2015 Meeting of the Members
Friday, September 18, 2015
8:30 am to 4:30 pm

THEME: “STAFFING THE FORT”

Keynote Speaker: Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN

Ft. Harrison Garrison Conference Center, 6002 N. Post Road, Indianapolis, IN 46216

Message from the President

Professionalism: A Necessity for Nurses

As I reflect back on the last four years as the ISNA president; I have many memories. From my first Meeting of the Members, as the new president, to the last ANA House of Delegates, I recall much transformation. Change has included personal, professional, nursing, health care, and organizational adjustment. Thank you all for allowing me to have this unforgettable experience!

The speed of change in nursing and our health care world has forced me to be more introspective, thoughtful, and mindful. I have always been good at asking questions, and I still have many uncertainties. As I remember receiving Stephen Covey’s book “The Speed of Trust” at a national conference several years ago. As I looked around at the audience, I wondered how I would trust anyone in the audience without fear or concern.

Being unable to trust others was really not about the people around me. Mistrust was internal to where I was personally. I was not in the right place. As I moved to a new place, I was still nervous. I had to prove my worth to strangers. How can others not recognize our value from their visual perusal? Why does it always have to be about us? As I reflected about having to prove worth, I realized that once again, I was looking through my own lens of concern about change.

As the ISNA president, I share my doctoral work on nurse-to-nurse lateral violence. As I spread this information throughout the state, I was hopeful that soon people would tire of hearing about how nurses mistreat each other and ask for other conversations, such as leadership development and organizational membership. Did I really still need to raise the level of awareness about lateral violence?

As I am still invited to speak frequently and I continue to share the message about how our nursing behavior can negatively affect our students, nurses, our interdisciplinary collaborators and our patients, I know that the problem continues to exist in our state. As nursing professionals, we have to change our behavior.

With every presentation I provide, I go back to the early days of living in a less than stellar relationship; feeling that was where I deserved to reside. As I counseled the high school students I taught and encouraged them to leave undesirable relationships, I realized I was in the wrong place. (Are you seeing a pattern here?)

Realizing you are out of place is not because you selected the wrong place to reside. It is about growing and changing and the need to move along. The current work is finished, and the adventure must continue in another place. New colleagues will become friends, old colleagues continue to be friends.

Leaving the objectionable place behind allows me to focus on my passion-developing, providing guidance and mentoring students and nurses and helping them change culture. As the ISNA president, I have been blessed with opportunities, support, and expanded my network of colleagues throughout the state and the nation. Meeting many Indiana nurses and students has provided me with memorable experiences that I will not forget!

I could talk about our great ISNA work, staff, presentations, educational offerings, legislative work, collaborations or membership growth. I could talk about our strategic plan, our mission, our values or our pillars. But I will save that information for my final meeting of the members “Staffing the Fort” on Friday, September 18th at Fort Benjamin Harrison.

As a connector, I have trouble letting go of the past, people, and work. Sometimes we have to get the goo remover out, or take off our shoes and start running, in another direction. I am not running away from the work of ISNA, the ISNA board, or the wonderful membership, Executive Director, Director of Advocacy and Policy, Office Manager, or the ISNAP folks. I still want to be a resource to Indiana nurses, for any of you in need.

As a nursing professional, at a different place, I am walking slowly to the next adventure, turning around to wave at the single most awesome experience that I have encountered-being the president of your Indiana State Nurses Association!
I am enjoying the ride as CEO of the Indiana State Nurses Association. Three years ago, I took over the reins with the retirement of Ernie Klein. Together with the Board of Directors, we have been working on the implementation of ISNA’s strategic plan. Pivotal to the plan is building membership. To date, we have been very successful as membership is up! With the current trend membership should crest 1,500 maybe even 1,600 this year and an increase is up! With the current trend membership should continue to grow and the headquarters property to help hold its value.

On a national level, in June of 2014, I was elected NEA-BC President. As such, I was named chair of the Value pricing taskforce in April of 2015, which is charged to advise the Membership Assembly on possible new dues structure(s) for ANA and the states. More to come later as the work has just begun. Remember decisions are made by those that show up. ISNA always shows up, do you?

Financially ISNA is in a very strong position, the ISNA/P grant has two more full years before it is up for bid, the headquarters building thanks to Marla’s hard work has been fully rented, and our financial reserves are growing, thanks to a new investment policy that the Board adopted. In the last two years, we have done some minor remodeling at the headquarters property to help hold its value.

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Proviso: When the American Nurses Association approves a new dues structure based upon value pricing, ISNA may with the approval of the Board of Directors move to the new dues structure.

**How to Vote in ISNA Elections**

Go to www.IndianaNurses.org & Sign into the “Members Only” section.

Voting Opens: August 1st, 2015
Voting Closes: September 8th, 2015

If you need a paper ballot or have questions, please contact ISNA Staff at (317) 299-4575 or mholbrook@indiananurses.org.
Annual Reports

Secretary’s Report

The Board of Directors met ten (10) times in person or via conference call since September 2013. The minutes for these ISNA’s Board of Directors meetings can be found in the Members Only section of www.Indiananurses.org once the minutes are approved by the Board of Directors.

Treasurer’s Report

The annual budget is approved by the Board of Directors and monitored by the Board routinely. An annual audit was conducted by SIKICH LLP for fiscal years 2013 and 2014. Federal Tax form 990 was filed after being approved by the Board of Directors for each of these years. Details of the audit and ISNA’s federal filings can be found in the Members Only section of www.indiananurses.org.

INDIANA STATE NURSES’ ASSOCIATION, INC.
STATEMENTS OF FINANCIAL POSITION (Continued)
December 31, 2014 and 2013

LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT LIABILITIES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank overdraft</td>
<td>$ 3,064</td>
<td>$ 23,686</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>14,041</td>
<td>14,041</td>
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<tr>
<td>PAC payable</td>
<td>$ -</td>
<td>100</td>
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<tr>
<td>ISNA Assistance Fund payable</td>
<td>1,183</td>
<td>1,211</td>
</tr>
<tr>
<td>Rent deposits payable</td>
<td>515</td>
<td>515</td>
</tr>
<tr>
<td>Accrued payroll and withholdings</td>
<td>13,857</td>
<td>12,217</td>
</tr>
<tr>
<td>Accrued property taxes</td>
<td>2,550</td>
<td>3,300</td>
</tr>
<tr>
<td>Accrued paid time off</td>
<td>31,081</td>
<td>30,009</td>
</tr>
<tr>
<td>Accrued pension expense</td>
<td>4,337</td>
<td>-</td>
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<tr>
<td>Unearned revenue</td>
<td>1,960</td>
<td>1,604</td>
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<tr>
<td>Total Current Liabilities</td>
<td>59,037</td>
<td>74,252</td>
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<tr>
<td>NET ASSETS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>540,390</td>
<td>531,235</td>
</tr>
<tr>
<td>Total Net Assets</td>
<td>540,390</td>
<td>531,235</td>
</tr>
<tr>
<td>TOTAL LIABILITIES AND NET ASSETS</td>
<td>$ 599,427</td>
<td>$ 605,487</td>
</tr>
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</table>

INDIANA STATE NURSES’ ASSOCIATION, INC.
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
Years Ended December 31, 2014 and 2013

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVENUE AND SUPPORT:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISNA revenue</td>
<td>$ 483,268</td>
<td>$ 469,019</td>
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<tr>
<td>Endowment revenue</td>
<td>21,778</td>
<td>18,960</td>
</tr>
<tr>
<td>Member meetings, seminars and conferences</td>
<td>21,636</td>
<td>11,738</td>
</tr>
<tr>
<td>Membership dues</td>
<td>332,042</td>
<td>307,348</td>
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<tr>
<td>ANA rebate</td>
<td>14,865</td>
<td>23,854</td>
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<tr>
<td>Rental revenue</td>
<td>18,808</td>
<td>12,362</td>
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<tr>
<td>Interest income on ISNA revenue</td>
<td>2,954</td>
<td>-</td>
</tr>
<tr>
<td>Investment return</td>
<td>12,284</td>
<td>13,291</td>
</tr>
<tr>
<td>Miscellaneous revenue</td>
<td>1,279</td>
<td>2,202</td>
</tr>
<tr>
<td>Total Revenue and Support</td>
<td>998,895</td>
<td>859,194</td>
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<tr>
<td>EXPENSES:</td>
<td></td>
<td></td>
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<tr>
<td>Program services</td>
<td>7,397,247</td>
<td>7,431,556</td>
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<tr>
<td>Support services</td>
<td>160,493</td>
<td>130,055</td>
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<tr>
<td>Total Expenses</td>
<td>899,749</td>
<td>882,211</td>
</tr>
<tr>
<td>CHANGE IN NET ASSETS</td>
<td>9,155</td>
<td>(23,017)</td>
</tr>
<tr>
<td>NET ASSETS, beginning of year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>As previously reported</td>
<td>531,235</td>
<td>510,239</td>
</tr>
<tr>
<td>Adjustment for the reversal of accrued ISNA expenses</td>
<td>-</td>
<td>44,013</td>
</tr>
<tr>
<td>Balance at beginning of the year, as restated</td>
<td>531,235</td>
<td>554,252</td>
</tr>
<tr>
<td>NET ASSETS, end of year</td>
<td>$ 540,390</td>
<td>$ 531,215</td>
</tr>
</tbody>
</table>
ARTICLE IX ASSOCIATION MEETINGS

SECTION 1. The ISNA shall hold an annual Meeting of the Members in good standing, at such time and place as shall be designated by the Board of Directors and announced in the official publication of the ISNA.

SECTION 2. ANNUAL MEETING

(a) The annual meeting shall be composed of members present.

(b) Members shall be entitled to attend the annual meeting.

(1) Establish the order of business at the beginning of the annual meeting.

(2) Adopt and maintain the Bylaws of the ISNA.

(3) Take positions, determine policy, and set direction on substantive issues of a broad nature necessitating the authority and backing of the official voting body of the ISNA except as otherwise provided for in these Bylaws.

(4) Take action on Association business as required by law or these Bylaws.

(5) Transact all other lawful business as may be in order.

SECTION 3. Special meetings of the ISNA may be called by the Board of Directors, and they shall be called by the President upon the written request of a majority of the members at least one month prior to the special meeting.

ARTICLE X HONORARY RECOGNITION

SECTION 1. Honorary recognition may be conferred by a unanimous vote of the ISNA Board of Directors on a nurse or a person who is not a nurse who has rendered distinguished service or valuable assistance to the nursing profession.

SECTION 2. Any ISNA member or structural unit may recommend to the ISNA Board of Directors the name(s) of any individual(s) deserving recognition. The recognition shall be conferred at an annual Meeting of the Members at a time and place selected by the Board of Directors.

SECTION 3. Honorary Recognition confers social privileges only. One may be a member and also hold Honorary Recognition.

ARTICLE XI QUORUMS

SECTION 1. A majority of the Board of Directors, one of whom shall be the President or the Vice-President, shall constitute a quorum at any meeting of the Board.

SECTION 2. A majority of the members shall constitute a quorum for all committees.

SECTION 3. Five (5) members of the Board of Directors, one of whom shall be the President or the Vice-President, and three (3) percent of the current membership shall constitute a quorum for the transaction of business at any annual or special meeting.

SECTION 4. These Bylaws except for Purposes, Functions, and Dues may be amended by the ISNA Board of Directors by a two-thirds vote, provided that:

(a) Notice shall have been sent to all members at least sixty (60) days prior to the board meeting.

(b) Members shall be entitled to attend the annual meeting.

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SECTION 5. These Bylaws may be amended without notice to members present.

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ISNA Presidents and CEO’s

1904-1906 E. Gertrude Fournier, Fort Wayne
1906-1908 Edna Humphrey, Crawfordsville
1910-1912 Maude E. Sollers, Lafayette
1912-1914 Anna Rein, Springfield, IL
1914-1916 Idi J. McCaslin, Lafayette
1916-1918 Edith G. Wells, Vincennes
1918-1919 Anna Lauama Driver, Fort Wayne
1919-1921 Mary A. Meyers, Indianapolis
1921-1922 June Gray, Indianapolis
1922-1924 Ina Gaskill, Indianapolis
1924-1926 Lizzie Goepinger, Crawfordsville
1926-1928 Anna M. Holtman, Fort Wayne
1928-1930 Eugenie Spalding, Indianapolis
1930-1932 Gertrude Upjohn, Indianapolis
1932-1934 Lulu C. Cline, South Bend
1934-1936 Nellie G. Brown, Muncie
1936-1938 Marie Winkler, Indianapolis
1938-1940 Edna Humphrey, Crawfordsville
1940-1942 Anne Dugab, Indianapolis
1942-1946 Mary York, Bloomington
1946-1947 Nancy Scramlin, Muncie
1947-1950 Helen J. Weber, Bloomington
1950-1952 Helen C. Randall, Indianapolis
1952-1954 E. Nancy Scramlin, Indianapolis
1954-1956 Helene J. Weber, Bloomington
1956-1958 Florence G. Young, South Bend
1958-1960 Genevieve Beghtel, Indianapolis
1960-1962 Dorothy Damewood, Gary
1962-1964 Marie D’Andrea Loftus, Indianapolis
1964-1966 Richard O’Hakes, New Castle
1966-1969 Emily Holmquist, Indianapolis
1973-1975 Joan Grimley, Madison
1975-1977 Kathryn Lawson George, Terre Haute
1977-1981 Brenda L. Lyons, Indianapolis
1981-1983 Sharon Isaac, Indianapolis
1983-1985 Nadine A. Coudret, Evansville
1985-1987 Janet S. Blossom, Lafayette
1987-1989 Doris R. Blane, Hobart
1994-1997 Esther Acree, Brazil
1997-2001 Beverly S. Richards, Fishers
2001-2003 Sandra D. Fights, Lafayette
2003-2005 Joyce D. Darnell, Rustville
2005-2007 Deeene Albright, Griffith
2007-2009 Ella Sue Harnery, South Bend
2009-2011 Barbara Kelly, Martinsville
2011-2015 Jennifer Embree, Campbellsburg
2013-2015 Gingy Harshey-Meade
2015-2017 Elizabeth D. Vital, Indianapolis
2017-2019 Nancy M. Schaefer, Indianapolis

ISNA Past Presidents and CEO’s

Executive Directors/Chief Executive Officers

1980-1983 Linda J. Shinn
1983-2000 Naomi R. Patchin
2000-2012 Ernest Klein
2012-2015 Angela Heckman
2015-2017 Joyce D. Darnell
2017-2019 Barbara Kelly
2019-2021 Jennifer Embree
2021-2023 Sandra D. Fights
2023-2025 Nancy M. Schaefer
2025-2027 Emily Edwards

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REGISTERED NURSE OPPORTUNITIES

Search for your dream job on our website at www.nursingALD.com

E tattoos, piercing. If you are interested in becoming part of the nationally recognized Anchorage system of care is based on customer-ownership and relationships, integrated care teams and traditional Native values. SCF is seeking dynamic Registered Nurses to act as Core Members in our Primary Care and Obstetric Clinic.

Southcentral Foundation (SCF) is an Alaska Native-owned, nonprofit healthcare organization located on the Alaska Native Health Campus. Our award-winning “Nuka System” of care is based on customer-ownership and relationships, integrated care teams and traditional Native values. SCF is seeking dynamic Registered Nurses to act as Core Members in our Primary Care and Obstetric Clinic.

Relocation Assistance!

10,000 Sign On Bonus & 4141 Shore Drive | Indianapolis, IN 46254 | Or fax a resume to (317) 329-2238

August, September, October 2015

Proposed Standing Rules for the ISNA Meeting of the Members

Rule 1. To be admitted to the meeting room, the individual must be wearing the registration badge.

Rule 2. To obtain the floor, a member shall rise, approach the microphone, address the chairperson, give his/her name and region and, upon recognition by the chairperson, may speak.

Rule 3. A member may speak no more than two times to the same question and may not speak the second time until all others have been given an opportunity to speak. Each speech may be no longer than three minutes. Non-members may speak when ISNA members has had the opportunity to speak.

Rule 4. All main motions and amendments, except those of a routine nature, shall be in writing, signed by the maker, and shall be sent at once to the chair. Members may propose or vote on motions.

Rule 5. Any substantive resolution, not of an emergency nature, must receive an affirmative 3/4 vote for consideration and a 2/3 vote for adoption by the members attending the meeting.

Rule 6. Debate on each proposed resolution, motion, or position statement shall be limited to 20 minutes.

Rule 7. Members shall act only on the resolve portion of a resolution and the recommendation portion of reports. Clarification regarding intent and meaning of the resolution and recommendation shall be handled according to parliamentary procedure.

Rule 8. Business interrupted by a recess of the meeting shall be resumed at the next business meeting at the point where it was interrupted.

Action Items from Meeting of the Members September 27, 2012

- Action Items from Meeting of the Members
- Proposed Standing Rules for the ISNA Meeting of the Members
- August, September, October 2015

Proposed Standing Rules for the ISNA Meeting of the Members

Rule 1. To be admitted to the meeting room, the individual must be wearing the registration badge.

Rule 2. To obtain the floor, a member shall rise, approach the microphone, address the chairperson, give his/her name and region and, upon recognition by the chairperson, may speak.

Rule 3. A member may speak no more than two times to the same question and may not speak the second time until all others have been given an opportunity to speak. Each speech may be no longer than three minutes. Non-members may speak when ISNA members has had the opportunity to speak.

Rule 4. All main motions and amendments, except those of a routine nature, shall be in writing, signed by the maker, and shall be sent at once to the chair. Members may propose or vote on motions.

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Action Items from Meeting of the Members September 27, 2012

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- August, September, October 2015
Dialogue Forum Topic Proposal
Topic: Nurse Turnover

Strategic Goal:
Advance the quality and safety of patient care in a transforming health care system.

Programmatic Pillar:
Health Care Transformation pillar.

Is the topic of national relevance?
Yes

Introduced By:
Jeni Embree, President of the Indiana State Nurses Association

President/Chair (or Designee) Name:
Jennifer Embree DNP, RN, NE-BC, CCNS
jembree8@iu.edu, 812-583-1490

Second Contact Person’s Information:
Gingy Harshey-Meade gingy@indiananurses.org
614-352-8595

Description:
1. As nurses resign and retire their positions we are seeing a trend of slow replacement. The open positions create an environment of short staffing, required overtime, and nurse fatigue that equate to an unsafe practice environment.
2. Replacement of experienced nurses with less experienced nurses results in risks to nurses, patients, and the organization.
3. This is not just happening in Indiana, it is a national problem. Short staffing is a national issue across the continuum of care. In June 2011, Wanted Analytics reported that employers and staffing agencies posted more than 121,000 new job ads for Registered Nurses in May, up 46% from May 2010. About 10% of that growth, or 12,700, were ads placed for positions at general and surgical hospitals, where annual turnover rates for RNs average 14% according to a recent KPMG survey.
4. ANA has published staffing standards, held staffing summits and conferences, assisted states with draft legislative language and still it persists.
5. Many decisions made about nurse staffing are made by non-nurses. Nursing needs to be at the table for recruitment, retention, and position control planning. Improving recruitment, retention and position planning can decrease costs without putting nurses and patients in harm’s way.

Underlying Issues:
6. The lack of understanding of Healthcare executives of adequate nurse staffing, recruitment, retention and position control planning and the impact on nurse sensitive and patient outcomes.

Dialogue Forum Topic Proposal
Topic: Emergency Preparedness

Strategic Goal:
Advance the quality and safety of patient care in a transforming health care system.

Programmatic Pillar:
Health Care Transformation pillar.

Is the topic of national relevance?
Yes

Introduced By:
Jeni Embree, President of the Indiana State Nurses Association

President/Chair (or Designee) Name:
Jennifer Embree DNP, RN, NE-BC, CCNS
jembree8@iu.edu, 812-583-1490

Second Contact Person’s Information:
Gingy Harshey-Meade gingy@indiananurses.org
614-352-8595

Description:
1. Description: When Ebola hit this last fall the Health Care Industry was not ready. Putting everyone in jeopardy, patients and health care workers. Two RNs were infected due to lack of preparedness and one individual lost his life because his symptoms were not recognized.
2. Nurses reported feeling unprepared. Washington State Nurses Association conducted a survey shortly after the first cases in the US and found:
   a. 3% felt well prepared
   b. 11% felt prepared
   c. 35 % felt not well prepared
   d. 51% felt unprepared
3. Worldwide outbreaks affect this country and all countries as borders can no longer be guarded from outbreaks in other countries due to the availability and ease of worldwide travel.
4. Nurses are often the first healthcare workers the patient comes in contact with, making the nurse vulnerable to any infection the patient is carrying. Nurses also are the primary care giver for hospitalized patients therefore: the preparedness of the organization for which the nurse works has a direct impact on the health and wellbeing of the individual nurse, the nurses, co-workers and the nurse’s patients.

Underlying Issues:
5. Preparedness on a nationwide scale so that Emergency Departments are ready and individual institutions are identified and trained to receive infected patients.
It’s been an active summer in nursing policy. The Indiana General Assembly interim study committees are helping us orient on issues that are likely to be the subject of introduced bills for the 2016 legislative session, which begins in January. Here are the health-related topics selected for study and the committees to which they are assigned:

- Medical Malpractice Act, including whether the cap on damages should be increased and any potential changes or improvements to the medical review panel process that may improve and streamline it - Committee on Courts and Judiciary.
- Needle distribution and collection programs as part of a comprehensive response to reducing disease transmission due to intravenous drug use. The study must include a review of the appropriate criminal penalties for drug offenses and drug paraphernalia related offenses and the use of problem solving courts - Committee on Public Health, Behavioral Health, and Human Services.
- Department of Insurance accident and sickness insurance or health maintenance organization consumer complaint process & accident and sickness health insurance and HMO denials of claims, especially because a procedure was deemed experimental or investigatory - Committee on Public Health, Behavioral Health, and Human Services.
- Production and use of hemp oil that is produced from industrial hemp - Committee on Agriculture & Natural Resources.
- Whether smoking should be prohibited in bars, casinos, and private clubs, including fiscal impact. Whether e-cigarettes should be defined as tobacco products and subject to smoking bans. E-cigarette taxation. Fiscal impact of an increase in the cigarette tax. Possible funding sources for tobacco use prevention and cessation programs. The impact of the tobacco tax on smoking rates and health living ratings relative to other states. The impact of smoking upon families and pregnancy. The costs incurred by the state as a result of smoking during pregnancy and smoking within families. The fiscal impact of changing existing laws regarding cigarette tax distribution - Committee on Public Policy.

You can view the members of the committees, meeting dates, and webcasts here: http://iga.in.gov/legislative/2015/committees/interim. Now is the time Indiana legislators are deciding what bills they will introduce in the 2016 legislative session, so now is an opportune time to reach out to your state legislators with changes you want to see in Indiana law. If you have questions, I am happy to provide support and assistance.

Pending Federal Legislation Impacts Nurses

Multiple pieces of legislation that impact nurses are being debated in Congress. Current issues include safe staffing, veterans health, safe patient handling, and home health. In July, a delegation of ISNA leaders participated in the American Nurses Association’s Lobby Day, taking to Capitol Hill to advocate for you. To get the latest updates and find out how you can participate, visit www.nation.org.

ISNA-Endorsed Candidates Appointed to the Indiana State Board of Nursing

Governor Pence has appointed new members to the Indiana State Board of Nursing who will all serve four year terms through June 30, 2019:

- India Owens, RN, MSN, CEN, NE-BC, FAEN (endorsed by ISNA)
- Mary Rock, RN, MSN, JD (endorsed by ISNA)
- Ayana Russell, LPN
- Andrew Morrison - consumer member

Congratulations to the new appointees!

ISNAbler Student Subscription is the Perfect Back to School Gift

As we gear up for the start of another school year, Indiana’s undergraduate nursing students will have a new resource to stay informed on nursing issues. The ISNAbler, our weekly e-newsletter now is available to update students on policy, research, events, and news. For just $25, students will receive the ISNAbler until they obtain their RN license or for five years, whichever occurs first. To be eligible, students must be enrolled in an undergraduate nursing program that prepares them for RN licensure. Subscribe today at www.indiananurses.org/isnabler-student-subscription!

Health Workforce Studies Publishes Nursing Workforce Reports

You know all those survey questions you answer when you renew your nursing license? Health Workforce Studies within the IU Department of Family Medicine compiles the answers into a data report and a policy report on Indiana’s nursing workforce. These provide valuable information on education, diversity, and specialty issues. You can check out the reports here: http://family.medicine.iu.edu/hws/resources/nursing-resources/. Speaking of the survey questions, the RN license renewal window is open now through Halloween. Don’t forget to renew your license!

ISNA is Here For You

ISNA is committed to getting more nurses and nursing students involved in policy. I am your advocate, and also a resource to amplify your advocacy. I am happy to travel anywhere in the state to speak to any nursing group about how and why to be engaged in policy. All you have to do is ask.

As we gear up for the start of another school year, I am excited to announce this fall I am joining the ranks of nurse educators as an adjunct faculty member at Indiana State University. I will be co-teaching a graduate-level Health Policy Leadership course utilizing a distance learning platform. I look forward to reaching more nurses, raising ISNA’s brand awareness, and sharpening my skills in conveying policy issues. I welcome any do’s and don’ts from educators or students reading this!
Thank you for all you do in supporting Indiana’s greatest support system: family caregivers.

In order to better support the nearly 900,000 Hoosiers caring for an older parent or loved one, AARP Indiana fought to pass the Caregiver Advise, Record, Enable Act, or CARE Act. Beginning January 1, 2016, the CARE Act will allow every hospital patient to designate a family caregiver. The law calls upon hospitals to inform the caregiver about discharge plans if the patient is not able to – and explain any medical tasks the caregiver will have to perform when the patient goes home.

We know nurses will be on the front line of ensuring this CARE Act improves coordination and communication between family caregivers, their loved ones and hospitals. And, we thank you for that.

To learn more about the CARE Act, please visit aarp.org/in.
One purpose of the Indiana State Nurses Association (ISNA) is to influence public policy consistent with the goals of the membership. ISNA members at the annual meeting of the Members and the ISNA Board of Directors establish goals and policies. These goals and policies serve as the foundation for a variety of program activities, including ISNA’s legislative efforts. ISNA prioritizes issues for action based on potential impact, availability of Association resources, and existence of coalition or alternative advocacy group efforts.

The headers under which ISNA’s positions have been organized are the American Nurses Association Code of Ethics.

1. The nurse, in all professional relationships, practices with compassion and respect for the dignity, work and uniqueness of every individual, unrestricted by considerations of social or economic state, personal attributes, or the nature of health problems. ISNA supports:
   - A health care system that is universal, affordable, comprehensive, accessible, and provides high-quality health care.
   - That a person’s advance directive choices be respected by all health care providers.
2. The nurse’s primary commitment is to the patient, whether an individual, family, group or community. ISNA supports:
   - Direct access by consumers to services of registered nurses.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient. ISNA supports:
   - The use of the documents, position statements, and guidelines that serve as a cooperative effort between individual nurses, schools of nursing, providers of continuing nursing education, and employers of registered nurses.
   - That, while it is the ultimate responsibility of each nurse to maintain competence and professional growth, the American Nurses Association, through its organizations employing nurses are encouraged to budget sufficient resources (equal to a defined percentage of nursing payroll and benchmarked to other industry standards) to support ongoing acquisition and maintenance of knowledge and skills.
   - The Ohio Nurses Association as the preferred appraisal of continuing nursing education activities and providers.
4. The nurse participates in establishing, maintaining, and improving health care environments and conditions of safety conducive to the physical, mental, and emotional wellbeing of patients. ISNA supports:
   - Initiatives of health care providers and regulatory bodies that cultivate a culture of patient safety, including the use of technology, the un-prejudicial investigation of errors and near-miss incidents, and the use of performance and practice indicators.
   - The use of adjustable nurse/patient ratios based on nursing practice and that maximize nursing contribution and services consistent with identified health care needs.
   - That registered nurses include a military health care professional as a full member of the health care team.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth. ISNA supports:
   - Volunteer continuing nursing education for relicensure as a cooperative effort between individual nurses, schools of nursing, providers of continuing nursing education, and employers of professional nurses.
   - That it is the ultimate responsibility of each nurse to maintain competence and professional growth, but that the American Nurses Association, through its organizations employing nurses are encouraged to budget sufficient resources (equal to a defined percentage of nursing payroll and benchmarked to other industry standards) to support ongoing acquisition and maintenance of knowledge and skills.
6. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development. ISNA supports:
   - The promotion and funding for nursing research projects/programs that expand the scientific base of nursing practice and that maximize nursing contribution in the promotion of health and wellness.
   - Funding for accredited programs that prepare adequate numbers and diversity of appropriately skilled registered nurses.
   - That registered nurses are encouraged to deliver care safely and access to quality nursing care.
   - An ongoing and consistent method of data collection, analysis, and dissemination regarding the demand and supply of Indiana nurses workforce.
   - Specialty certification as a means to enhance patient safety and improve patient care outcomes.
   - In addition to formal education in an academic setting, certification in the nurse’s clinical specialty is another avenue for professional growth. Certification is a nationally recognized credential reflecting the nurse’s proficiency in care delivery to specific patient populations. The nurse prepared through the maximum utilization of the Indiana Board of Nursing through increased nurse retention and job satisfaction.
   - Legislative and other initiatives that remove restrictions that limit the maximum utilization of the APN. APN.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development. ISNA supports:
   - That the appointment of nurses as voting members of the board of registration to guarantee the public’s health care needs, including recognition of and remuneration for services rendered by nurses.
   - Accreditation and recognition of the advanced practice roles of registered nurses.
   - The establishment of a comprehensive, inclusive state-wide trauma system.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs. ISNA supports:
   - Funding to support prevention, education, research, and services to ensure quality of care to address major health conditions.
   - The expansion of non-institutional health care services that are as home and community-based nursing services consistent with identified health care needs.
   - The availability of registered nurses to meet the state’s need for unique care.
   - The participation of registered nurses in the emergency preparedness planning and response.
   - Continued participation in the Indiana Center for Nurses and willingness to assist in developing a nurses’ shortage plan.
9. The profession of nursing, as represented by association and their members, is responsible for the formulation and practice the integrity of the profession and its practice, and for shaping social policy. ISNA supports:
   - That nurses engage in legislative and other initiatives that remove restrictions that limit the maximum utilization of the APN. APN.
   - The appointment to legislative or regulatory action that would reduce standards for nursing education in Indiana.
   - Active opposition to legislative or regulatory action that would restrict nursing practice.
   - Mechanisms which would recognize and expand nursing practice.
   - The Indiana State Board of Nursing as the approving body for nursing education programs leading to professional registration.
   - Accreditation of all nursing school education programs by nursing discipline specific accrediting agencies.
   - That the Indiana State Board of Nursing is responsible for the practice of nursing as defined in Indiana state law.
   - Opposition to prosecution of health care providers and facilities under the criminal neglect statute instead of through state licensing boards or state regulatory agencies.
Public Policy continued from page 10

Legislative action to protect nurses who report unsafe, incompetent, or illegal practices from harassment or retaliation by employers, including, but not limited to, termination of employment.

The title “birth attendant” for non-nurse midwives and regulation by the Professional Licensing Agency and the Indiana State Medical Licensing Board.

Legislation that must cover accepted practices, training requirements, supervisory and referral issues and have clear methods for disciplining and removal from an approved list of birth attendants.

ISNA will educate Indiana nurses about important health care reform measures; ISNA will educate Indiana nurses about important health care reform measures; Portability for health insurance.

In the provision of care.

Pay equity.

ISNA is a Constituent Member of the American Nurses Association.
Horizontal violence and bullying has been extensively reported and documented in healthcare, with serious negative outcomes for registered nurses, their patients, and their health care employers. In this article horizontal violence (HV) will be defined and some of the theories behind it will be reviewed. Behaviors exhibited with horizontal violence will be discussed and various strategies to deal with it will be described. There has been quite a bit of research done on this topic, but it is not often highlighted. The Joint Commission (TC) standards on maintaining a culture of safety will also be reviewed.

On the international level, one out of every three nurses plan to leave his or her position due to HV. In the United States, 90 - 97% of nurses report experiencing verbal abuse from physicians (Bartholomew, 2014). The effects of HV are reflected in poor patient and employee satisfaction scores and ultimately in the reputation of the hospital or setting. Hutchinson, Vickers, Jackson, and Wilkes (2006) suggested that violent behavior among nurses is “accepted” within the profession, and, as a result, bullying is considered an under-reported phenomenon. According to a survey conducted by the Workplace Bullying Institute, 27% of Americans have suffered abusive conduct or incivility at work (Griffin & Clark, 2014). Another definition of HV is unwanted behavior, often the theory of oppression is used to explain this phenomenon: interactive workplace trauma, bullying, horizontal hostility, bullying, incivility, and horizontal or lateral violence (Bartholomew, 2014). Bullying is defined as “repeated offensive, abusive, intimidating, or insulting behaviors; abuse of power, or unfair sanctions that make recipients feel, humiliated, vulnerable, or threatened, thus creating stress and undermining their self-confidence” (Townsend, 2012, p. 1).

Lateral violence, horizontal violence, and horizontal hostility are used to portray aggressive behavior between individuals on the same power level, such as nurse-to-nurse and manager-to-manager. Definitions of bullying share three elements that come from racial and sexual harassment law:

1. Bullying is defined in terms of its effect on the recipient, not the intention of the bully.
2. There must be a negative effect on the victim.
3. The bullying behavior must be persistent (Bartholomew, 2014).

Both overt and covert behaviors are included. Overt behaviors include name-calling, bickering, fault-finding, backstabbing, criticism, intimidation, gossip, shouting, blaming, using put-downs, raising eyebrows, making face, taking credit for others’ work, and failing to give credit where due. Covert behaviors would include unfair assignments, sarcasm, ignoring, eye rolling, sidestepping, and withholding information by refusing to help, sighing, whining, refusing to work with someone, sabotage, isolation, exclusion, and fabrication (Bartholomew, 2014). The definition of HV is unwanted behavior, whether physical or verbal, which is offensive, humiliating, and viewed as unacceptable to the recipient. Both intrinsic and extrinsic factors play a role in perpetuating HV. Intrinsic factors include emotional state (e.g. anger, burnout), personality style, beliefs and expectations, inadequate communication/ conflict management skills, generational differences, diversity, and racial/ethnic differences. Extrinsic factors include characteristics such as being warm, physician relationships, task and time imperatives, culture, and demands for efficiency/productivity. An atmosphere of HV is most likely to occur in a weakened sense of identity. Women are often perceived as being subordinate to men, often are excluded from the power structure. Specific activities that come from racial and sexual harassment law: HV. When nurses are intimidated about communicating with other team members, quality care is endangered. Current literature and data suggest that HV will continue unless education program for skill development are instituted and actions to establish, enforce and measure zero-tolerance policies are implemented. (AACN, 2004).

Not only do people need to understand what HV is, but also what it IS NOT. Serantes and Suarez (2006) identified myths about violence, harassment, and bullying.

• Physical violence or harassment at work is only carried out by colleagues within the organization.
• The level of physical violence at work has not changed (it actually increased by 1/3 of its previous rates from 1996 to 2000).
• Workplace violence is only physical (a lot of workplace violence is psychological)
• All workplace violence is reported by the victims (in 1996 the US Dept of Justice found that more than 50% of acts of violence in the workplace go unreported).
• Violence in the workplace violence have only themselves to blame. (In general 50% of individuals blame themselves for their mishap).
• Violence is not destructive.
• Workplace violence is inevitable.
• Prevention is more expensive than repairing the damage.
• Violence of workplace violence believe in justice and its support.

The ten most frequent forms of HV as described by Bartholomew (2014) include the following behaviors, listed in order from the most to the least frequently occuring: (a) name-calling, (b) bickering and scapegoating (attaching ALL that goes wrong to one individual) are other forms of HV. Backbiting (complaining to others about an individual and not speaking directly to that individual is very common, because women comprise at least 90% of the nursing profession (Bartholomew, 2014)).

Defensive defense techniques can also contribute to HV. This would include task and time imperatives, where patients are seen as tasks rather than people. Generational and hierarchical abuse is often exhibited when nurses eat their young because they were treated badly when they started. Other factors are clique formation and low self-esteem. Nurses who are the most vulnerable to HV are newly hired nurses, temporarily assigned nurses such as floats, newly hired nurses, or nurses from a different group or culture, such as male nurses (Griffin, 2006).

Institutional and increased awareness is the key to dealing with HV. The incidence of abuse and intimidating behaviors are not isolated events in the healthcare setting. HV can be defined as a form of bullying, harassment, abuse, intimidation, or insulting behaviors; abuse of power, or unfair sanctions that make recipients feel, humiliated, vulnerable, or threatened, thus creating stress and undermining their self-confidence” (Townsend, 2012, p. 1).

Positive behaviors at work can have a key role in preventing HV. These include conflict management skills; support for colleagues; communication; cultural competency; No-Tolerance Policies; education on bullying, harassment, and abuse; and positive workplace cultures. Positive countermeasures can be established by education on bullying, harassment, and abuse, and positive workplace cultures.
Impact of Horizontal Violence

Horizontal violence (HV) has individual, organizational, and financial implications for nurses and healthcare institutions. Contributing factors that increase the risk for bullying include stress, conflict, understaffing, work overload, and power imbalances. Depression, stress, and burnout create a psychological impact, which can result in physical manifestations of illness. HV can have a negative impact on patient safety and quality of care. Bullying reduces patient safety by interfering with teamwork, communication, and collaboration. Nurses may not feel comfortable coming forward as coworkers; they’re reluctant to ask questions and afraid to speak up to advocate for patients. High turnover rates and disruptions can erode staff morale and increase the potential for workplace violence and aggression.

In addition to the institution adopting a zero-tolerance policy for HV, other strategies identified by the International Council of Nurses (ICN) include sensitizing the public and the nursing community to bullying. Training for staff, including preceptorship, in the recognition and management of workplace violence (ICN, 2004).

Some institutions have instituted a code of pink, which is a mechanism to address HV or unacceptability in hospitals and other settings. It works like this: RNs go to a location where their nurse colleague is being verbally abused and they help confront the behavior (Tromson, 2014).

Individual Strategies

Individual strategies include courage, leadership, and support. Every nurse must lead this cultural change from an offensive to a defensive workplace. HV is not a simple conflict between two individuals. It is a complex phenomenon that can only be understood through an examination of social, individual, and organizational factors. Workplace bullying has been shown to impact the physical and psychological health of victims, as well as their performance at work. Workplace bullying impacts the organization through decreased productivity, increased sick time, and decreased employee attraction.

Team commitment as a safety issue and the creation of infrastructure to support managers and staff is necessary. A high turnover rate reflects a lack of adequate experience and knowledge to recognize or act quickly on potential patient problems (Townsend, 2012).

There are also costs to the organization related to HV, including decreased morale, increased stress and emotional distress, and increased likelihood on the part of staff to leave the organization or profession. Some studies have noted that HV can contribute to a high frequency of disciplinary actions and increased sick time, leaving the organization or profession (Longo, 2012). HV is one factor contributing to the problem of high turnover rates (Bartholomew, 2014).

Managers have an important role to play in work environment that fosters horizontal violence and the skills needed to create a safe workplace. One of the first steps is to understand how to respond to an incident of bullying. Nurses need to be trained in the skills needed to create a safe workplace. There is a checklist which outlines common acts of bullying, contributing factors that increase the risk for bullying behavior, and strategies to eliminate bullying in the workplace.

Research Studies

There have been numerous research studies looking at HV. Griffin described a research study in 2004 on cognitive rehearsal she conducted with 26 nurses hired for their first position at a Boston tertiary hospital. Ten years later, Griffin and Clark (2014) reviewed the literature on cognitive rehearsal as an evidence-based strategy to address incivility and bullying behaviors in nursing. In the initial study, nurses spent two hours learning how to utilize the cognitive rehearsal technique to confront it. Participants were given cue cards to use when they were experiencing the various types of HV. Examples of constructive responses found for the behaviors seen in HV are listed below:

Nonverbal innuendo – I sense (I see) from your facial expressions that there may be something you wanted to say to me. It’s OK to speak directly to me.

Verbal affront – The individuals I learn the most from are clearer in their directions and feedback. Is there some way we can structure this type of situation?

Withholding information – I’m understanding that there was (is) more information available regarding the situation, and I believe I had known that (more), it will affect how I learn.

Sabotage – There is more to this situation than meets the eye. Could you and I (whatever, whoever) meet in private and explore what happened?

Inflicting – Always avoid unprofessional discussion in non-public spaces, including office space or place. Please stop (physically walk away or move to a neutral spot)

Scapegoating – I don’t think that is the right connection

Fear of retaliation – I don’t feel right talking about him/her/the situation when I wasn’t there or didn’t know the facts. Have you spoken to him/her?

Failure to respect privacy – It bothers me to talk about that without his/her permission or I only ovelook that – shouldn’t be repeated.

Broken confidences – Wasn’t that said in confidence? Or the information should remain in confidence that should remain confidential (Griffin & Clark, 2014).

Johnson (2009) examined the literature on workplace bullying among nurses with the aim of reaching a better understanding of the phenomenon. Workplace bullying occurs in many occupations and workplaces, including nursing. It is not just bullying of individuals, but bullying of individuals as a group. Workplace bullying can lead to increased stress, decreased self-esteem, burnout on nurses. For example, when positions need to be filled due to sick calls, compensations claims, or knowledge to recognize or act quickly on potential patient problems (Townsend, 2012).

Professional Strategies

In addition to the institution adopting a zero-tolerance policy for HV, other strategies identified by the International Council of Nurses (ICN) include sensitizing the public and the nursing community to bullying. Training for staff, including preceptorship, in the recognition and management of workplace violence (ICN, 2004).

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Bigney et al. (2009) further discussed the issue of lateral violence in the perioperative setting and concluded that support from administration and nursing units is necessary. Workplace bullying has been shown to impact the physical and psychological health of victims, as well as their performance at work. Workplace bullying impacts the organization through decreased productivity, increased sick time, and decreased employee attraction. More nurse-specific research is needed. Research needs to be conducted in a systematic and uniform manner so that generalizable findings can be obtained.

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of this “Patient Safety Systems” (PS) chapter is to provide health care organizations with a proactive approach to designing or re-designing a patient-centered system that aims to improve quality of care and patient safety. An approach that aligns with The Joint Commission’s mission and its standards.

The ultimate purpose of The Joint Commission’s accreditation process is to enhance quality of care and patient safety. The Joint Commission’s Patient Safety Goals were derived from the survey process, the Sentinel Event Policy, and other Joint Commission initiatives are designed to help reduce risk and improve quality. Hospitals should have an integrated approach to patient safety so that high levels of safe patient care are achieved across the entire institution in every patient care setting and service. (TJC, 2014)

A culture of safety is characterized by open and respectful communication among all members of the health care team. By developing a healthy workplace culture where HV is not tolerated, nurses and students can work in an environment free of fear and intimidation. Management must take action to fight HV.

Establishing a culture that fosters a sense of cohesiveness among staff is a critical link in improving patient satisfaction and decreasing HV. Barrett, Platak, Korber, and Padula (2009) completed a study that included both quantitative and qualitative components. A pre-post design was used, with a targeted intervention that focused on teambuilding. Six to eight nurses from 4 different units in a private not-for-profit teaching hospital participated. Two two-hour sessions were presented by a trained group facilitator in an effort to teach HV, protecting staff, from and holding staff accountable for workplace violence. It is impossible to deliver compassionate, high-quality care if nurses have not been able to work in an atmosphere of fear and intimidation. Management must take action to fight HV.

Position statements/C01_Abuse_Violence_Nsg_Personnel.pdf


## Breaking the Cycle of Horizontal Violence

### Post Test and Evaluation Form

**DIRECTIONS:** Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

**Name:**

**Final Score:**

**Please circle one answer.**

1. Bullying is behavior which is generally persistent, systematic, and ongoing.
   - a. True
   - b. False

2. Name-calling, backstabbing, and gossip are three examples of what type of hostility?
   - a. Overt
   - b. Covert
   - c. Severe
   - d. Shouting

3. Which of the following is an example of covert behavior?
   - a. High self-esteem
   - b. Self-hatred
   - c. Heightened sense of identity
   - d. Sense of power and control

4. Associations that have issued statements regarding horizontal violence include all of the following EXCEPT:
   - a. American Nurses Association
   - b. American Nurses Credentialing Center
   - c. American Association of Critical Care Nurses
   - d. International Council of Nurses

5. Characteristics of an oppressed group include:
   - a. Fault-finding
   - b. Criticism
   - c. Sabotage
   - d. Shouting

6. Nurses who are most vulnerable to horizontal violence are newly hired or licensed nurses, float nurses, and male nurses.
   - a. True
   - b. False

7. There are numerous myths about horizontal violence. Which of the following statements is true and is not a myth?
   - a. Workplace violence is only physical
   - b. Workplace violence is inevitable
   - c. Prevention is more expensive than repairing the damage
   - d. The level of physical violence at work has changed

8. According to Bartholomew, the most frequent form of horizontal violence is:
   - a. Backbiting
   - b. Broken confidence
   - c. Non-verbal innuendos
   - d. Withholding information

9. The number one strategy to deal with horizontal violence is:
   - a. Increase awareness of the problem
   - b. Report incidences to management
   - c. Monitor employee satisfaction scores
   - d. Maintain culture of blame

10. Individual impacts of horizontal violence include:
    - a. Increased self-esteem
    - b. Increased motivation
    - c. Anxiety
    - d. Decreased absenteeism

11. Organizational strategies to deal with horizontal violence include all of the following EXCEPT:
    - a. Adopting a zero tolerance policy
    - b. Embracing transformational leadership
    - c. Promoting a culture of safety
    - d. Developing reactive institutional policies

12. Individual strategies to deal with horizontal violence, as identified by the Center for American Nurses, include:
    - a. Keeping a journal
    - b. Adopting and modeling professional ethical behavior
    - c. Accepting a fair share of the workload
    - d. Reflecting on the behavior of others

13. In the study by Baily a mentoring culture included all of the following EXCEPT:
    - a. Management and executive support
    - b. Incentives and recognition
    - c. Inflexible schedules
    - d. Transformational leadership

14. The organization that recognized the impact of poor interpersonal relationships on patient safety and quality and created several standards relating to this was:
    - a. The American Hospital Association
    - b. The Occupational Safety and Health Administration
    - c. The Joint Commission
    - d. The American Medical Association

15. Suggestions given by Lindeke to develop collaborative relationships included all of the following EXCEPT:
    - a. Self-development
    - b. Team development
    - c. Communication development
    - d. Organizational development

**Evolution:**

1. We you able to achieve the following objectives?
   - a. Describe horizontal violence in healthcare.
   - b. Describe strategies to deal with horizontal violence.

2. Was this independent study an effective method of learning?
   - Yes
   - No

3. What one idea will you take from this study and apply to your setting?

4. How long did it take you to complete the study, the post-test, and the evaluation form?

5. What other topics would you like to see addressed in an independent study?

---

**Registration Form**

**Name:**

**Address:**

**City/State/Zip:**

**Daytime phone number:**

**RN**

**LPN**

**Fee:**

**Check No.:**

**ISNA OFFICE USE ONLY**

**Date Received:**

**Amount:**

**Check No.:**

**MAKE CHECK PAYABLE TO THE INDIANA STATE NURSES ASSOCIATION (ISNA). Enclose this form with the post-test, your check, and the evaluation and send to: Indiana State Nurses Association, 2915 N. High School Road, Indianapolis, IN 46224.**

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1. Visit www.nursingworld.org/ISNA-ANA and provide ISNA with the name and valid email addresses of your coworkers, nursing school chums, neighbors – every RN you know who should join. You can enter one name and email address today, another tomorrow and even more next week. We'll keep track and send you rewards as you've earned them!

2. Check-out the online Volunteer Recruiter Toolkit at www.nursingworld.org/ISNA-ANA where you'll find details on:
   - Frequently asked questions
   - Recruitment
   - Finding future members
   - ISNA-ANA member benefits flyer
   - Sample email you can share with your colleagues

3. That’s it. Once you enter the names and valid email addresses online we’ll take it from there! And, if you’re not sure whether a nurse is already a member, we’ll verify their membership status - and reach out if they are not one.

   Plus, you’ll be richly rewarded for your efforts! Earn:
   - A free Step Up Into Your Spotlight: Building Your Professional Brand webinar when you submit 9 or fewer names and email addresses of future members. This eye-opening presentation will show you how creating, developing and promoting your personal brand as a nurse can truly set you apart.
   - A $25 Amazon gift card for every 10 future member names and email addresses that you provide. Supply 10 emails and names; you’ll receive one $25 Amazon gift card. Supply 10 more and you’ll receive another $25 Amazon gift card.
   - Special recognition on the ISNA website.

   We hope you enjoy sharing the value you receive as a member – letting colleagues know about ISNA and ANA's efforts to support nurses' scope of practice or a timely article you read in American Nurse Today.

This is a great opportunity for you to help ISNA and ANA grow. Every nurse should have professional development resources that will help them meet today's ever-changing practice and career needs. And when we speak for nurses, in Indianapolis or Washington, we want to speak out on behalf of every nurse in Indiana.

Get started today at www.nursingworld.org/ISNA-ANA! Questions? Contact membergetamember@ana.org.
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Ball State University

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Ball State Online

Online RN-to-BS has payoff for this nurse.

When Aina Ahmetovic was passed over for a promotion at a retirement home where she had worked for 14 years, it was a turning point in this RN’s career.

Because the job went to a nurse with a bachelor’s degree, she knew it was time to find a degree program that was friendly to working adults.

That’s when she found Ball State’s online RN-to-BS nursing completion track program: “I liked how well the professors explained the syllabus and course requirements and answered your e-mails right away. They gave lots of feedback.”

Before she had even finished the program, the position of director of nursing became available again. To Ahmetovic, an offer was extended—and accepted.

Ahmetovic credits Ball State nursing faculty: “They want their students to learn, advance, and succeed.”

Current Nursing Openings

- Surgical RNs
- OB RNs
- ICU RNs

Are you prepared?

Whether you are liable or NOT.

Your defense costs could top $100,000.

But don’t just take our word for it …

Here’s a true story!

A nurse was named in a lawsuit after a 20-year-old male was seen in an urgent care clinic and died from one of the most dangerous forms of bacterial meningitis.

Case summary:

- The nurse attended to the patient and determined that he needed to go to the ER within 5 minutes of the patient arriving at the clinic.
- The patient’s girlfriend brought him to the hospital, where he was treated but did not show any fever or normal blood pressure. The patient began showing signs of dehyrdation and was told to be denied for meningitis even though a diagnosis had not been confirmed.
- The patient was definitively diagnosed with Neisseria meningitidis Group B the next day. He died less than 24 hours after arriving at the urgent care clinic.

The nurse was named, along with the clinic, the ER, 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 treated the patient and the physician would have seen him, they would have recognized the symptoms of meningitis and administered antibiotics in time to save his life.

Defense experts supported the actions of the nurse in referring the patient to the ER immediately. Discovery also confirmed that the patient had been ill for several days before seeking help, and the defense concluded that no treatment could have reversed the course of the illness.

Despite this, her defense costs topped $125,000.