Greetings.

First, I want to share that the American Nurses Association House of Delegates this past June was a wonderful experience. Please read about the process and issues in this newsletter’s articles. The “feelings” that flowed though the House of Delegates, related meetings and events promoted collegiality, collaboration, negotiation and support. Having attended many ANA House of Delegates and conventions, the climate has been ever-changing. There were some challenging years. This year, it was, as one delegate commented: a testament to the fact that our Association is strong, and that healing has occurred. Much hard work, and some “hard” play happened throughout the week.

Please consider running for ANA California office and for ANA Delegate. The consent to serve is in this Newsletter. Through becoming more active, serving in an elected or appointed position, one can make things happen. Involvement brings opportunities for professional and personal growth and to network with interesting and awesome nurses across the country and internationally. One gets to meet and chat with the nurses who developed the theories and wrote the textbooks that helped guide nursing practice. Many memorable moments come with participating in professional organizations.

In searching for an issue to address in this column, the idea of “choices” came to mind. Every day nurses make decisions that affect their work, the patients for whom they care, their colleagues and their own lives. Even what seems like the smallest decisions, involve some intricate brain power. Often there is uncertainty about decisions. Was it the “right” one? Should I have done something differently? Better? Will I ever know? Did I have a choice—did I believe I had a choice?

Nurses have become advocates for their patients’ rights to have choices, to have some degree of self determination. However, do nurses recognize and advocate for their own choices?

“One’s philosophy is not best expressed in words; it is expressed in the choices one makes. In the long run, we shape our lives and we shape ourselves. The process never ends until we die. And, the choices we make are ultimately our own responsibility”. —Eleanor Roosevelt

When a nurse says that “they won’t let me do that” or specifically says “I have no control over what I do at work”, then it is time to recognize that the nurse does and must have some control. This is related to autonomy, support, ‘self-governance’ and quality care.

“The greatest power that a person possesses is the power to choose”. —J.Martin Kohs

As there is respect for patient autonomy, there must be respect for nurse autonomy. This necessitates nurses being familiar with their Practice Act, their scopes of practice, and with the system wherever they work. Exercising autonomy and recognizing they have choices, will help nurses at all levels, in all roles, including administrators, managers, staff nurses, advanced practice nurses, educators—ALL nurses—to make positive changes and to build and function in a healthy work environment.

As part of the nurse’s autonomy and choices, the nurse also has the ethical obligation to speak up for patients, families, staff, self. And, there are choices as to when and how to do this. Although being assertive is ideal, good judgment and timing are critical in making choices!

Please remember—you have choices.

“You and I are essentially infinite choice-makers. In every moment of our existence, we are in that field of all possibilities where we have access to an infinity of choices.” —Deepak Chopra

Thanks again to the ANA California Board members who have chosen to do their best, in promoting quality healthcare for the public, participating in healthcare reform and supporting the Nursing profession. We believe that any one can make a difference.

Please check the American Nurses Association® California and American Nurses Association websites for up-to-date information.

Thanks to the ANA California Board members and staff who support ANA, help implement policy, and facilitate positive outcomes for our association. And, thanks to our families, friends, co-workers and supervisors for their support.

We welcome any comments, suggestions.

Elissa Brown
President, ANA California

Special Points of Interest:

• Preparing Experienced Nurses for Clinical Faculty Roles in Academic Settings See page 11
• Comments on the Bylaws Activities at the 2010 ANA House of Delegates See pages 12-14
• Nursing Student in Sacramento Internship See page 16

Elissa Brown
President, ANA California
Inside this issue:

President's Perspective 1
Executive Director 3
Nurses in the News 4
Members in the News 4
Nursing Education 6
Nursing Practice 7
Golden State Nursing Foundation 9
ANA House of Delegates 12
Membership and Communication 5, 17
CAPNAP 18

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ANA\C Wants To See You…. IN THE NEWS

Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, and accomplishment—

E-mail to:
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ANA\C California IN THE NEWS
1121 L Street, Suite 409
Sacramento, CA 95814

1. Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@yahoo.com

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

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2. Photographs should be of clear quality. 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\C California, 1121 L Street Suite 409, Sacramento CA 95814. Or email photographs in jpeg format to thenursingvoice@yahoo.com

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October, November, December 2010

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American Nurses Association/California is an Affiliate Chapter Member of the American Nurses Association.
So much is going on with nursing. The ANA/C Board of Directors believes the association has a responsibility to share all the issues that affect us with as many nurses as possible. We can only be appropriate patient advocates if we know the issues that are affecting us.

Legislation

The Insulin and Diastat bills to allow unlicensed personal to give these medications were stopped in committee. The issues of health care for students have been extensively discussed and are far reaching. Many states use a model that has a school nurse working with a health aid. The health aid is under the supervision of the school’s Registered Nurse. The school’s nurse decides what health care tasks can be delegated and under what circumstance. There is no state that allows unlicensed personal to give medications in the absence of a school nurse. This is the model that is being proposed in California! Several California school districts have decided to lay off all school nurses, one school district decided to use the budget to buy sport jerseys. The issue is not a shortage of nurses, but a total disregard of school districts to the need of school nurses. Senator Torlakson carried a bill this year to require a model for school nursing that included the use of LVN’s. The bill died because of the funding requirement. Senator Torlakson is running for the Superintendent of Education position.

The ANA, ANAC and CSNO have won another round in the lawsuit to stop the Department of Education from implementing their rules to allow unlicensed persons to administer medications. There has been numerous rulings supporting the ANA position in this lawsuit and we believe strongly we will succeed in this endeavor. It is very unfortunate that the school districts are not willing to use the millions of dollars this lawsuit cost and the money that was used to lobby for unlicensed personal to hire school nurses!

New BRN Executive Director

The Board of Registered Nursing has hired an Executive Director. We wish Tricia West the best. Under the circumstances we believe her job will be a difficult one. Even thought the board has been authorized to hire 37 investigators (of the 160 they requested), they are still required to cut 10% from the personal budget and each staff employee is required to take a pay cut and continue to take furloughs. How the BRN can continue to accredit schools and discipline licenses without the appropriate resources is an unrealistic expectation! The BRN staff is paid by our licensing fees. There are no state dollars involved. When the BRN is not allowed to spend the money they collect, it must go in a reserve fund and stay there! The legislature and Governor tie the hands of the BRN for no other reason than pure politics!

In the next issue we will do a review of the legislation ANAC was involved with for the 2010 legislative session. Do not forget to vote in November! There are a lot of issues on the ballot as well as officers and legislators that affect how you give patient care! Vote as a nurse!
Nurses Float

The time is getting closer and closer for the introduction of the Nurses’ Float to the nursing community and the public. The search for a builder for our float has concluded. The Flowers4theFloat (F4TF) Board of Director’s decision making process has taken nearly one year and includes interviews, on-site visits to the locations where the float will actually be built and VIP tours presenting the floats in near completion mode prior to the Parade. We are proud to announce that Phoenix Decorating Company has been chosen. F4TF will now begin the journey of viewing concept renderings which will ultimately produce an end product called the Nurses’ Float. As these behind the scenes scenarios unfold, we realize how great it will be to see our profession on display on January 1, 2013 for the world to see.

Colleagues are coming forth with fundraising ideas for the project. You can now view a quilt made and donated to F4TF by Maureen Pennington, RN presently serving in Afghanistan. Nursing organizations have assisted the project by donating exhibit space at their conferences. F4TF wants to recognize these groups and thank them from the bottom of our heart:

- Association of California Leaders (ACNL)
- Association of PeriOperative Nurses (AORN)
- National Association of Hispanic Nurses (NAHN)
- Collaborative Alliance for Nursing Outcomes (CALNOC)
- Nursing Leadership Council (Hospital Association of Southern California)
- OR Manager Santa Fe, Colorado
- Association of periOperative Registered Nurses (CSNA)

A special kudos goes to the Nursing Administration of Torrance Memorial Medical Center who hosted a Nurse Week basket fundraiser facilitated by Suzy Ritchie, RN, CRNFA. The commitment shown by these nursing associations toward nursing and especially the grass root nurse is much appreciated.

We invite you to visit the F4TF website www.flowers4thefloat.org and join us as we advance toward the completion of the Nurses’ Float project. We deserve the recognition. It’s our turn.

Monica Weissbrich, RN, President Bare Root, Inc Judy Dalke, RN, CEO Paul Wader, RN Vice President Marketing Pat Spongeberg, RN, Secretary Suzanne Ward, RN, Treasurer www.flowers4thefloat.org

The California Board of Registered Nursing (BRN) announced that it has appointed Patricia (Tricia) West as its Executive Officer. Ms. West comes to the Board with more than 30 years of experience in the nursing field. She has owned and managed successful businesses providing legal nurse consulting with medical and nursing expert witness services, and acute and chronic dialysis services. In addition, she has served as an expert witness for the BRN and served on Lumetta’s Hospital Advisory Board when Lumetta was the Quality Improvement Organization for California.

Ms. West has also served as the President of the California Association for Healthcare Quality for several years. She has extensive experience developing teams to assess and improve systems and processes. Her more than 30 years of experience as a registered nurse and administrator include work in intensive care, acute and chronic dialysis and more than 20 years in quality improvement and quality assurance. Ms. West holds a Bachelor of Science in Nursing, a Master’s in Business Administration, and a Master’s in HealthCare Management, and is licensed as a Registered Nurse and as a Public Health Nurse.

“We are delighted that Tricia will be joining our team,” said Ann Boynton, Board President. “The Board has full confidence in her ability to successfully continue the improvements that we have initiated. Tricia has demonstrated her commitment to the field of nursing and to protecting patient safety for her entire career. We know she will be a tremendous asset to the Board as we continue our efforts for California.”

The search for a new executive officer took the nursing board a year with an existing staff member, Louise Bailey, serving as interim executive officer. Board President Ann Boynton said West was selected because of her experience running a business and managing staff as well as her career’s focus on figuring out how healthcare problems happened and how they could be fixed.

She will assume the position of Executive Officer effective September 15, 2010. “I took the job because I saw it as an opportunity to improve patient care for the state of California,” said West, pledging to continue a transformation effort that has brought increased funding, changes in the way investigations are processed and the hiring of more investigators. She noted that statewide 200,000 Americans die each year from errors committed by healthcare professionals.

“Why the public is not more up in arms and paying attention to that, I don’t get it,” she said.

West said she has no inside information on what happened with the previous board, but wondered at the time if the key problem was lack of resources. “I wished they had more money to do it, but yet their hands were being tied behind them,” she said.

The nursing board controversies revealed that other state boards that regulate healthcare professions struggle with the same issue of completing investigations promptly. Schwarzenegger’s calls for widespread reform is bringing $12.7 million in new funding to the healthcare regulatory boards from state bond licensing fees. The new nursing board is in the process of hiring 37 people in positions related to investigations.

And while the money shows a commitment to change, nursing board staff are still mandated by the governor to take furlough days, though their budget comes not from the general fund but the licensing charges, said Julianne D’ Angelo Fellmeth, administrative director of the Center of Public Interest Law at the University of San Diego School of Law.

“It doesn’t help to increase your licensing fees so you can increase the staff but then make them sit home for three days a month,” she said.

With or without the furlough days, the mandate for reform created the attention created by the newspapers investigation carries big pressure for West and other leaders of regulatory boards, said Fellmeth, who follows serves as the state’s legisla
tive leader of California.

“They’re expecting her to improve that enforcement system and all the problems have been laid out very, very clearly,” Fellmeth said.

West acknowledges her new job is a hot seat.

The search for a new executive officer took the nursing board a year with an existing staff member, Louise Bailey, serving as interim executive officer. The Board extends its thanks and appreciation to Louise Bailey who has served so ably as our Interim Executive Officer this past year. Dr. Moore has also demonstrated flexibility to adapt to these changes as they have impacted the highest level of professional expertise and credibility with external constituencies. We need that representative to be someone with academic solidity, professional credibility, and a thorough understanding of our University’s history, mission and ethos.

I can think of no one better able to do so than Dr. Moore.

In her six years of service with West Coast University, Dr. Moore has repeatedly demonstrated her commitment to helping us reach the pinnacle of success in our nursing programs. New programs development, vital accreditation recognition, the first steps toward introduction of cutting-edge simulation technology, growth that was unimaginable not long ago—all these things have taken place in conjunction with Dr. Moore’s dogged determination to facilitate the fulfillment of the University’s mission. She is to be honored and recognized for her vital role in all those regards.

Dr. Moore has also demonstrated flexibility to adapt to these changes as they have impacted her roles and job descriptions. She is doing that once more as she leaves behind the role of Dean of the College of Nursing and assumes the mantle of Associate Provost for Nursing Education and Regulatory Affairs.

We will soon announce the opening for her successor as Dean of the College of Nursing. In the meantime, Dr. Moore will immediately begin her duties and phase out those responsibilities associated with the deanship. Barry T Ryan, J.D., Ph.D. West Coast University President stated “our University’s future is bright indeed, and made all the more so by Dr. Moore’s assurance that her new role will make the transition to the Board in advancing our ability to protect the public.”

Member in the News

West Coast University Announces Associate Provost for Nursing Education and Regulatory Affairs

It is with much anticipation that I announce the appointment of Dr. Dianne Moore as West Coast University’s Associate Provost for Nursing Education and Regulatory Affairs. The growth of the University as a whole, and the nursing programs in particular, necessitates change in numerous leadership roles. Our anticipated expansion across state lines, the very recent introduction of our first graduate nursing programs, the increasingly complex regulatory and accreditation environment, and the challenges of building new strategic partnerships all combine to demand the new focus that this position exemplifies.

We need to be represented by someone possessing the highest level of professional expertise and credibility with external constituencies. We need that representative to be someone with academic solidarity, professional credibility, and a thorough understanding of our University’s history, mission and ethos.

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Doctor Dianne Moore is also the Director of Education on the American Nurses Association/California State Board.
The National Council of State Boards of Nursing (NCSBN) held their annual meeting in Portland, Oregon August 11 - 13, 2010. Tricia Hunter, Executive Director of ANA/C was able to attend this meeting because of the generous support of AMN Healthcare, the largest travel nurse company in the United States. ANA/C appreciates their support and recognition of the importance of this meeting.

The Executive Director of the Board of Licensed Vocational Nurses and Psychiatric Technicians, Teresa Bella Jones, RN, MN and the Interim Executive Director of the Board of Registered Nursing, Louise Bailey, RN, MN were in attendance. Also Ann Boynton, the President of the California BRN was there. The tenor of the meeting was very positive. None of the issues being presented were causing controversy so the atmosphere was conciliatory.

Kathy Apple, Executive Director, discussed the concerns of Healthcare Reform on the National Council and individual boards. The NCSBN had hired a lobbyist to oppose single licensure at the federal level. She discussed the importance of the Boards working with the state associations to foster licensure policy that protected patients.

A potentially controversial committee, The Continued Competence Committee, provided Guiding principles for continued competency that needed to be approved by the House of Delegates. Katie Daugherty, MN, RN from the California Board is the Chairperson of this committee. The guiding principles approved are:

* The individual nurse, in collaboration with the state board of nursing, nursing educators, employers and the nursing profession, has the responsibility to demonstrate continued competence through:
  - Acquisition of new knowledge and skills; and appropriate, safe application of knowledge and skills

* A culture of continued competence is based on the premise that the competence of any nurse should be periodically evaluated.

* Requirements for continued competence should support nurse accountability for lifelong learning and foster improved nursing practice and patient safety.

The state boards of nursing have the regulatory authority for establishing continued competence requirements.

Of special interest was a research study that the NCSBN was undertaking looking at the competencies of the graduates of Excelsior Nursing Program. There has been a lot of controversy about the lack of clinical for this program and how competent the graduates were to practice nursing. It was interesting to discover, through the panels and discussions, that many states do not have a mandatory minimum level of clinical hours. This is a reason why our licensing board continues to review nursing schools across the United States before granting reciprocity.

A half day session was held on current issues affecting the Boards of Nursing. A panel discussed the impact on regulations of: nursing ratios; Health Care Reform; programs with limited clinical hours; competencies; proprietary schools; financial aid for students; reporting of medical errors; among many.

It was interesting that one state was advocating every medical error should be reported to the BRN so they can track when there was more than one. Most boards do not have the resources for this type of activity. I was also surprised how limited many of the states laws were in regulating education.

The model practice act is going to be reviewed at upcoming meetings. This could raise controversy again. Next year the meeting is in Indianapolis.
Students paid $20,000 for classes that led to worthless degrees

SACRAMENTO—An investigation by the Board of Registered Nursing (BRN) has led to the closure of a phony nursing school in Los Angeles.

RN Learning Center charged students $20,000 for classes that the school said would make them eligible to take the National Council Licensing Examination which qualifies individuals to become licensed nurses. However, students’ transcripts were declared fraudulent and they were ineligible to take the exam.

BRN began an investigation in 2007, and the Attorney General’s Office today announced a settlement negotiated on behalf of BRN. The settlement requires the school to close, and its owner, Junelou Chalico Enterina to pay $500,000 in restitution and never open a nursing school again.

“This kind of fraud is absolutely unacceptable,” said Department of Consumer Affairs Director Brian Stiger. “Ripping off people who not only want to improve their lives but to help others is singularly distasteful.”

“The Board ordered this school to close three years ago, yet it kept right on operating and deceiving students,” said BRN Acting Executive Officer Louise Bailey. “We are very glad to see that it has finally been made to stop committing fraud against students and has been forced to refund students’ tuition.”

BRN has already taken disciplinary action against Maria Khatib and Lydia Sebastian, who were associated with the school, and has posted a warning to students on its Web site regarding unaccredited schools.

Individuals who were students at RN Learning Center or any school affiliated with it are urged to contact the California Attorney General’s Office at (213) 897-2000.

Governor Schwarzenegger Announces 71 Percent Increase of RN Graduates

Highlighting his commitment to ensure quality health care for every California resident, Governor Arnold Schwarzenegger has posted a warning to students on his Department of Consumer Affairs Director Brian Stiger. “Ripping off people who not only want to improve their lives but to help others is singularly distasteful.”

“Ripping off people who not only want to improve their lives but to help others is singularly distasteful.”

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Is Your Board Missing a Nurse?

Rebecca Hendren, for HealthLeaders Media, April 6, 2010

Are you making key decisions about patient safety, quality, and the direction of your organization without involving representatives from the field that knows it best? A University of Iowa study last year reviewed 201 health systems with a total of 2,046 voting board members and found that only 2.4% were nurses. These numbers seem inadequate, especially considering that the study found that physicians represented 22% of voting board members.

I spoke with Susan Hassmiller, PhD, RN, FAAN, the Robert Wood Johnson Foundation senior adviser for nursing and director of the RWJF Initiative on the Future of Nursing at the Institute of Medicine. Hassmiller says five years ago she held a national meeting of nursing leaders to advise RWJF about moving nursing to a better place that would benefit patients and the healthcare system.

“One of their No. 1 priorities was that we need to have a stronger voice at the committee and board level,” says Hassmiller. Following this conversation, Hassmiller did a little experiment. She looked at the top 10 organizations that oversee quality, the top 10 hospitals and health systems, and the top 10 peer-reviewed non-nursing journals. And she counted how many nurses were on their boards.

She found that only 2% to 4% of board spots were taken by nurses. “How can an organization that is all about delivering high-quality patient care not have a nurse on the board?” Hassmiller asks. “It’s great they have all these people—such as people representing the community—but to not have one nurse to say what’s going to work on the frontlines, it just boggles the mind.”

The Iowa study recommended that board governance include nurses. It makes sense. I can’t count the number of times I have heard stories from staff nurses about hospitals spending vast sums of money on some new technology, which ends up being unusable at the unit level, because no one thought to involve the people who will actually use it.

Expertise in nursing processes is not the only thing nurses bring to a board. Senior nursing leaders can provide insight on the entire care delivery process, including quality and safety initiatives, patient and family involvement, and patient and staff satisfaction.

One final note: the Iowa study examined 10 “high-performing” hospitals and found that half either had nurses on the board or were recruiting them.

Health Reform Inspires Involvement

Donna Dolinar RN BSN MPA
ANA/C Director of Practice

The American Nurses Advocacy Institute (ANAI) was created by the American Nurses Association (ANA) as an organization interested in expanding the grassroots capacity for the nursing profession and health care. With health care and its systematic reform as a primary focus of the federal and state governments, ANA believed it was critical to create a larger pool of nurses educated on the health care issues in order to contribute to the public policy decision making process at the federal level.

ANA launched the first ANAI in October 2009 in Washington, DC. Twenty five nurses from 23 states entered a year-long mentored program designed to prepare them as political leaders for their state nurses association as well as ANA. The experience began with a three day program covering topics such as conducting a political environmental scan, the real political process (“how a bill doesn’t become law”), networking and coalition building, and media training. Attendees also visited with members of Congress, speaking to priority issues for ANA.

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One final note: the Iowa study examined 10 “high-performing” hospitals and found that half either had nurses on the board or were recruiting them.

Besides the ANAI experience, I have been involved in the growth of the ANA/C Practice Committee. This year we have grown from 12 to 21 nurses from very diverse backgrounds. I believe, at least in part, this increased involvement is due to health reform being in the spotlight and actively engaging nurses in the process. Another reason for the increased involvement is related to California legislation effecting school nurses. SB1051 and AB 1802 related to the administration of medications in the schools by non-licensed school personnel has drawn many nurses to participate due to the possible changes it could have on the Nurse Practice Act (for more information visit the ANA/C home page: www.anacalifornia.org/).

It is so important that RNs recognize the power we have in affecting health policy. If health reform has increased your interest in health policy and advocacy, I encourage you to take the next step and become more involved. Nurses from rural and urban areas, nurses in education and in clinics, nurses young and not-so-young need to have their voices heard.

I encourage you not to let this historical moment in American history pass you by. The U.S. health care system is going through significant change and nurses need to be involved. I am certain you will find it a rewarding and valuable experience no matter what level of involvement you choose.

If you are interested in joining ANA and ANA/C as your professional organization, visit www.nursingworld.org/ or www.anacalifornia.org/. If you are interested in joining the ANA/C Practice Committee or learning more about ANAI, contact me at donna.dolinar@anacalifornia.org.
The following article should help promote POLST in California. Thanks to Judy Citko, JD, Executive Director, California Coalition for Compassionate Care who sent us this article.

As many of you know POLST stands for: “Physician Orders for Life-Sustaining Treatment.” In the future, I shall be working with Judy and her staff, to plan a series of articles specifically on nursing and POLST.

Elissa Brown

Since the Physician Orders for Life-Sustaining Treatment or POLST program was implemented in California in 2009, health care professionals across the state have reported that POLST is a helpful tool for recording patients’ wishes for end-of-life treatment. This is now being confirmed by a recent multi-state study published in the Journal of the American Geriatrics Society. The study found that nursing home residents who complete a POLST form are far less likely to receive unwanted hospitalizations and medical interventions than other patients.

The study found that patients with POLST forms stating they wished to receive care primarily focused on relieving their pain and suffering were 59 percent less likely to receive unwanted treatments such as hospitalization than those who had only a Do Not Resuscitate order. At the same time, the study showed that patients with POLST forms requesting fewer medical interventions continued to receive pain management; when compared to other patients, they were found to receive identical levels of treatment for pain and other symptoms.

“The main point of POLST is to encourage communication between providers, patients, and their loved ones, so patients can make more informed decisions and clearly communicate these decisions to their health care providers,” said Kate O’Malley, senior program officer at California HealthCare Foundation (CHCF), which is funding training and outreach for POLST in California.

Today some of the state’s largest integrated health systems and many long-term care facilities have already adopted the POLST process to help patients document their preferences for end-of-life treatment.

To learn more about POLST, log on to www.ca-POLST.org.

JAGS Media Outreach Results

Oregon’s POLST Form Helps Clarify End-Of-Life Decisions

The Oregonian, 7/10/10


Oregon’s POLST Form Helps Clarify End-Of-Life Decisions

Pharmacist E-Link, 7/10/10


A Comparison of Methods to Communicate Treatment Preferences in Nursing Facilities: Traditional Practices Versus the Physician Orders for Life-Sustaining Treatment Program

Journal of the American Geriatric Society, 7/2/10

http://www3.interscience.wiley.com/cgi-bin/fulltext/12357253?DFSTART

California Program Helps People Record Wishes at End of Life

LA Times Booster Shots, 7/10


Studies: End-Of-Life Plans Honored

LeCrosse Tribune (Wisconsin), 7/2/10

http://lacrossetribune.com/news/local/article_e214674-895f-11df-ac96-002ec4e02e0.html

Study Finds Doctors’ Orders Help Patients Get Preferred End-Of-Life Treatment

Kaiser Health News, 7/21/10


Study: Medical Wishes Honored More Often with POLST Form

KPLU (NPR) Pacific Public Media (Seattle), 7/2/10


Will Your Final Wishes Be Followed?

MDTV: Medical Blog, 7/2/10

http://www.mdtv.com/blbg/2010/07/02/study-shows-pols-form-more-effective-than-dnr-for-conveying-end-of-life-instructions/

Expanded Advance Directives Show Promise, Study Suggests

Modern Healthcare, 7/14/10

http://www.modernhealthcare.com/article/20100704/NEWS/S7/09749990&Template=printpdfart

New Approach Reduces Unwanted Medical Treatments at End of Life

Elder Law Answers, 7/8/10


Nursing Home Patients with Recorded End-of-Life Treatment Receive Less Medical Intervention

Sacramento Business Journal, 7/8/10


Program Aims To Supply Care Patients Prefer at End of Life

California Healthline, 7/14/10


Communication is Key: Talk to Your Doctor About Your End-Of-Life Wishes

Pasadena Estate Planning Attorney Jan Copley’s Blog, 7/7/10

http://jancopeley.com/blog/

End-of-Life Care Documentation Program Yields Care Benefits for Nursing Home Residents, Study Finds

McKnight’s Long-Term Care News, 7/17/10


New Study Advocates POLST Form (Kaiser Health News)

Mission Hospice Volunteers, 7/17/10


POLST and Patients End-of-Life Care Preferences Examined

Hospice and Caring Blog, 7/7/10

http://blog.hospicefoundation.org/

Communication is Key: Talk to Your Doctor About Your End-Of-Life Wishes

Desert Law Group and Family Fortress Estate Planning blogs, 7/7/10

http://deslawyers.typepad.com/my_weblog/2010/07/communication-is-key-talk-to-your-doctor-about-your-end-of-life-wishes.html

Progressing Living Wills (Advance Directives): POLST

The EXIT euthanasia blog 7/8/10


Program to Enhance Communication of Life-Sustaining Treatment Preferences Associated with Closer Adherence to a Person’s Wishes when Compared with Traditional Practices, Finds... PharmPro, 7/8/10


Medical order form research published

West Virginia University, 7/8/10


Fill Out End of Life Forms to Ease Your Mind

Orange County Register, 7/13/10


Innovative Program Secures End-of-Life Wishes, Thwarts Unwanted Use

Doral Health Senior Services Reports, 7/15/10


A Final Prescription

New York Times – The Age: Caring and Coping, 7/16/10


New Study Linking End-of-Life Directives With Hospitalization Has Implications for California

California Healthline, 7/16/10


New Approach to Reducing Unwanted End-of-Life Medical Treatment

Mike Cooper Law Blog, 7/17/10


Study Finds Doctors’ Orders Help Patients Get Preferred End-Of-Life Treatment

Third Age: The Age of Change, 7/16/10


POLST Program Aids in End-of-Life Compliance

Senior Homes.com, 7/18/10

http://www.seniorhomes.com/w/tag/polst-paradigm-initiative/

New Program Improves Communication, Adherence to End-of-Life Wishes

Senior Journal.com; 7/12/10


Daily News: Study Shows Improved Care Under POLST

PR Inside.com, 7/2/10

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Published Press Release

American Geriatric Society, 7/2/10

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Bradenton Herald (Florida, but ran California release), 7/2/10

American Geriatric Society, 7/2/10

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Third Age: The Age of Change, 7/16/10


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http://www.seniorhomes.com/w/tag/polst-paradigm-initiative/

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Senior Journal.com; 7/12/10


Daily News: Study Shows Improved Care Under POLST

Nurse; 7/30/10

http://www.nurse.com/article/20100730/DAILYNEWS/0110476863

Published Press Release

American Geriatric Society, 7/2/10

Fort Mill Times (Oakland), 7/2/10

Bradenton Herald (Florida, but ran California release), 7/2/10

Medical News Today, 7/6/10

PRI Inside.com, 7/2/10

Gulf Coast Gerontological Advanced Practice Nurses Association 6/3/10
Membership 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: _____________________________________

City/State/Zip: _____________________________________________________________________________

Credit Card #: _______________________________________ Ex. Date: _____________________________

Signature of Card Holder: ____________________________________________

I would prefer that my donation be used for __________________________________________________

I would like to make a yearly recurring donation of ____________________________________________

Please accept this one-time donation of ____________________________________________________

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.

Consent to Serve 2011-2013

PLEASE PRINT OR WRITE LEGIBLY IN BLUE OR BLACK INK

Applicant Information

Applicant Name: ____________________________________________ Date: __________

Position(s) Applied for: _________________________________________

Address: ___________________________________________________________________________________

City/State/Zip: _____________________________________________________________________________

Phone: ( ) ___________ Fax: ( ) ___________

Email Address: ____________________________________________

Employment

Employer: ____________________________________________

Title: ____________________________________________

Address: ___________________________________________________________________________________

City/State/Zip: _____________________________________________________________________________

Phone: ( ) ___________ Fax: ( ) ___________

Nursing Education

Basic Nursing Education:

School of Nursing: _______________________________________________________________________

Year Graduated: ___________

Other Nursing Education:

School of Nursing: _______________________________________________________________________

Year Graduated: ___________

Brief paragraph addressing why you want to serve as an Officer, ANA Delegate, Director of the Board or Convention Member:

Organizational Experience that would be beneficial or helpful to the association or the position you are running for (ANAIC and other organizations): ______________________________________________________________________________________

The following four scholarships/awards are available through the Golden State Nursing Foundation.

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

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

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

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

The following positions are open:

Director, Membership and Communications

Director, Nursing Practice

Director, Nursing Practice

Treasurer

Vice-President

Vice-President

Secretary

Secretary

President

President

Elected Position Descriptions for the American Nurses Association - California

The Board of Directors (BOD) is the corporate body of ANAIC composed of four officers (President, Vice-President, Secretary, and Treasurer) and four directors elected by the general membership. To be eligible to serve on the BOD, a person shall hold current membership and must not concurrently serve in a leadership position of another professional organization if such participation might result in a conflict of interest with ANAIC.

Refer to ANAIC bylaws, Article VII for a complete description of the responsibilities of the Board of Directors. Bylaws are available at www.anaiccalifornia.org or through the office at 916-447-0225.

One position for each officer listed and four positions for director available.

Duties of Officers

President of ANAIC shall serve as the Official representative of the association and its spokesperson on matters of association policy and position, as the chairperson of the General Assembly, the Board of Directors and the Executive Committee of the Board, an ex-officio member of all committees except the Ballot Committee, and a delegate to the House of Delegates of ANAIC.

Vice-President shall assume duties of the President in the President’s absence and shall oversee any necessary review of bylaws, strategic pathways, and Organizational Process and Appeals. The Vice-President shall also oversee planning and preparation for the General Assembly including Awards, Reference and Bylaws activities at the Assembly.

Secretary shall be responsible for ensuring that all records are maintained from the meeting of the General Assembly and the BOD, and notifying members and chapters of meetings of the General Assembly. The Secretary shall also oversee the planning and preparation for the General Assembly including Awards, Reference and Bylaws activities at the Assembly.

Treasurer shall be responsible for supervising the fiscal affairs of the association and providing reports and interpretations of the financial condition of ANAIC to the membership, General Assembly and the BOD. The Treasurer shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing practice.

Director, Nursing Practice shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing education.

Director, Membership and Communications shall focus on membership recruitment, retention, and resources. The Director’s responsibilities will include oversight of the newsletter, website, list-serves (Yahoo groups, archives, chapter development, and public relations). The Director shall assume duties of the President in the President’s absence and shall oversee any necessary review of bylaws, strategic pathways, and Organizational Process and Appeals. The Director shall also oversee planning and preparation for the General Assembly including Awards, Reference and Bylaws activities at the Assembly.

Ballot Committee: Responsible for developing and ensuring the integrity of the ballot and election process.

(For positions available)

ANAIC Delegate will attend and participate at the ANA House of Delegates in conjunction with the ANA biennial convention in Washington, DC, June/July biennially. There are eight to twelve seats available (depending on current membership). One position is automatically filled by the ANAIC President. All persons who choose to run for this category and who are not elected by vote, serve as alternates in the event space becomes available.

Terms of Elected Positions

All terms are for two years, ending upon election of successors in 2011. If elected or appointed, I consent to serve.

Print Name: ____________________________________________

Signature: Date: ________________________________________________________________________

Please submit a short paragraph or two about yourself and your qualifications for the position you are running for, include any current or past positions that will assist you and any future ideas that you would like to see implemented during your service on the board or other positions. This information will be included in the candidate information packet sent to all voting members of ANAIC at California.

All consent to serve forms must be post dated and received by the ANAIC office by the posted date. Fax to 916-442-4934 or mail: ANAIC, 1121 L Street, Suite 409, Sacramento, CA 95814. Questions please call 916-447-0225.
Preparing Experienced Nurses for Clinical Faculty Roles in Academic Settings

Carolyn M. Orlowski, MSN, RN
Regional Coordinator, Southern California
California Institute for Nursing & Health Care

While the nursing faculty shortage presents significant workforce development challenges, it is not difficult to identify experienced nurses working in a broad range of service settings, who also have a passion to teach. A plan which identifies and engages experienced nurses to bridge the transition to a clinical faculty role are strategies which are increasingly being emphasized in the current workforce development challenges, it is not difficult to see the need for more nurses to pursue graduate degrees in leadership and education roles. The survey reports only 32% of nurses initially educated in either associate degree or diploma programs go on to obtain a bachelor's degree, master's degree or doctoral degrees in nursing or a related field between 2000 and 2008. Entry level nursing programs in California graduated 3,451 nurses with either a BSN or MSN degree in the 2008/2009 school year which is 33% of the total number of new graduate nurses in the state (California BRN Annual School report 2008/2009).

While growth in the number of nurses with higher education over time is noted, to adequately address the need for more faculty and match the pace of growth, a greater majority of nurses must pursue advanced education. It is estimated that greater than 79% of the nurses with advanced degrees in the service industry. The Tri-Council for Nursing’s position statement published earlier this year proposes a “call to action” needed for system changes in nursing practice and education which emphasizes role development and professional accountability through collaborative practice.

Increased demand for faculty specific to clinical faculty roles is also directly related to the growth in nursing school enrollments over the past few years. Enrollment in California schools of nursing has increased 78% since 2003, with over 6,500 more nursing students in 2009 than in 2003. The California Board of Registered Nursing approves nurses to teach at an Assistant Instructor level who have a minimum of a bachelor’s degree in nursing, and demonstrated experience in direct patient care (BRN Title 16, California Code of Regulations 425). Nurses working in service settings may choose to begin teaching on a limited or part time basis in addition to their practice roles, with the potential for future career options into full time or tenured academic positions.

Launching the Clinical Faculty Development Program

The Clinical Faculty Development Program provides a supportive framework for experienced nurses to obtain the preparation needed for successful transition to clinical faculty roles in academic settings. CINHC’s Education Director, Diane Welch, MSN, RN, led an Advisory Committee of nursing leaders across the state to develop the program in response to the urgent need to prepare more nursing faculty. Originally launched in the San Francisco Bay Area in 2008, through a grant from the Gordon and Betty Moore Foundation, the program prepared 60 nurses for clinical faculty roles over three course offerings between 2008 and 2009. The program’s success was acknowledged and plans to replicate the program to other rural northern and southern California. The program has been marketed to seasoned registered nurses working in a range of specialties and across varied practice environments, with an interest in teaching nursing students in clinical settings as adjunct clinical faculty. Applicants were pre screened to assure minimum BRN qualifications were met for them to be approved to teach in a school of nursing when obtaining their first position. Nurses who had not yet taught in a nursing program were given priority in an effort to increase the number of adjunct faculty available to teach. There was significant interest in the program, with more candidates applying than could be accommodated in each course.

The intensive graduate-level course was structured to provide a practical approach to clinical nursing education and included two units of classroom instruction augmented with online activities and related course assignments, followed by one unit of a clinical practicum for each nurse to work with an experienced faculty preceptor while conducting an existing student clinical rotation. The clinical practicum portion of the course contributes to the uniqueness of this clinical faculty development program from others that are currently available. The faculty preceptors were fully paid for participants through grant support, as well as the stipend paid to each faculty preceptor. Graduates of the program were able to seek a clinical faculty position and teach at least one clinical rotation for three semesters or four quarters over the three years following the course, as part of the commitments of participation in this fully paid program.

Preparing More Nursing Faculty—A Journey Involving Partnerships

Program coordination involved multiple stakeholders in each region and relied on partnerships with many schools of nursing and their faculty involved in either providing some classroom instruction or guiding the program participants as preceptors for the “student teachers” with nursing students in the clinical education setting. The course was offered as an extended education program in partnership with a school of nursing in each region conducted. Thus far, CSU San Marcos, CSU Dominguez Hills, Humboldt State University, and College of the Redwoods have partnered with CINHC in providing the program. Schools have granted 3 units of course credit which can be utilized as a transferrable elective course for participants continuing their education to obtain advanced degrees. The nurses enrolled in the program were generally working either full time or part time in service settings, and some were also pursuing advanced degrees within the context of an overall career plan that included teaching.

The Clinical Faculty Development Program includes an intensive didactic component as the basis of the course, followed by a structured clinical practicum with experienced nursing faculty to guide the application of new learning. This sequencing supported the nurses in advancing their new base of knowledge within an experiential learning environment to begin to bridge role transformation as new faculty.

Since completing the three San Francisco Bay Area programs in 2008/2009, and three Southern California programs between 2009/2010, 139 nurses have been educated as clinical faculty and have since taught approximately 132 clinical courses and provided over 14,660 hours of clinical instruction working for schools of nursing in California. Most continue to work in service settings in direct patient care roles while also teaching for a nursing school on a part time basis; many have continued to pursue or complete advanced education, and some are either considering or working full time as faculty.

This program is funded in part by the Gordon and Betty Moore Foundation, California Employment Development Department/Workforce Investment Act (EDD/WIA), Kaiser Permanente Southern California, and Kaiser Permanente Fund for Health Education at the East Bay Community Foundation in Northern California.
As members of a practice discipline, and of a profession, it is each and every RN's responsibility to be able to articulate to their patients and to the public an understanding of what society expects from their nurse and the profession. Such an understanding maintains the professions' accountability to the public, and is a mutually agreed contract between the larger society and the profession of nursing. The Social Policy Statement enables a mutual understanding between members of society and members of the profession of nursing.

The 2010 edition of Nursing's Social Policy Statement is a result of extensive work of a sub-group, co-chaired by Catherine E. Neuman, MSN, RN, NE-BC, and John F. Dixon, MSN, RN, NE-BC of the ANA's Congress on Nursing Practice and Economics and a lengthy public comment period. This edition is unique as it contains the full language of all three other versions of NSPS.

Nursing: Scope and Standards of Practice, Second Edition

In addition to NSPS, as the professional society of nursing the ANA is also responsible for defining and maintaining a contemporary standard of practice for professional nursing. The 2010 House of Delegates was privileged to be introduced to the second edition of nursing's standards before its publication release later this summer.

The Scope and Standards of Practice (SSP) are meant to address RN practice in all practice settings, thus the standards are deliberately broad in focus and can be further interpreted by individual nurses and nursing groups to best fit their individual practice and practice setting. Thus the Standards represent a single scope of nursing practice for beginning RN's to advanced practice RN's, and describes the who, what, where, when, why, and how of nursing practice.

One of many new components of the second edition is an inclusion of professional competence. Again, keep broad to address the entire spectrum of nursing practice, the concept of professional competencies is meant to assist the individual RN, nursing groups, and the public in understanding the profession and the profession maintains the highest standards of quality and safety. Other new additions to the SSP include the addition of communication as a standard of professional performance.

As with the Social Policy Statement, the SSP new edition is the result of extensive review by a subgroup, chaired by Ann O'Sullivan, MSN, RN, NE-BC, CNE of ANA's Congress on Nursing Practice and Economics. Both the NSPS and SSP groups were supported by ANA staff member Cheryl Peterson, MSN, RN, Director of Nursing Practice and Economics. Both editions of the SSP will be available later this season, both documents can be purchased from Nursebooks at www.nursebooks.org or by calling 1-800-637-0323.

Forum on ANA's Pay for Quality Principles

At the 2010 ANA House of Delegates (HOD) a forum was presented regarding ANA's Pay for Quality Principles. The presentation was lead by the Congress on Nursing Practice and Economics (CNPE) group. The group evaluated the pay-for-performance movement and made recommendations to guide nurses.

The Pay for Quality concept has evolved from the reporting of quality measures to the payment or non-payment for actual performance on those quality measures. As Pay for Quality evolves outlining guiding principles is imperative to provide the foundation for nurses to actively participate.


ANA's Pay for Quality Principles

1. Health care professionals are accountable for the care they provide as individuals and as members of integrated health care teams.
2. Nurses must acquire and maintain knowledge of current and emerging concepts of quality included in various Pay for Quality programs at the local, state, and national level.
3. An adequate nursing workforce and a healthy professional practice environment, providing 24/7 care to patients across settings, positively contributes to quality patient outcomes.
4. Nursing leadership and education roles in quality measure selection, measurement and reporting, and measurement evaluation is critical to ensure high value patient care.
5. Performance data on which Pay for Quality programs are based must be reliable, valid, pose minimal data collection burden to nurses, and reflect nursing practice.
6. Discpline specific and interprofessional measures utilized in Pay for Quality need to reflect current science and evidence-based practice.
7. Nursing-sensitive quality measures should be reported at the local, state, and national level.
8. Incentives intended to achieve high value health care need to stimulate improvements and efficiencies in team-based care and Pay for Quality programs should assure equitable incentives for all health care providers.
9. APRN's are eligible for direct reimbursement and incentives under all Pay for Quality programs.

Reference


First Time ANA Delegate

Rosa Vasquez

Being a first time delegate was an awesome experience. Having never attended a House of Delegate session before, I never realize to what extent the nursing force could influence and impact change in today's health care. But at the June's 2010 HOD I saw nursing and health politics in action like I had never seen before.

Among the tightly packed schedule of attending forums, bylaws meeting, and on the floor debate, being a public health nurse and attending the HOD, I noticed that most resolutions being discussed were focused on the educational bill. "Are you planning to vote, I had to think back to when I was working in the hospital and how this resolution would impact me and my colleagues. Although passing these resolutions wouldn't impact my work at the moment, I knew that I was voting for all the nurses that couldn't be here to vote, so I was thinking of them.

One of the more exciting moments of my experience in the HOD was when we had the opportunity to call the New York legislators office regarding a higher education bill. The New York nurses had announced that they wanted to move forward a bill and needed our help to call the legislator's office to voice our support in favor of the bill. We were given a 15 minute break to make the call and I clearly remember how exhausted the legislative staff sounded at the other end of the call. They anxiously answered stating "are you calling for the educational bill." I replied: "Yes, I'd like to voice my support on the bill... and they quickly stopped me to reply "okay, okay, thank you. Yes, we've been getting a lot of calls on this bill and I need to answer the other calls, but thank you." At that moment I imagined all the phones ringing off the hook and how overwhelmed the staff was for those 15 minutes. The office must have received hundreds of calls that day. It was then that I felt so proud to be a nurse and empowered to be a nurse who could impact change.

The most exciting moment of all was when I shook the hands of our first American President of the United States. It was a great honor to be part of such a memorable event. I enjoyed his speech and his words. But especially when he referred to us as America's nurses are the beating heart of our medical system."

Never did I imagine that by joining this great professional organization, would I be able to experience all I did with this. I encourage all nurses to join the organization if they haven't already done so and to take an additional step to run for delegate.

ANA House of Delegates

Comments On The Bylaws Activities At The 2010 ANA House Of Delegates

Elissa Brown

A number of Bylaws issues were addressed. These included voting on changing the bylaws to:

• Include a unifying statement related to support of the CMAs's right to use diverse advocacy methods; regulators, those who work in funding bodies, other health professionals, legislators and other groups.
• Permit ANA to continue periodic dues increases due to the rising costs of operations; at least one per year for the next three years.
• Allow ANA to “respond to the changing environment and test a variety of membership options and payment methods,” successful tests would be brought to the next House of Delegates for inclusion in bylaws and policy.
• Permit ANA to continue periodic dues increases through a dues escalator clause, which allows continued funding to support the associations work as the national strong voice of nurses.

ANA Publishes New Documents for Nursing Practice: Nursing’s Social Policy Statement and the Scope and Standards of Nursing Practice

by Mark C. Crider, Ph.D., MSN, RN
ANA 2010 Delegate

The American Nurses Association (ANA), as the professional society of nursing in the U.S., has long been the keeper of nursing's practice standards, contract with society, and ethical standards. As the organization continues to serve the profession and society the ANA presented at the ANA meeting of the House of Delegates in Washington, D.C. in June 2010 the latest editions of Nursing’s Social Policy Statement and Nursing: Scope and Standards of Practice.

Nursing’s Social Policy Statement

Nursing’s Social Policy Statement (NSPS), (ANA, 2010) is in its fourth edition (other editions are from 1980, 1995, and 2003), and represents nursing's obligation and service to society. Included in this document is the definition of nursing, as well as the professional, legal, and self-regulation expectations of the profession and professional. As stated in the overview.

This foundational ANA publication remains a key resource for nurses both to conceptualize the framework of nursing practice and to provide direction to nursing educators, administrators, and researchers. This publication also can inform other health professionals, legislators and other regulators, those who work in funding bodies, and members of the general public (p. 1).

The Pay for Quality concept has evolved from the reporting of quality measures to the payment or non-payment for actual performance on those quality measures. As Pay for Quality evolves outlining guiding principles is imperative to provide the foundation for nurses to actually participate.


ANA’s Pay for Quality Principles

1. Health care professionals are accountable for the care they provide as individuals and as members of integrated health care teams.
2. Nurses must acquire and maintain knowledge of current and emerging concepts of quality included in various Pay for Quality programs at the local, state, and national level.
3. An adequate nursing workforce and a healthy professional practice environment, providing 24/7 care to patients across settings, positively contributes to quality patient outcomes.
4. Nursing leadership and education roles in quality measure selection, measurement and reporting, and measurement evaluation is critical to ensure high value patient care.
5. Performance data on which Pay for Quality programs are based must be reliable, valid, pose minimal data collection burden to nurses, and reflect nursing practice.
6. Discipline specific and interprofessional measures utilized in Pay for Quality need to reflect current science and evidence-based practice.
7. Nursing-sensitive quality measures should be reported at the local, state, and national level.
8. Incentives intended to achieve high value health care need to stimulate improvements and efficiencies in team-based care and Pay for Quality programs should assure equitable incentives for all health care providers.
9. APRN's are eligible for direct reimbursement and incentives under all Pay for Quality programs.
It was a pleasure to represent ANAC as a delegate at the 2010 House of Delegates (HOD) in Washington, DC, this past June. The energy and the successes of the past two years were met with elation and applause to all who worked to make those events happen. I was also impressed when President Obama addressed the Board and that his remarks were right on target for the nursing profession in total. He addressed the issues (staffing, overtime, access, education, APNs) with aplomb and respect. And, then to take the time (20 minutes) to have his picture taken and to “press the flesh” to those whom he met was greatly appreciated by all. It was also sad to see President Rebecca Patton in her last role as President of the ANA. Her relationship with the White House and her access to same was invaluable to ANA and to our needs for the nursing profession. She has been a remarkable leader during her four-year tenure. She will be missed by all of us.

Three (3) references that I was assigned to report back to the organization were:

1. Healthcare for undocumented immigrants;
2. Addressing health literacy through patient literacy; and,
3. Social networking and the nurse.

The action was a very healthy and rich discussion on all three resolutions listed above. To summarize—as the full text and final word-smithing will soon be available online (www.nursingworld.org)—the essence of the final statements for the resolutions are as follows:

(1) ANA would reaffirm that all who are within the United States will have access to medical services—and there will be ongoing education for the professional providers to this affirmation. This resolution would compliment ANA’s Code of Ethics regarding professional responsibility.

(2) ANA would promote collaborative nursing initiatives to address health literacy problems; would utilize existing research findings to strengthen health literacy knowledge and skills in nursing schools curricula and the workplace; and, would promote nursing research efforts to identify evidence-based practices that advance health literacy. The action was to have this resolution adopted by the 2008 House of Delegates and set to sunset in 2010 should be extended. I am pleased to report that this resolution passed in the affirmative with only one delegate dissenting.

The second resolution, “Continuation of the Automatic Dues Escalator,” was submitted by the ANA Board of Directors which proposed that the automatic dues escalator passed by the 2004 House of Delegates and set to sunset in 2010 be allowed to continue after 2010. The purpose of the automatic escalator is to reduce the impact of inflation on revenue, maintain buying power, and continue the work of the Association, by providing for an automatic dues increase based on the Consumer Price Index For Urban Consumers and that ANA continue to support federal legislation that permits these practices by APNs. I am pleased to report that this resolution passed in the affirmative with only one delegate dissenting.

The House of Delegates passed unanimously the resolution to reaffirm that hostility, abuse and bullying of registered nurses is condemned in the workplace. The resolution was introduced by Linda Lazare, PHD, RN, Chair of the Reference Committee. The resolution strengthens the 2006 Resolution by including the language that nurses must take appropriate action following incidents of hostile, abusive, and bullying actions of any and all persons in the workplace. This includes patients, their family members, coworkers, supervisors, and physicians. One delegate stated that 16 states have enacted laws protecting nurses in the workplace. The actions that are recommended include:

- Fully support nurses reporting abuse and harassment in the workplace.
- Promote a healthy and professional work environment for nurses.
- Publish an ANA statement to raise awareness of the pervasiveness of the problem in the workplace.
- Condemn abuse of nurses in all environments in which nurses practice, learn, teach, research, and lead
- Advocate for the implementation of robust, reasonable policies that support abuse-free workplaces.
- Campaign for codes of conduct, mechanisms to encourage staff to report disruptive behavior, and a process for disciplining offenders of hostile behaviors in the workplace.
- Work with Congress to promote awareness of the growing problem of workplace abuse, harassment, and bullying of nurses and the serious consequences of this abuse including several reprisal and retaliation.
- Work with Congress to develop legislative efforts to protect nurses who speak out against abuses and hostile work environments.

Resolutions are position papers that represent matters of importance to ANA members. Resolutions are like instructions which tell the Board of Directors (BOD) what beliefs, philosophies or commitments should be made by the organization on behalf of members. Any ANA member may submit a resolution or can be appointed by the President to work on a committee to work on two of the resolutions presented to the 2010 ANA House of Delegates.

As a home health nurse, the first resolution, “Advanced Practice Registered Nurses Signing and Certifying for Home Care Plans and Continuation of the Automatic Dues Escalator” submitted by Cathy Meltzer, Treasurer, ANA/C

This year was the first year at the ANA House of Delegates (HOD) that they included a program called delegate-in-training. I was fortunate to be given the opportunity to be the ANAC delegate-in-training at the HOD in June. It was great! I was able to participate completely with the exception of voting privileges. The delegate-in-training program allows a nurse to attend the HOD and be mentored by other nurses that have HOD experience. This helps a delegate to be better prepared for their first delegate experience when it does include voting privileges. This also encourages new members to attend the HOD that may have been discouraged to attend because of the unknowns and possible overwhelming scope of the gathering. At the HOD there is always a lot going on and you don’t want to miss anything. Therefore, the mentorship allows a great orientation process to occur, that may not happen otherwise.

One of my first learning experiences at the HOD was a very difficult lesson to learn. I recently started a new job, and didn’t want to take too much time off. The HOD started Wednesday, July 14th with RN Lobby Days at the U.S. Capital and then an opening ceremony from 4:00pm to 6:00pm. I chose to miss Wednesday since I had just been in Washington, DC in October doing some lobbying with the American Nurses Advocacy Institute (ANA). So, I booked my flight to arrive in Baltimore at 6:00pm (mind you I left California at 6:30 am) on Wednesday evening so that I could check in to the hotel early evening and be ready to go, on Thursday morning.

Well, in short this turned out to be a very bad decision. President Obama changed his Guest Speaker address from Friday to Wednesday at 5:15 pm. I missed his speech and the opportunity to meet him. This turned out to be a missed opportunity and I am sure I would have enjoyed talking to him. This year marked the 100th anniversary of ANA/C so my goal was to attend an ANA/C HOD sometime in your nursing career and not to miss a minute of it!

At one point while I was sitting with the California delegation in the auditorium observing and soaking up the whole experience, I wrote down a few sentences so that I could remember how I was feeling. I wrote down the following: It’s amazing, the shared passion for nursing. The excitement is attached to the love of the nursing profession and the desire to advocate for nursing as a profession, to advance nursing, and to advocate for patients and the health of America!
Summary of the 2010 ANA House of Delegates Treasurer’s Report

By Cathy Melter, ANA/C Treasurer

First of all, I want to thank ANA/C members for the privilege of participating again in this year’s ANA House of Delegates. My report is a summary of the report of the ANA treasurer.

Both 2008 and 2009 were years of exemplary service by ANA to all of its members and the nursing profession overall. The ANA Board of Directors and staff insured successful programs while working hard to achieve an operating surplus in 2008 and early 2009 were extremely tough on ANA. In 2009, the market rebounded but not enough to offset the negative impact on ANA’s net assets in 2009, and the year ended with an operating deficit despite several cost containment efforts. For 2010 the operating budget is essentially breakeven. The 2010 budget anticipates expenses associated with the House of Delegates meeting. To personnel costs, fees, and travel, meeting and office expenses associated with the House of Delegates meeting.

The most significant challenge for the Committee on Planning and Budgeting and the ANA Board remains the limited financial resources to fully address all of the needs, issues, and opportunities of the Association. The economy can impact membership growth, non-dues revenue, and investments and thus will be monitored closely while we strive to maintain fiscal stability.

Overall, ANA is fiscally strong with a reserve ratio above 30%, but our continued support is imperative to ensure that nursing will have a strong voice in impacting the national healthcare agenda. Tell a friend!

Running for Office—Scratching the Surface

Nicole R. Marcy, BPH, BSN, RN
ANA/C, Secretary
Staff, VAMCSD

Deciding to run

Deciding to run for elected office is not an easy one, although for some it is. In brief, I can’t tell you how many people have asked me the question, “How can I be more involved?” There instantly comes to mind without thinking much at least six ways to become more involved. However, in my opinion there is absolutely nothing better than being on the Board of Directors, and this is one of the many ways to get involved. It is a large commitment but I’ve never regretted it. For me, it is the most fun and where one will reap the most benefits of membership.

Preparation to run

Preparing to run takes experience or someone has knowledge of the things which need to be done. There is variation in how to prepare but there is a general guide. Decide what you need in order to run. For example, new clothes, banners, flyers, business cards, stuff to give voters, a catchy phrase to get people to remember your name, a campaign team, reasons for running, goals while in office and these are just to name a few. Then come up with a rough estimated budget to guide spending. Determine if you have any financial support or if you have ways to create new financial supports. Also, familiarize yourself with the organization’s member benefits, vision, mission, policies, structure, history, current leaders, your competitors and strategy, such as short and long range objectives, just to name a few. Lastly, get started far enough in advance. Hop to it!

Campaigning

Campaigning is rigorous. The Nominations & Elections Committees will divulge to you either without request or upon request a detailed schedule. It is demanding but I love it. It is exciting and fun. Plan to be the very first person up before dawn and the last person to bed long after late night hours every single day. Plan ahead in regards to nutrition and hydration as you will be so busy, non-stop the entire day that it’s nearly impossible to break away for meals. Know that if you break away for a meal, you’re usually missing valuable campaigning time. It’s best to have either a bag on wheels or some type of backpack, hopefully stylish, to tote healthy snacks and drinks around with you. An alternative is to delegate to a willing person a food/drink run. There is the impatience upon arrival to the event with the Nominations & Elections Committee. There is usually a campaign headquarters which is your resource. There is usually a “meet & greet” where candidates have their booth & voters circulate. There is a speech before the general assembly of voters, and afterward an opportunity to answer questions from fellow delegates. Then the entire rest of your time you want to be out and about. Take initiative. You have to be outgoing. For shy individuals, it’s done all the time and you can do it! Simply go to the delegate and say “Sir or ma’am, have you been to past and past approach anyone and everyone. You can tell who event attendees are by their incredibly large name badges which also usually mark clearly if they are voters (Delegates) or not. However, treat every single person as a voter! Most importantly, Be yourself!

Win/Lose

By voting time, you have invested so heavily that you care more about winning than you thought you ever could. This is the hardest part. You decided you wanted something, you went out and got it so be prepared mentally to win or lose. Everyone tells the candidates what a great accomplishment they have achieved simply by running and that it is more about the journey than anything else. This is all warm and fuzzy, but the opportunity to serve is something you know you want very much and have spent a lot of money whether from your personal checking or from sponsors and invested blood, sweat and tears. So, truly tap into the warm and fuzzy reasons for running because the stuff about being a journey is true. The learning and networking alone are awesome assets to you for a myriad of reasons. Your name and passions are now well known. One does feel a genuine sense of satisfaction at completing all the above whether you win or lose. The bond with your competitors is strong and result in wonderful and lasting relationships both personally and professionally. If you won, YAY! Congratulations! If you didn’t win, YAY! Congratulations! In my opinion there is absolutely nothing better than being on the Board of Directors, and this is one of the many ways to get involved. So, truly tap into the warm and fuzzy reasons for running because the stuff about being a journey is true. The learning and networking alone are awesome assets to you for a myriad of reasons. Your name and passions are now well known. One does feel a genuine sense of satisfaction at completing all the above whether you win or lose. The bond with your competitors is strong and result in wonderful and lasting relationships both personally and professionally. If you won, YAY! Congratulations! If you didn’t win, YAY! Congratulations! Be yourself, stay involved and get surprise offers at any time for great opportunities!

ANA Past Presidents Gather

Mary Foley, RN
ANA Past President, 2000-2002

Becky Patton, Immediate Past ANA President (2006-2010) had a vision: She thought one of the best ways ANA could celebrate the passage of health care reform in 2010, in addition to having President Obama join the House of Delegates (which he did on June 17, 2010) was to invite other former presidents of ANA. Becky’s vision was supported by the ANA Executive Director Marla Weston, the association staff, and the Board of Directors. That level of support made it possible for all living ANA Past Presidents but one, Dr. Beverly Malone who had a speaking engagement she could not break, to not only attend the 2010 House of Delegates, but to speak at a Past-Presidents’ forum. The seven Past Presidents spoke of the past and future of ANA and U.S. history as each Past President was supported by the ANA Executive Director Marla Weston, the association staff, and the Board of Directors. That level of support made it possible for all living ANA Past Presidents but one, Dr. Beverly Malone who had a speaking engagement she could not break, to not only attend the 2010 House of Delegates, but to speak at a Past-Presidents’ forum. The seven Past Presidents spoke of ANA’s strides in advanced practice, safe staffing, funding for nurse education, access to health care, collective bargaining, and needlestick prevention, to name a few of the topics. This historic event provided a glimpse into over 45 years of ANA and U.S. history as each Past President shared with the attendees two key perspectives: what was occurring in nursing at the time you were president, and what were the key social and/or political events in the country at the time, especially in the areas of health care. Dr. Pam Cipriano was the moderator for the panel and guided the discussion among 7 nurses not known for their reluctance to speak.

Jo Eleanor Elliott was president of ANA during the passage of Medicare in 1965, and President Obama made special note of that in his speech. It is also important to note that ANA was the first health care organization to support the concept of Medicare in the 1960s, and was unique in its support of the healthcare reform agendas over the next 40 plus years.

In chronological sequence:
Jo Eleanor Elliott
Barbara Nichols
Eunice Cole
Lucille Joel
Virginia Trotter Betts
(Barbara Malone, unable to attend)

YAY! Congratulations is still in order, stay involved and may get surprise offers at any time for great opportunities! ANA plans to release a DVD of the forum, and there is a discussion of future such panels to discuss other landmark events in nursing’s history. And, ANA is currently recording an oral history with each Past President.

It was an honor to serve as ANA President. I am very pleased to be a member of ANAC and enjoyed the role of Past President and Delegate from ANAC.
1st Day at the Capitol

After the RN Lobby Days first meeting and listening to the Honorable Tricia Hunter explain the process of lobbying with bills brought before the CA legislature, was like being back in NS110, but with real life scenarios. Even as we had our discussion on the process of bills being introduced, who can write a bill, who the author of a bill is, how to introduce a bill; Where they get their ideas, our session was interrupted by the presence of Senator Gloria Negrete McLeod.

Then, a couple hours later, Brian Stiger, Director of Department of Consumer Affairs on the SB 1111, came in to tell us about what has brought forth by the American Nurses Association California (ANA) were revised in the bill, with relief to the lobbying, but with some issues still to be worked on. You can read more on this California Senate Bill 1111 at http://info.sen.ca.gov/pub/09-10/bill/sen/bb_1101-1150/ sb_1111_bill_20100342_amended_sen_c09.html

SB stands for Senate Bill and the numbers are assigned—as the bill is handed over the desk. They say, due to the decrease in state budget, there are less bills being passed. The numbers normally at this time could be in the thousands.

Later I went to the hearing for this bill. I actually sat next to and met, Louise Bailey, MEd, RN, Interim Executive Director for the California Board of Registered Nursing (CA BRN). She was there watching out for thousands.

2nd day at Capitol

Today was a big day. We followed a bill that was considered the “Insulin Bill.” AB 1802 introduced by Assembly Member Hall. It was in committee today and voted upon. I had the opportunity to stand before the committee, state my name and place, (RN—such heavy importance right?) and testified in opposition of this bill. I want you to know I was one behind a verrry long line of people (nurses and unclassified department of education workers who didn’t want to be responsible for giving children insulin, to name just a couple) who overwhelmed the committee reviewing this bill. This bill was stopped. I later found out that the Senators opposing this bill and the presence they made at the hearing today according to our Assemblyman Steve Knight who I had the pleasure of meeting today in his office. Check out the images below of my day.

3rd Day at the Capitol

Today was spent at the ANA/C Office, then back over to the Capitol building to sit in the committee hearings of 3 different bills.

Vermont’s Advocate for Diabetes?

Laura Barron and Assemblyman Steve Knight

This is Laura Barron and Steve Knight, which pictures are from the images below of my day.

NPA Advice

I wanted to share some NPA Advice from The Honorable Tricia R. Hunter during the annual conference of the RN Lobby Days.

• The Nursing Practice Act (NPA) which is the body of California law that mandates the Board of Registered Nursing to set out the scope of practice and responsibilities for RNs. The government is to protect the public. The federal government protects the nation, as the state protects the people—this is reflected in our NPA. Her advice? Know your NPA.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3017275

• Each state is different. CA has around eight pages of defined responsibilities of registered nurses. There are other states that have a limited scope of what a nurse can do. California has one of the widest scopes compared. If you are thinking about moving to a new state, make sure you check out their nurse practice act. You may be surprised of what would be considered illegal.

• Nurses are there 24 hrs a day for the patient in the Hospital. We are the advocate because we know the patient. We must collaborate with doctors on what is really going on with our patient. Remember the standard for doctor’s license is by passing the minimal level exam. Think in your mind each doctor’s order should be looked at, reviewed, and questioned in your mind if this is right for your patient. You are there 24hrs, they aren’t. They will expect you to keep them updated.

• California doesn’t have “delegation” Laws. Nurses can’t delegate licensed activities. Nurses can assign tasks of “unlicensed activities.” You need to know your team’s responsibility. A doctor can’t delegate to a RN what a RN can’t do, and a RN can’t tell a LVN to do something that isn’t in their practice act.

Bill Updates

AB 1111 Regulatory boards—

• Apr. 19 Set, first hearing. Testimony taken. Further hearing to be set.
• Apr. 22 Set for hearing April 22. (Vote only)

AB 1802 Pupil health: diabetes: insulin injections—Failed Passage in Committee

AB 1051 Emergency Medical Assistance: Diastat—Failed Passage in Committee

AB 2454 Public Health - update needed.

SB 1200 Health Care Coverage: School-based health care—Passed, re-reference Committee on Appropriations.

If you are watching a bill and want to know its status, use the site below to access your bill by number or by Author. If you go by Author, then you can know exactly which bills your Assemblyman or Senate is lobbying.

http://info.sen.ca.gov/cgi-bin/makequery?types=sen_bill &dsite=send&title=Bill+Information

PS—if you don’t understand why the ANA is in opposition of the insulin and Diastat bills, please read the letter by the BRN Attorney Don Chang at the ANA California site. The way I see it, if this bill passes it will allow unlicensed personnel to administer these medications, and it will change our Nurse Practice Act. We need to protect our Nurse Practice Act. We need to advocate not only for our patients, but for our NPA—or we won’t be able to advocate for our patients!

Nursing Student in Sacramento Internship (NSSI)

by Laura Barron, SN, AVC

Laura Barron and Assemblyman Steve Knight

Nursing Student in Sacramento Internship (NSSI)
Membership and Communication

### American Nurses Association \ California

#### Membership Application

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**MEMBERSHIP DUES VARY BY STATE**

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**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.

**Payment Plan (Check one)**

- \(\checkmark\) Full Annual Payment
- \(\checkmark\) Electronic Dues Payment Plan (EDPP)
  - Mail with payment to: American Nurses Association/California 1121 L Street, Suite 409 Sacramento, CA 95814

**Payment Plan (continued)**

- Check
- Master Card or VISA Bank Card (Available for Annual payment only)
- Bank Card Number and Expiration Date
- Signature of Card Holder

**Authorization**

To authorize ANA to withdraw 1/12 of your annual dues and any additional service fees from my checking account designated by the enclosed check for the first month’s EDPP payment and 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

**TO BE COMPLETED BY SNA**

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**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 ANAC at 916-447-0225, e-mail us anac@anacalifornia.org or return this form to:

The ‘Nursing Voice’

c/o ANAC

1211 L Street, Suite 409

Sacramento, CA 95814

ANAC Member Identification No. (if applicable)

Name: __________________________________________

New Address: ____________________________________

Old Address: ____________________________________

New E-mail Address: ______________________________

*** This is not to update your license information with the Board of Registered Nursing. Go to www.rn.ca.gov

### ANAC Calendar of Events

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<td>October</td>
<td>30 — Ballot Committee Submits Ballot to Office</td>
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<tr>
<td>November</td>
<td>10 — Newsletter Deadline Include Bio’s of candidates Publish Resolution and Bylaw Request</td>
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Dear mother, wife, and friend made her transition in the early morning of August 9th, after a short illness. Jeanette was peaceful and comfortable at home with hospice care. She was 85. Jeanette was born Zynaida Romanavna Dontzova in the Lower East Side of Manhattan. Her parents emigrated from Moldova in 1920. Jeanette was always a very active and athletic child, and her mother wanted her to do everything. Though they lived in poverty, she had many fond memories of her childhood. Born on Friday the 13th, she would taunt her childhood friends with “I’m going to put the jinx on you!” and thus her nickname Jinx or Jinks was born.

Jeanette graduated from high school at age 16 to attend Hunter College where she played on the field hockey and basketball teams. She went on to the Cornell University/New York Hospital School of Nursing, receiving a BS in Nursing. She would tell people, “I am a Cornell graduate but have never been to Ithaca!”

One month after graduation she was promoted to head nurse for labor & delivery then six months later to head nurse of the OB/GYN complications department. In 1950, she and a classmate bought a car and had an adventure driving across the country to San Francisco, where she was the Maternity Department Supervisor at Franklin Hospital. She was also a childbirth and parent educator and advocate for natural childbirth. She then worked in a private OB practice, where they were revolutionary in allowing fathers into the delivery room, which was against the law at the time. She received her Master’s in Education at San Francisco State in 1957. In 1958 she married Henry Hines. Son Donald was born in 1960 and daughter Antonina in 1962.

In 1964, as a single mother, Jeanette and children moved to New York to be closer to her sister’s family. She received her MS in Nursing from NYU in 1969 where she researched and wrote her thesis on fathers and childbirth, a first ever in nursing literature. In 1969, she moved her family to Amherst, Massachusetts. She was an Assistant Professor of Nursing and developed a community-based curriculum, another nursing first. In 1975, they moved to Washington DC, where she was Director of Nursing Services at PreTerm Institute. She wrote the nursing manual “When You Only Have Five Minutes” on teaching during short clinic visits. In 1977 she became Associate Professor of Nursing at San Diego State University. Jeanette mentored another generation of future nurses and midwives, and was very active in the Education Committee of the California Nurses Association and state curriculum accreditation committees.

She took a leave from teaching to attend UCSF where she received her Doctor of Nursing Science degree in 1987, doing a qualitative study on the experiences of first time fathers. She retired in 1991, staying in San Diego assisting midwives in alternative birthing centers and continuing work with the Bi-national Nurses Association in Tijuana. Her doctor told the 63-year-old that she had to give up running because of arthritis “Arthritis!” she replied, “That’s for old people!”

In 1993 she moved to Santa Cruz to be closer to her children. Right away she was a leader in the Campaign for Single Payer Health Care. She helped found and was very active in Health Care for All - Santa Cruz and Health Care for All—California from 1995-2005. She’s been active in the WILPF Santa Cruz Branch and sang with the Raging Grannies. She was a Santa Cruz County Women’s Commission member in 1997, and involved in the Santa Cruz Sister City Committee. Jeanette traveled with a delegation to sister city Alushta, Ukraine, and housed visiting guests in her home.

In February 1999, she joyfully married Paul Johnson, whom she met during the 1994 Prop 186 Single Payer campaign. In 2001, she received the Distinguished Alumni Award from the Cornell University/New York Hospital School of Nursing. Jeanette enjoyed riding on the back of Paul’s motorcycle into her late 70s. Late in life she developed a fondness for Mother Russia, studying Russian at UCSF and travelling there as well as visiting Moldova. Recently she has enjoyed her family, her cat, and reading murder mysteries.

Jeanette is survived by her husband Paul and his brother Robert in Los Angeles, son Donald Hines of San Jose, daughter Antonina Hines of Santa Cruz, sister Antonina Blotsky of Florida, one niece, and several great and great-great nieces and nephews. Jeanette was a spunky, intelligent, energetic and committed person. She was very opinionated and fiercely independent, yet she also had a wonderfully kind and compassionate heart. We miss her dearly.

A Celebration of Life will be held on Sunday, September 19 at 2:00 in the afternoon at the Sesnon House at Cabrillo College. Donations in her name may be made to the Homeless Garden Project, P.O. Box 617, Santa Cruz, CA 95061.