My name is Monica Weisbrich, a native Californian—more specifically Los Angeles. This is my first ‘note’ to you as your ANAC President, 2013-2015. As you read this, know that your Board has been diligently working for you since March 23, 2013.

May I please introduce them to you:

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➢ Vice President—Dr. Diianne Moore, RN
➢ Secretary—Alice Lee Benjamin, ACNS=BC
➢ Treasurer—Donna Dolinar, MPA, RN

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➢ Membership—Philip Bautista, BSN, RN
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As you can see, your Board brings varied professional nursing backgrounds to the table which supports the work your Association is participating in. Your Board meets quarterly with multiple conference calls and webinars in between. Know that your Board is only an email or text away.

Now an overview of what your Board has been addressing these past months:

➢ AMERICAN NURSES ASSOCIATION (ANA)
The communication to the membership regarding the restructuring of the Association and the focus on increasing membership has been well publicized to our State members. The pilot programs for membership dues and multitake Divisions are on-going. Both are to be re-evaluated in the future.

➢ AMERICAN NURSES ASSOCIATION CALIFORNIA (ANA/C) When ANA/C restructured the Association a little over six years ago, the primary focus was to be legislative. With the passage and implementation of the Affordable Care Act (ACA), the Future of Nursing/California Action Coalition and the Magnet program, the work of your Association has grown somewhat. The number of Associations ANA/C collaborates with has grown from five (5) to fourteen (14) of which I would like to address the following three (3):

1. CA ACTION COALITION – ANA/C has Board representation (Weisbrich/Dolinar) on three (3) of the eight (8) IOM recommendations for nursing and one ANA/C member (Sarlatte) who is auditing all eight (8) of the recommendations. Two Board members (Brown/Dietz) represent ANA/C at the region level. Your Board is aware that many of our members monitor the project and for this your Board is most appreciative.

2. COVERED CALIFORNIA – The new name of the Health Exchange. An ANA/C member (Whatley) has been monitoring every webinar/conference call since our State began working toward the implementation date of January 1, 2014.

3. COALITION FOR PATIENT’S RIGHTS/ CALIFORNIA CPR/CA) Your President attends this meeting which consists of nursing, certified nurse midwives, CRNAs and many allied health Associations (PT/O/TC Clinical Psychologists, etc). Together this group is addressing access issues for each of our patient populations as the implementation date of the ACA nears.

Other coalitions ANA/C is involved with were discussed by Elissa Brown in her last Presidents Perspective in the April/May/June issue of The Nursing Voice.

Your Association is moving into a new arena that will be quite challenging for all of us in the future—new nursing models. Some that are evolving—Care Coordination Nursing Model and the one we are most familiar with, Primary Care Providers. Although the Primary Care Provider role seems to be dividing into two (2)—basic nursing and the APRN, role differentiation is being addressed specific to levels of independence and autonomy for each level. The Information Technology (IT) RN—as EMRs are being completely revamped to accommodate the transition of care model, this IT role will become strategic. The outreach concept of bringing healthcare to where the patients are—where they live (house/under a bridge) or where they work —is asking nursing to re-visit the Visiting Nurses Association (VNA) model of years past. From the education side of nursing, there are two (2) terms emerging—TRANSITION TO PRACTICE for the new grad and TRANSITION IN CARE for the RN needing/seeking new skill sets and will need to be addressed. All in all, these potential new roles for nursing seem to be leading the way to inter-professional and team based care.
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 news to Grants or Scholarship.

E-mail to: Grants@anacalifornia.org

1. Letters, Articles, and Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at thenursingvoice@anacalifornia.org.

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

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

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

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

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

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

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

   2. Photographs should be in jpeg format and emailed with the name of the letter, article or manuscript referenced in the subject line. Email to thenursingvoice@anacalifornia.org. Photographs should be of clear quality. Write the name(s) of the persons displayed in the photo in the order in which they appear in the body of the email.

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

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July, August, September 2013

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Your Board is also working on enhancing the social media role in communication with our membership. The Board firmly believes enhancing our communication with our members will bring more members to the ANA\C table. ANA\C has a website (www.anacalifornia.org) with excellent current information for you. Your Board is cognizant of the need to get information to our member in a more timely way and are addressing the issue.

It is my goal to keep you informed of the work your Board is doing for you. Your Board believes these changes in healthcare delivery models are an opportunity of a lifetime for nursing and ANA\C is embracing the experience.

Looking forward to seeing and greeting you at the General Assembly in San Jose on October 21, 2013.

Monica Weisbrich, RN
President—ANA\C 2013-2015
president@anacalifornia.org

President’s Perspective continued from page 1
In Bakersfield, California, in February of this year, an 87-year-old female resident collapsed in the dining room of an independent living facility in which she was living. The facility staff called 911. The operator answering the call dispatched an ambulance then attempted to instruct the facility staff member on how to initiate CPR. The staff member declined the instruction and transferred the call to a person who identified herself as a nurse. The nurse told the dispatcher that she could not help the woman and could not relay the results to other staff members to perform CPR. The phone call ended when the paramedics arrived. The 87-year-old woman was transported to the local hospital and was pronounced dead. This 87-year-old woman’s story got the attention of the news community. The public was informed that the Bakersfield facility was a “non-medical” model of care and therefore not obligated to perform CPR. The news reports highlighted the practice of a nurse at the scene who would not perform CPR and questions were raised about healthcare regulations in facilities that are non-medical models of care for elderly residents. The news reports did not reveal information about the victim’s health or the decisions she may or may not have made about the care she wanted at the end of her life. In response to this story, two questions remain unanswered for nurses who care for elderly adults in these settings. First, can an elderly resident living in a non-medical model of care facility expect their end-of-life choices to be respected? Second, what is the obligation of a dispatcher, who is answering a dispatch order, to instruct administration of CPR, to respect the judgment registered nurse at the scene? Non-medical facilities are designed to provide elderly residents some assistance with everyday activities such as preparing and cooking meals, cleaning the house, and other daily tasks. Examples of facilities that offer non-medical models of care may include: 1) Respite facilities that offer physical, emotional and spiritual support in the final phase of a terminal illness; 2) Board and Care facilities that provide meals, protective supervision, personal care, transportation and medication reminders; 4) Independent living facilities that provide shelter for residents who want to pay rent in exchange for prepared meals and home maintenance and 5) Assisted Living facilities that provide personal assistance by trained but unskilled staff members. In California, assisted living is regulated under Title 22 as Residential Care Facilities for the Elderly (RCFE) and provides non-medical models of care to people who are not able to live independently but who do not require 24-hour a day nursing care. Some or any of the above types of non-medical care facilities may employ a nurse or other health care professional to provide specific skilled tasks or offer education to the personal care assistants as part of the non-medical model of care for the organization. The type of non-medical care offered at any of the facilities will vary from company to company depending on state regulations, employee training, insurance coverage and other market influences.

In California, Skilled Nursing Facilities (SNF) or nursing homes are medical models of care for people who do require 24-hour a day nursing care by a registered nurse or licensed vocational nurse on duty at all times and with a licensed physician on call at all times. In these facilities, residents can expect the staff to perform CPR unless physician orders are in place to withhold this life saving procedure. In the SNF, it is doubtful that this woman’s story would have warranted media attention. Ideally speaking, CPR works best for people that have a substantial chance of surviving cardiac arrest with immediate medical treatment, and for people who can count upon their health being restored to the condition it was in before their heart stopped. Realistically speaking, both situations were not present in the SNF in this case and that it accurately reflects the resident’s wishes at the time of the event. It is the resident’s wishes and families associated with any non-medical model of care facility to take the initiative to make arrangements for their end-of-life choices to be formally acknowledged by the non-medical facility in many forms to us that a facility can communicate end-of-life wishes such as the DNR form mentioned above. Unfortunately so many types of forms can be confusing, especially during times of emergency, and may or may not be timely, or acknowledged between different health care settings. Most forms are facility specific, do not provide medical orders for current treatment, nor do they guide the actions of the 911-response team, or inpatient treatment decisions once the patient gets to the hospital. After a thorough investigation, it was determined that the “nurse” who refused to do CPR in Bakersfield was also an LVN. The issue of whether, and ethically and legally the LVN can refuse to perform CPR, based on a facility policy, is in the purview of the Board of Licensed Vocational Nurses and Psychiatric Technicians. They are reviewing the incident.

Once you are licensed as a Registered Nurse or a Licensed Vocational Nurse, you are licensed to protect the public. A Policy does not dictate the nurses responsibility to protect the public. No matter what the title of the job the nurse is working in, as long as he or she holds a license, that is the standard the nurse will be judged at. The license does allow us to make judgments and the law allows us to support clients right not to have CPR. There are two bills going through the legislature that will establish statute to state a facility cannot have a policy that states an employee cannot give CPR, when they chose to implement it. After a thorough investigation, it was determined that the “nurse” who refused to do CPR in Bakersfield was also an LVN. The issue of whether, and ethically and legally the LVN can refuse to perform CPR, based on a facility policy, is in the purview of the Board of Licensed Vocational Nurses and Psychiatric Technicians. They are reviewing the incident.

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In California, a 58-year-old female, who was a registered nurse, called 911. The operator answering the call to a person who identified herself as a nurse. The nurse told the dispatcher that she could not help the woman and could not relay the results to other staff members to perform CPR. The news reports highlighted the practice of a nurse at the scene who would not perform CPR and questions were raised about healthcare regulations in facilities that are non-medical models of care for elderly residents. The news reports did not reveal information about the victim’s health or the decisions she may or may not have made about the care she wanted at the end of her life. In response to this story, two questions remain unanswered for nurses who care for elderly adults in these settings. First, can an elderly resident living in a non-medical model of care facility expect their end-of-life choices to be respected? Second, what is the obligation of a dispatcher, who is answering a dispatch order, to instruct administration of CPR, to respect the judgment registered nurse at the scene? Non-medical facilities are designed to provide elderly residents some assistance with everyday activities such as preparing and cooking meals, cleaning the house, and other daily tasks. Examples of facilities that offer non-medical models of care may include: 1) Respite facilities that offer physical, emotional and spiritual support in the final phase of a terminal illness; 2) Board and Care facilities that provide meals, protective supervision, personal care, transportation and medication reminders; 4) Independent living facilities that provide shelter for residents who want to pay rent in exchange for prepared meals and home maintenance and 5) Assisted Living facilities that provide personal assistance by trained but unskilled staff members. In California, assisted living is regulated under Title 22 as Residential Care Facilities for the Elderly (RCFE) and provides non-medical models of care to people who are not able to live independently but who do not require 24-hour a day nursing care.

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American Health & Stroke Association Health Legislative Day

On May 1st, Alice Benjamin, ANA/California newly elected secretary spent the day in Sacramento invited as back for the second year in a row to emcee the 11th Annual American Heart & Stroke Association’s California Health Legislative Day. Every year hundreds of American Heart Association volunteers and supporters gather to hear important information on proposed legislation that can impact the health of fellow Californians and learn basic techniques on how to speak with law makers on important health issues. As a Clinical Nurse Specialist who specializes in cardiovascular health, it was important for attendees and lawmakers to hear a nurse’s perspective on the importance of access to healthy foods, exercise and how lifestyle choices impact the body.

In previous years, the American Heart & Stroke Association’s health legislative days have resulted in the passing of important legislation that impacts health. Of those include AB 1220 which allowed for the establishment of the California State Heart Disease and Stroke Prevention Task Force; AB 1731 that requires every newborn be screened for Critical Congenital Heart Defects as well as other legislation that limits the sale of soda and junk food in schools, requires AED’s in all health clubs and has made California the first state in the nation to ban trans fats by requiring restaurants to use oils and shortening with less than half a gram of trans fat per serving.

This year the focus was on two key pieces of legislation, Senate Bill 768, the California Tobacco Tax authored by California Senator De Leon and Assembly Bill 459. Healthy Food Options on State Property, authored by Assemblywoman Mitchell. Both bills have shown to be promising on having a positive impact on the healthy lifestyles and standards of fellow Californians.

In attendance included American Heart Association, Western States Affiliate, Executive Vice President and CEO, Roman J. Bowser; Assemblywomen Mitchell; Senator De Leon; Jason Thompson, power forward for the Sacramento Kings who lost his 25-year-old cousin suddenly to cardiac arrest; Steve Irigoyen, a heart survivor who has had 7 heart attacks, two open-heart surgeries, 20 stents and one stroke; hundreds of others including students from Sacramento Galileo High School and West Los Angeles Ánimo Ralph Bunche Charter High School and for the second year in a row – a nurse to provide an important perspective on important health issues outside of the traditional hospital arena.

School Nurses Case Goes Before California Supreme Court

ANA is the lead plaintiff in a case before the California Supreme Court that will determine who is qualified to administer insulin in schools. Previously, two lower courts ruled that the California Department of Education’s (CDE) effort to sidestep the state’s Nursing Practice Act and allow unlicensed personnel to give insulin to children in schools was unlawful, but the American Diabetes Association and others appealed the decision. Oral arguments will begin on Wednesday, May 29. The case has national implications for nursing practice and the standard of care for children who are entitled to receive health services at school. ANA anticipates a decision within a few months and will provide more information once the decision is handed down. Co-plaintiffs include ANA California (ANA/C), the California Nurses Association and the California School Nurses Organization (CSNO).

The National Association of School Nurses and other organizations have filed amicus or “friend of the court,” briefs with the California Supreme Court in support of ANA.

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- Master of Science in Nursing (MSN)
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American Nurses Assn. et al. v. Tom Torlakson as Superintendent of Public Instruction et al. (American Diabetes Assn., Intervener) (McGuiness, APL, assigned justice pro tempore; Cantil-Sakauye, C.J., not participating)

May 2013

The California Supreme Court is set to weigh in on a legal fight over who is qualified to administer insulin in schools.

Why does this matter? The case has national implications for nursing practice and the standard of care for children who are entitled to receive health services at school. The issue is much bigger than diabetes management in schools.

Background:

- Two lower courts ruled that the California Department of Education’s (CDE) effort to sidestep the state’s Nursing Practice Act and allow unlicensed personnel to give insulin to children in schools was unlawful, but the American Diabetes Association (ADA) and others have appealed to the California Supreme Court.

Nursing Practice Act Facts:

- California’s Nursing Practice Act specifically defines administration of medication as a nursing function that cannot be performed by unlicensed individuals, except in certain circumstances that do not apply in this case. The lower court rulings called for ending the unlawful use of unlicensed school personnel to administer insulin to school children.

- Under the Nursing Practice Act, registered nurses must only delegate the administration of insulin to competent licensed personnel and can be subject to disciplinary action if they delegate to incompetent or unlicensed individuals.

- Under the Nursing Practice Act, it is a crime punishable by imprisonment and/or a fine of up to $1,000 for an unlicensed person to perform or volunteer to perform a nursing function, like administering insulin.

- The lower courts’ rulings made it clear that CDE does not have concurrent authority with the California Board of Registered Nursing to define the scope of nursing practice, even within the school setting, and that it cannot modify or create exceptions to the Nursing Practice Act, which can only be amended by the state legislature.

- The courts’ rulings do not prevent students with diabetes in California’s public schools from receiving the health services to which they are entitled. California law permits several categories of individuals to administer insulin in the school setting, including parental designees.

- Upholding the lower courts’ rulings will ensure that students in California’s public schools will receive their health services from individuals who are qualified under state law to provide them.

What are the implications of the California Supreme Court decision?

- Given the complexities of diabetes and chronic disease management, a decision by the California Supreme Court that would negate the Nursing Practice Act would put children at risk. If that were to happen, schools will rely on secretaries, cafeteria workers, teachers and other unlicensed personnel to administer insulin to a dangerous drug, to the youngest and most vulnerable students who are unable to manage their own health conditions.

- Many children have suffered needlessly because unlicensed personnel gave the wrong medication or administered medication with little oversight.

- If the California Supreme Court doesn’t affirm the lower courts’ rulings, the California board of nursing will lose its right to define nursing practice. Caregivers and nurses who have performed these tasks will be set at risk, undermining the authority of the board that is vested with the power to regulate the public through regulation of nursing. Consequently, the power of all state boards of nursing will be diminished, as will the nursing profession’s self-regulation, based on more convenience or cost.

- If the California Supreme Court finds that federal disability laws preclude state health care licensing laws, no state will be able to establish qualifications for individuals who provide health care pursuant to a 504 plan. It would be the first time that some state health care licensing laws have been preempted by federal disability law. The two laws currently work in relationship with each other, permitting the state to control how health care is regulated consistent with anti-discrimination and accommodation requirements of federal law.

ANA Beliefs:

- Nurses want every child to have the quality care they need to attend school. We do not believe cost or convenience is a reason to provide a standard of care, particularly regarding the care of vulnerable patients like the young or disabled. In some instances, a school nurse must be the only source of quality health care that a child requires.

- ANA supports a collaborative school health model, which best prepares the future learning and educational priority our nation’s children represent.

- ANA supports the assignment and daily availability of a registered school nurse for the central management of diabetes services at the recommended ratio of at least one nurse for every 750 students, with an ultimate goal of at least one nurse in every school.

Key court dates in American Nurses Assn. et al. v. Tom Torlakson as Superintendent of Public Instruction et al. (American Diabetes Assn., Intervener) (McGuiness, APL, assigned justice pro tempore; Cantil-Sakauye, C.J., not participating):

- 2007: ANA and its state affiliate ANACalifornia file suit in the Superior Court of California against the Superintendent of Public Instruction and the California Department of Education.

- 2008: ANA presents oral arguments before the Honorable Judge Lloyd G. Connelly. On December 26, 2008, the judges rule in favor of ANA, ANACalifornia, California Nurses Association and California School Nurses Organization (CSNO).

- 2010: The California Court of Appeals, Third District, upholds the lower court’s decision that allowing unlicensed school personnel to administer insulin violates California laws, including the Nursing Practice Act.

- 2010: American Diabetes Association (ADA) asks the California Supreme Court to accept the school nurse case for review. ANA files a reply brief.

- 2011: In April, more than two dozen nursing and health care groups file an amicus brief in support of the ANA, ANACalifornia position. The state Supreme Court schedules a final round of written arguments in June.

- 2013: California Supreme Court sets May 29, 2013, to hear oral arguments.

ANA Support:

- The National Council of State Boards of Nursing, National Association of School Nurses, Emergency Nurses Association, Association of periOperative Registered Nurses, American Occupational Therapy Association, Inc., School Social Work Association of America, the California Teachers Association, the American Federation of Teachers, AFL-CIO, the California School Employees Association, the United Nurses Associations of California, AFSCME and over 40 other nursing organizations are among those who have filed amicus or “friend of the court” briefs with the California Supreme Court in support of ANA.

- These groups back ANA and co-plaintiffs, ANACalifornia, the California Nurses Association and the California School Nurses Organization (CSNO) in challenging the California Department of Education’s and American Diabetes Association’s efforts to unlawfully change the state’s Nursing Practice Act to allow unlicensed school employees to administer medication to children in school.
RN Day 2013 and NSSI – An Overview

Nicolette Bloom BSN, RN, NSSI Program Coordinator and Samantha Marcantonio, ANA/California Staff

Those making the decisions that govern our profession are not nurses and therefore need our help and expertise to make solid decisions when it comes to nursing.

What is the Nursing Student in Sacramento Internship (NSSI)? Well, it is a once in a lifetime experience available to all members of the California Nursing Student Association where candidates submit an application from which two are selected. Those two spend an all expense paid week in Sacramento working alongside nurses, nurse advocates, and in particular the Honorable Tricia Hunter, MN, RN who is the Executive Director and Legislative Advocate for ANA as well as Nicole Bloom BSN, RN founder of the NSSI program, a former Board member of ANA and now the NSSI Program coordinator and liaison to the interns.

To put it in nursing terms; there's a didactic component (e.g. lecture) which is ANA RN Day, and then there's the practicum or clinical (e.g. hands on application) which is the attending committees, attending “special” meetings of key stakeholders in legislative activities and meetings with a variety of representatives and or their staff. Below is a overview of what the 2013 interns experienced while in Sacramento (not a conclusive list).

To summarize the 2013 NSSI activities:

Monday, 04/15/13: ANA RN Day 2013 – A Day at the Capitol

Upon arrival, the cohort attended a 10-page packet of information about ANA is given and for 2013 included: ANA booklet titled Registered Nurses: A Distinct Health Care Profession, ANA information tri-fold color glossy pamphlet, 2 different 1-pg Fact Sheets, and lastly the ANA created position statements specific to the program coordinator is learned from both the personal experience of the program coordinator in advocacy to content learned from special advocacy training events – For example, The Alliance’s Nursing in Washington Internship (NIWI) and ANA’s American Nurses Advocacy Initiative (ANA) and the many ANA RN Days events attended. Also, the “triumph hunt” i.e. ANA Finding Essential Resources at the Capitol Worksheet is interspersed sporadically throughout all days. Also, where events scheduled simultaneously, would look at agenda and depending where the agenda item fell, e.g. in the beginning or in the end, etc., we would around trying to witness as much of the priority bills as possible. (or, if one intern has a particular passion regarding a bill they could stay there by their choice if so desired – a lot of flexibility is required)

Additionally, for all representatives the interns visited, a packet of information about ANA is given and for 2013 included: ANA booklet titled Registered Nurses: A Distinct Health Care Profession, ANA informational tri-fold color glossy pamphlet, 2 different 1-pg Fact Sheets, and lastly the ANA created position statements specific to the priority bills. Other activities include NSSI group photo on Assembly floor. NSSI interns receive special certificate of completion.

Attending RN Day is a must for all nurses no matter what stage of nursing you happen to fall into. Student, fresh grad., accomplished nurse employer or administrator, nurse leader, nurse educator or retired (but still working on the side). All nurses need to know the importance of legislation and how it affects their ability to provide care to their patients. Those making the decisions that govern our profession are not nurses and therefore need our help and expertise to make solid decisions when it comes to nursing. For more information about RN Day or the NSSI program please visit the ANA web site www.california.org

2013 NSSI Experience Priceless

Barbara Carajo, BSN Student at West Coast University, Los Angeles

I had the honor of being chosen as a 2013 recipient of the Nursing Student in Sacramento Internship (NSSI) and attended the 2013 RN Day at the State Capitol on April 15, 2013. Having attended the 2012 RN Day at the State Capitol and earned the opportunity to attend RN Day (3) days at the Capitol listing to committee hearings for both the Assembly and Senate.

I stopped in by Assemblymen and Senator’s office and left information about Bill AB 705, the Combat to Care Act. I sat in the committee hearing at which Tricia Hunter, ANA’s Legislative Advocate spoke regarding this bill. The Combat to Care Act would require the BRN to look at members of the Armed Forces and determine what part of their education, training, and/or experience would be able to transfer to their current nursing license. I feel like this is not the responsibility of the BRN and would open the door to other requirements the BRN would have to take on. This would take time away from their main purpose of keeping the public safe. This was an enlightening moment. I realized that as nurses we don’t just need to be patient-focused. We need to also focus on the nursing profession and fight to protect its integrity. It is hard for me to put into words what I learned from my experience of being a part of a NSSI. It showed me a different side to the profession and gave me a voice to make a difference. I then went into the correct profession. I have a love and passion for it and I look forward to entering the workforce being an active member of this profession.

I would like to extend my thanks to Nicole Bloom for being a part of a NSSI and showing us a great time during our internship. I also want to thank CNSA and ANA for having us and taking the time to meet with us and answering our questions. I look forward to seeing everyone next year at the ANA 2014 RN Day.

Nursing Student in Sacramento Internship
Scott Harrell, NSSI 2013

Advocacy is a large part of nursing practice; but it doesn’t only apply to bedside care. As nurses we have a strong voice in legislation because of our licensure, knowledge, and ethical standards. Legislators listen to what we have to say because they know its coming from an informed source that cares about the community.

The American Nurses Association of California offers a three day internship called the Nursing Student in Sacramento Internship (NSSI) through the California Nursing Student Association. This all expenses paid internship allowed another student and me to participate in legislation and its affect on healthcare.

NSSI begins at the ANA RN Day, A Day at the Capitol, an event set up at the Capitol building in Sacramento, California for nurses to come to be involved in the legislative process and speak with their legislators on different bills. Each student speaks with their Senator and Assembly member, or their legislative staff member, on healthcare related bills. Not all meetups are able to fit into the first day and some may need to be scheduled during the following two days.

During the last two days of the internship, you sit in on and observe different committees as different bills are discussed, amended, voted on, and either passed or not passed from the committee. You get the chance to work along side some amazing nursing legends such as Tricia Hunter, a registered nurse who held position in the state assembly and still continues to be heavily involved in legislative health care.

Legislation and policy dictate the type of care nurses can provide and their patients. As nurses we came to the legislative process to help direct policy and act as advocates for our patients. Any nursing students who are interested in legislative health care and policy; this is the internship for you and I encourage you to apply. It’s an amazing opportunity.

From left to right: Hon. Tricia Hunter, NSSI Recipient Scott Harrell, NSSI Recipient Barbara Carajo and ANA/ NSSI Coordinator Nicole Marcy at ANA office Sacramento, CA.
All ANA\C members are welcome and encouraged to attend meetings of the Board of Directors. Meetings are held in Sacramento at the ANA\C office located in The Senator Office Building, 1121 L Street, Suite 508 Sacramento, CA. 95814. Meetings begin at 10:00 a.m. unless otherwise noted. Any member interested in attending a Board meeting is asked to notify the ANA\C staff at least one week prior to the meeting date by calling 916-447-0225. Members will receive instructions for parking and entry into the office building at that time.

### June 2013
- **21st**
  - Board of Directors Meeting – Sacramento, CA Meeting will start at 10:00 am
- **27th**
  - ANA Lobby Day on Capitol Hill Washington DC-Registration opens at 6:00am Hyatt Regency, Crystal City, Breakfast and debriefing at 7:00am followed by visits on Capitol Hill set up by ANA Government Affairs Team for more information go to [www.nursingworld.org](http://www.nursingworld.org)
- **28th & 29th**
  - ANA Membership Assembly Hyatt Regency, Crystal City, VA more information for both members and non at [www.nursingworld.org](http://www.nursingworld.org)

### July 2013
- **1st**
  - The Nursing Voice Publication should be received by membership.
- **26th**
  - National Student Nurses Association Summer Leadership Conference - Friday, July 26, 2013 9:00 am - 4:00 pm at the Mt. Sinai Medical Center NY. NY. For more information [http://www.nsa.org/Meetings/SummerConferences.aspx](http://www.nsa.org/Meetings/SummerConferences.aspx)

### August 2013
- **1st**
  - The Nursing Voice – Article submission deadline - For information about submitting and article, please see page 2 of this newsletter for The Nursing Voice 'Article Submission Guidelines' or call 916-447-0225.
- **6th**
  - ANA\C 1st Qtr Financial Review

### September 2013
- **7th**
  - Board of Directors Meeting – Sacramento, CA Meeting will start at 10:00 am

### October 2013
- **1st**
  - The Nursing Voice Publication should be received by membership.
- **2nd-4th**
  - ANCC National Magnet Conference, October 2-4th, 2013, Pre-Conference October 1st, Orange County Convention Center, Orlando, FL for more information go to [www.nursecredentialing.org](http://www.nursecredentialing.org)
- **18th-20th**
  - CSNA Convention San Jose. For more information, please go to [www.csna.org](http://www.csna.org)
- **20th**
  - CE Program ANA\C
- **21st**
  - General Assembly of the Membership of ANAC October 21st, 2013 San Jose Red Cross, San Jose, CA. Registration begins at 8:15am. Business meeting, silent auction to benefit the Golden State Nursing Foundation for more information go to [www.anacalifornia.org](http://www.anacalifornia.org)
- **28th-30th**
  - CalNOC Seattle

### November 2013
- **1st**
  - The Nursing Voice – Article submission deadline - For information about submitting and article, please see page 2 of this newsletter for The Nursing Voice 'Article Submission Guidelines' or call 916-447-0225.
- **5th**
  - ANA\C 2nd Qtr Financial Review
- **7th-10th**
  - NSNA’s 31st Annual MidYear Conference November 7-10, 2013 in Louisville, Kentucky. For info [http://www.nnsa.org/Meetings/MidYearConferences.aspx](http://www.nnsa.org/Meetings/MidYearConferences.aspx)
- **8th & 9th**

### December 2013
- **6th**
  - ANA\C Board of Directors Meeting, Sacramento CA

### January 2014
- **1st**
  - The Nursing Voice Publication should be received by membership.
- **29th**
  - ANA\C 3rd Qtr Financial Review

### February 2014
- **1st**
  - The Nursing Voice – Article submission deadline - For information about submitting and article, please see page 2 of this newsletter for The Nursing Voice ‘Article Submission Guidelines’ or call 916-447-0225.
- **5th – 7th**
  - ANA 8th Annual Nursing Quality Conference February 5th – 7th 2014, Phoenix Convention Center, Phoenix, AZ for more information go to [www.nursingworld.org](http://www.nursingworld.org)

### March 2014
- **1st**
  - ANA\C Board of Directors Meeting

### April 2014
- **1st**
  - The Nursing Voice Publication should be received by membership.
- **7th**
  - RN Day – A Day at the Capitol
- **23rd**
  - ANA\C 4th Qtr Financial Review

### May 2014
- **1st**
  - The Nursing Voice – Article submission deadline - For information about submitting and article, please see page 2 of this newsletter for The Nursing Voice Article Submission Guidelines’ or call 916-447-0225.
- **14th**
  - ANA\C Budget Review

### June 2014
- **5th**
  - ANA\C Board of Directors Meeting

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### RN Day 2013

**ANAC Board Members Melanie Krupa, Elissa Brown and Liz Dietz enjoy a moment during RN Day 2013 State Capitol.**

**ANA\C President Monica Weisbrich and CSNO President Katy Waugh enjoying the lecture during RN Day 2013.**

**Hon. Tricia Hunter giving lecture during RN Day 2013 State Capitol.**

**CSNA Liaison Cathy Melter speaks to other ANAC members during Members luncheon RN Day 2013.**

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[Image: ANA\C President Monica Weisbrich and CSNO President Katy Waugh enjoying the lecture during RN Day 2013.]

[Image: Hon. Tricia Hunter giving lecture during RN Day 2013 State Capitol.]

[Image: CSNA Liaison Cathy Melter speaks to other ANAC members during Members luncheon RN Day 2013.]
ANCC Announces New Appointments for Commission on Magnet Recognition

The American Nurses Credentialing Center’s Commission on the Magnet Recognition Program® is pleased to announce the appointment of a new commissioner and a new chair. As the body of experts representing various sectors of the nursing community, the commission is responsible for the governance of Magnet Recognition Program activities. Governance includes such responsibilities as approving program criteria, making the final decision regarding the designation of the Magnet® credential, and providing a mechanism for the systematic review and evaluation of the strategic direction of the Magnet Recognition Program.

New Commissioner: Mary Dee Hacker of Children’s Hospital Los Angeles

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, has served as the visionary chief nursing officer and vice president of patient care services at the Children’s Hospital Los Angeles for 20 years. She guided the hospital to its initial Magnet designation in 2008 and then through its first re-designation in 2013. She is known for creating a healthy culture and work environment for direct care providers and all members of the health care team. Hacker has been associated with Children’s Hospital for more than three decades, beginning as a staff nurse in 1975, and has held various administrative nursing positions at the hospital.

In addition, she is a member of the Children’s Hospital Los Angeles Board of Trustees, California Institute for Nursing & Health Care (CINHC), American Nurses Association/California and the DAISY Foundation. Hacker is a frequent speaker at state, regional, and national meetings. She is a member of numerous local, state, and national healthcare organizations. She has won numerous awards for nursing leadership and was inducted as a Fellow in the American Academy of Nursing in 2010. Hacker is the first Commissioner on Magnet representative from a pediatric hospital—a group representing approximately 8 percent of all Magnet hospitals. She is also the first representative from California in nearly a decade. Her term begins on July 1, 2013, and runs for four years.

New Chair: Deb Zimmerman elected new chair of Commission on Magnet Recognition

Deborah T. Zimmermann, DNP, MS, RN, NEA-BC, was elected as the incoming chair of the commission at the March meeting. Dr. Zimmermann became the chief nursing officer and vice president of patient care services with The Virginia Commonwealth University (VCU) Medical Center in 2009. Zimmermann came to the VCU Medical Center from Rochester General Hospital, where she was senior vice president of patient care services and chief nursing officer. During her 23-year career at Rochester General, Zimmermann also served as first vice president of hospital operations, chief patient care executive, employee health services director, and nurse practitioner. Zimmermann has earned numerous professional certifications and has held leadership positions in professional organizations such as the New York Organization of Nurse Executives, the Finger Lakes

Linda Lewis Named as Director of the Magnet Recognition Program®

SILVER SPRING, Md.—The American Nurses Credentialing Center (ANCC) is delighted to announce Linda C. Lewis, RN, MSA, NEA-BC, FACHE, as the next director of its internationally acclaimed Magnet Recognition Program®. An accomplished leader, Lewis currently serves as the chief nursing officer and vice president of nursing for the Magnet-recognized Forsyth Medical Center, the flagship facility of Novant Health, located in Winston-Salem, North Carolina. Lewis previously served as the chief nursing officer and vice president of medical/surgical services at the Magnet-recognized Valley Health System in Ridgewood, New Jersey. She is widely respected for developing holistic and healing patient care and work environments that enhance employment, patient, and physician satisfaction in combination with operational productivity and financial stewardship.

Congratulations to New and Redesignated Magnet Organizations

Redesignation
• John Muir Medical Center Walnut Creek – Walnut Creek, CA (2008, 2013)
• Children’s Hospital Los Angeles – Los Angeles, CA (2008, 2013)
• Providence Holy Cross Medical Center – Mission Hills, CA (2007, 2013)

New Recognition
• Mission Hospital – Mission Viego, CA (2012)
• University of California, San Francisco Medical Center – San Francisco, CA (2012)
• Long Beach Memorial Medical Center / Miller Children’s Hospital – Long Beach, CA (2013)

FULL-TIME FACULTY OPENINGS: NURSING
San Diego, Los Angeles, and Fresno, California

Multiple positions in all clinical specialties for the BSN program. Open until filled.

MINIMUM QUALIFICATIONS: A master’s degree in Nursing is required. Clinical experience in a healthcare setting is preferred. Experience teaching through high-caliber training, real-world experience and student centered instruction is desired. Clinical experiences to include teaching in a psychiatric, medical/surgical or critical care setting, with focus on multisensory learning. Clinical experiences to include teaching in a psychiatric, medical/surgical or critical care setting, with focus on multisensory learning.

REQUIRED DOCUMENTATION: Candidates must submit: letter of application, professional resume, recent and or eligible for a current and unencumbered CA Registered Nursing license and a clear background check and drug screen. Successful candidates may be at junior, mid-career or senior levels of development. Teach primarily undergraduate courses as assigned (some require graduate level teaching).

Email: shhs@nu.edu

Heritage Oaks Hospital

DIRECTOR OF NURSING—PSYCHIATRIC

Heritage Oaks Hospital, a 125-bed full-service behavioral health facility, seeks a Director of Nursing Services. Heritage Oaks Hospital is the leader in providing quality mental health and addiction treatment services. Our commitment to care includes developing integrated delivery systems through partnerships with medical/surgical hospitals, community mental health centers, educational institutions, managed care organizations, local health professionals and agencies. Heritage Oaks Hospital strives to set the standard for excellence in the field of behavioral health care and maintains its leadership role by treating each patient as a respected individual of our community.

The Director of Nursing Services is responsible for the clinical practice of nursing which includes directing all services provided by the Nursing Services Department. As a member of senior management this position ensures the development, implementation and evaluation of policies, programs and services consistent with the facility’s goals and objectives, and actively participates in a leadership role by consulting with facility management in designing and providing patient care and services.

Job Requirements:
• Qualified applicants will have a CA RN license with psychiatric hospital management experience, Master’s level required. Knowledge of the Joint Commission, CMS and CA regulations.

Send resume to: Heritage Oaks Hospital
4250 Aubum Blvd., Sacramento, CA 95841
Attn: Human Resources Director
Or fax resume to: 916-830-1259

Save the Date!! ANA®CN Day 2014 - Sacramento, CA

Monday, April 7th, 2014

Registration and program information can be found on the web site at www.anacalifornia.org or by calling 916.447.0225

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN
Tricia Hunter MN, RN Honored at UCLA 2013 Nurse 21 Gala

University of California Los Angeles School of Nursing hosted the schools 3rd annual ‘Nurse 21’ awards Thursday, May 9th, 2013 at The Montage Hotel in Beverly Hills, CA. The black tie event honored the various recipients for their leadership in advancing health and their ongoing commitment to enriching the nursing profession. “These incredible individuals and organizations that we honor are visionary leaders in healthcare and are strong advocates for the role of nursing,” said Courtney H. Lyder, dean of the UCLA School of Nursing. “Their impact has been enormous and will continue to be so as nurses play an increasingly important role in making sure that all individuals have access to quality care delivered with compassion and dignity.”

This year Tricia Hunter, RN, MN was honored at the event receiving the 2013 Distinguished Alumnus Award. Family and friends from all over came to support and celebrate the evening with Tricia.

The event was hosted by UCLA School of Nursing and Dean Courtney H. Lyder opened the event with a wonderful presentation about the school and some of his current nursing students and their accomplishments. While dinner was being served there was a very entertaining live auction with noted professional charity auctioneer Jim Nye. The auction raises money to help support the school of nursing and its programs. Auctioned off were several culinary tour trips to Paris and New York and UCLA Rose Bowl tickets. The biggest seller of the evening was the ‘Lyder Side of Westwood’ which is a culinary tour with Dean Lyder visiting his favorite restaurants. It was very entertaining to watch people as they battled for the prize they sought after and because of the battle for dinner with the Dean, Dean Lyder was asked to do two evenings and both participants won. Tricia’s uncle being one of the winners. Tricia commented that she was looking forward to her evening out. It was a successful event and very entertaining.

After dinner the award presentations began with each presenter giving some history to the recipient and their nursing accolades which gave the evening a very personal touch. The awards presented at the event were:

**Visionary Leadership Award:**
- Diana M. Bonta, RN, DrPH
  - President and CEO, The California Wellness Foundation

**Emerging Leader Award:**
- Benjamin K. Chu, MD, MPH, MACP
  - Group President, Kaiser Permanente Southern California and Hawaii

**Corporate Leadership Award:**
- Fred Hagigi, DrPH, MBA, MEd
  - Adj. Professor, Healthcare Finance & Management
  - U.S. Department of Veterans Affairs

**Global Leadership Award:**
- Tricia Hunter, ’83, RN, MN
  - Honorable Tricia Hunter, ‘83, RN, MN
  - President, Kaiser Permanente Southern California Region

**2013 Distinguished Alumnus Award:**
- Jo Perry joined us from San Jose along with many other nursing friends. In this picture with Jo are Bonnie Fahreny, Phillip Bautista, Louise Bailey, Katy Wough, (front) Elissa Brown, Tricia Hunter and Lynda Burlinson

**Community Health Leadership Award:**
- Kaiser Hospital Los Angeles
  - Mary DeC Hacker, MBA, RN, NEA-BC, FAAN
  - Vice President, Patient Care Services and Chief Nursing Officer

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ANA/C Meeting of the General Assembly

October 21st 2013

The American Red Cross Headquarters in San Jose CA
Continuing Education TOPIC: Disaster Management

**Business meeting:**
- Election results
- Welcome new Board of Directors
- Honors and Awards
- By law updates
- Resolutions
- Reports to the General Assembly

**Silent Auction**
- Golden State Nursing Association
- For more information, please visit www.anacalifornia.org
At the Crossroad of Poverty and Disease

AMN Healthcare Team Changes Lives

April 23, 2013

ANA&C member Tracy Stillwater was selected and sponsored by AMN Healthcare to join a team of volunteers who just returned from the highlands of Guatemala where they confronted the twin afflications of poverty and poor health. The medical and community development mission treated disorders and their causes during the 11-day trip to the region of San Cristobal Verapaz, a place of coffee fields, green mountains, the native Pokomchi culture and relentless hardship.

The team of ten AMN Healthcare-sponsored clinicians was part of a mission of 30 medical personnel organized by HELPS International to help change some lives through a week of intense work. Working through round-the-clock shifts at a hospital in San Cristobal Verapaz, the team conducted 97 surgeries for conditions ranging from broken bones and eye disease to hernias and tumors; 546 clinic visits; and nearly 100 dental treatments.

The team arrived at the hospital to find hundreds of people waiting at the hospital gates, including families and children who had been there two to three days. Spontaneous applause and cheers broke out among the crowd of mostly indigenous people as the bus pulled up and the doctors and nurses debarked and immediately began moving through the crowd triaging patients.

In addition to the medical team treating patients, community development volunteers fanned out into the countryside and villages to help address very common public health problems. Among those volunteers was Steve Wehn, AMN Healthcare vice president, community and government affairs. His job was to go into homes, which were often little more than huts of plastic sheeting, corrugated metal and plywood, to install stoves that vent emissions safely.

Inside many homes, wood cooking fires with no ventilation create dangerous conditions due to indoor smoke, which cause many of the eye and respiratory diseases that doctors treat. In about a week, Steve said that he and the stove team installed 20 safely ventilating stoves, which are shown to dramatically reduce poisonous indoor smoke and also use 20% of the wood needed for cook fires. HELPS International has installed thousands of safe stoves in Guatemala.

In addition to safe stoves, community development teams install water purifiers in homes; impure water causes widespread gastrointestinal illnesses that afflict adults and children.

“I’ve done a lot of volunteer work, but this was a life-changing experience for me,” Steve said. “So many people in this area of Guatemala live in extreme poverty, and their poverty is directly related to their health problems, which is true the world over. They were so very appreciative of the work that HELPS and AMN were there to do.

“The volunteer doctors and nurses were amazing. They worked virtually nonstop for a week, never leaving the hospital and clinic and providing an incredible amount of care. We helped improve lives forever and make homes much safer for hundreds of people. The whole trip served as a perfect example of AMN’s commitment to making the community and the world a better place.”

The community development team installed 20 safe stoves in homes. In many homes, food is prepared on wood fires on dirt floors or in makeshift wood fire stoves that are not ventilated. Toxic smoke from the indoor cook fires causes eye, respiratory and other diseases.

AMN Healthcare, Steve Wehn, Vice President of Government & Community Relations, was a volunteer on the stove crew which installed this safe stove.

When the team arrived, a crowd of people were waiting for treatment, some as long as two days, and they broke into applause and cheering as clinicians got off the bus.

Read The Nursing Voice Online!

nursingALD.com

Access The Nursing Voice as well as over 5 years of 39 State Nurses Association and Board of Nursing Publications. Contact us at (800) 626-4081 for advertising information.

RN ASSESSORS Needed in California

Bakersfield, Calfibad, Cupertino, Hayward/Fremont, Poway, Sacramento/Davis, San Diego, San Mateo, Ventura County, West San Fernando Valley

Join our National Network of Nurses!

Univita is looking for RNs to conduct face to face geriatric assessments at a home setting.

Requirements:
• Current and valid California nursing license.
• Minimum of 3 years experience working with a geriatric population in a home care or non-acute setting.
• Ability to quickly follow-up on all correspondence - voice mail, email and fax.
• Access to a private fax.

If interested, please submit a resume to Debra at rnathe@univitahealth.com or fax your resume to 877-442-5824.

To learn more visit us at www.univitahealth.com

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When you become a nurse and officer on the U.S. Army Reserve Health Care Team, you’ll be able to continue to care for you and your community and serve when needed. You’ll be surrounded by health care professionals who share your passion for providing quality patient care. You may also be eligible for financial benefits, including pay incentives and up to $50,000 for nursing school loans.

To learn more, call (714) 983-9507 or visit Santa Ana Medical Recruiting Center 1551 N. Tustin Ave., STE 117

Santa Ana, CA 92705
Email: usarynknownusrrecruitdebrad@gmail.com

www.usaryn.com/aswrc.html

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The Nurse Practice Act defines one component of nursing practice as being a patient advocate. ANA\C believes that patient advocacy not only happens at the bedside but when we are supporting and developing programs and proposals to improve the quality of health care, the workplace and tools for the individual nurse, and access of our patients to health care and health care providers.

Honorable Tricia Hunter, MN, RN
Executive Director ANA\California

The Future Of Nursing
Megan Bristol

We receive several phone calls a month from students looking for information to complete a school project they are working on. The students who call range from nurses in doctorate and masters programs at college all the way to the high school and middle school. We decided to share one of those students project with you. Let me introduce middle school student and future California nurse Megan Bristol.

My name is Megan Bristol and I am 14 years old almost 15. I am in the 8th grade at Sutter Middle School and will be attending high school at either Rosemont High School or Rio Americano and I want to be a nurse.

How I came to find ANA\C—I had to send business letters to nursing association, hospitals, etc for my project asking questions, gathering information, etc. I was on Google and I typed in “nursing associations” and hundreds and hundreds of places popped up. I randomly clicked on ANA\C and to be honest, I’m so happy I did because out of the 12 letters I sent out ANA\C was the only one who responded to me. After I found the ANA\C I clicked on the website and scrolled down to the bottom and found the ANAC address and sent my letter in the mail.

Why I chose nursing for my project—Well ever since I was 9 I have wanted to become a nurse. It’s been a dream of mine. I didn’t really know anything about the nursing field as an 8th grader so I thought doing this project might give me the opportunity to learn a lot more about the nursing field, and it definitely did!

My passion for the field—Ever since I was 9 I thought nurses were the coolest thing. I would love to become a nurse. My parents, friends, teachers all think I have the heart to become a nurse and the patience. For example, when my mom stepped on some class the other day, I spent 4 hours of my night picking every small piece of glass out of her foot. I just like to care for people and to be honest, blood and all the nasty stuff don’t disgust me. I find it interesting! Also I’m very good in science and ever since I’ve gotten letter grades (so since 7th grade) I have maintained an A every quarter for science and at the moment I have an 3.8 GPA. But overall, I have a strong passion to become a nurse.

So my report was a 2 month project. I had to write 9 written sections and I received third place out of 643 projects.

The Betty Irene Moore School of Nursing at UC Davis — a new nursing school with a vision to advance health and ignite leadership through innovative education, transformative research and bold system change. APPLICATIONS NOW OPEN FOR 2014. Admission is competitive and space is limited! Apply through the Centralized Application System for Physician Assistants (CAPSA) by Sept. 1.

nursing.ucdavis.edu
Margaret A. Wheatley, PhD, RN, CNS, a member and past president of the Ohio Nurses Association

Wheatley served as the President of the Ohio Nurses Association (ONA) for four years (1993-1997). Prior to her term as President of ONA, she was the founding Chair of the ONA Minority Issues Assembly. In 1996, under her leadership, the American Nurses Association (ANA) presented ONA with the Affirmative Action Award. In 1999, she received the Dorothy L. Cornelius Award for Leadership from ONA. She held various other positions in ANA at the national, state, and local levels. She was a fellow of the Minority Fellowship Program at ANA. She was also a member of the American Psychiatric Nurses Association, the Gerontological Society of America, the Midwest Nursing Research Society, the National Black Nurses Association, and Sigma Theta Tau.

Services:
A wake was held Saturday, March 30, at 8:30 a.m., followed by a funeral at noon at House of Wheat Funeral Home in Dayton, Ohio.

Richard T. Hader, PhD, RN, NE-BC, FAAN, CHE, CPHQ, a member of the New Jersey State Nurses Association

Hader was Senior Vice President and Chief Nursing Officer at Meridian Healthcare, the first system in the country to achieve Magnet Status.

To date, seven states have passed nurse safe staffing legislation that closely resembles ANA’s recommended approach to ensure safe staffing, utilizing a hospital-wide staffing committee in which direct care nurses have a voice in creating the appropriate staffing levels. Those states are Connecticut, Illinois, Nevada, Ohio, Oregon, Texas, and Washington.

For more information on ANA’s safe staffing legislative efforts, please visit www.RNAAction.org.

With fond memories of our friend, Ray Cox

We have lost a wonderful nurse and a wonderful soul recently—Raymond William Cox. He was an active member of the California Nurses Association (CNA), a constituent of the American Nurses Association (ANA). He was a founding member of the Board of Directors and in numerous organizational activities including President of his region and delegate to ANA. Ray was involved in nursing policy, education and professional development, both locally and nationally.

I was honored to attend the lovely memorial service that was held for Ray Cox at Metropolitan State Hospital in Norwalk, California. Hundreds of his friends and colleagues were there to pay tribute to him, toasting—and some roasting but all in good fun. Ray would have loved it. It was said that “…Ray dedicated more than 45 years to the patients and staff at Metropolitan; he worked from 1958 to 2013 in the state hospital system, retiring from state service in 2005. Much of his life was dedicated to the advancement of Nursing and children.”

Friends and colleagues spoke of Ray as being philosophical and always working toward improvement. He was recognized for helping his staff, for promoting high standards, critical thinking and professionalism.

“He expected nursing to be a vital part of the treatment team. He encouraged us to pursue educational goals and get involved in professional nursing issues. An advocate for patients and nursing… glad to have had the opportunity to know him and to learn from him.”

Because of Ray, “the ANA Code of Ethics for Nurses and the ANA Scope & Standards of Practice are in the Preface section of our (Metropolitan State Hospital) Nursing Policy and Procedure Manual. Ray was involved in the development, refinement and promulgation of these national nursing standards.”

Ray’s colleagues commented about discovering how many nursing leaders from across the country knew and admired Ray (although they were not surprised). Because of Ray’s contributions throughout his lifetime of service to nursing, the American Nurses Association of California created the Ray Cox Award which recognizes the lifelong commitment of an individual nurse(s) to the field of nursing and their impact on the health and social history of the state of California. This award is presented during ANA’s biannual meeting of the membership.

Ray received his Diploma from Hudson River State Hospital School of Nursing, Poughkeepsie, New York, a BS in Nursing from California State University, Long Beach (CSULB), and his MA in Education from CSULB.

Ray Cox also served our country in the military in W.W.II, was in major battles abroad, and was the recipient of a Purple Heart and the rare Medic’s medal, a true hero.

ANA will be giving a special memorial donation in Ray’s name to the Golden State Nurses Foundation (for more information go to www.goldenstatenursingfoundation.org or www.anacalifornia.org).

*The 2013 Ray Cox Award will be presented at the meeting of the General Assembly, October 21st, 2013 at the San Jose Red Cross (for more information go to www.anacalifornia.org or call 916.447.0225).

RAYCOXFINALE3.jpg

REGISTERED NURSE SAFE STAFFING BILL INTRODUCED IN CONGRESS

Nurse staffing directly impacts patient safety; direct care nurses to drive staffing plans

SILVER SPRING, MD – The American Nurses Association (ANA) applauds the introduction of federal legislation that empowers registered nurses (RNs) to drive staffing decisions in hospitals and, consequently, protect patients and improve the quality of care.

The Registered Nurse Safe Staffing Act of 2013 (H.R. 1821), crafted with input from ANA, has sponsors from both political parties who co-chair the House Nursing Caucus – Reps. David Joyce (R-OH) and Lois Capps (D-CA), a nurse.

“Nurse staffing has a direct impact on patient safety. We know that when there are appropriate nurse staffing levels, patient outcomes improve. Determining the appropriate number and mix of nursing staff is critical to the delivery of quality patient care,” said ANA President Karen A. Daley, PhD, RN, FAAN. “Federal legislation is necessary to increase protections for patients and ensure fair working conditions for nurses.”

Research has shown that higher staffing levels by experienced RNs are linked to lower rates of patient falls, infections, medication errors, and even death.

And when unanticipated events happen in a hospital resulting in patient death, injury, or permanent loss of function, inadequate nurse staffing often is cited as a contributing factor.

The bill would require hospitals to establish committees that would create unit-by-unit nurse staffing plans based on multiple factors, such as the number of patients on the unit, severity of the patients’ conditions, experience and skill level of the RNs, availability of support staff, and technological resources.

The safe staffing bill also would require hospitals that participate in Medicare to publicly report nurse staffing plans for each unit. It would place limits on the practice of “floating” nurses by ensuring that RNs are not forced to work in a unit to which they lack the education and experience in that specialty. It also would hold hospitals accountable for safe nurse staffing by requiring the development of procedures for receiving and investigating complaints; allowing imposition of civil monetary penalties for knowing violations; and providing whistle-blower protections for those who file a complaint about staffing.

ANA backed a similar staffing bill in the last Congress. This version includes requirements that a hospital’s staffing committee be comprised of at least 55 percent direct care nurses or their representatives, and that the staffing plans must establish adjustable minimum nurse-to-patient ratios.

Additionally, ANA has advocated for safe staffing conditions for the nation’s RNs through the development and updating of ANA’s Principles for Nurse Staffing, and implementation of a national nursing quality database program that correlates staffing to patient outcomes.

To date, seven states have passed nurse safe staffing legislation that closely resembles ANA’s recommended approach to ensure safe staffing, utilizing a hospital-wide staffing committee in which direct care nurses have a voice in creating the appropriate staffing levels. Those states are Connecticut, Illinois, Nevada, Ohio, Oregon, Texas, and Washington.

For more information on ANA’s safe staffing legislative efforts, please visit www.RNAAction.org.

ANA was recently honored with the NAAC Major Public Health Award presented by the California League of Hospitals and Health Care Systems for its influence on improved patient care.

ANA is the nation’s oldest, largest, and most diverse professional organization dedicated to improving the health of the nation by enabling nurses to achieve full potential as primary providers of health care services.

ANA advocates for higher standards of nursing practice, the safe staffing of nurses, and the use of the full educational and professional potential of nurses in the service of the public.

ANA provides programs that are designed to meet the needs of nurses today and tomorrow, and represents and defends nurses before the public and before Congress.

ANA is the voice of the nation’s nurses.
American Nurses Association Publishes
New Staffing 101 Guide

SILVER SPRING, MD – ANA’s latest guide in its You! Series, Nurse Staffing 101: A Decision-making Guide for the RN, helps nurses develop effective and facility-specific approaches to optimal staffing decisions and plans that enhance the delivery of safe, quality care. It is also a valuable tool for identifying and developing the processes and policies needed to improve nurse staffing at every practice level and in any practice setting.

Author Lauri Lineweaver PhD, RN, CCRN-CSC, director of Practice, Innovation and Research at Presbyterian Healthcare Services in New Mexico notes, “Nurse staffing is one of the most controversial topics in healthcare today. In order to have productive and effective discussions, nurses must understand the complexity of staffing decisions and how to influence these decisions.”

This practical guide gives readers real-world guidance on essential topics of nurse staffing outlined in ANA’s Principles of Nursing Staffing, including:

• How to calculate Hours per Patient Day (HPPD), staffing productivity, and wages;
• Historical and political setting of safe staffing;
• Workplace, safety, and quality considerations;
• Examples of professional nursing practice models;
• Staffing at the organizational level in terms of workload variance; and
• Current practices and possible solutions for determining and achieving the requisite staffing levels and measureable quality outcomes

The guide also contains a complete checklist based on the Principles for Nurse Staffing to help nurses develop an effective approach to staffing decisions.

“At facilities which are short staffed, nurses often have to work long hours and night shifts. These conditions contribute to job-related burnout, job dissatisfaction, and increased risk for patient safety. Providing the appropriate levels of nurse staffing is critical to achieving safe, quality outcomes,” said Sandra A. Gilbert, PhD, RN, MSN, retired charge nurse and current nurse educator teaching master’s level course work. “Nurses need practical resources like this to help guide decision-making. I recommend these guides to any RN involved in making staffing decisions.”

To order this publication, go to www.nursebooks.org. Press copies are available upon request by contacting: francine.bennett@ana.org. Please include name of publication, organization, reviewer name, and address information, including phone and e-mail address.

ABOUT THE AUTHOR

Lauri Lineweaver, PhD(c), RN, CCRN-CSC, Director of Practice, Innovation, and Research at Presbyterian Healthcare Services in New Mexico, holds national certification in critical care and cardiac surgery. Currently a doctoral candidate and Robert Wood Johnson Health Policy fellow, she is pursuing a PhD in Nursing at the University of New Mexico Nursing and Health Policy Collaborative; her research focus is on predictive staffing models, nursing workforce, and organizational analysis.

ABOUT THIS BOOK

This publication is one of the ANA You Series: Skills for Success dedicated to helping nurses achieve success. ANA’s You Series offers leadership skills, knowledge, and strategies for RNs to create safe and effective workplace environments.

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Membership: How Do We Convey The Importance of Membership?

As the new Membership Director, one can hold lofty aspirations of how the association can grow over time. One of the questions that I have most commonly encountered is, “Why should I join the American Nurses Association?”

The answer to that question does not fit neatly in a box, nor is there a one-sizes-fits-all answer. There will be some interesting pieces of information within the article, so please read on! If you have ever discussed involvement with a prospective member, you are all too familiar with the myriad of points that an answer to this question can spawn. Let’s explore some of the potential barriers and benefits that are pertinent to this topic over the next couple paragraphs.

Becoming involved is an incredible way to become aware and proficient of the changes that can affect your practice as a registered nurse. The more you become involved with various specialty and professional associations, the more you will find yourself becoming a resource to one association by virtue of knowledge gained from a different association. Benefits can also include discounted or free continuing education, specialty and/or advanced practice certification, professional tools, professional liability insurance, and many other similar benefits. With these benefits, what barriers do we see to registered nurses joining?

Some individuals may mention that the cost is too high, or that they do not have the time to fill out an application, find a stamp, and still remember to place the envelope in the mailbox. Membership can be applied for and renewed online, and offers monthly payment options with no additional fees. The actual benefit of joining the American Nurses Association is not relative to my practice in my field of nursing is another answer that you may have heard. The American Nurses Association California is actively involved in the profession of nursing as it affects every single registered nurse in California. Legislation that affects various nursing specialties, the RN scope of practice, nursing councils that advocate for the patient and nurse at all levels, and a multitude of other nursing specific involvement opportunities are monitored and supported by ANA-C.

If you know someone that may want to get involved, encourage them to support the profession by joining ANA-C. The opportunities to become involved with our profession are numerous and there is something for everyone. Make sure to add ANA-C emails to your address book. Information about membership opportunities, involvement opportunities, and special information for members regarding events like the upcoming General Assembly will be sent out through your registered email. Take the time to read the emails, they always contain great information, and the information inside might just be something that is significantly important to you and your practice. If you have membership questions, or want to find out how to get your colleagues signed up, please feel free to contact me at membership@anacalifornia.org.
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