

*"Nurses shaping the future of professional nursing for a healthier Georgia."*



# Georgia Nursing

Volume 74 • Number 2

May, June, July 2014

*Brought to you by the Georgia Nurses Association (GNA), whose dues-paying members make it possible to advocate for nurses and nursing at the state and federal level.*

The Official Publication of the Georgia Nurses Association (GNA) • Quarterly circulation approximately 113,000 to all RNs and Student Nurses in Georgia

## 2014 Legislative Wrap Up



Group photo with Governor Nathan Deal

### GNA Advocacy Results in State Funding for Nursing

On Thursday, March 20, the Georgia General Assembly adjourned Sine Die to conclude one of the fastest legislative sessions in recent memory. Lawmakers set a lightning quick schedule in 2014, so they could adjourn with time to fundraise in prep for the upcoming May 20 primaries. Day 40 was marked by tension between leadership in the House and Senate on two major issues – the expansion of gun rights and legislation to allow the use of cannabis oil to treat children

2014 Legislative Wrap Up continued on page 6



## President's Message

### Leadership and You

by Rebecca M. Wheeler, RN, MA, PhD



Rebecca M. Wheeler

Leadership in nursing is getting increased attention these days. It is a national priority for ANA (see their webinar series) and the Robert Wood Johnson Foundation (reflected in their state action coalition work) and our Nurses' Week theme for 2014 is "Nurses **Leading** the Way." But I think many nurses may be put off by the term "leadership," and see this emphasis on leadership development as a message that they should move away from the bedside into more administrative roles. Certainly this can be a part of what "leadership development" means, but I choose to believe that leadership is really a personal skill that is used anytime, anywhere. For me, leadership is synonymous with confidence and is demonstrated by being able to stand up in different situations (not just at the bedside) and advocate for what you believe in – no matter what position you have. Leadership development is how you obtain the tools you need to be able to do that. For example, a nurse may be very confident in his/her clinical skills and therefore has no problem advocating for

President's Message continued on page 2

**MARK YOUR CALENDAR!**



### 2014 GNA One-Day Professional Development Conference

October 20, 2014 – KSU Center  
See page 2 for more information

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a patient about a certain aspect of care needed. But that same nurse may not feel as confident in another setting where clinical skills are not the basis for the decisions the nurse needs to make – situations like negotiating a contract or advocating for how money should be spent in a unit budget. It is generally said that we are excellent advocates for our patients, but I'm not so sure we are as good at advocating for ourselves or changes needed in the larger context of our practice and our profession.

I believe that the delivery of health care is going to change, and nurses' roles will involve making decisions beyond the bedside as certain simpler clinical tasks are delegated to other personnel. I heard a well-known speaker at a conference say that we need to be prepared for health care to be provided by the lowest cost provider who has the appropriate training for the task. Nurses are no longer the lowest cost providers because we have the ability to provide

very complex care. Just as we are better equipped to care for more complex patients, we should expect to play a more important role in other areas of decision-making. We need skills (beyond clinical skills) to negotiate our roles and our environments as health care systems change. We are not as well prepared to do that and leadership training is what will enable us to be confident and fulfill that part of our role as nurses.

To help YOU be the best you can be – no matter what your role is – GNA is planning a one-day Professional Development Conference on Monday, October 20 at the Kennesaw State University Center, entitled Nurses...*Changing the Face & Voice of Leadership*. Sessions will focus on developing your skills in the other areas of your clinical work, such as building your portfolios, learning communication strategies for difficult situations, and for APRNs, strategies for setting up a practice. This is just a sample of what we plan to offer, so stay tuned for more information! Check our (new!) web page, and GNA members should watch our email blasts!

# Georgia Nursing

Volume 74 • Number 2

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GNA  
3032 Briarcliff Road, Atlanta, GA 30329  
www.georgianurses.org, gna@georgianurses.org  
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### 2014 GNA One-Day Professional Development Conference

#### Nurses... Changing the Face & Voice of Leadership

#### October 20, 2014 – KSU Center

Mark your calendars! GNA's 2014 One-Day Professional Development Conference will take place on Monday, October 20, 2014 at the Kennesaw State University Center. Our theme for this year's event is "Nurses... Changing the Face & Voice of Leadership," which reflects the changing world of health care that we live in today. CNE hours will be available and more information is coming soon, including the program, speakers, full schedule and registration.

The KSU Center is located at 333 Busbee Drive NW, Kennesaw, GA 30144. We hope you'll join us for this professionally enriching event, so stay tuned for information about specific sessions & speakers! You can also visit [www.georgianurses.org](http://www.georgianurses.org) for the latest info about the Conference.

**Tentative PDC Schedule**

- |                   |                        |
|-------------------|------------------------|
| 7:30-8:30 am      | Registration           |
| 8-9 am            | <b>Opening plenary</b> |
| 9-9:15 am         | Go to next session     |
| 9:15-10:15 am     | <b>Breakout I</b>      |
| 10:15-10:45 am    | Break                  |
| 10:45-11:45 am    | <b>Breakout II</b>     |
| 11:45 am-12:45 pm | Lunch                  |
| 12:45-1:45 pm     | <b>Breakout III</b>    |
| 1:45-2:15 pm      | Break                  |
| 2:15-3:15 pm      | <b>Breakout IV</b>     |
| 3:15-3:30 pm      | Go to next session     |
| 3:30-4:30 pm      | Closing Plenary        |

**NURSE FACULTY OPENINGS**

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**CORNER**

**CEO**

# It's a Myth – People Are Not Your Greatest Asset Anymore

by **Debbie Hackman-Bartlett, CAE**

It's not easy out there. Stress levels in the workplace are increasing and with 24/7 access becoming an expectation by many employers due to instant technology, the hours are long with less ability to simply unplug and re-energize. Burn out of star performers who have a direct correlation to the bottom line is pure asset vulnerability. Broad-based corporate economic restraint to hire more staff persists. Fewer and fewer are being asked to do more and more with less and less. That is not a new reality – it has been a consistent issue for the last decade. Is it any wonder that the annual Gallup Poll measuring employee engagement shows an alarming increase to 87 percent of the workforce falling in the actively disengaged quadrant? Gallup has studied more than one million employees across hundreds of organizations and has identified the 12 key dimensions that exist in the most productive work groups (look for those 12 elements inset within this article.)



**Debbie Hackman-Bartlett**

We used to say, "People are our greatest asset," and now, with Gallup's newest evidenced-based statistics in hand, we learn that this long-held belief is only partially correct. Only 13 percent of the workforce is truly engaged and committed to their team. Appalling. It is the talented star performers that show up at work with "can do" attitudes that are the real asset for a company – but as scientific research demonstrates – that is a paltry 13 percent of the workforce. The rest are marginal performers at best and some of those are a real drag on your organization's performance – the bottom line. Why are they disengaged? How can you and your employer foster a culture of engagement by a larger percentage of the workforce? After all, who wants to carry the load of 87 percent of your colleagues – the slackers? What do employers need to do to become an employer of choice for star performers who will insist they are surrounded by

other star performers? Why is it important to become an employer of choice – other than the obvious benefits of working with star performers who are interesting and smart and respect you for what you can bring to the table?

The best place to develop star performance is at a workgroup level. High-performing organizations nurture leadership competency at every level, in every role, by every employee. Within every organization, there are highly productive workgroups, as well as average or mediocre ones. The key to understanding world-class performance lies in identifying what happens in the most productive workgroups that is not happening in the rest of your workgroups. But if employers have the expectation that 13 percent carry the load for the slackers, they will burn star performers out or lose them altogether to another employer who places them at the epicenter of their asset portfolio.

Sometimes our employers don't appreciate us. Sometimes our colleagues don't appreciate us. And sometimes even our own families don't appreciate us. And if we are really honest with ourselves, even our own appreciation of others likely gets lost in the stress of the day-to-day demands most days (and weeks).

So, how do we build loyalty among our most productive and talented people? It begins and ends with the manager. Gallup research shows that people join companies, but they leave managers and supervisors. The best managers are persistent in creating environments where employees can strongly agree with the Gallup Poll's "12 Elements of Great Managing" consistently (see page 5).

Great managers set clear expectations by defining the desired outcomes – they don't micromanage. They maximize performance by making sure that their teams have the tools, equipment and information they need. The scientific literature validates that star performers possess a high concentration of Emotional Intelligence. Having given professional development continuing education sessions focused on emotional intelligence for the past two and half years, I can say that there is a real hunger amongst the workforce to learn the coping skills and core competencies found in emotional intelligence. That is a

*CEO Corner continued on page 5*

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## IT WAS A SIMPLE MISTAKE...



We all make mistakes. But as a nurse, one mistake can lead to disaster. Consider this real-life example.

“ A woman with recurrent kidney infections was admitted to a hospital in Pennsylvania. The attending nurse inserted a PICC line in the patient's right arm for antibiotic therapy. The patient subsequently complained of pain and numbness in her right arm, and the PICC line was removed 24 hours later.

The woman filed a lawsuit, claiming that the placement of the PICC line damaged her right medial nerve. The damage caused paralysis of her right thumb and index finger, which had to be corrected with surgery. After the surgery, the patient continued to experience pain and numbness in her right hand and partial loss of use of her right arm.

A jury awarded the plaintiff \$927,000 in damages.<sup>1</sup> ”

It's because of cases like this that the **American Nurses Association (ANA)** offers the Nurses Professional Liability Program. It protects nurses from the potentially devastating impact of malpractice lawsuits.

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<sup>1</sup> Source: Zarin's Jury Verdict Review & Analysis  
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# Names, Faces, Places

## Update on the Recovery of Mary Long – Past GNA/GNF President

Mary Long is past president of the Georgia Nurses Association and the Georgia Nurses Foundation. Mary was a GNA leader for many years and was an instrumental part of GNA's successes in her time. This included her work to help GNA obtain its first building in downtown Atlanta. Readers will be interested in learning of Mary's progress since she suffered a stroke in January. She has recovered enough to have been discharged from the hospital! She is now residing at Unihealth Post-Acute-Care Brookhaven in Buckhead – 3535 Ashton Woods Drive NE, Atlanta, GA 30319. While at Unihealth, Mary will be continuing her speech, occupational and physical therapy sessions. She has made tremendous strides since she became ill. Please pay Mary a visit when you get a chance, and continue to keep her in your prayers.



**Pictured: Mary Long holds a sign for Georgia's delegation at the 2002 ANA Convention. She is past president of GNA and GNF.**

### Emory University Hospital achieves ANCC Magnet Status

The Georgia Nurses Association congratulates Emory University Hospital on achieving the prestigious Magnet® recognition as a reflection of its nursing professionalism, teamwork and quality in patient care. Magnet recognition is granted by the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program®, which ensures that rigorous standards for nursing excellence are met.

With this milestone, Emory University Hospital joins a select group of less than 400 health care organizations around the globe. In fact, only 6.9 percent of all U.S. hospitals have earned Magnet Recognition status. Congratulations Emory Hospital on the successful completion of the Magnet journey!

### GRU College of Nursing graduate programs nationally ranked

The College of Nursing at Georgia Regents University was named one of the nation's top graduate schools for nursing, placing 44<sup>th</sup> in the latest national rankings by U.S. News and World Report, which was released in March. GRU's College of Nursing was listed among more than 400 of the nation's nursing schools with graduate programs. It is the first time the college's graduate programs have been ranked since programs were consolidated from Augusta State University and Georgia Health Sciences University.

### Emory School of Nursing professor ranks No.1 for NIH Grants

Influential cancer researcher and GNA member Deborah Watkins Bruner, PhD, RN, FAAN, is the top-ranked nurse researcher in terms of total grant support from the National Institutes of Health (NIH). Bruner was awarded \$2.8 million in NIH research grants in 2013 – the highest amount of support given to any nurse researcher in the world.



**Deb Bruner**

Dr. Bruner is the Woodruff Professor of Nursing at the Nell Hodgson Woodruff School of Nursing and is the associate director of cancer outcomes at Winship Cancer Institute. She is ranked among the top two percent of NIH investigators from all disciplines for funding. This national ranking is based on data provided by the Blue Ridge Institute for Medical Research about principal investigator recipients of NIH funding.

## GNA Board of Directors Makes New Appointments

The Georgia Nurses Association Board of Directors has appointed Kathy Williams, MA, BSN, RN, to the position of Director of Leadership Development for the 2013-15 term. In addition, Pauline Nelson, MSN, RN-BC has been appointed to serve as GNA's liaison to the Georgia Association for Nursing Education (GANE) through October 2015.



**Kathy Williams**



## Celebrate National Nurses Week 2014 Nurses Leading the Way....

This year, the Georgia Nurses Association (GNA) would like to congratulate and thank all registered nurses during National Nurses Week 2014, which takes place May 6-12. GNA would like to thank you for making a difference in the lives of so many patients in Georgia!

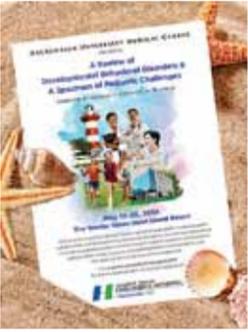
The purpose of Nurses Week is to raise awareness of the value of nursing and help educate the public about the role nurses play in meeting the health care needs of the American people. This year's National Nurses Week theme – *Nurses Leading the Way* – reflects the registered nurse's increasingly prominent role in today's ever-changing health care system.

In honor of the dedication, commitment and tireless effort of the 3.1 million registered nurses nationwide to promote and maintain the health of this nation, GNA and the American Nurses Association (ANA) are proud to recognize professional RNs everywhere for the quality work they provide seven days a week, 365 days a year.

Each year for Nurses Week, GNA recognizes the difference our members make daily to advance the nursing profession as a whole. We hope that all of you will join us in saluting RNs in the state of Georgia and across the nation. In addition, we hope you'll celebrate National Nurses Week in some way.

This year, ANA will host a special National Nurses Week webinar featuring guest speakers Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FNAP, FAAN and Tim Porter-O'Grady, DM, EdD, ScD(h), APRN, FAAN, GCNS-BC, NEA-BC, CWCN, CFCN. There is no cost to participate in the webinar event. For more information on the webinar, visit <http://www.nursingworld.org/FunctionalMenuCategories/National-Nurses-Week-2014/NNW-Webinar>.

For more information on National Nurses Week 2014, including a list of ways to celebrate, be sure to visit <http://www.georgianurses.org/>.



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During National Nurses Week, we'd like to say **THANK YOU** to our nurses for their continued dedication and commitment.

CEO Corner continued from page 3

shameless plug for a passion of mine (emotional intelligence), but regardless of who brings that skill set to your staff, please find an opportunity to invest in their learning the competencies of emotional intelligence.

Star performers have a sixth sense about the advantages of selecting the right person with the right talent for their team. They give immediate, positive and clear praise and recognition for good work. They genuinely care about their people. And, they don't forget to show appreciation. Every company has world-class managers who create this kind of environment every day. Their well-managed workgroups are more profitable (44 percent higher), more productive (50 percent higher) and have higher degrees of customer loyalty (50 percent higher). Do you know who your great managers are? Is your organization placing a priority on finding more like them? Do you know how to identify future employees who have emotional intelligence and resiliency? Is emotional intelligence, which is an acquired skill, part of your required professional development offerings?

In a different evidence-based project (2009), it was Google who embarked on a mission to devise something far more important to the future of Google than its next search algorithm or app – they wanted to build better bosses. The code name was: Project Oxygen. Google statisticians gathered more than 10,000 observations about managers – across more than 100 variables, from various performance reviews, feedback surveys and other reports. Then they spent time coding the comments in order to look for patterns. They learned that people typically leave a company for one of three reasons, or a combination of them. The first is that they don't feel a connection to the mission of the company or sense that their work matters. The second is that they don't really like or respect their co-workers. The third is they have a terrible boss – and this was the biggest variable. "Although people are always looking for the next new thing in leadership," Mr. Bock of Google said, "Google's data suggest that not much has changed in terms of what makes for an effective leader. You don't actually need to change who the person is, he says. What it means is, if I'm a manager and I want to get better, and I want more out of my people and I want them to be happier, two of the most important things I can do is just make sure I have some time for them and to be consistent."

You can view Google's "8 Rules of Management" here – <http://tinyurl.com/4lkeqg7>.

In the meantime, if you are a star performer, seek an opportunity to share with your company's star performer at the highest level of your hierarchy and let them know you want to help contribute to a culture where star performers want to work. I feel blessed that every single one of my staff members are star performers and it is a real pleasure to work alongside them as a team.

When all else fails and you find you are the star performer who is surrounded by losers and the disengaged – what can keep you hanging in there? Use laughter as an antidote. The strategic use of inoffensive humor is a systematic way to maintain your sanity. Learning how to identify the lighter side and use humor to bolster your emotional reserves and resiliency will help increase your capacity to cope with the demands on you. It will make you healthier. Most important of all, it can help you and your colleagues stay engaged and have a less stressful workday because statistically, finding a fully engaged place to work is becoming harder and harder.

Deborah Hackman, CAE, is Chief Executive Officer of the Georgia Nurses Association. She has served in this capacity since 2000. She is nationally recognized by the American Society of Association Executives as 2012 Mentor of the Year.

# The 12 Elements of Great Managing

To identify the elements of worker engagement, Gallup conducted many thousands of interviews in all kinds of organizations, at all levels, in most industries, and in many countries. These 12 statements – the Gallup Q<sup>12</sup> – emerged from Gallup's pioneering research as those that best predict employee and workgroup performance.

1. I know what is expected of me at work.
2. I have the materials and equipment I need to do my work right.
3. At work, I have the opportunity to do what I do best every day.
4. In the last seven days, I have received recognition or praise for doing good work.
5. My supervisor, or someone at work, seems to care about me as a person.
6. There is someone at work who encourages my development.
7. At work, my opinions seem to count.
8. The mission or purpose of my company makes me feel my job is important.
9. My associates or fellow employees are committed to doing quality work.
10. I have a best friend at work.
11. In the last six months, someone at work has talked to me about my progress.
12. This last year, I have had opportunities at work to learn and grow.

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# Legislative/Public Policy

## 2014 Legislative Wrap Up continued from page 1

with certain seizure disorders. Ultimately, a new gun bill passed both chambers (**House Bill 60**), while the medical marijuana bill died in the 11<sup>th</sup> hour after a House and Senate stalemate. Governor Deal has announced he will explore ways to implement the use of cannabis oil treatment, along with mandating that insurance companies cover treatment of children with autism, using executive order.

### GNA advocacy results funding for Mandatory Reporting

In the last two sessions, the Georgia Nurses Association (GNA) has been steadfast in its advocacy for a full allocation of licensure fees for the Georgia Board of Nursing and the implementation of mandatory reporting. This work has been GNA's key legislative priority in an effort to identify and secure much-needed resources for the Board of Nursing, whose role it is to protect the public. GNA's ongoing, hard-fought advocacy has resulted in funding for the Board of Nursing and school nurses in the Fiscal Year 2015 state budget. The FY '15 budget (**HB 744**) passed on Day 39, and has been sent to the Governor's desk for review.

This vital funding in the FY '15 budget includes:

- Over \$1 million in reserves in the Secretary of State's budget is now to be used to "fill authorized positions and begin the implementation of **HB 315**." GNA members will recall House Bill 315 is the Mandatory Reporting legislation that passed in 2013, but was not implemented due to a lack of funding.
- The retention of two investigators in the Georgia Attorney General's office, with language specifically directing those investigators to be assigned to professional licensing investigations.
- \$414,585 in new funds for school nurses, which includes a salary increase for school nurses who are RNs. This new funding is less than the Governor's initial proposal of \$1.3 million for school nurses, but avoids cuts of more than \$728,000 proposed in the Senate.

For the Georgia Board of Nursing to be effective in its role of protecting the public, Georgia nurses must be vigilant. We must insist that the state commit an appropriate level of funding to the Board of Nursing to streamline the processing of licensure and disciplinary matters. GNA will continue to work with the Governor's office, Secretary of State and the Board of Nursing to ensure this funding is used as the General Assembly has directed.

### Legislation affecting Nursing

GNA also spent a good part of the 2014 session closely monitoring and/or managing legislation that would have negatively affected the nursing profession. GNA sought to work collaboratively with the bill sponsors and stakeholders to ensure any legislation that passed would not be harmful or limiting to nursing practice in Georgia. This included:

**HB 830** sought to redefine surgery and restate the health professions authorized to perform surgery, specifically procedures involving "incision. GNA met with the bill's sponsor early in the process to express concern, articulating that the bill would place needless restrictions on nurses' scope of practice. Our lobbying with the bill's sponsor – Rep. Wendell Willard (R-Sandy Springs) – was effective in opposition and the bill died in the House.

**HB 971**, dubbed the *Consumer Information and Awareness Act* by sponsor the Medical Association of Georgia (MAG), intended to tighten state law regarding the display of professional titles on name badges, web sites, in advertising, etc. Recently, more than 20 states have seen this American Medical Association model legislation introduced. GNA worked with MAG on language in the bill to ensure it would not unduly burden nurses with new requirements. **HB 971** failed to pass the House by Day 30 and died for the year.

### 2014 Bills of Interest

**HB 546** Public Health, Department of; pilot program to assess need for and effectiveness of using protocol technicians in areas which do not have access to a hospital; establish

By Rep. James Beverly (D-Macon)

Creates a pilot program within the Department of Public Health for a new category of health professional – a "protocol technician." ANA has expressed concern regarding similar measures in other states creating "community paramedics."

**HB 546 did not pass in 2014.**

**HB 830** Professions and businesses; restate health care professionals authorized to perform surgery; define term 'surgery'

By Rep. Wendell Willard (R-Sandy Springs)

Legislation to redefine surgery and restate the health professions authorized to perform surgery.

**HB 830 did not pass in 2014.**

**HB 922** State taxable net income; limited deduction for certain medical core clerkships; provide

Rep. Ben Harbin (R-Evans)

A bill to create a pilot program within the Georgia AHEC (Area Health Education Center) at Georgia Regents University to allow tax incentives for physicians who train/precept physicians, physicians

assistants and nurse practitioners. GNA will continue to seek the same proposed tax credit for APRNs who precept students.

**HB 922 did not pass in 2014, but the bill's language was added to SB 391, which passed on Day 40.**

**HB 971** Consumer Information and Awareness Act; enact

Rep. Carl Rogers (R-Gainesville)

Legislation seeking to implement greater transparency in the health care setting by requiring health care professionals to identify themselves in all "advertising." This includes name badges, wall certificates, electronic media, etc.

**HB 971 did not pass in 2014.**

**SB 85** Physicians; authorize the administration of vaccines by pharmacists or nurses; vaccine protocol agreements

By Sen. Charlie Bethel (R-Dalton)

Legislation defining the vaccine protocol agreements a physician may enter into with a nurse/pharmacist. The legislation also adds to the list of vaccines a pharmacist and/or registered nurse may deliver under a vaccine protocol agreement.

**SB 85 did not pass in 2014.**

**SB 94** Advance Practice Registered Nurses; delegation of authority to order radiographic imaging tests; revise prov.

By Sen. Fran Millar (R-Atlanta)

A bill to allow APRNs to order radiographic imaging tests.

**SB 94 did not pass in 2014.**

**SB 141** "Patient Injury Act"; create an alternative medical malpractice litigation

By Sen. Brandon Beach (R-Alpharetta)

A bill that would change Georgia's current system of handling medical malpractice claims and litigation. Under the proposal, medical malpractice would be treated in a similar fashion to worker's compensation claims. GNA has expressed opposition to the bill, as it would create new and unnecessary fees for RNs.

**SB 141 did not pass in 2014.**

**SB 211** Professions/Businesses; provide definition for "psychological testing"

Sen. Chuck Hufstetler (R-Rome)

A bill redefining psychological testing in Georgia, which would affect mental health/psych nurses who perform this kind of evaluation in their normal role.

Senate Health & Human Services Committee

**SB 211 did not pass in 2014.**

**SB 268** Physician Assistants; authorize a physician to delegate a physician assistant the authority to prescribe Schedule II controlled substances

Sen. Chuck Hufstetler (R-Rome)

A bill authorizing a physician to delegate the prescription of Schedule II controlled substances to a physician's assistant.

**SB 268 did not pass in 2014.**

**SB 291** Georgia Adult and Aging Services Agency; create

Sen. Renee Unterman (R-Buford)

Legislation creating a new Georgia Adult and Aging Services Agency, which would replace the current Division of Aging Service structure.

**SB 291 did not pass in 2014.**

**SB 292** Alzheimer's Disease Registry; establish within the Department of Public Health

Sen. Renee Unterman (R-Buford)

A bill creating an Alzheimer's Disease Registry within the Georgia Department of Public Health.

**SB 292 did not pass in 2014, but the bill's language was added to HB 966, which passed on Day 40.**

**SR 981** Violence Against Health Care Workers; create joint study committee

By Sen. Renee Unterman (R-Buford)

Legislation creating a joint study committee focused on violence against health care workers.

**SR 981 passed on Day 40.**



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# Legislative/Public Policy

## GNA Hosts Successful 2014 Legislative Day at the Capitol

Hundreds of registered nurses, nurse faculty and nursing students from across the state attended the Georgia Nurses Association's "rescheduled" Legislative Day event at the Capitol on Wednesday, March 5<sup>th</sup>. GNA's annual nurse advocacy event was originally scheduled for January 30<sup>th</sup>, but was cancelled due to Winter Storm Leon. GNA succeeded in rescheduling the event, which included a group photo with Governor Nathan Deal, information sessions with GNA leaders in Room 307 of the Coverdell Office Building and more. Nurses also attended the House and Senate sessions and met with their state senators and representatives to bring the priorities of the nursing profession to their attention.

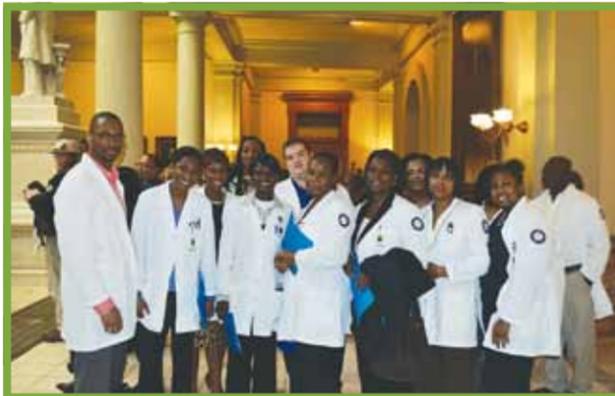
Legislative Day attendees who would like to provide us with feedback on their experience can visit [www.gnalegislativeday.org](http://www.gnalegislativeday.org) to complete a brief survey. Stay tuned – we will announce the date for the 2015 GNA Legislative Day event very soon!

### Thank You!

GNA would like to thank the sponsors of our 2014 Legislative Day – Peach State Health Plan and Chamberlain College of Nursing. We'd also like to express our appreciation to the Legislative Day volunteers who helped to make this year's event another great success.



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Students from Atlanta Technical College attend GNA Legislative Day.



Legislative Day attendees await Senate Chamber access



Nursing students from Georgia Regents University



A student group from West Georgia Technical College



Pictured (L-R): GNA President-Elect Aimee Manion, GNA President Rebecca Wheeler, Georgia Board of Nursing and GNA member Brenda Rowe, GNA CEO Debbie Hackman, GNA Treasurer Doreen Wagner, GNA Director of Nursing Practice & Advocacy Margie Collins, GNF President Georgia Barkers, Atlanta VA Nurses Chair Sandra Dukes and NFL Chapter Chair Thea Sullivan.



GANS leaders also attended the 2014 GNA Legislative Day event



Legislative Day attendees hear a presentation from GNA leaders in the Coverdell Legislative Office Building



Group photo with Governor Nathan Deal

# Nursing Practice

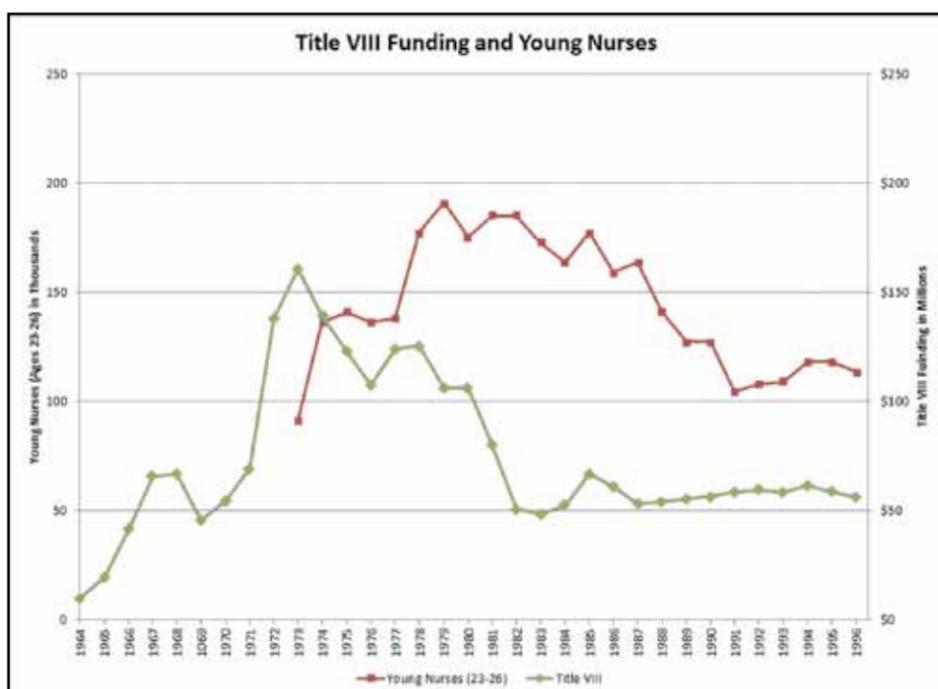
## 2022: Where Have All Those Nurses Gone?

by Peter McMenamin, Senior Policy Fellow  
American Nurses Association

Near the end of 2013, the U.S. Department of Labor Bureau of Labor Statistics (BLS) updated its Employment Projections for 2012-2022. (The previous projections spanned 2010-2020.) Over that timeframe the health care and social assistance sector is now projected to grow at an annual rate of 2.6 percent, adding 5.0 million jobs and accounting for nearly one-third of the total projected increase in jobs. By 2022 total employment of RNs and APRNs will increase by 574,400 jobs. In fact, with RN retirements also in the mix, the nation will need to have produced 1.13 million new RNs by 2022 to fill those jobs. There is also some chance the retirement estimates are too low. However, even if the BLS projections of retirements are reasonably close and Title VIII funding remains available and continues to support the education of more new RNs, there are a number of other issues that must be addressed to avoid the return of a catastrophic nurse shortage.

### Background

Below I've excerpted one of my Title VIII history graphs documenting the 1964-1996 changes in nurse education funding and subsequent changes in new nurses entering the profession. The two series in this graph track annual funding for Title VIII and also reproduce some of the numbers from the story developed and told in Health Affairs by Auerbach, Buerhaus, and Staiger (2011) about the ups and downs in the number of new nurses entering the profession in the United States.



Title VIII of the U.S. Public Health Services Act is the legislation that covers nursing education and practice. Originally referred to as the Nurse Training Act, Title VIII was added to the Public Health Service Act in fiscal year 1964, initiated with funding at \$9.9 million. This Act was a response to a 1963 report of the Surgeon General's Consultant Group on Nursing. The report, *Toward Quality in Nursing, Needs and Goals*, anticipated a shortage of nurses and recommended that the supply of nurses be increased from a total of 550,000 professional nurses in practice, to a total of 850,000 by 1970. Funding jumped in successive years from about \$10 million to \$20 million to \$40 million to \$65 million. For the next five years, however, Title VIII funding bounced around in the vicinity of \$65 million.

Funding changed markedly due to the Comprehensive Health Manpower Training Act of 1971. With respect to nursing education the 1971 Act virtually doubled Title VIII funding (98.9 percent increase) from FY71 to FY72. Another \$22.6 million was added in FY73. It would be 36 years (2009) before Title VIII funding returned to and exceeded the FY73 level. In the decade from 1972 to 1981 Title VIII funding was as low as \$80 million for a single year and for most years in that decade annual funding was \$106 million or higher. Following that decade and extending through to FY2000 average Title VIII funding was \$58.4 million, a significant fall back in resources available for the education of registered nurses.

One observes that (with a lag of several years) the changes in Title VIII funding were followed by changes in the numbers of new RNs entering the profession—both going up and going down. Data from the U.S. Census Current Population Survey and, more recently, the American Community Survey confirm that with the increase in RN education funding there was a subsequent increase in new RNs completing their education, passing the NCLEX, and entering the profession. Using those data and focusing on RNs ages 23-26—"young nurses"—in each year from 1978 to 1987 the number of young nurses in practice in any year was no less than 159,000. On each side of that decade there were substantially fewer young nurses in the profession.

There were a few other things going on at the time, most notably the Women's Liberation Movement. Even into the mid-1970s the primary occupations outside the home most likely to be pursued by well educated women were teacher, nurse, and librarian. In fact, in 1970 97.3 percent of RNs were female. Women's Lib had started in the 1960s, but by the late 1970s women in substantially much larger numbers were becoming lawyers and computer programmers, chemists, biologists, and mathematicians, university professors and business executives. In part because of this increase in alternative opportunities for women, fewer women chose to earn nursing degrees. Title VIII funding declined and the level of young nurses in the profession dropped below 120,000, and, for the most part, remained at that level through 2005. (This was not a result of there being fewer young adults. In 1946 the number of U.S. births jumped 19 percent over the prior year and it has remained at or above that level except for a brief and minor respite during 1972-1978.)

The result of the increase and then decline of funding for nurse education was a unique "Title VIII super-cohort" of RNs that established, defined, and

2022: Where Have All Those Nurses Gone? continued on page 9

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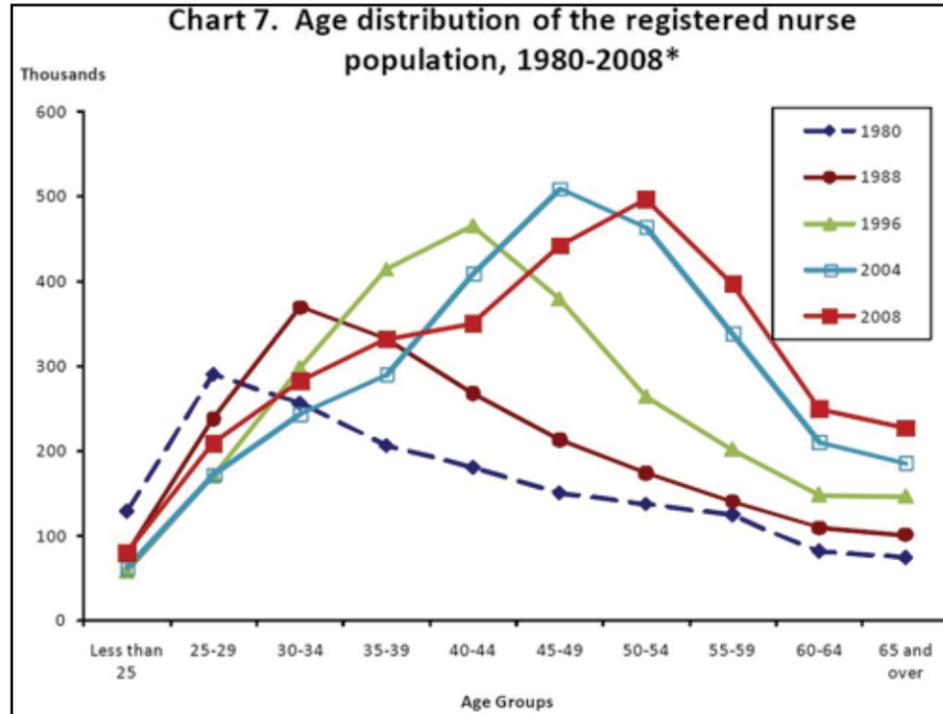
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# Nursing Practice

2022: Where Have All Those Nurses Gone? continued from page 8

remained the plurality age category of nurses over the last 40 years. The core members of this cohort were born between 1951 and 1959. The last National Sample Survey of Registered Nurses from 2008 documented the progression of this super-cohort over the course of five of the eight quadrennial surveys.



Source: U.S. Department of Health and Human Services, Health Resources and Services Administration (2010). The Registered Nurse Population: Initial Findings from the 2008 National Sample Survey of Registered Nurses.

Among the five year age categories specified for the Surveys, that unique core group of nurses—particularly those born between 1953 and 1957—populated the plurality age category in 1980, 1988, 1996, 2004, and 2008. They have been the proverbial “pig in the python.” In 2014, however, they are approaching the tail end of the snake. RNs born in 1951 are now 63; those born in 1959 are or soon will be 55. Retirement beckons. Many nurses older than 63 and still in practice are believed to have been deferring retirement due to the recession. RNs in that 1951-1959 birth cohort have also been or have begun deferring retirement.

The elevated Title VIII funding levels lasted approximately one decade and returned to the previous level. The resulting expansion in the number of new RNs also lasted about one decade, returning to the previous level. As a result, when that super-cohort of nurses retires, the following RN cohorts cannot “move up” in sufficient numbers to replace all of the retirees. There currently are more new RNs graduating from nursing programs than had been observed in the early 2000’s but likely not in sufficient numbers to immediately make up the difference.

### Warning: Tsunami Ahead!

There are some signs emerging to indicate how quickly this tsunami of retirements may occur. In October 2013 the staffing firm AMN released its 2013 survey of Registered Nurses, Generation Gap Grows as Healthcare Transforms. The sample size for that survey would not guarantee much robustness, but the general tenor of the responses did not suggest a biased sample. With respect to respondents’ plans for the future, 23 percent of those ages 55 or older indicated they would be retiring or switching to part time employment “in the very near future.” That would indicate 187,200 would retire or switch to non-nursing jobs with another 81,900 switching to part-time nurse employment for a total of 269,100 RNs leaving full time employment as RNs. A lot of nurses but perhaps with some wiggle room on time.

More recently, the Bureau of Labor Statistics issued the update of its Occupational Employment Projections from 2012-2022. With respect to RNs and APRNs those projections are documented in the table on page 10.

The top five data rows in the table display the projections for RNs and APRNs. In the middle of the table one can observe that the total employment of RNs is projected to increase from 2,711,500 jobs in 2012 to 3,238,400 jobs in 2022. This is an increase of 526,800 RN jobs. What is also very interesting in that section of the table is the third column from the left, “Replacement needs.” Those numbers indicate the projected number of replacements needed to fill jobs vacated by RNs projected to leave the profession and/or retire from the labor force, viz., 525,700. As a result, the total number of additional RNs needed to fill the jobs becoming available through 2022 is 1,052,600. Because of the retirements, the projected number of registered nurses needed to fully staff healthcare industries is **virtually double** the number of increased jobs due to expanded demand from new patients wanting new services.

In 2013 BLS began publishing separate estimates of jobs with respect to CRNAs, CNMs, and NPs. Their individual projected job openings are also listed in this table. In the final row in the RN set the entries for both RNs and APRNs have been aggregated. BLS projects a gross increase in job openings for RNs and APRNs combined of 1,129,600.

### Surviving the Transition

555,100 sets of retirement papers will not be submitted simultaneously. They can be expected to be distributed and accelerating over the years from now until the end of 2022. Similarly, the increased demand for RNs and APRNs will also grow over the years. With some luck, the retirements and increased demands will balance with the education of new RNs and their entry into the profession. Over the ten year projection timeframe, the average annual need for new nurses will come to about 113,000 per year. From 2009 to 2013, average production has been roughly 140,000 new NCLEX passers per year. What could go wrong?

Scrolling back up to the projections table, there is a separate row for projections for nursing instructors and teachers. BLS projects that there will need to be 35 percent more faculty members to meet the expected increase in demand. In addition, 10,200 current faculty members are expected to retire. Therefore 34,200 new nursing instructors will be needed by 2022. Could the collected colleges of nursing recruit 3,420 new nursing instructors per year through 2022? There are several challenges here. (If nothing else, nurses recruited into teaching will spend less time treating patients when more nurses in patient care will be needed.) There is also a new focus on strengthening the education of RNs, in particular, aiming to increase the proportion of RNs with

2022: Where Have All Those Nurses Gone? continued on page 10

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# Nursing Practice

2022: Where Have All Those Nurses Gone? continued from page 9

Selected Employment Projections and Replacement needs									
Replacement Needs by Detailed Occupation (Numbers in thousands)			Employment Projections by Detailed Occupation						
2012 National Employment Matrix title and code	2012—22 Replacement needs	Employment				Change, 2012—22		Job openings due to growth and replacements	
		2012	2022	% of U.S. total employment		Number	%		
Registered nurses	29-1141	525.7	2,711.5	3,238.4	1.9	2.0	526.8	19.4	1,052.6
Nurse anesthetists	29-1151	6.8	35.2	43.9	0.0	0.0	8.8	24.9	15.6
Nurse midwives	29-1161	1.2	6.0	7.7	0.0	0.0	1.7	28.6	2.9
Nurse practitioners	29-1171	21.4	110.2	147.3	0.1	0.1	37.1	33.7	58.5
RNs and APRNs		555.1	2,862.9	3,437.3	2.0	2.1	574.4	20.1	1,129.6
Nursing instructors and teachers, postsecondary	25-1072	10.2	67.8	91.8	0.0	0.1	24.0	35.4	34.2
Licensed practical and licensed vocational nurses	29-2061	180.3	738.4	921.3	0.5	0.6	182.9	24.8	363.1
Nursing assistants	31-1014	281.4	1,479.8	1,792.0	1.0	1.1	312.2	21.1	593.6
									956.7

a BSN education. Those colleges of nursing that are part of universities are also under some pressure to enhance their staffs by recruiting more faculty members with doctorates. Finding more faculty members and more with a doctorate will be a challenge at today's faculty salaries. BLS estimated that in May 2012 average salaries for nursing instructors were \$68,640. This was close to the average salary for all RNs, \$67,930. At the same time, average salaries for certified nurse-midwives and nurse practitioners were more than \$91,000. CRNAs' average was \$154,390. Expanding the faculties of nursing colleges will require a commitment to improve compensation. (Expanding the available clinical rotations for BSN programs will also require additional commitment and

funding. The dimensions of that piece of the puzzle are not as well known.)

It might help in the search for additional well-educated faculty if Title VIII support for additional faculty education were maintained or increased. In fact, part of the particular upcoming transition situation is due to the ups and downs in Title VIII funding for general nurse education. The graph on page 11 depicts the complete history of Title VIII funding from 1964 onward and projected through the end of FY2014. The blue line represents the nominal funding; the red line is Title VIII funding adjusted for inflation (with a base year of 1964).

The nominal data are somewhat encouraging. Support for nurse education has expanded since the turn of the century. But when one looks clear-eyed at the inflation adjusted path of funding in the U.S., inflation has eaten away 74 percent of commitment expressed in 1973.

If sufficient well qualified applicants continue to seek and obtain a nursing education and the faculty and funding issues get resolved we may still not be out of the woods; the nation will still be heavily reliant on nurses who entered the profession in the 1980s. Even with 555,100 RNs leaving the labor force by 2022 there may still be approximately 450,000 RNs in the Title VIII super-cohort who remain in practice. However, in 2022 those RNs will all be 64 years of age or

2022: Where Have All Those Nurses Gone? continued on page 11



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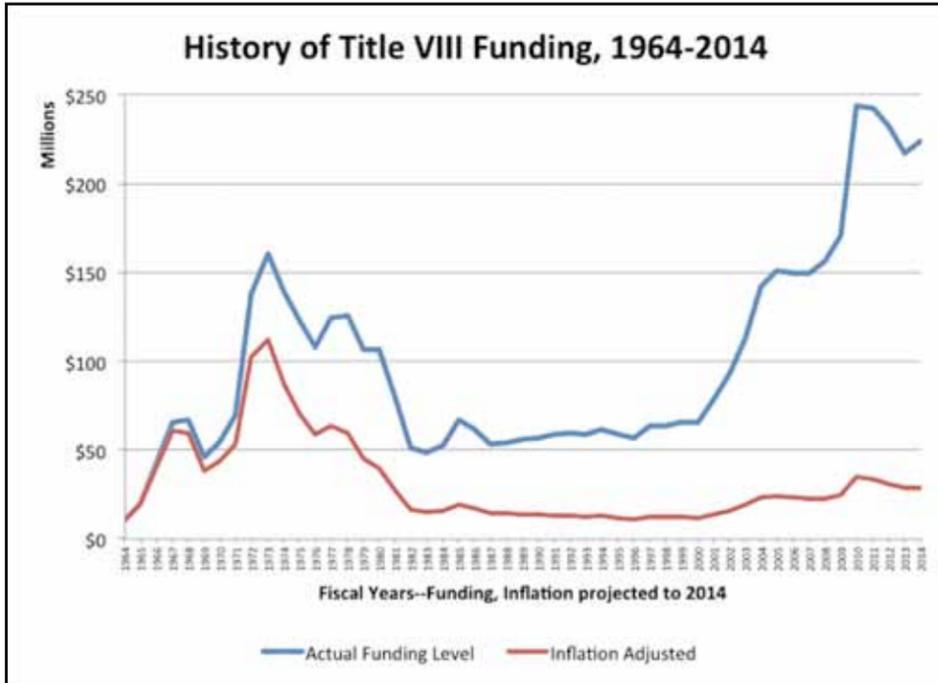
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# Nursing Practice

2022: *Where Have All Those Nurses Gone?* continued from page 10

older. The vast bulk of those RNs will not remain in active practice for another decade. Those additional 450,000 sets of retirement papers will be filed much more quickly than those of their retired super-cohort predecessors. Replacing retiring RNs may be a major fact of life for hospitals and other health industry employers through 2030.



Recently hospitals appear to have slowed down in hiring to only a replacement level. Total hospital employment declined three straight months from December 2013 to February 2014. The last time such a slowdown occurred was in 1995. We currently are in a period of mixed signals—simultaneous stories about both general staff layoffs and new job searches by employers, particularly looking for RNs. Because of the deferred RN retirements hospitals have been able to be more discriminating in selection of RNs to hire. Some hospitals have advertised

that they will only hire BSN or advanced degree nurses. Some hospitals have indicated that “no ‘new grad’ nurses need apply.” A preference for experienced nurses is understandable, but there may be unintended consequences. As RN retirements begin to accelerate there may be many more suitors for experienced nurses. Hospitals should consider more open employment of new grads so that they can grow their own experienced nurses over the next few years. Increasing demand for health care is expected to continue. The additional health insurance coverage offered by the Affordable Care Act may have leveled out by 2020, but the aging into Medicare of Baby Boomers and subsequent generations will continue. Every year through the end of the 21st Century two to three million people will age-in to Medicare. Hospitals and other health industry employers need to be prepared. All health industry employers need to plan a long term strategy that starts today for developing and retaining a stable, loyal, and home-grown, increasingly experienced RN staff.

*This article appeared on ANA NurseSpace (www.ananursespace.org) in March 2014.*

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# Nursing Practice

## Coalition of Patients' Rights Infographic

The Coalition for Patients' Rights® (CPR) consists of more than 35 organizations representing a variety of licensed health care professionals who provide a diverse array of safe, effective and affordable health care services to millions of patients each year. The American Nurses Association (ANA) is a current CPR member. CPR has made available to its members this useful infographic to help identify essential health benefits and the health care professionals who can provide them. See below or visit <http://www.patientsrightsnow.org/Patient-Resources/EssentialHealthBenefits.aspx> to download the infographic today!

### One Profession... One Voice

by Aimee Manion, DNP,  
RN-BC, CMSRN, NEA-BC

History has provided strong lessons on the value of creating a united front towards accomplishing common goals. This lesson definitely applies to the nursing profession within the rapidly changing health care environment. Nurses have and will continue to play a vital role in transforming health care at local, state and national levels. This role must be asserted as a clear and collective vision from a united force of nurses forged together by shared beliefs of practice expectations, commitment to service and promotion of health for all people.



Aimee Manion

The nursing profession has unique diversity related to entry into practice and specialty practice areas. This diversity should not fuel fragmentation, but instead foster the development of a platform for asserting the uniqueness and vitality of the nursing profession. It is through embracing the diversity and expertise of all nurses from the bedside to advance practice that will ignite the desire for unison throughout the profession. This unison will be cultivated through imparting a transparent understanding of health care reform, health policy and legislative actions that maximize the practice of all nurses in all health care settings.

The Georgia Nurses Association (GNA) is sending a distinctive message to all nurses. It is time for nurses across the state of Georgia to come together under "one voice" guided by the development of common goals and a united vision. The creation of this strong unified nursing voice will empower Georgia nurses to take the lead in improving access to care and promoting the health of all Georgians.

Aimee Manion is GNA President-Elect. She also represents GNA as a co-lead of the Georgia Nursing Leadership Coalition (GNLC).

### Now That You Have These Essential Benefits, WHO CAN PROVIDE THEM?

You probably know that the new insurance plans under the Affordable Care Act (ACA) guarantee that certain care is covered. These items and services are called essential health benefits.

What you might not know is, there is a full range of healthcare professionals, in addition to physicians, who can help you meet your healthcare needs.

Take a look at some of your options.



#### MATERNITY & NEWBORN CARE

- Certified Nurse Midwives & Certified Midwives
- Women's Health, Obstetric & Neonatal Nurses
- Nurse Practitioners in Women's Health
- Pediatric Nurse Practitioners
- Clinical Nurse Specialists
- Acupuncturists
- Certified Registered Nurse Anesthetists
- Family Nurse Practitioners



#### REHABILITATIVE & HABILITATIVE SERVICES

- Physical Therapists
- Occupational Therapists
- Chiropractors & Chiropractic Physicians
- Acupuncturists
- Rehabilitation Nurses
- Speech-Language Pathologists
- Clinical Nurse Specialists
- Audiologists
- Nurse Practitioners
- Psychologists



#### PEDIATRIC SERVICES

- Pediatric Nurse Practitioners
- Marriage & Family Therapists
- Nurse Practitioners in Women's Health
- Psychiatric Nurses
- Psychologists
- Family Nurse Practitioners
- Clinical Nurse Specialists
- Chiropractors & Chiropractic Physicians



#### MENTAL & BEHAVIORAL HEALTH TREATMENT

- Marriage & Family Therapists
- Psychiatric Nurses
- Psychologists
- Nurse Practitioners
- Occupational Therapists
- Clinical Nurse Specialists
- Acupuncturists



#### PREVENTATIVE & WELLNESS SERVICES

- Nutritionists
- Naturopathic Physicians
- Nurse Practitioners
- Acupuncturists
- Nurses
- Hospice & Palliative Nurses
- Chiropractors & Chiropractic Physicians
- Clinical Nurse Specialists
- Psychologists
- Marriage & Family Therapists
- Acupuncturists



#### HOSPITALIZATION

- Nurses
- Nurse Practitioners
- Certified Registered Nurse Anesthetists
- Foot & Ankle Surgeons
- Perioperative Registered Nurses
- Clinical Nurse Specialists
- Psychologists



#### AMBULATORY PATIENT SERVICES

- Nurse Practitioners
- Acupuncturists
- Naturopathic Physicians
- Nutritionists
- Clinical Nurse Specialists
- Foot & Ankle Surgeons
- Chiropractors & Chiropractic Physicians
- Registered Nurse First Assistant
- Certified Registered Nurse Anesthetists



#### EMERGENCY SERVICES

- Critical Care Nurses
- Certified Registered Nurse Anesthetists
- Nurse Practitioners
- Perioperative Registered Nurses
- Emergency Nurses
- Clinical Nurse Specialists

### BREAKDOWN BY NUMBERS



Want to find the right fit for you?

Check out this great resource, brought to you by the Coalition for Patients' Rights:  
<http://www.patientsrightscoalition.org/Patient-Resources/Consumer-All.aspx>

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<https://uscjobs.sc.edu/applicants/Central?quickFind=73409> (Instructors);  
<https://uscjobs.sc.edu/applicants/Central?quickFind=71796> (Asst/Assoc).

Review of completed applications begins immediately; continues until filled. AA/EOE.

## Social Media Explained – Please Print and Share with your Parents and Grandparents

As referenced by *Debbie Hackman-Bartlett*  
CEO, Georgia Nurses Association

This *Social Media Explained* list that a friend shared enabled me to finally say “OK now I get it.” IT IS BRILLIANT IN ITS SIMPLICITY. With a little research, I figured out the techie that captured this on a white board is Douglas Ray - <http://instagram.com/p/nm695/>. Thanks Doug for bringing us all such clarity! The only one I see missing on the list is Tumblr. But after reading this list, I bet we can Google that and then write our own “Tumblr explained” phrase to add to the list.

Young people reading this – do your parents and grandparents a favor and print this out and pass it along to them as a cheat sheet so it can pave the way for them to talk to someone under the age of 16. Then, in return, the grandparents can try to explain the concept of using only one telephone land line which had the same telephone number for everyone in the whole house. It also had a 20-foot cord between the actual phone and the receiver and it was most likely avocado green!

Enjoy Doug’s list below:



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1-877-376-4396

# Workforce Advocacy

## The Georgia Nursing Leadership Coalition – Update about the Future of Nursing Campaign and Georgia’s State Action Coalition Work

by *Rebecca M. Wheeler, RN, MA, PhD*

The work of the Georgia Nursing Leadership Coalition (GNLC) is not slowing down for a moment, and we’d like to update nurses on our activities. First of all, this year the Future of Nursing’s *Campaign for Action* is emphasizing recommendation #2 from the *Future of Nursing* report, “Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.” To that end, we have set up a separate committee to focus on our leadership efforts in Georgia. Our web site already lists key leadership conferences, but in addition the GNLC will participate in GNA’s conference *Nurses...Changing the Face & Voice of Leadership* on October 20 (see the GNA web site for details). GNLC will also host a one-day Doctoral Symposium in November in the Atlanta metro area. The goal is to provide students with valuable guidance for their doctoral work, leadership development and an opportunity to network with other doctoral students in Georgia. Doctoral faculty is also



*Rebecca M. Wheeler*

invited, so they can have an opportunity to develop and network.

We are proud to announce the first three recipients of our Health Policy Scholarship: Dawn Langley-Brady and Robert Sarfo (both PhD students at Georgia Regents University), and Christine Robbins (a DNP student at Georgia Southern). This award provides doctoral students with \$1,300 to attend a health policy conference and hopefully they will share their experiences at the Doctoral Symposium. (Stay tuned – We will offer this opportunity again next year!)

We have been collecting data on many fronts. Our emphasis this spring has been on doctoral programs and students here in Georgia. However, we are also developing plans to survey other nursing programs. We are looking into creative ways to find some preliminary demand data and, of course, we are constantly working with the Georgia Board of Nursing (GBON) to obtain our licensure data. We remain optimistic and hope to have some preliminary information on our web site soon.

We continue to work on all fronts to advance nursing in Georgia along the lines of the IOM report recommendations. If you would like to get involved or would like more information, please email us at: [ganursingcoalition@gmail.com](mailto:ganursingcoalition@gmail.com) or go to our web site: [www.nursesforahealthygeorgia.org/](http://www.nursesforahealthygeorgia.org/) (plans to update this are in the works!)

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# Georgia Health Literacy Alliance

# Finance Matters

## Talk With Me Baby – A New Collaborative Program

by Maggie Davis MSN, RN, CNE, Susan A. Walsh, PhD, RN, CCRN and Judi Kanne, RN, BSN

As nurses, we know health literacy plays an essential role in a person's ability to manage one's own health care. What nurses may not realize are the effects of poverty on how a person understands and uses health information.

According to Centers for Disease Control and Prevention (CDC), differences in formal education along with the complexity and technical nature of health information (and adding all of that to the aging process) can easily compromise an older adult's ability to comprehend everything they need better care for their injury or disease.

However, other groups are also at risk for poorer health outcomes related to low health literacy, too. Those who have less facility with the English language, such as non-native English speakers and those who are less educated may be especially challenged in understanding and using health information.

From a newborn to an aging population, we see the use of language as an indisputable health care tool.

During an Emory University School of Public Health, Models of Excellence presentation, Georgia Health Commissioner, Dr. Brenda Fitzgerald stated, "We know that by age three, babies in families at low-income levels hear 30 million fewer words

than a child from a professional family." As she so eloquently stated, "We must do more."

Current research suggests that even talking with premature babies can make a difference through increasing the infant's language skills by an additional 18 months. Dr. Fitzgerald has made the "Talk With Me Baby" project one of Georgia's top ten public health priorities and nursing will lead some of the activities.

According to the Georgia's Department of Public Health (DPH), the United Way of Greater Atlanta has pledged to support a program that will get parents talking with their infants. At its inception are Emory University nurses who are collaborating with several partners, including the Marcus Autism Center and DPH to spread the word about this initiative.

To further support understanding of available health literacy resources, continuing education courses are readily available online for all nurses to refresh their health literacy skills. Two such courses are:

### Health Literacy for Public Health Professionals

<http://www.cdc.gov/healthliteracy/training/index.html>

### Health Literacy Online Training Courses

<http://healthliteracyky.org/resources-online-training.htm>

## Are You A Smart Shopper?

by Jim Williams  
President, Team Lendwell



Jim Williams

I go to the grocery store a couple of times a week and I always bring along my discount card. When I reach the checkout line I see other shoppers saving on their purchases by taking advantage of manufacturer coupons. Everyone is looking to save a little and get a good deal.

Have you ever thought of asking for a "discount" from the seller when you purchase a home? I know, it sounds kind of crazy and most sellers will not buy in to the idea. Especially since the housing market has really turned to a seller's market.

However, you can achieve the same goal by becoming a "Smart Shopper" when you begin the home buying process. A good home investment is made when you purchase as opposed to when you sell. So, what are the keys to making a good purchase? You should determine your personal housing needs and a budget you can live within. It is never a good idea to buy more home than you can afford, at the same time no one wants to move after a year or two because the family has outgrown the new home.

Buying a home in a good neighborhood is a very important element in protecting your home investment. Quality schools and public services are a cornerstone to maintaining property values after your purchase. Whether you have children in school or not, a good local school system brings value to your home and will make a difference when you decide to sell in the future. Do your homework to determine how close fire and police services are to the neighborhood. Public safety is high on the priority list of any homeowner. Are the homes well maintained and exhibit pride of ownership?

On a final note, do your research on home sales in the community so you can develop a keen understanding of the market. Homes are selling much quicker now and home prices are edging upward. You must be ready to react quickly if you find a home you like. Be prepared to be a "smart shopper."

For more information on purchasing a home please visit our web site: [www.teamlendwell.com](http://www.teamlendwell.com) or call 888-213-4602 toll-free.



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### East Central Region

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mcassity@armc.org  
slorenti@gru.edu

### North Region

Consauga Chapter  
Northwest GNA RNs

Cindy Gilbert, Chair  
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VACANT

### North Central Region

Atlanta VA Nurses Chapter of GNA  
Metro Atlanta Chapter of GNA  
Northwest Metro Chapter  
Southern Crescent Chapter of GNA  
West Georgia Chapter of GNA

Sandra Dukes, Chair  
Karen Rawls, Chair  
Catherine Futch, Chair  
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sandra.dukes@va.gov  
itsmekr@yahoo.com  
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moor4040@bellsouth.net

### Southeast Region

First City Chapter  
Professional Nurses' Network Chapter  
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Southern Coast Chapter

Pat Dillon, Chair  
Kathleen Koon, Chair  
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Carol Elliot, Chair

patm1945@gmail.com  
kjkoon@nctv.com  
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### Southwest Region

Nursing Collaborative of South Georgia  
Southwest Georgia Chapter of GNA

Stacy Branch, Chair  
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### Shared Interest Chapters

GNA Informatics Chapter  
GNA Informatics Chapter  
Nursing's Future Leaders Chapter  
Clinical Nurse Specialist (CNS) Chapter

Roy Simpson, Chair  
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rsimpson@cerner.com  
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Whether you are a health care provider, an administrative specialist, a retired professional – anyone ready to help in your community – Georgia needs you.

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# Membership

## GN-PAC DONATION FORM



The Georgia Nurses Association Political Action Committee (GN-PAC) actively and carefully reviews candidates for local, state and federal office. This includes their record on nursing issues and value as an advocate for nursing. GN-PAC promotes the improvement of the health care of the citizens of Georgia by raising funds from within the nursing community and friends of nursing and contributing to the support of worthy candidates for State office who believe, and have demonstrated their belief, in the legislative objectives of the Georgia Nurses Association.

Your contribution to GN-PAC today will help GNA continue to protect your ability to practice and earn a living in Georgia. Your contribution will also support candidates for office who are strong advocates on behalf of nursing. By contributing \$50 or more, you'll also become an official member of GN-PAC. To contribute, complete the form below and return it to:

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Atlanta, Georgia 30329  
PH: (404) 245-9475  
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## GASN Renews Org Affiliate Membership with GNA

The Georgia Association of School Nurses (GASN) has renewed its organizational affiliate membership with GNA! By becoming an org affiliate member of GNA, organizations can enjoy great benefits, such as one voting seat in the GNA Biennial Membership Assembly with the ability to contribute action reports for consideration (representative must be a member of GNA), space for an article in our newsletter, *Georgia Nursing*, discounts on teleconferencing services and more. For information on how to become an organizational affiliate of GNA, please contact Jeremy Arie, Director of Marketing & Communications at [jeremy.arieh@georgianurses.org](mailto:jeremy.arieh@georgianurses.org).

## GEORGIA NURSES FOUNDATION HONOR A NURSE



We all know a special nurse who makes a difference! Honor a nurse who has touched your life as a friend, a caregiver, a mentor, an exemplary clinician, or an outstanding teacher. Now is your opportunity to tell them "thank you."

The Georgia Nurses Foundation (GNF) has the perfect thank you with its "Honor a Nurse" program which tells the honorees that they are appreciated for their quality of care, knowledge, and contributions to the profession.

Your contribution of at least \$35.00 will honor your special nurse through the support of programs and services of the Georgia Nurses Foundation. Your honoree will receive a special acknowledgement letter in addition to a public acknowledgement through our quarterly publication, *Georgia Nursing*, which is distributed to more than 100,000 registered nurses and nursing students throughout Georgia. The acknowledgement will state the name of the donor and the honoree's accomplishment, but will not include the amount of the donation.

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

The Georgia Nurses Foundation (GNF) is the charitable and philanthropic arm of GNA supporting GNA and its work to foster the welfare and well being of nurses, promote and advance the nursing profession, thereby enhancing the health of the public.

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# Membership

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 Brencia Bienville, Snellville, GA  
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 Elizabeth Hunter, Norcross, GA  
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 Hazel Parker, Decatur, GA  
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 Jelesa Williams, Gadsden, AL  
 Jema Loflin, Tucker, GA  
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 Mableton, GA  
 Peter Inyang, Ellenwood, GA  
 Rachel Poe-Garland, Calhoun, GA  
 Sally Presley, Thomaston, GA  
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Teresa Cheney, Statesboro, GA  
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 Tess Reeves, Bainbridge, GA  
 Toy West, Monticello, GA  
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 Barbara Olson, Grayson, GA  
 Bethany Norwood, Athens, GA  
 Brenda Splawn, Dawsonville, GA  
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 Carolyn Jeffery, Savannah, GA  
 Charity Ekperi, Riverdale, GA  
 Christian Jimenez, Atlanta, GA  
 Christina Hobelman, Evans, GA  
 Christy Brown, Augusta, GA  
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 Dina Herren, Nashville, GA  
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 Peachtree Corners, GA  
 Elizabeth Casey, Bonaire, GA  
 Jamice Gresham, Lithonia, GA  
 Jason Nevoit, Atlanta, GA  
 Jayne Andrade, Mableton, GA  
 Jeffrey Douglass, Thomasville, GA  
 Joseph Potts, Winter Springs, FL  
 Judy Glaser, Athens, GA  
 Julia Tanner, Orangeburg, SC  
 Juliana Baah, Atlanta, GA  
 Julie Lee, Duluth, GA  
 Karen Hart, Moultrie, GA  
 Karen Iacino, Savannah, GA  
 Karen Knowles, Nashville, GA  
 Karen Smith, Evans, GA  
 Keisha Duren, Midway, GA  
 Kelly Andersen, Atlanta, GA  
 Kim Asbell, Martinez, GA  
 Kim Leverett, Monroe, GA  
 Kitty Brogdon, Lilburn, GA  
 Lacrystal Gaddes, Antioch, TN  
 Lavonda Price, Stockbridge, GA  
 Lena Jefferson, Macon, GA  
 Letitia Anderson, Athens, GA  
 Linda Cooper, Marietta, GA  
 Linda Fallen, Hephzibah, GA

Lois Dapaah, Duluth, GA  
 Margaret Apará, Buford, GA  
 Maria Escobar, Conyers, GA  
 Martha Garner, Appling, GA  
 Megan Cross, Ellenwood, GA  
 Melanie Wheeler, Macon, GA  
 Melissa Smith, Watkinsville, GA  
 Michelle Dent, Hephzibah, GA  
 Muriel Thomas, Evans, GA  
 Myra Rolfes, Atlanta, GA  
 Nicolle Knight, Decatur, GA  
 Norma Boone, Snellville, GA  
 Pamela Cassara, Loganville, GA  
 Pamela Stewart, Savannah, GA  
 Pamela Walker, Martinez, GA  
 Paulette Benton, Lithonia, GA  
 Rebecca Oberzan, Augusta, GA  
 Richard Riddle, Baxley, GA  
 Robbie Mosley, Suwanee, GA  
 Ronald Delong, Waleska, GA  
 Sharon H. Stovall, Decatur, GA  
 Sibyl Kirkland, Statesboro, GA  
 Starla Eubanks, Valdosta, GA  
 Stephanie Crosby, Savannah, GA  
 Stephen Gatesman, Evans, GA  
 Surbrena Clark, Milledgeville, GA  
 Susan Jones, Marietta, GA  
 Susan Wodarz, Evans, GA  
 Suzanne Zadarosni, Dunwoody, GA  
 Teresa Gordon-Caldwell, Grovetown, GA  
 Terri Sewall, Augusta, GA  
 Theresa Brown, Monroe, GA  
 Theresa Roberts,  
 Flowery Branch, GA  
 Tiffany Anderson, Cairo, GA  
 Tracey Fortner, Winder, GA  
 Vanessa Campbell, Statesboro, GA  
 Wanza Bacon, Ellenwood, GA

### February 2014

Altrasey Hubbard, Albany, GA  
 Amy Chandler, Monticello, GA  
 Astrio Neptune, Lithonia, GA  
 Audrey Taylor, Fairburn, GA  
 Audrey Dickson, Atlanta, GA  
 Betty Bennett, Savannah, GA  
 Brittney Singley, Vienna, GA  
 Brooke Iannone, Lagrange, GA  
 Carolyn Clevenger, Atlanta, GA  
 Catherine Vena, Buford, GA  
 Christine Starr, Douglasville, GA  
 Christine Wollenhaup, Suwanee, GA  
 Corinna Moore, Washington, GA  
 Crystal Bowens, Murrayville, GA  
 Dana Maher, Pooler, GA

Debbie Allen, Forsyth, GA  
 Debra Kay-Volk, Roswell, GA  
 Derrica Stevenson, Covington, GA  
 Dietrice Bigby-King, Atlanta, GA  
 Dzintra Leblanc, Marietta, GA  
 Elisha Finch, Garfield, GA  
 Frances Ogueri, Austell, GA  
 Francis Njoku, Snellville, GA  
 Georgia Hutchins, Athens, GA  
 Heather Alexander, Athens, GA  
 Ijeoma Nwokeyi, Austell, GA  
 Jaimama Gonyor,  
 Stone Mountain, GA  
 Jama Kirkland, Ambrose, GA  
 Jane Garvin, North Augusta, SC  
 Jeannie Rodriguez,  
 Peachtree City, GA  
 Jennifer Gilbert, Alpharetta, GA  
 Joannette Vargas, Lawrenceville, GA  
 Joseph Potts, Decatur, GA  
 June Bromfield, Conyers, GA  
 Karen Williams, Cornelia, GA  
 Kasey Jordan, Colbert, GA  
 Kathy Williams, Ellenwood, GA  
 Kay Wood, Lagrange, GA  
 Kimberly Griffin, Milledgeville, GA  
 Lauren Kemp, Augusta, GA  
 Leah Valvano, Powder Springs, GA  
 Lillie Jones-Collins, Smyrna, GA  
 Linda Champion, Kennesaw, GA  
 Lisa Cloose, Newnan, GA  
 Lorena Torres, Atlanta, GA  
 Lourdes Cody, Douglasville, GA  
 Maria Ford, Lithonia, GA  
 Marilyn Margolis, Cumming, GA  
 Marjorie Newman, Lithonia, GA  
 Martha Polovich, Jonesboro, GA  
 Mary Goolsby, Augusta, GA  
 Mary Paramoure, Marietta, GA  
 Morgan Ream, Kennesaw, GA  
 Patricia Whitmore, Fairburn, GA  
 Patricia Kraft, Brunswick, GA  
 Peggy Mossholder, Rincon, GA  
 Rosa Yi, Decatur, GA  
 Shannon Gabbard, Athens, GA  
 Susan Brown,  
 St. Simons Island, GA  
 Talecia Warren, Milledgeville, GA  
 Toni Boyd, Snellville, GA  
 Traci Gosier-Payton, Lithonia, GA  
 Trina Pitts-Brunn, Roswell, GA  
 Vanessa Kelly Krull, Naylor, GA  
 Vanessa Graham, Martinez, GA  
 Veronica Mason, Tyrone, GA

## I Want to Get Involved: Creating a Chapter

Are you interested in nursing informatics? Palliative Care? Pediatric oncology?

Whatever your nursing passion may be, Georgia Nurses Association (GNA) can help you connect with your peers locally and across the state. Becoming involved in your professional association is the first step towards creating your personal career satisfaction and connecting with your peers. Now, GNA has made it easy for you to become involved according to your own preferences.

Through GNA's new member-driven chapter structure, you can create your own chapter based on shared interests where you can reap the benefits of **energizing experiences, empowering insight and essential resources.**

The steps you should follow to create a NEW GNA chapter are below. If you have any questions, contact the membership development committee or GNA headquarters; specific contact information and more details may be found at [www.georgianurses.org](http://www.georgianurses.org).

1. Obtain a copy of GNA bylaws, policies and procedures from [www.georgianurses.org](http://www.georgianurses.org).

- Gather together a minimum of 10 GNA members who share similar interests.
- Select a chapter chair.
- Chapter chair forms a roster to verify roster as current GNA members. This is done by contacting headquarters at (404) 325-5536.
- Identify and agree upon chapter purpose.
- Decide on chapter name.
- Submit information for application to become a chapter to GNA Headquarters. Information to be submitted includes the following:
  - Chapter chair name and chapter contact information including an email,
  - Chapter name,
  - Chapter purpose, and
  - Chapter roster.
- The application will then go to the Membership Development Committee who will forward it to the Board of Directors. The Board will approve or decline the application and notify the applicant of its decision.



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# Membership

## GNA/ANA Benefit Brief

**Some of the many great services, discounts and opportunities you'll access as a member of GNA/ANA:**

**The LARGEST Discount on initial ANCC Certification** – GNA/ANA members save \$120 on initial certification.

**The LARGEST available discount on ANCC re-certification** – \$150 for GNA/ANA members.

**The ONLY discount on ANCC Review/Resource Manuals** – GNA/ANA members only.

**GNA Members-Only E-News and Legislative Updates** – Members gain access to informative GNA and ANA E-news messages, including timely updates during the legislative session, national news & policy updates and vital information for all nurses.

**Member Discounts on GNA Conference Registration** – GNA members receive special

discounts on all GNA events, including the one-day 2014 GNA Professional Development Conference!

**Journals & publications** – Free subscription to *The American Nurse* – a \$20 value – and free subscription to *The American Nurse Today*, an \$18.95 value. **Free online access to OJIN: The Online Journal of Issues in Nursing.** Members also have the first opportunity to access OJIN & TAN content online! Free quarterly GNA newsletter – *Georgia Nursing*.

**Access to ANA's [www.nursingworld.org](http://www.nursingworld.org)** – Become a member, you'll gain immediate access to the members-only areas of ANA's web site [www.nursingworld.org](http://www.nursingworld.org)! NursingWorld features a plethora of resources for nurses, including position statements, press releases, white papers and more. This includes ANA NurseSpace, the online networking site for nursing professionals.

**Free Webinars & CE opportunities** – GNA/ANA members can now access frequent educational

webinar offerings from ANA at no cost to the member. This includes ANA's Navigate Nursing Webinars and other free and low-cost CE opportunities being offered both virtually and face-to-face.

**New leadership opportunities** – Get involved with GNA! Statewide recognition and professional development. Become a chapter chair, participate in a task force or committee or run for elected office.

**GNA Career Center** – Find a new opportunity on GNA's online career center, [www.georgianurses.org](http://www.georgianurses.org).

**GNA web site** – 24/7 access to information on our web site, [www.georgianurses.org](http://www.georgianurses.org).

**ANA SmartBrief** – GNA/ANA members receive ANA's SmartBrief electronic newsletter via email on a weekly basis. SmartBrief provides members with up-to-date nursing news and information in a convenient format.

**Connect with Leaders in the nursing profession** – GNA/ANA members will find numerous opportunities to connect with peers through special events, chapter involvement, the GNA web site and other services.

**Annual Legislative Day event at the State Capitol** – Our successful annual event with legislators at the State Capitol is FREE for members and students.

**Shared-interest and local chapters** – Get involved with GNA at the chapter level and you'll have the opportunity to connect with nursing professionals who have the same interests/specialty as you!

**Dedicated professional staff & lobbyists** – By joining GNA, you'll gain access to a staff of dedicated professionals and skilled lobbyists, who advocate for you at the state and federal level.

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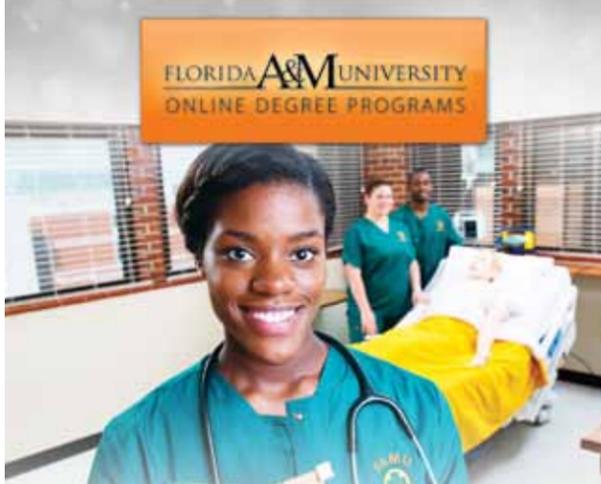
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