UW School of Nursing. “This belief inspired her landmark research and compelled her to provide tools and professional development to infant and early childhood mental health practitioners so that every child could experience the best possible start.”

Barnard was born on April 16, 1938, in Omaha, Neb., the only child of a Union Pacific Railroad worker and a homemaker. Barnard wanted to be a nurse since the first grade. In 1954, she got her first nursing job at Douglas County Hospital in Nebraska at the age of 16; she graduated from the University of Nebraska with her bachelor of science in nursing in 1960.

After receiving her master’s degree from Boston University, she was recruited to the University of Washington in 1963, where she stayed until her retirement in 2006. She was instrumental in generating a national movement toward investigating and emphasizing...
maternal child health issues and the importance of the infancy period.

In the 1970s, when Barnard began her studies of infants and their parents, there was minimal appreciation for the connections between earliest communication, touch, brain growth and the ways humans develop the social, emotional and behavioral capacities to self-regulate, connect with others and experience the world as a safe and predictable place.

In 1971, the U.S. Public Health Service commissioned Barnard to design a research project to help identify children who could be at risk for later developmental problems because of their early environments; this study was developed as part of the Lyndon B. Johnson War on Poverty.

Barnard earned her Ph.D. in Ecology of Early Childhood Development from the University of Washington in 1972. During her dissertation, she became interested in how an incubator could help a baby maintain more mature patterns of sleep through simulating rocking and heartbeat. She developed a rocking bed and found that rocking improved infants’ weight gain and motor and sensory functions.

“Kathryn accomplished so much during her lifetime and was an active and engaged member of WSNA throughout her career as well. I was personally blessed to have had her as a teacher, mentor, colleague and friend for many years. She will be greatly missed.”

Judith A. Huntington, Executive Director, WSNA

Today, rocking chairs are standard in hospital nurseries and neonatal intensive care units, and both parents and caregivers are encouraged to rock the tiny infants. Barnard said this success with early intervention was one of her proudest personal contributions to the field of child development.

Barnard continued to promote infant mental health nationally throughout the 1980s, joining the nascent organization the National Center for Clinical Infant Programs, which is now ZERO TO THREE, and serving on an advisory group of the National Institutes of Mental Health. She was instrumental in the development and publication of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (also known as the DC:0-3).

“Babies everywhere have lost one of their foremost champions,” said Matthew Melmed, Executive Director of ZERO TO THREE.

“Dr. Barnard was committed to putting research into practice to improve the lives of babies. Her fearless determination helped shape public policy and promote the special and sensitive relationships that exist between parents and their babies. Dr. Barnard served on our Board for 37 years – including one term as President – and ZERO TO THREE is honored to continue her legacy through the work we conduct every day.”

She served as an associate dean of the UW School of Nursing in the early 1990s before resigning to pursue further research.

In 2001, Barnard established the Center on Infant Mental Health and Development as a collaboration between the UW School of Nursing and the UW Center on Human Development and Disability to support the professional development of interdisciplinary infant mental health practitioners. The center was renamed in her honor in 2012. It continues to provide quality research, training and education to promote healthy social and emotional development.

“Kathryn Barnard’s vision, coupled with her passion for infants and their healthy development, led her to developing several approaches to their care,” said Dr. Nancy Woods, dean emerita of the UW School of Nursing and a close colleague of Barnard’s.

“Her compassion for mothers of infants at risk led her to develop programs that supported women who had multiple risk factors for poor pregnancy outcomes and parenting – for example, drug use, poverty, mental health problems, social isolation – through nurse home visitation throughout their pregnancy and first year of life,” Woods said. “She shared her passion through tireless commitment to her students and professional colleagues as well as through her efforts to shape policy for infant mental health and development.”

Barnard’s research provided the foundation for Nursing Child Assessment Satellite Training (NCAST), which produces and develops research-based products, assessments and training programs to teach professionals, parents and other caregivers the skills to provide nurturing environments for young children. Her dissemination efforts were groundbreaking as she translated her research into tools that infant mental health professionals could use in their work with families. With NCAST, Barnard was decades ahead of what is now referred to as distance learning.

NCAST’s first offering was a series of trainings based on the Parent-Child Interaction Feeding and Teaching Scales (PCI). These scales continue to be the standard for measuring parent-child interaction in the United States. When they were developed, the PCI Scales were the first clinical research...
Obituaries

Karen Penrose
1954–2015

Karen Penrose, RN, passed away May 10, 2015 after an 8-month battle with a rare form of lymphoma known as Double Hit. Karen was an employee of Northwest Hospital, where she worked for almost her entire 31-year nursing career.

Karen was born on March 3, 1954, in Upland, California. She was a graduate of Shoreline Community College School of Nursing, class of 1984. She began at Northwest in the now-defunct Progressive Care Center skilled nursing facility. Later, she took a position on the IV team. She is probably best known for her position as staff nurse on Northwest’s Orthopedic Unit, where she worked for approximately the last 20 years.

Karen was a knowledgeable clinician. She precepted many graduate nurses and new employees. She was a go-to RN on the unit due to her thorough knowledge of Orthopedic Nursing. She was known for her lively personality and, above all, her passion for people, a trait that gave her a unique understanding of human behavior and contributed to her skill as a devoted patient advocate.

She was a recipient of the DAISY Award for Extraordinary Nursing.

Karen’s personal life included many varied interests. She was a huge music fan. She loved to attend live music concerts and would astonish most of her workmates when after a 12-hour shift she would doff her uniform and don her party clothes to head out to a concert! To say she was energetic is an understatement! Karen was a fabulous dresser and known for her flair with clothes and jewelry. She loved the arts, nature, boating, hiking, gardening, making jewelry, crafting and current events. Many at Northwest own her “Karen Original” pieces of jewelry and knitted hats.

Karen shared her life with Denny, her husband of 35 years. She will be sorely missed by her family, multiple friends and her colleagues.

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

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Standard Kit $34.99
8 Datrex Emergency Drinking Water Pouches
1 Datrex packet of 9 food bars
1 Thermal Blanket - 84" x 52"
2 Air-activated 12-hour body / hand warmers
1 Hooded Poncho
3 Trash Bags
2 12-hour light sticks
2 zip baggies
1 flashlight with 2 D cell batteries
1 Whistle
1 deck playing cards
1 pair leather palm gloves
1 sling bag
1 hygiene pack (1 tissue packet, 3 moist towelettes, 1 biohazard waste bag, 1 n-95 dust mask, 2 sanitary napkins, 1 zip baggie)
1 first aid pack (3 2"x2" gauze pads, 1 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)

First Responder Kit $49.99
16 Datrex Emergency Drinking Water Pouches
1 Datrex packet of 18 food bars
1 Thermal Blanket - 84" x 52"
2 Air-activated 12-hour body / hand warmers
1 Hooded Poncho
3 Trash Bags
2 12-hour light sticks
2 zip baggies
1 flashlight with 2 D cell batteries
1 AM/FM radio
1 Whistle
1 deck playing cards
1 pair leather palm gloves
1 sling bag
1 hygiene pack (1 tissue packet, 3 moist towelettes, 1 biohazard waste bag, 1 n-95 dust mask, 2 sanitary napkins, 1 zip baggie)
1 first aid pack (3 2"x2" gauze pads, 1 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)

ORDER DETAILS
Standard Kits  . . . . . . . . . _______ x $34.99 =  __________
First Responder Kits  . _______ x $49.99 =  __________
$12.50 shipping charge per item +  __________
Subtotal =  __________
9.50% sales tax +  __________
Total =  __________
**KING COUNTY NURSES ASSOCIATION**
**DISTRICT 2**

**KCNA launches new pilot mentor program**

When you think back to your nursing school experience, or your first months as a new nurse, do you thank your lucky stars that a more experienced nurse was there to give you pointers? Or do you just WISH someone had been there to help out? With this distinction in mind, KCNA has launched a pilot program to match members who are experienced nurses (mentors) with students, new grads and nurses new to a position (mentees). The program is meant to be short-term (6-9 months for students, 3 months for others), flexible and FUN! Drawing upon similar programs in the area, KCNA has designed a pilot project that will be evaluated and expanded as needed. Stay tuned for more information!

**Upcoming continuing education**

**Nursing Summit: Incivility and Lateral Violence**
*Saturday, November 21, 8:30 a.m.–1 p.m.*
*Good Shepherd Center, Wallingford*
*2.0 CNE contact hours*

The delivery of health care takes place in stressful environments, where demand for resources often exceeds supply. One result may be incivility and lateral violence among staff, which can have adverse psychological and physical effects. This workshop will provide an opportunity to recognize, manage and prevent the cycle of violence. There will be role-playing and skill-building opportunities. Speaker Heather Stephen-Selby, BSN, MSN, ARNP, RN, is assistant executive director of Nursing Practice, Education and Research at Washington State Nurses Association. Participants will also have an opportunity to help pack 400 “cold kits” for distribution to homeless and Real Change vendors.

The cost is $35 for KCNA members, $25 for students and $50 for nonmembers. Register by Nov. 16 on our website at www.kcnurses.org (“Events”).

**PIERCE COUNTY NURSES ASSOCIATION**
**DISTRICT 3**

This has been a very exciting year for PCNA, District 3. We were able to offer more scholarships because of our fundraising. Funding for the scholarships was generated through a bowling tournament we held in February, which included a fee to enter as a person or team and raffle ticket sales for donated baskets. The banquet for our Nurse of the Year and scholarship award winners was so well attended that, unfortunately, we were unable to accommodate everyone who wished to attend.

Our monthly board meetings gave us a chance to get to know each other better and work through some new challenges. We completed and received our 501(c) designation so we are able to serve our members better. Our two educational offerings were helpful, and we gathered diapers and personal care items which we donated to local agencies.

This year promises to be even more community oriented.

— Mike Krashin, PCNA President

**INLAND EMPIRE NURSES ASSOCIATION**
**DISTRICT 4**

Welcome back from a hot and smoky summer. A HUGE THANK YOU to ALL the firefighters, their families and those who helped in fighting the fires to keep us safe. I hope every one of you has been kept safe and healthy.

The Inland Empire Nurses Association got back to its regular schedule after Labor Day. We will hosted the annual Legislative Reception on Tuesday, Oct. 20 at Luigi’s in Spokane. This free event offered members the opportunity to meet legislative candidates, to hear what they had to say, and for them to hear what YOU had to say. Our voices need to be heard! We nurses are very well respected, and the candidates want our support. We nurses are facing a plethora of issues, and we nurses need to stand up and become involved. We all know the issues, we are heated up about them, and now that the smoke is clearing, it is time for us to stand up and become involved in whatever way is right for you!

— Libby Zadra, IENA President
2016 WSNA Membership Dues

The total annual amount of dues for WSNA members includes the ANA, WSNA and the District Nurses Association dues portions. This combined amount is based on the following Information: 1) the District you are employed in, 2) the total hours you are scheduled to work per month (FTE), and 3) whether you are represented by WSNA for collective bargaining or not.

Eight percent (8%) of the WSNA portion of the dues of WSNA collective bargaining members are returned to the WSNA Cabinet on Economic and General Welfare (4%) and to the member’s local unit (4%) for their use.

Additionally, dues for members represented by WSNA for collective-bargaining also include dues to NFN and AFT. Members who work less than 80 hours per month, are retired or not represented for collective bargaining may qualify for one of the reduced dues categories. The updated WSNA dues rate schedule is effective January 1, 2016. Please see the accompanying Dues Rate chart for your specific dues rate for 2016.

WSNA dues for members are adjusted annually on January 1st each year based on a formula approved by the membership in 1991 and revised in 2003. For members represented for collective bargaining by WSNA, the formula is based on the statewide average of the 5th-step wage rate for RNs in WSNA represented bargaining units. This calculation is made from existing contracts in effect on July 1st each year. The average 5th step monthly salary is then multiplied by a dues adjustment factor of 1.00% and again by 12 to determine the amount for the annual WSNA portion of the dues and is applied in January the following year.

The amount of the dues increase for 2016 for the WSNA portion of the dues will be 1.67% which is $0.95 per month ($11.44 annually) for members represented by WSNA for Collective Bargaining in our highest dues-paying category. For 2016 the NFN dues remain the same at $2.50 per month ($30.00 annually). The 2016 AFT dues for members represented by WSNA for Collective Bargaining will be $4.68 per month ($56.14 annually).

ANA dues are adjusted every three years based on the Consumer Price Index (this increase is capped at a maximum of 2%). The last ANA dues increase was in January 2014 and will be in effect through December 31, 2016. This increase is applied to both collective-bargaining and non-collective bargaining members.

For 2016, there is no dues increase for WSNA members not represented by WSNA for Collective Bargaining.

WSNA Districts

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* Installment amounts include $3.99 annual fee

Dues Rates Effective Jan 1, 2016 – Dec 31, 2016

Subject to change with proper notice

www.wsna.org
How WSNA membership dues rates are calculated

By Patrick McGraw
WSNA Membership Processor

The rates for WSNA membership dues are determined by three factors:

1. **The district** where you are employed. You can find your district by reviewing the membership application, available under the “membership” tab at the top right of wsna.org.

2. **The total number of hours** you are scheduled to work per month (FTE). Of note, this is the total hours per month and not the total hours per pay period.

3. **Whether you are covered by a WSNA collective bargaining contract** or are employing as a professional association member only.

The collective bargaining contract includes who at the facility is covered in the bargaining unit. Find your district by reviewing the membership application for any questions related to dues amounts or status so that the dues rate (if necessary) may be adjusted accordingly.

If you are unsure about your dues rate, start by looking at the membership application for 2015 (under the “membership” tab.) Please feel free to contact the Membership Department for any questions related to dues amounts or dues payment by phone at 206.575.7979 or by email at membership@wsna.org.

**If you are currently a member and have had a change in your employment situation...**

Please complete a Change of Information Form or email your changes to membership@wsna.org. The Change of Information Form is available on the WSNA website under “Membership,” or you can contact the WSNA Membership Department at 800.231.8482 or 206.575.7979 to request one.

**Please note:** It is the member’s responsibility to notify WSNA in writing of any changes in address, employer, FTE status, layoff or leave of absence. Write to: Membership – Washington State Nurses Association, 575 Andover Park West, Suite 101, Seattle, WA, 98188.
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WOOTERS, PEPPER
WU, BRANDON
WYMAN, EMILIE
YE, XIA
ZERFAS, NIKKI

DISTRICT 3

PIERCE COUNTY

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ALLEN, KRISTA
ANDREWS, IVAN
ARAGON, BREnda
ARRIETA, CORINA
AUSTELL, KELSEY
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BAYABOS, JENNIFER
BLAD, DAVID
BLANKMAN, DANIEL
BLASKO, TRACY
BOSTON, JACOB
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BOUCHER, HAILEY
BRAUN, KRISTIN
BROWN, SCOTT
BULEGA-KASAGGA, MARY
BULLER, DANIELLE
CALITIS, KRISTEN
CAMARENA-RIOS, MIRELLA
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CARNEY, LORRAINE
CHACKO, MARIAMMA
CHANG, AMANDA
CLEMMONS, RACHAEL
COONEY, MISTY
CORNISH, JOHN
COSTIN, SHANNON
CRUGSOTTI, KERI
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DUNCAN, TESSA
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MARKUSAS, DEANNA
MCCABE, ERIKA
MCCLENTOCK, ALICIA
MCFADDEN, MARIA-GRAZIA
MCFADDEN, COURTENAY
MEDINA, PATRICIA
MIKelson, AMANDA
MONROE, KASSANDRA
MORTLAND, DEVON
Muzzey, Frank
NGuyen, ANGIE
NGuyEN, SOPHIA
Nino, SHARINE
ODING, EMMA
Olsen, TERRY
OPANASEVICH, SVITLANA
OROSCO, HEIDI
PAQUET, NICOLE
PARKER, SARAH
PARKER, VAWN
PAVEL, ALYSSA
PETERSEN, JODY
PHAM, KASMIRE BAOTRAN
PLISEK, JACOB
POWELL, NANCY
PURSEL, LAUREN
RAMOS, WESLEY
RAWLINGS, KRISTINA
RODRIGUES, LEAnne
ROSE, NISHA
SANTONIL, RENATO
SAR, MOLDY
SERPA, HEIDI
SHERVE, CHERYL
SHOE Maver, CHELSE
SHRESTHA, RAJESHWARI
SHUMATE, MIKAYLA
SIMBULAN, MA
BARBARA CHAR
SISSON, NICOLE
SKILLMAN, ELIZABETH
SLAYBAUGH, EMILY
SMITH, ALICIA
SMITH, JOSHUA
SMITH, SUZANNE
SMITH, TRACI
SOBOCINSKI, LAURIE
SPARKS, MICHAEL
STALCUP, TALIA
STEVenson, MICHELLe
STRATMAN, LAILA LYN
SUNG, LAUREN
TARASEVICH, DIANA
TERROUSE, CYNTHIA
THOMPSONS, NANCY
TRAINER, RYAN
TURNER, JESSICA
TYSON, EVELYN
VOMASTIC, ABBY
WAINAINA, JAMES
WHITWORTH, JENNY
WINTER, ANNETTE
WolFE, ANITA
WOOD, KRISTY
YOUNG, DEANNE
ZAVALTA, CRYSTAL
ZELENTSVOVA, OLGA
ZIGLER, SAMANTHA
ZWICKER, ELIZABETH

EHRING, BETH
EVANS, ALYSSA
EYLAR, SARAH
FILENKO, YANA
FLINT, JAMIE
FORSYTHE, JEN
GARZA-HERNANDEZ, ARELY
GIBSON, MICHELLE
GILLINGHAM, ERIN
GOODIN, LLOYD
HAINES, ALYSSA
HAUF, BRITTANY
HIGGINS, JULI
HILL, LYNELLE
HUGHES, KARA
INMAN, STEPHANIE
JAUQISH, MARY
KIRKENDALL, KATIE
KRUSE, SELMA
LAIL, JENNIFER
LAWHORN, ANGELA
LEWIS, CHARLETTA
LEWIS, MEGAN
LOPER, AMANDA
LOPEZ, NICOLE
MAHONEY, AMANDA
MARTES, KATIE
MCCANNA, LI-A
MCCARROLL, CHRISTINA
MCDIVITT, MORGAN
MCGRaw, JULIE
MESEE, SHARON
MEYER, AMANDA
MCK, MELISSA
MORAN, PHEDRA
MYREN, CARLENE
NJAGI, LUCY
OSBORN, FAITH
PARKER, MOLLY
PARKS, SETH
PATTERSON, MARY
PODENSKY, ANNA
PRIM, DAVID
REE, TONYA
REITAN, SHANNON
RIZZUTO, MACKENZIE
ROSE, ELIZABETH
Rothstrom, JORDAN
ROUCHES, MELISSA
SATTLER, COREY
SCHMIDT, ANGELA
SHAFFER, DESTINEY
SKOK, SHAUN
SLOANE, JOY
STREIBECK, EMILY
STUCKE, LORIE
VAUGHAN, Peter
WALKER, JANA
WARLAUMONT, GORDON
WEBB, KAITLIN
WILL, LINDSEY
YIRAK, TRAVIS
ZAWADZKA, BEATA
ZENT, LARAMIE
ZIMMERMAN, MOLLY
<table>
<thead>
<tr>
<th>DISTRICT 6</th>
<th>YAKIMA CITY / NORTH YAKIMA</th>
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<tbody>
<tr>
<td>DOWN, HELEN WARR, GABRIELA</td>
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<tr>
<th>DISTRICT 7</th>
<th>CHELAN / DOUGLAS / GRANT COUNTIES</th>
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<tbody>
<tr>
<td>ADENCHFIELD, BELINDA JENKINS, DEANNA KONICKE, CYNTHIA MCCLENG, DENA REESE, BENJAMIN ROSS, MICHAEL TIPTON, LACY</td>
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<tr>
<th>DISTRICT 8</th>
<th>GRAYS HARBOR</th>
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<tr>
<td>CAVENDISH, JULIE LAPACEK, JON LUNCEFORD, JAMES O’BRIEN, TARAH WELLS, TRACY</td>
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<tr>
<th>DISTRICT 9</th>
<th>SNOHOMISH COUNTY</th>
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<tr>
<td>WAPA WEBA, CAROLE</td>
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<tr>
<th>DISTRICT 10</th>
<th>WASHINGTON / COWLITZ COUNTIES</th>
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<tr>
<td>AVERY, MELISSA BARROW, ERIKA DALRYMLE, CARA FORSBERG, MARIE HILLER, KAITLIN KARNOSKI, KRISTA KYNASTON, DANIELLE LIEBE, DANETTE LIEBE, KALIE MORGAN, JODI NIelson, KAYLA O’NEILL, CODY TRUMBO, JERRY VOLTZ, GWENDOLYN WEST, CHRISTINE WIRKKALA, ELSA</td>
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<tr>
<th>DISTRICT 11</th>
<th>CLARK / SKAMANIA COUNTIES</th>
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<tbody>
<tr>
<td>ACKERMAN, VICTORIA ADAMS, AMIE BAKER-SNELLING, SHANE BARRETT, AMY BEAULAIR, NICOLE BERREY, ESTHER BOB, ALIN BROWN, DANIELLE CHOEDON, SONAM CUNNINGHAM, RIKKI DAVIS, JESICA DEBOST, STACY EGLI, FAITH EISENSTEIN, EMILY ELKINGTON, BIMLA GARDNER, JESSICA GERVICKAS, SHANTA HANSON, BRENDA HELGASON, JULIE HINES, KATRINA IMLAY, MICHAELA KARPCUS, LYNN KILDUFF, KRISTINA KOVISTO, ELLIOTT KOLOMIYTSEV, YEYGENIY LINDSEY, NATALE LUNDE, AMARIS MAGILL, JESSIE MCKILLIP, STEPHANIE MERRY, KRISTEN MOCHNAL, MARY NAGY, PAULA PHELPS, MICHELE PICKARD, SARALYN QUINN-PETCH, KECIA QUIRK, KELLY RODRIGUEZ-TORRES, NATASHA ROMANCZUK, DIANA SANDNER, JESSICA SAPPINGTON, ARIEL SCHLECHT, GINA SCRIVENS, BENNETT SEDAKER, BRITTANY SHOEMAKER, CHRISTOPHER SUMMERS, JESSE VAN TASSELL, LINDA WEDDELE, DUSTIN WILLIAMS, AMANDA WINDEY, MARY</td>
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<tr>
<th>DISTRICT 12</th>
<th>CLALLAM / JEFFERSON COUNTIES</th>
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<tr>
<td>CERGE, JULIE</td>
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<tr>
<th>DISTRICT 13</th>
<th>THURSTON COUNTY</th>
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<tr>
<td>HAMILTON, DIANE</td>
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<tr>
<th>DISTRICT 14</th>
<th>WHITMAN COUNTY</th>
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<tbody>
<tr>
<td>GARETT, RACHAL SCHILLING, ELIZABETH</td>
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<tr>
<th>DISTRICT 15</th>
<th>BENTON / FRANKLIN COUNTIES</th>
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</thead>
<tbody>
<tr>
<td>ALEXANDER, SCOTT ALVAREZ, CHRISTIAN AVALOS GONZALEZ, MARIA BIXLER, ANNIE BREWER, ELIZABETH BROWN, BRANDY CALDWELL, JESSICA CANNON, DARA CARMAN, BRITTANY CASTLEBERRY, MEGHAN CHESNUT, COURTNEY CLAVER, RENEE COLE LOWRY, KIMBERLEY DOWNEY, SHEENA DUNNAGAN, MICHELLE DUNOVANT, DONA EDWARDS, SHEILA ELMGREN, KATHY ELMORE, KIMBERLY GARLAND, ZACHARY GILBERT, KELLI GRIFFITHS, HILARY KIEFEL, JESSICA KINSEY, CAITLIN KIRSCHMAN, STEPHANIE KOBERT, NICHOL Landon, NICOLE LAWRENCE, BRITTANY MCALLISTER, ALYSSA MCCONNELL, HILLARI MCGLYNN, DIANA MERCADO, ERICA MILLER, ZACHARY NICKEL, SHAINA OVERHOLSER, SHELBY PAULSON, DANIELLE PINK, JULIE RATTY, LEHUA REGALADO, ANA ROY, JONDELL SHAW, ANGELA SMITH, ASHLEY SNYDER, LEAH VASQUEZ, TAMARA WARNER, TABATHA</td>
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<tr>
<th>DISTRICT 16</th>
<th>SKagit / ISLAND / SAN JUAN COUNTIES</th>
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<tr>
<td>AGUIRRE, APRIL ARMSTRONG, DEBORAH ATIENZA, ELIZABETH BALL, STEPHANIE BISTRANIN, SARAH BUBB, CAROLINE CARTER, JESSICA DALY, RACHEL EIGER, MARLYN EILERS, KAREN HALL, DANIELLE HANSEN, CHERYL HARI, DAVID HART, BRITTANI JOHNSON, MELANIE JOSEPH, AMANDA KEY, LAUREN LOPEZ, LEAH MCCORMICK, ANGELA MC DONOUGH, RUTH ELS MOLNAR, JERI NEKUDA, VANESSA PEREZ, GRACE PIOS-LINDQUIST, HOPE ROSE, ASHLEY SAMUELS, NICOLE SELLARDS, KATHERINE STANTON, MAUREEN SUMMERS, MARIA TONER, BRANDI TRANSUE, MICHELLE VERMULM, DANAE WARNER, ERIN</td>
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<tr>
<th>DISTRICT 17</th>
<th>KITSAP COUNTY</th>
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<tbody>
<tr>
<td>HENDERSON, SUSAN WEHNERT, ELIZABETH</td>
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<tr>
<th>DISTRICT 98</th>
<th>ALL OTHER COUNTIES</th>
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<tr>
<td>DEAN, JENNA EDWARDS, RONDA HEDRICK, CRYSTAL HOLMES, JESSE MENDEZ, FRANCISCO MIHALYNE, GABRIELLA RYAN, ERIN STONE, REBECCA WONDER, MICHELLE</td>
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</table>
In 1996, the Washington State Nurses Association established the WSNA Hall of Fame to recognize and honor the achievements of Washington state registered nurses who have made significant lifetime accomplishments in the nursing profession. WSNA continually seeks ways to encourage all registered nurses to strive for excellence in nursing, and the WSNA Hall of Fame is the highest level of recognition that WSNA bestows on WSNA members to recognize and support those who demonstrate the highest standards of their profession.

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

Go to www.wsna.org/hall-of-fame to download and complete the nomination form. Attach documentation to support the award criteria, include a photograph of the nominee, and return it to:

WSNA, attention: Hall of Fame
575 Andover Park West, Suite 101
Seattle, WA 98188

Nomination forms must be received at WSNA by Nov. 15, 2015, to be considered for the 2016 Award. Nominees will be notified in January 2016.

1996
Betty Anderson, RN, BSN, M.Ed
Betty Harrington, RN, BSN, M.Ed
Janet Holloway, MA, RNC
Katherine J. Hoffman, RN, MN, PhD
Minerva Blegen Sathe, RN
Myrtle Warnerke, RN

1998
Marguerite Cobb, MN, RN
Dolores “Deo” Little, MN, RN
Mary Ann Thimmes, MN, RN

2000
Mary Lee Bell, MPA, BSN, RN-C
Joanna Boatman, RN
Shirley M. Gilford, BSN, RN
Muriel G. Softli, MPA, MED, BSN, RN
Frances Terry, MN, ARNP
Elizabeth R. Thomas, BSN, ARNP

2002
Eunice Cole, RN, BSN
Barbara Thoman Curtis, RN
Rosa Franklin, RN
Patty Longstreet Hayes, RN
Margarita Prentice, RN
Louise Shores, RN, EdD

2004
Marjorie Batey, PhD, RN, FAAN
Bobbie Berkowitz, PhD, RN, FAAN
Janice Ellis, PhD, RN
Beverly M. Horn, PhD, RN, FAAN
Erin King, RN, MN
Jeanne Quint Benoliel, PhD, RN, FAAN

2006
Pat Greenstreet, JD, BSN, RN
Barbara Innes, EdD, RN
Paul Kunkel, MS, RN
Frank T. Maziarski, CRNA, BSN, MS, CLNC
Lois Price-Spratlen, MN, PhD, RN, CNS, FAAN
Susan Wilburn, BSN, MPH, RN

2008
Anne Foy Baker, RN
Etta B. Cummings, RN
Sister John Gabriel, RN
Evelyn Hall, RN
May S. Loomis, RN
Anna R. Moore, RN
Lillian B. Patterson, RN
Elizabeth Sterling Soule, RN

2010
Mary Bartholet, MS, RN
Anna Mae Ericksen, RN
Verna Hill, MN, BSN, RN
Louise Kaplan, PhD, MN, ARNP
Margaret M. Ouchi, MN, RN
Thelma Pegues, MN, BSN

2012
Helen Behan, MN, RN
Helen Kuebel, MSN, RN
Frankie T. Manning, MSN, RN
Maureen B. Niland, PhD, MS, BSN, RN
Gretchen Schodde, MN, ARNP, FNP-BC
Beverly Smith

2014
Joan M. Caley, RN, MS, CNS, CNL, NEA, BC
Col. Margarethe Cammermeyer, (Ret.) PhD, RN
Thelma Cleveland, PhD, RN
Maxine Davis Haynes, MN, RN
Janet Primomo, PhD, RN
Rheba De Tornyay, EdD, RN, FAAN
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Get your required continuing education contact hours online—when and where it suits you!

– Start, stop, and re-start your reading where you left off if you cannot complete the course in one sitting.
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– Keep a record of the courses you’ve completed through WSNA online CNE for up to seven years.

WSNA brings you the most recent, relevant, and evidence-based learning opportunities.

- Avoiding Toxic Trespass: Incorporating an Environmental Assessment into Your Practice
- Coming Home: Nursing Care for Veterans with PTSD
- Continuing Competency
- Delegating to Unlicensed Assistive Personnel in Washington State
- Domestic Minor Sex Trafficking: Vulnerable Children
- Eliminating Healthcare Associated MRSA, CLABSI and Respiratory Virus Infections
- Evidence-Based Interventions for Incivility
- Follow the Money: Nurses Leading Value Based Care
- Grassroots Political and Legislative Action
- Guidelines for the Registered Nurse in Giving, Accepting, or Rejecting an Assignment
- Introduction to Faith Community Nursing
- Health Reform: Fact vs. Fiction - Your Health, Practice, Paycheck
- Legislative Bootcamp 101: Political Action
- Legislative Bootcamp 102: Political Advocacy for Faculty and Students
- Navigating Medical Marijuana
- Nurse Practice Act and ARNPs
- Practical De-escalation Techniques for Nurses
- Protecting Nurses as a Valuable Resource: Washington State’s Safe Patient Handling Law
- Quality of Care, Nurses’ Work Schedules, and Fatigue
- Recognizing and Treating the Impaired Nurse
- Safe Staffing
- Transformational Leadership
- Using HEALWA: Your Electronic Library
- Violence in the Workplace
- Washington State Nurse Practice Act for RNs
- More on the way!

Washington State Nurses Association CNEPP (OH-231, 9/1/2015) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

www.wsna.org/cne
Are you under investigation from the Department of Health or have you been served with a Statement of Charges and face an administrative hearing? Protect your professional license and livelihood by calling the Rosenberg Law Group: we handle all components of your professional licensure defense before a Washington State agency or board. We have a proven track record of successfully defending professional licenses.