Special points of interest:

- RN Lobby Days is April 22nd & 23rd Registration Form on page 11
- Article: A Necessary Ingredient forLowering School Attrition . . . byANAC Member Diane Alvy RN, MA read more page 8
- Chris’s Corner—Lead byExample—”Walk the Talk” page 5
- CAPNAP Continuing Education Event, more information page 19

I attended the American Nurses Association meetings of state Presidents and Executive Directors November 4-5, 2006. One of the discussions focused on the ANA membership of new graduate nurses. The 2006 Members Satisfaction Study revealed that only 3% of first-time members in ANA were influenced by the faculty in their nursing programs. Likewise, only 43% of first time members responded that they heard about ANA in their nursing program. A discussion of the influence of nursing faculty in the entry-level nursing programs revealed that the majority of nurse leaders present joined ANA because of the influence of their nursing faculty. I thought about my membership in ANA and it was due to the expectations of the nursing faculty in my diploma nursing program. I can remember my nursing faculty stating that nurses must belong to ANA because it was the professional nursing organization and would protect my right to practice, determine the standards of nursing practice, safeguard my work environment, ensure my general economic welfare, keep me informed of changes in nursing practice and advance the practice of nursing through research. Furthermore, the nursing faculty encouraged all of the students to belong to the student nurses association to learn how to participate in a professional organization. I attended the Los Angeles County General Hospital diploma program in the late 1960’s when the students’ organization was Student Nurses Association of California (SNAC). I became an officer in the organization and learned the art of writing resolutions, attended the House of Delegates and served on the Board of Directors for the region. During the 1970’s and early 1980’s, the majority of new graduate nurses joined ANA after graduation.

A change of attitude toward ANA membership occurred in the nursing programs in the late 1980’s. New graduate nurses were not joining ANA and practicing nurses, including nursing faculty, dropped their membership in the association. The downturn in membership of new graduate nurses has continued to the present day. As a result, the current membership in ANA has an all time low. The 2006 survey revealed that only 11% of ANA members are nursing faculty. The survey offered no explanations as to the reasons for the decline in membership in the last 25 years. The current statistics reveal three serious concerns: (1) there is not a sufficient number of nurses to perform the very important work of the association, (2) there are not sufficient funds to pay for the expenses incurred by the nurses on the committees, task forces, commissions, Board of Directors at the state and national levels and (3) nurses are not getting the information they need from the American Nurses Association that affects their practice, future education needs and new laws that govern their scope of practice.

I have always been proud to be a member of the American Nurses Association as the organization is composed of registered nurses who take their professional status seriously. Being a professional nurse obliges me to maintaining the profession by serving on committees, becoming politically active and paying dues to defray the costs for nurses to perform the responsibilities and duties of the profession in my behalf. It is a privilege for nurses to be considered experts and elected or appointed to the state and national Board of Directors, committees, task forces, commissions to conduct research, to write the examinations for credentialing, to develop policies for health care and to establish the standards and guidelines for nursing education and nursing care at all levels of practice.

I have been an educator for 31 years at CSU, Sacramento and have always been a strong supporter of the California Nursing Students Association (CNSA) serving as their faculty advisor for several years. I believe nursing faculty play a vital role in shaping nursing students’ concept of professionalism. The nursing students are definitely influenced by faculty’s participation in ANA and their opinion of the American Nurses Association, especially the role the association plays in their nursing career and right to practice. In California, we have 121 entry level nursing programs with over 40,000 nursing students. Not all of the entry level nursing programs has a CNSA chapter. By participating in CNSA, students acquire the knowledge and skills of managing a professional association. CNSA is patterned after the ANA association in its organizational structure and by-laws. Nursing students perform the duties and functions of a professional association and participate in several community activities that promote patient access to health care. ANA; C has a commitment to the CNSA organization and will assist the chair/director, faculty and nursing students to establish a CNSA chapter for their nursing program. There are over 6,000 new graduate registered nurses every year. However, the membership in ANAC is less than ten percent for new graduate nurses. Last year, CNSA and ANAC developed a Bridge Program to assist the graduate nurse with the transition into ANAC. This program benefits greatly from the support of the nursing faculty. The nursing faculties teaching in the graduate nursing programs have an obligation to sustain the involvement of nurses in ANA at the master and doctoral levels. Leadership in ANA is enhanced through the graduate nursing students’ contribution as members of the committees and Board of Directors at the state and national levels. Faculty play a vital role in the graduate nursing programs as they encourage the graduate students
We have received numerous letters and emails from nurses throughout the state who are excited about the newsletter. One nurse called recently and had commented that she had not heard much from ANA\C and was pleased to get the newsletter. I laughed and agreed with her and thought I was laughing at her!! I hope she calls again!

The newsletter is a great tool to let every RN, LVN and nursing student know what is happening in our state. We are providing information about legislative and regulatory changes as well as what is happening with nursing practice and education. We really do want to hear from you. Your articles or comments are welcome. If you know of events that should be broadcast please let us know. If nurses have received awards or recognition we would like to acknowledge them as well! If a nurse passes on we would like to receive news of awards or recognition we would like to announce that barrier.

The Governor has proposed major health care reform, with a goal of providing affordable, cost effective healthcare for everyone. We were excited to hear him announce that barriers that exist in law for Advanced Practice Nurses to access patients need to be eliminated. At this point issues are being discussed as concepts but it is going to be important, when the language is written, that nurses be at the table to help shape the future of health care access in California.

I have had the opportunity to speak at many schools, key note nursing conventions, attend installations and award events on behalf of ANA\C. I have wanted to be a nurse since I was six years old and do not regret the decision. Nurses provide so much to our community and to our state. When I attend these events and see nurses excited about nursing and the wealth of diversity and knowledge we all share it makes me very proud.

The year 2006 has been a whirlwind for nursing in California and 2007 looks like it will be more of the same. Providing funds and programs for additional nurses is still a priority. The number of education slots for nursing faced a number of barriers. Key among them is that the salaries are not competitive with what the nurse can make in the private sector. When a nurse is looking at $25,000 plus differences in yearly income, many are deciding not to go into education. The legislature passed additional funds to help offset education costs for nurses deciding to get their Master’s Degree or Doctorate Degree but this does not resolve the salary discrepancy.

Increasing the number of nurse educators in California faces a number of barriers. Key among them is that the salaries are not competitive with what the nurse can make in the private sector. When a nurse is looking at $25,000 plus differences in yearly income, many are deciding not to go into education. The legislature passed additional funds to help offset education costs for nurses deciding to get their Master’s Degree or Doctorate Degree but this does not resolve the salary discrepancy.

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Presidents Commentary . . . cont’

American Nurses Association. We entered nursing to become professional nurses. We believe we have an autonomous scope of practice and we offer exclusive health care services to patients. Every nurse wants to sustain the uniqueness and important role nursing plays in the health care system. This unique privilege to provide nursing care was granted by the government at the establishment of the American Nurses Association and can only be preserved and advanced through the work of nurses in the organization. I call upon the nursing faculty in the nursing programs in California to encourage student involvement in CNSA and lifelong membership in their professional organization, the American Nurses Association.

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Article Submittal to The Nursing Voice

ANA/California accepts and encourages manuscripts and editorials 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/C members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less. Articles printed in The Nursing Voice do not necessarily reflect the views of ANA/C, its membership, the board of directors or its staff.

ANA/California’s official publication, ‘The Nursing Voice’ editorial guidelines and due dates for article submittal is as follows.

Next Article Submission Deadline
April 9th, 2007 for the June 2007 Edition

1. Manuscripts should be word processed and double-spaced on one side of 8 1/2 x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@yahoo.com

a. 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. Articles for reprint will be accepted if accompanied with written permission.

c. The Nursing Voice reserves the right to edit manuscripts to meet style and space limitations.

d. Manuscripts may be reviewed by the Editorial Staff.

e. Articles submitted by members’ of ANA/C will be given first consideration when there is an availability of space in the newsletter.

2. Photographs should be of clear quality. Black and white photographs are preferred but not required. Write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to: Samantha Hunter, Editor, The Nursing Voice c/o ANA/California, 1121 L Street Suite 409, Sacramento CA 95814.

3. E-mail all narrative to TheNursingVoice@yahoo.com

California State Capitol
Pat McFarland, runner-up for the Northern California region “Best Nurse Leader” award!

There is a contemporary Chinese proverb that says “Do not go where the path may lead, go instead where there is no path and lead a trail.” A second proverb builds on the first: “The path is formed by having people walking on it.”

For more than 30 years, Patricia Lenihan McFarland, MSN, RN, has been following a path to nursing excellence. Since 1995, she’s been building a path for current and future nurse leaders across the state to follow, first as executive director of the Association of California Nurse Leaders, now as its CEO. Known simply as “Pat” to all she meets, McFarland oversees an office and staff in Sacramento as well as a network of more than 1,200 nurse leaders across the state and student nurses who are members of the California Nursing Students’ Association. Her days are filled working to improve both patient outcomes and the role of nurses in the state.

McFarland wanted to be a nurse from an early age, encouraged by her late father. She earned an ADN in 1973 from American River College in hometown Sacramento then went on to work at Mercy San Juan’s ICU caring for pediatric patients. Following the death of a little boy, a nurse leader at Mercy San Juan, McFarland found herself at ACNL’s door. It proved to be a good match for both.

“Everything that ACNL is involved in impacts nursing practice,” McFarland said. “We’re working to remove barriers to help nurses across the state work better with their staff then, ultimately, at the end of the day, patients will reap the rewards.”

Some of those rewards are a result of the California Nursing Outcomes Coalition, which McFarland helped found in 1996. Working with ANA/Calfornia, she gathered together a group of nurse leaders to examine the connection between nursing care and patient outcomes. The group worked to identify, define and implement clinical outcome indicators and database planning, using experts in nursing management, skin integrity, medication errors, patient falls and staffing management.

Since that time, noted past ACNL president Mary Logue, McFarland has led a movement that has spread to more than 150 hospitals statewide, creating a database to provide statistically significant reports and benchmarks to member hospitals. It was McFarland’s leadership and stewardship, in conjunction with a core group of nurse leaders that pushed the project forward.

Over the past 11 years at the helm of ANA/C, there have been many such projects undertaken to guide, assist and enhance her beloved profession. She works closely with other organizations such as the California Institute for Nursing & Health Care and nurse educators, meeting frequently with the directors of schools of nursing in the state. She also serves as a valuable resource for both the BRN and BVN.

“We’re just on the cup of coffee they’re going to prepare our nurses for the future,” McFarland said. “There’s so much to learn. It’s a fabulous time to be a nurse, I love nursing and I can’t imagine being anything else.”

The complete article is at: http://nursing.advanceweb.com/common/Editorial/Editoral.aspx?CC=79124&CP=1
Chris’ Corner—Lead Example: “Walk the Talk”

Last issue I addressed the ‘Elephant in the Living Room’ and received a number of email responses from many of you. I just want to tell you how pleased I was to see that many of you understood the issue I was addressing. I take great pride in nursing as a profession and I plan to work as a nurse until I can’t work any longer. The ‘Elephant’ or obstacles that block progressive change is still a problem, and we can’t look at solving the problem until we bring it out into the open. My intent was to do just that.

Bring the issue out into the open, and if nothing else to stimulate conversations. Now I would like to suggest some ideas on how each one of us can contribute to making our nursing careers into a profession we can be proud of.

I read an article from Pediatrics, Official Journal of the American Academy of Pediatrics. The title was Development of Potentially Better Practices for the Neonatal Intensive Care Unit as a Culture of Collaboration: Communication, Accountability, Respect, and Empowerment. (Obtained from: www.pediatrics.org/cgi/content/full/111/4/e471) I felt the need to share with all RNs in California some of the ideas presented in this article, as it represents my vision of where we can take our professional careers, if we only stop being defensive and really explore within ourselves how we live and effect each other and our patients.

Those of you, who are in management, consider what type of leadership style you promote. Do you lead by directing; coaching; supporting and delegating, rather than commanding and controlling? Do you contribute to a nurturing collaborative environment with respect and trust? If you do, than kudos to you! You are probably developing a culture that supports and values change and quality improvement, and each other! If you find that you are into controlling and commanding, would you be willing to look at another way to lead others? In the article mentioned above, there were several potential better practices that would promote a healthy work environment. Included were: 1) It is essential to develop clear, shared NICU purposes, goals, and values; 2) to promote open and honest communication between all team members while putting a stop to gossip and criticisms of each other; 3) to be a leader and lead by example; 4) to nurture a collaborative NICU environment with trust and respect; 5) to live principled standards of conduct and standards of excellence; 6) to nurture competent and committed team and team members; and 7) to commit to effective and positive management.

One key point of the article was “the culture of collaboration and teamwork within a unit is not a static ‘given’; it can be improved through the deliberate application of certain practices.” Another point made was: “Without change, there can be no improvement. The fabric of the culture determines the degree to which ‘given’; it can be improved through the deliberate application of certain practices.”

Chris,

After reading your article, I thought to myself — she’s one brave woman! I am not surprised that you felt your fellow nurse’s wrath but, it truly is a shame. I find many nurses feel threatened when a co-worker is more knowledgeable, skillful and continues to challenge themselves to improve. I have seen it over and over again where the culture in the unit, office or whatever decides to keep those nurses down. It is enough to make someone quit and is so damaging not only to the nurse but, to the entire unit. Unfortunately, most nurses that I have worked with don’t care as long as it’s not happening to them. The sad thing is that they don’t see that it hurts everyone in the long run, leading to burnout and depression. I don’t know why nurses can’t be supportive of each other.

You asked if there was something you could address, I think nurses need to be reminded that we are in a “caring profession” and that includes caring about each other. How can we expect to be treated as professionals, when we act like we did in junior high? Alienating, gossiping and bullying each other do not raise us to a higher level, and in the end hurts our ability to care for our patients and ourselves.

I am really glad you chose to speak out about the elephant. I was glad to hear that someone else sees the problem too! Thank you for responding to my letter and I will look forward to reading your future articles.

Good Luck to you! 

(Continued on page 6)
Nursing Practice cont

(Continued from page 5)

Chris

I appreciate your candid article/letter in the “Nursing Voice” Volume 11, Issue 4 and publication the opportunity to express my opinion regarding the “elephant in the room.”

My current perspective warrants some background information regarding my nursing career. I graduated from a diploma school in 1974, got my BSN in 1991, and completed my MSN/CNS in 2005. I have worked primarily full time for > 30 years in the Midwest and Southern California. My field of specialty is critical care and I have worked as an educator, manager, and a bedside/charge nurse in a variety of hospitals.

My experiences have been mostly positive, and I am still very pro-nursing. I encounter dedicated and engaged nurses in my current work environment that truly care about their patients and families. I consider this a blessing as many of us are quite seasoned, our clinical experiences are not new, and thus have lost some of their luster.

I want to explain a personal step for employment but chose to take a bedside nurse position as a “time out” after I stepped out of a management role. Why is it that I took it? It about the bedside nurse has an opportunity to experience why we went into nursing: To provide a service that is appreciated by our patients and family and recognize us with a satisfaction that is earned as a price tag. It can be truly regenerating in hope and faith in the future. What I have also discovered is that although we invite new ideas and opinions in our workplace, that there is not a free role in improving the quality of care that nurses that have the status quo. It has become difficult to look outside the box and challenge our peers to take on alternative and acknowledge, respectfully, other ideas.

Have we lost ownership for our own professional practice and development? Are we protecting our profession and expense of others? Are patients the victims of our selfishness? Thus, the reason your article caught my eye.

As an educator I loved teaching, passing my knowledge and I have embraced the novice nurse and enjoyed the opportunity to assist others to become successful, competent, and confident in their clinical practice. I thought I was important for me to obtain my MSN/CNS in hopes of teaching at a nursing school or in a CNS role to help prepare for our future. I am currently debating my next role, am closer to a decision, but have reservations as to how much of a challenge I want to take on to fulfill that goal. There are many obstacles, most within the profession.

We have found in the acute care setting that is an obstacle is not just the shortage of funding, but how priorities are chosen of what to fund. Of course, it is bigger than nursing, and everyone wants a piece of the pie, as administrators are juggling immediate need with priorities are chosen of what to fund. Of course, it is resistance to accepting change or new ideas by other nurses that have become the status quo. It has become as an essential expense, but rather an investment with a worthy return. Think of all that has been accomplished each day, however, we never get any credit for that. It is what makes the new nurse become tarnished, it’s what makes the nurse transitioning to a new role or new facility discouraged and distraught, it’s what makes the seasoned nurse not want to further their education, it’s what makes others seek to remove themselves from nursing completely, and it’s what paralyzes a middle manager.

So, what is the solution? It would be easy if we could have a quick fix, but we can’t. Some of the solution is financial, some of it an attitude, but most of it is walking the talk of our mission statements. We all have them, but don’t live them, or don’t see how our activities this day—this moment in time—is what does or does not achieve the purpose, the mission. Am I thinking of writing a book about this? Sure! Do you think we could get an audience? Until we, as nurses, are willing to listen and fix the ills of our practice, no one else will. Until we can convince others, outside of the profession that they will be well served by their financial investments we will not obtain the funding to support our goals. We all play a role in improving the quality of care, as well as ourselves. It is what makes the nurse transitioning to a new role or new facility discouraged and distraught, it’s what makes the seasoned nurse not want to further their education, it’s what makes others seek to remove themselves from nursing completely, and it’s what paralyzes a middle manager.

We do not want to be viewed as an essential expense, but rather an investment with a worthy return. Think of all that has been accomplished each day, however, we never get any credit for that. It is what makes the new nurse become tarnished, it’s what makes the nurse transitioning to a new role or new facility discouraged and distraught, it’s what makes the seasoned nurse not want to further their education, it’s what makes others seek to remove themselves from nursing completely, and it’s what paralyzes a middle manager.

GRRRR: Creating a Two-Way Process for Structured Communication

by Beth Boynton, RN, MS

Abstract: This paper is an effort to balance structured communication efforts by focusing light on the responsibility of recipients. This is an aspect which is missing in popular strategies and can be incorporated into the un-rolling of related new processes in healthcare. These two paper presents two different processes: SBAR and STICC. (Situation, task, intent, concern, and calibrate). SBAR has its origins in the military and STICC in fire communications, which are being introduced into healthcare. Both models are focused on the sender of information or report for the next scenario that may develop between the nurse and recipient, or report for the next scenario that may develop between the nurse and recipient. Ask the patient and family how the nurse can be engaged in the communication process. The Joint Commission Guide to Improving Staff Communication (2005). Both models are focused on the sender of information and have little responsibility allocated to the recipient. As a nurse who has contacted many physicians or others in supervisory capacity to report a problem and seek advice, I assert that these models are missing a key piece of the puzzle. In short, they fail to address the increased burden in which the call or report is received and responded to.

Sensibly, it is not uncommon for nurses and other clinicians to be verbally assaulted, interrogated, humiliated, or ignored. This, in turn, perpetuates underlying cultural problems within healthcare, which can result in catastrophic outcomes. One idea for ensuring that effective staff communication becomes part of a high quality culture is hold the recipients of information equally accountable. This is where GRRRR can contribute to a two-way process!

Greeting: Recipients can set the tone for a professional dialogue with a quick “Hello” and use of the caller’s name.

“I Beth, this is Dr. Smith, how can I help?” This is simple, quick and respectful way to begin a stressful conversation.

Respectful listening: Allowing clinicians to finish sentences without interruptions, occasional acknowledgments such as, “okay” or ‘hmmmm’. Allowing a second or two between pieces of information can time to think and transmit critical information. In person, eye contact and nodding with receptive body language can promote a calm rapport even in the middle of an emergency.

Review: A quick summary of the information can validate the recipient’s understanding without intimidating or humiliated. Recommend or request more info: At this stage in the communication the responder has enough information to initiate an order or gather more information. It may mean an additional assessment and phone yet will enlist and engender a team approach to problem solving.

Reward: “Thank you for your attention to this patient’s needs” or “I appreciate your call” are examples of rewards, which can help the caller or responder feel appreciated and respected. This is far more likely to result in a timely call and can be a key to reducing the mutual mistrust between these practitioners than intimidating or interrogating responses.

Ultimately, any organization can develop a process, which help with the implementation phase of a new communication effort. Asking clinicians what they may need in order to comply with SBAR, STICC or other structured communication efforts is a step towards building buy-in and yeilding an overall healthy communication culture. Facilitated focused groups, team champions, customized training sessions, the benchmarking goals, the communication culture.

Beth Boynton, RN, MS is Trainer & OD Practitioner for healthcare organizations and professionals. She specializes in building effective communication skills and collaborative cultures by focusing on customized training, small group process facilitation, and individual coaching. She is also an Adjunct Faculty member of Antioch University and New England College Health Care Administration programs. She can be reached at bbbboynton@earthlink.net or (207) 363-5804.

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Nursing Practice

Benefits of Becoming an American Nurses Credentialing Center Magnet-designated Facility

by Tricia Hunter, RN, MN

Sharp Grossmont Hospital of San Diego joins the list of seven hospitals who have received Magnet Status in California. ANAC congratulates Sharp Grossmont along with the Cedars-Sinai Medical Center (2000), University of California Irvine Medical Center (2003), Children’s Hospital of Orange County California (2004), El Camino Hospital (2005), Hoag Memorial Hospital Presbyterian (2005), Scripps Memorial Hospital La Jolla (2005), and UCLA Medical Hospital Westwood (2005) are the only hospitals that have received this recognition in California. There are 225 facilities that have received this recognition in the United States and Australia.

Magnet designation is an important recognition of nurses’ worth.

Dr. Linda Aiken’s independent research shows that Magnet designated facilities consistently out perform those of competing and retaining nurses. As she labeled ‘Magnet hospitals’ originally was given to a group of U.S. hospitals that were able to successfully recruit and retain professional nurses during a national nursing shortage in the early 1980s. Studies of Magnet hospitals highlight the leadership characteristics and professional practice attributes of nurses within these organizations…Hospitals selected met the following criteria: 1) nurses within the hospitals considered them good places to practice nursing, 2) the hospitals had low turnover and vacancy rates, and 3) the hospitals were located in areas where there was significant regional competition for nursing services.” (JONA, January 1999) These “nurse friendly” organizations benefit from reduced costs due to lower turnover, which results in greater institutional stability. Magnet-designated health care organizations consistently outperform their peers in recruiting and retaining nurses, resulting in increased stability in patient care systems across the organization.

Magnet designation means a competitive advantage

A national survey conducted in March 1999 by Wirthlin Worldwide, dramatically illustrates the competitive edge enjoyed by Magnet designated facilities. The survey found that 93% of the public would have more confidence in the overall quality of a hospital if that hospital had passed the nursing standards required to be a Magnet Recognition Program®. The same survey found that 85% of the public would have more confidence in a Magnet hospital than a non-Magnet hospital. “Thus, these hospitals have been cited as culture of excellence, the measure of goodness, and the ‘gold standard’ in nursing.” (JONA, February 1999, pg. 14) “[Magnet hospitals] are infused with values of quality care, nurse autonomy, informal, nonrigid verbal communication, innovation, bringing out the best in each individual, and striving for excellence.” (Kramer, M., Schmalenberg. C. Magnet Hospitals: Part II: Institutions of excellence. Journal of Nursing Administration, 1988, 18[2]: 17.)

Magnet designation improves patient quality outcomes

“We created nursing consults that establish policy, and established every nursing unit as a nursing department so that each department didn’t have layers of bureaucracy.” Harley Yorke, chief executive officer, Southwestern Vermont Medical Center, Bennington, VT (Magnet designated March 2002). The Magnet Recognition Program® establishes standards of excellence which Magnet hospitals consistently provide the highest quality of care.” (Bensing, K. Magnet hospitals provide havens for quality care and happy nurses. ADVANCE for Nurses [DC/Baltimore]: April 10, 2000: 27)

When marketed effectively, Magnet designation increases use of the health care organization by consumers and health care plans.

Of respondents in a recent survey, 93% indicated that knowing that a hospital has passed rigorous standards regarding quality of hospital nursing care would increase their confidence in the overall care provided by the hospital. Through recognition of an organization as being among the best in the nation for nursing care, they can be sure they have chosen the best provider, and health plans can be assured of the organization’s commitment to high-quality patient care.

Magnet designation attracts high-quality physicians and specialists

Research documents that high quality nurses is one of the most important attributes in attracting high quality physicians. Therefore, achieving this status creates a positive “halo” effect beyond the nursing services department that permeates the entire health care team.

ANAC Nurses Join Panel on Malnutrition

Camille Goldsmith

Members of the American Nurses Association of California recently joined the Access to Nutritional Advisary Council (ANAC), a statewide effort to raise awareness about nutrition and the integral role it plays in the provision of health care and chronic disease management. Nurses Camille Goldsmith and Melen McBride joined other health care providers and multicultural advocates in a roundtable discussion to assess patients’ nutritional needs and discuss best practices.

During the meeting at the California Medical Association in Sacramento, ANAC members from throughout the state shared their experiences and agreed that malnutrition is often overlooked as a major contributor to poor health outcomes and rising health care costs. Malnutrition often escapes detection and diagnosis, and its effects and consequences are difficult to foresee.

Because poorly nourished patients experience more complications and increased morbidity compared to adequately nourished patients, their health care costs are significantly higher. In some studies, the length of hospital stay of undernourished patients was at least twice as long as that of adequately nourished patients.

Under nutrition is particularly prevalent among hospitalized patients and older adults. As many as half of hospitalized patients and 35% to 85% of older long-term care residents are undernourished.

Members of the ANAC said it’s necessary to establish nutrition screening and assessment as a routine practice in a clinical setting and emphasized that the economic and human costs of malnutrition can be avoided.

To that end, ANAC is discussing next steps to inform and educate both patients and health care providers about the effects of malnutrition and how to use nutritional treatment to improve health care outcomes.

Melen McBrade, part of ANA’s Racial/Ethnic Clinical Fellowship Program.

Of respondents in a recent survey, 93% indicated that knowing that a hospital has passed rigorous standards regarding quality of hospital nursing care would increase their confidence in the overall care provided by the hospital. Through recognition of an organization as being among the best in the nation for nursing care, they can be sure they have chosen the best provider, and health plans can be assured of the organization’s commitment to high-quality patient care.
Grant Funds Nurse Training

A federal grant will fund the expansion of nursing programs at community colleges in central California, the Fresno Bee reports.

Chester A. Rankin, chancellor of Fresno City College, announced that the California Community Colleges Board of Trustee’s Department of Labor awarded a $1.85 million grant to expand nursing programs at community colleges in Merced and Modesto and State Center Community College’s Madera Center, according to Deborah Ikeda. Ikeda is the vice president of instruction and student services for the community college district’s centers in Clovis, Madera and Oakhurst.

The School of Nursing at Grossmont College is Viable

Recently Grossmont College Nursing Program has experienced an unprecedented number of faculty leaving teaching positions. Reasons for this have varied. Some faculty retired with others turning to closer homes. Competitive salaries have also been cited as a reason for leaving. At our March 2005 NLNAC site visit, we noted that participating colleges and other organizations will provide $1.5 million in matching funds (St. John, Fresno Bee, 12/15).

With over 275 students in our nursing program, because of the grant we have filled all part-time clinical openings without any difficulty.

We have just completed hiring five full-time nursing faculty bringing the number of faculty up to 11 full-time.

We are very pleased with the qualifications each newly hired faculty member brings to our department.

The School of Nursing at Grossmont College is viable and has turned the corner towards reapplication for our NLNAC accreditation. I am extremely confident that we will receive our accreditation and our program will be even stronger. We will continue to provide a quality nursing graduate to serve the community.

Dana Quittner
Director
Intergovernmental Relations, Economic Development and Public Information

Grossmont-Cuyamaca Community College District
8800 Grossmont College Dr.
El Cajon, CA 92020
dana.quittner@gcccd.net

A Necessary Ingredient for Lowering Nursing School Attrition...Process/Support Groups as a Part of The Nurse’s Curriculum

by Diane Alyn RN MA

Adding a psychological processing/support component to the nursing curriculum could be the necessary ingredient to stave off the high attrition rates that plague many schools of nursing. This is especially true in the current climate in which students face many challenges that go under the radar. The 2004-2005 BRN Annual School Report cites three reasons for nursing attrition: academic failure, clinical failure and personal reasons.

Fortunately, The Gordon and Betty Moore Foundation (GBMF) are providing funding to determine the current crisis that California faces. From the research data that are now surfacing, it appears that psychological concerns significantly influence nurses’ decision to leave practice.

Seventy-five percent of the schools in the 2004-2005 annual school survey reported offering individual or group counseling. However, none of the counseling offered is a condition for graduation. According to the Nurse Practice Act, the RN curriculum does not include mandatory ‘process’ groups that address the student’s psychological concerns on an on-going basis as it pertains to the unique demands of the profession.

Providing a forum for students to share their concerns and even memories of loved ones for the student. Often these concerns on an on-going basis as it pertains to the unique psychological and emotional demands of the profession.

Being a nurse requires not only taking care of the physical needs of patients but, the psychological as well. Being sensitive to their emotional needs during illness, aging, mourning, celebrating milestones, gender roles...the list goes on. The more the student is able to ‘process’ the impact their culture has had on their lives the easier it is to understand the uniqueness that patients bring when care is needed. Process groups provide time for the student to reflect on new role as a nurse and ways to improve communication skills.

Unfortunately, nurses are frequently described as ‘poor communicators’. Patients facing illness and death often share their fears with their nurse. For some students, nurse’s training is their first experience with illness, death, and illness. Feelings that concern illness and death can stir up many feelings and even memories of loved ones for the student. Often these concerns are not addressed openly during school.

Providing a forum for students to share their concerns provides validation that they are not alone and further improves learning. Providing a forum for students to share their concerns provides validation that they are not alone and further improves learning.

Nursing programs that address student attrition include process/support groups as a part of the curriculum. These groups consist of no more than eight people, are usually held once a week, and last 90 minutes. Groups larger than this, lose the intimacy a small group engenders and leaves no time for all members to discuss their experiences. The process group serves many purposes; it instills hope, provides camaraderie, allows exploration of feelings and provides a place to practice communication building.

The nurses who have contributed most towards getting better understanding of patients are skilled communicators. Individuals attracted to the nursing field are nice people, but they are not always best at communicating or caring for themselves. Nurses are givers! Some nurses work incredible schedules without voicing their concerns about how their quality of care is being jeopardized. Other nurses turn to substances to ‘numb’ themselves. Learning how to verbalize concerns and incorporate good self care measures helps the nurse develop as a person and, in turn, provide optimal nursing to patients. When it comes to bargaining with others for better working conditions, many nurses remain silent. Learning how to express what is hardest to convey early in the game, is the first step to building skill in effective communication.

Adding a psychological processing/support component to the nursing curriculum could be the necessary ingredient to stave off the high attrition rates that plague many schools of nursing. This is especially true in the current climate in which students face many challenges that go under the radar. The 2004-2005 BRN Annual School Report cites three reasons for nursing attrition: academic failure, clinical failure and personal reasons.

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Governor Schwarzenegger released his health proposal the second week in January, 2007. The program is built on the following principles: Prevention; Health Promotion and Wellness; Coverage for All Californians; Affordability and Cost Containment. The Governor believes that the program success will require shared responsibility of all who are involved with Californians health care system.

The Government component of Health Care Access will require an expansion of Healthy Families and MediCAL for all children in families earning under $60,000.00 (300% below the federal poverty level). There would be subsidies to families whose income is between $20,000.00 and $50,000.00 (250% below the federal poverty level). The subsidies would be provided through a purchasing pool. There would be an expansion of MediCAL for indigent adults. This would be a significant change since indigent health care is covered by the Counties at this time, not the State. There would be a $4 billion increase in MediCAL reimbursement rates. The Governor would provide 100% reimbursement of approved costs for MediCAL recipients in exchange for the fees that would be imposed on hospitals and physicians. Counties would be responsible for access for undocumented immigrants.

Doctors would pay a 2% fee on their revenues and hospitals would pay a 4% fee on their revenues. The Governor’s proposal would pay 100% of approved costs to off set these fees. The issue for physicians and hospitals is that they would pay the fees on all clients and patients not just MediCAL. They would also pay these fees on Medicare, which the state has no authority to increase reimbursement. Additionally, the physicians and hospitals would be required to participate in patient safety initiatives. There would be a requirement that at least 85% of hospital payments would be spent on patient care, again limiting hospital resources for modernization or equipment needed.

Health Plans would be required to guarantee coverage with rates based only on age and geographic area in the individual markets. No pre-existing conditions could be identified or cause someone not to be covered by the plan.

The Health Plan would be required to validate that 85% of the premium would be dedicated to patient care, therefore limiting administrative costs and profit to 15%. The plans would be required to offer “healthy actions” rewards and incentives within the benefit package and pass along those savings to their policy holders.

Employers would be required to offer the health plans to their employees and allow the employees to make pre-tax contributions to cover Health Savings Accounts. The employer would contribute to the cost of coverage based on the number of employees. Employers with 10 or less employees will contribute 4% of payroll (80% of all California employers have less than 10 employees).

Concern about the Governor’s plan includes the initial estimates that the hidden tax for those with insurance is 17%, which is $455/individual or $1,186 for a family of four. It is estimated that with this plan, half of the hidden tax will disappear with the individual mandate and the increased Medi-cal reimbursement will do away with the remainder of the hidden tax.

The governor estimates the cost of this new program to be $12 billion: $300 million for prevention; $900 million tax incentive; and $2 billion to Counties. There would be $2.270 billion subsidized coverage; $2.638 billion MediCAL and Healthy Families coverage; and $4.039 billion MediCAL rate increase.

Funding for the program would require $203 billion funds including: $1 billion Employer pays into state pool; $ 2 billion county redirect; $1.472 billion Provider/hospital recapture; and $5.474 billion Federal fund increase.

For this program to be implemented it will require a 2/3 vote of the Assembly and the Senate. At this point no bill has been introduced. Republican’s are expressing concern about the hidden tax; how will the Governor pay for the proposed programs; and how will the proposed programs affect other health programs. Republicans are concerned about the $1,000,000,000 that would be diverted from public transit. There would also be a decrease in funds for state parks maintenance, drug treatment, and higher education outreach for minorities. The $165 million dollar tax credit for teachers would be repealed.

Education: Under the budget proposal Kindergarten through 12th grade would be projected to be $68.6 billion dollars, a 3.3% increase from 2006-07, with per pupil spending projected to be $11,240 in 2006-2007 and $11,584 in 2007-2008. In 2007-2008 the funding for schools is 61% from the State, 10% from federal funds and local taxes representing 23%. The State of California by far, is the largest monetary supporter of public education.

California faces a teacher shortage. One strategy to address the supply of teachers is to provide $10 million (Continued on page 10)
to appropriate the En- Corps Teachers Program which will add 90 new experienced teachers to the teaching corps through a public-private partnership. It is estimated that 11 million Californians will retire by 2008 and they have subject matter expertise in math, science and career technical education.

The governor launched his CTE (Career Technical Education Initiative) in 2005. This program used to be called vocational education. The budget appropriates $38 billion dollars to expand this effort with $20 million going to California Community Colleges and $32 million dollars to Kindergarten through 12th grade. Under Proposition 98, the education initiative passed by voters in 1990, 41% of the State Budget must go to kindergarten through the Community College years.

Higher Education: The Governor proposes: California State Funding—$4,364 billion which is 22.1% of their budget; University of California—$5, 452.4 billion which is 27% of their budget; and Community Colleges—$8,616 billion which is 43.6% of their budget. The University of California system and California State University system are both proposing fee increases for the following year. The University of California fees will increase by 7% and the California State University fees will increase by 10%. The California Community College system proposes no fee increases with the $20 per credit fee that exists now, remaining in effect.

When comparisons are made for the professional school fees with other states, California is average with fees (tuition) for law school at $25,101, medical school $22,753 and business administration at $24,634.

Health & Human Services Agency: The Governor’s budget proposes a $78 billion dollar increase, of 3.5 % increase over last year.

Department of Health Services: The Department of Health Services has been budgeted a total of $38 billion dollars in the budget. The department oversees the MediCAL program which is budgeted for $37 billion dollars. The budget proposes: $36 million dollars for enrolling eligible children in health programs; $8.8 million dollars for Discount Prescription Drug Programs; $96,000 dollars for the Prescription Drug Web Site for the Pharmaceuticals Cost Containment Program; $11.3 million dollars for the HPV program; $14.4 million dollars for Long Term Care Facilities; $9.3 million dollars for the Nursing Facility A/B Waiver program (this program allows elderly to remain in their homes for care) and $4 million dollars for the Adult Day Health Care Reform.

Department of Public Health: This department was created from the Department of Health Services. Both departments are still under the Health and Human Services Agencies but have different priorities. The Department of Public Health was budgeted for $3 billion dollars for programs that include: Public Health Emergency Preparedness, Public and Environmental Health and Licensing and Certification. Major program changes in the budget include: $84.2 million dollars for Licensing & Certification; $18.7 million dollars for Genetic Disease; $2.1 million dollars for Food borne Illness; $2 million dollars for HIV Reporting; $3 million dollars for Infection Control; $2.1 million dollars for Bio-monitoring.

Nursing: The following appropriations were designated in the budget for nursing programs: the University of California is budgeted to receive $1.7 million dollars for ELM (Entry Level Masters) nursing programs; $757,000 dollars for nursing initiative adjustments and $24,990,000 dollars has been allocated for operations at three School of Nursing programs. The California State University system has been allocated $1.7 million for ELM nursing programs; $14.3 million dollars for Capitol outlay system wide for nursing facility improvement; and $1.973 million dollars for CSU, Bakersfield Nursing Program renovations. The California Community College system has been allocated $9 million dollars (one time funding) from 2006 and $9 million dollars (ongoing funding) to support additional programs, building capacity for expanding enrollment, start up new programs, new simulation labs, reduce attrition and fund incentives to add additional science prerequisites. $25.866 million dollars has been allocated for nursing program support, $1.3 million dollars for Riverside College Nursing Science Building and $8.226 million dollars to College of the Sequoias for Nursing & Allied Health Center.

HOW TO ACCESS TITLE 22 FOR INFORMATION

- General Acute Care Hospitals: http://www.calegs.com
- Interdisciplinary Committee: http://www.calegs.com

HOW TO ACCESS TITLE 16 FOR BRN INFORMATION

- BRN: http://www.calegs.com
- Standardized Procedures: http://www.calegs.com
**Professional Advocacy**

**ANA\California RN Lobby Days**  
*A Legislative Program for Nurses’*  
April 22-23 2007 - Sacramento, California

On April 22 & 23, 2007, the American Nurses Association\California will present a dynamic educational conference in Sacramento. This legislative program for nurses will show you how to focus your efforts to support the nursing agenda throughout the State of California. It will introduce you to the legislative process, the internal workings of state agencies and regulations, and give you a peek into the intriguing world of state politics. The program includes speakers from the Board of Registered Nursing, as well as various state departments, including the Department of Health Services.

<table>
<thead>
<tr>
<th><strong>Sunday April 22nd 2007</strong></th>
<th><strong>Monday April 23rd 2007</strong></th>
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<tbody>
<tr>
<td>Conference will be held at the California Dental Association Conference Room 1201 K Street 15th Floor</td>
<td>We will meet in the ANA\C Office corner of 12th and L</td>
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<tr>
<td>8:00 a.m.</td>
<td>8:30 a.m.</td>
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<tr>
<td>Registration &amp; Coffee</td>
<td>Meet in the ANA\C offices 1121 L Street Suite 409</td>
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<tr>
<td>9:00 a.m.</td>
<td>9:00 a.m.</td>
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<tr>
<td>Welcome and Introduction Message</td>
<td>Discussion of different committees and meetings to join while at the Capitol</td>
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<tr>
<td>Louise Timmer, ANA\C President</td>
<td>Tour the Capitol</td>
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<tr>
<td>9:30 a.m. to 10:30 a.m.</td>
<td>10:00 a.m.</td>
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<tr>
<td>Review of the ANA\C Legislative and Regulatory Program</td>
<td>Visit to various Committee Meetings in the Capitol</td>
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<tr>
<td>10:45 a.m.</td>
<td>11:00 a.m.</td>
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<tr>
<td>An overview of the Legislative process and what to expect in 2007-2008</td>
<td>Meet your own Legislator</td>
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<tr>
<td>12:00 p.m.</td>
<td>12:00 p.m.</td>
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<tr>
<td>Lunch</td>
<td>Free time for Lunch</td>
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<tr>
<td>1:00 p.m.</td>
<td>1:30 p.m.</td>
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<tr>
<td>In’s and Out’s of Lobbying</td>
<td>Visit to Committee Meetings in the Capitol</td>
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<tr>
<td>2:00 p.m.</td>
<td>3:00 p.m.</td>
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<tr>
<td>Speaker from the Board of Registered Nursing</td>
<td>Tours of Capitol and around the Capitol</td>
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<tr>
<td>3:15 p.m.</td>
<td>4:30 p.m.</td>
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<tr>
<td>Presentation by a California State Legislature</td>
<td>Closing Discussion and Wrap-up</td>
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<tr>
<td>4:00 p.m.</td>
<td>4:00 p.m.</td>
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<tr>
<td>Closing Discussion and Wrap-up</td>
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ANA\California is approved by the BRN as a provider of continuing education in nursing (Provider 14685). The registrants who attend this program will earn 7 contact hours for Sunday and 4 contact hours for Monday.

Name (with credentials)  
Address  
City  
Apt./Suite  
State  
Zip  
Phone ( )  
Email  
License Number  
If Student, School of Nursing you attend  
MC / Visa / AMEX - Card Number  
Expiration Date  
Signature of Card Holder

**Registration Fees (Please Circle Your Registration Category)**

- **SON Students:** Both Days $35.00  
  Sunday Only $20.00  
  Monday Only $20.00

- **ANA\C Members:** Both Days $70.00  
  Sunday Only $50.00  
  Monday Only $30.00

- **All Others:** Both Days $100.00  
  Sunday Only $70.00  
  Monday Only $45.00

Mail your completed registration form with payment to: ANA\California, 1121 L Street, Suite 409, Sacramento, CA 95814

For Credit Card payments please fax to (916) 442-4394; be sure to include the card holder’s signature.

Call Samantha at 916-447-0225 for more information

There will be no refunds after the 10th of April, 2007.
SCHOLARSHIPS AND AWARDS AVAILABLE THROUGH GSNF

The Golden State Nursing Foundation currently oversees four (4) named scholarships and awards. Specific criteria for these awards will be included in the next newsletter. The awards are described as follows:

1) The Catherine J. Dodd Health Policy Scholarship provides funds for Registered Nurses enrolled in an academic program who have demonstrated some experience in government relations activities and express intent to pursue health policy issues and activities in the future.

2) The Betty Curtis Career Advancement Award provides funds for Registered Nurses embarking on an activity that will result in significant career advancement within nursing.

3) The Jo Anne Powell Innovation in Nursing Award provides monetary recognition to Registered Nurses who have been creative in their practice.

4) The Tony Leone Scholarship provides funds for Registered Nurses seeking a Bachelor’s degree in nursing.

The Foundation plans to release the criteria for each of these awards and scholarships within the near future and award those that have sufficient funding at or before the next ANA/C General Assembly. Donations may be specified for any of the above awards.

To donate, send check or money order to GSNF, ________ Award, C/O ANA/C, 1121 L Street, Suite 409, Sacramento, CA 95814 or call 916-447-0225 for more information.

Golden State Nursing Foundation is a 501c3 Not for Profit. All contributions are fully tax deductible as allowed by law. Tax ID No. 94-3214987

AUCTION ITEMS NEEDED

The Golden State Nursing Foundation will hold its biennial auction at the ANA/C General Assembly on October 6th, 2007. The auction has been a major fundraising activity for the Foundation and it has always been a lot of fun. At the General Assembly in 2005, the auction raised over $1600.00. The goal for 2007 is to raise over $2500.00. There are plans for both a silent auction and a live auction. Auction items can be new items, hardly used items, historical items (especially old nursing and health books or nursing memorabilia) or theme baskets. Auction items can be donated individually or by a group. Please deliver or send items for the auction to GSNF Silent Auction, c/o ANA/C 1121 L Street, Suite 409, Sacramento, CA 95814 or contact the office 916-447-0225 or any member of the ANA/C or GSNF Board of Directors for assistance in getting items to the auction. Please be sure the donors name, address, and phone number are with the donated item and an estimate of the worth of the item will be appreciated.

JOIN THE ANA/C AND GSNF RN DISASTER READINESS TASK FORCE

ANA/C, with its partner the Golden State Nursing Foundation, is excited to announce we have received initial funding to call together an RN Disaster Readiness Task Force Initiative. The ANA-GSNF RN Disaster Readiness Task Force Initiative was created out of the recognition of the need for nurses to be more adequately prepared and promote public awareness and preparedness in their communities.

Therefore the purpose of the ANA-GSNF RN Disaster Readiness Task Force Initiative is to maximize the potential impact that California nurses can bring to disaster relief and emergency response in local, state, national and international communities.

RESOURCE CORNER

RN EMERGENCY READINESS ASSURANCE PROJECT

http://www.gsnferap.org

Donation Form for the Golden State Nursing Foundation

Yes, I would like to become a Friend of the GSNF and receive emailed and mailed updates as to the foundations projects and events.

Individual Sponsorship

Name: _______________________________________________________________________
Address: _____________________________________________________________________
City/State/Zip: _________________________________________________________________
Phone: _______________________________________________________________________
Email: _______________________________________________________________________

☐ Please accept this one-time donation of ______________________________________

☐ I would like to make a yearly recurring donation of __________________________

Please make checks payable to:

Golden State Nursing Foundation
1121 L Street Suite 409
Sacramento, CA 95814

Credit Card #: _________________________________________________________________
Ex. Date: _____________________________________________________________________

Signature of Card Holder: _______________________________________________________

☐ I would prefer that my donation be used for

Contributions to the Golden State Nursing Foundation, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, are deductible for computing income and estate taxes.
of mercury on neurological and developmental health, because certain facilities could emit more mercury. Fact, a "cap-and-trade" scheme could worsen 'hot spots' fails to protect individual communities with toxic mercury pollution control standards. This proposed trading scheme "cap-and-trade" scheme for strong technology-based reductions for 10 to 15 years longer than the federal Clean Air Act requires the EPA to make public health its first and only priority, and the law mandates that these plants reduce their mercury pollution by up to 90 percent of current emission levels by 2008. Unfortunately, the EPA's final mercury rule delays significant mercury reductions for 10 to 15 years longer than the federal Clean Air Act requires. The rule substitutes an inappropriate "cap-and-trade" scheme for strong technology-based pollution control standards. This proposed trading scheme fails to protect individual communities with toxic mercury 'hot spots,' local areas of higher mercury concentrations that can result in toxic levels of human exposure. In fact, a "cap-and-trade" scheme could worsen 'hot spots' because certain facilities could emit more mercury. Physicians have known for years about the toxic effects of mercury on neurological and developmental health, especially in children. This is the latest legal action in a series of challenges by the organizations to ensure clean air for all Americans, including children.

The American Nurses Association (ANA) condemned the latest verdict in the trial of the five Bulgarian nurses and a Palestinian doctor in Libya. These health professionals, imprisoned since 1999, are accused of having allegedly infected 400 Libyan children with the AIDS virus. The six health care professionals, who have been imprisoned since 1999, have suffered mentally and physically at the hand of the Libyan government. ANA joined the International Council of Nurses (ICN) in its call for a just, fair and expeditious trial of the five Bulgarian nurses and a Palestinian doctor who were wrongly charged by Libyan authorities for allegedly infecting Libyan children with HIV.

ANA, as the professional association for registered nurses and the U.S. representative to the ICN, has been gravely concerned about these detained colleagues whom we believe to be innocent; as well as for the infected children and their families. ANA recognizes the pain of the children and their families and the need to mobilize resources for treatment. However, ANA considers this verdict to be a grave miscarriage of justice against the imprisoned health professionals. ANA urges the United States government to continue its efforts to intervene on behalf of the health professionals and to consider sanctions against the Libyan government that would be appropriate given the untenable circumstances. Additionally, ANA is continuing to urge the United States government to remain vocal in expressing its concern for the health professionals and advocate for a just, fair, and expeditious trial.


NDNQI was established in 1998 as part of ANA's Safety and Quality Initiative. The program collects nursing-sensitive data affecting patient outcomes with the goals of providing comparative information to health care facilities and developing national data on the relationship between nurse staffing and patient outcomes. Since its formation, more than 1,000 hospitals nationwide have joined the program. NDNQI reports on indicators such as staff ratios, patient falls, pain management, and nurse satisfaction on a unit-by-unit basis. NDNQI is managed by the University of Kansas School of Nursing under contract to ANA.

Sterile and Patton were among the conference's distinguished speakers. They were joined by Nancy Dunton PhD, the Director of the NDNQI and Research Associate Professor in the University of Kansas School of Nursing. The keynote speakers were: Janet Corrigan PhD, MBA who serves as the President and CEO of the National Quality Forum, Erik Wahl, a noted artist and public speaker, and President of The Wahl Group, a business consulting firm and Dr. Norma Lang, Distinguished Professor of the University of Wisconsin.

There is a growing recognition that during a disaster or mass casualty event existing medical material and health human resources will be stretched. Given this, changes in the usual standards of health care will likely be required to achieve the goal of saving the most lives. But what does this mean for the nursing profession? This exciting conference will be addressing that very issue as conference attendees, along with an industry expert panel develop a policy for the profession. Educational sessions will help provide the background and knowledge necessary for Disaster Response and Preparedness. To receive information, email meetings@ana.org and we will forward it to you as it becomes available.
Silver Spring, MD—The American Nurses Association (ANA) today announces its support for the Stem Cell Research Enhancement Act of 2007 (H.R. 3) which promotes the ethical use of stem cells for research and therapeutic purposes that impact health. ANA endorses the federal funding of stem cell research conducted within strict scientific and ethical guidelines. In addition, ANA will work to advance public policy on stem cell research that considers ethical and health care issues.

The Stem Cell Research Enhancement Act of 2007 expands federally funded embryonic stem cell research, provided the cells meet the following requirements: (1) the stem cells were derived from human embryos donated from in vitro fertilization clinics for the purpose of fertility treatment and were in excess of the needs of the individuals seeking such treatment; (2) the embryos would never be implanted in a woman and would otherwise be discarded; (3) the individuals seeking fertility treatment donated the embryos with written informed consent and without receiving any financial or other inducements to make the donation. Congress had approved a comparable bill in 2006, but the legislation was vetoed by President Bush.

“As a nurse, I know that stem cell research offers great promise and offers much needed hope for millions of patients and their families,” remarked Rep. Lois Capps (D-CA). “Passing H.R. 3 The Stem Cell Research Enhancement Act will advance the possibilities of this life saving research. It is my hope the Senate will add their strong support to this life saving legislation, and together our voices and the voices of the American people calling for this research will be heard.”

The ANA is the only full-service professional organization representing the nation’s 2.9 million registered nurses through its 54 constituent member nurses associations. The ANA advances the nursing profession by fostering high standards of nursing practice, recognizing the rights of nurses, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

Alzheimer’s Foundation of America Dementia Care Training Series Gets Nod for Continuing Education Credits for Nurses, Social Workers

NEW YORK, NY: Nurses and social workers in all 50 states and territories of the United States can now obtain up to 12 continuing education credits for a unique DVD-based training series offered by Dementia Care Professionals of America (DCPA), a division of the Alzheimer’s Foundation of America (AFA).

The DVD series consists of practical and user-friendly content, and allows professionals the convenience of undergoing the training from home or work, and at their own pace. As another plus, those who successfully complete the basic program and the more advanced program earn recognition as an AFA Qualified Dementia Care Provider or AFA Qualified Dementia Care Specialist, respectively. With this designation, professionals gain free membership in DCPA.

This training is crucial, especially given the rising incidence of Alzheimer’s disease. With nationwide accreditation for these courses, we hope to further raise the bar on care, as well as attract more professionals across the country to dedicate themselves to this deserving population, said Eric J. Hall, AFA’s chief executive officer.

To receive the continuing education credits, professionals must complete both levels of the continuing education credits are being offered in cooperation with The University of Alabama College of Continuing Studies, which is approved as a provider of continuing education in nursing by the Alabama State Nurses Association (ASNA). AFA is accredited by the Commission on Accreditation to approve continuing education units in nursing. For social workers, the National Association of Social Workers has approved the series.

CPAs DVD Series 1 is a four-disc program that provides essential information for the working professional in the areas of Alzheimer’s and related illnesses, including practical tips on managing complex behaviors and activities of daily living. The series has been approved for six continuing education credits for both nurses and social workers.

The American Nurses Association Announces Support for The Stem Cell Research Enhancement Act 2007 (H.R. 3)
ANCC

American Nurses Credentialing Center (ANCC) Announces Introduction of New Specialty Exams

The American Nurses Credentialing Center (ANCC) Commission on Certification (COC) will take a new approach toward developing specialty exams. Findings from recent role delineation studies revealed that there were not significant differences in the tasks and activities performed by the nurses, based on their initial educational preparation. This means that one exam will be offered for nurses at the specialty level regardless of the nursing preparation. This approach will affect the following exams:

• Cardiac/Vascular Nurse
• Gerontological Nurse
• Medical-Surgical Nurse
• Pediatric Nurse
• Psychiatric and Mental Health Nurse

Role delineation studies are conducted at regular intervals in order to preserve the integrity of certification exams. Study findings provide objective, evidence-based assessment of the knowledge, skills and abilities required to practice competently in the specialty. A benefit of the current findings is that applicants will experience a streamlined process; this change will facilitate nurses’ application and eligibility process for specialty nursing exams, because only a valid RN license will be required to document completion of a nursing education program. There is no change in any of the other eligibility requirements.

The first of the new specialty exams to be introduced will be the Medical-Surgical exam, January 1, 2007, with others being introduced according to a schedule to be determined. In addition to being introduced in the new form, the Medical-Surgical exam will also move from paper and pencil to computer-based testing format. This change will allow nurses to test year-round for medical-surgical certification, rather than waiting for the paper and pencil exams’ two testing windows in May and October each year.

The American Nurses Credentialing Center (ANCC)
ANCC is the nation’s leading nursing credentialing organization, offering general and advanced practice certification in over 35 specialty areas. In addition, ANCC offers nursing continuing education contact hours and review course materials through its Institute for Credentialing Innovation, accredits organizations that offer and/or approve continuing education courses for registered nurses, and promotes excellence in nursing services through its Magnet Recognition Program®. ANCC certifications and designations are highly regarded by federal, state and local agencies and the for-profit and not-for-profit sectors across the nation and globally. Each ANCC program is offered on an international platform through the ANCC Credentialing International program. The American Nurses Credentialing Center is a subsidiary of the American Nurses Association (ANA). Its web site can be found at www.nursecredentialing.org.
The ANCC Commission on Certification (COC) announces the next generation certification credentials in concert with introduction of new specialty exams. (See attached communiqué: ANCC Announces Introduction of New Specialty Exams.) Beginning today, all ANCC-certified specialty nurses will receive the credential RN-BC, defined as Registered Nurse, Board Certified; this replaces a differentiation between the RNC and RN,BC credentials.

The next generation credential will be reflected on new certifications and renewals. Effective immediately, all ANCC-certified specialty nurses may use the new credential for their professional documentation; however previously issued certificates remain valid and will not be replaced until renewal. The new credentials, signifying that all ANCC-certified nurses are board-certified, are meant to simplify, clarify and unify professional credentials. The decision to announce next generation certification credentials was based in part on feedback received from nearly 3,000 ANCC-certified nurses who participated in a survey, in which over 75% approved this change.

With the introduction of the new credential, there will no longer be a difference in credentials based on education. Now, all specialty-certified nurses will receive the RN-BC credential. ANCC Director of Certification Mary Smolencki, EdD, APRN,BC, FAANP, CAE, said “The key message is that, as in other health care professions, you are either board certified or not. Consistency in titling contributes to building uniformity across health care professions, based on a common understanding of board certification.” This communiqué is part of an ongoing effort to review the credentials used in nursing certification. Studies are in progress on titling of ANCC-certified clinical nurse specialists and nurse practitioners.

### The American Nurses Credentialing Center (ANCC)

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### Southern California Filipino Nurses Association—Induction of the Board of Directors

From left to right: Tracy Lagua, Sarla Duller, Rolinda Caalim, Emily Bernus, Edita Reyes, Loida Barrientos, Norma Merza, Warlita Galzote, President Brenda Cohen, Emma Cuenca, Velma Tep, Pacita Lovely, Carmelita Rafols.

From back left to right are PNAA President Rosario-May Mayor, Josie Villanueva, from the front left to right are Tricia Hunter, Brenda Cohen and Dr. Lynn Goodloe.

### ANCC Announces Next Generation Nursing Certification Credentials

### The American Nurses Credentialing Center Launches ‘ANCC Online’, Introducing Online Verification-of-Certification Requests and Other Services

Silver Spring, MD—ANCC Online is now available via ANCC’s website at [www.nursecredentialing.org](http://www.nursecredentialing.org). In this first phase, two new services will be available online: certification verification requests, and self-service updating (by certified nurses) of personal information.

One of the primary functions of certification is to validate nurses’ skills, knowledge and abilities. Employers, state boards of nursing, and other organizations, routinely seek to verify that candidates for employment, licensure, etc. are indeed certified. The new ANCC Online will simplify and streamline the process for these certification stakeholders to verify the certification status of candidates and applicants to their organizations. If you want to verify the certification status of an ANCC-Certified nurse you need their name and social security or certification number, and you can request verification of their status directly from the ANCC website, with no need to fax, phone or mail requests. The results will be mailed to you in 10-14 days.

The other new feature introduced in the ANCC Online rollout allows ANCC-Certified nurses to update their own personal information, including address, email, phone etc. This is considered a critical first step in a broad strategic move by ANCC to electronic and online platforms for service delivery. ANCC is increasingly moving to electronic communication and documents, replacing mail and paper; to improve service and efficiency, reduce costs and environmental impacts.

ANCC is increasingly using email to solicit feedback from its certified nurses on important certification and practice issues; in the future ANCC will likely be using email as the sole source of contact for issuing renewal reminders, and will deliver catalogs and other documents in electronic form. However, a major challenge in maintaining effective communication is to maintain up-to-date addresses, particularly email information, on the certified nurses. Nurses belong to one of the most mobile of professions.

With ANCC Online, the power and responsibility for updating that information is being placed with the individual nurse. ANCC is encouraging all its certified nurses to go to the ANCC Website at [www.nursecredentialing.org](http://www.nursecredentialing.org) and update their email address, mailing address and phone number, and to do so anytime their information changes.

### About ANCC

ANCC is the nation’s leading nursing credentialing organization, offering general and advanced practice certification in over 35 specialty areas. In addition, ANCC offers nursing continuing education contact hours and review course materials through its Institute for Credentialing Innovation, accredits organizations that offer and/or approve continuing education courses for registered nurses, and promotes excellence in nursing services through its Magnet Recognition Program®. ANCC certifications and designations are highly regarded by federal, state and local agencies and the for-profit and not-for-profit sectors across the nation and globally. Each ANCC program is offered on an international platform through the ANCC Credentialing International program. The American Nurses Credentialing Center is a subsidiary of the American Nurses Association (ANA). Its web site can be found at [www.nursecredentialing.org](http://www.nursecredentialing.org).
The 2006 CNSA Annual Convention was held at the Sheraton Park Hotel in Anaheim, October 5-8. It was a record breaking success with 514 registered attendees, 56 exhibitors and a record number of generous sponsors. Our keynote speaker was Elizabeth Dietz, RN, EdD, from California State University at Long Beach. Her great speech entitled “Be There, Show You Care.” Gloria sang a rendition of “Nine to Five” while accompanying herself on the piano. The convention concluded with Br. Rudy Valenzuela, FSP, RN, MSN, FNP-C giving an empowering endnote on “Commit to Nursing: Together We Can Make a Difference.” We had three breakout sessions, each with three speakers. Topics ranged from ‘Critical Conversations’ and ‘Your License to Practice’ to flight nursing, nursing in the California prison system, being a Chief Nursing Officer and test taking pressures.

During our House of Delegates (HOD) we had 98 delegates present. The HOD passed a new mission, vision and strategic Plan that were brought forward by the outgoing Board of Directors. Four outstanding resolutions were also passed:

“In support of promoting early assessment of the chemically dependent patient in the medical-surgical setting to decrease the risk of alcohol withdrawal symptoms” submitted by Maurine Church Coburn School of Nursing at Sacramento. The resolution speaks to the need for early assessment for alcohol abuse in the medical-surgical clinical setting. Given the research provided by the authors, chemical dependence is not uncommon in the medical-surgical setting, however it frequently goes unassessed. Early assessment and intervention would, the authors feel, decrease the severity of and complications related to alcohol withdrawal.

“In support of hospitals eliminating the use of mercury, PVC, dehp, and to better regulate the use of incineration as a form of waste management” submitted by California State University, Long Beach. This resolution supports the elimination of harmful chemicals and the process of incineration from the hospital setting. Mercury, PVC, and DEHP are all components in equipment commonly found in the hospital setting, such as IV solution bags and tubing, and the process of incineration acts to disperse these harmful chemicals in to the air and environment.

“In support of integration of patient human simulator technology into the curriculum” submitted by California State University, Long Beach. This resolution presents research proving the advantages and benefits of human patient simulator technology in the educational setting. The resolution calls for integration of this technology into the curriculum for all California nursing programs. The HOD adopted “In support of improved evidence based practice education and further research regarding the effects of pain in the neonate population” submitted by CNSA House of Delegates. This resolution called for increased research and treatment of pain in the neonate population. The authors’ research is startling: neonates often go untreated for pain even though there is a solid base of research that shows that pain in this population can have many adverse effects. During our award ceremony twelve scholarships were awarded totaling $16,000. We also received an update on the success of Flip’s Cookie Jar. CNSA’s emergency fund for students who experience crisis situations and need emergency assistance in order to stay in school. As of December 2006, 65 students have received aide from the Cookie Jar totaling $65,575. The Cookie Jar is funded through donations and grants and had received $67,173.

For the 2006-2007 term, CNSA has eight new board members and two returning members that were brought forward by the outgoing Board of Directors. Four outstanding resolutions were also passed:

“The entire Board of Directors met in Sacramento, December 1-2, 2006 for our annual working retreat. During that time we took part in team building activities, goal setting for the coming term and handled many new business issues. We also established that our next convention will be held in San Jose, December 12-14, 2007 with the theme “Celebrate Nursing: A Profession of Infinite Opportunities.”

Three board members were able to attend the National Student Nurses’ Association mid-year Conference in Atlanta, Georgia, including Amber McCasland, Nicole Grijalva and myself. There were approximately 30 students from throughout California at the convention, the largest turnout of the Western states. I attended a two-day meeting with the Council of State Presidents and learned about happenings all over the country and networked with the other state’s officers. There was also a noteworthy ‘New Directions in Nursing Panel’ with leaders from the National League for Nursing, American Nurses Association, National Council of State Boards of Nursing, American Organization of Nurse Executives and Association of Colleges of Nursing. The speakers discussed many trends and issues in nursing today and allowed us to express our concerns and comments from the students. It is amazing to be a part of a profession, and I feel, where the leaders of the top national organizations come to the student meetings not only speak to us, but listen to what we have to say.

The new CNSA Board of Directors has set high goals and expectations for the coming year and with such a passionate group of students, we will undoubtedly bring our organization to new heights during our term! I am proud to introduce our new Board of Directors:

President—Lindsay Spry, San Francisco State University
Vice President—Chrysta Adams, CSU, Sacramento
Secretary/Treasurer—Laura Heberle, CSU, Sacramento
Community Health Director—Kelli Snyder, Long Beach City College
Constitution Director—Jason Noda, Golden West College
Convention Director—Nicole Grijalva, Saddleback College
Communications Director—Louise Jones, Santa Ana College
Counsel of Chapter Representatives Co-Chair, North—Sarah Sanderson, CSU, Sacramento
Counsel of Chapter Representatives Co-Chair, South—Amber McCasland, Santa Ana College

California will have the honor of hosting the National Student Nurses’ Association (NSNA) Annual Convention in Anaheim, April 10th-14th, 2007. This convention draws and average of 4,000 nursing students each year, however given the desirability of this year’s location, I have no doubt attendance will be even larger! Every year NSNA’s House of Delegates meetings spark lively debate between some of the top nursing students in the nation on what issues we would like our organization to take a stand on and introduce at a national level. Last year’s resolution on horizontal violence has sparked interest in working with national professional organizations such as the American Nurses’ Association and the National League for Nursing. It’s an amazing experience to take a voice in steering the voice of such a powerful organization. Who says students can’t make a difference?

If you would like more information on the NSNA Annual Convention check out www.nsna.org. I hope that nursing students from every nursing school in California will have the opportunity to attend. It is truly a life changing experience and no nursing school career can be complete without attending conventions!
Governor Schwarzenegger announced at the end of the 2006 Legislative Session that reforming health care would be a top priority for the 2007–2008 Legislative Session. On January 8th he released his health care proposal. The premise of the proposal is to provide coverage for all Californians that is affordable and provides cost containment. Prevention, health promotion and wellness are key factors in the proposal.

Of special interest to nurses is that Governor Schwarzenegger is the second Governor in the United States to indicate, in his proposal, that actions or measures to prevent Advanced Practice Nurses from functioning within their education and scope of practice is a barrier of access to patient care. This was an exciting proclamation for advanced care nurses.

Barriers that exist in California law include Certified Nurse Midwives (CNM) and Nurse Practitioners having to “furnish” medications instead of prescribing. This has caused confusion with pharmacists and insurance companies. Additionally, Clinical Nurse Specialists (CNS) cannot “furnish or prescribe” under California law. Occupational Health Nurses are prepared to do health assessments, determine if someone needs to take time off work and treat ailments under California Law. However, under the Worker’s Compensation Code an Occupational Health Nurse is limited to performing initial assessments and then referring the patient to a physician after the first report. Medi-CAL sets up requirements for physicians’ signatures on nursing orders that are not required by their Scope of Practice.

Many people use a Nurse Practitioner as their Primary Care Provider, but frequently there are problems getting these nurses on provider lists. These are just a few examples of barriers to Advanced Practice Nurses being able to fully provide patient care.

A solution would be to change our Nurse Practice Act to include the category of Advanced Practice Nurses instead of compiling a laundry list of nurse specialists. This would facilitate the passage of legislation allowing all Advance Practice Nurses to function within their scope of practice. When ANA/C carried the “furnishing and (Continued on page 19)
prescribing” law, the association had to introduce a bill for Nurse Practitioners and then a couple years later, a bill for Certified Nurse Midwives. Now the association needs to do the same for Clinical Nurse Specialists. If a bill would have been passed changing the title to Advanced Practice Nurses (a title that does exist in many state laws) only one bill would have been necessary.

Get Involved
This is an exciting time for nursing and Advanced Practice Nurses. It is important that all nurses get involved in supporting the Governor’s efforts to resolve these barriers and supporting our colleagues who have chosen carriers in Advance Practice Nursing.

- The first step is to write a letter or email to the Governor and thank him for his efforts on our behalf. If you have a real life story to tell about a barrier you deal with in your practice share that as well.

  Governor Schwarzenegger
  State Capitol
  Sacramento, CA 95814

- The second step is to contact your Assembly Member or Senator. Many people believe that they get so much email or mail that they do not read it. This is just not true. Every elected member appreciates hearing from a constituent.

When writing an email or letter to a legislator there are a few key points to consider:

- Do not write a form letter and have numerous people use the same letter. This indicates laziness about the issue and that it is really not that important to you.

- Your letter does not have to provide the expertise on the issue. ANA/C and other nursing organizations will provide the detail about scope of practice and California Law.

- Your letter should state who you are, if appropriate where you work, and that you support removing any legal barriers to patients having access to Advanced Practice Nurses. Again, if you have specific workplace examples share them!

- The letter can be hand written or typed. Handwritten is preferable if your writing is readable.

- Your letter should only be one page. At the top of the letter, before “Dear” include a reference line (RE: Barriers to Advanced Practice Nurses providing patient care”). This notifies the office right away of what issue you are interested in.

Most likely, when you write a letter to a legislator, their staff will put you on a mailing list to receive other news from the elected official concerning health care in which he/she is involved with. It is always important that our representative hear from us, California’s nurses. So, please respond to the information as it is sent. It does not take long for the staff of a legislator to know who you are and what your expertise is. Don’t be surprised if you receive a phone call from your representative’s office asking for your advice!

If you do not know who your representatives are, visit the ANA/California web site at www.anacalifornia.org; click on the legislative section; click on how to find a legislator; and put in your zip code. The ANA/C webpage will be updated on the status of the Governor’s proposal and any bills that are introduced to eliminate the barriers to practice. The information about how to send emails or addresses to send letters is also on the webpage.
Workplace Violence

Mary C. Mitus, RN, MSN
1 contact hour

www.WildIrisMedical.com

ABOUT THE AUTHOR
Mary Mitus, RN, MSN, CCAP, is an advanced practice nurse, having earned her master’s degree in 1988 from Grand Valley State University in Michigan. Mitus spent the first twenty years of her career in hospital and home care administration. Since then she has focused on holistic health and computer-based education. As the owner of Holistic Health and Nursing Consulting, Mitus provides health assessments, health coaching and a variety of energy-based therapies. Mitus is a Clinical Service Specialist with The Mercy Group, a healthcare consulting firm specializing in health care industry, quality improvement issues, and clinical oversight requirements.

ACCREDITATION STATEMENTS
Wild Iris Medical Education (CBRN Provider #12300) is approved as a provider of continuing education by the California Board of Registered Nursing. Wild Iris Medical is also an approved provider of continuing education by the American Nurses Credentialing Center Commission on Accreditation through the Washington State Nurses Association (WSNA CEARP Provider number PA-5/Feb08).

Course Note
This course covers the basic recommendations for annual workplace violence prevention training as outlined by the Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor. To augment this course, employers are encouraged to provide information regarding company-specific hazards and the steps taken to ensure employee safety on the job.

LEARNING OBJECTIVES
Upon completion of this course, you will be able to:
• Define workplace violence.
• Name the four types of workplace violence.
• Understand the risk factors for workplace violence.
• Identify security hazards in the work environment.
• Recognize security risks in the behavior of others.
• List at least three prevention measures to reduce the risk of workplace violence.
• Describe the elements of a workplace violence prevention program.

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as violent acts directed toward persons at work or on duty. Workplace violence is any physical assault, threats, or verbal abuse occurring in the work setting. A work setting is defined as any location, either permanent or temporary, where the employee attacks or threatens co-workers. This category includes customers, clients, patients, students, and inmates. The violence can be committed in the workplace or, as with service providers, outside the workplace but while the worker is performing a job-related function.

Workplace violence ranges broadly, from offensive or threatening language to homicide. Elements of workplace violence include beatings, stabbings, suicides, shootings, rapes, psychological trauma, threats or obscene phone calls, intimidation, harassment of any kind, as well as being sworn at, shouted at, or followed.

Examples of violence in the workplace include the following:
• Verbal threats to inflict bodily harm, including vague or covert threats.
• Attempting to cause physical harm: striking, pushing and other aggressive physical acts against another person.
• Disorderly conduct, such as shouting, throwing or pushing objects, punching walls, and slamming doors.
• Verbal harassment: abusive or offensive language, gestures or other nonverbal conduct towards superiors or subordinates.
• Making false, malicious or unfounded statements against coworkers, supervisors, or subordinates which tend to damage their reputation or undermine their authority.

CATEGORIES OF WORKPLACE VIOLENCE
Workplace violence has many sources. To better understand its causes and possible solutions, researchers have divided it into four categories dependent upon the type of perpetrator (person committing the violence). These four types are: violence by strangers, violence by customers or clients, violence by co-workers, and violence by someone in a personal relationship (University of Iowa, 2001).

Type I: Violence by a Stranger
In this type of workplace violence the perpetrator is a stranger and has no legitimate relationship to the organization or its employees. Typically, a crime is being committed in conjunction with the violence. The primary motive is usually robbery but it could also be shoplifting or the theft of property. This kind of violence is often involved, increasing the risk of fatal injury.

Type I is the most common source of worker homicide. Eighty-six percent of all workplace homicides were in this category (University of Iowa, 2001). Workers who are at higher risk for Type I violence are those who exchange cash with customers as part of the job, work late night hours, or work alone. Convenience store clerks, taxi drivers, and security guards are all examples of the kinds of workers who are at increased risk for Type I workplace violence.

Workplace violence of this kind is divided into two categories. One category involves people who may be inherently violent, such as prison inmates, mental-health service recipients, or other client populations. Attacks from “unwilling” clients, such as prison inmates on guards or crime suspects on police officers, are examples of this type of workplace violence. The risk of violence to some workers in this category may be constant or even routine.

The other category involves people who are not known to the worker or who were not previously identified in this manner. Something in the situation induces an otherwise nonviolent client or customer to become violent. Provoking situations may be those that are frustrating to the client or customer, such as denial of desired services or delays in receiving such services.

Service providers, including healthcare workers, school teachers, social workers, and bus and train operators, are among the most common targets of Type II violence. A large proportion of customer/client incidents occur in the healthcare industry, in settings such as nursing homes, hospitals, or psychiatric facilities.

Type III: Violence by a Co-Worker
Type III violence occurs when an employee or past employee attacks or threatens co-workers. This category includes violence by employees, supervisors, managers, and others. In some cases, these incidents can take place after a series of increasingly hostile behaviors from the perpetrator. The motivating factor is often one, or a series of, interpersonal or work-related disputes. The perpetrator may be seeking revenge for what is perceived as unfair treatment.

Violence by a co-worker accounts for approximately 7% of all workplace homicides (University of Iowa, 2001). Because some of these incidents appear to be motivated by disputes, managers and others who supervise workers may be at greater risk of being victimized.

Type IV: Violence by Someone in a Personal Relationship
In type IV workplace violence, the perpetrator usually has or has had a personal relationship with the intended victim and does not have a legitimate relationship with the workplace. The incident may involve a current or former spouse, lover, relative, friend, or acquaintance. The perpetrator is motivated by perceived difficulties in the relationship or by psychosocial factors that are specific to the situation and enters the workplace to harass, threaten, injure, or kill. Victims of type IV violence are overwhelmingly, but not exclusively, female (University of Iowa, 2001).

This type of violence is often the spillover of domestic violence into the workplace. In some cases, a domestic violence situation can arise between individuals in the same workplace. These situations can have a substantial effect on the work environment. They can manifest as high absenteeism and low productivity on the part of a worker who is enduring abuse, experiencing the sudden, profound absence of an employee fleeing abuse.

INCIDENCE OF WORKPLACE VIOLENCE
Workplace violence has been recognized as an important occupational safety and health issue that crosses all occupational sectors. Its most extreme form—homicide—is the fourth-leading cause of fatal occupational injury in the United States. According to the Bureau of Labor Statistics (BLS) Census of Fatal Occupational Injuries, there were 551 workplace homicides in 2004 in the United States, out of a total of 5,703 fatal work injuries (Bureau of Labor Statistics, 2005).

Although workplace homicides may attract more attention, the vast majority of workplace violence consists of nonfatal injuries. From 1993 through 1999, an average of 1.7 million people per year were victims of violent crime while working or on duty in the United States, according to a report published by the Bureau of Justice Statistics (BJS). That is, in 2000, 48% of all nonfatal injuries from occupational assaults and violent acts occurred in healthcare and social services. Most of these occurred in hospitals, nursing and personal care facilities, and residential care agencies. Nurses, aides, orderlies, and attendants suffered the most nonfatal assaults resulting in injury (OSHA, 2004).

Although these rates may not reveal that healthcare and social service workers are at high risk of violent assault at work. The BLS rates measure the number of events per 10,000 full-time workers—not the number of workers who were assaulted. The rate for service workers was 15, and for personal and care facility workers, 25. This compares to an overall private sector injury rate of 2 (OSHA, 2004).

As significant as these numbers are, the actual number of incidents is probably much higher. Incidents of violence are likely to be underreported, perhaps due in part to the persistent perception within the healthcare industry that assaults are part of the job. Underreporting may reflect a lack of institutional reporting policies, employee beliefs that reporting will not benefit them, or employee fears that reporting will result in the employee negligence or poor job performance.

Workplace violence costs an estimated $55 million annually in lost wages (Jones, 2004). Lost productivity, legal expenses, property damage, diminished public image, and increased security measures add up to billions of dollars per year. Workplace violence is everyone’s problem.

RISK FACTORS
Healthcare and social service workers face an increased risk of work-related assaults stemming from several factors. These include:
• The increasing number of acute and chronic mentally ill patients being released from hospitals without follow-up care (these patients have the right (Continued on page 21)
to nonviolent behavior are available. Research of over two hundred incidents of workplace violence revealed that, in each case, the suspect exhibited multiple pre-incident indicators that included the following:

- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism
- Noticeable decrease in attention to appearance and hygiene
- Depression and withdrawal
- Explosive outbursts of anger or rage without provocation
- Threatens or verbally abuses co-workers and supervisors
- Repeated comments that indicate suicidal tendencies
- Frequent, vague physical complaints
- Noticeably unstable emotional responses
- Behavior which is suspect of paranoia
- Preoccupation with previous incidents of violence
- Increased mood swings
- Has a plan to “solve all problems”
- Resistance and over-reaction to changes in procedures
- Increase of unsolicited comments about firearms and other dangerous weapons
- Empathy with individuals committing violence
- Repeated violations of company policies
- Fascination with violent and/or sexually explicit movies or publications
- Escalation of domestic problems
- Large withdrawals from, or closing, an account in the company’s credit union
- Depression and withdrawal
- Increase of unsolicited comments about firearms and other dangerous weapons
- Empathy with individuals committing violence
- Repeated violations of company policies
- Fascination with violent and/or sexually explicit movies or publications
- Escalation of domestic problems
- Large withdrawals from, or closing, an account in the company’s credit union

*Continuing Education Course Wild Iris*

(Continued from page 20)

to arrange supportive intervention. It is important to learn and use nonviolent crisis-intervention and conflict-resolution techniques. Trust personal instincts, and when you feel uncomfortable with the behavior of others remove yourself from the situation or promptly seek assistance.

MEASURES OF PREVENTION

Employers

There are three general approaches that employers can take to prevent workplace violence:

1. Environmental: Secure the environment.
2. Organizational/administrative: Develop and implement safe work practices.

Employees

Nothing can guarantee that an employee will not become a victim of workplace violence. However, several steps can help reduce the risk: Learn how to recognize, avoid, or diffuse potentially violent situations by attending personal safety training programs. Alert supervisors to any concerns about safety or security and report all incidents immediately in writing. Be familiar with laws and regulations regarding workplace violence and your facility’s violence prevention program.

Community-Based Employees

Working in the community, outside a traditional office building, increases the risk of coming in contact with potentially violent situations. Prevention measures for field workers should include consideration of the following:

- Preparation of daily work plans/itinerary
- Maintaining periodic contact throughout the day
- Use of a buddy system
- Telecommunication devices
- Carry only minimal money and required identification into community settings
- Avoid traveling alone into unfamiliar locations or situations whenever possible
- Recognize potentially dangerous situations ahead of time, so backup can be started and employee does not handle situation alone

(Continued on page 22)
Effective Strategies
A security screening system in a Detroit hospital identified a number of handheld units. The system prevented the entry of 33 handguns, 1,324 knives, and 97 mace-type sprays during a six-month period (NIOSH, 2002). A violence reporting program in the Portland, Oregon, VA Medical Center identified patients with a history of violence in a computerized database. The program helped reduce the number of violent attacks by 91.6% by alerting staff to take additional safety measures when serving these patients (NIOSH, 2002).

Workplace VIOLENCE PREVENTION PROGRAM
A workplace violence prevention program demonstrates an organization’s concern for employee emotional and physical health and safety. The program encompasses the following elements:

- Management commitment and a system of accountability
- Employee involvement
- Evaluation of employees
- Hazard prevention and control
- Training and education
- Recordkeeping and evaluation of the program

The first two elements, management commitment and employee involvement, are complementary and essential to a successful workplace violence prevention program. Management commitment provides the motivating force for dealing effectively with workplace violence. Employee involvement enables workers to develop and express their concerns about safety and health issues.

Employee involvement should include:
- Understanding and complying with the workplace violence prevention program and other safety and security policies
- Participating in employee complaint or suggestion procedures covering safety and security concerns
- Reporting violent incidents promptly and accurately
- Participating in safety and health committees or teams that receive reports of violent incidents or security problems, make facility inspections and respond with

recommendations for corrective strategies
- Taking part in a continuing education program that covers workplace violence hazards, high risk behavior or criminal intent and discusses appropriate responses

A key element of the workplace violence prevention program is the threat assessment team, or safety committee. The primary function of the team is to provide a thorough workplace security/hazard analysis and establish prevention strategies. An effective team will assist the organization’s vulnerability to workplace violence, make recommendations for preventive actions, and to report the findings. In order to implement the threat assessment team, develop a plan for responding to acts of violence, and evaluate the overall workplace violence prevention program on a regular basis.

Case
Roosevelt Free Clinic is located in the center of the city and is slated for renovation. This clinic has been a staple walk-in medical care facility for inner-city residents. The clinic sees an average of 120 patients per day. The clinic has just been acquired by the local hospital and is now a division of the hospital conglomerate.

You work as the office manager and have been selected to represent the clinic as a member of the hospital safety committee. As a member of the threat assessment team your assignment is to determine the presence of hazards or situations that may place workers at risk for violent acts. You begin by reviewing the following records:

- Police reports
- OSHA 300 logs for the last three years
- Recommendations for corrective strategies
- Participating in safety and health committees or other work groups
- Reporting violent incidents promptly and accurately
- Developing and implementing policy
- Participating in peer review teams
- Evaluating the outcomes of any corrective actions

Your initial recommendations to the safety committee include:
- Improved lighting in the parking lot and main entrance to the clinic
- Security guard—minimally for the early-morning and evening hours
- Locked main entrance during early-morning and evening hours
- Secure the door between the reception area and the clinic
- Install communication between the clinic area and reception desk
- Remove money from the reception area
- Review staffing for reception area and hours of operation
- Develop policy, procedures, and training for:
  - Use of security equipment
  - Diffusing hostile or threatening situations
  - Summoting assistance in an emergency
  - Medical follow-up
  - Availability of counseling and referral
  - Incident investigation and reporting
  - Incident recordkeeping

From this exercise you were surprised to discover a significant number of incidents involving violence to employees or patrons at the clinic. Many of these incidents could have been prevented with an effective violence prevention program. It is reassuring to have the hospital concerned with the safety and health of the employees by committing authority and budgetary resources to the managers and supervisors so an effective program can be implemented.

REFERENCES


POST TEST

1. Which location would be excluded from the definition of workplace violence?
   a. Home health visits to clients
   b. Parking lots at work
   c. First aid stations at public events
   d. Healthcare worker’s homes

2. Verbal threats on the job are not workplace violence because no physical harm has been done.
   a. True
   b. False

3. Researchers divide workplace violence into four categories: violence by strangers, violence by clients, violence by co-workers, and:
   a. Violence by someone in personal relationship
   b. Violence by criminals
   c. Violence by company owners
   d. Violence by intruders

4. Type I violence by a stranger is usually associated with:
   a. Rage at finding doors locked
   b. A crime
   c. Parking lot incidents
   d. Alcohol

5. Type II violence by a client may be categorized as:
   a. Serious, or blowing off steam
   b. Physical, or implied
   c. Inherent, or situational
   d. Drug-induced, or nondrug-induced

6. Managers and supervisors may be at greater risk of Type III violence by a co-worker.
   a. True
   b. False

7. Type IV violence by someone in a personal relationship is:
   a. Unrelated to abuse
   b. Impersonal, sometimes random
   c. Related to high productivity
   d. Often directed toward a female

8. Healthcare workers are at risk for violence from all but which one of the following?
   a. Increased prevalence of handguns
   b. Increased numbers of mentally ill clients who receive no follow-up care
   c. Decreased wait times for clients
   d. Decreased staffing levels

9. Which one of the following is a security hazard in the workplace?
   a. Break room isolated from work area
   b. Alarm system at back door
   c. Multilevel parking garages
   d. Using cell phones or pagers

10. OSHA’s General Duty clause requires employers to:
    a. Pay minimum wage
    b. Report all workplace thefts
    c. Provide a safe working environment
    d. Counsel violent employees

11. An effective workplace violence prevention plan includes management commitment, worksite analysis, training, evaluation of the program, and:
    a. Counseling services for angry clients
    b. Employee involvement in hazard assessment
    c. Caps on the numbers of nightshift workers
    d. Discipline for employees who report potentially violent situations

COURSE EVALUATION

Select one answer for each question by clicking in the circle next to your choice.

1. This course covered the objectives.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

2. The content of this course was relevant to the objectives.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

3. This offering met my professional and educational learning needs.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

4. The manner in which this material was presented was effective.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

5. The course material was presented in an understandable manner.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

6. The educational level of this course was appropriate.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

7. The course material was accurate and current.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

8. The course took 50 minutes per contact hour to complete.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

Comments:

Registration Information for Workplace Violence

To receive contact hours and a certificate of completion for this module, complete the postest and send it along with the completed registration form and a $10.00* check to: Wild Iris Medical Education, PO Box 257, Comptche, CA 95427. If your score is below 70%, a new copy of the postest will be sent to you at no extra charge.

You can also take the test, pay, and receive your certificate online at: http://www.WildIrisMedical.com/workplace.

Name: ______________________________________________________

Home Address: ______________________________________________

City/State/Zip: ______________________________________________

Professional license and number: ________________________________

License expiration: ____________________________________________

E-mail address: ______________________________________________

Payment enclosed: Check/Money Order

Credit Card# (MasterCard/Visa/Discover/Amex): ___________________

Expiration Date: ______________________________________________

Signature: ____________________________________________________

Make checks payable to: Wild Iris Medical Education. For more information call: (707) 937-0518. *Ten percent of the course fee will be donated to the American Nurses Association/California.
Membership and Communication

Start or Join an ANA\C Chapter in Your Area!

SAN DIEGO Chapter
Nicole Marcy and Mark Ariizumi are seeking interested people who would like to participate in starting a new chapter of ANA\C in San Diego. If you are in the San Diego or surrounding area, a member of ANA\C and would like to participate in this new venture, please contact one of us at artandnursing@yahoo.com or arizumimk@hotmail.com (Please place ANA\C-SD within the subject bar).

LA METRO Area Chapter
Anyone in the LA Metro area that may be interested in helping to form an ANA\C chapter please email Valentina Zamora at valentina.zamora@gmail.com please put ANA\C-LAM in the subject bar.

The INLAND EMPIRE Chapter
Anyone interested in forming a chapter in the Inland Empire area, please give Jouni Keller a call at 919-794-7644 or email to danandjoan@msn.com please put ANA\C somewhere in the subject line.

If you are interested in joining ANA\C, there is an application in the back of this publication or go to www.anacalifornia.org or www.nursingworld.org for other membership options.

American Nurses Association/California Awards

The following awards are open for nomination and may be presented at the next ANA\C California General Assembly

October 6, 2007

Florence Nightingale
Recognizes the delivery of outstanding direct patient care by a nurse.

Ray Cox
Recognizes the lifelong commitment of individual nurses to the field of nursing and their impact on the health and social history of the state of California

Elizabeth “Betty” Curtis
Recognizes nurses who advocate on behalf of nursing in the legislature or regulatory or any other public policy arenas

JoAnne Powell
This award may go to anyone who demonstrates outstanding leadership, research, or contributions to the body of knowledge of the history of nursing.

Senator of the Year
Recognized the outstanding individual effort of a senator who contributed in the advancement of the profession of nursing

Assembly Member of the Year
Recognizes the outstanding individual effort of an assembly member who contributed in the advancement of the profession of nursing

For more information about these awards and the nomination process, watch for upcoming issues of The Nursing Voice contact the ANA\C office at 916-447-0225

Help us stay in touch: Do you have a new address or e-mail address?

You can help American Nurses Association/California stay in touch by updating your contact information. Call ANA\C at 916-447-0225, e-mail us at anac@anacalifornia.org or return this form to:

American Nurses Association / California
1121 L Street, Suite 409
Sacramento, CA. 95814

Name: ____________________________
New Address: ____________________________
New Phone Number: ____________________________
New E-mail Address: ____________________________

*** This is not to update your license information with the Board of Registered Nursing.

ANA\California Calendar of Events

All ANA\C members are welcome and encouraged to attend meetings of the Board of Directors, Meetings are held in Sacramento at ANA\C offices, 1121 L Street, Suite 409 Sacramento, CA 95814 and begin at 10:00 a.m. unless otherwise noted. Any member interested in attending a Board meeting is asked to notify the ANA\C staff at least one week prior to the meeting date by calling 916-447-0225.

Members will receive instructions for parking and entry into the office building at that time. Thank you.

March 2007

10 Last Board meeting of the ANA\C 2004-2007 Board of Directors
11 ANA\C 2007-2009 Board Orientation and First Board Meeting
19-20 International Recruits Nurses: Creating Positive Practice Environments—San Francisco, CA
Event is being co-sponsored by the American Nurses Association and the International Centre on Nurse Migration (which is a joint initiative of the Commission on Graduates of Foreign Nursing Schools and the International Council of Nurses) for more information go to www.nursingworld.org/meetings

April 2007

9 The Nursing Voice—Article submission deadline. For more information or to submit articles, please send manuscripts and other submissions to thenursingvoice@yahoo.com or call 916-447-0225
22 ANA\C’s "RN Lobby Days"—Classroom portion of program—Discussion and presentations by Nurse Leaders, ANA\C Lobbyist, former and current legislators and the BRN.
23 ANA\C’s "RN Lobby Days"—Day at the Capitol—Participants tour and attend various meetings at the Capitol. Attendees will also participate in a Treasure Hunt where they will locate and meet their California area representative.

--See registration form in the Political Advocacy Section of this edition of The Nursing Voice or visit us on line at www.anacalifornia.org

May 2007

6-12 Nurses Week—2007 Theme is "Nursing, a Profession and Passion" Visit www.nursingworld.org for information concerning Nurses Week and ways to celebrate in your area OR send in an article to The Nursing Voice telling us how you plan to or have celebrated Nurses Week. thenursingvoice@yahoo.com

June 2007

1 Deadline for all proposals for resolutions must be postmarked by June 1st 2007 and received in the ANAC offices for consideration at the 2007 General Assembly.
1 All nominations for ANA\C presented awards must be postmarked June 1 2007 and received in the ANAC offices for consideration at the 2007 General Assembly
1 For application procedures or nomination forms please visit www.anacalifornia.org or call 916-447-0225
20-22 ANA\C 2007 Quadravalent Policy Conference—Policy by the People Nursing Care in Life, Death and Disaster—Atlanta, Georgia for more information go to www.nursingworld.org/meetings

July 2007

9 The Nursing Voice—Article submission deadline. For more information or to submit articles, please send manuscripts and other submissions to thenursingvoice@yahoo.com or call 916-447-0225
14 ANA\C Board Meeting, Sacramento, CA.
15 Publish Convention Agenda
14 APNs on the MOVE: Making Change Happen—Del Mar, CA. Co-sponsored by CAPNAP and ANACalifornia.

--See program flyer in CAPNAP section of this edition of The Nursing Voice or visit www.anacalifornia.org for more information.

August 2007

6-8 ANA\C General Assembly, Sacramento—registration and information will be published in the next edition of The Nursing Voice or at www.anacalifornia.org
7 ANA\C Board Meeting, Sacramento, CA.
8 The Nursing Voice—Article submission deadline. For more information or to submit articles, please send manuscripts and other submissions to thenursingvoice@yahoo.com or call 916-447-0225
11-14 2007 Annual NSNA Convention, “Celebrate Nursing: A Profession of Infinite Options” Doubletree Hotel, 1740 North First Street, San Jose, CA. 95112-4584 for more information visit www.nsna.org
13 ANA\C General Assembly, Sacramento—registration and information in upcoming editions of The Nursing Voice or at www.anacalifornia.org
14 ANA\C Board Meeting, Sacramento, CA.

October 2007

6 ANA\C General Assembly, Sacramento—registration and information will be published in the next edition of The Nursing Voice or at www.anacalifornia.org
7 ANA\C Board Meeting, Sacramento, CA.
8 The Nursing Voice—Article submission deadline. For more information or to submit articles, please send manuscripts and other submissions to thenursingvoice@yahoo.com or call 916-447-0225
11-14 Annual CNSA Convention, “Celebrate Nursing: A Profession of Infinite Options” Doubletree Hotel, 1740 North First Street, San Jose, CA. 95112-4584 for more information visit www.cnsa.org
13 ANA\C General Assembly, Sacramento—registration and information in upcoming editions of The Nursing Voice or at www.anacalifornia.org
14 ANA\C Board Meeting, Sacramento, CA.
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Orders of five or more may be processed with Credit Card Payments

Visa ______ MC ________ AMEX _________
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American Nurses’ Association/California
ATTN: CNA/Magnets
1121 L Street, Suite 409, Sacramento, CA 95814
TEL: 916.442.4265 FAX: 916.442.4334
EMAIL: anac@anacalifornia.org
Membership and Communication

The goal of ANA/C is to have all registered nurses in California join their professional association.
Louise F. Timmer, EdD., RN
President ANA/C 2004-2007

American Nurses Association \ California
Membership Application

Last Name/First Name/Middle Initial
Mailing Address
City/State
Basic School of Nursing
Employer Name
Title/Building/Department
Address
Employer City/State

Payment Plan (Check one)
○ Full Annual Payment
○ Check
○ Master Card or VISA Bank Card (Available for Annual payment only)

Bank Card Number and Expiration Date
Signature of Card Holder

Payment Plan (continued)
○ Electronic Dues Payment Plan (EDPP)
Read, sign the authorization, and enclose a check for first month’s EDPP payment (contact your SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

Authorization to provide monthly electronic payments to American Nurses Association (ANA)
This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month’s payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notice of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a $5.00 fee for any return drafts.

Signature for EDPP Authorization

Membership and Communication

Membership Category (Check one)
M Full Membership Dues - $255
○ Employed - Full Time
○ Employed - Part Time
R Reduced Membership Dues - $127.50
○ Not Employed
○ Full Time Student
○ New graduate from basic nursing education program, within six months after graduation (first membership year only)
○ Grad. Date
○ 62 years of age or over and not earning more than Social Security allows
S Special Membership Dues - $63.75
○ 62 years of age or over and not employed
○ Totally Disabled

Note:
$7.50 of the SNA member dues is for subscription to The American Nurse. A percentage of your dues may or may not be applied to an SNA/DNA subscription.

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

MEMBERSHIP DUES VARY BY STATE

Mail with payment to:
American Nurses Association/California
1121 L Street, Suite 409
Sacramento, CA 95814

State:
DIST REG
Expiration Date
/ / Month Year

To be completed by SNA

Payment Plan

Full Annual Payment
Check
Master Card or VISA Bank Card

AMOUNT ENCLOSED
CHECK #

Employer Code
Approved by Date

Amount Enclosed

Employer Code

Sponsor if applicable

SNA membership #