President’s Perspective

Corinne MacEgan, BSN, RN, CHPN
President ANAC
president@anacalifornia.org

Happy New Year to you all! I hope this coming year brings you realization of your goals or, at the very least, excellent progress. Personally, I will be finishing my MSN and will welcome the extra time to dedicate to this profession and to all of you. I rarely make resolutions, however the joy I’ve found through working with ANAC has inspired me to communicate more with nurses and legislators in order to advance knowledge throughout our state and country.

As of this writing, we are assembling our new office at the Senator Building. We’re also organizing a special meeting which will be held in place of the General Assembly, and appreciate all of you who assisted us with your patience and forthrightness as we have continued through our transitions. By the time this newsletter will reach your mailbox, we will have strengthened relationships with several other professional nursing organizations, many of which are represented in this newsletter. We hope to unify as one profession and one voice, with the benefit of having experts in a wide variety of specialties. It always amazes me how far and wide the nursing profession has expanded!

Other highlights for 2016 include:
- A fantastic October General Assembly in Redondo Beach!
- Member highlights in the newsletter and on the website.
- Speaking of websites, we’ll have a brand new website designed by Brenda Brozek, a nurse leader with years of communication expertise.
- RN Day at the Capitol (formerly known as Lobby Day) in Sacramento this April
- Further integration of new graduate RNs into leadership and legislation
- The goal of open communication with you, our members.

As our newsletter continues to improve, I would like to invite you to submit photos and articles regarding awards, the good work you are doing throughout the state, and the positive light that nursing has brought to your community. It is my hope that we can continue to inspire one another and further our own education and involvement with our patients, colleagues, legislators, and physicians in order to provide the best possible care to California citizens.

Again, Happy New Year. I hope that 2016 is the best year yet!

Leadership

I have heard it said that leadership is a process and I have to say that I experienced that first hand over the last year. My journey in California Nurses Students Association (CNSA) started when I ran for Secretary of my school chapter. I thought that being on the Board would be a great opportunity to give back to my fellow students and learn more about leadership in nursing. After attending National Student Nurses Association’s (NSNA) annual convention in Nashville I realized that I wanted to do even more, so when the opportunity arose to run for CNSA President, I dove right in.

Serving as the President this year has been one of the most rewarding experiences in my life. I was privileged to meet and work with some of the most amazing student nurse leaders and inspirational nurse mentors. I have had many years of management experience but have always known that there is a difference between managers and leaders, so I set a goal for myself at the beginning of my term: learn what it means to be a leader. I also wanted to see people and leaders coming together and using their voices to influence change, as I had never before served on a board. I think that the most important thing that I have taken away from this is how important it is for our profession to have strong, transformational leaders. I saw first-hand how involving students in the process and working with them to create a mutual vision made a tremendous difference in their interest and involvement. This has helped me tremendously as my management experience tended to lead me more in the direction of the authoritarian leader and while I think that method has its time and place, I now know that in many circumstances it is far less effective.

I will never forget the lessons that I learned in leadership, collaboration and motivation. I hope to take what I have learned into my career as it progresses into nurse management and then as a Nurse Practitioner. As I transition from school into practice I plan on getting involved with ANAC and maybe serve on that board one day as well! I also strongly believe in the Nurses on Boards initiative and hope to continue my involvement with advocating for healthcare, patients and continued nurse leadership throughout California and the nation.
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, headline (jpg) and news to –

E-mail to:
TheNursingVoice@anacalifornia.org

Mail to:
ANA\California ‘IN THE NEWS’
1121 L Street, Suite 406
Sacramento, CA 95814
Fax to:
916.442.4394

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

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

The ‘Nursing Voice’
c/o ANAC
1121 L Street, Suite 406
Sacramento, CA 95814

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Promoting a Healthy California: The Stethoscope Challenge is on!

Robin Schaeffer, MSN, RN, CAE
Interim Executive Advisor

Did you know that the public continues to rate nurses as the most trusted profession according to the Gallup survey which ranks professions based on their honesty and ethical standards? If nurses are the most trusted profession, then doesn’t it make sense that we have an informal contract with society to deliver the art and science of nursing to the best of our ability? How many nurses came out to defend the credibility of our profession and one of our own, Kelly Johnson, RN (Miss Colorado) when an ignorant statement about a stethoscope was made by Joy Behar on national TV?

The ANA California challenge is on and you are part of it! Let’s take all the stethoscope energy expended by nurses (and supporters of nurses) and keep the advocacy momentum going here in California. Keeping updated about state and national initiatives will give you the opportunity to choose at least one area of focus that you are passionate about and put your volunteerism, talent and energy to work in that area. Your ANA Board of Directors has been working hard to assure that the work that is done every day by our current ANA volunteers and staff is delivered to you via an updated and robust communication plan. However we need more of you to get involved. Our new ANA website will be ready to launch in January, 2016. It will be filled with current news, initiatives and ways for you to volunteer your time and expertise. The best part is that we will keep your time commitments to a minimum.

Have you visited the ANA website within the past 6 months? Please take advantage of our alignment with ANA by visiting www.nursingworld.org. You will find a wealth of information on nursing and health issues that are important to you and your colleagues. Here are some examples:

Ethics
ANAs abiding commitment to the human rights dimensions of health care can be found here.

Health and Safety
A Healthy Work Environment is one that is safe, empowering, and satisfying.

Professional Issues
The world of professional nursing practice and health policy is ever evolving to meet the new dynamics of care needs in every setting. In order to effectively address these changes, ANA uses Professional Issues Panels to drive toward informed decision-making, member engagement and active dialogue with members.

Quality
For over 100 years, ANA has worked to improve patient safety by promoting quality in nursing care and nurses’ work lives. ANA advocates for nursing quality through quality measurement, research and collaborative learning. Recent efforts have included translating traditional quality measures into eMeasures as well as the development of a streamlined tool to prevent catheter-associated urinary tract infections (CAUTIs).

Leadership
Leaders do more than delegate, dictate, and direct. Leaders help others achieve their highest potential. At ANA, we empower nurses to be professional, competent leaders in healthcare. Through a variety of educational and advocacy activities, our work increases the leadership capacity of nurses to advance health and lead change.

Policy and Advocacy
From state legislatures to the White House, nurses have a unique opportunity to lend their expertise in influencing policy at all levels of government. The American Nurses Association ensures all 3.1 million nurses are represented across the board and that nurses interests are not ignored by bureaucrats who lack true knowledge of the issues at the bedside. Being the #1 most trusted profession in the country allows nurses to truly take charge and make a difference in the policy arena.

It is an honor to have all of you as my nursing colleagues. I hope it is clear that ANA represents the interests of all California nurses. If you have a colleague that is not already a member, I ask you to invite them to join by going to www.nursingworld.org.

I close by sharing one of my favorite proverbs. It confirms my dedication and choice to advocate for our profession and inspires me when I start to lose focus.

– FOOTPRINTS ON THE SAND ARE NOT MADE BY SITTING DOWN

Prepared by Concordia University Irvine

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CONCORDIA UNIVERSITY IRVINE

Whether you’re an RN interested in pursuing your Bachelor of Science in Nursing, or ready for your Master of Science in Nursing, this is a perfect time to earn your advanced degree at Concordia University Irvine.

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The MSN program will prepare you for the next phase of your career—whether as a nursing leader in healthcare management or as an educator. You have the option of taking courses fully online or in a blended format of online and classroom instruction. You can earn your MSN in 15-20 months.

To learn more about the Concordia RN to BSN or MSN programs, contact MJ Caterinicchio 949-214-3614 or mj.caterinicchio@cuir.edu.
My name is BJ Bartleson, RN, MS, NEA-BC and I am the VP for Nursing and Clinical Services at the California Hospital Association. The California Hospital Association is one of the largest hospital trade associations in the nation, serving more than 400 hospitals and health systems. CHA provides members with representation and advocacy in the legislative and regulatory arenas through an agenda designed to maintain and improve access to health, and creates a regulatory environment that supports high-quality, cost-effective health care services. CHA works closely with three regional associations: the Hospital Council of Northern and Central California, the Hospital Association of Southern California, and the Hospital Association of San Diego and Imperial Counties. As VP for Nursing and Clinical Services, I provide leadership in developing, communicating and implementing CHA policy related to nursing, emergency services, trauma, and medication safety. As a political advocate, relationships, particularly around nursing, are crucial to CHA’s successful outcomes. CHA works closely with the Association of California Nurse Leaders, (ACNL), The American Organization of Nurse Executives (AONE), Health Impact (formerly the California Institute for Nursing and Health Care), the BRN, the California Emergency Nurses Association, and many other nursing and non-nursing groups in order to advocate for the value of nursing in a challenging health care environment.

I look forward to working closely with ANA\C, and discovering ways we can enhance nursing’s contribution to health care reform.

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Building relationships and sharing information are increasingly important as we create new solutions and desired outcomes in our complex world. I had the opportunity to meet and talk about new relationships with ANA\C President Corinne MacEgan and Interim Executive Advisor, Robin Schaeffer. I was pleased they reached out to me to discuss new opportunities for collaboration.

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How We Grow Future Leaders

The growth of an association follows a fairly simple formula which is to increase the number and quality of members in a fashion that exceeds those retiring out of the association. The complexity of this simple formula also looks at the necessity to find ways to engage those with their own amazing qualities. Part of this complex formula is taking the time to recognize and celebrate success where it does exist and to reward that recognition. One of the successes of the New Grad Task Force has recently achieved.

Quan Tran Nguyen is an RN at Orange County Global Medical Center and a RN to BSN student at CSU Fullerton. He has been a member of the New Grad Task Force since graduating and becoming licensed early this year and has been an outstanding source of information for other new graduates. As a member, he has thoroughly explored the research, knowledge, and educational resources of the ANA to share with other nurses as he continues his education to complete his BSN. He was also present to reach out to new graduates and the future of the profession at the California Nursing Students Association (CNSA) Annual Convention that was held in Pomona, CA in October. During this time, he was invited to return to his alma mater of Golden West College and share how professional involvement has enhanced his career, supported his path for continuing his education, and how it has impacted his overall personal view of a professional nurse. He has been an excellent voice for new graduates and is working to share some of his struggles with receiving licensure with the Association of California Nurse Leaders as they work to identify solutions for improving the process of receiving Authorization to Test (ATT) from the BRN.

Jimil-Anne Linton is a member who has recently finished her second term as Communications Director for CNSA and a psychiatric RN at Santa Barbara County Mental Health. In December of 2014, ANAC formally created a policy that supported the future leaders of our profession by providing the outgoing Board of Directors from CNSA with one year of discounted membership in ANAC as new graduates. As a nursing professional association, we recognize and commend the commitment to leading and improving the profession from early on as student nurses, and want to support their growth trajectory.

When she knew she would continue on in the profession, she did not wait for her complimentary membership as a BOD member, but joined immediately. She has been an active voice in sharing ANAC with her fellow nurses in her workplace, at meetings with other psych nurses in APNA California, with legislators and policymakers at the 2015 RN Day at the Capitol, and with her alma mater of National University in San Diego. She is seeking to increase her service to ANAC by volunteering for the Editorial Task Force for our newsletter.

Lilian Camano is a member who recently moved to California from Florida. As a leader in her student nurses association, she authored a resolution on women’s health and carried it from the state level to the national level. She moved to California and is currently working at Sharp Memorial Hospital in San Diego, one of the new graduates accepted into their residency program. With the background of seeing a resolution supported at the national level to the future of her city, she has a passion for how nurses can impact legislation and serve as advocates of policy. She has also proposed a bylaws amendment to mirror ANA at the national level with a New Graduate Director position in our state. Her forward thinking and involvement have been an inspiration to other nurses, and she also seeks to find ways for new graduates to participate in discussions regarding practice issues. She hopes to be able to support our Nursing Practice Director, Mary Ellen Delfsfield, in her identification and utilizing the energy of new graduates in the areas of practice within the greater San Diego area.

These are just a few of the extraordinary nurses and future nurse leaders that are filling our association. ANA is currently exploring launching a forum where knowledgeable nurses can share their insight, experiences, expertise, and support with new members via an online forum. ANAC needs members to give a commitment to the bright future of our profession as mentors to our new graduates. As you can see, they have so much to offer the profession and the association, so please give some serious consideration towards lending your knowledge and passion for nursing as a mentor to a new graduate. If you would like more information on this, you can visit our Facebook page “American Nurses Association California” or email me directly at membership@anacalifornia.org.

Thank you very much for your membership, and I hope that you will consider mentoring our new members. I personally know that I would not be where I am today without my amazing nurse mentors such as Dr. Susan Bowman and Pat McFarland and numerous other mentors that supported me in my transition from student leader to ANAC Board Member. Thank you to everyone who has supported and mentored others, your gifts are invaluable.
Seven California nurses were inducted as fellows into The American Academy of Nursing during the Academy’s annual policy conference in October, 2015. Congratulations on receiving this prestigious recognition.

Seven Nurses Inducted into The American Academy of Nursing

Judy E. Davidson
DNP, RN, FCCM
UCSD Medical Center

Shirley Evers-Manly
PhD, MSN, BSN, RN, PHN
Charles R. Drew University of Medicine and Science

Judith F. Karshmer
PhD, RN, PHMHCNS, BC
University of San Francisco

Eunice Lee
PhD, RN
University of California, Los Angeles

Raymond Phillips
PhD, MS, RN, CNS
VA

KT Waxman
DNP, MBA, RN, CNL, CENP, CHSE
University of San Francisco

Diana Lynn Woods
PhD, RN, APRN-BC
Azusa Pacific University

Mary Dickow, Linda Burnes-Bolton, KT Waxman

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RN Assistant Theory Instructor: Must be an RN (1 year direct patient care and 1 or more years teaching experience in pre- or post-licensure program) with a BSN degree.

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DESIRED
Registered Nurse or Licensed Vocational Nurse:
Required learning outcomes. Strong healthcare agency and community support exists.
Classroom. Emphasis is on hands-on care, strong teamwork and collaboration. The majority of clinical experience is in long-term care. This position is responsible, along with other faculty, for the identification and assessment of student learning outcomes. Strong healthfunds agency and community support exists.

REQUIRED
Registered Nurse or Licensed Vocational Nurse:
• Hold a current California active license as a Registered Nurse or Vocational Nurse; and
• Have completed a baccalaureate degree from an approved school, or have completed a minimum of one year full-time teaching experience in a state approved registered nursing or vocational or practical nursing school within the last five years; or met community college teaching requirements in California; and have a minimum of two years’ experience as a registered nurse or vocational nurse in long-term care and/or medical-surgical nursing within the last 5 years, OR
• A combination of education and experience that is at least the equivalent of items above (candidates making application on the basis of equivalency must submit all materials requested for an equivalency judgment, indicated on the Equivalency Process link) AND
• Evidence of a teaching methodology course or a willingness to enroll in one;
• Meet the requirements to be approved by the Board of Vocational Nursing and Psychiatric Technicians (Section 2529); and
• A combination of education and experience that is at least the equivalent of items above (candidates making application on the basis of equivalency must submit all materials requested for an equivalency judgment, indicated on the Equivalency Process link)
• Hold a current California active license as a Registered Nurse or Vocational Nurse; and
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Cuesta College | P.O. Box 8106 | San Luis Obispo, CA 93403
Email: cuestanursinginfo@cuesta.edu

Cuesta College is situated on the Central Coast of California. The Vocational Nursing program takes place on the Cuesta College North County Campus, located in Paso Robles. The Nursing Program is seeking faculty to join us in our pursuit of student success and professional excellence. The program is one year, full track, including a summer session. A class of thirty students is admitted every year. Graduates are eligible to take the NCLEX-PN leading to licensure as a Vocational Nurse. The nursing program has graduated more than 250 students since its inception in 2006 and boasts high licensure exam pass rates. Instruction incorporates a state of the art simulation lab and modern technology in the classroom. Emphasis is on hands-on care, strong teamwork and collaboration. The majority of clinical experience is in long-term care. This position is responsible, along with other faculty, for the identification and assessment of student learning outcomes. Strong healthfunds agency and community support exists.

LVN Full-Time tenure track position — year-round program (3 semesters—Fall-Spring-Summer)

Staff Nurse II
Alameda Hospital
At Alameda we are in need of nurses who have experience in the CCU and Surgical/ Operating Room Nurses. The Staff Nurse is a registered professional nurse who is responsible for the direct and indirect nursing care of the patients on their assigned unit.

Clinical Nurse II
John George Psychiatric Hospital
Minimum Experience: Six months experience as a Clinical Nurse I with AHS or the equivalent of one year full time recent experience at a comparable level in a minimum 100-bed hospital or in the area of specialty. Nurses need psychiatric experience.

Additional requirements
• Wellness Recovery Model
• Therapeutic Group Facilitation
• Computer Literate

Staff Nurse II
San Leandro Hospital
Surgical or Operating Room Nurses. The Registered Nurse is responsible for providing nursing care to patients, including medications and treatment.

Minimum Experience: Entry level Registered Nurse

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My leadership development began in my first nursing course, when I was introduced to some of the major driving forces of the nursing profession and found myself fascinated by the subject. In an online discussion, I expressed great interest in my desire to be involved and made the statement, “I’m just a new nursing student. I don’t even know where to begin.” My professor said, “Jimil, you start early and make yourself involved in any way you can!” So I did.

During my last year of nursing school, I was asked to take on the position of Communications Director for my school. Consequently, I ran for the same position on the CNSA Board. My active involvement in CNSA (both local and state levels) opened opportunities for new experiences, including participation in the California White Paper on Nursing Education Redesign and ANA’s RN Day at the Capitol. I think it was just the willingness to walk through those doors that helped me get into leadership.

In my early 30’s, now with an arsenal of experience being a little older and having observed various leadership styles in action, I have become more interested in the growth of members on my team, which is the leadership style I strive for. As a new RN, those leadership skills I developed in nursing school, serving on the CNSA Board, and being exposed to various elements of the nursing profession has instilled some confidence in my communication with other healthcare members and nurses.

Currently, I work as a psychiatric RN for Santa Barbara County. I have a strong passion for mental health and would like to have PMH-RN certification someday – possibly even a PMH-DNP, so I can use my expertise in advocating for the improvement of mental health care. While we’ve made significant strides in caring for this population, I still believe we have a long way to go, and I want to be part of that movement to make positive changes – but I know it all starts by getting involved.
A Brief Introduction

One of the strengths of ANA\C is that, although our members have a wide range of clinical expertise and educational backgrounds, we are able to unite because of our common bond as registered nurses (RN). As the director of nursing practice, I want to share my perspective of RN practice that has evolved over the years. It has been shaped by my specialization in skilled nursing facilities, commonly referred to as nursing homes (NHs). These settings are staffed primarily with paraprofessional nursing staff (i.e., certified nursing assistants and licensed vocational nurses). The combination of the RN, LVN, and CNA is referred to as the nursing skill mix, comprised of nurses having diverse backgrounds in education, scope of practice, and certification.

Before I worked in NHs, I was employed in acute care settings for six years. In 1983, I moved from Chicago to San Diego and was looking for a job. At that time, the job market was very tight. There were few opportunities for employment in nursing management, an interest of mine. I decided that it would be interesting to apply for a director of nursing position in a local NH. I had never been to a NH but thought that it was pretty amazing that so few RNs were expected to take care of so many residents. Working with a largely paraprofessional nursing skill mix focused my attention on the unique benefits and value that RNs bring to members of the nursing skill mix and, ultimately, the NH resident. This is a particularly relevant issue in NHs because LVNs are frequently used as substitutes for RNs.

Over the past 30 years, I have worked in for-profit, not-for-profit, and governmental nursing homes, board and cares, and adult day healthcare settings. I have learned that it is important for RNs to value direct (care at the bedside) and indirect care (those activities done away from the bedside on behalf of the resident) equally. All care is important; one type is not better than the other. Indirect care includes documentation, management, and supervision. These care activities need to be linked with supporting clinical processes and outcomes that affect both residents and nursing staff. It presents a problem if a RN manager is unable to explain how such activities provide support for achievement of relevant quality indicators.

If our education and our practice act define our unique skill set as including coordination of care and critical thinking (i.e., nursing process), then we need to demonstrate these skills in ways that are complimentary to the composition of the nursing skill mix. For example, I have always considered RNs in NHs as experts in managing complex patients. Arguably, this belief has contributed to a common deficit in RN NH practice – that of not listening to and valuing clinical observations made by CNAs and LVNs. Paraprofessionals have perceived this as a lack of respect; this perception has been a major contributor to CNA turnover in NHs.

In fact, all nursing staff use observation to collect data and perform their work. They problem solve situations that are within their scope of practice or certification. They must know when it is important to share data with the RN. That is, a judgment is required that goes beyond their level of expertise and scope of practice. The RN uses these data as one of several sources upon which she makes a judgment about a resident’s health status. In essence, the RN needs the observations of the other members of the nursing skill mix to make a nursing assessment.

This may seem obvious to many. Unfortunately, it has contributed to many operational problems in NHs. The nursing care delivery system used in NHs needs to maximize the competencies of all nursing staff. The RN’s responsibility is to use and support staff strategically to create a coherent and ‘coordinated’ care experience for the NH resident.

I think that it is very important for RNs working in any setting with paraprofessional nursing staff to be very clear about the value that they are adding to the patient’s or resident’s experience. They need to be clear about why it is that a RN is needed to perform indirect care activities, as opposed to a non-clinical staff member. RNs need to competently use their nursing skill mix more strategically, whether it is in a NH or any other clinical setting. We need to demonstrate that the RN is the professional best prepared to perform and to coordinate the direct and indirect care provided by all levels of nursing staff employed in NHs. The public needs to know how the RN makes unique contributions to the NH nursing skill mix. This empirical evidence will be used to persist in our efforts to ensure that Medicare and Medicaid beneficiaries are provided with around-the-clock RN care in NHs.

There are many other important issues to champion regarding RN practice in California. I recognize this and the importance of staying informed about all issues affecting other care settings and levels of RN practice. Each of us needs to advance our specialty’s interests while remaining mindful of the concerns of all RNs practicing in our state.

Mary Ellen Dellefield, Director of Nursing Practice

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New American Nurses Association Resource Helps RNs Make the Case for Optimal Nurse Staffing

The white paper highlights studies that demonstrate how appropriate nurse staffing helps to achieve both clinical and economic improvements, from reducing medication and other errors to shortening patients’ hospital length of stay. “The evidence from hundreds of studies—and the white paper—make it clear that there is a relationship between staffing and patient outcomes,” said Matthew McHugh, PhD, JD, MPH, RN, FAAN, an associate professor at the University of Pennsylvania School of Nursing who helped develop the paper. “If there are not enough nurses at the bedside, bad things are likely to happen.”

The white paper also examines the various forces that have impacted discussions about nurse staffing and health care, from Affordable Care Act provisions and Institute of Medicine reports to changing patient demographics.

This paper specifically notes that existing staffing systems are often antiquated and lack flexibility to adjust to factors such as patient complexity, a rise in admissions, discharges and transfers, and the physical layout of the unit. It further addresses efforts by ANA and other organizations to advocate for federal regulation and legislation promoting flexible staffing plans, and highlights ANA activities to support transparency and public reporting of staffing data.

For example, the Registered Nurse Safe Staffing Act (H.R. 2083/ S.1132), endorsed by ANA, would require Medicare-participating hospitals to establish registered nurse (RN) staffing plans using a committee, comprised of a majority of direct-care nurses, to ensure patient safety, reduce readmissions and improve nurse retention.

“We in nurse leadership have to be able to defend our budgets [for optimal staffing],” said Bob Dent, DNP, MBA, RN, NEA-BC, CENP, FACHE, senior vice president and chief operating officer at Midland Memorial Hospital in Texas. “We need to be able to tell our boards of trustees and other administrators: ‘If we want to be able to deliver quality care to our community, then here is the staffing we need and here is the evidence [that supports that decision].’

The paper is the first in a series aimed at addressing the value of nursing care and services.

Individuals can learn more and access the white paper executive summary here. Members of the media can obtain the full white paper by sending a request to Ms. Jemarion Jones at jemarion.jones@ana.org.

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Nurses Leading the Way for A Healthy America


Teri Mills, RN, MS, CNE

Nurses in California and across the country believe they know how to slow rates of chronic disease and thus reduce Medicare and Medicaid costs. Their solution: Involve more nurses in PREVENTION. Their proposal is to designate an existing position, the Chief Nurse Officer of the U.S. Public Health Service as the National Nurse for Public Health. By doing so, Congress will provide more impetus to promote the Medical Reserve Corps, strengthen existing public health infrastructure, and mobilize available resources of willing nurses and other healthcare workers within each community to deliver and reinforce messages of disease prevention.

Congresswoman Eddie Bernice Johnson (D-TX), who is also a nurse, and Congressman Peter King (R-NY) agree, introducing H.R. 379 The National Nurse Act of 2015 on January 14, 2015. The bill has already garnered bipartisan support in Congress and there is now a companion bill, S. 1205, in the Senate co introduced on National Nurses Day by Senator Jeff Merkley (D-OR) who co-chairs the Senate Nursing Caucus and Senator Shelley Moore Capito (R-WV). Currently, over 110 organizations, including the American Nurses Association and ANA/C have endorsed the bill.

As a national advocate for nursing actions to champion public health in all communities, the National Nurse for Public Health would collaborate with the Office of the Surgeon General to identify and address national health priorities.

Teri Mills MS, RN, CNE, President of the National Nursing Network Organization (NNNO) states, “We are delighted to have strong bipartisan support for this legislation, and because it does not require any appropriation of funds, we hope Congress can agree to pass this soon. As Congress and the President continue to grapple with our country’s budget crisis, it would be wise to consider the financial impact that the seven most common chronic diseases have on our economy.”

Diabetes, cancer, and heart disease, and underlying causes such as obesity and tobacco use, affect more than 130 million Americans and contribute greatly to our out-of-control healthcare costs. According to the Partnership to Fight Chronic Disease, these conditions cost more than $1 trillion a year, and if there is no change, could balloon to nearly $6 trillion by 2050. Preventable and highly manageable chronic diseases account for 75 cents of every dollar we spend on healthcare in the U.S. every day, every year. Even more daunting, chronic disease costs consume more than 90 cents of every dollar spent on Medicare and Medicaid. In contrast, we spend less than 5 cents on prevention.

For more information and to find out ways that you can get involved please visit http://nationalnurse.org or email teri@nationalnurse.org.

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January, February, March 2015 ANA/C The Nursing Voice • Page 11
California Department of Public Health

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