President’s Perspective

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

As I bring another President Perspective to a close, I want each and every one of you to know your Board is here to serve you; your Board truly wants to hear from you. The Board’s focus remains one of transparency and openness. As the membership keeps growing – we are at three thousand plus members – your Board is more aware than ever of the need of an open door policy as our Association moves forward. Go to the website www.anacalifornia.org each of us is only an email away. Oh and don’t forget to think about being a candidate in 2014 or volunteering for committee work. Until next time.

Save the Date!!

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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
ANAC California accepts and encourages manuscripts and editorials be submitted for publication in the association’s quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANAC 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, typed and double spaced. ANAC will accept larger narrative if space permits. For more information please email TheNursingVoice@anacalifornia.org or call 916.447.0225.

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

1. Letters, Articles and Manuscripts should be word processed and double-spaced on one side of 8 1/2 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 ANAC will be given first consideration when there is space in the newsletter.
   f. Letters, Articles and Manuscripts submitted to ANAC will be published as space allows unless content is of a timely nature.
   g. Letters, Articles and Manuscripts printed in The Nursing Voice do not necessarily reflect the views of ANAC, its membership, the board of directors or its staff.

2. Photographs should be in jpeg format and emailed with the name of the Letter, Articles 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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American Nurses Association\California
The distinguished career of a nursing pioneer and UW faculty member came to a close on September 27 with the death of Dean Emeritus Rheba de Tornyay. She was 87.

De Tornyay, educator, innovator, trailblazer, mentor, collaborative colleague, friend, inspirational leader... all these were facets of a career whose focal point and touchstone was the University of Washington School of Nursing, where she served as dean from 1975 to 1986 and as a faculty member until 1996.

Rheba’s UW tenure encompassed a dramatic and dynamic phase of the School of Nursing’s growth. Her critical emphasis, not without controversy, was upgrading the standards of the nursing profession and nursing faculty to be consistent with standards of other learned professions and disciplines. The University of Washington was advancing to national prominence as an outstanding research university, and Rheba ensured the School of Nursing kept pace. Thus, faculty were held to the same standards of the doctoral preparation and research productivity that would become the norm for appointment, promotion and tenure in academic nursing.

The School of Nursing established one of the first programs in the country leading to the PhD in nursing science, despite a lack of funding for the effort during a state financial crisis. She led by collaboration, inspiration and example to enact these high standards during her deanship. Her remarkable people skills made her capable of melding disparate viewpoints and differing personalities into an effective, highly focused, collaborative team – a team that shared a common goal and created the energy to reach that goal.

The results were The School of Nursing leaped to its ranking as the top-rated nursing school in the country, a position it has held continuously since 1984. The school gained and sustained renown for the quality of its students, research, teaching, and leadership. The School of Nursing became a source of not just nurses, but also distinguished nurse-researchers, nurse-educators, and professional leaders. Its alumni are both legion and legend.

Though she was dean for slightly more than a decade, Rheba de Tornyay’s impact and influence extended far beyond her time as dean at the School of Nursing. Her legacy of excellence and achievements will continue into a nursing future that she helped to create and shape. De Tornyay’s accomplishments would be exceptional in any era; they were extraordinary in the context of a time and place when nursing was struggling to be recognized as a profession.

De Tornyay’s landmark book, Strategies for Teaching Nursing, became a standard in the field and influenced the ways professionals were educated at nursing schools nationally and internationally. Through three editions and several translations of this book over a span of 30 years, it exemplified a more collaborative and reflective approach to the teaching and learning process at a time when students were seen as passive recipients of knowledge.

Born Rheba Fradkin to a farming family in a rural area of Northern California, de Tornyay garnered from the Depression a compassion for others that was to shape her life. She earned a bachelor’s degree in nursing from San Francisco State University in 1951, a master’s in education from San Francisco State University in 1954, and a doctorate in education from Stanford University in 1967. Her first faculty position was at the University of California, San Francisco. She was the second dean of the UCLA School of Nursing prior to assuming the helm of the UW School of Nursing.

De Tornyay had a combination of hardiness, decisiveness, determination, and personal warmth that made her a high-achieving pioneer professionally and a treasured friend and colleague personally. Her list of firsts, awards, honors, and professional recognition is lengthy. It includes being the only third nurse elected to the Institute of Medicine; a Founding Fellow and the first board president of the American Academy of Nursing; a director of the prestigious Robert Wood Johnson Nurse Scholar’s Program; and the first woman and the first nurse ever elected to the Robert Wood Johnson Foundation board of trustees.

De Tornyay was a member of the National Advisory Council of the San Francisco Institute on Aging, and served as a board chair of the UW Retirement Association’s Center for Healthy Aging (renamed in honor of de Tornyay and her husband, Rudy), was editor of the Journal of Nursing Education, and was a member of the American Nurses Association’s Commission on Nursing Education.

De Tornyay was a member of the National Advisory Council of the San Francisco Institute on Aging, and served as a board chair of the UW Retirement Association’s Center for Healthy Aging (renamed in honor of de Tornyay and her husband, Rudy), was editor of the Journal of Nursing Education, and was a member of the American Nurses Association’s Commission on Nursing Education.

De Tornyay’s final publication, in 2001, was the book, Choices: Making a Good Move to a Retirement Community, coauthored with one of the many people she mentored. The book speaks to the teaching and learning at UW until her retirement in 1996.

She taught to learn, and from her, many others learned to teach as well as practice, research and lead. Her profession and her chosen school are different and better places for her presence, which will be greatly missed.
ANA Membership Assembly

June 28th and 29th, 2013

This article is a recap of happenings at the first ANA Membership Assembly, June 2013.

On June 28th and 29th, 2013, the ANA Membership Assembly had its inaugural meeting in Crystal City, Virginia. The Membership Assembly is the new governing body of ANA. It consists of representatives from each of ANA’s constituent and state nurses associations, Individual Membership Division, the ANA Board of Directors, and ANA’s specialty nursing organizational affiliates. There were also other invited guests and observers. Present for ANACalifornia were two Representatives (current President, Monica Weisbrich and immediate past President, Elissa Brown), the ANAC Executive Director, Hon. Tricia Hunter, and two Observers, Donna Dolinar and Liz Dietz.

The theme this year was: “A Look into the Future: Advancing the Association; Advancing the Profession”. Current and future trends in healthcare and Nursing were addressed. Some of the issues were licensure across borders/states and Bylaws amendments to clarify the transition plan for ANA, and moving to a smaller Board. During the Assembly, ANA did the Nightingale Tribute in memory of departed nurses. Please see article in this newsletter.

Please see more details about the Membership Assembly activities on the ANA website, at nursingworld.org.

The program included the welcome from President Daley: (From ANA website)

ANA President Karen A. Daley, PhD, RN, FAAN, set the stage for forward-thinking, small-group discussions* by quoting Peter Drucker, Daley noted that, in Managing for the Future, he said: “It is not necessary to be clairvoyant to know the future; it is only necessary to clearly interpret what has already happened and then project forward the likely consequences of those happenings.” She also spoke about ANA’s progress in its ongoing transformation.

*Group session and discussions with facilitator John Mahaffie of Leading Futurists, LLC, who encouraged the members to be creative, and facilitated smaller group exercises in which participants identified major trends in healthcare and nursing, and discussed ideas and thoughts about how they and the association can work to design and prepare for the future. Some of the major trends include: increasing technology and more home-based and community care. There was also dialogue about how to maintain the caring and trust in Nursing while making changes.

A unifying and fun part of the Membership Assembly was a drumming activity – this is actually available for viewing on the ANA website.

ANA President Karen A. Daley, PhD, RN, FAAN, thanked participants who made the accomplishments of this past year and the past two days possible; and left us these words: “As you prepare to head back home to your associations, I encourage you to reflect on how we came together, worked together and led together,” she said. “This is the start of our new beginning, and I strongly encourage you to stay engaged and keep thinking and planning for our bright future together.”

View the closing video of the 2013 ANA Membership Assembly also at nursingworld.org.

The Membership assembly and related events were successful and worthwhile.

For those who have not had or taken the opportunity to get more involved on a state level with ANA&C and on a national level with ANA, please do so when you can. The opportunities are there and waiting. And you truly do get out of something, what you put into it – and more.

Elissa Brown

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From left to right: ANA&C Treasurer Donna Dolinar; ANA Nursing Practice Director Elissa Brown, and ANA&C Legislative Director Liz Dietz advocating for nurses in Washington, DC.
Beatrice Kalisch, PhD, RN, FAAN, has been chosen as the 2013–2014 Distinguished Nurse Scholar-in-Residence at the Institute of Medicine (IOM) of the National Academies. The IOM Scholars-in-Residence program provides a yearlong leadership opportunity in healthcare policy at the IOM. The IOM program, which has been in place since 1992, is designed to fully engage an accomplished nurse leader with significant experience in health policy development at the national level and to work with other health scholars.

“The IOM asks and answers the nation’s most pressing questions about health care,” says Dr. Kalisch. “This is a wonderful opportunity for me to participate in the policy process at an organization that has shaped health policy to improve the lives of millions of people.”

The Distinguished IOM Nurse Scholar-in-Residence program is supported by the American Academy of Nursing, the American Nurses Association, and the American Nurses Foundation. Gifts to the Academy’s Rheba de Tornyay development fund and donations to the ANF Annual Fund support the Scholar-in-Residence program.

Dr. Kalisch is the Shirley Titus Distinguished Professor of Nursing and director of Innovation and Evaluation at the University of Michigan School of Nursing. A member of ANA-Michigan, she was inducted as fellow of the American Academy of Nursing in 1978.

As an IOM nurse scholar, Dr. Kalisch will focus on patient safety and teamwork with an emphasis on “missed nursing care,” or standard, required care that is not completed or is significantly delayed. Missed nursing care is a serious problem in acute care hospitals. Based on previous research, improved communication and teamwork is the most effective and pragmatic approach to reducing missed nursing care.

She has conducted numerous research studies on the image of nurses in the media and on the Internet. She has worked with media producers to improve the image of nurses. She has also extensive research and knowledge on the effect federal funds have on nurse education and practice and the work environment of nurses.

At the conclusion of the program, Dr. Kalisch will develop policies and publish research to reduce missed nursing care. The American Academy of Nursing, the American Nurses Association, the American Nurses Foundation, and the Institute of Medicine are all eager to see the positive influence Dr. Kalisch will make to health policy and patient care.

About the American Academy of Nursing
The American Academy of Nursing (www.AANet.org) serves the public and the nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. The Academy’s more than 2,000 fellows are nursing’s most accomplished leaders in education, management, practice, and research. They have been recognized for their extraordinary contributions to nursing and health care.

About American Nurses Association
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. Please visit www.nursingworld.org for more information.

About the American Nurses Foundation
The American Nurses Foundation is the charitable and philanthropic arm of the American Nurses Association (ANA), 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. The Foundation supports programs that transform the nation’s health through the power of nursing.

Beatrice Kalisch Chosen as the Distinguished Institute of Medicine Nurse Scholar-in-Residence
Nurse Leader to Influence America’s Healthcare Policy

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Healthy Nurse

Appraisal Aims at Broad View of RNs’ Health, Wellness, Safety on Job

HealthyNurse™ Program Seeks to Position RNs as Role Models

ANA Expresses Sympathy to the People of the Philippines, Directs Nurses to Disaster Relief Efforts

ANF Names Katherine Gatewood New Director of Development

American Nurses Foundation Names Katherine Gatewood New Director of Development

SILVER SPRING, MD – The American Nurses Foundation (ANF) has named Katherine Gatewood as director of development. The role will support ANF’s efforts to develop and implement strategies to increase funding as ANF continues to broaden its philanthropic activities.

“Katherine comes to the Foundation with an impressive background in development and fundraising,” said ANF Executive Director Kate Judge. “Her broad experience, proven leadership and innovative accomplishments will be valuable assets to ANF as we seek to maximize philanthropic opportunities.”

Gatewood brings expertise in health care operations and development in corporate and nonprofit sectors to her new position at ANF. Most recently, Gatewood was the director of operations at the Catoctin Foundation, a social services organization, where she dramatically increased revenue and operational efficiency. Previously, she served as a nurse partner at Johns Hopkins Hospital in Baltimore, Md., where she worked with and supported nurses to improve patient care. In her role with ANF, Gatewood will play a key leadership role in the Foundation’s strategic growth and objectives.

Gatewood has a Bachelor of Arts degree from the University of North Carolina at Chapel Hill. For more information about ANF, visit www.anfonline.org.

The American Nurses Foundation is the charitable and philanthropic arm of the American Nurses Association (ANA), the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent state nurses’ associations and its organizational affiliates. The Foundation supports programs that transform the nation’s health through the power of nursing.

Healthy Nurse

Take Health Risk Appraisal to Evaluate Your Health, Wellness, Safety

ANA HealthyNurse™ Program Positions RNs as Role Models

SILVER SPRING, MD – Registered nurses (RNs) constantly evaluate the health and wellness of their patients and provide nurses and educational resources. But how many RNs really know the status of their health, and how to improve their wellness?

Now RNs of all specialties, whether they are nurses providing patient-lifting injuries and workplace violence.

The appraisal is a component of ANA’s HealthyNurse™ program, which encourages nurses to focus on self-care so they can be at their healthiest — physically, mentally, emotionally and spiritually — to provide the highest quality of care and serve as role models, advocates, and educators for patients.

When we model the healthiest behaviors ourselves, it becomes easier to help our patients do the best things for their health,” said ANA President Karen A. Daley, PhD, RN, FAAN. “This HIPAA-compliant online survey also allows nurses to access their results as patient-lifting injuries and workplace violence.

You are always encouraging your patients to adopt healthy lifestyle behaviors, reduce their stress and improve their wellness. But how much attention do you pay to your own health and wellness? If you consistently felt your best, how might that affect the quality of care you provide and outcomes for your patients?

Now you can compare your health, safety and wellness to the overall U.S. population and other nurses within demographic categories, including nursing specialty, workplace conditions and results in areas such as fitness, nutrition, stress management, health screenings, sleep and tobacco and alcohol use.

“When we model the healthiest behaviors ourselves, it becomes easier to help our patients do the best things for their health,” said ANA President Karen A. Daley, PhD, RN, FAAN. “This appraisal will help nurses to optimize their health and serve as an online check-up on the health risks they face in their personal and work lives.”

The data-gathering tool is combined with an interactive “Web Wellness Portal,” a website for respondents to obtain information and educational resources based on the results of the appraisal. RNs can access the Portal, which includes educational resources based on your individual results, at www.healthy-nurse.org.

All RNs and RN nursing students are encouraged to take the appraisal for free and access the Web Wellness Portal at: www.ANAhra.org.

“Within the nursing profession, at Pfizer health and wellness is a priority. We are delighted to be partnering with ANF to enable nurses, our largest health care professional group who are closest to patients, to take a proactive approach to their own health. A healthy nurse means a healthier patient,” said R. DeCola, MSc, RN, Pfizer senior director, external medical affairs.

The appraisal, which takes 20 to 30 minutes to complete, will become a continually accumulating database that will enhance the nursing profession’s ability to track trends and set policy and advocacy priorities and strategies. ANA has recognized a lack of current data on nurse wellness and health as a role model, 4) Responsibility to educate, and 5) Authority to advocate.

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Membership – Welcome New Members!

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Our nursing programs include:

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- Registered Nurse (RN) to BSN
- Master of Science in Nursing (MSN)
- Masters in Health Administration (MHA)

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RE: ANA/C 2015 - 2017 Elections – Call for Nominations for Elective Positions

The ANA/C Ballot Committee is seeking nominees for a slate of candidates to be presented and voted on by the Membership, January 2015. The following positions will be elected in 2015:

**ANA/C Board of Directors**

- **Officers**
  - President (2 year term: March 2015 – March 2017)
  - Vice President (2 year term: March 2015 – March 2017)
  - Secretary (2 year term: March 2015 – March 2017)
  - Treasurer (2 year term: March 2015 – March 2017)

- **Directors**
  - Membership Director (2 year term: March 2015 – March 2017)
  - Legislative Director (2 year term: March 2015 – March 2017)
  - Director of Nursing Practice (2 year term: March 2015 – March 2017)
  - Director of Nursing Education (2 year term: March 2015 – March 2017)

**Ballot Committee**

- Three (3) member positions (2 year term: March 2015 – March 2017)

ANA/C encourages all its members to become involved at all levels of nursing and places a high priority on presenting a well represented and diverse slate of candidates.

Nominations for the initial slate must be submitted to anac@anacalifornia.org by 11:50pm Pacific Standard Time on September 3rd, 2014. If insufficient nominations are received, a second Call for Nominations will be conducted.

For more information please go to www.anacalifornia.org email to ballotcommittee@anacalifornia.org or call 916-447-0225.
Another Successful Mission
Trip to Cabo San Lucas,
Mexico Sponsored by Rotary International

Nineteen surgeries were performed with outstanding results during the last volunteer surgical mission to Mexico. Team of doctors, nurses and volunteers pictured in Mexico.

Congratulations to the ANA\California Members
Chosen for the 2013 Class of Fellows by the
American Academy of Nursing

172 Esteemed Nurse Leaders Inducted into the Academy

WASHINGTON, DC (2013) – The American Academy of Nursing has selected 172 nurse leaders for induction as Fellows during the Academy’s 40th annual meeting help-on October 19, 2013, in Washington, DC.

The Academy is composed of more than 2,000 nurse leaders in education, management, practice, policy, and research. The Academy Fellows include hospital and government administrators, college deans, and renowned scientific researchers. With this new class, Fellows represent all 50 states, the District of Columbia, and 19 countries.

“Selection for fellowship in the Academy is one of the most prestigious honors in the field of nursing,” said Academy president Joanne Disch, PhD, RN, FAAN, “I congratulate all of the new Fellows and look forward to honoring their accomplishments and welcoming them into the Academy.”

Selection criteria include evidence of significant contributions to nursing and health care and sponsorship by two current Academy Fellows. Applicants are reviewed by a panel comprised of elected and appointed Fellows and selection is based, in part, on the extent the nominee’s nursing careers influenced health policies and the health and wellbeing of all. New Fellows will be eligible to use the credentials FAAN (Fellow of the American Academy of Nursing) after the induction in October.

For more information about the Academy and the annual meeting, visit http://www.AANet.org.

California-Born Nurse Inducted into the
Virginia Nurses Hall of Fame

http://www.library.vcu.edu/mlc/specoll/vnfame/

Mary Jane McConce, Faultless Hands and a Pure Heart

On September 27, 2013, Mary Jane McConce, RN, was inducted into the Virginia Nurses Hall of Fame as a member of the Class of 2013, at the Virginia Nurses Association’s annual Membership Assembly. Through her extraordinary leadership and unwavering dedication to nursing and humanity, she influenced the education of hundreds of nurses, the clinical skills of thousands of nurses and physicians, and the caring and healing of thousands of soldiers through her faultless hands and pure heart [the motto of her School of Nursing].

Mary Jane was born in San Francisco in June 1899, the daughter of Ellen Lennan McConce and James F. McConce who also had sons Alexander (1890) and James (1898). Her father was a renowned physician and a member of the Royal College of Surgeons, London, as well as several California medical societies. Dr. McConce held the Chair of Obstetrics at the University of California and was consulting physician to hospitals throughout San Francisco. He died in 1902 at the age of 31 years when Mary Jane was three years old. In the Medical Journal notation of his death is the comment, “...but his earnest devotion to duty cannot fail to bear fruit ...” One has to believe that his daughter Mary Jane brought to fruition his labor and devotion to duty in her unparalleled duty and service to humanity.

Mary Jane graduated in 1918 from Burke’s School of San Francisco, a private school for women. In 1924 the McConce’s visited friends, Dr. Hunter McGuire and family, in Winchester Virginia where she visited Winchester Memorial Hospital. To her “mother’s home”, instead of seeking a suitor, Mary Jane signed up for “nurses’ training” – and not too close to home. After her mother’s comment she applied to and was accepted by the Winchester Memorial Hospital School of Nursing. To her “mother’s home”, instead of seeking a suitor, Mary Jane signed up for “nurses’ training” – and not too close to home. After her mother’s comment she applied to and was accepted by the Winchester Memorial Hospital School of Nursing. She completed her WMH education in 1930. This was only the beginning of her long relationship with Virginia. In 1935 she returned to Winchester to assume the positions of WMH Superintendent of Nursing and Director of the Nurses’ Training Program.

McConce was commissioned into the US Army Nurse Corps in July 1942 as a 2nd Lieutenant and served 42 months, first with the US Army Eight Evacuation Hospital and later with 93rd Evacuation Hospital. Her service spanned three theaters of operations – the North African Theater, the Mediterranean Theater, and the European Theater. This included three beachhead invasions – at Salerno, Anzio, and St. Tropéze – where she waded ashore at mid-night and with her personnel set up her hospitals, swinging into action to save the lives of wounded soldiers. It was at Anzio that she became Chief Nurse of the 93rd hospital unit and promoted to Captain. McConce stayed at Anzio, the Germans kept pasting the dickens out of the place [hospital area] from the air. Our hospital was under fire from the time we landed until the time Italy was out of the war. My office tent looked like Swiss cheese. We were surrounded on three sides by Germans, the British were on our left flank, and there we stayed. The nurses worked where they were needed until they dropped.” Her last invasion joined her hospital with the US Seventh Army and brought her to the European mainland where she traveled over a thousand miles in less than nine months of continuous fighting from the southern shores of France through (including battling in the southern flank of the Battle of the Bulge), through the heartland of Germany, and returned to Italy via Munich and the Brenner pass in 1945. All told, she traveled 2500 miles on foreign soil and moved her hospital 72 times. For her service, she received a meritorious Bronze Star (1945) and three bronze battle stars; in 1946, she left the service as a Major and returned to Winchester Virginia into her prior positions.

She continued her service to nursing through her work with the ANA/VNA; she served for six years on the Virginia Board of Nursing and for the last three years as the Board’s President. In the early 1960s, she was instrumental in transferring the hospital-based training school to Winchester’s newly re-located college, Shenandoah College (now Shenandoah University). She has been honored in Virginia with the Nancy Kinnison Award (1952), presented to a nurse who exemplifies a life of character, indefatigable zeal, and unconquerable devotion to nursing and health promotion. In 1990, she was the honored recipient of the nation’s First Chief Nurse Award, bestowed to her by Rear Admiral O. Marie Henry, DNS, RN, FAAN, a former student of McConce. McConce remained active in community service until her death in 1992. At the time of her death, her family members were listed as residing in San Rafael California. The nurse researchers wish to continue discovering the history and legacy of McConce and welcome information about her from her California family and friends; please contact Jennifer Matthews PhD, RN, FAAN at Shenandoah University – email: matthewj@su.edu.

Other links
http://www.winchestercar.com/article/local_nurse_s_
legacy_hall_of_fame_worthy

Jennifer H. Matthews, PhD, RN, CNS, CNE, FAAN
Professor
Clinical Nurse Specialist - Adult Health
Certified Nurse Educator
Nurse Planner, Continuing Education
Eleanor Wade Custer School of Nursing
Shenandoah University, Winchester Virginia 22601
matthewj@su.edu

Juanita Garrett Carter, RN
WMH, Class of 1953
Winchester Virginia 22601

1 California State Journal of Medicine, p172 – (Publication year not noted; most likely 1903, January.)
2 ibid
3 Service Card – Women in Military Service for America – Record of Decorations (member #60041)
California Fellow Inductees

Nancy Blake, PhD, RN, NEA-BC, CCRN, patient care services director in Critical Care Services at Children’s Hospital Los Angeles

Jill Bormann, PhD, RN, CNS, Research Scientist and Clinical Nurse Specialist in Adult Psychiatric-Mental Health Nursing at the VA San Diego Healthcare System

Mary Cadogan, DrPH, RN, GNP-BC – University of California, Los Angeles

Janine Kay Cataldo; PhD, RN, CNS, APRN Assistant Professor Physiological Nursing University of California, San Francisco

Mary E. Foley, RN, PhD Director, UCSF/Stanford Center for Nursing Research & Innovation

Judith Martin-Holland; RN, PhD, MPA, CNS, FNP Associate Dean for Academic Programs & Diversity Initiatives University of California, San Francisco

Bethany J. Phoenix, PhD, RN, CNS Vice Chair and HS Clinical Professor Coordinator, Psychiatric-Mental Health Nursing Specialty University of California, San Francisco

Nancy Pike, PhD, RN, CPNP-AC, FNP-BC, FAHA University of California, Los Angeles

Rita Secola, PhD, RN, CPON, Patient Care Services Director Hematology-Oncology Division, Children’s Hospital Los Angeles

Laura M. Wagner, RN, PhD, GNP Assistant Professor Community Health Systems University of California, San Francisco
I want to inform you that Dr. Karen Drenkard, Executive Director of ANCC, will be leaving to take another position. Effective January 3, 2014, Karen will say farewell to her position. Her contribution to nursing will be felt on this national effort. The organization is especially interested in the voice of nursing to patient engagement and technology strategies. The nurse’s role in helping the patient is a key critical factor for improved patient outcomes, and while we are sad to see her leave, her contribution to nursing will be felt on this national effort.

Please join me in congratulating Karen on this wonderful opportunity.

Karen has left her imprint on our organization in a powerful way during her tenure. Under Karen’s leadership, we have seen the launch of innovative programs such as the Magnet Academy and board certification by portfolio, as well as the Institute of Medicine Standing Committee on Nursing Credentialing Operations. These, and her many other accomplishments, have enhanced ANCC’s stellar reputation. We are grateful for all that Karen has brought to the ANA Enterprise. I know her passion for nursing and her belief in business excellence will lead her to nothing short of success in her new endeavors. We will miss her energy, creativity, and leadership.

Better Nurse Staffing Shown to Reduce Readmission Penalties

October 10, 2013 — Hospitals with higher nurse staffing are less likely to be penalized by the Centers for Medicare & Medicaid Services (CMS) for excessive readmission rates than similar hospitals with lower nurse staffing ratios, researchers have found. In fact, each additional nurse hour per patient day was associated with 10 percent lower odds of receiving penalties under the Hospital Readmissions Reduction Program.

The new study out of the University of Pennsylvania School of Nursing, Center for Health Outcomes and Policy Research in Philadelphia, was published in the October issue of Health Affairs.

“Investments in nursing make a difference for a broad set of outcomes,” said Matthew D. McHugh, PhD, JD, MPH, RN, FAAN, the Rosemarie Greco associate professor in nursing at the University Of Pennsylvania School Of Nursing, Center for Health Outcomes and Policy Research, and a Robert Wood Johnson Foundation (RWJF) Nurse Faculty Scholar.

“Nurse staffing is something hospitals can do while the system was there to reduce readmission rates and these penalties,” McHugh added.

The readmission reduction program is intended to reduce preventable readmissions, and CMS estimates that they will reduce payments to hospitals by roughly $280 million in fiscal year 2013 due to excessive readmission rates. Medicare spends about $15 billion annually on preventable readmissions.

“Readmissions are bad for patients,” said Elizabeth A. Madigan, PhD, RN, FAAN, associate dean for academic affairs and professor of nursing at the Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland. “Medicare and Medicaid have gotten serious about this and say we can do better. That’s why they did this, and hospitals have paid attention.”

Readmission penalties begin at 1 percent and will ramp up over time.

“As the penalty increases, there is more of a case of savings through nurse staffing,” McHugh said.

Hospitals with higher nurse staffing levels had 41 percent lower odds of receiving the maximum penalty for readmissions, compared with hospitals with lower staffing, the researchers reported.

“More nurse staffing has an impact on patient outcomes in many ways,” said McHugh, explaining that this study continued Linda Aiken and other nurse researchers’ work about the importance of staffing in achieving better patient outcomes.

Knowing from prior studies that nursing care—including care coordination, discharge planning and education—affects readmission and other quality indicators, McHugh and colleagues decided to examine nurse staffing levels and readmissions penalties for 2,826 U.S. hospitals. Madigan said the large number of hospitals adds confidence in the findings.

Much of the effort to reduce readmissions and now avoid penalties has focused on specific programs, such as transitional care and discharge coordination, and in many ways, those are add-ons, McHugh explained. The team considered a solution within the current hospital experience and found nurses a leverage point in improving readmission rates.

“Nurse staffing is associated with a lot of other patient outcomes, and there is evidence nurses are less able to do the kinds of things evidence suggests are associated with readmissions when they are overburdened,” McHugh said.

The University of Pennsylvania researchers used penalty data from CMS and hospital characteristics and nurse staffing information from the 2009 American Hospital Association (AHA) database to match hospitals with similar characteristics. For instance, hospitals were randomly cross-matched to control for mortality and other pre-existing risk factors.

The matching algorithm paired hospitals with different staffing levels.

“While able to isolate in this way the effect of having different staffing levels,” McHugh said.

The staffing measure used was based on the number of hours per nursing per patient day, not a ratio of nurses to patients, because that is what data was available nationwide. The average or mean nurse staffing level in the high nurse-staffing group was 0.7 registered nurse hours per adjusted patient day compared with 5.1 registered nurse hours per adjusted patient day in the low-staffing group.

“Three hours per day is a pretty wide gap between the two groups,” McHugh said.

Madigan agreed that was a big difference, but said the profession does not know the ideal number of nurse hours per patient day it should staff.

The team completed a supplemental analysis of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data from the Hospital Compare database to compare patients in hospitals with higher staffing vs. lower nurse staffing differed in satisfaction with the hospital experience and if they felt prepared to go home. The differences among hospitals in nurse staffing vs. nurse staffing levels were telling us they are not getting discharge instructions to the same level of quality at other hospitals,” McHugh said. “That was a confirmation for us.”

The study helps to build a business case for improving nurse staffing, McHugh proclaimed.

“With readmissions there is a clear financial link,” McHugh said. “If [hospitals] don’t meet the thresholds, they will be penalized under the Hospital Readmissions Reduction Program.”

However, McHugh acknowledges that savings from only one single patient population outcome associated with staffing, such as reducing readmission penalties, would not likely pay for all of the nurse staffing increases that would need to occur across all hospital patients.

“But the good thing about nurse staffing is it is not limited to a single patient population [outcome],” McHugh added.

Not only can hospitals reduce readmissions under the Hospital Readmissions Reduction Program, but you also gain the benefits of fewer infections and a loss in payment reductions associated with the Hospital-acquired Conditions program. You get better processes of care and better patient satisfaction, which are associated with Medicare’s Value Based Purchasing Program.”

Taken together, McHugh makes a case for building value with improved nurse staffing.

Madigan added that many hospitals are contemplating changes in staffing levels.

“The timeliness of this Health Affairs article is perfect,” Madigan added. “What it says is, if hospitals are making staffing changes in anticipation of the Affordable Care Act, you probably don’t want to be cutting frontline nursing staff. It shows more nursing hours reduce readmissions and readmission penalties.”

Ultimately, nurses save hospitals money.

“The message is that this provides evidence for hospitals to look within,” McHugh concluded. “The primary reason patients are in the hospital is so they can get direct one-on-one nursing care, if that is neglected, none of the other things [to reduce readmissions] are going to be as effective. Having good staffing levels with nurses with manageable workloads is in itself an intervention that shouldn’t be forgotten.”

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Covered CA: A Nurses Experience

You know what they say about health reform: it’s all about politics, politics, politics. That could very well be the understatement of understatements! Am I right? And because of all the politics, even though I am a proponent of health reform, I was very nervous about shopping for health insurance in the California Health Insurance Marketplace, Covered CA.

I am currently a per diem RN Care Coordinator at my local hospital. I love the work and the schedule, but not the lack of health insurance.

Over the past 10 years I have had health coverage through my large corporate employer, COBRA, a private individual plan, and effective January 1st, a plan I chose from my choices through Covered CA. The plan I had for myself and family through my employer had a hefty contribution and that contribution increased substantially over the years. The COBRA plan was expensive (about double my employer plan), but important during job transition. Interestingly enough, since I worked for a religious based hospital organization they were only required to offer COBRA for 6 months versus 18 months for most organizations. The private individual plan was denied the first time I applied since I had pneumonia (from being exposed to ill patients in the hospital), a preexisting condition, within the past 5 years. When I reapplied at a later date I had no preexisting conditions or medications so I could acquire coverage. This was a costly individual plan that offered catastrophic or minimal coverage.

Purchase of the individual plan was done on the insurance website. It was a lengthy, cumbersome process that asked pages and pages of questions about my health history. My experience on the Covered CA website was much better.

The Covered CA website was open for business on October 1st. I went on the site and looked around on Day 1, but I didn’t do my application until October 9th. Both times it was a little slow, but I logged in fine and completed the application without problems. It took me about 45 minutes to complete, with all my financial information gathered ahead of time. I could have saved my application and gone back at any time, as needed.

It was comforting to know that each of the health insurance choices met the requirements for coverage legislated by the Affordable Care Act, like prevention coverage and equal rates for men and women, and that I had choices to make regarding deductibles, co pays, and affordability. I was not eligible for tax credits or a cost sharing reduction, but I did find a healthcare plan that met my needs at an affordable price of $356.81. I chose a Bronze 60 PPO plan. This plan is about $100 more than the catastrophic plan I have currently, but it offers substantially more coverage.

I felt that the application process was thorough. I was especially happy to see that when I was shopping for coverage I could put in my doctor and my local hospital to see if they had a contract or were included in the plan I was interested in. This is an important step especially for Medi-Cal choices. In my northern California region there are two managed Medi-Cal plans and currently the largest regional hospital only has a contract with one of the organizations.

At the end of my application process, it asked me to take a survey. When I clicked the survey button, it didn’t work! I really wanted to take the survey to express that I had a good experience. I had been experiencing so much negativity about the Federal Health Insurance Marketplace websites that I wanted to share my positive experience. Oh, well! I think we should be very happy that California decided to do our own Health Insurance Marketplace. In my experience, and others that I have spoken with, California did a good job!

Currently, I am at Stage 4 of the process. I am waiting for confirmation from the insurance provider. After confirmation I will make a payment in order to have my insurance coverage go into effect on January 1st, since I submitted the application by December 15th.

I think it is important for nurses to be informed and take a leadership role regarding the healthcare changes through the Affordable Care Act. To continue the discussion please feel free to email me: Donna Dolinar RN, BSN, MPA, Treasurer@gsnf.org

Covered CA: A Nurses Experience

— Donna Dolinar RN, BSN, MPA, Treasurer@gsnf.org

Individual Sponsorship

Name:__________________________________________
Address:__________________________________________
City/Zip/State:__________________________________________
Phone:________________________Email:________________________

☐ Please accept this one-time donation of________________________

☐ I would like to make a yearly recurring donation of________________________

Please make checks payable to:

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

Credit Card #:_____________ Ex. Date:_____________

Signature of Card Holder:________________________

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Contributions to the Golden State Nursing Foundation, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, are deductible for computing income and estate tax.

Golden State Nursing Foundation

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.

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Become a Leader in Your Professional Organization

Become a leader in the professional organization that represents all California nurses no matter scope of practice by running for office, getting involved with a focus group and much more.

By deciding to run for an ANA elected position, you make a choice to invest in your future and the future of health care. ANA leaders have the capacity to influence public policy, professional nursing standards, and the advancement of the association. As a leader, you will become a part of the history and tradition of ANAC and ANA — forging the way for the health care system of the future and ensuring that nurses remain essential providers in all practice settings. You will help ANAC and the nursing profession remain strong and united.

The benefits of being an ANA leader can be both personal and professional, and can provide you with skills that can be applied to many areas of your life. Here are just a few to think about:

- Increase your opportunities to mentor, to be mentored, to gain peer recognition, to share your expertise and ideas.
- Enhance your development as an individual and as a professional through strengthened communication and organizational skills.
- Be on the cutting edge of a new and better health care for the American public.
- Develop marketable campaign skills while articulating your views, engaging with a diverse membership and speaking publicly.

Any current ANAC member, who does not concurrently serve in a leadership position of another professional organization (if such participation might result in a conflict of interest with ANAC), meets the criteria to run for an elected position or serve in other capacities with in the association. ANAC expects the best from its leaders just as you have the right to expect the best from your association. As an association leader, you will:

- provide strategic directions for the association through participation in meetings, conference calls and electronic communications.
- prepare for each meeting and conference call by reviewing materials ahead of time.
- review mailings and respond to items requiring action between meetings.
- be available to serve on subcommittees.
- attend meetings of other health care organizations or organizational units as a representative of your structural unit.
- present reports or serve as a spokesperson for media-related activities.

Your time commitment to the association will depend upon the position to which you are elected or the level you decide to become involved. For more information visit www.anacalifornia.org.

Save the Date!!

ANA\California RN 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

All ANAC members are welcome and encouraged to attend meetings of the Board of Directors. Meetings are held both north and south. Check the calendar portion below for location. Meetings begin at 10:00 a.m. unless otherwise noted. Any member interested in attending a Board meeting is asked to notify the ANAC 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.

January 2014

1st The Nursing Voice Publication should be received by membership.
29th ANAC 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.nursingsworld.org

March 2014

1st ANAC 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 ANAC 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 ANAC Budget Review

June 2014

6th ANAC Board of Directors Meeting

American Nurses Association | California

Membership Application

Last Name/First Name/Middle Initial
Mailing Address
City/State
Postal Code/Zip
Basic School of Nursing
Year Graduated
License Number/State
Email Address
Title/Field/Department
Business Phone
Address
Employer/City/State
Preferred Contact Method
Home
Work
Employer/Address

Membership Category (Check one)
M ANA & State Membership $127.00
Employed – Full Time
Employed – Part Time

R Reduced Membership Rates = $13.80
- not Employed
- Full Time Student
- New graduate from basic nursing education program, who has not obtained the bachelor’s degree (high school membership year)
- True/False

Special Membership Rates = $90.75
- ages 55 or older and not employed
- Totally Disabled

Membership Application

Date of Application
Apt/Full Name
Home/Phone Number
Postal Code/Zip
Home/Fax Number

Bank Card Number and Expiration Date
Signature of Card Holder

Payroll Plan (Check One)
- Full Amount Payable
- Check
- Direct Deposit

An annual payment to American Nurses Association (ANA) to defray the cost of membership. ANA provides electronic payment services. Payment information can be obtained by calling 916-447-0225.

Mail with payment to: Customer and Member Billing c/o American Nurses Association PO Box 065345 St. Louis MO 63150-4145

Expiration Date

STATE
EXP.
REG.
AMOUNT ENCLOSURE

Refused By:

Membership Information: Calcutta, IN

Sponsor/If Applicable

Nursing License #

By completing the following, I certify that the information submitted is complete and correct.

Date

Signature

Electronic Data Processing Plan (STEP)

[Add address and signature information]
Applications now open!

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CURRENT GRADUATE DEGREE PROGRAMS
Doctor of Philosophy
Master of Health Services — Physician Assistant
Master of Science — Leadership
Master of Science — Nurse Practitioner

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nursing.ucdavis.edu

Touro University Nevada
Doctor of Nursing Practice

ONLINE AND ON YOUR TERMS
The Touro University Nevada (TUN) Doctor of Nursing Practice (DNP) program enables students to earn a terminal doctoral degree in Leadership in Nursing Education with speed and efficiency.

ABOUT THE PROGRAM
Graduates of this program will be equipped with the knowledge and skills to lead in an academic setting. Each course includes a component of the DNP scholarly project, giving students the opportunity to implement new ideas and concepts as they are studied.

The online program:
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Nurse Manager of ICU
This position reports directly to the CNO/V.P. of Patient Care Services and is responsible for administering, directing and coordinating activities, making recommendations, and implementing policies and procedures for the Unit. The ICU Manager will be responsible for directing and evaluating patient care delivery, and keeping the CNO informed of both progress and potential problems within the unit.

Assistant Nurse Manager of Medical/Surgical Unit (Nights)
Reports to the Director of Medical/Surgical Services units. Responsibilities will include assisting in the direction and coordination of activities of Patient Care Services within Med/Surg, participating in the development and implementation of policies and procedures in these units, and for keeping the Nurse Manager and VP of Patient Care Services informed of both progress and potential problems as it relates to the direction and evaluation of patient care delivery.

Requirements:
Current California RN license and BLS certificate required. ACLS and CCRN certification required for ICU. 3-5 years of clinical and Nurse Management experience in an Acute Care Hospital. Must possess excellent leadership skills to include strong written and verbal communication skills and a commitment to quality patient care delivery and customer service.

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