Elissa Brown
President, ANA/California

Greetings…

Well, things are heating up, and not just the temperature. It’s the weather and the politics. There is no doubt that this is an election year—and again, please stay informed and please VOTE!

This is also an Olympic year, and there are lessons learned in seeing and bearing how the competing athletes handle their situations. It’s been exciting to watch, and to root for one’s favorites to win. And when they do-exhilaration! When they don’t-disappointment! However, the disappointment is also on the part of the viewers, the fans. What really struck a chord, was how graciously most of the athletes have been. Win or lose, Gold, Silver or Bronze-first, second or third, or not placing at all! They have expressed appreciation for just being in the Olympics, they tend not to put down their teammates. They support them; and they talk about trying again. And they do try again, and again.

“Don’t let your victories go to your head, or your failures go to your heart.” ~Unknown

Let’s see if we can be that way in our everyday lives including in our work settings. How often do we encourage or applaud our colleagues? We need to do more of that, and not just compare to “beat” or “top” the other person. Rather we can cheer them on—that helps all of us! That’s the “team” work we need to recapture.

“Nobody can make you feel inferior without your permission.” ~Eleanor Roosevelt

An example of working together, of team work, and of producing a positive outcome, happened at the ANA House of Delegates this past June. In an effort to make our organization more relevant, more effective and efficient, some proposals were brought forth that not everyone agreed upon—that’s a good thing, it makes us human! Recognizing that we were going to have to work on something we could all support, smaller group work was done by numerous representatives from different states and other constituents. In these sessions, there was open discussion, compromise and consensus building that led to some proposals with which we could all live. It was nice not to compete or vie for who has more power. We truly worked for the good of the whole! This issue of the Nursing Voice contains reports and articles by California Delegates to the American Nurses Association House of Delegates. We hope they bring you the information you need to know about what is happening in the association and in Nursing.

As I have asked before—please become involved! There are so many current opportunities at work and in the community. Join committees, become active in community groups, precept, mentor, teach, join email lists that reflect your interests, and work on California Action Coalition activities.

The more than 360,000 nurses in California have more opportunities to make a difference than ever before. The climate is right! Get involved at the local, state, national and international levels.

Ongoing: A Future of Nursing Update: Members of ANA and other nurses continue to be involved with the California Action Coalition—the Statewide CAC and local groups, continue working together to address nursing’s future in California. ANA/California continues to have strong representative leadership in the CACs, regionally and statewide. As the regional Co-Leader for the Los Angeles area, along with Dr. Rosie Curtis, we continue working on opportunities to become active participants in change. Reference: The Future of Nursing: Leading Change, Advancing Health, by the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine; (2011). Check the American Nurses Association/California website and the American Nurses Association website, as well as the California Action Coalition.

Please go to the national ANA site: www.nursingworld.org for the latest information about healthcare reform, the Affordable Care Act (ACA), political happenings, other health care issues and nursing issues; including videos links such as: ‘Nurses Have Power: Let’s Use It for Change.’ Please also see on the nursingworld.org link to the “Key Provisions Related to Nursing and Health Care Reform.”

Ongoing national: healthcare reform issues; the future of nursing initiatives. The state Presidents and Executive Directors have regular calls with the ANA President, and with their regional groups. ANA/California is open to hearing from our members. Please tell us what more you would like in the way of communication, programs, outreach, and opportunities for involvement.

Please keep your ANA membership or join if you have not. We are a constantly growing organization thanks to the Nurses in California. ANA is the professional nurses association in California open to all RNs, in all types of roles at all types of settings. Please join your professional nursing associations; if you can, join at least two associations—your professional general organization, ANA/California, and your specialty organization. The networking knowledge gaining opportunities are most worthwhile.

Review of ANA structure: we have 4 elected officers, President, Vice-President, Secretary and Treasurer, with clear responsibilities; and 4 elected Board Directors, each with a specific focus, i.e., Practice, Legislation, Education, and Membership. We work together, promoting a strong association dedicated to Nursing and improving healthcare. Nurses can be involved either on committees with the Directors or at least on their e-mail groups. Some groups have only ANA members, others include non-member nurses. Those who vote must be ANA members.

Please contact us at ANA. Let us know how you would like to be involved in ANA.

Other issues: IRN updates; ongoing state and national issues, Health Care Reform; bills related to nursing

President’s Perspective continued on page 4
IN THE NEWS

ANA California wants to see you….

The article discusses the process for submitting manuscripts to the ANA California newsletter, The Nursing Voice. The guidelines include:

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

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 California, 1121 L Street Suite 409, Sacramento CA 95814. Or email photographs in jpeg format to thenursingvoice@ yahoo.com.

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

ANA California accepts and encourages manuscripts and editorials to be submitted for publication in the association’s quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA California members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less. Articles printed in The Nursing Voice do not necessarily reflect the views of ANA California, its membership, the board of directors or its staff.

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

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

2. Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.

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

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

d. Manuscripts may be reviewed by the Editorial Staff.

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

The official publication of the American Nurses Association/California is the ANAC California newsletter, The Nursing Voice. The purpose of this publication shall be to support the mission of ANA California through the communication of nursing issues, continuing education and significant events of interest. The statements and opinions expressed herein are those of the individual authors and do not necessarily represent the opinion or views of ANA California, its staff, the Board of Directors, or its members. Likewise, the appearance of advertisers, and/or their views and opinions, do not constitute an endorsement of products or services featured in this, past or subsequent issues of this publication. Copyright by the American Nurses Association/California. The Nursing Voice is published quarterly every January, April, July and October and is complimentary to ANA California members, schools of nursing and their nursing students, affiliates of the association and their memberships. If you would like to submit an article for publication, please see ‘Article Submission for The Nursing Voice’ in this issue for deadlines and submission details.

If you would like to receive this publication or you would like to stop receiving this publication please write or call ANA California at (916) 447-0225 or fax to (916) 442-4394. Please leave your full name, complete address or address correction and a phone number should we need to contact you. Or, fill out and mail in the Update Request Form found in this newsletter.

ANA California
Executive Director: Hon. Tricia Hunter, RN, RN
ANA California Lobbying Firm: Government Relations Group, Inc.
ANA Director of Member Services: Samantha Hunter
ANA Merchandise Development & Sales: Michele Townsend
Editorial Committee:
Chairperson: Louise F. Timmer, EdD, RN
Staff: Hon. Tricia Hunter, RN, RN, Samantha Hunter

American Nurses Association/California is an Affiliate Chapter Member of the American Nurses Association.

Published by: Arthur L. Davis Publishing Agency, Inc.

Search for Balance

Published by: Arthur L. Davis Publishing Agency, Inc.
The new title is states when the regulations do not include measures to hold the health care agencies accountable to enforce safe nurse-to-patient staffing levels. Another delegate described the lack of a budget appropriated to the work of nurse staffing committees in the hospitals. Other delegates addressed the discrepancy in assigning the appropriate experience of the staff nurses to the acuity of the patients. An acuity tool is needed that links the experience of the staff nurses with the acuity of the patients.

The resolution recommended that the staffing process should include the principles of nurse staffing, guidelines and/or examples of staffing for patient/staff safety and satisfaction, mandatory collection and reporting of nursing quality indicators, frequent staff and patient surveys, and mechanisms for the adjustment of the process as the health facilities undergo change. In summary, the resolution reaffirmed its dedication to seeking an enforceable nurse-lead staffing process that includes staffing principles, nurse-to-patient ratios, collection of nursing-sensitive data, and penalties associated with non-compliance for health facilities.

Donna Dolinar MPA, BSN, RN
Nurses’ Role in Recognizing, Educating, and Advocating for Healthier Energy Choices
This reference report was submitted by the Pennsylvania State Nurses Association to the ANA House of Delegates. After a lively discussion in the onsite hearing and on the floor of the ANA House of Delegates, Reference Report #6, Nurses’ Role in Recognizing, Educating, and Advocating for Healthier Energy Choices, was adopted. This report focuses on the human and ecological health risks directly related to the use of coal-fired power plants, mountaintop removal of coal, offshore and onshore oil and natural gas drilling, and hydraulic fracturing or “fracking.”

The ecological impacts of coal, oil, and natural gas extraction and use are contributing to contamination of drinking water for humans and farm animals, air pollution, reduction of water volume in local streams, increased noise levels, drilling accidents, and vehicular accidents. And in many cases adequate health monitoring, reporting and regulations have been insufficient.

Adoption of this report will advance the ANA to support education, advocacy and monitoring of health issues with fossil fuel energy. The report will also support education and advocacy for the benefits of energy conservation and renewable energy sources such as wind and solar.

Nurses can play a key role in making healthier energy choices. Nurses are well positioned to help educate other health professionals, the general public, and policy makers about the relationship of human health to critical energy issues.

To stay current on this resolution and other nursing and health policy topics visit: http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy


CLARK COUNTY, NEVADA
Department of Juvenile Justice Services
Registered Nurse

Requires: Graduation from an approved nursing college or program and three (3) years of full-time professional experience as a registered nurse in a clinic, hospital or public health setting. NV RN license required.


Clark County application package is required. For complete job description and to apply online go to www.clarkcountynv.gov

CLARK COUNTY HUMAN RESOURCES
500 S. Grand Central Pkwy., 3rd Floor, Las Vegas, NV 89155
(702) 455-4665

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CLARK COUNTY HUMAN RESOURCES
500 S. Grand Central Pkwy., 3rd Floor, Las Vegas, NV 89155
(702) 455-4665
I had the privilege to attend the last ANA House of Delegates that was held in Washington DC in June 2012. As a delegate in training, I was able to observe the official voting and governing body of the ANA. I was honored and excited to be amongst registered nurses from throughout the United States. The ANA HOD symbolizes and promotes exceptional leadership skills, professionalism, and unity. This experience represented a community of nurses coming together using knowledge, decision-making, evidenced-based practice, and resources to help improve the health of the world's people. The ANA governing boards voting procedures and policies were structured, organized, and regulated. By being amongst this global community of registered nurses, I felt empowered and re-energized. My objectives are to become more involved in my ANA state nursing association and specialty affiliations. I realize that it’s important for all nurses to become involved within their professional nursing organizations. It is imperative that registered nurses have a “voice” when there are changes in policies and practices that will affect the welfare of nurses.

Knowledge is power and I am motivated and encouraged. I am proud to be an active member of ANA/CA and will encourage other nurses to get involved in order to help elevate the nursing profession.

President’s Perspective continued from page 1

practice, and more. Please see our website! ANA/CA will keep you updated.

My continuing thanks to our ANACalifornia Board members and staff, who work toward excellence in Nursing practice, in promoting high quality healthcare, in influencing legislation and regulation, in participating in healthcare reform, and in supporting the Nursing profession and supporting ANAC and ANA.

And thank you to all Nurses for all that you do. Be kind and good to each other and take care of yourselves!

We welcome comments, questions and suggestions.

Peace. It does not mean to be in a place where there is no noise, trouble or hard work. It means to be in the midst of those things and still be calm in your heart.

–unknown
Care Act and the national movement to implement the Foundation (RWJF). The Institute of Medicine (IOM) of Nursing Report funded by the Robert Wood Johnson experiences in order to guide them. Nurses must take these patients and families and how health care is provided the Representatives perceive nurses as valued experts. Making the effort to have a close personal relationship with your Representatives is worth it for the patients and their families!

Federal Funding for Nursing Education

The hype at Lobby Days was a victory with Title VIII (what IS THIS?). The Senate Labor, Health and Human Services Appropriations Committee, which sits under the Appropriations Committees passed their budget which left level funding (WHAT DOES THIS MEAN?). Although ANA was asking for an increase of $251 million, the fact that there was not a single cut to the nursing budget in the current economic climate while just about every budget item is being slashed is cause for celebration. Nurses who sit on the Appropriations Committee, we encouraged them to support the subcommittee’s decision. During the visits of House Appropriations Committee members, we asked that they encourage President Obama to allow the increase in Title VIII funding or at least not cut it and support the Senate LHHS Subcommittee’s decision. What helps in talking to these legislators about nursing and the personal experiences nurses have with the funding for nursing programs and how the loans have impacted nurses’ lives. Describing real life situations that the committee members aren’t aware of can make all the difference when they vote.

Home Health Planning and Improvement Act

The second issue which was under intense scrutiny was the Home Health Planning and Improvement Act. ANA lobbyists worked with the Appropriations Committees to create a pay for performance system that rewards quality care and prevents fraud.

Healthcare Costs

Currently, Nurses are critical because they are delivering health care services when healthcare services are one of the highest expenditures of the federal budget. The U.S. spends $2.5 trillion annually and will continue to go up, estimated 25% of GDP in 2025, unless something dramatic is done as soon as possible. Remind your representatives that there are 3 times more nurses then there are doctors and that the decisions that you make everyday can drive costs down significantly. However, all we know that the healthcare reform is about much more than the money. It’s about the safety and quality of our public’s healthcare system. The safety and quality measures needed would fill an entire book. Nurses must demonstrate to the legislators their understanding of what the decisions regarding the health care system that are made in Washington mean to the patients and their families. When nurses visit their representative and describe the impact of their vote on health care issues, this is the ultimate nursing leadership role in patient advocacy!

Remember that although the Affordable Care Act passed and was upheld by the U.S. Supreme Court there is no single final endpoint to healthcare reform. How the health care reform law will look 5, 10, 20, 30 years from now is yet to be determined. Nursing must rise up to this challenge! The details in the Affordable Care Act will significantly impact nursing’s future. It is time to meet the health care needs over time. Nurses have an enormous opportunity to create the future. Stand up and participate. Find your voice! Nurses must be at the table or they will be on the menu.

You can make a difference!

TIPS:
- Have an open mind and be flexible.
- Be clear and direct.
- Have a “leave behind.” A leave behind is for the representative to reference to your key points and the supporting evidence with personal anecdotes.
- Know what’s relevant and be concise.
- Be courteous even when not supporting today’s issue because they may support the next time.
- Avoid argon.
- Passion is fine but raising your voice doesn’t make you more persuasive.
- Expect 30-120 seconds for the total conversation. Now, sometimes you’ll have 30 minutes but chances are more likely that it’ll be the 30-120 seconds per topic, or worse for multiple topics. Don’t take it personal, their not being disrespectful, if the meeting ends up as a “walks in-talk.” They are obligated to perform to the best of their abilities at a high stakes job on behalf of hundreds of thousands of people. However, don’t misinterpret that as your issue is of any less value then any other issue. They have no control over their schedule.
- Pitch it in a way which is favorable to their interests.
- Be familiar with the opposition’s views.
- Dress conservatively.
- Start positive by thanking them for their public service.
- Ask the representative for their opinion.
- Always say thank you and follow up with a thank you letter reiterating their top few issues.
- Host a tea at your home and invite acquaintances, friends and family.
- Maintain consistent communications.

RESOURCES:
www.anapoliticalpower.org
www.facebook.com/AmericanNursesAssociation
www.twitter.com/nursingworld

ANA eAdvocacy Tool - http://apps.facebook.com/by-analyze/
www.reaction.org/takeaction
www.capitolplate.org
www.healthcare.gov

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FT
Advocating in the Bowels of the Capitol
by Candy Campbell, MSN-HCSM, RN

“...to the appropriate legislators: Who would say what, and when?...”

Our eight appointments were spaced 30-60 minutes apart, from 0900 to 1400, which was definitely do-able if we were in the Sacramento Capitol building. Instead, we learned the Legislative office buildings and the Senate office buildings are scattered around the perimeter of the Capitol in a circle of several city blocks.

For our first appointment, we found it necessary to dash around, down staircases, through a maze of low-ceilinged basement tunnels, down, and down again, into the bowels of the nation’s Capitol. Just when we wondered if we’d fallen Through the Looking Glass, we arrived in a discretely hidden “communication room,” the anti-glamorous hub of Nancy Pelosi’s seminarian staff.

Our mission was to discuss three issues:
1) Title VIII funding for nursing education,
2) The Medicaid Advance Practice Nurse Practitioner and Physicians Assistant Access Act of 2011 (SB 2314) and
3) Mandatory nurse/staffing and acuity ratios.

Each of us spoke to one of the issues. The responses were very positive, given the current economic climate. We met with representatives for Pete Stark, Lois Capps, Mike Thompson, Wally Berger, Lucille Royal-Allard, and Senators Boxer and Feinstein, as well. All the legislative aides were sympathetic to nursing issues, and reiterated that our legislators support our interests. They all expressed genuine surprise and concern when they heard about some of the issues we shared from our own clinical practice. Each thanked us for this insider information, which we pitched to translate health policy in terms of real-life consequences.

One of the first lessons of the day was that, just like on TV depictions, “meetings” take place just about anywhere, inside or outside of the actual legislative office. We pitched our concerns in a cafeteria, a Legislator’s posh “inner sanctum,” outside at a stone table, and walking from one office to the next. We also learned that a veritable maze of tunnels connects the Capitol to four Legislative office buildings, underground. Evidently, housing is the preferred method of travel for many. Underground, we hustled from one appointment to the next, with delivery folks, cafeteria workers, environmental health cleaners, merchants, and “suits” of all kinds, relying often on the kindness of strangers.

We left knowing our call for change in each area was heard and acknowledged. There ended an invigorating day on the Hill, with blisters to prove we survived running through the bowels of congress.

The Department of Nursing offers a hybrid online program leading to the Bachelor of Science in Nursing (BSN) degree. The average time to complete the degree is 5 years. This degree program is approved by the California State Board of Registered Nursing.

For further information, contact:
Department of Nursing: 909-537-5380
Dr. Teresa Dodd-Butera (coordinator)
e-mail: nursing@csusb.edu

M.S. in Nursing

The Department of Nursing offers a hybrid online program leading to the master of science degree with a major in nursing.

SPECIAL FEATURES: Convenient hybrid-online format; WASC-approved/CNE-accredited program; 3 tracks: Population-based Advanced Practice Nursing (for academic and healthcare settings) Advanced Community/Public Health Nursing

For further information, contact:
Department of Nursing: 909-537-5380
St. Teresa Dede-Butera (coordinator)
Website: http://nursing.csusb.edu

Anyone interested in watching the progress of the float? Check out the web cam. Visit www.flowers4thefloat.org and select Live Web Cam. It roams quite so don’t blink! The Nurses’ Float had the first road & safety test and passed with flying colors. You can see a slide show of the road test at www.flowers4thefloat.org/float.php. You can also read some of the early articles written about OUR float. There is lots to learn—you might like to know the float is 55 feet long! Think about that for a minute. The owls are so tall that a special automation was created that lowers their tree branch so they could get under the freeway bridge on the way to the parade route. If you think they look like they are lying down, that’s why! The next road test for safety is coming soon. Stay tuned for the slide show!

1. Souvenir Pins Are Now Available:
The Nurses’ Float, the Parade Theme and the Official Tournament of Roses Pins are now available in our online store. Order yours today at www.flowers4thefloat.org/store.php. The actual size of the Nurses’ Float pin is 1 1/8.”

2. Buy A Rose For The Float—Get The Public Involved:
One thing we hear from patients is they want to say thank you to the nurses who took care of them. Buying a rose for that special nurse is a fun and unique way to offer that heartfelt thanks and appreciation. We are going to do a publicity campaign to raise awareness about the Nurses’ Float Project and offer the public an opportunity to donate and have a rose on the float in honor of that special Nurse. At our BUY A ROSE online, select the quantity of roses, give us the name of the Nurse you want to Celebrate and share a short story about that Nurse with us. The rose will be labeled with the name of the nurse and it will go on the float during the Live Decoration process. Then share a story about that nurse by writing their name and the story in the comment section during the check-out process. We will then place that story on our web site under the link Celebrate Special Nurses.

3. Housing Volunteers:
We are getting more requests from people asking if there are nurses in the parade route area that would be willing to open up their homes. This is something we do not have the resources to manage but we are willing to post an email of someone who states they would be willing to give someone a place to stay. Bare Root Inc. does not endorse or verify or vouch for anyone who volunteers their home; we will simply provide contact information. Each person contacting someone who has volunteered their home does so solely at their own risk and Bare Root is not responsible for that experience. If you are someone who would like to have your email posted as a potential housing volunteer, email us and we will post our on our web site.

4. T-shirts:
We are still working to finalize the souvenir t-shirts. So stay tuned to the web site for more information.

5. Float Decorating Shifts Still Available:
We still have a few shifts left to fill. December 26th both shifts and December 27 the first shift. You can sign up as an individual or as a group on our web site at www.flowers4thefloat.org/volunteer.php. If you would like to decorate on a shift that is currently filled, please email us and let us know what shift you are interested in. We will start making a stand-by list.

6. Riders on the Nurses’ Float:
We are so excited about the nurses that have been selected by their sponsoring organization to Ride on the Float. We don’t have all the names yet but here is what we know as of this newsletter.

- Gannett Foundation: Robert Hess, RN
- Huntington Hospital: Suko Davies, RN
- Little Company of Mary: Sister Terrance Landini, RN
- Pomona Valley Hospital & Medical Center: Debbie Keasler, RN
- Sharp Healthcare: Maureen Latham, RN
- St. Joseph Health System: we will find out in August; stay tuned.

In the near future we will have more information about each of these nurses who will represent their sponsoring organization and the nursing profession. This is so we can properly recognize and appreciate all these nurses.

7. A BIG THANK YOU TO EVERYONE:
There isn’t a better illustration of nurses coming together to support the wonderful people who comprise this profession: NURSES. This project is now a reality because all of you have stepped up and have given of your time, treasure, and talent. We are so grateful. With your continued donations we are building our scholarship fund which will continue to support NURSES long after the parade and it will remind us of what we have been able to accomplish together. Thanks to all of you.

That’s all for now! We are up to date but things happen fast, so continue to check out the web site and let us know what you think of the Nurses’ Float.
Thank you for the opportunity to represent ANA\C at the recent conference. The program was rich in content and the quality of the speakers was excellent. June 13th was dedicated to CALNOC hospitals and specific indicators were presented and discussed. This year, Fall Prevention was the focused indicator. We did not attend these sessions but heard they were very informative and coined a new phraseology Falls Prevention & Protection that was used throughout the conference.

There were 12 general sessions. The conference started off with the introduction of Kathy Harren, Chair of the CALNOC Board of Directors. Tony Sung was introduced as the CALNOC COO. There was an overview of the new directions planned for CALNOC to grow their business now that they have full time marketing and technology staff.

Here are some of the highlights of the conference.

- William B. Munier, Director, Center for Quality Improvement and Patient Safety for Healthcare Research and Quality’s (AHRQ) spoke on “Improving Healthcare Quality, Safety, Efficiency and Effectiveness in America.” The areas explored in this session were
  - Medical Malpractice changes by causing a shift from a liability focus to a patient safety focus. One strategy to reduce errors is to improve the relationships between MD’s and their patients.
  - Focus on healthcare associated infection. Dr. Munier spoke extensively about Common Formats, which is about aligning measures to reduce harm. When fully implemented, they should provide information on harm from all causes, support immediate local use of data and decrease the data collection burden by allowing the end user to collect data once and then supply them to whatever agency requires them. There are five pilot states.
  - Explore and provide information on all causes of harm and support immediate local use of data collected to correct the problem. Data must be used to solve the problems.
  - The issues around event reporting vs. surveillance and how both if used properly can help to provide useful data to prevent harm. A goal should be to simplify measurement burden and to use what data is collected to prevent harm.
  - Balancing Cost & Quality presented by Dr. Joanne Spezzi, Dr. Diane Brown, Dr. Nancy Donaldson, and Dr. Nancy Stotts. This informative presentation’s focus was to demonstrate how to look at a “care situation” and determine, through cost analysis, what action plan would benefit the patient the most and be the most cost effective. Actual math examples were provided. CALNOC data were used to demonstrate how transforming data into practice prevents harm and creates a better patient experience.

- Improving Patient Care Excellence: CALNOC New Service Lines
  - CALNOC has now added the Emergency Department and Maternal/Child Health Units. Telemetry definition has been refined to add a separate Telemetry Unit type, higher than med/surg but lower level of care than step down unit.
  - Reporting enhancements relative to Hospital Associated Infection (HAI), Hospital Acquired Conditions (HAC), and Patient Satisfaction were described.
  - Best Practices Awards: This wonderful session took time to recognize those CALNOC facilities that are achieving excellence.

- Peter Lee, Executive Director-California Health Benefit Exchange started the Friday sessions with an overview of the status of the Affordable Health Care Act, describing it as a 3-act performance.
  - Act 1 added preventative benefits to Medicare, provided coverage for adult children up to age 26 on their parents’ policy, and changed insurance so that premium dollars would be spent on benefits.
  - Act 2 will focus on payment, reduce HAI and readmits, 79% of Medicare payments to hospitals will be based on quality, awarding contracts calling for innovation to provide shared learning, and created a “Partnership for Prevention.”
  - Act 3 is coming in January 2014. It will change what health insurance is in America. Health Insurance has been “a shell game of avoiding sick people.” This part will expand Medicaid, provide a subsidy for part of cost sharing, and have a requirement that everyone plays. There are tax credits for small business.

He provided an overview of the CA Health Benefit Exchange (http://www.healthexchange.ca.gov)
- VISION: Making sure all Californians get high quality care.
- MISSION: That everyone eligible for insurance gets it by creating a place to make a choice that is right for them.
- It is an independent entity, reporting to a 5 member board, appointed by the Governor and the Legislature, chaired by the Director of the CA Department of Health.
- Described 2 of their Core Values (see the website for all 6) as being consumer and patient centered (part of that is affordability) and being outcomes based (as they evolve there will be a public dashboard).

- Their goals are to reduce uninsured Californians by 2.2-5 million by the end of 2014 and by 3-4 million by 2019.
- The planning processes include release of RFPs by Fall 2012, and enrollment of the first people in Fall 2013.
- Preventing Hospital Acquired Conditions. A two-part presentation where CALNOC facilities presented their success stories and what they learned. Data provided are proprietary and were not made available.
- Medication Administration Accuracy Assessment Program (MAAP). Three CALNOC sites described their experiences with this new program. All were enthusiastic about the improvements they saw in medication administration accuracy.
- Quality Journey-Pathway to Excellence & the Magnet Journey. Once again CALNOC facilities presented how they integrated their own individual Magnet Journey with the CALNOC process.

It was thrilling to see the journey CALNOC facilities have made regarding Hospital Acquired Pressure Ulcers (HAPUs) and see the proof that data, when used in the proper context, can change the experience for every patient. The HAPUs rates are at 0% for most CALNOC facilities. They also spoke about the challenges of Falls Prevention hence making this the focused topic. The audience was stimulated and rewarded and it was wonderful to see the difference nurses can make in the lives of each patient.

A quote that ended the sessions: “As nurses we have to be more effective storytellers, and we have to tell the story with data.”

If you have any questions about this report please contact us at any time.
State Supreme Court Refuses To Bar Nurses From Giving Anesthetics

Last week, the state Supreme Court issued an order refusing to block specially trained nurses from administering anesthetics to patients without a physician’s supervision, the San Francisco Chronicle reports.

The court unanimously denied review of a lawsuit opposing the practice.

According to the Chronicle, the order will have a significant effect on hospitals in rural areas where nurses frequently administer anesthesia without a physician present.

Background

According to federal law, hospitals that allow nurses to administer anesthesia without supervision cannot obtain Medicare reimbursements unless the governor opts out of the requirement after meeting with the state’s medical board.

In 2009, then-Gov. Arnold Schwarzenegger (R) authorized nurse anesthetists to administer anesthesia without supervision. Gov. Jerry Brown (D) supports the authorization (Egelko, San Francisco Chronicle, 6/19).

The California Medical Association filed a lawsuit over Schwarzenegger’s order (California Healthline, 3/19).

Debate Over Practice

Philip Recht—a lawyer for the California Association of Nurse Anesthetists—said allowing nurses to administer anesthesia without supervision “increases access and lowers the cost of anesthesia care and thus the services that depend on it, like surgery and childbirth.”

According to nurses and hospitals, several studies have found that nurses can administer anesthesia as safely as physicians.

However, Curtis Cole—a lawyer for the California Society of Anesthesiologists—said the studies are misleading because “nurse anesthetists don’t do the hard cases, like cardiac surgery” (San Francisco Chronicle, 6/19).

Long Do, an attorney representing CMA and CSA, said nurse anesthetists are “not trained and not capable of reacting to any number of problems that can come up when patients are given anesthesia.”

Do noted that several other states that have opted out of the requirement have imposed strict limits on the types of procedures that nurse anesthetists can perform without supervision (California Healthline, 2/3/11).

Previous Court Action

In June 2010, a San Francisco judge upheld the decision to authorize nurse anesthetists to administer anesthesia without physician supervision.

The ruling was affirmed in March by the First District Court of Appeal. The court said state law explicitly authorizes nurses to administer medications that are ordered by a physician and does not require a doctor’s supervision (San Francisco Chronicle, 6/19).

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Colorado Court Rules in Favor of Nurse Anesthetists’ Independence

In a victory for nurses, a Colorado appeals court ruled July 19 that certified registered nurse anesthetists (CRNAs) in Colorado can provide anesthesia services to Medicare patients without physician supervision at designated health care facilities.

Nurses represented by the Colorado Nurses Association, Colorado Association of Nurse Anesthetists and Colorado Hospital Association beat a legal challenge from two state physicians’ organizations, which opposed the Colorado governor’s 2010 decision that allowed CRNAs to practice independently of physician supervision.

The nurses groups were “intercessors” in the legal action, which was filed against the Colorado governor.

The American Nurses Association (ANA) identifies elimination of scope of practice barriers as one of its top priorities. As a founding member of the Coalition for Patients’ Rights®, ANA is actively involved in the coalition’s efforts to protect consumers’ rights to access the health care professionals of their choice, including advanced practice registered nurses (APRNs).

Medicare rules require ambulatory surgical centers, hospitals and critical access hospitals to meet certain conditions to receive Medicare reimbursement, including the requirement that CRNAs administering anesthesia be supervised by a physician.

However, state governors can request to opt out of that requirement after consulting with the state boards of medicine and nursing. Colorado’s governor requested the Centers for Medicare and Medicaid Services (CMS) to allow all Colorado critical access hospitals and 14 rural general hospitals to opt out of the provision.

Fran Ricker, executive director of the Colorado Nurses Association, said the ruling will increase patients’ access to anesthesia services, particularly in rural areas where there may be a shortage or absence of anesthesiologists to meet patients’ needs.

“Substantive studies have shown that CRNAs provide safe, high quality care to patients and have inherent value as a provider in their own right,” Ricker said. “This is not a new matter of CRNAs only serving as a substitute in the absence of anesthesiologists.”

The Colorado court concluded that “CRNAs who administer anesthesia are conducting independent nursing functions within the scope, role and population focus that the Nurses Practice Act grants them. They are exercising delegated medical functions and therefore do not require physician supervision.”

Colorado is among 16 states to opt out of the CRNA supervision requirement. All but one of those states is in the Midwest or West, large states with vast rural areas where CRNAs may be the most accessible option for anesthesia services.

American Nurses Foundation to Educate Nurses, Patients On Health Problems Related to Shift Work Sleep Disorders

SILVER SPRING, MD – The American Nurses Foundation (ANF) has received a grant to educate registered nurses (RNs) and patients on the health and sleep disorders caused or exacerbated by shift work, including cardiovascular disease, diabetes, gastrointestinal disorders, and depression, conditions which often occur together.

ANF, the charitable and philanthropic arm of the American Nurses Association (ANA) that supports nurses’ initiatives to bring about change in health care, received a $226,000 grant from Teva Pharmaceuticals to work with ANA to develop educational materials by late this year on sleeping disorders related to shift work. Products will include a continuing education webinar, patient education toolkit, and a special section in American Nurse Today magazine.

Roughly 22 million Americans work shifts, which could involve overnight work, as part of their jobs, including some nurses, whose schedules are around the clock to meet the needs of patients. Nurses can typically work 10- to 12-hour shifts which may also include overtime hours, sometimes without adequate time for rest breaks or meals.

Researchers have identified shift work sleep disorders as a factor that negatively affects work performance, safety, and quality of life, in addition to the serious health burdens.

“The health consequences of shift work are something that affects nurses as well as their patients,” said ANF Chairperson Joyce Fitzpatrick, PhD, MBA, RN, FAAN, FNAP. “We are pleased that with the support of Teva Pharmaceuticals we can explore and explain how nurses and patients can be healthier.”

The educational resources will be designed to enhance nurses’ knowledge, competency, and performance in recognizing the symptoms of shift work sleeping disorders in their patients, colleagues and themselves. The goal is to better enable nurses to implement changes, improve patient outcomes, and enhance their own self-care to improve the overall quality of care.

“Teva has a long-standing commitment to continuing education,” said Robert Kaper, MD, vice president of Global Medical Affairs at Teva Pharmaceuticals. “This initiative appears to be a natural extension of our overall efforts to support nurses in their efforts to improve their skills, confidence, and performance in managing shift work disorder in their patients as well as themselves and their colleagues.”

Call for Consent to Serve Forms for ANA 2013 Elections

The ANA National Ballot Committee has issued the call for consent to serve forms for a date of candidates to be presented to the membership for a vote in January 2013 for the 2013-2015 term. The deadline for ANA’s receipt of all completed consent to serve forms for the national slate is November 1, 2012. Consent to Serve Forms will be accepted by email, snail or fax. All positions of the Board are available and more information can be found on line at www.anafoundation.org or call 916-447-0225 to have a packet emailed, faxed or mailed to you.

Consent to Serve

PLEASE PRINT OR WRITE LEVEL OF VALUE OR BLACK INK

Call for Consent to Serve Forms for ANA 2013 Elections

Applicant Information

Applicant Name:

Position(s) Applied for:

Address:

Suite #

City

State

ZIP Code

Phone:

Fax:

Email Address:

Employment

City

State

ZIP Code

Basic Nursing Education

School of Nursing

Year Graduated

Other 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, or Director of the Committee to Member:

Call for Consent to Serve Forms for ANA 2013 Elections

Applicant Information

Applicant Name:

Position(s) Applied for:

Address:

Suite #

City

State

ZIP Code

Phone:

Fax:

Email Address:

Employment

City

State

ZIP Code

Basic Nursing Education

School of Nursing

Year Graduated

Other 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, or Director of the Committee to Member:

Elected Position Descriptions for the American Nurses Association / California

President

Vice-President

Secretary

Treasurer

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

Duties of Officers

President of ANA shall serve as the official representative of the association and its spokespeople 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 Executive Committee; and a delegate to the House of Delegates of ANA.

Vice-President shall assume duties of the President in the President’s absence and shall oversee any necessary review of bylaws, strategic, pathological, 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.

Treasurer shall be responsible for supervising the fiscal affairs of the association and providing reports and interpretations of the financial condition of ANA to the membership, General Assembly and the BOD.

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

Director, Nursing Education 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. This director’s responsibilities will include oversight of the newsletter, website, listservs (Yahoo groups), archives, chapter development, and public relations.

Ballot Committee: Responsible for developing and ensuring the integrity of the ballot and election process. (Three positions available)

ANAF delegates will attend and participate at the ANA House of Delegates in conjunction with the ANA Biennial convention in Washington, DC, June/July biannually. There are eight to twelve seats available depending on current membership. One position is automatically filled by the ANA 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.

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 ANA/California.

All content to serve forms must be post dated and received by the ANA/California office by the posted date. Fax to 916-447-4934 or mail: ANA, 1212 L, Street, Suite 409, Sacramento, CA 95814. Questions please call 916-447-0225.
Membership Application

Membership Category (check one)  
☐ Full Membership Dues—$255  
☐ Reduced Membership Dues—$127.50  
☐ Special Membership Dues—$63.75

Employer—Full Time  
☐ Reduced Membership Dues—$127.50  
☐ Special Membership Dues—$63.75

Employer–Part Time  
☐ Special Membership Dues—$63.75

Full Membership Dues—$255  
☐ Employee—Part Time  
☐ Special Membership Dues—$63.75

Reduced Membership Dues—$127.50  
☐ Graduate Student  
☐ Reduced Membership Dues—$127.50

Special Membership Dues—$63.75  
☐ Social Security Allowance  
☐ Special Membership Dues—$63.75

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. The SNA is a 501(c)(3) organization. Contributions to the Golden State Nursing Foundation, a non-profit organization under Section 501(c)(3) of the Internal Revenue Code, are deductible for computing income and estate taxes.

Membership Dues Earned by State  
☐ Full Membership Dues—$255  
☐ Reduced Membership Dues—$127.50  
☐ Special Membership Dues—$63.75

Note: All $7.50 of the SNA member dues is for membership in the American Nurses Association (ANA). A $5.00 fee for any return drafts may be applied to an SNA/DNA subscription. $5.00 fee for any return drafts.

Payment Plan (Check One)  
☐ Full Annual Payment  
☐ Check  
☐ Master Card or USA Bank Card (Available for Annual payment only)

Payment Plan (continued)  
☐ Electronic Direct Payment Plan (EDPP)  
☐ Full Annual Payment  
☐ Planned service fee

Employer City / State  
Address  Postal Code

Employer Name  Business Phone

Basic School of Nursing  Year Graduated  License Number / State

License Board/State

City / State  Postal Code

Phone:	_____________________________________ 	Email:	______________________________________

Address:	__________________________________________________________________________________

New E-mail Address:		_________________________________________________

Old Address:		_____________________________________________________

New Address:		_____________________________________________________

Name:	_____________________________________________________________

___________________________________________________________________

ANA/C Member Identification No. (if applicable)

Sacramento, CA 95814

1121 L Street, Suite 409

C/o ANA/C

The

anacalifornia.org	or	return	this	form	of:

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 a anac@ anacalifornia.org or return this form to:

The ‘Nursing Voice’

c/o ANAC

1121 L Street, Suite 409

Sacramento, CA 95814

ANAC Member Identification No. (if applicable)

Name:

New Address:

Old Address:

New E-mail Address:

Note:

Golden State Nursing Foundation (GSNF)

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: ____________________________________________ Email: __________________________

Phone: __________________________

☐ Please accept this one-time donation of __________________________

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

Please make checks payable to:

Golden State Nursing Foundation

1121 L Street Suite 409

Sacramento, CA 95814

Credit Card #: ____________________________________________ Ex. Date: __________________________

Signature of Card Holder: ____________________________________________

☐ I would prefer that my donation be used for __________________________

Your donation will be used for the purposes described in the foundation’s Articles of Incorporation and By-Laws, subject to its discretion. Contributions to the Golden State Nursing Foundation, a non-profit organization under Section 501(c)(3) of the Internal Revenue Code, are deductible for computing income and estate taxes.

Two great hospitals. One caring spirit.
Aiken added that, typically, quality-improvement initiatives, including infection prevention, focus on changing specific high-risk behaviors among hospital staff. Less attention is given to the root causes of poor hand hygiene and poor techniques in the care of surgical wounds and urinary-atherosclerosis. "Job-related burnout, associated with chaotic, inefficient nurse work environments where nurses have too many patients each to maintain a high level of vigilance in hand hygiene and adherence to sterile technique in their own practices and those of other providers, seeing care on their units, is the reason why there is a link between poor staffing and higher patient infections," Aiken said. "Our findings suggest that if management would undertake the necessary changes in the hospital work environment to support high-quality nursing care, that burnout would decrease and so would hospital-acquired infections."

Infection costs
To reach administrators and policymakers, with their backgrounds in finance and/or economics, Cimiotti said the team completed a cost analysis.

With the average cost related to CAUTIs ranging from $749 to $832 each and surgical site infections $11,087 to $29,443 each, the researchers estimate that if Pennsylvania hospitals could decrease nurse burnout rates from an average of 30 percent to 10 percent, it could prevent an estimated 4,160 infections annually with an associated savings of $41 million.

"Our study also confirms that it can cost hospitals significantly more to underinvest in nurse staffing and work environment reforms when the high cost of caring for infections is taken into account," Aiken said. "Increasingly hospitals will not be reimbursed for treatment of preventable infections. Thus the cost to the hospital of infections will be more than simply making the appropriate investments in safe staffing and good work environments."

Parker thought the cost estimates are likely on the low side. In her experience, decreasing infections can save a hospital millions of dollars.

"Does quality pay? Absolutely," Parker said. In addition, she cited the human toll of increased morbidity and mortality. A hospital-associated infection can become a life-changing event for patients and create a cascade of negative outcomes.

"Surgical site infections are one burnout contributing factor, but other elements, such as the environment, support from leadership and relationships with colleagues, also come into play," said Cimiotti, who added that she understands hospitals may not have the financial resources to add more nurses, but improving the organizational climate costs nothing.

"Part of it is changing the culture of organizations to one of patient safety," Parker said. "Quality pays, and just throwing people at it is not the answer. You have to have that culture of safety and the things the authors mentioned in the article—support and engagement and all of those things."

"Sometimes essential steps can be skipped, and people may not be as conscientious about hand hygiene," Patrick said.

"Men in Nursing: Partners and Leaders in Nursing’s Future"

August 3, 2012—Lower levels of nurse staffing and higher nurse burnout rates contribute to higher rates of hospital-acquired infections, according to a new study conducted at the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing in Philadelphia. The study also found that improving nurse staffing and the work environment could save facilities millions of dollars. "Hospital-acquired infections remain a major quality concern because of the toll they exact on patients' well-being, the high costs associated with treating them, and the fact that most are preventable," said study co-author Linda H. Aiken, PhD, FAAN, FRGN, RN, the Claire M. Fagin Leadership professor of nursing and director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania.

"In this paper, we point to promising strategies for preventing common hospital-acquired infections that have not received adequate attention, namely safe nurse staffing levels and work environments that facilitate high-quality nursing care,” Aiken said.

Jeanne Cimiotti, DNSc, RN, said, to prevent infections, we need hospitals well staffed and an organizational climate that is supportive of nursing and practice. While at Penn, lead author Jeanne P. Cimiotti, DNSc, RN, now executive director of the New Jersey Collaborating Center for Nursing, at Rutgers University College of Nursing in Newark, and colleagues came up with the hypothesis that burnout might be a contributing factor in the development of infections. They analyzed data collected by the Pennsylvania Health Care Cost Containment Council, the American Hospital Association Annual Survey, and a 2006 survey of more than 7,000 registered nurses from 101 hospitals, said that a link to study the effect of nurse staffing and burnout on catheter- associated urinary tract infections (CAUTI) and surgical site infections, two common hospital infections.

The investigators found, and reported in the August issue of American Journal of Infection Control, that for each additional patient a nurse is assigned, there was approximately one additional infection per 1,000 patients, and for each 10 percent increase in a hospital's number of high-burnout nurses, there was one additional urinary tract infection and two additional surgical site infections.

"Our findings suggest that inadequate hospital nurse staffing and associated high levels of nurse burnout, that can only affect 30 percent of hospital bedside care nurses, erode nurses’ vigilance and strict adherence to infection control practices," Aiken said.

"We find that nurse burnout is a significant factor associated with higher infection rates, not just because burned-out nurses may be detached and not paying attention," said Marcia Patrick, RN, MSN, CIC, said, hospitals must change to a culture of safety and that will pay off in fewer infections and improved outcomes.

"Workload is one burnout contributing factor, but other elements, such as the environment, support from leadership and relationships with colleagues, also come into play," said Cimiotti, who added that she understands hospitals may not have the financial resources to add more nurses, but improving the organizational climate costs nothing.

"Part of it is changing the culture of organizations to one of patient safety," Parker said. "Quality pays, and just throwing people at it is not the answer. You have to have that culture of safety and the things the authors mentioned in the article—support and engagement and all of those things."
ANA Leads Initiative to Develop National Safe Patient Handling Standards

Multi-disciplinary group seeks to establish evidence-based guidelines to address deficiency

SILVER SPRING, MD—The American Nurses Association (ANA) is leading a broad-based effort to develop national standards to guide hospitals and other health care facilities in their implementation of policies and equipment to safely lift and move patients, a culture change many experts agree is necessary to reduce injuries to health care workers and patients.

ANA convened a panel of 26 specialists this summer with expertise in nursing, occupational and physical therapy, ergonomics, architecture, health care systems, and other disciplines to devise overarching standards for implementing safe patient handling programs and detailed guidelines for making them work effectively in practice. The Safe Patient Handling (SPH) National Standards Working Group plans to distribute the standards and guidelines to their professional memberships for comment in October, with publication and release set for March 2013.

The panel is seeking to build a consensus of evidence-based best practices in safe patient handling that will apply to multiple health care professions and settings. The panel’s goal is to develop language that can be incorporated nationwide into practices, policies, procedures, and regulations and become the basis for resource toolkits and certifications.

“It’s long overdue to press for widespread adoption of safe patient handling programs to protect health care workers and patients,” said ANA President Karen A. Daley, PhD, WH-CRN, FAAN. “Nurses can’t wait any longer. Too many are suffering debilitating injuries that force them from the bedside. With demand for nursing services increasing, our nation can’t afford for the nursing shortage to worsen by losing nurses to avoidable injury.”

Virginia Gillispie, CNS, ND, RN-BC, of Centennial, Colo., was one of those nurses forced from the bedside because of cumulative damage to her back suffered early in her career when she worked as a certified nurses’ aide at a nursing care facility, where three aides performed all the turning, lifting, and transferring for about 80 residents. She now works as a collaborative care coordinator for a large, integrated health care system. “It was unsafe for us and for the residents,” said Gillispie. “My back hurts just thinking about it. I can no longer engage in bedside nursing.”

SPH Working Group chairwoman Mary W. Matz, national program manager for patient care ergonomics at the Veterans Health Administration (VHA), emphasizes that creating a safer work environment is not just a matter of having assistive equipment available, but also changing workplace culture to ensure use of such equipment. Facility coordinators, peer leaders, safety huddles, and other safe patient handling support structures foster cultural transformation. “There is much more to changing the culture than most are aware,” said Matz, adding that most entities or departments within a health care facility play a role in the implementation and operation of a safe patient handling program and help determine the program’s success.

Since the launch of the ANA Handle with Care® Campaign in 2003, ANA has advocated for policies and legislation that would result in the elimination of manual patient handling. Using mechanical devices to lift, transfer, and reposition patients reduces the risk that patients will be dropped or suffer skin tears and helps preserve their dignity.

Currently, there are no broadly recognized government or private industry national standards for safe patient handling. Health care facility programs lack consistency, as do regulations in 10 states that have enacted safe patient handling laws. In the meantime, health care professionals continue getting injured and musculoskeletal injury remains a top concern.

ANA conducted its own Health and Safety Survey of nurses in 2011, in which 62 percent of the more than 4,600 respondents indicated that suffering a disabling musculoskeletal injury was one of their top three safety concerns. The survey also showed that eight of 10 nurses worked despite experiencing frequent musculoskeletal pain, and that 13 percent were injured three or more times on the job in a year.

A resolution in the 2009-2010 session of Congress urged the adoption of safe patient handling programs, noting that RNs and other health care workers are required to lift and transfer “unreasonable loads, with the average nurse lifting 1.8 tons on an eight-hour shift.” Additionally, recent figures from the Bureau of Labor Statistics show that nursing ranks fifth of all occupations in work days missed due to occupational injuries or illnesses.

ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

Safe Patient Handling National Standards Working Group Participating Organizations

• American Association for Long Term Care Nursing
• American Nurses Association
• American Physical Therapy Association
• American Society for Healthcare Risk Management
• Ascension Health
• Association of periOperative Registered Nurses
• Association of Safe Patient Handling Professionals
• DELHEC, LLC (Educational Services and Consulting)
• Diligent Services (Safe Patient Handling Programs)
• Hill-Rom (Medical Technology)
• Human Factors Ergonomics and Human Factors Consultant
• Lockton Companies, LLC (Loss Control Consultant)
• National Association for Home Care & Hospice
• National Institute for Occupational Safety and Health
• Park Nicollet Health Services
• School of Health and Rehabilitation Sciences, The Wexner Medical Center, The Ohio State University
• Stanford University Medical Center
• U.S. Army Public Health Command
• Veterans Health Administration
• Veterans Health Administration, Patient Safety Center of Inquiry
• Visioning Health Care/American Journal of Safe Patient Handling and Movement
• Washington State Department of Labor and Industries

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American Nurses Association House of Delegates Approves Organizational Transformation

Changes aimed at streamlining governance and enhancing policy development

SILVER SPRING, Md—Nurses participating in the American Nurses Association’s House of Delegates (HOD) took action to update and streamline governance of the association to more quickly address pressing issues and better meet the needs of nurses. These decisions represent significant change in the association’s governance structure.

During the HOD sessions held on June 15 and 16 in National Harbor, Md, about 450 voting delegates from ANA’s constituent and state nurses associations (CS/NAs) and Individual Member Division (IMD) approved several measures that reflect the association’s focus on updating its governance structure and processes. These measures are part of a larger and continuing effort to position ANA and its CS/NAs to serve members and the profession at large. Changes will go into effect at various times.

National and state association leaders have been engaged in extensive dialogue for months about how to streamline policy development processes, clarify ANA’s priorities andalthough expand membership in ANA’s current membership model as well as how to better integrate state and national operations.

“I applaud the wisdom and leadership of the House,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN, who was elected to her second term during the meeting. “The transformational changes approved by the House today represent a commitment toward creating a broad coalition of leaders who came together with unity and a focus on serving members and the profession.”

“These changes are aimed at creating a preferred future for ANA and charting a new course that will make ANA a stronger advocate for registered nurses and create an organization that is relevant and responsive to members,” said Daley.

During the HOD meeting, nurse delegates voted to:

- Ratify the Board of Directors, Composition on Nursing Practice and Economics, and the Constituent Assembly and replace them with a Membership Assembly and Professional Issues Panels: Comprised of representatives from ANA’s constituent and state nurses associations, its organizational affiliates, and the IMD, the new Membership Assembly will serve as ANA’s governing and voting body. The Assembly will elect, advise, and direct the ANA Board of Directors on emerging environmental trends as well as determine policy and positions for the association. The new body will meet annually as opposed to the previous biennial HOD meeting schedule. Nurse delegates also voted to dissolve the Constituent Assembly, comprised of CS/NAs presidents and executive directors, and effective March 2013, the 60-member Congress on Nursing Practice and Economics.
- Create ad hoc Professional Issues Panels comprised of unit-level nurse subject matter experts: The new panels will help ANA respond more quickly to emerging policy and practice issues. The ANA board will create and dissolve panels as needed. The panels will be comprised of nurses whose specific areas of expertise are needed at a given time.
- Move to a smaller Board of Directors: The Board of Directors will be reduced from 15 members to nine members, including four officers and five directors, one of whom will be a staff nurse and the other a recent nursing graduate. The new board will ensure that ANA can quickly address issues for ANA members, prospective members, and the nursing profession. This change will go into effect in 2014.
- Update ANA’s language to better reflect the ANA’s current role within the national association: Delegates voted to approve new language in ANA’s governing bylaws that says the association will advocate “advisory” for workplace standards that foster safe patient care and support the profession.” This change, along with a modification to a reference about advancing the “welfare” of nurses to refer to language to better reflect ANA’s current broad programmatic work related to workplace standards and the advancement of nurses’ interests.

ANA Reaffirms Dedication to Improving Staffing for RNs and Their Patients

Delegates Also Approve Measures Advocating Workplace Violence Prevention Programs, Clean Energy

SILVER SPRING, MD—The elected registered nurse (RN) representatives who set policy for the American Nurses Association (ANA) approved measures June 16 to rededicate efforts to address nurse staffing problems, petition a federal agency to require health care employers to develop violence prevention programs, and advocate for healthy energy policies.

At ANA’s House of Delegates meeting, the representatives also approved resolutions to prevent nurses’ exposure to hazardous drugs and to urge employers to educate nurses about the risks of hydraulic fracturing and to enhance the role of nurses in improving health care outcomes.

The nurse staffing resolution identifies short-staffing as a problem for direct care nurses that negatively affects patient care and nurse job satisfaction. It notes that staffing decisions remain largely outside of nurses’ control, and that staffing plans lack enforcement mechanisms. The resolution requests ANA to “reaffirm its dedication” to advocating for a staffing process, directed by nurses, that is enforceable and that includes staffing principles, minimum nurse-to-patient ratios, data collection, and penalties for non-compliance in all health care settings where staffing is a challenge.

“Finding solutions to unsafe nurse staffing conditions is a top priority for ANA,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “It is not acceptable to put patients at risk because of inadequate staffing. Research shows that higher levels of nurse staffing result in better patient outcomes, so our job is to make sufficient staffing a reality nationwide.”

In May, ANA updated its Principles for Nurse Staffing, strengthening the focus on the work environment and broadening it to include all nursing practice settings. ANA’s Board of Directors also acknowledged the validity of minimum-to-patient ratios set by law when combined with strategies that encompass facility and unit level considerations.

The workplace violence prevention measure notes that health care workplaces experience a disproportionate share of non-fatal violence. It requests the U.S. Occupational Safety and Health Administration (OSHA) to require employers to develop workplace violence prevention programs that would include employee involvement; risk assessment and surveillance; environmental, architectural, and security controls; and training and education. In ANA’s 2011 Health & Safety Survey, about one in 10 nurses said they had been physically assaulted in the past year, half had been threatened or verbally abused, and one-third ranked on-the-job assault as one of their three top safety concerns.

Bureau of Labor Statistics for 2009 show that RNs reported more than 2,000 assaults and violent acts that required an average of four days away from work. The same year, the Emergency Nurses Association reported that more than 50 percent of emergency center nurses had experienced violence by patients on the job. Numerous states have enacted laws requiring employer-sponsored violence prevention programs, study of the issue or reporting of incidents; or strengthening legal penalties against perpetrators.

The delegates also approved a resolution to educate nurses about health risks associated with coal-fired power plants, coal excavation, and oil and natural gas drilling, and hydraulic fracturing, and to enhance the role of nurses in advocating for healthier energy choices, including conservation and renewable energy sources. ANA will support activities that monitor, reduce, and remediate environmental health risks. ANA has been engaged in legal action to require the U.S. Environmental Protection Agency to enforce more effective and protective pollution control standards for coal-fired power plants that emit hazardous air pollutants such as mercury.

ANA Encourages RNs to Use Their Personal Health Information As Step Toward Empowering Consumers to Manage Health

SILVER SPRING, MD—Building on its commitment to increase consumers’ engagement in their health care decisions, the American Nurses Association (ANA) first is seeking to ensure that registered nurses (RNs) use their own personal health information to improve their health.

The pledge ANA is requesting RNs to sign is part of the U.S. Department of Health and Human Services’ Office of the National Coordinator for Health Information Technology’s (ONC) Consumer Campaign to involve and empower consumers in their health management through the use of information technology. The pledge asks RNs to obtain their personal health records from their health care providers, to study those records to make decisions about their own health.

“It’s important for nurses to make this pledge and follow through,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “We’ll be better advocates for patients’ involvement in their care once we experience and understand how using our personal health information informs our decisions and improves our health. We’ll have first-hand knowledge of what it’s like to be empowered in a health care system that is truly patient-centered.”

Once nurses become adept at using their personal health records, ANA plans to encourage nurses to focus on educating consumers on how to access and use their personal health records to make informed decisions and better manage their health.
American Nurses Association
Re-Elects Karen Daley as President

ANA delegates elect officers, board members, and other leaders

SILVER SPRING, MD—American Nurses Association (ANA) delegates re-elected Karen A. Daley, PhD, MPH, RN, FAAN, of Cotuit, Massachusetts, to serve a two-year term as president of ANA, the nation’s leading professional nurses organization representing the interests of 3.1 million registered nurses. Daley and other nurse leaders were elected during the ANA House of Delegates biennial meeting, which was held June 15-16 at the Gaylord Hotel and Convention Center in National Harbor, Md.

President Daley served as a member of ANA’s Board of Directors (2008-2010) and as a director of the American Nurses Credentialing Center (ANCC) before being elected to her first term as ANA president in 2010. She is past president of the Massachusetts Association of Registered Nurses (MARN) and the Massachusetts Center for Nursing.

President Daley spent more than 26 years as a staff nurse at Brigham and Women’s Hospital in Boston. She holds a diploma in nursing from Catherine Laboure School of Nursing, a bachelor’s of science in nursing from Curry College, a master’s of public health from Boston University School of Public Health, and a master’s in science from Boston College. Additionally, she earned a doctoral degree from Boston College.

In 2006, President Daley was inducted as a fellow into the American Academy of Nursing in recognition of her advocacy work in needlestick prevention. In 2011, she was elected to serve two-year terms as officers were Cindy Balkstra, MS, RN, ACNS-BC, of the Georgia Nurses Association; elected as first vice-president; Jennifer S. Mensik, PhD, RN, NEA-BC, of the Idaho Nurses Association; elected as second vice-president; Teresa M. Haller, MBA, MSN, RN, NEA-BC, of the Virginia Nurses Association; elected as treasurer; and Teresa G. Stone, BSN, RN, CCRN, of the Oregon Nurses Association, elected as secretary.

The director-at-large board members elected include Deryn K. Denton, RN, of the Oklahoma Nurses Association; Andrea C. Gregg, BSN, RN, of the Florida Nurses Association; and Faith M. Jones, MSN, RN, NEA-BC, of the Wyoming Nurses Association. Two additional director-at-large candidates who received the next highest vote tallies were appointed by the board to fill the director-at-large vacancies left by Balkstra and Mensik. Thomas Ray Coe, PhD, RN, of the Federal Nurses Association (FedNA); and Patricia Travis, PhD, RN, CCRP, of the Maryland Nurses Association.

Linda M. Gural, RN, CCRN, of the New Jersey State Nurses Association, was elected to a second term as director-at-large staff nurse member. Also elected to a term as director-at-large staff nurse member was Gayle M. Peterson, RN, BC, of the Massachusetts Association of Registered Nurses.

Remaining on the ANA board until 2014 are Barbara Crane, RN, CCRN, of the Washington State Nurses Association; Jennifer Davis, BSN, RN, of the Ohio Nurses Association; Rose Marie Martin, BSN, RN, OCN, of the Ohio Nurses Association.

Additionally, four nurses were elected to the Nominating Committee: Carrie Houser James, MSN, RN, CNA-BC, CCE, of the South Carolina Nurses Association; Kelly Haight, BSN, RN, of the Ohio Nurses Association; Judith Huntington MN, RN, of the Washington State Nurses Association; and Jennifer Tucker, MA, RN, of the Minnesota Organization of Registered Nurses.

The following nurses were elected to serve on the Congress on Nursing Practice and Economics: Paula K. Anderson, RN, Laura Chapman, MSN, RN, Darleen Dansby, DNP, RN, FNP-C; Michelle DiGiovanni, PhD, APN-BC, ACNP, FNP; Betty J. Eldender, MSN, RN; Scott D. Goodsite, RN; Iris Grissel Hernandez, MPH, RN, HBNC-BC; Nancy A. Knechel, MSN, RN, ACNP-BC; Susan A. Levitak, PhD, RN; Sara McCumber, MS, FNP-BC; ANP-BC, ACNP, FNP-BC, PRN-BC, RN-BC; Rebecca A. Miller, MSN/MHSA, RN; Edrina L. Moss, MSN, RN, CCRN; NCE; Bonnie S. Osgood, MSN, RN, BC, NE-BC; Lisa A. Pahl, MSN, RN, Kim Powell, APRN, ACNP-BC; Jennifer I. Rethingans, PhD, RN, Brienne M. Sandow, BSN, RN, RNC-OB; Audrey M. Stevenson, PhD, FNP-BC; and Melissa Stewart, DNP, RN, CPE. However, due to changes in the ANA bylaws adopted by the 2012 House of Delegates, the Congress on Nursing Practice and Economics will retire in March 2013.
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