President’s Perspective

Making Our Voices Heard!

Corinne MacEgan, MSN/Ed, RN, CHPN
ANA/C President 2015-2017

I admit that it has taken me longer than it should to write this message. I’m feeling somewhat helpless as I watch our country and the world turn into a maelstrom of emotion and fear. As the President of ANA/C, your professional nursing association with over 5,000 members, I see your tears, hopes and visions for our state and our nation. As a former Navy Reservist, I wanted nothing more than to fight for freedom for my country and its residents. In addition to our freedom, it’s important to live a life of kindness. Nursing is about dedication and service to others.

In today’s uncertain environment, it’s more important than ever for nurses to make our voices heard! We are the voice of our profession and the people we serve.

I encourage you to join us at this year’s RN Day at the Capitol, on April 3, 2017 in Sacramento. Registration and
president@anacalifornia.org.

What Do Nurses and a Famous Mouse Have in Common?

Robin Schaeffer, MSN, RN, CAE
ANA/C Executive Director
Western Multi-State Division Leader

I recently had the pleasure of visiting both Disneyland and Disney World. What impresses me most with the “Disney Experience” are the efficiencies – specifically, how well these huge parks are coordinated and what a great experience customers consistently have as a result. So, I decided to research the Disney business strategy and found that their core business strategies were very similar to those of our newly developed Western Multistate Division (WMSD) in 2013. A three-year partnership was formed between the American Nurses Association (ANA) and five western states to pilot a new business model that would consolidate back-office operations and maximize state-based advocacy and member engagement. In my role as Western Multistate Division Leader, I have had the pleasure of leading an innovative and progressive team of state nurses’ association leaders from Arizona, California, Colorado, Idaho and Utah.

To some nurses, the thought of running an association may not seem like much fun, but for me taking charge of our ANA/C pilot proved to be a fantastic experience. I definitely found my business niche as I took on the WMSD pilot program with full commitment and optimism. Our first product was the creation of the WMSD Continuing Education Unit. By downsizing to one ANCC CE accreditation unit (versus five) and one central operating hub and shared staff, we have been able to save each state over $12,000/year.

The three-year WMSD business pilot was completed in December 2016 and proved so successful, both financially and operationally, that your ANA/C Board of Directors has given the green light to work with Arizona, Idaho and Utah to create a permanent and sustainable business structure. What does this mean for ANA/C members? It means that we can maximize the value of your membership dollars. It means that ANA/C staff can focus 100 percent of their efforts on unique state-based work while back-office business will be consolidated with other states and run by the WMSD Regional Director. It means that two members of the ANA/C Board of Directors will have a seat on the newly created WMSD Board of Directors. It is important to note that the work of ANA/C continues. We are simply streamlining business functions that are common to each state.

As a member of ANA/C, here is what you can expect to experience in the next year:

• More member engagement opportunities (virtual and live). For example, we will create multiple special interest groups where like-minded nurses can discuss topics of interest and drive strategic initiatives for ANA/C.
• More robust communication strategies.
• ANA/C Executive Director (Robin Schaeffer) moving to the WMSD Regional Director role.
• ANA/C State Director (new position) focused only on California-based advocacy and membership.

It is my belief that every California nurse should belong to ANA/C, but many of them just don’t know it yet! Christensen describes Disruptive Innovation as “a process by which a product or service takes root initially in simple applications at the bottom of the market and then moves up, eventually displacing established competitors” http://www.claytonchristensen.com/key-concepts/ For example, traditional doctor’s offices have been disrupted by retail medical clinics. Running an association in the 21st century requires some level of disruptive innovation to stay viable and relevant. Nurses are looking for a different association experience. Our states are working with our parent organization, ANA, to disrupt the association market and make the member experience something that will motivate every California nurse to join ANA/C and be part of the vital work we do for the profession.

It’s great to be on the same track as Disney pursuing operating efficiency, revenue generation, stakeholder satisfaction, and attracting and retaining customers (or as we call you…成员). We need just two things, a snappy brand logo like Mickey and you! So, if you aren’t an ANA/C member, now is a great time to join our efforts to share the value of nursing with every legislator and citizen in California.

Executive Director’s Report

What Do Nurses and a Famous Mouse Have in Common?

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ANA/C Executive Director
Western Multi-State Division Leader

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ANA California accepts and encourages manuscripts and editorials to be submitted for publication in the association’s quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA California members will be given first consideration for publication. We welcome signed letters of 300 words or less. Letters, Articles and Manuscripts submitted by members of ANA California shall be reviewed by the Board of Directors for publication. The Nursing Voice reserves the right to edit Letters, Articles and Manuscripts to meet style and space limitations. Letters, Articles, and Manuscripts submitted to the ANA California’s official publication, The Nursing Voice editorial guidelines and due dates for article submission is as follows:

1. Letters, Articles, and Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@anacalifornia.org
   a. Letters, Articles, and Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.

b. The Nursing Voice reserves one-time publication rights; Letters, Articles and Manuscripts for reprint will be accepted if accompanied with written permission.

c. The Nursing Voice reserves the right to edit Letters, Articles, and Manuscripts to meet style and space limitations.

d. Letters, Articles, and Manuscripts may be reviewed by the Editorial Staff.

e. Letters, Articles, and Manuscripts submitted by members of ANA California will be given first consideration when there is an availability of space in the newsletter.

f. Letters, Articles, and Manuscripts submitted to ANA California will be published as space allows unless content is of a timely nature.

g. Letters, Articles, and Manuscripts printed in The Nursing Voice do not necessarily reflect the views of ANA California, its membership, the board of directors or its staff. The views of the authors appear in the body of the email.

2. Photographs should be in jpeg format and emailed with the name of the Letter, Article, or Manuscript referenced in the subject line. Email a photograph to TheNursingVoice@anacalifornia.org Photographs should be of clear quality. Write the name(s) of the persons displayed in the photo in the order in which they appear in the body of the email.

3. E-mail all narrative to TheNursingVoice@anacalifornia.org

The official publication of the ANA California shall be The Nursing Voice. The Nursing Voice is published quarterly starting in January; copies must be received by the first (1st) of November, December, and January of the following year. The Nursing Voice is the official publication of the ANA California. The official URL of the Nursing Voice is www.anacalifornia.org. The official e-mail address for The Nursing Voice is TheNursingVoice@anacalifornia.org. The official address for The Nursing Voice shall be 121 L Street, Suite 406, Sacramento, CA 95814.
Lastly, the ANA/C Public Policy Agenda aligns with ANA’s 2017-2020 Strategic Plan by: focusing on patient-centered or patient-oriented care; encompassing an interdisciplinary approach to care; making nursing leadership visible and indispensable, both in-and-out of the healthcare setting; and increasing the number of nurses on boards, including nurses running for elected office. The national Nurses on Boards Initiative calls for 10,000 nurses on boards by 2020, and we believe we are on our way to accomplishing that goal! ANA/C works closely with the Association of California Nurse Leaders, California Action Coalition and California Women Lead on improving access to training videos and leadership academy courses. ANA/C is at the center of these efforts. With advocacy as our core business, we bring people and organizations together and break barriers in communication. Our Public Policy Agenda encompasses all our priorities and we are proud to share this document with you.

Quality Care • Quality Nurses • Quality Profession • Quality Experience

### Quality CARE
- Ensure all Californians have access to quality care, including women’s health, mental health, chronic care management and medications.
- Ensure all California RNs have access to resources necessary to provide safe, competent, appropriate, timely patient care.
- Ensure the importance of Community Health/ Primary Care in nursing education and nursing practice.

### Quality NURSES
- Safeguard the ability of registered nurses to practice to Full Practice Authority
- Improve access to nursing education & nursing programs: increase the number of baccalaureate, master’s and doctoral prepared nurses (2010 FON Report) and advance the overall academic progression.
- Increase the number of appropriately credentialed and adequately paid Part/Full Time nursing faculty

### Quality PROFESSION
- Foster safe workplace environment that attracts and retains RNs and engenders professional satisfaction of an integrated profession.
- Endeavor to create cooperative workplace.
- Safeguard CA Board of Registered Nursing (BRN) as the only independent entity licensing and regulating nursing in CA.

### Quality EXPERIENCE
- Endeavor to engage patients in the coordination of their health decision-making.
- Foster patient-centered care planning.
- Employ and advance inter/intra-disciplinary approach to coordination of care.
- Advance minority leadership, make nursing leadership visible and indispensable (in the industry, community, health, illness) serving as a resource for clients’ complex healthcare needs; advance leadership by Nurses on Boards Initiative (nurses running for elected offices, boards, school boards, local offices).

**Quality CARE**

- Provide emergency grants-in-aid to pre-licensure RN students facing a one-time financial need that would force them to leave school.
- Our current student nurse population represents the diversity of California – it is critical that we retain every student possible and help them achieve success.
- Flo’s Cookie Jar provides one-time emergency grants up to $2,000 for:
  - Personal and educational emergencies that would cause a pre-licensure nursing student to leave school.
  - Professional supplies, such as uniforms and equipment, that exceed the first-semester student’s ability to pay.

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Founded in 2003, *Flo’s Cookie Jar* is a collaborative venture with California Nursing Students’ Association Foundation, American Nurses Association/California, Association of California Nurse Leaders, HealthImpact and dean and directors of college and university nursing programs.

**Donate today to: Flo’s Cookie Jar**
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- 2520 Venture Oaks Way, Suite 210, Sacramento, CA 95833

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**Flo’s Cookie Jar**

**Marketa Houskova, RN, MAIA, BA**

**ANA/C Government Affairs Director**

In January, our Board of Directors voted to approve ANA/C’s Public Policy Agenda. This document guides ANA/C’s government affairs, legislative advocacy, and regulatory efforts. The Public Policy Agenda is an overarching document explaining the overall vision of the organization in terms of access to care and advancement of the nursing profession.

In October 2016, the Board held an open meeting where our members could discuss and debate the initial proposal. Issues of minority leadership, community health and ambulatory care were highlighted as important, while breaking down barriers in communication and biases, are crucially important efforts.

Our current student nurse population represents the diversity of California – it is critical that we retain every student possible and help them achieve success.

In October 2016, the Board held an open meeting where our members could discuss and debate the initial proposal. Issues of minority leadership, community health and ambulatory care were highlighted as important, and were incorporated into the Public Policy Agenda. Nurse bullying and incivility were removed due to the public nature of this document. Rest assured, while not publicly distributed, we are committed to working on these issues with our coalition partners and other healthcare organizations.

Roxanne Gould (ANA/C’s contracted lobbyist) and I recently met with many of the newly elected members of the California Legislature, and we distributed this document widely. We described ANA/C’s past work and offered our organization as an ongoing resource on healthcare/nursing issues. When we asked our state lawmakers what their healthcare priorities were, we were pleased to hear that many are aligned with our vision. We followed up with these legislators and laid the groundwork to nursing education through academic progression. We are including fostering safe work environments, access to care in rural areas, access to mental and behavioral health, and access to nursing education through academic progression. We are following up with these legislators and laying the groundwork for future cooperation. These newly elected officials may be in office for the next 12 years, therefore educating them and building relationships and coalitions with them, while breaking down barriers in communication and biases, are crucially important efforts.

**ANA/C Public Policy Agenda Guides Advocacy Efforts**

2520 Venture Oaks Way, Suite 210, Sacramento, CA 95833

**ANA/C The Nursing Voice • Page 3**

*Marketa Houskova, RN, MAIA, BA*
Beth Haney, DNP, FNP-C, FAANP
Yorba Linda City Council Member

Nurses are natural leaders. Increasing involvement of nurses in government and on boards provides many benefits to our communities, especially at the local level where political decisions can affect us more personally. Nurses inherently have a unique combination of skills that are essential in politics, including higher education, integrity, a strong sense of responsibility and compassion.

Each one of these elements rests upon the other to build a solid foundation of leadership.

I became a candidate for Yorba Linda City Council because I believe my extensive experience in nursing and serving on boards of two important non-profit organizations, the California Association for Nurse Practitioners and the YMCA – Orange County region, has afforded me the tools to work successfully with stakeholders of various backgrounds. In addition to California political knowledge, I also have several years of national policy experience that provides me with a deeper perspective of the political arena. All this experience will serve me well as I serve my community.

Yorba Linda is a city of 70,000 residents with diverse backgrounds and values. My experience working with professional nursing associations and county non-profit organizations allows me to serve Yorba Linda with the unique perspective of a nurse, home owner, small business owner and organizational leader.

Being an advanced practice nurse, I work in one of the most highly regulated fields that demands the utmost integrity and accountability. One of the attributes of my successful campaign is that I am not a career politician – but rather an experienced, noted professional in my field who is willing to lead the city in a direction that most residents and stakeholders agree upon. My willingness to be active at a local level speaks to the reasons I ran for office. I deeply care about my city and its residents, and I am able to commit my time and resources to represent the people of Yorba Linda.

The swearing-in ceremony was held during a regularly scheduled City Council meeting on December 20, 2016. Yorba Linda history was made that night because for the first time, our city has a female majority on City Council! There are three women and two men, and a female Mayor. I am more than honored to be part of this chapter of my city’s history! At the time of this writing, I’ve presided over two meetings and have learned that the experience of being involved in my professional organization has been very helpful. For example, organizational structure, function, how staff roles are effectively utilized, fiduciary responsibility and working with other leaders are very similar to city government structure.

Every city is unique, but there is a common thread – cities are made up of individuals who depend on each other to achieve success. Nurses are a group of extraordinary individuals who are well suited to lead through elected office and boards to influence policies benefiting their communities. Who better to make far reaching decisions for people than those who have spent their professional lives caring for not only them, but also for their families and our communities?
On January 21, 2017, tens of thousands of men, women, children and family pets took to the rainy downtown streets of San Diego in a cohesive structure of freedom and movement. San Diego was one of many global gatherings that reinforced the need for advocacy and protecting the health and safety of women. Although there was anti-Trump rhetoric since his inauguration had just taken place the day before, the scene here in San Diego was peaceful. Homemade signs sparked discussion among the crowd, and colorful streamers were handed out to marchers along the route.

I was most pleased to note that this march was not only a venue for women’s rights, but other issues as community members rallied for what was important. The water situation in Flint, Michigan, the fight against the pipeline access, and LGBT rights were all addressed via chanting, signs, creative clothing and fliers. It was an event during which concerns could be vocalized and shared, and the creation of a substantial human chord was definitely sensed amid the 40,000 attendees. I noted that it did take some time for this comfort to evolve. Of course, when you assemble thousands of strangers, that’s usually the case.

There was one poignant moment of humanity that began our cold morning. During our wait for the march to begin, a woman suddenly came pushing “against the flow,” red-faced and short of breath. People around us watched her but didn’t approach. She fled down a garage driveway and paced for several minutes before sitting heavily against the curb.

I knew that look all too well. What many of you may not know is that I suffered from panic disorder and agoraphobia for well over a year and a half. That was many years ago, however I recognized her distress immediately. I quietly went over and sat with her, asking if she was all right. She said she was having some problems with her asthma, yet I gently touched her knee and told her that I truly understood and had lived through anxiety myself. We spoke for many minutes, her color and breathing slowly returned to normal. I discovered a truly sweet soul underneath her tears, someone who had been battling her own demons – and that day, that march, was her test to herself to see if she could handle the crowds.

I share this story, not to give myself credit, but to shed light on the fact that we all have our stories, our passions and our problems. The Women’s March was a cathartic place for more than one person that day – many tears were shed, and there was laughter and a sense of togetherness. I attended this March with an independent viewpoint, having nothing to do with the election, and it was an incredible event. I encourage each of you to consider your passions, and then to go out and do something about it.
ANA and ANA\C Partner with CDC to Improve Infection Prevention and Control Education for Nurses

ANA and the Centers for Disease Control and Prevention (CDC) recently announced that they have created the Nursing Infection Control Education (NICE) Network. This is a collaboration of 20 specialty nursing organizations, including ANA\C, that hold organizational-level membership in ANA and are committed to empowering nurses to protect themselves and their patients from infection.

NICE Network members will develop infection prevention and control training materials to assist nurses responding to and containing emerging infectious disease threats, including the Ebola and Zika viruses. An emerging infectious disease is one that is either newly recognized in an area or affects a larger population or geographic area.

"Nurses have played a critical role in educating the public and other health care workers about controlling and preventing the spread of the Ebola and Zika viruses," said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. "Like the CDC, we recognize that nurses are on the front lines of delivering care and should be fully equipped to tackle emerging threats to protect themselves and the people they serve."

In addition to Ebola and Zika, recent examples of emerging infectious diseases include severe acute respiratory syndrome (SARS), H1N1 influenza and West Nile virus. It’s extremely important to rapidly detect and contain emerging infectious diseases, and contain antibiotic resistance threats before they become global pandemics.

ANA will serve as the primary contractor for the project, which runs through May 31, 2018, and will provide nurses, who have been rated by the public as the most honest and ethical profession for 15 years straight, with real-time, tailored infection control training critical for an effective response to infectious diseases. Key tasks for the project include:

- Identifying infection control-related training needs
- Developing educational tools and outreach materials for registered nurses and nursing-related professionals, including licensed vocational nurses (LVNs) and certified nursing assistants (CNAs)

ANA will also work with NICE Network members to disseminate resources and implement in-person trainings at nursing organization conferences and meetings. ANA’s partnership with the CDC complements existing work in infection prevention and control. In June, ANA and the Association for Professionals in Infection Control and Epidemiology (APIC) launched the ANA/APIC Resource Center, a website that consolidates resources, allowing health care professionals quick and easy access to infection prevention strategies and evidence-based best practices.

Visit the ANA\C website for more details (www.anacalifornia.org). For more information on CDC infection control and prevention procedures, visit https://www.cdc.gov/hai/index.html.

Nursing Specialty Organizations Participating in the Project

ANA / California • Academy of Medical-Surgical Nurses (AMSN) • American Association of Colleges of Nursing (AACN) • American Association of Critical-Care Nurses (AACCN) • American Association of Nurse Anesthetists (AANA) • American Association of Occupational Health Nurses (AAOHN) • American Nephrology Nurses’ Association (ANNA) • Association for Women’s Health, Obstetrics and Neonatal Nurses (AWHONN) • Association of PeriOperative Registered Nurses (AORN) • Association of Rehabilitation Nurses (ARN) • Emergency Nurses Association (ENA) • Infusion Nurses Society (INS) • National Association of Clinical Nurse Specialists (NACNS) • National Association of Directors of Nursing Administration (NADONA) • National Association of Pediatric Nurse Practitioners (NAPNAP) • National Association of Orthopedic Nurses (NAON) • National Association of School Nurses (NASN) • National Student Nurses Association (NSNA) • The New Jersey State Nurses Association (NJSNA) • Oncology Nursing Society (ONS)
2017: Year of the Healthy Nurse
Our Professional Well-Being

Mary Ann McCarthy, EdD, RN, CNS, STAH
ANA/C Education Director

The phrase “Healthy Nurse, Health Nation” leads us forward in 2017. When pondering the word healthy, we are often drawn to the areas of physical, mental, spiritual and emotional health. Although these are extremely significant, as professional nurses we are also called to lifelong learning under the ANA Code of Ethics, and to become part of something much bigger than ourselves.

Intelectual health should be something that we consider as an integral part of being healthy nurses. Nurses can support intellectual health by keeping current in practice, learning new things, managing their professional advancement, and taking steps out of our comfort zone. There are numerous ways to continue lifelong learning, including: attending conferences, earning another degree/certification, reading articles/journals, volunteering to be on a committee/board and modeling these behaviors for our next generation of colleagues. Even better, this can be the opportunity to take a new nurse or nursing student with you on this journey.

Common barriers to building and maintaining intellectual health include lack of time and financial concerns. We know that anything worth doing will never be easy. So let’s get creative in how we continue to build our intellectual health. Let’s be resourceful – putting together resources and support from others to share the information you will learn with fellow staff members. Inquire about the availability of grants and professional development programs. How can we use our professional growth fund so it is there when you need it, and enjoy the benefits of reading articles/journals, volunteering to be on a committee/board and modeling these behaviors for our next generation of colleagues.

In 2017, let’s be self-aware and have knowledge of our nursing practice and profession. Understanding our history, how we examine confidence in relation to well-being and health, is one dimension of professional well-being that is most relevant for nurses. Ours is a practice discipline – one that often involves our personal interaction with other people. As we examine confidence in relation to well-being and health, it is important to remember some caveats. A perception of health and well-being is dynamic; it is influenced by many factors. Challenges that we face in our personal life will likely have an impact on our sense of well-being at work. The work environment itself has an impact on our capacity to experience well-being at work. We practice in a variety of settings, including acute care hospitals, outpatient and community clinics, non-institutional long term care, schools and universities, and home, to name a few. Put another way, we know that “some days are better than others.”

Mary Ellen Dellefield, PhD, RN
ANA/C Nursing Practice Director

ANA has defined professional well-being as an important component of being a healthy nurse (ANA, 2017). What does professional well-being look like? How does our nursing practice and profession contribute to overall well-being? When considering this, it is also important to remember that our ANA/C mission is “to enhance the health and well-being of Californians and advance the profession of nursing.”

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April, May, June 2017

Supporting Our Intellectual Health

Mary Ann McCarthy, EdD, RN, CNS, STAH
ANA/C Education Director

Mary Ellen Dellefield, PhD, RN
ANA/C Nursing Practice Director

The Centre for Confidence and Well-being has developed an interesting working model of confidence. The feeling of confidence contains four elements: two core elements – self-efficacy and optimism, and two elements that sustain and foster confidence – support from others and learning from others (Craig, 2007). We need to believe in our abilities, maintain optimism and have a positive outlook. We need to be aware of our self-worth. To sustain the feeling of confidence, we need verbal and practical encouragement, and we need others to help us remain motivated and energized.

This is an important time to reflect on how we understand and value nursing practice. It includes manual labor and intellectual effort. Whether a nurse is primarily involved in direct care or management and education, both are important. To experience a feeling of confidence, we need to be self-aware and have knowledge of our nursing practice. Understanding our history, how traditional practices have developed, and how empirical evidence is best integrated into our practice is essential. We want to understand our professional practice fully – the good, the bad, and the ugly. When we see things in nursing practice as they really are, it is likely to increase our ability to maintain a sense of self-mastery, optimism and the ability to receive and provide encouragement to our colleagues.

Maintaining our confidence is especially critical now. Health care is complex and the industry is facing great uncertainty. We need to help one another stay confident through these challenging times. In doing so, we will advance our well-being and health.


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One major aim of worksite wellness programs is to reduce chronic disease among employees. Diseases like heart disease, diabetes, and depression reduce productivity, affect quality of life, and increase healthcare costs. Worksite wellness programs strive to reverse these trends and increase employee retention and satisfaction. Furthermore, what’s good for nurses is good for patients. Nurse wellness and healthy work environments can also improve patient satisfaction and outcomes.

The National Wellness Institute defines wellness as an active process through which people become aware of, and make choices toward, a more successful existence. To be well isn’t simply to lack illness or injury; it’s to pursue the active process through which people become aware of, and make choices toward, a more successful existence. It’s to pursue the best possible quality of life.

The Substance Abuse and Mental Health Services Administration has outlined eight dimensions of wellness.

1. Emotional: coping effectively with life and creating satisfying relationships

2. Environmental: experiencing good health by occupying pleasant, stimulating environments that support personal well-being

3. Physical: recognizing the need for physical activity, healthy foods, and sleep

4. Social: developing a sense of connection, belonging, and a well-developed support system

5. Spiritual: expanding a sense of purpose and meaning in life

The work environments of RNs often intersect with all eight dimensions of wellness. Relationships among emotional, physical, and occupational wellness are particularly relevant as nurses encounter high levels of stress, fatigue, and hazards, such as manual patient lifting and workplace violence.

Learn more at http://www.nursingworld.org/yearofhealthynurse

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### The Face of Leadership

Joyce Eden, MHA, RN
Clinical Transformation Director
St. Agnes Medical Center in Fresno

The story is told of a silver smith heating the silver ore at temperatures up to 1,000 degrees Celsius and stirring it with care to burn the impurities out of it. The observer inquired as to how the silver smith would know when the silver was ready. He answered, “When I can see my face in it.”

Going from neophyte to expert nurse is a journey filled with refining and at times feeling as if you have gone from the frying pan into the fire. As I reflect on my nursing journey and why I find myself back in leadership roles even when I try a different path, the story of the silver smith comes to mind.

During my nursing career, I have been entranced several times with start-up and turnaround efforts. The beginning may have a different focus, but the steps required to get to the other side of a thriving program or department are similar. The team involved must believe in what can be and be committed to achieving that outcome.

I have learned over and over that if I listen and watch, provide knowledge and pull down barriers, people can achieve what they never thought they could, and discover that together we can accomplish amazing things. I can do what I do today because I have had leaders who believed in me and took the risk of removing barriers and equipping me with new knowledge. When I have opportunities to move people through the discomfort of change and personal growth and help them confirm for themselves they can be more than they thought, I get to say to myself: “This person has been through the refining fire, I can see my face in them!” This is the inspiration that keeps me striving to lead and support others to learn to lead in whatever roles they choose to pursue in our dynamic health care environment. Whenever I need to encourage myself, I remember MT, who went from bedside nurse to CNS overseeing patient safety initiatives across the entire hospital. I remember SL, who went from registration clerk to Director of Ambulatory Services. I remember the ICU team who said: “no more ventilator associated events on our watch,” and went 26 months without any. And, I remember my father who watched over me and encouraged me through my many years of refining: I know he smiles when he can see his face in me.

Who are the people you see your face in?
Welcome to the first edition of APRN Corner, a new segment focusing on the role of advanced practice registered nurses in California.

It was no surprise to me when US News and World Report recognized nurse practitioners as second of the top 100 most desirable jobs in America (January 11, 2017). I realize that might be biased. I was that crazy kid who decided by age 12 to be a nurse practitioner. A newspaper article 50 years ago about RN Loretta Ford starting the first pediatric nurse practitioner program at the University of Colorado inspired me. The allure of this new profession in California led me to pursue my prepubescent career planning – solving scientific and human mysteries as an independent nursing clinician and nurse midwives/obstetrician (January 11, 2017). I realize that might be biased. I was that crazy kid who decided by age 12 to be a nurse practitioner. A newspaper article 50 years ago about RN Loretta Ford starting the first pediatric nurse practitioner program at the University of Colorado inspired me. The allure of this new profession in California led me to pursue my prepubescent career planning – solving scientific and human mysteries as an independent nursing clinician and nurse midwives/obstetrician.

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Laura L. Van Auker, DNP, FNP-BC, MSN, SN-C

reported higher satisfaction with both their pay and the professional respect they receive. While surveys provide great insight, personal stories reveal what keeps many of us happily in the nursing workforce as APRNs. My advanced practice nursing skills have provided additional career opportunities as a nurse entrepreneur and to teach academically. Developing a continuing education provider business as a nurse entrepreneur has facilitated my volunteer work in global health settings around the world, with my APRN skills providing a ticket for adventure.

Whether as nurse practitioners or in one of the other APRN roles, we are at the forefront of healthcare delivery in California and across the nation. With positive career projections and desirability, nurse anesthetists came at #6 and nurse midwives at #15 in the US News, Top 100 Jobs report.

Of course APRNs are at the top of best jobs! This is both a reflection of changing delivery in nursing care to the community, and a rewarding recognition of the increasing value APRNs play in the delivery of quality healthcare. It also reflects a candid assessment of critical primary care provider shortages, with the U.S. Labor Department projecting a 31 percent growth in the APRN profession over the next decade (May 2015).

California leads as the state with the greatest need for APRNs. The BRN reports that more than 27,000 APRNs in California, predominantly NPs in outpatient primary care or specialty practices, provide “cradle to grave” care in their communities. The variety of ages, opportunity for skill development, independence of practice and schedules more aligned to a business workweek, collectively provide a quality work-life blending. If you prefer to remain in acute care as a nurse, the APRN role encompasses a wide range of clinical nurse specialists, with acute care specialties in NICU, pediatric or adult acute hospitalist roles. Emergency medicine as well as surgical assists play a significant part. Certified registered nurse anesthetists spend time predominantly in acute care facilities and certified nurse midwives blend hospital deliveries with outpatient perinatal care, serving their patients throughout pregnancy and beyond.

In the APRN Corner we will share practice issues, expand awareness and promote interest in the APRN profession. The ANA/C website provides a link to the 29th Annual APRN Legislative Update published in The Nurse Practitioner with extensive state specific information about APRN practice. In future editions, we will explore the variety of APRN roles and how contemporary healthcare policies, practice and education challenges are impacting APRNs in California. As Californians, we have work to do removing barriers to full APRN scope of practice.

We look forward to this new space in The Nursing Voice to share the benefits and challenges in the APRN nursing role.

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The Association of California Nurse Leaders (ACNL) presented its 39th Annual Conference, Soaring to New Heights as Nurse Leaders, February 5-8 at the beautiful Disneyland Hotel in Anaheim. With more than 600 nurse leaders in attendance, the excitement throughout the conference was palpable.

On Monday, keynote presenter for the conference was futurist Jack Uldrich, who immediately captured the audience's interest by examining future trends in healthcare, nursing and technology. Jack's riveting presentation described how the future of healthcare delivery is augmented by advancements in technology so profound, we as nurses and healthcare providers must re-learn old techniques. Mobile technology and virtual care delivery were discussed, as was "LiFi" in hospitals, a model allowing patients to control their room environment in terms of lights & temperature.

Kimberly Horton, CEO of Vibra Hospital of Sacramento, discussed leadership from bedside to boardroom. Some of the strategies described in her dynamic speech included carefully mapping our careers, being prepared for whatever the next stage may bring and to always be open to opportunities. Kimberly is a great role model and quite an inspiring speaker!

Hearing Duane Dauner, President and CEO of the California Hospital Association (CHA), speak about the unclear future of care delivery and threats to care access and hospital reimbursement if the Affordable Care Act is repealed, brought the events of the impending confirmation hearing of Rep. Tom Price as our next Health and Human Services Secretary front and center. (Rep. Price was confirmed on Feb 9, 2017). Duane described several possible scenarios and cautioned the audience to be vigilant and prepared to make their voices heard about proposed changes.

Tuesday's program focused on the business of ACNL and important issues facing nurse leaders. ACNL's Annual Business Meeting was presided by outgoing President Beverly Quaye. Members heard presentations on the status of the organization, proposed bylaws changes, and strategic planning and budget. The closing of the business session also saw the acceptance of proclamations in honor of ACNL and important issues facing nurse leaders.

CALNOC's next challenge: ambulatory care measure nursing care and quality. We look forward to more measurements being recorded in 1998, and the first indicators measuring falls, pressure ulcers, skills and the use of restraints. The first indicator began in nine hospitals with initial indicators measuring falls, pressure ulcers, skills and the use of restraints. The first indicator was implemented in 1996, CALNOC launched its first ANA grant proposal – showcasing how CALNOC changed the course of work – showcasing how CALNOC changed the course of work – showcasing how CALNOC changed the course of work – showcasing how CALNOC changed the course of work.

Wednesday brought one of the proudest moments for ACNL when Mary Foley, Board Chair of the Collaborative Alliance for Nursing Outcomes (CALNOC) and past ANA President, presented CALNOC's 20 years of work – showcasing how CALNOC changed the ways we measure nursing outcomes which improved nursing care in several areas. Mary spoke of ANA's leadership in 1995 when ANA identified 11 acute care indicators and issued a call for proposals to develop this work. In 1996, CALNOC launched its first ANA grant in nine hospitals with initial indicators measuring falls, pressure ulcers, skills and the use of restraints. The first measurements were recorded in 1998, and the first public reports were published between 2001-2004. CALNOC's measurement methodology is utilized in 6 states and 250 hospitals and changed the way we measure nursing care and quality.

We look forward to CALNOC's next challenge: ambulatory care measure development, including a specialized Registry of e-Measures for Meaningful Use. We could not be prouder to have been a part of such an important development in nursing care and quality.

ACNL's Conference was an excellent opportunity to collaborate with several health systems and universities to improve the health of nurses through this innovative program.

During their Annual Awards Luncheon, ACNL recognized several nurse leaders for their outstanding contributions. Several of these award recipients were ANAC members. ANAC is proud to congratulate:

- Susan Odegard Turner - Contributions to ACNL
- Myra Lang – Excellence in Leadership, North
- Margarita Baggett – Excellence in Leadership, San Diego
- Ann Mastoff – Best Practice in Administration
- Jane Swanson – Best Practice in Recruitment/Retention/Mentoring
- Peggy Kalowes – Best Practice in Nursing Research
- Nancy Loos was awarded the Alpha Consulting Scholarship to pursue her PhD in Nursing.

Tuesday afternoon presentations were split into several small groups discussing critical issues such as Emergency Department throughput, defeating C-Diff, nurses and social media, and my favorite panel presentation on creating and sustaining healthy work environments. Hearing Janette Moreno and Nancy Blake lead discussion about the importance of healthy work environments that included ANA's Healthy Nurse Healthy Nation (HNHN) Grand Challenge was an unexpected pleasure. ANA's HNHN will be unveiled during Nurses Week 2017. We have been asked to collaborate with several health systems and universities to improve the health of nurses through this innovative program.
Board Meeting Highlights: October 2016 – January 2017

The ANA\C Board of Directors reviewed the adopted mission statement by the membership at General Assembly 2016 to further develop goals and SMART objectives (SMART = specific, measurable, achievable, relevant, time-bound). The strategic direction process has included multiple Board meetings, membership surveys, and hundreds of hours in conversations over the past year. The three primary goals are:

1. Member engagement
2. Strengthen connections between our members and partners
3. Advocacy for health and nursing

The Board of Directors and staff are finalizing the metrics to be used to measure our impact and success. Executive Director Robin Schaeffer has been an integral part of the process by delivering materials and examples for the Board to synthesize, as well as providing input and guidance.

The Board of Directors approved the Public Policy Agenda for the upcoming political cycle. In California, the Governor issues an initial budget in January. Debate occurs in the Legislature, with lobbyist and citizen input over several months and many bills are introduced. The Governor then issues a budget revision in May. It is less likely for changes to occur after the May revision. The Public Policy Agenda allows ANA\C’s State Director and lobbyist to operate more proactively with this approved guidance from the Board of Directors. It is designed to be the initial contact with politicians so that we can develop rapport before engaging in politically challenging areas (see page 3 for more information about ANA\C’s Public Policy Agenda).

The Western Multi-State Division (WMSD) project with ANA supportive funds continues to develop. Primary benefit of WMSD is leveraging of resources through economies of scales with the goal to provide improved membership services and interactions. ANA\C Membership Director Philip Bautista, and ANA Legislative Director Liz Dietz were appointed to the WMSD Board of Directors. Their task over the next few months is to create the WMSD organization with its own bylaws and business entity identification. The ANA Board approved good faith efforts to further develop the WMSD at this time. As part of the transition to the WMSD organizational structure, the fiscal year for ANA\C will be changed from April – March to calendar year (January – December), starting January 2018.

Elena Kendrick, Nursing Voice Editor and Consultant elicited input from the Board of Directors on themes for upcoming publications. As part of our member engagement and strengthening connections goals, the Board of Directors decided to pursue development of a communication plan that strategizes and aligns message delivery over multiple platforms, including the ANA\C website, Facebook, Twitter, Instagram, The Nursing Voice, Phone2Action, and ANA\C Weekly.

The terms for ANA\C representatives to HealthImpact and California Action Coalition (CAAC) recently expired. The Board of Directors acknowledges Monica Weinbich and Gayle Sarlatte for their work on behalf of ANA\C over the past two years. New representatives will be appointed. Center for Disease Control, ANA and ANA\C have partnered through a grant to offer infectious disease and antibiotic resistance training. See page 6 for more details.

ANA\C Vice President Anne Hughes reviewed general assembly and education session outcomes. The plan is to host another virtual General Assembly in 2017. October was identified as a poor choice for the event due to other annual nursing events. February and March 2018 are being explored as possible new annual dates for General Assembly. The goal would be to introduce the newly elected board members with hopes of inspiring members to join us for “RN Day at the Capitol” usually held the second Monday of April; however, this year the event is scheduled on Monday, April 3, 2017 due to religious holiday.

Ballot Committee member Elena Kendrick stepped down in November 2016. The Board of Directors appointed Mary Foley to the Ballot Committee to replace Elena. Requests for candidates with newly developed job descriptions for each board position along with updated Consent to Serve and Ballot forms were distributed to members. Election voting is scheduled for March 20, 2017 – April 17, 2017. Ballots must be received by April 17 to be counted.

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ANA News

ANA: Representing Nursing’s Voice in Health Care Reform

As the battle for health care coverage and reform continues to loom, ANA is advocating on the state level for patients, communities and the nursing profession. As the professional nursing advocacy organization representing all California RNs, regardless of specialty area, ANA is at the table representing nursing’s voice in California health policy and regulatory arenas.

On the national level, the American Nurses Association (ANA) has a long and successful track record of advocating for health care reforms guaranteeing access to high-quality health care for all. With the passage of the Affordable Care Act (ACA) in 2010, millions of people have greater protection against losing or being denied health insurance coverage, and better access to primary and preventive services. ANA recognizes that the debate on health care is ongoing, and the organization remains committed to educating nurses about the changing system and its impact on our lives and profession.

With a new President and Congress considering repeal and replacement of the ACA, ANA continues to deliver nursing’s message, provide resources, develop solutions and take action to ensure the successful implementation of health reform while continuing to represent the interests of our nation’s nurses and patients.

In December 2016, ANA delivered a letter from ANA President Pamela Cipriano to then President-elect Trump outlining ANA Principles for Health System Transformation. To keep abreast of ANA’s efforts, join the Capitol Beat blog at http://anacapitolbeat.org. You’ll also find a link to our nation’s nurses and patients.

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ANA’s Principles for Health System Transformation 2016

The system must:

Ensure universal access to a standard package of essential health care services for all citizens and residents. This includes:

- An essential benefits package that provides access to comprehensive services, including mental health services.
- Prohibition of the denial of coverage because of a pre-existing condition.
- Inclusion of children on parent’s health insurance coverage until age 26.
- Expansion of Medicaid as a safety net for the most vulnerable, including the chronically ill, elderly and poor.

Optimize primary, community-based and preventive services while supporting the cost-effective use of innovative, technology-driven, acute, hospital-based services. This includes:

- Primary health care that is focused on developing an engaged partnership with the patient.
- Primary health care that includes preventive, curative, and rehabilitative services delivered in a coordinated manner by members of the health care team.
- Removing barriers and restrictions that prevent RNs and Advanced Practice Registered Nurses (APRNs) from contributing fully to patient care in all communities.
- Care coordination services that reduce costs and improve outcomes with consistent payment for all qualified health professionals delivering such services, including nurses.

Encourage mechanisms to stimulate economical use of health care services while supporting those who do not have the means to share in costs. This includes:

- A partnership between the government and private sector to bear health care costs.
- Payment systems that reward quality and the appropriate, effective use of resources.
- Beneficiaries paying for a portion of their care to provide an incentive for the efficient use of services while ensuring that deductibles and co-payments are not a barrier to receiving care.
- Elimination of lifetime caps or annual limits on coverage.
- Federal subsidies based on an income-based sliding scale to assist individuals to purchase insurance coverage.

Ensure a sufficient supply of a skilled workforce dedicated to providing high quality health care services. This includes:

- An adequate supply of well-educated, well-distributed, and well-utilized registered nurses.
- Increased funding, whether grant or loan repayment based, for programs and services focused on increasing the primary care workforce.
- Encourage growth in supporting nursing faculty and workforce diversity.

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Safe Patient Handling and Mobility Online Assessment Tool from ANA

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Jillian Einck and Ruth Francis, MPH, MCHES

After its introduction in the poster presentation “ANA Environment Scan Next Steps – Creating an Evidence-Based Gap Analysis Tool” at the Safe Patient Handling and Mobility/Falls Prevention Conference in Glendale, AZ, in April, the SPHM online assessment tool is now available to ANA members. This tool is the culmination of many months of research and development, with numerous individuals dedicating their time, energy and expertise to its creation.

In the 2015 ANA SPHM Environmental Scan, the study identified that 37 percent of subjects considered a SPHM program gap analysis tool as one of the top three resources needed in order to implement a successful and sustainable SPHM program. In response to these findings, ANA partnered with Atlas Lift Tech, a national SPHM solutions company based in California, to develop an electronic self-assessment tool for monitoring a facility’s existing SPHM tool, and measuring successes and opportunities for improvement.

SPHM Online Assessment Tool

The 40-question tool was developed by leveraging the “ANA Safe Patient Handling and Mobility Interprofessional National Standards” (ANA standards) and incorporating them into objective multiple-choice and binary yes/no questions. The questions are weighted and scored by leading SPHM professionals according to relevance and precedence to the development of a SPHM program. From there, a scoring dashboard is generated displaying the facility’s results in a “stoplight” fashion (red/yellow/green) for each of the eight ANA standards, as well as an overall rating of compliance with the ANA standards.

The ANA standards act as a basis for this tool because the questions and scoring needed to be quantified against established and accepted professional standards to detach any individual bias or subjective reasoning from the formation of an industry best practice case. By keeping the questions to simple and objective statements of fact, it provides facilities with a consistent and unprejudiced analysis of their program and its associated strengths and gaps. This in turn allows for the creation of a universal benchmark to gauge not only where an individual facility measures within a base set of standards, but also where it measures across a national continuum of health care organizations, all of which have measured and developed their programs based on the same ANA standards.

Additional Resources

In addition to the self-assessment, resources designed to further educate on safe patient handling and bolster implementation of a SPHM program are offered. One tool available is the Resource Library. This is a collection of links to various articles, webcasts, white papers, surveys and case studies all related to SPHM. This resource is dynamic and will be updated continuously as new studies and publications are released, allowing participating ANA members to keep up to date on developments and movement within the SPHM industry.

The second resource added to the tool is the SPHM Work Kit. A collection of documents and tools designed to assist a facility in the adoption and implementation of a successful SPHM program, and to bolster existing programs with useful templates and tools. Included in the SPHM Work Kit are sample SPHM program policies and procedures, legislative compliance information, information on the Patient Handling and Movement Assessments guidelines, a facility equipment assessment, a sample mobility assessment, and various other documents and templates related to this topic.

For more information go to www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment.

— Jillian Einck is executive assistant at Atlas Lift Tech and a member of the Association of periOperative Registered Nurses.
RNs draw from a wealth of nursing education and experience to provide patients with excellent care. But even the most knowledgeable, seasoned nurses encounter unfamiliar situations – and as health care standards, ethics and policies evolve, it’s crucial to turn to the most up-to-date sources for answers.

When caring for a patient with a complex array of diagnoses, who is being treated by several different health care providers, how does an RN best coordinate care with everyone involved? What should RNs do when a patient’s choices conflict with their own personal values? What does society expect from nurses and how can they meet those expectations?

The American Nurses Association’s Essentials of Nursing Practice Package, made up of the latest versions of three authoritative guides to exemplary practice, provides comprehensive answers.

- Nursing: Scope and Standards of Practice, 3rd Edition is the premier resource for professional nursing practice, with guidelines for coordinating care and providing the best care in any situation RNs may encounter.
- Guide to the Code of Ethics for Nurses: Interpretation and Application, 2nd Edition provides guidance on how to examine and apply the values, duties, ideals and commitments of nurses’ living ethical tradition to their practice. The resource helps RNs learn how to balance their personal values with the profession’s ethics and how to approach ethical challenges.
- Guide to Nursing’s Social Policy Statement: The Essence of the Profession addresses the relationship of the nursing profession to society and social expectations of nursing. RNs get a framework for understanding how to fulfill that role to the best of their ability.

This three-book package is a resource for every practicing nurse as well as faculty, students, researchers, in-service trainers, chief nursing officers, boards of nursing, agencies, organizations, regulators, legislators, lawyers, judges and health care consumers. To order, visit http://www.nursingbooks.org.

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