Healthcare delivery is in a state of flux. As we change the way we deliver healthcare in this nation, nurse staffing concerns are a priority for many nurses and one of the main reasons that nurses contact the Arizona Nurses Association (AzNA). Nurses are asking for clarification on laws (i.e. “is there a law about patient ratios or how many hours in a row am I allowed to work”) and also voicing concerns about workloads related to nurse fatigue and moral distress. “Moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action.”

(Edward T. Gallagher, 2010). On the other side of the story, nursing administrators are constantly struggling with the staffing issue and trying to do more with less.

How Do We Change Hospital Nurse Staffing in Arizona to be More Healing for Patients and More Satisfying for Nurses?

President’s Message

AzNA Next: Focused on the Future

In four short years (2019), AzNA will be celebrating its centennial as the only professional association representing over 75,000 registered nurses in Arizona. To me, it is mind-boggling to think of all that AzNA has done in the last 96 years to advance and promote our profession. Just as many organizations sustain relevance by adjusting to 21st century priorities, AzNA has also adjusted. It is with that perspective that I share with you AzNA’s new mission, “Advancing the nursing profession and promoting a healthy Arizona.” This new mission is just one of many adaptations occurring during what we are calling AzNA Next, the association’s response to the changing needs of 21st century nurses and patients.

The updated mission speaks to our efforts to broaden our scope, not only advancing our profession as we have done for many years, but also to reflect our inclusiveness of the communities we serve. When American Airlines and US Airways merged, the company claimed to have changed their look on the outside to reflect the progress they have made on the inside. I like to think that AzNA is going through a similar transition. No, we have not merged with another association, but we have been leading critical initiatives such as hospital safe staffing (see page 1), healthy work environments and public policy. In addition, AzNA has been ‘called to the table’ to represent nursing in critical discussions on immunizations, public health, corrections, nursing workforce, and strategies addressing the IOM recommendations.

The AzNA logo has a new look as well. The change, with its new color scheme and emphasis on healing across the state of Arizona, reflects our core mission and message that the health of Arizona is our priority. Consistent with our updated mission and logo, a revised framework for our strategic goals has been created (see page 12). Centered on advocacy, public policy, and practice, AzNA’s 4 strategic goals are straightforward and clearly demonstrate a strong pathway to fulfilling our mission.

At the 2015 Biennial Convention I will be reporting AzNA’s achievements and successes in meeting our goals over the last 2 years (see pages 6 and 7). As we prepare for our convention in Sept, I want to invite every nurse in AZ to be part of AzNA Next. It is an exciting time and we have lots to do. This may be your first opportunity to experience what AzNA does (and has been doing for many years), so please consider attending, engaging and becoming a part of AzNA. You too can be part of the future.

Advancing the Nursing Profession and Promoting a Healthy Arizona

ED Report continued on page 2

Executive Director’s Report

How Do We Change Hospital Nurse Staffing in Arizona to be More Healing for Patients and More Satisfying for Nurses?

Carol J. Stevens, PhD, RN

Robin Schaefer, MSN, RN, CAE

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Optimal staffing is a multi-layered and complicated issue. If it weren’t, we wouldn’t have such a hard time solving it. So, how do we identify the perfect staffing model? Unfortunately, there is not a “one size fits all” model. Each nursing unit has unique needs and nurses possess different skill sets, for example a new graduate nurse is challenged to perform at the level of a nurse who has been working for 10 years.

In August of 2014, the AzNA Board of Directors initiated a project that addressed the hospital nurse staffing issue in Arizona. Our innovative “it takes a village” approach led us to hire a professional facilitator to convene work sessions that involved a combination of a top down and bottom up approach. Participation in two small roundtables and a larger day of dialog included representation from administrators and direct care nurses, national staffing thought leaders and community partners.

The goal was to identify innovative solutions.

Twelve main themes fit into at least one of the following six subject areas: costs and budgets, patient acuity, management issues and work climate, nurse well-being, patient safety and metrics. We will be convening groups of stakeholders to determine next steps. Our plan is to submit a proposal to fund demonstration projects testing targeted strategies. For 96 years AzNA has been the respected voice of nursing by nurses, community and legislators. As the only state nurses association with 4 full-time staff members, 4 consultants and an active volunteer board of directors, we have the manpower and bandwidth to stay current and relevant. In partnership with our parent organization, the American Nurses Association, our websites at www.aznurse.org and www.nursingworld.org provide an amazing array of issues and initiatives that are of great interest to nurses from all areas of practice. Of particular relevance to our efforts and this discussion, the ANA website has a dedicated section on safe nurse staffing.

Now, more than ever we, thank our dedicated AzNA members and invite those that are not members to join our association. Membership dollars are used to support important initiatives such as staffing issue.

Note: Interested in more information? An extended manuscript of our staffing initiative appears in the August, 2015 issue of The Journal Nursing Management.


www.aznurse.org

Correction

In the May 2015 issue of The Arizona Nurse, Selina Bliss was incorrectly identified alongside her article. The byline on her article should have read ‘Selina Bliss, PhD, RN, CNE, RN-BC’. The Arizona Nurse apologizes for any confusion this may have caused.

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I Probably Don’t Need a Will

Shawn Harrell, MS, RN

That’s what more than half of Americans must believe since more than half of Americans don’t have wills. Why would you need a will? First of all, nurses know we all need a living will and advanced directives. But the fact is, many nurses do not have advanced directives for themselves and their family members. If you are one of those nurses, go to http://www.azsos.gov/services/advance-directives where you will find the needed forms. You can even have your living will and advance directive added to the AZ Advanced Directives Registry at no charge. The Registry can be accessed by healthcare providers 24/7 which is great, especially in emergency situations.

But do you need a last will and testament? Not really if you have no minor children, don’t own property, and have no assets. Otherwise, a will is a good idea. You don’t have to be rich.

If you have minor children you need to tell survivors who you want to care for your children and provide that person with funds, if you are able. If you and your spouse travel together in a car or plane or do anything where you might die at the same time, you really need a will to state your wishes about your minor children. If you don’t have a will, each state has laws that will determine where your property and assets will go. A court will make decisions about child custody. For instance, if you have a blended family and no will, in AZ the money will go half to the spouse and half divided among all the children no matter the age of the children. That might not be your intention.

It gets more complicated than that. Some of us remember James Dean from our youth. The actor died in an accident at age 24, without a will. State laws gave his estate to his father who had essentially abandoned him as a child. The estate still earns royalties today.

If you want a say about who will get your assets, who will care for your minor children, or what charities you want to support, get a will. Go to www.azbar.com for more information. Where there’s a will there’s a way…oh, did I say that?
Congratulations to the Spring 2015 AzNF Scholarship Winners

Mikala Boddy, BSN, Brookline
Douglas Boyle, RN to BSN, Upper Iowa University
Peyton Brown, BSN, University of Arizona
Amy Batliner, Grad-DNP, PhD, University of Arizona
Sarah Dolicki, Grad-FNP, Northern Arizona University
Marcio Govt, BSN, Chamberlain
Claudia Gonzales, ADN, Mohave Community College
Saralina Gorman, BSN, Northern Arizona University
Kiersten Gatier, BSN, Scottsdale CC
Stephanie Hillches, BSN, Pima Medical Institute
Emma Lathrop, BSN, University of Arizona
Elizabeth Lewandowski, BSN, Chamberlain
Kaitlyn Parks, BSN, University of Arizona
Jamie Money, BSN, Northern Arizona University
Kileen Martin, BSN, Pima CC and Northern Arizona Univ Concurrent
LeAnne Prenovost, Grad DNP,
Mohan community college
Kimberly Steele, BSN, Northern Arizona University
Shelby Talsoa, BSN, Chamberlain
Zochil Monge, BSN, University of Arizona
Joy Neveill, Grad MSN, Grand Canyon University
Paola Miranda, BSN, University of Arizona
Hoating Pei, ADN, Mohave Community College
LeAnne Prenovost, Grad DNP, Glendale Community College

Nursing Scholarships Now Available

Up to $25,000 in academic scholarships awarded to nursing students each semester

The Arizona Nurses Foundation provides scholarships to help support entry into professional nursing and for career mobility within nursing. Scholarships are based on the applicant’s merit and financial need. Students may be enrolled part-time or full-time.

Scholarships are available for nursing students who are accepted for enrollment or currently enrolled in nursing schools and are committed to nursing practice in Arizona.

- $500 scholarships for ADN students
- $1,000 scholarships for BSN and RN-BSN students
- $2,500 scholarships for Master’s/Doctoral students
  [Preference will be given to graduate students who are committed to working at least 50% in academia.]
- ADN and BSN Kaplan NCLEX Review Course ($499 value)

(Preference will be given to graduate students who are committed to working at least 50% in academia.)

For Applications and Guidelines visit: www.aznurse.org - Click on the Foundation tab.

Application Deadlines:
- Fall Award: March 1
- Spring Award: October 1

The Arizona Nurses Foundation is also offering three half-tuition Brookline College nursing scholarships for each program start: Fall/September, Spring/January, or Summer/May. One scholarship is awarded per program start in the following degrees: Bachelor of Science in Nursing (BSN), Bachelor of Science in Nursing for Baccalaureate Graduates (BSN/BDG), and Master of Science in Nursing (MSN) programs.

Application Deadlines:
- Fall: February 1
- Spring: July 1
- Summer: November 1

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For the past 16 years, The Arizona Nurses Foundation (AzNF) has awarded over $350,000 in scholarship money to nursing students at all levels of education. It is very likely that a nurse in your workplace has received an AzNF scholarship or will be a recipient in the future.

The Promise of Nursing Luncheon, hosted yearly on the Friday before Nurses Week, is the primary source of funding for the AzNF scholarship program. The event is designed to honor nurses for their dedication in the transformation of healthcare while simultaneously raising money to fund scholarships.

This year the Promise of Nursing was held on Friday, May 1st at the Arizona Biltmore Resort and Spa. With over 300 nurses being honored for their hard work and featuring keynote speaker Jean Watson, this year’s Promise of Nursing event was one to remember.

The event wrapped up following a standing ovation for Dr. Jean Watson with the news that next year’s Promise of Nursing would be changed from a luncheon to an evening gala under the amazing sponsorship of the Johnson & Johnson’s Campaign for Nursing’s Future.

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New! Now offering monograms!

Nurses enjoying the beautiful Biltmore grounds at the Promise of Nursing reception.

Florence Nightingale (Deanne Lewis, AzNA member) with keynote speaker Dr. Jean Watson.

Past scholarship winner Lesly Kelly shares her success.

Student nurses Lorraine McLean and Julie Nguyen set the tables with programs, nurse week pins and chocolate for the attendees.

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Your future starts here.
The Arizona Nurses Association is proud to welcome a special guest to our biennial convention this Fall: former Arizona Governor Janice K. Brewer. Governor Brewer will join us beginning at 5:15 p.m. on Sept. 24 at the San Marcos Resort, in Chandler. In addition to mixing and mingling with attendees, Governor Brewer will talk leadership – specifically, the kind she displayed and AzNA and other groups supported that made possible the defense and expansion of Arizona’s Medicaid program.

More than two years have passed since that epic Medicaid debate. It’s easy to forget how difficult the battle was, and the extent to which its outcome was in doubt until the very end. Today, more than 300,000 Arizonans can give thanks for their Medicaid health coverage to the dogged efforts of Governor Brewer and a bipartisan coalition of legislators backed by Arizona nurses, physicians, hospital leaders and other community groups.

As a prelude to Governor Brewer’s remarks at the AzNA convention, it’s worth briefly replaying the Medicaid drama and why this was a fight worth having.

It was early 2013 and Arizona was just beginning to crawl out of the recession. More than two years earlier increased eligibility to 100% of FPL via Proposition 204. The State had frozen enrollment of childless adults during the budget crisis, but no one knew how long the freeze would last before drawing a lawsuit and a potential court order to re-open enrollment.

Weighing the political and policy implications, Governor Brewer announced in her 2013 State of the State address that Arizona was better off expanding Medicaid slightly beyond what our voters had already required – allowing the state to draw down billions of federal dollars to provide care to Arizona citizens already covered under the law.

More coverage also meant less uncompensated care, a worsening problem that was threatening hospital bottom lines and increasing health premiums across the board.

“Do the math,” became Governor Brewer’s mantra in promoting what advocates termed Medicaid Restoration. Over roughly six months, she nurtured a broad statewide coalition — in which AzNA was proud to play a leading role — and slowly pieced together enough legislative support to approve the Medicaid plan.

It was about saving lives. Two years after Medicaid Restoration was signed into law, you can bet it has done exactly that. So we’re pleased Governor Brewer will be with us for the Biennial Convention. We hope you will join us as we say “thank you” for being a champion of nursing and health care, and for her courage in fighting on behalf of Medicaid recipients.

For more information about the convention and to register, please visit aznurse.org.

Colleen Sweeney to Keynote

Colleen Sweeney, RN, BS will present “What Patient Fear and Why We Have to Know” at the AzNA Convention on September 24 at the San Marcos Resort in Chandler.

She is the founder of Sweeney Healthcare Enterprises, and is on a mission to transform healthcare.

Colleen conceived and conducted the Patient Empathy Project™, a three year research study. During this research, she discovered that 96% of all patients have serious fears about health care, coining the term Clinicapophobia™ to describe the phenomenon. Colleen put this finding to use, developing the Patient Experience Pyramid™ as a tool for healthcare teams to uncover and respond to patient fears. She’s identified the Top 11 Patient Fears and collected astonishing artwork from the Patient Empathy Postcard Project™.

A member of the National Speakers Association and a Certified Facilitator with the Tom Peters Company, Colleen holds degrees in nursing and business, and a master’s certificate in project management. Colleen attributes much of her success to an earlier career in improvisational comedy, which taught her to build enthusiasm, think differently about the work she does and help audiences realize the power of possibility which exists within them.

For more information and to register for the Convention go to the website www.aznurse.org and click on calendar.
2015 Biennial Convention

**Schedule**

**Wednesday, September 23, 2015**
- 5 – 6:30 pm AzNA Business Meeting
- 6:30 – 8:30 pm Dinner, Live Auction

**Thursday, September 24, 2015**
- 7:30 – 8:30 am Registration/Breakfast, Committee Meetings
- 10:30 – 10 am Break/Exhibitors
- 10:30 – 11:30 am Plenary - IGNITE Leadership!
- 11:30 – 1 pm Lunch/Exhibitors
- 1:30 – 2:30 pm Plenary - IGNITE Practice!
- 3:45 – 5:15 pm AzNA Business Meeting OR The American Nurse movie
- 5:15 – 6:30 pm Presentation & Reception - Nurses Partnering with the Governor for a Healthy Arizona
- 6:30 – 8:30 pm Dinner, Live Auction

**Friday, September 25, 2015**
- 7:00 – 7:45 am Political Action Committee Breakfast Meeting
- 7:30 – 8 am Registration/Breakfast/Exhibitors
- 8 – 8:15 am Welcome/Announcements/Memoriam
- 8:15 – 9:15 am How Can we Make Hospital Nurse Staffing More Healing for Patients and More Satisfying for Nurses?
- 9:30 – 10:30 am Plenary - IGNITE Practice!
- 10:30 – 11:00 am Break/Exhibitors
- 11:00 – 12 pm Leadership: Ethics - Leadership and ANA's Updated Code of Ethics
- 12:30 – 1:30 pm Break
- 1:30 – 2:30 pm Plenary - IGNITE Practice!
- 2:30 – 3:30 pm Breakouts
- 3:30 – 4:30 pm Leadership: Diversity-Cultural Responsiveness in Leadership
- 4:30 – 5:30 pm Breakouts
- 5:30 – 6:30 pm Breakouts
- 6:30 – 6:45 pm Breakouts

**Breakouts**

**Leadership:**
- August 23:破晓
- August 24:上升
- August 25:黄昏

**Education:**
- August 23:教育
- August 24:开放
- August 25:闭卷

**Practice:**
- August 23:实践
- August 24:练习
- August 25:实际

**Sponsors and Exhibitors**

Exhibitor and Sponsorship information is available at [www.aznurse.org/Convention](http://www.aznurse.org/Convention)

**Southwest Region Indian Health Service**

The Southwest Region Indian Health Service is seeking Registered Nurses with Medical/Surgical, ICU, Emergency, and OB/L&D experience that have an innovative spirit to improve the health status of our Native American population.

**Why Nurses Choose IHS:**
- Loan Repayment Program – Up to $20,000 annually
- Competitive Salaries
- 10% evening/night differential
- 25% weekend differential
- 26 vacation days
- 13 sick days, 10 Federal holidays
- Numerous health plans to choose; continue in retirement
- Outstanding Federal Retirement Plan, and much more
- Transfer opportunities–1 license/50 states

Our nursing career opportunities are located at multiple sites throughout the states of Arizona, Nevada and Utah. The Southwest Region also has the largest Medical Center in the Indian Health Service located in downtown Phoenix.

Nurses interested in a rewarding career, please contact Kevin Long at 602-364-5178, or email Kevin at Kevin.long@ihs.gov. I hope we’ll talk soon.

**Registration Information**

Program registration is available at [www.aznurse.org/Convention](http://www.aznurse.org/Convention)

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*For a complete list of speakers & schedule information please visit: [www.aznurse.org/Convention](http://www.aznurse.org/Convention)*

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Nurses interested in a rewarding career, please contact Kevin Long at 602-364-5178, or email Kevin at Kevin.long@ihs.gov. I hope we’ll talk soon.
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**For My Father**

Amy Steinbinder, PhD, RN, NE-BC
Vice President, Nursing, Quality and Evaluation, Language of Caring, LLC

My father is elderly – nearly 87 years old and I am his advocate. That doesn’t mean that he is incompetent, infirm or uninterested in decisions and information about his body, his health and his life. It does take him longer to process information and he is slowing down. Here are some ways you can show you care and understand.

Speak slowly and wait for his response. Like many elderly he is hard of hearing. Face him directly and enunciate clearly. Focus on him rather than multitasking, looking down or looking away as your voice gets redirected from him to the floor, the chart, or blood pressure cuff you are using.

Be respectful and speak directly to him. I’m in the room and I’m his advocate, but he is the focus. Address questions directly to him.

He is unsteady on his feet and has a healthy fear of falling. He moves slowly. Walk next to him at his pace so he isn’t reminded of how slow he is and that he is declining.

His purpose in life is rapidly changing. He no longer has his wife. He no longer drives. He is unable to do his own cooking and take care of his home. He has transitioned from being totally independent to now being dependent on others. Tune into the need to ease the burden, the confusion and the angst of your elderly patient who is my elderly father.

Like many elders he has many chronic conditions. Please convey to him that despite all of the challenges that he faces every day, you admire him for his tenacity and his ability to keep moving forward. Please recognize that like many elders, has experienced tremendous losses. Ask him about his life, his family and the people who are important to him. Use your ears, your voice, and your heart to ease the transitional journey for him and for me. In doing that, you will affirm him as a valuable person and be a better nurse.

---

**Indian Health Service, Crownpoint Healthcare Facility is looking for Registered Nurses with Medical/Surgical, Emergency and Obstetrics/Labor & Delivery experience that have an adventurous and innovative spirit to improve the health status of our American Indian population.**

Interested candidates are encouraged to apply at this link for “Clinical Nurse, Grade Step-610-9: [https://www.usajobs.gov](https://www.usajobs.gov)” Questions may be directed to HR Specialist (505) 786-6213 or Department Supervisor (505) 786-6265.

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**“Lady with the Lamp” Pendants Designed Especially for AzNA**

These beautiful pieces are part of the “Lady with the Lamp Collection” designed especially by Coffin and Trout Fine Jewellers and are available by contacting Coffin and Trout at 800.684.8984 or sales@coffinandtrout.com. The pendant is available in gold, white gold, silver and with or without diamond trim. A portion of the proceeds benefits AzNA.
Promoting the Diversity of Arizona’s Nursing Workforce through Mentorship

Tillie Chavez, Sharon McKee, Adriana Perez

In the last Arizona Nurse issue, we highlighted our first five goals of our Robert Wood Johnson Foundation SIPI Grant pertaining to infrastructure to house healthcare workforce data. The Arizona Action Coalition/Diversity Council (AZ ACDC) was created to design and implement SIPI Project Goal #6 Diversity of RN Workforce for the Future of Nursing: Arizona Implementation Program. The AZ ACDC is dedicated to promoting a diverse workforce in Arizona, through opportunities for mentorship among diverse, bilingual students, and in community health settings. A pilot mentoring program will be implemented from August 2015 to May 2016. The Program Goal: To develop a model that can be utilized statewide. A minimum of 20 student/RN dyads will engage in a project with underserved populations. The pilot program has identified 20 students of the Bilingual Nursing Program at Phoenix College, as the real study Mentors have been recruited through the National Association of Hispanic Nurses (NAHN), Black Nurses Association (BNA) Greater Phoenix, and Philippine Nurses Association of Arizona (PNAAz) who must complete the application process to assist in the matching of Mentor/Mentee. Each dyad will list at least one positive patient outcome in their community health setting project, resulting from the experience with a specific focus on diverse/underserved populations. Long-term, this program may contribute to an overarching goal of promoting a culture of health in Arizona. In working with nursing program directors, AZ ACDC will ensure the experience objectives align with program objectives. In addition, this opportunity lends itself to enhance the diversity curriculum embedded within nursing programs and to apply leadership skills as mentors and educators.

The minority population in higher education is faced with the dilemma of a lack of qualified educators. Literature on the topic of educating a culturally diverse population has raised many questions on ways this is to be accomplished. Who will take ownership of successfully educating our culturally diverse youth? In the United States, the population of minority group educators are vastly underrepresented. A more important question would be, does culture play a role in the success in minority student’s success? According to international researchers, of the population they studied, many Black students and parents felt the need for like culture representation in the classroom (Dei, 1995). Their beliefs were that peer-mentorship network may assist in supporting and sustaining efforts. The AZ ACDC will continue to develop, implement and evaluate this mentoring program over the next two years. Once the program is refined and completed, the AZ ACDC will plan to disseminate the program throughout Arizona.

References

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Arizona Action Coalition

AZ ACDC Mentoring Program

Project Goal #6 Diversity of RN Workforce for the Future of Nursing: Arizona Implementation Program. The AZ ACDC is dedicated to promoting a diverse workforce in Arizona, through opportunities for mentorship among diverse, bilingual students, and in community health settings. A pilot mentoring program will be implemented from August 2015 to May 2016. The Program Goal: To develop a model that can be utilized statewide. A minimum of 20 student/RN dyads will engage in a project with underserved populations. The pilot program has identified 20 students of the Bilingual Nursing Program at Phoenix College, as the real study Mentors have been recruited through the National Association of Hispanic Nurses (NAHN), Black Nurses Association (BNA) Greater Phoenix, and Philippine Nurses Association of Arizona (PNAAz) who must complete the application process to assist in the matching of Mentor/Mentee. Each dyad will list at least one positive patient outcome in their community health setting project, resulting from the experience with a specific focus on diverse/underserved populations. Long-term, this program may contribute to an overarching goal of promoting a culture of health in Arizona. In working with nursing program directors, AZ ACDC will ensure the experience objectives align with program objectives. In addition, this opportunity lends itself to enhance the diversity curriculum embedded within nursing programs and to apply leadership skills as mentors and educators.

The minority population in higher education is faced with the dilemma of a lack of qualified educators. Literature on the topic of educating a culturally diverse population has raised many questions on ways this is to be accomplished. Who will take ownership of successfully educating our culturally diverse youth? In the United States, the population of minority group educators are vastly underrepresented. A more important question would be, does culture play a role in the success in minority student’s success? According to international researchers, of the population they studied, many Black students and parents felt the need for like culture representation in the classroom (Dei, 1995). Their beliefs were that peer-mentorship network may assist in supporting and sustaining efforts. The AZ ACDC will continue to develop, implement and evaluate this mentoring program over the next two years. Once the program is refined and completed, the AZ ACDC will plan to disseminate the program throughout Arizona.

References
Catheter-Associated Urinary Tract Infections (CAUTI) are the most commonly reported hospital-acquired condition, and the rates continue to rise. More than 560,000 patients develop CAUTI each year, leading to extended hospital stays, increased health care costs, and patient morbidity and mortality. RNs can play a major role in reducing CAUTI rates to save lives and prevent harm. ANA offers an innovative, streamlined, evidenced-based clinical tool developed by leading experts available free online in PDF format by visiting http://www.nursingworld.org/ANA-CAUTI-Prevention-Tool.

Hospital-acquired conditions (HACs) are a major threat to patient safety with costs estimated to be $33 billion. The Department of Health and Human Services (HHS) has identified a national strategy to reduce multiple health care-associated infections (HAI), a subset of HACs. Nurses are linchpins in the efforts to reduce HAI to prevent avoidable harm, morbidity and mortality, and reduce cost.

ANA has partnered with the Centers for Medicare and Medicaid Services (CMS) Partnership for Patients (PfP) in an effort to reduce avoidable HACs by 40% and reduce 30-day hospital readmissions by 20% compared to 2010.

According to PfP, ANA and PIP’s partnership has already contributed to a significant reduction in multiple HACs and preventable 30-day readmissions. The U.S Department of Health & Human Services reported national reductions in adverse drug events, falls, some infections and other forms of harm are estimated to have prevented approximately 15,000 deaths in hospitals, decreased health care costs by $4.1 billion, and prevented 560,000 patient harms in 2011 and 2012. Rates of CAUTI are on the rise. Together with PIP, ANA has made CAUTI reduction a priority. As the leading voice of 3.1 million nurses, ANA seeks to engage the nation’s nurses in CAUTI reduction through effective use of an innovative, streamlined, evidenced-based clinical tool.

**Partnership for Patients**

The Partnership for Patients (PfP) is focused on quality improvement, patient safety and cost-effective patient care. Launched in 2011, PIP convened health care providers, hospitals, patients, and government and other stakeholders in a quest to reduce preventable hospital-acquired conditions (HAC) by 40% and 30-day admissions by 20% by the end of 2014. The program is funded by the Centers for Medicare and Medicaid Services (CMS) through the end of 2014.

Through the PIP, 26 Hospital Engagement Networks (HEN) are working to reduce HACs. Over 3,700 hospitals are currently operating within HEN as part of PIP. These organizations help identify, disseminate and engage interprofessional teams to use effective solutions that are reducing HACs. The PIP stakeholder partners work together to disseminate these findings to other hospitals and clinicians. As an early and active partner of PIP, ANA leads multiple efforts with nurses to reduce HACs. In these efforts, ANA works closely with the ANA's organizational affiliates.

**Information for Patients and Families - What is CAUTI?**

A urinary tract infection (UTI) is an infection in the urinary system, which includes the bladder and the kidneys. If you have a urinary catheter, bacteria or yeast can travel along the catheter and cause an infection in your bladder or kidney (also called Catheter-Associated Urinary Tract Infections [CAUTI]). Urinary catheters should only be used when absolutely necessary and should be removed as soon as possible.

**Why is CAUTI important?**

The Partnership for Patients (PfP) and the Centers for Disease Control and Prevention (CDC) have reported that although most HAC are improving, the rates for CAUTI are rising. According to the CDC, CAUTIs are the most commonly reported HAC to the National Healthcare Safety Network (NHSN) in the United States. Among urinary tract infections acquired in the hospital, approximately 75% are associated with urinary catheters. Therefore, it is important that the overuse of urinary catheters is reduced, and should be removed per nurse-driven evidence-based protocols. Nursing research has found there is no universally accepted evidence-based tool to reduce CAUTI as there are for other HAI. As a partner of PIP, ANA took note of this tool gap and offers nurses an evidence-based, user-friendly tool to help prevent CAUTI in hospitals.

**ANA Initiative to Prevent CAUTI**

There are three areas to improve evidence-based clinical care to reduce the rate of CAUTI: (1) prevention of inappropriate short-term catheter use, (2) nurse-driven timely removal of urinary catheters, and (3) urinary catheter care during placement. Nursing screening and assessment and evidence-based management of urinary retention and incontinence is essential to reduce catheter overuse. ANA identified the opportunity to fill this tool gap and develop a stream lined evidence-based tool to reduce CAUTI.

**ANA CAUTI Prevention Tool**

Sage Memorial Hospital is located in Ganado, Arizona, medical home in Northeastern Arizona, providing a full range of services to the Navajo Nation.

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Using a consensus process, ANA assembled a technical expert panel (TEP) of nursing clinical experts to develop and disseminate an evidence-based CAUTI reduction tool for nurses with support by PfP. TEP members include ANA members, representatives from its specialty nursing organizational affiliates, infection control specialists and patient safety authorities. Nurse consultants from the TEP team and representatives from CDC were included in the panel. After extensive review of evidence-based guidelines, existing CAUTI reduction tools, and a focused review of the literature, ANA and other TEP members developed a two-part multi-factorial CAUTI reduction tool designed for nurses. The one-page tool is based on the CDC’s 2009 “Guideline for Prevention of Catheter-Associated Urinary Tract Infections.” (Guideline for Prevention of CAUTI – CDC*) The evidence-based tool incorporates an algorithm to determine if a urinary catheter is appropriate based on nursing screening and assessments, as well as alternatives for retention and incontinence; timely removal; and a checklist on catheter insertion, cues for essential maintenance and post-removal care.

It is important that hospitals implement multiple successful “levers” that have been identified by the PfP and in the literature to successfully reduce CAUTI in addition to consistent use of the ANA CAUTI Prevention Tool. The ANA tool is essential to use as an effective practice change lever and is an important innovation to drive evidence-based care. In addition, additional levers have been identified including a safety culture, nurse-driven catheter removal (standing orders per protocols), incorporation of health information technology (e.g., clinical decision support and nurse protocols seamlessly cued to nurses in electronic health records), consultation by specialty nurses (e.g., nurses certified in wound, ostomy and continence nurses, urology, rehabilitation, infection control, geriatrics), and effective team-based programs such as Comprehensive Unit-based Safety Program (CUSP). By using multiple levers simultaneously, a tipping point to achieve reduction in the nation’s CAUTI rate can be achieved to save lives, prevent harm and reduce cost.

*References and links to organizations and documentation are available by visiting http://www.nursingworld.org/ANA-CAUTI-Prevention-Tool

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2015 National Nursing Workforce Survey

Will you be one of the 260,000 nurses chosen through a nationally randomized sampling to complete a national survey that will provide information critical to ensuring an adequate nursing workforce and high quality patient care? Be on the lookout for a postcard followed by a paper survey. The National Council of State Boards of Nursing (NCSBN) and The National Forum of State Nursing Workforce Centers is conducting the 2015 National Nursing Workforce Survey. If you receive the survey, we encourage you to participate as your responses will contribute to a national study.

2015 National Nursing Workforce Survey

2015 Strategic Plan

Mission:
Advancing the nursing profession and promoting a healthy Arizona

Promote a Safe and Healthy Work Environment
A. Foster the goal of optimal nurse staffing for safe patient care
B. Support a culture of workplace safety and a healthy work environment
C. Promote healthy nurses
D. Promote ethical decisions in the practice setting

Advancing Professional and Leadership Development
A. Strengthen nursing practice, professionalism and leadership
B. Mentor new leaders for a strong future

Advocate, Public Policy, & Practice
A. Foster the goal of optimal nurse staffing for safe patient care
B. Support a culture of workplace safety and a healthy work environment
C. Promote healthy nurses
D. Promote ethical decisions in the practice setting

Develop Community Partners
A. Promote a healthier Arizona
B. Collaborate with partners to enhance synergy

Engage Members
A. Strengthen advocacy and professional development resources
B. Grow membership through strategic initiatives
C. Increase awareness of member benefits

A. Promote a healthier Arizona
B. Collaborate with partners to enhance synergy

Core Values: Respect, Service, Diversity, Integrity, Collaboration

Arizona Nurses Association

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The nurse was named, along with the clinic, where she worked, the physician working at the clinic, the ER physician and the hospital in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have recognized the symptoms of meningitis and administered antibiotics in time to save her life, the patient would have recognized the symptoms of meningitis and administered antibiotics in time to save her life. The nurse was named, along with the clinic, where she worked, the physician working at the clinic, the ER physician and the hospital in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have recognized the symptoms of meningitis and administered antibiotics in time to save her life, the patient would have recognized the symptoms of meningitis and administered antibiotics in time to save her life. The nurse was named, along with the clinic, where she worked, the physician working at the clinic, the ER physician and the hospital in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have recognized the symptoms of meningitis and administered antibiotics in time to save her life, the patient would have recognized the symptoms of meningitis and administered antibiotics in time to save her life. The nurse was named, along with the clinic, where she worked, the physician working at the clinic, the ER physician and the hospital in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have recognized the symptoms of meningitis and administered antibiotics in time to save her life, the patient would have recognized the symptoms of meningitis and administered antibiotics in time to save her life. The nurse was named, along with the clinic, where she worked, the physician working at the clinic, the ER physician and the hospital in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have recognized the symptoms of meningitis and administered antibiotics in time to save her life, the patient would have recognized the symptoms of meningitis and administered antibiotics in time to save her life. The nurse was named, along with the clinic, where she worked, the physician working at the clinic, the ER physician and the hospital in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have recognized the symptoms of meningitis and administered antibiotics in time to save her life, the patient would have recognized the symptoms of meningitis and administered antibiotics in time to save her life. The nurse was named, along with the clinic, where she worked, the physician working at the clinic, the ER physician and the hospital in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have recognized the symptoms of meningitis and administered antibiotics in time to save her life, the patient would have recognized the symptoms of meningitis and administered antibiotics in time to save her life. The nurse was named, along with the clinic, where she worked, the physician working at the clinic, the ER physician and the hospital in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have recognized the symptoms of meningitis and administered antibiotics in time to save her life, the patient would have recognized the symptoms of meningitis and administered antibiotics in time to save her life. The nurse was named, along with the clinic, where she worked, the physician working at the clinic, the ER physician and the hospital in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have recognized the symptoms of meningitis and administered antibiotics in time to save her life, the patient would have recognized the symptoms of meningitis and administered antibiotics in time to save her life.

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Continuing Education - Patients Deserve Nothing Less

Robin Schaeffer, MSN, RN, CAE
Multistate Division Leader,
Western Multi-State Division

Health care is evolving quickly. During my 37 years as a nurse, I’ve seen our field change in ways I couldn’t have imagined. Technology, protocols, specialization and much more – nurses today have greater challenges than ever before when it comes to staying current.

That’s why Continuing Education (CE) is so important. The American Nurses Association has defined CE as “learning activities designed to augment the knowledge, skill and attitudes of nurses and therefore enrich the nurses’ contributions to quality healthcare.” CE is a simple and effective way to keep current and acquire additional skills and knowledge that are essential to our everyday practice of nursing.

Organizations that sponsor CE benefit by demonstrating to the public, to nursing professionals and to state licensing boards the organization’s commitment to high standards of performance and a well trained workforce. Ultimately, patients benefit most of all when nurses take it upon themselves to keep up-to-date with the latest in the nursing profession.

Nurse educators and trainers work hard to develop meaningful, needs based programs that merit approval to award continuing education credits.

Nurses who attend CE programs recognize their professional commitment to lifelong learning as well as fulfill their criteria for certification and re-certification in their specialty field of practice.

In 2014 the nurses associations of Arizona, Colorado, Idaho and Utah formed a nursing collaborative known as the Western Multi-State Division (WMSD). As an ANCC Accredited Approver of CE, the WMSD works across state lines to support nurses, educators, organizations and institutions acquire CE credits for their educational programs.

Ready to get started? Taking the next step is easy. Visit www.aznurse.org to determine if your program is eligible for CE.

Nursing professionals are in high demand. Nurture your craft and stay ahead of the curve when it comes to the latest innovations in health care. Our patients deserve nothing less.

1 References available upon request.

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U.S. News & World Reports 2016 Best Graduate Schools in Nursing survey ranked the Master of Science in Nursing program at ASU College of Nursing & Health Innovation 24th in the country, making it the highest ranked program in Arizona.

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