



The Washington Center for Nursing is a private 501(c)(3) nonprofit

Quarterly Newsletter | Qtr 4 2022

WCN HONORS FRANKIE T. MANNING, MSN, RN, WITH LIFETIME IMPACT AWARD

As a humanistic career, nursing is about caring for others. For leaders in nursing, this care extends beyond the bedside to other nurses and the community. For leaders in nursing, this means taking consistent, brave actions to improve nursing care for every member of our community, nursing education, and the lives of nursing professionals. There are many incredible nursing leaders. And then there are those whose dedicated efforts serve as such an awe-inspiring example of commitment, lifelong learning, growth, and service it reminds us of the powerful humanistic potential in nursing. These leaders serve as mentors to everyone in the nursing profession and beyond, and their work and contributions elevate nursing for generations to come.

Frankie T. Manning, MSN, RN, is this kind of nursing leader. And in honor of her lifelong work in nursing, the Washington Center for Nursing awards Frankie Manning the Lifetime Impact Award.



Born in a small town in Texas, Manning knew early in life she wanted to be a nurse. Inspired by her mother, a teacher, and her aunt, a midwife, she remembers being instilled with the value of service to others at a young age. The mother of ten children, Manning's mother believed there was good in every person, even if it was hard to find sometimes. Manning's mother did not hesitate to add another plate to the table or spend time helping neighborhood children with their homework when she saw a child in her community struggling. This caring and loving environment was the foundation for Manning's work to come.

Manning's career and contributions to nursing span more than half a century and cover several continents. During the height of the Vietnam war, she spent three years living in Japan. At that time, Japan needed nurses but couldn't hire American nurses. Never one to stand to the side when she saw a need, Manning joined the Red Cross as a nurse working at military bases and helping to load people onto aircraft. Manning said this early experience made a powerful impression on her and taught her many lessons.

So much of Manning's work is a testimony to the power of nursing to address the social determinants of health and the needs of vulnerable and underserved communities. Manning meets people where they are and connects them with the resources and quality health care they deserve. She is an authentic person who cares about the community. Early in her career, Manning saw a need for preventive services in a local minority community and co-founded the Family Clinic

Service for Women and Children so the community could access this valuable care.

After joining the U.S. Army Nurse Corps in the late 70s, Manning's gift for improving patient care and the working environments for nurses with actionable leadership blossomed. In her 22-year military career, she served as a Head Nurse, Nursing Supervisor, Director of Quality Improvement, Chief Nurse Officer, and Director of Education, among other roles. Early on, she established a basic protocol for procuring equipment to support women veterans. As a Nurse Executive at Seattle Veterans Administration Hospital, she developed community clinics and mobile units and worked to establish veteran health screening clinics throughout the PNW; built the VA learning opportunity residency program for nursing students into a nationally-recognized program; and developed a program to inspire young people of color to consider nursing and other health care careers as a profession by creating in-person learning opportunities for them at the Seattle VA hospital. In 1980, Manning chaired the Women's Program for the Western Region of the Department of Veteran Affairs, leading to improved policies, standards of care, clinical guidelines, research, and resources, many of which are still in place today. Later in her career, she also created a youth Partners Program, bringing students and veterans together in service.

Manning retired from the US Army with the rank of Lieutenant Colonel in 2000, after 22 years, and from the VA Puget Sound Healthcare System in 2010, after 42 years of serving veterans. But did she slow down? No.

Since retiring, Manning was the first nurse to serve on the King County Board of Health (2003), was appointed to serve a 3-year term on the Washington State Board of Health (2004), and served as the State Board of Health representative on the Council of Health Disparities (2006-2011). Beyond this, Manning worked with Seattle Children's Hospital to develop a program that helps new nursing graduates improve their application skills. She also serves on UW School of Nursing faculty search committees to support diversity, equity, and inclusion in their recruitment and interviewing processes. Currently, Manning serves on the WCN Diversity Advisory Committee, as a board member and the Outreach Committee Lead for the MMPNA, on the board of directors for the King County Nurses Association, on the Health Equity Research Community Advisory Council for the Institute of Translational Health Sciences, and in the Public Health Reserve Medical Corp providing services to King and Pierce County's homeless populations.

Manning also serves on the committee for a newer project, [Reckoning With Racism in Nursing](#). Created by nurses, the project is a vital platform for elevating the voices of Nurses of Color and their experiences of racism in nursing. The project includes 40+ video interviews from nurses sharing their lived experiences of racism in nursing. These conversations are powerful tools for expanding awareness around both the reality and harm caused by racism in the nursing workforce. To view Manning's interview, click [here](#).

Frankie T. Manning's career and continued work is nothing short of a testimony to the power of the relentless determination in a single individual to change the world for the better. Manning's visionary leadership is affecting the systemic changes we need in nursing. However, Manning's impact on nursing goes far beyond her many accomplishments. The heart of her impact is in how she shows up for nurses and the community every day. And in her unwavering commitment to service and her faith in people. It is in her dedication to the power of dialog and relationship building. It is in her openness and willingness for honest reflection and growth. It is in her voice, advocacy, and support for Black and African American nurses and all they contribute to nursing. It is in her passion for helping nurses and patients thrive while creating a better, more equitable healthcare system. And it is there in her pride as a nurse. Frankie Manning is one of a kind, and because of her, nursing is better. And for all that she does and has done, WCN is honored to award her with the Lifetime Impact Award.

“My commitment remains to serve all people who have health care needs, particularly underserved populations.”
~Frankie T. Manning, MSN, RN,

Caring for Communities: Nursing Careers in Population Health

For students and practicing nurses

SAVE THE DATE

Thu, Feb 9, 2023 | 9 a.m. to 1 p.m.

Via Zoom | Cost: Free



Featured topics include public health, school nursing, and community health.

Registration information
coming soon!

For questions or to be notified when
registration opens,
email info@wcnursing.org

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Leaders in Nursing

An Interview with Frankie T. Manning, MSN, RN

In this newsletter, WCN interviewed WCN Lifetime Impact Awardee Frankie T. Manning, MSN, RN, to learn more about her journey in nursing.

WCN: What inspired you to choose a career in nursing?

Manning: Nursing has been my career choice since I was a very young person. I grew up in a small town in Texas, and back then, the world was still very much black-and-white. I had an aunt who was a midwife. And the midwives in those days not only took care of the mothers and delivered the babies, but cared for the whole family. I also had two grandmothers who were both blind. And I noticed that my Aunt Sarah, the midwife, was always called Ms. Sarah Penny, whereas my grandmothers were called by their first names. That always bothered me. Later, I learned that part of it was because Sarah delivered most of the babies in town, and out of respect, they called her Ms. Sarah Penny. So I grew up with the idea that you could do a lot to help people, and people would value that in you as you grew threw life. All my life, I wanted to be a nurse. I had other incidents along the way, but that was the beginning of what I saw as an important part of caring for others. It was a great experience learning about my aunt's journey and being able to experience that because, in those days, babies were born at home.

WCN: You served 22 years in the military, including a deployment to Saudi Arabia. How did your service prepare you for nursing leadership?

Manning: I was older when I went into the military. I was in the Army Reserves. I was already an Assistant Chief Nurse when I joined. I joined because I wanted to maintain my clinical skills. Direct care of people has always been my

first choice in nursing, which made my journey into nursing administration a bit of a challenge. But I learned you could care for patients in an administrative job just as well as you could if you were at the bedside. People told me I was too old to join the military, but I thought, you know, I'm going to talk to these people because there was a shortage of nurses, as always. So I went, and this young recruiter said, oh, yes, ma'am, we would love to have you. He gave me all the paperwork, and I filled it out. And once people in the military find out about your nursing background, they look to put you in an administrative position. I started out in a clinical role, but soon grew into an administrative one. I also held several Chief Nurse positions.

When deployed to Saudi Arabia, I was the Chief Nurse at the 50th, but we were transitioning to a new Chief Nurse so I went with the unit not as the Chief Nurse, but as the Special Assistant to the Commander. Saudi Arabia was an interesting experience. What I learned, and I had experienced this before, is when you are in another country, you are always a part of that culture, which is quite different than your own, but you learn to adapt. And the value of women being seen and not heard in Saudi Arabia was very different than what most Americans were used to. But it was okay with me because we had a prescribed length of time and location there. My goal was to help people from my unit return home safely. I told many spouses as we were leaving, "I plan to come back home to my children, and I will be bringing your spouse back home with me, so don't worry." It was a tough time. I was blessed my children were young adults. Many of the other soldiers had young children. It is particularly hard when soldiers deploy and



Frankie T. Manning, MSN, RN

have young families. But, you know, that is what we sign up for.

I also learned a lot about living with things. Because in the military, you have all this stuff, then you pack up your whole life to go live out of a duffel bag, not knowing for how long. You figure out what is important in life, and that's what you take with you, and you know you can live without all the other stuff—a great lesson to learn. Saudi Arabia was a great experience.

WCN: You have seen a lot of changes in the nursing workforce over the last 50 years. What changes do you find encouraging? Where is there still work to do?

Manning: I find it encouraging that many young people are interested in nursing. I want to keep that momentum going. I also find that more people are discussing the issue of diversity. I'm not sure they fully understand what diversity means, but at least there is more discussion around it. I think that is important. If that can translate to patients, I think it will be powerful for all of us.

We also have a long way to go in preparing nurses to understand that it is okay to question things. And to value the diverse opinions that are there in nursing. In the last week alone, I have been helping three

[Click here to read the full interview...](#)

Holistic Admissions in Washington State

Mary A. Baroni, PhD, RN (Premera LPN-to-BSN Pathway Grant Principal Investigator)

Diana Meyer, DNP, RN (Holistic Admissions Consultant)

Tiffany Smith-Fromm, MN, RN (Holistic Admissions Consultant)

When applying to nursing school, it is well known that the admission process is very competitive with far more qualified applicants than any one program can accommodate. Developing the strongest application possible is critical to increasing one's chances of admission. It is also commonly known that the application process typically requires the submission of high school and/or college transcripts, letters of recommendation, and sometimes an essay in addition to the application itself. Historically, the applicant's GPA (grade point average) in pre-requisite courses and overall cumulative GPA are weighted heavily by nursing school admissions committees. Many potential nursing applicants working through pre-requisite courses will retake some of the most challenging science courses multiple times in hopes of improving their grades and chances of admission. In response, it has come to the point that some schools now explicitly limit how many times a pre-requisite course can be taken for this purpose. While prior academic success (GPA) as an indicator of possible future academic success may be true, it cannot be assumed that someone with a lower GPA is incapable of future academic success. Clearly, nursing education programs need students who can be successful in what we all know is a rigorous academic program, but there are other attributes and experiences that are critical to the nursing profession. Applicants must also have the passion, perseverance, and resiliency to not only make it through nursing school successfully, but also contribute to the competent and compassionate care needed by our families, communities, and themselves. One strategy to better identify applicants who reflect the academic competency, as well as experiences and attributes valued by the profession, is the use of holistic admissions review (HAR), defined as:

"Mission-aligned admissions or selection processes that take into consideration applicants' experiences, attributes, and academic metrics as well as the value an applicant would contribute to learning, practice, and teaching. Holistic (Admissions) Review allows admissions committees to consider the "whole" applicant, rather than disproportionately focusing on any one factor." <https://www.aamc.org/services/member-capacity-building/holistic-review>

Holistic admissions is one of many strategies to align our nursing education system with the values and principles of nursing of seeing and caring for the whole person.

A recent review of nursing education websites in



Washington State explored admission requirements, transparency of selection processes, and specific mention of holistic admissions as a guiding framework. Academic metrics are universally part of the process, such as pre-requisite grades, cumulative GPAs, and a variety of entrance exams, including TEAS, NLN/PAX, and Accuplacer. Over 50% of all Washington State nursing programs still require entrance exams. The most frequent is the TEAS entrance exam, with 75% of those schools requiring such exams. Others require entrance exams such as NLN/PAX, HESI, Accuplacer, SAT, and ACT. Many programs either require the nursing assistant credential and/or evidence of healthcare-related work or volunteer experience (46%), and at least five nursing programs specifically hold seats or assign extra points for applicants who completed pre-requisite courses at their college or university.

Forty-two (42%) percent of Washington nursing schools specifically mention using a point system for evaluating applications, although many remain heavily—if not exclusively—based on academic metrics. And four Washington State nursing education programs continue to use a lottery system for selection from those meeting the minimum requirements. Only five schools specifically mention the use of holistic admissions on their websites. However, other schools are known to be using at least some components of this framework and may specifically address this in their information sessions.

Although nursing has long advocated for increased diversity in the nursing workforce, our medical, dental, and pharmacy colleagues were earlier adopters of holistic admission processes than nursing. In a 2014 study of urban universities, less than 50% of the nursing programs self-reported using holistic admissions in contrast to 78% of PharmD, 91% of medical, and 93% of dental school respondents (Urban Universities for Health). Of the health

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profession programs that reported using holistic admissions, 72% also reported an increase in diversity along with either no change or an increase in student success measures.

The Premera-funded LPN-to-BSN grant team sought consultation from two nursing experts committed to holistic admissions. In addition, all four pilot schools [see graph below] agreed to extend admissions criteria beyond the usual academic metrics of GPA and standardized test scores to include balanced weighting of attributes and experiences that are central values of the nursing profession. The team also affirmed the need to make application requirements and selection criteria transparent and provide support to prospective applicants in understanding the holistic admissions processes in order to develop the strongest possible application for submission.

In fall 2021, as part of the Premera LPN-to-BSN Pathway grant, we asked faculty at the four pilot schools what factors they thought would be the most important when selecting applicants. Survey responses included past academic success, test-taking and writing skills, and grades. The list of academic metrics mentioned was short compared to the much longer lists of attributes and experiences they thought were important. Attributes identified included resiliency, flexibility, integrity, self-efficacy, motivation to be successful, commitment, and compassion. They also mentioned active clinical practice, a flexible work schedule to allow for classes and clinical rotations, and readiness to learn about social determinants of health and health disparities. Our faculty survey was conducted prior to a faculty development workshop on holistic admissions presented by Dr. Diana Meyer in November 2021, which helped put a framework to what we had already heard from faculty. As a result of this workshop, all four pilot schools made a commitment to framing admission requirements and processes transparently using holistic admissions review.

For example, Columbia Basin College has developed an “application packet” for prospective students that specifically describes its holistic admissions review process and scoring criteria with prospective students. They define their use of holistic admissions as a “strategy that assesses an applicant’s unique experience along-side traditional measures of academic achievement such as grades and test scores to look at the applicants as a whole rather than focusing on GPA and test scores.”

<https://www.columbiabasin.edu/learn/discover-your-path/health-sciences/lpn-bsn/index.html>

In addition to the usual academic metrics, they consider work experience, written and oral communication skills, family experiences, and military status. Also required is a three-minute video essay describing an important goal that they set for themselves, how they approached meeting that goal, and lessons learned. The video is uploaded to YouTube as unlisted, and the URL is included with the application. Once the applications are evaluated and ranked according to their holistic admissions rubric, a certain percentage of applicants are invited for interviews. To minimize possible implicit bias in the scoring of applications and interviews, they included their VP of Diversity, Equity, and Inclusion in developing their process, faculty development related to holistic admissions review, and participation in the interviews.

All four of the Premera LPN-to-BSN pilot schools have embraced holistic admissions for this new pathway. Selected demographics of initial cohorts at the four pilot schools are summarized below. The percentage of Black, Indigenous, and People of Color (BIPOC) students ranged from 52.0% to 79%. A large percentage of the LPN-to-BSN students were first-generation college students (46.2-93.7%), with those who are multilingual averaging over 40% for the first cohorts at each school. The percentage of LPN-to-BSN in the military was relatively low, ranging from none to 13.3% for the 2nd cohort at Saint Martin’s University.

Demographic Factor	SMU Fall 2021	SMU Fall 2022	GRC Fall 2022	CBC Winter 2023	WVC Winter 2023
BIPOC	53.9%	60.0%	79.0%	62.5%	75.0%
First-generation	46.2%	73.3%	64.0%	93.7%	60.0%
Multilingual	30.8%	12.5%	42.0%	62.5%	40.0%
Military	--	13.3%	<1.0 %	6.25%	--
Saint Martin’s University (SMU), Green River College (GRC), Columbia Basin College (CBC), and Wenatchee Valley College (WVC)					

As part of our continued commitment to the principles of holistic admission processes as a successful strategy to promote increased nursing workforce diversity, the Premera team decided to use some of our funds to continue our collaboration with Dr. Diana Meyer and current CNEWS President, Tiffany Smith-Fromm as consultants with expertise in holistic admissions. In consultation with our team, they have developed a narrated PowerPoint to help students better understand the holistic admissions review and tips on creating a strong application. This narrated PowerPoint presentation is being shared as an open educational resource on the WCN website and is available

for other schools to utilize and share with potential applicants. Holistic Admissions: How to be Successful in the Process – Washington Center for Nursing (wcnursing.org) Additional resources are also available, including a holistic admission review annotated bibliography. It is our hope that in sharing these resources, more nursing programs will consider implementing holistic admission reviews and make the application and selection processes transparent on their college and university websites.

The Premera LPN-to-BSN grant team, along with our holistic admissions consultants, are supporting the devel-

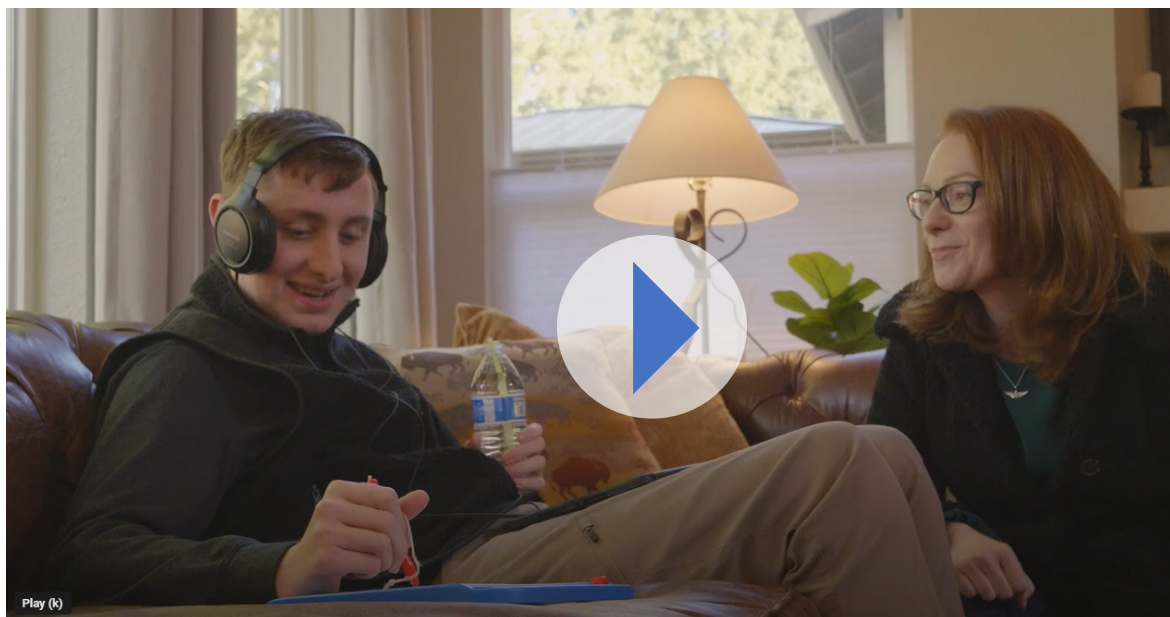
opment of a video production highlighting this process to help inspire nursing school applicants to tell their own stories effectively. Five current LPN-to-BSN students agreed to share their stories and experience with holistic admissions, including capturing their daily lives with balancing families, work, and school. As one student commented, "If my participation in this video project helps at least one person find their voice and confidence to apply to nursing school, it will be well worth doing." We anticipate this video will be complete by early 2023 and posted on the WCN website for open-access viewing and use.

References:

Baroni, M., Hosey, K., LaValley, K., Tucker, K., & Woo, T. (2021-2024). LPN-to-BSN Pathway. Western Washington Premera Blue Cross. Montlake Terrace, WA.

Meyer, D. November, 2021. Holistic admissions: Diversity, fairness, Excellence. Premera LPN-to-BSN Faculty Development Workshop, PowerPoint Presentation

Urban Universities for Health(2014). Holistic admissions in the health professions. Retrieved from http://urbanuniversitiesforhealth.org/media/documents/Holistic_Admissions_in_the_health_professions_final.pdf.



Click here for
a preview of
the Holistic
Admissions
video.
Complete video
due out in 2023.



As a Nurse, You Have the Power to Influence Health Equity

The WCN and HCA are deeply committed to engaging the powerful influence of nurses in advancing health equity in Washington.

And together, we are teaming up to talk about ways nursing leaders are working to advance health equity across the state. And letting you know as nurse leaders and practitioners how you can plugin, too.

Click to watch this 6-min video now!



WCN Participates in SANE Fellowship Program to Increase the Number of Sexual Assault Nurse Examiners (SANEs) Across Washington

When a person from one of our Washington communities experiences rape or sexual assault, specialized medical attention and sensitive care become necessary. If the survivor of sexual assault arrives at a SANE-certified hospital, they will be asked if they want a forensic exam by a Sexual Assault Nurse Examiner (SANE). The Sexual Assault Forensic Exam (SAFE) is a specific procedure for documenting a survivor's injuries and collecting evidence should the survivor choose to press charges. The trouble is—access to this type of care is not equitably distributed around the state—denying too many survivors the compassionate care needed after experiencing the trauma of rape or sexual assault.

According to a [2016 study by the Washington State Department of Commerce](#) on the availability, adequacy, costs, and training of Sexual Assault Nurse Examiners:

“As of September 2016, 74 hospitals throughout Washington offered a sexual assault examination or employed SANE trained nurses. However, these services are not uniformly distributed and accessible statewide. Eight counties do not have a hospital that employs SANEs. Hospitals in four counties offered SANE services but could not confirm a trained SANE was currently on staff, and hospitals in two counties contract directly for SANE services. From this snapshot, urban areas have the greatest SANE availability, and the adequacy of SANE coverage county-to-county is unevenly distributed and not well documented.”

Washington state needs more trained SANEs. This is even more true in rural areas where access to this specialized type of patient care can support victims' recovery from the traumatic experience of sexual assault or rape in often under-resourced rural communities. In a [March 2022 Crosscut article by Mai Hoang](#), Director of the Washington State University Bachelor of Nursing program, Wendy Williams-Gilbert stated, “Once patients get the courage to come to one hospital, they don't often go to a second... We have a lot of assaults that don't get processed, and perpetrators don't get prosecuted.”

To help the supply and distribution of SANEs in Washington state, WCN is part of a five-state SANE Collaborative led by the Colorado Center for Nursing Excellence under a grant from HRSA. The multi-state effort looks to support the annual recruitment and training of at least 135 new SANE-certified nurses over three years. The five participating states are Colorado, Oregon, New Mexico, Washington, and Wyoming.

With a strong focus on rural, diverse, and under-



served communities the Fellowship Program will recruit RNs and NPs for SANE training. Through the program, Fellowship participants will receive financial and technical support, assistance with clinical placements, an International Association of Forensic Nurses (IAFN) membership, IAFN certification (optional, but strongly encouraged), and cultural competence and resilience training.

In September of this year, WCN began outreach to recruit participants for the first year of the SANE Fellowship Program. Applications for the program far exceeded the ten program slots for Washington in 2023, demonstrating a strong interest among Washington's nursing workforce in SANE training. WCN will recruit ten more fellowship participants in 2023 and 2024.

Sexual assault is prolific. According to the [CDC](#), more than half of women and nearly 1 in 3 men have experienced some form of sexual violence, with 1 in 4 women and around 1 in 26 men experiencing attempted or completed rape. The CDC also estimates that these numbers underestimate the actual number of incidents due to the fear, embarrassment, shame, and perceived stigmas that prevent survivors from reporting or seeking medical attention after an assault or rape.

Washington state has a population of 7.8 million, roughly half of whom are women. When we apply the CDC statistics to Washington's population, approximately 1.95 million women and 1.3 million men experience sexual assault or rape in their lifetime in Washington. Increasing the number of SANEs across Washington who provide the holistic care patients deserve will go a long way in supporting survivors as they move toward recovery, healing, and justice.

Historically in Washington, support for sexual assault or rape survivors, including access to trauma-informed medical care, has been dismal. However, Washington has made progress in recent years in better responding to and supporting survivors of sexual violence—though there is still a long way to go.

In 2014, Washington state had a backlog of over 10,000 untested rape kits and a wait time of over 600 days for rape kit testing. A rape kit (aka sexual assault kit) is the sexual assault or rape evidence collected by a SANE during a forensic medical examination. In 2015, legisla-

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WCN Participates in SANE Fellowship Program to Increase the Number of Sexual Assault Nurse Examiners (SANEs) Across Washington Continued

tors passed HB 1068 concerning sexual assault examination kits and establishing the Joint Legislative Task Force on Sexual Assault Forensic Examination Best Practices. In 2017, Washington's Attorney General office received \$3 million in grant funding from the U.S. Department of Justice to begin the [Sexual Assault Kit Initiative](#) to address the backlog of untested kits. And in 2019, Washington legislators passed HB 1166, a law supporting sexual assault survivors that, among other things, requires the Washington State Patrol (WSP) to move towards a wait time of no more than 45 days for newly received rape kits by March 2022.

As for the impact of these measures, according to an [April 27, 2022, Q13 Fox report by David Rose](#), as of April 7, 2022, of the 9,606 kits submitted for testing, 6,234 have been fully tested, with 2,541 producing usable DNA samples. And of those uploaded to the Combined DNA Index System (CODIS), "More than 1,100 are linked to offenders whose names and identities are listed in the database. While 270 have matched to other cases, meaning the attacker is a serial rapist who is still on the loose."

SANEs play an important role in providing survivors of sexual assault or rape with appropriate and sensitive care. But the additional skills SANEs learn in their training also help to support law enforcement in their work to make our communities safer and bring justice to survivors of violent sexual crimes.

In their [December 2021 Annual Report to the Legislature and Governor](#), the Washington Sexual Assault Forensic Examination Best Practices Advisory Group "Examined Access to Critical Sexual Assault Nurse Examiner (SANE) Services... [and] Discussed different approaches

to increasing access to and availability of SANEs and the critical services they offer." They determined that "... Needs include sustainable funding for training and state-wide coordination, as well as measures to retain SANEs in the face of vicarious trauma and burnout." Recommendations from the report also conclude that the state should look to "Provide funding for a statewide SANE training, continuing education, scholarship and retention program."

The SANE practicum fellowship offered by WCN in collaboration with the Colorado Center for Nursing Excellence could serve as a model for increasing the number of SANEs in Washington, aligning with the Washington Sexual Assault Forensic Examination Best Practices Advisory Group recommendations regarding SANE services in the state. The response from WCN's outreach for the first year of the fellowship program also shows that many Washington nurses are interested in SANE training and motivated to follow through with it when given financial and additional support.

With funding to train more SANE nurses, there is a real opportunity for legislators, law enforcement, resource and advocacy groups, and health care providers to work together to dramatically improve the response to survivors of sexual assault or rape in the state. But it will take more SANEs to help make it happen. In the meantime, WCN will continue to support more SANEs through the SANE Fellowship Program.

For more information on the SANE Fellowship Program visit, <https://www.wcnursing.org/become-a-sexual-assault-nurse-examiner-sane/>.

Early Bird registration open for the 2023 Washington State Nurses Convention through 1/12/23.



Snag the early bird rate while you can!

Get ready for three days of education, inspiration, and celebration at the Washington State Nurses Convention May 17-19, 2023, in Tacoma.

This is the only statewide convention dedicated exclusively to nurses and the issues we face. An impressive lineup of speakers includes keynote Diana J. Mason, PhD, RN, FAAN, the program director for the International Council of Nurses' Global Nursing Leadership Institute, a past president of the American Academy of Nursing, and former editor-in-chief of the American Journal of Nursing. Another keynote, Elsa Sjunneson, is an internationally published deafblind activist working to dismantle structural ableism. Through engaging keynotes and spot-on breakout sessions you have the opportunity of earning up to 11 CNE.

Nurses are emerging from the pandemic more powerful than ever. At the Convention we'll gather together in the modern, airy Greater Tacoma Convention Center to draw strength from each other, celebrate exceptional nurses, and have some fun!

**WASHINGTON
STATE NURSES
CONVENTION**

**ROOTED IN ADVOCACY,
GROWING IN STRENGTH**

**MAY 17-19, 2023
GREATER TACOMA CONVENTION CENTER**

Lock in your early bird rate now by registering at wanursecon.org/register

Washington Licensed Practical Nurses: 2022 Data Snapshot

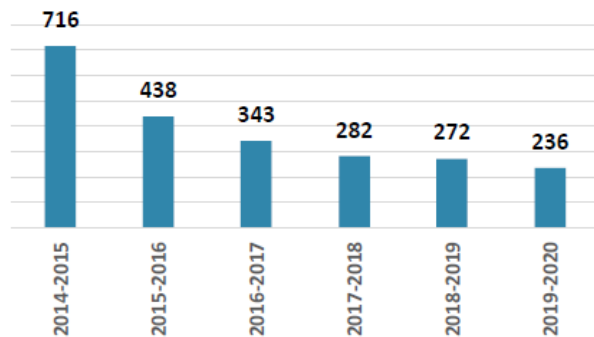
WCN put together an LPN data snapshot, giving a quick look at data across WCN's 2022 nursing workforce supply, demand, and education data reports as it applies to LPNs.

[To view the following information in PDF format, click here.](#)

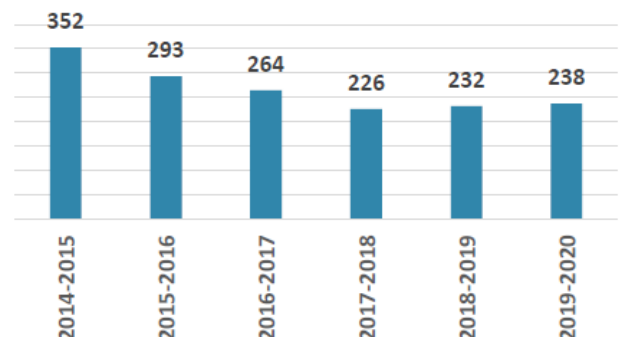
Washington LPN Education by the Numbers 2019-2020 ⁽¹⁾

Number of PN (Practical Nursing) Education Programs	7
Number of Applicants that met Requirements	236
Number of Students Admitted	221
Percentage of Students that are White/Caucasian	53% (WA State Population=65%)
Student Attrition	13%
Graduates	238
NCLEX Pass Rates	96% (National=83%)

Washington PN Applicants that Met Requirements 2014-2020 ⁽¹⁾



Washington PN Graduates 2014-2020 ⁽¹⁾

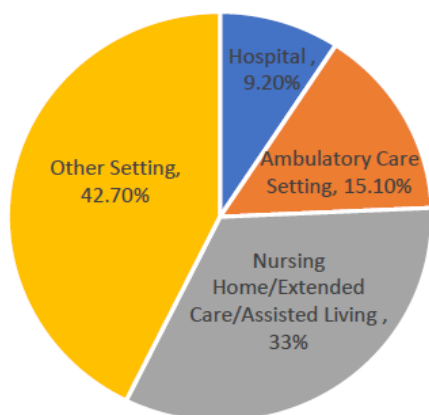


Washington LPN Supply by the Numbers 2021 ⁽²⁾

Number of LPNs with Active WA license	10,792
Number of LPNs with Active WA License and Employed in Nursing in Washington	4,930
Male	14.3%
Average Age	47 years (National=53)
Education Level	78% Diploma
White/Caucasian	66% (WA State Population=65%)
20% Projected to Retire	By 2028
Employed Full Time or Part Time in Nursing	89.4%
Position Description	79% Staff Nurse
Employment Setting	33% Nursing Home/Extended Care/Assisted Living
Employment Specialty	24.5% Geriatric/Gerontology
Average 32-40 Hours per Week	68.6%
Percentage Actively Practicing in Other States	18.2%

Washington LPN Demand by the Numbers	
Number of LPN Jobs in 2021	7,872
Number of Projected LPN Jobs in 2029	8,734
Projected Annual LPN Job Openings (2019-2024)	2,953
Projected Annual LPN Job Openings (2024-2029)	3,112
Average Number of Online Job Postings 2021	2,086
Average Salary 2020	\$59,183 (National=\$50,090) (AK=\$67,620, OR=\$57,320, CA=\$64,090, ID=\$48,640)
Lowest Average Regional Salary 2020	Clarkston and Lewiston MSA (Metropolitan Statistical Area) \$53,453
Highest Average Regional Salary 2020	Seattle-Tacoma-Bellevue MSA (Metropolitan Statistical Area) \$62,513

LPNs Working in Washington
Employment Setting ⁽¹⁾



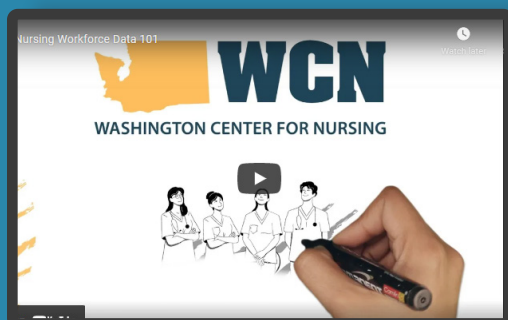
Long Term Care comments from 2021 Washington's Health Workforce Sentinel Network ⁽²⁾

"We place ads for LPNs and exceedingly long periods of time transpire between applicants."

"No school means no graduates. Cannot compete with travel agency wages."

References

- (1) Flores-Montoya, A. & Moulton Burwell, P. Washington State Nursing Education Trend Report Academic Years 2014-2020. Published at Washington Center for Nursing.
- (2) Moulton Burwell, P. and Flores- Montoya, Angelina. Washington 2021 Nursing Workforce Supply Data Report: Characteristics of LPNs, RNs, and ARNPs. Published at Washington Center for Nursing.
- (3) Moulton Burwell, P. and Flores- Montoya, Angelina. Washington State Demand Trends for Nursing Professionals: An Environmental Scan of Data from 2011-2020. Published at Washington Center for Nursing.



Click to
play

Watch WCN's latest video Nursing Workforce Data 101

In nursing, there are three primary categories of data: supply, demand, and education. This short 5-min video explains what each category tells us about the nursing workforce and how the data is collected and used.



Fawzi Belal is an equity strategist with a wealth of experience creating engagement strategies to foster inclusion, belonging, and strong communities. His drive to foster equity is inspired by his experiences as a new immigrant in survival mode during his teenage years and overcoming barriers through a non-traditional path in the education system. He is a former professional athlete and coach with over a decade of experience in equity and inclusion work in the higher ed, non-profit, sports, and healthcare sectors. He holds an MA in Human Services and Organizational Leadership.



Fawzi Belal

Being part of the amazing work WCN is doing in leading change in the nursing community is a blessing. I'm privileged to join an organization that addresses equity, especially when it comes to providing people with their best possible opportunity for health. WCN plays a crucial role in addressing health inequities and advancing health equity by using data to inform policies and move the equity needle in the health sector. We (at WCN) will continue to look for equity partners who will join us in our journey to impact access to education and workplace and workforce diversity for the nursing community. We have an opportunity to truly make an impact and contribute to health equity in our state. Shifting our "systems thinking" toward equity and justice in the way we provide health care is a journey with no end. WCN fully acknowledges that it's a commitment, which is why I'm here, and to be part of the process is a privilege, and I'm super excited about the opportunity.

We are just scratching the surface in shifting the narrative to address equity as an imperative to understand the supply and demand model for nursing and the importance nursing plays in driving health equity. WCN will play a huge role in the implementation process of SB 5229 with partner organizations, and I am fortunate to be part of the process.

The impact cultural competency in care has on our health care system, along with the impacts of the social determinants of health, needs to be a normalized conversation in the nursing sector--from education to care. I'm very excited to collaborate with education partners in advocating for curricula that prepare our nursing workforce to care for all communities with diverse backgrounds.

It's a privilege to work with a team and industry partners to advance anti-racist strategies to increase the diversity of nursing students and nursing leaders to a level that mirrors the diversity of our state. As we continue to work with our partners, we aspire to develop tools for nurses and partner organizations to help address the root cause(s) of detrimental social determinants of health for integration into nursing practice.

Some communities lack connection to education or don't know about all the options in the field of nursing. I'm excited about bringing awareness to careers in nursing and promoting nursing education in diverse communities. This work is critical too.

As we work alongside partners, we seek data to understand the potential for hidden bias in nursing programs, nurse education, as well as nursing workplace and workforce culture. With partners, we are excited to prioritize awareness.

Washington Health Professional Services (WHPS): Working Together to Support Safe Practice

Research indicates one out of every 10 nurses experiences difficulty with alcohol or drug use over the course of his/her career. Fortunately, effective treatment and ongoing support can save a nurse's career and even their life.



The Nursing Care Quality Assurance Commission recognizes the importance of providing early recognition and treatment options for nurses who may be struggling with alcohol or drug use. The commission supports monitored treatment of nurses with substance use disorder so that they can return to or continue to practice their profession in a manner that safeguards the public. Washington Health Professional Services (WHPS) is the commission's approved substance use monitoring program for nurses, which provides early intervention, referral to treatment, and recovery monitoring services.

Click [HERE](#) or contact WHPS at 360-236-2880 (option #1) to learn more and discuss voluntary participation.

WASHINGTON NURSING WORKFORCE DATA: WHY IT MATTERS

Does nursing workforce analysis happen in real-time?



No. First, a data request is made and vetted by Nursing Care Quality Assurance Commission. Once approved, data is shared with the requesting organization for analysis, which can take several months or longer, giving us a “snapshot” of the state’s nursing workforce at some previous point.

Example: Currently, the Washington Center for Nursing requests data from the Nursing Care Quality Assurance Commission and publishes workforce survey data reports biennially (the goal is every two years).

For more information about Washington Nursing Workforce Data and Why it Matters click here.



WCN Nursing Workforce Data Reports for Washington State

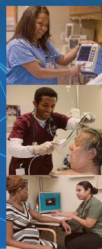
The WCN uses data to provide an accurate picture of Washington’s nursing workforce to inform health workforce policy in the state. Click here to read our most recent Education, Supply, and Demand reports.

Washington State Nursing Education
Trend Report:
Academic Years 2014-2020



Washington State Nursing Education
Trend Report
Academic Years 2014-2020

Washington State Employer Demand
Trends for Nursing Professionals:
An Environmental Scan of Data From
2011-2020



Washington State Employer Demand
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Washington 2021 Nursing Workforce
Supply Data Report:
Characteristics of LPNs, RNs, and ARNPs



Washington 2021 Nursing Workforce
Supply Data Report:
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WCNursing.org/data-reports-publications/

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[WCNURSING.ORG](https://WCNursing.org)

To learn more about
Washington’s nursing workforce,
careers in nursing, and nursing
leadership.



It's About Washington's Health

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